



A EUROPEAN ACTION PLAN FOR WOMEN'S HEALTH

PREAMBLE:

Mindful of women's specific health needs, their vital contribution to the economy and society, and their evolving role in European society, we call for coordinated action across all relevant sectors. Patients, medical professionals, European institutions, academia, civil society and businesses must work together to support the development and implementation of a comprehensive European Action Plan for Women's Health.

Grounded in the conviction that supporting women's health measures and creating a society, an economy and a work-life balance empower women to fulfil their personal, professional and family aspirations while ensuring the best quality of life must become shared priorities for Europe.

The signatories supporting this initiative gathered in Brussels, on November 11, 2026, on the Conference "Women's Health in Europe" agree upon the following principles, while respecting the competences of the European Union and all its Member States:

A. Executive summary: Five commitments for women's health in Europe

We invite the European Commission, in cooperation with other European Union (EU) Institutions and Member States in accordance with their national competences, to adopt and deliver a **European Action Plan on Women's Health** that addresses **women's health needs and persistent inequalities** across the life course. The proposed Plan positions women's health as a cross-cutting priority linking health and prevention, gender equality, demographic resilience and economic competitiveness, and provides a concrete basis for political and stakeholder endorsement and coordinated EU action.

Developed with patients, health professionals, researchers, employers, civil society, **young women and youth** organizations Members of the European Parliament, the plan is built around five key commitments:

1. **Research and innovation: Closing the evidence gap in women's health**
2. **Prevent earlier, diagnose women's health sooner**
3. **Ensure equitable access to women's healthcare across the EU**
4. **Support women's health throughout working life**
5. **Measure progress on women's health across Europe through a shared European framework**

B. Background & context: Healthier women, stronger Europe

KEY ISSUES

Globally, **women live longer than men but spend 25% more of their lives in ill health**[1]. Eurostat data from 2023 show that women's share of life spent in good health in the EU was 4.4 percentage points lower than men (75.4% vs. 79.8%).[2] **Much of this gap is avoidable.**

When women's health needs go unmet, Europe pays twice:

1. **Europe loses talent and economic potential.** Poor health can limit women's ability to work and participate fully in society. **The gender employment gap already costs the EU around €370 billion a year**[3]**.**
2. **People may be unable to have the families they want.** Health conditions and barriers to fertility care can affect people's ability to have children. In 2024, **the EU fertility rate fell to 1.34 births per woman, its lowest level on record**[4].

Women's health is therefore essential to Europe's competitiveness, equality and demographic resilience. Our ambition is to make it a **lasting European priority throughout the life course,** addressing challenges ranging from fertility, menstrual health and cardiovascular disease to obesity an metabolic conditions , autoimmune, cancer, including breast, cervical and ovarian cancers and rare diseases. Breast cancer alone is the most frequently diagnosed cancer and the leading cause of cancer death among women in the EU, with an estimated 374,800 new cases and 95,800 deaths in 2022. This also means **tackling unequal access to specialist expertise** and **fragmented care,** while recognising how health challenges **intersect with social and economic circumstances.**

Maternal health is an integral part of women's health across the life course. Pregnancy, childbirth and the first year after birth are periods of profound physical and psycho-social change. Yet women across the EU too often experience maternity care that does not respect their autonomy, and maternal mental health problems that go unrecognised and untreated, with lasting consequences for mothers, children, families and the economy. Respectful maternity care and integrated maternal mental health support should therefore be embedded across all five pillars.

Therefore, **Europe needs a comprehensive Action Plan** that connects action across health, research, employment and social policy to better address women's needs throughout life.

