

Deloitte.



**WOMEN'S
HEALTH**

The Case for Advancing Women's Health in Canada

November 13, 2025



EXECUTIVE SUMMARY

Despite significant advancements in healthcare over the past two decades, Canada has not updated its national women's health strategy since 1999, leaving critical gaps in addressing the unique health needs of women today. The outdated strategy is no longer used by policymakers and key partners to synchronize strategic efforts. Meanwhile, rapid innovation in health technologies, including digital health, data analytics, and preventative and personalized medicine, is transforming the way care is delivered and accessed. Insufficient investment in women's health not only leads to poorer outcomes for Canadian women but also hinders the country's ability to seize emerging economic opportunities.

The economic case for action is clear. The World Economic Forum notes that women's health investments generate transformative health gains and represent one of the highest-return opportunities for safeguarding lives and livelihoods.¹ In fact, data demonstrates that for every 1-dollar USD invested in women's health there is a 3-dollar USD return on investment. These benefits accrue through health system savings, productivity gains, and innovation-driven sector growth.²

Canada needs a comprehensive and modern strategy that reflects current evidence, societal changes, emerging health challenges, and the evolving health technology landscape. Without a renewed and coordinated approach that aligns resources, innovation, and action, Canada risks perpetuating disparities and missing opportunities to improve health, wellbeing, and economic growth for women nationwide.

The available data signals a troubling trend: Canadian women experience poorer health outcomes, particularly as they age. Despite living longer than

men, women report higher rates of chronic disease, mental health challenges, longer wait times for sex-specific care, and are more likely to be misdiagnosed for acute conditions such as heart attacks.³ Statistics Canada further highlights that women's perceived health—a key indicator of population well-being—is declining and remains lower than that of men.⁴ These outcomes are compounded by the fact that only 7% of health research in Canada is focused specifically on women.⁵ This is a surprisingly low percentage, especially considering Canadian women make up 50% of the Canadian labour force that helps fund research granting institutions.⁶

¹ Women's Health Responsible Investment Consortium | Global Alliance for Women's Health

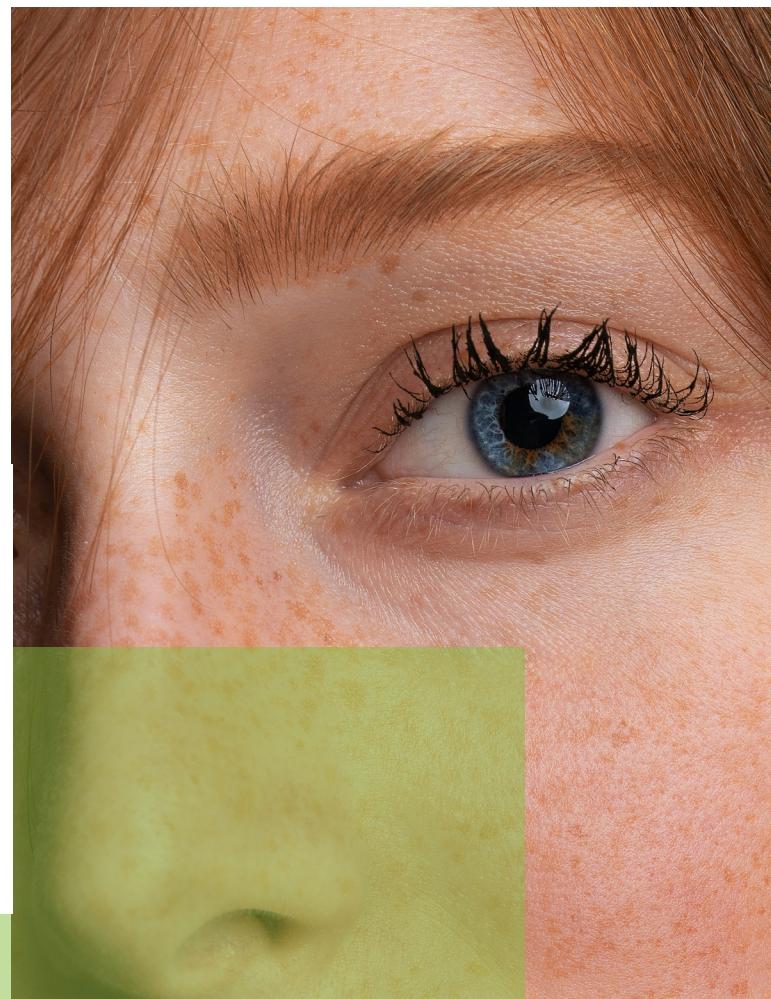
² Innovation and Investment to Transform Women's Health Across Generations | FP Analytics

