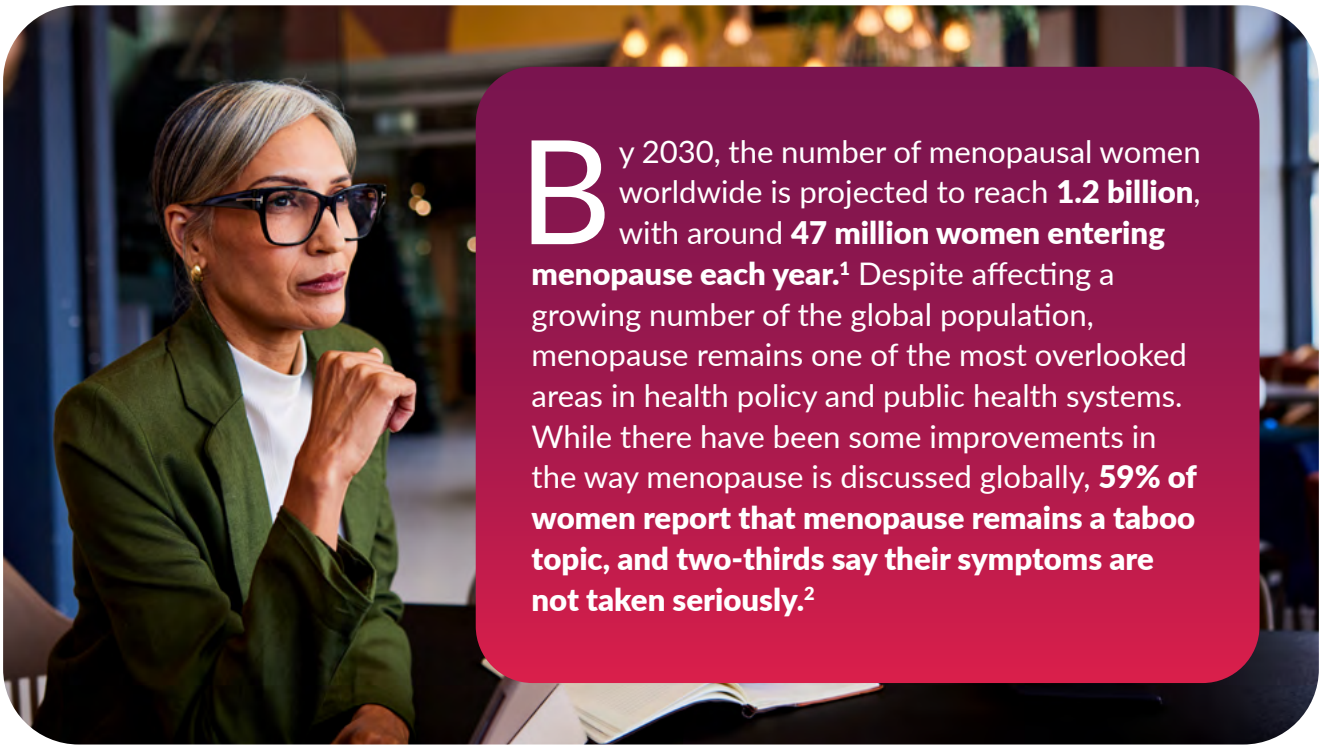
global menopause policy platform

Menopause as a Global Policy Priority:

Evidence, Action & Opportunity

Advancing menopause for global health & economic gain



By 2030, the number of menopausal women worldwide is projected to reach **1.2 billion**, with around **47 million women entering menopause each year.**[1] Despite affecting a growing number of the global population, menopause remains one of the most overlooked areas in health policy and public health systems. While there have been some improvements in the way menopause is discussed globally, **59% of women report that menopause remains a taboo topic, and two-thirds say their symptoms are not taken seriously.**[2]

The Global Menopause Policy Platform (GMPP) was established to address this gap.

As an international collaboration of leading experts and advocates across women's health, public health, and policy, the GMPP is working to define a global policy agenda for menopause. It advances evidence-based policy solutions and supports governments and institutions to strengthen menopause care and support systems. Through coordinated global action, the GMPP is positioning menopause as a critical health, economic, and societal issue requiring urgent and sustained attention.

