TOWARDS AN EU STRATEGY FOR WOMEN'S HEALTH

Recommendations from over 50 expert organisations behind the **EIWH Manifesto for Women's Health**

Report prepared by
The European Institute of Women's Health

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This report represents a shared endeavour and reflects the dedication of a broad community working towards common goals. We acknowledge with appreciation all who have contributed to bringing this work to fruition.

Table of contents

Executive Summary

Towards an EU Strategy for Women's Health

Despite global progress, no country has yet achieved gender equality[1]—an enduring injustice that permeates every aspect of human life. Within the European Union, over 227 million women and girls[2] are unable to fully exercise their right to health. As a result, women continue to face a wide range of health challenges that undermine their quality of life and limit their full participation in society.

To address these inequities, more than fifty expert organisations came together in 2024 to endorse the EU Manifesto for Women's Health, developed by the European Institute for Women's Health (EIWH)[3]. This report represents a collective endeavour by Manifesto partners, identifying key, unaddressed priorities that a future EU Strategy for Women's Health must tackle, recognising the diversity of gender identity and expression, for all who identify as women.

Maintaining Momentum: Gender Equality and Health Equity in the EU

In an era defined by complex geopolitical, human rights, and security challenges, health equity and gender equality must remain core priorities for the European Union. As budgets tighten and political agendas grow increasingly crowded with urgent issues, the EU institutions and Member States have an opportunity to reflect on the Union's strong record in advancing gender equality and health equity, and to reaffirm their leadership in meeting the needs of women in all their diversity, both within and beyond the EU's borders.

There is reason for optimism. Recent progress includes the launch of the 2025 EU Roadmap for Women's Rights, the adoption in October 2025 by the European Parliament's Committee on Women's Rights and Gender Equality (FEMM) of its own-initiative report on the Gender Equality Strategy 2025 and the adoption of the Council Conclusions on advancing mutually beneficial partnerships through better financing, gender equality, global health, and trade in December 2025. Building on these achievements, we look forward to the introduction of concrete measures to ensure that women's health is fully embedded within a Health in All Policies approach,

We also anticipate that women's health will be more prominently reflected in the European Commission's Annual Programme of Work, the next Multiannual Financial Framework, and the forthcoming EU Gender Equality Strategy 2026–2030, as well as in other key policy and legislative initiatives. Member States play a vital role in sharing and promoting best practices, and we encourage them to develop national strategies for women's health, drawing inspiration from the comprehensive frameworks already established in countries such as Ireland and Austria[4].

Coalition of Experts

The coalition of expert organisations contributing to this report stands ready to support the establishment of an EU Strategy for Women's Health that reflects the shared values and aspirations of all EU citizens. EU institutions and Member States can rely on our technical expertise, evidence-based guidance, and sustained advocacy in advancing this agenda. We are committed to acting as constructive partners, critical friends, and credible technical contributors, dedicated to improving health outcomes for the

[1] World Economic Forum 2025, Gender Gap Report 2025, available at https://www.weforum.org/publications/global-gender-gap-report-2025/
[2] Eurostat 2025, available at https://ec.europa.eu/eurostat/databrowser/view/demo_gind/default/line?lang=en
[3] 2024 EU Women's Health Manifesto, available at https://eurohealth.ie/2024-womens-health-manifesto/
[4] A recent EIWH mapping report explores existing women's health strategies. Austria, England, Ireland, and Scotland are at present the only European states with comprehensive plans which vary in duration - from Austria's open plan to Ireland's 2-year strategy. Other European states have plans and strategies in specific areas such as domestic, sexual and gender-based violence, and sexual health.

diverse populations of women and girls across Europe and beyond. Together, we will work to ensure that current and future generations benefit from a more equitable and inclusive approach to health policy.

This collaboratively developed report aims to catalyse a cross-EU, multi-stakeholder dialogue on women's health, engaging EU institutions, relevant partners across Member States and international actors. The co-signatories of the 2024 Manifesto for Women's Health, together with the Members of the European Parliament Interest Group for Women's Health, are committed to advancing this objective throughout the current mandate and beyond, ensuring sustained momentum towards a comprehensive and coherent EU framework of action for women's health.

Key Focus Areas for a Future EU Strategy for Women's Health

Although women in the European Union live on average 5.4 years longer than men, they spend approximately 25% more of their lives in poor health[5]. This disparity varies significantly across and within Member States, between socio-economic groups and geographies. For many interrelated reasons, women experience disproportionate structural inequalities that shape their health outcomes, for example those in marginalised communities, from different ethnic backgrounds, those with disabilities or transgender and non-binary individuals. A comprehensive EU Strategy for Women's Health is therefore an essential instrument to address these inequities and to transform health outcomes for women within the EU and beyond.

Several Member States have already implemented national action plans for women's health that adopt a life-course approach, recognised as best practice. Such an approach should underpin a future EU Strategy for Women's Health, ensuring that women's health needs are addressed from birth to death. This would encompass the full continuum of challenges - from body image and period poverty to gender identity, sexual and relationship education, sexual and reproductive health, fertility and maternal care, communicable and non-communicable diseases and conditions that affect women differently or disproportionately, pelvic health, menopause, and brain health in later life.

A strong prevention and health promotion dimension must also be central to the Strategy. Addressing health challenges that disproportionately affect women's quality of life and their ability to participate fully in society should include a focus on non-communicable diseases, infectious diseases, antimicrobial resistance, cardiovascular health, and chronic conditions that affect women more frequently or severely than men, such as dementia, autoimmune disorders, and rheumatoid arthritis.

Moreover, social and commercial determinants of health must lie at the heart of a future EU Strategy. These include higher rates of poverty resulting from persistent pay and pension inequalities, periods of labour market exclusion, and reduced career progression linked to caring responsibilities, discrimination and the economic impact of pregnancy and parenting - all of which disproportionately affect women. Gender, as an intersecting determinant, further compounds socio-economic inequities in access to the fundamental building blocks of good health. These encompass nutrition, housing, violence and discrimination, societal roles and expectations, gender identity and patterns of access to health services, as well as the extent to which these services meet individual needs.

Finally, in striving for the highest attainable standard of health for all, the EU's health and research policies must acknowledge that women throughout their lives face specific health needs, as well as distinct barriers and opportunities in achieving wellbeing. Historical exclusion of women from clinical research has resulted in only 5% of available medicines being adequately tested, monitored, and labelled for safe use in pregnant and breastfeeding women[6]. Furthermore, the lack of sex- and gender-disaggregated data continues to hinder the development of a robust evidence base for women's health.

[5] WEF Prescription for Change report 2025, available at https://reports.weforum.org/docs/WEF_Prescription_for_Change_2025.pdf
[6] WEF Prescription for Change report 2025, available at https://reports.weforum.org/docs/WEF_Prescription_for_Change_2025.pdf

A future EU Strategy for Women's Health must explicitly commit to rectifying these data gaps and to ensuring that research, innovation, and policy development reflect biological differences and the full diversity of women's experiences across the life course.

Our recommendations

To achieve the EU's vision of a *Union of Equality*, the European Commission, Parliament, Council, Member States, and stakeholders across society must work together to deliver a comprehensive and sustained response to women's health. Our recommendations are available in full at the end of the report. We are including them in brief form below.

Figure 1: Recommendations: brief form

Foreword

The European Institute of Women's Health

Europe has long been committed to promoting equality, improving population health and strengthening the resilience of our health systems. Yet despite this shared ambition, women across the European Union continue to experience significant disparities in prevention, diagnosis, treatment and health outcomes. These inequities are not inevitable; they are challenges we can address together with coordinated leadership, evidence-based policymaking and strong political commitment.

This Women's Health Strategy is the result of a collaborative, co-creation process involving the many organisations that shaped and supported the *Manifesto for Women's Health*. Their expertise lived experience and dedication have ensured that this Strategy reflects the needs and priorities of women from all backgrounds and across the life course. As the European Institute of Women's Health, we are deeply grateful for their contributions.

Strengthening women's health requires the collective engagement of Europe's institutions. The EPSCO Council, and the FEMM Committee and the SANT Subcommittee in the European Parliament each play an essential role in advancing this agenda. The EPSCO Council has a unique capacity to deliver coordinated progress across all Member States. By supporting shared commitments, fostering policy alignment and promoting investment in gender-responsive health systems, EPSCO can ensure that women's health becomes an integral and consistent priority across the Union. The FEMM Committee has been a longstanding champion of women's rights and gender equality. Its leadership is vital in ensuring that EU legislation, funding instruments and policy frameworks consider the needs and realities of women, and that progress toward equality remains a core element of the European project. The SANT Subcommittee plays an indispensable role in reinforcing public health, prevention and evidence-based decision-making. This is particularly important in areas where women face substantial gaps, such as cardiovascular disease (CVD) — the leading cause of death in women across Europe. Ensuring that prevention, research and clinical care reflect the specific needs of women will be central to reducing the burden of CVD and other chronic diseases.

Together, these institutions can help ensure that women's health is not addressed in isolation but incorporated across all major EU health and equality initiatives — from digital health and pharmaceutical reform to chronic disease strategies, mental health, and research and innovation programmes.

This Strategy offers a comprehensive framework to support that work. Its success, however, will depend on strong partnerships between EU institutions, Member States, civil society, researchers, clinicians and, importantly, women themselves. By working together, we can build health systems that are more inclusive, effective and equitable for all.Improving women's health strengthens families, communities and economies. It contributes to a more resilient Union and supports the values that underpin European cooperation — fairness, equality, solidarity and respect for fundamental rights.

As Europe looks toward the future, I am confident that with shared commitment and collaborative leadership, we can make meaningful and lasting progress. The Women's Health Strategy represents an important step forward, and I hope it will serve as a foundation for continued cooperation across the EU.

Peg Maguire, Director General of EIWH

The Board of Directors of the EIWH: Maeve Cusack (formerly National Cancer Control Programme, Ireland), Barbara Dowling (retired Senior Legal Council University of the Arts London, UK), Sylvia Gaiswinkler (Gender expert advisor Institute of Public Health Austria), Vanessa Moore (Trinity College Dublin, Ireland), Meryam Schouler-Ocak (Charite Berlin, Board EPA, Chair of the board), Rutger van der Gaag (Radboud University Medical Center, co-Chair of the Board)

Co-Chairs of MEPs for Women's Health interest group in the European Parliament

For far too long, women's health has been marginalised and reduced to reproductive and gynaecological issues alone, as though women's bodies and their health needs begin and end there. This inherently flawed view has genuine and dangerous consequences.

Conditions that disproportionately affect women, such as autoimmune diseases, osteoporosis, and migraines, continue to be overlooked. Other serious health issues, including heart attacks, often present differently in women, yet these differences remain absent from mainstream medical training and clinical guidelines. The result is predictable and damaging: women's pain is dismissed, their symptoms misinterpreted, and access to timely diagnosis and effective treatment delayed, sometimes with fatal consequences.

These failings are the direct result of a persistent and unacceptable gender gap in medical research and innovation. For decades, women have been underrepresented in clinical trials, leading to evidence that fails to reflect the needs of half of the population. This bias shapes everything from diagnostic pathways to treatment effectiveness and medical device safety.

If Europe is serious about gender equality, inclusive research that fully integrates sex and gender differences is urgent. We must confront the entrenched double standard in research funding, where conditions that primarily affect women continue to receive far less investment than those predominantly affecting men.

Across the European Union, women live longer, yet spend far more of those additional years in ill health. Older women, who make up the majority of those in long-term care, are disproportionately living with chronic and degenerative conditions without the appropriate support, treatment, or dignity they deserve. This represents a clear failure of policy and political priorities.

An ambitious women's health approach must be intersectional, addressing the structural barriers faced by women with disabilities, racialised and migrant women, and LGBTIQ+ people. Once more, an ambitious approach must also confront and end the persistent tendency to treat mental health as a secondary concern. For women and girls across Europe, mental health is a fundamental component of health and must be fully reflected in women's health policy, funding, and practice.

Europe now needs action, not rhetoric. Europe also requires an EU Women's Health Strategy that guarantees proper funding, robust research, and mandates sex- and gender-disaggregated data. These are basic tools that are needed for effective, evidence-based policymaking.

Delivering this ambition also raises a more fundamental question: can Europe continue to protect the health of its people, particularly women, within the current limits of subsidiarity? As long as health remains primarily a national competence, the result will remain fragmentation, inequality, and inefficiency across the Union. A stronger EU role in health is therefore is a political necessity.

