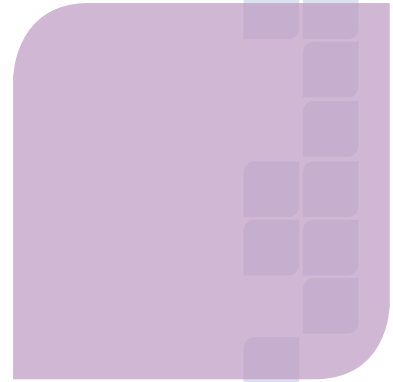


Women's health equals wealth



# HEALTH FIRST EUROPE

Health First Europe (HFE) is a group of organisations representing patients, healthcare workers, academics, policy makers and medical technology experts, concerned about the persisting inequalities in access to healthcare and wishing to contribute positively to the development of future EU health policy. The 2006 Austrian Presidency has sought to bring the issue of women's health, to the fore, and in this paper HFE reflects on what it perceives to be the key issues concerning women's health.



## Did you know?

Women comprise no less than 50% of the population in any EU country, and as half of the population, women are a significant sector of the work force, not least of all in the provision of healthcare. Indeed, women's health plays an important factor in contributing to public wealth. The European Union must strive to take care of the health of its female population, especially those most at risk. Certain professions involve specific health risks for women, for example hairdressers are exposed to chemicals which have a negative impact on their fertility, the length of pregnancy, and their risk of miscarriage<sup>i</sup>. Also women in the cleaning sector, one of the biggest employers of women in many European countries, often suffer from musculo-skeletal complaints, skin problems and some psychosomatic disorders<sup>ii</sup>.

Today there are over 1.1m people receiving formal residential or domiciliary (i.e. home) care from the State in the UK alone. Many millions more are involved in informal care for friends or relatives, some continuously.<sup>iii</sup> Much of the responsibility for long-term care continues to fall on families, and it is largely women who continue to meet the majority of society's caring needs.

Being a carer typically involves looking after children, or someone with a long-term physical or mental health disability, or with problems related to old age<sup>iv</sup>. Women as mothers play a vital educational role in caring for future generations, in educating them with regards to good nutritional practices and healthy lifestyles.

By 2020, it is estimated that there will be more than 1 billion people aged 60 years and older in the world. This older population is ageing also; the 'oldest old,' namely those over 75 years old, are the fastest growing group. The number of people worldwide who will reach 100 years or more is expected to exceed 2 million by 2050. Europe has the highest proportion of older women in the world. There are now approximately three women for every two men between the ages of 65 and 79, with over twice as many women over the age of 80.<sup>v</sup>

i Division of Occupational and Environmental Medicine and Psychiatric Epidemiology, Institute of Laboratory Medicine report on fertility among female hairdressers, University Hospital, Lund, Sweden, 2006: [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=16539172&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=16539172&dopt=Abstract)

ii Krüger, D.; Louhevaara, V.; Nielsen, J.; Schneider, T.: Risk assessment and preventive strategies in professional cleaning [http://www.rzbd.fh-hamburg.de/~prbiomed/risk\\_assessment.html](http://www.rzbd.fh-hamburg.de/~prbiomed/risk_assessment.html)

iii The International Longevity Centre UK's report 'who cares' <http://www.ilcuk.org.uk/downloads/general/02.02.04-ReportoftheWhoCaresSeminar.pdf>

iv The European Institute for Women's Health report [http://www.eurohealth.ie/pdf/WomenshealthinEurope\\_FINAL.pdf](http://www.eurohealth.ie/pdf/WomenshealthinEurope_FINAL.pdf)

v *ibid*

vi European Heart Journal 27, March 2006, and [http://www.escardio.org/vpo/press\\_releases/cvdwomen.htm](http://www.escardio.org/vpo/press_releases/cvdwomen.htm), The European Society of Cardiology

# RESEARCH – THE FACTS:

There are a number of areas which would greatly benefit from stimulation of gender specific research and where the outcome would benefit women's health, in particular:

■ **Coronary Vascular Disease (CVD)** - recent insights show that it develops differently in men and women whereby men have predominantly well localised coronary obstructions while women have more diffuse lesions and micro-vascular disease. Complications related to CVD in the presence of diabetes or hypertension is more common in women than in men. Understanding these differences in disease processes would be beneficial to both genders but especially to women since their cardiovascular symptoms are more difficult to diagnose.<sup>vi</sup>



