



2025/2074(INI)

5.2.2026

AMENDMENTS

1 - 516

Draft report
Billy Kelleher
(PE782.188v01-00)

Gender inequalities in health, specifically as regards gender-specific conditions
(2025/2074(INI))

Amendment 1
Mélissa Camara

Motion for a resolution
Citation 2

Motion for a resolution

– having regard to Articles 8, 9, 151, 153 **and 157** of the Treaty on the Functioning of the European Union,

Amendment

– having regard to Articles 8, 9, 151, 153, **157 and 168** of the Treaty on the Functioning of the European Union,

Or. en

Amendment 2
Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution
Citation 2

Motion for a resolution

– having regard to Articles 8, 9, 151, 153 **and 157** of the Treaty on the Functioning of the European Union,

Amendment

– having regard to Articles 8, 9, 151, 153, **157 and 168** of the Treaty on the Functioning of the European Union,

Or. en

Amendment 3
Mélissa Camara

Motion for a resolution
Citation 2 a (new)

Motion for a resolution

Amendment

– **having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 21 and 35 thereof,**

Or. en

Amendment 4

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Citation 4

Motion for a resolution

Amendment

– *having regard to the Commission proposal for a regulation of the European Parliament and of the Council of 16 July 2025 on establishing the European Competitiveness Fund ('ECF'), including the specific programme for defence research and innovation activities, repealing Regulations (EU) 2021/522, (EU) 2021/694, (EU) 2021/697, (EU) 2021/783, repealing provisions of Regulations (EU) 2021/696, (EU) 2023/588, and amending Regulation (EU) [EDIP] (COM(2025)0555),* *deleted*

Or. en

Amendment 5

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Citation 4 a (new)

Motion for a resolution

Amendment

– *having regard to the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention),*

Or. en

Amendment 6

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Citation 4 b (new)

Motion for a resolution

Amendment

– *having regard to the Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence^{1a},*

^{1a} OJ L, 2024/1385, 24.5.2024, ELI:
<http://data.europa.eu/eli/dir/2024/1385/oj>.

Or. en

Amendment 7

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution
Citation 5

Motion for a resolution

Amendment

– *having regard to its resolution of 17 December 2025 on the European citizens' initiative entitled 'My Voice, My Choice: For Safe and Accessible Abortion'²,*

deleted

² Texts adopted, P10_TA(2025)0338.

Or. en

Amendment 8
Mélissa Camara

Motion for a resolution
Citation 5 a (new)

Motion for a resolution

Amendment

– *having regard to its resolution of 13 November 2025 on the Gender Equality Strategy 2025^{1a},*

^{1a} *Texts adopted, P10_TA(2025)0278.*

Or. en

Amendment 9

Arba Kokalari, Eleonora Meleti, Maria Walsh, Mirosława Nykiel

Motion for a resolution

Citation 5 b (new)

Motion for a resolution

Amendment

– *having regard to that Parliament has voted in favour of strengthening and protecting the right to abortion on several occasions including in texts on the European citizens initiative 'My Voice, My Choice', the Gender Equality Strategy 2025 and its recommendation to the Council concerning the EU priorities for the 69th session of the UN Commission on the Status of Women;*

Or. en

Amendment 10

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Citation 6

Motion for a resolution

Amendment

– *having regard to its resolution of 24 June 2021 on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health³,*

deleted

³ *OJ C 81, 18.2.2022, p. 43.*

Amendment 11

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Citation 6 a (new)

Motion for a resolution

Amendment

- *having regard to the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, known as the “Oviedo Convention” of 4 April 1997,*

Or. en

Amendment 12

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Citation 6 a (new)

Motion for a resolution

Amendment

- *having regard to its resolution of 12 February 2020 on an EU strategy to put an end to female genital mutilation around the world^{1a},*

^{1a} OJ C 294, 23.7.2021, pp. 8–13

Or. en

Amendment 13

Mélissa Camara

Motion for a resolution

Citation 6 a (new)

Motion for a resolution

Amendment

- *having regard to its question for written answer E-004697/2025 to the Commission regarding the Recommendation on harmful practices,*

Or. en

Amendment 14

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Citation 6 a (new)

Motion for a resolution

Amendment

- *having regard to its resolution of 13 November 2025 on the Gender Equality Strategy 2025^{1a},*

*^{1a} Texts adopted P10_TA(2025)0278,
https://www.europarl.europa.eu/doceo/document/TA-10-2025-0278_EN.html*

Or. en

Amendment 15

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkėvičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Citation 8 a (new)

Motion for a resolution

Amendment

- *having regard to the draft Council Conclusions of 28 November 2024 on 'Strengthening Women's and Girls' Mental Health by Promoting Gender Equality' (15976/24),*

Amendment 16

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Citation 9 a (new)

Motion for a resolution

Amendment

- *having regard to the Commission communication of 5 March 2020 entitled 'A Union of Equality: Gender Equality Strategy 2020-2025' (COM(2020)152),*

Or. en

Amendment 17

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Citation 10 a (new)

Motion for a resolution

Amendment

- *Having regard to the European Commission publication 'Case studies on obstetric violence - Experience, analysis and responses' of May 2024^{1a},*

^{1a} European Commission: Directorate-General for Justice and Consumers, Fondazione Giacomo Brodolini (FGB) and Scientific Analysis and Advice on Gender Equality in the EU (SAAGE), Case studies on obstetric violence – Experience, analysis, and responses, Publications Office of the European Union, 2024, <https://data.europa.eu/doi/10.2838/712175>

Or. en

Amendment 18

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Citation 10 a (new)

Motion for a resolution

Amendment

– *Having regard to the European Commission publication 'Case studies on obstetric violence - Experience, analysis and responses' of May 2024^{1a},*

^{1a} European Commission: Directorate-General for Justice and Consumers, Fondazione Giacomo Brodolini (FGB) and Scientific Analysis and Advice on Gender Equality in the EU (SAAGE), Case studies on obstetric violence – Experience, analysis, and responses, Publications Office of the European Union, 2024, <https://data.europa.eu/doi/10.2838/712175>

Or. en

Amendment 19

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Citation 11 a (new)

Motion for a resolution

Amendment

– *Having regard to the express mandate entrusted to the College of Commissioners by the European Parliament to "lead the work on sexual and reproductive health issues"^{1a},*

^{1a} European Commission, President von der Leyen's mission letter to Hadja

Lahbib, 2024,
https://commission.europa.eu/about/organisation/college-commissioners/hadja-lahbib_en#documents

Or. en

Amendment 20

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Citation 11 a (new)

Motion for a resolution

Amendment

– *Having regard to the Commission communication of 5 March 2020 entitled ‘A Union of Equality: Gender Equality Strategy 2020-2025’ (COM(2020)152),*

Or. en

Amendment 21

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Citation 11 b (new)

Motion for a resolution

Amendment

– *Having regard to the Commission communication of 5 March 2020 entitled ‘A Union of Equality: Gender Equality Strategy 2020-2025’ (COM(2020)152),*

Or. en

Amendment 22

Laurence Trochu, Geadis Geadis

Motion for a resolution

Citation 12

Motion for a resolution

– having regard to the proposed guidelines of the European Medicines Agency (EMA) issued for consultation on 4 June 2025 entitled ‘ICH E21 guideline on inclusion of pregnant and breastfeeding **individuals** in clinical trials – Scientific guideline’,

Amendment

– having regard to the proposed guidelines of the European Medicines Agency (EMA) issued for consultation on 4 June 2025 entitled ‘ICH E21 guideline on inclusion of pregnant and breastfeeding **women** in clinical trials – Scientific guideline’,

Or. en

Amendment 23

Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution

Citation 12 a (new)

Motion for a resolution

Amendment

– ***Having regard European Centre for Disease Prevention and Control (ECDC) surveillance and monitoring report 'Monitoring of the responses to sexually transmitted infection epidemics in EU/EEA countries, 2024' published in December 2025^{1a},***

***^{1a} European Centre for Disease Prevention and Control (ECDC), 'Monitoring of the responses to sexually transmitted infection epidemics in EU/EEA countries, 2024', Stockholm, 2025
<https://www.ecdc.europa.eu/sites/default/files/documents/Monitoring-of-responses-to-STIs-in-EU-EEA-2024.pdf>.***

Or. en

Amendment 24

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution
Citation 12 a (new)

Motion for a resolution

Amendment

- *Having regard to the European Parliament study on ‘Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination’^{1a},*

^{1a} Study requested by the European Parliament's Committee on Women's Rights and Gender Equality, 'Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination', Policy Department for Citizens' Rights and Constitutional Affairs, European Parliament, 2024, [https://www.europarl.europa.eu/RegData/etudes/STUD/2024/761478/IPOL_STU\(2024\)761478_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2024/761478/IPOL_STU(2024)761478_EN.pdf).

Or. en

Amendment 25

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Elżbieta Katarzyna Łukacijewska, Paulo Do Nascimento Cabral

Motion for a resolution
Citation 12 b (new)

Motion for a resolution

Amendment

- *Having regard to EIGE's Gender Equality Index 2025^{1a},*

^{1a} EIGE, Gender Equality Index 2025, Publications Office of the European Union, 2025, <https://eige.europa.eu/publications-resources/publications/gender-equality->

Amendment 26

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Citation 13 a (new)

Motion for a resolution

Amendment

- *Having regard to the European Parliament study on 'Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination' as requested by the FEMM Committee, of April 2024^{1a},*

^{1a} Study requested by the European Parliament's Committee on Women's Rights and Gender Equality, 'Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination', Policy Department for Citizens' Rights and Constitutional Affairs, European Parliament, 2024, [https://www.europarl.europa.eu/RegData/etudes/STUD/2024/761478/IPOL_STU\(2024\)761478_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2024/761478/IPOL_STU(2024)761478_EN.pdf).

Amendment 27

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Citation 13 a (new)

Motion for a resolution

Amendment

- *having regard to its study entitled*

‘Gender Inequalities in Medical Research, Drug Development and Access to Care’, published by its Directorate-General for Citizens’ Rights, Justice and Institutional Affairs in November 2025;^{1a}

^{1a} Study requested by the European Parliament’s Committee on Women’s Rights and Gender Equality, ‘Gender Inequalities in Medical Research, Drug Development and Access to Care’, Policy Department for Citizens, Equality and Culture, Directorate-General for Citizens’ Rights, Justice and Institutional Affairs, European Parliament, 2025, [https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU\(2025\)778519_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU(2025)778519_EN.pdf).

Or. en

Amendment 28

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Citation 13 a (new)

Motion for a resolution

Amendment

– ***having regard to the European Parliament study on ‘Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination’^{1a},***

^{1a} Study requested by the European Parliament’s Committee on Women’s Rights and Gender Equality, ‘Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination’, Policy Department for Citizens’ Rights and Constitutional

Or. en

Amendment 29

**Jagna Marczulajtis-Walczak, Ewa Kopacz, Elżbieta Katarzyna Łukacijewska,
Mirosława Nykiel**

Motion for a resolution

Citation 13 a (new)

Motion for a resolution

Amendment

- *having regard the UN CRPD
Convention on Rights of Persons with
Disabilities ratified by the European
Union in 2010;*

Or. en

Amendment 30

**Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová
Ostrihoňová, Raquel García Hermida-Van Der Walle**

Motion for a resolution

Citation 13 b (new)

Motion for a resolution

Amendment

- *Having regard to its study entitled
‘Obstetric and gynaecological violence in
the EU - Prevalence, legal frameworks
and educational guidelines for prevention
and elimination’ published by its
Directorate-General for Parliamentary
Research Services in April 2024,^{1a}*

^{1a} *Study requested by the European
Parliament’s Committee on Women’s
Rights and Gender Equality, ‘Obstetric
and gynaecological violence in the EU -
Prevalence, legal frameworks and*

educational guidelines for prevention and elimination', Policy Department for Citizens, Equality and Culture, Directorate-General for Citizens' Rights, Justice and Institutional Affairs, European Parliament, 2024, [https://www.europarl.europa.eu/RegData/etudes/STUD/2024/761478/IPOL_STU\(2024\)761478_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2024/761478/IPOL_STU(2024)761478_EN.pdf).

Or. en

Amendment 31

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Citation 13 b (new)

Motion for a resolution

Amendment

– *Having regard to the UNDP analysis on privatised healthcare and deaths from COVID-19^{1a},*

^{1a} *Assa J., United Nations Development Programme, and Calderon MC., 'Human Development Report Office, Privatization and Pandemic: A Cross-Country Analysis of COVID-19 Rates and Health-Care Financing Structures', 2020, https://www.researchgate.net/publication/341766609_Privatization_and_Pandemic_A_Cross-Country_Analysis_of_COVID-19_Rates_and_Health-Care_Financing_Structures.*

Or. en

Amendment 32

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Citation 13 b (new)

Motion for a resolution

Amendment

– *having regard to EIGE’s Gender Equality Index 2025^{1a},*

^{1a} EIGE, Gender Equality Index 2025, Publications Office of the European Union, 2025, <https://eige.europa.eu/publications-resources/publications/gender-equality-index-2025-sharper-data-changing-world>.

Or. en

Amendment 33

Laurence Trochu, Geadis Gead

Motion for a resolution

Recital -A (new)

Motion for a resolution

Amendment

*-A **whereas gender equality policy concerns men and women;***

Or. en

Amendment 34

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital A

Motion for a resolution

Amendment

A. **whereas** medical research has historically been male-centric, leading to a lack of understanding of the female anatomy; **whereas** this systemic inequality in medicine has an impact on the diagnostics, treatment, morbidity and mortality of under-represented sectors of

A. **whereas** medical research has historically been male-centric, leading to a lack of understanding of the female anatomy; **whereas** this systemic inequality in medicine has an impact on the diagnostics, treatment, morbidity and mortality of under-represented sectors of the population; ***whereas research and***

the population;

***innovation models in the health sector
should be driven by public interest;***

Or. en

Amendment 35
Mélissa Camara

Motion for a resolution
Recital A

Motion for a resolution

A. whereas medical research has historically been male-centric, leading to ***a lack of*** understanding of ***the female anatomy***; whereas this systemic inequality in medicine has an impact on the diagnostics, treatment, morbidity and mortality of under-represented ***sectors of*** the population;

Amendment

A. whereas medical research has historically been male-centric, leading to ***insufficient*** understanding of ***women's health, physiology and sex-based difference***; whereas this systemic inequality in medicine has an impact on the diagnostics, treatment, morbidity and mortality of under-represented ***groups in*** the population, ***including women and gender-diverse people*** ;

Or. en

Amendment 36
Diana Iovanovici Șoșoacă

Motion for a resolution
Recital A

Motion for a resolution

A. whereas medical research has historically been male-centric, leading to ***a lack of*** understanding of the female anatomy; whereas this systemic inequality in medicine has an impact on the diagnostics, ***treatment***, morbidity and mortality of under-represented ***sectors*** of the population;

Amendment

A. whereas medical research has historically been male-centric, leading to ***incomplete*** understanding of the female anatomy ***and physiology***; whereas this systemic inequality in medicine has an impact on the ***accuracy of*** diagnostics, ***the effectiveness of treatments and on the rate of*** morbidity and mortality of under-represented ***groups*** of the population;

Or. ro

Amendment 37

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Recital A

Motion for a resolution

A. whereas medical research has **historically** been male-centric, leading to a lack of understanding of the female anatomy; whereas this **systemic inequality** in medicine has an impact on the diagnostics, treatment, morbidity and mortality of under-represented sectors of the population;

Amendment

A. whereas, **although medicine has never ignored women as patients**, medical research has been male-centric, leading to a lack of understanding of the **human anatomy, and female anatomy in particular**; whereas this **imbalance** in medicine has an impact on the diagnostics, treatment, morbidity and mortality of under-represented sectors of the population;

Or. en

Amendment 38

Laurence Trochu

Motion for a resolution

Recital A

Motion for a resolution

A. whereas medical research has historically been male-centric, leading to a lack of understanding of the female **anatomy**; whereas this **systemic inequality in medicine** has an impact on **the** diagnostics, treatment, morbidity and mortality **of under-represented sectors of the population**;

Amendment

A. whereas medical research has historically been **chiefly** male-centric, leading to a lack of understanding of the female **body and its specific hormonal characteristics**; whereas this **lack of understanding** has an impact on **medical treatment for women, particularly as regards** diagnostics, treatment, morbidity and mortality;

Or. fr

Amendment 39

Sirpa Pietikäinen

Motion for a resolution
Recital A a (new)

Motion for a resolution

Amendment

A a. whereas women often experience lower effectiveness to common medical interventions compared to men, resulting in disparities in health outcomes; whereas women are more likely to seek medical help than men, yet often face delayed or wrong diagnoses, receive inappropriate treatment, or have their symptoms dismissed as psychosomatic, reflecting persistent gender bias in medical research, diagnostics, and clinical practice^{1a};

^{1a} Prenuvo, The most common health misdiagnoses in women—and why they keep happening, 2025, <https://prenuvo.com/blog/the-most-common-health-misdiagnoses-in-women--and-why-they-keep-happening>.

Or. en

Amendment 40

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Recital A a (new)

Motion for a resolution

Amendment

A a. whereas health is a fundamental social right; whereas equal access to timely, affordable and high-quality healthcare, including prevention, diagnosis and treatment of gender-specific conditions, should not depend on income, employment status, place of residence, migration status, disability or gender identity and constitutes a pillar of

the European social model and a prerequisite for real equality;

Or. en

Amendment 41

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Recital A a (new)

Motion for a resolution

Amendment

A a. whereas the public health systems of several Member States, in particular mental health services, face serious structural shortages in terms of staff, hospital beds and financial resources; whereas these constraints limit their ability to respond adequately to the needs of the resident population;

Or. en

Amendment 42

Diana Iovanovici Șoșoacă

Motion for a resolution

Recital A a (new)

Motion for a resolution

Amendment

Aa. whereas women have frequently been under-represented or excluded from clinical trials, including in research into the safety and efficacy of medicines; whereas biological and hormonal differences can influence the way symptoms manifest, the course of illnesses and the response to treatment;

Or. ro

Amendment 43
Judita Lašáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution
Recital A a (new)

Motion for a resolution

Amendment

A a. Whereas the meaning of the word "gender" has diverged from its original meaning over time; whereas close alignment with the founding treaties is vital in the work of EU institutions; whereas equality of women and men, not gender equality is mentioned in the founding treaties;

Or. en

Amendment 44
Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution
Recital A a (new)

Motion for a resolution

Amendment

A a. Whereas women were on the front-line during the Covid crisis, accounting for 86 % of care workers in health services in Europe, whereas women were also more exposed to economic vulnerability, which had consequences for their physical and mental health;

Or. en

Amendment 45
Beatrice Timgren

Motion for a resolution
Recital A a (new)

Motion for a resolution

Amendment

A a. Whereas biological sex differences

are a central and evidence-based factor in diagnostics, pharmacology and treatment outcomes, and should remain the primary scientific reference point in medical research.

Or. en

Amendment 46

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Recital A a (new)

Motion for a resolution

Amendment

A a. whereas there are verifiable genetic and biological differences between men and women that have an impact on their physiological processes and health;

Or. en

Amendment 47

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution

Recital A a (new)

Motion for a resolution

Amendment

A a. Whereas health is a fundamental right, and therefore all women and men must have access to quality, affordable and accessible healthcare services;

Or. en

Amendment 48

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Recital A b (new)

Motion for a resolution

Amendment

A b. whereas real equality between men and women must be based on the recognition and respect of the genetic and biological differences between the sexes, ensuring that scientific research and healthcare adequately address the specific needs of each of them;

Or. en

Amendment 49

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital A b (new)

Motion for a resolution

Amendment

A b. whereas gender inequalities in health are rooted in structural social, economic and cultural inequalities and disproportionately affect women in precarious socio-economic conditions, thereby reinforcing cycles of poverty, exclusion and inequality;

Or. en

Amendment 50

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital A c (new)

Motion for a resolution

Amendment

A c. whereas an intersectional approach to women's health is essential, as migrant women, women with disabilities, older women, LGBTQI+

persons, women living in poverty, those residing in rural or socioeconomically disadvantaged areas, homeless women, Roma community and other marginalised groups often face multiple and additional layers of discrimination and encounter multiple barriers to accessing inclusive, culturally sensitive and quality healthcare, including language barriers, stigmatisation, lack of accessible services, and inadequate professional training;

Or. en

Amendment 51

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Recital B

Motion for a resolution

Amendment

B. whereas, although regulatory developments have improved inclusivity in clinical trials, the representation of women remains below that of men and the disparity is particularly acute for pregnant and breastfeeding women⁶ ;

deleted

⁶ *Fewer than 0.4 % of trials in the EU include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.*

Or. en

Amendment 52
Laurence Trochu

Motion for a resolution
Recital B

Motion for a resolution

B. whereas, although regulatory developments have improved inclusivity in clinical trials, the representation of women remains below that of men **and the** disparity is particularly acute for pregnant and breastfeeding women⁶;

⁶ Fewer than 0.4 % of trials in the EU include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.

Amendment

B. whereas, although regulatory developments have improved inclusivity in clinical trials, the representation of women remains below that of men **in the phases with the highest level of risk (phases 1 and 2) while outstripping the 50 % mark in many pivotal trials (phases 2 and 3) for non-sex-specific products; welcomes the fact that this** disparity is particularly acute for pregnant and breastfeeding women⁶ **given the obvious child safety and ethical concerns but also in the light of the major biological changes which pregnancy and breastfeeding entail;**

⁶ Fewer than 0.4 % of trials in the EU include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.

Or. fr

Amendment 53
Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Recital B

Motion for a resolution

B. whereas, although regulatory developments have improved inclusivity in clinical trials, the representation of women remains below that of men and the disparity is particularly acute for pregnant and breastfeeding women⁶ ;

⁶ Fewer than 0.4 % of trials in the EU include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.

Amendment

B. whereas, although regulatory developments have improved inclusivity in clinical trials, the representation of women remains below that of men and the disparity is particularly acute for pregnant and breastfeeding women⁶ ; ***whereas more inclusive research, including on pregnant and breastfeeding women, is needed to reduce avoidable risks to maternal health;***

⁶ Fewer than 0.4 % of trials in the EU include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.

Or. en

Amendment 54
Mélissa Camara

Motion for a resolution
Recital B

Motion for a resolution

B. whereas, although regulatory developments have improved inclusivity in clinical trials, the representation of women remains below that of men and the disparity is particularly acute for pregnant and breastfeeding women⁶ ;

⁶ Fewer than 0.4 % of trials in the EU

Amendment

B. whereas, although regulatory developments have improved inclusivity in clinical trials, the representation of women remains below that of men and the disparity is particularly acute for pregnant and breastfeeding women⁶; ***whereas this undermines the safety and effectiveness of medicines and treatments for women ;***

⁶ Fewer than 0.4 % of trials in the EU

include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.

include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.

Or. en

Amendment 55

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Recital B

Motion for a resolution

B. whereas, although regulatory developments have improved **inclusivity** in clinical trials, the representation of women remains below that of men and the disparity is particularly acute for pregnant and breastfeeding women⁶ ;

⁶ Fewer than 0.4 % of trials in the EU include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.

Amendment

B. whereas, although regulatory developments have improved **the presence of women** in clinical trials, the representation of women remains below that of men and the disparity is particularly acute for pregnant and breastfeeding women⁶ ;

⁶ Fewer than 0.4 % of trials in the EU include pregnant or breastfeeding women according to data from the Clinical Trials Information System cited by the European Medicines Agency on 4 June 2025. European Medicines Agency, ‘New guideline on inclusion of pregnant and breastfeeding individuals in clinical trials’, 2025, https://www.ema.europa.eu/en/news/new-guideline-inclusion-pregnant-breastfeeding-individuals-clinical-trials?utm_source=chatgpt.com.

Or. en

Amendment 56

**Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová
Ostrihoňová, Raquel García Hermida-Van Der Walle**

Motion for a resolution

Recital B a (new)

Motion for a resolution

Amendment

B a. Whereas, as a consequence of this lack of sufficiently balanced representation in the development stage of drugs, women experience adverse drug reactions (ADRs) 50% to 75% more often than men;^{1a}

^{1a} Zucker, I., & Prendergast, B. J. "Sex differences in pharmacokinetics predict adverse drug reactions in women." *Biology of Sex Differences*. June 2020.

Or. en

Amendment 57

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Recital B a (new)

Motion for a resolution

Amendment

B a. whereas certain patient groups remain under-represented in clinical research, which may limit the availability of robust evidence on treatment outcomes across the population;

Or. en

Amendment 58

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital C

Motion for a resolution

C. whereas transgender people and marginalised communities are absent from **most** clinical trials, **meaning that their response to treatment is often unknown**⁷ ;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, *BJOG*, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Amendment

C. whereas transgender people and marginalised communities are **often** absent from clinical trials, **and medical research, resulting in significant gaps in evidence regarding the safety and effectiveness of treatments; whereas this lack of data contributes to unequal access to appropriate, timely and high-quality healthcare**⁷;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, *BJOG*, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Or. en

Amendment 59

Laurence Trochu

Motion for a resolution

Recital C

Motion for a resolution

C. whereas **transgender people and marginalised communities are** absent from most clinical trials, **meaning that their response to treatment is often unknown**⁷;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, *BJOG*, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Amendment

C. whereas people **who are undergoing or have completed gender transition processes are, like many patient groups living with specific medical conditions, bound to be** absent from most clinical trials, **particularly given their lack of representativeness**;

Or. fr

Amendment 60

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital C

Motion for a resolution

C. whereas transgender people and marginalised communities are absent from most clinical trials, meaning that their response to treatment is often unknown⁷ ;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, BJOG, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Amendment

C. whereas transgender people and marginalised communities, **as for example ethnic minorities and women with disabilities**, are absent **or disproportionately excluded** from most clinical trials, meaning that their response to treatment is often unknown⁷ ;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, BJOG, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Or. en

Amendment 61

Mélissa Camara

Motion for a resolution

Recital C

Motion for a resolution

C. whereas transgender people and marginalised communities are absent from most clinical trials, meaning that their response to treatment is often unknown⁷ ;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, BJOG, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Amendment

C. whereas transgender, **non-binary and intersex** people and marginalised communities are absent from most clinical trials, meaning that their response to treatment is often unknown⁷ ;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, BJOG, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Amendment 62**Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión****Motion for a resolution****Recital C***Motion for a resolution*

C. whereas ***transgender people and marginalised communities are absent*** from most clinical trials, meaning that their response to treatment is often unknown⁷ ;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, BJOG, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Amendment

C. whereas ***certain categories of patients are underrepresented*** from most clinical trials, meaning that their response to treatment is often unknown⁷ ;

⁷ Brotto, L.A. and Galea, L.A.M., ‘Gender inclusivity in women’s health research’, BJOG, Vol. 129, No. 12, 2022, <https://doi.org/10.1111%2F1471-0528.17231>.

