DISCUSSION PAPER

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# Accelerating Women's Health: The urgent need for a dedicated Women's Health Strategy at EU level

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*Credit: CANVA*

# Table of contents




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# Executive summary

Women face persistent health inequalities throughout their lives, rooted in underrepresentation in research and bias in data and diagnostics. This has led to insufficient access to gender-sensitive care; exacerbated by intersecting social, economic and cultural factors that influence health outcomes. Despite progress on gender equality, women's health remains underserved due to systemic gaps in research, data, investment, and policy. The EU has taken some steps to address these disparities, but current efforts lack the scale and coordination required. This paper calls for a dedicated EU Women's Health Strategy before the end of the mandate of the second von der Leyen Commission in 2029 – one that is grounded in intersectionality, takes a life-course approach and is embedded across all relevant policies. The paper outlines a number of key policy recommendations as to how to set the wheels in motion to make this a reality:

**Adopt a Commission-wide Approach to Women's Health**

- A coordinated approach across the College of Commissioners is essential to prioritise gender equality and women's health - an inherently cross-sectoral issue with broad implications. Collaboration across all cabinets and DGs is key, adopting a 'Women's Health in all policies' approach.

**Mainstream Women's Health Across EU Legislation and Initiatives**

- Gender considerations must be integrated into all EU health-related legislation, including the upcoming Biotech Act and other initiatives such as the Cardiovascular Health Plan.

**Establish an Expert Group on Women's Health Research and Innovation**

- Create a multidisciplinary expert group to identify research gaps, support collaboration, and provide evidence-based advice for improving women's health across the EU, and globally.

**Develop and Implement a Women's Health Research Agenda**

- Guided by an expert group, a research agenda should be created to address structural health inequities and consider intersectional factors like gender, age, socioeconomic status, and ethnicity.

**Mainstream Women's Health in EU Research and Funding Programmes**

- In the context of the Multiannual Financial Framework (MFF) negotiations, women's health should be prioritised and mainstreamed in EU research programmes, including Framework Programme 10 (FP10) and the European Innovation Act.

**Promote Public-Private Partnerships and Innovative Funding Models**

- Accelerate women's health innovation by fostering public-private partnerships, with initiatives like the Innovative Health Initiative playing a key role.

**Improve the inclusion of women in clinical trials and carry out more advanced clinical trials on women-specific diseases.**

- Investigate and address barriers to women's participation in clinical trials. Revisions to regulations should mandate sex- and gender-disaggregated data collection and reporting.

**Leverage the European Health Data Space (EHDS) and Address Data Gaps**

- Use the EHDS to support secondary data use for women's health and help Member States to integrate reproductive and gynecological health indicators into Electronic Health Records (EHRs).

**Advance Inclusive Digital Health Innovation**

- Ensure digital health tools, including AI-driven tools, are designed with women's needs in mind and involve women in their development to ensure relevance and usability.

**Adopt an EU Care Plan**

- Building on the EU Care Strategy, adopt a care plan with binding targets for long-term care, aligned with the Barcelona objectives and monitored via the European Semester.

**Strengthen Health promotion, prevention and knowledge on women's health**

- Integrate women's health into education and tailor prevention strategies to include sex and gender differences to strengthen women's health promotion and health prevention

While this proposed strategy largely focuses on the EU context and draws on statistics and data from the EU and its Member States, we strongly believe that the EU carries a responsibility and has the potential to drive progress on women's health beyond its borders, as part of its international cooperation, external action, (health) diplomacy and Official Development Assistance, aligned with the objectives of the EU Global Health Strategy and the EU Gender Action Plan III, and reinforced in the EU Roadmap for Women's Rights.

**This document uses the term "women" to refer to biological characteristics associated with being perceived as a woman, such as having a uterus or being capable of pregnancy, while acknowledging that not all women share these traits, and that not all people sharing these traits identify as women. The use of "women" and "men" in this document is inclusive of sex as a biological variable and gender as a social and structural variable across the life course.*

# Introduction

During the first von der Leyen Commission, the importance of gender equality was evident with commendable strides made in areas such as pay transparency, violence against women, and women's representation on boards. Nevertheless, despite such efforts, disparities and inequalities related to sex and gender persist, particularly in areas such as health. In the current term, sustained and intensified action is necessary, particularly in light of the shifting geopolitical landscape and the concerning rollback of diversity, equity, and inclusion initiatives driven by the US administration. This shifting context underscores the importance of maintaining momentum and strengthening the EU's commitment to gender equality, especially in areas that remain deeply affected by structural disparities, such as health and medical research.

The publication of the Roadmap for Women's Rights marks a positive step forward, notably with its inclusion of health-related priorities. How this roadmap is translated into tangible action will ultimately serve as a critical measure of the EU's genuine commitment to advancing women's health. Prioritising women's health within the broader policy priorities and societal context is essential. It can act as a vital lever for addressing overarching challenges such as demographic change, while also supporting other strategic objectives, including preparedness, competitiveness, and security.

Moreover, women's health is a critical enabler of economic participation and labour market mobility. Since women are more often outside the labour market due to unpaid care responsibilities, ensuring access to comprehensive and gender-sensitive healthcare empowers women to enter the labour market and take full advantage of emerging job opportunities in existing and emerging sectors. This will also help reduce structural inequalities and fortify the EU's economic and technological resilience, while simultaneously increasing productivity.

