6th Federal Congress on Gender and Health 2026

by: Mariann Stegmaier M.Sc.

Prevention is not gender-neutral

Under the motto ‘Gender-specific prevention?!’, the 6th Federal Congress on Gender and Health, held at the Berlin-Brandenburg Academy of Sciences and Humanities on Gendarmenmarkt, brought together the worlds of science, self-governance, politics and practice. The packed programme combined basic research, digital transformation and, surprisingly, even violence prevention. The shared message: gender-sensitive prevention is not a niche topic, but a hallmark of quality in modern healthcare and a previously untapped source of efficiency – for all genders.



The panellists for the closing discussion “Are men a lost cause when it comes to prevention?” – from left to right: Dr Thomas Solbach (Strategy& Germany), Andrea Galle (mkk – meine krankenkasse), Dr Katharina Bruderek (Chief Medical Officer, Volkswagen), moderated by Dr Albrecht Kloepfer (iX – Institute for Health System Development), Meghan Lawrence B.A. (Federal Representation of Medical Students in Germany), Prof. Dr Clarissa Kurscheid (figus GmbH), Dr Ute Teichert (former Head of the Department of Public Health at the Federal Ministry of Health). Photo: axentis/Lopata

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>> It was already clear from the opening address that this topic has taken centre stage in the healthcare sector. Christian Luft, State Secretary at the Federal Ministry of Health and patron of the congress, described a gender-sensitive approach to the healthcare system as a hallmark of quality in modern care: “Anyone who ignores these differences risks misdiagnoses, delayed treatment and avoidable suffering”. Over-treatment, under-treatment and inappropriate care also incur significant costs. In her written welcome address, Federal Minister of Health Nina Warken emphasised that for a long time the “male body had been regarded as the norm” and that medicine had been “practised by men for men”. Gender-sensitive care addresses precisely this issue and contributes to the health of everyone. Congress President Dr Martina Kloepfer, of the Institute for Gender Health e. V., highlighted efficiency gains in light of the strained financial situation: Providing patients with the right care from the outset avoids costly detours within the system. At the same time, she turned her attention to men’s health, “as men certainly still have some way to go when it comes to prevention and screening.”

Current state of gender medicine and research: five scientific insights

Prof. Dr Gertraud Stadler, head of the Gender in Medicine team at Charité Berlin, kicked off the technical session. She made it clear right from the start: eight behavioural factors are decisive in determining healthy life years. Those who consistently adopt them gain, on average, up to 24 years of life (men) or 20 years of life (women). Stadler focused on nicotine consumption, which has a more harmful effect on women and is harder for them to give up. Women are at greater risk of addiction and develop cardiovascular diseases and cancers earlier, even at lower levels of consumption. The critical window is between the ages of ten and twenty, as rapid nicotine dependence can develop after just a few days of regular consumption. It is crucial to note that during these years, the risk of lifelong dependence among

is higher for girls than for boys. This is where the Charité study ‘nachvorn’ comes in, which, for the first time in Europe, is investigating primary prevention of vaping and tobacco smoking at 42 schools in Berlin. The figures are alarming: out of every 100 schoolchildren aged between 9 and 17, one in five has already smoked and one in four has vaped, and as many as 7 per cent of ten-year-olds have already been exposed to nicotine. “Gender-specific risk factors play a decisive role here: peer pressure is the dominant factor among boys, whilst among girls, the idea of using nicotine to cope with stress is already evident as early as Year 5.” Flavoured e-cigarettes act as a gateway product, specifically marketed to girls through their design and sweet, fruity flavours. Consequently, Stadler advocates a ban on flavours in vapes, modelled on the Dutch approach, to protect children and young people during this critical window of opportunity.

