

Advisory Committee on Equal Opportunities for Women and Men

Opinion on gender and health

The Opinion of the Advisory Committee does not necessarily reflect the positions of the Member States and does not bind the Member States

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1. Introduction: gender and health

Health and health care present a strong gender dimension, as the European Institute for Gender Equality (EIGE) Gender Equality Index 2021 shows.¹ Women have different needs from men, and vice versa. They do not necessarily suffer from the same health conditions or diseases, and some conditions manifest themselves differently in women and men. The SAAGE report also shows a gender paradox in health: women tend to live longer than men, but this increased life expectancy does come at a cost of poorer health.²

The gender dimension is not only present in physical but also mental health. The prevalence of depression, anxiety and suicidal thoughts is higher in women than in men, while suicide mortality in men.³ As a result of the COVID-19 pandemic and subsequent crises, mental health, in general, has deteriorated and has become an even more important public health issue.⁴ An issue that European Commission President Von der Leyen also underlined in her Political Guidelines 2024-2029⁵ and the Council conclusions on strengthening women's and girls' mental health by promoting gender equality adopted on the December 2nd 2024.⁶ In a recent Eurobarometer, the European public recognizes public health as a top 5 priority to be tackled by the European Union.⁷ The European Observatory on Health Systems and Policies also highlighted the importance of the integration of the gender dimension in public health policies for the future European Union Health priorities.⁸ Next to this, The COVID-19 pandemic has underlined that the EU must support Member States to develop and implement principles, standards and solidarity-based financing mechanisms that deliver quality, adequately staffed and inclusive public health care systems.

Good health and access to good health care, including sexual and reproductive health and rights, are human rights⁹ and are enshrined in the Charter of Fundamental Rights of the European Union¹⁰. Yet women's specific needs are often ignored in the health value chain, affecting their quality of life, participation in the workforce and the economy.¹¹ Gender differences in health status are even greater when looking at the most vulnerable in society: ethnic minority and migrant women or women with a lower socio-economic status. Furthermore, the health of women and girls is also directly influenced by their life cycle and specific needs according to their age. All this calls for an intersectional approach.

This Opinion first identifies the key issues in relation to gender and health. It then identifies good practices from different Member States to formulate recommendations.

¹ [EU | Health | Thematic Focus | Gender Equality Index | European Institute for Gender Equality \(europa.eu\)](https://europa.eu/!uHJyf)

² Franklin, P., Babrma C., Albani, V., 2021, *Gender equality and health in the EU*, <https://www.saage-network.eu/sites/default/files/media/publication/DS0320880ENN-en.pdf>

³ Franklin, P., Babrma C., Albani, V., 2021, *Gender equality and health in the EU*, <https://www.saage-network.eu/sites/default/files/media/publication/DS0320880ENN-en.pdf>

⁴ [A comprehensive approach to mental health - European Commission \(europa.eu\) pdf \(europa.eu\)](https://europa.eu/!uHJyf)

⁵ [Political Guidelines 2024-2029 | European Commission \(europa.eu\)](https://europa.eu/!uHJyf), p. 9.

⁶ ref : 16366/24

⁷ Eurobarometer July 2024: [EU Challenges and Priorities - July 2024 - - Eurobarometer survey \(europa.eu\)](https://europa.eu/!uHJyf)

⁸ Mauer N, Scarpetti G, Wismar M. A public debate on the future health priorities of the European Union: Outcomes, insights and ideas for action. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies; 2024, p. 66. Accessible via: <https://eurohealthobservatory.who.int/publications/m/a-public-debate-on-the-future-health-priorities-of-the-european-union-outcomes-insights-and-ideas-for-action>

⁹ Art. 25 of the Universal Declaration of Human Rights [Universal Declaration of Human Rights | United Nations](https://europa.eu/!uHJyf)

¹⁰ Art. 35 of the Charter [Charter of Fundamental Rights of the European Union \(europa.eu\)](https://europa.eu/!uHJyf)

¹¹ Ellingrud, K. et al, 2024, *Closing the women's health gap: a \$1 trillion opportunity to improve lives and economics*, World Economic Forum, pp. 42.

