



European Institute of Womens Health response to the Commission consultation on Road Map for equality between women and men 2006-2010 follow up strategy (2011-2015)

The European Institute of Womens Health(EIWH) welcomes the European Commission consultation on the Road Map for equality between women and men and hopes the EIWH response will contribute positively to the follow up strategy.

The European Institute of Women's Health (EIWH) is an NGO working to ensure that gender and women and family health issues are a policy priority. The EIWH strives to make the health and well being of women and the family a priority for the European Commission and all EU Member States. The EIWH promotes the need to increase the number of women in leadership positions in health and other professions, including science and research.

1) Overall assessment of the performance of the Roadmap for Equality between women and men 2006-2010

Do you think that the Roadmap 2006-2010 has made a difference and contributed to more equality between women and men?

The EIWH believes that the Roadmap helped create awareness of the need for gender equality in the six priority areas of the Roadmap, but despite Community efforts gender inequalities still exist across the six areas. Women are still under represented in top positions in all sectors, the pay gap is still unacceptable.

Health inequalities are increasing across Europe, both between socioeconomic groups and between EU Member States. The ageing of the population, migration and the expansion of the EU all have implications for the evolution of health inequalities.

Inequalities in health outcomes are fundamentally related to overall social and living conditions. Tackling them requires a coordinated response across relevant policy areas. Socio-economic inequalities in healthy life years can amount to more than 10 years for men and almost 5 years for women. Similar gaps exist in health between some ethnic and migrant groups and the general population

Much of the responsibility for long-term care continues to fall on families, and it is largely women who continue to meet the majority of society's caring needs. Being a carer typically involves looking after children, or someone with a long-term physical or mental health disability, or with problems related to old age.

Violence against women still remains as a significant public health problem.

Women and young girls are disproportionately represented in society's most vulnerable groups and barriers in access to the health care system may further exacerbate their vulnerable status and

compromise their health outcomes.

2)Future Challenges for gender equality

What in your view the main medium and long term challenges that a new strategy for gender equality should address?

The European Union (EU) is undergoing significant demographic, social and economic changes. family lives, social attitudes and values, gender roles and working arrangements are changing too. Economic, social, political and cultural trends will influence how women and men live their lives and will also have important consequences for their health and quality of life, as well as the quality of life for their children and families. *The impact of these changes on society at large, and for women and young girls in particular, has not yet been fully explored. Despite considerable progress in recent years at both national and international levels, gender inequalities remain in many areas across Europe.*

Gender is significant in explaining many of the variations between women and men, and health systems can play a key part in reducing health inequalities between them. We know, that there are differences between women and men in the behaviours that contribute to both mortality and morbidity, and health systems that take account of these gender differences in their public health strategies are more likely to be successful.

There are significant differences in the way men and women are diagnosed and treated within the various health care systems in Europe. Part of this stems from the fact that men and women have different biology and that certain diseases are more prevalent in women than in men. But beyond these 'natural' differences there is also an increasing body of evidence to suggest that women do not receive as effective treatment or health information as men and that women respond differently to treatment.

Most research and clinical trials are done on men and extrapolated to women and research on the kinds of treatment that are best for women remains limited. Furthermore, women and young girls are disproportionately represented among the most vulnerable population groups and it is becoming clear that the health sector might be increasing rather than reducing gender inequality.

Some of the social issues most relevant to women, with significant consequences for their health, are education, employment and family life. Education is an important determinant of health behaviour and generally, the prevalence of ill-health increases steadily with decreasing educational level. Socio-economic differences between men and women can impact on patterns of behaviour and access to resources. Therefore, many of the biological advantages women experience can be cancelled out by social disadvantage.

Women experience fewer economic opportunities, less empowerment, and unfulfilled educational attainment than men. These factors can exacerbate inequalities in health and can leave women vulnerable in the way they access and receive health services.

- As women predominate in part-time, flexible and short-term employment, their contribution to health insurance can be limited and they may have fewer financial resources for out-of-pocket spending on health care.
- In all disease areas, one of the key hindering factors to reducing gender inequities is inadequate knowledge and information on the part of women themselves. Low socioeconomic status is known to be associated with a higher risk for many diseases.

