National Women's Health Strategy

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Why do women need a strategy?

- Women spend significantly greater proportion of their lives in ill health and disability compared to men
- Male as default approach seen in:
 - Research and clinical trials
 - Education and training for healthcare professionals
 - Design of healthcare policies and services
- Gaps in data and evidence





National Ambition



Ambition:

- Boosted health outcomes for all women and girls
- Improve how health systems engage and listen to women and girls

How

- Take a life course approach
- Focus on women's health policy
- Embed hybrid and wrap around services
- Increase representation of women



How



- 1. Ensuring women's voice is heard
- 2. Improve Access
- 3. Address disparities
- 4. Better information and education
- 5. Improved understanding of impact on workplace
- 6. Improving evidence base



6 Priority Areas

- Menstrual Health and gynaecological conditions
- Fertility, pregnancy, pregnancy loss and postnatal support
- Menopause
- Mental health and wellbeing
- Cancers
- Health impacts of Violence against women and girls
- Health ageing and long-term conditions





Life Course Approach







MIDDLE YEARS 25-50

LATER YEARS 51+

Women's health needs		
HPV vaccination		
Menstrual health		
Gynaecological conditions		
Contraception		
	Cervical screening Gynaecological cancers	
Sexual health and wellbeing		
Pregnancy, fertility, abortion care, and		
	Pelvic floor health	
	Early menopause and perimenopause	Perimenopause and menopause
		Breast cancer screening
General health needs		
Healthy behaviours, e.g. healthy weight, exercise, smoking		
Mental health		
Long-term conditions		
Health impacts of violence against women and girls		
		Osteoporosis and bone health
		Dementia and Alzheimers
Thematic priorities across the life course		

Women's voices
Healthcare policies and access to services
Information and education
Health in the workplace
Research, evidence and data