2. Gender and Health: key issues to address

There are several reasons why women have worse access to health and health care than men. The Advisory Committee argues that the Commission and the Member States should address these key issues to reduce the gender health gap and ensure equal access to health (care) taking into account persisting gender inequalities and the (biological) differences between women and men, including sexual and reproductive health and rights. Addressing these issues will subsequently also improve the quality of life of women and thus their participation in the labour market.

Firstly, women are underrepresented in medical research, historically treated as identical to men except for reproductive systems. This has led to gaps in understanding diseases in women, such as differing heart attack symptoms¹². Female-specific conditions like endometriosis, menopause, and PCOS¹³ are under-researched, leaving their causes and cures largely unknown. Women are also underrepresented as subjects in clinical studies, and results often aren't sex-specific, obscuring how medicines affect women differently. Women have been excluded from trials out of fear for an unknown pregnancy or fear of the hormonal cycle of women influencing the results of the trials. All this has led to a lack of gender disaggregated data, which also has an impact on the quality of algorithmic analysis of research results and thus reinforcing a possible gender bias in these results. This gender bias is important to keep in mind when developing new technologies used in health care and medical research, such as artificial intelligence (AI) features.

Furthermore, most research funding goes to male-specific or gender-neutral studies, perpetuating health disparities. For example, in 2015, erectile dysfunction research received five times more funding than premenstrual syndrome, despite similar prevalence rates. Another example is the cancellation of a study on menstrual pain medication due to lack of funding.¹⁴ Public funding is crucial for health research, yet it has neglected women's health. A recent study suggests that investing in women's health research could significantly improve women's lives and potentially add \$1 trillion to the global economy.¹⁵ Next to this, many female conditions, and issues, such as menopause and menstruation, have been cloaked by stigma, taboo and silence, which has contributed to the lack of research, knowledge and communication in these matters.¹⁶ Overall, the lack of data and knowledge on the manifestation of diseases and conditions in women impede equal access to good health care.

The underrepresentation of women's health in research is also partially linked to the underrepresentation of women in decision making. Paradoxically, 75% of the healthcare workforce worldwide consist of women, whereas only 25% of senior positions are held by women. Increasing the representation of women, in all their diversity, in the decision-making chain, would positively affect women's situation through more diverse gender perspective on health. Studies also show that research and new medical products and services created by women are up to 35% more likely to benefit women.¹⁷

Societal norms and gender stereotypes also contribute to the gender health gap. These stereotypes influence health behavior. Men tend to smoke and drink more, affecting their overall health. Furthermore, they are less likely to seek help for mental health issues and are

¹² [Heart attack diagnosis missed in women more often than in men \(escardio.org\)](https://www.escardio.org/News-and-Events/News/Heart-attack-diagnosis-missed-in-women-more-often-than-in-men)

¹³ PCOS stands for Polycystic Ovary Syndrome (<https://www.who.int/news-room/fact-sheets/detail/polycystic-ovary-syndrome>)

¹⁴ Ellingrud, K. et al, 2024, *Closing the women's health gap: a \$1 trillion opportunity to improve lives and economics*, World Economic Forum, p. 21-22.

¹⁵ *Ibid.*

¹⁶ Perez, C.C., 2019, *Invisible Women: Data Bias in a World Designed for Men*, p. 258 and Gunter, J., 2021, *The menopause manifesto: own your health with facts and feminism*, p. 3-62.

¹⁷ *Ibid.* p. 31 - 33

more at risk of committing suicide. The societal expectation to be seen as strong contributes to men hiding their (mental) health problems, leading to delayed diagnoses and treatments.¹⁸ Women, expected to juggle work and home and care responsibilities, face higher stress levels, which even grew higher during the COVID-19 pandemic. Social media also play an important role in perpetuating gender stereotypes, especially related to body image. It has been shown that body image affects mental health, especially for girls. Consequently, young women are more likely to develop eating disorders such as anorexia and bulimia, while boys are more at risk to be overweight.¹⁹

Stereotypes lead to misdiagnoses and unnecessary treatments, such as prescribing antidepressants instead of painkillers for women's pain, which is often underestimated. Men's pain, conversely, is overestimated.²⁰ These misdiagnoses, delayed diagnoses and wrong treatments are reinforced by the knowledge gaps described above. For instance, endometriosis diagnosis can take 5-10 years, and perimenopausal symptoms are often misdiagnosed, affecting the quality of care and treatment women receive. This medical wandering women often endure not only impacts their health, but also their mental health and life in all its aspects. Not receiving a correct and timely diagnosis also affects society and the economy (due to absenteeism, cost of treatment, ...).²¹

Another issue is the anthropometric standards in machinery or equipment, such as seat belts in cars, which if they do not consider the diversity of the European population, including factors such as gender and age, they could pose a health risk to individuals whose body measurements do not align with the 'standard' (often based on the adult male body)²².

