

A SUSTAINABILITY APPROACH TO HORIZON EUROPE CLUSTER 1

Horizon Europe

PILLAR II: Global Challenges & Industrial Competitiveness

Gender and Sustainability Dimensions of Horizon Europe Cluster 1: Health

This policy brief by GENDERACTION highlights the importance of integrating a gender dimension in the SDGs, the Sustainable Development Goals, as well as in Cluster 1. This is needed in order to promote economic, social and ecological sustainability throughout EU. **The overall aim is to strengthen the capacity of Horizon Europe to contribute to gender equality and achieving the Sustainable Development Goals (SDGs) of the 2030 Agenda.** Further, integrating a gender dimension in the SDGs will enhance ERA development as well as strengthen policy development in R&I within national contexts. The aim of integrating a gender dimension in SDGs is also highly relevant, both as a response to the current design of the Work Programme in Cluster 1 and for developing the Second Strategic Plan 2025-2027.

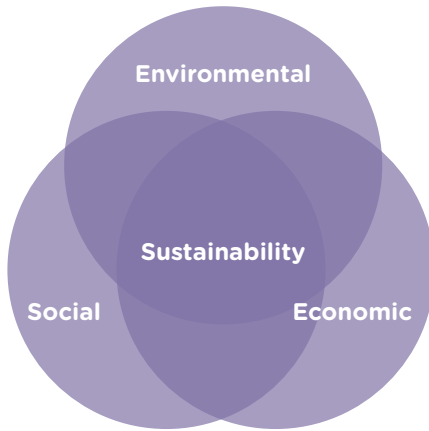
Horizon Europe sets gender equality as a crosscutting principle and aims to eliminate gender inequality and intersecting socioeconomic inequalities throughout research and innovation systems (European Union, 2021). GENDERACTION acknowledges this as an important development. In particular, this is stressed in relation to Pillar II Cluster 2 - Culture, Creativity and Inclusive Society. This is also a development GENDERACTION welcomes. However, it is

important to acknowledge the importance of including a gender dimension in all clusters. In the Second Strategic Plan 2025-2027, **Horizon Europe Pillar II should add the SDGs as a cross-cutting issue for all Clusters and Areas of Intervention. In order to ensure inclusiveness, an intersectional approach towards integrating a gender dimension in SDGs is crucial, in line with the overall gender equality strategy for EU (EC, 2020).**

Horizon Europe Pillar II mainly targets the impact of research and innovation, supports the uptake of innovative solutions to address global challenges, and thus fostering change in order to achieve the SDGs. Also, moving the 2030 Agenda forward, interdisciplinary research on sustainability is crucial. Addressing the gender dimension in relation to the SDGs in Pillar II, both as a specific Area of Intervention and as a cross-cutting issue, will especially enhance EU and global policies for attaining SDG 5 (gender equality and women's empowerment). It will help to boost EU's innovation, competitiveness, security and inclusiveness, as it increases the scholarly quality and societal relevance of scientific knowledge. Further, strengthening knowledge on gender and SDGs are at the core of achieving the objectives of the Commission's plan for a new ERA, based on quality of research, especially fostering a green transition and recovery, as well as promoting gender and diversity in science more generally.

Structural change through integrating a gender dimension will be crucial for achieving the SDGs, and this entails several aspects in terms of analysis and policy coordination. Research shows how SDG outcomes are contextual, interdependent, and complex, coupling human, technical and natural systems in multiple ways (Sachs et al., 2019). It is therefore necessary to treat the SDGs as interlinked, rather than isolated, goals. The way SDGs interact is a key question in the implementation of Agenda 2030 itself. Identifying synergies, clashing interests or goals counteracting each other, is therefore highly relevant. The SDG interactions should be analysed with respect to their systemic and contextual character (Weitz et al., 2018). Therefore, the interactions between the goals and their targets, as well as interactions within the Clusters in Pillar II, are in need of an intersectional gender analysis in order to foster structural change (Widegren & Sand, forthcoming).

