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Women's Health - Public Consultation of the EP Committee on Public Health

Fields marked with * are mandatory.

Introduction and Privacy Statement

Thank you for joining the survey on **Women's Health by the European Parliament's Committee on Public Health**. The survey is open for 1 month starting 8 March 2025.

We hold this survey to listen to your experiences, suggestions and opinions on Women's Health for our policy work.

This survey is voluntary and anonymous. We do not ask for names, registration numbers or similar data. If you provide such information in the free text fields, it will removed before your contribution is included in the detailed results of the survey. If you believe that any question would allow a person to be identified, or if you simply do not feel comfortable answering it, please, skip it without replying to it.

Click here (https://ec.europa.eu/eusurvey/files/381a5a88-0aa6-4ec2-97a0-b6fcb9ca13b1/548eb0b8-704f-4ee1-bcfc-07c241e7ea78) to read our Data Protection Notice about how we will use the information you provide when completing this survey.

We greatly appreciate your participation in the survey.

In case the question is unclear or you don't understand it, please change the survey language to English to verify the question. You find the language button on the top right corner.

I accept the terms

Information about the Respondent

Please note that if you want to answer the questionnaire both as an individual and as a representative for an organisation, a company, a public authority or international organisation, you can respond to the questionnaire two separate times.

Are you are replying as:

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- Representing a stakeholder or an interest group
- A health care provider, be it as individual or for your organisation
- Representative of a public institution

In the case that the website is not responding or loading after the first choice, or in case that there are internet problems, you can click on the following links. The links will guide you to a more accessible version. Thank you for your patience.

<u>link (https://ec.europa.eu/eusurvey/runner/bfb00021-de7a-ad7a-eac9-e34b6d739a84)</u> individual <u>link (https://ec.europa.eu/eusurvey/runner/47b7c9b1-cbda-453b-205f-2582105b2510)</u> a stakeholder or an interest group

<u>link</u> (https://ec.europa.eu/eusurvey/runner/e3dbf1e1-7e83-c622-ea72-97d67ec646c6) a healthcare provider <u>link</u> (https://ec.europa.eu/eusurvey/runner/e3dbf1e1-7e83-c622-ea72-97d67ec646c6) representative of a public instituion

Ctartonolation of Interest Group
Your organisation is:
A patient/support group
A business in the health sector
A think tank
A non-governmental organisation
An interest group
A consultancy
A representation of a professional group
Other (please specify below)
What is the name of your organisation?
500 character(s) maximum
European Public Health Alliance (EPHA)
What is your registration number in the EU transparency registry?
500 character(s) maximum
18941013532-08
Whore is your organisation based?
Where is your organisation based? Austria
Belgium
Bulgaria
○ Croatia
○ Cyprus
○ Czechia
Denmark
○ Estonia
○ Finland
○ France
○ Germany
○ Greece
Hungary
○ Ireland
○ Italy
○ Latvia
○ Lithuania
Littualia
 Luxembourg

○ Malta
 Netherlands
Poland
 Portugal
○ Romania
Slovak Republic
 Slovenia
○ Spain
 Sweden
Outside of EU
Does your organisation receive EU funding?
Yes
○ No
○ I don't know
At which geographical level is your organisation active? (We will assume that your answers below relates to your area of activity as indicated here)
C Doming L
○ Regional
○ National
European Indianal Control Con
International
How would your organisation describe general access to medical care?
Fair
How would your organisation describe women's access to medical care?
Fair
How would your organisation describe access to healthcare specific to women , such as gynaecology?
Fair
Would your organisation consider that access to health care differs for women and men?
Strongly agree
Does your organisation consider that the waiting time for an appointment specific for women's health is:
 Longer than for a general practitioner appointment
Shorter than for a general practitioner appointment
The same as for a general practitioner appointment
Does your organisation consider that healthcare providers have a different approach if the patient is a
man rather than a woman?
Agree

has your organisation received testimony of different treatment by nealthcare providers regarding
women?
Yes
○ No
Prefer not to say
☐ I don't know
Has your organisation received testimony of inequalities in access to medical care and in treatment?
Yes, in general
Yes, specifically for women
 Yes, specifically due to other personal characteristics such as nationality, ethnicity, income, social
status, place of residence
○ No
Prefer not to say
·
○ I don't know
Would your organisation like to share the testimony in an anonymous way here?
1,000 character(s) maximum
What would your organisation consider the most relevant areas of health care rights and needs of women
that should be covered by legislation ?
Maximum 3 selection(s)
Access to preventive healthcare
Access to healthcare specific to women
Access to mental health care
Improving access to reproductive healthcare
Research into safe medication, dosages and adverse effects for women
Access to gynaecological healthcare
☐ Health inequalities
Other
- Other
Political actions to improve women's health are best done jointly at the EU level?
Agree
Political actions to combat health inequalities are best done jointly at EU level?
Agree
Political actions to create a better situation for women's sexual and reproductive health are best done
jointly at EU level ?
Agree
, 'igi co
How would your organisation describe the education concerning body and health?
Prefer not to say

How would your organisation describe the available	e education	concerning	sexual an	d reproduct	ive
health?					

