Forum: World Health Organisation (WHO)
Issue # 2: Addressing Insufficient Research on Women's Health
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Introduction

Healthcare – a system made to provide individuals with medical procedures and treatment – is one of our most basic needs and a vital part of society, since it ensures the quality and eventually the length of one's life. The latter is based on centuries of medical research and experimentation, leading to an extensive knowledge of our own functioning as well as the discovery of diseases and their treatment; however, to this day a notable lack of research specifically on women's health is still prevalent and this underrepresentation and neglect still deeply affects the female population. For instance, according to Northwest Health, only 41% of participants in clinical trials are female, often resulting in increased and varying side effects of drugs on women. Additionally, women's portion of life lived in poor health is 25% larger compared to men's (Yale School of Medicine), and their self-reported health-related quality of life is

usually lower (NIH).

Over the years, women have always held a small place in the STEM industry, representing to this day only about a third of the workforce(27% in 2022 according to STEM Women) and only 35% of all graduates in the field (UNESCO). This historical exclusion of women in sciences, including medicine, directly relates to the gender health gap that exists since it leads to gender bias in interpreting symptoms, choosing research topics, and finally to neglect in women's healthcare. According to the AAMC (Association of American Medical Colleges), clinical trials have also historically rejected women from participating due to a belief that the female anatomy is "atypical and men's bodies the norm." This led to the exclusion of women of childbearing potential from clinical trials by the FDA in 1977, which was only lifted 16 years later (NIH). On top of that, researchers often avoid using female mice as test subjects because of the higher cost, and the results of studies may fluctuate due to hormonal changes. All these factors result in fewer studies and poorer data collected on women's health.

Furthermore, social or religious stigmatization of these topics contributes to maintaining this lack of research on women's health as the status quo, deeply affecting the lives and well-being of half our population. It is essential and urgent to address this topic diligently, for long has female health been overlooked in medical research, and long have women had to deal with the consequences.

Definition of Key Terms

Gender Health Gap: The gender health gap refers to the disparity in quality and accessibility of health services provided to women compared to men. It is caused by institutionalized sexism within the healthcare industry and results in gender discrimination.

Institutionalized Sexism: Institutionalized sexism is when structures such as government, companies, and institutions put up practices that oppress and discriminate against individuals based on their gender or apply policies that contribute to said bias. The term "institutional sexism" refers to the same concept ("Institutional Sexism" - Robin O.

Andreasen).

Clinical Trials: According to the World Health Organization, clinical trials are studies of medical tests and interventions that assess their impact and effects on human health. They can focus on multiple treatments, such as new drugs, biological parts, surgical or radiological procedures, devices, behavioural treatments, and preventive care. Anyone, including children, is allowed to participate; however, women remain underrepresented.

Underrepresentation: Poor or insufficient representation of a certain demographic in a study or an environment, whose portion of the group's population is significantly smaller than their total proportion in society. (The Oxford English Dictionary, IGI Global Scientific Publishing)

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Health Related Quality of Life (HRQOL): Health-Related Quality of Life represents the impact physical and psychological health has on an individual's quality of life and well-being. (National Institutes of Health)

Gender Equality in Health: Gender equality in health implies that women and men have the same conditions, "potential to be healthy", and opportunities to contribute to medicine equally, and would therefore benefit from healthcare equality if provided equal services (World Health Organization).

Gender Equity in Health: Gender equity in health takes into consideration the different health needs and social conditions, and access to resources of men and women, and seeks to ensure fairness and justice by taking these differences into account when distributing benefits, power, resources, and responsibilities to men and women (World Health Organization).

Gynecology: Gynecology is the field of medicine responsible for research and care related to the female reproductive system and its diseases. (Britannica Dictionary)

Sexual and Reproductive Health (SRH): Sexual and Reproductive Health is an umbrella

term referring to health services related to "contraception, fertility and infertility care," care on all stages of pregnnancy, protection against sexual violence, "prevention and treatment of sexually transmitted infections (STIs)", and sexual education. Additionally, to experience sexual and reproductive health implies being physically, mentally, and socially well in all that concerns their fertility and sex life (World Health Organization).

