European Committee of the Regions

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

"Addressing the challenge of gender and health"

Thursday, 30 June 2022, 8:00 – 9:00

Hybrid meeting

Minutes

8.00 Welcome and introduction by the Chair, Birgitta Sacrédeus

The Chair of the Interregional Group, **Birgitta Sacrédeus**, welcomed all the participants and explained that the meeting was organised to discuss the topic of gender and health in the European Union. The event was structured around three contributions from Dorota Sienkiewicz, Senior Policy Coordinator, EuroHealthNet, Hendrik Van Poppel, Chair of the EU Policy Office at the European Association of Urology, and Co-chair of the European Cancer Organisation's Inequalities Network, and Fulvia Signani and Flavia Franconi, Members of the Center of Studies on Gender Medicine, University of Ferrara (IT), followed by an open Q&A session.

8.05 "Gender, health and inequalities – state of play and trends" by Dorota Sienkiewicz

Dorota Sienkiewicz opened the event by giving an overview of the state of play, trends and main challenges in gender and health in the EU, also considering the COVID-19, impact from a public health perspective. Her contribution was enriched by the key takeaways from the EuroHealthNet Policy Précis "Making the Link: Gender Equality and Health", published in March 2021. As regards gender-based differences in life expectancy, mortality and health outcomes, men generally have worse health outcomes than women but perceive their health as better. On the other side, women live longer but spend fewer of those 'gained' years in good health. The reasons are partly biological but largely social and behavioural, so Ms. Sienkiewicz stressed the need to act at the system level. The COVID-19 pandemic has brought out these differences in health outcomes due to different exposure to risk factors and underlying chronic health conditions. For example, as the majority of health and front-line workers, women were exposed more. According to the latest estimates, women use LTC and SRH services more, suffer from domestic and sexual (online) violence, and work in precarious jobs and sectors that closed down. Moreover, the war in Ukraine posed new challenges to the issue of gender and health of refugees in the EU.

Women often report experiencing mental health issues and go underreported and undiagnosed in men (77% of all suicides). Women are less likely to suffer from social isolation than men. Men's poorer physical health (NCDs prevalence, burden) is associated with masculine societal norms of health risk behaviour (lifestyle factors, accidents, and injuries), use of healthcare and social services (health-seeking, frequency, reporting symptoms), and engagement in health-promoting and disease-preventing measures. Ms. Sienkiewicz underlined that there are significant differences in the experience across and within countries, also at the community level, and there is no 'one size approach fits all' approach but can a EU strategic approach may help in addressing these challenges. Gender-based differences across the lifespan in working and living conditions, pay, and poverty rates (e.g. pension, care). Despite being more tertiary-level educated, women are more likely to work in low-paid and lower organisational positions, also resulting in a pension gap. Then, Ms. Sienkiewicz gave an overview of the gender and health in the EU work, mentioning the EU Gender Equality Strategy 2020-2025, the European Institute for Gender Equality (EIGE) Index, the Eurostat and ECHIs feeding into the Social Scoreboard targets progress indicators, the European Pillar of Social Rights, some Action Plan's initiatives (such as the European Care Strategy, Green Paper on Ageing, EU Rural Action Plan and a flagship initiative on the inclusion of women and vulnerable groups), and the attention to gender in EU health policies such as the European Health Union package, the EU4Health programme, the EU NCDs Initiative, and so on. In this context, EuroHealthNet has dedicated part of its work and energy to address this challenge at the European level through publications, such as the Policy Precis "Making the link – gender equality and health" (2021), and contributions to initiatives at the European level, such as EIGE's targeted consultation on health inequalities, the input to "Reducing disparities in the EU – 8th progress report on economic, social and regional cohesion", and the call on the EU for gender equality health considerations in the negotiations on an International Treaty on Pandemic Prevention and Preparedness. Then, she presented some examples on the ground from Tuscany Region (Italy), Austria, and Ireland. Ms. Sienkiewicz concluded her speech by presenting some recommended actions and pathways to follow, expressing the need for an integrated and holistic approach that addresses gender equality across all policies promoting health, access to healthcare and labour market integration, supporting women in realising full participation in society, employment and decision-making. She stressed the need for more data and indicators to assess gender and health equality, a better response of health systems to the role of gender in the uptake of (unhealthy) behaviour, exposure to risk factors, access to and use of services (including LGBTIQ+ sensitiveness), and a more prominent role of health systems in the multisectoral response to violence against women.

