

Government sets clear ambition to close gender health gap

- Vision for Women's Health published after analysis of almost 100,000 responses to call for evidence sets clear mandate for change
- Government to appoint Women's Health Ambassador to drive women's health to the top of the agenda
- Hymenoplasty to be outlawed in further drive to prevent violence against women and girls

Decades of gender health inequality will be addressed as the government publishes its vision to reset the dial on women's health.

The Vision for Women's Health sets out key government commitments on women's health, while recognising the system wide changes needed to tackle some of the issues raised, to be addressed by the upcoming Women's Health Strategy in spring 2022.

To help transform the vision into a decisive strategy and action, the government will appoint a Women's Health Ambassador who will raise the profile of women's health, increase awareness about taboo topics and support the government in implementing the strategy.

Underpinned by the analysis from almost 100,000 responses to the call for evidence, the vision reflects the government's ambition for a healthcare system that prioritises care on the basis of clinical need, not gender.

The responses gave stark and sobering insights into women's experiences of health and care and highlighted entrenched problems within the healthcare system including:

- Damaging taboos and stigmas in women's health can prevent women from seeking help and reinforce beliefs that debilitating symptoms are 'normal'.
- Over 8 in 10 have felt they were not listened to by healthcare professionals.
- There's a feeling services for specialities or conditions which only affect women are of lower priority compared to other services.
- Women believe compulsory training for GPs on women's health including the menopause is needed to ensure their needs are met.
- Nearly 2 in 3 respondents with a health condition or disability said they do not feel supported by the services available for individuals with their condition or disability.
- Over half of respondents said they felt uncomfortable talking about health issues with their workplace

Minister for Women's Health Maria Caulfield said:

The responses from the call for evidence were in many ways as

expected, particularly with regards to women's priorities, but in some places the revelations were shocking.

It is not right that over three quarters of women feel the healthcare service has not listened. This must be addressed.

Many of the issues raised require long-term system wide changes, but we must start somewhere. I am proud to publish our vision for women's health. It is the first step to realising our ambition of a healthcare system which supports women's needs throughout their lives.

The government's ambitions in the vision are:

- that all women feel comfortable talking about their health and no longer face taboos when they do talk about their health
- that women can access services that meet their needs across the life course
- that all women will have access to high quality information and education from childhood through to adulthood, in * that all women feel supported in the workplace and can reach their full potential at work
- to embed routine collection of demographic data of participants in research trials to make sure that our research reflects the society we serve

Details on the action government will take to fulfil these ambitions will be followed by the Women's Health Strategy in Spring 2022.

To take immediate action to protect women and girls from harm, the vision document also sets out our intention to introduce legislation to ban hymenoplasty at the earliest opportunity.

This follows the recommendation from an independent expert panel to ban the practice which is intrinsically linked to virginity testing, and stems from the same repressive attitudes towards a woman's sexuality and the concept of virginity.

The publication of the vision document follows moves by the government to make Hormone Replacement Therapy, a key medication to offset the symptoms of the menopause, more accessible by reducing the cost burden for menopausal women. The government is also establishing a new UK-wide menopause taskforce to further investigate how women going through the menopause can be better supported by clinicians, workplaces, and peers.

The call to evidence ran from March to June 2021 and generated 110,123 responses, including almost 100,000 responses from individuals across England and over 400 written responses from organisations.

Mika Simmons, co-chair of the Ginsburg Women's Health Board, actress and host of The Happy Vagina podcast, said:

It is incredibly exciting to see the results of this consultation, supported by over a hundred thousand women. It is, however, just the beginning. Women's health care has been side-lined for far too long and a seismic shift now needs to happen, to correct the historical lack of efficient care. We must work together to eliminate the misunderstanding, chronic pain and loss that so many of us have suffered. I look forward to seeing changes made, at Government level, to ensure women receive better support with our reproductive, gynaecological, and sexual wellbeing.

Nimco Ali OBE, CEO of The Five Foundation and co-chair of the Ginsburg Women's Health Board, said:

For the benefit of the whole of the UK we need to address the gender health gap. This year's consultation by the Department of Health has shown that they acknowledge that and are committed to delivering change. We have already seen progress in so many areas but this data will ensure future policy is delivered where it is most needed and will be most effective.

Professor Geeta Nargund, Co-Founder of the Ginsburg Women's Health Board, Senior NHS consultant and Medical Director at CREATE Fertility, said:

The results of this consultation show unequivocally that our healthcare system needs more support for women's reproductive health and that across every age group women face hurdles in accessing the medical care or information they need. It reconfirms why this consultation was so important and now that we have the results we must work to address the issues raised and develop policies that will close the gender health gap.

When it comes to gynaecological conditions there is a very clear need to accelerate referrals for early diagnosis with a fast-track to consultants, and there must be a focus on health conditions affecting BAME women who have historically struggled to access support. Fertility issues continue to affect a growing number of women, and to ensure all those who need can access treatment we urgently need to end the NHS IVF postcode lottery and extend funding to same-sex and single women across the UK. The results of this consultation are only the beginning, and we must work together to support our NHS and healthcare system deliver the best service possible for all women.