Working Sessions 3 and 4: Women's Health

Introduction and Questions

Introduction:

The need for targeted health promotion initiatives and actions for women's health was not recognized in former years - neither in the overall public health context nor amongst health professionals.

Initiatives by various institutions (mostly NGOs), at national and European level, raised awareness on certain diseases (preventable or treatable), thus not always giving clear advice up to the political level on how to improve specific conditions, and not combining vertical measures with general health promotion objectives as such.

The Treaty of Maastricht established the general objective for the European Union to contribute towards a high level of health protection. It furthermore set out provisions for actions to achieve this objective.

In its Communication from November 1993 the Commission outlines the activities in the area of public health, inter alia regular reports on the status of health in the European Union. These reports should provide for information on health-related issues, stimulate discussions and the exchange of views.

Following the first report on the status of health in 1994,
the European Commission submitted to the Council and the European Parliament a report on the health status of women (May 1997).
This report gave a comprehensive overview on the main health trends, figures on mortality and morbiditiy, on relevant health determinants as well as on respective political strategies in MS.

The report's findings subsequently lead to variuos specific projects under the action programmes established at that time or foreseen (e.g. the programme of Community actions on health promotion, information, education and training and the programme of Community actions on health monitoring).

In the meantime, there is a growing understanding of gender as a key determinant of health. Much has changed, and in some areas clearly improved, both in the field of medicine (gender-based medicine) as well as in the way women live and work. Nevertheless, the Austria Presidency is of the opinion that there are still shortcomings in early dedection, research, treatment and care with regrad to certain major diseases in women, in particular cardiovascular diseases, lung cancer due to the increasing number of female smokers, endometriosis and osteoporosis.

On the above last two mentioned diseases, the European Parliament just recently called for coordinated and sustainable actions at EU level with an overvelming majority of its Members.

By highlighting women's health, women being the primary guardians of family health and the care-givers of families, the Austrian Presidency aims to stimulating discussions with MS, accssession and candiate countries, relevant institutions in the field of health and partners from outside the EU, to dedecting gaps and shortcomings and to elaborating possible solutions.

In Austria, 600,000 to 700,000 people currently suffer from **osteoporosis**, one of the most serious and costly chronic illnesses in Europe. The annual European-wide costs resulting from fractures due to osteoporosis is estimated to be over EUR 30 billion, whereby this figure is expected to double in the next ten years. Successful therapy is based on seven pillars, of which however only three are within the area of responsibility of doctors. More than anything else, a conscientious lifestyle with a healthy and calcium-rich nutrition and plenty of exercise leads to significant improvements.

Endometriosis is a largely unexplained illness, which still requires a great deal of research work in the area of diagnosis and therapy. Between seven and fifteen percent of all sexually mature women in the EU suffer from endometriosis, and half of them report noticeable pain.

Cardiovascular diseases have been a central theme in women's health since the beginning of the nineties. They are the most common cause of death of women and claim more lives than all types of cancer put together. In Austria alone, 21,296 women and 13,653 men died of cardiovascular diseases in 2003. Possible solutions are to be found above all in the field of prevention and in forms of treatment which are specific to women.

In 2002, 39.4 percent of the European population were smokers and the tendency is rising, particularly in women. In Austria, there are now almost as many female as male smokers. In 2004, 46.5 percent of women and 48.1 percent of men smoked. 14,000 Austrians die every year as a result of smoking, which is considered to be the most important cause for lung cancer and heart attacks. Whereas the number of men suffering from **lung cancer** in Austria has fallen slightly in recent years, the comparative figure for women continues to rise.

Despite of these aforementioned 4 diseases on which discussions should focus, the Austrian Presidency wants to draw the attention to the fact that alongside physical diseases, the various types of depression are becoming ever more significant for women. Rates of depression among women are two to three times higher than those of men; at least one in five women experiences clinically defined depression in her lifetime. As early as 2020, this will be the leading cause of disabilities caused by illness. The EU has already taken this into account with a plan for a package of measures.

For structuring the debate we propose the following **questions:**

1. General question: **What can Member States and the EU do to improve women`s health in the short term?**

Specific questions:

2. Osteoporosis is one of the most serious and costly chronic illnesses in Europe. The annual European-wide costs resulting from fractures due to osteoporosis is estimated to be over € 30 billion, whereby this figure is expected to double in the next ten years. Among people over the age of 50 one out of three women and one out of eight men will suffer at least one osteoporotic fracture during their lifetime.

   By which measures and/or actions can the EU contribute to reducing the rate of osteoporotic illness in women and consequently the costs for diagnosis and therapy?

3. Endometriosis is a chronic disease which affects a significant number of women EU-wide. The lack of awareness of women suffering from endometriosis and witrhin health care professionals, as well as the delayed diagnosis, are of great concern. Women living with symptoms of protracted lengths of time may face incorrect treatment and unavoidable negative impact on the quality of their lives.

   By which measures and initiatives can the EU improve the situation of women living with endometrioses?

4. Cardiovascular disease is the primary cause of death in European women, killing a higher percentage of women (55 %) than men (43 %) and more than all cancers combined.
   CVD is usually seen as a “male disease”, and the under-estimation of the prevalence of CVD in women is still common within the general public as well as in health professionals. Symptoms and disease progression develop differently from those in men.

   Which measures and actions can be taken at EU level to raise awareness for gender specific aspects of CVD, in order to better understand gender specific risk factors and to improve treatment of women with CVD?

5. Despite of all general preventive measures taken to discourage smoking, an increasing number of young women are taking up smoking whereas, on the other hand, the level of male smokers remain the same or in some demographic groups even is falling. Smoking represents the main cause of lung cancer in women.

   Which measures can be taken by MS and the EU in order to halt the increase of lung cancer in women?