As defence and security dominate the political agenda, we must be clear that health is also security. A resilient, equitable, and competitive Europe cannot be built on health systems that fail half the population. Women's health is central to Europe's prosperity, stability, and democratic credibility.

If the Union is to work for all its citizens, women's health must be treated as a political priority and no longer as an afterthought.

Tilly Metz MEP, Romana Jerković MEP, Stine Bosse MEP, Sirpa Pietikäinen MEP

About this report

An EU Women's Health Strategy: the time is now

Article 2 of the Treaty on the EU lists equality as one of the European Union's founding values, seeking the pursuit of a society where "equality between women and men prevail." Article 8 of the Treaty on the Functioning of the European Union states that: "In all its activities, the Union shall aim to eliminate inequalities, and to promote equality, between men and women"[7], while article 168 defines the remit of EU action in health[8]. The EU supports the achievement of the UN Sustainable Development Goals (SDGs), including goals 3 and 5 focusing on good health and well-being, and gender equality and the empowerment of women and girls. Despite this, nearly 70 years on from the Treaty of Rome, where gender equality was enshrined into EU law, no Member State has succeeded in reaching gender equality. This is reflected in healthcare and biomedical research, with the latest Gender Equality Index from the European Institute for Gender Equality (EIGE) showing a decline in the realm of health in recent years[9]. We mustn't accept the sub-optimal outcomes experienced by women because health systems fail to consider their needs at all stages in life, and within the specific context of women's lives.

Also, current trends show that climate change, digital technologies, and geopolitics are profoundly affecting the lives of vulnerable women and men, bringing tangible risk that a less-than-ideal situation will further deteriorate.

Although women's health is a rights issue not requiring justification for action, the economic case for improving women's health is also clear, as health inequalities account for a loss of €980 billion per year in the EU and closing the women's health gap is a $1 trillion opportunity to improve lives and economies[10]. Improving women's health benefits economies and social cohesion; it is correlated with increased education levels, long-term productivity, tax revenues, and a more skilled workforce.

Our report offers a starting point for the EU and Member States to develop targeted approaches that meet the specific needs of women with the involvement of all relevant stakeholders: policy makers, women's groups, civil society organisations, academics, researchers, health and social professionals. The over 50 expert organisations behind this report stand ready to make their contribution to a future EU strategy, because healthy women mean a healthy, more gender-equal and competitive[11] Europe and globally[12].

Our vision and guiding principles

This collectively produced report intends to serve as a prompt for a cross-EU multi-stakeholder conversation, including the EU institutions. Our hope is that it will help pave the way for the European Commission to prepare a Communication to the European Parliament, the Council, the European

[7] EUR-Lex, available at https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:12008E008
[8] EUR-Lex, available at https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:12008E168:EN:HTML
[9] EIGE 2024 report, available at https://eige.europa.eu/gender-equality-index/2024/domain/health
[10] Mackenbach JP, Meerding WJ, Kunst AE (2011). Economic costs of health inequalities in the European Union. J Epidemiol Community Health. 65(5):412–9.
[11] Remme M, Vassall A, Fernando G, Bloom DE. Investing in the health of girls and women: a best buy for sustainable development. BMJ. 2020 Jun 2;m1175.
[12] Onarheim KH, Iversen JH, Remme M, Bloom DE. Economic Benefits of Investing in Women's Health: A Systematic Review. Plos One. 2016;11(3):e0150120.

Economic and Social Committee and the Committee of the Regions, for endorsement of an EU strategy as part of Council Conclusions during the Irish Presidency in 2026. This is what the co-signatories of the 2024 Manifesto for Women's Health and the Members of the European Parliament for Women's Health will strive towards during this mandate and beyond.
We do not start from a blank page: a number of EU and national initiatives have already been pulled together. It is now time to take stock of what exists, implement the existing recommendations, tackle what is unfinished and strive to improve women's health and quality of life across the EU.

> Our vision is a future where all women in the EU and beyond fully enjoy their right to health and have access to equitable, affirmative and high-quality healthcare addressing their specific and diverse physical and mental health needs across their life course. To achieve this, we wish to see policy makers, civil society, academia, health care providers, the health workforce and all other relevant stakeholders come together to develop a comprehensive strategy for women's health in the EU. This strategy should cover all aspects of women's health, throughout women's life cycles.

We understand women as a non-homogenous group, and include persons who identify as woman, trans*woman, non-binary or queer, including different ages, ethnicities and communities. We use the term 'women' to refer to all those identifying as women. Data is limited for diverse groups of women, for transgender, non-binary and intersex individuals, and intensified research efforts are needed to bridge this gap.

Priority areas of focus

Based on the EIWH 2024 Manifesto for Women's Health supported by an ever-increasing number of allies, this report proposes some priority actions for an EU Women's Health Strategy. The list of issues identified is designed to serve for illustration, rather than constituting an exhaustive repository. We have grouped some key issues for consideration around four Focus Areas:

1. A life course approach to physical and mental health and global well-being
2. Prevention and health promotion
3. Socio-economic and other determinants of health
4. Research on the gender-specific dimensions of illnesses and health needs

Figure 2: Priority areas and Means of Implementation

1. A life course approach to physical and mental health and general well-being

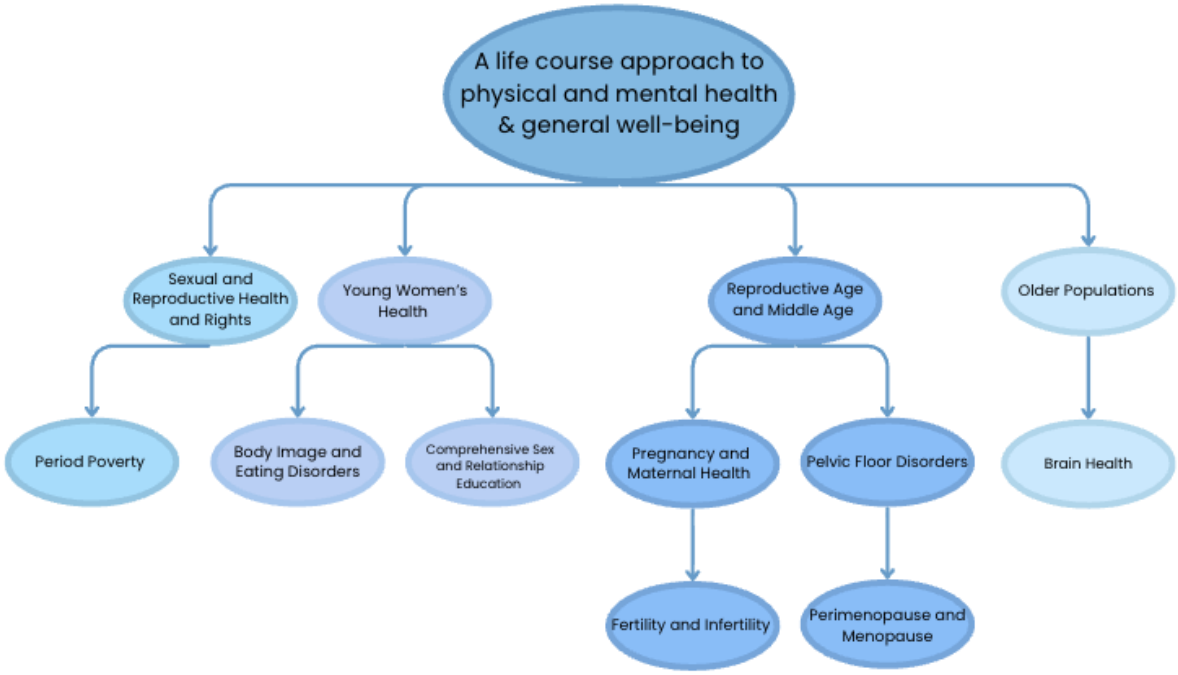

Figure 3: Priority Area 1

Existing national women's health action plans (Ireland[13] and Austria) in Europe take a life course approach to women's health focusing on a holistic approach to health, well-being and social needs of women and girls as they move through the stages of adolescence, reproductive and middle age into old age. This is a constructive approach, which we recommend taking forward into a future EU Strategy for Women's Health.

Sexual and Reproductive Health and Rights (SRHR)

A future EU Strategy for Women's Health must uphold women's sexual and reproductive health and rights and promote comprehensive sexual and reproductive healthcare for women in the EU and beyond. This includes universal access to contraception, including emergency contraception, access to sex and gender sensitive prevention methods, diagnostics and treatments for HIV and other sexually transmitted infections (STI), safe and legal abortion, comprehensive maternal health care, respectful treatment during labour and childbirth, broader family planning services, support for and equal access to assisted reproductive technologies. It further includes freedom from forced sterilisation, forced pregnancy and female genital mutilation (FGM). It also upholds women's sexual rights, including the right to consensual sexual relationships and pleasure, the right to express one's sexual orientation and gender identity, and the right to comprehensive sexuality education. It prioritises comprehensive sexuality education so women and girls can make informed decisions about their reproductive health.

[13] Women's Health Action Plan 2024-2025 Phase 2: An Evolution in Women's Health

Unmet need for contraception is a ubiquitous global health challenge, which leads to approximately 121 million unintended pregnancies each year, equating to roughly half of all pregnancies. 257 million women have an unmet need for contraception globally[14], with many citing side effects and health concerns as reasons for not using contraception. Increasing investments in contraceptive research and innovation (R&I) is thus essential to develop new and improved alternatives to currently available methods. Since women bear the brunt of the contraceptive burden, investing in contraceptive technologies for all genders, including for men, should be a priority to achieve reproductive autonomy for all. To reverse the trend of low contraceptive R&I funding in the EU, the EU must affirm its commitment via the Beijing Platform of Action to fund contraceptive technology development, and this should be prioritised as part of the next MMF, including through the EU's research Framework Programme (FP10).

Period poverty

Addressing period poverty is crucial in a women's health strategy as statistics show that a significant portion of women struggle to afford period products. For example, research in Sweden cites that in 2020, one in five menstruating women reported not being able to afford menstrual protection on one or more occasions in the past year[15]. Policy actions such as eliminating VAT on menstrual products, providing free menstrual products, and offering menstrual health education and paid leave for debilitating symptoms can mitigate this issue, promoting gender equality and ensuring women's health needs are met comprehensively. Spain and Ireland are countries that have introduced successful period poverty policies.

Young Women's Health

Body image and eating disorders

Eating disorders and body image issues are primarily experienced by girls and young women, with a higher possibility of risk in younger age groups. Researchers have observed a large rise in eating disorders and self-harm among teenage girls in the UK since the COVID-19 pandemic[16], with similar patterns recorded in France, Belgium, Spain and globally. In 2016 research in Ireland found that young women (15-24 years) were the group with the highest levels of negative mental health. A more recent survey in 2019 of youth mental health in Ireland revealed findings among women indicating increased levels of anxiety and decreased levels of self-esteem, body esteem, resilience and other protective factors than men of the same age[17].The EU's Comprehensive Approach to Mental Health[18] includes initiatives relating to the mental health of children and young people to help address these issues.

Comprehensive sex and relationship education

Comprehensive, evidence-based, scientifically accurate, age-appropriate and high-quality sexuality education is key in enabling young people to develop attitudes and skills that contribute to safe, healthy and positive sex and relationships. Comprehensive sexuality education equips young women to make informed decisions about their sexual and reproductive lives and navigate intimate relationships. This includes protecting themselves from sexual and gender-based violence, sexually transmitted infections and early pregnancy and building healthy and respectful relationships. In recent years, disinformation about and efforts to roll back comprehensive sexuality education have impeded access to this

[14] WHO 2025, Contraception, available here Contraception
[15] Intima. Period Poverty in Sweden [Internet]. 2021 [cited 2024 Jun 21]. Available at: Period poverty in Sweden: One out of Five can't afford menstrual protection
[16] Euronews. New research shows 'large rise' post-COVID in eating disorders and self-harm among teenage girls 2023. Available at: New research shows 'large rise' post-COVID in eating disorders and self-harm among teenage girls | Euronews
[17] Dooley B, O'Connor C, Fitzgerald A, O'Reilly A. My World Survey 2 The National Study of Youth Mental Health in Ireland. 2019; Verfügbar unter: https://myworldsurvey.ie
[18] European Commisson. Communication on a Comprehensive Approach to Mental Health [Internet]. 2023 [zitiert 24. Mai 2024]. Verfügbar unter: https://health.ec.europa.eu/document/download/cef45b6d-a871-44d5-9d62-3cecc47eda89_en?filename=com_2023_298_1_act_en.pdf

information for young people in some member states. Yet, data and evidence clearly outline the benefits of implementing comprehensive sexuality education – delivered by trained professionals and supported by adequate financial resources – across the education system, including into ordinary school curricula, as a central component to guarantee young people's access[19] to health[20].

