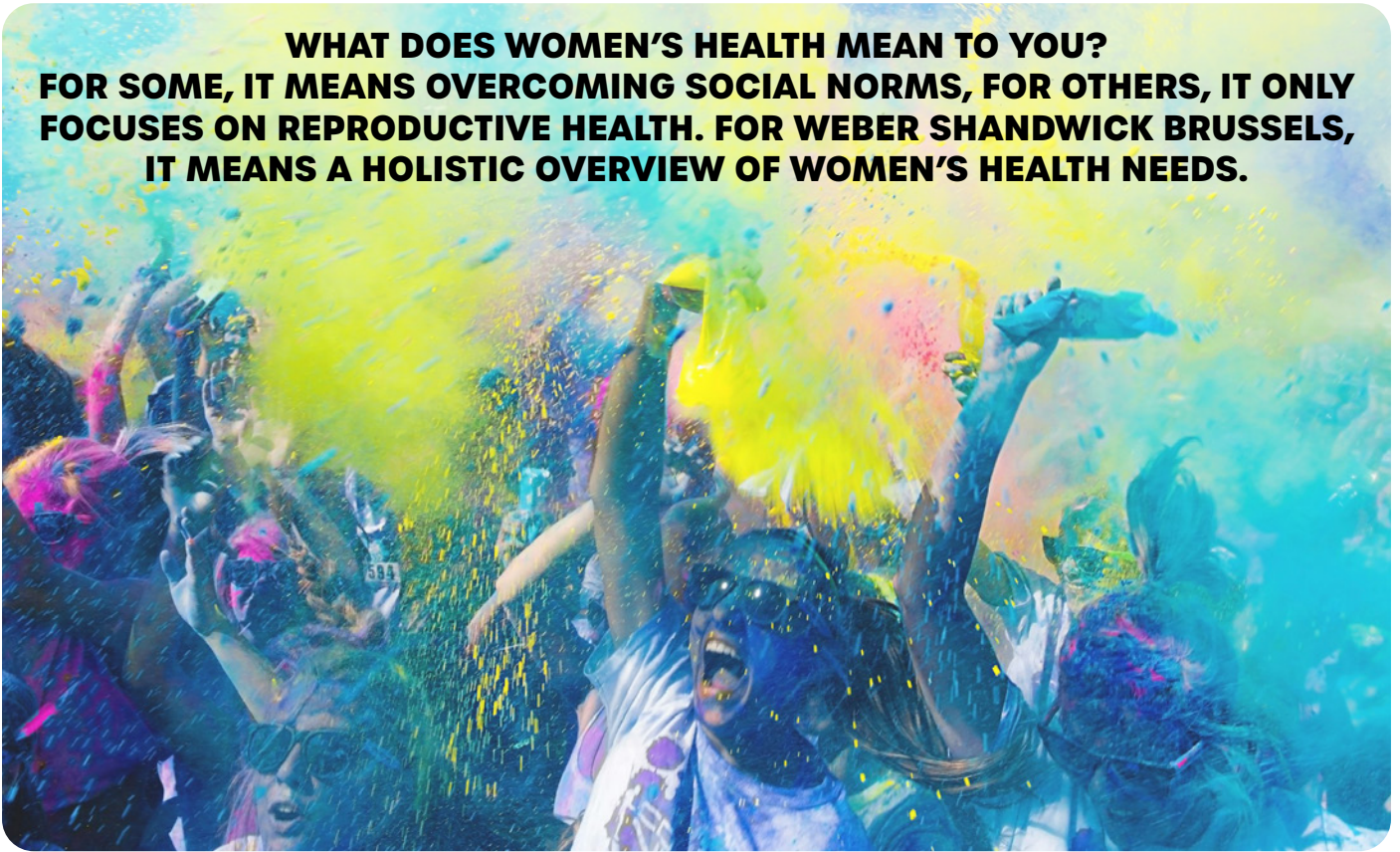


WOMEN'S HEALTH IN THE EU POLITICAL DISCOURSE: THEN AND NOW

WHAT DOES WOMEN'S HEALTH MEAN TO YOU? FOR SOME, IT MEANS OVERCOMING SOCIAL NORMS, FOR OTHERS, IT ONLY FOCUSES ON REPRODUCTIVE HEALTH. FOR WEBER SHANDWICK BRUSSELS, IT MEANS A HOLISTIC OVERVIEW OF WOMEN'S HEALTH NEEDS.



