



Gender and Health

A call for action for EU policy mainstreaming

A Roundtable co-organised by The Centre for Health & Ethics in Society (CHES) (based at the Madariaga European Foundation) in cooperation with the European Institute for Women's Health (EIWH) and the European Men's Health Forum (EMHF)

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DRAFT REPORT

The Roundtable's first session was chaired by **Piroska Östlin** (Senior Lecturer, Karolinska Institute) and **Jerome Reinstein** (Co-facilitator, Medicines Labelling Group). In their introductions, both chairs emphasized the need to build bridges between ongoing initiatives, and the positive developments at various levels that need to be built on. However, despite many efforts, much remains to be done.

Raymond Georis (Managing Director, Madariaga European Foundation) welcomed participants and gave a brief history of the Madariaga European Foundation, established as part of the College of Europe. CHES, the Centre for Health, Ethics & Society is one of its projects, aiming to provide a neutral platform for stakeholder dialogue to advance current health policy issues.

Barbara Helfferich (Cabinet of Employment and Social Affairs Commissioner Dimas) introduced the EU's gender mainstreaming policy framework, set in motion by former Commissioner Anna Diamantopoulou. This is based on Articles 2 and 3 of the Amsterdam Treaty, which state that gender needs to be integrated in all relevant policy areas. These Articles do not provide a basis for legislation; however, they do create an obligation to take action. Another impetus for EU gender mainstreaming comes from the Beijing Platform of Action, which was endorsed by the Commission.

The gender mainstreaming strategy is based on two pillars of action:

- integration of gender concerns into all policies
- specific initiatives to combat anti-discrimination, as reflected in the Directive to combat discrimination in employment and the Directive on access to goods and services.

It requires each of the Commission's Directorates General to submit an annual work programme, outlining which actions are to be taken to ensure gender integration. An

Interservices Group monitors progress, assesses results and reports back to the European Parliament and the Council of Ministers.

Gender mainstreaming also features both in the Commission's Employment Strategy as well as in its initiatives in the area of social inclusion. The Open Method of Coordination (OMC) applies to both these areas; this entails making use of indicators to measure concrete progress towards reaching a set of agreed common objectives. These indicators also provide a means to redirect actions taken in the case of insufficient outcomes.

Member States recently produced individual reports, describing their initiatives and progress made in the area of social inclusion. Having assessed all reports, the Commission concluded that Member States have failed to deliver on gender mainstreaming in the area of social inclusion. More work is needed in this area, especially within the new Member States.

Recently, the Commission has proposed to apply the Open Method of Coordination in the area of health care. This process will be streamlined with other existing initiatives (e.g. the Employment Strategy, OMC in social inclusion and pension, the Broad Economic Guidelines). This demonstrates a growing awareness of the impact of health on a number of other policy domains.

Ms. Helfferich finished her presentation with a concrete example of how efforts to support and build capacity in the area of gender mainstreaming can fail, simply because of a lack of understanding of the issues. The two criteria against which success of gender mainstreaming need to be measured are the level of available resources for these activities, as well as the extent to which gender mainstreaming measures are being taken into account as a matter of course.

Ineke Klinge (Assistant Professor, Gender studies Health Sciences, Maastricht University) presented an overview of the issues in relation to gender and women's health. She started with an overview of the European Institute of Women's Health (EIWH), a voluntary organisation which uses research based arguments to influence the gender health policy agenda in Europe. Its mission is to put the health and well being of women and men (with specific reference to gender) on the EU policy agenda. During 2004, EIWH is focusing on specific themes such as ageing, ethics, anti-discrimination, obesity and depression. As far as health areas are concerned, the focus is on cervical cancer, osteoporosis, breast cancer and stroke. EIWH participates in research programmes at European level, promotes gender equity in the treatment and care of people in Europe, makes information available, works with the European Parliament, raises women's awareness of their own health and their role in education and the promotion of a healthy lifestyle and encourages women to become more involved in deciding policies that affect their current and future quality of life.

According to Mrs. Klinge, mainstreaming gender equality in health policy is the (re-) organisation of policy processes in such a way that a gender equality perspective is incorporated into all programmes, projects and procedures, by the actors that are normally responsible. Research and public health are the most important policy domains for health and these are the two domains where EIWH is most active

As far as health research policies are concerned, current practice indicates that a gendered approach is still lacking. Many documented cases demonstrate of inadequate treatment of women's health problems. Traditional research is based on the standard of the male body, which does not justify extrapolation to women, older people and children (i.e. in the development of medicines). Gendered images of diseases still affect diagnosis and treatment (e.g. cardiovascular disease, osteoporosis, depression).