³ The Canadian Women's Heart Health Alliance Atlas on the Epidemiology, Diagnosis, and Management of Cardiovascular Disease in Women - Chapter 4: Sex- and Gender-Unique Disparities: CVD Across the Lifespan of a Woman - PubMed

⁴ Statistics Canada | Health Outcomes

⁵ CHIR Funding Decision Database & Women's Health Research Funding in Canada Across 15 Years Suggests Low Funding Levels with a Narrow Focus

⁶ Statistics Canada | Participation Rate



THE NUMBERS



- **Canada has one of the largest women's health gaps, placing 5th worst globally⁷**
- **7% of health research in Canada focuses specifically on women⁸, despite women comprising approximately 50% of the Canadian labour force⁹**
- **Unmanaged symptoms of menopause cost the Canadian economy \$3.5 billion annually, including \$237 million in lost productivity and 540,000 lost workdays per year¹⁰**
- **The Hologic Global Health Index ranks Canada 64th globally-well behind peers such as Germany (#6), the UK (#41), the US (#38), and Australia (#59)¹¹**
- **75% of adverse drug reactions are experienced by women¹²**
- **70% of Chronic Pain Patients are women, yet the treatment for them is based on men¹³**
- **Less than 9% of program and course descriptions at 16 medical schools include women's health¹⁴**
- In 2023, among Canadians aged 18-34, 12% fewer women than men rated their mental health as "very good" or "excellent"¹⁵

⁷ McKinsey Health Institute | Women's Health Gap in Canada

⁸ CHIR Funding Decision Database & Women's Health Research Funding in Canada Across 15 Years Suggests Low Funding Levels with a Narrow Focus

⁹ Statistics Canada | Participation Rate

¹⁰ Menopause Foundation of Canada | Menopause and Work in Canada

¹¹ Hologic | Global Women's Health Index

¹² Women's Health Collective | Addressing the Gap in Women's Health

¹³ Sex Differences in Pain and Pain Inhibition

¹⁴ Dr. Wendy Wolfman, Centre for Mature Women's Health at Mount Sinai Hospital. the Star, October 24, 2024

¹⁵ Statistics Canada | Health Outcomes

Internationally, Canada's reputation as a leader in women's health is not supported by current metrics, despite previous international involvement in commitments like the 1995 Beijing Declaration and the Millennium Goals on maternal and child health.¹⁶ The Hologic Global Health Index ranks Canada 64th globally—well behind peers such as Germany (#6), the UK (#41), the US (#38), and Australia (#59).¹⁷

Canada has the foundation to become a global leader in women's health, with its world-class health institutions and leading academic centers. By launching a new National Women's Health Strategy, Canada can drive improvements in women's health outcomes, foster groundbreaking research, and enhance productivity nationwide. Coordinated action, clear priorities, and measurable benchmarks will ensure that Canada sets the standard for progress in women's health.

¹⁶ As noted by the Associate Director at the Canadian Institute of Health Research – Institute of Gender and Health (CIHR-IGH)

¹⁷ Hologic | Global Women's Health Index



PROPOSED RECOMMENDATIONS

1

APPOINT A NATIONAL WOMEN'S HEALTH CHAIR

Appoint a National Women's Health Chair to lead the development of a National Women's Health Strategy, ensuring collaboration across research, health, social, private non-profit sectors. They would also establish a Cross-Government Women's Health Taskforce convening federal, provincial/territorial, Indigenous, and community health leaders to co-design the next national strategy.