Menopause remains under-recognised across health systems, workplaces, and public policy, with significant consequences for women's health, wellbeing, and quality of life. When not effectively addressed, its impact extends far beyond individual symptoms – affecting long-term health outcomes, workforce participation, healthcare utilisation and national economic performance. Evidence increasingly links untreated or poorly managed menopause symptoms to higher risks of chronic conditions including cardiovascular disease, osteoporosis, type 2 diabetes, and neurological conditions such as depression and dementia.[3] When symptoms remain unmanaged or treatment options are limited, the effects are felt across individuals, healthcare systems and economies.[4]

The **GMPP** is a collaborative initiative supported by Astellas that convenes external experts, clinicians, and advocates to share evidence-based knowledge, policy insights, and best practices on menopause care and policy development.

Globally, menopause-related challenges are estimated to contribute to US$150 billion in annual productivity losses, demonstrating that menopause is not only a health issue, but also an economic and workforce policy challenge.[5]

Despite growing awareness and policy interest, menopause remains under-recognised, under-diagnosed and under-treated. Policy recognition alone is not sufficient. Without implementation, including dedicated funding, workforce capacity, and aligned system incentives, meaningful change will remain limited.

This report reflects the collective expertise and perspectives of the GMPP. It identifies key policy challenges, highlights emerging best practices, and sets out four priority areas for action to strengthen menopause care and support women throughout midlife and healthy ageing, and improve health, workforce, and societal outcomes. The evidence presented throughout draws on global research, surveys, economic analyses, and policy developments.

Core Themes Shaping the Four Pillars

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GLOBAL MENOPAUSE POLICY: Perspectives from GMPP Members

For too long, menopause has remained invisible in public policy, healthcare systems, and workplaces, despite affecting millions of women during some of the most productive years of their lives. What we are facing is not only a health issue, but an economic, labour, and gender equity challenge. We have to make visible what women have experienced silently for decades. The cost of ignoring menopause is paid in health, talent, productivity, and dignity. It is time to move menopause from the margins into the centre of the global policy conversation.

Gabriela Rojas,
Founder and CEO, Sin Reglas, Mexico

Menopause affects half the population, yet it remains largely absent from the health, labour, and equality strategies that shape women's lives. This framework offers a clear path forward. Realising it will take courage and coordinated leadership across every sector—but the result will be a world where women can age healthily, thrive at work, and be supported during a pivotal stage of life.

Janet Ko,
President and Co-Founder, The Menopause Foundation of Canada, Canada

Menopause policy must move from awareness to implementation. Every woman should have access to accurate information, trained healthcare professionals and evidence-based care that addresses menopause in all its dimensions: physical, psychological, sexual, genitourinary, occupational and long-term preventive health.

Pluvio Coronado,
Professor of Gynaecology and Obstetrics UCM and President of the Spanish Foundation for the Study of Menopause (FEEM), Spain

Addressing the historically neglected impact of menopause on women's health and daily lives demands immediate, evidence-based policies and financing.

Karla Berdichevsky,

Sexual and Reproductive Health Specialist and CEO at Colmena Consultations, Mexico

Many women end their careers, quit the job or retire earlier because menopause symptoms hit them unexpectedly. With qualified information, targeted prevention and early access to the healthcare system for those who need treatment we could help women to stay healthy, to remain part of the workforce and to unfold their potentials.

Cornelia Wanke,

Board Member, Spitzenfrauen Gesundheit e.V., Germany

Services offering integrated community-based menopause care provide prompt access to specialist assessment and treatment for women with intrusive menopause symptoms, complex medical conditions, malignancy, or premature ovarian insufficiency, supporting improved symptom management and long-term health outcomes. Such models can also help identify higher-risk patients and direct them to the most appropriate clinician more quickly, improving care while reducing pressure on secondary care services.

