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### Future-proofing health to meet sustainable development goals



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## Can the integration of sex and gender policies reset the agenda?

An evidence-based shift is needed in the approach to women's healthcare and greater fulfilment of the United Nations Sustainable Development Goals.

### What is the state of women's health?

Women's health remains an unfinished agenda. Health interventions and infrastructures are dominated by short-term rather than long-term objectives. Women's health is not viewed as an urgent topic and consequently competes with other pressing issues which often win out at the expense of women and their families (Kahneman 2011).

This year, 2017, marks the European Institute of Women's Health's (EIWH) twenty-first anniversary and sixty-years of gender equality in EU policy since pay equity was first enshrined in the Treaty of Rome (1957). We must take the time now to look at the progress that has been achieved and devise steps for moving forward together to better tackle sex and gender inequities in health.

### How far have we come in understanding and reducing inequities in women's health over recent decades?

Large differences between women and men exist across various health conditions. Some are primarily determined by biological variation. Others are the result of the manner in which societies socialise women and men and the power relations between them. Many health disparities reflect a combination of both the biological differences and social factors. Understanding this interaction is important for addressing sex and gender inequities in prevention, diagnosis, treatment and care, ultimately, for improving health in both women and men.

So we know based on the evidence that sex and gender are key determinants of the health of women and their families from both the social and biological perspectives, although the reasons for these differences are not fully explored. However, the issue of gender has been over intellectualised. As a result, many of the identified gaps and issues have not been systematically tackled. Policy, research and care have failed to adequately integrate sex and gender differences in health at a high cost to women and their families. Today, society must shift to a citizen and patient-focused view of health. We must continuously change and be flexible to work to reduce all health inequities.

I spoke on the question of women's health at the Politico Health Summit in Geneva in October. As a European Institute of Women's Health (EIWH) Board member, I was curious to see during the Health Summit how, when and if women's health and gender equity appeared in the discussion. I noted how the panel structure and programme for the day unconsciously mirrored the current state of our society reflecting areas where women generally have and have not a voice.

The Sustainable Development Goals (SDGs) were described by European Union Health & Food Safety Commissioner Vytenis Andriukaitis as the blueprint for our world's future, underpinned by health. Throughout the day, keynote speakers and panel members, acknowledged the silos, barriers for change - both resource and finance-based - and demonstrated the tension between the differing agendas of civil society and commerce. The need to do 'something' was stated. However, the commitment to own, take responsibility and act was missing. It was repeatedly positioned as someone else's responsibility to make it happen and held back by 'insufficient resources'.

Progress will require a multi-sectoral, all-policy approach including, health, social and business. What is the common focal point which makes it essential to communicate, align and get better results? Commissioner Andriukaitis stated health as the common theme. EIIWH builds on this argument stating that consideration of sex & gender in all aspects of policy is the logical place to begin in policy development. Customised interventions could then be designed and deliver better outcomes for women and men.

Since the foundation of EIIWH 21 years ago, the body of evidence-based recommendations gathered with the support of our Network of Experts can be summarised into one action; reset the agenda. By this I mean, incorporate sex and gender into all policies and programmes. The challenge for organisations like EIIWH, is how to articulate the societal opportunity considering gender equity creates so that our call to action is taken seriously and recommendations implemented by all stakeholders.

Society has the opportunity to improve healthcare, so it is fit for purpose and adequately meets the needs of all people, including women as citizens, patients, family members, friends, healthcare professionals and caregivers. The EIIWH's position is clear; we need to use the existing evidence base to reduce gender inequities in health and personalise medicine for the unique needs of women and men. How to improve the current state of women's health? We must focus on and improve the existing evidence base and effectively and systematically incorporate sex and gender from the beginning into policy rather than as an afterthought or tick-box exercise.

For example, women make up the largest proportion of the older population and are the heaviest users of medicines. In order to reduce these and other medicines inequities, the EIIWH worked with other organisations to ensure that both gender and age were systematically included in the new Clinical Trials Regulation 536/2014 implemented in 2016. The EIIWH believes that sex and gender should be incorporated throughout medicines research and regulation to ensure the best health outcomes for women.

Therefore, sex and gender must be systematically incorporated into clinical trials, access to healthcare, education, social policy, employment and other areas relevant to health. However, the challenge for all stakeholders is translating the evidence from theory into practice in the pre-existing health structures. We must integrate sex and gender to deliver healthcare that allows all citizens to thrive. This shift involves institutional change, innovative thinking and constantly improving work practices.

As a woman and a consumer, I expect my health management needs to change and my needs to be met as I age and care to be improved when evidence-based recommendations are made. It's up to us collectively and as individuals to increase momentum, take action and leverage the opportunity gender equity creates to optimise the health of women and men.

This evidence-based shift requires institutional change, disruptive thinking and constantly improving ways of working. Future-proofing health to meet women's and families' needs is the compelling reason to change.

## Key Points

- Women's health is an unfinished agenda
- Healthcare must examine progress and take steps to balance gender inequities in the sector
- Progress needs a multi-sectoral, all-policy approach including from health, social and business stakeholders
- Customised interventions could lead to better healthcare in line with the United Nations Sustainable Development Goals
- The EIIWH believes gender should be taken into consideration in medical research and regulation for best health outcomes for women and men
- Future-proofing health to meet women's needs is a compelling reason to change

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