2

DEVELOP AND IMPLEMENT A MODERN NATIONAL WOMEN'S HEALTH STRATEGY

Develop and implement a modern National Women's Health Strategy for Canada that delivers measurable improvements in women's health outcomes. The strategy will establish a cohesive national framework to advance health equity, close critical data and research gaps, and strengthen education and awareness across the health system. The strategy should align policies across jurisdictions, engage women from all walks of life, providers, and community leaders, and strengthen collaboration within Canada's women's health ecosystem. By setting measurable, actionable commitments, it will improve health outcomes for women while driving broader social and economic benefits through reduced health costs, greater workforce participation, and innovation in women's health technologies.

3

COMMIT TO A 10-YEAR WOMEN'S HEALTH INVESTMENT PLAN

Commit to a 10-Year Women's Health Investment Plan by establishing multi-year federal funding for key priorities identified within the new strategy. Build in evaluation cycles, performance monitoring, and transparent reporting against the investment plan, including regular assessment of the economic impact and value generated by these investments.



IF NOT US, WHO?

Developed in collaboration with the IWK Foundation, with contributions from Femtech Canada and input from national stakeholders, this report outlines why it is important for Canada to invest in a renewed National Women's Health Strategy.

On July 16th the IWK Foundation and Femtech Canada convened key leaders in women's health with the focused objective of collaborating and aligning on a unified ask to federal government to establish a National Women's Health Strategy for Canada. Deloitte Canada facilitated the session, which was attended by over 40 leaders from across research, philanthropy, advocacy and healthcare delivery organizations across Canada. There was unanimous support for a National Women's Health Strategy and the need for a unifying framework that will amplify fragmented efforts and drive results.



INTRODUCTION

Despite significant advances in healthcare, Canada continues to fall short in addressing the unique health needs of women.

Heart disease and cancer—the country's leading causes of mortality for women—often go unrecognized or mistreated, while autoimmune diseases are significantly more prevalent and frequently misdiagnosed or misunderstood.^{18,19} These gaps stem from a lack of representation in research and inadequate education about how health conditions manifest differently in women. Addressing these disparities demands a shift from one-size-fits-all care to approaches that recognize and respond to the unique health experiences of women.

Deloitte's Future of Health in Canada report envisions a health system transformed by prevention, data-driven insights and individual empowerment. Yet, for too many women, this vision remains out of reach. A lack of meaningful inclusion of women in medical research and the absence of coordinated education and awareness efforts on how women experience health conditions leaves them without the knowledge and tools to take preventive action, leading to poorer outcomes across a range of health conditions. The system is failing women by not equipping them, their support networks, or their care teams with the information necessary to protect their health.

We propose building a National Women's Health Strategy that will respond to the future of health trends, build upon the work already underway by partners and provincial governments and leverage Canada's assets to generate economic opportunity.

¹⁸ Statistics Canada | Leading Causes of Death

¹⁹ National Library of Medicine | The Prevalence of Autoimmune Disorders in Women: A Narrative Review



THE CHALLENGE

UNDERINVESTMENT IN WOMEN'S HEALTH

Research forms the foundation for effective care, and formal evidence equips care providers with the roadmap to deliver that care. Both are essential for improving health outcomes and underpin health innovation. However, in Canada, women's health receives a small fraction of public research dollars at approximately 7% of national health research funding.²⁰ This is a surprisingly low percentage, especially considering Canadian women make up 50% of the Canadian labour force that helps fund research granting institutions.²¹

Additionally, women's health investments are fragmented and too narrowly focused, meaning that we are not benefitting greatly from this economic investment by way of impact. A recent analysis of Canadian research funding trends found consistently low investment and narrow scope in women's health topics, particularly those that are female-specific or address gender-diverse populations.²² While initiatives like the National Women's Health Research Initiative which invested \$26.5 million across 58 projects, represent progress, their impact remains limited without a broader strategy to guide investments towards measurable health outcomes. Further, this funding is heavily concentrated in reproductive and maternal health, reinforcing the misconception that women's health is synonymous with reproductive care.²³ This narrow research focus, often referred to as "bikini medicine", leaves other critical areas such as autoimmune disorders, brain health, oncology, and cardiology, significantly understudied resulting in the aforementioned poor health outcomes.



