



2025/2074(INI)

11.2.2026

DRAFT OPINION

of the Committee on Public Health

for the Committee on Women's Rights and Gender Equality

on gender inequalities in health, specifically as regards gender-specific conditions

(2025/2074(INI))

Rapporteur for opinion: Catarina Martins

PA_NonLeg

AMENDMENTS

The Committee on Public Health submits the following to the Committee on Women's Rights and Gender Equality, as the committee responsible:

Amendment 1

Motion for a resolution

Recital -A (new)

Motion for a resolution

Amendment

-A. whereas women make up half of the global population, yet healthcare systems, including medical training, diagnoses and treatment, are not designed around their experiences across different stages of life;

Or. en

Amendment 2

Motion for a resolution

Recital B a (new)

Motion for a resolution

Amendment

Ba. whereas generic medicinal products are authorised on the basis of bioequivalence studies, which are still often conducted predominantly on male participants and are not systematically analysed for sex differences; whereas reference medicinal products were historically tested mainly in men; whereas differences in formulation between generic and reference medicinal products may affect bioavailability, raising uncertainties as to whether bioequivalence demonstrated in men can be equally assumed for women;

Or. en

Amendment 3

Motion for a resolution Recital C a (new)

Motion for a resolution

Amendment

Ca. whereas women's health data is often not collected, not published in the public domain, or incomplete; whereas improving the accuracy of data collection and setting standards for sex- and gender-based data collection could help to clarify the true burden of disease, particularly for women-specific conditions;

Or. en

Amendment 4

Motion for a resolution Recital C b (new)

Motion for a resolution

Amendment

Cb. whereas AI in healthcare risks exacerbating gender inequality by replicating historical biases, with algorithms often trained in male-dominated data leading to underdiagnosis or misdiagnosis for women; whereas these biases, stemming from non-representative datasets, can cause AI tools to downplay female medical symptoms, such as those related to cardiovascular disease or pain management;

Or. en

Amendment 5

Motion for a resolution Recital C c (new)

Motion for a resolution

Amendment

Cc. whereas the collection of sex-disaggregated data should become mandatory in order to make AI an effective support for safe healthcare, and one that reflects biological differences and tracks women's health across the different stages of life;

Or. en

Amendment 6

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

Motion for a resolution

Amendment

Ja. whereas women are diagnosed with cancer on average two and a half years later than men;

Or. en

Amendment 7

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

Motion for a resolution

Amendment

Jb. whereas metabolic diseases such as diabetes are diagnosed about four and a half years later in women than in men;

Or. en

Amendment 8

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

Motion for a resolution

Amendment

La. whereas in the EU, cardiovascular diseases account for 40 % of all female deaths, more than all cancers combined; whereas women are 20 % more likely than men to die following a heart attack due to a misdiagnosis of symptoms; whereas women wait more than five times longer than men to receive a heart failure diagnosis and are twice as likely to be misdiagnosed;

Or. en

Amendment 9

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

Motion for a resolution

Amendment

Ma. whereas refugee and ethnic minority women, women living in poverty and experiencing homelessness, older women, women with disabilities, women residing in rural and socio-economically disadvantaged areas and individuals from LGBTI+ communities encounter multiple and intersecting barriers to accessing healthcare services;

Or. en

Amendment 10

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

Motion for a resolution

Amendment

Na. whereas diseases that only or predominantly affect women continue to be severely underfunded and under researched;

Amendment 11

Motion for a resolution Recital N b (new)

Motion for a resolution

Amendment

Nb. whereas a better understanding of hormones and the biology of sex-related differences may improve women's health across different stages of life;

Or. en

Amendment 12

Motion for a resolution Recital N c (new)

Motion for a resolution

Amendment

Nc. whereas clinical practice guidelines often do not reflect best-practice clinical care for women, including the understanding of sex-based differences in the presentation and treatment of conditions;

Or. en

Amendment 13

Motion for a resolution Recital N d (new)

Motion for a resolution

Amendment

Nd. whereas, to provide the best care, healthcare professionals should be equipped with accurate and updated knowledge of biological differences, including sex-specific manifestations of

symptoms, which will be reflected in the implementation of differentiated diagnosis and targeted treatments;

Or. en

Amendment 14

Motion for a resolution Paragraph 4 a (new)

Motion for a resolution

Amendment

4a. Calls for the incorporation of a sex and gender informed perspective in all EU legislation and initiatives, such as the Cardiovascular Health Plan, the European Biotech Act, the assessment of the implementation of the Beating Cancer Plan and others;

Or. en

Amendment 15

Motion for a resolution Paragraph 6 a (new)

Motion for a resolution

Amendment

6a. Urges the EMA to ensure that the evaluation and authorisation of generic medicinal products adequately take into account sex-specific differences in testing and analysis, with a view to ensuring equal safety and efficacy for all patients;

Or. en

Amendment 16

Motion for a resolution Paragraph 14 a (new)

Motion for a resolution

Amendment

14a. Calls for the integration of menopause-related care into national health systems, providing women with the right information and support, including access to psychosocial support, and empowering women to recognise symptoms earlier and to seek appropriate care;

