

## Women's health remains an unfinished agenda—how do we reset the agenda?



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This question is taken from the descriptor for the panel discussion 'Prioritising Women's Health' at the Health Care Summit taking place on the 10th of October 2017.

### 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).

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 has 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.

### Why should we care about women's health?

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 EIWH's position is clear—we need to use the existing base to reduce gender inequities in health and personalise medicine for the unique needs of women.

How do we 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 into policy (i.e. at the start) 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. Moreover, according to researchers, "Female patients have a 1.5- to 1.7-fold greater risk of developing an ADR [adverse drug reactions] [...] compared with male patients." In order to reduce these and other medicines inequities, the EIWH worked with other organisations to ensure that both gender and age

were systematically included in the new Clinical Trials Regulation 536/2014 to be implemented in 2016. The EIIWH's 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 shifting sex and gender from theory into practice in the pre-existing health structures. We must integrate sex and gender to deliver health care that allows all citizens to thrive. This shift involves institutional change, innovative thinking and constantly improving work practices. It is essential to identify a compelling reason to change and get the job done and done well.

Prioritising Women's Health is an important issue. Join the panel discussion on the 10th (and resist the temptation to take an earlier plane home).

Sinead Hewson is speaking at [The Politico 2017 Health Care Summit](#) being held in Geneva on October 10.

## **Zoom On**

### **What is your top management tip?**

Remain authentic; see through the noise; understand; make bold informed choices.

### **What would you single out as a career highlight?**

Pro-actively changing career to expand my skillset to focus on activities that align with my values. At 17, I nursed, studied communication becoming (eventually) the head of an international agency to setting up my own business and becoming a PhD candidate...

### **If you had not chosen this career path, you would have become a....?**

I wouldn't change a thing...an artist

### **What are your personal interests outside of work?**

My family, advocacy (gender & female entrepreneurship), walking, learning something new each year (this year - Latin)

### **Your favourite quote?**

I believe that we are solely responsible for our choices, and we have to accept the consequences of every deed, word, and thought throughout our lifetime

Elizabeth Kubler-Ross

### **Note:**

I met Elizabeth Kubler Ross in Dublin when I was nineteen in the third year of my general nursing studies. Her talk profoundly affected me. She outlined how change (grief) is experienced (from a family, carer and child's perspective) and emphasised our responsibilities as health professionals to notice where they (our clients) were in the grieving process and to facilitate their care (not judge). It stuck with me.

Twenty-five years later, I was delivering a change programme for an international organisation. I used the Kubler-Ross Change Model, which had evolved into an universal concept and applied in a different context (namely redundancy and reorganisation). Today, the Kubler-Ross Change Model still influences my work.

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