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Women's health needs beyond sexual, reproductive, and maternal health are missing from the government's 2024 priorities

A view of women's health as synonymous with sexual, reproductive, and maternal health means gaps in health provision across a wider spectrum

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Since its launch in 2022, the Women's Health Strategy for England has made important progress to narrow gaps in women's health provision, including improved access to hormone replacement therapy and the rollout of specialist women's health hubs.¹ In January, the government renewed its commitment to the strategy's 10 year ambitions with the launch of its 2024 priorities: better care for menstrual and gynaecological conditions; expansion of women's health hubs; tackling inequalities and improving support for vulnerable women, including victims of sexual abuse and violence; bolstering maternity care before, during, and after pregnancy; and more research, backed by National Institute for Health and Care Research Challenge funding of £50m to tackle maternity inequalities.^{1,2}

Government efforts in these areas are welcome and will narrow critical gaps in funding, research, and care specific to women. The 2024 priorities reinforce, however, a traditional view of women's health as synonymous with women's sexual, reproductive, and maternal health. This is a missed opportunity to encourage policymakers, healthcare providers, and the public to take a broader view of women's health needs across the wider spectrum of illness and over the course of their lives. A broader approach would reduce critical gaps in the evidence base and clinical care relating to diseases and conditions that “present only in women, disproportionately in women, and differently in women,” as emphasised by the Women's Health Innovation Opportunity Map 2023, an international strategy for advancing evidence and interventions for the care of women and girls.³

Inequalities in medical knowledge and treatment across many common disease areas, including cardiovascular disease, mental illness, endocrine conditions, and autoimmune disorders, negatively impact women's morbidity and mortality.³ These inequalities contribute to women living in poor health for an average of nine years longer than men.⁴

Differences exist, for example, in women's and men's experiences of heart attacks, including symptoms, age at onset, effective treatments, and overall outcomes.⁵ Yet troponin blood tests to diagnose myocardial infarction are often not reported against sex specific thresholds.⁶ When such thresholds are used, accurate diagnosis increases by 42% for women.⁷ Although diabetes is more prevalent in men than women, women are at greater risk of diabetes related mortality than men and have a greater risk of complications, such as a 27% higher excess risk of stroke⁸ and a 44% higher excess risk of coronary

heart disease.⁹ Women are, however, less likely than men to receive the care recommended by clinical guidelines, and guidelines are not routinely sex specific.¹⁰

Robust testing of treatments that are effective for women is also lacking. This is the case across diseases with the highest morbidity burden in women—heart disease and cancer—as well as conditions for which high prevalence among and impact on women is under-recognised. For example, women comprise 52% of the global HIV population, yet continue to be under-represented in anti-retroviral drug trials, limiting knowledge of effective treatments for women and exposing them to potentially harmful side effects.¹¹ Moreover, though changes in women's physiology across the life course (including menarche, pregnancy, and menopause) considerably affect their experiences of health and disease,¹² medical knowledge about appropriate care at these life stages is limited. Sex and gender data gaps mean that there is limited guidance for HIV positive women on managing menopause symptoms, despite women with HIV experiencing more severe symptoms which mirror untreated HIV.¹³ As more women with chronic conditions reach midlife and beyond, there is an urgent need to fill these gaps in the evidence base.

The strategy's renewed commitment to enhancing maternity care and research should also advance understanding about the interaction between pregnancy and long term health conditions. Illnesses that develop in pregnancy, such as gestational diabetes or pre-eclampsia, greatly increase the longer term risks of developing cardiometabolic disease.^{14,15} Longer term surveillance and prevention efforts are needed to minimise the development of diabetes and hypertension in later life, but follow-up in primary care is often limited.¹⁶ Robust preconception care for women with chronic health conditions also minimises the frequency of complications, risks associated with taking medications with potential to cause fetal abnormalities, and detrimental effects of poor nutrition on pregnancy outcomes.¹⁷ These imperatives are recognised by NICE and other groups, but access to critical services, such as obstetric physicians and perinatal psychiatry teams, remains patchy.^{18,19}

For conditions that affect both women and men, investments are needed to break the default of research being conducted primarily on men and generalised to everyone else. The strategy's priority to improve inclusion of women in medical research¹ is essential, and this must be paired with a commitment to ensuring sex and gender

disaggregated analyses are conducted and reported as standard.²⁰ Investments are required to support research on sex and gender differences across all disease areas, as well as development of appropriate sex and gender specific clinical guidelines. In spring 2024, the Medical Science Sex and Gender Equity (Message) project²¹ will launch a policy framework co-designed by representatives across the UK research sector, including the country's leading medical research funders, to improve how medical research accounts for sex and gender. Funders and the wider research sector set out their support for new sex and gender policies in statements of intent published in December 2023.²²⁻²³ Adoption of these policies by medical research funders in the UK can shift how researchers consider the importance of these variables, leading to better research and deeper knowledge about women's health throughout their lives, and ultimately more tailored and effective clinical care.

Providing equitable healthcare for women is the right thing to do and is financially intelligent. Investment in the broad scope of health conditions that affect girls and women throughout their lives could contribute an estimated \$1tn a year globally to economic productivity by 2040.⁴ The Women's Health Strategy's priorities are critical for achieving positive change, but to truly take advantage of this opportunity, 2025's priorities will need to tackle women's wider health needs. By investing in narrowing the sex and gender data gap and developing sex and gender specific guidelines for care, the strategy will have a meaningful and long lasting impact for women and girls across the course of their lives.

SS has done paid consultancy for ViiV Pharmaceutical, receiving travel and hotel expenses and an honorarium. JH is UKRI Future Leaders Fellow; Wellcome award for research on the biologic effects of extreme heat in pregnancy. RN was a board member for George Health Enterprises, the commercial arm of the George Institute for Global Health. George Health Enterprises recently sold one of its businesses and RN received payment. KW and RN lead the Medical Science Sex and Gender Equity (MESSAGE) project at the George Institute for Global Health, funded by the Wellcome Trust. AW is a research and policy fellow on the MESSAGE project.

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