■ **Osteoarthritis** is characterised by loss of joint cartilage leading to pain and loss of function primarily in the knees and hips, affects 18% of women aged over 60 (against 9,6% of men).<sup>vii</sup> Older women often live by themselves or, if not, continue to bear a good portion of the family care on their shoulders. They need and deserve the most effective and appropriate orthopaedic treatments to allow them to keep active. New knee implants are designed for the female anatomy. There are scientifically documented shape differences between men and women - differences that include bones, ligaments and tendons in knee joints. These new technologies take into account the unique musculoskeletal features of women. According to the WHO, 40% of all women over 50 will suffer an osteoporotic fracture. Insufficiency of calcium, vitamin D, and protein are particularly important in the pathogenesis of hip fractures, and there is evidence in institutionalised elderly women that calcium and vitamin D supplementation reduce the risk of hip and other non-vertebral fractures. However, recent data has called into question the role of supplementation in non-institutionalized patients. Calcium and vitamin D supplements should also be used as an adjunct to other bone-protective therapies if there is evidence of inadequate calcium intake or vitamin D deficiency.<sup>viii</sup>



■ **Preeclampsia** is a problem that occurs in some women during pregnancy with the following signs: high blood pressure, swelling that doesn't go away and large amounts of protein in the mother's urine. The cause has not yet been identified. It occurs in 4-5% of all pregnancies and remains a leading cause of maternal and neonatal mortality and morbidity.



■ Some of the causes of **female infertility** are not well known. Especially problems in the early phases of pregnancy (first few days and weeks) associated with growth of the (in vitro) fertilized egg in the uterus wall are not known.

■ **Endometriosis** is defined as the presence of endometrial-like tissue outside the uterus, which induces a chronic, inflammatory reaction. It is a common disorder in women affecting an estimated 14 million women in Europe. The cause is unknown. Tissue similar to the lining of the uterus is found in other areas of the body. The tissue responds to the hormonal cycle, it bleeds and forms lesions, blood-filled cysts and adhesions. The result is inflammation, pain, and for some, infertility and potentially other medical problems. The symptoms are painful menstruation, ovulation, intercourse, bowel movements and urination; heavy bleeding, fatigue, immune system defects and possibly a susceptibility to develop other diseases, including some cancers.<sup>ix</sup>

vii Source: WHO Bone & Joint Decade 2000-2010

viii International Society for Fracture Repair

ix ibid

x Seidell, J.C. (1995). Obesity in Europe: Scaling an epidemic. International Journal of Obesity and Related Metabolic Disorders, 19 (Suppl 3)

xi Seidell JC, Flegal KM: Assessing obesity: classification and epidemiology. Br Med Bull 53:238, 1997

xii The American Women's Medical Association, Women in Government, and the Society for Women's Health Research.

xiii WHO Consultation on Obesity, 1999 & Obesity preventing and managing the global epidemic: report of a WHO Consultation, 2000)

**Obesity** - defined as a body mass index of more than 30kg/m<sup>2</sup> is relatively common in Europe especially among women and especially in Southern and Eastern European Countries. Among men the distribution of body mass index values is surprisingly similar in most countries of Europe despite a large variability among women. Overweight is more common among men than among women, but obesity is more common among women.<sup>x</sup> The prevalence of obesity in Europe is probably in the order of 10-20% in men and 15-25% in adult women.<sup>xi</sup> Studies have shown that obesity is an increased risk factor for infertility and birth defects and that a strong association exists between obesity and breast cancer.<sup>xii</sup> The WHO identified morbid obesity as life threatening in itself and a major health threat<sup>xiii</sup>



## RESEARCH – WHAT THE EU CAN DO:

### WHAT THE EU CAN DO: HFE Europe calls on:

- MEPs and Member States to **expand research into women's musculoskeletal diseases** and promote the use of the most effective and appropriate treatments, such as gender-specific implants for women's knee replacement procedures.
- MEPs and Member States to **ensure that gender-specific research is included in the 7th Framework Programme**, including research into the causes, possible prevention and treatments for endometriosis.
- The Commission to **ensure that further research is undertaken into the variation of prevalence in obesity** among women in Europe and the associated health risks to women from obesity such as CVDs and diabetes, in particular Gestational Diabetes Mellitus. Women most at risk from obesity related diseases should have access to appropriate and relevant screening. Women must be considered as a distinct group in the Commission's forthcoming policy on obesity due to factors that are unique to women. Targeting women is vital given that awareness amongst women is easier and they are more inclined to be compliant with a comprehensive programme, whilst their impact on their direct 'family' environment is considerable. The Commission should issue guidance to Member States in general on how to build all-inclusive

obesity management programmes into healthcare systems and identify a related indicator that could be measured in the Open Method of Coordination context. The Commission should ensure through the Open Method of Coordination that a broader fully integrated care path on obesity is developed, including treatment and follow-up.

- The Commission to **encourage research in areas impacting on women's health where the introduction of screening programmes may prove beneficial** and call on Member States to take the steps necessary to deploy such screening programmes.
- MEPs and Member States to **ensure that research into early detection and radiation-free diagnosis of breast, ovarian and cervical cancer** is included in the 7th Framework Programme.
- The Commission to **collect and regularly update gender-specific health data** from the Member States, and to make this data publicly available.