Katie Barber,

Clinical Lead, Community Gynaecology Oxfordshire, Principal Medical (PML), United Kingdom

Women carry the wisdom of their lived experience into every room we enter: the clinic, the boardroom, the pulpit, the policy table. For too long, we have been expected to move through midlife in silence, absorbing the cost of systems that were never designed with us in mind. Menopause is not simply a women's health issue; it is a systemic and societal one, touching workforce participation, healthcare delivery, and economic stability alike. Meeting this moment will take intentional, strategic investment and collaborative partnerships across every sector that depends on women's leadership, labour and love.

Pamela D. Price,

Deputy Director, The Balm in Gilead, Inc., United States

PILLAR 1:

The Hidden Costs of Menopause:

Impacts on Health Systems, Productivity & Growth

Menopause remains insufficiently recognised across health systems, economic policy and gender equity frameworks, despite its clear impact on healthcare expenditure, workforce participation and economic productivity and health ageing.

Gaps in diagnosis, care, and economic evidence limit effective action, while unmanaged symptoms continue to drive workforce loss and reduced productivity. At the same time many benefits of investing in menopause care – including improved workforce retention, productivity and economic participation – are realised outside the health system. This creates misaligned incentives across government departments and contributes to underinvestment despite clear societal returns.

The economic implications extend beyond individual women and workplaces. Evidence shows that unmanaged menopause symptoms can reduce labour market participation, productivity, and workforce retention, creating measurable costs for employers and national economies. Yet these impacts remain largely absent from economic GDP and workforce policy discussions.

Menopause also has important implications for health systems. Delayed diagnosis, fragmented care pathways, and limited access to treatment can increase healthcare utilisation and place avoidable pressure on services. Investing in earlier diagnosis and effective care offers an opportunity to improve outcomes while reducing wider societal and economic costs. Evidence increasingly shows that early diagnosis and effective menopause management can reduce downstream healthcare costs and preserve workforce participation.

Menopause is a major workforce issue

~1.2billion

women worldwide will be experiencing menopause by 2030, representing more than **1 in 5 members of the global workforce.**[6]

Only 14% of workplaces globally have policies addressing menopause.[7]

Astellas survey (**6 countries**):
36% of women reported **negative workplace impacts from menopause**,[8] while **10% had left a job because of their symptoms.**[9]

In Ireland
84%
of women had reported negative impact on work and **37% said that they had missed time off work due to symptoms.**[10]

In Spain
94%
of women **(45–58)** experience symptoms affecting work and daily functioning.[11]

In Germany
39%
of female leaders reported menopause symptoms had impacted their careers, including **reduced working hours (19%) and early retirement (7%).**[12]

National economies face significant consequences

In Mexico
67%
of women report menopause has an impact on their productivity.[13]

In Australia
AU$17b
of earnings and superannuation are lost each year.[14]

In Germany
Unmanaged symptoms cost
40m sick days each year.[15]

In Canada
Unmanaged symptoms cost the economy
CAN$3.5b
annually and contribute to **540,000 lost workdays.**[16]

Health systems and societies face significant costs

Global
26m report menopause has an impact on their productivity.[17]

Nordics
Moderate-to-severe vasomotor symptoms (VMS) lead to an annual productivity loss of **2.5-4 weeks per menopausal woman on average and total** population costs of around
€865m[18]

USA
The annual economic burden (e.g. health system and pathway costs) of menopause-related symptoms is estimated at
US$26.6b
reflecting system-wide healthcare and pathway costs.[19]

CASE STUDY:

Brazil advancing menopause in health and labour policy

Brazil is beginning to build a more joined-up approach to menopause across labour, gender equality and health policy.

In a context where menopause has historically received limited formal recognition in public policy, two recent legislative proposals signal a shift towards more structured action. **Proposal PL 5980/2025** would introduce workplace support measures for women experiencing menopause and climacteric symptoms[20] and **PL 4504/2024** proposes a **National Policy of Comprehensive Care for Women in Menopause**, including access to healthcare, psychological support, and system-wide awareness measures.[21] Together, these proposals are significant because **they move menopause beyond awareness campaigns alone and towards coordinated action across employment and health policy.** Although still at proposal stage, these bills illustrate how countries can begin to build the policy architecture needed to improve access to care, strengthen workplace support and position menopause as both a health and economic issue.

