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WP 7 – Communication

T7.9: Gender Issues Platform

ASSET Project • Grant Agreement N°612236

ASSET

Action plan on SiS related issues in Epidemics And Total Pandemics

7th RTD framework programme

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ASSET Action plan on Science in Society related issues in Epidemics and Total pandemics



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WP 7: Communication – Gender Issue Platform

Task: T7.9

Leader: European Institute of Women's Health (EIWH) – Other contributors: Istituto Superiore di Sanità (ISS)

D7.13: Gender Issue Platform Report

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1. Introduction – Gender Issue Platform

The ASSET *Description of Works* laid out the task for the Gender Platform, T7.9, part of WP7, Communication:

T7.9 Gender Issue Platform

Leader: EIWH Start: m12 End: m48

Contributors: ISS

T7.9 aims to disseminate and promote gender-sensitive and women-centred research on pandemics. In particular it aims to disseminate information on flu pandemics related risks, notably for pregnant women and infants, preventive measures, antiviral drugs, vaccines and vaccination, and make information available to women to enable them to make informed and responsible decisions. Moreover T7.9 aims to promote gender awareness in pandemic related research, and pandemic preparedness, also by lobbying for increasing European support for preventive, appropriate biomedical, behavioural, epidemiological and health service research on women's issues in pandemics and the impact of gender and age inequalities with respect to infectious outbreaks. The leading partner will prepare an implementation plan by m 15, which will be circulated among contributing partners and reviewed by them. The final plan will be endorsed by the whole consortium. Implementation initiatives will be coordinated by the task leader.



2. Background

The European Institute of Women's Health (EIWH) were the leaders of task 7.9, and responsible for creating a Gender Platform for the findings of gender issues within influenza pandemics/epidemics and vaccination. The Gender Platform was to become an area of the ASSET website (asset-scienceinsociety.eu), dedicated to disseminating and promoting gender-specific and women-centred research on pandemics.

In WP2 in ASSET, the EIWH produced a literature review analysing the gender differences that effect exposures to communicable diseases as well as access to, information on, and use of, vaccinations in pandemics and epidemics. By using a targeted gender approach, as well as including different population groups, for example by age, socioeconomic status, minority status, and gender, the EIWH presented a societal perspective that connected with a scientific approach. This helped highlight existing inequalities in health, as well as focus on prevention and viewing issues across the lifespan and not in isolation.

A lack of health literacy has allowed media scare stories that misrepresent or exaggerate the dangers of vaccines, to create neglect, distrust and even fear of immunisation in the general public. Consequently, vaccination as a primary prevention tool is not high on society's agenda. The recent measles upsurge in some European countries is a clear warning to policy makers and society alike.

The European Union (EU) guarantees the free movement of goods, capital, services, and people. Consequently, mobility of people across Europe is on the rise, as increasing numbers of Europeans are living, working and retiring in other Member States, bringing with them their pathogens.

The EU Treaty assures citizens a high level of health protection and the European Commission supports Member States in maintaining or increasing rates of immunisation against vaccine-preventable diseases. National health authorities and the European institutions share responsibility for preventing the transmission of emerging pathogens and



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resurgence of others, as well as having a rapid and coordinated response to infectious threats.

Highlighting evidence-based issues of how gender pattern operates in pandemics and epidemics fits into the overall ASSET objective by investigating the societal challenges that exist in these areas. The Gender Platform was a contribution to raising awareness of the issue of gender inequalities and problems within influenza epidemic/pandemics and vaccinations in an easily accessible and understandable way, and placing it firmly on the agenda for future actions.



3. Why a Gender Platform?

Gender inequality is a persistent problem in health care; the World Health Organisation encourages countries to take measures against gender-based inequalities in health care, as well as incorporate a gender perspective into their public health policies (Briones-Vozmediano et al 2012).

Gender is an essential variable in equality in health care, and is much more than just breaking down data according to sex. There are many times when gender is incorrectly assumed to be a basis for a certain treatment plan or a type of behaviour from the health care provider. Awareness of expectations for women and men and what happens when we construct gender is an important prerequisite for successful work for equal treatment.

Equality in health care may be defined as the lack of systematic and potentially avoidable differences in one or more of the health aspects that exists between different populations or groups, defined by social, economic, geography or gender (Diaz 2009). The European Parliament Report on Reducing Health Inequalities in the EU Committee on the Environment, Public Health, and Food Safety have outlined the potential effects of inequality: “Inequalities experienced in earlier life in access to education, employment and healthcare as well as those based on gender and cultural background can have a critical bearing on the health status of women throughout their lives. The combination of poverty along with other vulnerabilities such as childhood or old age, disability or minority background further increases health risks and vice-versa, ill health can lead to poverty and/or social exclusion” (2011).