- Cancer, particularly breast and cervical cancer, are the main cause of death for women aged 35 to 64 year. Twenty-five thousand female lives could be saved if widespread and high-quality screening for breast cancer were implemented across the EU..
- Women experience specific barriers to accessing healthcare. Barriers to equitable care include difficulties in taking time off work, caring responsibilities, and lack of income. These constraints in general impact women more severely than men.
- Health policies and programmes that take women's and men's differential biological and social vulnerability to health risks into account are more likely to provide successful, cost-effective outcomes than policies that do not account for such differences.
- There is a lack of disaggregated information available . Although calls for disaggregated data have been made for decades, it is necessary for this to become embedded in all EU policies, using for example, Gender Impact Assessment tools to facilitate this process.
- Gender mainstreaming implementation in all policies has been uneven and ineffective across Europe. Barriers have included a lack of political will, the time scale involved in passing national legislation, and resource implications.

3)Are the six priority areas defined in the Roadmap still relevant? Which new priorities should be considered?

The six priority areas defined in the Roadmap are still relevant. However the EIWH would like to see the following included as priorities in the new strategy:

- Integration of health and equity consideration into all EU policies.
- Impact of gender and social determinants on the health of women and men
- Good, high-quality gender-disaggregated data that are routinely available in different formats and at the appropriate level;
- Gender and health impact Assessment in all policies
- Gender and health Impact Assessment tools to facilitate this process
- Gender mainstreaming implementation in all policies and programmes
- Capacity building for gender mainstreaming.Good, regular training for all those involved;
- Gender budgeting' and a restructuring of revenues and expenditures to increase gender equity.

4)What types of improvements should be aimed at concerning the monitoring and the reporting of progress made.

The EIWH agrees with the recommendation in the recent report by the Women and Gender Equity Knowledge Network, WHO Commission on Social Determinants of Health ,that it is necessary to track women's equality issues within the workforce such as equal pay, decent working conditions, and representation in management and leadership.

The availability of sex-disaggregated data could help to plan, monitor and evaluate successful gender-sensitive interventions promoting gender equity for women and men. Methods, for workforce analysis, developed in relation to predominantly male employment sectors, should be validated and extended for analyses of women's jobs.

- Analyses of working conditions should consider factors affecting women workers, such as physical workloads, reconciling work and family, sexual harassment and discriminatory

practices.

- Take action to make organisations at all levels function more effectively to mainstream gender equality and equity and empower women by creating supportive structures, incentives, and accountability mechanisms
- Support through resources, effective policies/programmes women and girls responsibilities in 'caring' for people, and invest in programmes to transform both male and female attitudes to caring work so that men begin to take an equal responsibility in such work
- Expand women's capabilities particularly through education, so that their ability to challenge gender inequality individually and collectively is strengthened;
- Increase women's participation in political and other decision-making processes at EU and national and levels.
- Challenge gender stereotypes and adopt multilevel strategies to change the norms and practices that directly harm women's and men's health

5) How can complementarities and synergies between the Commission's initiatives, the actions by the member states, the actions by the Social Partners and organisations representing civil society, both at European and national level, be achieved?

Suggested ways for complementarities and synergies to be achieved:

- EU to commit to creating awareness at all levels of the need for gender equity in health.
- Involve women's organisations and other relevant stakeholders in any dissemination and awareness programmes.
- EU Commission to complete regular audits on the implementation of gender mainstreaming in EU Member States.
- Encourage the European Gender Institute in collecting gender-specific socioeconomic data.
- Create an inventory of good practice on the reduction of gender inequalities in health across different policies in all Member States.
- Member States should be encouraged to make greater use of Structural funds for reducing health inequalities, for example by supporting implementation of the Council Recommendation on Cancer Screening.
- Utilise Structural funds to encourage actions aimed at reducing social inequalities and gender differences in given conditions, such as cancer, mental illness and cardiovascular disease.
- Apply a lifecourse perspective on health to fully understand the nature of health inequalities between genders.
- Apply a strategic approach to public health policy-making that focuses on the inter-relationship of health and other social determinants that interact with gender, education, living and working conditions, equal opportunity, lifestyle issues and gender roles.
- Develop reliable indicators at an EU-level to monitor the impact and progress of actions and programmes aimed at reducing social inequalities.
- Devote more resources to marginalised groups of women and men such as the disabled, frail and socially-isolated older people, migrants, and ethnic minorities.
- Address the gender gaps in terms of the resources, norms and values, entitlement systems, and the structuring and delivery of services and programmes that may have direct and indirect effects on the health and health chances of women and men across Europe.