EuroHealthNet
European partnership for health, equity & wellbeing

ADDRESSING THE CHALLENGE OF GENDER AND HEALTH

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Storyline

- Who are we and what do we do?
- Why gender and health, and why now?
- Where is gender and health in the EU work?
- Gender and health in EuroHealthNet's work.
- Recommended actions and pathways forward.

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Who we are

64 MEMBERS in 22 (25) MEMBER STATES

- **Piedmont** Regional Health Promotion Documentation Center (DoRS)
- Regional Healthcare and Social Affairs Agency of **Puglia**
- **Veneto** Region
- **Tuscany** Region
- Comunita di **Venezia** Societa Cooperativa Sociale
- **Flanders** Institute for Healthy Living (Gezond Leven)
- **Waloon** Agence pour une Vie de Qualite (AVIQ)
- **Riga** City Council Department of Welfare
- The Health and Europe Center NHS **Kent and Medway**
- **Blackburn with Darwen Borough** Council Public Health Department
- **Andalusian** Regional Ministry of Health and Families
- Foundation for the Promotion of Health and Biomedical Research of **Valencia** Region
- Directorate of Public Health and Addictions Department of Health **Basque** Government
- Public Health Committee Region **Vastra Gotaland**
- Swedish Association of Local Authorities and Regions (SALAR)

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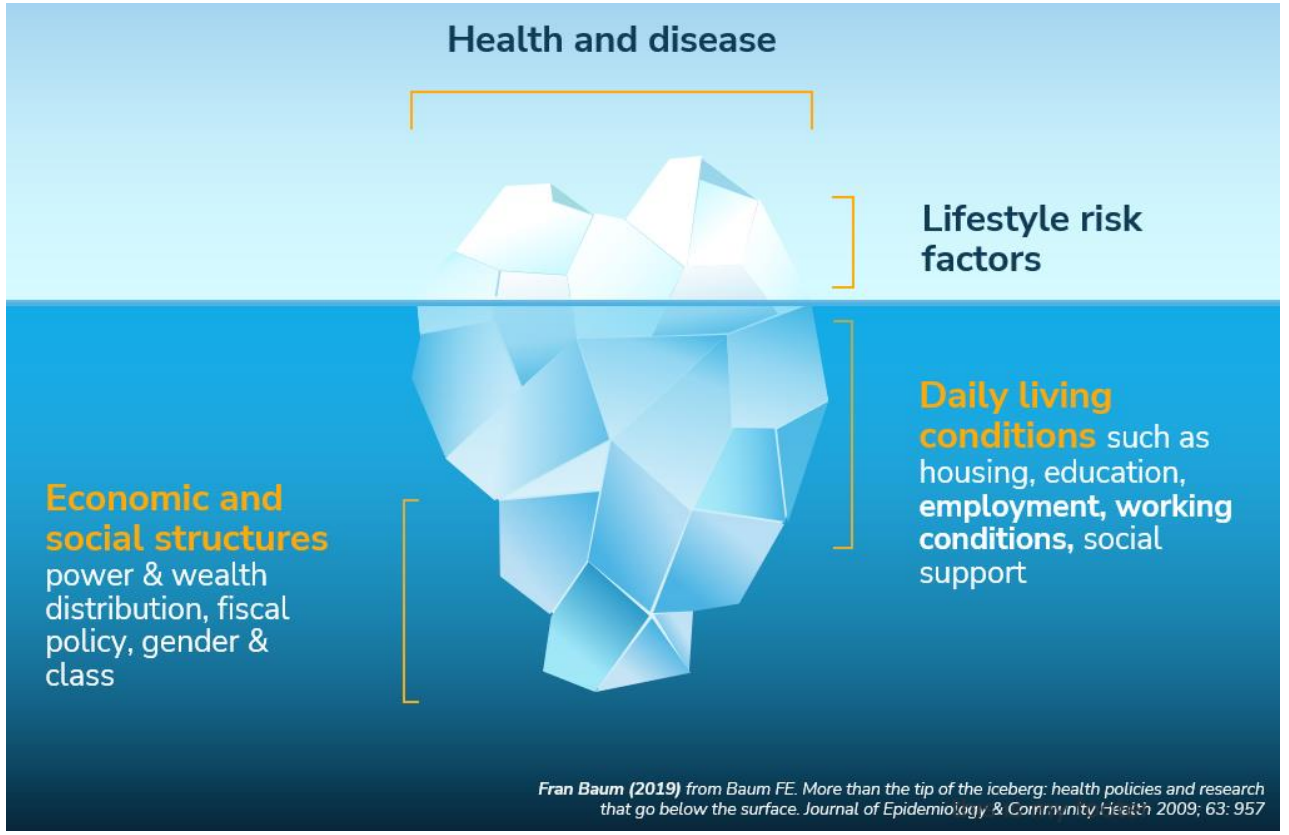
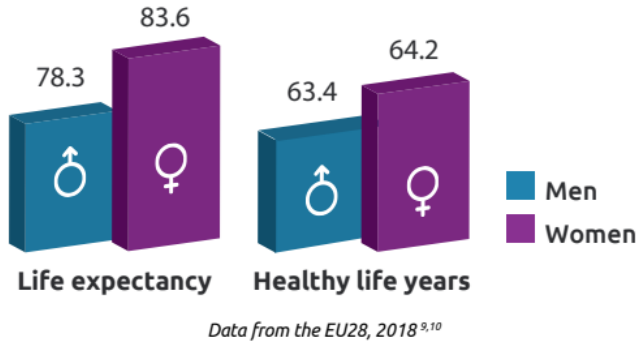
Help build a sustainable, fair and inclusive Europe