Professor Ute Seeland, MD, Centre for Internal Medicine/Gender-Sensitive Medicine and Prevention at Otto von Guericke University Magdeburg, guided the audience to consider the issue at a systemic level. She advocates for gender-sensitive medicine that integrates biological sex and sociocultural gender (gender). A key concept is allostatic load – the physical wear and tear caused by persistent stressors, which manifests differently in the two sexes. Social discrimination, she argued, is a further independent and serious risk factor that deserves far greater attention in healthcare. Using examples from cardiology, nephrology and diabetology, she demonstrated how differently disease patterns manifest. For example, based on as yet unpublished data from Saxony-Anhalt, the 28-day mortality rate following an acute myocardial infarction is higher in women (13.81 per cent) than in men (11.46 per cent), confirming the findings from the Monica/Kora Heart Attack Register in Augsburg. This prompted calls from the floor for the integration of gender-sensitive teaching content into university curricula. As an expert newly appointed to the Institute for Medical and Pharmaceutical Examination Questions, Seeland now has the opportunity to embed content relating to gender-sensitive medicine into the state examination questions.

The third presentation focused on gender bias in data and artificial intelligence, which leads to systematic distortions in research, diagnosis and treatment. Prof. Dr Sylvia Thun, Director of eHealth & Interoperability at the Berlin Institute of Health at Charité Berlin, noted that the core problem no longer lies in the long-neglected exclusion of women from studies, but rather in the fact that data is not analysed in a gender-specific manner. For example, only 18 per cent of Covid-19 studies reported stratified results, even though the BioNTech studies actually included more women than men. This becomes problematic in the context of AI: the AKI Alert, originally based on US military data comprising only 6 per cent women, is effectively unvalidated for women when it comes to detecting acute kidney injury. Although the Charité AKI Alert has been implemented across the Charité, it is not based on this veteran data and has been adapted to be gender-equitable. Thun summarised how biased data can be made fairer under the concept of ‘Fair AI’, which enables differentiation between vulnerab-

ilities and avoids bias. On the regulatory front, she referred to the EU AI Act and the European Health Data Space, which will make sex and gender mandatory fields in future. Her closing remark, a quote from the author Caroline Criado Perez: “Data that ignores women kills women.”

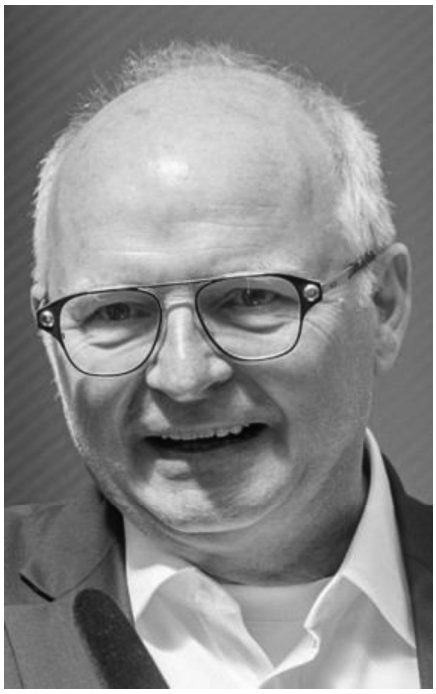












The conference chair and the speakers for the scientific presentations: from left to right, Dr Martina Kloepfer, Prof. Dr Gertraud Stadler (Charité Berlin), Prof. Dr Ute Seeland (Otto von Guericke University Magdeburg), Prof. Dr Sylvia Thun (Charité Berlin), Prof. Dr Claudia Schmidtke (Lübeck University Heart Centre), Prof. Dr Volker Amelung (Hanover Medical School).

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Prof. Dr Claudia Schmidtke, MBA, spokesperson for the Lübeck University Heart Centre at the University Medical Centre Schleswig-Holstein, affiliated professor at the German Research Centre for Artificial Intelligence in the research area ‘AI for Assistive Health Technologies’ and former Federal Government Commissioner for Patients’ Affairs, linked the dimensions of age and gender in her keynote address. Ageing is not gender-neutral: women live on average to around 83 years of age –

about five years longer than men (78 years) – but spend more of that time in poor health – around 26 years compared with 21 years for men. Schmidtke emphasised that illness is not a static condition but a process. This means that it is not individual diagnoses that are decisive, but the dynamics of the transitions between stability, multimorbidity and frailty. Women and men differ throughout the entire ageing process, i.e. in the timing, patterns and pace of biological changes. The menopause marks a profound biological turning point and an early warning sign, yet it is rarely systematically assessed in clinical settings. Prevention must therefore be designed with a course-oriented approach, tailored to gender.