Amendment 63**Sirpa Pietikäinen****Motion for a resolution****Recital C a (new)***Motion for a resolution**Amendment*

C a. whereas poverty and social exclusion have a significant impact on health outcomes and access to healthcare, disproportionately and intersectionally affecting women, particularly women with disabilities, young and single mothers, older women, women of colour, migrant women, women living in rural and remote regions, the LGBTIQ+ community, homeless women and those in informal or precarious employment; whereas

inequalities in income, unpaid care responsibilities, and employment contribute to women's higher risk of poverty and consequently poorer health;

Or. en

Amendment 64

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital C a (new)

Motion for a resolution

Amendment

C a. whereas unequal access to healthcare services across the Union, particularly in rural, remote, mountainous, island areas and outermost regions, constitutes a significant barrier to timely diagnosis and treatment of gender-specific conditions, including endometriosis, cardiovascular disease and certain cancers; whereas long travel times, insufficient public transport and limited availability of specialised healthcare services disproportionately affect women and exacerbate existing health inequalities;

Or. en

Amendment 65

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital C a (new)

Motion for a resolution

Amendment

C a. whereas women face greater financial barriers than men in accessing health services; whereas these barriers

are further exacerbated for marginalised groups due to lower wages, precarious employment, unpaid care responsibilities, and housing instability, all of which limit timely, affordable, and high-quality access to healthcare, resulting in worse health conditions among women;

Or. en

Amendment 66
Sirpa Pietikäinen

Motion for a resolution
Recital C b (new)

Motion for a resolution

Amendment

C b. whereas women in the EU live longer than men but spend a greater proportion of those additional years in poor health, a disparity referred to as the “healthy life years gap”; whereas older women represent the majority of residents in long-term care facilities, many of them having memory-disabling diseases, and often experience inadequate access to treatment of symptoms and chronic conditions, disproportionately affecting their overall health and well-being;

Or. en

Amendment 67
Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Recital C b (new)

Motion for a resolution

Amendment

C b. whereas fair and decent pay is essential for women's economic independence and enables women to leave

situations of domestic violence; whereas addressing the gender pay, pension and care gap requires legislative and policy measures as well as a shift in societal attitudes supported by data-driven communication and educational initiatives;

Or. en

Amendment 68

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital D

Motion for a resolution

D. whereas 72 % of studies on drug trials fail to provide sex and gender-disaggregated data⁸ ;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Amendment

D. whereas 72 % of studies on drug trials fail to provide sex- and gender-disaggregated data⁸, ***which undermines the ability of healthcare systems to deliver safe, effective and evidence-based treatment for all patients; whereas this limits understanding of sex-specific disease burden, treatment response and safety across a wide range of conditions affecting women;***

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Or. en

Amendment 69

Laurence Trochu

Motion for a resolution

Recital D

Motion for a resolution

D. whereas 72 % of studies on drug trials fail to provide sex and gender-disaggregated data⁸;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Amendment

D. whereas 72 % of studies on drug trials fail to provide sex and gender-disaggregated⁸ data; ***whereas sexual orientations and the development of individual gender identities, including those of a temporary nature, provide no added value to clinical trials besides assessing the potential impact of endocrine and psychological disorders;***

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Or. fr

Amendment 70

Diana Iovanovici Șoșoacă

Motion for a resolution

Recital D

Motion for a resolution

D. whereas 72 % of studies on drug trials fail to provide sex and gender-disaggregated data⁸;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Amendment

D. whereas 72 % of studies on drug trials fail to provide sex and gender-disaggregated data⁸; ***whereas the lack of sex- and gender-disaggregated health data limits the development of fair and personalised medical interventions;***

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Amendment 71

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution**Recital D***Motion for a resolution*

D. whereas 72 % of studies on drug trials fail to provide sex and gender-disaggregated data⁸;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Amendment

D. whereas 72 % of studies on drug trials fail to provide sex and gender-disaggregated data⁸, ***which, in the case of diseases affecting women, significantly limits our ability to understand the factors contributing to their prevalence and how they respond to treatment***;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Amendment 72

Mélissa Camara

Motion for a resolution**Recital D***Motion for a resolution*

D. whereas 72 % of studies on drug trials fail to ***provide*** sex and gender-disaggregated data⁸ ;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp->

Amendment

D. whereas 72 % of studies on drug trials fail to ***report and publish*** sex and gender-disaggregated data⁸ ;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp->

content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf.

content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf.

Or. en

Amendment 73

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Recital D

Motion for a resolution

D. whereas 72 % of studies on drug trials fail to provide *sex and gender-disaggregated* data⁸ ;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Amendment

D. whereas 72 % of studies on drug trials fail to provide *sex-disaggregated* data⁸ ;

⁸ Care4Everybody study, ‘Mind the Gap: Costs, consequences and correction of sex and gender inequality in medicine’ (2023), <https://www.care4everybody.org/wp-content/uploads/2023/12/Mind-the-Gap-Costs-Consequences-and-Correction-of-Gender-Inequality-in-Medicine.pdf>.

Or. en

Amendment 74

Sirpa Pietikäinen

Motion for a resolution

Recital D a (new)

Motion for a resolution

Amendment

D a. whereas reproductive and hormonal transitions such as menstruation, pregnancy, and menopause have a profound impact on women’s physical, mental, and social well-being throughout their lives; whereas these conditions are often stigmatised, misunderstood, or insufficiently addressed

in health systems, workplaces, and education;

Or. en

Amendment 75
Mélissa Camara

Motion for a resolution
Recital D a (new)

Motion for a resolution

Amendment

D a. whereas highly feminised occupations, notably in the care, retail, cleaning, home care and service sectors, disproportionately expose women to repeated physical and psychosocial strain, leading to premature health deterioration, musculoskeletal disorders, chronic pain and increased mental health risks;

Or. en

Amendment 76
Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Recital D a (new)

Motion for a resolution

Amendment

D a. whereas the lack of systematic data collection and insufficient disaggregated data on sexual and reproductive health make it difficult to develop effective policies and address inequalities, particularly for women in vulnerable situations;

Or. en

Amendment 77
Mélissa Camara

Motion for a resolution
Recital D b (new)

Motion for a resolution

Amendment

D b. whereas occupational health and safety standards, including criteria related to arduousness and risk exposure, have historically been designed around male-dominated occupations and career patterns, resulting in the under-recognition of health damage linked to feminised work and insufficient protection for women workers;

Or. en

Amendment 78
Mélissa Camara

Motion for a resolution
Recital D c (new)

Motion for a resolution

Amendment

D c. whereas women's over-representation in precarious, fragmented or part-time employment limits their effective access to occupational health services, prevention measures and medical follow-up, thereby reinforcing gender inequalities in health;

Or. en

Amendment 79
Laurence Trochu

Motion for a resolution
Recital E

Motion for a resolution

Amendment

E. whereas the ability of individuals to exercise their sexual and reproductive health and rights (SRHR) must be guaranteed in order to achieve gender equality; *deleted*

Or. fr

Amendment 80

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital E

Motion for a resolution

E. whereas the *ability of individuals to exercise their* sexual and reproductive health and rights (SRHR) *must be guaranteed in order to achieve* gender equality;

Amendment

E. whereas the *full, effective, and universal access to* sexual and reproductive health and rights (SRHR) *including comprehensive and science-based sexuality and relationships education, affordable and high-quality contraception, fertility care, and safe and legal abortion services, is a fundamental pillar of* gender equality, *social justice, and bodily integrity, privacy and personal autonomy, and is essential to ensuring the dignity, health, and equal participation of women and girls in all areas of life;*

Or. en

Amendment 81

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen

Motion for a resolution

Recital E

Motion for a resolution

E. whereas the ability of individuals to exercise their sexual and reproductive health and rights (SRHR) must be guaranteed in order to achieve gender

Amendment

E. whereas the ability of individuals to exercise their sexual and reproductive health and rights (SRHR) must be guaranteed in order to achieve gender

equality;

equality; *whereas certain categories of the population, particularly those in precarious situations, those residing in overseas territories or those residing in rural areas, still face significant barriers in accessing quality healthcare;*

Or. en

Amendment 82
Mélissa Camara

Motion for a resolution
Recital E

Motion for a resolution

E. whereas the ability of individuals to exercise their sexual and reproductive health and rights (SRHR) ***must be guaranteed in order*** to achieve gender equality;

Amendment

E. whereas the ability of individuals to exercise their sexual and reproductive health and rights (SRHR) ***is essential*** to achieve ***fundamental rights***, gender equality ***and ensure bodily autonomy***;

Or. en

Amendment 83
Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution
Recital E

Motion for a resolution

E. whereas the ability of individuals to exercise their sexual and reproductive health and rights (SRHR) must be guaranteed in order to achieve gender equality;

Amendment

E. whereas the ability of individuals to exercise ***the full breadth of*** their sexual and reproductive health and rights (SRHR) must be guaranteed in order to achieve gender equality;

Or. en

Amendment 84
Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Recital E

Motion for a resolution

E. whereas ***the ability of individuals to exercise their sexual and reproductive health and rights (SRHR) must be guaranteed in order to achieve gender equality;***

Amendment

E. whereas ***access to appropriate reproductive healthcare is an important determinant of women's health outcomes;***

Or. en

Amendment 85

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Recital E a (new)

Motion for a resolution

Amendment

E a. whereas, in order to achieve effective equality in the field of women's health, it is essential to specifically address aspects inherent to their biological condition, in particular gynaecological health, including pregnancy and its progression, as well as to strengthen the prevention, early diagnosis, and appropriate treatment of diseases that affect women specifically or with higher prevalence, such as endometriosis, breast, ovarian, and cervical cancer, conditions associated with menopause, and osteoporosis, among others;

Or. en

Amendment 86

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Recital E a (new)

E a. whereas, SRHR include access to contraceptive services, safe and legal abortion care, fertility treatments, access to scientifically-based information, age-appropriate sexuality and relationship education, as well as quality obstetric and gynaecological care; whereas despite some progress, in practice, these services and access to this information remains partially unavailable in some Member States;

Or. en

Amendment 87

Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution

Recital E a (new)

E a. Whereas sexually transmitted infections (STIs) continue to surge across the European Union while significant barriers to preventative measures and testing, and a lack of data are hindering efforts to curb the epidemics of chlamydia, gonorrhoea, and syphilis remain^{1a};

***^{1a} European Centre for Disease Prevention and Control (ECDC), 'Monitoring of the responses to sexually transmitted infection epidemics in EU/EEA countries, 2024', Stockholm, 2025
<https://www.ecdc.europa.eu/sites/default/files/documents/Monitoring-of-responses-to-STIs-in-EU-EEA-2024.pdf>.***

Or. en

Amendment 88

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Recital E b (new)

Motion for a resolution

Amendment

E b. whereas diseases such as osteoporosis, migraine, and certain types of cancer have a clear relationship with hormonal processes, which requires the adoption of specific protocols adapted for women;

Or. en

Amendment 89

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Recital E c (new)

Motion for a resolution

Amendment

E c. whereas informed consent constitutes a fundamental requirement and an essential ethical and legal precondition for any medical intervention, including the obligation to provide clear, accurate, and comprehensive information regarding the method of use of the medicinal product or medical procedure in question, its mechanism of action, associated risks, and potential side effects;

Or. en

Amendment 90

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Recital E d (new)

Motion for a resolution

Amendment

E d. whereas there is a prevailing narrative that portrays motherhood and fertility as realities to be combated and presents contraception as a prerequisite for achieving equality between women and men;

Or. en

Amendment 91
Laurence Trochu

Motion for a resolution
Recital F

Motion for a resolution

Amendment

F. whereas more than 20 million women⁹ in the EU still do not have access to safe and legal abortion, as several Member States maintain harmful regulatory and procedural barriers;

deleted

⁹ This figure is based on the number of women living in Poland and Malta who do not have access to abortion because of restrictive laws in their countries of residence and restrictions and limitations in other EU Member States.

Or. fr

Amendment 92
Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution
Recital F

Motion for a resolution

Amendment

F. whereas more than 20 million women⁹ in the EU still do not have access to safe and legal abortion, as several Member States maintain harmful regulatory and procedural barriers;

deleted

⁹ This figure is based on the number of women living in Poland and Malta who do not have access to abortion because of restrictive laws in their countries of residence and restrictions and limitations in other EU Member States.

Or. en

Amendment 93
Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution
Recital F

Motion for a resolution

Amendment

F. *whereas more than 20 million women⁹ in the EU still do not have access to safe and legal abortion, as several Member States maintain harmful regulatory and procedural barriers;* **deleted**

⁹ This figure is based on the number of women living in Poland and Malta who do not have access to abortion because of restrictive laws in their countries of residence and restrictions and limitations in other EU Member States.

Or. en

Amendment 94
Mélissa Camara

Motion for a resolution
Recital F

Motion for a resolution

Amendment

F. *whereas more than 20 million women⁹ in the EU still do not have access to safe and legal abortion, as several Member States maintain harmful*

F. *whereas more than 20 million women⁹ in the EU still do not have access to safe and legal abortion, as several Member States maintain harmful **and***

regulatory and procedural barriers;

discriminatory regulatory and procedural barriers;

⁹ This figure is based on the number of women living in Poland and Malta who do not have access to abortion because of restrictive laws in their countries of residence and restrictions and limitations in other EU Member States.

⁹ This figure is based on the number of women living in Poland and Malta who do not have access to abortion because of restrictive laws in their countries of residence and restrictions and limitations in other EU Member States.

Or. en

Amendment 95

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital F a (new)

Motion for a resolution

Amendment

F a. whereas gender-based violence, in all its forms, including physical, sexual, psychological and economic violence, female genital mutilation and its medicalisation constitutes a serious violation of fundamental rights and a major public health issue, with profound and long-lasting impacts on women's physical, mental, sexual and reproductive health, whereas it increases the risk of chronic illness, depression, anxiety and post-traumatic stress disorder;

Or. en

Amendment 96

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Recital F a (new)

Motion for a resolution

Amendment

F a. whereas sufficient opportunities for research in the prenatal and perinatal fields are not being provided, and whereas such research is currently insufficiently developed or advanced, thereby failing to realise its full potential benefits for the improvement of maternal and infant health;

Or. en

Amendment 97
Mélissa Camara

Motion for a resolution
Recital F a (new)

Motion for a resolution

Amendment

F a. whereas comprehensive sexuality education (CSE) is crucial for promoting consent, sexual and reproductive health and rights, preventing gender-based violence and countering disinformation and stigma, yet is still not universally accessible in the EU;

Or. en

Amendment 98
Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová
Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Recital F a (new)

Motion for a resolution

Amendment

F a. whereas the European Citizen's Initiative entitled "My Voice, My Choice" was a direct call from EU citizens for the EU to ensure access to safe and legal abortion for all while respecting the division of competences under the Treaties;

Amendment 99

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Recital F a (new)

Motion for a resolution

Amendment

F a. whereas access to reproductive healthcare services varies significantly between Member States due to differing legal, ethical and cultural frameworks, which fall within national competences;

Or. en

Amendment 100

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Recital F a (new)

Motion for a resolution

Amendment

F a. Whereas the existence and reality of violence in obstetric and gynaecological settings across the EU has increasingly been acknowledged and recognised;

Or. en

Amendment 101

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital F b (new)

Motion for a resolution

Amendment

F b. whereas certain socio-economic factors and inequalities increase women's exposure to gender-based violence, deepening existing health, social and economic disparities;

Or. en

Amendment 102

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Recital F b (new)

Motion for a resolution

Amendment

F b. whereas the European Commission in its Gender Equality Strategy 2020-2025 committed to issuing Recommendations on preventing harmful practices against women and girls;

Or. en

Amendment 103

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital F c (new)

Motion for a resolution

Amendment

F c. whereas obstetric and gynaecological violence, including verbal abuse, discrimination and non-consensual procedures during pregnancy, childbirth and abortion care, constitutes a violation of women's rights and dignity;

Or. en

Amendment 104

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital F d (new)

Motion for a resolution

Amendment

F d. whereas women with disabilities continue to be subjected to unnecessary or non-consensual medical treatments and interventions, including forced sterilisation, which remains a reality in some parts of the EU and was not explicitly prohibited in the Directive on violence against women and domestic violence, despite repeated calls from civil society organisations for its ban;

Or. en

Amendment 105

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital F e (new)

Motion for a resolution

Amendment

F e. whereas women and girls are disproportionately affected by a range of chronic and gender-specific conditions, including endometriosis, polycystic ovary syndrome (PCOS), uterine fibroids, premenstrual dysphoric disorder (PMDD), chronic pelvic pain, osteoporosis and autoimmune diseases - which remain under-researched, under-diagnosed and frequently minimised in clinical practice; whereas a lack of awareness on female-specific conditions persists among healthcare professionals;

Or. en

Amendment 106

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital F f (new)

Motion for a resolution

Amendment

F f. whereas musculoskeletal disorders such as rheumatoid arthritis, lupus, osteoarthritis, gout, and back pain disproportionately affect women^{1a} and their symptoms in women are often dismissed or can present differently from “textbook” symptoms, leading to significant misdiagnosis or diagnosis delays compared to men^{1b},

^{1a} Woolf, Anthony D, and Bruce Pfleger. 'Burden of major musculoskeletal conditions', Bulletin of the World Health Organization, vol. 81,9 (2003): 646-56.

^{1b} Jovani V, Blasco-Blasco M, Pascual E, et al., 'Challenges to conquer from the gender perspective in medicine: The case of spondyloarthritis', 2018, <https://doi.org/10.1371/journal.pone.0205751>.

Or. en

Amendment 107

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Recital G

Motion for a resolution

Amendment

G. whereas endometriosis is a chronic condition affecting 10-15 % of women of reproductive age¹⁰ ;

G. whereas endometriosis is a chronic condition affecting 10-15 % of women of reproductive age¹⁰ *and can cause*

symptoms such as severe pain, fatigue, and heavy bleeding which result in an estimated annual cost of sick leave of €30 billion in the EU;

¹⁰ Becker, K., Heinemann, K., Imthurn, B. Marions, L. Moehner, S. et al. ‘Real world data on symptomology and diagnostic approaches of 27,840 women living with endometriosis’, Scientific Reports Vol. 11, No. 20404, 2021, <https://doi.org/10.1038/s41598-021-99681-3>; Eder, C. and Roomaney R., ‘Transgender and non-binary people’s perception of their healthcare in relation to their endometriosis’, International Journal of Transgender Health, Vol. 25, No. 4, 2025, 911-925, <https://journals.sagepub.com/doi/10.1177/13591053241266249>.

¹⁰ Becker, K., Heinemann, K., Imthurn, B. Marions, L. Moehner, S. et al. ‘Real world data on symptomology and diagnostic approaches of 27,840 women living with endometriosis’, Scientific Reports Vol. 11, No. 20404, 2021, <https://doi.org/10.1038/s41598-021-99681-3>; Eder, C. and Roomaney R., ‘Transgender and non-binary people’s perception of their healthcare in relation to their endometriosis’, International Journal of Transgender Health, Vol. 25, No. 4, 2025, 911-925, <https://journals.sagepub.com/doi/10.1177/13591053241266249>.

Or. en

Amendment 108

Laurence Trochu

Motion for a resolution

Recital G

Motion for a resolution

G. whereas endometriosis is a chronic condition affecting 10-15 % of women of reproductive age¹⁰;

¹⁰ Becker, K., Heinemann, K., Imthurn, B. Marions, L. Moehner, S. et al. ‘Real world data on symptomology and diagnostic approaches of 27,840 women living with endometriosis’, Scientific Reports Vol. 11, No. 20404, 2021, <https://doi.org/10.1038/s41598-021-99681-3>; Eder, C. and Roomaney R., ‘Transgender and non-binary people’s

Amendment

G. whereas endometriosis is a chronic condition affecting 10-15 % of women of reproductive age¹⁰ ***which entails incapacitating symptoms and can affect fertility as well as mental health;***

¹⁰ Becker, K., Heinemann, K., Imthurn, B. Marions, L. Moehner, S. et al. ‘Real world data on symptomology and diagnostic approaches of 27,840 women living with endometriosis’, Scientific Reports Vol. 11, No. 20404, 2021, <https://doi.org/10.1038/s41598-021-99681-3>; Eder, C. and Roomaney R., ‘Transgender and non-binary people’s

perception of their healthcare in relation to their endometriosis', International Journal of Transgender Health, Vol. 25, No. 4, 2025, 911-925, <https://journals.sagepub.com/doi/10.1177/13591053241266249>.

perception of their healthcare in relation to their endometriosis', International Journal of Transgender Health, Vol. 25, No. 4, 2025, 911-925, <https://journals.sagepub.com/doi/10.1177/13591053241266249>.

Or. fr

Amendment 109

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital H

Motion for a resolution

H. whereas, despite the prevalence of endometriosis, it takes on average 6 to 10 years to diagnose;

Amendment

H. whereas, despite the prevalence of endometriosis, it takes on average 6 to 10 years to diagnose; ***whereas delayed diagnosis of endometriosis results in prolonged suffering, reduced quality of life and increased socio-economic costs, including loss of productivity and increased pressure on healthcare systems; whereas early diagnosis and appropriate treatment can significantly improve health outcomes;***

Or. en

Amendment 110

Diana Iovanovici Șoșoacă

Motion for a resolution

Recital H

Motion for a resolution

H. whereas, despite the prevalence of endometriosis, it takes on average 6 to 10 years to diagnose;

Amendment

H. whereas, despite the prevalence of endometriosis, it takes on average 6 to 10 years to diagnose; ***whereas it is imperative that medical research and clinical trials be conducted to improve the accuracy of diagnoses and the effectiveness of***

treatments with a view to reducing this period, supporting the women affected and reducing the impact of endometriosis in the long term;

Or. ro

Amendment 111
Sirpa Pietikäinen

Motion for a resolution
Recital H a (new)

Motion for a resolution

Amendment

H a. whereas significant gender and age disparities persist in the diagnosis of diseases, with women and children facing notably longer waiting times for accurate diagnoses compared to men and adults; whereas survey data show that women with rare diseases wait an average of 5.4 years to receive a diagnosis, compared to 3.7 years for men^{1a}; whereas women are often misdiagnosed because sex-specific symptoms are not sufficiently recognised, and because medicines predominantly tested on men may be less effective on women or cause side effects to women that obscure the original condition, leading to inaccurate conclusions and an increased risk of inadequate or harmful treatment;

^{1a} *EURORDIS-Rare Diseases Europe, 'Major survey reveals lengthy diagnostic delays for rare disease patients', 2024, <https://www.eurordis.org/survey-reveals-lengthy-diagnostic-delays/#>*

Or. en

Amendment 112
Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution
Recital H a (new)

Motion for a resolution

Amendment

H a. Whereas Polycystic ovary syndrome (PCOS) is a common endocrine disorder affecting an estimated 11–13% of women worldwide^{1a} and has significant implications for fertility and long-term metabolic health; whereas up to 70% of affected women remain undiagnosed and no approved treatment currently exists that addresses the root causes of the condition due to limited understanding of its underlying mechanisms;

^{1a} Gao, X., Zhao, S., Du, Y. et al., 'Data-driven subtypes of polycystic ovary syndrome and their association with clinical outcomes', Nat Med 31, 4214–4224 (2025), <https://doi.org/10.1038/s41591-025-03984-1>

Or. en

Amendment 113
Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution
Recital H a (new)

Motion for a resolution

Amendment

H a. whereas migraine disproportionately affects women, constitutes one of the leading causes of disability in working-age populations, and continues to be underdiagnosed and inadequately treated in many healthcare systems;

Or. en

Amendment 114

Mélissa Camara

Motion for a resolution

Recital H a (new)

Motion for a resolution

Amendment

H a. whereas the diagnostic delay for endometriosis is systemic and reflects structural bias in healthcare;

Or. en

Amendment 115

Laurence Trochu

Motion for a resolution

Recital I

Motion for a resolution

Amendment

I. whereas 85 % of women experience menopause symptoms and by 2030, an estimated 1.2 billion women will be experiencing menopause globally¹¹;

I. whereas 85 % of women experience ***pre-menopause and*** menopause symptoms and by 2030, an estimated 1.2 billion women will be experiencing menopause globally¹¹; ***whereas these conditions entail a spectrum of symptoms that is far broader than those that are typically recognised and both doctors and the women themselves are lacking information on the major upheaval which this natural, albeit distressing, phase in a woman's life entails;***

¹¹ Davaki, K., study requested by the European Parliament's Committee on Women's Rights and Gender Equality, 'Gender Inequalities in Medical Research, Drug Development and Access to Care', Policy Department for Citizens, Equality and Culture, Directorate-General for Citizens' Rights, Justice and Institutional Affairs, European Parliament, 2025, p. 86, [https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU\(2025\)778519_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU(2025)778519_EN.pdf).

¹¹ Davaki, K., study requested by the European Parliament's Committee on Women's Rights and Gender Equality, 'Gender Inequalities in Medical Research, Drug Development and Access to Care', Policy Department for Citizens, Equality and Culture, Directorate-General for Citizens' Rights, Justice and Institutional Affairs, European Parliament, 2025, p. 86, [https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU\(2025\)778519_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU(2025)778519_EN.pdf).

Amendment 116

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution**Recital I***Motion for a resolution*

I. whereas 85 % of women experience menopause symptoms and by 2030, an estimated 1.2 billion women will be experiencing menopause globally¹¹ ;

¹¹ Davaki, K., study requested by the European Parliament's Committee on Women's Rights and Gender Equality, 'Gender Inequalities in Medical Research, Drug Development and Access to Care', Policy Department for Citizens, Equality and Culture, Directorate-General for Citizens' Rights, Justice and Institutional Affairs, European Parliament, 2025, p. 86, [https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU\(2025\)778519_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU(2025)778519_EN.pdf).

Amendment

I. whereas 85 % of women experience menopause symptoms and ***the majority of women affected by menopause say that it negatively impacts their livelihoods;*** ***whereas***, by 2030, an estimated 1.2 billion women will be experiencing menopause globally¹¹ ;

¹¹ Davaki, K., study requested by the European Parliament's Committee on Women's Rights and Gender Equality, 'Gender Inequalities in Medical Research, Drug Development and Access to Care', Policy Department for Citizens, Equality and Culture, Directorate-General for Citizens' Rights, Justice and Institutional Affairs, European Parliament, 2025, p. 86, [https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU\(2025\)778519_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU(2025)778519_EN.pdf).

Amendment 117

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution**Recital I a (new)***Motion for a resolution**Amendment*

I a. whereas menopause and perimenopause remain insufficiently

recognised as major health and social issues, with associated symptoms widely disregarded, leading to unequal access to specialist and evidence-based care, unequal availability of hormone therapies, inadequate workplace accommodations, and negative impacts on women's participation in working life;

Or. en

Amendment 118
Mélissa Camara

Motion for a resolution
Recital I a (new)

Motion for a resolution

Amendment

I a. whereas the lack of adequate menopause care contributes to stigma, discrimination at work and a deterioration of quality of life, with direct consequences for economic independence and social participation;

Or. en

Amendment 119
Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Recital I a (new)

Motion for a resolution

Amendment

I a. whereas 85 % of women experience menopause symptoms^{1a} which can significantly affect their physical and mental health, quality of life and participation in the labour market;

^{1a} Davaki, K., study requested by the European Parliament's Committee on

Women's Rights and Gender Equality, 'Gender Inequalities in Medical Research, Drug Development and Access to Care', Policy Department for Citizens, Equality and Culture, Directorate-General for Citizens' Rights, Justice and Institutional Affairs, European Parliament, 2025, [https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU\(2025\)778519_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2025/778519/IUST_STU(2025)778519_EN.pdf).