Reproductive age and middle age

Pregnancy and maternal health

Many factors influence maternal and neonatal health outcomes in Europe, with access to high quality medical care a determinant factor across Europe. Although progress has taken place over the last couple of decades[21], significant disparities exist between different parts of Europe when it comes to access to maternal healthcare[22]. Maternal mortality rates vary across the EU[23] and many Member States do not publish the results of robust confidential inquiries into these deaths. Furthermore, disaggregated data according to racialised group, region, level of education and/or socio-economic status is not collected by many Member States, which makes disparities in outcomes invisible.

Across Member States, the approach to health and care during pregnancy varies widely, with an overarching trend towards overmedicalisation. For example, caesarean birth rates vary widely across the EU, with countries with higher caesarean rates not seeing improvements in national maternal stillbirth or neonatal or newborn mortality rates[24]. The majority of Member States are above the 10-15% national caesarean birth rates recommended by WHO.[25] While caesarean births can be lifesaving, they need to be used judiciously because they increase maternal morbidity and have long-term health effects on women and children.[26] There is a clear disparity in overmedicalisation among private and public maternity services, with private services more often conducting more profitable, medically unnecessary medical procedures.

[19] WHO. International technical guidance on sexuality education: an evidence-informed approach. Rev. ed. Paris, New York, Geneva: UNESCO : UN-Women : UNICEF : UNFPA : UNAIDS : WHO; 2018.
[20] Commissioner for Human Rights C of E. Sexual and reproductive health and rights in Europe: Progress and Challenges. Follow-up report to the 2017 Issue Paper [Internet]. 2024. Verfügbar unter: https://rm.coe.int/follow-up-report-on-the-2017-ip-on-srhr-sexual-and-reproductice-health/1680aea9b4
[21] WHO Euro 2025, available at Maternal and newborn health EURO
[22] Vulcanescu A et al 2025, available at
Systematic Review: Maternal Risk Factors, Socioeconomic Influences, Neonatal Biomarkers and Management of Early-Onset Sepsis in Late Preterm and Term Newborns—A Focus on European and Eastern European Contexts - PMC
[23] WHO. Maternal deaths per 100 000 live births, max of cod and clinical data. 2024 Oct. (European Health Information Gateway).
[24] Ye et al., Association between rates of caesarean section and maternal and neonatal mortality in the 21st century: a worldwide population-based ecological study with longitudinal dana. BJOG, 2015. DOI: 10.1111/1471-0528.13592. Available at: https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.13592
[25] World Health Organization. WHO Statement on Caesarean Section Rates. 2015. Available at: https://www.who.int/publications/i/item/WHO-RHR-15.02
[26] Sandall et al., Short-term and long-term effects of caesarean section on the health of women and children. The Lancet, 2018. DOI: 10.1016/S0140-6736(18)31930-5 Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31930-5/abstract

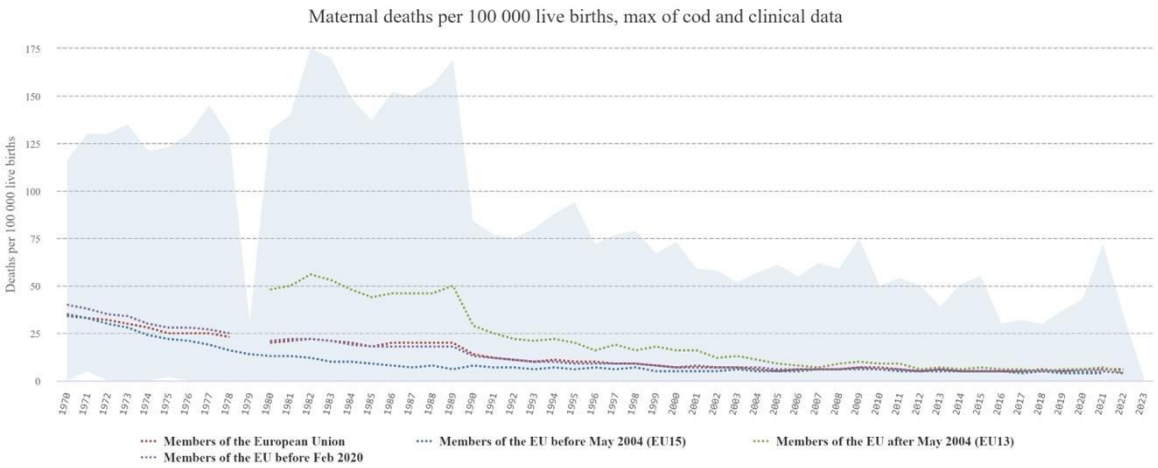

Figure 4: Maternal deaths[27]

A future EU strategy on Women's Health must focus on the following, *inter alia*:

- Ensuring evidence-based holistic, respectful patient-focused models of care during pregnancy and childbirth.
- Ensuring availability and access to high-quality safe and respectful sexual, reproductive, maternal and adolescent care with access to specialist care and escalation when needed, and access to timely intervention when complications arise
- Implementing and financing health promoting policies including access to full-scope midwifery care for SRMNAH needs, especially for women facing vulnerabilities, in rural and difficult-to-reach areas[28]
- Appropriate follow up of complicated pregnancies (e.g., preeclampsia, gestational diabetes, post-partum cardiomyopathy, women with congenital heart disease, women with autoimmune diseases)
- Adequate diagnosis and support with perinatal depression, which affects an estimated 1 in 5 pregnant women[29]
- Ensuring access to prenatal diagnostics, fertility investigation and where needed assisted reproductive treatments, which includes psychological support throughout
- Supporting access to bereavement care after pregnancy loss, miscarriages, stillbirth and infertility

[27] https://gateway.euro.who.int/en/indicators/hfa_90-1210-maternal-deaths-per-100-000-live-births/#id=19015
[28] Policy Department for Citizens' Rights and Contitutional Affairs. Access to maternal health and midwifery for vulnerable groups in the EU. 2019. Available: https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN.pdf
[29] EIWH 2023, Maternal Health in the European Union, available at Maternal Health in the European Union Report

Pelvic floor dysfunctions

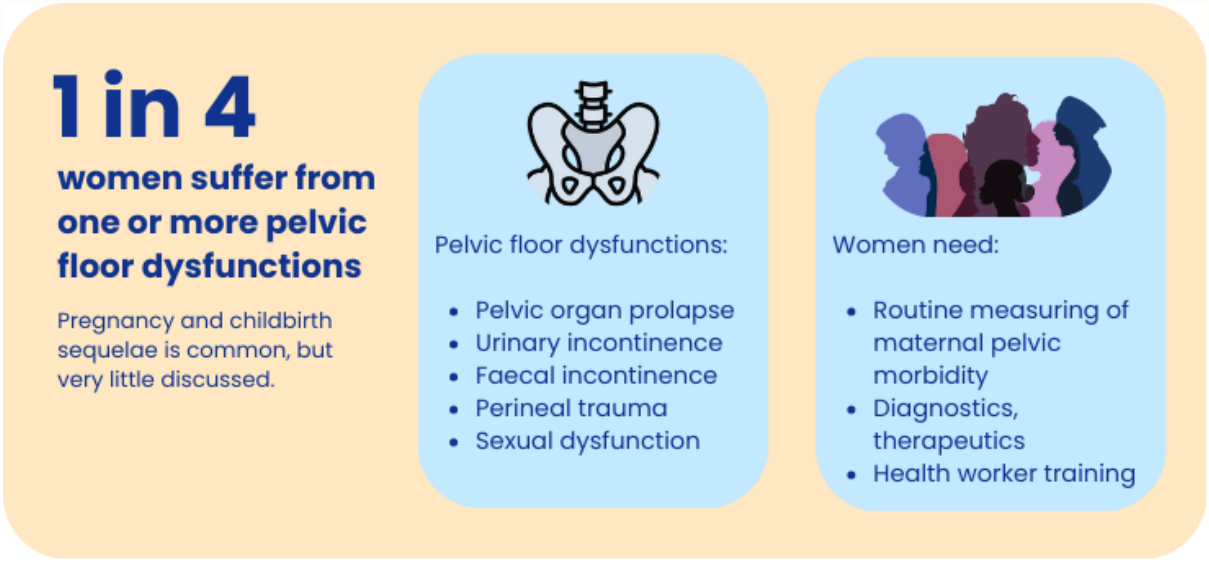

Figure 5: Pelvic floor dysfunctions

Medium- and long-term consequences of pregnancy and childbirth can appear many years post-partum and continue to affect women late into their reproductive years or post menopause. Pelvic floor dysfunctions (PFDs), including pelvic organ prolapse (POP), urinary incontinence (UI), faecal incontinence (FI), perineal trauma and sexual dysfunction, encompass an array of conditions that may have their aetiology in disruptions of the support, anatomy, or nerve supply of the pelvic floor and its contents resulting from pregnancy and childbirth trauma. One in four women suffer from one or more PFDs, a significant proportion in their reproductive age and these can have lifelong social, economic, and health consequences.

- Measuring maternal pelvic morbidity should be an integral part of measurement of quality of maternal health.
- Greater investment in epidemiological, basic science, interventional (including development of low-cost diagnostics and therapeutics) and implementation research is necessary.
- Support training of frontline health workers globally in the prevention, screening, referral and management of PFDs.

Fertility and Infertility

Fertility is a fundamental aspect of women's health and gender equality - yet 1 in 6 people of reproductive age across Europe face infertility and unequal, stigmatised, and unaffordable access to fertility care. Action is urgently needed to ensure all individuals, regardless of gender, relationship status or background, can access safe, ethical, and inclusive fertility support. A future EU strategy for Women's Health should ensure the following:

- a legal framework to provide safe treatment for all who need it without discrimination and on allowing treatments that are evidence-based and effective.
- Consistent public funding for IVF (in vitro fertilisation) and MAR (medically assisted reproduction) for all groups of patients everywhere.
- Public funding levels provided according to best-evidence models (e.g. Belgium's 6-cycle model).
- Psychological support should be provided as an integral part of public-funded treatment.
- Information campaigns and the legal framework for employers to provide fertility treatment support and flexibility at work, including statutory leave.

Perimenopause and menopause

As it stands, despite increased discussions on the subject, no country in Europe currently recognises a right to perimenopause leave, or has comprehensive policies addressing perimenopause symptoms[30]. Given the ageing workforce in Europe, action to support women struggling with perimenopausal symptoms makes economic sense as employers cannot afford to lose experienced members of staff, and women risk old age poverty if they are unable to continue working[31].

During perimenopause and menopause, hormonal changes, in particular the fluctuating and decreasing levels of oestrogen, increase the risk of cardiovascular disease. Important cardiometabolic risk factors in menopause include hypertension, dyslipidaemia, weight gain, insulin resistance and diabetes, increased systemic inflammation and vasomotor symptoms leading to mental stress and sleep disturbances. The severity of vasomotor symptoms has been implicated in impairment of brain health in mid- to late[32] life[33]. Steps to improve women's experiences of menopause must include:

- Increasing the availability of public support and workplace support
- Working to close the service gap in complex menopause care
- Integrating education into school curriculums.

- Raising awareness of challenges for women in perimenopause and menopause

Older populations

Demographic change has implications for the health and long-term care of women and men in Europe. Women live longer on average but spend 25% more of their lives in poor health compared to men due to chronic illnesses. After menopause the risk of cardiovascular diseases increases drastically, especially, hypertension, heart attacks, atrial fibrillation and stroke[34]. Their care needs are increasingly more complex against the backdrop of limited resources due to low pension and benefits entitlements. Care for older women must include steps to ensure that they stay socially connected. In the Austrian women's health plan, a feature which appears to be unique, in that it focuses on older women's well-being and mental health, is the measure to push for the implementation of a one-stop-shop for applying for and processing social benefits, as well as applying for care counselling[35]. More public funding and financial resources must be allocated to health and social care at a time of unmet demands for care and carers and a crisis in long-term care provision.