Gender Responsive Healthcare: Gender responsive Healthcare refers to health services that take into account the special needs of each gender, value their different experiences, and are equipped to accommodate the unique necessities of both men and women. (Children's Services Council of Broward County)

General Overview

Brief History of Women in Medicine

Despite popular belief, women have been involved in the medical field since the beginning of time, may it be through alternative care, herbal medicine or midwifery (defined as the field responsible of care for pregnant women, newborn and families from pre-pregnancy to the postpartum and the early weeks of life by the World Health Organisation). However, they have a tendency to be erased or ignored in medical history. In ancient Greece, Metrodora, one of the earliest known women in medicine, was known for her capacities as a surgeon and studies on women's health and other diseases, and in her book, *Of Diseases and Cures of Women,* she innovated among other procedures surgeries for breast and uterine cancers. Despite her influence, many women of science were left out of official records, and some resorted to impersonating men to practice medicine, such as Agnodice, a pioneer Athenian midwife. Centuries later, the Middle Ages produced innovative women of medicine of its own. For centuries, Trotula of Salerno, an Italian doctor from the eleventh century, was considered the world's first gynecologist and attributed to a collection of treaties with her name, though according to the Yale School of Medicine, that assumption would be wrong. However, Hildegard of Bingen, a German abbess, was responsible for the writing of the medical volumes *Causae et Curae* and was seen as "an expert in medical diagnosis and treatment" (Yale School of Medicine). In 1842, the first medical school for women in the U.S. opened, to instruct its 12 students to attend to women during

childbirth since its creator found it unnatural for men to do so. Soon though, it expanded beyond its original purpose, and in the following 45 years, twenty other medical schools for women were put in place, before all-male schools began accepting women. In 1849, Elizabeth Blackwell became the first woman to graduate from a U.S. medical school, and five years later, Rebecca Lee Crumpler became the first black woman to do so. From that moment on, women rose in society as well as in the medical field. Nowadays, more than half of all medicine students are female in the U.S, and so is around 67% of the global healthcare workforce.

Still, women are often denied a place of power of leadership in all fields, including medicine, with 75% of leaders in healthcare being male (World Health Organisation). However, their presence is essential for the improvement of the quality of women's healthcare. As an example, studies have found that patients of both genders, but especially women, when treated by female physicians, frequently face better outcomes, such as lower mortality and readmission rates. This shows that an important step to closing the gender gap in healthcare is encouraging and allowing women to engage in medicine.

Underrepresentation in Clinical Trials and Its Impacts

Thirty-two years ago, in 1993, the FDA took back its policy that excluded women from clinical research, unless valid justification (like research on men-exclusive illnesses) was given. However, women are still largely underrepresented in clinical trials, and that is the cause of many gender disparities in the quality of healthcare. As previously mentioned, women represent around two-fifths of participants in clinical research, a result of the historical exclusion of women, additional costs, and fertility concerns when testing women capable of childbearing. This inequality is especially notable in the early stages of clinical trials. It has been common practice to assume that male-generated data is applicable for all genders, that it is the standard. While it still is valuable information and can be used as a basis for research, these assumptions neglect all biological differences between genders and cause a knowledge gap, affecting how well we know gender specific reactions to diseases and effects of treatment and procedures. For instance, even though cardiovascular diseases are the leading cause of death for both genders in the U.S, women are more likely to die from a heart attack. Though it is recognized that men and women experience different symptoms, physicians are still

trained to look for the male symptoms. Additionally, gender bias makes it more unlikely for women to get preventive heart disease care, while the usual treatments, like angioplasty and stents, were projected for men, and women have a higher chance of reacting negatively to the placement of a stent. On top of that, drugs and medication also cause negative reactions in women more often than in men. Prescription medications are sometimes dosed based on studies done only on men, which are often unfit for women, resulting in overmedication, more intense effects, and a prolonged presence of the drug in the bloodstream. The University of New South Wales found that women are 50 to 75% more likely to have adverse drug reactions, not caused by an excessive dosage but by physiological differences unrelated to body weight between males and females, going against the general misconception that women are simply a smaller version of men.

