ACTION PLAN

EUROPEAN ACTION PLAN FOR WOMEN'S HEALTH 2018

EUROPEAN INSTITUTE OF WOMEN'S HEALTH

European Action Plan for Women's Health 2018

Women on The Frontline of Health

"Inequalities experienced in earlier life in access to education, employment and health care 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."

European Parliament Report on Reducing Health Inequalities in the EU Committee on the Environment, Public Health, and Food Safety (2011)

In celebration of the European Institute of Women's Health's (EIWH) twenty-first anniversary and sixty-years of gender equality in EU policy since the Treaty of Rome (1957), the EIWH brought together decision makers and thought leaders to review progress that has been achieved in sex and gender equity in women's health. Delegates explored existing gaps by employing a cross-sectorial approach and devise steps for moving forward together. On the basis of the delegate discussion from the four policy central policy topics, we have put together the main recommendations from each panel, which went to form this draft Action Plan.

Despite the vital role that women play in their families, communities and societies, women have significantly less financial resources than men. Women experience a gender pay gap during their working years, earning on average 16% less than their male counterparts in the EU. Women also face a pension gap during retirement, with women on average receiving pensions that are 40% lower than men. The gender pay and pension gap varies greatly from country to country; for example, pension gender pay gaps range from a 4% to a 49%. As a result, working and older women have less financial resources.[i] This gap gets wider over lifetime and during retirement and is problematic during old age; many women struggle to pay for help with assisted living or long-term care.

Women are on the frontline of health in Europe. They play a vital role in all aspects of healthcare as healthcare professionals, caregivers, patients, mothers, daughters and friends, particularly in light of an ageing Europe. As such, women are key decision-makers and thought leaders. Yet, research, programming, policy and practice do not sufficiently account for sex and gender differences. For example, women outlive men but are burdened by more years of ill health. We must invest in women's health in order to improve the health of all in Europe.

The European Action Plan for Women's Health has been developed to outline how we can advance the women's health agenda together and drive policy implementation in key areas. The Plan will be turned into a European Manifesto for Women's Health 2019. This manifesto will be given to key Members of European Parliament (MEPs) in the run up to the 2019 election to ensure that women's health and wellbeing is on the European policy agenda.

Horizontal Priorities

1. Sex and Gender Integration

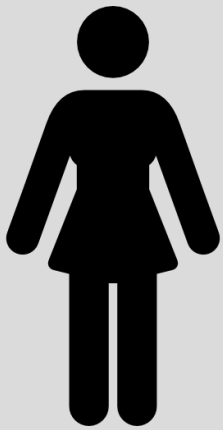
A holistic approach to women's health and wellbeing must incorporate biological, social, economic and political influences. As a result, sex and gender considerations must be integrated in a range of policies that influence health and wellbeing, such as health, research, employment, justice, education and technology policies.

2. Stakeholder Collaboration

Diverse, interdisciplinary and cross-sectorial stakeholders relevant to women and family health must be brought together at local, national and European levels to exchange best practice and to advocate together to advance the women's health agenda. Strong stakeholder collaboration is vital to the implementation of good prevention and healthcare policy. Key stakeholders—such as government officials, regulatory agencies, academic institutions, NGOs, industry professionals and healthcare providers—must be engaged to develop effective, efficient and equitable policy and programmes at local, national and European levels.

3. Incorporation of UN SDGs

The UN Sustainable Development Goals (SDGs) should be integrated into European health and wellbeing programming, policy and practice. Concerted efforts should be devoted to promoting and achieving SDG 3 (good health and wellbeing) 5 (gender equality) and 10 (reducing inequalities) with a diverse group of relevant stakeholders.



Health Promotion and Disease Prevention

4. Early Intervention

Early intervention is key to improve women and family health and wellbeing. Action must be taken early and at critical points to ensure health and wellbeing from childhood through old age. Available evidence must be used to best identify entry points for various interventions—both at the population and individual level—specific to girls and women throughout their life. Health inequities should be reduced by integrating sex and gender considerations into health promotion and disease prevention, programming and policy, devoting special attention to vulnerable and marginalised groups. Different health patterns between men and women must be taken into account when designing policies and programmes, taking a life-long perspective to support health promotion and disease prevention. Efforts such as cancer screening programmes, vaccination and promoting healthy lifestyles should be supported at local, national and European levels.