THE PROPOSED APPROACH

The Action Plan should operationalise a life-stage approach through the 15/35/55 framework, responding to women's changing needs through prevention, equitable access and continuity of care across adolescence, adulthood and reproductive years, and later life[7]:

- **Around 15 (adolescence)**: Build health literacy, by helping adolescents and young women understand their physical, mental, menstrual and reproductive health, and recognition of early risk factors, including menstrual disorders such as endometriosis, as well as eating disorders and nutrition-related concerns. Promote early diagnosis by ensuring that adolescents and young women's symptoms are recognised and taken seriously.
- **Around 35 (adulthood/reproductive years):** support access to holistic care, including sexual and reproductive healthcare, respectful, consent-based maternity care and integrated maternal mental health support during pregnancy and throughout the first year after birth, and improve recognition and management of adulthood health conditions, including infertility, premature ovarian insufficiency and oncofertility as well as chronic autoimmune conditions and breast cancer in young women, which calls for timely diagnosis, access to genetic counselling and testing for hereditary risk, and fertility preservation offered before cancer treatment begins.
- **From 55 + (later life & healthy ageing):** Strengthen prevention, risk assessment and screening, including organised, quality-assured breast, cervical and colorectal cancer screening in line with the 2022 Council Recommendation,[8] promote long-term health and wellbeing throughout perimenopause and menopause, while improving coordinated care for women living with chronic, autoimmune, rare or multiple conditions, and recognising that many women are both recipients and providers of care, and access to active aging services while getting older.

[1] McKinsey Health Institute and World Economic Forum (2024), Closing the women's health gap.
[2] Eurostat (2025), Healthy life years statistics, 2023 data.
[3] European Commission (2022), Women's situation in the labour market.
[4] Eurostat (2026), Fertility statistics, 2024 data.
[5] A gender-responsive approach must be embedded across all relevant health and research policies, including the Gender Equality Strategy, Europe's Beating Cancer Plan, the Cardiovascular Health Plan, the European Health Data Space, and EU4Health programming.
[6] European Cancer Information System (ECIS), European Commission Joint Research Centre (2023), Breast cancer factsheet: 2022 estimates for EU-27.
[7] Office of Gabriela Firea, Member of the European Parliament (2026), Women's Health in Europe: A Life-Stage Approach to Access, Prevention and Care.
[8] Council Recommendation of 9 December 2022 on strengthening prevention through early detection: A new EU approach on cancer screening replacing Council Recommendation 2003/878/EC, OJ C 473, 13.12.2022, p. 1.

C. The 5 pillars of the European Action Plan for Women's Health

1. RESEARCH AND INNOVATION: CLOSING THE EVIDENCE GAP IN WOMEN'S HEALTH

Women's health has historically received a disproportionately small share of health research funding, **leaving women under-represented in the evidence that informs their care**.[9] Research must better reflect women's needs and experiences, including young women, with women being actively involved in shaping research priorities and clinical studies that represent the populations they serve.

A research gap case: The imbalance is particularly visible in brain research. Females remain under-represented in **brain disease clinical trials**, with the European Research Council dedicating less than 1% of its budget to sex- and gender-specific brain research.[10]

The impact on women's care: When research results are not analysed by sex, differences in disease progression, treatment effectiveness and side effects can remain hidden.

- For example, women living with chronic autoimmune conditions, report significantly **lower quality of life than men**, partially due to higher fatigue and psychological burden[11]. However, **if clinical trials fail to capture these differences, they may also miss important treatment benefits when medicines are assessed.**
- Additionally, women with chronic autoimmune conditions who are planning a pregnancy also face **treatment decisions with very little evidence to guide them.**

Recognition of this gap is growing: In September 2026, the European Medicines Agency's *Roadmap for Change* called for evidence to be generated throughout the medicines lifecycle to better understand differences in women's symptoms, disease progression, treatment effectiveness and safety.[12] This is an important step, but further EU action is needed

OUR ASK:
The EU should:

