

Gender inequalities in health, specifically as regards gender-specific conditions

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The European Parliament adopted by 300 votes to 218, with 29 abstentions, a resolution on gender inequalities in health, specifically as regards gender-specific conditions.

Parliament underlined that health policy, medical research and clinical practice must be grounded in robust scientific evidence, objective biological facts concerning women and men, and the highest standards of medical expertise. It stressed that gender inequalities in health are multifaceted and a **violation of fundamental rights**. Inequalities in healthcare are compounded by intersectional inequalities and discrimination, precarious employment, housing, and income, as well as unpaid family responsibilities.

Members called on the Commission and Member States to: (i) promote better harmonisation of access to healthcare in the different Member States, with full respect of their competences, and to guarantee affordable and quality healthcare for all; (ii) combat geographical disparities in access to healthcare, which particularly affect women in rural and isolated areas; (iii) eliminate transport-related barriers to access to healthcare by integrating a gender perspective into the planning of health infrastructure.

Members called for **the integration of a sex and gender perspective into all EU health legislation and initiatives. They stress the importance of effective, evidence-based, and innovation-friendly health policies that take** into account the biological and social differences between women and men and address related disparities.

Research, including clinical trials

Members expressed concern that, despite improvements in inclusivity in clinical trials, the representation of women and people of gender-diverse people remains lower than that of men. The lack of understanding of sex and gender differences in health is exacerbated by the fact that the outcomes of research are rarely disaggregated by sex and gender. The Commission is urged to promote **the collection and reporting of sex- and gender-disaggregated data** in all EU-funded projects.

Diagnosis and treatment

As a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women, transgender and gender-diverse people.

Members believe that healthcare professionals must act in a non-discriminatory manner. They called on Member States to integrate **gender-sensitive, intersectional, and patient-centred healthcare training** into their medical, nursing, and obstetrics curricula to ensure that medical professionals are equipped to recognise and respond to the specific needs of women and girls.

Members emphasised that **harmful practices** such as female genital mutilation, forced abortion, forced sterilisation, denial of abortion care, intersex genital mutilation, obstetric and gynecological violence, and malpractice in medical settings are forms of gender-based violence. They called for the establishment of independent complaint, reporting and accountability mechanisms and data collection systems in this regard.

The Commission and the Member States are invited to:

- take **mental health** and its gender-related challenges into account in all relevant healthcare-related measures;
- promote prevention strategies, including awareness-raising campaigns, including in schools, aimed at preventing eating disorders and fostering a healthy body image and address the gendered social and commercial pressures that negatively affect girls' and women's body image and health;
- ensure that **digital health technologies** are developed and deployed taking into account gender-specific medical needs.

Gender-specific conditions

The resolution underlined that women living with diabetes and other metabolic diseases are, on average, diagnosed up to 4.5 years later than men, and face an approximately 30 % higher **risk of cardiovascular mortality**. It supported a strong EU framework for combating major diseases, including cardiovascular conditions, ensuring equal access for women to preventative care, early diagnosis, treatment and survivorship support. Members also stressed the need for further research into the impact of sex or gender-related factors on the development of cancer (cancer is diagnosed 2.5 years later in women than in men).

Parliament stressed the need to improve the availability of, and access to, **abortion** throughout the EU. It also called on the Commission and the Member States to address the specific healthcare needs of LGBTIQ+ people, including by ensuring access to preventive care, treatment, and trans-specific healthcare, and to remove any coercive and unnecessary medical requirements.

Parliament further emphasised the role of **education**, health services, and public institutions in preventing gender-based violence and promoting consent, bodily integrity, and reducing gender inequalities. It stressed the essential need for comprehensive, age-appropriate, scientifically sound sexuality education that adheres to UNESCO standards to promote the concept of consent and sexual and reproductive health rights (SRHR).

Funding

Parliament supports **the gender mainstreaming across all EU policies and the EU budget**. It called on the Commission to launch dedicated and targeted funding calls for EU-related actions on gender-specific conditions and projects. The Commission is invited to develop a **specific women's health strategy**, embedded in the European Pillar of Social Rights at EU level, to be implemented across the Member States, with the aim of reducing gender health gaps, boosting public research into gender-specific conditions and guaranteeing equal access to healthcare across the EU.