Considering internal and external threats to gender equality, the EU should position itself as a global leader in promoting women's health, delivering benefits not only for women but for society as a whole, both within Europe and beyond. Research from the World Economic Forum shows that investing in closing the women's health gap could not only extend lifespans and improve quality of life but also generate up to $1 trillion in annual global economic gains by 2040.[1]

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Addressing the challenges and barriers faced by women's health requires a holistic, cross-sectoral approach. EU institutions, together with Member State governments, civil society, industry, research institutes, healthcare professionals, and investors, all have a critical role to play in improving health outcomes for women. This can be achieved by advancing gender-sensitive research and innovation aimed at developing more accurate diagnostics, effective treatments, and equitable healthcare systems that truly reflect the needs and experiences of women across all stages of life.

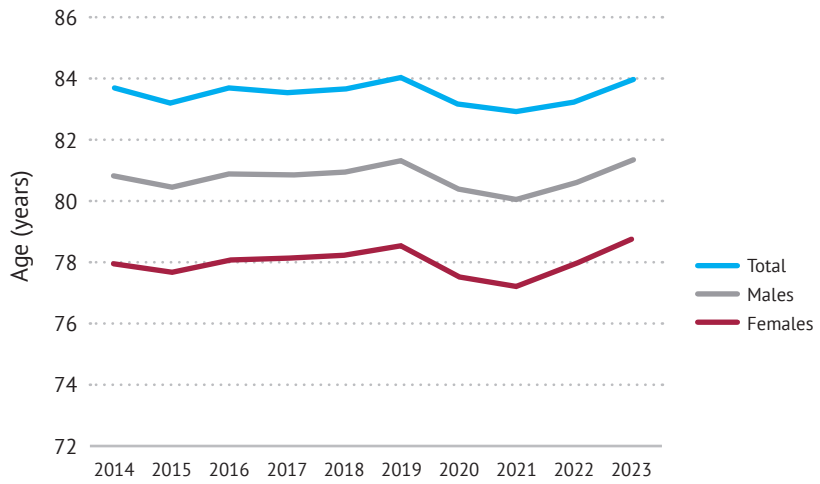
# State of women's health and women in health: inequalities across the life course

Women experience persistent inequalities across the entire health and medical continuum, from the design of research studies to the delivery of clinical care. Evidence shows that women spend approximately 25% more of their lives in poor health compared to men.[2] In the EU in 2022, women have an average of 62.8 healthy life years at birth, while men have 62.4. This accounts for about 75.4% of women's total life expectancy and 80.1% of men's.

Women's health must be understood not only in terms of conditions unique to women, such as reproductive health, but as encompassing all aspects of health that affect women differently or disproportionately – and the interplay across and between different conditions. This includes, but isn't limited to, chronic diseases like cardiovascular and autoimmune conditions, mental health, and the challenges of healthy ageing. A comprehensive life course approach to women's health, one that integrates physical, mental, and social wellbeing, is essential. To close the gender health gap, it is imperative that health policies, research agendas, and clinical practices fully reflect and address the diverse health needs and experiences of individuals, taking sex and gender into account intersectionally.

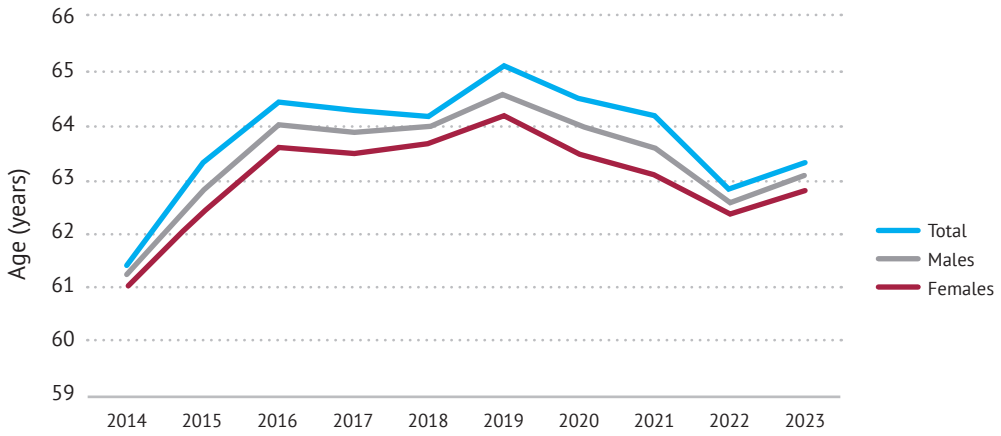
Figure 1

LIFE EXPECTANCY BY AGE AND SEX IN THE EU




Source: Eurostat

HEALTHY LIFE YEARS BY SEX IN THE EU




Source: Eurostat

## LACK OF INCLUSION OF WOMEN ACROSS THE MEDICAL RESEARCH CONTINUUM

Men have historically held a dominant position in both the leadership and focus of biomedical and clinical research, shaping a system where the male body continues to be the default model, from the sex of cells to animal testing and clinical trial design.[3] This male-centric approach persists, despite clear evidence that male and female bodies differ significantly down to the cellular level. The long-standing but disproven belief that sex does not influence broader physiological responses has led to the exclusion or neglect of sex-based analysis in research.[4] Consequently, many sex-specific differences in disease manifestation, progression, and treatment remain poorly understood. For example, in conditions such as cardiovascular disease, Alzheimer's disease, and lung cancer, where biological sex plays a role, research remains inadequate.[5] Furthermore, sex-specific interactions with key risk factors, such as tobacco use, alcohol consumption, and physical activity remain insufficiently explored. Diseases that affect only women or predominantly affect women continue to be severely underfunded and under-researched; only 7% of biomedical research funding is allocated to conditions that impact women exclusively.[6]