- **Increase participation of women of different ages and stages in life in clinical research,** including pregnant and breastfeeding women where scientifically and ethically appropriate, **and making more systematic use of gender disaggregated data, and gender-sensitive analysis,** including via the **European Biotech Act**[13] (incl. multinational trials) and other EU policy tools, including research on women living with rare diseases, using appropriate methodologies for small patient populations.
- **Value women's experiences in medicine assessment,** by complementing clinical evidence using **real-world evidence** and **female patient-reported outcomes** to build gender-sensitive evidence, including via the EU Health Technology Assessment (HTA) Regulation[14] and EMA's DARWIN EU network[15], while ensuring the algorithms and AI tools used to collect and analyse such data are fair, equitable and free from gender and health biases.
- **Support EU funding for research into women's health,** by dedicating funding to research and innovations for conditions that affect women exclusively, disproportionately or differently, including infertility, oncofertility, breast cancer in young women (including pregnancy after cancer), premature ovarian insufficiency, perimenopause and menopause, as well as menstrual health and menstrual related disorders such as endometriosis, PCOS, heavy menstrual bleeding, premenstrual syndrome and Premenstrual dysphoric disorder PMDD It is essential to explore opportunities in the next "EU Framework Programme for Research and Innovation"[16] and leverage the next EU long-term budget, with dedicated allocations under EU4Health and Horizon Europe.

2. PREVENT EARLIER: DIAGNOSE WOMEN'S HEALTH SOONER

Women often wait longer than men for a diagnosis, and every year of delay costs health, income and sometimes the chance to have children. **Delays occur at every stage of life:** persistent menstrual pain dismissed in adolescence[17], autoimmune symptoms misread during working life[18] and overlooked cardiovascular risks[19].

[9] European Parliament, FEMM Committee (2025), Gender inequalities in medical research, drug development and access to care.
[10] Hentzen, N.B. et al. (2022), "Mapping of European activities on the integration of sex and gender factors in neurology and neuroscience", European Journal of Neurology, 29(9), pp. 2572–2579, https://doi.org/10.1111/ene.15439.
[11] Beeching, F., Lecchi, A. and Riccitelli, G.C. (2025), Female gender and quality of life outcomes in myasthenia gravis, Therapeutic Advances in Neurological Disorders, 18.
[12] European Medicines Agency (2026), Women are missing from medicines development: EMA's roadmap for change.
[13] European Commission (16 December 2025), Proposal for a Regulation establishing a European Biotech Act, COM(2025) 1022 final.
[14] Regulation (EU) 2021/2282 of the European Parliament and of the Council of 15 December 2021 on health technology assessment and amending Directive 2011/24/EU, OJ L 458, 22.12.2021, p. 1.
[15] European Medicines Agency, Data Analysis and Real World Interrogation Network (DARWIN EU).
[16] European Commission (16 July 2025), Horizon Europe 2028 to 2034: twice bigger, simpler, faster and more impactful.
[17] Endometriosis affects around one woman in ten, it takes on average 7.4 years to diagnose (European Institute of Women's Health (2023), EU Manifesto for Women's Health 2024).
[18] Myasthenia gravis often begins in women much earlier than in men (in their twenties/thirties) and its fluctuating symptoms, including fatigue, are often mistaken for stress or hormonal changes (O'Connor, L. and Barnett-Tapia, C. (2025), Myasthenia gravis in women, International Review of Neurobiology, 183); Around 9 in 10 people with Lupus are women, with diagnosis often occurring during their reproductive years; see also Cornet, A. et al. (2025), Experiences and unmet needs of persons living with systemic lupus erythematosus in Europe, Autoimmunity Reviews, 24(8).)
[19] Vogel, B. et al. (2021), The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030, The Lancet.

The evidence shows the scale of the problem. Women with a rare disease wait an average of **1.7 years longer than men** for a diagnosis and have 22% higher odds of a delayed diagnosis[20]. In France, a study found that women with rare disease are referred to hospitals and specialists later than men after their symptoms begin[21].

Earlier diagnosis starts with better prevention and health literacy. Only 67% of young Europeans feel informed about the factors that affect fertility, while 45% know little or nothing about how age affects it[22]. Menstrual literacy matters too: because menstrual symptoms are often normalised, most women are continuously expected to manage them on their own and rarely seek medical help.