Women's health and in particular women with disabilities or with immigrant background is disproportionately jeopardized by the prevalence of gender-based violence and domestic violence that women face in a disproportionate manner. This heightened exposure not only inflicts immediate harm but also leads to enduring (mental) health challenges. For example, women who suffer from genital mutilations may experience a range of specific health issues requiring tailored medical care. The insufficient training of health professionals concerning psycho-trauma or recognizing victims in general for example also can lead to underdiagnosis or misdiagnosis²³, as well as a lack of appropriate interventions. Victims often face obstacles in accessing timely and adequate healthcare.

Special attention has to be given to sexual and reproductive health and rights (SRHR), as this plays a crucial role in the bodily autonomy of women and their empowerment. Access to correct and up to date information, comprehensive education and affordability of healthcare services and products related to SRHR for all are essential to gender equality and public health. This includes, amongst others, menstruation, menopause, safe abortion, contraception and perinatal care.²⁴

¹⁸ Suicide rates are higher in men than in women, for instance. Men account for 76.7% of all deaths by suicide. (<https://ec.europa.eu/eurostat/web/products-eurostat-news/w/edn-20240909-1>)

¹⁹ [Body image drives poor mental health, especially in youth | European Institute for Gender Equality \(europa.eu\)](#)

²⁰ [Health and risk behaviours are clearly gendered | European Institute for Gender Equality \(europa.eu\)](#)

²¹ Ellingrud, K. et al, 2024, *Closing the women's health gap: a \$1 trillion opportunity to improve lives and economics*, World Economic Forum, p. 4,14, 17, 32.

²² European Commission, Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs, 2024, Study on the inclusiveness of anthropometrics in European harmonised standards: final report at <https://data.europa.eu/doi/10.2873/172248>.

²³ The recent case in France of a woman who was drugged and raped by her husband is an illustration of this issue. Due to the drugging, she had sleeping problems and neurological problems. After consultations with doctors, they were unable to spot the drugging issues. (<https://www.theguardian.com/world/2024/sep/17/dominique-pelicot-france-rape-trial-testimony>)

²⁴ https://eige.europa.eu/publications-resources/toolkits-guides/gender-equality-index-2021-report/rights-access-and-outcomes-sexual-and-reproductive-health-focus?language_content_entity=en

In conclusion, addressing following key issues will help to close the gender health gap:

- the underrepresentation of women in medical research,
- clinical trials and decision making and policy development regarding health issues,
- the impact of gender stereotypes on both women and men,
- the medical wandering²⁵,
- the lack of consideration for the specific needs of women throughout the life cycle,
- the presence of certain stigma and taboos,
- gender disparities in mental health issues,
- access and affordability of care, especially sexual and reproductive health-care services,
- and the lack of adequate training for healthcare professionals in recognizing and addressing gender specific health symptoms and concerns, and woman specific conditions and illnesses.

3. Good practices to address gender health gap

The Committee aims to highlight effective practices already present in the European Commission and the Member States to reduce the gender health gap²⁶.

Firstly, the European Commission has included the gender dimension in its EU4Health Programme 2021-2027²⁷, notably by including gender in the call for research and studies and collect sex disaggregated data. Gender is also an important element in the indicators used for the evaluation of the Programme. Furthermore, research in the health domain is also funded via the EU Horizon Programme, in which the gender dimension in the research proposal and gender balance of the research group play an important part in the decision criterion of the selection of proposals to fund.²⁸

Austria has taken a comprehensive approach to gender and health by adopting an Action Plan on Women's Health in 2017. This plan includes awareness-raising actions such as webinar series and the strengthening of stakeholder exchanges through Women's Health dialogues. It is implemented in every federal state with the support of a Coordination Office for Women's and Gender Health, which also serves as a national focal point for women's health. The plan is ongoing, with evaluations conducted every two years.