Overall Impact of the Gender Health Gap on Women

Often, the neglect of research on women's health, as well as social stigmas and gender discrimination, has an impact on how women receive healthcare. This influences not only their quality of life, but also the quality of services made available to them. This is shown through the fact that women often have their pain dismissed and are less likely to receive painkillers than their male counterparts, based on the stereotype that women are more dramatic and more sensitive than men. Furthermore, women-exclusive diseases also go more undiagnosed than men-exclusive ones. The same can be said for other ailments, as women with symptoms of heart disease were twice as likely as men to be diagnosed with a mental illness instead; and for mental health conditions like autism, with nearly 80% of autistic girls being undiagnosed at 18 compared to 25% for men. Physiological differences between men and women are also overlooked, resulting in poorer outcomes of procedures, as demonstrated by a study in 2013 on metal hip replacements, in which women were found to be 29% more likely to experience implant failure due to differences in anatomy. Women's reproductive health is also a complex part of the issue, as menstrual products and contraception can be expensive and of difficult access; sex education is in many cultures a taboo; limiting the freedom and knowledge of women of their fertility; 14 to 25% of women report debilitating menstrual issues, and pains many also claim to be told were told "it was all in their head"; and abortion policies are still a controversial topic

and out of reach for most. All of these severely impact the female population's quality of life. And though they have on average a longer life expectancy, and seek medical care more often, a bigger portion of their lives is lived in poor health or with disabilities.

Social, Cultural, and Religious Norms and Taboos

The gender health gap is still a very neglected matter of discussion, though it is an urgent one. This comes down to multiple factors, the main ones being social, cultural, and religious taboos relating to women's health, especially sexual and reproductive health (SRH). Outdated traditional and cultural beliefs still taint the subject with secrecy and stigma, which discourage women from looking for medical help and allow the gender health and data gap to remain unchanged and undiscussed. For instance, Japan, as previously mentioned, as well as Hindu south Asian countries such as Nepal or Bangladesh, view menstruation as something impure; the latter cultures prohibit menstruating women from using public water sources, entering houses or kitchens, participating in religious events, or even touching religious objects. Some temples in India also followed the same ban on impure women, though the tradition was lifted in 2018 after public backlash. This association of the female reproductive cycle with foulness or impurity often brings women to keep quiet about their menstrual issues and concerns while having little access to period products, hindering their health, hygiene, and quality of life. Cultural and religious norms can also endorse harmful traditional practices targeted towards women. For instance, traditions like early marriage and childbirth, or female genital mutilation (FGM) are still legal and applicated in multiple nations: the former is legal in at least 117 countries (Pew Research Center) though it isnt common in all of them, while 30 countries in Africa and Asia still practice the latter (World Health Organisation). These harmful traditions are often more common in Africa, Asia, and the Middle East, with around 79% of women married before 18 being in these regions, as well as most FGM cases (United Nations International Children's Emergency Fund). Furthermore, both culture and religion often implement or reinforce patriarchal norms that can limit women's access to health or fertility freedom. Iran, among other nations, mainly conservative and muslim, excludes unmarried women from SRH services, since they relate gynecological issues to being sexually active and premarital sex goes against their religious beliefs. Women in India also deal with patriarchal control of their health, as 46% of women need male approval before being able to visit a clinic, and

their well-being is less prioritized than their household duties. The fertility freedom of women is also limited by religious beliefs, as Protestant, Catholic, and Muslim individuals are more likely to be against access to abortion and contraception, as they are also related to premarital sex. Women who are known to use these treatments can be banned from the church and humiliated by religious leaders. Policies made under those beliefs lead to the ban of procedures like abortions and hard access to contraceptive methods. These factors force women to use contraceptive methods secretly, and occasionally clandestinely, raising the risk of a negative response to the treatments.