Tackle health inequalities between and within European states



- **EU⇔MS/Regional/Local policy intelligence, advocacy**
- **Good practice, evidence, data, projects**
- **Capacity building, implementation, funds**

WHY GENDER AND HEALTH? WHY NOW?



Data from the EU28, 2018 [9,10]

- **Gender-based differences in life expectancy, mortality and health outcomes:** men generally have worse health outcomes than women, but perceive their health as better; women live longer, but spend fewer of those 'gained' years in good health.
- **Why?** Reasons partly biological, but largely social and behavioural – and that's where we need to act (systems, services).
- **Why now?** Pre-pandemic challenges prevail; plus the **COVID-19 syndemic** nature of gendered health outcomes – risk factors, underlying chronic health conditions elevate male morbidity and mortality (1.3x more likely to die from). As majority of health and front-line workers, women were exposed more, took the psychosocial health toll.
- Women make more use of LTC & use SRH services (discontinued), suffer from domestic and sexual (online) violence, work in precarious jobs and in sectors that closed down. New challenge: the war in Ukraine, gender and health of refugees and how EU health systems can absorb the extra strain.

PATHWAYS TO POORER HEALTH ARE GENDERED
Examples

- Women more often report experiencing **mental health issues**; often go underreported and undiagnosed in men (77% of all suicides); women less likely to suffer from **social isolation** than men, have more social support networks (e.g. old age, healthy active ageing)
- Men's poorer physical health (NCDs prevalence, burden) associated with masculine societal norms of **health risk behaviour** (lifestyle factors, accidents and injuries), use of healthcare and social services (health-seeking, frequency, report symptoms) and engagement in health-promoting and disease-preventing measures
- Gender-based interpersonal **violence**, sexual abuse
- **Big differences** in the experience across Europe, within countries, regional and local levels; follows a social gradient and a distribution of socio-economic disadvantage in communities (=> no 'one size approach fits all', but EU strategic approach can help)

PATHWAYS TO POORER HEALTH ARE GENDERED
Socio-economic rights

- Men are more exposed to **occupational hazards** like work accidents and injuries; women occupational health and safety more of psychosocial nature due to emotionally demanding nature of female-dominated positions, caring duties
- Gender-based differences across the lifespan in **working and living conditions**, pay and poverty rates (e.g. pension, care).
- Women as the primary (informal) **unpaid carers**, restricting their ability to get, sustain a job, work full time, develop careers and achieve financial security and independence (7.7 million women vs. 0.5 million men affected)
- Despite more tertiary-level educated, women are more likely to work in **low-paid jobs and in lower organisational positions**
- **Pay and in-work poverty gap**, pension gap are a big challenge for women (35.7% lower pensions, 20% of older women AROPE)
- **Digital gender divide** in skills, technology use and high-income digital work opportunities

WHERE IS GENDER AND HEALTH IN THE EU WORK?