- A *gender dimension* in research involves a shift in perspective, away from normative and non-reflective notions on gender, e.g. asking new and different questions, collecting data differently and starting out with different theoretical perspectives. Sex and gender are separate, but interrelated, concepts. Sex generally refers to biological characteristics in humans or animals. Gender refers to socio-cultural processes that shape behaviors, values, norms, knowledges etc. An *intersectional approach* concerns how categories such as gender, race, sexual orientation, functionality, geography, age, class etc. interact and create inequalities and oppression. One category of difference is often interlinked with others in several ways, which makes it highly relevant to always use intersectional perspectives when integrating gender dimensions in research.
- Sustainability is another central concept to explore further. The three-pillar conception of sustainability – social, economic and environmental – can be understood in a somewhat similar way as intersectionality, with several dimensions interacting with each other. In order to move forward with the 2030 Agenda, there is an urgent need for more interdisciplinary research on sustainability with intersectional gender analysis that takes power structures into account. The fact that the word 'power' is mentioned only once in the 2030 Agenda, while the more individual-oriented 'empowerment' occurs abundantly, indicates a lack of awareness and knowledge on these important issues. This has consequences for the Agenda's account of gender (as well as gender equality) as SDG 5 lacks analysis of the origin and nature of the gender inequality that should – ideally – be remedied by policies and actions related to gender equality. The



importance of keeping track of different understandings of gender cannot be stressed enough (Widegren & Sand, 2021).

Examples of how sex and gender interact in relation to cluster 1

Health (SDG 3) and gender equality (SDG 5) interact on many different levels and these interactions are impacted by many of the other SDGs as well. For instance, girls' access to education (linked to SDG 4, quality education) has a clear, measurable impact on their own and their children's health (Desai & Alva, 1998; Manandhar et al. 2018). Health and well-being are conceptually often categorised in three domains, with gender influencing all of them: (1) through its interaction with the **social, economic and commercial determinants of health**; (2) via **health behaviours** that are protective of, or detrimental to, health outcomes; and (3) in terms of how the **health system** responds to gender, including how it affects the financing of and access to quality health care (Manandhar et al. 2018). Integrating a gender dimension in all three domains is

necessary in order to ensure the six Areas of Intervention in Cluster one, as well as for achieving the SDGs.

The gendered poverty gap

The link between poverty and poor health outcomes is strong, a clear social determinant. The gendered differences in income therefore play a crucial part in relation to health. In all settings, older age, female sex, economic deprivation and rural residency are associated with poor health outcomes, including premature mortality and preventable morbidity (Manandhar et al., 2018). More women than men live in poverty. The income inequality within households, often between heterosexual couples, make up 30 % of income inequality. Women do fewer years of formal paid employment than men, due to their gendered roles as carers, often for both children and elderly relatives. This leads to lower pensions, which together with lower wages, due to the gender pay-gap, leave women financially less well-off than men in general. Many women are also forced to stay in abusive relationships due to lack of own economic resources.

Traditional masculinity norms lead to dangerous health behaviour

Social and cultural norms are gendered, just as patterns of health behaviour has a gender dimension. The sociocultural norms and qualities associated with traditional masculinity are often linked to risk-taking behaviour. This includes for example men's greater use of tobacco, alcohol and other harmful substances, poor diet, dangerous driving and use of violence. Sexual risk-taking behaviors include for example men's lower rates for seeking testing and treatment for sexually transmitted infections and avoiding condom use (Connell, 2012; Creighton & Oliffe, 2010). Risk-taking expressions of masculinity naturally also

impact the health of women and girls, for instance through violence, unwanted pregnancies and sexually transmitted infections (Santana et al., 2006). Further, health risks are higher for men working in extractive and construction industries and road transport jobs or drafted into armed conflicts. Risks of indoor air pollution are higher for women working in the home due to the use of unclean combustible fuels caused an estimated 4.3 million deaths in 2012 and women and girls accounted for 6 out of every 10 of these deaths.

Lack of knowledge on gendered differences in presentation of diseases

Regarding health systems, gendered stereotyping in health-care and gendered differences in presentation of diseases can affect diagnostic and treatment pathways. For example, heart disease is often understood as a disease typically affecting men. They are more often referred to specialists than women for certain conditions. Heart disease also presents differently by sex, with the result being both mis- and under-diagnosis in women. This may result in more adverse outcomes in women with cardiovascular symptoms (Manandhar et al., 2018).

Stereotyping in health care with severe consequences

Stereotyping in health care, based on not only on gender, but also other social categories, i.e. race, sexuality, class and migrant status, is a wide spread problem, affecting both health care treatment, but also whom seeks health care in the first place. Evidence show that some patients that belong to minority groups avoid seeking health care based on expectations of being treated differently (Browne, 2017). These issues must be addressed in order to achieve equal health systems.