5. Vaccination Strategy

A coordinated and comprehensive life-course immunisation strategy must be adopted to target vulnerable people, such as pregnant women and older people. Infectious diseases easily cross borders. Therefore, collaboration and coordination for a common vaccination strategy that protects Europe's population from infectious diseases must be improved and include all relevant stakeholders. Robust pro-active communication programmes must also be developed to create a health- and vaccine-literate public that understands the benefit of vaccination for protecting both individuals and society from infectious diseases. The Joint Action on Vaccination should include a diverse stakeholder pool to support activities, including combating vaccine hesitancy at EU and Member State level.

6. Antibiotic Research

The growing antimicrobial resistance (AMR) is a public health threat that has been steadily increasing over the last decades. In the EU, results in 25,000 deaths annually at a cost of €1.5 billion per year in health costs and lost productivity.[ii] Many common infections are becoming difficult or even impossible to treat, sometimes turning a simple infection into a life-threatening condition. Citizens, patients, healthcare professionals, hospitals, veterinarian and farmers all have a role to play in fighting antimicrobial resistance. Women as the traditional family care givers can help to promote the prudent use of antibiotics in the family environment. There is a need for clear and accessible information through sustained health literacy campaigns to ensure that the general public becomes more aware of the risks of the over-consumption of antibiotics and the associated dangers. Research and development on new antibiotics must be urgently encouraged.

7. Maternal Health

Maternal health is a vital point for public health intervention to reduce the burden of disease and promote wellbeing through encouragement of and healthy diets, taking folic acid, cessation of smoking and alcohol consumption as well as taking appropriate exercise. Large variation exists across Member States with regard to preventing maternal morbidity and mortality. Efforts to improve and share standards of maternal healthcare across Europe should be supported. There is a lack of information and data about the safe use of medication during pregnancy and lactation for both women and their healthcare professionals, which must be urgently tackled. Research and pharmacovigilance must be improved to ensure safe and effective use of medicines during pregnancy and lactation in order to provide robust information and advice for health professionals, mothers and pregnant women. Most of the 5 million babies born in Europe every year have been exposed to medications taken by their mothers during the pregnancy.[iii] A publically-funded comprehensive European Pharmacovigilance system should be established to collect data, knowledge and close the information gap.

8. Active and Healthy Ageing

One of the biggest challenges facing European societies is maintaining health across the lifespan particularly in light of an increasingly ageing population. Active and healthy ageing must be a priority on the health and social agenda of the EU and its Member States. Europe has the highest proportion of older women in the world. Women are on the forefront of ageing due to their greater longevity than men, their multiple carer and societal roles and their lower financial resources. Despite women's increased lifespan, their older years are disproportionately burdened by ill health. Women outlive men by more than five years, but the difference in healthy life expectancy is less than nine months.[iv] A comprehensive and supportive approach, including physical and mental health, must be taken to empower and support women to actively and healthily age in order to reduce inequities, isolation and poverty in old age. Specific attention should be devoted to important issues that affect older people, particularly cancer and Alzheimer's disease.

9. Healthy Behaviour Promotion

Chronic disease is responsible for large part of ill health, disability and mortality in the EU in both sexes, leading to increasingly costly health and long-term care if not treated and managed effectively, particularly diseases like cardiovascular disease, diabetes and cancer. Efforts must be made to promote healthy behaviours, accounting for various factors including sex and gender. For instance, the frequency and level of alcohol and tobacco consumption among women is on the rise in Europe, resulting in narrowing the gap in avoidable illness and death in women. Beginning in the 1990s, young girls started out smoking young boys in Europe. Women also have special nutritional needs that shift for each stage of a women's life. Differences between men and women exist with regard to exercise and rising obesity. Men in the EU are 1.6 times more likely to be sufficiently physically active in a week compared to women.[v] Thus, explicit programming and policy should encourage women and their families to eat well, exercise and engage in healthy behaviours.