Prefer not to say

How would your organisation describe the **access** to **prevention** and regular check-ups concerning **gynaecological health**?

Poor

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How would your organisation describe access to healthcare for sexual and reproductive health?

Poor

How would your organisation describe the access to contraceptive options?

Poor

How would your organisation evaluate the healthcare provided during pregnancy?

Poor

How would your organisation evaluate the healthcare provided during menopause and perimenopause?

Poor

How would your organisation evaluate the **information** provided by medical staff during **during menopause** and **perimenopause**?

Prefer not to say

How would your organisation evaluate the **oncology healthcare** provided for women with **breast, ovarian or endometrial cancer**?

Fair

How would your organisation evaluate the **medical information** provided for women with **breast, ovarian or endometrial cancer**?

Poor

How would your organisation evaluate the **availability of treatment** provided for women with **breast**, **ovarian or endometrial cancer**?

Fair

How would your organisation evaluate existing information and expertise regarding the fact that **medicines** have different effects in men and women?

Poor

How would your organisation evaluate existing information and expertise regarding the **gender impact of clinical trial design**, meaning that clinical trials are predominantly designed based on the male body?

Poor

How would your organisation evaluate the **information** that members of the **LGBTIQ community** receive from medical staff in relation to women's health?

Very poor

How would your organisation evaluate the **expertise** that the medical staff has regarding needs of members of the LGBTIQ community in the context of women's health?

Poor

Would you like to share a statement in relation to women's health of the LGBTIQ community?

3,000 character(s) maximum

LGBTIQ women face systemic barriers to healthcare driven by discrimination, stigma, and poor practice. From routine screenings to gender affirming care, many experience delayed, denied or inadequate treatment due to biases within healthcare systems. These inequities are compounded for those facing intersecting forms of marginalisation such as migrants, racialised or disabled LQBTIQ women, contributing to poorer health outcomes and highlighting the need for inclusive policies.

Each group within the LGBTIQ community faces unique challenges, and healthcare professionals often have limited knowledge about these groups. For example, lesbian and bisexual women may face misconceptions about their reproductive health needs, which can discourage them from seeking preventative screenings. Transgender women face challenges in accessing gender-affirming care and experience higher rates of mental health issues due to social exclusion. Intersex individuals may be subjected to non-consensual medical interventions that do not align with their health needs or rights.

To address these barriers and ensure equitable healthcare for LGBTIQ women the EU should:

- 1) Mandate inclusive healthcare standards, requiring anti-bias training for providers and ensuring the accessibility and availability of affordable gender-affirming care without discrimination.
- 2) Fund intersectional research on LGBTIQ women's health, partnering with civil society organisations to centre the voices of marginalised communities.
- 3) Integrate LGBTIQ health needs into broader frameworks such as Europe's Beating Cancer Plan, ensuring equitable prevention and treatment efforts.

Does your organisation consider that there are **differences of treatment** between men and women in the way that health issues are treated at the **workplace**?

Agree

Has your organisation experienced or received **testimony** of difference of treatment between men and women in the way that health issues are treated at the workplace?

Yes

No

Prefer not to say

I don't know

How much EU involvement would y	your organisation like	to see in the future	regarding women's health?

- No involvement
- Very limited involvement
- Substantial, but limited involvement
- Shared equally with the Member States
- Large involvement
- Full EU responsibility
- Prefer not to say

Where would you consider more EU action regarding women's health could be of added value? 500 character(s) maximum

Mainstreaming Women's Health Policies Across Member States: facilitating harmonised policies for issues like SRH rights, gender-sensitive healthcare and maternal health

Addressing Gender Bias in Health Research and Data: investing in research on female-specific health issues, ensuring adequate representation of women in clinical trials

Addressing the Disproportionate Care Burden on Women: create workplace equality, empower women in leadership positions, and addressing the gender gap in payment

What would you like to share with us at the end of the questionnaire?

1,000 character(s) maximum

Women's health policies in the EU must prioritise an intersectional approach, acknowledging how race, economic status, migration background, disability and gender identity shape access to care. Marginalised women face systemic barriers that limit access to essential health services, including reproductive care and cancer screenings.

Further, EPHA would like to bring attention to specific issues raised by its members and partners such as:

- Women's cancer rights
- Supporting mothers with disabilities
- Better management of endometriosis
- Gender bias and social stigma in liver disease
- Breaking the cycle of early marriages and early motherhood
- Women's leadership and representation

To tackle these challenges, EPHA calls for the mainstreaming of gender and health across EU policies, with stronger action through existing frameworks such as the Union of Equality Strategies, EU4health, European Health Data Space to address gender disparities in health.

Background Documents

Data protection notice

Contact

Contact Form (/eusurvey/runner/contactform/540e1fb3-a7a7-a69c-8452-34547370771d)