In more conservative countries, education on sex and genital organs is also a taboo topic and often avoided by both parents and schools. This lack of education allows for dismissal of issues and failure to identify gender specific reproductive issues, as well as opening the possibility of unsafe sexual practices, putting both men's and women's health at risk.

Major Parties Involved and Their Views

European Union (EU)

The European Union is known for its diverse yet consistently financially and socially prosperous members. According to the World Bank Group in 2023, approximately 18% of the world's GDP was from the EU. Additionally, countries like Sweden, Ireland, the Netherlands, Germany, and Norway have some of the best healthcare systems in the world. Still, that does not mean they are immune to this issue.

On average, even if the EU has great health care available, women's health is often overlooked, leaving gaps in knowledge. Many fields like reproductive health accessibility, chronic diseases, and female-exclusive illnesses are still left unresearched in certain countries for multiple reasons.

Some countries such as Finland and Norway tend to approach medical research with a genderless view, pushing aside gender exclusive issues, therefore remaining behind on some topics despite their strong general healthcare system.

However, others like Germany, and Sweden demonstrate model endeavors to fix this

issue, promoting initiatives focused on closing the knowledge gap and encouraging organizations to address these inequalities, develop gender-responsive healthcare solutions, and improve diagnostics and treatments for women. Nonetheless, these nations still deal with their problems and biases. Both Germany and Sweden have difficult access to healthcare for immigrant and low-income individuals.

However, the European Parliament does acknowledge this situation and promotes gender inclusivity in research and, through the EU4Health programme, plans to integrate the different needs of men and women in health policies.

Greece

In 2023, a study conducted on 146,000 people all over the world, showed that among 12 EU countries, Greece ranked last in the index of women's satisfaction with healthcare of 32%. After the Great Recession, Greece as well as many other countries, went through a severe financial crisis in 2009. As a result, the country has been dealing with multiple consequences since then. They have faced a debt crisis, with a debt-to-GDP ratio of 160% in 2023, increased poverty and unemployment, as well as a health crisis (National Institute of Health). Healthcare services in Greece have faced budget cutting and understaffing in the medical field, creating hardships for the emergence and funding of projects that focus on women's health. This complicated financial situation impacts the country's ability to deal with the gender health gap and reflect on their low score in women's satisfaction with healthcare.

Netherlands

Over the years, the Netherlands have shown their efforts to close the gender gap, taking measures to improve accessibility and quality of healthcare, and expanding the database on gendered health issues. The Netherlands Women's Health Research & Innovation Center took notice of the physical impact on women and economic impact on society that the gender health gap causes, and was created to fight against it. Annually in the Netherlands "€12.6 billion in Gross National Product. Innovations could compensate for 42% of this loss,"(Rotterdam Square) the center aims to close the data gap by studying women-specific health needs and improving quality of life through innovation. Additionally, they stand out by funding both national and international

projects relating to women's health. As a matter of fact, they have one of the world's biggest funds for gender equality and sexual and reproductive health and rights (Government of the Netherlands) and were the fourth biggest donor to the United Nations Fund for Population Activities in 2023 (Population Connection). Still, in the Netherlands, societal taboos around female-specific conditions persist, slowing down progress on fixing this issue.

United Kingdom (UK)

The United Kingdom has recognized the issue that is the gender health gap, and in recent years, has made multiple initiatives to improve the quality of women's healthcare. In 2021, the Women's Health Strategy for England was made with the intent of approaching issues such as the underrepresentation of women in medical research, lack of knowledge on gynecological conditions like endometriosis or the menopause, how diseases may affect women differently, and the accessibility of basic services such as contraception. Through this strategy, the UK means to give women a voice through which they can express issues they encounter in the healthcare system. England has also put in place Women's Health Hubs, a place in which diverse healthcare professionals are brought together to attend to the needs of women throughout their lives and improve health access and outcomes. The UK still struggles with late diagnosis of women-specific issues, inequalities in chronic diseases, and women's mental health, but the government promotes gender equality initiatives, and the country has made great efforts and progress in reducing the gender health gap.