OUR ASK:
The EU should:

- **Set a shared objective to reduce diagnostic delay,** starting with rare diseases (supported by the draft European Parliament's call for the EU action plan on rare diseases[23]) and track progress through our proposed **EU Women's Health Scoreboard**;
- **Support health literacy and healthcare professionals training** to recognise sex differences in symptoms and improve diagnostic pathways, with the aim of integrating evidence-based fertility awareness into health education and primary care, supported by **EU4Health**[24] and European Reference Networks (ERN)[25].
- **Strengthen access to specialist expertise and prevention,** by providing sustainable EU support for ERNs, promoting their integration into national health systems and clear cross-border referral pathways, and supporting Member States in closing gaps in screening participation, with particular attention to earlier diagnosis, timely referral and equitable access to appropriate care for women affected by rare diseases, breast, ovarian and other gynecological cancers. Women providing unpaid care also face specific physical and mental health challenges, highlighting the importance of appropriate support services, including respite care and mental health support.
- **Implement the 2022 Council Recommendation on cancer screening for breast cancer,** by supporting Member States to offer organised, quality-assured mammography screening to women aged 45 to 74 in line with the European Commission Initiative on Breast Cancer (ECIBC) guidelines, closing the wide gaps in participation between and within Member States, and developing risk-based approaches for women at higher risk, including women with dense breasts or a hereditary predisposition.

3. ENSURE EQUITABLE ACCESS TO WOMEN'S HEALTHCARE ACROSS THE EU

Where a woman lives and what they can afford still shape their access to care. Across Europe, access to prevention, specialist expertise and treatment varies widely. Breast cancer is a case in point: outcomes are better when women are treated in multidisciplinary specialist breast units, yet such units are still not available to every woman in the EU.

Fertility care is a clear example of these inequalities. Around one person in six experiences infertility during their lifetime, yet in many countries tests and treatment are still paid largely out of pocket[26]. Across Europe, age limits, caps on treatment cycles, waiting times and costs vary widely creating unequal opportunities to access the care people need[27]. **The result is a significant fertility gap:** nearly one in four surveyed by the United Nations Population Fund could not have a child at the time they wanted[28].

Equitable access also means care that is fair and free from gender bias. Infertility can stem from male, female, combined or unexplained factors[29], yet women often bear a disproportionate burden of testing, treatment and stigma, while male infertility can go undiagnosed. Both partners must be considered in assessment and care.

OUR ASK:
The EU should:

- **Use the next EU long-term Budget to reduce barriers to care,** including through the 'National and Regional Partnership Plans and EU health and research funding'[30], to reduce the financial, geographical and pathway barriers that keep women from prevention, diagnosis, treatment and specialist expertise, including women and couples facing infertility who encounter financial, geographical, social or medical barriers to accessing appropriate care;

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[20] EURORDIS (2025), The journey to diagnosis: Rare Barometer survey results; Faye, F. et al. (2024), European Journal of Human Genetics.
[21] Alliance Maladies Rares (2016), L'errance diagnostique dans les maladies rares.
[22] Merck (2025), FutURe Barometer, as presented at the European Parliament event "Together for Tomorrow", 4 December 2025.
[23] European Parliamentary Research Service (2026), EU rare disease action plan: main findings from the European added value assessment.
[24] Regulation (EU) 2021/522 of 24 March 2021 establishing a Programme for the Union's action in the field of health (EU4Health Programme).
[25] European Reference Networks are established under Article 12 of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare.
[26] World Health Organization (2025), Guideline for the prevention, diagnosis and treatment of infertility.
[27] Fertility Europe and European Parliamentary Forum for Sexual and Reproductive Rights, European Atlas of Fertility Treatment Policies.
[28] United Nations Population Fund (2025), State of World Population 2025.
[29] World Health Organization Guideline Development Group for Infertility, Mburu G. et al. (2025), "Recommendations from the WHO guideline for the prevention, diagnosis, and treatment of infertility", Human Reproduction, https://doi.org/10.1093/humrep/deaf212.
[30] European Commission (16 July 2025), proposal for a Regulation establishing the European Fund for 2028 to 2034, COM(2025).