This systemic underrepresentation begins as early as the research proposal stage, where there is often a lack of clarity regarding who the "patient" is and an absence of deliberate attention to sex and gender variables.[7] There is a critical need to apply an intersectional lens and embed sex and gender considerations from the outset of the research process. Despite increased awareness

of the need to include sex differences, women remain underrepresented in clinical trials. This is particularly true for pregnant and lactating women, who are routinely excluded, often due to outdated regulatory concerns or perceived risks. According to the European Medicines Agency, less than 0.4% of all clinical trials currently submitted in the EU include pregnant women, and this figure drops to just 0.1% for lactating women, with participants who become pregnant during a trial frequently discontinued from participation.[8] In the US, Trump 2.0's removal of clinical trial diversity requirements marks a setback for both scientific progress and women's health.

The exclusion of women from clinical trials has real-world consequences. When women are not adequately included or analysed in clinical studies, the resulting treatments and interventions may be less safe or effective for them. Indeed, women experience adverse medication effects at nearly twice the rate of men.[9] Moreover, a lack of accurate, sex-disaggregated data on disease prevalence complicates the design of representative clinical trials. Addressing sex and gender throughout the entire research continuum is therefore not only a matter of equity but also of scientific quality and patient safety. Inclusive research leads to more accurate data, safer medicines, and better health outcomes for all.

# Barriers to women's health

## DATA INEQUALITIES

Data plays a vital role in enhancing health outcomes and optimising healthcare systems. It supports informed decision-making, enables personalised care, and improves the efficiency of resource distribution. However, many commonly employed epidemiological and clinical datasets fail to provide a thorough and accurate depiction of women's health. These datasets often undercount and undervalue the health burdens women face, which in turn influences investment decisions and contributes to ongoing underinvestment in women's health and technologies. These gaps limit the ability to fully understand and address women's health needs at every stage, from prevention to treatment. Significant gaps persist across the entire data value chain.[10]

**Many commonly employed epidemiological and clinical datasets fail to provide a thorough and accurate depiction of women's health.**

At the initial stage of pre-data generation, inconsistent definitions and measurement tools for women-specific conditions hinder the accurate capture of health experiences. During data generation, both epidemiological and clinical data often fail to adequately document women's unique symptoms and disease manifestations, compounded by limited research investment targeting women's health issues. Furthermore, data aggregation is challenged by a lack of sex-disaggregated information in clinical trials and public health reporting, resulting in findings that may not fully represent women's health outcomes. Finally, data analysis methods, particularly those involving machine learning, risk perpetuating existing biases unless explicitly designed with fairness and equity in mind.[11]

These data gaps are particularly concerning in the context of emerging technologies. The use of Artificial Intelligence (AI) in healthcare has shown that these technologies can inadvertently perpetuate biases related to sex and gender. Women, in particular, are disproportionately impacted due to AI systems often mirroring preexisting disparities within the data on which they are trained, resulting in inequitable or less precise outcomes.[12] Should these issues persist, the potential benefits that AI offers will not be fully realised for women; rather, existing data gaps and biases may serve to reinforce and exacerbate current inequalities instead of mitigating them.

## LACK OF INVESTMENT

In addition to the data bias that impedes the potential of technologies such as AI for women, there is a significant lack of investment in innovation and technology in the area of women's health. Despite its market potential, the area remains underfunded and insufficiently innovative. Securing funding remains one of the most significant challenges, especially for start-ups and enterprises led by women.[13] Women entrepreneurs often face structural barriers when seeking capital, and this is especially pronounced in sectors focused on health conditions that primarily or exclusively affect women.

This underinvestment is particularly striking given the influential role women play in the healthcare sector. Women spend approximately 30% more per capita on healthcare than men and are responsible for around 80% of family health decisions, from selecting providers to managing long-term care.[14] These figures underscore the untapped potential of the FemTech market. Despite its

promise, FemTech remains a substantially undervalued and overlooked segment within the broader health innovation ecosystem. Bridging this gap requires not only increased public and private investment, but also policies that prioritise gender equity in health innovation, support female entrepreneurs, and ensure that women's health is no longer treated as a niche market.