EU Gender Equality Strategy 2020-2025; European Institute for Gender Equality (EIGE) Index and work on gendered health inequalities; Eurostat and ECHIs feeding into the Social Scoreboard targets progress indicators.

European Pillar of Social Rights – principles on equality (2 on gender equality & 3 on equal opportunities), on financial means (6 on wages, 14 on minimum income, 15 on old age income and pensions), working conditions (9 on work-life balance, 10 on healthy, safe and well-adapted working environments and data protection), health services (16 on access to healthcare, 18 on access to long-term care, 20 on essential services).

... and its implementation Action Plan's initiatives (EU Occupational Health and Safety Framework, Work-Life Balance Directive, Pay Transparency, European Care Strategy, Green Paper on Ageing, EU Rural Action Plan and a flagship initiative on inclusion of women and vulnerable groups, Better measurement tools on access to healthcare linked to Health Systems Performance Assessments).

European Health Union package, Pandemic Preparedness and Crisis Management, Cross-border healthcare, EU4Health programme, the EU NCDs Initiative – Healthier Together, EU Cancer Plan, migration, the Roma, children and youth, homeless..

GENDER AND HEALTH IN EUROHEALTHNET'S WORK

- Strategic Development Plan 2021-2026 and EuroHealthNet Gender, Diversity and Inclusion Strategy in our statutes/'how we work' governance documents
- Policy Precis: Making the link – gender equality and health (2021)
- Contribution towards the EIGE's targeted consultation on health inequalities
- Input towards 'Reducing disparities in the EU – 8th progress report on economic, social and regional cohesion'
- Guidelines to Tackle Psychosocial Risks Impact on Older Workers' Health (in pre)
- Call on the EU for gender equality health considerations in the negotiations on an International Treaty on Pandemic Prevention and Preparedness

MAKING IT HAPPEN ACROSS EUROPE

1 **ITALY/Tuscany Region:** a network of anti-violence centers, cross-sector work and collaboration with the police, education, unemployment services; offers prevention, support, guidance and rehabilitation

2 **AUSTRIA:** the Austrian Health Promotion Fund developed guidelines for employers to design and implement gender-sensitive workplace health promotion to meet the different health needs of men, women, LGBTIQ+

3 **IRELAND:** 450 men sheds across the country, focusing on men health needs and interventions, promoting wellbeing and community participation; good practice that has been rolled out to the UK, the Netherlands and Finland

4 **CROSS-COUNTRY LEARNING:** EuroHealthNet Thematic Working Group on Social Marketing to Address Addictions regularly exchanges good practice on public health campaigns and programmes that address health risk behaviours, with a social gradient, age and gender perspectives in mind

RECOMMENDED ACTIONS AND PATHWAYS FORWARD

1. **All-level governance address gender norms and roles:** An integrated holistic approach that addresses gender equality across all policies will promote health, access to healthcare and labour market integration.

2. **Support women in realising full participation in society, employment and decision-making:** Improvements in tax laws, flexible working arrangements and family leave policies make part-time careers valid options for both women and men and promote an equal division of parenting responsibilities.

3. **Data to assess gender and health equality:** beyond the gender employment gap to include indicators from the health parameters of the Gender Equality Index, gendered-segregated data on (pension) poverty, children in formal childcare, and unpaid work. Specific efforts are needed to collect data on inequalities of disadvantages faced by the LGBTIQ+ community.

4. **Health systems better respond to the role of gender** in the uptake of (unhealthy) behaviour, exposure to risk factors, access to and use of services: this includes being LGBTIQ+ sensitive.

5. Improving health systems' capacity to protect women from violence requires increased investments in anti-violence strategies, better earmarking of financial resources and a **more prominent role of health systems in the multisectoral response to violence against women.**

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