Perceptions and expectations of women and men affects what a medical provider may ask patients in terms of how the patient's symptoms are interpreted. Women and men may experience differing health investigations, treatments and medications, even when it is not medically justified. Constructing gender in accordance with stereotypes about women and men thus risk impairing the quality of care.

For instance, women and men's symptoms may be perceived differently based on notions of gender and sex. One such example is when similar symptoms are perceived as more



corporeal and organic in men and more mental or psychosomatic based in women; this leads to women being prescribed more psychotropic drugs than men (Diaz 2009). Also, there can sometimes be a dilemma deciding when interventions should be equal and when they should be different, in order to provide proper care. For example, there is a risk of gender bias when a doctor assumes that women and men always exhibit the same symptoms of a disease and that equal treatment always gives similar results for men and women. Traditionally regarded as a male disease, CVD is the number one killer of women worldwide. The risk of CVD in women is still often underestimated in the medical community and in women themselves. The symptoms of heart disease in women can be different from those commonly seen in men, which may be at least partially due to gender differences in awareness of and information on the underlying heart disease. For instance, the clinical manifestation of heart disease develops 7-10 years later in women compared to men (EIWH 2013).

Differences based on sex and gender are important for understanding and improving outcomes and uptake rates for vaccination. A gender-specific focus can be described as “research [that] comes from an approach that is considerate of the multifaceted nature of gender” (Beetham and Demetriades 2007 p. 199). Gender in health care research is, while almost always present as a simple variable of male and female, not necessarily clearly recognised or accurately analysed.

General rates of vaccination vary across Europe and within countries. For instance, with regard to childhood vaccination in the European Region, measles vaccination coverage is 94%, above 90% for polio and over 90% for diphtheria, pertussis (whooping cough) and tetanus (DPT) as well as for polio. However, large inequities exist throughout Europe. Studies indicate that lower socio-economic groups have reduced access to healthcare services and lower vaccination coverage. Coverage also differs between rural and urban settings, minority groups such as the Roma, and migrant workers. The gap between Eastern and Western Europe is often due to the cost of vaccination and affordability of health systems. It is important to note that the reasons for being unvaccinated differ significantly from those of being under-vaccinated in Europe. WHO considers immunisation a basic right and a strategic component for reducing poverty, and argues that



“immunisations is not only an effective intervention to reduce disease and death, but it can also strategically reduce inequalities in the delivery of primary health care” (WHO 2010).

3.1 Life course approach

The rationale behind the topics chosen for the Gender Platform was based largely on a life course approach. In analysing the gender perspective of epidemics, pandemics and vaccination matters, the approach taken is one that considers influenza awareness and vaccination as something present throughout the life span, and not just relevant during certain periods – namely, a life course approach.

Heikkinen (2011) defines the life course approach as a way to explore how biological, psychological, and social risk factor trajectories, acting across the entire life span, influence diseases, functional decline, and disability. The life course is seen as the combining of biological and social elements that interact with each other and produce social variation in health. Evidence is presented on the range of social factors that are found to be associated with different aspects of health in early life, childhood, adolescence and adult life.

Benjamin et al argue that the life course paradigm allows for a broader understanding of health behaviour by placing these behaviours in its social and political context. It spans both the traditional humanistic interests in the quality and course of human lives with the alternate approach of precision of observation and analysis (2008).

A life-course approach to vaccination is the view that vaccinations should be a part of the life trajectory of an individual, and not relegated solely to early childhood or later old age. The combination of biological and social factors discussed by Heikkinen and Benjamin et al reinforces the need for a life course approach in terms of health decision-making and analysing vaccination uptake throughout the life course.



4. The Gender Platform – Creation and Content

4.1 Creation

The EIWH created an implementation plan outlining the purpose of the Platform, the rationale behind it, and a summary of the content and our plan for it. This implementation plan was supported by the consortium, and together with the contributor Istituto Superiore di Sanità, we went to work.

4.1.1 Target audience

The issue of gender in influenza pandemics/epidemics and vaccinations is one that concerns a wide range of groups and organisations. Due to the life course trajectory of the issue, a wide range of stakeholders would find the issues of relevance: those involved in pregnancy and maternal health care; infancy and child care; care givers; health care workers; older women; women with underlying medical conditions; women in hard to reach groups; patient and health NGOs; policy makers and politicians.