## DIAGNOSIS AND TREATMENT

The lack of research and innovation in women's health has significant implications for the diagnosis and treatment of many diseases, often leading to systemic biases and a lack of recognition of female-specific characteristics. Women face discrimination in access to diagnosis and treatment, resulting in persistent inequalities in healthcare access and outcomes. Research has documented substantial and consistent differences in diagnostic evaluations between men and women, which impacts the accurate estimation of disease prevalence and burden in women.[15]

Certain diseases, such as cancer and cardiovascular disease (CVD), manifest and progress differently in women, leading to suboptimal prevention strategies, delayed diagnoses, misdiagnosis, and less effective treatment options.[16] CVD is the leading cause of premature death among women in Europe and a major contributor to disability, reduced quality of life, and early departure from the workforce. Notably, during mid-life, more women than men develop hypertension and elevated cholesterol levels, both serious risk factors. Conditions such as spontaneous coronary artery dissection (SCAD), which accounts for a third of acute heart attacks in women under 50, often go undiagnosed due to low awareness.[17]

Similarly, women are diagnosed with cancer on average 2.5 years later than men, and with metabolic diseases such as diabetes approximately 4.5 years later.[18] Additionally, studies have shown that structural sexism[19] in cancer care leads to diagnostic delays, limited access to clinical trials, and poorer outcomes for women and gender minorities due to systemic biases in research, funding, and care delivery.[20] Such disparities are seen across a range of conditions including urinary incontinence (UI), which women tend to experience at a younger age, largely due to pregnancy and the postpartum period. Despite this, many women receive little to no guidance on pelvic floor muscle training (PFMT), and assessment tools often fail to account for pregnancy-related pelvic floor disorders or post-menopausal conditions.

Furthermore, disorders such as autism are likely underdiagnosed in women because current diagnostic criteria do not account for female-specific traits. While efforts have been made to improve the representation of autistic females in research, studies indicate that research still includes only small numbers of females or excludes them altogether. This is attributed to the fact that commonly used diagnostic tools disproportionately exclude autistic females from participation.[21]

Figure 2

BARRIERS TO WOMEN'S HEALTH


Source: Author's illustration

The lack of research, often combined with stigma, can also contribute to delayed diagnoses, such as in the case of endometriosis, where delays can range from 2 to 10 years. In Belgium alone, the average delay is estimated between 4 and 7 years. Stigma also plays a role when it comes to menopause, which is perpetuated by widespread gaps in understanding and awareness among women themselves, as well as among healthcare professionals. This stigmatisation reflects broader societal discomfort with women's health issues. This stigma often discourages open discussion, limiting individuals' willingness or ability to seek appropriate treatment and support.[22]

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Health, sex and gender disparities are even more pronounced among vulnerable groups. Migrant, refugee, and forcibly displaced women face heightened barriers to healthcare access, as do those who are homeless, belong to ethnic minority groups such as Traveller and Roma communities, are LGBTIQ+ or who live with disabilities. They experience higher levels of unmet medical needs and report poorer overall health outcomes, underscoring the urgent need for more inclusive, gender-sensitive healthcare systems across Europe, and globally.

## HEALTHCARE WORKFORCE

Gender equality in healthcare systems must also extend to the healthcare workforce and the provision of care more broadly. Women represent approximately 70% of the health and care workforce, yet hold only 25% of leadership positions, highlighting a significant gender imbalance in decision-making roles.[23] This underrepresentation is particularly pronounced among migrant women from low- and middle-income countries and young women, who face even greater barriers to leadership and influence within the healthcare sector in Europe. The health and care sector, while a major source of employment for women globally, shows a significant gender pay gap, 24% on average, alongside generally lower wages compared to other sectors.[24]

Addressing the gender health gap requires targeted improvements in the education and training of healthcare professionals, with a stronger emphasis on integrating women's health into both medical curricula and ongoing professional development. Across the

### FACT AND FIGURES

- Cardiovascular Disease is the leading cause of premature death among women.
- Spontaneous coronary artery dissection causes a third of heart attacks in women under 50 but often goes undiagnosed due to low awareness.
- Women are diagnosed with cancer on average 2.5 years later than men.
- Metabolic diseases like diabetes are diagnosed about 4.5 years later in women than in men.

EU, 80% of care is provided by informal carers, most of whom are women, demonstrating the critical yet often overlooked role women play in supporting health systems.[25] With an aging population and a rising prevalence of conditions such as dementia, which disproportionately affects women both as patients and caregivers, urgent action is needed to respond to the evolving socioeconomic and demographic challenges across Member States.

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The European Commission adopted the EU Care Strategy in 2022 which marked a welcome step toward improving the conditions of caregivers and care recipients, addressing long-standing issues such as poor working conditions, and limited access to affordable, quality care. However, it lacks the ambition needed to match the scale of current and future challenges.[26] While the Strategy sets revised, measurable targets for early childhood education and care through the updated Barcelona objectives, it fell short by not establishing similar concrete goals for long-term care, leaving gaps in implementation and risking unequal access across Member States. Investment in care remains insufficient, with wide disparities in public spending and limited new funding initiatives. Without stronger commitments, including binding targets and significant investment, especially in workforce development, the Strategy risks perpetuating existing inequalities and missing a crucial opportunity to strengthen Europe's economic resilience, gender equality, and social infrastructure.[27]

# Addressing the challenges: ongoing initiatives

## EU EFFORTS TO ADVANCE WOMEN'S HEALTH

While women's health continues to face challenges across the health lifecycle, efforts have been made to address and mitigate the challenges. At the European level, the European Commission, namely the Directorate-General Research and Innovation, has funded over 1000 research and innovation projects under the Horizon 2020 and Horizon Europe programmes, investing over €2 billion.[28] Key focus areas include cancer screening and prevention, with projects such as MammoScreen and HPV-FASTER-Implement; maternal and child health, through projects like BRIDGES and DECIDER; and cardiovascular health, with initiatives such as CARAMEL and ROSALIND. Additional efforts target reproductive health (FREIA, EUmetriosis), infectious diseases (PREGMPOX, VERDI), and mental health (HappyMums, MATER).

