The ENGENDER Project

Roundtable Discussion: Policy Briefings Launch

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18 October 2011: European Parliament, Brussels

Better Health Policy for All—Promoting Gender Equity

18 October 2011: A Roundtable of politicians, policymakers and a wide range of stakeholders with expertise in research, health policy and gender issues heard from the ENGENDER research team how to reduce inequalities in health by taking a more gender-sensitive approach to health policy, research, prevention, treatment and care.

ENGENDER Roundtable Meeting Delegates

ENGENDER, a DG Sanco funded project, is led by the Karolinska Institute of Sweden in partnership with nine associated organisations all of whom active in research, health and gender policy. The overall aim of ENGENDER is to increase awareness and knowledge for all stakeholders, including policy makers, politicians, researchers, health NGOs within and outside the health sector about effective policies and programmes to achieve gender equity in health.

Health is not only influenced by genetic or biological processes but also by socio-economic conditions, educational, cultural and environmental factors. In fact many of the social determinants of health such as lack of income, inappropriate housing, an unsafe workplace lie outside the health sector.

Experts from the ENGENDER project highlighted the need for increased knowledge about effective policies and actions to improve gender equity. *"Health systems need to become more aware of the specific health needs of men and women and apply a gender-sensitive approach to prevention, treatment and care for both sexes,"* said **Peggy Maguire**, **Director General of the European Institute of Women's Health** and an associate project partner.

Peggy Maguire (EIWH), Mr. Sean Kelly MEP, Ms. Edite Estrela MEP, Dr. Ineke Klinge (Maastricht University)

Women appear to have a biological advantage over men, they live on average 6 years longer; however, their healthy life expectancy is only around 18 months more. Women's later years are all too often burdened by chronic illness, disability and loss of independent living.

"In men poor lifestyles and preventable risk factors account for a high proportion of morbidity and premature death", stated **Ian Banks**, **President of the European Men's Health Forum** and also an associate partner. *"Yet these lifestyle choices again have to be seen in the context of economic, social and environmental, educational and cultural factors. The good news is that these can be changed. Men need to learn to invest more in their own health."*

Co-Chairs

Edite Estrela, MEP

Sean Kelly, MEP

Keynote Speakers

Dr. Isabel de la Mata, European Commission

Vivian Willis-Mazzichi, European Commission

Albena Arnaudova, World Health Organization

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Opening Remarks

Edite Estrela, MEP, Portugal

As the European Parliament Rapporteur for the Commission Communication on Inequalities in Health, I am pleased to open this meeting on a topic that concerns us all. Reducing inequalities in health is important to increase the number of years lived in good health for women and men, especially in the most vulnerable groups in Europe. Despite considerable progress in recent years at both national and international levels, gender inequalities in health remain across Europe. Strategies for promoting the health of women and men at the community level have not been systematically introduced to the EU.

Today sex differences—being male or female—include much more than reproductive organs. There is an increasing recognition that both biological factors and gender (social factors) affect health for women and men.

Health systems need to be aware of the specific health needs of men and women and apply a gender sensitive approach to treatment and care for women and men. For example women experience cardiovascular disease differently to men but do not always receive the same treatment. Men on the other hand, particularly young men have a higher suicide rate than women and men are slow to seek help for mental ill health.

Policies and interventions to reduce inequalities are being implemented throughout Europe and the world. However, there is a lack of information and knowledge on effective policies and programmes that may improve equity in health for women and men.

The ENGENDER partners objective is to contribute to the knowledge base for promoting equity in health for women and men by providing examples of good practice to policymakers to assist them in developing high quality healthcare policy and reduce inequalities.

The Project partners have created the first European database of good practices that promote gender equity in health: good practices both within and outside the health sector and across policy areas (e.g. finance, labour market and employment, education, social and family affairs, communication, environment) have been analysed.

The examples involve a broad range of measures such as sexual harassment legislation, equal pay for equal work initiatives; work-related injury prevention programmes; violence against women sanctions; increasing women's participation in decision making efforts; health promotion programmes tailored create equal availability of prevention and rehabilitation programmes; and accessibility to health care.