Or. en

Amendment 120

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution Recital I a (new)

Motion for a resolution

Amendment

I a. whereas globally, one in six people face infertility^{1a}, with women disproportionately affected by both the social stigma^{1b} and the physical burden of treatment;

^{1a} World Health Organisation, Infertility Fact Sheet, 2025, <https://www.who.int/news-room/fact-sheets/detail/infertility>

*^{1b} Xie Y, Ren Y, Niu C, Zheng Y, Yu P, Li L., 'The impact of stigma on mental health and quality of life of infertile women: A systematic review', *Front Psychol*, 2023, https://pmc.ncbi.nlm.nih.gov/articles/PMC9869765/?utm_source=chatgpt.com.*

Or. en

Amendment 121

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital I b (new)

Motion for a resolution

Amendment

I b. whereas globally, one in six people face infertility, translating to approximately 25 million EU citizens, with women disproportionately affected by both the social stigma of infertility and the physical burden of treatment;

Or. en

Amendment 122

Diana Iovanovici Șoșoacă

Motion for a resolution

Recital J

Motion for a resolution

Amendment

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹²;

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹²; ***whereas prevention and screening programmes do not always take into account biological, behavioural, socio-economic and access to healthcare factors, or sex and gender differences, which can result in the late detection of certain cancers;***

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

Or. ro

Amendment 123

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital J

Motion for a resolution

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹² ;

¹² Eurostat, Statistics Explained, 'Cancer statistics', data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

Amendment

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹², ***despite women up until 49 years old having higher probability of developing melanoma than any other cancer, except breast or thyroid cancer^{12a}***;

¹² Eurostat, Statistics Explained, 'Cancer statistics', data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

^{12a} ***John Hopkins Medicine, 'Melanoma: What Women Need to Know About This Skin Cancer', 2025, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/melanoma/melanoma-what-women-need-to-know-about-this-skin-cancer>***

Or. en

Amendment 124

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital J

Motion for a resolution

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹²;

Amendment

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹²; ***whereas melanoma is the third most common cancer in women under 49,***

after breast and thyroid cancer;

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

Or. pl

Amendment 125

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital J

Motion for a resolution

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹² ;

Amendment

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹²; ***whereas every year, more than 1.2 million women are diagnosed with cancer in the European Union, with nearly 600,000 losing their lives;***

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

Or. en

Amendment 126

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Recital J

Motion for a resolution

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹² ;

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

Amendment

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹² , ***but that disparities also exist among women, due to socio-economic differences and differences in access to screening***;

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

Or. en

Amendment 127

Maria Walsh, Loucas Fourlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Recital J

Motion for a resolution

J. whereas cancer is the second leading cause of death in the EU and has a higher mortality rate for men than women¹² ;

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

Amendment

J. whereas cancer ***affects 12 million European women***, is the second leading cause of death in the EU and has a higher mortality rate for men than women¹² ;

¹² Eurostat, Statistics Explained, ‘Cancer statistics’, data extracted in March 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics

Or. en

Amendment 128

Diana Iovanovici Șoșoacă

Motion for a resolution

Recital K

Motion for a resolution

K. whereas the 2022 Commission and Council target of offering cancer screening to at least 90 % of those eligible by 2025 is not being met universally across the EU;

Amendment

K. whereas the 2022 Commission and Council target of offering cancer screening to at least 90 % of those eligible by 2025 is not being met universally across the EU, ***and whereas in many Member States hospitals and medical establishment do not systematically and sufficiently inform the eligible population about the existence, availability and importance of screening programmes;***

Or. ro

Amendment 129

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital K a (new)

Motion for a resolution

Amendment

K a. whereas common diseases such as cardiovascular disease, autoimmune diseases, certain types of cancer, and sexually transmitted infections often manifest differently in women, and that these specific sex- and gender-related differences, as well as interactions between risk factors such as smoking, alcohol consumption, overweight, obesity, and physical inactivity, are still not sufficiently taken into account in research and clinical practice, leading to delays or errors in diagnosis;

Or. en

Amendment 130

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital L

Motion for a resolution

L. whereas cardiovascular disease is the leading cause of death in the EU with a higher female than male mortality rate, despite prevailing societal misconceptions¹³ ;

¹³ Eurostat, Statistics Explained, ‘Cardiovascular diseases statistics’, data extracted in July 2025, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cardiovascular_diseases_statistics.

Amendment

L. whereas cardiovascular disease is the leading cause of death in the EU with a higher female than male mortality rate, despite prevailing societal misconceptions¹³ ; ***whereas cardiovascular disease is the leading cause of death in the EU and has a higher female than male mortality rate; whereas gender-specific symptoms in women are frequently under-recognised, leading to delayed diagnosis and treatment;***

¹³ Eurostat, Statistics Explained, ‘Cardiovascular diseases statistics’, data extracted in July 2025, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cardiovascular_diseases_statistics.

Or. en

Amendment 131

Laurence Trochu

Motion for a resolution

Recital L

Motion for a resolution

L. whereas cardiovascular disease is the leading cause of death in the EU with a higher female than male mortality rate, despite prevailing societal misconceptions¹³;

¹³ Eurostat, Statistics Explained, ‘Cardiovascular diseases statistics’, data extracted in July 2025,

Amendment

L. whereas cardiovascular disease is the leading cause of death in the EU with a higher female than male mortality rate, despite prevailing societal misconceptions¹³; ***in view of the lack of information on the risks that cardiovascular disease entails for women;***

¹³ Eurostat, Statistics Explained, ‘Cardiovascular diseases statistics’, data extracted in July 2025,

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cardiovascular_diseases_statistics.

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cardiovascular_diseases_statistics.

Or. fr

Amendment 132

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Recital L

Motion for a resolution

L. whereas cardiovascular disease is the leading cause of death in the EU with a higher female than male mortality rate, despite *prevailing societal misconceptions*¹³ ;

¹³ Eurostat, *Statistics Explained*, ‘Cardiovascular diseases statistics’, data extracted in July 2025, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cardiovascular_diseases_statistics.

Amendment

L. whereas cardiovascular disease is the leading cause of death in the EU with a higher female than male mortality rate, despite *the symptoms of cardiovascular problems and heart attack in women being particularly poorly recognised in society*¹³;

¹³ Eurostat, *Statistics Explained*, ‘Cardiovascular diseases statistics’, data extracted in July 2025, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cardiovascular_diseases_statistics.

Or. en

Amendment 133

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution

Recital L a (new)

Motion for a resolution

Amendment

L a. Whereas diseases such as diabetes affect women differently than men; whereas women with type 1 diabetes are four times more likely to develop pre-eclampsia; whereas one in seven live

births in Europe is affected by hyperglycaemia in pregnancy; whereas women with gestational diabetes mellitus (GDM) have a high probability of developing type 2 diabetes within five years of giving birth, and children born to mothers with GDM are up to six times more likely to develop type 2 diabetes and childhood obesity than those born to mothers without GDM;

Or. en

Amendment 134

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital L a (new)

Motion for a resolution

Amendment

L a. whereas cardiovascular disease risk assessment models overlook most gender-specific biological, social, and psychosocial factors, such as hypertension, diabetes, gynaecological history, early menopause, intimate partner violence, socioeconomic status, and chronic stress, thereby contributing to women's vulnerability to ischemic heart disease and unequal access to prevention and treatment;

Or. en

Amendment 135

Maria Walsh, Loucas Fourlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Recital L a (new)

Motion for a resolution

Amendment

L a. whereas heart attack symptoms in women often differ from those in men and are frequently under-recognised or misunderstood; stresses that improving awareness, training and diagnosis of sex-specific cardiovascular symptoms is essential to ensure timely treatment, reduce avoidable health risks for women, and strengthen the effectiveness of prevention and healthcare systems;

Or. en

Amendment 136

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Recital L a (new)

Motion for a resolution

Amendment

L a. whereas symptoms, clinical presentation, and disease progression of cardiovascular conditions differ between men and women, and therefore training and education of healthcare professionals is necessary to ensure a deeper understanding, enabling timely recognition, diagnosis, and appropriate care;

Or. en

Amendment 137

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Recital L a (new)

Motion for a resolution

Amendment

L a. Whereas studies show that women wait 30 minutes longer and are prescribed

pain relief at lower rates than men with similar symptoms^{1a} whilst many women report their pain as having been dismissed by medical professionals;

^{1a} Mika Guzikevitsa, Tom Gordon-Heckerc, David Rekhtmand Shaden Salamehd, Salomon Israele, Moses Shayob, David Gozalh, Anat Perrye, Alex Gileles-Hillelj, and Shoham Choshen-Hillela, 'Sex bias in pain management decisions', August 2024, <https://pubmed.ncbi.nlm.nih.gov/39102546/>

Or. en

Amendment 138
Mélissa Camara

Motion for a resolution
Recital L a (new)

Motion for a resolution

Amendment

L a. whereas obstetric and gynaecological violence, including non-consensual procedures, dismissal of pain and lack of respect for patients' autonomy and dignity, remains a widespread yet under-recognised issue across the Union;

Or. en

Amendment 139
Mélissa Camara

Motion for a resolution
Recital L b (new)

Motion for a resolution

Amendment

L b. whereas obstetric and gynaecological violence in sexual and reproductive healthcare settings,

including but not limited to mistreatment, abuse, coercion, neglect or denial care during gynaecological consultations, pregnancy, abortion, childbirth and postnatal care, female and intersex genital mutilation, and forced sterilisation, constitutes a widespread and systemic violation of human rights and bodily autonomy across the EU, which disproportionately affects women with disabilities, racialised and ethnic minority women including Roma women, and intersex and transgender people; whereas such violations persist due to structural discrimination and the absence of effective legal safeguards, prevention measures, reporting mechanisms and accountability frameworks;

Or. en

Amendment 140

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution

Recital L b (new)

Motion for a resolution

Amendment

L b. Whereas women with diabetes experience significantly worse long-term health outcomes than men, including a 30 % higher risk of cardiovascular disease mortality, being twice as likely to develop eating disorders, and having a one-third higher likelihood of developing depression compared to men with diabetes; whereas women with type 2 diabetes have a 19 % higher risk of developing vascular dementia than men with the same condition;

Or. en

Amendment 141

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Recital L b (new)**

Motion for a resolution

Amendment

L b. whereas awareness, health literacy, and prevention are essential components of women's health, as they enable early diagnosis, reduce avoidable risks and inequalities, and give women the opportunity to make informed decisions about their bodies and health throughout their lives;

Or. en

**Amendment 142
Mélissa Camara**

**Motion for a resolution
Recital L c (new)**

Motion for a resolution

Amendment

L c. Whereas structural gender inequalities, including the unequal allocation of unpaid care responsibilities and disproportionate exposure to gender-based violence, contribute to higher rates of anxiety, depression, and stress-related conditions among women;

Or. en

**Amendment 143
Mélissa Camara**

**Motion for a resolution
Recital L d (new)**

Motion for a resolution

Amendment

L d. whereas the Recommendation on preventing harmful practices against women and girls, which should have comprehensively addressed all forms of harmful practices including the aforementioned forms of violence, was never published, in contradiction with the European Commission's commitments under its own Gender Equality and LGBTIQ Equality Strategies 2020-2025;

Or. en

Amendment 144

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Recital M

Motion for a resolution

M. whereas *14 % of LGBTIQ+ people have reported experiencing discrimination in healthcare settings and many Member States provide only limited access to transgender-specific healthcare;*

Amendment

M. whereas *the physical and psychological integrity of boys and girls requires that the use of puberty blockers be prohibited in Member States before the age of majority, due to the lack of informed consent^{1a}; whereas respect for girls and boys means that they should not be influenced by medical staff or those around them to undergo sex reassignment surgery or use puberty blockers; whereas the diagnosis of gender dysphoria or sex incongruence requires adequate psychological care; whereas multiple abuses have been reported in Europe and elsewhere, such as in Great Britain, where the Gender Identity Development Service (GIDS) at the Tavistock Clinic closed following the repercussions of the Bell v Tavistock case concerning the lack of consent in the use of puberty blockers;*

^{1a} *Hilary Cass, Independent review of gender identity services for children and young people: Final report, London, 2024*

Amendment 145
Laurence Trochu

Motion for a resolution
Recital M

Motion for a resolution

M. whereas 14 % of LGBTQI+ people have reported experiencing discrimination in healthcare settings and many Member States provide only limited access to transgender-specific healthcare;

Amendment

M. whereas **only** 14 % of LGBTQI+ people have reported experiencing discrimination in healthcare settings and many Member States provide only limited access to transgender-specific healthcare **in accordance with their healthcare policies, which fall within the exclusive competence of the Member States; whereas it is contradictory to ask for clinical trials that are based on the specific characteristics of transgender people while at the same time denying that treatment processes should take these features into account; whereas gynaecologists are already too few in number to rapidly meet the healthcare needs of women and are not meant to be providing treatment to men who claim to be women;**

Or. fr

Amendment 146
Mélissa Camara

Motion for a resolution
Recital M

Motion for a resolution

M. whereas 14 % of LGBTQI+ people have reported experiencing discrimination in healthcare settings and many Member States provide only limited access to **transgender-specific** healthcare;

Amendment

M. whereas 14 % of LGBTQI+ people have reported experiencing discrimination in healthcare settings and many Member States provide only limited, **delayed or unaffordable** access to **transition related** healthcare;

Amendment 147

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Recital M

Motion for a resolution

M. whereas **14 % of LGBTQI+ people have reported experiencing discrimination in healthcare settings and many Member States provide only limited access to transgender-specific healthcare;**

Amendment

M. whereas **some individuals report unequal treatment in healthcare settings, highlighting the need for patient-centred approaches and professional medical ethics;**

Or. en

Amendment 148

Mélissa Camara

Motion for a resolution

Recital M a (new)

Motion for a resolution

Amendment

M a. whereas women from ethnic minority backgrounds are more likely to have their symptoms dismissed by medical providers due to gaps in medical education and training; whereas in some European countries Black women are four times as likely and Asian women twice as likely to die in childbirth compared with White women; whereas preventing and addressing discrimination in access to healthcare is essential to enable all women to fully exercise their fundamental rights;

Or. en

Amendment 149

Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution
Recital M a (new)

Motion for a resolution

Amendment

M a. Whereas patients from ethnically diverse backgrounds, particularly women of Mediterranean or non-White backgrounds, report facing racism and dismissing of their pain complaints ("Morbus Mediterraneus" syndrome) which can lead to serious consequences, including undertreatment, misdiagnoses, and loss of trust in medical institutions;

Or. en

Amendment 150

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution
Recital M a (new)

Motion for a resolution

Amendment

M a. Whereas female refugees, undocumented migrants, and marginalised indigenous women are more likely to have complex health needs, due to their difficult circumstances, which might adversely affect their pregnancy^{1a};

^{1a} Study requested by the European Parliament's Committee on Women's Rights and Gender Equality, 'Access to maternal health and midwifery for vulnerable groups in the EU', Policy Department for Citizens, Equality and Culture, European Parliament, 2019, [https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU\(2019\)608874_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN.pdf)

Or. en

Amendment 151
Sirpa Pietikäinen

Motion for a resolution
Recital M a (new)

Motion for a resolution

Amendment

M a. whereas women make up the majority (78%) of healthcare workers in the EU^{1a};

^{1a} Eurostat, 'Majority of health jobs held by women', 2021, <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/edn-20210308-1#:~:text=Spotlight%20on%20women%20at%20the%20frontline%20of,to%20over%2090%25%20in%20Estonia%20and%20Latvia>.

Or. en

Amendment 152
Sirpa Pietikäinen

Motion for a resolution
Recital M b (new)

Motion for a resolution

Amendment

M b. whereas health security is a core element of comprehensive security and essential for the resilience of societies and economies; whereas underfunding of public health systems, pandemic preparedness, and health research undermines both societal stability and the protection of vulnerable groups; whereas women in all their diversity are often disproportionately affected by public health crises due to persistent inequalities, caregiving responsibilities, and gendered exposure to health risks; whereas adequate and sustained investment in health security, including gender-sensitive preparedness, prevention, and response

measures, is therefore necessary to ensure both societal resilience and equitable health outcomes; whereas women represent half of the population, gender-responsive health systems are essential for the overall preparedness, resilience and stability of Europe's health systems;

Or. en

Amendment 153
Mélissa Camara

Motion for a resolution
Recital M b (new)

Motion for a resolution

Amendment

M b. whereas Roma women still face racism and discrimination in access to health care and support services in the case of violence; whereas in some Member States Roma women still experience ethnic segregation in reproductive healthcare settings, facing increased forms of verbal, physical, and psychological violence and harassment, including during childbirth, and are often victims of trafficking and/or sexual exploitation; whereas Roma women and women with disabilities have been subjected throughout their history to systematic practices of forced and coercive sterilisation in the EU and many have been denied effective remedies;

Or. en

Amendment 154
Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution
Recital M b (new)

Motion for a resolution

Amendment

M b. Whereas women with a low socioeconomic status in the EU experience poorer mental health compared to their wealthier counterparts, while also facing higher rates of psychological distress, chronic disease, and financial strain, often exacerbated by precarious work; whereas the public health care sector's psychological services play an important role in reaching underprivileged women^{1a},

*^{1a} EIGE, 'Gender Equality Index 2021: Health',
https://eige.europa.eu/publications-resources/toolkits-guides/gender-equality-index-2021-report/women-report-poorer-mental-well-being-men?language_content_entity=en*

Or. en

Amendment 155
Sirpa Pietikäinen

Motion for a resolution
Recital M c (new)

Motion for a resolution

Amendment

M c. whereas health conditions impacting women disproportionately have a significant economic impact through reduced productivity and absenteeism; whereas the total annual loss of production due to migraine, which disproportionately affects women, is estimated at 111 billion euros in indirect costs in the EU^{1a};

*^{1a} European Migraine and Headache Alliance (EMHA), 'Towards a European Roadmap on Migraine: Strategic Conclusions and Policy Recommendations', 2025,
<https://www.emhalliance.org/wp->*

Or. en

Amendment 156

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Recital M c (new)

Motion for a resolution

Amendment

M c. Whereas an estimated 10 % of half of EU's population who menstruate are affected by period poverty, with a higher prevalence among people with a low income, refugees, young people, and people with disabilities^{1a},

^{1a} European Parliament Briefing, 'Addressing menstrual poverty in the EU', Members' Research Service, European Parliamentary Research Service, 2025, [https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI\(2025\)772855](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2025)772855)

Or. en

Amendment 157

Mélissa Camara

Motion for a resolution

Recital M c (new)

Motion for a resolution

Amendment

M c. whereas the digitalisation of healthcare and the increasing use of artificial intelligence risk reinforcing existing gender and racial biases;

Or. en

Amendment 158

Mélissa Camara

Motion for a resolution

Recital M d (new)

Motion for a resolution

Amendment

M d. whereas climate change and environmental degradation have differentiated impacts on women's health, including in maternal and child health;

Or. en

Amendment 159

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Recital N

Motion for a resolution

Amendment

N. whereas, in 2020, ***only 5 %*** of global research and development funding was ***allocated*** to women's health ***research***¹⁴ ;

N. whereas, in 2020, ***a very small proportion*** of global research and development funding was ***specifically targeted at conditions and issues specific*** to women's health, ***revealing a structural underinvestment recognised by international institutions*** ¹⁴;

¹⁴ ***Nature Reviews Bioengineering, 'Funding research on women's health', Vol. 2, 2024, pages 797-798, <https://doi.org/10.1038/s44222-024-00253-7>.***

¹⁴ ***Nature Reviews Bioengineering, 'Funding research on women's health', Vol. 2, 2024, pages 797-798, <https://doi.org/10.1038/s44222-024-00253-7>.***

Or. en

Amendment 160

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Recital N a (new)

Motion for a resolution

Amendment

N a. Whereas pregnant women living in rural areas have problems accessing health care, leading to hours-long travel, being forced to give birth at home or on the road, with serious complications, posing a risk to the life of the woman and the baby, whereas this geographical inequality disproportionately affects women from lower socioeconomic backgrounds who are not as mobile as other women.

Or. en

**Amendment 161
Sirpa Pietikäinen**

**Motion for a resolution
Recital N a (new)**

Motion for a resolution

Amendment

N a. whereas research funding is often not proportional to disease burden, and conditions that predominantly affect women receive significantly less financial support compared to diseases that primarily impact men, such as migraines or endometriosis^{1a};

***^{1a} Nature, 'Women's health: end the disparity in funding', 2023,
<https://www.nature.com/articles/d41586-023-01472-5>***

Or. en

**Amendment 162
Emma Rafowicz, Cecilia Strada, Christophe Clergeau**

**Motion for a resolution
Recital N a (new)**

Motion for a resolution

Amendment

N a. Whereas 42% of menstruators in the European Union have experienced period poverty in the past 12 months^{1a}, defined as difficulty in accessing a sufficient quantity of menstrual products to manage one's periods with dignity and peace of mind;

***^{1a} Règles Élémentaires (RE) and Opinionway, 'Le poids des règles en Europe' 2025,
https://www.regleselementaires.com/actualites/2025-05-28_menstrualmatters/***

Or. en

Amendment 163

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital N a (new)

Motion for a resolution

Amendment

N a. whereas women suffering from chronic pain and gender-specific conditions are disproportionately exposed to anxiety, depression and burnout, and their symptoms are frequently dismissed or psychologised rather than adequately treated;

Or. en

Amendment 164

Mathilde Androuët

Motion for a resolution

Recital N a (new)

Motion for a resolution

Amendment

N a. whereas the growing number of ‘medical deserts’ in the EU, i.e. geographical areas where healthcare provision is insufficient in relation to the local population, resulting in difficulties in accessing healthcare, particularly for women;

Or. en

Amendment 165

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital N a (new)

Motion for a resolution

Amendment

N a. whereas women are disproportionately affected by sexually transmitted infections (STIs) throughout life, with debilitating effects on their reproductive health and increased peripartum morbidity and mortality^{1a};

*^{1a} Van Gerwen, O. T., Muzny, C. A., & Marrazzo, J. M. (2022). Sexually transmitted infections and female reproductive health. *Nature microbiology*, 7(8), 1116-1126*

Or. en

Amendment 166

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital N b (new)

Motion for a resolution

Amendment

N b. whereas girls and women are exposed from an early age to persistent social, cultural and commercial pressures related to beauty standards, which promote unrealistic body ideals and disproportionately affect their self-esteem, mental health and well-being; whereas such pressures contribute to the excessive or unsafe use of beauty and cosmetic products, harmful practices such as artificial UV exposure, and unhealthy relationships with food and body image, sometimes leading to eating disorders and other behaviours that put their physical and mental health at risk;

Or. en

Amendment 167

Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution

Recital N b (new)

Motion for a resolution

Amendment

N b. Whereas postpartum depression (PPD) is a mental health condition affecting 12% of mothers in Europe after childbirth, which in severe cases can lead to life-threatening outcomes and which is often undiagnosed and untreated due to stigma, lack of awareness, and insufficient support;

Or. en

Amendment 168

Sirpa Pietikäinen

Motion for a resolution

Recital N b (new)

Motion for a resolution

Amendment

N b. whereas unmet need for contraception undermines bodily autonomy and global sustainable development, with unintended pregnancies accounting for approximately half of all pregnancies worldwide each year^{1a};

^{1a} United Nations Population Fund (UNFPA), 'Nearly half of all pregnancies are unintended—a global crisis, says new UNFPA report', 2022, <https://www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended%E2%80%94global-crisis-says-new-unfpa-report>

Or. en

Amendment 169

Arba Kokalari, Eleonora Meleti, Maria Walsh, Mirosława Nykiel

Motion for a resolution

Recital N b (new)

Motion for a resolution

Amendment

N b. whereas inadequately funded and defective maternity care can be crucial in the decision to have children and can, in turn, contribute to the demographic challenge of a declining population.

Or. en

Amendment 170

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Recital N b (new)

Motion for a resolution

Amendment

N b. whereas approximately 50% of women in their 20s, 33% of women in their 30s, and 25% of women in their 40s suffer from acne, causing mental health implications^{1a};

***^{1a} Yale Medicine, Fact Sheet 'Acne (Acne Vulgaris)', 2025,
<https://www.yalemedicine.org/conditions/acne>***

Or. en

**Amendment 171
Mathilde Androuët**

**Motion for a resolution
Recital N b (new)**

Motion for a resolution

Amendment

N b. whereas women live longer than men and the trend towards an ageing population will increase pressure on Member States' health services in the coming years;

Or. en

**Amendment 172
Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero**

**Motion for a resolution
Recital N b (new)**

Motion for a resolution

Amendment

N b. Whereas the increase of private hospitals goes hand in hand with a fall in intensive care beds, which are less profitable for private companies

Or. en

Amendment 173

Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution

Recital N c (new)

Motion for a resolution

Amendment

N c. Whereas the exposome approach considers the totality of environmental, chemical, physical, biological, social, commercial and behavioural exposures across an individual's lifetime and provides a comprehensive framework for targeted prevention; whereas studies have shown that women - including during pregnancy - are subject to specific exposure patterns that affect their health and that of the developing child;

Or. en

Amendment 174

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital N c (new)

Motion for a resolution

Amendment

N c. whereas eating disorders such as anorexia nervosa and bulimia nervosa are amongst the most enfeebling psychiatric conditions that affect young women^{1a},

^{1a} European Institute of Women's Health (EIWH), 'response to the EU Commissions Green Paper: 'Improving the mental health of the population: Towards a strategy on mental health for the European Union', https://ec.europa.eu/health/archive/ph_det erminants/life_style/mental/green_paper/

Amendment 175

Arba Kokalari, Eleonora Meleti, Maria Walsh, Mirosława Nykiel

Motion for a resolution

Recital N d (new)

Motion for a resolution

Amendment

N d. whereas research shows that females with autism are uniquely vulnerable since they are less likely to have their autism identified, more likely to be misdiagnosed, and therefore possibly not receive the best or most appropriate support

Amendment 176

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital N d (new)

Motion for a resolution

Amendment

N d. whereas delayed diagnosis of gender-specific conditions leads to long-term pain, mental health consequences, loss of income and reduced participation of women in education and the labour market, reinforcing gender and social inequalities;

Amendment 177

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital N e (new)

Motion for a resolution

Amendment

N e. whereas systemic inequalities contribute to the fragmentation of health outcomes across Member States, undermining the principle of equality and social cohesion enshrined in the Treaties and requiring a stronger and more coordinated response at EU level;

Or. en

Amendment 178

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital N f (new)

Motion for a resolution

Amendment

N f. whereas structural problems of the health sector should be addressed with strong public policies and well-funded public services; whereas the persistent underinvestment in women's health requires stronger public action and targeted funding;

Or. en

Amendment 179

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital N g (new)

Motion for a resolution

Amendment

N g. whereas access to safe, clean and affordable water and sanitation is a fundamental determinant of physical and mental health and a public good, and plays a crucial role in disease prevention, chronic condition management and overall wellbeing across the life course; whereas inequalities in access to water and sanitation mostly affect people living in poverty, in inadequate housing, in rural or remote areas, with a specific impact on women, children, older persons and persons with disabilities;

Or. en

Amendment 180

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Recital N h (new)

Motion for a resolution

Amendment

N h. whereas menstrual poverty, to be understood as insufficient access to menstrual hygiene products and facilities, affects an estimated 10 % of menstruators, with a higher prevalence among women with a low income, refugees, young people, and women with disabilities^{1a},

^{1a} European Parliament Briefing 'Addressing menstrual poverty in the EU', Members' Research Service, European Parliamentary Research Service, 2025, [https://www.europarl.europa.eu/RegData/etudes/BRIE/2025/772855/EPRS_BRI\(2025\)772855_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2025/772855/EPRS_BRI(2025)772855_EN.pdf).

