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### **Recommendation CM/Rec(2008)1**

**of the Committee of Ministers to member states**

**on the inclusion of gender differences in health policy**

*(Adopted by the Committee of Ministers on 30 January 2008*

*at the 1016th meeting of the Ministers' Deputies)*



The Committee of Ministers, under the terms of Article 15*b* of the Statute of the Council of Europe (ETS No. 1),

Considering that the aim of the Council of Europe is to achieve a greater unity between its members and that this aim may be pursued, *inter alia*, in particular by the adoption of common rules in the health sector;

Bearing in mind the Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5) and its Protocols, in particular Protocol No. 12 (ETS No. 177);

Recalling Article 11 of the European Social Charter (ETS No. 35) on the right to health protection, and recalling that Article 3 of the Convention on Human Rights and Biomedicine (ETS No. 164) requires that Contracting Parties, taking into account health needs and available resources, take appropriate measures with a view to providing, within their jurisdiction, equitable access to health care of appropriate quality;

Having regard to Recommendation No. R (2000) 5 of the Committee of Ministers to member states on the development of structures for citizen and patient participation in the decision-making process affecting health care;

Considering that the principle of equality between women and men is an integral part of human rights and that discrimination on the ground of sex constitutes an impediment to the recognition, enjoyment and exercise of human rights and fundamental freedoms;

Recalling the work of the Council of Europe in the field of gender mainstreaming and in particular the message of the Committee of Ministers in 1998 to encourage the Steering Committees to implement gender mainstreaming in their work, and its report on “Gender mainstreaming: conceptual framework, methodology and presentation of “good practices”” (EG(99)3);

Convinced that, the objective to produce both equality, equity, respect for human rights and for the dignity of the individual in the health sector requires that the effects of gender differences are taken into account in health policy planning, delivery of health services, and monitoring of these;

Recognising that European countries face still in different degrees unacceptable gender

inequalities between men and women and that health policy makers, health care providers and health professionals are increasingly challenged to understand and address the different needs of women and men;

Considering that many differences and inequalities between men and women's health status stem from social, cultural (including religion) and political arrangements in society, gender (which is a social construct) as opposed to sex (which is a biological attribute) should be considered as a key determinant of health;

Acknowledging that genders are not homogeneous groups and that different social circumstances may all distinctly affect health needs, interests and concerns of each gender and within genders;

Convinced that health policies should take social determinants of health into account since socio-economic factors, such as income, employment, education, living and working conditions, occupational hazards and lifestyles are unevenly distributed among the population and result in inequalities which may account for many of the health disparities, including those between men and women;

Being aware of increasing evidence from all fields of health research (concerning both biomedical and psycho-social mechanisms) that risk factors, clinical manifestation, causes, consequences and treatment of disease may differ between men and women and that, in such cases, prevention, treatment, rehabilitation, care-delivery and health promotion need to be adapted according to women's and men's differing needs;

Noting that gender inequalities can result in problems of access to health services, including to information, and noting also the lack of resources to promote gender sensitivity in health care providers, which may all constitute structural barriers to quality of health care;

Concerned also, in this context, that gender differences and inequalities can be an obstacle to communication between health care providers and patients' to the detriment of patient's rights;

Convinced that the recognition of gender differences and inequalities would add to the efficiency and effectiveness of health policies and health care services for both women and men;

Convinced that the development of a gender sensitive social and health policy requires the integration of a gender dimension also in broader societal policy,

Recommends that the governments of member states,

1. in the context of protection of human rights, make gender one of the priority areas of action in health through policies and strategies which address the specific health needs of men and women and that incorporate gender mainstreaming;
2. promote gender equality in each sector and function of the health system including actions related to health care, health promotion and disease prevention in an equitable manner;

3. consider issues related to the improvement of access and quality of health services as these relate to the specific and differing needs and situations of men and women;
4. develop and disseminate gender sensitive knowledge that allows evidence-based interventions through systematic collection of appropriate sex-disaggregated data, promotion of relevant research studies and gender analysis;
5. promote gender awareness and competency in the health sector and ensure balanced participation of women and men in the decision-making process;
6. establish monitoring and evaluation frameworks on progress on gender mainstreaming in health policies;
7. adopt and implement the measures presented in the appendix to this recommendation;
8. ensure that this recommendation is brought to the attention of all relevant political institutions and health related bodies and inform the Council of Europe on the follow up undertaken at national level to the provisions of this recommendation.

*Appendix to Recommendation CM/Rec(2008)1*

**Specific measures**

1. Place responsibility for driving and implementing gender sensitive health policies at higher national, regional and local levels and ensure gender balanced representations in decision-making positions and establish posts for gender trained health experts;
2. Produce regular gender based health reports including systematic scientifically based gender analysis in order to increase knowledge of the health of populations and to introduce gender awareness in the health sector:
  - a. ensure that in health services and in the most relevant health surveys and programmes all routine data recording and collection systems are sex-disaggregated according to the health priorities of the country (e.g. taking into account patterns of mortality and morbidity);
  - b. promote gender sensitive information systems and performance indicators for accountability purposes in the health system;
  - c. include sex disaggregated information related to other social determinants that interact with gender: i.e. income, poverty levels, labour force participation, educations, housing;
  - d. promote the use of gender sensitive indicators (e.g. World Health Organisation) in the process of data collection for national health reports;
3. Promote the inclusion of gender aspects of health in the training and continuing education of all health and related social professionals at both undergraduate (e.g. medical and nurse training) and continuing education levels (in-service training) for all health workers including policy makers;

4. Promote the education of health and social professionals on specific situations:
  - a. on the consequences of domestic and other forms of violence for health;
  - b. on the needs that affect the health of vulnerable groups;
5. Promote scientific-based programmes and prioritise developing gender sensitive research programmes which will have an impact at the national level. The aim is to implement evidence-based public policies, anticipate challenges facing society, and develop adequate health promotion programmes;
6. Initiate and promote the evaluation and monitoring from a gender perspective of the policies, programmes and actions undertaken in their country to address inequalities in health;
7. Promote international networking between governmental and non-governmental organisations active in the domain of gender mainstreaming in health policy;
8. Support an active targeted dissemination of this recommendation, accompanied where appropriate, by a translation into local languages.