ENGENDER Roundtable Meeting Delegates

Concluding Remarks

Sean Kelly, MEP, Ireland

Factors such as who we are, where we live, our education status and what we earn influence our access to resources to help us lead a healthy long life. One of the key objectives of the European Health Programme 2008–2013 is to promote health—including the reduction of health inequalities.

We know that in our society women play a major caring role and due to their reproductive function are used to interacting with the healthcare system. However, their gender roles as carers, combing career with childcare and housework, often with less economic resources than men, also places considerable hurdles in their way of achieving good health.

Although women outlive men by on average 6 years in Europe, their healthy life expectancy—only 18 months more than men—needs to be increased as well. We need to work to reduce the chronic disease burden for both men and women. The Commission has recently launched the Innovation Partnership for Active Healthy Ageing.

We have to get men to understand that health is an investment. For that we have to overcome the traditional stereotypes and reduce the social/peer pressure that makes men want to take more risk and choose poor lifestyles that lead to chronic diseases and premature death. As an educator I argue that we have to address the underlying factors for such behaviour and create health-enhancing environments for boys and girls from an early age.

I wish to thank the ENGENDER Project partners for raising our knowledge base of how to promote equity in health for women and men by providing examples of good practice and policy briefs. Only if we policymakers understand the situation can we assist in developing a more equal, fair, effective environment that addresses women's and men's health needs to help reduce health inequalities.

It is astonishing that in 2011 basic inequalities continue to exist and we still need to discuss gender equity. I sometimes wonder if today's economic crisis could have been avoided if instead of the Lehman Brothers we would have had the Lehman Sisters. At the European Parliament, we have made great progress in moving towards a gender balance. In this house we have more women politicians than in our national parliaments. What we now need to achieve is get more women into the higher echelons of academia and company boards. Society stands to gain by having more empowered women taking on leadership roles.

Roundtable Discussion

Ms. Edite Estrela, MEP from Portugal quoted from her parliamentary report: *"Inequalities experienced in earlier life in access to education, employment and healthcare as well as those based on gender and cultural background can have a critical bearing on the health status of people throughout their lives. The combination of poverty with other vulnerabilities such as childhood or old age, disability or minority background further increases health risks and vice-versa, ill health can lead to poverty and/or social exclusion."*

"Reducing inequalities in health is an important move to increase the number of years lived in good health for women and men; and especially of those belonging to the socio-economic disadvantaged or vulnerable groups," concluded **Mr. Sean Kelly, MEP from Ireland**. *"As a former educator, I believe we have to create a health-enhancing environment and tackle the 'male/female stereotype' at school before behavioural patterns have become fixed. It is important to offer timely opportunities for prevention, early diagnosis and interventions to avoid much chronic disability and enable us all to live healthy long lives."*

"For the last 2500 years medical science has been seen through male eyes only, today there are more female medical graduates, but relatively few become full professors. At least we now have the knowledge of the biological and genetic difference in women and men and should act accordingly," said **Lieve Vanermen, Cardiologist from Belgium.** Later, **Solvejg Wallyn, Flemish Agency Care and Health, Consultative Group of the Network of Regions EUREGHA and the Flanders Region** stated *"We would like to benefit from the information on the ENGENDER database."*

The ENGENDER Project Overview

Anna Mansdotter, PhD, ENGENDER Project Coordinator, Karolinska Institute, Sweden

The ENGENDER Project objective is to contribute to the identification and dissemination of information and knowledge, regarding policies, programmes, methods and institutional arrangements, within the European region, judged to effectively promote gender equity in health.

The specific objectives of the project are:
1) To develop an online inventory (database) on good practices in Europe that fosters gender equity in health.
2) To create a European network of experts with diverse geographical and professional backgrounds for exchanging information on good practices.
3) To produce topic-specific Policy Briefings on "why" and "how" to tackle gender inequities in Health based on analyses of database entries.