Why this matters globally:

These developments illustrate how emerging economies can begin to embed menopause within coordinated health, labour and gender equality policy frameworks. Positioning menopause as both a health and economic priority can help lay the foundations for more integrated policies, improved access to care, and stronger support for women throughout midlife and healthy ageing.

POLICY ASK

Position menopause as a national health and economic priority by investing in early diagnosis, treatment, and coordinated cross-sector policy action

01

Integrate menopause into national health and economic strategies

Embed menopause within health, labour and gender equality strategies to support workforce participation, strengthen economic resilience, and enable coordinated cross-government action.

02

Build the health economic evidence base on menopause

Commission national analyses to quantify healthcare use, productivity loss, and workforce exit linked to menopause.

03

Invest in early diagnosis and access to evidence-based menopause care

Allocate dedicated funding for timely assessment, accurate diagnosis, and access to appropriate treatment across primary and specialist care.

04

Develop workplace guidance and coordinated policy frameworks

Establish evidence-based workplace standards, including flexible working, training, and awareness initiatives, aligned across health, labour, and economic policy.

PILLAR 2:

Access & Shared Decision Making in Menopause Care

Access to timely and appropriate menopause care remains inconsistent and fragmented across health systems. Too many women do not seek support, do not receive appropriate treatment when they do, or are unable to access the full range of options that meet their needs.

System-level barriers – including limited consultation time, competing healthcare priorities, lengthy waiting lists, and persistent misinformation – restrict access to suitable care and informed decision making. Menopause may also be deprioritised within clinical practice relative to other women's health conditions, limiting clinical focus and support for women seeking care. These challenges are particularly significant for women experiencing vasomotor symptoms (VMS), which can persist for years and significantly affect sleep, daily functioning and overall wellbeing.

These challenges are not experienced equally. Black women and women living with obesity or depression may experience a greater symptom burden while also facing unequal access to effective treatment and support.[22] [23]

Vasomotor symptoms (VMS), also known as hot flushes and night sweats, are among the most common and disruptive symptoms of menopause and can persist for many years, significantly affecting sleep, cognitive function, daily functioning and overall quality of life.[24]

Improving menopause care requires health systems to provide timely access to consultations, clear referral pathways, accurate information and meaningful patient-clinician discussions on treatment options.

Countries such as the United Kingdom and Ireland have introduced measures to improve the affordability of menopause treatments, highlighting the role of policy in expanding access and supporting patient choice. In Australia, Medicare funded menopause health assessments are beginning to reach some women, though many more require treatment.[25] As treatment options evolve, access initiatives should apply across all appropriate therapies.[26]

Many women do not access menopause care or information

In Australia

many women **do not discuss symptoms with their GP** despite risks linked to early menopause.[27]

In Spain

58% of women say that **they do not have sufficient information.**[28]

In Japan

only 10% of women with VMS **visited a medical facility** for their symptoms.[29]

Policy and system reforms can improve access and treatment choice

In England

for every £1 spent on a 'women's health hub', there is a £5 return on investment.[30]

Inequalities in access to menopause care persist

In Australia

primary care doctors are increasingly expensive to access (AU$36-50).[31]

In Brazil

36.2%

of postmenopausal women report moderate-to-severe VMS; **65.5% seek care, yet over half receive no treatment.**[32]

In the USA

black women experience VMS for significantly longer than white women (10 years vs 6.5 years on average).[33]

CASE STUDY:

Sweden improving access to menopause care through integrated digital services

Targeted system interventions can address access gaps. In Sweden, EsterCare has developed an integrated "Digi-physical" model that combines digital platforms with in-person specialist services, including gynaecology, mental health support, midwifery services, and menopause care.

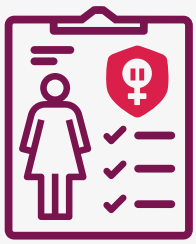
Designed to improve access to specialised women's healthcare, the model aims to provide holistic, continuous support while reducing waiting times and improving patient experience.