Research, Innovation and Personalised Medicine

10. Cross-National Data

Cross-national data collection across the EU must be improved and expanded. Data must be formatted in a manner that can easily be processed and interchanged between local, national and EU levels. Robust, comparable data is essential, and EU Member States should be encouraged to work to standard templates for data collection. Templates should include common indicators, capturing patterns of behaviour and access to resources, which can be utilised by healthcare delivery organisations and channeled through regional and national statistics to the EU level. Current efforts like the Cancer Registries should be supported and improved to fix existing gaps. Comprehensive, longitudinal data is essential for improving health and wellbeing policy, programmes and practice.

11. Sex and Gender Disaggregation

Large differences exist between men and women with regard to prevention, disease development and progression, diagnosis, treatment and care of various health conditions. Yet, there is a lack of comparable cross-national health data that sufficiently disaggregates by factors, including sex and gender, age and ethnicity. Robust age as well as sex and gender analysis of data is often lacking, resulting in gaps in evidence-based medicine and research. In order to improve existing policy and practice, research should be based on sex and gender as well as age disaggregated data. Harmonised sex and gender-specific data collection across EU Member States should be encouraged.

12. Horizontal Integration of Sex and Gender

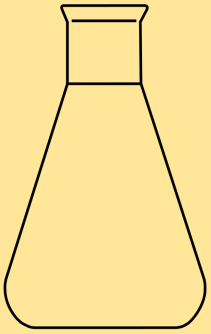
Sex and gender integration into research must be improved. In a just society, women and men must have equal opportunity to benefit from research. Over the years, scientific knowledge has increasingly demonstrated that some treatments affect men and women differently. Sex and gender should be integrated into research funding streams. Applications for funding should be required to include information on sex and gender considerations in research and in health technology assessments. The inclusion of sex and gender specific disaggregated data should be included in all future EU research programmes as criteria for funding and referenced in the guide for applicants, application forms, and guide for evaluators. The future FP9 Research Programme should include funding for training on sex and gender for consortia who submit proposals.

13. Funding Sex and Gender Health Research

Sex and gender is a key determinant of health. Explicit research on sex and gender in health should be funded at European level. A sex and gender balance must be promoted, right from the start, throughout all stages of research, including integration into the training and education of health care professionals. Translating the evidence from sex and gender research into practice will lead to more targeted, effective opportunities for prevention, treatment and care. Research needs to explore how women and men experience health and health care from a multi-dimensional perspective across the lifespan. Sex and gender-based analysis (SGBA) must be systematically included in health technology assessment (HTA).

14. Women in Clinical Trials

Women are generally under-represented in clinical trials. Women make up the largest proportion of the older population and are the heaviest users of medicines. Yet, women have a 1.5 to 1.7 times greater risk of developing adverse drug reactions compared to men as women as they are not sufficiently represented in clinical trials.[vi] The New Clinical Trials Regulation is a major step forward in increasing clinical trial data transparency. However, the continued under representation of women in clinical trials needs to be urgently tackled, and the regulation must be enforced. Research must explore the existing barriers for the recruitment and retention of women and older people in clinical trials and to develop a robust methodology for subgroup analysis. Ethics Committees should develop guidelines based on CIOMS revised guidelines that require the inclusion of women in clinical research.



Access, Treatment, Care and Responsive Health Care

15. Inclusion of Sex and Gender in Treatment

Women's health is more than reproductive health; it is health across the life-span. The incidence and prevalence of certain diseases are higher among women such as breast cancer, osteoporosis, auto-immune diseases and eating disorders. Others affect men and women differently, including lung cancer, diabetes, depression and cardiovascular disease. Women do not present the same for various conditions and respond differently to treatment and care. Sex and gender differences have important implications for health and healthcare. Thus, treatments must account for sex and gender differences in order to ensure women and their families receive the best available treatment and care.

16. Caregiving Support

Women play a major caring role in care-giving. Within the household, women often have little support, which may affect their health negatively. Much of the responsibility for childcare, care of older parents and disabled family members continues to fall on women. The time consumed in caregiving can lead some women to neglect their own health. Working women normally continue to bear the main burden for childcare and household work, which may create stress and affect both their physical and mental health. Programmes and policies to support female caregivers should be encouraged and supported.