The ENGENDER partnership comprises of the project coordinator, the Karolinska Institute in Sweden, and nine associate partners: National Institute for Health Development, Hungary; National Institute of Public Health, Slovenia; Maastricht University, the Netherlands; Centre for Health Economics, Latvia; European Institute of Women's Health, Ireland; National Institute of Public Health, Sweden; European Men's Health Forum, Belgium; National Institute of Public Health, Czech Republic; and Regione Del Veneto, Italy. It also includes collaborating partners and ENGENDER Network members.

The six policy areas identified by the Women and Gender Equity Knowledge Network—adapted to the European context—were used to select good practice and structure policy briefings: structural gender inequalities, gender stereotypes, gendered exposures and vulnerabilities, gendered politics of health systems, gender imbalances in health research, and gender mainstreaming (http://www.who.int/social_determinants/knowledge_networks/gender/en/index.html).

The policy briefs are intended to assist groups that seek knowledge on how to act for gender equity in health, and achieve a more fair distribution of health and longevity between the sexes. Such groups could include: policymakers and their advisors at local, regional, national and European levels; researchers with interest in public health, gender and social policy; NGOs undertaking relevant implementation, evaluation and advocacy; and international agencies such as UN, WHO, OECD, ILO.

The ENGENDER Partners

For More Information:

The ENGENDER Website
http://www.engender.eurohealth.ie

Edite Estrela, MEP
http://www.editeestrela.net/

Sean Kelly, MEP
http://www.seankelly.finegael.ie

To join the ENGENDER Network, please contact: *info@eurohealth.ie*

The ENGENDER Project Database

Ineke Klinge, PhD, Maastricht University, Netherlands

ENGENDER has developed and compiled the first database in Europe of good practices to promote gender equity in health. The database currently has over 180 examples of good practice. Since the project assesses good practices both within and outside the health sector, it highlights the role and responsibility of actors for promoting gender equity in health in a variety of policy areas such as finance, labour market and employment, education, social and family affairs, communication, and environment.

The ENGENDER partnership has reviewed examples of good practice, policies and interventions in the health and other sectors at both the EU and regional levels that have successful, positive impacts on promoting the health of women and men. These good practices addressed the six policy areas: the essential structural dimensions of gender inequality; gender stereotype norms and practices that harm people's health; health risks through gendered exposures and vulnerabilities; the gendered politics of health systems; the evidence base for policies due to gender imbalances in research; and mainstreaming gender equality.

The good practices involve a broad range of measures such as measures that address paid work and parenthood; resolution against family violence; advocacy for sexual and reproductive rights; men's health & well-being programmes; outreach programmes to vulnerable groups (rural workers, adolescent girls); projects that innovate health research by sophisticated methods of sex and gender analysis; and guidelines for gender equality programmes in science.

The Database is available online at: http://form.engender.eurohealth.ie

The ENGENDER Network and Policy Briefings

Peggy Maguire, European Institute of Women's Health, Ireland

During Spring 2010, Associate Partners nominated network members. The core membership of the ENGENDER Network of experts was established in June 2010. The aim of the Network is to create a tri-sectoral sourcing of knowledge, a key factor for building consensual knowledge and helping to close the operational and participatory governance gaps. The Network collects, categorises and syntheses of knowledge and informs policy makers and programme managers of opportunities for improved action on gender equity. Inclusiveness openness and transparency are key principles of the Network.

The Network is instrumental in contributing to the production, updating, dissemination and development of specific topic-related policy briefings. The network members reviewed, commented on, and contributed to the policy briefings. Network members contribued to the ongoing production, updating, dissemination and use of the database of good practices. The Network members will have an important role to play as experts at European and national level to ensure that the drive for gender equality in the health area continues.

Based on the information on good practices in the ENGENDER database, six policy briefings have been produced by the ENGENDER partnership for dissemination to policy makers. The creation of the six policy briefs was based on the analysis of the ENGENDER database of good practice in promoting gender equity in health. The briefings have been designed in such a way as to provide practical examples on each policy area, informing policymakers of best practice models of promoting gender equity in policy development in each of the six policy areas.