Brain health

Many brain disorders (including some affecting women such as multiple sclerosis, Alzheimer disease, eating disorders, depression and anxiety, stroke) are significant health challenges, highly debilitating

[30] Euronews. Menopause leave [Internet]. 2022 [cited 2024 Jun 21]. Available from: https://www.euronews.com/next/2022/10/18/menopause-leave-is-it-time-to-break-stigma-around-menopause-in-the-workplace

[31] Rees M, Bitzer J, Cano A, Ceausu I, Chedraui P, Durmusgolu F, et al. Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement. Maturitas. 2021;151:55–62.

[32] Crockford JFE, Guan DX, Einstein G, Ballard C, Creese B, Corbett A, et al. Menopausal symptom burden as a predictor of mid- to late-life cognitive function and mild behavioral impairment symptoms: A CAN-PROTECT study. Baccaro LF, editor. PLOS ONE. 2025 Mar 5;20(3):e0301165.

[33] Thurston RC, Maki P, Chang Y, Wu M, Aizenstein HJ, Derby CA, et al. Menopausal vasomotor symptoms and plasma Alzheimer disease biomarkers. Am J Obstet Gynecol. 2024 Mar;230(3):342.e1-342.e8.

[34] Patwardhan V, Gil GF, Arrieta A, Cagney J, DeGraw E, Herbert ME, et al. Differences across the lifespan between females and males in the top 20 causes of disease burden globally: a systematic analysis of the Global Burden of Disease Study 2021. Lancet Public Health. 2024 May;9(5):e282–94.

[35] Gaiswinkler S. Action Plan on Women's Health in Austria. From reporting to action. In Virtual Event; 2021 [cited 2024 Jun 21]. Available from: Action Plan on Women's Health in Austria. From reporting to action. - Jasmin - Journals, Articles, Symposiums, Monographs Information Network

and with no cure. Around 165 million Europeans are living with a brain disorder. It is estimated that 1 in 3 people will suffer from a neurological and/or mental disorder at some point in their lives[36]. In its position paper[37] the WHO calls for optimising brain health to improve mental and physical health, create positive social and economic impacts, all of which contribute to greater well-being and help advance society.

Women's brains face unique challenges. Although women's brain health has been somewhat neglected, some studies have found sex differences in brain regions known to be implicated in neurological disorders and sex-biased gene expression show an impact on brain development, potentially leading to novel sex-specific underlying mechanisms. Looking at sex- and gender-specific health factors of neurological and psychiatric disorders offer great potential for improving women's physical and mental health, to potentially discover tailored ways to diagnose and treat these disorders and enable women to increase their participation in the workforce and community with notably decreased health burden. Women's brain health must be an integral part of women's health as a whole[38].

[36] European Commission. Brain research [Internet]. Available from: Brain research - European Commission
[37] WHO. Optimizing brain health across the life course: WHO position paper [Internet]. p. 2022. Available from: Optimizing brain health across the life course: WHO position paper
[38] Castro-Aldrete, L., Greenfield, M., Smith, E. Women's brain health and brain capital. *Nat. Mental Health* 3, 488–497 (2025). https://doi.org/10.1038/s44220-025-00406-6

2. Prevention and health promotion

Figure 6: Priority Area 2

We have selected below some examples of areas where prevention will lead to significantly improved health outcomes for women in Europe. We are aware the list is not exhaustive and that a future EU strategy for Women's Health would need to look significantly beyond the examples we have provided for illustration.

Non-communicable diseases (NCDs)

Health promotion and disease prevention can reduce the burden of NCDs by 70%[39]. Disease prevention is the backbone of the European Commission NCDs initiative – Healthier Together[40]. Disease prevention is paramount to improve women's health, quality of life and their ability to participate in society.

Antibiotic resistance

Annually, 35,000 people in the EU die from antibiotic-resistant bacterial infection which costs €1.4 billion in healthcare services and lost productivity[41]. Not all EU member states keep data on antibiotic-resistant infections disaggregated by sex, gender and age[42], which are important when considering interventions to tackle this problem. Women and girls face higher barriers in accessing health care, making them more vulnerable to complications from drug-resistant infections and member states are encouraged to follow

[39] European Commission, Non Communicable Diseases, available at Non-communicable diseases: overview [Internet]. Available from: Overview - European Commission
[40] EC Healthier Together, available at Healthier together – EU non-communicable diseases initiative
[41] European Centre for Disease Prevention and Control. Health burden of infections with antibiotic-resistant bacteria in the European Union and the European Economic Area [Internet]. 2022 [cited 2024 Jun 19]. Available from: Assessing the health burden of infections with antibiotic-resistant bacteria in the EU/EEA, 2016-2020
[42] European Centre for Disease Prevention and Control. Surveillance Atlas for Infectious Diseases [Internet]. 2023. Available from: Surveillance Atlas of Infectious Diseases.

WHO guidance on addressing gender inequalities in national action plans on Antimicrobial Resistance (AMR)[43].

Tackling obesity

The EU recognised the importance of tackling obesity in its EU Action Plan on Childhood Obesity (2014-20) adopted in 2014[44]. At the time, the level of physical activity of girls decreased by more than 50% between the ages of 11 and 15 and the action plan stated that: "To be successful, the needs of different target groups must be considered (i.e. different ages, ethnicities and socio-economic backgrounds). For example, given the marked decreases in physical activity participation seen in adolescent girls, school policies should strive to make physical education more attractive to girls, especially those from lower socio- economic and ethnic minority backgrounds."

Women-friendly workplaces

Health is a fundamental factor in creating supportive and sustainable workplaces for women in all sectors, not just the sectors that commonly employ women (health and social care, education, hospitality services). Policies must ensure that women's health needs are addressed in ways that go beyond general health measures, accounting for the realities of women's experiences The European Pillar of Social Rights must call for non-stigmatising women-tailored and affirmative workplaces, recruitment and retention policies that support job security, adaptable and flexible working hours, adapted to all age groups, genders and life situations (pregnant, breastfeeding, undergoing medically assisted reproduction treatments, going through menopause, ageing) allowing for continuous professional development and career growth. The Pillar must also support policies that support a balance between work and caregiving responsibilities, recognising the disproportionate burden of unpaid care work on women.

Health promotion

The dissemination of information on women's health issues is crucial to promote awareness and understanding by the general public and empower women and girls to take control of their health and advocate for their own needs. It can also eliminate stigma around many women's health issues such as menstrual health, fertility, menopause and various aspects of sexual and reproductive health including abortion.

When it comes to breast and cervical cancer, it is crucial that all Member States fully implement the latest Screening Recommendation adopted by the Council of Ministers in December 2022[45] to extend the ages for breast cancer screening with mammography from 45-75 years, and to use testing for human papilloma virus (HPV) as the preferred tool for cervical cancer screening for women aged 30-65.

Prevention and treatment of cardiometabolic risk factors also play an important role in reducing risk of cancers. The risk factors for cardiovascular disease are the same for both men and women, however, some of the risk factors such as smoking, hypertension and diabetes affect women disproportionately, putting them at a higher risk for heart attacks than men[46]. Given that smoking prevalence is higher in

[43] WHO 2024, available at Addressing gender inequalities in national action plans on antimicrobial resistance
[44] EU Action Plan on Childhood Obesity (2014-2020) [Internet]. 2014 [cited 2024 May 27]. Available from: EU Action Plan on Childhood Obesity 2014-2020 Table of contents

[45] Council of the European Union. Council Recommendation on strengthening prevention through early detection. A new EU approach to cancer screening replacing Council Recommendation 2003/878/EC [Internet]. 2022. Available from: A new EU approach on cancer screening replacing Council Recommendation 2003/878
[46] Millett ERC, Peters SAE, Woodward M. Sex differences in risk factors for myocardial infarction: cohort study of UK Biobank participants. BMJ. 2018 Nov 7;k4247.

European women than anywhere else in the world[47] and that obesity is also on the rise, increasing the cardiometabolic risks and thereby risk of heart attack and stroke, there is a definite urgency for public awareness campaigns on health promotion. Regular heart health checks should be promoted for younger women with women-specific and women-predominant conditions that pose higher cardiovascular risk (e.g. women with pregnancy-related complications such as preeclampsia, gestational diabetes and women with auto-immune diseases), as well as the post-menopausal state that increases the risk of cardiovascular disease.

Examples of public education initiatives include workshops and training from external experts on issues such as:

- Body image for young girls of school age
- Intimate partner and gender-based violence, as well as gynaecological and obstetric violence[48]
- Mandatory comprehensive sexuality education (CSE) in schools, that is evidence-based, scientifically accurate and age-appropriate
- Community programmes to focus on women's heart health, e.g. education on gender and sex-related difference in symptoms of heart attack, preventive strategies to sustain cardiovascular and mental health
- Tailoring health promotion programmes to reach underserved groups and communities.

Marginalised women in particular experience significant disparities in access to health care and services. Dissemination activities therefore need to target these groups specifically to ensure that quality information about available resources and support services reaches historically underserved communities and marginalised populations. Intersectional aspects have to be considered when tailoring programmes to reach marginalised and underserved groups and communities. For example, migration background, age, gender identity, ethnicity, abilities, socio-economic deprivation can intersect and impact access to health care, and receiving tailored health promotion and health prevention initiatives.

Early diagnosis for endometriosis

Raising awareness of menstrual health is essential to combating the persistent stigma and misinformation that surround these issues across Europe. The widespread trivialisation of menstrual pain not only leads to psychological stress and social isolation but also contributes directly to the unjustifiably long diagnosis delays faced by endometriosis patients—often averaging seven to ten years.

This delay in care exacerbates the burden of the disease, affecting education, employment, and overall well-being. It is unacceptable for anyone to be told that menstrual pain is "normal" and not worth medical attention, while any other recurring pain would prompt a healthcare consultation. The European Union should therefore launch a Europe-wide awareness campaign on endometriosis and menstrual health, aimed at increasing understanding of the disease's prevalence, severity, and symptoms. The campaign should include low-threshold, multilingual educational materials co-developed with Member States and made widely available in pharmacies, clinics, schools, and workplaces, particularly through gynaecological practices.

[47] Kerry Cullinan. Tobacco Use in European Women is Double the Global Average and Decreasing Slowest [Internet]. Health Policy Watch; 2024 Jan. Available from: Tobacco Use In European Women Is Double The Global Average And Decreasing Slowest - Health Policy Watch

[48] Parliamentary Assembly of the Council of Europe. Obstetrical and gynaecological violence. 2019. Available: https://pace.coe.int/en/files/28236/html

Addressing health workforce inequity for improved prevention and health promotion

In Europe 78% of healthcare professionals are women[49], including 51.5% of doctors and 84% of nurses and midwives[50]. Yet, globally, there is a 24% gender pay gap in healthcare in favour of men[51], showing that women are under-represented in positions of power, even in professions where they are predominant.

The EU must support recruitment and retention of healthcare professionals, by supporting a gender transformative workforce strategy that recognises women as the cornerstone in driving health for all, investing in women health professionals to mitigate the health workforce shortages and mandating gender parity at senior management levels of health organisations and in their government bodies[52].

Figure 7: Health professionals in Europe: proportion by gender and pay gap

Health workforce professional education and training

In the professional sphere, gender-sensitive training is critical to providing services where women are heard and get their needs met. The content for this training needs to be developed in collaboration with researchers, clinical-academics and women's advocacy groups, promoting evidence-based interventions. Sex and gender differences have been proven to impact health outcomes, so they should be incorporated into the training of health care professions. There must be a commitment to mainstream an evidence-based gender perspective throughout medical curriculum, including in medical, nursing, rehabilitation, pharmacy, midwifery continuing healthcare professional education and graduate programmes.

