



# Procedure file

Basic information	
COS - Procedure on a strategy paper (historic) <a href="#">1997/2117(COS)</a>	Procedure completed
Public health: the state of women's health in the European Community. 2nd report	
Subject 4.10.09 Women condition and rights	

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	<b>FEMM</b> Women's Rights	V <a href="#">HAUTALA Heidi</a>	14/07/1998
	Former committee responsible		
	<b>FEMM</b> Women's Rights	V <a href="#">VAN DIJK Nel B.M.</a>	02/09/1997
Council of the European Union	Former committee for opinion		
	<b>ENER</b> Research, Technological Development and Energy	PSE <a href="#">GARCÍA ARIAS Ludivina</a>	04/09/1997
	<b>ENVI</b> Environment, Public Health and Consumer Protection	PPE <a href="#">REDONDO JIMÉNEZ Encarnación</a>	24/09/1997
	Council configuration	Meeting	Date
	Health	<a href="#">2056</a>	04/12/1997

Key events			
22/05/1997	Non-legislative basic document published	COM(1997)0224	Summary
14/07/1997	Committee referral announced in Parliament		
04/12/1997	Resolution/conclusions adopted by Council		
24/06/1998	Vote in committee		Summary
14/07/1998	Debate in Parliament		Summary
14/07/1998	Decision by Parliament	<a href="#">A4-0260/1998</a>	
14/07/1998	Report referred back to committee		

18/01/1999	Vote in committee		
18/01/1999	Committee report tabled for plenary	<a href="#">A4-0029/1999</a>	
08/03/1999	Debate in Parliament		
09/03/1999	Decision by Parliament	T4-0155/1999	Summary
09/03/1999	End of procedure in Parliament		
21/06/1999	Final act published in Official Journal		

### Technical information

Procedure reference	1997/2117(COS)
Procedure type	COS - Procedure on a strategy paper (historic)
Procedure subtype	Commission strategy paper
Legal basis	Rules of Procedure EP 142
Stage reached in procedure	Procedure completed
Committee dossier	FEMM/4/10336; FEMM/4/08965

### Documentation gateway

Motion for a resolution	<a href="#">B4-0548/1995</a>	19/05/1995	EP	
Non-legislative basic document	COM(1997)0224	22/05/1997	EC	Summary
Motion for a resolution	<a href="#">B4-0819/1997</a>	30/09/1997	EP	
Committee report tabled for plenary, single reading	<a href="#">A4-0260/1998</a> <a href="#">OJ C 292 21.09.1998, p. 0004</a>	24/06/1998	EP	
Committee report tabled for plenary, single reading	<a href="#">A4-0029/1999</a> <a href="#">OJ C 150 28.05.1999, p. 0004</a>	18/01/1999	EP	
Text adopted by Parliament, single reading	T4-0155/1999 <a href="#">OJ C 175 21.06.1999, p. 0017-0068</a>	09/03/1999	EP	Summary

## Public health: the state of women's health in the European Community. 2nd report

**OBJECTIVE:** to present the Commission's second report on public health in the Union, focusing specifically on the state of women's health.

**SUBSTANCE:** the report is the second of its kind. The first (COM(95)0357) presented an overview of the state of health in the Union in 1994, and included a description of the main demographic trends and patterns of mortality and morbidity for the population of the Community as a whole. The second report focuses more specifically on women, and presents according to the same model the main trends and patterns of mortality and morbidity for women. The Commission's analyses show that women's life expectancy in Europe has constantly risen in recent decades, and has reached an average of 80 years. They also show that the health problems from which women suffer differ from those of men, not only for biological reasons but also on social grounds. At present women consider themselves to be in good (or even very good) health. However, there is a high incidence of disability for work among them, due to long-term complaints (1 woman in 4 reports having to restrict her daily activities because of a long-term illness). The two main causes of death are diseases of the circulatory system - accounting for 43% of deaths and nearly half of all deaths among elderly women (age 65+) - and cancer (26%). Respiratory diseases cause 6% of deaths, and suicide and accidents 5% between them. However, the main causes of death vary according to age: car accidents are an important cause of death among women aged under 30, suicide particularly affects the 30-34 cohort, while cancer (especially breast cancer and cervical cancer) mainly affects the 35 to 64 age group. Deaths from breast cancer have risen by 16% since 1970 and those from lung cancer by 45%. The report also draws attention to the high mortality rates associated with cancer or cardiovascular diseases which would largely be avoidable with a healthier life style or early diagnosis. Tobacco and alcohol are also responsible for premature deaths among women (before age 65). Lung cancer and other cancers of the respiratory tract are responsible for 9% of cancer deaths among women, while the decline in mortality rates due to cervical cancer is due partly to mass screening campaigns in the Member States. On the other hand it seems that eating disorders (anorexia nervosa and bulimia) are increasing among adolescents and young women, which could have serious consequences. At the other extreme, one woman in five is reported to be overweight and to have health problems as a result. Among adult women, HIV and AIDS are a rapidly growing problem, particularly because of women's vulnerability to AIDS. Among elderly women, osteoporosis is on the increase, partly because of the ageing of the population and partly because of a lack of interest in prevention and treatment opportunities. In