8.25 "Addressing the specific challenge of gender, health and inequalities in the field of cancer prevention" by Hendrik Van Poppel

Prof. Van Poppel tightened the focus on the issue of gender in cancer, especially in the prevention field, sharing the recent work of the European Cancer Organisation's Inequalities Network. In Europe, women live 5-8 years longer than men when it comes to cancer. In 2016, 1.2 million deaths from cancer were recorded in the EU-27, corresponding to 25,8% of total deaths (29% for men, while 22.6% for women). From a historical perspective, men do more strenuous and hazardous work, smoke more, are more exposed to toxic agents. These factors lead them to develop more cancers (oro-pharyngeal, respiratory, GI, renal, bladder, and prostate). Moreover, men care less for themselves and get sick more often. Prof. Van Poppel showed some data regarding the incidence and mortality of different types of cancers in the EU-27 from 2020 and briefly presented some of the recommendations of the Europe Code Against Cancer targeting specifically women and men (n. 10, n. 11, n. 12). Then, Prof. Van Poppel touched upon the differences between men and women in terms of awareness, screening, diagnosis, and survivorship in cancer. Men are less aware compared to women. On a sample of more than 3500 individuals, 78% knew that HPV provokes cervical cancer, 29% knew it causes penile cancer, and 26% anal cancer. Males are less likely to have heard about HPV and the HPV vaccine. There is a lower willingness to participate in cancer screening among men, which increases when providing more information on the screening process. This trend results in fewer early diagnoses for men compared to women. Regarding survival rates, we registered lower survival rates in men for colorectal and non-small cell lung cancer and worse survival rates in women for bladder. Then, Prof. Van Poppel focused part of his presentation on prostate cancer, the first or second deadly cancer for men. This cancer is detrimental to men's quality of life if diagnosed at advanced stages. He stressed a lack of attention to early detection and screening programmes for prostate cancer at the EU level. HPV vaccination for girls is generally accepted, but it is starting to be implemented for boys as well. Among the groups to be targeted, Prof. Van Poppel mentioned transgender people and gender non-conforming people, which still suffer discrimination in healthcare: in Austria, for example, 13% of trans respondents have been refused medical care, and 7% experienced violence in health. Cancer screening in the transgender population is lower, leading to diagnosing cancer at later stages. Trans men and gender-nonconforming people are less likely to have undergone cervical cancer screening and to have had a PAP test in life. Trans women are less likely to have had a Prostate-Specific Antigen test and less likely to discuss prostate issues with a physician. Moreover, when changing documents from the assigned gender at birth to the actual gender, transgender people might stop receiving screening invitations for organs such as prostate or ovaries and might not receive subsidies for this screening anymore. However, studies on this subject are mostly based in North America, and there is a lack of data in the EU. In addition, Prof. Van Poppel commented on improving men's cancer care throughout the entire care pathway, with special attention to prevention and early detection. Some of the

recommendations regard the lifestyle, such as reducing the consumption of cigarettes and alcohol, and having correct nutrition (Southern European and Asian diets can be beneficial in reducing the chance of getting prostate cancer). Vaccination remains one of the most effective ways to prevent penile cancer. Concerning early detection, he stressed the importance of awareness on self-examination for penile and testicular cancers and the need to extend screening programs to prostate (and lung and gastric) cancer. Finally, he gave some recommendations for future steps and actions in this field: the need for more studies on the differences between women, men, and transgender individuals, the importance of having a gender-neutral approach to HPV vaccination, the need for improving existing screening programs, and the need for extending the 2003 EU Council recommendations for screening, the need for adapting the screening calls for transgender and gender non-conforming individuals, the need for awareness campaigns.