- **Improve fair and affordable access to fertility care,** including by exploring the feasibility of establishing a '*European fund for access to fertility treatment*' as proposed by Gabriela Firea, MEP[31] **and inviting the European Commission to initiate a dialogue with national Ministers of Health and Finance on the positive long-term contribution of in vitro fertilization (IVF) treatments to society and economy,** based on economic data.
- **Guarantee access to certified specialist breast units,** so that every woman diagnosed with breast cancer is treated in a multidisciplinary unit meeting European quality requirements (the ECIBC European Quality Assurance Scheme for Breast Cancer Services and EUSOMA requirements), as the European Parliament already called for in 2006[32]; supporting certification in all Member States, cross-border referral where national capacity is lacking, and dedicated pathways for young women, including oncofertility counselling, care for breast cancer during pregnancy and survivorship support.

4. SUPPORT WOMEN'S HEALTH THROUGHOUT WORKING LIFE

Women's health is essential to equal participation in the economy. In 2024, 70.8% of women in the EU were in employment (compared with 80.8% of men), and a higher proportion of women worked part-time (27.8%, compared with 7.7% of men)[33]. **Unequal care responsibilities widen this gap,** keeping 7.7 million women out of the labour market, compared with 450,000 men[34]. According to the European Commission, **closing the gender gap in employment could bring major economic benefits,** adding an estimated €3.15 trillion to the EU's gross domestic product (GDP) by 2050[35].

Realising this means addressing the barriers that can prevent women from entering, remaining in and progressing in the workforce, including health-related challenges that can affect them throughout their working lives. These include:

- **Chronic conditions:** chronic autoimmune conditions often begin during the working years and cause symptoms that make it harder to work.
- **Reproductive health:** Fertility treatment often requires repeated appointments at short notice, while perimenopause and menopause symptoms can affect women at the peak of their careers.
- **Menstrual health and wellbeing:** Providing free menstrual products and adequate sanitary facilities in workplaces, and public spaces more generally, such as public buildings, transport hubs, schools and universities, so that no one must miss work or limit their participation in public life because of their period.
- **Cancer survivorship:** many women diagnosed with breast cancer are of working age and need support to return to and remain in work during and after treatment, as well as fair access to financial services such as loans and insurance

Without adequate support, women may have to reduce their working hours, postpone plans to have children or leave the workforce. These challenges are compounded by unequal care responsibilities, which continue to fall mainly on women. More flexible workplaces, affordable and accessible care services are essential to help women remain in work and progress in their career. Women living with obesity may also face additional health challenges, including impacts on fertility and reproductive health, mental health, as well as stigma and discrimination that can affect their social inclusion and participation in the labour market.

OUR ASK:
The EU should:

- **Make women's health part of job quality** by ensuring the proposed Quality Jobs Act promotes reasonable workplace adjustments and flexibility for medical appointments, fertility treatment, chronic conditions, cancer treatment and recovery, and menopause, while strengthening awareness and protection against workplace discrimination related to women's health conditions.
- **Make it easier to combine work, treatment and caring responsibilities** by assessing how the Work-Life Balance Directive can better support careers and people undergoing fertility treatment, including through leave and flexible working arrangements.
- **Invest in affordable, accessible care services** through the next EU long-term budget (2028–2034), helping reduce the burden of unpaid care on women and supporting their participation in the labour market.
- **Promote menstrual health and wellbeing at work and in public spaces,** by encouraging Member States and employers to provide free menstrual products and adequate sanitary facilities in workplaces and public buildings, and by including menstrual health conditions in reasonable workplace adjustments and flexible working arrangements.

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[31] Letter from MEP Gabriela Firea to Commission President Ursula von der Leyen, May 2026, as reported by Digi24.
[32] European Parliament resolution of 25 October 2006 on breast cancer in the enlarged European Union.
[33] Eurostat (3 March 2026), Women at work: a snapshot of the EU's gender employment gap.
[34] European Institute for Gender Equality (2022), Three steps forward towards equal sharing of unpaid care.
[35] European Commission, Women's situation in the labour market.