In 2018, the Netherlands launched a similar initiative: Alliance Healthcare Made to Measure²⁹. Supported by the Dutch government, this alliance aims to raise awareness among healthcare professionals, policymakers and patients about the gender dimension in health to improve care and adapt policies. The alliance conducts research, awareness campaigns, and expositions, and works on intersectionally, including LGBTQI+ dimensions.

France has also taken significant steps to address gender and health disparities through its Interministerial Plan for Gender Equality (2023-27). This plan includes a dedicated focus on women's health, aiming to better support women experiencing miscarriages, improve access

²⁵ Medical wandering means the fact that a person does not find an answer/diagnosis/treatment and has to keep going from medical expert to medical expert or source to get more information about their health.

²⁶ All good practices mentioned below were provided by the member states to the Committee, unless otherwise mentioned.

²⁷ [L_2021107EN.01000101.xml \(europa.eu\)](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52021L0071)

²⁸ https://rea.ec.europa.eu/gender-eu-research-and-innovation_en#:~:text=Horizon%20Europe%20projects%20should%20aim%20to%20have%20an,criterion%20for%20proposals%20with%20the%20same%20evaluation%20scores.

²⁹ In Dutch: Alliantie Gezondheidszorg op maat.

to contraception and STI prevention methods, and combat menstrual poverty. It also seeks to address the specific healthcare needs of women. The plan also emphasizes the importance of tailored support for women in situations of extreme vulnerability, such as those without stable housing, to ensure equitable access to healthcare services and resources. Furthermore, France has already established 99 Women's Houses across the country, providing dedicated care and support services for victims of violence. Next to this, the French government also supports initiatives aimed at disadvantaged women, including the free distribution of menstrual protection and information and awareness-raising campaigns. France devotes over 14 million euros a year to the fight against period poverty.

To address the knowledge gap, Austria, Belgium, and Luxembourg have implemented notable initiatives. Both Austria and Belgium have published Women's Health Reports. Austria's report in 2022³⁰ outlined current challenges in women's health and supported the further implementation of the women's health action plan. In 2024, Belgium's health research institution, Sciensano, published its Women's Health Report³¹, compiling comprehensive data on women's health across all life stages. This report identified current challenges and needs and provided policy recommendations for the Belgian government. Luxembourg has also collected data and indicators on the gender dimension in their healthcare system³² to inform health promotion and disease prevention strategies. This effort led to a 2024 conference on health topics and the Gender Inequalities in Health (GHealth) 2024 research project, which studies factors contributing to gender health gaps, using an intersectional approach.

Other good practice to contribute to more knowledge on female health is by taking also women into account into research. Hungary actively promotes that in medical research for non-gender-specific conditions, there is a representative sample used. Furthermore, all results are specified by gender, offering a good basis to include the gender dimension in further steps.

Next to Member States, UN Women also shares good practices within the UN in the health domain. Their advancements in the collection of gender disaggregated data of HIV epidemiology and gender indicators in research and policy within the UNAIDS programme show the importance of qualitative gender indicators to implement a policy that takes both genders equally into account. Another example where the use of gendered data helps eliminating barriers women and girls face while accessing Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) services is the POWER programme in the Horn of Africa. Gender budgeting also contributed to the success of this programme. Furthermore, the UN Women PEPFAR programme is a good practice in increasing women's participation in decision making and policy development. Through mentorship, events, advocacy, use of digital tools, adolescent girls and young women are empowered to take part in decision making in HIV related projects and policies.

For good practices related to sexual and reproductive health and rights, we would like to refer to the conclusions of the Mutual Learning Programme organised by France and Belgium in 2022 on this topic.³³ The key good practices presented by multiple Member States are the availability of free contraception for people up to 25 years and low-income individuals³⁴, the availability of correct information and comprehensive education on SRHR-topics and France's

³⁰ The report concentrates on topics such as body and self-image of girls and women, sexual health, menstrual health, menopause, gynaecological care, reproductive self-determination, mental health, violence against girls and women and its health effects, or access to good health information and services for girls and women.

³¹ https://www.sciensano.be/sites/default/files/womens-health-report-2024_1.pdf

³² The Observatory for Gender Equality published data on health in 2023: <https://observatoire-egalite.lu/sante/>

³³ [The EU Mutual Learning Programme in Gender Equality Sexual and Reproductive Health and Rights Seminar, France, 29-30 November 2022 - European Commission \(europa.eu\)](https://ec.europa.eu/info/eu-mutual-learning-programme/gender-equality-sexual-and-reproductive-health-and-rights-seminar-france-29-30-november-2022_en)

³⁴ The 2024 Contraception Report in Austria presented also good practices and has led the government to start a pilot project to make contraception more accessible for free.