EIWH has already contributed to substantial changes, such as recognition of gender as a determinant of health (NIH, WHO, EU), redressing health research policy (FP6),

amendments on gender and ageing for inclusion in the new Public Health Strategy, and the inclusion of gender included in the Public Health Framework Programme. The desired result however remains to integrate gender into all aspects of policy.

This can be achieved by the creation of a knowledge base in Europe, the identification of health status of population groupings as well as more knowledge of what determines good health. For EIWH, the public health priorities are information, gender-sensitive indicators, change existing indicators into gender sensitive ones, work and care: cross European differences in arrangements, lifestyle: occupational stress, smoking, alcohol.

Priority topics for health research topics are occupational health, female migrants in Europe, reproductive health, violence against women, health of girls (anorexia, obesitas), HIV, and CVD.

Mrs. Klinge concluded by stating that if gender is not made a compelling issue for policy makers, it will be sidelined and have minimal impact on the lives of men and women in the future.

Alan White (Professor of Men's Health, Leeds Metropolitan University) provided a thorough overview of the issues in relation to gender and men's health. There is a great difference in interest in men and women's health: while women's health is often viewed as a political issue men's health is not considered an issue at all. "Gender" very often equates to women, despite clear evidence that gender should apply to men as well. A men's health issue can be defined as follows:

'A male health issue is one arising from physiological, psychological, social or environmental factors which have a specific impact on boys or men and/or where particular interventions are required for boys and men in order to achieve improvements in health and well being at either the individual or the population level' (Men's Health Forum 2004).

Research has demonstrated that there is an increasing worry over the state of men's health:

- Men are at greater risk of death from all causes that can affect men and women equally
- Men are more vulnerable from an earlier age
- Social class has a major impact

Despite this increasing worry men remain under-informed about health issues, take excessive risks with their health and seem reluctant to seek help from a health professional. The cost of men's poor health has to be viewed in terms of economic costs (loss of productivity, loss of breadwinner in a family in many cases, cost of care), as well as in terms of social and relational cost.

Fortunately, there is a growing recognition of men's health as an issue, e.g. the WHO and EU gender mainstreaming initiatives (gender equality in policy and gender aware research) and women's health groups (EIWH) working with men's health groups. There is also a growing number of organizations taking action, such as the International Society for Men's Health & Gender, the European Men's Health Forum and others. In addition, recognition amongst practitioners is on the increase, as is the coverage of men's health issues by the professional press. Governments seem to be taking more action (e.g. Scotland's Men's health services, USA men's health legislation). However, these efforts remain haphazard and patchy. Key health legislation is still being created without reference to men's health or gender.

It has to be generally recognized that men's health raises major inequality issues, that men's health impacts on society as a whole and that 'men's health' needs to be translated into practice, education and research terms. To this effect, women's health organisations and men's health organisations can and should work together

A gendered approach to health is required in all policy and local health strategies. Action is needed to develop the theory base for practice and to focus policy such that a steer is given to national governments to promote gender as a key factor in health & social strategy development.

The second part of the Roundtable was chaired by **Karen Ritchie** (Director, INSERM) and **Ian Banks** (President, European Men's Health Forum).

Gender equity in EU health programmes and future health strategy was the topic of the presentation of **Peggy Maguire** (Director, European Institute of Women's Health). Gender equity has become an important issue for policy makers both at a national and international level. Gender equity is important because in order to achieve good health for all, grass root problems – poverty, social exclusion, and healthcare access will need to be addressed. A better understanding is needed of how different socio-economic and environmental factors affect health and how these factors can be contribute together to good health for all.

In Europe there are significant differences between men and women in relation to health risk, health status and use of health services and health outcomes. There is a lack of information on how medicines affect women and men differently; clinical trials still mostly carried out on men.

The focus of the current EU Public Health Framework Programme is on improving health information, enhancing capability to respond to health threats and addressing health determinants. Its 2004 work plan 2004 recognises health information as a priority, encouraging the gender mainstreaming of the health information system in the EU. While this is positive, stronger action needs to be taken and next year's work programme should contain specific activities on gender and health.

The EU's Framework Programme on Research and Development does include the collection of disaggregated data, gender as a determinant of health as well as gender as criteria for funding. The next Framework Programme is currently being developed and should focus on the incorporation of research programmes that examine possible sex differences and effects of gender in the development of research protocols and build a knowledge base of gender-based indicators for use in all areas of EU policies affecting health.

As far as the EU's efforts in the area of mainstreaming gender are concerned, policy and programmes should be assessed for their gender impact. There should be an analysis of gender in the design and implementation of policy and NGO's should be involved in the policy development process.