[49] Eurostat. Majority of health jobs held by women [Internet]. 2021 [cited 2024 Jun 24]. Available from: Majority of health jobs held by women - Products Eurostat News
[50] Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: Analysis of 104 countries. Working Paper 1 [Internet]. World Health Organization; 2019 [cited 2024 Jun 18]. Available from: Gender equity in the health workforce: Analysis of 104 countries
[51] WHO. The gender pay gap in the health and care sector a global analysis in the time of COVID-19 [Internet]. 2022 [cited 2024 Jun 18]. Available from: The gender pay gap in the health and care sector a global analysis in the time of COVID-19
[52] EIWH Manifesto on Women's Health [Internet]. 2024. Available from: 2024 – Women's Health Manifesto – Eurohealth

3. Socio-economic and other determinants of health

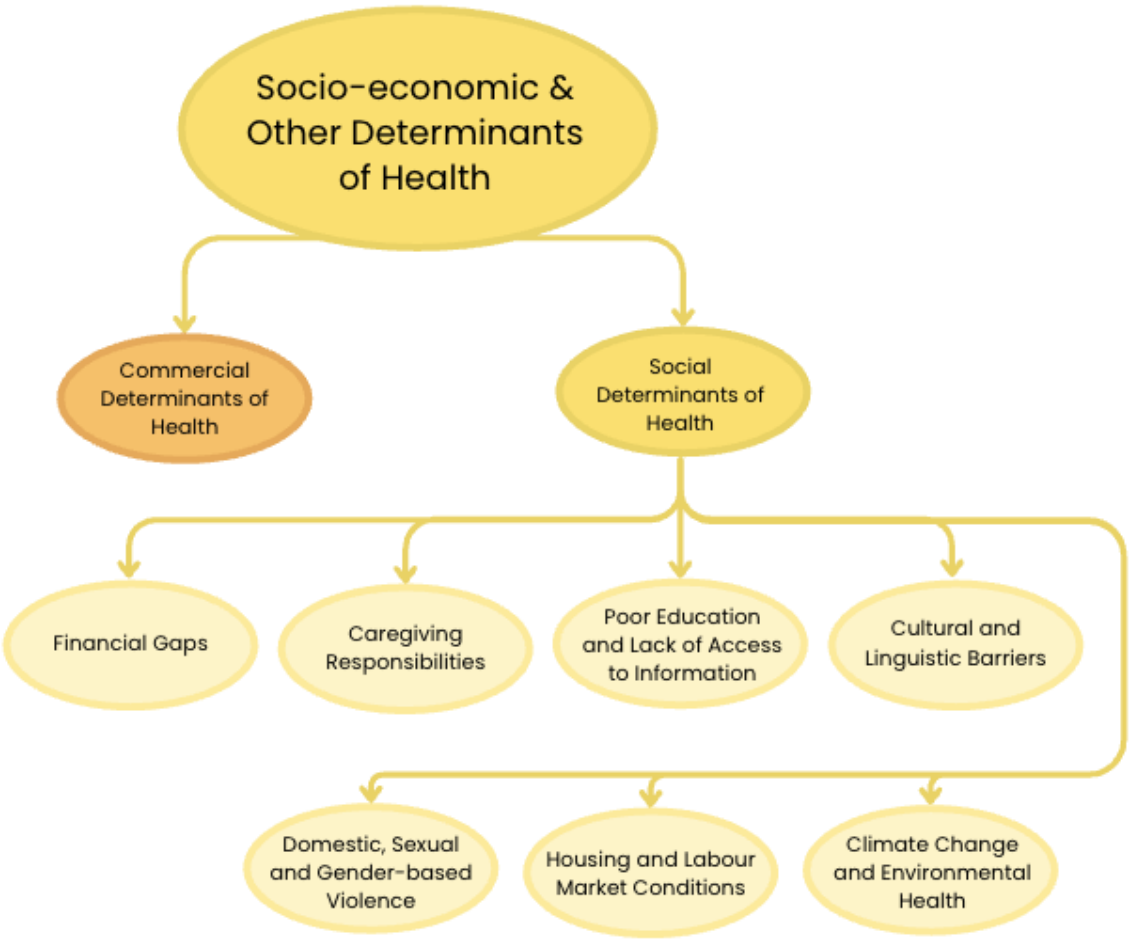

Figure 8: Priority Area 3

The social determinants of health (SDoH) include income level, educational opportunities, occupation, employment status and workplace safety, food insecurity and inaccessibility of nutritious food choices, access to housing and utility services, gender inequity, racial segregation, unhealthy habits such as tobacco[53] and alcohol consumption[54]. Commercial determinants of health, such as the tobacco and ultra processed food industries further impact public health[55].

[53] World Health Organisation Collaborating Centre on Investment for Health and Well-being. International Horizon Scanning and Learning Report: The Commercial Determinants of Health: Children and Young People Report 49 [Internet]. 2024. Available from: International Horizon Scanning and Learning Report: The Commercial Determinants of Health: Children and Young People Report 49

[54] WHO. Healthy, prosperous lives for all: the European health equity status report [Internet]. World Health Organization. Regional Office for Europe; 2019 [cited 2024 Jun 21]. Available from: Healthy, prosperous lives for all: the European Health Equity Status Report

[55] Commercial Determinants of Noncommunicable Diseases in the WHO European Region. [Internet]. 2024. Available from: Commercial Determinants of Noncommunicable Diseases in the WHO European Region

All these factors contribute to health inequalities in accessibility of services for vulnerable groups (refugees, migrants, disabled, LGBTQ+ and homeless women). Such groups are in turn more vulnerable to poverty and the health inequalities which stem from socioeconomic disadvantage. Gender inequalities and gender norms intersect with socioeconomic, geographic and cultural factors and create structural barriers when accessing healthcare. In the case of several chronic diseases, the economic burden of care—including out-of-pocket costs for non-reimbursed treatments, loss of income due to reduced work capacity, and limited access to disability and fertility support—places a disproportionate strain on individuals and families. To tackle this, the European Union should promote equity-based funding mechanisms that reduce cross-country and intra-country disparities, particularly between underserved regions and well-resourced health systems. Sustainable public funding for patient organisations, research initiatives, and service delivery must also be prioritised to ensure long-term, community-driven support structures.

Health policy and strategy need to be based on a deep understanding of the socio-economic determinants of health and well-being. A broader, more integrated strategy than just addressing physical health is needed to address gender and social justice together and to effectively address gender health equity at a societal level.

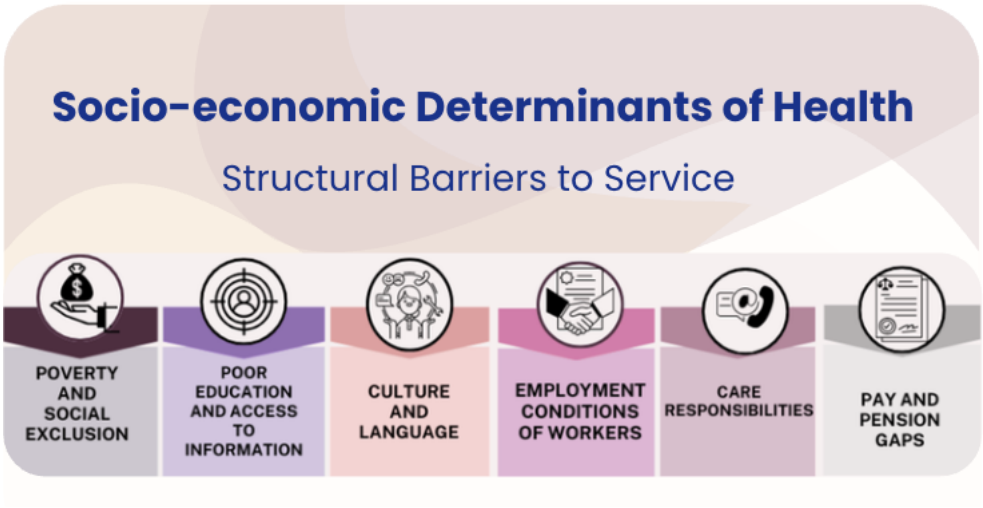

Figure 9: Socioeconomic determinants of health

Commercial determinants of health

Addressing the commercial determinants of Health (CDoH) is pivotal to addressing NCDs and reproductive health. Evidence shows that CDoH impact health and well-being and contribute to deaths and premature deaths and young people are especially at risk because of their growing brain. Four major commercial products (alcohol, tobacco, processed food and beverages), and fossil fuels – and commercial practices, such as exposure to occupation-related carcinogens, asthmagens, and injuries, cause an estimated 2.7 million deaths annually (that is 7 400 deaths daily) which is nearly one quarter (24.5%) of all deaths on average in the WHO European Region[56].

Understanding the CDoH and limiting exposure is crucial to improve the health and wellbeing of EU citizens, through the life course. Public health practitioners and civil society must join forces to raise their voices and call for policy measures that will improve health, equity and sustainability and emphasise the importance of preventive health.

[56] ibid

Social determinants of health

Financial gaps

The reality for too many women is that in later life the gender pay gap becomes an even more severe pension income gap. This is often exacerbated because maternity leave and sick leave due to caregiving responsibilities. This cumulative care penalty is severe, reflected in an EU average hourly gender wage gap of almost 15% and a huge gender earnings gap (over the lifetime) - an EU average of almost 39%. Among older women, the gendered pension divide is estimated across the EU at an average of 35%[57], due to years of undervaluing of care and domestic work and has resulted in a 20% risk of poverty among older women.

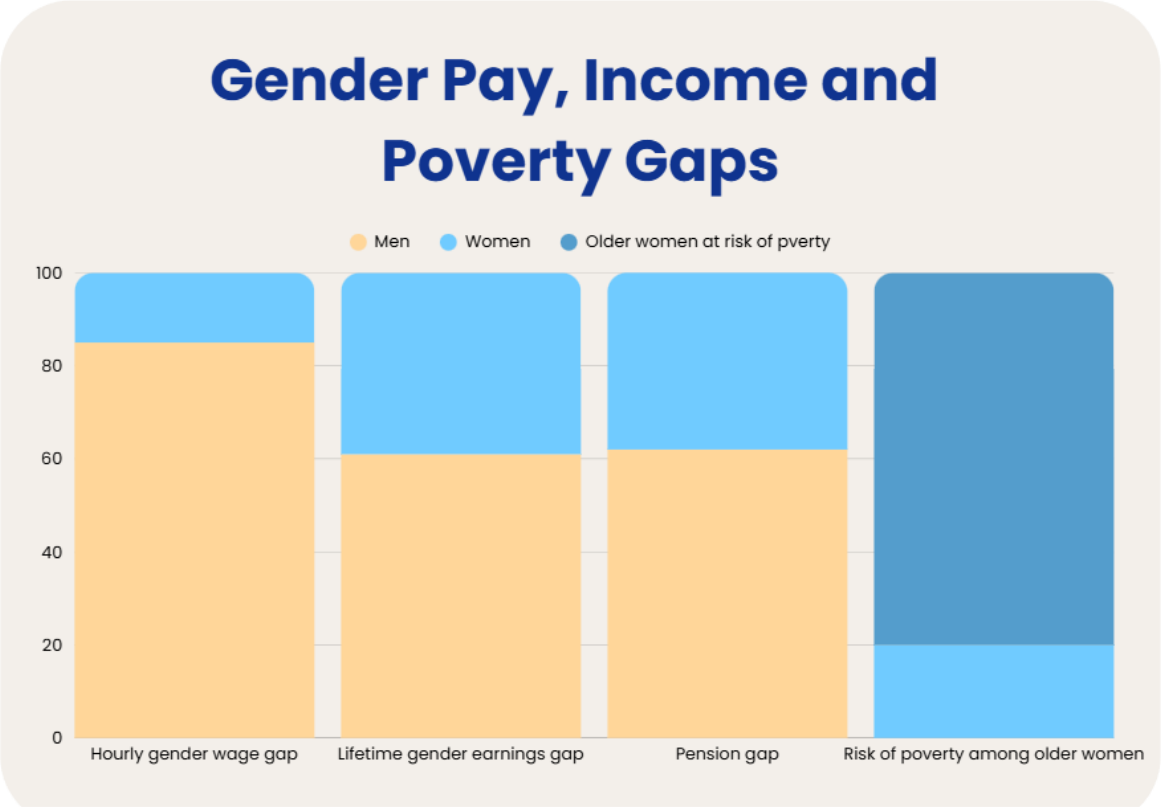

Figure 10: Gender pay, income and poverty gaps

Caregiving responsibilities

Caregiving responsibilities - both paid and unpaid - have strong links to women's mental health and well-being. The increased mental loads women carry with unpaid care responsibilities, and the chronic undervaluation of this essential work results in opportunity costs which have cumulative financial impacts throughout the life course in the form of income, pay and pension gaps. Existing EU legislation and initiatives aim to address these social determinants of health. The EU Care Strategy adopted in 2022 recognises that "unpaid care responsibilities keep around 7.7 million women away from participating in the labour market, compared to only 450,000 men. This contributes to the gender employment gap (11%), the gender pay gap (13%) and the gender pensions gap (29%)"[58]. The Communication from the

[57] European Parliament. Gender pay gap in pensions in the EU [Internet]. Policy Department for Economic, Scientific and Quality of Life Policies; 2019 [cited 2024 May 24]. Available from: The gender gap in pensions in the EU

[58] European Commission. Communication from the European Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a European Care Strategy [Internet]. 2022 [cited 2024 May 24]. Available from: EUROPEAN COMMISSION Brussels, 7.9.2022

European Commission represents a thorough analysis of the challenges in the care system and the role of women in it and includes a call for action to improve the gender balance in the care sector. This is also addressed in the Austrian Women's and Girls Health plan, which features the promotion of equal health opportunities for women of working age by sharing paid and unpaid work fairly as a goal. Promoting gender balance of unpaid care work is one way of lightening the current burdens that women carry.