National Sexual Health Strategy³⁵. Furthermore, France also launched a national strategy to fight endometriosis³⁶ in 2022. Moreover, in March 2024, France has enshrined abortion rights in its constitution. Other initiatives worth mentioning on knowledge sharing and monitoring of SRHR policies are the European Contraception Policy Atlas and the European Abortion Policies Atlas established by the European Parliamentary Forum for Sexual and Reproductive Rights.³⁷

A lot of successful initiatives within the Member States and supranational organizations already exist on which the European Commission can base itself to develop further actions to improve the gender health gap within the European Union. In the next chapter, the Committee will recommend actions in this regard.

4. Conclusion and recommendations

Equal access to health and healthcare services for women and men is essential to improve the quality of life of both genders as well as gender equality in general. Next to this, investing in women's health and health research can contribute to the economy. Issues stated in chapter 2 – underrepresentation of women in research, mental health issues, gender stereotypes, gender-based violence, amongst others - are thus important to consider in order to reduce the gender health gap. It is thus crucial to integrate the gender dimension in every policy or action linked to health.

Therefore, the Committee advises to:

Decrease the gender health gap by developing targeted gender-transformative and intersectional approach to health policies and actions, such as:

For the European Commission

- **Further strengthen the integration of the gender dimension in the EU4Health Programme, future Health Programmes and Strategies** as well as Research Programmes with special attention to increase research in gender sensitive health and medicine, collecting gender health data and resources to develop materials for the Member States to strengthen the integration of sex and gender in the curriculum for training of health care professionals.
- **Further continue the work on inclusive standardisation measures** for machinery and equipment, including through further gap analysis and development of data collection to prepare safety standards that consider the diversity of the European population, including through the CEN-CENELEC programme. A study carried out by the Commission concludes that there is a need to do an inventory of, update and complete the available anthropometric data to cover all EU Member States and the necessary anthropometric dimensions in a statistically robust manner to adopt more inclusive standards for machinery and equipment.
- **Including the gender transformative health actions in the new Action Plan of the Implementation of the European Pillar of Social Rights:** Commissioner Von der Leyen communicated in her political guidelines the importance of including mental health into this new Action Plan; when further developing this, it is crucial to take the gender dimension into account.
- **Including health-related actions in the future Gender Equality Strategy and Roadmap for Women's Rights:** As reducing the gender health gap has an important influence on gender equality, including health-related actions, such as investing in research, improving gender data collection, studies to help further understand gender disparities, in the new strategy and roadmap is of utmost importance.

³⁵ France has also launched a [national strategy on the fight against Female genital mutilation](#) in 2019, which is illegal in France

³⁶ <https://sante.gouv.fr/IMG/pdf/strategie-endometriose.pdf>

³⁷ <https://www.epfweb.org/node/957>

- **Monitoring and evaluating of the gender health gap:** When implementing the actions mentioned above, it is important to evaluate and monitor their impact on the gender health gap in order to make appropriate changes, when necessary, in order to reduce and eliminate the gender health gap. Special attention should be given to new technologies used in medicine (e.g. AI). This could be done via a fixed chapter of the *State of the Health in Europe* report, or via a specific report published periodically.

For the European Commission and Member States

- **Actively performing gender mainstreaming within the policy domain of health:** Taking the specific needs of women and men into account from the beginning and throughout all stages of new policy developments avoids implementing new policies or programmes which do not fit these needs. It is furthermore equally important to evaluate and monitor these advancements. An intersectional perspective is also needed in this regard.
- **Enhancing sex and age disaggregated health data collection and gender indicators:** in order to support effective gender mainstreaming, sex disaggregated data and gender indicators are needed, so policy makers are aware of and ensure different situations are taken into account and that the needs of women and men are met. In this regard it is also important to set up measures to increase transparency in algorithms used in health research in order to detect gender bias in this research, find remedies for those and prevent gender bias.
- **Ensure the follow-up of the European Care Strategy** in order to improve mental health and decrease stress by increasing access to adequate support services and measures for (in)formal carers, such as counselling and psychological support.