A new Future EU Public Health Strategy is currently being developed. Since ill health is costly, the promotion of healthy lifestyles is important. Major concerns in relation to health are the ageing of the population (increase in age-related conditions), lifestyle related diseases, obesity, tobacco consumption and HIV/AIDS.

Integrating public health protection measures into all relevant EU policies will be an important step to ensure that health becomes central to policy development; and this should be accompanied by the integration of gender in all relevant policy areas.

Many of the root causes of ill-health in men and women cannot be tackled within the health care sector alone. Therefore, there is a need for multi-sectoral policy approach and mainstreaming gender in a number of policies such as employment, education,

transportation, environment, equal pay, finance, internal market. All these policies impact on women's and men's health in some way.

European citizens need reliable and user friendly information about how to stay in good health and the effects of lifestyle on health. When they fall ill, women and men need authoritative information - tailored to their needs - about their condition and treatment options to help them take decisions.

Johannes Klumpers and **Gwennael Joliffe-Botrel** (European Commission, DG Research) jointly outlined the activities of DG Research in relation to promoting gender equality in European scientific research.

DG Research is committed to improving scientific excellence in the European Research Area, and promoting gender equality is part of this process. This is being done by

1. Promoting the participation of women scientists in Framework Programme activities
2. Ensuring that the gender dimension is properly addressed in EU-funded research content.

There are various 'Women & Science' actions currently ongoing at EU level, such as the 'Helsinki Group', charged with monitoring women's participation in the Framework Programme, with a participation target for women set at 40 %. In addition, statistics and indicators focus on the integration of the gender dimension in the activities carried out by FP6, focusing on

- engendering work programmes
- the requirement to incorporate gender into the full life cycle of research proposals,
- Gender Monitoring studies,
- the Women and Science Working Group
- Gender Action Plans,

The Gender Action Plans oblige research proposers to indicate whether gender issues are associated with the subject of the research proposal, and if so, how these are being addressed in the research content. A description of the participation of women as researchers is also required. These Gender Action Plans came into being to take into account gender related aspects in research, to raise gender awareness among different categories of actors and to highlight the responsibilities of all these actors in pursuing gender equality. In addition, they relate to implementing gender mainstreaming policies and to increasing women's participation at all levels of the research workforce. It is a practical and effective way to measure progress.

Guidelines for applicants for projects as part of the "Life sciences genomics and biotechnology for health" (responsibility of the health research directorate) and "Food Quality and safety" (food research directorate) clearly state that applicants need to make explicit the rationale and the scope of gender aspects in their research proposals. This pertains to the formulation of research hypotheses, in the development of research protocols, choice of research methodologies and in the analysis of results.

This is made explicit in the application form, where several questions ascertain the nature and scope of the study, and where a positive answer to any of these questions implies that gender/sex aspect should be taken into consideration in the research proposal. If this is the case, more specific questions need to be answered in relation to gender aspects. This entails obliging applicants with gender/sex aspects in their project to

- detail the questions addressed in their proposal related to gender/sex aspects in research.
- comment on the expected outcome

- describe how the gender/sex aspects will be taken into account in the research, methodology and interpretation of their results.

Applicants who do not consider gender/sex differences should provide justification, and the evaluation panel will assess the relevance of the justifications provided.

When projects are being evaluated, specific criteria under the heading 'Scientific Excellence' relate to the extent to which the proposed scientific approach is likely to enable the project to achieve its objectives in research & innovation:

'Causes, clinical manifestation, consequences and treatment of disease and disorders often differ between women, men and children. Therefore, all activities funded within this thematic priority must take the possibility of such differences into account in their research protocols, methodologies & analysis of results'

The Health Research Directorate will fund 123 research projects under the first call of FP6, with a total of 640 million euro. Preliminary analysis reveals that 50% of these funded projects are expected to have a gender aspect, both in the area of fundamental knowledge in genomics as well as in the field of major diseases.

Professor Moira O'Brien (President and Chairman, Irish Osteoporosis Society IOS) presented a powerful case for a gender approach to osteoporosis and its importance from a policy perspective. Osteoporosis is a silent disease, and it the most common bone disease worldwide. Its first sign is often a fracture, and it occurs in 1 out three 3 post-menopausal women, as well as in 1 out of 8 men.

The most common cause in females is oestrogen deficiency; in males it is testosterone deficiency. Other causes can be endocrine disorders, gastrointestinal disorders, and certain medicines.

Contrary to common belief, it is not an old woman's disease: it affects both men and women of all age groups. Because this is not recognised, men are not encouraged to have screening, even if risk factors exist. However, while osteoporotic fractures are more common in women than men, men with osteoporotic fractures have a worse prognosis than women. The mortality for man after fractures is higher than that of women.

