## Recommendation 1921 (2010) ${ }^{1}$

## Gender budgeting as a tool for safeguarding women's health

1. Gender budgeting is an application of gender mainstreaming in the budgetary process. It means a gender-based assessment of budgets, incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures in order to promote gender equality. The Parliamentary Assembly recalls its Recommendation 1739 (2006) on gender budgeting in this context.
2. The Assembly welcomes the adoption by the Committee of Ministers of Recommendation $\mathrm{CM} / \operatorname{Rec}(2008) 1$ on the inclusion of gender differences in health policy. In this recommendation, the Committee of Ministers made clear that a key determinant of health is actually gender (which is a social construct) as opposed to sex (which is a biological attribute), in that many differences and inequalities between women's and men's health status stem from social, cultural (including religion) and political arrangements in society.
3. The Committee of Ministers put the question in the context of protection of human rights, and recommended that member states make gender one of the priority areas of action in health through policies and strategies which address the specific health needs of men and women and that incorporate gender mainstreaming. Unfortunately, gender budgeting as a specific tool for safeguarding women's health was not given adequate consideration.
4. There is, in fact, increasing evidence from all fields of health research that risk factors, clinical manifestation, causes, consequences and treatment of disease may differ between men and women. This means that, in turn, prevention, treatment, rehabilitation, care-delivery and health promotion need to be adapted according to women's and men's differing needs. Gender budgeting can make a crucial contribution to the actual delivery of health care which responds to these needs.
5. As in all fields of gender budgeting, it is essential that gender-disaggregated data be collected in member states in the health field, and that gender impact assessments be made. With these two tools in hand it is then possible to effectively move on to the step of gender budgeting, that is, allocating the budgetary resources in the health field in a way which is fairer to women and men - and more efficient.
6. The Assembly believes that gender budgeting should be an essential element in member states' health policies, and that the Committee of Ministers should promote gender budgeting also in the health field.
7. The Assembly thus recommends that the Committee of Ministers:
7.1. ensure that member states apply Recommendation $\mathrm{CM} / \operatorname{Rec}(2008) 1$ and, in particular, the recommendations relating to the incorporation of gender mainstreaming into national health policies and strategies, including the collection of gender-disaggregated data and the use of gender impact assessments;
7.2. encourage member states to go further and to apply gender budgeting to their national health policies and strategies in order to allocate the budgetary resources in a fair and efficient way for both women and men;
7.3. allocate adequate resources and instruct the competent committees to ensure follow-up to Recommendation $\mathrm{CM} / \operatorname{Rec}(2008) 1$ with a view to preparing specific guidelines for the public health sector based on the handbook Gender budgeting: practical implementation (CDEG(2008)15) and on positive action identified amongst member states, and to promoting the application of such guidelines at national level;
7.4. instruct the competent committees to ensure an interdisciplinary follow-up of the issue of gender-budgeting in the public health sector by involving the aspects of equal opportunities for women and men and of innovative public health policies in Council of Europe member states, as well as relevant expertise from both fields;
7.5. encourage member states to commit to promoting the concept of gender-mainstreaming, including gender-budgeting, in the health sector, employing focused support measures where appropriate, such as specific training programmes.
8. Text adopted by the Standing Committee, acting on behalf of the Assembly, on 21 May 2010 (see Doc. 12231, report of the Committee on Equal Opportunities for Women and Men, rapporteur: Mrs Circene; and Doc. 12248, opinion of the Social, Health and Family Affairs Committee, rapporteur: Mrs Ohlsson).