LESSONS FROM AMBIEN: WHY WOMEN'S REPRESENTATION IN RESEARCH MATTERS

Women are more likely than men to experience adverse drug reactions (ADRs), in part due to their historical underrepresentation in clinical research.²⁴ For example, the recommended dosage for the sleep medication Ambien (zolpidem) was only adjusted for women in 2013—21 years after its initial approval—when research revealed that women metabolize the drug more slowly, leading to higher risks of next-morning impairment.²⁵ This case underscores the consequences of overlooking women in medical research. Ensuring the meaningful inclusion of women in clinical studies not only leads to safer and more effective biopharmaceutical interventions for women but also opens new avenues for innovation and economic growth in the health sector.

²⁰ CIHR Funding Decision Database & Women's Health Research Funding in Canada Across 15 Years Suggests Low Funding Levels with a Narrow Focus

²¹ Statistics Canada | Participation Rate

²² Are We Moving the Dial? Canadian Health Research Trends for Women's Health, 2S/LGBTQ+ Health, Sex, or Gender Considerations

²³ Canadian Institute of Health Research | National Women's Health Research Initiative

²⁴ Sex differences in pharmacokinetics predict adverse drug reactions in women | Biology of Sex Differences | Full Text

²⁵ FDA Drug Safety Communication: FDA approves new label changes and dosing for zolpidem products and a recommendation to avoid driving the day after using Ambien CR | FDA

THE CHALLENGE

GEOGRAPHIC AND POLICY DISPARITIES

Inequitable research investments are further compounded by geographic disparities; for example, in 2021, only 3.4% of grant funding in Alberta and 7-8% in British Columbia was allocated to women's health-related research.^{26,27} Disparities in health investments leads to variation in how women experience their healthcare across provinces. A 2025 survey of 27,000 women across Nova Scotia, New Brunswick, and Prince Edward Island conducted by the IWK Foundation, uncovered significant gaps in knowledge and care among both women and their healthcare providers, spanning areas such as endometriosis, mental health, and menopause.²⁸ Evidence further suggests that access to specialized women's health services, preventive care, and research funding can differ dramatically depending on where a woman lives in Canada.²⁹

UNDERSTANDING WOMEN'S PERSPECTIVES IS THE FIRST STEP IN ADDRESSING THE NEEDS GAP

The IWK Foundation recently published a report, The Voice of Maritime Women, that captures the experiences of women in the Maritimes including the realities of economic insecurity, caregiver burnout, systemic barriers to access, and healthcare experiences. Women are experiencing the healthcare system differently.³⁰

Nearly half of women who completed the survey feel uninformed about the health implications of life transitions they are approaching:

"I feel on a personal level there is so much I do not know about my body, its reproductive system and what's considered normal"

"It's frustrating to realize how little most health care professionals know about perimenopause and menopause"

"I feel that because I am a young woman, I am not being taken seriously by physicians"



²⁶ Calgary Health Foundation | Women's Health in Calgary Gets Multi-Year Boost

²⁷ BC Women's Health Foundation | The Research Divide

²⁸ IWK Foundation | The Voice of Maritime Women

²⁹ Statistics Canada | Studies on Gender and Intersecting Identities

³⁰ IWK Foundation | The Voice of Maritime Women

There are pockets of opportunity to build on across Canada. For instance, several provinces have implemented women's health programs and strategies that address specific areas such as reproductive health, cancer screening, and maternal care. For example, Ontario has the Ontario Women's Health Framework and offers province-wide initiatives such as the Ontario Breast Screening Program and the Ontario Cervical Screening Program.³¹ British Columbia operates the Women's Health Centre at BC Women's Hospital, providing specialized care in maternity, reproductive mental health, and chronic disease management.³² Quebec has developed the Programme national de santé publique, which includes components targeting perinatal and reproductive health, as well as breast cancer screening.³³