United States of America (USA)

Despite being a developed country and investing a considerable amount of its GDP, in 2023 17.6% or 4.9 trillion dollars, on healthcare the United States struggles with the accessibility of these services. Due to the high cost of medical bills and a lack of insurance, only 1 in every 10 americans are uninsured according to the Office of Disease Prevention and Health Promotion, to have quality healthcare is a privilege, with 55% of U.S. citizens not being able to afford prescription drugs and medical care (West Health-Gallup Healthcare Affordability Index). On top of the overall inaccessibility of health services, women struggle disproportionately to obtain them. On average, women spend 18% more on healthcare costs than a man, even though they usually

have less financial resources (World Economic Forum). Additionally, they are more likely to be affected by chronic and autoimmune diseases, with 80% autoimmune patients being female, and consistently face worse attending than men. In recent years, the women have also been stripped of their fertility freedom, as in 2022, the U.S. Supreme Court deemed the right to abortion not constitutional, and since 13 states have totally banned the procedure while 28 have banned abortion "based on gestational duration" (Guttmacher Institute).

African Union (AU)

The African Union consists of 55 member states, representing all the nations on the continent. Most of these countries are still developing, which often means their healthcare systems aren't as effective as their European counterparts, due to factors like health workforce shortage, poor distribution across different regions and low financing. For instance, there are on average just 1.55 health workers per 1,000 people in the region, which is considerably lower than the WHO threshold of 4.45 needed to achieve universal health coverage. Additionally, over 60% of member states devote less than 10% of their national budgets to health. The AU recognises their notable disparities in healthcare access and quality based on gender, and many factors contribute to this situation, such as harmful traditions and cultural practices and economic constraints among others. Still, they have started to take action to close the gap by prioritizing women's health and reproductive health, increasing accessibility of contraception, addressing violence against women, such as the Agenda 2063 and the Maputo Plan of Action 2016–2030.

Countries like Zambia and Kenya have limited fertility freedom due to social and cultural stigmas, and struggle with the underrepresentation of women in health. In Zambia, modern contraceptive use among married women has increased from 9% in 1992 to 53% in 2024, which reflects significant progress on improving the accessibility of SRH but also highlights ongoing challenges of making it universal. The Zambian government has also committed to increasing their annual spending on family planning by 30% and transforming social and gender norms by 2030, in order to support and accept girls and women choosing to use contraceptive methods. Meanwhile, Kenya is working to mainstream gender in health research, with recent assessments highlighting

the need for more and better gender-responsive health services and policies.

In Nigeria, traditions like female genital mutilation, early marriage, and childbirth are still very present as 19.5% of women aged 15–49 have undergone female genital mutilation and 40% are married underage. These cause many health problems in women such as "higher risks of eclampsia, puerperal endometritis and systemic infections" for adolescent childbirth according to the World Health Organisation. The nation's maternal mortality ratio remains among the highest in the world, and they continue to struggle with low diagnosis of women-exclusive diseases or cancers, and issues caused by poor access to healthcare and sanitation. However, Nigeria has considerable regional influence, so by taking action to stop harmful practices and investing in improving women's health and quality of life, it might lead other countries to follow the example.

Similarly, South Africa, being a major economic power in Africa, can have a strong presence in regional affairs. This country has fairly progressive policies when it comes to fertility freedom, as abortion has been legal since 1996, and contraception is available. It has also made efforts to make reproductive healthcare and cancer screenings accessible; and to stop HIV infections, which often affect women due to sexual violence or other causes; and are one of the few AU members to consistently meet the Abuja Declaration health spending target on healthcare of 15% of a country's national budget. South Africa can be a leading nation in closing the gender health gap in the AU by promoting their policies on gender equality and making use of its financial power and regional influence.