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The EU has also mandated the integration of gender-sensitive methodologies in all Horizon-funded projects, alongside the requirement for Gender Equality Plans among participating institutions. These measures aim to ensure that sex and gender differences are systematically considered in clinical studies, healthcare innovations, and public health interventions.[29] While it is positive to see these initiatives included in research projects, additional interventions are needed to make further progress on women's health to ensure that all genders can avail of the same level of healthcare including prevention and promotion.

In addition to the European Commission's efforts, the Council adopted conclusions on Advancing Gender Equality in the AI-Driven Digital Age in June 2025, emphasising the importance of equal participation by men and women in the development and deployment of AI systems. The conclusions also noted that AI health solutions can pose risks if trained only on male-based data, potentially leading to harmful gender bias. Prior to this, at the EPSCO Council in December 2024 the EU Member States approved conclusions on strengthening women's and girls' mental health by promoting gender equality. These conclusions outline a broad set of measures, including integrating a gender perspective into mental health policy design, addressing all forms of violence and gender stereotypes, and promoting awareness of the importance of timely and effective implementation of recent equal treatment legislation.

While these instruments are important, they are not enough. Women's health must be mainstreamed into all EU legislation and initiatives that concern health in any way. For example, the revision of the EU's General Pharmaceutical Legislation signals a missed opportunity to mandate the collection and reporting of sex-disaggregated data in all clinical trials and regulatory submissions. This should include the proportional inclusion of male and female participants, unless a scientific rationale justifies otherwise, and the mandatory reporting of sex-based differences in efficacy and adverse effects. However, this has not been included in the proposal nor the positions of Council and Parliament to date. Additionally, the EU's Life Sciences Strategy includes almost no mention of women's health, and exemplifies the division between rhetoric and action when it comes to women's health. This approach should not be repeated with future initiatives such as the Biotech Act or the proposed EU Cardiovascular Health plan, as failure to meaningfully incorporate women's health considerations would significantly impede the achievement of substantive and tangible progress.

## MEMBER STATE APPROACHES TO WOMEN'S HEALTH

While action is required at the EU level, it must be supported by Member State efforts, particularly in light of the health competencies. Some Member States have already taken concrete steps to prioritise women's health. National women's health strategies, such as those implemented in Ireland, Austria and more recently the Netherlands, serve as strong models of best practice that can inform and inspire policy development across the EU and beyond.

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Aside from national strategies, efforts are also being made to close the gap in women's health and health research and innovation by fostering environments that foster investment and collaboration on women's health.

Other Member States are playing a significant role in funding women's health globally. This is of particular importance given the withdrawal of funding from USAID under the Trump administration.

### IRELAND

Ireland's approach, led by the Department of Health and the Women's Health Taskforce, exemplifies a comprehensive, life course-based model of care. It is underpinned by dedicated funding and high-level political commitment, ensuring sustained momentum and accountability. Key features include open policy co-design with women, alignment with the broader Sláintecare health reform agenda, and the institutionalisation of an annual Women's Health Week to raise awareness and foster engagement. This model highlights the tangible benefits of women-centred care and underscores the critical role of political will, strategic investment, and community participation in shaping responsive and inclusive health policies.

### DENMARK

Denmark is attempting to advance women's health through strong collaborations and innovations such as the MVA Women's Health Network which has announced plans for a nationally funded women's health knowledge centre in 2026. Additionally, the Nordic Women's Health Hub was established to connect startups and investors to boost female-focused health innovation, while organisations like Nordic Health Lab strengthen Denmark's public-private partnerships to deliver patient-centred solutions.

### GERMANY

The Government of Germany has pledged €12 million to support UNFPA's Maternal and Newborn Health Fund through 2027, underscoring its commitment to improving the health and wellbeing of mothers and babies.

### AUSTRIA

Austria's Action Plan on Women's Health, introduced in 2017, outlines 17 outcome-focused objectives and 40 specific measures, marking a significant step toward enhancing women's health in Austria and advancing gender equality. The measures are organised by the various stages of a woman's life from youth, through working age, to older age as well as by cross-cutting themes relevant to all age groups. Aligned with the 'Health in All Policies' approach, the plan ensures that health considerations are integrated across all areas of policymaking. While such strategies have helped address some challenges, other issues remain. In Austria, data on women-specific health issues such as menstrual health, menopause, sexual health, and reproductive self-determination remain limited, especially across different life phases. Health impacts from stress, negative body image, and violence are underrepresented, and conditions like endometriosis that affect women uniquely or differently are still poorly researched.

### FRANCE

FemTech France has launched the country's first dedicated investment fund for women's health, *FemTech Île-de-France*. With an initial budget of €5 million, the fund aims to support and strengthen the ecosystem of start-ups focused on women's health. By backing innovation in this emerging and strategic sector, the initiative seeks to enhance the competitiveness of companies in the Île-de-France region and drive forward progress in female-centred healthcare solutions.

