Parliamentary Assembly
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CONSEIL DE L'EUROPE

Resolution 2631 (2025)[1]

Preventing and combating gender discrimination in health

Parliamentary Assembly

1. Access to healthcare remains unequal and gender discrimination in health is prevalent across European countries. In a context of rising attacks against the rights of women and of lesbian, gay, bisexual, transgender and intersex (LGBTI) persons, ensuring universal access to healthcare and preventing and combating gender discrimination in health are important objectives which should become political priorities.

2. The 2025 review of the Beijing Platform for Action represents an opportunity to remind United Nations member States of their commitment to uphold the right of women to the highest attainable standards of physical and mental health, and to increase efforts to fully achieve the United Nations Sustainable Development Goals, including Goal 3, target 7, on ensuring universal access to sexual and reproductive care, and target 8 on achieving universal health coverage.

3. Women's health has for a long time been considered to be a secondary issue. In medical research, the cisgender male body has been regarded as the norm. The Parliamentary Assembly considers that the lack of attention paid to the health of women, in all their diversity, is a reflection of the traditional patriarchal organisation of society and the profound gender inequalities this entails. Gender discrimination in health, including gender bias in medical research and clinical trials, leads to misdiagnosis and delays in treatment. Traditional views of women and their roles may lead to a societal expectation that women must simply tolerate pain and discomfort, particularly when linked to the reproductive cycle, while medical practitioners may discount or minimise such pain.

4. Referring to its Resolution 2048 (2015) "Discrimination against transgender people in Europe", its Resolution 2191 (2017) "Promoting the human rights of and eliminating discrimination against intersex people" and its Resolution 2576 (2024) "Preventing and combating violence and discrimination against lesbian, bisexual and queer women in Europe", the Assembly deplores the existence of specific discrimination against LGBTI persons in healthcare settings, which can also lead them to avoid medical consultations (the "minority stress" effect). Gender discrimination in health, amplified by intersecting forms of discrimination related to disability, age, origin, sexual orientation, sex characteristics, social status or religion, has multiple long-term consequences on health status and beyond. It is time to transform the health-sector culture and to ensure that treatment protocols take into account the needs and specificities of all genders, including regarding mental health. Medicine should contribute to the protection and enhancement of human rights and not to the furtherance of discrimination.

5. Societal expectations and gender stereotypes affect access to healthcare, including sexual and reproductive care. Persons seeking such care may face questions, judgments and attempts to control their choices and intentions. There is evidence-based knowledge showing that cis male general practitioners may have a negative bias against women and LGBTI persons. This must be addressed both within the medical profession itself and by national governments. The Assembly emphasises that attempts to control the bodies of others, including in medical settings and reproductive healthcare services, are not acceptable and can be discriminatory. It recalls its Resolution 2331 (2020) "Empowering women: promoting access to contraception in Europe", in which it stressed that access to modern contraception is crucial to women's empowerment.

1. *Text adopted by the Standing Committee*, acting on behalf of the Assembly, on 21 November 2025 (see Doc. 16286, report of the Committee on Equality and Non-Discrimination, rapporteur: Ms Camilla Fabricius).

6. Gender-based violence also occurs in the health sector. The Assembly recalls its Resolution 2306 (2019) "Obstetrical and gynaecological violence", in which it called on member States to prevent and combat discrimination, on whatever grounds, in access to healthcare in general. It reiterates that there can be no room for impunity for perpetrators of violence.

7. Gender discrimination in health compounds existing inequalities and has a significant economic cost. The Assembly stresses that gender needs to be considered when devising health policies and deciding on investments to be made in the health sector, including research. Inclusive policies facilitate better treatment while investing in women's health and combating gender discrimination in health has not only moral and social benefits but also economic ones.

8. The Assembly welcomes the fact that several member States have adopted feminist foreign policies which fund programmes supporting women's health, including sexual and reproductive health and rights, and combating gender discrimination in health.

9. In light of these considerations, the Assembly calls on the Council of Europe member and observer States as well as States whose parliament enjoys observer or partner for democracy status with the Assembly:

9.1. with regard to preventing and combating gender discrimination in healthcare, to:

9.1.1. mainstream gender in health policies, promote inclusive care models and draft and fund national action plans for women's health, including by focusing on preventing gender discrimination in healthcare and on national LGBTI health strategies;

9.1.2. ensure that equality and non-discrimination laws cover the area of healthcare services and all grounds of discrimination related to sexual orientation, gender identity and expression and sex characteristics, and ensure their implementation;

9.1.3. include sessions on the prevention of gender bias and the promotion of respect for identities in the training of health professionals, both during their studies and throughout their career;

9.1.4. launch awareness-raising campaigns on preventing gender discrimination in health and gender bias, targeting different age groups;

9.1.5. ensure that women, in all their diversity, and LGBTI persons are represented in decision-making bodies in healthcare settings and in research teams;

9.1.6. ensure, in their design and through testing and monitoring, that artificial intelligence systems used in healthcare do not reproduce gender bias;

9.1.7. ensure that women with addictions are afforded the same access to health services as others;

9.2. with regard to preventing and combating gender discrimination in medical research and clinical trials, to:

9.2.1. invest in data collection and research on women's health and on the health of LGBTI persons, with the requirement that research proposals be gender inclusive and gender sensitive, and work towards the establishment of an ethical European biobank containing female body tissue;

9.2.2. promote an intersectional approach in medical data collection and research, and look into intersecting forms of discrimination in health;

9.2.3. ensure that participants in clinical trials represent a diversity of genders;

9.2.4. invest in mental health research;

9.3. with regard to preventing and combating gender-based violence in the health sector, to:

9.3.1. sign, ratify and fully implement the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (CETS No. 210, "Istanbul Convention"), if they have not yet done so, and to adhere to it again in the event of withdrawal;

9.3.2. provide training to health professionals on preventing and combating gender-based violence;

9.3.3. ensure that the perpetrators of gender-based violence are prosecuted, including those in the health sector;

9.3.4. raise awareness on mechanisms of redress and on how to report gender-based violence experienced in healthcare settings;

9.4. with regard to ensuring equality in access to healthcare, including sexual and reproductive health services, to:

9.4.1. ensure the accessibility, quality and adequate funding of sexual and reproductive health services;

9.4.2. provide comprehensive sexual health education in schools, adapted to various age groups;

9.4.3. adopt inclusive policies on medically assisted reproduction;

9.4.4. remove any medical requirements, such as sterilisation or surgery, which hinder access to legal recognition or reproductive services for transgender persons;

9.4.5. work towards ensuring that fertility issues are not consistently approached with a gender bias and recognising that either partner could face such issues;

9.4.6. provide free or subsidised access to menstrual products and appropriate sanitary facilities in schools, public places and workplaces, with a view to combating period poverty.

10. The Assembly encourages health committees in national parliaments to hold regular and public debates on women's health and on the health of LGBTI persons, and to monitor the situation and needs at the national level, so as to encourage and support national policy development.

11. The Assembly calls on member States to support programmes on combating gender discrimination in health, both at the international level via feminist diplomacy programmes and at the national level, including by funding non-governmental organisations working in the fields of women's health, LGBTI health, inclusive healthcare and sexual and reproductive health services.