While the platform materials were designed towards the specific target audiences (e.g. doctors, nurses, researchers, healthcare industry, policymakers, funding agencies and politicians, patients and health NGO's, and civil society), articles were written bearing in mind that a lay person looking for information should be able to grasp and analyse the issues described.

A logo was also designed for the Gender Platform, to give it its own unique identity.



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4.2 Content

The content on the Gender Platform was divided between a document depository and articles.

4.2.1 Document depository

A document depository was added on the site, which links to important policy and information documents. There are also a number of policy briefs in the depository. These are documents created by the EIWH summarising issues and policies, and giving recommendations, on areas relevant to women's health in general and/or specific illnesses or issues.

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HOME THE PROJECT ▾ STORIES ▾ RESOURCES ▾ OUTPUTS ▾ MEDIA ▾ ACTION PLAN DATAVIZ CONTACTS

HOME RESOURCES

Sex and gender

Topic
Gender

2016

- [Reporting Sex, Gender, or Both in Clinical Research?](#)
Clayton JA, Tannenbaum C. JAMA. 2016 Nov 8;316(18):1863-1864. doi:10.1001/jama.2016.16405.
Sex, gender, clinical trials
- [Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use.](#)
Heidari S, Babor TF, De Castro P, Tort S, Curno M. Research Integrity and Peer Review. 2016 May 3;1:2. doi:10.1186/s41073-016-0007-6.
Sex, gender, guidelines, scientific research, scientific publishing
- [Guidance on Gender Equality in Horizon 2020.](#)

RESOURCES

- Related EU projects
- Health authorities
- Scientific literature
- Sex and gender**

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4.2.2 Articles

The main part of the Gender Platform was the articles posted that related to influenza, pandemics, epidemics, and vaccination. News articles that were relevant to the platform were posted, for example during the Zika crisis – this was particularly apt, as it was both a pandemic and also had specific sex and gender concerns.

Also, articles were written by the EIWH and posted on the Platform on, among other things, the Zika virus, gender integration in Horizon 2020, and a three-part article series on Sex, Clinical Trials and Medicines Regulations.

Sex, clinical trials and medicines regulation part III

THURSDAY, JANUARY 19, 2017 - 11:01



Gender issue in clinical trials in Europe

Internationally, the issue of including women in clinical trials of medicines has been addressed in various guidelines issued by the International Conference on Harmonization (ICH), which promotes regulatory standards for clinical trials. While ICH has specific guidelines on the conduct of clinical trials in paediatric and geriatric populations, there are no consolidated guidelines for the investigation of medicinal product in women.

[Read more](#)


TARGET: GOVERNMENT AND PUBLIC HEALTH, HEALTHCARE PROFESSIONALS

TOPIC: GENDER, HUMAN RIGHTS, POLICY, STAKEHOLDERS

TAGS: GENDER ISSUES, CLINICAL TRIALS, POLICY, TRANSPARENCY

Sex, clinical trials and medicines regulation part II

FRIDAY, DECEMBER 30, 2016 - 10:24



Drug Approval Regulation in Canada and USA

Since the thalidomide tragedy in the late 1950s, there has been a reluctance to include



The main contribution of articles on the Gender Platform were based on the findings from ASSET T2.5, Gender Issues in Pandemics and Epidemics. Using the findings and recommendations from T2.5, a series of themes was developed.

These themes focused on areas where gender-based issues had proved to be of particular importance and/or concern, and explained the issues, the evidence-base, and what might be done to address these. The themes were:

- **Sex differences in influenza and vaccination** - Biologically, females and males differ in their immunological responses to seasonal influenza virus vaccines. Women have higher antibody responses to influenza vaccinations – the antibody response of a woman to half a dose of influenza vaccine is equivalent to the antibody response of a man to the full dose.
- **Pregnancy** –pregnant women are especially at risk during a pandemic/epidemic due to unique factors connected to pregnancy.
- **Caregivers and health care workers** – these groups tend to be predominantly female, and there is little consensus or evidence-based data on how to target behaviours and the low vaccination rates of HCW, and how to reach out to carers.
- **Hard to reach groups** -- hard to reach groups may have adverse health outcomes, and the complex interplay of gender and social and economic marginalisation makes this a particular issue for women.
- **Older persons** – older women’s vaccination behaviour is not fully understood. Also, women in general, and older women in particular, are underrepresented in clinical trials and research, thereby hindering any development of sex-specific treatments or policy guidelines.
- **Chronic diseases** – the specific issues facing those with chronic conditions in relation to influenza pandemics and epidemics, and the importance of vaccination.