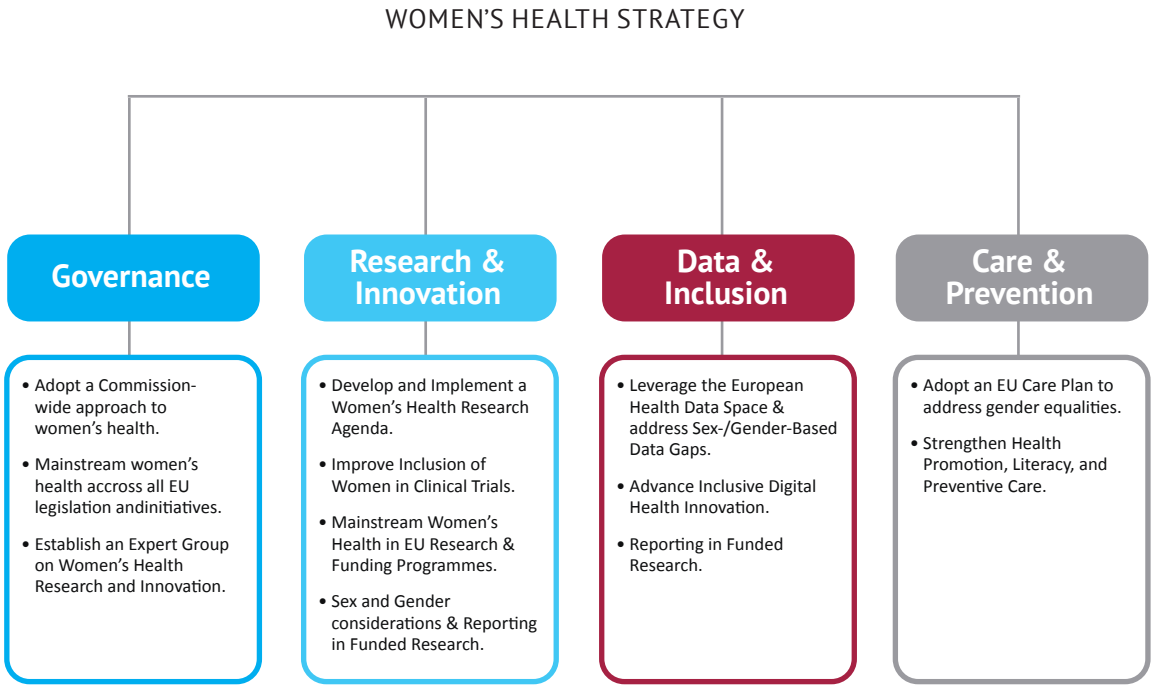
# Bridging the gap: policy recommendations for women's health

In light of mounting evidence highlighting systemic shortcomings, a dedicated EU Women's Health Strategy should be adopted by the VDL-II Commission to support Member States in addressing the persistent gaps in women's health. This strategy must be fully integrated into broader health, research, social, climate and gender equality policies, rather than treated in isolation. Closing the health gap requires coordinated action across the entire continuum from the design of research protocols and the early stages of medical research, through to the delivery of care and preventive measures. High-quality research, supported by adequate and accessible funding, should drive innovation that enables more accurate diagnoses and the development of tailored, effective treatments. Equally important, health promotion and prevention must be prioritised, with a clear understanding of the influence of modifiable risk factors and wider socioeconomic determinants on women's health outcomes.

To promote and prioritise women's health, a life-course perspective is required to recognise how health needs evolve from adolescence through to older age. Many health conditions affect women differently, disproportionately, or exclusively, and these issues are often interconnected. A systematic and intersectional approach is essential, integrating sex and gender differences while considering the broader structural, social, and economic determinants of health. Policies must go beyond traditional healthcare interventions and address areas such as education, pensions, housing, and employment, which significantly influence health outcomes for women.

Policy actions at both EU and Member State level are needed in several areas:

Figure 3




Source: Author's illustration

**Adopt a Commission-wide approach to women's health**

Women's health, like health in general, requires a holistic and integrated approach. Despite growing recognition of this need, siloed policymaking remains a persistent challenge. Although there has been some progress in fostering institutional collaboration within the European Commission, a more meaningful shift is needed from a traditional siloed approach to one that is truly collaborative across policy areas such as health, environment, agriculture, employment, economy, transport, and education - adopting a 'Women's health in all policies' approach.

At the EU level, a coordinated effort across the College of Commissioners is essential to prioritise gender equality, with a particular focus on women's health, during the current mandate. Women's health is not a stand-alone issue; it is inherently cross-sectoral, with far-reaching implications not only for the health and well-being of women, and of the whole population, but also for the EU's broader strategic goals in competitiveness, sustainability, productivity, security, and defence. Therefore, coordination between all Cabinets and Directorate-Generals is essential to incite a real shift and make progress on women's health and gender equality at large.

**Mainstream women's health across all EU legislation and initiatives related to health**

Women's health should not and cannot be seen in isolation, but rather as a central component of public health, with benefits extending to society as a whole. Therefore, gender considerations must be integrated into all EU legislation and initiatives pertaining to health, either directly or indirectly. This should include the upcoming Biotech Act which aims to create an enabling environment to accelerate the transition of biotech products from laboratory to factory and to the market, while maintaining the highest safety standards for the protection of the population and the environment.