Nova Scotia is also emerging as a leader in midlife women's health, hosting the first regional Menopause Show with over 800 participants and working to establish the Menopause Centre of Excellence; the first of its kind in Atlantic Canada.³⁴

While these are positive steps, limited alignment and coordination prevent Canada from fully leveraging best practices and sharing research and resources, hindering efficient implementation and national impact. This lack of coordination is likely a contributing factor to Canada's poor standing in women's health outcomes globally. Notably, Canada is the only G7 nation without a current national women's health strategy, whereas peer countries have national strategies to guide investment, innovation, and accountability in women's health.

³¹ Ontario's first women's health framework highlights practical steps for action

³² BC Women's Hospital & Health Centre | HealthLink BC

³³ National Public Health Programme 2015-2025 - Publications of the Ministry of Health and Social Services

³⁴ Health centre dedicated to menopause in the works for Nova Scotia

ECONOMIC OPPORTUNITY

In 1995, Canada stood on the world stage at the Fourth World Conference on Women, committing to the landmark Beijing Declaration and Platform for Action, a global blueprint for advancing equality, development, and peace for women everywhere.³⁵ Building on this momentum, Canada launched its first National Strategy for Women's Health in 1999, establishing a comprehensive framework to address critical health challenges facing women and to drive progress toward gender equality. The 1999 Strategy wasn't built for this century. It no longer fits the needs of a health system and population that has evolved rapidly with the onset of new technologies, growing patient complexities and evolving demographics. It fails to inspire innovation in emerging areas of discovery and is no longer being used by policy makers and key partners to synchronize strategic efforts.

A modernized approach for Canada is needed — one that aligns our policies, regulatory frameworks, resource allocation, and investments with the core ambition of improving women's health outcomes and establishing a strong foundation for economic growth within the women's health sector. The economic opportunity extends beyond improved health, accruing through health system savings, productivity gains, and innovation-driven sector growth.

The cost of inaction is already significant, for example, unmanaged symptoms of menopause alone cost the Canadian economy \$3.5 billion annually, including \$237 million in lost productivity and 540,000 lost workdays per year.³⁶ These macro-level challenges manifest at

the individual and household levels, particularly when women are unable to participate fully in the workforce or contribute equitably within their homes. Disruptions in women's access to services and care delivery have cascading effects, resulting in significant human costs that impact entire families.

Improving women's health outcomes and experiences across research, care and innovation may ultimately better equip Canada to pursue key opportunities in the global women's health market, which is projected to exceed \$90 billion CAD by 2030 - especially in technology sectors.³⁷ Coordinated efforts that support Canadian innovation will allow Canada to create stable, global products and solutions that can address unmet needs in women's health globally.

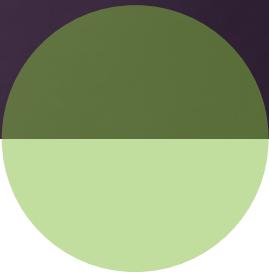
Canada is home to a vibrant network of health innovators, spanning biopharmaceuticals, medical devices, health data, and technology companies. These organizations complement the groundbreaking work taking place in public health and academic institutions. FemTech Canada reports there are over 200 women's health start-ups in Canada, with the sector projected to contribute \$37 billion to GDP by 2040.³⁸ Despite this momentum, the absence of a national strategy means that public and private players often lack alignment and coordination, which could slow progress. Recognizing the potential, the World Economic Forum has identified women's health as a major area for future innovation within the broader health economy.

³⁵ Beijing Declaration and Platform for Action

³⁶ Menopause Foundation of Canada | Menopause and Work in Canada

³⁷ Grand View Research | Women's Health Market Summary

³⁸ McKinsey Health Institute | Women's Health Gap in Canada



WHY A NATIONAL WOMEN'S HEALTH STRATEGY?