## PREVENTION AND SCREENING - THE FACTS

■ **Gender specific screening programmes are available in some European countries, but not all.** For example, screening of Hepatitis C (a disease of the liver) is offered in screening centres or to targeted groups such as pregnant women in some countries (Czech Republic, France, Italy, Finland and Poland). There is a high risk of infected women transmitting Hepatitis C to their unborn children (1 in 25). There is no treatment that can prevent this from happening and most children infected with Hepatitis C at the time of their birth show no symptoms.<sup>xiv</sup> The prevalence of some diseases may vary from country to country and justify the different decisions made in the offering of certain tests, but this is not necessarily so. In some countries, the question "Why not us?" might be legitimate.



■ **It is estimated that annually 25,000 women's lives could be saved if more screening for breast cancer was made available throughout the European Union.**<sup>xv</sup>



■ According to a European Commission report from 2003<sup>xvii</sup> the most common test is the 'pap' smear (test for cervical cancer), which nearly a third of EU women had had in the previous twelve months. A manual breast exam, the most common test for breast cancer, was carried out for just over one in four women in 2002. The report reveals a very disturbing trend: **since 1996 the number of examinations undertaken by women in the European Union has constantly decreased.** While just 30.3% of women in 1997 had neither the pap smear or the manual breast examination, in 2002 this figure had increased to 43.4%. Only for mammography (breast examination by x-ray) has the percentage increased slightly from 1996<sup>xviii</sup>. According to the report, across the EU, Luxembourg and Austria have the highest percentage of women undergoing these types of examinations while Ireland, the Netherlands and the United Kingdom have the lowest rates. It is estimated that 20,000 lives could be saved every year in Europe through the implementation of organised cervical cancer screening programmes.<sup>xvi</sup>

xiv Department of Human Health and Services, Centers of Disease Control and Prevention: <http://www.cdc.gov/ncidod/diseases/hepatitis/c/faq.htm#2c>

xv The European Institute for Women's Health report [http://www.eurohealth.ie/pdf/WomenshealthinEurope\\_FINAL.pdf](http://www.eurohealth.ie/pdf/WomenshealthinEurope_FINAL.pdf)

xvi The European Cervical Association

xvii "Health, Food and Alcohol, and Safety" a Special Eurobarometer, December 2003 – European Commission [http://ec.europa.eu/comm/health/ph\\_determinants/life\\_style/alcohol/documents/ebs\\_186\\_en.pdf](http://ec.europa.eu/comm/health/ph_determinants/life_style/alcohol/documents/ebs_186_en.pdf)

xviii European Commission, DG Health & Consumer Protection, C2 Health Information [http://ec.europa.eu/comm/health/ph\\_information/dissemination/echi/echi\\_15\\_en.pdf](http://ec.europa.eu/comm/health/ph_information/dissemination/echi/echi_15_en.pdf)

xix In line with existing guidelines / planned guidelines, see example the Council recommendation on cancer screening of 2003 : [http://europa.eu.int/eur-lex/pti/en/oj/dat/2003/L\\_327/L\\_32720031216en00340038.pdf](http://europa.eu.int/eur-lex/pti/en/oj/dat/2003/L_327/L_32720031216en00340038.pdf)

# PREVENTION AND SCREENING – WHAT THE EU CAN DO:



HFE calls on:

- The Commission to issue a statement recognising the vital role of screening and preventative treatment in healthcare and **calls on MEPs and the Member States to ensure that the Health Programme for 2007-2013 prioritises women's healthcare, specifically screening and preventive measures.**
- The Commission to **use the Open Method of Coordination to promote harmonisation of screening across the EU**, and to identify best practice and establish guidelines<sup>xx</sup>. Also ensure that screening programmes at the national level are updated regularly.
- The Commission to **launch an awareness campaign, targeting women most at risk and highlighting the importance of screening and availability in Member States.**

## SEXUAL AND REPRODUCTIVE HEALTH – THE FACTS

**Chlamydia trachomatis infections are the most common sexually transmitted disease in the developed world.** In Germany alone an estimated 1.1 million people are infected with Chlamydia<sup>xx</sup>. Serious health consequences for women include pelvic inflammatory disease, ectopic pregnancy, chronic pelvic pain, infertility and neonatal pneumonia for newborns. It is estimated that up to one in four cases of infertility result from Chlamydia infection. Chlamydial infections during pregnancy may increase the risk of premature delivery and stillbirth. In the UK alone it is estimated that complications caused by Chlamydia infection cost at least €147 million annually<sup>xxi</sup>. Yet if diagnosed early, Chlamydia is easily treated, with a course of a common antibiotic. According to the World Health Organisation, 70–75% of women infected with Chlamydia are symptom free<sup>xxii</sup>. The infection can therefore, be present for years, without any obvious signs, meaning that there are a large number of carriers who are completely unaware of it, and who may be spreading the disease, contributing to a public health crisis. Lack of awareness and insufficient screening capacity, causing substantial delays in testing, are significant factors in the growth of Chlamydia over the last ten years.

