

# Womens Health in Europe

## Resetting the Agenda

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Vienna, Austria

Monday, 18 June 2018

# The EIWH: Who We Are

- The European Institute of Women's Health (EIWH) is a health NGO launched in 1996
- **Vision:** *Health for All*—across both diseases and lifespan
- **Organisation:**
  - Extensive multi-national, multi-disciplinary network of patient groups, health NGOs, researchers, gender experts, politicians, and medical professionals
  - Expert Advisory Board.

# Defining Women's Health

Women's health across the life-span.

The incidence and prevalence of certain diseases are higher among women.

E.g. breast cancer, osteoporosis, auto-immune diseases, eating disorders.

Others affect men and women differently.

E.g. lung cancer, diabetes, depression, cardiovascular disease

# Socio-economic Influences

- Socioeconomic, educational, differences impact behaviour and access to resources
  - Sex and gender inequities like violence against women, lack of decision-making power, and unfair work divisions all impact women's health.
- Women are on the frontline of health and care-
  - Health workers, carers, managers of the health of their families.
- Women have less financial resources than men
  - Exacerbate existing inequalities
  - Lower paid, less secure and informal occupations than do men
  - Women earn on average 16% less
  - Women receive pensions that are 40% lower

# Gender, Age and Clinical Trials

## **Demographic Ageing**

- Increase of older people aged 65+
- Older people are heaviest medicine users
  - Consume more than 30% of prescriptions and 40% of over-the-counter medicines
  - Account for 60% of total pharmaceutical expenditure

## **Co-morbidity and Polypharmacy**

- Highest risk of adverse drug reaction
- ADR cause 20% of physicians visit and 30% of hospital admission
- Differences exist in pharmacodynamics by gender and sex.

# Under-Representation of Women

- Healthcare systems should be highly responsive to women's health needs.
- The evidence base has been weaker for them. This applies also to older people
- Improvement with the Revision of the Clinical Trials Regulation -Age and Gender are now included

# Sex and Gender Disaggregation

- Large differences exist between men and women with regard to prevention, disease treatment and care.
- There is a lack of comparable cross-national health data that sufficiently disaggregates by factors, including sex and gender, age and ethnicity.
- In order to improve existing policy and practice, research should be based on sex and gender as well as age disaggregated data.

Applications for research funding must include sex and gender considerations.

# Intervention - 'Right from the Star

- Action must be taken early and at critical points to ensure health and wellbeing from childhood through old age.
- Available evidence must be used to best identify entry points for various interventions—both at the population and individual level—specific to girls and women throughout their life.
- Shift mindset to -Vaccination, Screening & other vital health promotion prevention & early intervention tools.

# Early Intervention -Pregnancy

- Maternal health is a vital point for public health intervention
- Reduce the burden of disease and promote wellbeing
- Safe use of medicine during pregnancy and lactation
- Most of the 5 million babies born in Europe every year have been exposed to medications during pregnancy
- Gestational diabetes screening -Diabetes in pregnancy can result in preeclampsia

# Screening

- Cancer is responsible for ¼ of the deaths in the EU
- Rising toll of cancer
- Cancer is the 2nd leading cause of death in EU women
- The most common cancers among women are: breast (29%), colorectal (14%), uterian (9%) and lung (7%)
- Importance of cancer screening programmes

## Council Recommendations

### Population screening programmes

- Investing and improving screening programmes as well as early diagnosis critical in health sector reform.
- Cancer detection without screening (e.g. ovarian, lung)

# Example-Cervical Cancer Screening

- Catching cervical cancer early leads to better outcomes for sufferers of the disease.
- Women should not wait until they experience symptoms to be tested for the disease.
- Increase awareness among women of the necessity of being screened for cervical cancer.
- In 2012, 58,348 women across Europe were estimated to suffer and 24,397 died from cervical cancer.
- HPV vaccination programmes must reach vulnerable and marginalised young girls. Vulnerable women must be included in cervical cancer screening programmes.
- Vulnerable women may have irregular contact with professionals

# Women's Mental Health

- Health systems must have a lifecourse approach to mental health.
- Women and men are affected by mental health problems in equal proportion but by different types of difficulties.
- Gender is a critical determinant of mental health problems.
- Women are also more likely to experience anxiety, eating disorders, and attempt suicide

# Women's Mental Health

- The field of mental health shows huge gender differences in for example, depression, aggressive behaviour and suicide.
- Gender sensitive interventions aim to address medical and social determinants of mental health.
- Determinants can be, social isolation, family disharmony and stressful environments which require a gender analyses.
- Developmental psychological differences in early childhood, adolescence and adult life including work related factors require a gender analysis in order to develop intervention strategies.

# Active and Healthy Ageing

- One of the biggest challenges facing European societies is :  
Maintaining health across the lifespan particularly in light of an increasingly ageing population.
- Women are on the forefront of ageing due to their:  
Greater longevity, their multiple carer and societal roles and their lower financial resources.
- Despite women's increased lifespan, their older years are :  
Disproportionately burdened by ill health.

# Women and Dementia

- Women outlive men by an average of 6 years,  
Difference in healthy life expectancy is in reality 9 months.
- Sex and gender affect dementia risk across the life-span.  
Health behaviours across the lifespan, educational opportunities in early life and employment differentially influence dementia risk.
- A sex and gender lens leads to :  
More targeted early intervention strategies, research participation and access to care in AD.
- MOPEAD Project findings will :  
Raise awareness among policy makers about the value of tackling dementia at an early stage and -Support EU and national dementia actions in the areas of prevention, early detection and timely diagnosis, care and support to improve the lives of those living the disease and their carers.

# Personalised Medicine

- New frontiers in health care are being created by the promise of personalised medicine.
  - With genomics-focused pharmacology, companion diagnostics have the potential to change the future of treatment.
  - Increased success rates we will have increased numbers of cancer survivors, and cancer will be viewed as a chronic disease
- This will bring challenges with clinical trial design.
  - Medicinal products are safer and more effective for everyone when clinical research includes diverse population groups and results disaggregated by sex, age and gender
- Translating the evidence from S&G research into regulatory practice will lead to more targeted, effective opportunities for prevention, treatment and care.

# Responsive health Systems

- The utilisation of healthcare services varies across life, and there are differences between men and women in health behaviour and care provision.
- Services must be adapted to better meet everyone's needs.
- Multilingual, understandable and accessible information which empowers patients, caregivers and their families is lacking, despite evidence that health literate patients experience better health outcomes and lower health
- service usage.

# Resetting the agenda Together

- Integrate sex and gender in health across health policy and programmes
- Successful Health Sector Reform will be based on the amount of investment made in prevention.
- Healthcare systems pressure to curb expenditure
- Adopt gender budgeting for equitable financing policies and programmes

# Resetting the Agenda Together

- Increase women's access to appropriate, affordable, quality healthcare throughout their lives
- Promote gender equity in all research programmes, health and social strategies
- Reduce health inequities by integrating sex and gender-specific data into health policy, research design and healthcare planning, paying special attention to vulnerable and marginalised groups.

# Resetting the Agenda Together

- Society must invest in women's health and well-being today to lay strong foundations for future generations.
- We must work individually and collectively together to advance the women's health agenda.
- Women's health is smart investment; it must be a political priority.
- We need to do better in the future and guarantee high quality healthcare for all. We must employ an approach to health that focuses on well-being that incorporates the social determinants of health

# Congratulations

Action Plan for the Promotion of Women's Health in Austria

An excellent model for Europe !

Thank you  
for  
listening!



Any questions?