EUROPEAN WOMEN’S LOBBY

Means to address gender health inequalities in Europe

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Tackling Health Inequalities in Europe
Gastein 2009
The European Women’s Lobby

- Established in 1990
- Women’s umbrella organisation with membership in 30 European countries and 21 European-wide women’s organisations (2500 member organisations)
- Lobbies the European Institutions: Commission, Parliament, Council of Ministers
- Promotes women’s rights, equality between women and men, and the integration of a gender perspective into all EU policies
The European Women’s Lobby

- Diverse membership and interests-coverage
- EWL Promotes and protects by political means women’s health issues
- Membership: ‘Medical Women’s International Association’: association of medical women representing women doctors from all five continents (2002 – Training Manual for Gender Mainstreaming in Health)
- EWL membership increasingly requesting a stronger position and expertise in the area of health.
Women’s Health – Upcoming Key Priority as EWL’s Policy Action - WP2010

- Gender increasingly acknowledged within the EU health policy as a key determinant of health (European Council Conclusions on women’s health; European Council Conclusions on commune values and principles in the European Union Health Systems)

- National governments are still the main providers and guarantees of health protection and health policies

- Action at EU level and policy can strengthen health policy area by:
  - setting up the targets in terms of reducing health inequalities,
  - exchange of good examples and promotion of knowledge transfer among the member states
  - developing of funding mechanisms that support member states in their actions and policies to address health inequalities

- 2009 Spring - European Commission’s consultation action on Health Inequalities – EWL submitted its position

- A throw action to push for gender equality principles to be fully embedded into health policies in order to ensure and reach an improvement of women’s health status
Inequalities in Health – A Broader European Perspective


- General socioeconomic, cultural and environmental conditions – at national level policy, they are addressed in employment policies, income policies, social welfare programmes
- Living and working conditions - individual’s position in society, occupation, income and education
- Social and community networks available to individual
- Lifestyle choices – smoking, lack of physical activity, poor diet

Recent research shows an increasing gap at the level of life expectancy between high income and low income socio-economic groups, mainly among male population. Occupation and the level of education represent good predictors for health.

Social inequalities in self-reported health – the latest data show that women tend to report higher level of poor health compared to men.
Examples of Gender-based Health Inequalities

- Women live longer compared to men, but do not have necessary longer healthier years
- Women are affected differently by cancer, mental illnesses and cardio-vascular diseases compared to men
- Women tend to be affected more by some diseases – osteoporosis, breast cancer – compared to men
- Women tend to have access and use the health services in different ways compared to men
- They are mainly due to difference in opportunities and resources in all aspects of daily life
- “Gender differences in health are economically, socially, or culturally determined systematic differences in health between men and women – in contrast to biological differences between the sexes.” (WHO-Europe, 2007)
Key Areas of Action to Promote Gender-Sensitive Health Policies:

• Medical research needs to be broader and aware of the gender differences and of the impacts of its outcomes in terms of gender
• Support the development of a gender sensitive research
• Medical data collection and distribution /information should have sex and age as main variables
• Support for gender sensitive statistical data
• Health policies addressed to women should be holistic and inclusive, with a focus on the life cycle – avoid single focus on pregnancy period
• Health policies addressed to women should include a strong component of addressing health issues connected to violence against women
Key Areas of Action to Promote Gender-Sensitive Health Policies

- Health policies addressing inequalities should target the promotion of health for the entire population.

- Health policies that are addressed to poor and vulnerable groups must be aware that women are highly represented among these groups – consider and use a gender dimension in their planning, budgeting and evaluation.

- Health policies that address women should be aware of differences among them: in terms of age, economic and social background and education – all are factors proven to impact health and be causes of health inequalities -- a development of health policies that follow and are accustomed to the life cycle.
European Women’s Lobby Recommendations

The 1995 Beijing Platform for Action objectives in health area: a useful tool when aiming to address health inequalities:

“Increase women’s access throughout the life cycle to appropriate, affordable and quality health care.
Strengthen preventive programmes that promote women’s health.
Undertake gender-sensitive initiative that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues.
Promote research and disseminate information on women’s health.
Increase resources and monitor follow-up for women’s health”
Key objectives for EU Member States when addressing Health Inequalities

• Diminish the rates of maternal deaths and breast cancer deaths which are very high in some European countries

• Guarantee affordable and high quality reproductive health care, including access to modern contraception

• Continue to support or to engage to develop a health system easily accessible and affordable health treatment and care

• Include gender as a parameter in research, clinical audits when measure the quality of care
European Women’s Lobby

www.womenlobby.org