Since its launch, EsterCare has provided **care to more than 10,300 patients**, with average waiting times for gynaecology appointments of fewer than five days. More than half of users report improved productivity and reduced sick leave, while patient satisfaction reaches 100%. While the model spans women's health more broadly, it provides a strong example of how **integrated and digitally enabled care models can expand access, improve patient-centred care, and support informed choice in menopause management.**[34]

Why this matters globally:

This example shows that improving menopause care is not only a question of awareness – it is a question of system design. Women need access to timely assessment, evidence-based treatment, and care pathways that support informed choice and quality of life. Health systems must therefore invest in integrated models of care and measurable outcomes to ensure menopause services are accessible, effective, and sustainable.

POLICY ASK



Ensure equitable access to menopause treatments, informed choice and measurable quality standards

01 Embed shared decision making and treatment choice into care

Introduce training standards, consultation guidance and patient decision-support tools to enable informed discussions on risks, benefits and treatment options across the care pathway.

02 Improve access to evidence-based and purpose-built treatments

Ensure timely evaluation and access to a wider range of menopause therapies, including alternative purpose-built options, supported by reimbursement frameworks that appropriately recognise quality of life impacts.

03 Establish measurable indicators for menopause treatment and care

Update clinical guidelines and use referral pathways, treatment access data and patient-reported outcomes (PROMs) to track implementation, quality and equity of access.

04 Expand integrated care pathways

Strengthen specialist services, digital models and coordinated referral pathways to improve access, continuity of care, and integration between primary and specialist services.

PILLAR 3:

Equipping Healthcare Professionals to Deliver Modern Menopause Care

Many healthcare professionals currently lack consistent access to training, guidance and system support needed to deliver quality, evidence-based menopause care. Variability in education, limited training opportunities and a lack of integration into routine care pathways can contribute to differences in clinical confidence and practice.

Addressing these gaps requires a system-level approach. Multidisciplinary models of care are increasingly important, reflecting the range of settings in which women engage with healthcare services – from primary care through to specialist and community-based support.

Investment in education and professional development is essential to ensure that healthcare professionals are supported to deliver menopause care effectively, including enabling informed decisions and appropriate prescribing across the full range of treatment options. However, training alone is not enough. Health systems must also ensure that care pathways, incentives and frameworks support the consistent delivery of care in practice.

As menopause gains recognition within wider women's health agendas, strengthening healthcare professional capability is becoming a key component of health system implementation. A growing number of countries are therefore adopting more integrated approaches that align clinical training, guidance and policy objectives. Sweden's 2026 national menopause guidelines provide one example of this shift, placing primary care at the centre of menopause management while linking clinical recommendations to resource prioritisation, equity policy and measurable performance indicators.[35]

Such approaches demonstrate how aligning clinical guidance, workforce development and system incentives can translate policy ambition into more consistent, efficient and patient-centred care.

Training gaps limit confidence and quality of care:

In the UK

72% of British Menopause Society members say **newly qualified clinicians lack menopause education;**

55% report **insufficient training** for practicing professionals.[36]

In Spain

75% of gynaecology trainees lack confidence in managing menopausal symptoms.[37]

These gaps contribute to unmet need and demand for stronger expertise:

In Mexico

over 80% of women **do not receive medical attention** during menopause.[39]

In Ireland

82% of menopausal women called for better GP education;

86% wanted specialist access;

94% said more government action is needed.[40]

Menopause care is not yet consistently embedded in clinical practice and care standards:

In Canada

there's **limited formal menopause education** during medical training.[38]

In France

menopause care is not systematically integrated into primary care, leading to gaps in follow-up and personalised care.[41]

CASE STUDY:

Spain strengthening menopause education and clinical guidance through multidisciplinary professional leadership

Strengthening clinical capacity and access to evidence-based guidance is essential to improving menopause care and supporting consistent clinical practice. The Spanish Association for the Study of Menopause (AEEM) is advancing menopause education and professional support through the development of clinical guidelines, consensus documents, educational activities, digital tools, and patient-facing resources.

