

KCE Gender Equality plan

This document outlines the Gender Equality Plan (GEP) developed by KCE, in line with the Horizon Europe guidance on gender equality plans¹. It aligns with the legal framework aiming to combat gender-based discrimination and outlines the current and future actions of KCE to strive for a research and working environment in which gender equality is recognized as a source of innovation, creativity and social relevance. This document should also be read in the context of KCE's broader commitment to diversity and inclusion.

¹ EUROPEAN COMMISSION'S DIRECTORATE-GENERAL FOR RESEARCH AND INNOVATION, *Horizon Europe Guidance on Gender Equality Plans (GEPs)*, 1st ed., Luxembourg, Publications Office of the European Union, 2021.

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1. Introduction

The Federal Health Care Knowledge Centre (KCE) is a federal public institution that supports the health care system in Belgium by performing studies on the organisation, functioning and financing of health care (Study Programme). KCE also funds large non-commercial pragmatic clinical trials, via its public funding programme (KCE Trials Programme).

KCE is bound by the constitutional principles of equality and non-discrimination and, as a federal institution, by the specific inclusion and diversity rules and policies (which also include the gender dimension) applicable to all federal administrations, including:

- the [Gender Mainstreaming law](#) of 12 January 2007, its [implementing royal decree](#) of 26 January 2010 and the Federal Gender mainstreaming plans;
- the [General Diversity and Inclusion Strategy](#) of the federal administration, as well as the related annual action plans;
- the Gender quota mentioned in the [royal decree of 2 June 2012 amending the Royal Decree of October 2, 1937 on the status of civil servants](#).

By adopting this GEP, KCE wishes to formalize its specific commitment towards gender equality:

- As an employer, KCE is committed to equal opportunities in recruitment, career development and leadership, and to taking action to ensure a working environment where everyone feels safe, valued and supported.
- Within its research policy, KCE promotes the integration of the gender dimension in research designs and analyses. KCE recognizes that health outcomes may differ depending on sex and gender, and that research should respond to this in order to achieve better and more inclusive (health) care.

In line with the European Institute for Gender Equality's (EIGE) comprehensive approach, this Gender Equality Plan (GEP) for KCE adopts an intersectional perspective on gender equality. The GEAR ([Gender Equality in Academia and Research](#)) tool emphasizes that gender equality cannot be fully understood or achieved without considering the ways in which sex and gender intersect with other personal characteristics and identities. These include, but are not limited to, age, socioeconomic status, race, ethnicity, disability, sexual orientation, geographic location, and religion.

This intersectional lens acknowledges that individuals experience discrimination and inequality in diverse and overlapping ways. In addition to gender, for example, age, sexual orientation, or socioeconomic status can impact a person's opportunities. Therefore, when referring to 'women' and 'men' throughout this plan, we do so with the understanding that these categories encompass a wide range of experiences and identities. Our commitment is to promote gender equality in all its diversity, ensuring that our policies and actions are inclusive, equitable, and responsive to the complex realities of all individuals.

2. Dedicated resources

Since the adoption of the law of 12 January 2007 and its implementing decree, the federal administration has been legally obliged to integrate the gender dimension into its actions and policies.

An interdepartmental coordination group ([GIC](#) GM) has been set up at the federal level. Although it has experts who are aware of the issue, KCE has not appointed an internal contact person for this type of question.

Actions

2.1.	Designate an internal “Gender & Diversity” contact person.
2.2.	Assess the need to appoint a coordinator within the interdepartmental coordination group and/or to participate in the federal inclusion network.

3. Data collection and monitoring

Most of the data available on gender questions concern the KCE personnel as well as the external experts consulted as part of selection procedures or researchers selected for clinical trials.

Regular monitoring of these figures makes it possible to identify any imbalances and, if necessary, to justify adjustments to certain action points.

KCE is also engaged in a monitoring process regarding the gendered content of research carried out or funded by KCE. The first available data are given in point 9 of this plan.

Data regarding gender equality at KCE

KCE's P&O department has access to gender disaggregated data. This monitoring is carried out on a global basis as well as by qualification, job level, and work pattern.

The proportion of men and women at KCE in June 2025 is indicated in the table below. Overall, 79% of all employees are female. By status, the proportion of women varies between 50% (general management) and 94% (staff).

<i>By status</i>	<i>Total number of employees</i>	<i>Men</i>	<i>Women</i>
Staff	17	6%	94%
Experts	57	25%	75%
General management	2	50%	50%
Total	76	21%	79%

Data June 2025

Although gender-balanced job distribution has always been a goal at KCE, in 2025, there is a gender imbalance in favour of women.