AS WE ARE FAST APPROACHING THE END OF THE CURRENT LEGISLATIVE TERM, WEBER SHANDWICK BRUSSELS WANTED TO SHARE PERSPECTIVES ON SUCCESSES AND LIMITATIONS IN ADVANCING THE WOMEN'S HEALTH AGENDA AT A EUROPEAN LEVEL.

Women's health challenges and needs continue to evolve, requiring health systems to be agile to address them now – and in the future. Women's health is generally referring to the unique needs of those who identify and are born as female¹. Women's health encompasses the state of physical and mental health related to a broad range of conditions spanning from reproductive and gynaecological diseases to various cancers cardiovascular and neurological diseases, which impact women differently, both biologically and in terms of psychosocial and socioeconomic factors.²



“When it comes to Health and healthcare, inequality begins with Research and Innovation, which still is, in many cases, androcentric. Several diseases specific to women, or that disproportionately affect women, are not receiving enough attention. The fact that much more men than women are leading research projects probably has something to do with this. We need to narrow down the gap. Horizon Europe, for the first time, included gender balance as a criterion for funding, but this is still not enough.”

MEP Maria da Graça Carvalho

WHERE IT ALL STARTED

Women's health first appeared as a topic on the European Union's agenda in 1997, with the first [State of Women's Health in the European Community Report](#).³ The report explored the causes of, and factors, behind morbidity and mortality at different stages of women's lives, considering the influence of individual and social backgrounds within changing demographics.

However, continued analysis and discussion on these issues have not been systematically prioritised from one European Commission term to the next. Despite the breadth of this first report, conversations relating to women's health remained largely sporadic, segmented and disease specific, predominantly on some cancers.

WOMEN & CANCER



Discussions emerged at the EU level on the link between women and various cancers, especially breast and cervical cancer, highlighted by initiatives like the European Cervical Screening Quality Assurance and the European guidelines on breast cancer screening and diagnosis. The efforts of advocacy groups, particularly within the breast and cervical cancer communities, have been instrumental in emphasising the necessity to address the existing shortcomings and the unmet needs of patients in these areas. These endeavours underscore the pivotal role that advocacy plays in pushing forward women's health issues, showcasing how targeted efforts can lead to significant improvements in awareness, policy and patient care.

AUSTRIA: A LEADING EXAMPLE

In 2006, a second attempt to reignite the conversation on women's health was instigated by the Austrian Presidency of the Council of EU. Met with moderate success, their efforts led the Council of EU to [adopt](#)⁴ conclusions on women's health, addressing key issues and principles including equality of treatment and access to care. In addition, the Council invited the European Commission to assist Member States in developing effective strategies to reduce health inequalities pertaining to gender. These conclusions do not however, define women's health or provide guidance on the implementation of national health strategies.

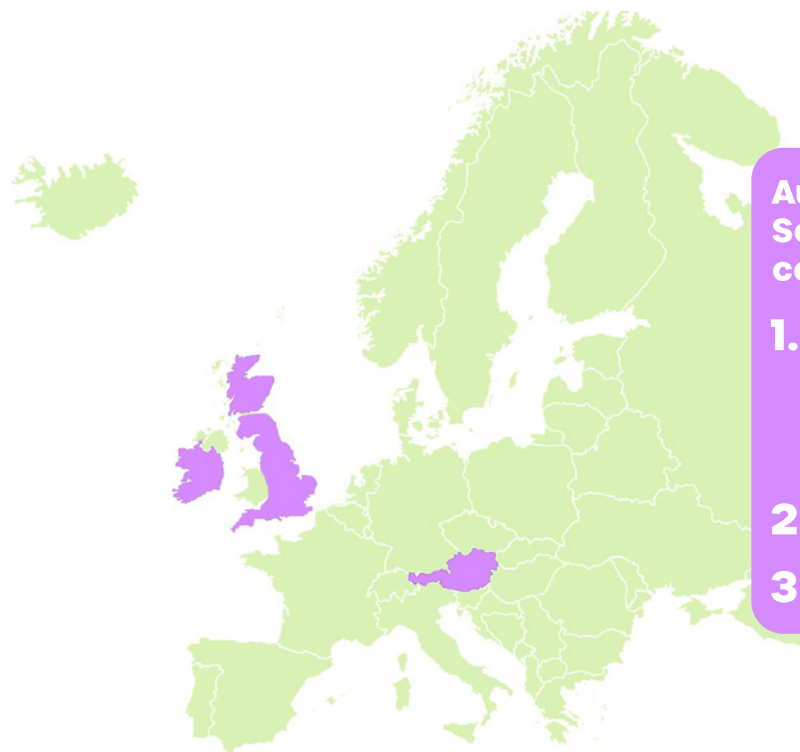
“Austria’s Action Plan on Women’s Health sets a practical example by looking at broader determinants of women’s living and working conditions, sexual and reproductive health, women-specific diseases, and research bias, etc. As a member of Women in Global Health Austria, I expect future EU leadership to strongly advocate for women’s health along those lines. Prioritising women’s health isn’t just about equality - it is an investment in a healthier, safer, and more resilient society for all.”