The annual cost of osteoporotic fractures in the UK is £1.7 billion, and 23 % of this amount is due to fractures in men. The total annual cost of osteoporotic fractures in Europe is now estimated at 25 billion Euro.

A first fracture doubles risk for a subsequent fracture, which underlines the need for all low trauma fractures to be screened. The DEXA scan is the gold standard to diagnose osteoporosis. However, patients are often not being screened due to lack of education, manpower and guidelines, due to cost or the consideration that it is not necessary.

In recent years, the International Osteoporosis Foundation (IOF) launched a *Call to Action*, based on the findings of an audit which revealed that osteoporosis remains a neglected disease within Europe. The number of osteoporotic fractures in both men and women and their costs will increase more than two fold in the next 50 years unless effective preventive strategies supported by governments are implemented now. This Call to action advocates reimbursement for bone densitometry and treatment and better education of policy makers, health care professionals and the general public. Prevention of osteoporosis and related fractures must become a healthcare priority in Europe for both women and men. Awareness of osteoporosis needs to be improved. Osteoporosis can be prevented, and that prevention should start in schools. DEXA scans should be made available for all people at high risk.

Tamsin Rose (Secretary General, European Public Health Alliance), first focused on the fact that a recent collaborative NGO project proposal on gender and health was rejected by the European Commission on the basis of a minor technical detail. This does not demonstrate a great willingness on the Commission's part to support relevant initiatives.

Lack of funding is a great hindrance to NGOs progressing the issues. Ms Rose outlined several issues in relation to areas where action ought to be taken:

- revision of the chemicals Directive: the environment has a massive impact on health, especially on vulnerable groups such as children and pregnant women. Examples are 'healthy food' habits in relation to the prevention of cancer and cardiovascular disease(e.g. pesticides used on fruit and vegetables, metals and other harmful elements in fish)
- The EU is not the pot of money one generally assumes: it comprises no more than 1 % of the total Member States GDP. 80% of the EU budget is spent on two policy areas, i.e. the Common Agricultural Policy and regional development. There are 10 priority areas in this second category, one of which is health, for which 40 billion will be available. Some of this budget will be spent on infrastructure (i.e. hospitals etc.); the remainder will be used for investment in productivity. In this context, the impact of health on productivity can (and should) be taken into account.
- The Lisbon agenda seems to be wholly focused on competitiveness and productivity. The impact of this drive towards ever greater competitiveness on health does not seem to feature at all. This is clearly demonstrated by the set of indicators, developed to measure progress toward reaching the Lisbon objectives: these do not include one single health indicator (let alone on gender impact on health).
- Trafficking of women: there are a number of important equality and health issues that need to be addressed.
- asylum seekers (mostly men): there are issues about access to health systems
- The DAHPNE programme (a EU programme to combat sexual and domestic violence) should address health issues
- The impact of life style (tobacco, alcohol) , particularly on young women (specifically targeted by industry and marketing initiatives) deserves far more attention
- Contradictory guidelines (WHO recommending breastfeeding until 6 months, while the Commission does not include the same recommendation in its Directive on infant formula) need to be avoided.

Audience debate:

- The social environment and its impact on health should be taken into account when promoting changes of lifestyle: advertising (negatively) influences attitudes and health-enhancing behaviour and this needs to be addressed.
- It was suggested that it may be more useful to look for other sources of EU funding than focus only on the Commission's DG Sanco (which states that gender is being mainstreamed which in reality means that is not a priority), such as DG education.
- The WHO's GEM programme (gender mainstreaming programme) was briefly introduced. This involved a gender impact analysis of a number of policy measures in 7 EU countries. When asked, countries indicated that addressing social inequality would be more important than gender in relation to health. It can be concluded that policy makers need to be made more aware of these effects, other wise translation of the pertinent data that exist into concrete policies will be difficult.
- While a lot of effort has been put in mainstreaming gender in policy development, there is no guarantee that the notion of gender and its role as a key health determinant is necessarily well understood at implementation and monitoring levels of EU and national institutions.

- Gender mainstreaming is a cross-cutting issue under the current work programme of the Public Health Framework Programme – in other words, not a priority.

Closing the Roundtable, **Peggy Maguire** and **Erick Savoye** (Director of the European Men's Health Forum) stated the importance of the meeting in terms of what was learnt.

The draft call for proposal – as disseminated prior to the meeting - will be adapted taking into account the panel's and audiences' suggestions, and be sent to all participants for comments, in order to prepare a final document which is to be shared with policy makers.