The male/female distribution at the highest levels (management and senior experts; 40% men – 60% women) is not representative of the distribution within the organization, which

could indicate that, above a certain threshold, women's career progression slows down compared to that of men.

An analysis of the data by work pattern shows that just under half of the workforce works part-time. The majority of workers who choose to work part-time are women.

<i>By job level:</i>	<i>Total number of employees</i>	<i>Men</i>	<i>Women</i>
Management (General, Scientific & Trials)	5	20%	80%
Senior experts	10	50%	50%
Others	61	16%	84%
<i>By working schedule:</i>			
Full-time	41	24%	76%
Part-time	35	17%	83%

Data June 2025

Data regarding gender equality in the organisation of the KCE Trials Programme

Gender equality in the KCE Trials programme can be assessed at two levels: that of the applicants submitting proposals for funding, and that of the advisory boards responsible for evaluating and deciding on the funding of those proposals.

Applicants

Out of a total of 142 applications submitted during the investigator-led calls in the period 2018-2024, 94 (71%) were submitted by male chief investigators. This gender distribution – possibly reflecting an imbalance in the representation of men and women responsible for large academic clinical trials – does not appear to affect the success rate in terms of getting funded from the KCE Trials Programme. In fact, 29% of female applicants received a positive funding decision, compared to 27% of male applicants.

Year	Number of applications received	% of applications received by gender of chief investigator		% of applications funded by gender of chief investigator	
		Male	Female	Male	Female
2018	24	17	7	29%	0%
2019	14	9	5	11%	60%
2020	16	10	6	30%	50%
2021	20	18	2	22%	0%
2022	14	8	6	25%	33%
2023	20	17	3	35%	0%
2024	24	15	9	27%	33%
Total	132	94 (71%)	38 (29%)	27%	29%

Data from KCE Trials Investigator-led calls 2018-2024

Panels and advisory boards

The composition of our panels and scientific committees must comply with high independence standards. It can be difficult to find experts who comply with these standards, which makes it challenging to maintain a strict gender balance.

Despite this, the expert panels responsible for evaluating proposals submitted to KCE Trials – whose composition changes annually – have generally maintained a stable and equitable gender balance. The exception was the 2024 panel, which showed a notable deviation. Other decision-making bodies within the KCE Trials Programme have demonstrated strong gender balance, with absolute parity in the Prioritisation Group (PG) and a reasonable balance in the Trials Board (TB).

Advisory groups	Number of members	% female
Prioritisation group (PG)	16	50%
Trials Board (TB)	24	41%
Expert Panel		
2021	29	45%
2022	23	52%
2023	24	54%
2024	25	28%

Data 2025

To ensure transparency, KCE Trials will examine the possibility of adding this type of information on its public dynamic [dashboard](#). An example of presentation of the actual results can be found below. (Figures 1 and 2).