Dorli Kahr-Gottlieb, Secretary General of the European Health Forum Gastein



A SLOW UPTAKE

Despite limited follow-up after the 2006 Council Conclusions, several Member States have since implemented national women's health strategies, demonstrating a commitment to the future of women's health, and defining it as a priority area for improvement. These strategies have three common success factors:



Austria⁵, England⁶, Ireland⁷ and Scotland⁸ have the following in common:

- 1. Evidence-based approaches involving both open consultations targeted discussions with women's initiatives and other patient advocacy groups (PAGs). For example, the Scottish Women's Health Group was specifically created for this purpose.**
- 2. Identifying priorities and setting targets specific to local needs.**
- 3. Ringfencing budgets.**

Several Member States have also established government ministries that directly address the topic of women's health. These include the Austrian Federal Ministry for Women, Family Affairs, Integration and the Media; the French Ministry for Equality between Women and Men; the Danish Ministry for Gender Equality; the German Federal Ministry of Family Affairs, Senior Citizens, Women and Youth.

WHERE IS THE CONVERSATION TODAY?



"Women's health needs are still too often unseen in the EU. The need to acknowledge the particularities and put further focus on women's health goes too often unrecognised in politics, in science and in research. We need to change this. This is why in the EU, we need a Women's Health Programme from the next Commission, a programme that responds to the need for ambitious women's health initiatives."

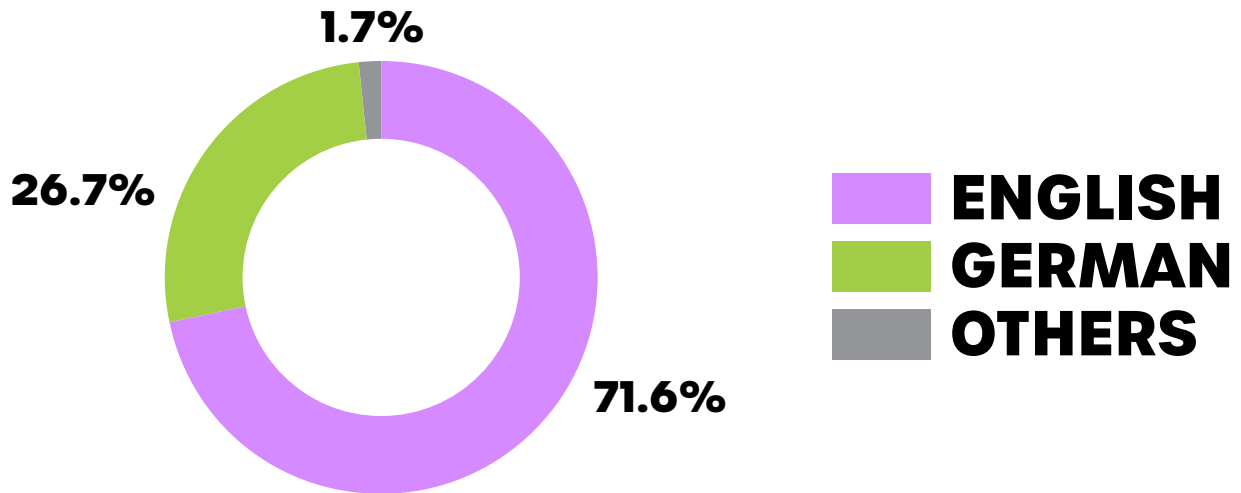
MEP Sirpa Pietikäinen

Despite the welcome development of national and regional women's health strategies, the topic of women's health on the EU agenda has been marked by 18 years of inconsistent action, with no distinct movement towards the consideration of a unified approach.