The economic framework was provided by Prof. Dr Volker Amelung, from the Institute of Epidemiology, Social Medicine and Health Systems Research at Hannover Medical School, who also stood in for co-speaker Sophia Sgraja, M.A. Gender-sensitive care is, at its core, a matter of stratification, and gender is the most fundamental step in any meaningful subdivision of patient populations. Undifferentiated, gender-non-specific treatment is simply bad medicine, "and Germany cannot afford bad medicine". What is needed is greater impact per euro: stratification avoids unnecessary treatments, reduces complications and follow-up costs, addresses high-risk cases in a more targeted manner and utilises limited resources more effectively. Cost-effectiveness and budget impact analyses can be used to demonstrate these benefits on a group-specific basis. The extent to which current practice and economic evidence still diverge was demonstrated by the HeartGap Innovation Fund project (2023–2025)[1]: The mixed-methods approach investigated how gender-specific care is implemented in inpatient cardiology practice. In particular, a discrepancy was evident between evidence-based guideline knowledge and actual care practice. Doctors and nursing staff are, in principle, willing to implement such care, but are held back by time pressures, staff shortages and a lack of integration into guidelines and training. What is still missing for the next step is precisely that health economic component which highlights avoidable costs.

Three workshops: Autoimmunity, Hormones, Violence Prevention

The parallel workshops in the afternoon explored individual areas of care in greater depth. In the first, PD Dr Matthias Grothe, from the Department of Neurology at Greifswald University Hospital, and Prof. Dr Sarah Hoffmann, from the Department of Neurology and Experimental Neurology at Charité Berlin, on why autoimmune diseases affect women more frequently. The short answer: we do not know. Although gender-specific differences are well documented, their causes are still not understood and are not reflected in the reality of healthcare provision. Using multiple sclerosis and myasthenia gravis as examples, they demonstrated the influence of hormones across the lifespan and the close interconnection between treatment and family planning. A key problem in care remains delayed diagnosis. An example: In the case of myasthenia gravis, women wait around two years – roughly twice as long as men – because their symptoms are more frequently misinterpreted as psychosomatic. Both identified greater awareness amongst the medical profession, earlier diagnosis and consistent antibody testing during pregnancy as key measures.

Citation

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The second workshop led by Prof. Dr Michael Zitzmann, Centre for Reproductive Medicine and Andrology at Münster University Hospital, and PD Dr Maike Henningsen, a specialist in obstetrics and gynaecology, focused on hormonal changes – the 'hormone alarm' – in men and women. Zitzmann began by dispelling the myth of 'male menopause': falling testosterone levels are usually the result of preventable comorbidities and are therefore not an inevitable consequence of ageing. Functional hypogonadism is massively under-coded and under-treated – resulting in productivity losses of around 270 million euros per year. Zitzmann called for standardised screening and more precise coding with a fixed link to laboratory results. Henningsen emphasised that oestrogens are systemic regulatory hormones. Peri- and post-menopause affect 7 to 8 million women, with the economic cost amounting to around 9.4 billion euros annually. She called for better adaptation of the workplace, following the example of the UK, Australia or Sweden. Both called for greater diagnostic awareness and better remuneration for 'patient-centred medicine', as there is sufficient funding within the system; it simply needs to be allocated more effectively.

