The year 2015 marks the twentieth anniversary of the Fourth UN World Conference on Women held in Beijing in 1995, which up to this day continues to chart out the best path to promote equality and equity between men and women also in health.

The Beijing Conference underscored the need to include a gender perspective in every political decision, in every planning initiative, and in every government measure to put the real living conditions of men and women at the centre of policy-making and social development and to improve the ability of women to make informed choices about their health.

A gender-specific approach to health care aims at appropriate prevention, diagnosis, care and rehabilitation in diseases typical of women, as well as and especially in those common to both men and women, such as cardiovascular diseases, cancer and diabetes.

In a recent WHO document “Health 2020: The new European policy for health”, gender is recognized to be a decisive and essential factor in so far as health conditions, well-being and its perception, health promotion, the onset of diseases and their course, therapeutic approaches and their efficacy are different between women and men.

Recognizing the biological as well as the social and cultural differences of gender is essential to outline programmes and actions, to organize the delivery of services, to guide research, to collect and analyse statistical data, and above all to provide correct and comprehensive information and communication.

It is therefore necessary to target action in health care by focussing more on how to better understand the demand for health of women as opposed to men, how to qualify the offering, how to organise training, and how to direct and encourage research in this field.

The gender dimension in health is therefore a need for a methodology and analysis and is, at the same time, a tool of system governance, for example by adopting gender-based budgets that are not always formulated based on statistics, but need to be duly differentiated.

It is crucial to promote research on the impact that gender differences have on the development of pathologies, on their diagnosis, and on treatment and therapeutic compliance for the most common diseases of social importance. Although there are major differences between men and women, it is essential to better understand these differences and to translate them into customised therapeutic responses to ensure efficacy, safety, compliance and appropriateness.

In line with the approach of the World Health Organization for gender-specific medicine “in all policies,” women’s health, which is a strategic objective in ministerial programmes, is not pursued solely through the promotion of reproductive health, assistance along the path to birth and the health of mothers and their children, but also with a life-course approach to health considering, for example, the risks related to the post-fertile period, such osteoporosis and cardiovascular disease, in addition to the prevention of cancer and sexually transmitted diseases.

Women’s health is a measure of the quality, efficacy and fairness of our health system and is a general strategic objective.

We are all aware, in fact, of the importance of the role of women in families as strategic figures for the adoption of healthy lifestyles and in the important task of the prevention, care and rehabilitation of diseases that affect families.

Despite this, women do not always find a response within the National Health Service to their specific needs as a result of organizational models that are often too aggregated and that neglect gender-specific needs.

I believe that the Italian National Health Service should adopt a gender-specific approach and build a medical, nursing and administrative culture that is able to develop a true gender perspective as the foundation of a genuinely fair system.

For this purpose, it is essential to promote scientific and research activities from a gender perspective, identifying issues on prevention and risk factors in areas such as cardiovascular, psychiatric and respiratory disease, which are of growing importance in the population; to adopt gender-based procedures for selecting samples and subjects involved in clinical trials for the development of diagnostic and therapeutic devices; to develop diagnostic and care pathways that are gender-based and gender-oriented; to train and inform healthcare professionals at all levels about gender differences relevant to health; and to set out procedures for the inclusion of gender aspects in the collection and processing of information flows and in the formulation of healthcare budgets.
In order to achieve these objectives, Italy’s system must be able to develop a complex and interconnected set of skills, professional figures, and experience, as well as concertation between all institutional and policy-making levels.

The health needs of women are growing and particularly complex. Succeeding in finding and developing adequate responses is in the interest of the entire country. Attention to gender is indeed a strategic choice of health policy aimed at appropriateness.

**The Beijing Conference**

The 1995 Beijing Conference was the fourth in a series of world conferences on women organised by the United Nations. At the end the *Beijing Declaration* and the *Platform for Action for equality, development and peace*\(^*\) were adopted. The Beijing Platform for Action contains a comprehensive approach to the empowerment of women that reaffirms the fundamental principle according to which the human rights of women and girls are an inalienable, integral and indivisible part of universal human rights. The Platform aims to promote and protect the enjoyment of all human rights and fundamental freedoms of all women during their entire life. The Platform comprises three initial chapters and, starting from the fourth, is divided into twelve “critical areas,” each of which comprises an analysis of the problem and a list of the strategic objectives that governments, international organizations and civil society must pursue. After the Beijing Conference the problems of applying its Platform have been discussed every year by the UN Commission on the Status of Women (CSW), which approved the “agreed conclusions” in each of the twelve critical areas. The areas identified include: “Women and health” and “Violence against women.” A series of strategic objectives and related initiatives have been determined within these areas.

**C. Women and health**

*Strategic objective C1.* Increase women’s access throughout the life cycle to appropriate, affordable and quality health care, information and related services.

*Strategic objective C2.* Strengthen preventive programmes that promote women’s health.

*Strategic objective C3.* Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues.

*Strategic objective C4.* Promote research and disseminate information on women’s health.

*Strategic objective C5.* Increase resources and monitor follow-up for women’s health.

**D. Violence against women**

*Strategic objective D1.* Take integrated measures to prevent and eliminate violence against women.

*Strategic objective D2.* Study the causes and consequences of violence against women and the effectiveness of preventive measures.

*Strategic objective D3.* Eliminate trafficking in women and assist victims of violence due to prostitution and trafficking.


In 2014 a network of organisations drew up, in turn, a “Report on the implementation of the Beijing Platform for Action - 5-year Assessment: 2009-2014. What has really been done in Italy” (July 2014, network coordinator and report editor: Simona Lanzoni, Pangea onlus Foundation).