8.40 "Gender Medicine: state of play and challenges in Emilia-Romagna Region (IT)" by Fulvia Signani and Flavia Franconi

Prof. Signani and **Prof. Franconi** presented the case of the Center of Studies on Gender Medicine of the University of Ferrara, Emilia-Romagna Region, Italy, the only university center on Gender Medicine in Italy. Particular attention was paid to the inclusion of sex-gender approaches in medical education and the appropriateness of treatment. **Prof. Signani** started by giving an overview of the concept of Gender Medicine (GM). GM considers women and men (and possibly other gender identities) as target groups for prevention, disease symptoms, treatment, and rehabilitation through a gender-sensitive and intersectional approach to reinforce the clinical appropriateness for all persons. Prof. Silvani explained that GM is not intended as "Women's Medicine", nor represents a new branch of medicine, but it could be intended as a "personomic" healthcare. It is a new and very promising emerging field, adopting as a systematic method the comparison of scientific data on women and men for symptoms, pathologies, and experiences of the diseases, and highlights the differences detected. The most recent suggested name is "sex- and gender-based approach", which includes the public health perspective in this new paradigm, taking into account other issues such as gender-based violence. Then, Prof. Signani presented the latest initiatives and events promoted by the Centre in the last three years.

She stated that, looking at the European context, Italy is a pioneer in terms of legislation on GM, as in 2018 it established a National Plan for the dissemination of Gender Medicine, a National Training Plan on Gender Medicine, and a National Observatory of Gender Medicine. In 2017, the Center launched a proposal for gender mainstreaming in the medical degree programs of the Italian universities with a format of application in each faculty and a road map for the sex- and gender-based approaches in medical education. Italy's public health service has twenty-two different services, one for each region

and autonomous province. She stressed that the challenge now is to disseminate knowledge and ensure the application of GM in the most rapid and uniform way within the country. In this context, the Emilia-Romagna Region is the first Italian region that legislated on GM within a Framework Law for Equality (LR.6/14). In addition, Emilia-Romagna is promoting GM training courses for health professionals and, in the next future, it will focus on clinical appropriateness. The COVID-19 pandemic and subsequent lockdown impacted in a sex and gender-specific way men and women. Morbidity and lethality were higher in men, but the consequences of the lockdown were more difficult for women, especially in terms of increased poverty, the risk of unemployment, the impact on family life, and gender violence. Moreover, studies on the COVID-19 vaccine did not encompass pregnant women. According to **Prof. Franconi**, this demonstrates how the sex-gender division continues to pervade medicine, as demonstrated by the percentage of clinical studies (less than 5%) including sex and gender as analytical variables. She also mentioned the example of drug therapies, whose doses are calculated on men's weight, resulting in more adverse effects for women. Regarding oncology, this field has dramatically changed with the introduction of molecular tumor profiling into routine tumor diagnostics. However, despite the extraordinary progress in immunotherapies, personalised dosing strategies remain an unmet need. The patient's sex and gender consideration should optimize the balance between efficacy and toxicity, reducing the toxicity of anticancer therapies (which prevails in women). Cardiovascular disease is the leading cause of death for men and women. However, women do not always fit the classical model of CVD because research has historically been primarily conducted with men. Women are currently at a greater risk of being misdiagnosed due to symptom presentation that differs from men, which can delay life-saving treatment. Another example is hip replacements: these devices are available in different sizes but, although they are assumed to be sex and gender neutral, sex and gender considerations are not incorporated into fundamental research. Consequently, it is not surprising that women have a higher risk of failure (damage requiring replacement) than men as well as higher rates of adverse reactions, dislocations, loosening, and required revisions.

Birgitta Sacrédeus thanked all the participants and closed the meeting.

9.00 End of the meeting