Two of these articles, Older Persons and Caregiving and health care workers, were accompanied by an interview with an expert stakeholder in the field. For Caregiving and health care workers, the Director of Professional Development at the Irish Nurses and Midwives Organisation, Elizabeth Adams, was interviewed on issues relating specifically to caregiving, nursing, and vaccination. For Older Persons, David Sinclair the Director of the International Longevity Centre UK of the International Longevity Centre Global Alliance, spoke on the challenges older persons face relating to influenza pandemics, epidemics and vaccination.

The screenshot shows the ASSET website interface. At the top is the ASSET logo and a navigation menu with links: HOME, THE PROJECT, STORIES, RESOURCES, OUTPUTS, MEDIA, ACTION PLAN, DATAVIZ, and CONTACTS. Below the navigation bar is a green header with 'HOME > OUTPUTS' and icons for print and download. The main content area features an article titled 'Sex & Gender & Vaccination' with a sub-header 'Caregiving and influenza risk'. The article text describes a platform for disseminating gender-sensitive research on pandemics. To the right of the article is a sidebar titled 'OUTPUTS' containing a list of links: Deliverables, Gender Platform (highlighted), Published papers, ASSET paper series, Presentations, Other project's documents, Glossary, Newsletters, Bulletins, Analytics, Twitter influencer analysis, Best Practice Platform, Citizen Consultation, and Best practice award for general practitioners.

4.2.3 Social Media

As mentioned, the Gender Platform was hosted in a dedicated area within the ASSET homepage (asset-scienceinsociety.eu). A Twitter account was also opened, @genderassets,



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which posted updates, information, tweets, retweets, and participated in campaigns, for example on the importance of reporting side effects from medications.





5. Conclusion

Vaccination has great potential as a tool for improving public health in Europe, however vaccination hesitancy and misinformation has caused confusion and uncertainty. Unless there is positive advocacy for immunisation, together with the political will to support robust, consistent, coherent and evidence-based communication and dialogue by health authorities, trust in vaccination will not be restored and our society will be unable to count on a vaccine- and health- literate public in the case of an epidemic or even a pandemic (EIWH 2014).

Through ASSET, the EIWH and our partner Istituto Superiore di Sanità (ISS) have been able to highlight the inequalities and gender-based issues that exist within influenza pandemics/epidemics and vaccinations. Through the Gender Platform, we have had the chance to spread the information gleaned from T2.5 to a wider audience, and offer recommendations and assistance to many of the issues raised.

With the Gender Platform, the EIWH and the ASSET project were provided with a real opportunity to reach a new audience and provide evidence-based, scientific facts presented in a clear and accessible manner on issues relating to gender and influenza, epidemics, pandemics and vaccination. Gender and sex are often overlooked subjects, however the Gender Platform addressed this with its important contribution to knowledge and awareness.



6. Bibliography

Beetham, G. and Demetriades, J. (2007) Feminist research methodologies and development: overview and practical application, *Gender & Development*, 15(2), 199-216.

Benjamin, C., Flynn, M., Hallett, C., Ellis, I., Booth, K. (2008) The use of the life course paradigm and life course charts to explore referral for family history of breast cancer, *International Journal of Nursing Studies*, 45(1), 95-109.

Briones-Vozmedianoa, E., Vives-Casesa, C., Peiró-Pérez, R. (2012) Gender sensitivity in national health plans in Latin America and the European Union, *Health Policy*, 106(1), 88-96.

Diaz, Adolfo (2009) *Vård på (o)lika villkor – en kunskapsöversikt om sociala skillnader i svensk hälso- och sjukvård*. Stockholm: Sveriges kommuner och landsting.

Heikkinen, E. (2011) A life course approach: research orientations and future challenges, *European Review of Ageing and Physical Activity*, 8(1), 7-12.

European Institute of Women's Health (2013) *Women and Cardiovascular Disease in the EU Gender and Chronic Disease Policy Briefings*, Dublin: European Institute of Women's Health. Available online: <http://eurohealth.ie/wp-content/uploads/2013/02/Women-and-CVDfin.pdf>

European Institute of Women's Health (2014) *Women and Vaccination in the EU The Need for a Life-Course Immunisation Strategy*, Dublin: European Institute of Women's Health. Available online: http://eurohealth.ie/wp-content/uploads/2014/12/Vaccination_PB_finNov-2014.pdf

European Parliament Committee on the Environment, Public Health, and Food Safety (2011) *Report on Reducing Health Inequalities in the EU*, A7-0032/2011, Brussels: European



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Parliament.

World Health Organisation (2010) *European Immunisation Week Seven Key Reasons Why Immunisation must remain a priority in the WHO European region*, Geneva: WHO Regional Office Europe.