

Gender medicine 2.0

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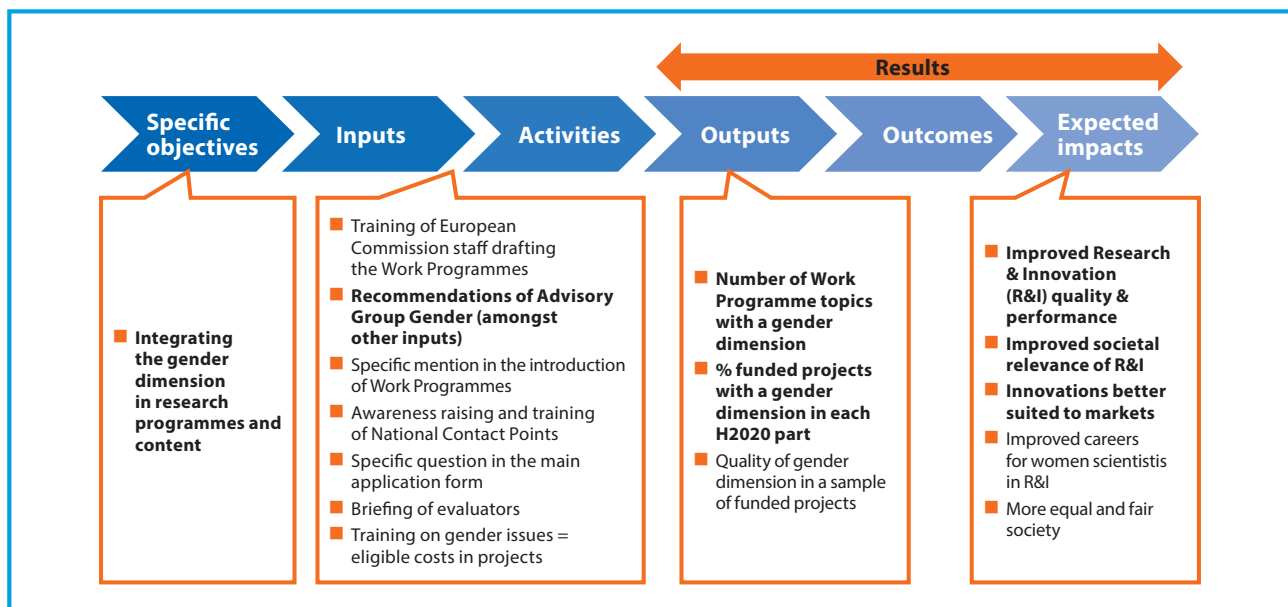
Integration of sex and gender analysis into biomedical and health research has become a priority in European biomedicine. One could say that the research field of gender medicine or sex and gender science in 2019 is gaining ever wider support and is growing in terms of number of researchers involved. Not only is “integration of the gender dimension” one of the three objectives of EU’s gender equality policy, reinforced under Horizon 2020, but ever more EU Member States develop policies and initiatives that aim at similar goals. Examples here are the law on gender medicine in Italy¹ and a 4-year Research Programme on Gender and Health funded by the Ministry of Health, Sports and Well-being in The Netherlands in 2016².

To assist researchers to integrate sex and gender analysis, tools have been developed among others by the EU/US gendered innovations project (2011-2013)^{3,4}. This project developed methods of sex and gender analysis and provided case studies to illustrate how sex and gender analysis sparks creativity and fosters new knowledge. Other science funding bodies have developed tools for

researchers too. The two most influential bodies that have designed online series of sex and gender courses are the National Institute of Health/Office of Research on Women’s Health NIH/ORWH and the Canadian Institute of Health Research/Institute of Gender and Health (CIHR/IGH)^{5,6}.

To advise the European Commission on gender equality and more in particular on the ‘gender dimension’, the special Advisory Group for Gender (AGG), created in 2014 produced two position papers resulting in the ‘flagging’ of topics with an explicit gender dimension, topics where integrating sex and gender analysis could benefit research⁷. An interim evaluation of the gender dimension as a cross-cutting issue in Horizon 2020 revealed that the proportion of gender-flagged topics in the work programmes increased from 16% (99 of 610 topics) in 2014/15 to 19% (108 of 568 topics) in 2016/17 and to 23% (110 of 473 topics) in 2018/19⁸.

At a session of the Gender Summit in Montreal in Fall 2017, an international comparison of the policies of NIH/ORWH, CIHR/IGH and EU was made.



Integrating the gender dimension in research programmes and content: modified diagram from *Interim evaluation: gender equality as a crosscutting issue in Horizon 2020*⁸.

These agencies recognized deficiencies in the integration of sex and gender throughout the biomedical research ecosystem and addressed them through “carrots and sticks”. Incentives (such as catalyst grants and supplemental funding), and requirements (such as answering specific questions about whether sex and gender were considered and having gender experts on peer review committees) have been used to raise awareness and encourage the integration of sex and gender in science. Much has been achieved but much also remains to be improved⁹.

Looking onto the future, things are changing at EU level. The gender equality policy remains in place, but the AGG will be discontinued. Instead a new Gendered Innovation Expert Group (GI 2) has been created to be led, again, by Londa Schiebinger (Chair) and me (Rapporteur). Beyond us, 24 experts have been recruited. The Commission wants us to revise, update and expand the first edition of Gendered Innovations (GI 1). They would like to have new case studies based on H2020 projects that demonstrated a sound incorporation of sex and gender analysis. GI 2 will design online trainings, and produce materials (video’s checklists, evaluation criteria) to assist researchers and evaluators to better understand this type of research.

GI 2’s mandate is also to build bridges to Horizon Europe, focusing on the various pillars of that programme. In their words “A key objective of this GI 2 Expert Group will be to provide concrete input and recommendations for Horizon Europe, to enhance the next Framework Programme’s scientific excellence and socio-economic impact”.

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