17. Family Health Managers

Women as mothers, partners and daughters often take on the role as managers of health for their families. Women are often the main decision-makers particularly for the health and wellbeing of children. However, these obligations can come at the cost of women's own health and wellbeing. Policies and programming should support the role women play in managing their own health and the health of their families.

18. Holistic Approach to Health

Socioeconomic, educational, cultural and ethnicity differences impact health behaviour and access to resources. Sex and gender inequities, lack of resources or decision-making power, unfair work divisions as well as violence against women all impact health. Moreover, women have less financial resources than men, which exacerbate existing health inequalities. Women in Europe are in lower paid, often less secure and informal occupations than men. Women earn on average 16% less than men. Women, on average, receive pensions that are 40% lower than men.[vii] A broad view on health and wellbeing - including mental health, employment, justice, education and technology - should be taken in order to reduce sex and gender inequities in health.

19. Healthy Healthcare Professionals

Women are also key actors in the health sector not only as users of services but also as healthcare professionals. Often, women receive lower pay, less recognition or have to manage child and elder care as well. Policy and programmes must support female healthcare professionals in training and employment as well as helping them maintain good health. Women remain concentrated in the lower-level health occupations compared to men, have less status, lower salaries or, to accommodate the care of children and/or older family members have interrupted careers which often negatively impacts their financial situation, pension rights and career opportunities. Women must be recognised and supported in order for them to take a leading role in the healthcare sector.

Education, Training and Health Literacy

20. Education and Training Investment

Healthcare professionals are vital to maintaining the health and wellbeing of women and their families. Efforts must be made to sufficiently invest and improve healthcare professional education and training. Exchange of best practice across Europe should be encouraged to ensure that all healthcare professionals are receiving the best and most up-to-date training and education.

21. Sex and Gender Integration into Education and Training

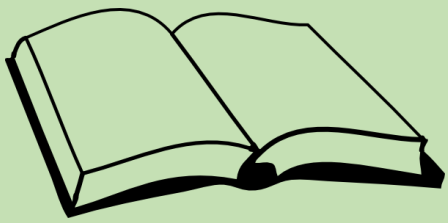
Healthcare professionals must be taught the importance of sex and gender differences in the prevention, development, diagnosis and treatment of various conditions during their education and training. Sex and gender considerations should be integrated into training and curricula. Healthcare professionals should receive further education through efforts, such as symposiums and professional conferences on sex and gender issues.

22. Healthcare Professional Sex and Gender Policies

Healthcare professional play a vital role in treating, advising, caring, educating and training. Professional bodies should adopt explicit policies that encourage the integration of sex and gender and age factors into education and training. There must be a commitment to mainstream an evidence-based sex and gender perspective throughout all the healthcare professional curriculum and continuous education.

23. European Sex and Gender Health Education Coalition

A European coalition for the integration of sex and gender into healthcare professional education and training could be established including the representation of the diverse healthcare professionals. The multi-disciplinary and multi-sectorial coalition could set and drive the agenda within and across European Member States. The coalition could work to inform students and educators on the importance of integrating sex and gender into healthcare professional education. The coalition could exchange best practice across Member States to best incorporate sex and gender into education at institutional, local and national levels and include the most recent evidence base in practice in order to improve patient outcomes.



24. Health Literacy Information

Accessible and accurate health information in people's respective language is a vital tool for both patients and healthcare providers. To empower patients, caregivers and their families this information must be easy to understand and in their respective language. People who are health literate have lower mortality rates, are less likely to use healthcare services (shorter stays, fewer visits), engage in safer use of medicine and better manage their conditions than are those with low health literacy levels.[viii,ix,x] Accessible, free multilingual health literacy information for patients, caregivers, families and citizens must be developed and supported.

25. Sex, Gender and Age Health Literacy

Information on sex and gender as well as age differences in health and wellbeing should be funded and generated. These materials should be accessible, inclusive, peer-reviewed documents. Materials—such as policy briefings, background documents, reports and other publications—should explain the importance of integrating sex and gender into health using the most recent evidence base. These documents should be written in clear and basic language to ensure accessibility as well as diffusion.

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