



**COUNCIL OF
THE EUROPEAN UNION**



Council Conclusions on Beijing Platform for Action

**2733rd EMPLOYMENT, SOCIAL POLICY, HEALTH and
CONSUMER AFFAIRS Council meeting
Luxembourg, 1-2 June 2006**

The Council adopted the following conclusions on the review of the implementation by the Member States and the EU institutions of the Beijing Platform for Action:

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Whereas:

1. Gender equality is a fundamental principle of the European Union enshrined in the EC Treaty and one of the objectives and tasks of the Community and that mainstreaming equality between women and men in all its activities represents a specific mission for the Community.
2. Following the UN's Fourth World Conference on Women in Beijing in 1995, the Madrid European Council (15 to 16 December 1995) requested an annual review of the implementation in the Member States of the Beijing Platform for Action.
3. The follow-up process in 1996 and 1997 revealed a need for more constant and systematic EU monitoring and assessment of the implementation of the Beijing Platform for Action.
4. On 2 December 1998, the Council agreed that the annual assessment of the implementation of the Platform for Action would include a proposal on a set of quantitative and qualitative indicators and benchmarks.

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5. Since 1999, sets of quantitative and qualitative indicators have been developed by subsequent Presidencies in some of the 12 critical areas of concern in the Beijing Platform for Action, namely: 1999 - Women in political decision-making; 2000 - Women in the economy (reconciliation of work and family life); 2001 - Women in the economy (on equal pay); 2002 - Violence against women; 2003 - Women and men in economic decision-making; 2004 - Sexual harassment at the workplace. Each year the Council has adopted conclusions on these indicators.
6. In the context of the 10-year review of the Beijing Platform for Action, the EU ministers responsible for gender equality, on 4 February 2005 adopted a common declaration which, inter alia, reaffirms the strong support for and commitment to the full and effective implementation of the Beijing Declaration and Platform for Action.
7. In line with the European Council of 20-21 March 2003 the Commission prepares, in collaboration with the EU Member States, an annual report to the Spring European Council on developments towards gender equality and orientations for the gender mainstreaming of policy areas.
8. On 29 June 2000 the Council agreed on establishing the Social Protection Committee (SPC) in order to serve as a vehicle for cooperative exchange between the European Commission and the Member States of the EU about modernising and improving social protection systems. The Committee established an Indicators' Sub-Group to work on the development of indicators and statistics in support of its tasks. Part of the Committee's mandate is to work on the policy challenges "to ensure high quality and sustainable health care".
9. On 4 October 2004, the Council endorsed the SPC's Opinion on the Commission's Communication regarding the application of the Open Method of Coordination to health care and long-term care.
10. On 23 September 2002, the European Parliament and the Council adopted a "Programme of Community action in the field of Public Health (2003-2008)", the overall objectives being to improve health information and knowledge, to respond rapidly to health threats and to promote health and prevent diseases by addressing health determinants across all policies and activities.
11. In the framework of the Beijing Platform for Action, health is understood as defined by the World Health Organisation as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The Austrian Presidency of the EU has issued a report drawing up the following three indicators concerning women and health:

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– Healthy Life Years

The "Healthy Life Years" indicator is in the core set of the European Structural Indicators.

– Access to health care (unmet demand)

In 2002, the Barcelona European Council recognised three guiding principles for the reform of health care systems, one of them being accessibility for all.

– Cardio-Vascular Diseases

Cardiovascular disease is the largest cause of death of women in the European Union.

These indicators should be disaggregated by sex.

1. RECALLS the commitment taken by Member States to secure women's rights to the enjoyment of the highest standard of physical and mental health throughout the whole life cycle in equality with men, and that the lack of a gender perspective in health represents an obstacle to achieving gender equality, as laid down in the Beijing Platform for Action.
2. RECALLS that within the "Programme of Community action in the field of Public Health (2003-2008)" the Council declares that all relevant statistics should be broken down and analysed by gender.
3. RECALLS that Member States have committed themselves to taking measures and developing proper indicators and statistics in order to further implement the Beijing Platform for Action and that in June 2005, the Council invited the Commission to include the assessment of relevant indicators, developed for the follow-up of the implementation of the Beijing Platform for Action, in its annual report to the Spring European Council.
4. STRESSES that the recognition of the gender dimension in health, as mentioned in the "Roadmap for equality between women and men, 2006-2010" (COM(2006) 92 final), is an essential part of EU health policies.
5. TAKES NOTE of the report on women's health presented by the Austrian Presidency and of the three indicators for the future follow-up of the Beijing Platform for Action regarding the critical area of women and health.

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6. RECOGNISES
- that women tend to have a lower percentage of life expectancy without disability;
 - that the EU needs to take into account a specific gender perspective while identifying the various barriers to access to, and use of, health care;
 - that for a long time the research on cardiovascular disease has been based on long-term studies of men, so the findings are not necessarily applicable to women.
7. INVITES forthcoming Presidencies, in cooperation with Member States, as well as the Commission to take the necessary measures to ensure a gender perspective in health policies and in the Open Method of Coordination on health and long term care and to focus, within the Sub-Group on Indicators, on the gender perspective of indicators on health.
8. INVITES the Member States to further improve the collection, compilation, analysis and dissemination of timely, reliable, comparable data disaggregated by sex and age, inter alia through the involvement of the National Statistical Institutes, as well as in the framework of the Community Statistical Programme so that statistics and medical information on the three indicators proposed by the Austrian Presidency, as well as statistical information on other indicators relating to the topics of the Beijing Platform, can be regularly produced and regular examinations conducted; ALSO INVITES the Member States to collect gender-specific data and further develop gender health indicators at Community level.
9. UNDERTAKES to continue its focus on the critical areas of concern mentioned in the Beijing Platform for Action and to review regularly the progress achieved and invites forthcoming Presidencies, in collaboration with Member States, to return to issues which have previously been discussed and assess progress in those areas by means of the established indicators.
10. URGES the European Commission and the Member States to take into account the issues discussed in the context of the follow-up of the Beijing Platform for Action, for which indicators have already been adopted, in other Community processes, where appropriate.

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11. CALLS upon governments to:
- determine the prerequisites for good health in both women and men, taking into account the specific aspects of women's health in order to establish an enabling environment for each sex;
 - promote research on gender equality in health.
12. INVITES the Commission and the Member States, according to their respective competencies, to integrate gender health considerations into health policies with particular emphasis on the three indicators (Healthy life years, Access to health care (unmet demand), Cardio-Vascular Diseases) proposed by the Austrian Presidency."
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