Or. en

Amendment 181
Diana Iovanovici Șoșoacă

Motion for a resolution
Paragraph 1

Motion for a resolution

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Amendment

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment; ***stresses that women have frequently been under-represented or excluded from clinical trials, including in research into the safety and efficacy of medicines, particularly since biological and hormonal differences can influence the way symptoms manifest, the course of illnesses and the response to treatment;***

Or. ro

Amendment 182
Maria Walsh, Loucas Fourlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution
Paragraph 1

Motion for a resolution

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from ***decades of*** medical research ***based on the male anatomy***, which ***in turn has shaped*** the entire cycle of care from ***diagnostics*** to treatment;

Amendment

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from ***the dominance of male-based*** medical research ***has entrenched a healthcare system in*** which the entire cycle of care from ***diagnosis*** to treatment, ***is designed around male anatomy***; ***underlines that the recognition of this imbalance presents an opportunity to redesign research frameworks, clinical guidelines, and care delivery;***

Amendment 183

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 1

Motion for a resolution

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Amendment

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment; ***highlights that these inequalities affect both life-threatening and non-fatal chronic conditions, despite their substantial impact on women's physical, mental and social well-being;***

Amendment 184

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 1

Motion for a resolution

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Amendment

1. Stresses that gender inequalities in health are ***a violation of fundamental rights and*** multifaceted with systemic ***socio-economic*** inequalities resulting ***also*** from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Amendment 185
Mélissa Camara

Motion for a resolution
Paragraph 1

Motion for a resolution

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Amendment

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment, ***affecting women and gender-diverse people***;

Or. en

Amendment 186
Judita Lašáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution
Paragraph 1

Motion for a resolution

1. Stresses that ***gender inequalities*** in health ***are multifaceted with systemic inequalities resulting from decades of medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment***;

Amendment

1. Stresses that ***differences*** in health ***outcomes between women and men are influenced by biological, social and economic factors, and that addressing these differences must fully respect Member States' competences in organising and delivering healthcare systems***;

Or. en

Amendment 187
Laurence Trochu

Motion for a resolution
Paragraph 1

Motion for a resolution

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on ***the male anatomy***, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Amendment

1. Stresses that gender inequalities in health are multifaceted with systemic inequalities resulting from decades of medical research based on ***male physiology***, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Or. fr

Amendment 188

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

**Motion for a resolution
Paragraph 1**

Motion for a resolution

1. Stresses that gender inequalities in health are multifaceted ***with systemic inequalities resulting from decades of*** medical research based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Amendment

1. Stresses that gender inequalities in health are multifaceted ***and can be explained by the fact that*** medical research ***has long been*** based on the male anatomy, which in turn has shaped the entire cycle of care from diagnostics to treatment;

Or. en

Amendment 189

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

**Motion for a resolution
Paragraph 1 a (new)**

Motion for a resolution

1 a. recalls that, according to Article 1 of the Charter of Fundamental Rights of the European Union, "Human dignity is inviolable. It must be respected and protected" and that, according to Article 3, "Everyone has the right to respect for

Amendment

his or her physical and mental integrity"; recalls also that, according to Article 168 of the Treaty on the Functioning of the European Union, "A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities";

Or. en

Amendment 190

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

**Motion for a resolution
Paragraph 1 a (new)**

Motion for a resolution

Amendment

1a. Expresses concern about the growing influence of social media on perceptions of women's health; points out that unrealistic and idealised portrayals of the body in particular can lead to health-damaging behaviours and, consequently, to conditions such as eating disorders, mental health problems and skin conditions; calls on all EU institutions to raise awareness of dangerous and misguided beliefs about beauty;

Or. pl

Amendment 191

Maria Walsh, Loucas Fourlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 1 a (new)**

Motion for a resolution

Amendment

1 a. Underlines that gender equality in health policy is a prerequisite for equal opportunities, economic participation, and

social cohesion, and should be pursued in a way that empowers women without limiting individual responsibility or freedom of choice;

Or. en

Amendment 192

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 1 a (new)

Motion for a resolution

Amendment

1 a. Stresses that women's health, including the prevention and treatment of gender-specific conditions throughout the life course, should be recognised as an integral part of fundamental rights and social rights in the Union;

Or. en

Amendment 193

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Paragraph 1 a (new)

Motion for a resolution

Amendment

1 a. Reminds that sexual and reproductive health care is a core component of health care, and as such sexual and reproductive health considerations must be adequately mainstreamed throughout the EU's health action;

Or. en

Amendment 194

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Paragraph 1 a (new)

Motion for a resolution

Amendment

1 a. Emphasises the need to strengthen scientific research in prenatal and pregnancy monitoring, as an essential element to ensure the protection of health and effective equality between women and men;

Or. en

Amendment 195

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Paragraph 1 b (new)

Motion for a resolution

Amendment

1 b. Underlines the necessity of ensuring access to comprehensive sexual and reproductive health care for all in the EU in order to achieve gender equality, and reiterates its call on the European Commission to include robust and ambitious legislative, policy and funding commitments to advance sexual and reproductive health and rights in the upcoming gender Equality Strategy 2026-2030; calls on the European Commission to regularly follow up on the work carried out by Member States in providing school education and reproductive health;

Or. en

Amendment 196

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Paragraph 1 b (new)

Motion for a resolution

Amendment

1b. Points out that, against the backdrop of an ageing society and declining fertility rates in many EU countries, access to infertility treatment, including methods such as in vitro fertilisation, is crucial not only from the perspective of women's reproductive health, but also for Europe's demographic future; calls on Member States to ensure equal, non-discriminatory and publicly funded access to infertility diagnosis and treatment, regardless of women's economic situation or marital status;

Or. pl

Amendment 197
Margarita de la Pisa Carrión, Elisabeth Dieringer

Motion for a resolution
Paragraph 1 b (new)

Motion for a resolution

Amendment

1 b. Notes that there is a growing tendency to reduce women's health to the abortion debate, presenting it as the sole alternative in situations of difficulty during pregnancy; notes that this approach does not constitute progress but instead places women in a position of vulnerability by neglecting other measures necessary to ensure their comprehensive well-being;

Or. en

Amendment 198
Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 2

Motion for a resolution

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

Amendment

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from ethnic minority or migrant communities, ***people with disabilities*** and the LGBTQI+ community; ***stresses that lowest wages and income, precarious employment, unpaid care responsibilities and housing issues deepen gender inequalities in health and limit access to timely, quality and affordable care***; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

Or. en

Amendment 199
Mélissa Camara

Motion for a resolution
Paragraph 2

Motion for a resolution

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, ***for example, based on a person's*** socio-economic status and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

Amendment

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, ***including those linked to gender, socio-economic status, disability, racism and geographical barriers, including in rural and remote areas*** and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded ***and the needs of marginalised communities within***

*research on gender-specific conditions
has received lesser attention ;*

Or. en

Amendment 200

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Paragraph 2

Motion for a resolution

2. Highlights that inequalities in healthcare are compounded by ***intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;***

Amendment

2. Highlights that inequalities in healthcare are compounded by ***differences in health information, isolation in rural and outermost areas, differences in a person's socio-economic status or social background;***

Or. en

Amendment 201

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 2

Motion for a resolution

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these

Amendment

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these

conditions has been repeatedly underfunded;

conditions has been repeatedly underfunded; *notes that stigma, visibility of symptoms and cultural perceptions of disease can further exacerbate barriers to timely diagnosis and care for women;*

Or. en

Amendment 202

Laurence Trochu, Geadis Geadis

Motion for a resolution

Paragraph 2

Motion for a resolution

2. Highlights that inequalities in healthcare are compounded by *intersectional* inequalities, *for example, based on a person's socio-economic status and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community*; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

Amendment

2. Highlights that inequalities in healthcare are compounded by *other types of* inequalities, *particularly* those experienced by people *living in rural and ultraperipheral areas and those related to age, disabilities and socio-economic status*; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

Or. fr

Amendment 203

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Paragraph 2

Motion for a resolution

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out

Amendment

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status *or geographical location* and those experienced by people from ethnic minority or migrant communities and the

that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

Or. en

Amendment 204

Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution

Paragraph 2

Motion for a resolution

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

Amendment

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status, ***place of residence, age*** and those experienced by people from ethnic minority or migrant communities and the LGBTQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

Or. en

Amendment 205

Maria Walsh, Loucas Fourlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 2

Motion for a resolution

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from

Amendment

2. Highlights that inequalities in healthcare are compounded by intersectional inequalities, for example, based on a person's socio-economic status and those experienced by people from

ethnic minority or migrant communities and the LGBTIQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly underfunded;

ethnic minority or migrant communities and the LGBTIQI+ community; points out that inequalities are also evident in gender-specific conditions, as research into these conditions has been repeatedly ***undervalued and*** underfunded;

Or. en

Amendment 206

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution Paragraph 2 a (new)

Motion for a resolution

Amendment

2 a. Calls on the Commission and the Member States to address territorial and transport-related barriers to healthcare access by integrating a gender perspective into health infrastructure planning, including through the development of mobile healthcare units, telemedicine solutions and accessible public transport connections to healthcare facilities, in particular in rural, remote, mountainous, island and outermost regions;

Or. en

Amendment 207

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution Paragraph 2 a (new)

Motion for a resolution

Amendment

2 a. Emphasises that an intersectional approach to women's health is essential; calls for targeted measures to ensure accessible, inclusive and culturally

sensitive healthcare for migrant women, women with disabilities, older women, LGBTQI+ persons, women living in poverty, those residing in rural or socioeconomically disadvantaged areas, homeless women, Roma community and other marginalised and vulnerable groups;

Or. en

Amendment 208

Maria Walsh, Loucas Fourlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 2 a (new)**

Motion for a resolution

Amendment

2 a. Stresses that women's access to high-quality healthcare, regardless of income, education, or place of residence, is vital to ensuring equal participation in society and the labour market, while respecting Member States' responsibility for organising health systems;

Or. en

Amendment 209

Mélissa Camara

**Motion for a resolution
Paragraph 2 a (new)**

Motion for a resolution

Amendment

2 a. Stresses that the persistent gender care gap, whereby women disproportionately perform both informal and formal care work, increases their exposure to a range of health challenges, including mental health challenges;

Amendment 210

**Jagna Marczulajtis-Walczak, Ewa Kopacz, Elżbieta Katarzyna Łukacijewska,
Mirosława Nykiel**

Motion for a resolution

Paragraph 2 a (new)

Motion for a resolution

Amendment

2 a. Draws particular attention to the need for early detection and preventive screening programmes for women with disabilities, with a view to preventing additional health complications;

Or. en

Amendment 211

Arba Kokalari, Eleonora Meleti, Maria Walsh, Mirosława Nykiel

Motion for a resolution

Paragraph 2 a (new)

Motion for a resolution

Amendment

2 a. Stresses the need to strengthen research about diseases and health conditions related to the female body such as endometriosis, vestibulodynia, menopause and dysmenorrhea;

Or. en

Amendment 212

Mélissa Camara

Motion for a resolution

Paragraph 2 b (new)

Motion for a resolution

Amendment

2 b. Highlights that access to care is limited for women facing intersecting

discrimination, including women with disabilities, migrant and refugee women, racialised and ethnic minority women, LBTQI+ women, Roma women, elderly women, women living in poverty, undocumented women, rural women, women deprived of liberty, and survivors of gender-based violence;

Or. en

Amendment 213

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 2 b (new)**

Motion for a resolution

Amendment

2 b. Calls on the Commission to address geographical disparities in access to diagnosis and treatment of gender-specific conditions, which particularly affect women in rural, remote, and economically disadvantaged regions, through coordination, funding, and knowledge-sharing mechanisms at EU level;

Or. en

Amendment 214

Jagna Marczulajtis-Walczak, Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel

**Motion for a resolution
Paragraph 2 b (new)**

Motion for a resolution

Amendment

2 b. Stresses that women are exposed to health conditions arising from the long-term provision of care for children, elderly persons, and persons with

disabilities; underlines the importance of promoting a fair and equal distribution of caregiving responsibilities

Or. en

Amendment 215

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 2 b (new)

Motion for a resolution

Amendment

2 b. *Emphasises the need to address multiple inequalities faced by vulnerable women and girls in accessing healthcare services, including women with disabilities, women from disadvantaged backgrounds and those living in institutional settings;*

Or. en

Amendment 216

Mélissa Camara

Motion for a resolution

Paragraph 2 c (new)

Motion for a resolution

Amendment

2 c. *calls on the Member States to ensure universal and accessible healthcare coverage and to urgently remove the barriers that exist to health care for all, including for migrants in an irregular administrative situation and with a specific focus on women in all their diversity; highlights that access to health care should never be impaired by ignorance, bias or stigma; stresses the importance of healthcare professionals in providing care in a humane, non-*

discriminatory and non-judgmental manner, respecting free, prior and informed consent and patients' rights; notes that there is a substantial lack of data on women from marginalised groups and migrant women accessing health services, especially mental health services;

Or. en

Amendment 217

Maria Walsh, Loucas Fourlas, Rosa Estaràs Ferragut, Jagna Marczułajtis-Walczak, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 2 c (new)**

Motion for a resolution

Amendment

2 c. Stresses that certain prophylactic medicinal products contain lactose as an excipient; notes that lactose intolerance is more prevalent among individuals from certain populations; underlines that this may also affect LGBTI persons belonging to those populations and that the presence of lactose in such products may constitute a barrier to safe, effective and equal access to prophylactic healthcare; calls on the Commission and the Member States to further research lactose-free alternatives so as to ensure that disease preventive medication works regardless of sex or sexual orientation;

Or. en

Amendment 218

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

**Motion for a resolution
Paragraph 3**

Motion for a resolution

Amendment

3. Implores policymakers to take a holistic approach to addressing inequalities and to correct discrepancies while innovative new treatments and procedures are developed;

3. Implores policymakers *to clearly define what constitutes a woman and what constitutes a girl as a biological reality distinct from men and boys in all policies aimed at combating gender inequality*, to take a holistic approach to addressing inequalities and to correct discrepancies while innovative new treatments and procedures are developed;

Or. en

Amendment 219

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 3

Motion for a resolution

3. *Implores policymakers* to take a holistic approach to addressing inequalities and to correct discrepancies while innovative new treatments and procedures are developed;

Amendment

3. *Calls on the Commission and the Member States* to take a holistic *and rights-based* approach to addressing inequalities and to correct discrepancies while innovative new treatments and procedures are developed; *reiterates that research and innovation models in the health sector should be driven by public interest*;

Or. en

Amendment 220

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Paragraph 3

Motion for a resolution

3. Implores policymakers to take a holistic approach to addressing inequalities and to correct discrepancies while

Amendment

3. Implores policymakers *and the medical profession* to take a holistic, *rights-based, and intersectional* approach

innovative new treatments and procedures are developed;

to addressing inequalities and to correct discrepancies while innovative new treatments and procedures are developed;

Or. en

Amendment 221

Mélissa Camara

Motion for a resolution

Paragraph 3

Motion for a resolution

3. Implores policymakers to take a holistic approach to addressing inequalities and to correct discrepancies *while* innovative new treatments and procedures are developed;

Amendment

3. Implores policymakers to take a holistic approach to addressing inequalities and to correct discrepancies *with measurable targets and accountability, as* innovative new treatments and procedures are developed;

Or. en

Amendment 222

Laurence Trochu

Motion for a resolution

Paragraph 3

Motion for a resolution

3. *Implores policymakers* to take a holistic approach *to addressing inequalities and to correct discrepancies while* innovative new treatments and procedures *are developed*;

Amendment

3. *Calls on the Commission* to take a holistic approach *with a view to providing better support for women's health, from diagnostics to the development of* innovative new treatments and procedures;

Or. fr

Amendment 223

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen

Motion for a resolution

Paragraph 3 a (new)

Motion for a resolution

Amendment

3 a. *calls on Member States to confirm their commitments to implement specific and targeted actions in favour of women's fundamental rights and gender equality, as well as to preserve the integrity of boys and girls by prohibiting the use of puberty blockers before the age of majority, in accordance with Chapter II of the Oviedo Convention on the consent of persons, which states that "An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it" ; recalls that, according to Article 39 of the Platform for Action of Beijing Declaration, "the girl of today is the woman of tomorrow", and not that the girl of today is the man of tomorrow;*

Or. en

Amendment 224

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Paragraph 3 a (new)

Motion for a resolution

Amendment

3 a. *Emphasises the need to promote and further develop knowledge of female biology, including the implications of its cyclical and evolving nature throughout the life course, in order to enable both healthcare professionals and women themselves to better understand women's health, ensure appropriate care for their well-being, and make fully informed decisions, on the basis of rigorous research and accessible, evidence-based health information;*

Or. en

Amendment 225
Sirpa Pietikäinen

Motion for a resolution
Paragraph 3 a (new)

Motion for a resolution

Amendment

3 a. Calls for the effective implementation of the right to be forgotten for patients who have recovered from serious illnesses, such as cancer, to prevent discrimination in access to financial services such as insurance and loans; stresses that women are disproportionately affected by gendered health conditions and often face accumulated financial barriers due to their medical histories;

Or. en

Amendment 226
Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová
Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Paragraph 3 a (new)

Motion for a resolution

Amendment

3 a. Stresses that alongside improvements to research and treatment, measures must be taken to recalibrate perceptions amongst medical professionals and to address public misconceptions about certain conditions, as well as raising public awareness of available treatments, screening, and vaccinations;

Or. en

Amendment 227

Maria Walsh, Loucas Fourlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 3 a (new)**

Motion for a resolution

Amendment

3 a. *Emphasises the importance of science-based and innovation-friendly health policies that take into account biological and social differences between women and men, ensuring that research, prevention, and treatment are effective, targeted, and cost-efficient*

Or. en

Amendment 228

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 3 a (new)**

Motion for a resolution

Amendment

3 a. *Calls on Member States to integrate socio-economic gender inequality indicators in all health policies and programmes, with clear binding targets to reduce social and territorial disparities in access to prevention, diagnosis and treatment;*

Or. en

Amendment 229

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

**Motion for a resolution
Paragraph 4**

Motion for a resolution

Amendment

4. **Encourages the Commission to include clear and binding targets to address inequalities in health and to implement a transparent monitoring system for these targets;**

deleted

Or. en

Amendment 230

Diana Iovanovici Șoșoacă

Motion for a resolution

Paragraph 4

Motion for a resolution

Amendment

4. Encourages the Commission to include clear and binding targets to **address** inequalities in health **and** to implement a transparent monitoring system for **these** targets;

4. Encourages the Commission to include clear and binding targets to **combat** inequalities in health, to implement a transparent monitoring system for **this and to develop a cohesive framework for informing the public of all the available options in the field of health, and emphasises the need not only to establish targets and obligations, but also to ensure easier, effective and non-discriminatory access to health services;**

Or. ro

Amendment 231

Beatrice Timgren

Motion for a resolution

Paragraph 4

Motion for a resolution

Amendment

4. Encourages the Commission to include clear **and binding targets** to address inequalities in health and to **implement a transparent monitoring system for these targets;**

4. Encourages the Commission to include - **upon request by Member States - clear, evidence-based benchmarks, implemented on a voluntary basis** to address inequalities in health and to **ensure appropriate transparency regarding**

progress; stresses that the organisation, delivery and ethical regulation of healthcare remain primarily a Member State competence, and that EU action must remain supportive, voluntary and proportionate.

Or. en

Amendment 232
Mélissa Camara

Motion for a resolution
Paragraph 4

Motion for a resolution

4. Encourages the Commission to include clear and binding targets to address inequalities in health and to implement a transparent monitoring system for these targets;

Amendment

4. Encourages the Commission to include clear and binding targets to address ***gender and intersecting*** inequalities in health ***in EU policy and funding instruments*** and to implement a transparent monitoring system, ***including public reporting***, for these targets;

Or. en

Amendment 233
Sirpa Pietikäinen

Motion for a resolution
Paragraph 4

Motion for a resolution

4. Encourages the Commission to include clear and binding targets to address inequalities in health and to implement a transparent monitoring system for these targets;

Amendment

4. Encourages the Commission to include clear, ***measurable*** and binding targets to address inequalities in health ***as part of a comprehensive EU Women's Health Strategy*** and to implement a transparent monitoring system for these targets;

Or. en

Amendment 234

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Paragraph 4

Motion for a resolution

4. Encourages the Commission *to include clear and binding targets to address inequalities in health and to implement a transparent monitoring system for these targets*;

Amendment

4. Encourages the Commission, *within its supporting role, to facilitate the exchange of best practices and improve data comparability between Member States, without introducing binding targets or harmonisation measures*;

Or. en

Amendment 235

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 4

Motion for a resolution

4. Encourages the Commission to include clear and binding targets to address inequalities in health and to implement a transparent monitoring system for these targets;

Amendment

4. Encourages the Commission to include clear and binding targets to address inequalities in health and to implement a transparent monitoring system for these targets, *notably for health specific conditions*;

Or. en

Amendment 236

Laurence Trochu

Motion for a resolution

Paragraph 4

Motion for a resolution

4. Encourages the Commission to include clear and *binding* targets *to*

Amendment

4. Encourages the Commission to include clear and *incentive-based* targets

address inequalities in health and to implement a transparent monitoring system for these targets;

with a view to providing better support for women's health and implementing a transparent monitoring system for these targets;

Or. fr

Amendment 237
Sirpa Pietikäinen

Motion for a resolution
Paragraph 4 a (new)

Motion for a resolution

Amendment

4 a. *Expresses concern about the shrinking civic space and decreasing funding available for civil society organisations working on women's health and rights across the EU; stresses that these organisations play a crucial role in delivering need-based, community-level, and peer-to-peer services, particularly for women in vulnerable situations and those facing barriers to accessing mainstream healthcare;*

Or. en

Amendment 238

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 4 a (new)

Motion for a resolution

Amendment

4 a. *Stresses the need to ensure universal access to comprehensive sexual and reproductive health care across the EU in order to achieve gender equality; calls on the Commission to deliver solid and ambitious legislative, policy, and funding measures to promote sexual and*

Amendment 239
Beatrice Timgren

Motion for a resolution
Paragraph 4 a (new)

Motion for a resolution

Amendment

4 a. Calls for any new initiatives, targets or monitoring frameworks proposed at EU level in the field of health inequalities to be accompanied by a clear assessment of administrative costs, budgetary implications and added value compared to action taken at national or regional level, in full respect of the principles of subsidiarity and proportionality.

Or. en

Amendment 240
Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution
Paragraph 4 a (new)

Motion for a resolution

Amendment

4 a. Calls on the Commission and the Member States, in full respect of their respective competences, to ensure access to affordable, high-quality healthcare services in all regions, including rural and remote areas, islands, and outermost regions, which face specific challenges due to limited access to such services, including reproductive healthcare;

Or. en

Amendment 241
Mathilde Androuët

Motion for a resolution
Paragraph 4 a (new)

Motion for a resolution

Amendment

4 a. *recalls the particular difficulties faced by the outermost regions due to their remoteness, the high cost of living there, repeated weather crises and diseases and epidemics inherent to their geographical location and imported by migrant populations, with aggravated consequences for the health of women there;*

Or. en

Amendment 242
Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution
Paragraph 4 a (new)

Motion for a resolution

Amendment

4 a. *Deplores the fact that universal access to health services in the EU is not yet achieved, and that there are great variations in the level of access across the EU depending on socioeconomic status, geographic accessibility, and gender.*

Or. en

Amendment 243
Mélissa Camara

Motion for a resolution
Paragraph 4 a (new)

Motion for a resolution

Amendment

4 a. Calls on the Commission to ensure that monitoring of gender health inequalities includes public, comparable indicators and follow-up actions where targets are not met, including a reassessment of funding priorities;

Or. en

Amendment 244

Arba Kokalari, Maria Walsh, Mirosława Nykiel

Motion for a resolution

Paragraph 4 a (new)

Motion for a resolution

Amendment

4 a. Encourage Member State to use taxation as a tool to make menstrual products more available and affordable for everyone

Or. en

Amendment 245

Sirpa Pietikäinen

Motion for a resolution

Paragraph 4 b (new)

Motion for a resolution

Amendment

4 b. Calls on the Commission and the Member States to strengthen health literacy; calls for collaboration with healthcare providers, civil society organisations, and digital platforms to prevent the spread of scams and misinformation regarding health and ensure that women and other vulnerable groups, including those recently diagnosed with serious conditions such as cancer or infertility, can make informed decisions about their health and treatment options; calls for strengthened EU-level cooperation to detect, investigate, and stop

fraudulent health offers and online scams targeting vulnerable populations; calls for adequate funding for the health NGOs working to prevent online health scams;

Or. en

Amendment 246
Mélissa Camara

Motion for a resolution
Paragraph 4 b (new)

Motion for a resolution

Amendment

4 b. Is deeply concerned that women and girls with disabilities are far too often denied access to facilities in the area of sexual and reproductive health, are denied informed consent regarding the use of contraceptives and that they even face the risk of forced sterilisation; calls on the Member States to implement legislative measures that safeguard physical integrity, freedom of choice and self-determination with regard to the sexual and reproductive life of persons with disabilities;

Or. en

Amendment 247
Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 4 b (new)

Motion for a resolution

Amendment

4 b. Stresses the role of civil society organisations in supporting women's health and rights, particularly for women facing poverty, discrimination or social exclusion, by providing accessible services

and advocacy, acting as a bridge between patients and public institutions, and contributing to the protection of fundamental rights, equal access to care and more inclusive and accountable healthcare policies, thereby strengthening equality and social cohesion across the Union;

Or. en

Amendment 248

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution

Paragraph 4 b (new)

Motion for a resolution

Amendment

4 b. Calls on the Commission and on the Member States, in full respect of their respective competences, to promote greater harmonisation of access to healthcare and treatment across the Member States, ensuring affordable, high-quality healthcare for all, with the aim of reducing disparities in treatment conditions, access, and gender-based approaches;

Or. en

Amendment 249

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Paragraph 4 b (new)

Motion for a resolution

Amendment

4 b. Stresses that privatised health care negatively affects underprivileged women's access to health care, placing profit over improving and saving human lives; calls on Member States to provide for access to high-quality public health

care for women, regardless of their class, education level, or financial situation;

Or. en

Amendment 250
Mathilde Androuët

Motion for a resolution
Paragraph 4 b (new)

Motion for a resolution

Amendment

4 b. supports local authorities in Member States in their efforts to attract and retain healthcare staff in their territories in order to remedy medical deserts and meet the health needs of their population, particularly women;

Or. en

Amendment 251
Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 4 c (new)

Motion for a resolution

Amendment

4 c. Calls on the Commission and Member States to recognise access to water and sanitation as an essential component of public health policies and healthcare, including in hospitals, primary care, maternity and long-term care facilities;

Or. en

Amendment 252
Sirpa Pietikäinen

Motion for a resolution
Paragraph 4 c (new)

Motion for a resolution

Amendment

4 c. Expresses deep concern over the growing influence of anti-gender movements in the EU that seek to roll back women's and LGBTIQ+ people's rights and restrict access to SRHR services;

Or. en

Amendment 253

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution
Paragraph 4 c (new)

Motion for a resolution

Amendment

4 c. Urges Member States to guarantee affordable and quick access to psychological services for all, regardless of gender and socioeconomic background.