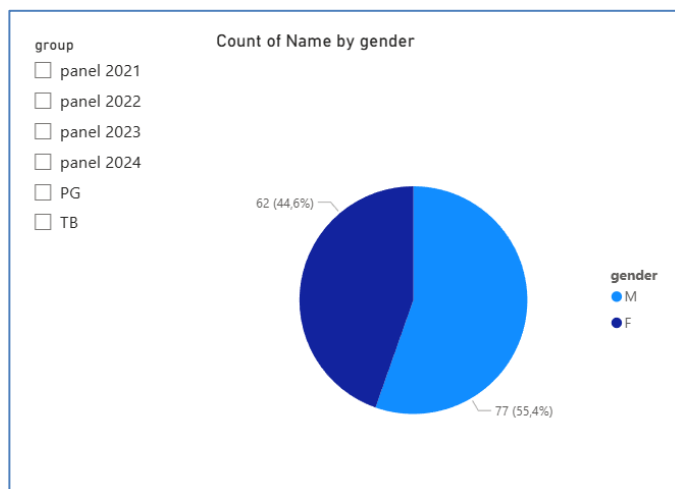
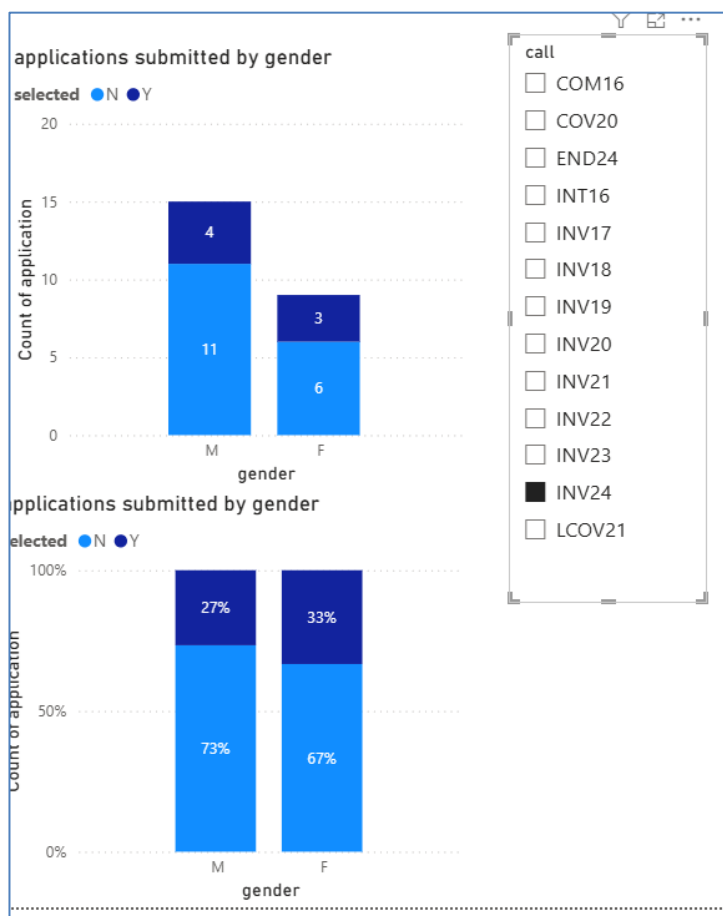


Figure 1 presents an overview of gender balance trends over the years (since 2021) across all KCE trial advisory boards, with interactive navigation allowing users to access figures for each individual advisory board

Figures 2 (in absolute numbers) **and 3** (in percentages) provide an overview of the applications received during the 2024 call, by gender. The colour coding distinguishes between the trials selected for funding (dark blue – Y) and those not selected (light blue – N)."



Actions

- 3.1. Develop indicators to measure progress in each area of the plan.
- 3.2. Conduct annual reviews and organize the reporting and publication of relevant gender-based data.
- 3.3. To ensure the effectiveness of the GEP through continuous monitoring and evaluation, identify the possibility and opportunity of monitoring the following elements among KCE personnel:
 - the evolution of the male/female distribution over time, on a global basis as well as by qualification and job level;
 - the average age according to gender or, the other way round, the proportion of men and women by age bracket;
 - the male/female distribution among principal investigators (PI);
 - the male/female distribution among part-time employees, if possible with attention to whether they combine their work at KCE with another job.
- 3.4. And, for KCE trials:
 - the male/female distribution among chief investigators submitting an application;
 - the male/female distribution among chief investigators who get their study proposal funded;
 - the male/female distribution of the three advisory boards.

4. Training and awareness-raising

Raising awareness on gender issues is essential to understanding and correcting discrimination, stereotypes and other forms of prejudice that may affect the working environment or the content of research.

General actions can be taken in this context, but also by theme (see also points 9, 10 and 11).

Actions

- 4.1. Internally promote the training available from the Federal Public Service Policy & Support (e.g. interactive e-learning on the anti-discrimination legislation and the federal administration's inclusive policies).
- 4.2. Communicate internally about the newly adopted GEP plan (see also point 11).
- 4.3. Broaden the training of KCE experts to include gender-sensitive methodologies applicable to health care research (see also point 9).

5. Work-life balance and organisational culture

This concerns all KCE employees and is therefore not primarily targeted at women. Nevertheless, it is relevant to take into consideration, if only to avoid overlooking the burden of care and domestic work, which remains gendered.

KCE believes it is important that all employees be able to remain motivated in their work throughout their careers, and therefore in different phases of their lives. KCE considers a good work-life balance to be a key factor in this respect.

As a federal public institution, KCE is obligated to respect the legal framework that applies to the organisation of working time, teleworking and well-being at work. Within this framework, KCE aims to promote a healthy work-life balance and a gender-inclusive working culture.

- KCE offers flexible working arrangements (part-time, teleworking, flexible working hours).

Various part-time work options, including parental leave, are available at KCE.

In 2025, just under half of KCE staff is working part-time, 17% of them men and 83% women. The proportion of women is slightly higher than the overall male/female ratio within KCE (21% men and 79% women).