Explicit and meaningful inclusion of women's health is required not only to advance women's health but to further advance the biotech sector and contribute to Europe's overall competitiveness. Additionally, any forthcoming initiatives such as the Cardiovascular Health Plan must embed the sex and gender differences between men and women and promote sex and gender sensitive research, diagnostics and treatment. A continuation of the one-size-fits-all approach will render the same health disparities and thus targeted interventions are needed. Incorporating a sex- and gender-informed perspective is essential to ensure equitable and effective healthcare for all.

**Aligning development, health, and research and innovation priorities**

In line with the commitments taken in the 2022 EU Global Health Strategy and the 2020 Gender Action Plan III, and with the objectives of internal-external policy coherence further recalled in the Roadmap for Women's Rights, the strategy should include and address the needs of women everywhere, especially in LMICs. As the gender health gap is also compounded by global challenges, such as pandemics, climate change, conflicts and forced migration, EU policies seeking to improve women's health must encompass a global dimension; particularly in research and innovation given the international and collaborative nature of science.

**Establish a Commission Expert Group on Women's Health Research and Innovation**

To drive targeted and effective health research, the EU should establish an expert group on women's health R&I. This multidisciplinary group should represent diverse perspectives and include patients, researchers, health professionals, and advocates from both Europe and LMICs. The group's role would be to identify research gaps, support collaboration between Member States and global actors, and provide evidence-based advice to foster a coordinated and integrated approach to improving women's health across the EU, and globally.

**Develop and Implement a Women's Health Research Agenda**

Guided by the expert group, a comprehensive women's health research agenda should be developed to address structural causes of health inequities. This agenda must take into account the intersectional impact of gender, socioeconomic status, ethnicity, and other factors on health outcomes. It should focus on producing research that is applicable, acceptable, and accessible to diverse groups of women. A robust monitoring and evaluation framework should accompany the agenda to ensure accountability and measurable progress over time.

**Mainstream Women's Health in EU Research and Funding Programmes in the next MFF**

The European Commission has proposed increasing Horizon Europe's budget to €175 billion under the next long-term budget for 2028–34 representing roughly a 60% rise in real terms when adjusted for inflation and confirmed that the 10th Framework Programme for research and innovation will remain "standalone" within a wider €409 billion European Competitiveness Fund. As the inter-institutional negotiations soon begin, it is imperative that EU research programmes prioritise and mainstream women's health. This involves not only ensuring gender-sensitive research design but also funding studies focused on conditions specific to women, diseases that disproportionately affect them, and illnesses that manifest or progress differently in women. Investing in these research areas is vital to ensuring that healthcare systems are responsive to the full spectrum of women's health needs across the life course.

**Promote Public-Private Partnerships and Innovative Funding Models**

To accelerate progress in women's health innovation, the EU should promote public-private partnerships, with initiatives like the Innovative Health Initiative playing

a leading role. New funding models such as innovation prizes and incentives should be explored to stimulate research in areas of chronic neglect, such as novel contraceptive development for all genders.

**Improve Inclusion of Women in Clinical Trials**

Women continue to be underrepresented in clinical research, which undermines the effectiveness and safety of treatments. The barriers to women's participation in clinical trials require further investigation, including methodological and regulatory challenges. Moreover, the Clinical Trials Regulation should be effectively monitored and evaluated to ensure greater gender inclusivity and transparency in research participation, and any revision of the clinical trials regulation or provision for clinical trials in the biotech act should mandate the collection and reporting of sex-disaggregated data in all clinical trials and regulatory submissions. This includes the proportional inclusion of male and female participants, unless a scientific rationale justifies otherwise, and the mandatory reporting of sex-based differences in efficacy and adverse effects.

**Leverage the European Health Data Space and address Sex- and Gender-Based Data Gaps**

Comprehensive and representative health data is crucial to developing inclusive health policies and technologies. The EU should support Member States to prioritise the collection and analysis of sex- and gender-disaggregated data on disease prevalence, severity, access to care, and health behaviours. The European Health Data Space should be leveraged to support secondary data use for women's health research. Additionally, Member States should be supported in integrating data relevant to women's health into electronic health records, such as reproductive and gynaecological health, to close critical information gaps.

**Advance Inclusive Digital Health Innovation and Women in Leadership Roles**

Digital tools hold significant promise for improving women's health, but these technologies must be tailored to women's specific needs. Women should be actively involved in the design and development of digital health tools to ensure usability and relevance. Additionally, increasing the number of women in STEM, especially in leadership roles, is essential to ensuring that innovation in digital health reflects women's experiences and priorities. The incoming EU AI in Science Strategy must highlight and set in place recommendations to ensure that sex and gender biases are not further perpetuated by AI, which is increasingly adopted in the design of health tools and health care systems. At the same time, the persistent funding gap faced by women entrepreneurs and by FemTech companies in particular must be addressed to enable innovative solutions to reach the market and benefit women's health at scale.

**Adopt an EU Care Plan to address gender equalities**

Building on the EU Care Strategy, the Commission should adopt an EU Care Plan. To ensure balanced and effective care systems across the EU, the plan should establish concrete, binding targets for long-term care, mirroring the updated Barcelona objectives for early childhood education and care and monitored under the European Semester. This must be accompanied by increased and equitable public investment, with a particular focus on workforce development and the reduction of disparities in care provision among Member States. Without these measures, there is a risk that the current strategy will continue reinforcing existing inequalities and undermining the potential of care systems to contribute to Europe's economic resilience, gender equality, and social infrastructure.