Canada has recognized expertise, institutions, regulatory credibility and leadership to raise the global standard in women's health, with several of our research universities consistently ranked among the world's top 50 to 100.³⁹ **By building on our strengths, we can move from ambition to coordinated and measurable action.** While progress is evident in areas like provincial cancer programs and precision medicine research, these fragmented efforts highlight the need for a unified, scalable strategy to build and create a broad more fulsome approach that brings partners together under a clear vision with dedicated leadership.

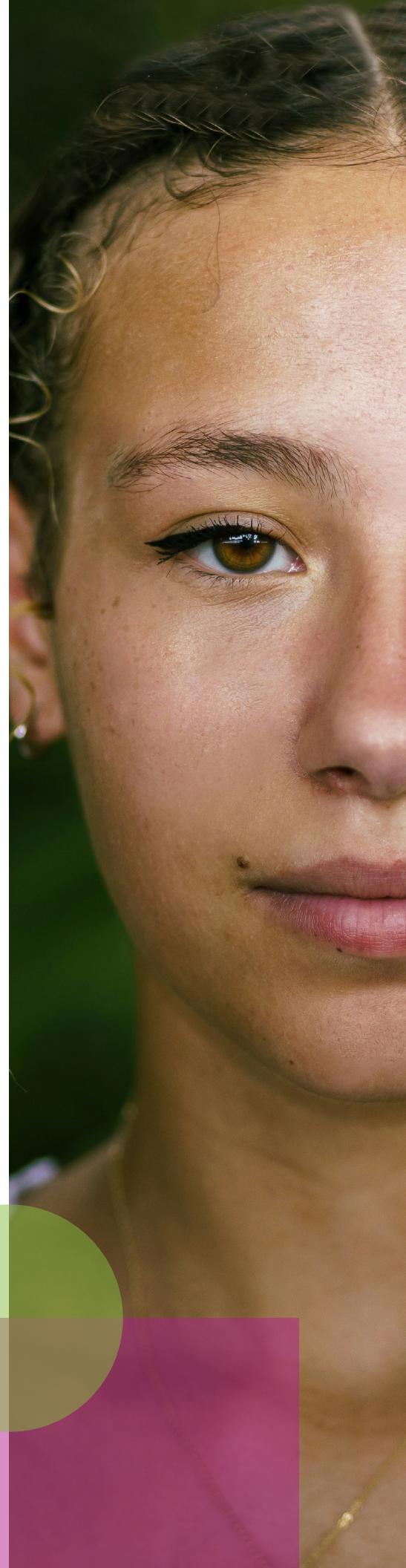
A NATIONAL HEALTH STRATEGY WOULD PROVIDE AN INTEGRATED MAP TO ALIGN RESOURCES, PARTNERS AND INITIATIVES

WHAT IS OUR OVERARCHING AMBITION FOR WOMEN'S HEALTH?	WHERE WILL WE FOCUS?	WHAT DO WE NEED TO BE SUCCESSFUL?	WHAT CAPABILITIES DO WE NEED TO BUILD OR GROW?	WHAT ARE OUR PRIORITY INITIATIVES?
<ul style="list-style-type: none">• What will Canada be known for?• What are our desired goals and ambitions?• What impact do we want to have at home and globally?	<ul style="list-style-type: none">• Who do we need to serve?• What academic, research or clinical offerings do we need to focus on?• How will we innovate and grow innovation in Canada?• What role(s) will we play across the continuum of women's health care?• What programs will Canada develop and potentially export?	<ul style="list-style-type: none">• How will we leverage our research and clinical innovation across Canada?• What investment or economic model(s) do we need?• What new partnerships do we need to form?• How do we infuse flexibility in our approach to meet health system and broader government needs?	<ul style="list-style-type: none">• What talent and technology do we need to secure?• How can we best leverage our current assets and capabilities?	<ul style="list-style-type: none">• What tangible initiatives are investments will support executing against the strategic plan?• What are our timelines for implementing these initiatives?• What are the financial and other metrics to track success?