These initiatives aim to strengthen healthcare professional knowledge, support shared decision making, and improve the delivery of evidence-based menopause care across different clinical settings and specialties. Recent updates to AEEM guidance also demonstrate the importance of ensuring women have access to a broad range of evidence-based menopause treatment options, including purpose-built treatments for menopause symptoms, to support personalised care and informed treatment choice. AEEM has also expanded guidance in emerging areas such as **menopause management in cancer survivors**, reflecting the growing need for multidisciplinary approaches to menopause care.[42]

Why this matters globally:

This illustrates how a national scientific society can bridge global policy priorities and local implementation by supporting healthcare professional education, promoting consistent clinical practice, and facilitating access to evidence-based menopause care across different healthcare settings. It also demonstrates the important role that clinical guidance, professional training, and multidisciplinary leadership can play in translating policy objectives into improved care delivery and patient outcomes.

POLICY ASK

Strengthen healthcare professional training and clinical guidance on menopause across medical education and continuing professional development.

01 Integrate menopause into undergraduate and postgraduate medical and health provider education

Embed menopause diagnosis, symptom recognition, and treatment into core medical, nursing, midwifery, family medicine, occupational health, oncology, mental health and allied health curricula.

02 Develop and implement national clinical guidelines for menopause care

Establish clear, evidence-based guidelines to guide and train healthcare professionals and pharmacists and ensure consistent menopause care across health systems.

03 Expand continuing professional education and clinician support for menopause care

Scale ongoing training and equip healthcare professionals with practical resources to support counselling, shared decision making, and delivery of evidence-based care across diverse patient populations, including countering misinformation.

PILLAR 4:

Strengthening Community-Based Menopause Care

Primary and community care are the first and most frequent points of contact for women and therefore play a critical role in enabling timely access to support, diagnosis and treatment. As health systems increasingly prioritise care closer to home, strengthening menopause care within these settings is essential to delivering accessible, equitable and sustainable healthcare.

However, menopause care is not yet consistently embedded within primary and community care structures. Variability in awareness, limited integration into routine consultations, and fragmented referral structures can delay recognition and restrict access to appropriate support. Women also often report not feeling heard in discussions with their doctor, which can affect how symptoms are understood and managed, influencing both care-seeking and treatment outcomes.

Addressing these gaps requires a more coordinated approach that strengthens care in settings where women already access services.

This includes embedding menopause into routine primary care interactions, improving continuity between primary and specialist services, and supporting multidisciplinary 'hub' approaches that reflect women's broader sexual and reproductive health needs, including the distinct needs associated with premature ovarian insufficiency and surgical menopause.

Strengthening menopause care in the community also presents broader opportunities. When done effectively, these models can support earlier intervention, reduce unnecessary pressure on specialist services and deliver more personalised, patient-centred care. As emerging models show, aligning care pathways, workforce capability and system incentives can help translate policy ambition into practical, scalable improvements in access and outcomes.

Most women rely on primary and community care, but access and support are uneven:

Global
Women from minority ethnic groups are less likely to access care despite often reporting more severe symptoms.[43]

United States
Most menopause care is delivered in primary care settings.[44]

In Ireland
69% of women seek support;

84% access GPs, **but only**

17% **reach specialist menopause clinics.**[48]

Delayed recognition, fragmented pathways, and undertreatment persist:

Japan
Only **10%** **seek care specifically for VMS; 5.6%** raise symptoms during other visits.[46]

Mexico
78.4% seek care, yet **treatment remains fragmented.**[45]

United States
Women **with untreated VMS incur**

$1,346

higher direct healthcare costs per year compared to those without symptoms.[49]

United Kingdom
Among **1.85 m** women (45–55), **only 5.2% of Black women** and **6.2% of Asian women** receive treatment.[47]

CASE STUDY:

United Kingdom strengthening community-based menopause care through integrated women's health hubs

In Oxfordshire, England, an integrated Community Gynaecology Service delivered through a women's health hub model is improving access to specialist menopause care while reducing pressure on secondary care services.