Poor education and lack of access to information

Education has long been recognised as crucial to health, and research demonstrates that access to education can generate enhanced health and well-being and improved life expectancy. Education which incorporates digital skills - at all ages - is essential particularly for women and girls from disadvantaged socioeconomic backgrounds. There is evidence that a persistent gender digital divide is exacerbating earnings gaps as developments in new technologies are linked to a growing demand for digital skills that are increasingly shaping our world but remain male-dominated. Education empowering women and girls regarding their health entitlements and dismantling gender biases is also critical to ensure women and girls' agency over their health and bodies. The educational/academic attainment gap between girls and boys especially in Science, Technology, Engineering, Mathematics (STEM) subjects is already evident and growing as early as at the age of 7. In 2023, 12.5 % of young women aged 15–29 years in the EU were neither in employment nor in education or training (NEET) while the corresponding share among young men was 2.4 percentage points lower, at 10.1 %[59].

Cultural and linguistic barriers

Roma and migrant women often face barriers to accessing services due to linguistic barriers and are potentially more reluctant or slower to seek support due to cultural differences. Addressing linguistic and cultural barriers at the policy level - for example by ensuring translation or interpretation services, community outreach, cultural competency training and awareness for professionals along with the establishment of guidelines and standards - is essential to ensure Roma and migrant women's access to quality and equitable healthcare. These barriers can otherwise impede their ability to communicate effectively with healthcare providers, understand their rights, and access appropriate services, ultimately jeopardising their health outcomes and exacerbating health disparities. Ensuring diversity among the health staff by hiring more women coming from different communities and/or with a migration background can also contribute to reducing barriers from women in accessing health care.

Domestic, sexual and gender-based violence (DSGBV)

Since the 1990s, violence against women has been designated a public health priority by the World Health Assembly and defined by the World Bank as a hidden health burden[60]. The WHO estimate for the lifetime prevalence of physical and/or sexual intimate partner violence among ever-partnered women in Europe is 25.4%[61]. The WHO defines violence against women as a major public health problem and a violation of women's human rights. Its European Programme of Work 2026-2030 makes it a focus for a Special Initiative on Violence against Women and Girls. DSGBV takes many forms, all of which are serious violations of women's human rights.

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[59] Eurostat. Statistics on young people neither in employment nor in education or training. 2025 May.

[60] Heise L, Pitanguy J, Germain A. Violence against women: the hidden health burden [Internet]. Washington, DC: The World Bank; (World Bank Discussion Papers). Available from: http://documents.worldbank.org/curated/en/489381468740165817

[61] WHO. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. [Internet]. 2013 [cited 2024 Jun 24]. Available from: Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence

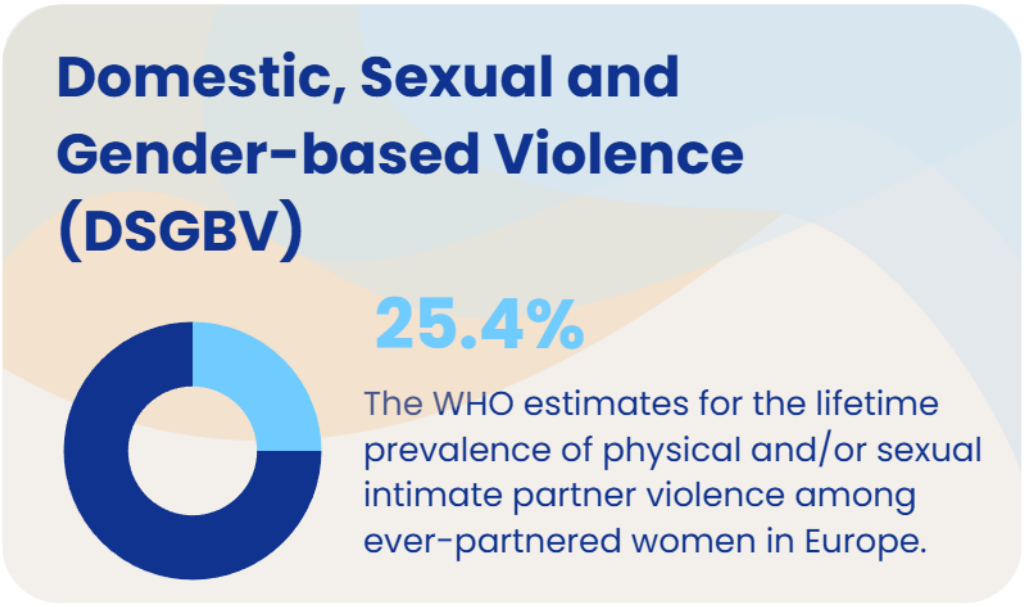

Figure 11:Domestic, sexual and gender-based violence

Certain groups and communities are disproportionately affected by DSGBV: women and girls from minority or marginalised backgrounds, as well as non-binary and transgender individuals with intersecting identities, experience DSGBV more frequently than those from non-minority or non-marginalised populations. [62]

Gender-based violence has a major impact on women's health and well-being. Women affected by DSGBV are at disproportionate risk of mental health and neuro-cognitive complications, as well as HIV and other STIs with increased risks of long-term consequences as social and legal context surrounding violence creates barriers to accessing timely care and prevention tools[63]. Prevention and promotion are crucial aspects of policy to consider, in addition to treatment and protection. While the adoption in 2024 of the **Directive (EU) 2024/1385 of the European Parliament and of the Council on combating violence against women and domestic violence,** existing data highlights both the high numbers of women who have been affected by DSGBV in the EU and the proven underreporting of violence, which means the scale of the violence experienced is not reflected accurately in existing statistics. Forms of DSGBV which need to be recognised in an EU Strategy for Women's Health include, but are not limited to:

- domestic violence
- sexual violence
- economic violence
- psychological violence, including coercive control
- forced sterilisation, forced abortion, the criminalisation, denial or delay of abortion and/or post-abortion care[64]

[62] Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner, S. L. (2020). Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates. Am J Public Health, 110(9), e1-e14. https://doi.org/10.2105/ajph.2020.305774
[63] UNAIDS. Forty years into the HIV epidemic, AIDS remains the leading cause of death of women of reproductive age—UNAIDS calls for bold action [Internet]. 2020 Mar. Available from: https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/march/20200305_weve-got-the-power
[64] Abortion Care Guideline. 1st ed. Geneva: World Health Organization; 2022. 1 p

- abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services and forced marriage
- mistreatment and violence in obstetric and gynaecological settings[65], [66], [67]
- online violence (cyber stalking, online harassment, bullying, hate speech and non-consensual sharing of intimate images and revenge porn)
- workplace violence (the act or threat of violence, harassment, intimidation, or threatening behaviour that occurs at the work site, has increased potentially in healthcare settings since the COVID-19 pandemic)

These forms of violence do not receive equal recognition across all European member states. It is important that health services integrate a trauma-informed approach, acknowledge the pervasive impact of trauma and respond with sensitivity, understanding, and trauma-informed support. Trauma-informed care seeks to prevent re-traumatisation during medical interactions and to ensure that the specific needs of women affected by DSGBV are addressed in a safe and respectful manner. Evidence suggests that routine, sensitive enquiry for DSGBV in pregnancy and perinatal care can lead to earlier identification, enhanced support, and improved health outcomes for women and their families[68]. By implementing such an approach, health services can foster patient trust, contribute to improved health outcomes, and play an important role in breaking the cycle of violence and trauma.

Housing and labour market conditions

Other areas to address include housing - which was confirmed as a critical risk factor during the pandemic. People on lower incomes are more likely to live in overcrowded housing and this has significance for broader mental health issues such as domestic violence - and social protection policies. Poor housing conditions such as damp, poorly ventilated and insulated houses worsen physical health, especially asthma and autoimmune inflammatory diseases (such as rheumatic and musculoskeletal diseases) that are experienced more by women. In addition, women suffer more from energy poverty - 20% of women in the EU experience energy poverty vs 16% of men[69]. Social protection can be designed to ensure access to active labour market policies and programmes. Poor working and contractual conditions, work overload and financial stress have been seen to increase risk of both physical and mental ill-health in southern and central European countries.

Climate change and environmental health

There is well-established evidence for the impact of climate change on women, particularly in low- and middle-income countries[70]. Climate change is becoming more evident in Europe, and can impact health

[65] Brunello S, Gay-Berthomieu M, Smiles B, Bardho E, Schantz C, Rozee V. Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination [Internet]. 2024. (Requested by the FEMM committee). Available from: Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination | Think Tank | European Parliament

[66] European Commission. Directorate General for Justice and Consumers., Scientific Analysis and Advice on Gender Equality in the EU (SAAGE)., Fondazione Giacomo Brodolini (FGB). Obstetric violence in the European Union: situational analysis and policy recommendations. [Internet]. LU: Publications Office; 2024 [cited 2025 Jun 4]. Available from: https://data.europa.eu/doi/10.2838/440301

[67] International Confederation of Midwives. Obstetric Violence, Mistreatment, and Violence Against Women in Reproductive Health Services, position statement. 2024. Available at: https://internationalmidwives.org/resources/obstetric-violence-and-mistreatment-and-violence-against-women-in-reproductive-health-services/

[68] Babazadeh R, Sharifi F, Amel Barez M. Domestic violence in pregnancy: a systematic review of clinical guidelines. BMC Pregnancy Childbirth. 2025 Mar 24;25(1):336.

[69] Eurofound. Quality of life in the EU in 2024: Results from the Living and Working in the EU e-survey [Internet]. 2024. Available from: Quality of life in the EU in 2024: Results from the Living and Working in the EU e-survey

[70] UN Women. How gender inequality and climate change are interconnected [Internet]. 2022 [cited 2024 Jul 22]. Available from: How gender inequality and climate change are interconnected | UN Women – Headquarters

during pregnancy, and survival between older women and men in relation to heat waves[71]. Pregnant women may have increased risk of hypertensive disorders and other complications in extreme heat[72].

The European Strategy on Adaptation to Climate change[73] acknowledges that "the impacts of climate change are not neutral. Men and women, older people, persons with disabilities, displaced persons, or socially marginalised have different adaptive capabilities". Heat exposure, air pollution, mental stress, limited food and healthcare access are considered as emerging cardiovascular health crises in women across different ages. This recognition is important and more action is needed to ensure that women who are already disadvantaged socially and economically receive additional help to deal with the effects of climate change.