For the Member States

- Strengthen measures to **promote and support mental health** and ensure a gender transformative approach.
- Invest in improving public healthcare, including working conditions, pay and staffing levels by supporting the EU Directives on Work-Life Balance, Pay Transparency Directive and Directive on combating Violence against Women and Domestic Violence.

Improving women's health (including mental health) by taking into account of gender specificities

For the European Commission

- Evaluate current guidelines and directives pertaining to the **representation of women in clinical trials**: the Commission could follow the work of the European Medicine Agency (EMA) to evaluate the updated clinical trials guidelines and directives from 2014 which included gender. Based on this evaluation, these guidelines should be modified to improve the current situation. It is crucial that the results of these trials are also disaggregated by sex and communicated to care professionals and patients. This way patients can make a correct risk assessment of the medicine or healthcare product they would use, and health outcomes can be improved.

For both the European Commission and Member states:

- Continue to **promote gender equality in health** across the Member States, promoting understandings of the social, economic, cultural and policy factors and promoting policies, such as the European Care Strategy, that support healthy gender equality.
- **Increase the funding of research into women-specific conditions and illnesses or conditions that are more prevalent for women** with the aim of gathering more knowledge of these conditions, how to prevent and cure them.
- Strengthen public policies including social and equality policies taking into account the specific needs of women at **different stages of the life cycle**.
- Fund studies on the **interactions between sex hormones, mental health, and women's life stages** (e.g., puberty, pregnancy, postpartum, menopause).

- **Develop information campaigns on under-researched or underdiagnosed conditions** such as endometriosis, polycystic ovary syndrome (PCOS), and autoimmune diseases predominantly affecting women.
- Establish specialized training programs for healthcare professionals to improve early diagnosis and management of these conditions.
- Develop targeted programmes to prevent and treat parental burnout, postpartum depression, and chronic stress-related disorders.

Reinforce preventive health measures and combat gender stereotypes and taboos:
For both European Commission and Member States

- Create **awareness on and combat gender stereotypes and taboos** that impact health and health behaviour for the general public and medical professionals in order to take these into account, empower people to talk about their medical issues and conditions. This should take into account the specific situations of women and girls (e.g.: to reduce the impact of social media on body image) or men and boys (e.g.: to encourage men to contact counselling services for mental health) and meet their needs respectively.
- Promote the inclusion of **gender sensitive medicine in the training of medical professionals**.
- **Communicate on gender and health topics** through awareness raising campaigns and programs for the larger public.
- Raise awareness by **sharing good practices** on gender and health throughout the Member States.

Improving women's health by increasing women's representation in decision-making positions

For the European Commission and the Member States

- Continue to encourage EU Member States and stakeholders in developing and **implementing effective strategies** to achieve balanced **participation of women in decision-making** in, amongst others, the Order of Physicians, Commissions of research selection, Boards of Directors of pharmaceutical companies.
- Encourage stakeholders to support and **empower women to take up more senior positions** via mentorship programmes, for instance.
- Increase funding for women to access opportunities in research programmes and opportunities for girls in STEM.

Improve women's health by preventing GBV, improve detection of victims, improve care of victims of GBV:

For the European Commission and Member States:

- **Implement standardized protocols** for healthcare providers to detect signs of gender-based violence (GBV), including intimate partner violence and sexual violence.
- **Train healthcare professionals** to recognize indicators of violence and respond appropriately.
- Foster collaboration between healthcare facilities and **support organizations to offer comprehensive holistic care** for GBV victims.

For Member States

- Implement the recently adopted **Directive on Violence against women and domestic violence** and assess the implementation and efficiency of existing training and guidelines for health-care workers providing services for victims of GBV.

Guarantee sexual and reproductive health and rights:

For Member States

- **Guarantee access to sexual and reproductive health and rights (SRHR):** This includes access to affordable and safe health-care services and products related to SRHR, providing comprehensive sexuality education (CSE) in schools including the notion of consent and providing high quality and respectful perinatal care.
- **Invest in research in women's health conditions related to SRHR** such as the premenstrual syndrome (PMS) and menstrual health, endometriosis, menopause.

As access to health(care) is also influenced by race/ethnicity, age, socioeconomic status, ... it is crucial to take intersectionality into account when implementing these actions.

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