The model enables all non-urgent gynaecology referrals from primary care to be triaged by GP specialists within 72 hours, with women appropriate for community-based management receiving specialist menopause consultations delivered by British Menopause Society (BMS)-registered clinicians.[50]

Established in response to high levels of inappropriate hospital referrals, the service has delivered measurable results: **only 10.7% of menopause cases now require onward referral to secondary care, down from around 60% prior to the introduction of specialist menopause consultations in 2021, while women typically access specialist support within 4–8 weeks** rather than waiting up to nine months for hospital-based services. Initially expected to manage **20% of referrals**, the service now manages between **45-55% of patients** within the community, reducing pressure on hospital services while improving access to timely and personalised care. The model also supports primary care through specialist advice services, regular training and education, and a dedicated menopause-psychiatry liaison pathway for women with complex mental health needs.[51] [52]

Why this matters globally:

By embedding menopause expertise closer to where women live and seek support, the service demonstrates how integrated women's health approaches can provide timely, personalised care, reduce avoidable referrals, limit costs, and improve system efficiency.[53] It also illustrates how community-based models can translate policy ambition into accessible and measurable care delivery.

POLICY ASK

Strengthen primary and community healthcare systems to deliver timely, coordinated, and equitable menopause care where women first seek support.

01 Embed menopause care within primary care services, midlife health checks and referral pathways

Ensure menopause assessment and management are integrated into routine primary care and midlife health checks with clear referral pathways to specialist menopause services when more complex care is needed.

02 Develop integrated community-based menopause care models

Establish coordinated services such as women's health hubs, community clinics, pharmacists, and multidisciplinary care pathways that bring menopause expertise closer to where women live.

03 Address inequalities in menopause care access through targeted and digital solutions

Implement policies to ensure equitable access across socioeconomic groups, geographic regions, and underserved communities, supported by telehealth, communication strategies and hybrid care models.

Conclusion

From Recognition to Implementation, now is the Time to Act on Menopause

Menopause can no longer remain a marginal issue in health and public policy. The global evidence presented in this report shows that menopause has direct implications for health outcomes, healthy ageing and long-term economic resilience. Yet in most countries, menopause remains under-recognised, under-diagnosed and under-treated, with significant consequences for women and for wider society.

The challenge is no longer one of awareness. It is one of implementation and accountability.

Countries like the UK, Ireland and Australia are making progress, from improvements in treatment access to innovations in care delivery and workplace support. However, these remain uneven and are not yet being translated into consistent, system-wide change. Bridging this gap requires coordinated policy action that aligns health, labour and economic priorities, supported by clear incentives, funding and accountability mechanisms.

Menopause must be recognised as a global health and economic priority.

What should happen next?

Existing approaches to menopause policy and care delivery are no longer sufficient to meet the needs of women, health systems, and economies. The four pillars in this report set out a practical framework for action, together with case studies suggesting different approaches for delivery. Together, they highlight the need to treat menopause not only as a clinical issue, but as a strategic policy priority requiring coordinated responses across health, labour and economic policy.

Global policymakers and international institutions should:

- **Elevate menopause within global health, ageing, and economic agendas.**
- **Support stronger international evidence-sharing, benchmarking, and accountability.**
- **Encourage the inclusion of menopause within broader frameworks on gender equality, healthy ageing, and workforce participation.**
- **Support the development of evidence-based guidance, indicators, and benchmarking frameworks to track progress in quality of care and access.**

The GMPP stands ready to support this next phase of policy action. Drawing on the expertise of clinicians, advocates and policy leaders across countries and regions, the GMPP can support policymakers to translate evidence into practical, scalable policy solutions that improve menopause care and outcomes.

Moving from awareness to implementation will require leadership, collaboration and accountability, but it offers a clear opportunity to improve women's health, strengthen health systems, support healthy ageing and build more inclusive and productive societies.

This document uses the term "women" to refer to individuals who experience menopause. We recognise that menopause may also affect people of diverse gender identities and the recommendations aim to support all those impacted.

Endorsements

- **Constantino Di Carlo,** Professor of Gynaecology and Obstetrics, President of Italian Society of Menopause (SIM), Italy
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