[71] Global Gender and Climate Alliance. Gender and Climate Change: A closer look at existing evidence [Internet]. 2016 [cited 2024 Jul 22]. Available from: Gender and Climate Change:
[72] Lakhoo DP, Brink N, Radebe L, Craig MH, Pham MD, Haghighi MM, et al. A systematic review and meta-analysis of heat exposure impacts on maternal, fetal and neonatal health. Nat Med. 2025 Feb;31(2):684–94.
[73] European Commission. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Forging a climate-resilient Europe – the new EU Strategy on Adaptation to Climate Change [Internet]. 2021 [cited 2024 Jul 22]. Available from: EUROPEAN COMMISSION Brussels, 24.2.2021 COM(2021) 82 final COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE CO

4. Research on the gender-specific dimensions of health needs

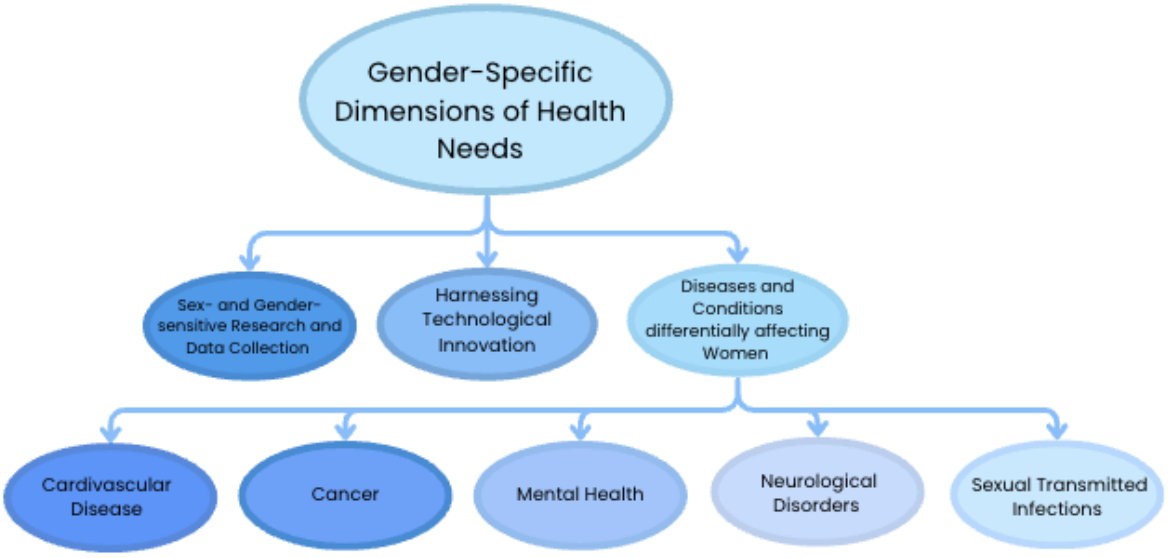

Figure 12: Priority area 4

Sex- and gender-sensitive research and data collection

Sex- and gender-sensitive research, and disaggregated data collection and reporting are critical to improving health outcomes for women. A historic failure to account for sex and gender across the research continuum, such as the inclusion of women in the design, delivery, and implementation of all stages of the Research and Development (R&D) cycle, including clinical studies has resulted in women's health being under-studied and often misunderstood. As such, the presentation of symptoms, for example of heart conditions, has for long not been recognised as different to men's, leading to a higher rate of women dying from cardiovascular issues. This also results in the development of health technologies that are not always safe, or applicable for women.

Women experience adverse drug reactions nearly twice as often[74] as men[75]. Given the growing understanding of how biological differences between women and men affect treatment outcomes, a concerted effort is needed to ensure that medicines approved for use in the European Union can demonstrate their safety and efficacy in women, a concern which also applies for transgender and intersex people. Data collection in health research needs to be disaggregated by sex, gender and age as an international standard. More research is needed across the whole range of women specific health issues to support effective interventions, with special attention to the effects of drugs and treatments on women who are pregnant or breastfeeding. Furthermore, investment in research on issues that affect women exclusively remains severely neglected, with only 7% of all biomedical research funding globally

[74] Rademaker M. Do women have more adverse drug reactions? American journal of clinical dermatology,. Am J Clin Dermatol. 2001;2(6):349–51.
[75] Zucker I, Prendergast BJ. Sex differences in pharmacokinetics predict adverse drug reactions in women. Biol Sex Differ. 11(1):32.

allocated to female specific conditions[76]. For many gynaecological conditions, extensive basic research to better understand diseases aetiology is needed, meaning new technologies remain decades away from reaching patients. One such condition is endometriosis. While there has been growing recognition and action in recent years, endometriosis remains poorly understood, with limited treatment options, despite affecting one in ten women[77]. Chronic underinvestment is also a challenge for unlocking understanding of and interventions for neurological diseases, menopause, preeclampsia, uterine fibroids, preterm labour and polycystic ovary syndrome.

Harnessing technological innovation

Across issues that affect women differently, disproportionately and uniquely, technological innovation has failed to account for their unique differences and needs. Without women at the table, solutions may fail to address their most pressing health concerns, as well as basic user needs. Technological advancements must be harnessed to improve women's health. Investment in, and partnership with, the growing FemTech sector is crucial to encourage and support innovations. Community health professionals such as midwives are ideally placed to support the uptake, interpretation, and clinical integration of new technologies, especially for women in rural, remote and under-resourced areas, such as in low- and middle-income countries (LMICs). Yet, most digital health strategies fail to include community health professionals' expertise in design, implementation, and policymaking.

At the same time, we must protect against the potential risks that emerging technologies pose for women. Artificial Intelligence (AI) and other technologies reflect and even amplify the social, scientific, and cultural biases embedded in their training data and their design processes. Biased data, not sensitive to sex and gender differences will lead to biased results with potentially damaging results to women`s health. We need to close the gender digital divide so that women have the skills to both access and navigate the changing landscape as well as engage meaningfully - including leading - this digital transition[78].

Furthermore, routine censorship on social media and other large online platforms of women's health information[79] is endangering access to vital health information and further stifles innovation. Technological disruptions and digital health solutions are not without risks; from misinformation to dangers associated with data protection (or lack of), and must be properly regulated to ensure they drive positive advancements.

Diseases and conditions differentially affecting women

Cardiovascular disease

Cardiovascular disease is the number one cause of death amongst women, and it is responsible for more female deaths than male. According to the latest Eurostat data[80], in 2022, cardiovascular disease caused 1,711,818 deaths which was 32.4% of all deaths in the EU, claiming the lives of 29.8% men and 35% women who died that year. Cardiovascular disease remains underdiagnosed and undertreated in women primarily due to lack of awareness amongst healthcare professionals and the public at large due to the differences in presenting symptoms, and the indoctrinated belief that cardiovascular diseases

[76] WEF 2025, available at More must be done to close the women's health research gap | World Economic Forum
[77] Parasar P, Ozcan P, Terry KL. Endometriosis: Epidemiology, Diagnosis and Clinical Management. Curr Obstet Gynecol Rep. 2017 Mar;6(1):34–41.
[78] European Commission. Women TechEU: Supporting deep-tech start-ups led by women [Internet]. Available from: Women TechEU - European Commission
[79] CensHERship 2025, available at https://www.censhership.co.uk/
[80] Eurostat. Health in the European Union – facts and figures, Cardiovascular diseases statistics [Internet]. 2024 Jul. Available from: Cardiovascular diseases statistics - Statistics Explained - Eurostat

mainly affect[81] men[82]. The risk factors for cardiovascular disease are the same for both men and women, however, some of the risk factors such as smoking, hypertension and diabetes affect women disproportionately. Symptoms differ for men and women, and greater public awareness of these differences is crucial[83] as well as more dedicated research on women-specific conditions including physiologic and socio-economic determinants that contribute towards the above. The EU 2025 Cardiovascular Health Plan must take this into account and address it.

Emerging evidence indicates that transgender and other gender-diverse populations also face significant cardiovascular risks that merit attention[84] due to e.g., hormonal treatments can influence cardiovascular risk factors. Additionally, certain intersex conditions carry known cardiac risks. For instance, women with Turner syndrome (who have a missing X chromosome) frequently have congenital heart defects, and heart complications are a leading cause of early mortality in this population. Similarly, people with Klinefelter syndrome (males with an extra X chromosome) have higher rates of metabolic syndrome and diabetes, which can elevate heart disease risk.[85]

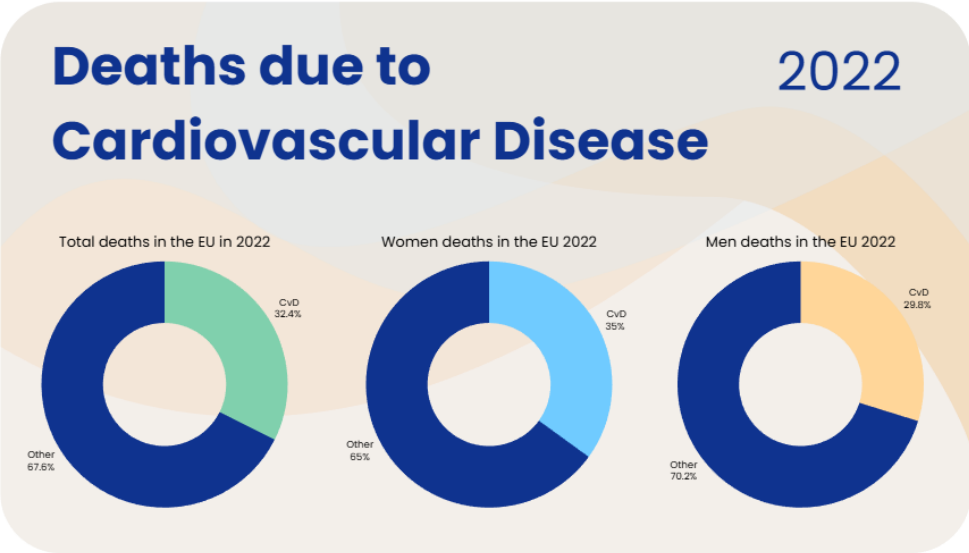

Figure 13: Deaths due to cardiovascular disease

Cancer

The EU Beating Cancer Plan[86] contains several initiatives specifically targeting women. In addition to action on HPV vaccination and screening, it supports research initiatives that focus on cancers predominantly affecting women, such as breast and cervical cancers. This includes funding for research projects under the Horizon Europe programme, aimed at improving prevention, early detection, and

[81] Wang LYT, Chiang GSH, Wee CF, Chan SWK, Lau JXX, Taeihagh A. Preventing ischemic heart disease in women: a systematic review of global directives and policies. Npj Womens Health. 2024 Oct 31;2(1):36.
[82] World Heart Federation. Women and CVD [Internet]. Available from: Women & CVD | World Heart Federation
[83] European Society of Cardiology. Cardiovascular disease in women [Internet]. [cited 2024 Jun 20]. Available from: https://www.escardio.org/The-ESC/Advocacy/women-and-cardiovascular-disease
[84] van Zijverden, L. M., Wiepjes, C. M., van Diemen, J. J. K., Thijs, A., & den Heijer, M. (2024). Cardiovascular disease in transgender people: A systematic review and meta-analysis. European Journal of Endocrinology, 190(2), S13–S24. https://doi.org/10.1093/ejendo/lvad170
[85] Silberbach, M., Roos-Hesselink, J. W., Andersen, N. H., Braverman, A. C., Brown, N., Collins, R. T., Backer, J., Eagle, K. A., Hiratzka, L. F., Johnson, W. H., Kadian-Dodov, D., Lopez, L., Mortensen, K. H., Prakash, S. K., Ratchford, E. V., Saidi, A., van Hagen, I., & Young, L. T. (2018). Cardiovascular health in Turner syndrome: A scientific statement from the American Heart Association. *Circulation: Genomic and Precision Medicine, 11*(10), Article e000048. https://doi.org/10.1161/HCG.0000000000000048
[86] European Commission. EU Beating Cancer Plan [Internet]. 2022 [cited 2024 Jul 16]. Available from: Europe's Beating Cancer Plan

treatment methods. Other initiatives aimed at improving the quality of life of cancer survivors include addressing the specific needs of female cancer patients and survivors, such as reproductive health, psychosocial support, and rehabilitation services. Similarly, underserved and marginalised groups may not be reached without tailored prevention strategies which hampers early detection and treatment of cancers.

However, the burden of cancer is projected to nearly double by 2030. Breast cancer is the leading cause of cancer deaths in women worldwide[87]. Additionally, 30,000 women die annually from cervical cancer, a largely preventable disease[88], and women are more likely to die from bladder cancer than men due to the lack of understanding of gender-specific risk factors resulting in delayed diagnoses[89]. An EU Strategy for Women's Health must rise to the challenge to protect women.

Mental health

There are gendered differences in mental health, with some conditions disproportionately affecting women and exposure to life course experiences such as childbirth and menopause increasing risk-factors. Across the EU, women have higher rates of all mental health disorders excluding substance abuse disorders. Women in general experience more anxiety, depression, phobias, suicidal thoughts and attempts[90]. Half of all mental conditions begin in adolescence. Women are three times more likely to suffer from an eating disorder[91]. A disproportionate number of women are informal carers, which can significantly heighten the stress to which they are exposed, affecting their mental health. Studies show that migrant and refugee women experience additional barriers to mental healthcare as do other vulnerable and marginalised groups of women such as single mothers, women of colour, women with disabilities and LGBTQI+ women. Undiagnosed and therefore undocumented mental health conditions due to lack of access to mental health services add another layer of difficulty to the situation.

Neurological disorders

Sex and gender affect the prevalence, onset and progression of neurological disorders. The most prevalent brain disorders such as dementia[92], migraine[93] and multiple sclerosis[94] are more common in women compared to men.

