

Statement VN Vrouwenvertegenwoordiger 2020/2021, 30 september 2021

Equal Women's Rights in Healthcare – UN women NL 2021

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The COVID-19 pandemic has once again shown that *gender diversity, ethnicity, lifestyle factors, and socio-economic circumstances* are crucial determinants of health.

The heavy burden of the pandemic in low income countries and among ethnic minorities has affected the global female population in particular. Women healthcare workers have been overrepresented at the lower paid front line to fight COVID, often in combination with care for their family members. Closures of schools and child care facilities have led to job losses and more stress at home. *The rise in domestic violence thereafter has created a new pandemic within the COVID crisis.* For this, economic independency for women is an important critical factor. The vaccination campaigns have subsequently learned that more vulnerable populations are also more skeptical about the benefits.

Another major threat to Women's Health is cardiovascular disease, being the number 1 killer in women worldwide since more than a decade. In the recent May report of the Lancet Women's Commission on Cardiovascular Health we have outlined that the COVID pandemic has many parallels with non-communicable disease (NCD), especially when considering the importance of sex- and gender-related issues and socio-economic and ethnic inequalities. Being a cardiologist for over 33 years I am stunned that the white male of 62 years is still the standard norm in daily practice, despite the progress in scientific knowledge that we have on sex- and gender issues in heart disease. The slow implementation of our ongoing insights into clinical practice is a huge disadvantage for our female patients. *Women are still understudied, under-recognized, under-diagnosed and undertreated in cardiology care.* Prevention of cardiovascular diseases is severely undervalued in women and *the different life-course in women* compared to men imposes different risks along the way. The current practice results in higher morbidity and mortality rates in women and has to change if we want to reach the SDG 3 and 5 goals by 2030.

The third burning topic that threatens Women's Health is the world-wide climate crisis. Last September a long list of editors-in Chief of the major medical Journals have sent out an alarm signal to the medical community, the WHO and United Nations to come to action. Higher global temperatures affect almost all diseases and specifically harms more vulnerable populations and poorer communities. *As with the COVID pandemic and cardiovascular diseases we are globally as strong as our weakest members.* Climate change affects our biodiversity and food system, that will impose new health threats to our families and children. Therefore, not only policy makers, but all health professionals need to be engaged in the urgent global response to climate change.

To achieve more gender equality in healthcare, we firstly need to take women more seriously as patients and implement more gender-sensitive strategies in all fields of medical care. In addition, we should encourage and facilitate Women's Health in educational programs for students and health professionals. Also we should focus more on education in vulnerable populations in poorer communities everywhere.

As more than 70% of all healthcare workers are female, they should be represented in more leading positions in all layers of the healthcare system. By doing so, they will also put women's Health higher on the agenda and this will improve their economic and independent position. Women are equally important as men to create the innovative culture we need to face to current global disasters that threaten the Health of ourselves and our families.