Question for written answer E-003864/2022 to the Commission

Rule 138

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Subject: EU cardiovascular health strategy and gender equality

The EU gender equality strategy for 2020-2025\(^1\) states that ‘The promotion of equality between women and men is a task for the Union, in all its activities, required by the Treaties.’

Despite major gender inequalities in the field of public health and the recognition in the strategy that men and women experience gender-specific health risks, no concrete measures in this regard are outlined in the strategy.

Cardiovascular diseases affect more women than men. Nevertheless, a meta-analysis of 86 randomised controlled trials conducted in Europe between 2010 and 2017 found that only 37.4 % of the 68 000 participants were women. This has a major impact on the gender-appropriateness of the treatments available and how they are designed to function in women.

These gender inequalities also manifest themselves in public awareness of cardiovascular diseases. For example, the VIRGO study, which enrolled 3 501 heart attack patients aged 18-55, found that 45 % of women wait longer than six hours before being admitted to hospital following the onset of symptoms, compared to 36 % of men\(^2\).

1. Will the Commission ensure that the EU gender equality strategy pays greater attention to gender balance in public health and the need for greater gender equality in EU health policy?

2. Will it also ensure that any future EU cardiovascular health strategy includes gender equality as a core component?

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\(^1\) COM(2020)0152.

\(^2\) This finding is supported by more recent research showing that 41 % of women, compared to 37 % of men, wait over 12 hours before going to hospital after experiencing chest pain.