The European Commission runs several projects on neurological disorders that focus on women. They include:

- The EU Joint Programme – Neurodegenerative Disease Research (JPND)
- The European Brain Research Area (EBRA)
- The Innovative Health Initiative (IHI)

[87] European Commission. Breast cancer burden in EU-27 [Internet]. 2020 [cited 2024 Jun 18]. Available from: https://ecis.jrc.ec.europa.eu/pdf/factsheets/Breast_cancer_en-Dec_2020.pdf

[88] WHO. The cancer we can eliminate. WHO Europe urges Member States to consign cervical cancer to history [Internet]. 2022 [cited 2024 Jun 18]. Available from: https://www.who.int/europe/news/item/13-09-2022-the-cancer-we-can-eliminate---who-europe-urges-member-states-to-consign-cervical-cancer-to-history

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[91] Keski-Rahkonen A, Mustelin L. Epidemiology of eating disorders in Europe: prevalence, incidence, comorbidity, course, consequences, and risk factors. Curr Opin Psychiatry. 2016 Nov;29(6):340–5.

[92] Beam CR, Kaneshiro C, Jang JY, Reynolds CA, Pedersen NL, Gatz M. Differences between women and men in incidence rates of dementia and Alzheimer's Disease. J Alzheimer's Dis. 64(4):1077–83.

[93] Rossi M, Tumminello A, Marconi M, Gualano MR, Santoro PE, Malorni W, et al. Sex and gender differences in migraines. A narrative review. Neurol Sci Off J Ital Neurol Soc Ital Soc Clin Neurophysiol. 2022;43(9):5729–34.

[94] Coyle PK. What Can We Learn from Sex Differences in MS? J Pers Med. 2021;11(10):1006.

An EU Strategy for Women's Health must build on these and go much further.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) disproportionately affect women, both biologically and socially, leading to more severe health outcomes, underscoring the need for gender-sensitive healthcare approaches[95]. HPV vaccination significantly reduces the incidence of cervical cancer. While the EU's Beating Cancer plan calls for a vaccination rate for girls of 90%[96]coverage rates fluctuate widely, from over 80% in countries like Hungary, Belgium and Spain to under 18% in Poland[97]. In January 2024, the European Commission published a proposal for a Council Recommendation on vaccine-preventable cancers that seeks to address this variation[98].

HIV infections in women are a cause of growing concern in the EU/EEA region, with almost half of all new HIV diagnoses originating from heterosexual transmissions, and about 60% of women being diagnosed late with increased risks of AIDS and lasting negative health outcomes[99]. Women living long term with HIV also experience unique health challenges as they are disproportionately at risk of cardiovascular and bone diseases as well as neuro-cognitive disorders[100]. They are also at increased risk of infertility due to STIs. For example, women below 24 years of age have the highest number of chlamydia infections in Europe, which have risen by 16% in the past 5 years. With between 50% and 80% of chlamydia and gonorrhoea cases being asymptomatic in women, the risk of late diagnosis and related long-term consequences is particularly acute[101].

[95] Van Gerwen OT, Muzny CA, Marrazzo JM. Sexually transmitted infections and female reproductive health. Nat Microbiol. 2022 Aug;7(8):1116–26.
[96] European Commission. Prevention – eliminate cervical cancer caused by Human Papillomavirus [Internet]. [cited 2024 Jun 19]. Available from: Flagship initiatives - European Commission
[97] Borowska M, Koczkodaj P, Manczuk M. HPV vaccination coverage in the European Region. Nowotw J Oncol. 2024;74(3):191–6.
[98] European Commission. Proposal for a Council Recommendation on vaccine-preventable cancers [Internet]. 2024 [cited 2024 Jul 22]. Available from: EUROPEAN COMMISSION Brussels, 31.1.2024 COM(2024) 45 final 2024/0024 (NLE) Proposal for a COUNCIL RECOMMENDATION on vaccine-pre
[99] European Centre for Disease Prevention and Control, World Health Organization, editors. HIV/AIDS surveillance in Europe 2024: 2023 data. Stockholm : ECDP: Verlag nicht ermittelbar; 2024. 1 p.
[100] Raffe S, Sabin C, Gilleece Y, Women Against Viruses in Europe (WAVE), European AIDS Clinical Society. Comorbidities in women living with HIV: A systematic review. HIV Med. 2022 Apr;23(4):331–61.
[101] European Centre for Disease Prevention and Control. Chlamydia infection [Internet]. Available from: Chlamydia infection

Recommendations for priority actions

It is high time to recognise that the failure to consider **sex**, as both a biological and social variable that includes hormones, genetics and anatomy, and **gender**, as a social and structural variable which includes identity, relations and power dynamics, combined with an ageing population and societal pressures, are leading to women experiencing health challenges that are currently not adequately addressed by the EU and its Member States.

The intersectionality of the factors influencing health in all strands of population calls for sustained collaboration across the whole of society in shaping, implementing and evaluating the effectiveness of women's health programmes at the national, EU and global levels. These programmes should not only address the existing healthcare needs of women but also anticipate future challenges. The EU has a responsibility towards its women citizens, as well as towards women elsewhere in the world, as part of its international global health, gender equality and international partnership commitments.

> The 'Union of Equality' can become a reality by implementing existing and future recommendations and engaging in a long-term and collaborative approach. The EIWH and Manifesto partners thus call on the European Commission, the European Parliament, the Council, European agencies, like-minded stakeholders and partners across the EU and beyond to join efforts for an ambitious EU Strategy for Women's Health, delivering better health for women and benefitting the whole of society.

Our recommendations to the EU institutions and Member States

1. Develop a Comprehensive EU Women's Health Strategy

- Adopt an EC Communication on the *State of Women's Health in the EU* to map gaps, define priorities, and set the foundation for an EU Strategy.
- Adopt Council Conclusions calling for a coordinated *EU Strategy for Women's Health*.
- Develop an EU Women's Health Strategy that:
    - Calls for sex and gender to be embedded as core health variables, to be considered, measured and reported across all EU health, research, and innovation policies.
    - Aligns with the EU Gender Equality Strategy and EU Global Health Strategy
    - Calls on women's health to be mainstreamed throughout the 2028-2034 MFF, including health, research and external action programmes, in line with the *European Health Union* framework.
    - Incorporates a life-course approach covering prevention, treatment, and care across all stages of women's lives, with a focus on health promotion.
    - Addresses social, commercial and other determinants of women's health.

2. Strengthen Research, Data, and Innovation

- Develop a women's health research agenda, guided by an expert group on women's health R&I. The agenda should be coupled with a monitoring framework to ensure effective implementation.
- Mandate sex, gender, and age consideration as funding and reporting criteria in all EU-funded research and clinical trials.
- Require intersectional disaggregated data (e.g., by sex, gender, age, ethnicity, disability, education) in public health programmes and the European Health Data Space.
- Increase investment in female-specific research (e.g., endometriosis, menopause, fertility, and other gynaecological conditions, autoimmune and cardiovascular diseases and Neurological diseases).
- Promote collaboration between EMA, researchers, and the pharmaceutical industry to ensure inclusive, bias-sensitive clinical trials.
- Support FemTech and digital innovation addressing women's health needs, while promoting and regulating AI and digital tools to prevent gender bias.

3. Embed Equity and Intersectionality Across EU Health Policy

- Require all EU and national health actions to conduct intersectional impact assessments and demonstrate inclusion of diverse women (e.g., by race, income, disability, and migrant status).
- Support Member States in developing *National Women's Health Strategies* linked to EU funding, enabling shared benchmarks and exchange of best practices.
- Establish a European Coalition on Women's Health bringing together governments, academia, patient groups, and civil society. Create thematic expert working groups. Embed a robust MEAL system with annual and 5-year reporting.
- Create an EU Observatory for Women's Health and Intersectionality to track progress and publish periodic "State of Women's Health in the EU" reports.

4. Secure Sustainable Funding and Monitoring

- Designate dedicated funding lines for women's health within the Multiannual Financial Framework (MFF 2028–2034), including FP10 and the European Competitiveness Fund.
- Require all EU health and research programmes to allocate a defined share of resources to gender-responsive health innovation and data initiatives, including for women specific conditions.
- Conduct annual progress reviews and a comprehensive evaluation every five years, ensuring transparency and accountability.
- Strengthen collaboration between EU agencies, WHO, and international partners to harmonise funding, monitoring and research standards.

5. Promote Gender-Sensitive Healthcare and Workforce Training

- Support integration of intersectional sex and gender considerations into health professional curricula through the EU4Health Programme and or its successor.
- Develop EU-wide guidelines for diagnosing and treating patients in a gender-sensitive manner, including reproductive and mental health care.

- Fund continuous professional education and interdisciplinary training for healthcare providers on gender bias, communication, and cultural competence.
- Promote diversity in the health workforce and equal representation of women in leadership, clinical research, and decision-making.

6. Address Key Health Priorities for Women

a) Maternal, Sexual, and Reproductive Health

- Ensure **universal access** to contraception, abortion care, fertility treatments, and maternal health services in line with WHO guidelines.
- Ensure midwives are enabled to practice to the full scope defined in the EU Directive on Minimum Professional Qualifications: Midwife and Global Standards.
- Include **essential Sexual and Reproductive Health medicines** on the *Union List of Critical Medicines* to prevent shortages.
- Invest in **contraceptive research for all genders** and awareness campaigns tackling stigma and misinformation.

b) Cardiovascular, Cancer, and Chronic Disease

- Integrate sex and gender specific prevention and care pathways for cardiovascular diseases, in the proposed EU CVD plan
- Integrate sex and gender specific prevention and care pathways for cancers, and other chronic illnesses.
- Promote public awareness of how risk factors and symptoms differ between genders through the EU4Health Programme.
- Strengthen implementation of the EU Beating Cancer Plan and screening recommendations with a focus on underserved groups.

c) Mental and Neurological Health

- Prioritise gendered mental health interventions, especially for carers, young women, and survivors of gender-based violence.
- Expand EU partnerships on brain and neurological disorders (e.g., dementia, multiple sclerosis) to include women's health dimensions.

d) Reproductive Transitions

- Support research, awareness, and workplace guidance on perimenopause and menopause.
- Encourage Member States and employers to provide menopause-friendly policies, including flexibility and education initiatives.

e) Infertility and Assisted Reproduction

- Recognise infertility as a medical condition and ensure equitable, publicly funded access to fertility treatment.
- Develop ethical and transparent regulations on assisted reproduction, including registries and data standards.

7. Harness Digital Transformation for Equality

- Integrate gender into the EU Digital Decade Agenda (2020–2030).
- Promote digital health literacy across the life course, especially among vulnerable groups.
- Increase women's participation in STEM and AI regulation to eliminate algorithmic bias in healthcare tools.

- Regulate online content to ensure accurate, evidence-based health information and prevent the spread of misinformation or censorship of women's health topics.

8. Advance Women's Health in EU External Action

- Embed women's health in the Gender Action Plan IIII and commit to delivering on the objectives of the EU's Global Health Strategy to reduce sex and gender realted inequities.
- Strengthen partnerships on sexual, reproductive and maternal health, driving alignment between international cooperation and research and innovation programmes.
- Commit to safeguarding the EU's global leadership in gender-transformative health diplomacy, delivering further synergies and alignment between internal and external action, as set out in the Women's Rights Roadmap.

Cross-cutting Actions

- Make 2027 the European Year of Women's Health.
- Use European Gender Equality Week as an annual flagship to mobilise stakeholders, share progress, and showcase innovation on women's health.
- Publish a follow-up to the 2013 Commission Report on Health Inequalities, applying a strong gender and intersectional lens.
- Integrate Health in All Policies across EU governance to ensure every initiative considers its impact on women's health and wellbeing.

Annex

List of abbreviations

AI	Artificial Intelligence
AMR	Antimicrobial Resistance
CDoH	Commercial Determinants of Health
DSGBV	Domestic, Sexual and Gender-based Violence
EC	European Commission
EU	European Union
FemTech	Female Technology
FGM	Female Genital Mutilation
FI	Faecal Incontinence
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IVF	In Vitro Fertilisation
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer and other sexual orientations and gender identities
LMICs	Low- and Middle-Income Countries
MAR	Medically Assisted Reproduction
NCDs	Non-Communicable Diseases
NEET	Not in Education, Employment, or Training
PFDs	Pelvic floor dysfunctions
POP	Pelvic Organ Prolapse
R&D	Research & Development
R&I	Research & Innovation
SDoH	Social Determinants of Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STEM	Science, Technology, Engineering, Mathematics
STI	Sexually Transmitted Infections
UI	Urinary Incontinence
WHO	World Health Organization

Table of figures