Or. en

Amendment 17

**Motion for a resolution
Subheading 4 a (new)**

Motion for a resolution

Amendment

Cardiovascular diseases

Or. en

Amendment 18

**Motion for a resolution
Paragraph 15 a (new)**

Motion for a resolution

Amendment

15a. Calls for the development of personalised diagnosis and treatment strategies tailored to women, in particular those that have faced pregnancy risks, such as pre-eclampsia and gestational diabetes, and those undergoing perimenopause and menopause, when hormonal changes can increase cardiovascular risk;

Or. en

Amendment 19

Motion for a resolution Paragraph 15 b (new)

Motion for a resolution

Amendment

15b. Calls for the design and implementation of a cardiovascular risk calculator, tailored to female physiology and factors at different stages of life, aiming to facilitate prevention, earlier detection, support and medical training;

Or. en

Amendment 20

Motion for a resolution Paragraph 15 c (new)

Motion for a resolution

Amendment

15c. Calls for different clinical specialities to create multidisciplinary care cooperation strategies in order to break silos and exchange data and information on the different stages of women's lives, including pregnancy, menopause and comorbidities;

Or. en

Amendment 21

Motion for a resolution Paragraph 18 a (new)

Motion for a resolution

Amendment

18a. Calls for the inclusion of women's health as a priority and for it to be mainstreamed in the new EU research programmes, such as the next EU framework programme for research and

innovation (FP10), the forthcoming European innovation act, and the ECF, thus ensuring gender-sensitive design in all research proposals;

Or. en

Amendment 22

Motion for a resolution Paragraph 18 b (new)

Motion for a resolution

Amendment

18b. *Calls for the creation of a multidisciplinary expert group to identify research gaps, support collaboration and provide evidence-based advice for improving women's health across the EU and globally;*

Or. en

Amendment 23

Motion for a resolution Paragraph 18 c (new)

Motion for a resolution

Amendment

18c. *Calls for the development and implementation of a Women's health research agenda, with a specific earmarked budget from the new FP10, to support research into women's specific conditions that often lack sufficient investment and are under-studied, such as endometriosis, menopause transition, urological and urogynaecological disorders, maternal health, pre- and post-partum complications, mental health, certain cancers, and cardiovascular and metabolic diseases, among others;*

Or. en

Amendment 24

Motion for a resolution Subheading 5 b (new)

Motion for a resolution

Amendment

AI tools and medical devices

Or. en

Amendment 25

Motion for a resolution Paragraph 18 d (new)

Motion for a resolution

Amendment

18d. Calls for the collection of sex-disaggregated data and inclusive data to be binding in all AI tools and machine learning systems;

Or. en

Amendment 26

Motion for a resolution Paragraph 18 e (new)

Motion for a resolution

Amendment

18e. Calls for the EU to ensure that all medical devices are designed, tested and validated for diverse anatomical characteristics across all populations and ages;

Or. en

Amendment 27

Motion for a resolution
Subheading 5 a (new)

Motion for a resolution

Amendment

Education and training

Or. en

Amendment 28

Motion for a resolution
Paragraph 18 f (new)

Motion for a resolution

Amendment

18f. Calls for the EU and its Member States to integrate women's health comprehensively into medical and nursing education, ensuring all healthcare professionals receive training on women-specific conditions, including menstrual disorders, endometriosis, polycystic ovarian syndrome, menopause and urological and urogynaecological disorders, as well as training on hormone replacement therapy (HRT);

Or. en

Amendment 29

Motion for a resolution
Paragraph 18 g (new)

Motion for a resolution

Amendment

18g. Supports the redesign of medical curricula to reflect sex- and gender-based differences, including the needs and experiences of transgender, gender-diverse and vulnerable populations;

Or. en

Amendment 30

**Motion for a resolution
Paragraph 18 h (new)**

Motion for a resolution

Amendment

***18h. Calls for the inclusion of
gynaecological endocrinology in medical
training, where current coverage remains
patchy or absent;***

Or. en

ANNEX: DECLARATION OF INPUT

Pursuant to Article 8 of Annex I to the Rules of Procedure, the rapporteur for opinion declares that she included in her draft opinion input on matters pertaining to the subject of the file that she received, in the preparation of the draft opinion, from the following interest representatives falling within the scope of the Interinstitutional Agreement on a mandatory transparency register¹, or from the following representatives of public authorities of third countries, including their diplomatic missions and embassies:

1. Interest representatives falling within the scope of the Interinstitutional Agreement on a mandatory transparency register
Netherlands Women's Health Research & Innovation Center
Deutsche Stiftung Weltbevölkerung (DSW)
2. Representatives of public authorities of third countries, including their diplomatic missions and embassies

The list above is drawn up under the exclusive responsibility of the rapporteur for opinion.

Where natural persons are identified in the list by their name, by their function or by both, the rapporteur for opinion declares that she has submitted to the natural persons concerned the European Parliament's Data Protection Notice No 484 (<https://www.europarl.europa.eu/data-protect/index.do>), which sets out the conditions applicable to the processing of their personal data and the rights linked to that processing.

¹ Interinstitutional Agreement of 20 May 2021 between the European Parliament, the Council of the European Union and the European Commission on a mandatory transparency register (OJ L 207, 11.6.2021, p. 1, ELI: http://data.europa.eu/eli/agree_interinstit/2021/611/oj).