xx VDGH – Verband der Diagnostica Industrie

xxi UK Department of Health: <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Chlamydia/fs/en>

xxii Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infection Overview and Estimates. WHO, 2001

xxiii Women's health, UK: <http://www.womens-health.co.uk/toxo.asp>

xxiv Winsconsin trial 1989

■ ■ Toxoplasmosis is a parasite and of those who are infected, very few have symptoms because a healthy person's immune system usually keeps the parasite from causing illness. However, **for pregnant women and individuals who have compromised immune systems a Toxoplasma infection can cause serious health problems.** Toxoplasmosis screening programmes are offered by government health authorities during a mandatory pre-marital visit and/or pregnancy in some European countries (for example Bulgaria, France and Spain), but not all. 30-40% of women who are infected by toxoplasmosis during pregnancy pass it on to their unborn child<sup>xxiii</sup>. Congenital toxoplasmosis' consequences can be devastating for the baby, causing stillbirth or long-term neurological damage, as well as affecting other organs such as the eyes, liver and spleen, heart and lungs.



■ ■ Cystic Fibrosis is a genetic disease that affects a number of organs in the body (especially the lungs and pancreas) by clogging them with thick, sticky mucus. For **Cystic Fibrosis screening is also in place for new-borns in some countries only** (for example France, UK and some regions only of Italy, but not everywhere). It has been shown that neonatal screening for Cystic Fibrosis benefits growth and prevents malnutrition in Cystic Fibrosis patients.<sup>xxiv</sup>



■ ■ Sexual diseases and their impact on fertility have not only medical but also societal implications across Europe.

## SEXUAL AND REPRODUCTIVE HEALTH – WHAT THE EU CAN DO:

- The European Commission to take a leadership role in **initiating effective EU-wide programmes of education, along with the provision of accurate screening for those at risk for diseases such as Chlamydia.**
- The Commission to **raise standards in sexual health through the Open Method of Coordination**, promote awareness raising campaigns, and target those most at risk.
- The Commission should **establish a High Level Group on sexual health and pregnancy.**

# CONCLUSION:

- Health is a productive economic factor in terms of employment, innovation and economic growth.
- Women are a positive force for improving health across Europe.
- The European Union must invest more in women's health.
- Women's health equals Europe's wealth.



Health First Europe (HFE) is an alliance of patients, doctors, nurses, academics, experts and industry that aims to ensure that equitable access to modern, innovative and reliable medical technology and healthcare, is regarded as a vital investment in the future of Europe. The core messages of HFE are the following:

- There are weaknesses in European healthcare systems; a rethink is required in order to meet current and future health challenges.
- Patients and clinicians should have equitable access to modern, innovative and reliable medical technology.
- The development of new and flexible modes of healthcare delivery will benefit both patients and healthcare providers.
- Health equals wealth. Health is a productive economic factor in terms of employment, innovation and economic growth.

Since our launch in March 2004, HFE has been involved in numerous activities (awareness-raising events, position papers, press releases, etc.) aimed at encouraging Europe to lead the way in developing a truly patient-centred healthcare, where every European citizen is able to benefit from the best medical treatments available. For full details of our activities, please see our website:

[www.healthfirsteurope.org](http://www.healthfirsteurope.org)

## HFE Member organisations

Aktion Meditech  
European Academy of Science and Arts / EOM  
- European Institute of Medicine  
European Alliance for Medical and Biological  
Engineering and Science (EAMBES)  
European Brain Injury Society (EBIS)  
European Diagnostics Manufacturers Association  
(EDMA)  
European Federation of Crohn's and Ulcerative  
Colitis Associations (EFCCA)  
European Federation of Public Service Employees  
Unions (EUROFEDOP)  
European Federation of National  
Associations of Orthopaedics and Traumatology  
(EFORT)  
European Health Telematics Association (EHTEL)  
European Institute for Womens' Health (EIWH)  
European Medical Association (EMA)  
European Patients Forum (EPF)  
European Society of Cardiology (ESC)  
European Union of Independent  
Hospitals (UEHP)  
European Medical Technology Industry Association  
(Eucomed)  
Heart EU  
Institute for Health Economics (IFG)  
International Alliance of Patients Organizations  
(IAPO)  
International Diabetes Federation – Europe  
Region (IDF-Europe)  
International Organization for Standardisation (ISO)

International Society for Fracture Repair (ISFR)  
The Medical Technology Group (MTG)  
The European Federation of Nurses Associations  
(EFN) (Associate member)

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