It might be interesting to analyse whether this reduced working time is motivated by considerations relating to private (family) life or by the desire to combine work at KCE with another professional activity, and whether there are differences between men and women in this respect.

Teleworking is possible for all KCE functions up to a maximum of 3/5ths of working time on an annual basis; however, working on-site two days a week is required regardless of working time, except during school holidays. The emphasis is on flexibility, both for the employee and for KCE, particularly during school holidays or to manage temporary exceptional situations.

Actual working time is not recorded, and working hours are flexible.

- KCE regularly organises workshops on stress management and work-life balance.
 - KCE is taking part in the cross-federal LUMEN project, coordinated by the Federal Public Service Policy & Support. This project offers tailor-made coaching and support for staff, teams and management.
 - As part of its “Well-being, prevention and protection at work” action plan, KCE regularly carries out risk analyses and surveys on the well-being of its employees.
 - KCE regularly communicates on the right to disconnect.
- KCE promotes a respectful and inclusive culture through internal communication and a leadership model.
 - The results of risk analyses and well-being surveys are widely communicated internally and the results are regularly monitored.

Actions

5.1. Make sure the information available on the intranet about the various options for reducing working hours at KCE, including parental leave, is kept up-to-date.

6. Gender balance in leadership and decision-making

KCE aims to ensure gender-balanced representation in leadership and governance.

In the absence of fixed quota in decision-making bodies, reasonable gender diversity should be pursued, taking into account the reality in the field, with systematic justification.

KCE has a fairly horizontal structure. The global gender balance at KCE in 2025 is in favour of women. Amongst management (General management, Scientific program management, and Head of Trials), the gender distribution is 20% men and 80% women. This concerns five people and it hasn't always been like this in the past, which suggests that the highest positions at KCE are indeed accessible to all, based on skills.

With regard to the KCE Board of Directors, balance is sought by requesting a double list of candidates at each renewal. (In July 2025: 10 women out of 25 members)

Actions

6.1. Continue to give preference to male candidates in cases where female and male candidates are equally qualified when recruiting for management positions.

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| 6.2. Systematically request a double list (M-F) of candidates for the allocation of seats on the KCE Board. |
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7. Gender equality in recruitment and career progression

KCE aims to ensure equal opportunities in hiring, promotion, and development.

As a federal institution, KCE is bound by the legal framework that applies to recruitment, promotion and career development. This framework largely takes into account rules aiming to promote diversity and combatting all forms of discrimination in recruitment and promotion.

Actions

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| 7.1. Use inclusive language in job postings and ensure diverse selection panels. |
| 7.2. Train hiring managers on unconscious bias and inclusive recruitment. |
| 7.3. Track and report gender-disaggregated data on recruitment and promotions. |
| 7.4. Promote mentoring and career development programs with attention to gender equity. |

8. Measures against gender-based violence and harassment

KCE aims to ensure a safe, respectful work environment free from gender-based violence and sexual harassment, as well as an inclusive workplace.

Since its creation in 2003, KCE has taken the necessary preventive measures to protect its personnel against psychosocial risks and, more specifically, against violence and sexual or moral harassment at work.

KCE works with Empreva, the Federal government's service for prevention and protection in the workplace, ensuring the support of a prevention advisor trained in psychosocial risks. In addition, KCE regularly informs its personnel about the procedures (formal and informal) that exist in the event of harm, and has appointed a number of persons of trust who, after their initial training, undergo annual refresher courses in this field.

Actions

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| 8.1. Maintain clear, confidential reporting procedures for harassment. |
| 8.2. Maintain regular training for the internal persons of trust. |

9. Integration of the sex and gender dimension into research content

As outlined in the introduction, KCE research spans a wide range of activities. Under its Study programme, KCE selects and conducts studies with a significant impact on Belgian healthcare – such as Health Technology Assessments (HTA), Health Services Research (HSR), and Good Clinical Practice guidelines (GCP). Additionally, through the KCE Trials

programme, KCE funds pragmatic comparative effectiveness clinical trials that are directly relevant to Belgian healthcare policy.

Given this mission, ensuring the generalizability of research findings has always been central to KCE's work across both programmes. KCE therefore invests considerable efforts in scoping, designing and selecting its research projects to assess whether integrating specific perspectives or situations – Including, but not limited to, sex and gender – are relevant or potentially relevant for the research.

