

English Version,

Health as a Right, Not a Privilege

On the occasion of March 8, International Women's Rights Day, we advocate for a feminist vision of health.

We affirm that health is not only a matter of medical care, but that it is deeply shaped by living conditions: income, work, housing, administrative status, and exposure to violence and discrimination.

Women and marginalized people are particularly affected by precariousness, the arduousness of work, interrupted careers, the burden of unpaid work, and violence. These realities have direct and lasting effects on physical and mental health throughout life, and even more so at retirement age.

Making health a central theme of March 8 is a reminder that gender inequalities are inscribed in the body, that they produce illness, exhaustion, and the foregoing of care. It is also to affirm that fighting for health is fighting for social justice, against poverty, against the commodification of care, and for dignified living conditions for all.

1. Guaranteeing Universal, Free, and Unconditional Access to Health for All

We affirm that a healthcare system must be entirely public, solidary, and non-market-based, guaranteeing effective access to care for all people living in Luxembourg, regardless of administrative status, affiliation with a fund, income, or family situation. We recall that health does not depend solely on the care received, but also on material conditions of existence: dignified housing, sufficient food, financial stability, and the absence of fear. These conditions weigh disproportionately on women and marginalized people.

We demand:

- Transforming the CUSS (Universal Health Care Coverage) into a permanent right (without a 3-month waiting period), accessible without exclusion related to administrative status or length of residence;
- Generalizing the third-party payment system (tiers payant) and 100% coverage of necessary care, including psychological care;
- Developing public multi-professional health centers, accessible throughout the territory, particularly in rural regions;
- Establishing a free and guaranteed national medical interpretation service;

- Opposing any commodification of health, parallel private healthcare systems (two-tier), and defending solidary financing of social security;
- Investing in the public health system and in the working conditions of employees: initial training, continuing education, staff increases, facilitating access to early retirement;
- Intensifying the fight against all forms of poverty and fighting for a reinforcement of the public pension system, with particular attention to women in precarious situations;
- Implementing structural measures aimed at guaranteeing decent pensions, recognizing life paths marked by gender inequalities, recognizing more extensive forms of arduousness at work, and strengthening support mechanisms to prevent social and health exclusion.

2. Ending Medical Blind Spots and Gender Bias in Care

We demand a structural and profound transformation of the healthcare system to end gender bias, scientific blind spots, and systemic inequalities in care. It is imperative to place the expertise of those directly concerned back at the heart of political decisions to guarantee a truly inclusive system.

We demand:

- The production and publication of public health data, broken down by gender and based on feminist ethics, particularly concerning abortion (IVG) and violence;
- The systematic integration of a gender perspective in medical research, initial and continuing training of professionals, and care protocols;
- More public investment in research on women's health and female pathologies;
- The recognition and adequate treatment of diseases long made invisible or under-diagnosed, such as endometriosis, PCOS, lipedema, or hormonal disorders;
- The active and structural participation of the people concerned and feminist associations in the development and evaluation of health policies;
- Systemic integration of a gendered approach to health at work: better recognition of the health consequences of working conditions and arduousness in feminized professions – notably repetitive work, split shifts, emotional burden, exposure to chemicals, and precariousness (part-time contracts, low wages, fixed-term contracts);
- Workplace adjustments and the creation of a specific leave for chronic health problems (including but not limited to, e.g., painful periods, symptoms related to (peri)menopause, endometriosis), accessible on a medical basis with respect for medical confidentiality and protection against discrimination related to the use of adjustments and leave;
- Medical and relational training on miscarriages, including listening, communication, and psychological impact;

- At least one consultation automatically offered after a miscarriage, without additional steps;
- Establishing specialized accompaniment, particularly in the case of traumatic births and/or postnatal depressions, as well as intensifying and adapting postpartum accompaniment to different personal, family, and social challenges.