The policy briefings seek to answer numerous questions:

- How do essential structural dimensions of gender inequality affect women and men's health?
- How do gendered health norms manifest in households and in communities
- How do different health conditions of women and men reflect a combination of biological sex differences and gendered social determinants?
- What are the root causes and consequences of the gendered politics of health care systems for women and men's health?
- What mechanisms and policies are needed to avoid and correct gender imbalances in the content and processes of health research?
- How can we remove the organisational barriers that hinder the gender-equal policy implementation within and outside the health sector?

Ms. Edite Estrela MEP and ENGENDER Roundtable Meeting Delegates

If you are interested in joining the ENGENDER Network, please contact the European Institute of Women's Health at info@eurohealth.ie.

Gender Equality in Health and the European Commission

Dr. Isabel de la Mata, DG Health and Consumer, European Commission

The main factor determining equality in health is gender. Gender equity is for everyone not just for women. Women and men have differences in health outcomes and differences in how we deal with our health throughout our lives. Health depends on biology, but there are other conditions that are important for health, including socio-economic conditions and education. In many instances, gender is related to socio-economic conditions, which have more negative effects on women than on men.

One year ago, the EU Commission approved the Strategy for Equality between Women and Men2010-2015. This strategy states, "*We have developed a series of action points to achieve in the five year strategy. All the actions will have not just a health impact assessment but also a gender impact assessment. This will not just affect actions at the EU level but also the actions of the Member States.*"

The European Union approved a communication on health inequalities in 2010. We are working currently on health inequalities, specifically on chronic diseases that can affect women and men differently and the Europe 2020 Strategy is looking at health systems. Health systems often treat men and women differently, again one of the issues we will work on next year when we revise the clinical trials legislation. This is an area that needs to be examined as most clinical trials are conducted primarily with men.

Gender Equality in Research and Innovation

Viviane Willis-Mazzichi, DG Research & Innovation, European Commission

Women are vital to health research. The proportion of female PhD graduates (2006) in the EU-27 in all fields is 45% and in the health/welfare field is 54%. The proportion of female researchers in the medical sciences in the government sector went from 48% to 2002 to 52% in 2006. The proportion of female researchers In the business enterprise sector in pharmaceutical female researchers made up 56%.

Gender is important to the content of research. The Toolkit on Gender in Research is available online at http://yellowwindow.com/genderinresearch. Gendered Innovations is a new project that is also available online at http://genderedinnovations.eu. Many projects involve women in research institutions. The Women in Research Institutions launched an expert report on 17th of October, which is entitled *Structural changes in research institutions: Enhancing excellence, gender equality and efficiency in research organisations*. The report is available online at http://ec/europa.eu/research/science-society/.

DG Research's Gender in Science in Society Work Programme is currently calling for proposals that ensure equal opportunities for women and men by encouraging a more gender-aware management in research and scientific decision-making bodies. The call deadline is 22 February 2012 and information is available online at http://cordis.europa.eu/fp7/capacities/science-society_en.html.

On 8th and 9th of November the European Gender Summit will be held in Brussels in collaboration with the European Parliament Scientific and Technological Options Assessment group (STOA). It is co-organised by the FP7 Gender in Science (genSET), the European Science Foundation (ESF), and the European Cooperation in Science and Technology (COST). More information is available online at http://www.gender-summit.eu/.

The World Health Organization and Gender Integration

Albena Arnaudova, Office to the European Union, World Health Organization

The WHO welcomes the database of good practice developed by the ENGENDER PROJECT. The WHO/Europe will use the results of the ENGENDER project in its work with a group of national counterparts from health ministries. Sex disaggregated data in health policy and the ability to analyse this data is crucial.

The WHO adopted a policy document in 2007 at the World Health Assembly, which gives WHO a clear mandate to integrate gender in all its work, policies and instruments, and called on Member States to integrate the gender perspective in their national health policies and programmes. The gender dimension is explicitly being taken into account in the drafting of future Health 2020 European health policy, now being discussed with Member States, and also in the European report on Social Determinants of health

The WHO/Europe works very well and in synchrony with the European Commission on gender issues, and also is exploring the potential for cooperation with the European Institute for Gender Equality (the EU Agency for gender equality).