the light of these various results, the Commission will be able to target the Community's health programmes more effectively, particularly thanks to better prevention of certain diseases (especially cancer) and by promoting healthier life styles. ?

## Public health: the state of women's health in the European Community. 2nd report

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The Committee adopted the report by Mrs van Dijk (V,NL) on the state of women's health in the EU. The main objective of this report is to ensure that specific women's health problems be taken into account in the definition and implementation of all EU policies and activities where, according to Article 152 of the Amsterdam Treaty, the Community must ensure " a high level of human health protection .." What the committee is asking for is the mainstreaming of policies for public health. Of great importance for the harmonization of legislation at EU level, is the call on the Member States to "legalize induced abortion in certain circumstances, on the principle that it must be the woman herself who takes the final decision, and to ensure that voluntary abortions are carried out in a responsible a manner as possible". ?

## Public health: the state of women's health in the European Community. 2nd report

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The European Parliament decided to send back to the committee the report by Mrs Nel Van Dijk (V, NL) on the women health by request of Mrs Jessica Larive (ELDR, NL) and Mrs Renate Heinisch (PPE, D).?

## Public health: the state of women's health in the European Community. 2nd report

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The Parliament adopted the second report on women's health drafted by Ms. Heidi HAUTALA (Green, Finland). The Parliament supports the Commission's initiative aimed at highlighting the fact that many health problems affect women only or that they affect women differently; it calls accordingly for prevention measures and health promotion directed specifically at women; it takes the view that 'mainstreaming' of both health and gender aspects into all Community policy areas is an important double challenge. It calls on the Commission to refer specifically to the topic of women's health in its new action programme on health. It points out that the health status of women is affected to a higher degree than men inter alia by a number of socio-economic disparities, such as lower living standards, higher unemployment rates, higher levels of social exclusion, the higher percentage of single mothers and single-person households, less social security coverage, lower pay overall, lower pensions and the burden of an uneven distribution of domestic work; it urges the Commission, therefore, to put more pressure on the Member States to implement the existing Directives, programmes and projects dealing with the elimination of inequality in these areas. The Parliament emphasises the importance of high quality reproductive health services and calls on Member States to legalise induced abortion under certain conditions, at least in cases of forced pregnancy and rape, and where the health or life of the woman is endangered, on the principle that it must be the woman herself who takes the final decision, and to ensure that voluntary abortions are carried out in a medically safe way and that psychological and social support is provided. It calls on the Commission to ensure the respect throughout the Community of women's sexual rights, as agreed in the UN Conference of Beijing in 1995, to everyone residing in the Community's territory. It urges the Commission to take into account the gender-specific characteristics of heart and cardio-vascular diseases, diabetes, HIV, alcohol consumption and smoking in its health promotion programmes. It calls for the introduction of gender-specific notices (warnings) in instruction leaflets, other than those relating to pregnancy and breast-feeding. It also urges the Commission to take measures against the practice in some Member States whereby health insurance firms or funds refuse in part to cover individuals due to gender-related risk factors and to ensure that they refrain from charging sex-related premiums. It calls on the Commission to study the particular effects which environmental pollution has on women's health (endometriosis), as well to add into the programmes of health promotion coping with violence against women. It urges the Commission to recognise in all health-related actions that women will increasingly make up the majority of senior citizens and that they have greater health needs, which must be reflected in health policies and services and in the organisation of care.?