Or. en

Amendment 254
Mélissa Camara

Motion for a resolution
Paragraph 4 c (new)

Motion for a resolution

Amendment

4 c. Calls on the Commission to include in the upcoming EU for Health strategy a dedicated pillar on women's health, with specific funding and actions;

Or. en

Amendment 255
Sirpa Pietikäinen

Motion for a resolution
Paragraph 4 d (new)

Motion for a resolution

Amendment

4 d. Stresses that health is a shared concern across the EU and that strict adherence to the principle of subsidiarity should not prevent coordinated action; underlines that women make up half of the population and the majority of the health and care workforce, and that EU-level cooperation is essential to ensure equitable access to gender-responsive health services, including sexual and reproductive health services, maternal care, and prevention and treatment of female-prevalent conditions; highlights that coordinated EU action strengthens resilience, ensures continuity of care during crises, reduces inequalities between Member States, and guarantees that citizens' health rights are effectively protected across borders; recalls, in line with Article 5 of the Treaty on European Union, that the Union may act when the objectives of an action cannot be sufficiently achieved by the Member States alone, and that Article 168 of the Treaty on the Functioning of the European Union provides for Union action to complement national policies and address cross-border threats to health;

Or. en

Amendment 256

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 4 d (new)

Motion for a resolution

Amendment

4 d. Stresses the need to address the gendered social and commercial pressures that negatively affect girls' and women's body image and health; calls on the Commission and the Member States to promote prevention strategies, including awareness-raising campaigns, media and digital literacy, and school-based education programmes aimed at fostering healthy body image, self-esteem and informed health choices;

Or. en

Amendment 257

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

**Motion for a resolution
Paragraph 4 d (new)**

Motion for a resolution

Amendment

4 d. Urges Member States to combat menstrual poverty by providing free menstrual products in schools, universities and public spaces.

Or. en

Amendment 258

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 4 e (new)**

Motion for a resolution

Amendment

4 e. Calls on the Commission and the Member States to strengthen consumer protection and public health measures by regulating misleading or harmful beauty marketing practices, ensuring clear health

warnings regarding risks linked to artificial UV exposure and certain cosmetic procedures, particularly the dangers for skin health such as premature ageing, burns and increased risk of skin cancer, and improving access to mental health and nutritional support services, in particular for adolescents and young women;

Or. en

Amendment 259

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 4 f (new)**

Motion for a resolution

Amendment

4 f. Calls on the Commission and Members States to dedicate awareness campaigns on the prevention of eating disorders;

Or. en

**Amendment 260
Sirpa Pietikäinen**

**Motion for a resolution
Subheading 2**

Motion for a resolution

Amendment

Clinical trials *and research*

Research, including clinical trials

Or. en

Amendment 261

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Paragraph 4 a (new)

Motion for a resolution

Amendment

4a. *Points out that Hashimoto's disease is an autoimmune disease that affects women up to 10 times more frequently than men; calls on the Commission to support initiatives to raise awareness among patients of the effects of this disease, particularly on reproductive health, which include infertility in women of childbearing age, miscarriages and premature births;*

Or. pl

Amendment 262
Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution
Paragraph 5

Motion for a resolution

Amendment

5. *Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵ ; calls on the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation;*

deleted

¹⁵ *Galea, L.A.M. and Parekh, R.S., 'Ending the neglect of women's health in research', BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.*

Or. en

Amendment 263

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 5

Motion for a resolution

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵; calls on the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation;

¹⁵ Galea, L.A.M. and Parekh, R.S., 'Ending the neglect of women's health in research', BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Amendment

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵; ***recognises that since pregnant women are excluded from clinical trials, formal guidelines for the treatment of conditions such as atopic dermatitis during preconception, pregnancy, and breastfeeding are lacking; underlines the importance of capturing differences related to hormonal fluctuations, life stages and comorbidities***; calls on the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation;

¹⁵ Galea, L.A.M. and Parekh, R.S., 'Ending the neglect of women's health in research', BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Or. en

Amendment 264

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Paragraph 5

Motion for a resolution

5. Expresses concern that despite improvements *to inclusivity* in clinical trials, *the* representation of *women* remains *below* that of men; *stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵* ; *calls on the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation*;

¹⁵ *Galea, L.A.M. and Parekh, R.S., 'Ending the neglect of women's health in research', BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.*

Amendment

5. Expresses concern that, despite improvements *in the inclusion of women* in clinical trials, *their* representation remains *lower than* that of men;

Or. en

Amendment 265
Mélissa Camara

Motion for a resolution
Paragraph 5

Motion for a resolution

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵ ; calls on the Commission to introduce *further measures* to address the ongoing imbalance in clinical trial participation;

Amendment

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women, *transgender and non-binary people* remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵ ; calls on the Commission to introduce *mandatory requirements for sex- and gender-sensitive research design throughout the full research cycle, including in the pre-trial phase and animal testing*, to address the ongoing imbalance in clinical trial participation;

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Or. en

Amendment 266

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution Paragraph 5

Motion for a resolution

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵; calls on the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation;

Amendment

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵; ***stresses the need to take into account in these studies differences related to the hormonal cycle, stages of life – in particular menopause – and diseases affecting women***; calls on the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation;

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Or. pl

Amendment 267

Maria Walsh, Loucas Fourlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 5**

Motion for a resolution

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵ ; calls on the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation;

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Amendment

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men **and should be strengthened by introducing sex disaggregated reporting and minimum participation benchmarks for women participating in clinical trials**; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵ ; calls on the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation;

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Or. en

**Amendment 268
Beatrice Timgren**

**Motion for a resolution
Paragraph 5**

Motion for a resolution

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal

Amendment

5. Expresses concern that despite improvements to inclusivity in clinical trials, the representation of women remains below that of men; stresses that there are no inclusivity requirements in the pre-trial phase and that the majority of animal

testing is still conducted on males of the species only¹⁵; ***calls on*** the Commission to introduce further measures to address the ongoing imbalance in clinical trial participation;

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

testing is still conducted on males of the species only¹⁵; ***invites*** the Commission, ***within its supporting competences and fully respecting subsidiarity***, to introduce further measures to address the ongoing imbalance in clinical trial participation, ***while fully respecting patient safety, informed consent and medical ethics***.

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Or. en

Amendment 269 Laurence Trochu

Motion for a resolution Paragraph 5

Motion for a resolution

5. ***Expresses concern that despite improvements to inclusivity in clinical trials***, the representation of women ***remains below that of men***; ***stresses*** that there are no inclusivity requirements in the pre-trial phase and that the majority of animal testing is still conducted on males of the species only¹⁵; ***calls on*** the Commission to ***introduce further measures to address the ongoing imbalance in clinical trial participation***;

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Amendment

5. ***welcomes the fact that*** the representation of women ***has significantly improved in clinical trials, particularly during the phases with lower risk levels***; ***acknowledges*** that there are no inclusivity requirements in the pre-trial phase, ***that ethics committees are responsible for validating protocols*** and that the majority of animal testing is still conducted on males of the species only¹⁵; ***holds that all treatments should include tests to measure teratogenic effects***; ***calls on*** the Commission to ***revise EU law to protect the health and fertility of women and foetuses***;

¹⁵ Galea, L.A.M. and Parekh, R.S., ‘Ending the neglect of women’s health in research’, BMJ, Vol. 381, <https://pubmed.ncbi.nlm.nih.gov/37308180/>.

Amendment 270

Maria Walsh, Loucas Fourlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 5 a (new)

Motion for a resolution

Amendment

5 a. Calls for gender-balanced medical and clinical research, ensuring that new treatments, medicines, and technologies properly reflect women's specific health needs across the life course, including reproductive health, chronic diseases, and ageing;

Or. en

Amendment 271

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Paragraph 5 a (new)

Motion for a resolution

Amendment

5 a. Calls on the Commission to support voluntary initiatives and research guidelines aimed at improving the representation of women in clinical trials, while safeguarding scientific autonomy and proportionality;

Or. en

Amendment 272

Laurence Trochu, Geadis Geadis

Motion for a resolution

Paragraph 6

Motion for a resolution

Amendment

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities;

deleted

Or. fr

Amendment 273
Sirpa Pietikäinen

Motion for a resolution
Paragraph 6

Motion for a resolution

Amendment

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities;

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities, ***such as older women; calls on the Commission to ensure that medicines are tested in proportions reflecting their likely user groups, for example, if a medicine is primarily prescribed to older women, it should also be tested primarily on older women;***

Or. en

Amendment 274
Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Paragraph 6

Motion for a resolution

Amendment

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities;

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities; ***calls, moreover, on the EMA to adopt guidelines on integrating gender considerations into the trial design phase;***

Or. en

Amendment 275
Mélissa Camara

Motion for a resolution
Paragraph 6

Motion for a resolution

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities;

Amendment

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities, ***including transgender, non-binary and intersex people and ethnic minority and marginalised communities;***

Or. en

Amendment 276
Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 6

Motion for a resolution

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding

Amendment

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding

individuals in clinical trials; ***urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities;***

individuals in clinical trials;

Or. en

Amendment 277

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution Paragraph 6

Motion for a resolution

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other under-represented communities;

Amendment

6. Welcomes the EMA's intended adoption of new guidelines on the inclusion of pregnant and breastfeeding individuals in clinical trials; urges the EMA to adopt similar guidelines to improve the inclusion of other ***vulnerable and*** under-represented communities;

Or. en

Amendment 278 Sirpa Pietikäinen

Motion for a resolution Paragraph 6 a (new)

Motion for a resolution

Amendment

6 a. Recognises the need for increased investment in research and innovation (R&I) for new and improved health tools for conditions that affect women specifically, differently and disproportionately; recommends the establishment of an expert group on women's health R&I to guide the development and collaborative implementation of a women's health research agenda to drive cohesive actions

across all relevant EU budget financing programmes;

Or. en

Amendment 279
Mathilde Androuët

Motion for a resolution
Paragraph 6 a (new)

Motion for a resolution

Amendment

6 a. *encourages Member States to facilitate the procedures for placing medicines and medical devices authorised by the competent authorities on the market in order to make these innovations available to the public as soon as possible;*

Or. en

Amendment 280
Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Paragraph 7

Motion for a resolution

Amendment

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects;

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects; ***notes that AI could be used to identify sex or gender biases in existing or historical research to prevent having to repeat the research, warns however that the use of AI must be monitored closely to ensure it does not impose biases;***

Or. en

Amendment 281
Diana Iovanovici Șoșoacă

Motion for a resolution
Paragraph 7

Motion for a resolution

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects;

Amendment

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects ***and to promote gender equality in medicine as a strategic priority for research establishments, public authorities and health professionals;***

Or. ro

Amendment 282
Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 7

Motion for a resolution

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects;

Amendment

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects ***and to introduce this requirement as a condition for eligibility for funding, in order to ensure accountability and the effective use of public resources;***

Or. en

Amendment 283

Mélissa Camara

Motion for a resolution

Paragraph 7

Motion for a resolution

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make ***sex-disaggregated*** data mandatory in all EU-funded projects;

Amendment

7. Stresses that the lack of understanding of sex- and gender-based differences in health ***including health status and health conditions*** is exacerbated by the fact that the data outcomes of research ***and health surveys*** are rarely disaggregated by sex ***and gender identity***; calls on the Commission to make ***sex- and gender-disaggregated*** data mandatory ***and publicly available*** in all EU-funded projects ***and EU-led surveys***;

Or. en

Amendment 284

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 7

Motion for a resolution

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the ***fact that the data outcomes of research are rarely disaggregated by sex***; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects;

Amendment

7. Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the ***insufficient availability of sex-disaggregated data***; calls on the Commission to make ***the collection and reporting of*** sex-disaggregated data mandatory in all EU-funded ***research, innovation, pilot*** projects ***and health programmes, as well as, where relevant, in health technology assessments***;

Or. en

Amendment 285

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Paragraph 7

Motion for a resolution

7. Stresses that the lack of understanding of ***sex- and gender-based*** differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; ***calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects;***

Amendment

7. Stresses that the lack of understanding of ***sex-based*** differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex;

Or. en

Amendment 286

Judita Lašáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Paragraph 7

Motion for a resolution

7. ***Stresses that the lack of understanding of sex- and gender-based differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects;***

Amendment

7. calls on the Commission to ***encourage the systematic collection and reporting of data disaggregated by biological sex in EU-funded research, where scientifically relevant;***

Or. en

Amendment 287

Laurence Trochu

Motion for a resolution

Paragraph 7

Motion for a resolution

7. Stresses that the lack of understanding of ***sex- and gender-based*** differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects;

Amendment

7. Stresses that the lack of understanding of ***sex-based*** differences in health is exacerbated by the fact that the data outcomes of research are rarely disaggregated by sex; calls on the Commission to make sex-disaggregated data mandatory in all EU-funded projects ***where relevant***;

Or. fr

Amendment 288

Maria Walsh, Loucas Fourlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 7 a (new)**

Motion for a resolution

Amendment

7 a. Commends the work of the European Institute for Gender Equality (EIGE) in strengthening the evidence base on women's health, including through the integration of health-related indicators in the Gender Equality Index; underlines that EIGE's research provides clear European added value by improving data comparability, supporting evidence-based policymaking, and enabling more targeted, effective and proportionate EU and national policies; stresses that robust data on women's health outcomes is essential for designing policies that enhance gender equality, economic participation, and the overall resilience and sustainability of Europe's health systems;

Or. en

Amendment 289

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 7 a (new)**

Motion for a resolution

Amendment

7 a. Stresses that the lack of systematic collection of data and disaggregated data on sexual and reproductive health undermines the development of effective, evidence-based policies and the capacity to address inequalities, particularly for women in vulnerable situations; calls on the Commission and the Member States to ensure the comprehensive, harmonised, and systematic collection of data disaggregated by sex and relevant socioeconomic factors in order to improve policy-making;

Or. en

**Amendment 290
Sirpa Pietikäinen**

**Motion for a resolution
Paragraph 7 a (new)**

Motion for a resolution

Amendment

7 a. Calls for improved collection, harmonisation, and use of sex- and gender-disaggregated data, as well as intersectional data, in all areas of health policy and research across the EU; calls on the Commission, in cooperation with the European Institute for Gender Equality (EIGE) and the EU Agency for Fundamental Rights (FRA), to ensure the use of common indicators and methodologies to monitor women's health and gender-based disparities;

Or. en

Amendment 291

Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution

Paragraph 7 a (new)

Motion for a resolution

Amendment

7 a. Stresses the need to adopt an exposome approach in research to systematically evaluate how environmental exposures interact with biological sex and gender identity to influence health; supports further investigation on the effects of the multiple exposures on prenatal and postnatal health;

Or. en

Amendment 292

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 7 b (new)

Motion for a resolution

Amendment

7 b. Calls on the Commission and the Member States to develop and fund targeted, evidence-based awareness-raising and communication campaigns on disease prevention and health promotion, with a particular focus on diseases that disproportionately affect women, in order to improve health literacy, promote early diagnosis and screening, and reduce gender inequalities in access to prevention and healthcare;

Or. en

Amendment 293
Sirpa Pietikäinen

Motion for a resolution
Paragraph 7 b (new)

Motion for a resolution

Amendment

7 b. Calls for the systematic integration of sex- and gender-based analysis in the testing, authorisation, and monitoring of medicines and medical devices within the EU; stresses that biological and hormonal differences between women and men can affect the efficacy and side effects of medicines, which must be adequately studied and reported;

Or. en

Amendment 294

Maria Walsh, Loucas Furlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution
Paragraph 7 b (new)

Motion for a resolution

Amendment

7 b. Stresses the importance of reliable, evidence-based and age-appropriate health information for women and girls throughout the life course, including education on fertility, pregnancy, contraception, maternal health and post-natal care, in full respect of Member States' competences and the principle of subsidiarity;

Or. en

Amendment 295
Sirpa Pietikäinen

Motion for a resolution

Paragraph 7 c (new)

Motion for a resolution

Amendment

7 c. Calls for multidisciplinary collaboration in women's health, for example between neurologists and gynaecologists to tackle migraine, as well as integration with other sectors to address eco-social determinants of health and taking into account demographic factors such as age, rurality and access disparities, in order to ensure comprehensive care and better understanding of gendered health conditions and the gaps in treatment;

Or. en

**Amendment 296
Sirpa Pietikäinen**

**Motion for a resolution
Paragraph 7 d (new)**

Motion for a resolution

Amendment

7 d. Stresses the need for research on health outcomes of parental leave models, e.g. father-inclusive or flexible options' effect on parents' physical and mental health, especially for women; notes the lack of impact assessments and long-term follow-up of rehabilitation's effect on women's health;

Or. en

**Amendment 297
Sirpa Pietikäinen**

**Motion for a resolution
Subheading 2 a (new)**

Motion for a resolution

Amendment

Amendment 298
Sirpa Pietikäinen

Motion for a resolution
Paragraph 7 e (new)

Motion for a resolution

Amendment

7 e. Calls for the integration of a gender perspective in the digitalisation of health systems across the EU; stresses that digital health technologies, including AI-based diagnostic tools, must be designed, implemented, and monitored in a way that reflects women's specific health needs and addresses existing gender biases in health data and algorithms;

Or. en

Amendment 299
Sirpa Pietikäinen

Motion for a resolution
Paragraph 7 f (new)

Motion for a resolution

Amendment

7 f. Calls on the Commission and the Member States to ensure that health technologies, including digital health tools, medical devices, AI-driven diagnostics, and wearable health technologies, are developed, tested, and implemented with a gender perspective; stresses the promotion of gender-responsive design in AI and digital health tools to prevent replication of gender biases in emerging technologies; calls on the Commission and Member States to

promote inclusive and accessible health technology by ensuring that women are meaningfully involved in product design, testing, and development;

Or. en

Amendment 300
Sirpa Pietikäinen

Motion for a resolution
Paragraph 7 g (new)

Motion for a resolution

Amendment

7 g. Calls on the Commission and the Member States to ensure that the implementation of the European Health Data Space (EHDS) incorporates a strong gender perspective; stresses that sex- and gender-disaggregated health data are essential to understanding differences in disease prevalence, treatment outcomes, and access to healthcare;

Or. en

Amendment 301
Sirpa Pietikäinen

Motion for a resolution
Paragraph 7 h (new)

Motion for a resolution

Amendment

7 h. Stresses that algorithmic tools used to detect and restrict so-called “inappropriate” content must be designed in a way that it does not flag topics related to women’s health, such as menstruation, menopause, fertility, and reproductive health as sexual or adult content, limiting its visibility;

Or. en

Amendment 302
Sirpa Pietikäinen

Motion for a resolution
Paragraph 7 i (new)

Motion for a resolution

Amendment

7 i. Calls for stronger action to address the spread of gendered health misinformation online, including harmful content targeting women such as fake fertility treatments, so-called “miracle cures” for breast cancer, and other deceptive health claims;

Or. en

Amendment 303
Sirpa Pietikäinen

Motion for a resolution
Paragraph 7 j (new)

Motion for a resolution

Amendment

7 j. Calls for the promotion of equitable, accessible, and gender-responsive e-pharmacy services across the European Union; stresses that the development and regulation of e-pharmacies must take into account women’s specific health needs in different medications, including access to contraception, maternal health products, menopause treatments, and chronic care medications, in order to reduce existing gender gaps in healthcare access; highlights the importance of ensuring geographical equality by addressing disparities between urban and rural areas, remote regions, and different Member States, so that all patients can benefit equally from safe, affordable, and high-quality digital pharmaceutical services;

Amendment 304

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 8

Motion for a resolution

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women and transgender people;

Amendment

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women and transgender people; ***stresses that this is particularly relevant for sexually transmitted infections and chronic conditions that present differently across sexes and over the life course, such as inflammatory skin diseases;***

Amendment 305

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 8

Motion for a resolution

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women and transgender people;

Amendment

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women and transgender people; ***points out that this is particularly important in the case of sexually transmitted diseases, chronic diseases and inflammatory skin diseases, which present different symptoms in women and men***

depending on their stage of life;

Or. pl

Amendment 306
Diana Iovanovici Șoșoacă

Motion for a resolution
Paragraph 8

Motion for a resolution

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women and transgender people;

Amendment

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women and transgender people; ***highlights the fact that this systemic inequality in the field of medicine has a direct impact on the accuracy of diagnosis and the effectiveness of treatments;***

Or. ro

Amendment 307
Mélissa Camara

Motion for a resolution
Paragraph 8

Motion for a resolution

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain ***male-centric***, which can lead to substandard and higher-risk treatment for women and transgender people;

Amendment

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain ***male-normative***, which can lead to substandard and higher-risk treatment for women and transgender people, ***and non-binary including through the dismissal of women's pain and symptoms leading to delayed diagnosis;***

Or. en

Amendment 308
Laurence Trochu

Motion for a resolution
Paragraph 8

Motion for a resolution

8. Highlights the fact that ***as a result of systemic underfunding and a lack of research***, diagnostic methods and treatments ***remain male-centric***, which can lead to substandard and higher-risk treatment for women ***and transgender people***;

Amendment

8. Highlights the fact that ***many*** diagnostic methods and treatments ***are developed without taking the specific characteristics of women into account***, which can lead to substandard and higher-risk treatment for women;

Or. fr

Amendment 309
Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 8

Motion for a resolution

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women ***and transgender people***;

Amendment

8. Highlights the fact that as a result of systemic underfunding and a lack of research, diagnostic methods and treatments remain male-centric, which can lead to substandard and higher-risk treatment for women;

Or. en

Amendment 310
Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura

Motion for a resolution
Paragraph 8 a (new)

Motion for a resolution

Amendment

8 a. *Stresses that the design, testing and evaluation of medical and support devices used in sport often continue to be based on male anthropometric and biomechanical parameters; highlights that this may reduce their effectiveness and safety for women, for example with regard to musculoskeletal support devices such as braces and orthopaedic aids, which do not adequately take into account differences in height, weight, body composition and biomechanics of women; therefore calls on the Commission to promote standards for the design, testing and evaluation of medical devices used in sport based on data disaggregated by sex and gender;*

Or. en

Amendment 311
Sirpa Pietikäinen

Motion for a resolution
Paragraph 8 a (new)

Motion for a resolution

Amendment

8 a. *Calls for the Union and the Member States to ensure equitable access to affordable, high-quality, and gender-responsive healthcare for all, regardless of age, disability, socio-economic status, migration background, sexual orientation, or gender identity; stresses the need to address existing barriers that women in all their diversity face in accessing timely diagnosis and treatment, including financial, geographical, and cultural obstacles;*

Or. en

Amendment 312

Maria Walsh, Loucas Fourlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 8 a (new)**

Motion for a resolution

Amendment

8 a. Underlines that prevention-focused health policies particularly benefit women, reducing long-term health costs and enabling higher labour market participation, which strengthens public finances and economic sustainability;

Or. en

**Amendment 313
Sirpa Pietikäinen**

**Motion for a resolution
Paragraph 8 b (new)**

Motion for a resolution

Amendment

8 b. Calls on the Commission and the Member States to thrive towards ambitious targets of equal access to high-quality screening of cancer and other relevant diseases such as osteoporosis across all EU countries; stresses the importance of comprehensive and gender-sensitive screening programmes for breast cancer, cervical cancer, prostate cancer, colorectal cancer, skin cancer, and lung cancer, which remain among the most common and preventable cancers in Europe;

Or. en

**Amendment 314
Laurence Trochu**

Motion for a resolution

Paragraph 9

Motion for a resolution

Amendment

9. Urges the medical profession to apply a precision-medicine approach to treatment in order to complement any measures taken to reduce inequality and increase investment in medical research; encourages the Member States to establish pilot programmes on gender-sensitive healthcare;

deleted

Or. fr

Amendment 315

Diana Iovanovici Șoșoacă

Motion for a resolution

Paragraph 9

Motion for a resolution

Amendment

9. Urges the medical profession to apply a precision-medicine approach to treatment in order to complement any measures taken to reduce *inequality and increase investment* in medical research; encourages the Member States to establish pilot programmes on gender-sensitive healthcare;

9. Urges the medical profession to apply a precision-medicine approach to *prevention, diagnosis and treatment, taking into account biological, genetic, sex and gender differences, as well as environmental and socio-economic factors*, in order to complement *to* any measures taken to reduce *inequalities in the field of health and to foster growth* in medical research; encourages the Member States to establish pilot programmes on gender-sensitive healthcare;

Or. ro

Amendment 316

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Paragraph 9

Motion for a resolution

9. Urges the medical profession to apply a precision-medicine approach to treatment in order to complement any measures taken to reduce inequality and increase investment in medical research; encourages the Member States to establish pilot programmes on *gender-sensitive* healthcare;

Amendment

9. Urges the medical profession to apply a precision-medicine approach to treatment in order to complement any measures taken to reduce inequality and increase investment in medical research; encourages the Member States to establish pilot programmes on healthcare *that is sensitive to maternity and pregnancy, in particular to make obstetric medical care and centres more accessible in rural areas and outermost regions* ;

Or. en

Amendment 317

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 9**

Motion for a resolution

9. Urges the medical profession to apply a precision-medicine approach to treatment in order to complement any measures taken to reduce inequality and increase investment in medical research; encourages the Member States to establish pilot programmes on gender-sensitive healthcare;

Amendment

9. Urges the medical profession to apply a precision-medicine approach to treatment in order to complement any measures taken to reduce inequality and increase investment in medical research; encourages the Member States to establish pilot programmes on gender-sensitive healthcare; *notably in areas where programmes are non-existent or severely lacking such as menstrual, cardiovascular and mental health*;

Or. en

Amendment 318

Mélissa Camara

**Motion for a resolution
Paragraph 9**

Motion for a resolution

9. Urges the medical profession to apply a precision-medicine approach to treatment in order to complement any measures taken to reduce inequality and increase investment in medical research; **encourages** the Member States to establish pilot programmes on gender-sensitive healthcare;

Amendment

9. Urges the medical profession to apply a precision-medicine approach to treatment in order to complement any measures taken to reduce inequality and increase investment in medical research; **calls on** the Member States to establish pilot programmes on gender-sensitive healthcare;

Or. en

Amendment 319

Diana Iovanovici Șoșoacă

Motion for a resolution

Paragraph 9 a (new)

Motion for a resolution

Amendment

9a. *Advocates for the continuous training of health professionals in personalised and gender-sensitive medicine; calls for enhanced cooperation between research establishments, health systems and policymakers, with a view to rapidly translating scientific results into medical practice;*

Or. ro

Amendment 320

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Paragraph 9 a (new)

Motion for a resolution

Amendment

9 a. *Warns that women's health medicines are not adequately prioritised in EU efforts to protect against shortages; calls on the Council to align with the European Parliament's proposal to*

recognise abortifacient and contraceptive medicinal products as medicinal products of common interest in the Critical Medicines Act;

Or. en

Amendment 321

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 9 a (new)

Motion for a resolution

Amendment

9 a. Stresses the need to fully integrate mental health care into the diagnosis and treatment of gender-specific conditions; calls for accessible, publicly funded psychological support as part of standard care pathways for women living with chronic pain and reproductive health conditions;

Or. en

Amendment 322

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 9 a (new)

Motion for a resolution

Amendment

9 a. Highlights that women represent a majority of the healthcare workforce, and that policies should support fair working conditions, skills development, and career progression for women in health professions, while addressing labour shortages through training and mobility;

Amendment 323

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 9 a (new)

Motion for a resolution

Amendment

9a. Points out that fears of misconceptions, misinterpretation of symptoms, judgement and stigmatisation may discourage women from seeking medical help or cause them to postpone doing so, which may result in complications, delayed diagnosis and poorer treatment outcomes;

Or. pl

Amendment 324

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Paragraph 9 a (new)

Motion for a resolution

Amendment

9 a. Calls on Member States to develop specific strategies to improve the diagnosis and treatment of migraine in women and to incorporate it as a priority in public health programs and neurological disease prevention initiatives;

Or. en

Amendment 325

Mélissa Camara

Motion for a resolution

Paragraph 9 a (new)