WHY NOW

Currently, the absence of a comprehensive strategy results in fragmented programs that address isolated life stages—such as adolescence, pregnancy, or menopause—rather than delivering an integrated continuum of care for women. There is minimal coordination between initiatives targeting different health needs (e.g., reproductive, cardiovascular, mental health) or supporting transitions across life stages. While screening programs for breast and cervical cancer are well-established, there is a notable lack of province-wide initiatives focused on midlife and older women’s health, such as osteoporosis prevention and cardiovascular disease management—despite these conditions being leading contributors to morbidity and mortality. **A cohesive, life-course strategy is essential to align health services, address the evolving needs of women, and ensure equitable access to these services across all geographies.**

Clearly defining our shared ambition—equitable and comprehensive health outcomes for all Canadian women—is critical for progress. By making deliberate choices about where to focus and how to invest resources across life stages, conditions, and geographies, and by delivering integrated, evidence-based interventions, Canada can better align resources, capabilities, and partnerships to realize improved outcomes and unlock economic opportunities in this growing sector. Establishing a unified direction is essential to drive measurable impact, eliminate persistent gaps, and cement women’s health as a cornerstone of national wellbeing.



WOMEN'S HEALTH STRATEGIES IN PEER NATIONS

Canada's global counterparts have recognized the importance of women's health and, in many cases, have taken proactive steps to advance the sector—leveraging technological advancements and innovative research. Several countries have recently refreshed their national women's health strategies, creating unified visions and measurable commitments that contribute to their higher international rankings in women's health. ⁴⁰

AUSTRALIA (2020)

Australia's national women's health strategy acknowledges the diverse health needs, risks, and influences experienced by women across different population groups. It also identifies key priority areas, including maternal, sexual, and reproductive health; healthy ageing; chronic conditions and preventative health; mental health; and the health impacts of violence against women and girls.⁴⁰

UNITED KINGDOM (2022)

In 2022, the United Kingdom set out to *reset the dial on women's health*. This strategy highlights how the health system was not designed with women in mind – emphasizing the need for more evidence in building a health system that truly meets the needs of women.⁴¹

NEW ZEALAND (2023)

New Zealand released a dedicated women's health strategy to set the direction for improving the health and wellbeing of women between 2023 and 2033. Setting long term priorities to advance the quality of life of women through

an improved health system, women-specific healthcare issues, improved outcomes for mothers, whānau and future generations, and aging.⁴² Through frameworks like *Te Mana o te Wāhine*, the strategy promotes community-led models, recognizes Māori knowledge systems, and prioritizes culturally adapted care.

EUROPEAN UNION (2027)

The European Union is advancing women's health through its Roadmap for Women's Rights and Gender Equality Strategy, yet gaps in research, access, and policy remain. There is growing support for a dedicated EU Women's Health Strategy, led by the European Institute for Women's Health and over 40 organizations, to address unique challenges faced by women. Policymakers and health organizations agree that a comprehensive strategy is essential to close gender health gaps, ensure equitable healthcare access, and strengthen women's voices in EU health policy.

⁴⁰ Australia | Women's Health Strategy

⁴¹ Government of the United Kingdom | Women's Health Strategy

⁴² Government of New Zealand | Women's Health Strategy



THE TIME IS NOW

Canada needs a National Women's Health Strategy that can close long-standing health gaps, drive inclusive economic growth, and set a global standard for excellence in women's health and equity.



CONTRIBUTORS

DELOITTE



ZAHRA JIVAN

Partner, Health Care
Deloitte

zjivan@deloitte.ca



ELYSE BANHAM

Deloitte



JANA BUCHANAN

Deloitte



MIA DUFFY

Deloitte



NOKUZOLA (ZOLA) NCUBE

Deloitte

IWK FOUNDATION



JENNIFER GILLIVAN

President & CEO
IWK Foundation
jennifer.gillivan@iwkfoundation.org



NICOLE SLYSZ

Projects Specialist
IWK Foundation



HEATHER CREIGHTON

Vice-President Strategy,
Brand & Marketing
IWK Foundation

Deloitte.



IWK Foundation

**WOMEN'S
HEALTH**