ESGO

EUROPEAN SOCIETY
OF GYNAECOLOGICAL
ONCOLOGY

Call to Action

Closing the Gap in Women's Health: Building an EU-wide Ecosystem of Centres of Excellence

Establish an integrated EU-wide ecosystem of Centres of Excellence for Women's Health

EU institutions. Support the development of a shared, EU-wide framework for Women's Health Centres by building on existing EU initiatives and infrastructures (e.g., Comprehensive Cancer Centres, Networks of Excellence, relevant Joint Actions), and promote common standards for prevention, diagnosis, treatment and survivorship. Finance through future EU programmes, on research and innovation and health, specific projects to define scope, governance, structure and collaboration of the Centres of Excellence.

Member States. Support the development of national networks of Women's Health Centres with clear catchment areas, referral pathways and responsibilities across the care continuum, and embed multidisciplinary and quality standards in national cancer plans, clinical pathways and accreditation/ quality-improvement processes.

Healthcare sector and professional community. Organise care around multidisciplinary specialised centres that cover prevention, diagnostics, surgery, systemic therapy, psycho-oncology, fertility/sexual health and survivorship in a coordinated way. Use recognised clinical standards, quality indicators and accreditation frameworks to support continuous quality improvement and reduce unwarranted variation.

Patient advocates and patient organisations. Co-design the scope and governance of Women's Health Centres, ensuring patient representatives are involved in advisory boards and evaluation. Develop and disseminate accessible information so women know where these centres are and what services they provide.

Industry and innovators. Collaborate with Women's Health Centres to co-develop diagnostics, therapies and digital tools that respond to clearly identified clinical needs and quality standards, avoiding parallel or fragmented service pathways. Partnerships should respect centre governance and clinical independence, with safeguards on promotion and influence agreed at EU and national level.

Secure sustainable financing & governance for women's health services

EU institutions. Use and further optimise existing EU funding instruments (e.g. EU4Health, Cancer Mission, cohesion/ structural funds) to Women's Health Centres and related services, and research activities, ensuring that women's health and gynaecological cancers are consistently reflected in funding priorities, including in less-resourced regions.

Member States. Establish stable reimbursement and budgeting mechanisms that cover multidisciplinary teams, diagnostics, survivorship, psycho-social support and participation in registries and trials. Ensure that women's health is integrated into mainstream health and cancer budgets, with explicit lines for gynaecological oncology and survivorship care.

Healthcare sector and professional community. Work with payers to design funding models that reward integrated, guideline-based care (e.g. bundled payments or centre-based contracts) rather than fragmented fee-for-service. Document cost-effectiveness and system benefits to support sustained investment in centres and multidisciplinary teams.

Patient advocates and patient organisations. Advocate for dedicated, long-term funding for women's health services, highlighting the costs of late diagnosis, avoidable complications and unmet survivorship needs. Contribute to budget and policy debates by bringing evidence and lived experience to hearings and consultations.

Industry and innovators. Align pricing, market-access and managed-entry agreements with the objective of sustaining comprehensive women's health services, including in less-resourced regions. Any financial contributions to infrastructure or training should be transparent, arm's-length and complementary to – rather than a substitute for – stable public funding.

Embed equity & gender sensitivity as core principles of cancer & women's health policy

EU institutions. Strengthen and operationalise equity and gender sensitivity across EU cancer and gender-equality initiatives, guidance and funding programmes by promoting clear objectives, measurable indicators and consistent implementation related to women's health, and by systematically monitoring their impact on vulnerable and underserved groups.

Member States. Make equity and gender sensitivity explicit pillars of national cancer plans and women's health strategies, with measurable targets to reduce geographic, socioeconomic and other disparities in access, quality and outcomes. Use disaggregated data to identify gaps and prioritise resources for under-served regions and groups, including tailored outreach and support.

Healthcare sector and professional community. Incorporate gender and equity perspectives into clinical guidelines, care pathways and quality standards, ensuring that symptom recognition, diagnostic work-up, treatment and survivorship reflect women's specific needs and contexts. Provide training on gender bias, communication and cultural competence for all professionals involved in women's cancer care.

Patient advocates and patient organisations. Advocate for policies and services that recognise intersecting inequalities affecting women with, or at risk of, gynaecological cancers. Co-design information and support that are accessible and acceptable to diverse groups and monitor whether reforms reduce inequities in practice

Industry and innovators. Design trials, post-authorisation studies and launch strategies that include women in all their diversity and do not systematically disadvantage smaller markets or public systems. Eligibility criteria, site selection and pricing policies should be reviewed for their equity impact and adjusted where they risk widening existing gaps in access or outcomes.

Strengthen workforce capacity & formal recognition of gynaecological oncology

EU institutions. Support the recognition of gynaecological oncology as a subspecialty through common EU-level training standards and mutual recognition of qualifications. Facilitate cross-border training and exchanges via scholarships, fellowships and mobility schemes.

Member States. Include gynaecological oncology in national workforce strategies, with protected time and resources for specialised training and continuous professional development. Create clear career pathways and staffing norms for multidisciplinary teams, including nursing, psycho-oncology and allied professionals.

Healthcare sector and professional community. Expand structured training and mentorship programmes in gynaecological oncology, including through cross-centre exchanges and recognised curricula. Ensure that specialised centres have sufficient trained staff to deliver guideline-based surgery, systemic therapy and survivorship care.

Patient experts, advocates and patient organisations. Call for access to specialists with recognised training in gynaecological oncology and for adequate staffing levels in centres. Participate in training activities (e.g. patient speakers, co-developed materials) to ensure education reflects real needs and experiences.

Industry and innovators. Provide independent educational grants to support multidisciplinary skills development in gynaecological oncology, especially in under-served settings, channelled through transparent mechanisms and aligned with recognised curricula – without influencing product choices or guidelines.

Build robust data, research & learning systems centred on women's needs

EU institutions. Support and align EU-level infrastructures and programmes in the health fields (e.g., registries, biobanks, genomic and real-world data platforms), to ensure they consistently capture and use gender-disaggregated data and include women's health priorities, gynaecological cancers and survivorship outcomes.

Member States. Strengthen national cancer registries and data systems to capture women's health indicators across the care pathway, including quality metrics and patient-reported outcomes. Use these data routinely to monitor disparities, guide resource allocation and update guidelines.

Healthcare sector and professional community. Develop interoperable registries and quality-monitoring systems at centre and network level, aligned with recognised indicators and EU data initiatives. Increase participation in clinical and translational research, especially for underserved tumour types and populations, and feed results back into practice.

Patient experts and patient organisations. Co-develop data collection tools and consent processes that respect privacy while enabling meaningful use of data for quality improvement and research. Encourage patient participation in registries and ensure equitable access to clinical trials for all patients across the EU, irrespective of geography, while ensuring that findings are communicated back in accessible formats.

Industry and innovators. Contribute high-quality clinical-trial and real-world data to interoperable, public-interest infrastructures governed by independent bodies, rather than creating proprietary silos. Study designs and evidence-generation plans should be co-developed with academic centres and patient organisations, with full, transparent reporting of results.

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