Motion for a resolution

Amendment

9 a. *Requests that medical curricula across the EU integrate a gender-sensitive approach, including training on gender related conditions such as specific symptoms of cardiovascular as well as mental health conditions;*

Or. en

Amendment 326

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 9 b (new)

Motion for a resolution

Amendment

9b. *Stresses that significant differences still persist between Member States in terms of the organisation, availability and participation in screening programmes for cancers specific to women, such as breast cancer, cervical cancer and ovarian cancer; calls for the introduction of universal, publicly funded screening programmes, including mandatory invitations for mammography and cytology; calls for full and equal access to HPV vaccination to be ensured, regardless of place of residence or socio-economic status; stresses the need for information campaigns targeting women with limited access to healthcare;*

Or. pl

Amendment 327

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 9 b (new)

Motion for a resolution

Amendment

9 b. Recognises that the persistent gender pay, pension and care gap contribute to increased exposure to health challenges, in particular mental health issues, by intensifying financial stress, workload and social inequalities for women, which has serious influence on women's mental health, influencing not only women's earnings but also their exposure to psychosocial risks in the workplace, with long-term consequences for mental health and well-being across the life course, where, e.g., women over 65 report chronic depression at twice the rate of men, reflecting the compounded effects of lower income, limited independence and persistent insecurity;

Or. en

Amendment 328

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Paragraph 9 b (new)

Motion for a resolution

Amendment

9 b. Calls on the Commission and Member States to explicitly recognise and combat all forms of obstetric and gynaecological violence as a form of gender-based violence; urges the Commission to swiftly publish the Recommendation on the prevention of harmful practices against women and girls, including all forms of obstetric and gynaecological violence, malpractice in medical settings, forced abortion and forced sterilisation, the denial of abortion care, and female and intersex genital mutilation; Stresses that these

*recommendations must complement
Directive (EU) 2024/1385;*

Or. en

Amendment 329
Mélissa Camara

Motion for a resolution
Paragraph 9 b (new)

Motion for a resolution

Amendment

9 b. *Is concerned about medically unnecessary treatments, often carried out without informed consent, particularly affecting intersex women, as well as coercive medical interventions such as forced sterilisation, which remain a reality for women with disabilities in the EU^{1a}; notes that medical misogyny and the systemic undervaluing of women's experiences in health care persist, with lasting consequences including delays in seeking treatment and reduced trust in the health care system;*

^{1a} *EDF's 2022 report Forced Sterilisation of Persons with Disabilities in the EU*

Or. en

Amendment 330
Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution
Paragraph 9 b (new)

Motion for a resolution

Amendment

9 b. *Stresses the need to give due consideration to women's biological reality, including hormonal cycles and other relevant biological factors, in the prevention, diagnosis and treatment of*

diseases prevalent among women, with a view to improving the effectiveness and safety of healthcare;

Or. en

Amendment 331

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 9 c (new)

Motion for a resolution

Amendment

9 c. Encourages Member States to develop and adopt multidisciplinary care models tailored to the needs of women with musculoskeletal disorders, to promote equity standards ensuring women have equal access to advanced medical and surgical treatments, and to establish indicators to track progresses;

Or. en

Amendment 332

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Paragraph 9 c (new)

Motion for a resolution

Amendment

9 c. Emphasises the importance of early cancer detection through screening and consideration of predisposition factors in women to improve prognosis, expand opportunities for timely intervention, and advance research into more effective treatments;

Or. en

Amendment 333

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Paragraph 9 d (new)

Motion for a resolution

Amendment

9 d. Stresses the importance of implementing systematic screening for cardiovascular diseases, developing strategies specifically addressing women's heart health, promoting effective communication about gender-specific risks and symptoms, and supporting research to improve prevention, diagnosis, and treatment for women;

Or. en

Amendment 334

Laurence Trochu

Motion for a resolution

Paragraph 10

Motion for a resolution

Amendment

10. Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula;

deleted

Or. fr

Amendment 335

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 10

Motion for a resolution

Amendment

10. Considers it essential that the Member States integrate gender-sensitive

10. Considers it essential that the Member States integrate gender-sensitive

healthcare training into their medical curricula;

healthcare training into their medical curricula, ***with particular emphasis on conditions that frequently occur in women and have a significant impact on their mental wellbeing, such as inflammatory skin diseases; stresses that such training should take into account how women's symptoms and needs change during different stages of life and the hormonal cycle;***

Or. pl

Amendment 336

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution

Paragraph 10

Motion for a resolution

10. ***Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula;***

Amendment

10. ***Stresses that it is essential for all healthcare workers to be adequately trained and to adopt an approach that takes into account all relevant aspects, including gender; underlines that medical professionals must act in a non-discriminatory manner and be equipped to recognise and respond to the specific needs of women and girls in particularly vulnerable situations;***

Or. en

Amendment 337

Sirpa Pietikäinen

Motion for a resolution

Paragraph 10

Motion for a resolution

10. ***Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula;***

Amendment

10. ***Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula; stresses that such training***

should cover gender bias in diagnosis and treatment, the specific health symptoms and needs of women in all their diversity, and gender-responsive and culturally competent communication with patients;

Or. en

Amendment 338

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 10

Motion for a resolution

10. Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula;

Amendment

10. Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula, *including training on conditions with high prevalence in women and significant psychosocial impact, such as inflammatory skin diseases, and on how symptoms and treatment needs may change across hormonal life stages;*

Or. en

Amendment 339

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 10

Motion for a resolution

10. Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula;

Amendment

10. Considers it essential that the Member States integrate *mandatory* gender-sensitive, *intersectional and patient-centred* healthcare training into their medical, *nursing and obstetrics* curricula, *as well as continuous professional development, including on*

gender prejudice, pain management, SRHR and the prevention of discrimination;

Or. en

Amendment 340
Mélissa Camara

Motion for a resolution
Paragraph 10

Motion for a resolution

10. Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula;

Amendment

10. Considers it essential that the Member States integrate ***mandatory*** gender-sensitive ***and trans-inclusive*** healthcare training into their medical curricula ***and continuing professional development, including on pain bias and sex-specific symptoms in cardiovascular disease;***

Or. en

Amendment 341
Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Paragraph 10

Motion for a resolution

10. Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula;

Amendment

10. Considers it essential that the Member States, ***in close cooperation with the medical profession and educational institutions,*** integrate gender-sensitive healthcare training into their medical curricula;

Or. en

Amendment 342

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

**Motion for a resolution
Paragraph 10**

Motion for a resolution

10. Considers it essential that the Member States integrate **gender-sensitive** healthcare training into their medical curricula;

Amendment

10. Considers it essential that the Member States integrate **sex-sensitive** healthcare training into their medical curricula, **when this does not already exist**;

Or. en

Amendment 343

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 10**

Motion for a resolution

10. Considers it essential that the Member States integrate gender-sensitive healthcare training into their medical curricula;

Amendment

10. Considers it essential that the Member States integrate gender-sensitive healthcare training into **all** their medical curricula;

Or. en

**Amendment 344
Mélissa Camara**

**Motion for a resolution
Paragraph 10 a (new)**

Motion for a resolution

Amendment

10 a. Calls on the Commission and the Member States to recognise and combat all forms obstetric and gynaecological violence as a form of gender-based violence, including but not limited to mistreatment, abuse, coercion, neglect or

denial care during gynaecological consultations, pregnancy, abortion, childbirth and postnatal care, female and intersex genital mutilation, and forced sterilisation; Urges them to establish clear legal definitions, prevention strategies, mandatory training of healthcare professional on consent-based and rights-based care, and strengthened patient rights; Calls for independent complaints mechanisms, reporting and accountability mechanisms, and data collection systems;

Or. en

Amendment 345
Sirpa Pietikäinen

Motion for a resolution
Paragraph 10 a (new)

Motion for a resolution

Amendment

10 a. Calls on the Commission and the Member States to harmonise the framework for the training, professional rights, and scope of practice of midwives across the EU; stresses that in many countries midwives lack prescribing rights and professional autonomy, which undermines their ability to deliver timely and appropriate care, particularly in rural and marginalised communities; calls for EU-level guidelines and mutual recognition of qualifications to ensure that midwives can practise safely, independently where appropriate, and provide high-quality maternal, reproductive, and sexual health services for all women;

Or. en

Amendment 346

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 10 a (new)

Motion for a resolution

Amendment

10 a. Calls on the Commission and Member States to ensure that health systems are equipped to prevent, identify, and respond to gender-based violence, including through gender-sensitive, patient-centred, trauma-informed care approaches; calls on Member States to establish clear pathways between health services, social services, and specialised support services for victims of gender-based violence, including female genital mutilation, ensuring accessibility for migrant women, women with disabilities, and LGBTQI+ persons;

Or. en

Amendment 347
Sirpa Pietikäinen

Motion for a resolution
Paragraph 10 a (new)

Motion for a resolution

Amendment

10 a. Calls on the Commission and the Member States to ensure that healthcare systems and medical training fully recognise sex- and gender-specific differences in disease presentation and recognition of gender-specific symptoms; stresses that conditions such as heart attacks often present with different symptoms in women compared to men, which can lead to misdiagnosis and delayed treatment and even in the worse cases, non-treatment when diagnosed as psychosomatic condition;

Amendment 348

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 10 a (new)

Motion for a resolution

Amendment

10 a. Calls on the Commission and the Member States to ensure that the implementation of the EU cardiovascular health plan fully integrates a gender perspective, including through gender-sensitive prevention campaigns, diagnostic criteria and training of healthcare professionals;

Or. en

Amendment 349

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Paragraph 10 a (new)

Motion for a resolution

Amendment

10 a. Stresses that the development of measures to make diagnostic and treatment processes more gender-sensitive and responsive must take full account of real patient experiences;

Or. en

Amendment 350

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 10 b (new)

Motion for a resolution

Amendment

10 b. Reiterates that women's health medicines are not adequately prioritised in EU efforts to protect against shortages and supply disruptions, despite inter alia abortion medicine and contraception being routinely subjected to shortages in Member States; calls on the EMA to ensure the inclusion of these medicines in the Union List of Critical Medicines; calls on the Council to align with the European Parliament's proposal to recognise medicines for abortion and contraception as medicinal products of common interest in the Critical Medicines Act;

Or. en

Amendment 351
Mélissa Camara

Motion for a resolution
Paragraph 10 b (new)

Motion for a resolution

Amendment

10 b. Urges Member States to abolish forced sterilisation as a prerequisite for legal gender recognition and to ensure access to gender-affirming healthcare based on informed consent;

Or. en

Amendment 352
Sirpa Pietikäinen

Motion for a resolution
Paragraph 10 c (new)

Motion for a resolution

Amendment

10 c. Calls on the Commission and the Member States to promote the establishment of multidisciplinary Life Course Women's Health Centres across the EU, designed to provide integrated, gender-responsive, and continuous care for women from adolescence through menopause and older age; stresses that such centres should bring together expertise in gynaecology, obstetrics, cardiology, rheumatology, endocrinology, mental health, and primary care, addressing both female-specific and female-prevalent conditions such as endometriosis, polycystic ovary syndrome (PCOS), autoimmune diseases, pregnancy-related complications, and cardiovascular disease, the leading cause of death among women; stresses the potential of Life Course Women's Health Centres to serve as experimental research and innovation hubs, as well as centres of excellence that generate and disseminate knowledge to healthcare professionals and systems across Member States; calls for the establishment of a European Reference Network (ERN) on Women's Health, building on the model of existing ERNs for rare diseases, to strengthen research collaboration, improve clinical practice, and ensure that women's specific health needs are systematically addressed across the EU;

Or. en

Amendment 353
Mélissa Camara

Motion for a resolution
Paragraph 10 c (new)

Motion for a resolution

Amendment

10 c. Encourages the Commission and the Member States to strengthen the integration of a gender perspective in occupational health policies, including by

adapting risk prevention and assessment tools to the realities of feminised occupations and by improving access to occupational health services for women workers, including those in precarious or part-time employment;

Or. en

Amendment 354
Sirpa Pietikäinen

Motion for a resolution
Paragraph 10 c (new)

Motion for a resolution

Amendment

10 c. Calls for medicine reimbursement schemes to be gender-neutral by ensuring that reimbursement levels reflect medical necessity rather than historical gender biases, and by regularly assessing the system for potential gendered impacts;

Or. en

Amendment 355
Mélissa Camara

Motion for a resolution
Paragraph 10 d (new)

Motion for a resolution

Amendment

10 d. Stresses that sexual and reproductive health and rights (SRHR) are fundamental human rights, which constitute an integral component of women's health and gender equality; calls on the Commission to take actions to advance the full spectrum of SRHR through all relevant EU policy areas and funding instruments;

Or. en

Amendment 356

Maria Walsh, Loucas Furlas, Eleonora Meleti, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 10 a (new)

Motion for a resolution

Amendment

10 a. Calls for reduced regulatory duplication in health technology assessment, ensuring faster access for women to innovative treatments while lowering costs for health systems and industry;

Or. en

Amendment 357

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Subheading 4 a (new)

Motion for a resolution

Amendment

Mental Health

Or. en

Amendment 358

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 10 a (new)

Motion for a resolution

Amendment

10 a. Calls on the Commission and Member States to develop gender sensitive mental health strategies; that would have

a positive impact on gender equality;

Or. en

Amendment 359

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 10 b (new)

Motion for a resolution

Amendment

10 b. Stresses the need to address women's mental health, recognising its impact on families, workplaces, and communities, and calls for proportionate, evidence-based EU action that complements national strategies;

Or. en

Amendment 360

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Subheading 4 b (new)

Motion for a resolution

Amendment

Gynaecological Violence

Or. en

Amendment 361

Laurence Trochu

Motion for a resolution

Paragraph 11

Motion for a resolution

Amendment

11. Strongly welcomes the ‘My Voice, My Choice’ European Citizens’ Initiative; reiterates its call on the Commission to make full use of its competence in health policy to provide support to Member States in guaranteeing universal access to SRHR and to enshrine SRHR and the right to safe and legal abortion in the Charter of Fundamental Rights of the European Union; *deleted*

Or. fr

Amendment 362

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Paragraph 11

Motion for a resolution

Amendment

11. Strongly welcomes the ‘My Voice, My Choice’ European Citizens’ Initiative; reiterates its call on the Commission to make full use of its competence in health policy to provide support to Member States in guaranteeing universal access to SRHR and to enshrine SRHR and the right to safe and legal abortion in the Charter of Fundamental Rights of the European Union; *deleted*

Or. en

Amendment 363

Judita Lašáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Paragraph 11

Motion for a resolution

Amendment

11. Strongly welcomes the ‘My Voice, My Choice’ European Citizens’ Initiative;

11. Acknowledges the European Citizens’ Initiative ‘My Voice, My

reiterates its call on the Commission to make full use of its competence in health policy to provide support to Member States in guaranteeing universal access to SRHR and to enshrine SRHR and the right to safe and legal abortion in the Charter of Fundamental Rights of the European Union;

Choice’; recalls that health policy, including reproductive healthcare and abortion legislation, remains a national competence, and that the Union’s role is limited to supporting, coordinating and supplementing Member State actions;

Or. en

Amendment 364
Mélissa Camara

Motion for a resolution
Paragraph 11

Motion for a resolution

11. Strongly welcomes the ‘My Voice, My Choice’ European Citizens’ Initiative; reiterates its call on the Commission to make full use of its competence in health policy to provide support to Member States in guaranteeing universal access to SRHR and to enshrine SRHR and the right to safe **and** legal abortion in the Charter of Fundamental Rights of the European Union;

Amendment

11. Strongly welcomes the ‘My Voice, My Choice’ European Citizens’ Initiative; reiterates its call on the Commission to make full use of its competence in health policy to provide support to Member States in guaranteeing universal access to SRHR and to enshrine SRHR and the right to safe, legal **and accessible** abortion in the Charter of Fundamental Rights of the European Union;

Or. en

Amendment 365

Maria Walsh, Loucas Furlas, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska, Arba Kokalari

Motion for a resolution
Paragraph 11 a (new)

Motion for a resolution

11 a. Deplores the fact that, despite recent EU literature on the existence and reality of violence in gynaecological and obstetric settings, and despite its commitment under the Gender Equality

Amendment

Strategy 2020-2025, the European Commission has failed to publish its Recommendation on the prevention of harmful practices against women and girls; calls on the European Commission to swiftly publish the Recommendation, including key recommendations on preventing and addressing violence in gynaecological and obstetric settings as well as forced sterilisation in line with the Charter of Fundamental Rights of the European Union, notably Articles 1, 3, 21 and 23, and to support Member States, within their respective competences, through guidance on prevention, awareness-raising, and data collection;

Or. en

Amendment 366
Sirpa Pietikäinen

Motion for a resolution
Paragraph 11 a (new)

Motion for a resolution

Amendment

11 a. Regrets the fact that, despite the huge unmet need for contraception globally, the EU has not funded the development of novel contraceptives since 2021; recognises that the contraceptive burden - physically, financially, and mentally - is disproportionately carried by women; calls on the Commission to invest in the development of globally applicable contraceptive technologies for all genders, including male contraceptives;

Or. en

Amendment 367
Arba Kokalari, Eleonora Meleti, Maria Walsh, Mirosława Nykiel

Motion for a resolution
Paragraph 11 a (new)

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Motion for a resolution

Amendment

11 a. Stresses the need to improve the availability of and access to abortion throughout the Union

Or. en

Amendment 368
Sirpa Pietikäinen

Motion for a resolution
Paragraph 11 b (new)

Motion for a resolution

Amendment

11 b. Calls on the Commission and the Member States to ensure universal access to affordable, safe, and diverse contraceptive methods; stresses that women's self-determination in choosing contraception must be fully respected, including their right to receive complete and comprehensible information on the potential risks and side effects of contraceptive pills and other hormonal methods, enabling informed consent; calls for increased investment in innovative research and development of contraceptive options for men, with the aim of achieving greater gender equality and shared responsibility in family planning; underlines that comprehensive, age-appropriate sexuality education and unbiased medical counselling are essential to empower individuals to make informed, autonomous choices about their reproductive health;

Or. en

Amendment 369
Laurence Trochu

Motion for a resolution

Paragraph 12

Motion for a resolution

Amendment

12. Reiterates its call on the Commission to set up a voluntary, solidarity-based, opt-in EU financial mechanism that would enable Member States to provide abortion care to people who cannot access it in their home country, without interfering with national laws and regulations; calls, furthermore, on the Commission to bring forward a proposal to this effect; *deleted*

Or. fr

Amendment 370

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Paragraph 12

Motion for a resolution

Amendment

12. Reiterates its call on the Commission to set up a voluntary, solidarity-based, opt-in EU financial mechanism that would enable Member States to provide abortion care to people who cannot access it in their home country, without interfering with national laws and regulations; calls, furthermore, on the Commission to bring forward a proposal to this effect; *deleted*

Or. en

Amendment 371

Margarita de la Pisa Carrión, Viktória Ferenc, Elisabeth Dieringer

Motion for a resolution

Paragraph 12

Motion for a resolution

Amendment

12. Reiterates its call on the Commission to set up a voluntary, solidarity-based, opt-in EU financial mechanism that would enable Member States to provide abortion care to people who cannot access it in their home country, without interfering with national laws and regulations; calls, furthermore, on the Commission to bring forward a proposal to this effect;

deleted

Or. en

Amendment 372

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 12

Motion for a resolution

12. Reiterates its call on the Commission to set up a voluntary, solidarity-based, opt-in EU financial mechanism that would enable Member States to provide abortion care to people who cannot access it in their home country, without interfering with national laws and regulations; calls, furthermore, on the Commission to bring forward a proposal to this effect;

Amendment

12. Reiterates its call on the Commission to set up a voluntary, solidarity-based, opt-in EU financial mechanism that would enable Member States to provide abortion care to people who cannot access it in their home country, without interfering with national laws and regulations; calls, furthermore, on the Commission to bring forward a proposal to this effect ***and to allocate specific funds for Member States to ensure access to safe and legal abortion services for all European women, in line with the ‘My Voice, My Choice’ European Citizens’ Initiative;***

Or. en

Amendment 373

Mélissa Camara

Motion for a resolution

Paragraph 12

Motion for a resolution

12. Reiterates its call on the Commission to set up a voluntary, solidarity-based, opt-in EU financial mechanism that would enable Member States to provide abortion care to people who cannot access it in their home country, without interfering with national laws and regulations; calls, furthermore, on the Commission to bring forward a proposal to this effect;

Amendment

12. Reiterates its call on the Commission to set up a voluntary, solidarity-based, opt-in EU financial mechanism that would enable Member States to provide abortion care, ***including by supporting travel and accommodation costs***, to people who cannot access it in their home country, without interfering with national laws and regulations; calls, furthermore, on the Commission to bring forward a proposal ***and appropriate budget*** to this effect;

Or. en

Amendment 374

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

**Motion for a resolution
Paragraph 12 a (new)**

Motion for a resolution

Amendment

12 a. Warns that women's health medicines are not adequately prioritised in EU efforts to protect against shortages and supply disruptions, despite inter alia abortion medicine and contraception being routinely subjected to shortages in Member States: calls on the EMA to ensure the inclusion of these medicines in the Union List of Critical Medicines, and calls on the Council to align with the European Parliament's proposal to recognise medicines for abortion and contraception as medical products of common interest in the Critical Medicines Act;

Or. en

**Amendment 375
Sirpa Pietikäinen**

Motion for a resolution
Paragraph 12 a (new)

Motion for a resolution

Amendment

12 a. Calls on the Member States to guarantee affordable universal access to comprehensive sexual and reproductive health services, including contraception, maternal health care, and access to safe and legal abortion; calls the Commission to issue clear recommendations to Member States on sexual and reproductive health and rights in line with public health and human rights standards;

Or. en

Amendment 376

Maria Walsh, Loucas Fourlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution
Paragraph 12 a (new)

Motion for a resolution

Amendment

12 a. Calls for strengthened cooperation and exchange of best practices at EU level in maternal healthcare, with the objective of improving quality standards, supporting healthcare professionals and ensuring that preventable maternal mortality is eliminated;

Or. en

Amendment 377

Mélissa Camara

Motion for a resolution
Paragraph 12 a (new)

Motion for a resolution

Amendment

12 a. Stresses the need to tackle gender-based violence as a public health priority and calls for Member States to ensure including comprehensive health services for survivors, such as trauma-informed care and access to emergency contraception;

Or. en

Amendment 378
Beatrice Timgren

Motion for a resolution
Paragraph 12 a (new)

Motion for a resolution

Amendment

12 a. Recalls that Member States have differing legal, ethical and cultural approaches to reproductive healthcare, which must be fully respected in accordance with the Treaties, and cannot be harmonised or overridden at Union level.

Or. en

Amendment 379
Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová
Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Paragraph 12 a (new)

Motion for a resolution

Amendment

12 a. Calls on the Commission to include ambitious legislative, policy, and funding commitments and data collection requirements in the upcoming Gender Equality Strategy 2026-2030 to advance sexual and reproductive health and rights;

Amendment 380

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 12 a (new)

Motion for a resolution

Amendment

12 a. Stresses the role of education, healthcare services and public institutions in preventing gender-based violence and promoting consent, bodily integrity, privacy and personal autonomy and respect;

Or. en

Amendment 381

Arba Kokalari, Eleonora Meleti, Maria Walsh, Mirosława Nykiel

Motion for a resolution

Paragraph 12 a (new)

Motion for a resolution

Amendment

12 a. Encourage Member States to make birth control more accessible and affordable in order to prevent unwanted pregnancies

Or. en

Amendment 382

Sirpa Pietikäinen

Motion for a resolution

Paragraph 12 b (new)

Motion for a resolution

Amendment

12 b. Calls on the Commission and the Member States to ensure that individuals experiencing involuntary infertility or pregnancy loss have access to affordable, high-quality, and equitable fertility and miscarriage-related healthcare services; stresses the importance of integrated mental health support and counselling to address the emotional and psychological impact of infertility and miscarriage; calls for public health strategies, insurance coverage, and clinical guidance that prioritise patient autonomy, informed choice, and comprehensive, non-stigmatising care for all individuals seeking support;

Or. en

Amendment 383
Mélissa Camara

Motion for a resolution
Paragraph 12 b (new)

Motion for a resolution

Amendment

12 b. Stresses that comprehensive sexuality education (CSE), in line with UNESCO standards, is essential for promoting consent, sexual and reproductive health and rights, preventing gender-based violence, countering disinformation and stigma surrounding women's health; calls on the Commission to issue recommendations to Member States on the provision of comprehensive sexuality education, in line with UNESCO standards;

Or. en

Amendment 384

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution
Paragraph 12 b (new)

Motion for a resolution

Amendment

12 b. Reiterates that sexual and reproductive health and rights are an integral part of human rights and public health policy; calls for comprehensive, age-appropriate, science-based sexuality and relationships education across the EU as a key tool for reducing inequalities, preventing violence, and empowering women and girls

Or. en

Amendment 385

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution
Paragraph 12 b (new)

Motion for a resolution

Amendment

12 b. Considers it essential that all women in the EU have free access to HPV vaccines in order to prevent cervical cancer and pre-cancerous changes and urges Member States to secure free HPV vaccines for all women.

Or. en

Amendment 386
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 c (new)

Motion for a resolution

Amendment

12 c. Calls on the Commission and the Member States to recognise, prevent, and address gynaecologic and obstetric

violence, including non-consensual, abusive, or coercive medical procedures, dismissive treatment such as delaying or refusal of women's reproductive health concerns, and violations of bodily autonomy in gynaecological and obstetric care; notes that examples of gynaecologic violence include performing perineal or episiotomy cuts during childbirth without explicit consent or informed agreement, and routine dismissal of women's reported pain or symptoms in reproductive health; notes the severe impacts that such violence may cause on women's physical, mental and social health;

Or. en

Amendment 387

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

**Motion for a resolution
Paragraph 12 c (new)**

Motion for a resolution

Amendment

12 c. Deplores the fact that, despite recent literature on the existence and reality of violence in gynaecological and obstetric settings, and despite its commitment under the Gender Equality Strategy 2020-2025, the European Commission has yet to publish its Recommendation on the prevention of harmful practices against women and girls; calls on the European Commission to swiftly publish the Recommendation, including key recommendations on preventing and addressing violence in gynaecological and obstetric settings as well as forced sterilisation.