India

India presents many challenges when it comes to the gender health gap. Both the socioeconomic situation of the country and its religion impact the accessibility and quality of healthcare available for women. The International Growth Centre (IGC) points out how the maternal mortality rates are still high, relates the excess of female mortality at older ages to non-communicable diseases as well as disparities in access to medical attention and highlights the rise of mental health issues in women. The collection of data on women's health is also difficult in this country, as they face

financial constraints and a stigma around SRH hinders transparency. For instance, a study lead on menstruation health and hygiene (MHH) went through hardship to obtain permission and funding and found difficulties when bridging rural areas with healthcare services. Further into the taboo around female reproductive health, the Indian magazine Business Today notes the rise in awareness of gynecological issues but the also persistent stigma around the topic. India also struggles with harmful traditional practices such as child marriage has a serious impact on women and girls' health and quality of life, as acknowledges the Women's Health India 2025 conference.

Japan

Japan has one of the highest life expectancies at birth (LEB) in the world. According to the World Bank Group, it had the fourth-highest female LEB in 2023. However, that does not mean Japan is free from this issue, as a matter of fact, in the World Economic Forum's Global Gender Gap Report 2024, Japan ranked 118th out of 146 countries, and ended up last among the G7. This country still lags in gender equality matters, and that impacts the quality of life of Japanese women. Historically, menstruation has been seen as impure in Japan, and to this day, there is still a taboo around gynecology and reproductive health, resulting in poor sexual education and sexual and reproductive rights. A study showed that 74% of Japanese women suffered from some type of menstruation issue that interferes with their daily lives, and out of those, only 20% get checked with a gynecologist; those statistics demonstrate how it is culturally uncommon for women to address their reproductive health issues. Additionally, abortion is not freely allowed in Japan; it is only available to women struggling financially or victims of assault before they reach 22 weeks of pregnancy, and contraception pills are only available by prescription at a high cost, making them hard to access. Stil japan has taken action to close the gender health gap, by researching on specific issue such as the impact of aging on the female body and mind, establishing women's outpatient clinics which are focused women's healthcare services and recommending cancer screenings regularly, though women may not always comply, as an exemple, participation in cervical cancer screening rates for young women are relatively low.

Timeline of Events

Date	Description of Event
1920	In this year, the former Soviet Union became the first state to legalize abortion in the world.
1977	A policy made to exclude women with child-bearing potential from clinical trials, except for research on life-threatening conditions, was put in place by the FDA. For many years, women were almost completely banned from medical research, resulting in the large gap in knowledge on women's health we see today.
1993	After 16 years, the FDA not only reversed its 1977 guidance on the exclusion of fertile women in clinical trials but also officially started mandating their inclusion in research.
1994	Creation of the Food and Drug Administration Office of Women's Health (OWH). It was made to serve as an "advisor [...] on scientific, ethical, and policy issues relating to women's health", a leader in promoting a women's health agenda and the participation of women in clinical trials, etc. (Food and Drug Administration)
1998	Creation of the Women's Reproductive Health Research program. It gives opportunities to recently graduated obstetrician-gynecologists to train and gain experience in women's reproductive health research while providing these departments with more competent and knowledgeable junior investigators.
2001	The U.S. Government Accountability Office reported that out of 10 drugs withdrawn from the market they were studying, 8 showed more adverse reactions in women than in men. It shows the gender bias in drug safety, and a probable cause is the lingering underrepresentation of women in drug testing.

2015	A new guideline put out by the NIH, known as "sex as a biological variable" (SABV) policy, requires that all cellular and animal research they fund have both male and female test subjects unless a plausible justification is given, such as the research being on a male-exclusive issue.
2017	For the first time, the number of women enrolled in U.S. medical schools was greater than the number of men. Ever since that year, the trend has continued, though the majority is quite small.
2022	The U.S. Supreme Court found that the right to abortion was not in the Constitution, and therefore, states could decide whether or not to legalize it. This led multiple states, such as Texas and Alabama, to criminalize or limit access to abortions, reducing women's fertility freedom.
2024	Creation of the Global Alliance for Women's Health, a global platform hosted by the World Economic Forum that aims to close the gender health gap by promoting research, funding, and endorsement of women's health.
2024–2025	A partnership was made between the Global Alliance for Women's Health and the Ministries of Health of Kenya and Zambia in order to improve the quality of cervical and breast cancer care on a regional level by promoting communications campaigns, enhancing worker capacity, and "identifying gaps in cancer care". Breast cancer, among other types, is a leading cause of death for women in many nations, making this initiative relevant.