**Strengthen Health promotion, prevention and knowledge on women's health**

Addressing women's health challenges requires focus on health promotion and prevention, including access to accurate health information across the life course. Member States firstly must prioritise health promotion and prevention and include a gender-sensitive approach to ensure that prevention and promotion measures consider sex and gender differences. Increasing knowledge on women's health is essential and Member States must ensure deeper integration of women's health into health education and continued professional development programmes to ensure healthcare professionals are equipped with the necessary information to reduce the dismissal of women's health challenges, and improve health promotion and prevention information, and care provided for women.

[1] World Economic Forum (2024), "Closing the Women's Health Gap: A $1 Trillion Opportunity to Improve Lives and Economies" Geneva, World Economic Forum.

[2] Ibid.

[3] Eurostat "Healthy life years statistics" (accessed 18 July 2025).

[4] Plevkova J, Brozmanova M, Harsanyiova J, Sterusky M, Honetschlager J, Buday T. (2020), "Various aspects of sex and gender bias in biomedical research", Physiol Res Volume 69, Number 3.

[5] https://www3.weforum.org/docs/WEF_Closing_the_Women%E2%80%99s_Health_Gap_2024.pdf.

[6] Scohy, A., Bracho Montes de Oca, E., Claerman, R., De Pauw, R., Guariguata, L., Int Panis, L., Mogin, G., Nayani, S., Schmidt, M., Van den Borre, L., Gorasso, V. (2024), "Women's health report", Brussels: Sciensano.

[7] World Economic Forum (2025), "Prescription for Change: Policy Recommendations for Women's Health Research", Geneva, World Economic Forum.

[8] Input gathered during roundtable, "Bridging the gap in women's health, European Parliament 13/5/25.

[9] European Medicines Agency, *New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials*, European Medicines Agency News (4 June 2025), available at: *New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials*, European Medicines Agency (consulted 8 September 2025).

[10] Innovative Health Initiative "IHI and IMI projects are closing the gender gap in health" (accessed 1 July 2025).

[11] World Economic Forum (2024), "Closing the Women's Health Gap: A $1 Trillion Opportunity to Improve Lives and Economies" Geneva, World Economic Forum.

[12] Ibid.

[13] Buslón, Nuria, Cortés, Ana, Catuara-Solarz, Sergio, Cirillo, Daniela, Rementeria, María J. (2023), "Raising awareness of sex and gender bias in artificial intelligence and health", Frontiers in Global Women's Health, Volume 4, Number 970312.

[14] World Economic Forum (2025), "Blueprint to Close the Women's Health Gap: How to Improve Lives and Economies for All" Geneva, World Economic Forum.

[15] European Observatory on Health Systems and Policies (2024), "Advancing gender equality in health through femtech and inclusive digitalisation", Brussels: European Observatory on Health Systems and Policies, pp. 16–20.

[16] Westergaard, D., Moseley, P., Sørup, F.K.H., et al. (2019), "Population-wide analysis of differences in disease progression patterns in men and women", Nature Communications, Volume 10, Article 666.

[17] Bakke Marit, Grytten Nina (2025) "Priorities for Research on Women's Health in Europe" Univesity of Bergen.

[18] Ibid.

[19] Westergaard, D., Moseley, P., Sørup, F.K.H., et al. (2019), "Population-wide analysis of differences in disease progression patterns in men and women", Nature Communications, Volume 10, Article 666

[20] Structural sexism is the systematic inequality in power, resources, and opportunities assigned based on gender. It influences institutions, organizational practices, and individual experiences, creating persistent disadvantages for women and gender minorities.

[21] Keenan, Bridget P., Elizabeth Barr, Elizabeth Gleeson, Caprice Christian Greenberg, and Sarah M. Temkin (2023), "Structural Sexism and Cancer Care: The Effects on the Patient and Oncologist," American Society of Clinical Oncology Educational Book, Volume 43.

[22] D'Mello, A.M., Frosch, I.R., Li, C.E., Cardinaux, A.L., and Gabrieli, J.D.E. (2022), "Exclusion of females in autism research: Empirical evidence for a 'leaky' recruitment-to-research pipeline," *Autism Research*, Volume 15, Number 10, pp. 1929–1940.

[23] House of Commons Women and Equalities Committee (2022) "Menopause and the workplace" (accessed 6th July 2025).

[24] European Observatory on Health Systems and Policies (2024), "Women in global health: Accelerating leadership through mentoring", Brussels: European Observatory on Health Systems and Policies.

[25] International Labour Organization & World Health Organization (2022), "The gender pay gap in the health and care sector: a global analysis in the time of COVID19", Geneva: ILO & WHO.

[26] Rayner, Laura and Brady, Danielle (20220) "Gender equality: Who cares? Do you?", Brussels: European Policy Centre.

[27] Ibid.

[28] Kuiper, Elizabeth and Brady, Danielle (2022), "Failing to invest in care will render ageing Europe ill-prepared for looming workforce woes", Brussels: European Policy Centre.

[29] European Commission (2025) "EU research on advancing women's health" (accessed 20 Jun 2025).

[30] Ibid.

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