Gender-based discrimination affects the health workforce

Structures of oppression and discrimination prevalent in society as a whole is present within health systems. Gender-based discrimination affects the health workforce, which throughout EU is a female-dominated sector. Gender-based discrimination in different areas in health care services is common; gender pay gaps, lack of representation in leadership and decision-making, lack of formal employment and a high prevalence of sexual harassment and gender-based violence are some expressions of it (Dhatt et al., 2017). Therefore, one crucial aspect of strengthening health systems is to acknowledge the role of gender and other power dynamics, especially in health research and policy development, to make sure discriminatory power dynamics are not being reproduced or magnified. This is important in order to ensure high-quality healthcare, create a health-promoting working environment, and maintain an innovative and attractive health-related industry.

Recommendations

It is highly recommended that Horizon Europe Pillar II **add the SDGs as a cross-cutting issue for all Clusters and Areas of Intervention** in the forthcoming Strategic Plan 2025-2027. In Cluster 1, the Areas of Intervention refer to the UN SDGs, especially SDG 3. However, the gender dimension of the SDGs is not mentioned. GENDERACTION strongly advice integrating a gender dimension in order to highlight and analyse the different baselines in the socioeconomic situation of women and men as well as gender drivers and gender impacts of the innovative solutions for SDGs. In order to take these aspects into account, it is also highly recommended that Cluster 1 and all Areas of Intervention in it is cross-read with

SDG 5, in the same way as it is cross-read with SDG 3 in the first Strategic Plan.

All Clusters and Areas of Intervention in Pillar II of Horizon Europe

- Include the SDGs as a cross-cutting issue for all Clusters and Areas of Intervention.
- Include gender factors as cross-cutting issues in relation to all the SDGs by cross-reading all the SDGs with SDG 5 (gender equality and women's empowerment).
- Include an intersectional approach and make sure women and men are not addressed as homogeneous groups but systematically include their heterogeneity.
- Foster interdisciplinary research on sustainability, integrating the economic, social and ecological dimensions. This is crucial for moving the 2030 Agenda forward and may be achieved by encouraging interdisciplinary research through dedicated calls, in order to increase, deepen and broaden the knowledge needed for efficient sustainable development.
- Include an analysis of the origin and nature of gender inequalities based on power imbalances as a prerequisite for understanding set goals for gender equality.
- Keep track of different understandings of gender and gender equality and foster competence to make distinctions between different accounts of the concepts.
- Include gender experts and ensure gender balance and gender training among project evaluators.
- Strive for gender balance at all levels and areas of knowledge in research teams and in decision-making in the Commission.
- Explore and strengthen the development of alternative ways of reviewing

research. This is especially relevant as structural change is required in order to reach the SDGs and since current research funding structures might undermine research ideas with potential to systemic change.

- Promote collaborative research processes, such as the SDG Synergies Approach or *citizen science* (see Kullenberg et al., 2016) in future work programmes. The transformative claim of the 2030 Agenda requires knowledge interactions between relevant stakeholders, involving a wider range of actors than those traditionally involved in knowledge production and decision-making.
- Encourage analysis of interactions between SDG targets, and promote the development of gender knowledge on SDGs, in forthcoming work programmes.
- Integrate the assessment of SDG Relevance in the evaluation of applications.
- Ensure RPOs responsibilities for developing sustainable conditions for researcher and students. This is directly linked to how knowledge production can contribute to the transition to a sustainable world, given the negative effects of unsustainable working conditions on the quality of R&I. This calls for structural change with an intersectional approach, as developed in previous GENDERACTION Policy Briefs.

Cluster 1

- Include SDG 5 (gender equality and women's empowerment) and as a cross-cutting issue in Cluster 1 and all areas of intervention in it. Cross-read Cluster 1 and all its Areas of Interventions with SDG 5.
- Monitor and analyse all funded projects which produce and cross-analyse sex-disaggregated data, and encourage integrating a gender dimension as well as an intersectional approach.

- Encourage and establish calls for research targeting:
 - gender analysis of existing sex-disaggregated data, and of data of other stratifiers of social and health inequity, used in health research. This can include, but is not limited to, an analysis of how gendered patterns and cultural norms surrounding masculinities and femininities shape women's and men's health.
 - multidisciplinary health research, moving beyond strict medical research fostering interdisciplinary research involving the social sciences and humanities.
 - multi-level, holistic approaches, where social determinants of health, health behaviours and health systems all are considered.
 - new knowledge on health systems and the health sector as a workplace. The health sector is gendered and gender, social status and power dynamics shape who works in the sector. It is also a sector where many employees experience different forms of gender-based violence and sexual harassment at work. In order to ensure non-discriminatory health systems, with the ability to supply equal health care as well as to be decent workplaces, more research with a nuanced intersectional approach to these topics is needed.

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Get in touch with us:

**www.genderaction.eu
info@genderaction.eu
[@GENDERACTION_EU](#)**



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