



WOMEN'S HEALTH – KEY CHALLENGES AND INEQUALITIES

1. In your view, what are the most pressing challenges women face in accessing healthcare across Europe today?

Women in Europe continue to face significant barriers to healthcare, including limited access to reproductive and maternal health services, disparities in disease diagnosis and treatment, and challenges in accessing mental health support. Geographic inequalities, particularly in rural areas, exacerbate these issues, as does the underrepresentation of women in clinical research, leading to gender-biased healthcare approaches. Furthermore, stigma and discrimination, particularly affecting marginalized communities, further impede access to essential healthcare services.

2. What are the root causes of these persistent inequalities for women in accessing healthcare?

The root causes come from a combination of historical, social, and economic factors. Gender bias in medical research and healthcare provision has led to diagnostic gaps and inadequate treatment for many conditions. Societal norms and gender roles also contribute to disparities, as caregiving responsibilities often limit women's time and financial capacity to seek medical attention. Additionally, legal and policy inconsistencies across EU member states create uneven access to essential health services, including contraception and abortion care.

3. How do socioeconomic factors (e.g., employment status, income level, migration status) further exacerbate gendered health inequalities across different EU member states?

Women with lower income levels or precarious employment often lack adequate health insurance, limiting their ability to afford healthcare services. Migrant women face additional barriers due to language, cultural differences, and administrative complexities that hinder access to healthcare. Women in lower-income brackets also experience higher exposure to chronic stress and environmental health risks, which can lead to worsened health outcomes over time. In general, access to healthcare in many countries, including European countries, is related to socio-economic status. Other factors are also at play, for example sexual orientation and age.

4. What are the systemic barriers preventing the implementation of gender-sensitive health guidelines across all EU member states?

Systemic barriers include the lack of gender-disaggregated health data, insufficient funding for women-specific health initiatives, and resistance from certain political and societal groups to gender-sensitive policies. Additionally, healthcare professional training often lacks an adequate focus on gender-specific health concerns, further perpetuating inequalities in treatment and care.



THE ROLE OF THE EU IN ADDRESSING WOMEN'S HEALTH INEQUALITIES AND ENSURING THE EU'S COMMITMENT TO UNIVERSAL ACCESS TO HEALTHCARE

5. Are there any health legislations or policy initiatives currently being discussed at the EU level that aim to improve women's universal access to healthcare?

Yes, the EU is actively working on various health initiatives, but it is a constant fight to make sure they receive enough political attention and that they are inclusive. We have the Europe's Beating Cancer Plan, which includes specific provisions for addressing cervical cancer and breast cancer screening. We have the Council Recommendations on vaccine preventable cancers, which of course cover many relevant cancers. Additionally, we have a new Gender Equality Strategy, and preceding it Roadmap - which will hopefully include some health components.

6. What concrete steps can the European Parliament take in the next five years to ensure EU Commitments to Universal Health Coverage for All by 2030 (according to the WHO's Sustainable Development Goals)?

On 8 March - the European Parliament will launch a public consultation on women's health and gender health gap. There is also ongoing work in the Parliament in SANT and FEMM Committees. Recently, we re-launched MEPs for Women's Health, which I co-chair together with my colleagues from other political groups.

The European Parliament can push for stronger legislative measures to ensure universal health coverage, including advocating for the inclusion of gender-sensitive policies in the EU framework. Additionally, increasing investment in healthcare infrastructure, expanding funding for women's health research, and ensuring all member states adopt and implement comprehensive sexual and reproductive health policies will be crucial steps toward achieving these commitments. All this should be included in an overarching Women's Health Strategy.

THE FUTURE OF EU HEALTH POLICIES AND FUNDING FOR WOMEN'S HEALTH

7. Many health civil society organisations, including the European Patients' Forum (EPF), have raised concerns about future financial constraints, including reductions in EU public health funding for patient organisations. Could this, as well as the upcoming discussions on the Multiannual Financial Framework (MFF), exacerbate barriers to women's access to healthcare and more generally threaten universal health coverage in the EU?

Yes, reductions in public health funding could significantly impact patient organisations that play a critical role in advocating for women's health. If financial constraints lead to cuts in programs supporting disease prevention, mental health services, and reproductive health, this will disproportionately affect women, particularly those from vulnerable populations. Ensuring sufficient EU funding through the MFF for public health initiatives is essential to maintaining progress in universal healthcare coverage.



8. How can civil society organisations be better involved in shaping the future of EU health policy for women?

Civil society organisations should be given a more prominent role in EU policymaking through structured and meaningful consultation mechanisms and increased financial support. Strengthening partnerships between patient advocacy groups, policymakers, and healthcare professionals can ensure that women's specific health needs are reflected in policy decisions. Additionally, increasing awareness campaigns and educational initiatives at both the EU and national levels can help drive political momentum for gender-equitable healthcare policies.