To assess its current research policy in the light of this plan, KCE is currently participating in a joint initiative with other federal health(care) institutions to inventory all research specifically relating to women, recognizing this as an underexplored area in scientific studies (see annex at the end of this document for a (non-exhaustive) list of recent and current KCE studies addressing this issue). As shown in this inventory, our selection process for studies – both in the KCE Trials Programme and in KCE's Study Programme – has resulted in the inclusion of a significant number of research topics that address woman-specific health issues, even in the absence of an explicit gender-based selection criterion.

Examples from the Study Programme

Examples under the Study Programme include the [Belgian Health System Performance Report \(2024\)](#), which includes sex or gender-based analyses of certain healthcare indicators (more details in Supplements 1, 2 and 3 of the KCE performance report). This report is regularly updated and widely disseminated to the public through a [dedicated website](#) that summarizes key findings from the scientific report. In addition, the [NEED Framework](#), which aims to identify unmet health-related needs to support the development of needs-based healthcare policy and innovation, integrates equity. It also allows for detailed sub-analyses by sex or gender and age, ensuring that the needs of diverse populations are accurately captured.

Examples among the clinical trials funded by the KCE Trials Programme

Diversity and sex and gender equality are also critical in clinical trials. Ensuring representation across different groups enhances the applicability of trial results to the broader patient population. Therefore, consideration for this diversity in clinical trials design is made mandatory under various European legislations² and

² **EU Clinical Trials Regulation n° 536/2014 of 16 April 2014 regarding clinical trials with medicinal products:**

- Recital 14
- Article 6
- Annex I. D, 17 (h) (y) (Protocol)
- Annex IV A.7 and C.2. (Summary of the results)
- Annex V 4 (Lay summary)

EU Medical devices Regulation n°2017/745 of 5 April 2017 regarding medical devices

- Annex XV 2.3.3 and 2.4 (general requirement for clinical investigation)

guidelines³. The KCE Trials programme, which focuses exclusively on pragmatic randomized clinical trials, aligns with these principles in its selection process (see [call for proposals](#) for details). This process led, for instance, to the selection of one of the largest trials funded by KCE Trials – the [Colchicine Study](#) – that mandates a minimum of 30% female recruitment to help address persistent evidence gaps in women's health (while patients are predominantly male based on epidemiology).

KCE Trials has also launched gender-specific themed calls, such as the call on endometriosis research launched in 2024.

As a public funder of clinical research, KCE trials applies a strict policy to ensure that study results are reported in a way that reflects sex and gender considerations. All funded projects must disaggregate outcomes by sex and, where relevant, by gender, to identify possible differences in efficacy or safety. Final reports must clearly interpret these differences and indicate whether findings are generalizable. Results should be made publicly accessible through appropriate registries, and we will monitor compliance with these requirements as part of our evaluation process.

The above examples show that our current practice already contributes significantly to the integration of gender considerations in research. This trend could be strengthened by broadening the training of researchers in gender-sensitive methodologies and by including a more specific reference to the concepts of gender and diversity in the procedure for selecting study subjects (Study Programme and Trials Programme).

Actions

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| 9.1. | Provide guidance and resources to internal researchers and applicants. Two particularly valuable references are: the ZonMw FAQ on Sex and Gender in Research and Innovation and the NHS dedicated webpage on increasing the diversity of people taking part in research , both of which offer practical guidance and tools for effectively incorporating these dimensions. |
| 9.2. | Integrate these topics into internal training programmes, such as KCE Academy, which already includes e.g. sessions on searching medical and literature databases. Training for funding applicants – covering topics like recruitment challenges and feasibility assessments in clinical trials – will also include modules on integrating sex and gender in clinical research. |
| 9.3. | Instruct the KCE Knowledge Manager to include relevant external training opportunities in the regular mailing list distributed to KCE researchers. |
| 9.4. | Highlight KCE's Gender Equality Plan (GEP) and related resources on the KCE website. |

- Annex XV 3.6.3 (Clinical investigation plan)

Belgian Law of 7 May 2007 on Human Experiments, articles 4 et 5.

³ Good Clinical Practice (ICH E6(R2), section 6.5 (selection and withdrawal of the subjects) and ISO 14155:2020, section 5.7 (selection of the subjects), section 6.3.3 (Clinical investigation plan) and Annex A (guidance).

- 9.5. Update the KCE Trials call for proposals to explicitly require applicants to consider and analyse sex and gender aspects in their research. This requirement will not only ensure compliance but also raise awareness among external reviewers, including members of KCE's panels and expert committees.