The WHO will work with its own staff including experts who work on different disease groups for example, tuberculosis, diabetes and other non-communicable diseases, and ask how these disease specific- groups can take a gender perspective in their own policy domain.

Policy Brief #1: Structural Health Inequalities

Isis Marie Aimée Nyampame, Swedish National Institute of Public Health, Sweden

The structural dimension of gender inequality refers to the unequal division of power and resources between women and men. These inequalities are assigned through other gendered mechanisms, which are reproduced and maintained at the individual as well as societal level. Norms, values and practices give rise to clear distinctions between the sexes and to allocating women as subordinated to men in most important spheres of life. In many parts of the world, men and boys exercise power over women and girls.

Steps for Policy Action:
1) Address both private (family) and public (labour market) aspects of life in policy and programmes to enhance gender equality in society and in health.
2) Design programmes and policies that take into account discrimination based on (class, ethnicity, age, sexuality, etc.) in order to more effectively reduce health inequalities between women and men.
3) Support existing efforts and the development of future actions to promote empowerment incentives for women.
4) Design programmes and policies, which prevent risky behaviours serving as masculinity codes—for improving men´s health, and for diminishing the male versus female dominance in power and prestige.
5) Work towards eradication of men’s violence against women, since it constitutes a heavy toll on the society and compromises women’s health, dignity and independence.

Policy Brief #2: Gender Stereotypes

Dr. Ian Banks, European Men’s Health Forum, Belgium

Gender stereotypes are simplistic generalisations about the gender attributes, differences, and roles of individuals and/or groups. The stereotypes can be positive or negative, but they rarely communicate accurate information about others. Stereotyping affects life experiences of women and men and is related to education, work, relationships, social standing, wellbeing and health.

Steps for Policy Action:
1) Encourage and finance intersectional research that looks and monitors the effects of empowering specific population groups (e.g. women, men).
2) Encourage and finance actions that empower equally both men and women in their efforts to obtain better health.
3) Encourage and finance research and actions that challenge behaviour based on gender stereotypes as well as on social categories such as such ethnicity and sexual orientation in order to ban actions that have detrimental effects on health.
4) Encourage involvement of all public bodies and institutions in the elimination of gender stereotypes in all spheres of private and public life.
5) Encourage and finance research on femininity and masculinity and on strategies to eliminate gender stereotyping.

Policy Brief #3: Gendered Exposures and Vulnerabilities

Hildrun Sundseth, European Institute of Women’s Health, Ireland

The differences between women and men in health vary in magnitude across various health conditions. Some conditions are determined primarily by biological differences. Others are the result of gendered differences. Many health differences reflect a combination of both the biological differences and gendered factors. Understanding the contribution of biology and gender is for addressing effectively women and men's differential exposures and vulnerability of health risks. The biological sex differences between females and males are relevant for the treatment and diagnoses of various diseases and medical conditions. Important social issues with consequences for their health include education, employment and family life. Socio-economic, educational cultural and ethnicity differences can impact on patterns of behaviour and access to resources. Despite considerable progress in recent years at both national and international levels, gender inequalities in health remain in many areas across Europe

Steps for Policy Action:
1) Prioritise the standardisation of data collection methods in a sex/gender-disaggregated manner across the EU.
2) Reduce health inequalities by integrating sex and gender-specific data into health policy design and healthcare planning, paying special attention to vulnerable and marginalised groups.
3) Make the inclusion of women in clinical trials explicit and the numbers included statistically relevant to allow for systematic analysis of sex differences.
4) Encourage the European Institute for Gender Equality (EIGE) to include gendered health policy in their work programme.
5) Combat health inequalities under the current and future Health programmes by introducing gender sensitive strands.
6) Encourage Member States to make their health policies and programmes gender-sensitive, paying particular attention to marginalised groups of women and men such as the disabled, elderly, migrants and ethnic minorities.
7) Institute policies that encourage healthy active ageing for both women and men, through investing in a lifespan, gender-sensitive approach.
8) Strengthen stakeholder involvement for the development of gender-sensitive health policy and care.