UN Involvement, Relevant Resolutions, Treaties, and Events

The United Nations has long been aware of the issue represented by the gender health gap and has taken multiple measures to counter it over the years.

The Beijing Declaration of Platform for Action, 1995

In accord with the decisions made during the International Conference on Population and Development(1994), the Beijing Declaration and Platform for Action (BPfA) is a global agreement adopted in 1995 that reflects the commitment of all UN member states to achieve gender equality. Among its 12 critical areas of concern, including topics such as violence against women, women in armed conflict, women in power and decision making, etc, it covers women and health. It specifically addresses women's reproductive health and rights, and sets an agenda to ensure women's rights to fertility freedom without risking discrimination or violence. To achieve that, the BPfA proposes to increase women's access to quality and affordable healthcare education and services, enhance preventive programs, take initiatives that address sexually transmitted diseases and reproductive health issues, and encourage and fund research on women's health. UN bodies such as United Nations Women (UNW) and the Platform of Independent Expert Mechanisms on Discrimination and Violence against Women (EDVAW Platform), which complies several regional mechanisms, are responsible for monitoring and support the implementation of the agenda proposed by the BPfA .Since its publishing, the UN has evaluated progress on the goals proposed in the BPfA every five years, with each new document "outlining priority actions for the coming five years." These evaluations led by the majoritarily by the Commission on the Status of Women (CSW) and the United Nations Regional Commissions consist of multiple steps, with each UN member state conducting national reviews on the implementation of the agreement, which are later compiled into regional reports. These are later consolidated in a global report by the CSW Secretariat at UN Women and presented to the UN General Assembly (United Nations Economic and Social Commission for Western Asia). So far, five reports have been made, the first one dated to the year 2000 and the last one, 2020.

Evaluation of Previous Attempts to Resolve the Issue

The Beijing Declaration of Platform for Action, 1995

The Beijing Platform for Action highlights important issues and explicitly shows concern for the gender health and data gap, it promotes initiatives to address these issues. However, these initiatives have yet to attain their desired goals and still present shortcomings in fulfilling their commitments. The Strategic Objective C4 consists of "promoting research and disseminating information on women's health" (Peace Women - Beijing Platform for Action and its 12 Critical Areas of Concern). However, the 2015 progress report still noted a lack of disaggregated gender data. The insufficiency of information on gendered health determinants results in many issues, like cardiovascular diseases disproportionately affecting women, while social gender biases equally hinder progress on improving the quality of healthcare for women. Similarly, the Strategic Objective C5 promoted funding and monitoring of women's health research, yet studies still show that gender equality initiatives are often underfunded. The BPfA is not a legally binding document, so though member states have adopted the agreement, they are not obliged to follow the objectives. Though it has established an agenda on closing the gender health gap, this attempt to solve the issue has yet to complete its goals. Better enforcement of the agreements and updating the framework based on our current situation might improve the results of this plan of action.

Possible Solutions

Like most complicated issues, the gender health gap has no quick fix solution or an easy way out. To achieve complete equality, we would have to collectively deconstruct centuries of sexist prejudice and misconceptions. However there are achievable actions that can be taken in order to eventually close the gap.

Investing in Education on the Issue

First and foremost, it is important to acknowledge the impact education can have on solving this issue and dissipating biases against women. Informing people about the gender health gap and promoting debate on the subject is the first step to finding lasting solutions, and considering this is a widely dismissed topic, it is important to highlight its urgency. Education facilities should invest in making accessible sexual

education available for the youth and normalizing discussion on sexual and reproductive health in order to remove the stigma around menstruation and avoid gynecological issues being seen as a taboo; while preventing future generations from engaging in harmful practices regarding their sexual lives. Regarding future generations, girls and young women should be encouraged to seek jobs and careers in S.T.E.M. and specifically in medicine, in order to break the cycle of their exclusion in those fields. Finally, during training, medical staff should be informed on the dismissal of symptoms and pain towards women, and be instructed to treat all patients equally and keep this bias in mind when attending women.