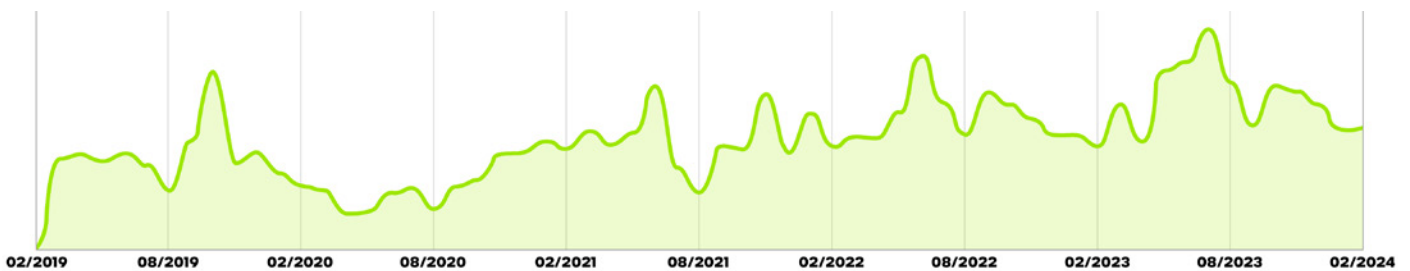
To shed light on this subject, the Weber Shandwick Brussels Health Team examined the conversations on women's health in the EU. We aimed to both understand the extent of the discussion and action to date as well as provide recommendations for moving forward.

To analyse the conversation surrounding women’s health on the EU agenda in greater depth, and better advise our clients, we launched a digital data query on this topic complemented by desk research. The digital analysis was carried out by Talkwalker and looked at data from February 2019 to February 2024, reflecting the outgoing European Commission’s term.

LEADING LANGUAGES IN THE WOMEN’S HEALTH CONVERSATION



EU WOMEN’S HEALTH CONVERSATION: THE PAST FIVE YEARS



Notably, our digital analysis indicated that the conversation is increasing over time but at a slower speed than hoped for. The peaks of conversation are linked to the momentum around awareness days such as International Women’s Day. The analysis highlighted the need for more champions talking about women’s health. Currently, only a few policy influencers, thinktanks, NGOs and other health stakeholders are driving the conversation, creating a scattered conversation throughout the year. However, there is a vast opportunity for stakeholders committed to the cause to increase their voice and influence on the subject.

In addition, most results were in both English and German – the languages native to Ireland, the United Kingdom, and Austria. This also suggests a link between the implementation of national strategies and increased levels of discussion on the topic. Given Europe’s size, so much more can be done at a national and European level to drive the conversation.

THE OPPORTUNITY: MOVING THE NEEDLE ON WOMEN'S HEALTH



“Women’s health requires a whole of government approach at every level – European, local and national. From research, to provision of services, to awareness raising and social inclusion, women’s health must be a priority for all policy makers. European action for the mandate 2024-2029 is essential – it’s time to stand up for women’s health.”

MEP Frances Fitzgerald

This year, with the upcoming EU elections and impending new EU leadership, it is now more important than ever that we work together to ensure European policymakers put in place concrete actions and measures to advance the Women’s Health Agenda and earmark EU funds addressing longstanding disparities in health research, (digital) health literacy and access to care. The imminent opportunities are:

THE OPPORTUNITIES

Identify new and more policy champions across the political spectrum and the EU institutions.

Amplify and mobilise multi-stakeholder conversations and joint activities to achieve progress in women’s health.

Propose implementable policy solutions and initiatives that can make a real impact at European level, starting with the review of the 2006 Council Conclusions.

IF YOU WANT TO MOVE THE NEEDLE, CONTACT US TO SUPPORT YOU IN IMPACTING THE EU WOMEN’S HEALTH AGENDA.

DANIELA NEGRI

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THE WEBER SHANDWICK COLLECTIVE – WHO WE ARE



Women's Health convenes a passionate group of agency health experts from United Minds, Flipside Health, That Lot and Weber Shandwick, covering policy and advocacy, health communications, corporate communications, employee engagement, digital innovation and design expertise.

We are committed to promoting women's health in the EU agenda going forward. Over the course of the last years we've invested in a number of tools and services unique in the market, including our proprietary insights product, the Women's Health Indicator. Developed by data analysts and behavioural experts to identify gaps in women's health, by analysing and assessing thousands of data points across society, media and policy, it offers real in-depth analysis of narratives and advises on communication and advocacy strategies to address unmet needs.

CONTRIBUTORS

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