The third workshop shifted the focus from the medical to the psychological. Men's counsellor Björn Süfke, a psychologist and author, asked how traditional, 'toxic' notions of masculinity foster violence, which predominantly affects women and girls. Toxic masculinity, he argued, is a social construct, not a characteristic of individuals. At the heart of the construct of masculinity lies a suppression of emotions, the repression of which leads to helplessness and – if this too is repressed – to violence. This same socialisation also harms men themselves, as evidenced, for example, by a suicide rate that is three times higher. Violence prevention must address all three levels of prevention, but is dramatically underfunded: For work with perpetrators (tertiary prevention), for example, there is only one three-quarters post per million inhabitants available in North Rhine-Westphalia; crisis counselling (secondary prevention) for men is practically non-existent, and whilst there are numerous empowerment projects for girls, comparable educational programmes (primary prevention) for boys are largely lacking.

Keynote: Women as the starting point for continuous care

In their keynote address, Dr Thomas Solbach and Simone Giehl, both from Strategy& Germany (PwC's global strategy consultancy), provided an insight into the as yet unpublished study 'Future of Female Health'. Healthcare is evolving from sporadic care towards a continuous LIFEcare ecosystem, in which staying healthy (WELLcare) and treatment in the event of illness (DISEASEcare) are increasingly merging. For women, these two areas are converging earlier and more strongly: they often behave in a more health-conscious manner and generate more of their own data across all stages of life. For Strategy&, this means that women are the ideal starting point for a life-stage-oriented model. However, whilst 82 per cent of women collected health data, only just under a third of this ever made its way into the doctor's consultation. Unlocking this treasure trove of data is a task for the medical profession, politicians, payers and industry alike.

Panel discussion: Is the male population a lost cause when it comes to prevention?

The concluding panel discussion, moderated by Dr Albrecht Kloepfer (iX – Institute for Health System Development), centred on the provocative question "Are men a lost cause when it comes to prevention?", to which the unanimous answer was 'No'. Andrea Galle, a board member of mkk – meine krankenkasse, emphasised that men are not a lost cause, but need to be addressed in a gender-sensitive manner. The major challenge, she said, was that

1: The consortium leader was Prof. Dr Clarissa Kurscheid (figus GmbH), and the project manager was Prof. Dr Volker Amelung (Hannover Medical School). The project partners were Sophia Sgraja M.A. (Hannover Medical School), Judith Mollenhauer M.Sc. (figus), Dr Martina Kloepfer (Institute for Gender Health e. V.) and Prof. Dr Ute Seeland (Otto von Guericke University Magdeburg).

men generally only began to undergo preventive care with the 'Check-up 35'. Dr Katharina Bruderek, Chief Occupational Health Physician at Volkswagen, pointed to occupational medicine as an underestimated lever through which men who are particularly hard to reach could be engaged. Prof. Dr Clarissa Kurscheid, Managing Director of figus GmbH, pointed out that, in her view, challenges in healthcare provision for boys and men were not solely attributable to a lack of access. Furthermore, she called for greater involvement of patients in health-related decisions and for the dismantling of paternalistic structures within the healthcare system. Dr Thomas Solbach, Managing Director at Strategy& Germany (PwC's global strategy consultancy), identified communication as the key lever for prevention: it must be realistic, accessible and, ultimately, 'sexy'.

A second point of tension concerned the relationship between a solidarity-based healthcare system and consumer-oriented preventive care. In her keynote speech, Galle offered a sharp counterpoint to the thesis put forward in the Strategy& study: statutory health insurance does not operate within a market and does not regard women as consumers. If prevention and care were to become a for-profit market, there would be a risk of a two-tier healthcare system. Dr Ute Teichert, former Head of the Public Health Department at the Federal Ministry of Health and long-standing Chair of the Federal Association of Doctors in the Public Health Service, called for a stronger public health perspective, as people's everyday lives do not take place within the context of medical care, but in workplaces, nurseries and schools. Meghan Lawrence B.A., Federal Representative of Medical Students in Germany, called for diversity-sensitive medicine to become a hallmark of quality in medical training. Referring to the German Medical Association Congress in Hanover, which had taken place shortly beforehand and at which female students had reported sexual assaults, she called for structural changes and more women in leadership positions. <<