Implementation of Funding and Quotas

Another issue preventing progress in researching women's health, is the insufficient funding and little prioritization of such projects. These could be fixed through the creation of an international fund to support acts regarding women specific health issues or gendered medical data. In order to avoid the exclusion of women in medical research a quota for women could be established in clinical trials and studies, ensuring that they represent a fair portion of all participants. These initiatives could be facilitated by a new U.N. body responsible for monitoring, aiding and promoting research on women's health.

Addressing Harmful Traditions

Though it is important to maintain the cultural integrity of countries, women's lives and wellbeing shouldnt be threatened by traditional practices. International and legally binding accords could be drafted and debated in order to illegalize traditions that endanger girls and women, such as female genital mutilation, and a protection program could be created to give support to women who already went through these procedures and offer remediating treatment in order to restore the victim's physical and mental integrity as best as possible.

Sustainable Development Goals (SDGs)

SDG 5, Achieve gender equality and empower all women and girls

The 5th SDG is to "Achieve gender equality and empower all women and girls". It

encompasses many facets of gender equality, such as eliminating all violence and harmful practices towards women, valuing unpaid domestic work, ensuring equal opportunities and participation in leadership positions, etc. Among those, two targets are directly related to our issue: target 5.6, "Ensure universal access to sexual and reproductive health and reproductive rights [...]" and target 5.1, "End all forms of discrimination against all women and girls everywhere". Women are often discriminated against in the medical world, may it be as professionals or as patients, facing hard access to basic reproductive healthcare, and quality health services in general. Through inclusion policies, gender inclusive education and training, as well as funding female-health specific research endeavors, we look to progressively eliminate gender based discrimination in health. Accessibility and quality of healthcare for both genders are essential to achieving equality, for if the services needed to fulfill basic human necessities are out of reach for women, so will be the prospect of ever achieving equal rights and opportunities among both genders. Before aiming for equal pay and leadership roles, women must have access to better healthcare and improved quality of life, making this issue closely tied to SDG number five.

Appendix

In this appendix, you can find extra resources to help your understanding of the topic including articles featuring graphics and interactive data for visual learners as well as a TEDx video on the subject. Finally there is also a data bank where you can find reliable statistics of multiple topics in your country.

https://www.mckinsey.com/industries/life-sciences/our-insights/closing-the-data-gaps-in-womens-health

Source A: This in depth article on the gender health gap and our lack of data on gendered medical issues. It tackles why the issue exists and how it affects the accessibility and quality of health services in all stages. It also provides feasible solutions for improving research and the collection of data

https://www.ted.com/talks/tina_ye_mind_the_health_gap

Source B: A TEDx talk on the gender health gap that perfectly approaches a general

overview of this issue in an accessible way. It is a great introduction to the topic and a good place to start your research.

https://www.nature.com/immersive/d41586-023-01475-2/index.html

Source C: An interactive website with infographics about the underfunding of wome-s health research compared to their burden. It provides an easily understandable representation of the impact of medical issues on women and how they can be dismissed.

https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies

Source D: Another article complete with graphics that gives an insight on the economical benefit of closing the gender health gap. It provides an interesting alternate view on why countries should seek to solve this issue.

https://www.weforum.org/stories/2024/10/women-health-gap-healthcare-gender/

Source E: This links to an interesting article that highlights the gender gap through six examples of issues and conditions that are often treated differently in men and in women. You can find data that comprehensively proves the importance of this issue as well as an introduction to the topic in the beginning of the text.

https://data.worldbank.org/

Source F: An open data bank that can give you statistics and insight on many aspects of a country such as GDP, average life expectancy, population, etc. It might be useful when researching your countries (for country profiles and position papers), as well as other delegate's nations

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