Policy Brief #4: Gendered Politics of Health Systems

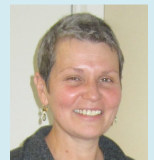
María Cristina Quevedo-Gómez M.D., MPH, Maastricht University, Netherlands

Health care systems can fail in gender equity from the perspective of women and men as both users and providers. Lack of awareness and lack of acknowledgement of: gender differences in health seeking behaviour and in health needs of users; gender bias in the content of medical and health sciences curriculums; and unequal working conditions within the health care sector (e.g. women in health care with low paid jobs and overload of duties). Good pratices transform health systems, transform the knowledge and practice of health care users regarding gender, transform the knowledge and practice of health care providers regarding gender and/or promote networking, partnership and sharing of power

Steps for Policy Action:

1) Encourage collection of sex and gender-disaggregated data and intersectional research in the EU Member States to plan, monitor and evaluate gender-sensitive actions.
2) Encourage collaboration between sectors in health reforms that are gender-sensitive.
3) Recognise the need of legislation for collaboration among different sectors (e.g. work and social protection) and include civil society (e.g. workers' and patients' associations) and NGOs in the decision-making processes. Promote gender-sensitivity in health research. Diminish differences in power relations among men and women within health care studying and working environments. Mainstream gender within health care systems.

Policy Brief #5: Gender Imbalances in Health Research



Carnina Furnée, PhD, Maastricht University, Netherlands

Gender imbalances in the ***content*** of health research refer to disparities in ***what*** is studied: the slow recognition of health problems that affect women and men differently; the misdirected and incomplete approaches to women's and men's health (care) needs; and the lack of recognition of the interaction between gender and other social factors (education, income, employment, housing). Gender imbalances in the ***process*** of health research refer to ***how*** topics are studied: the lack of data disaggregation in projects; the lack of researcher sensitivity to the varied dimensions of disparity; and the lack of a gender perspective and/or exclusion of female subjects from medical research and clinical trials.

Steps for Policy Action:

1) Continue and increase of financial support for research that challenges both the content and the process of existing health research.
2) Continue and increase the encouragement of research that focuses on the development of methods of sex and gender analysis in health research.
3) Encourage the development of research methods to study health from an intersectional perspective.
4) Prioritise major public health problems with relations to other domains, such as violence against women, occupational health issues, (mental) health needs and care options.

Policy Brief #6: Gender Mainstreaming

Dr. Hana Janatová, National Institute of Public Health (SZU), Czech Republic

Research, interventions, health system reforms, health education, health outreach, and health policies and programs should incorporate the gender perspective. Health status is influenced, not only by biology aspects or by health care, but also by socio-economic determinants of health. Gender mainstreaming should be integrated into all policies, even if they appear to be gender neutral. Gender mainstreaming should be applied at all levels—national, regional, and local. Gender equality must be taken into consideration during the planning as well as during the realisation and evaluation.

Steps for Policy Action:

1) Strengthen gender mainstreaming at EU and national levels.
2) Raise awareness inside and outside the government sector.
3) Strengthen the political will to implement gender mainstreaming.

To access the full-length policy briefs, please visit the ENGENDER Project website at http://www.engender.eurohealth.ie.

This work was made possible through funding provided by the European Commission, Executive Agency for Health and Consumers (EAHC) and undertaken as work for European network on policies and interventions to tackle gender based inequities in health.

Recommendations from the ENGENDER Roundtable

Delegates welcomed the ENGENDER recommendations for policy actions to integrate gender into all policies and research that affect health as well as into specific disease awareness programmes, healthcare systems and infrastructures.

An important step for Europe to take was to collect reliable, compatible, comparable data to develop appropriate gender-sensitive strategies, policies and actions to ensure a high level of health protection for women and men.

Several participants saw the upcoming revision of the Clinical Trials Directive as an opportunity to insist that women were included in clinical trials according to the prevalence of the disease and that results were systematically analysed for sex/gender differences.

There was also a strong consensus that the European Gender Institute should be tasked with adding gender-sensitive health policy into its work programme.

Finally many delegates were concerned how the ENGENDER database would be kept up after the project funding came to an end. The database was considered extremely important and delegates recommended that its upkeep must be ensured through sustainable funding.