



EUROPEAN WOMEN'S  
**LOBBY**  
EUROPEEN DES FEMMES

**European Health Forum Gastein Conference 2-5.10.2013**  
EU Session on discrimination and healthcare  
Statement by Cécile Gréboval, Secretary General European  
Women's Lobby

First I would like to thank the European Commission and in particular, Commissioner Borg, to give me this opportunity to present the views of the 2000 member organisations of the European Women's Lobby for the first time in this important forum.

The starting point of the integration of a gender equality perspective in health policies is that both the biological aspect of sex and the social construct of gender matter in health and impact differently on women and men's health and on access to health care.

I first would like to point to some occurrences of inequalities from a gender equality perspective. The unequal access to resources between women and men coupled with other social factors produces unequal health risks and unequal access to health information and services for women and men. One aspect of this is that due to lower revenues, women have lesser access to private health insurance, an issue that will become more serious with the current weakening of universal public health coverage.

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In addition to this gender differences and discrimination is particularly true for some groups of women.

In relation to the elderly, it is well known that generally speaking, women live longer than men in Europe. However women spend more years in poor health and often have poor access to quality health care. With an ageing population, an average gender pension gap of 39% and the current cuts in health care in many EU countries, we are preparing a potentially dramatic scenario of generations of poor older women living with bad health and no adequate care.

Looking at other groups, Roma and migrant women face language and cultural barriers in accessing health care. Migrant women often depend on their husband's health insurance which puts them in a dependant position in relation to health services. This becomes a particularly serious issue for migrant women trying to escape a violent relationship.

Forced sterilisation is an issue with regard to women with disabilities, who also face a variety of barriers in accessing health-care. There is very limited adaptability of health services towards the specific needs of women with disabilities, especially in the field of sexual and reproductive health. They are often stigmatised as asexual unable to make decisions concerning their sex lives independently.

Lastly on this point, equal access to health includes the right for all women living in the European Union to enjoy sexual and reproductive rights. This includes access to legal and safe abortion, reliable, safe, and affordable contraception, coupled with sexual education, free choice and consent.

The second point I would like to make is the general lack of a gender perspective in health policy. Women are the majority of health care users and still, insufficient attention is given to their diverse needs throughout the life cycle. While gender also has an impact on men's health of course, the emphasis on women's health is necessary in order to correct historical imbalances due to the fact that until recently, men have been considered the norm in health education, research and services.

Research has started to show that there are important differences between women and men concerning symptoms of disease, how therapy is received and how women and men are treated. For example, women receive less heart transplantation and obtain dialysis later than men.

Examples of areas where a new approach is necessary include the gathering of gender disaggregated data, research on specific aspects of women's health, gender-sensitive drug development or the inclusion of more women in trials /clinical testing.

Therefore, I come to my main recommendation for the EU and member States today. It has been acknowledged by the EU and member states that sex and gender are significant health determinants. However, in practice, the health sector has not yet moved away from the idea that

the old „one fits all approach“ will benefit both genders and all social groups equally.

Considering the diversity of women's needs as well as sex and gender differences in medical research, data collection, medical testing, training of the care and medical professionals is crucial to improve the health and access to health care of women and men. The evidence is there, taking into account a gender perspective in health means ensuring that women and men receive care in accordance with their needs. I very much hope that the EU will continue to play a leading role in promoting gender equality, especially in times of crisis where the most vulnerable, including women are particularly hit by austerity measures.