Or. en

Amendment 388

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 12 c (new)**

Motion for a resolution

Amendment

12 c. Stresses that access to menstrual sanitary products should be guaranteed as a free public service and accessible regardless of the socio-economic status

Or. en

**Amendment 389
Sirpa Pietikäinen**

**Motion for a resolution
Paragraph 12 d (new)**

Motion for a resolution

Amendment

12 d. Calls on the Commission and the Member States to ensure that all women and girls who have experienced gender-based violence have timely access to comprehensive, free, and trauma-informed health services, including physical, sexual, and mental health care; stresses the need to establish clear referral pathways between healthcare providers, social services, and specialised support organisations; calls for mandatory training for healthcare professionals, emergency responders, and law enforcement authorities on identifying, responding to, and documenting cases of gender-based violence in a gender-responsive and victim-centred manner;

Or. en

Amendment 390

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 12 d (new)**

Motion for a resolution

Amendment

12 d. Stresses that access to safe and legal abortion, contraception and sexual education should be guaranteed as a free public service, accessible regardless of the socio-economic status;

Or. en

Amendment 391

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 12 e (new)**

Motion for a resolution

Amendment

12 e. Calls on the Commission and the Member States to recognise and address obstetric and gynaecological violence as a form of gender-based violence, to promote respectful maternity care and to establish complaint mechanisms, data collection and training for healthcare professionals;

Or. en

**Amendment 392
Sirpa Pietikäinen**

**Motion for a resolution
Paragraph 12 e (new)**

Motion for a resolution

Amendment

12 e. Calls on the Commission and the

Member States to ensure access to affordable, high-quality, and environmentally sustainable menstrual products free of harmful chemicals such as PFAS forever chemicals for all who need them;

Or. en

Amendment 393

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 12 f (new)**

Motion for a resolution

Amendment

12 f. Calls on the Commission and the Member States to integrate a gender-sensitive approach into cardiovascular research, data collection, screening, prevention strategies and clinical guidelines in order to improve early detection, ensure equitable care and reduce avoidable mortality among women; stresses the importance of taking into account that cardiovascular diseases manifest differently in women and that gender-specific biological, social, and psychosocial risk factors play a role in the development of cardiovascular disease in women;

Or. en

**Amendment 394
Sirpa Pietikäinen**

**Motion for a resolution
Paragraph 12 f (new)**

Motion for a resolution

Amendment

12 f. Stresses the need for workplace

policies and conditions that support women with specific health conditions;

Or. en

Amendment 395
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 g (new)

Motion for a resolution

Amendment

12 g. Calls for greater recognition of gender bias in the assessment and treatment of pain, noting that women's pain is often underestimated, dismissed, or misdiagnosed compared to men's; stresses the importance of ensuring that pain relief is offered and accessible whenever medically indicated, and that women's self-reported experiences of pain are taken seriously in all healthcare settings; recognises that chronic inflammatory skin diseases, including atopic eczema, involve severe and persistent symptoms such as pain and unbearable itch that significantly impair quality of life, mental health and sleep, and disproportionately affect women;

Or. en

Amendment 396
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 h (new)

Motion for a resolution

Amendment

12 h. Calls on the Commission and the Member States to strengthen EU-wide cancer research, prevention, screening and care from a gender perspective; stresses, for example, the urgent need to

improve data collection on metastatic breast cancer (MBC) through harmonised national registries, enhanced European Health Data Space integration, and systematic reporting to guide evidence-based policymaking; stresses the importance of equity in genomic testing in tackling breast cancer in the EU;

Or. en

Amendment 397
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 i (new)

Motion for a resolution

Amendment

12 i. Calls on the Commission and the Member States to ensure that cardiovascular and heart disease prevention, diagnosis, and treatment strategies in the EU fully integrate a gender perspective; stresses that cardiovascular and heart diseases remain the leading cause of death among women, yet women are often underdiagnosed and undertreated due to differences in symptoms, risk factors, and clinical presentation compared to men; calls for research that focuses on cardiovascular risks specific to women, particularly after menopause or during pregnancy;

Or. en

Amendment 398
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 j (new)

Motion for a resolution

Amendment

12 j. Calls on the Commission and the

Member States to integrate a gender perspective into diabetes research, diagnosis, treatment, and management; stresses the need for development of sex-specific diagnostic criteria, and consideration of hormonal life stages such as menstruation, pregnancy, and menopause in clinical guidelines and digital health tools; calls for EU support for gender-responsive technologies and mental health integration to ensure personalised care, and outcomes for women living with diabetes;

Or. en

Amendment 399
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 k (new)

Motion for a resolution

Amendment

12 k. Calls on the Commission and the Member States to address the gender-specific challenges of rheumatic and musculoskeletal diseases (RMDs) in women; stresses the need for increased EU research and innovation to better understand why women are disproportionately affected, experience more pain, and respond differently to treatments; calls for the development of gender-sensitive clinical guidelines, early screening programmes, and training for healthcare professionals to reduce misdiagnosis, diagnostic delays, and unequal treatment access; underlines the importance of understanding and mitigating gender-specific occupational risks and promoting workplace prevention and management strategies for RMDs, recognising their impact on women's health, workforce participation, and overall quality of life;

Or. en

Amendment 400
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 l (new)

Motion for a resolution

Amendment

12 l. Calls on the Commission and the Member States to integrate a gender perspective into research, prevention, and care strategies for memory-disabling diseases such as Alzheimer's; stresses that women face higher prevalence due to longer average lifetime but even among women and men of the same age; notes that most of the care-givers to people with memory-disabling diseases are women;

Or. en

Amendment 401
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 m (new)

Motion for a resolution

Amendment

12 m. Calls on the Commission and Member States to take into consideration the gender-based elements on such prevalent communicable diseases as diabetes, cardiovascular diseases, allergy and asthma affecting women's overall quality of life, including their productivity at work and ability to perform daily activities; take action to enable better diagnostic and therapeutic stratification, in view of improving treatment pathways; support research in order to better understand the underlying mechanisms of these prevalence differences, and get a deeper insight into common co-morbidities; stresses the need to integrate gender considerations into frameworks

related to occupational health and surveillance; address gender differences in healthcare outcomes, including ensuring equity in clinical trials and treatment.

Or. en

Amendment 402
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 n (new)

Motion for a resolution

Amendment

12 n. *Calls on the Commission and Member States to recognise Long COVID as a significant public health and gender equality challenge, given that women are disproportionately affected and often face medical dismissal or delays in diagnosis; calls on the Commission to continue its support for The Network of Expertise on Long COVID; recognises that those affected by Long COVID may suffer from work incapacity which causes economic vulnerability; calls for support for patients' reintegration into work through flexible employment and social protection measures;*

Or. en

Amendment 403
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 o (new)

Motion for a resolution

Amendment

12 o. *Calls on the Commission and the Member States to address the mental health needs of women, recognising that women report lower levels of well-being*

and higher rates of depression and psychological distress than men; stresses the importance of gender-sensitive prevention, early intervention, and support services, including accessible mental health care, community-based programmes, and awareness campaigns; encourages the collection of gender and sex-disaggregated data and research into the social and gendered determinants of mental health to inform policies that promote equal mental well-being across the EU; calls on the Commission and Member States to address the impact of online hate speech on mental health, particularly for women; stresses the importance of tackling root causes of gender-based harassment and discrimination on social media; urges the Commission to legally recognise gender harassment, including online, as criminalized hate speech, and to oblige platforms to identify and remove gender-based hate speech;

Or. en

Amendment 404
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 p (new)

Motion for a resolution

Amendment

12 p. Calls for the formal recognition of Post-SSRI Sexual Dysfunction (PSSD) as a serious and distinct adverse drug reaction, disproportionately affecting women; calls for further research to investigate the prevalence, biological mechanisms and treatments for PSSD; calls for access to care, support and redress for individuals affected by PSSD; calls for establishment of a compensation scheme for people suffering from serious and possibly permanent antidepressant-related harm, such as PSSD; calls to issue

an institutional apology to those harmed by PSSD, acknowledging the systemic regulatory and ethical failures that led to preventable suffering;

Or. en

Amendment 405
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 q (new)

Motion for a resolution

Amendment

12 q. Calls on the Commission and the Member States to integrate HIV and STI prevention, testing, and care into broader gender-sensitive health strategies; stresses the need to address the unique biological and structural vulnerabilities of all genders, particularly young women, migrant and mobile women, sex workers, women with disabilities, and survivors of gender-based violence; calls for gender-, age-, sexuality-, and race-sensitive research, improved data collection and reporting, affordable access to vaccinations, mental health support, and community-involved interventions to ensure equitable prevention and treatment across the life course;

Or. en

Amendment 406
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 r (new)

Motion for a resolution

Amendment

12 r. Calls on the Commission and Member States to ensure equitable access to vaccines across the EU; stresses the

importance of HPV vaccination to prevent cervical cancer, influenza and RSV vaccination to protect pregnant women and those with cardiovascular risk, and vaccination as a tool to reduce non-communicable disease burden; calls for clear EU coverage targets, harmonised monitoring through the ECDC, increased funding for prevention and research on women's health, and awareness-raising among policymakers, healthcare professionals, and the public; calls for measures to target misinformation about the side effects of vaccines;

Or. en

Amendment 407
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 s (new)

Motion for a resolution

Amendment

12 s. *Calls on the Commission and the Member States to address the specific healthcare needs of LGBTIQ+ women and gender-diverse people, including access to preventative care, treatment, and trans-specific healthcare; stresses the impact of minority stress, discrimination, and provider bias on health outcomes and access; calls for the integration of LGBTIQ+ health content into medical school curricula and ongoing professional training for healthcare providers; encourages support for community-based healthcare initiatives and EU-funded research under EU4Health and HORIZON to ensure inclusive, equitable, and safe healthcare for all LGBTIQ+ individuals;*

Or. en

Amendment 408
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 t (new)

Motion for a resolution

Amendment

12 t. Calls on the Commission and the Member States to integrate a gender-responsive and intersectional approach into all policies related to planetary health, including climate adaptation, environmental protection, and public health; stresses that women and girls are disproportionately affected by the health consequences of climate-related events, such as heat stress, vector-borne diseases, food insecurity, and displacement;

Or. en

Amendment 409
Sirpa Pietikäinen

Motion for a resolution
Paragraph 12 u (new)

Motion for a resolution

Amendment

12 u. Calls on the Commission and the Member States to strengthen measures to protect women and girls from harmful chemical exposure, recognising that women are disproportionately affected due to biological, social, and occupational factors; notes that chemicals in everyday products, including cosmetics, menstrual products, and household items, can disrupt hormonal systems, increase risks of conditions such as breast cancer, endometriosis, and fertility problems, and affect foetal development during pregnancy; calls for stricter regulation of endocrine-disrupting and persistent substances, and transparent labelling to ensure that consumers can make informed, safe, and sustainable choices;

Amendment 410**Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak****Motion for a resolution****Paragraph 13***Motion for a resolution*

13. Deplores the fact that since the inception of the EU's Community Research and Development Information Service almost 40 years ago, only 10 of the 145 983 EU-funded projects have focused specifically on endometriosis¹⁶ ;

¹⁶ Vigano, P., Casalechi, M. and Dolmans, M., 'European Union underinvestment in endometriosis research', Journal of Endometriosis and Uterine Disorders, Vol. 5, 2024, 100058, <https://www.sciencedirect.com/science/article/pii/S2949838423000464>.

Amendment

13. Deplores the fact that since the inception of the EU's Community Research and Development Information Service almost 40 years ago, only 10 of the 145 983 EU-funded projects have focused specifically on endometriosis¹⁶ ; ***Calls on the Commission and the Member States to recognise endometriosis as a chronic condition and to promote earlier diagnosis through improved training of primary healthcare professionals, clearer referral pathways and increased awareness among healthcare providers;***

¹⁶ Vigano, P., Casalechi, M. and Dolmans, M., 'European Union underinvestment in endometriosis research', Journal of Endometriosis and Uterine Disorders, Vol. 5, 2024, 100058, <https://www.sciencedirect.com/science/article/pii/S2949838423000464>.

Amendment 411**Diana Iovanovici Șoșoacă****Motion for a resolution****Paragraph 13***Motion for a resolution*

13. Deplores the fact that since the inception of the EU's Community Research and Development Information

Amendment

13. Deplores the fact that since the inception of the EU's Community Research and Development Information

Service almost 40 years ago, only 10 of the 145 983 EU-funded projects have focused specifically on endometriosis¹⁶;

Service almost 40 years ago, only 10 of the 145 983 EU-funded projects have focused specifically on endometriosis¹⁶ ***despite the fact that this is an increasingly widespread condition in recent years, including among adolescent girls, and considers that the current level of research is insufficient in relation to the medical and social impact of the disease;***

¹⁶ Vigano, P., Casalechi, M. and Dolmans, M., ‘European Union underinvestment in endometriosis research’, Journal of Endometriosis and Uterine Disorders, Vol. 5, 2024, 100058, <https://www.sciencedirect.com/science/article/pii/S2949838423000464>.

¹⁶ Vigano, P., Casalechi, M. and Dolmans, M., ‘European Union underinvestment in endometriosis research’, Journal of Endometriosis and Uterine Disorders, Vol. 5, 2024, 100058, <https://www.sciencedirect.com/science/article/pii/S2949838423000464>.

Or. ro

Amendment 412 **Mélissa Camara**

Motion for a resolution **Paragraph 13**

Motion for a resolution

13. Deplores the fact that since the inception of the EU’s Community Research and Development Information Service almost 40 years ago, only 10 of the **145 983** EU-funded projects have focused specifically on endometriosis¹⁶ ;

¹⁶ Vigano, P., Casalechi, M. and Dolmans, M., ‘European Union underinvestment in endometriosis research’, Journal of Endometriosis and Uterine Disorders, Vol. 5, 2024, 100058, <https://www.sciencedirect.com/science/article/pii/S2949838423000464>.

Amendment

13. Deplores the fact that since the inception of the EU’s Community Research and Development Information Service almost 40 years ago, only 10 of the **145 983** EU-funded projects have focused specifically on endometriosis¹⁶ ***and calls on the Commission and the Member States to develop an EU-wide action plan on endometriosis, including specialised referral pathways and targets to reduce the diagnostic delay ;***

¹⁶ Vigano, P., Casalechi, M. and Dolmans, M., ‘European Union underinvestment in endometriosis research’, Journal of Endometriosis and Uterine Disorders, Vol. 5, 2024, 100058, <https://www.sciencedirect.com/science/article/pii/S2949838423000464>.

Amendment 413

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution

Paragraph 13 a (new)

Motion for a resolution

Amendment

13 a. Stresses the importance of the EU, within the framework of its competences and in full respect of the principle of subsidiarity, taking action to reduce the gender health gap by recognising and addressing gender-specific health needs and risks, given that certain diseases and health conditions affect women and men differently, including diabetes, and by ensuring access to high-quality, patient- and outcome-centred healthcare;

Amendment 414

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Paragraph 13 a (new)

Motion for a resolution

Amendment

13 a. calls on Member States to develop and implement, in coordination with each other and with the support of the Union, national action plans on endometriosis, aimed in particular at increasing public investment in research, in order to ensure funding commensurate with the health and economic burden of the disease, which represents an estimated annual cost of EUR 30 billion;

Amendment 415

Maria Walsh, Loucas Fourlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 13 a (new)

Motion for a resolution

Amendment

13 a. Stresses that inadequate education on menstruation can lead to unsafe menstrual care and, in turn, serious illness; further highlighting the need for funded public awareness campaigns on menstrual health, alongside increased research into menstrual health conditions;

Or. en

Amendment 416

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Paragraph 13 b (new)

Motion for a resolution

Amendment

13 b. urges Member States to harmonise their national protocols for diagnosing endometriosis based on the revised ESHRE guidelines (2024), to systematically integrate advanced imaging tools and validated biomarkers into primary and secondary care, and to establish at least one multidisciplinary centre of excellence per region, in order to reduce the average time to diagnosis to three years, ensure equitable access to specialist care across the country, and support the establishment of a network of approximately 20 centres of excellence

with adequate public funding;

Or. en

Amendment 417

Sirpa Pietikäinen

Motion for a resolution

Paragraph 14

Motion for a resolution

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma;

Amendment

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma; ***calls on the Commission and the Member States to ensure that menopause is recognised as a significant public health issue and fully integrated into routine primary healthcare services; stresses the need for comprehensive education and awareness-raising campaigns to overcome societal stigma and misinformation, enabling women to seek timely and appropriate care; calls for increased research and development of effective, safe, and well-tolerated non-hormonal treatment options for menopausal symptoms, acknowledging that hormonal treatments are not suitable for all women, particularly those with hormone-sensitive conditions such as breast cancer; underlines the importance of training healthcare professionals on menopause management to provide consistent, evidence-based, and patient-centred support to women throughout the menopausal transition;***

Or. en

Amendment 418

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 14

Motion for a resolution

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma;

Amendment

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma; ***recommends that Member States systematically integrate menopause screening and assessment into primary healthcare for women over 40, using validated clinical tools, to strengthen initial and continuing training for doctors and nurses on symptoms and available treatment options, to ensure access to hormone replacement therapy and evidence-based alternatives, and to support national awareness-raising initiatives aimed at combating the persistent social stigma surrounding menopause;***

Or. en

Amendment 419

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Paragraph 14

Motion for a resolution

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma;

Amendment

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma; ***Recognises that the majority of available treatments are hormonal and, therefore, not suitable for all patients; highlights the need for the development of non-hormonal treatments alongside more effective and widely available hormonal***

treatments; Highlights, that the majority of existing medical research focuses on the years of fertility overlooking puberty, perimenopause and menopause and that a more inclusive and representative approach to clinical trials is necessary;

Or. en

Amendment 420

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 14

Motion for a resolution

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma;

Amendment

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma; *notes that hormonal transitions can influence the onset, severity and management of other chronic conditions affecting women disproportionately compared to men, like inflammatory skin diseases; notes how hormonal changes make women more vulnerable to atopic dermatitis flares especially during the premenstrual period and pregnancy, as well as to psoriasis during puberty and menopause;*

Or. en

Amendment 421

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 14

Motion for a resolution

Amendment

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma;

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma; ***draws attention also to the lack of awareness of the symptoms of perimenopause; points out that hormonal changes associated with these periods can affect the severity and treatment of other chronic diseases; points out that changes during the premenstrual period and pregnancy can exacerbate inflammatory skin diseases such as atopic dermatitis, while changes during puberty and menopause can affect the severity of psoriasis;***

Or. pl

Amendment 422

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution Paragraph 14

Motion for a resolution

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma;

Amendment

14. Regrets the fact that, despite a prevalence of adverse ***and serious*** menopause ***and perimenopause*** symptoms among women, the menopause is still not routinely integrated into primary healthcare, ***occupational health policies and workplace health strategies across the Union*** and remains shrouded in social stigma; ***calls on the Commission and the Member States to develop EU-level guidelines on menopause and perimenopause care and awareness;***

Or. en

Amendment 423

Mélissa Camara

**Motion for a resolution
Paragraph 14**

Motion for a resolution

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma;

Amendment

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma ***and calls on the Member States to ensure timely access to menopause care, including specialised services and clear clinical guidelines ;***

Or. en

**Amendment 424
Laurence Trochu**

**Motion for a resolution
Paragraph 14**

Motion for a resolution

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma;

Amendment

14. Regrets the fact that, despite a prevalence of adverse menopause symptoms among women, the menopause is still not routinely integrated into primary healthcare and remains shrouded in social stigma; ***notes, however, that the narrative is changing and that the menopause is rightly becoming a bona fide public health topic;***

Or. fr

**Amendment 425
Mélissa Camara**

**Motion for a resolution
Paragraph 14 a (new)**

Motion for a resolution

Amendment

14 a. *Calls on the EU and Member States to promote campaigns to fight against taboos and stereotypes linked to menstrual health; Recognises menstrual health as an integral part of public health and gender equality policies; calls on Member States to ensure access to safe, free and appropriate menstrual products which is essential to ensuring dignity, health and social inclusion for all people who menstruate;*

Or. en

Amendment 426

Margarita de la Pisa Carrión, Elisabeth Dieringer

Motion for a resolution

Paragraph 14 a (new)

Motion for a resolution

Amendment

14 a. *Expresses concern that, under the banner of equality, women are increasingly encouraged to adopt continuous or systematic contraceptive practices throughout their reproductive lifespan, rather than promoting a model of equality grounded in recognition, respect for, and acceptance of the intrinsic value and specific realities of women's biological and reproductive capacities;*

Or. en

Amendment 427

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 14 a (new)

Motion for a resolution

Amendment

14a. *Points out that sunbed use is associated with a sharp increase in the incidence of melanoma among young women, particularly if they use sunbeds before the age of 30; calls on the Commission to introduce measures to restrict access to sunbeds, particularly for young people, in order to help curb the melanoma epidemic in Europe;*

Or. pl

Amendment 428

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 14 a (new)**

Motion for a resolution

Amendment

14 a. *Deplores the fact that the European Commission has yet to publish its Recommendation on the prevention of harmful practices against women and girls; calls on the European Commission to swiftly publish the Recommendation, including key recommendations on preventing and addressing violence in gynaecological and obstetric settings as well as forced sterilisation;*

Or. en

**Amendment 429
Sirpa Pietikäinen**

**Motion for a resolution
Paragraph 14 a (new)**

Motion for a resolution

Amendment

14 a. *Calls on the Commission and the*

Member States to recognise continence care as a significant yet often overlooked aspect of public health that disproportionately affects women, particularly during pregnancy, postpartum, and menopause; stresses the need to ensure access to affordable, high-quality, and environmentally sustainable continence products;

Or. en

Amendment 430

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 14 a (new)

Motion for a resolution

Amendment

14 a. Calls on the Member States to integrate menopause-related healthcare into primary healthcare services, including through appropriate training of healthcare professionals, with a view to supporting women's long-term health and continued participation in the labour market;

Or. en

Amendment 431

Hanna Gedin, Carolina Morace, Kathleen Funchion, Elena Kountoura, Irene Montero

Motion for a resolution

Paragraph 14 a (new)

Motion for a resolution

Amendment

14 a. Urges Member States to secure pregnant women's access to high quality maternity care and maternity wards, regardless of where they live.

Or. en

Amendment 432
Sirpa Pietikäinen

Motion for a resolution
Paragraph 14 b (new)

Motion for a resolution

Amendment

14 b. Calls on the Commission and the Member States to strengthen gender-responsive policies in care for older persons, recognising that women represent the majority of older persons in need of care; stresses the need to ensure accessible, affordable, and high-quality long-term care services that respect the dignity, autonomy, and health of older women;

Or. en

Amendment 433
Mélissa Camara

Motion for a resolution
Paragraph 14 b (new)

Motion for a resolution

Amendment

14 b. Urges the Member States to encourage the widespread availability of toxin-free and reusable menstrual products, in particular in large retailer outlets and pharmacies across the country accompanied by awareness-raising measures on the benefits of reusable menstrual products compared to single-use ones;

Or. en

Amendment 434
Sirpa Pietikäinen

Motion for a resolution
Paragraph 14 c (new)

Motion for a resolution

Amendment

14 c. Calls on the Commission and the Member States to recognise and address the health risks faced by informal carers and the predominantly female long-term care workforce; stresses that sustained physical and emotional demands, chronic stress, social isolation, and neglect of self-care put carers at heightened risk of mental and physical health problems; stresses that carers, who are predominantly women, must be guaranteed financial support, flexible work arrangements, care leave, and access to adequate, supplementary care services, including targeted special continuous healthcare programmes with regular checks, as well as counselling, peer support and rehabilitation both for the carer and the person being cared for; underlines the importance of securing carers' legal right to adequate free own personal time and encouragement for self-development and freedom of choice by personal budgeting and community-based care;

Or. en

Amendment 435
Mélissa Camara

Motion for a resolution
Paragraph 15

Motion for a resolution

Amendment

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise ***dedicated and targeted*** investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their

severity and prevalence; *Urges the Commission to include specific actions to advance the full spectrum of sexual and reproductive health and rights, including issuing Recommendations to Member States on SRHR, access to fertility care, the combating of all forms of harmful practices and obstetric and gynaecological violence, and the provision of comprehensive sexuality education, in line with international human rights and public health standards from WHO and UNESCO;*

Or. en

Amendment 436

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 15

Motion for a resolution

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

Amendment

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence; *emphasises, furthermore, the link between physical wellbeing and mental wellbeing in women; stresses that visible, chronic and recurrent conditions often significantly reduce women's quality of life and are associated with depression and social withdrawal due to the stigma caused by the disease; points out that the strategy must incorporate an integrated approach to care and the goal of improving physical and mental health;*

Or. pl

Amendment 437

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 15

Motion for a resolution

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

Amendment

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions ***and sexual and reproductive health and rights***; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence ***and that concrete measures on sexual and reproductive health and rights are necessary to progress towards achieving the vision outlined in the Roadmap on Women's Rights***;

Or. en

Amendment 438

Diana Iovanovici Șoșoacă

Motion for a resolution

Paragraph 15

Motion for a resolution

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

Amendment

15. ***Urges the Commission to improve the collection of sex- and gender-disaggregated health data, so as to enable the development of fair and personalised medical interventions***; urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

Or. ro

Amendment 439

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Paragraph 15

Motion for a resolution

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

Amendment

15. Urges the Commission to use the forthcoming gender equality strategy for 2026-2030 **and the proposed European Competitiveness Fund** to propose concrete measures that prioritise **and incentivise** investment in **women's health and** gender-specific conditions, **such as endometriosis and menopause**; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

Or. en

Amendment 440

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Paragraph 15

Motion for a resolution

15. Urges the Commission to **use the forthcoming gender equality strategy for 2026-2030 to propose concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;**

Amendment

15. Urges the Commission to prioritise **research into sex-specific medical conditions affecting women, in line with prevalence, disease burden and scientific evidence;**

Or. en

Amendment 441

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 15

Motion for a resolution

15. Urges **the Commission** to use the forthcoming gender equality strategy for 2026-2030 to **propose** concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

Amendment

15. Urges **Member States** to use the forthcoming gender equality strategy for 2026-2030 to **implement and fund** concrete measures that prioritise investment in gender-specific conditions; stresses that investment in gender-specific conditions should be reflective of their severity and prevalence;

Or. en

Amendment 442
Sirpa Pietikäinen

Motion for a resolution
Paragraph 15 a (new)

Motion for a resolution

Amendment

15 a. Calls on the Commission to include a dedicated section on older women in the proposed Gender Equality Strategy, recognising that older women are often under-treated and that gender perspectives are insufficiently applied in their healthcare; ensures that the strategy includes processes to develop and share best practices on gender-responsive health promotion, prevention, and treatment for older women, including preventative measures such as adequate nutrition and exercise, timely diagnosis and care for illnesses, and tailored approaches for institutionalised women and those with memory-disabling diseases who may struggle to express their needs, preferences and symptoms; highlights that ensuring active care, healthy living, and equal access to treatment for older women, including those in care facilities, is a fundamental human right and an essential component of a comprehensive

women's health strategy;

Or. en

Amendment 443

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 15 a (new)

Motion for a resolution

Amendment

15a. Underlines the special importance of mental health for women and girls and the need to take gender into account in mental health policies and programmes; calls on the Commission to take the gender dimension into account in the EU Mental Health Strategy 2023, including by ensuring access to appropriate psychological and psychiatric care tailored to women's needs (e.g. during pregnancy and after childbirth, as well as for victims of gender-based violence) and by raising awareness among medical staff of gender differences in the symptoms and treatment of mental disorders; calls for increased access to mental health services for girls and young women, especially in schools and primary healthcare, so that they receive support appropriate to their needs at a young age;

Or. pl

Amendment 444

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution

Paragraph 15 a (new)

Motion for a resolution

Amendment

15 a. Underlines that women living with diabetes and other metabolic diseases are,

on average, diagnosed up to 4.5 years later than men and face an approximately 30% higher risk of cardiovascular mortality; emphasises that late diagnosis delays access to timely and appropriate care, further increasing the risk of cardiovascular complications and exacerbating existing cardiovascular health inequalities among women;

Or. en

Amendment 445

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

**Motion for a resolution
Paragraph 15 a (new)**

Motion for a resolution

Amendment

15 a. Calls on Member States to ensure timely and equitable access to fertility care as well as evidence-based, reliable public information on fertility through a rights-based approach that supports reproductive autonomy, with the support of the Commission through guidance, data collection, and the exchange of best practices;

Or. en

**Amendment 446
Mathilde Androuët**

**Motion for a resolution
Paragraph 15 a (new)**

Motion for a resolution

Amendment

15 a. recalls that women live on average five years longer than men (84.4 years for women, compared with 79.2 years for men in 2024, according to Eurostat) and that, due to the overall ageing of the

population, senior women will represent a significant proportion of the population by 2050, with specific needs;

Or. en

Amendment 447

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 15 a (new)

Motion for a resolution

Amendment

15 a. Calls on the Commission and the Member States to develop EU-level clinical pathways and minimum standards of care for major gender-specific conditions, ensuring early diagnosis, multidisciplinary treatment and equal access regardless of socio-economic status or geographical location;

Or. en

Amendment 448

Mélissa Camara

Motion for a resolution

Paragraph 15 a (new)

Motion for a resolution

Amendment

15 a. Calls for dedicated, ring-fenced and traceable EU funding lines for gender-specific conditions, including endometriosis and menopause-related care, and for projects aiming to close sex- and gender-based data gaps;

Or. en

Amendment 449
Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution
Paragraph 15 a (new)

Motion for a resolution

Amendment

15 a. Calls for the development and uptake of preventive cancer vaccination programmes and regular screening especially for human papillomavirus (HPV) and Hepatitis B virus (HBV);

Or. en

Amendment 450
Arba Kokalari, Eleonora Meleti, Maria Walsh, Mirosława Nykiel

Motion for a resolution
Paragraph 15 a (new)

Motion for a resolution

Amendment

15 a. Calls on Member States to take measures to prevent and treat genital mutilation, in particular to ensure that healthcare staff have sufficient knowledge of it

Or. en

Amendment 451
Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution
Paragraph 15 b (new)

Motion for a resolution

Amendment

15 b. Highlights that cancer is the second leading cause of death in the EU, affecting more men than women on average; Notes that some cancers present differently in men than in women, and

some cancers are specific to or more prevalent in certain sexes; Is concerned that, on average, cancer in women is diagnosed two and a half years later than in men^{1a}; Underlines that more research is required into the impact of sex/gender factors on the occurrence of cancer, how it manifests, and the response to existing treatments;

^{1a} *Westergaard, D., Moseley, P., Sørup, F.K.H., Baldi, P. and Brunak, S., 'Population-wide analysis of differences in disease progression patterns in men and women', Nature Communications, Vol.10, No.666, 2019, <https://www.nature.com/articles/s41467-019-08475-9>.*

Or. en

Amendment 452
Sirpa Pietikäinen

Motion for a resolution
Paragraph 15 b (new)

Motion for a resolution

Amendment

15 b. Calls for the forthcoming Critical Medicines Act to integrate a gender-sensitive approach, ensuring that the identification and prioritisation of critical medicines reflect the specific health needs of women in all their diversity; stresses the importance of guaranteeing equal and uninterrupted access to essential medicines, including those related to reproductive, maternal, and mental health, as well as treatments for diseases that predominantly or disproportionately affect women;

Or. en

Amendment 453

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 15 b (new)

Motion for a resolution

Amendment

15 b. Calls on Member States to ensure timely and equitable access to fertility treatment without discrimination, especially for single women and female same-sex couples, and evidence-based, reliable public information on fertility, through a rights-based approach that supports reproductive autonomy, with the support of the Commission through guidance, data collection and the exchange of best practices.