- **Guarantee a right to be forgotten for cancer survivors,** by ensuring full transposition of the relevant provisions of the Consumer Credit Directive[36] and building on the Commission's 2026 consultation on fair access to financial services for cancer survivors to extend this protection to other financial services in all Member States.
- **Recognise motherhood as a structural reality of the labour market,** encouraging EU employment and social policies, including through relevant initiatives such as the Quality Jobs Act and the Work-Life Balance Directive, to address the long-term mental health and career penalties of caregiving, the invisible workload of mothers and the lack of transition when returning to work.

5. MEASURE PROGRESS ON WOMEN'S HEALTH ACROSS EUROPE THROUGH A SHARED EUROPEAN FRAMEWORK

Europe cannot improve and develop what it does not know and cannot measure. Without comparable data, it is difficult to identify where women face barriers in care services or assess whether policies are working. Many health indicators are not consistently disaggregated by sex and age, while measures such as time to diagnosis, waiting times and the cost of fertility care are rarely comparable across Member States.

Data gaps also extend beyond reproductive health, limiting understanding of women's experiences of conditions such as cardiovascular disease, cancer and multimorbidity.

OUR ASK:
The EU should:

- Develop an **EU Women's Health Scoreboard,** in partnership with Eurostat, the European Institute for Gender Equality and WHO Europe, using common baselines and indicators disaggregated by sex and age.
- **The Scoreboard should cover, at a minimum; (i) Time to diagnosis for conditions where women face significant delays; (ii) Participation in screening stage at diagnosis for screen-detectable cancers and waiting times for care; (iii) Access to fertility treatment, including waiting times and geographical inequalities, and real and full costs; (iv) Continuity of specialist care, including the share of women with breast cancer treated in certified specialist breast units, and healthy life years; (v) Inequalities by region and income.** It should also **(vi) make progress measurable and accountable by reporting on the Scoreboard every two years to the European Parliament and the Council, building on existing tools such as the State of Health in the EU cycle and the Gender Equality Index. Close the gender data gap through the European Health Data Space** by promoting sex-disaggregated health data collection and analysis, supporting harmonized EU-wide disease registries and using real-world evidence to better understand women's risks, treatment responses and long-term health outcomes.
- **Maintain a regular European dialogue on women's health,** bringing together EU institutions, Member States, patients, women representatives, health professionals, researchers, social partners and industry to review progress and identify priorities for action, following up to the November 2026 conference.

D. Call for stakeholder endorsement and action

The EU already has many of the instruments needed to turn these commitments into action. What is needed now is a **coherent, coordinated plan** that brings them together, translates ambition into action and supports the monitoring of measurable progress.

We invite EU institutions, Member States, patients, women representatives, youth organizations and activists, health professionals, researchers, social partners to support the objectives of this proposed European Action Plan on Women's Health and work together to translate its five commitments into coordinated action and measurable progress. Together, we can build a Europe where every woman, at every stage of life, can participate fully and equally in society, make informed decisions and have an equal opportunity to achieve the best possible health.

[36] Directive (EU) 2023/2225 of the European Parliament and of the Council of 18 October 2023 on credit agreements for consumers and repealing Directive 2008/48/EC.

Signatories

We, the undersigned, express our support for the objectives of the proposed European Action Plan on Women's Health.

MEP Gabriela Firea, Member in FEMM &CULT committee, S&D

MEP Victor Negrescu, Vice-President of EP, S&D

MEP Romana Jerković, Vice-Chair in SANT committee in EP, S&D

MEP Tilly Metz, Vice-Chair in SANT committee in EP, Greens

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MEP Billy Kelleher, Member of ECON and substitute in SANT & FEMM committee in EP, Renew

MEP Evelyn Regner, Member in ECON and substitute in EMPL committee in EP, S&D

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