3. Making Sexual, Reproductive, and Gynecological Health a Central Pillar of Social Justice

We affirm the fundamental right to dispose of one's body, without constraint, without violence, and without economic, social, or administrative conditions. This right implies complete, respectful, and egalitarian care for sexual, reproductive, and gynecological health, based on autonomy, consent, and dignity. We recall that this right remains deeply unequal in practice: women and people concerned by pregnancy are still faced with financial, institutional, cultural, and medical obstacles that limit their freedom of choice and access to care. Making sexual and reproductive health a March 8 issue is to recall that the control of bodies remains a central stake in power relations and inequalities.

We demand:

- Affective and sexual education (ESA) for everyone, from an early age, and access to reliable and adapted information. This constitutes a key lever for prevention, equality, and emancipation;
- The inscription of the right to abortion (IVG) in the Constitution and the extension of the legal limit to 14 weeks;
- Universal, free, confidential, and unconditional access to abortion, without delays or obstacles;
- Free access to all contraceptive methods, including barrier methods (condoms);
- The free provision of menstrual products in public spaces, state infrastructures, and workplaces;
- Valuing the roles of midwives, thereby fully recognizing the extent of their medical and preventive skills;
- The recognition and reparation of gynecological and obstetric violence through the creation of an independent commission for complaints concerning violence.

4. Recognizing Violence and Discrimination as Major Public Health Issues

We affirm that sexist, sexual, gynecological, institutional, racist, and migratory violence have lasting impacts on physical and mental health. Material precariousness aggravates this vulnerability by making it more difficult to flee, file a complaint, and rebuild oneself.

We demand:

- To explicitly include:
 - sexual violence in national public health and mental health strategies,
 - and the imprescriptibility of sexual crimes for all victims, the recognition of sexual violence, particularly in childhood, as major long-term health determinants;
- Implementing a real structured care pathway for victims of sexual violence, guaranteeing coordinated, rapid, and adapted care from the moment facts are disclosed;
- Proposing free, specialized, and unconditional access to psychotraumatic care, without session caps for people impacted by sexist, racist, anti-LGBTQIA+ discrimination, etc.;
- Training all healthcare professionals in identifying violence and managing trauma, to end institutional violence and (re)traumatizing medical practices;
- Strictly respecting the consent and self-determination of the people concerned;
- Ensuring the depsychiatrization and depathologization of trans, intersex, and non-binary people regarding access to physical medicine;
- Prohibiting medically unnecessary operations for intersex children;
- Protecting exiled persons, with or without a residence permit, particularly exposed to violence, and guaranteeing them access to care and support systems without fear of sanctions or criminalization.

5. Acting on Social Determinants for a Solidary Mental Health

We affirm the necessity of an ambitious mental health policy, integrated into public health, which recognizes that psychic suffering is largely shaped by living and working conditions. Gender inequalities, migratory paths, precariousness, and arduousness weigh disproportionately on the mental health of women and marginalized people.

We demand:

- Not letting the lack of psychotherapists create a break in care and addressing this lack (e.g., recognition of psychotherapists trained abroad, reevaluation of the career, incentive and facilitation of access to training, etc.);
- The development and strengthening of prevention measures and specific public mental health services for migrant women, precarious people, and LGBTQIA+ individuals, accessible in schools, universities, workplaces, and housing structures;
- The recognition of burnout and the (physical and psychic) arduousness of work as major public health issues;
- Reducing the weekly working time with equal pay as a lever for prevention (e.g., burnout) and for a more equal sharing of unpaid work time for a better work-life balance and more equality in financial matters;
- Preventive measures aimed at reducing health risks in professions with high female predominance (cleaning, care, home help, health, Horeca, etc.);
- Increasing the social minimum wage to reduce material insecurity and chronic stress;
- Better protection against sexist and sexual violence at work;
- Mandatory training for employers, HR, and delegates in the prevention of violence, harassment, forms of discrimination, and associated physical and psychic health risks;
- Access to specific leave for victims of violence and reinforced protection against retaliation;
- The fight against the stigmatization of psychic disorders and the reinforcement of prevention throughout life.