Or. en

Amendment 454

Mélissa Camara

Motion for a resolution

Paragraph 15 b (new)

Motion for a resolution

Amendment

15 b. Urges Member States to ensure access to a full range of healthcare services, including sexual and reproductive health and related medications, for transgender and non-binary people and remove any coercive and unnecessary medical requirements, such as sterilisation or surgery, which hinder access to legal recognition or reproductive services.

Or. en

Amendment 455

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

**Motion for a resolution
Paragraph 15 b (new)**

Motion for a resolution

Amendment

15 b. Stresses that across the EU, caregiving responsibilities are disproportionately carried out by women, which contributes to inequalities and to feeding the gender care gap, reducing women's labour market participation and earning opportunities, while exposing them to stress-related health risks;

Or. en

**Amendment 456
Emma Rafowicz, Cecilia Strada, Christophe Clergeau**

**Motion for a resolution
Paragraph 15 b (new)**

Motion for a resolution

Amendment

15 b. Encourages the Commission to support further research on menstrual health and promote the development of comprehensive education programmes to improve menstrual health and reduce stigma;

Or. en

**Amendment 457
Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová
Ostrihoňová**

**Motion for a resolution
Paragraph 15 c (new)**

Motion for a resolution

Amendment

15 c. Highlights that many cancer cases, such as HPV-related cancers including

cervical cancer, are preventable through behavioural and environmental changes as well as early intervention measures and stresses that investing in preventative measures should be a priority of the Union; encourages further investment in innovative diagnostic tools such as biomarker testing and calls on the Commission to remove barriers to allow for widespread use of these tools where appropriate; Stresses that the offering of preventative healthcare must be based on biological indications as opposed to sex/gender markers on identification;

Or. en

Amendment 458

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution

Paragraph 15 c (new)

Motion for a resolution

Amendment

15 c. Calls to develop common European standards in maternal healthcare, and to enable healthcare professionals to share best practices in this field, and to further work with Member States to facilitate breastfeeding, and the establishment of an EU framework on the safe use of medicines during pregnancy and lactation;

Or. en

Amendment 459

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 15 b (new)

Motion for a resolution

Amendment

15 b. Calls on the Commission and Member States to launch public awareness campaigns to de-stigmatisate gender-specific health issues, ranging from menstrual and continence health to men's mental health, to ensure that symptoms are not dismissed by patients or providers;

Or. en

Amendment 460
Sirpa Pietikäinen

Motion for a resolution
Paragraph 15 c (new)

Motion for a resolution

Amendment

15 c. Calls on the Commission and the Member States to ensure that the Europe's Beating Cancer Plan, the forthcoming EU Cardiovascular Diseases Strategy, and the EU Rare Disease Action Plan are all designed and implemented through a strong gender lens;

Or. en

Amendment 461
Mélissa Camara

Motion for a resolution
Paragraph 15 c (new)

Motion for a resolution

Amendment

15 c. Ensure that transgender and non-binary people receive appropriate cancer detection, prevention and treatment interventions aligned with their health needs and decoupled from legal gender recognition.

Amendment 462
Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution
Paragraph 15 c (new)

Motion for a resolution

Amendment

15 c. Highlights the need for EU-level initiatives specifically addressing postpartum depression (PPD) and maternal mental health and well-being;

Or. en

Amendment 463
Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

Motion for a resolution
Paragraph 15 d (new)

Motion for a resolution

Amendment

15 d. Urges the Commission to take mental health and its gender related challenges into account in all relevant healthcare related measures; stresses that, due to biological and social factors, women are more likely to develop certain mental health conditions, such as depression, anxiety, post-traumatic stress disorder (PTSD), and eating disorders;

Or. en

Amendment 464
Sirpa Pietikäinen

Motion for a resolution
Paragraph 15 d (new)

Motion for a resolution

Amendment

15 d. Calls for the Commission to develop and implement a specific Women's Health Strategy on EU-level to be implemented across the Member States, including specific indicators and reporting on the progress of the Women's Health Strategy; stresses the need for adequate funding to support research, innovation, and education in women's health;

Or. en

Amendment 465

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Paragraph 15 d (new)

Motion for a resolution

Amendment

15 d. Expresses concern that despite the prevalence of cardiovascular disease (CVD) and its rate of mortality amongst women, they are twice as likely to be misdiagnosed, in part due to the fact that women's symptoms present differently to men;^{1a}

^{1a} **Roche Diagnostics Limited. (2020). 'Heart failure: The hidden costs of late diagnosis', August 2020, <https://hfreport.roche.com/image/6721401/Roche%20HF%20report%20portrait%20final.pdf>**

Or. en

Amendment 466

Emma Rafowicz, Cecilia Strada, Christophe Clergeau

Motion for a resolution

Paragraph 15 d (new)

Motion for a resolution

Amendment

15 d. Encourages Member States to effectively curb STI epidemics, by updating their national strategies, removing barriers to testing, and strengthening surveillance data on STIs and data on coverage of interventions to better target and improve prevention efforts;

Or. en

Amendment 467

Maria Walsh, Loucas Fourlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 15 d (new)**

Motion for a resolution

Amendment

15 d. Supports a strong European framework for combating major diseases, including cancer and cardiovascular conditions, ensuring equal access for women to prevention, early diagnosis, treatment, and survivorship support;

Or. en

Amendment 468

Paulo Do Nascimento Cabral, Maria Walsh, Eleonora Meleti

**Motion for a resolution
Paragraph 15 e (new)**

Motion for a resolution

Amendment

15 e. Recognises that fertility is a critical aspect of women's health, and emphasises the need to proactively address the multifaceted factors and challenges related to fertility, such as the lack of access to fertility-related

healthcare and treatments, or insufficient information and support services, together with the impact of lifestyle and age-related factors or environmental exposure to toxins, endocrine disruptors, and pollutants;

Or. en

Amendment 469

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

**Motion for a resolution
Paragraph 15 e (new)**

Motion for a resolution

Amendment

15 e. Calls on the Commission and Member States to engage in campaigns to raise awareness and to dispel the misconception that CVD is a “man’s disease”; Welcomes the Commission’s commitment in its December 2025 Communication on ‘an EU cardiovascular health plan: the Safe Heart Plan’ to invest in research to advance the understanding of sex and/or gender-specific mechanisms of cardiovascular diseases;

Or. en

Amendment 470

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 15 e (new)**

Motion for a resolution

Amendment

15 e. Highlights the importance of healthy ageing policies, noting that women represent the majority of older

Europeans, and calls for solutions that support independence, dignity, and choice, including home-based and community care;

Or. en

Amendment 471
Sirpa Pietikäinen

Motion for a resolution
Subheading 4 a (new)

Motion for a resolution

Amendment

Global health

Or. en

Amendment 472
Maria Walsh, Loucas Fourlas, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution
Paragraph 15 f (new)

Motion for a resolution

Amendment

15 f. Underlines how lesbian women are statistically less likely to access routine screening such as cervical cancer screening, often due to misconceptions that it is unnecessary, lack of tailored information, or previous negative experiences with healthcare providers;

Or. en

Amendment 473
Sirpa Pietikäinen

Motion for a resolution
Paragraph 15 e (new)

Motion for a resolution

Amendment

15 e. Recognises the EU's commitment to advancing gender equality globally, including through the EU's Global Health Strategy;

Or. en

Amendment 474
Sirpa Pietikäinen

Motion for a resolution
Paragraph 15 f (new)

Motion for a resolution

Amendment

15 f. Recognises that global health challenges, including infectious diseases, antimicrobial resistance, and climate-related health threats, have differentiated impacts on women and girls; deplores that the EU Preparedness, Prevention and Response Plan to Health Crises fails to adequately address the gendered dimensions of preparedness and response; urges the Commission and DG HERA to systematically integrate sex- and gender-specific health needs and to address the gendered impacts of health crises, including with regard to unpaid caregiving responsibilities and the health and care workforce;

Or. en

Amendment 475
Sirpa Pietikäinen

Motion for a resolution
Paragraph 15 g (new)

Motion for a resolution

Amendment

15 g. Calls for the European Commission and the Member States to

prioritise access to gender-responsive and inclusive Water, Sanitation and Hygiene (WASH) services as an essential component of women's health under the EU Global Health Strategy; stresses that improving WASH in healthcare facilities is key to reducing preventable maternal and neonatal mortality and to ensuring safe childbirth and menstrual hygiene management; emphasises the need for the EU's global health and development cooperation policies to address the disproportionate health burden carried out by women and girls in Low- and Middle-Income Countries (LMICs) due to inadequate WASH;

Or. en

Amendment 476
Mélissa Camara

Motion for a resolution
Paragraph 16

Motion for a resolution

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into gender-specific issues and addressing the inequalities in access to treatment; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States;

Amendment

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into gender-specific issues and addressing the inequalities in access to treatment; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States ***and underlines that public investment is therefore essential to invest in and prioritise preventative specific care for women focusing on conditions such as cardiovascular disease, diabetes, sexuality transmitted infections and cancer;***

Or. en

Amendment 477

Diana Iovanovici Șoșoacă

**Motion for a resolution
Paragraph 16**

Motion for a resolution

16. Recognises that EU funding can play a significant role in encouraging greater investment in research *into* gender-specific issues and addressing the inequalities in access to treatment; stresses that there is little *incentive for the private sector to invest in preventive care* and that this should therefore be a priority of the Commission and the Member States;

Amendment

16. Recognises that EU funding can play a significant role in encouraging greater *medium- and long-term* investment in *medical* research *centred on* gender-specific issues and addressing the inequalities in access to treatment; stresses that there is little *investment in science-based prevention programmes, including screening, health education and early interventions, with a focus on reducing health inequalities*, and that this should therefore be a priority of the Commission and the Member States;

Or. ro

Amendment 478

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

**Motion for a resolution
Paragraph 16**

Motion for a resolution

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into gender-specific issues and addressing the inequalities in access to treatment; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States;

Amendment

16. Recognises *that research and innovation are driven by a balance of incentives and obligations* and that EU funding can play a significant role in encouraging greater investment in research into gender-specific issues and addressing the inequalities in access to treatment *across the EU, particularly in respect of preventative care*; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States;

Or. en

Amendment 479

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 16

Motion for a resolution

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into gender-specific issues and addressing the inequalities in access to treatment; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States;

Amendment

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into gender-specific issues and addressing the inequalities in access to treatment, ***including prevention, diagnosis and long-term treatment of chronic diseases affecting women throughout their lives***; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States;

Or. pl

Amendment 480

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 16

Motion for a resolution

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into gender-specific issues and addressing the inequalities in access to treatment; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States;

Amendment

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into gender-specific issues and addressing the inequalities in access to treatment, ***including prevention, early diagnosis and long-term management of chronic conditions affecting women across the life course***; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the

Amendment 481

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Paragraph 16

Motion for a resolution

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into **gender-specific** issues and addressing the inequalities in access to treatment; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States;

Amendment

16. Recognises that EU funding can play a significant role in encouraging greater investment in research into **sex-specific** issues and addressing the inequalities in access to treatment; stresses that there is little incentive for the private sector to invest in preventive care and that this should therefore be a priority of the Commission and the Member States;

Amendment 482

Sirpa Pietikäinen

Motion for a resolution

Paragraph 16 a (new)

Motion for a resolution

16 a. Calls on the Commission and the Member States to ensure adequate, long-term, and gender-responsive funding for health at all levels; because women, on average, face greater socio-economic constraints and are therefore more dependent on public healthcare and social services, making them disproportionately affected by the quality, accessibility, and affordability of these services;

Amendment

Amendment 483

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 16 a (new)

Motion for a resolution

Amendment

16 a. Calls for a more effective use of EU competences in health, in line with subsidiarity, where cross-border cooperation delivers clear added value for women patients, such as access to specialised care and rare disease expertise;

Or. en

Amendment 484

Sirpa Pietikäinen

Motion for a resolution

Paragraph 16 b (new)

Motion for a resolution

Amendment

16 b. Calls for funding mechanisms under programmes such as Horizon Europe, EU4Health, and the Citizens, Equality, Rights and Values (CERV) programme and the Multiannual Financial Framework (MFF) to support both scientific research and innovation and the work of civil society organisations providing need-based, community-level, and peer-to-peer health services;

Or. en

Amendment 485

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution
Paragraph 16 b (new)

Motion for a resolution

Amendment

16 b. Calls on the European Commission to prioritise earmarked funding under the new European Competitiveness Fund and the next FP10 for research into women's health;

Or. en

Amendment 486

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Paragraph 17

Motion for a resolution

Amendment

17. Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

17. Strongly supports gender mainstreaming across all relevant policies and the EU budget; ***calls for the systematic incorporation of women's health needs at every stage of their lives, including reproductive health and chronic, inflammatory and non-communicable diseases***; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

Or. pl

Amendment 487

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Paragraph 17

Motion for a resolution

Amendment

17. Strongly supports gender

17. Strongly supports gender

mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

mainstreaming across all relevant policies and the EU budget; ***calls for systematic consideration of women's health needs, including chronic, inflammatory and non-communicable conditions***; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

Or. en

Amendment 488
Beatrice Timgren

Motion for a resolution
Paragraph 17

Motion for a resolution

17. ***Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;***

Amendment

17. Supports ***proportionate consideration of sex-based health impacts in relevant research and health programmes; invites the Commission, within its supporting competences, to encourage targeted research, where no comparable national initiatives already exist, while stressing that funding decisions must remain evidence-based, outcome-focused and cost-effective.***

Or. en

Amendment 489
Laurence Trochu

Motion for a resolution
Paragraph 17

Motion for a resolution

17. ***Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for gender-specific conditions and***

Amendment

17. calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

projects seeking to close the gap in sex-specific health data;

Or. fr

Amendment 490

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 17

Motion for a resolution

17. Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

Amendment

17. Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data ***and ensure that such funding prioritises public research and health systems;***

Or. en

Amendment 491

Mélissa Camara

Motion for a resolution

Paragraph 17

Motion for a resolution

17. Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in ***sex-specific*** health data;

Amendment

17. Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated ***and targeted*** funding calls for ***research and EU related actions on*** gender-specific conditions and projects seeking to close the gap in ***sex- and gender-specific*** health data;

Or. en

Amendment 492

Mathilde Androuët, Catherine Griset, Elisabeth Dieringer, Anders Vistisen, Margarita de la Pisa Carrión

Motion for a resolution

Paragraph 17

Motion for a resolution

17. **Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission** to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

Amendment

17. calls for **Member States** to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

Or. en

Amendment 493

Maria Walsh, Loucas Fourlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

Motion for a resolution

Paragraph 17

Motion for a resolution

17. Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

Amendment

17. Strongly supports gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch **without delay** dedicated funding calls for gender-specific conditions and projects seeking to close the gap in sex-specific health data;

Or. en

Amendment 494

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

Motion for a resolution

Paragraph 17

Motion for a resolution

17. Strongly **supports** gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for **gender-specific** conditions and projects seeking to close the gap in sex-specific health data;

Amendment

17. Strongly **opposes** gender mainstreaming across all relevant policies and the EU budget; calls for the Commission to launch dedicated funding calls for **sex-specific** conditions and projects seeking to close the gap in sex-specific health data;

Or. en

Amendment 495

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Paragraph 17 a (new)

Motion for a resolution

Amendment

17 a. Emphasises the critical role of civil society organisations working to advance gender equality, women's health and sexual and reproductive health and rights in ensuring access to care, collecting data on women's health experiences and needs, and contributing to ensuring more gender-inclusive policies in the field of healthcare: calls for continued support for these civil society organisations in the upcoming AgoraEU and European Competitiveness Fund;

Or. en

Amendment 496

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution

Paragraph 17 a (new)

Motion for a resolution

Amendment

17 a. Highlights the strong interconnection between physical health conditions and mental health outcomes in women; notes that chronic, recurrent or visible conditions are frequently associated with anxiety, depression, stigma and social withdrawal, and stresses the need for integrated care approaches that address both physical symptoms and mental well-being;

Or. en

Amendment 497

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 17 a (new)**

Motion for a resolution

Amendment

17 a. Calls for dedicated EU funding for women's health and gender-specific conditions, prioritising publicly led research and healthcare systems and ensuring that funding allocation takes into account social and regional inequalities;

Or. en

Amendment 498

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

**Motion for a resolution
Paragraph 17 b (new)**

Motion for a resolution

Amendment

17 b. Emphasises the critical role of civil society organisations working to advance gender equality and sexual and

reproductive health and rights in ensuring access to care for women across the EU, collecting data on women's health experiences and needs, and contributing to ensuring more gender-inclusive laws and policies in the field of healthcare: calls for their role to be explicitly acknowledged in the upcoming AgoraEU and European Competitiveness Fund by earmarking sufficient levels of funding for civil society organisations working on gender equality and sexual and reproductive health and rights in both programmes;

Or. en

Amendment 499

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

**Motion for a resolution
Paragraph 17 b (new)**

Motion for a resolution

Amendment

17 b. Draws attention to the role of stigma, misconceptions and social taboos in delaying women's access to healthcare; notes that fears of judgement, moralisation or misattribution of symptoms can discourage women from seeking timely medical advice, resulting in avoidable complications and poorer long-term outcomes; calls on the Commission to launch EU-wide awareness campaigns on the disproportionate impact of certain diseases, such as STIs and inflammatory skin diseases, among women;

Or. en

Amendment 500

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Paragraph 17 c (new)

Motion for a resolution

Amendment

17 c. Underlines that women's sexual and reproductive health can be adversely affected by untreated or late-diagnosed health conditions; stresses that timely access to prevention, diagnosis and treatment is essential to protect fertility, sexual health and overall well-being, and to reduce avoidable long-term consequences;

Or. en

Amendment 501

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Paragraph 17 d (new)

Motion for a resolution

Amendment

17 d. Expresses concern about the growing influence of digital platforms and social media on women's health perceptions; highlights that idealised and unrealistic representations of bodies may contribute to harmful behaviours, including the use of sunbeds with an increased melanoma risk, increased insecurity, including for women with alopecia, and risky health practices, particularly among young women; calls for the EU institutions to raise awareness against these false and dangerous beauty misconceptions;

Or. en

Amendment 502

Elżbieta Katarzyna Łukacijewska, Ewa Kopacz, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Paragraph 17 e (new)

Motion for a resolution

Amendment

17 e. Underscores how indoor tanning is a risk factor for the steeper increase in melanoma rates among younger women compared with men, especially if used before the age of 30; urges the Commission to introduce measures to restrict and reduce indoor tanning consistently across Europe in order to stop the melanoma epidemic^{1a};

^{1a} *Lazovich, D., Vogel, R. I., Weinstock, M. A., Nelson, H. H., Ahmed, R. L., & Berwick, M. (2016). Association between indoor tanning and melanoma in younger men and women. JAMA dermatology, 152(3), 268-275*

Or. en

Amendment 503

Ewa Kopacz, Elżbieta Katarzyna Łukacijewska, Mirosława Nykiel, Jagna Marczulajtis-Walczak

Motion for a resolution
Paragraph 18

Motion for a resolution

Amendment

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU; ***calls on the Commission and the Member States to promote greater participation by women in all aspects of scientific research, both as researchers and as participants in research; recommends that measures be***

adopted to remove barriers to women's career progression in science and to ensure equal opportunities in access to research funding and management positions; stresses that a more gender-balanced composition of research teams and greater participation of women in clinical trials will contribute to improving the quality and reliability of health outcomes;

Or. pl

Amendment 504

Billy Kelleher, Abir Al-Sahlani, Lucia Yar, Valérie Devaux, Veronika Cifrová Ostrihoňová, Raquel García Hermida-Van Der Walle

Motion for a resolution

Paragraph 18

Motion for a resolution

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Amendment

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; ***highlights that the World Economic Forum estimates that closing investment gaps in women's health care could boost the global economy by \$1 trillion annually by 2040; points out that the gap in sex-specific health data includes a scarcity in the underlying basic science on gender specific conditions which constrains private sector actors willing to invest in applied and development research;*** stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Or. en

Amendment 505 **Sirpa Pietikäinen**

Motion for a resolution

Paragraph 18

Motion for a resolution

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Amendment

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing gender inequalities in health ***through the current and future Horizon Europe programme, the European Competitiveness Fund and EU4Health programmes***, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Or. en

Amendment 506

Mélissa Camara

Motion for a resolution

Paragraph 18

Motion for a resolution

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Amendment

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; ***stresses that closing gender health gaps is first and foremost a matter of fundamental rights and social justice***; stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Or. en

Amendment 507

Laurence Trochu

Motion for a resolution

Paragraph 18

Motion for a resolution

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding **to addressing gender inequalities in** health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Amendment

18. Considers the improvement of gender equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding **for women's** health, coupled with measures to close the data gaps, could **reverse a demographic trend that shows alarming signs of decline**, incentivise investment **and growth** and boost innovation in the EU;

Or. fr

Amendment 508

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 18**

Motion for a resolution

18. Considers the improvement of gender equality **in** health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Amendment

18. Considers the improvement of gender equality **overall, but notably in the area of** health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing gender inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Or. en

Amendment 509

Judita Laššáková, Ondřej Dostál, Erik Kaliňák

**Motion for a resolution
Paragraph 18**

Motion for a resolution

Amendment

18. Considers the improvement of **gender** equality in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing **gender** inequalities in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

18. Considers the improvement of equality **of women and men** in health research to be a competitive opportunity for the EU; stresses that dedicating EU funding to addressing inequalities **of women and men** in health, coupled with measures to close the data gaps, could incentivise investment and boost innovation in the EU;

Or. en

Amendment 510

Mélissa Camara

Motion for a resolution

Paragraph 18 a (new)

Motion for a resolution

Amendment

18 a. Strongly condemns the European Commission's decision to unexpectedly cut funding including operating grants for health civil society organisations in the EU4Health Programme and urges the Commission to immediately reinstate this funding; calls on the EU institutions to support the allocation of funding to health civil society organisations in the Health pillar of the future European Competitiveness Fund;

Or. en

Amendment 511

Cecilia Strada, Lina Gálvez, Joanna Scheuring-Wielgus, Christophe Clergeau, Vilija Blinkevičiūtė, Gabriela Firea, Elisabeth Grossmann, Alessandra Moretti, Maria Noichl, Emma Rafowicz, Sabrina Repp, Carla Tavares

Motion for a resolution

Paragraph 18 a (new)

Motion for a resolution

Amendment

18 a. Calls on the Commission for the development of a European Women's

Health Strategy, embedded in the European Pillar of Social Rights, aimed at reducing gender health gaps, boosting public research into women-specific conditions and guaranteeing equal access to care across the Union;

Or. en

Amendment 512

Maria Walsh, Loucas Fourlas, Arba Kokalari, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczułajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 18 a (new)**

Motion for a resolution

Amendment

18 a. Encourages simplification and better coordination of cross-border healthcare, ensuring that women can access treatment across borders when needed, while reducing red tape for patients and providers;

Or. en

Amendment 513

Mélissa Camara

**Motion for a resolution
Paragraph 18 b (new)**

Motion for a resolution

Amendment

18 b. Call on EU institutions to allocate funding to improve access to sexual and reproductive healthcare including abortion care through the Health pillar of the future European Competitiveness Fund; and to continue to support women's rights and SRHR civil society organisations through the CERV+ Strand of the future AgoraEU Programme.

Amendment 514

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 18 b (new)**

Motion for a resolution

Amendment

18 b. Emphasises that resilient and competitive European health industries benefit women both as patients and workers, and supports innovation-friendly regulation, strong intellectual property protection, and open but strategic trade;

Amendment 515

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 18 c (new)**

Motion for a resolution

Amendment

18 c. Reaffirms that gender equality in health is a driver of competitiveness, productivity, and long-term fiscal sustainability, and should be advanced through pragmatic, proportionate, and economically sound policies rather than ideological approaches;

Amendment 516

Maria Walsh, Loucas Furlas, Eleonora Meleti, Rosa Estaràs Ferragut, Jagna Marczulajtis-Walczak, Mirosława Nykiel, Paulo Do Nascimento Cabral, Elżbieta Katarzyna Łukacijewska

**Motion for a resolution
Paragraph 18 d (new)**

Motion for a resolution

Amendment

18 d. Highlights that underfunded gender specific conditions can have negative impacts on Member States' economies and workforce; recalls that studies have shown that there can be an estimated 9 million euro loss to companies due to lack of treatment and support for women experiencing menopause symptoms; further highlights the need for effective treatment for gender specific conditions;

Or. en