10. Gender-inclusive communication

KCE's primary mission is the production of scientific evidence to inform health care policy and, from a communicational point of view, providing this evidence in a clear, understandable, unambiguous language will always be its first priority. The principles of inclusive writing will be applied whenever this is reasonably possible, but can never take precedence over readability.

To this end, the BOSA (Federal Public Service Policy & Support) and IEFH (Belgian Institute for Equality between woman and men) guidelines on inclusive communication will be taken into account when updating the KCE's editorial Charter.

KCE is aware that particular attention might be warranted for documents that are not drafted by the communication cell of KCE (particularly documents meant for external use like surveys, written communication with stakeholders, etc.), as the person or persons involved in writing them might not be sufficiently aware of the guidelines on gender-inclusive communication. This question will be further explored and, if necessary, information, guidance and advice will be provided to all involved.

11. Dissemination of the GEP

This Gender Equality Plan is published on the KCE website (www.kce.fgov.be). Efforts to promote and monitor gender equality will also be reported in KCE's annual report.

Actions

- 11.1. Publish the GEP on the KCE website.
- 11.2. Circulate the KCE GEP in an internal mailing to all KCE employees, inform newly appointed KCE employees about the KCE GEP, communicate the KCE GEP to all KCE external collaborators, including members of panels and advisory committees.

Signatures:

Ann Van den Briel
General director

Ann Van den
Briel (Signature)

Digitally signed by Ann Van
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Date: 2025.10.15 09:38:12
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Christophe Janssens
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Date: 2025.10.15 10:27:52
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Annex 1 - Overview of KCE studies addressing women's health

June 2025

Recently published

- KCE report 378 (2024): How can we improve endometriosis care in Belgium?
- KCE report 365 (2023): Survival and Quality of care offered in Belgian hospitals with and without recognition for breast cancer
- KCE report 363 (2023): Referral during low-risk pregnancy follow-up in primary care
- KCE report 357 (2022): Quality indicators for the management of epithelial ovarian cancer
- KCE report 351 (2022): The right to be forgotten in breast cancer: new propositions
- KCE Report 402 (2025): Cost-effectiveness of new preventive options against RSV infections in Belgian infants

KCE studies (HTA, HSR, GCP) - ongoing

- Study 2024_11 (HTA) Evaluation of (extending) breast cancer screening
- Study 2023_08 CMV (GCP) Clinical guideline for the management of a positive CMV serology during pregnancy

KCE NEED programme – ongoing

- Study 2023-80-10 (NEED) Identifying the unmet needs of cancer patients launched in February 2025 to assess the unmet needs of cancer patients through the NEED methodology. This is the first time this kind of study is performed simultaneously in several European countries and on a group of malignant diseases, with the aim of filling up the NEED database faster whilst also exploring potential variations in needs depending on the national context

KCE trials programme - ongoing

- **KCE Trials 2024 themed call for [proposals on endometriosis care](#)**
- In connection with **fertility treatments**:
 - o [AGNOHSTIC trial](#): HYALOBARRIER® GEL ENDO versus no HYALOBARRIER® GEL ENDO following operative hysteroscopy for improving reproductive outcome in women with intrauterine pathology wishing to become pregnant - (analysis phase)
 - o [HYFOIL](#): Impact on fertility after additional tubal flushing with oil-based contrast versus no additional flushing: a randomised, multicentre, pragmatic trial in infertile women with at least one patent tube at Hysterosalpingo-foam sonography (Hyfosalpingo) - (recruiting phase)
- **Pregnancy-related**:
 - o [PRIORI](#): Synbiotics in Patients at Risk for preterm birth: a multi-center double-blind Randomized placebo-controlled trial - (recruiting phase)
 - o [LIFETWIN](#): For a trial in twin pregnancies – (contract is being negotiated)
- For **breast cancer** (not only women, but mainly):

- [BE-Quilt](#): Comparison of 'quilting sutures' with 'conventional' sutures and drain placement' after mastectomy: a multicentre, pragmatic randomised controlled trial - (recruiting phase)
- [Opt-Pembro](#): OPTimizing adjuvant prescription of PEMBROlizumab in patients with early-stage triple-negative breast cancer achieving pathologic complete response -
- [COL BE PCI](#): COLchicine in BElgium in patients with coronary artery disease after Percutaneous Coronary Intervention.

In this cardiology study, at least 30% of the enrolled patients must be women (but not more because this is mainly a men's disease based on epidemiology of disease) , as this was lacking in other studies in this field.