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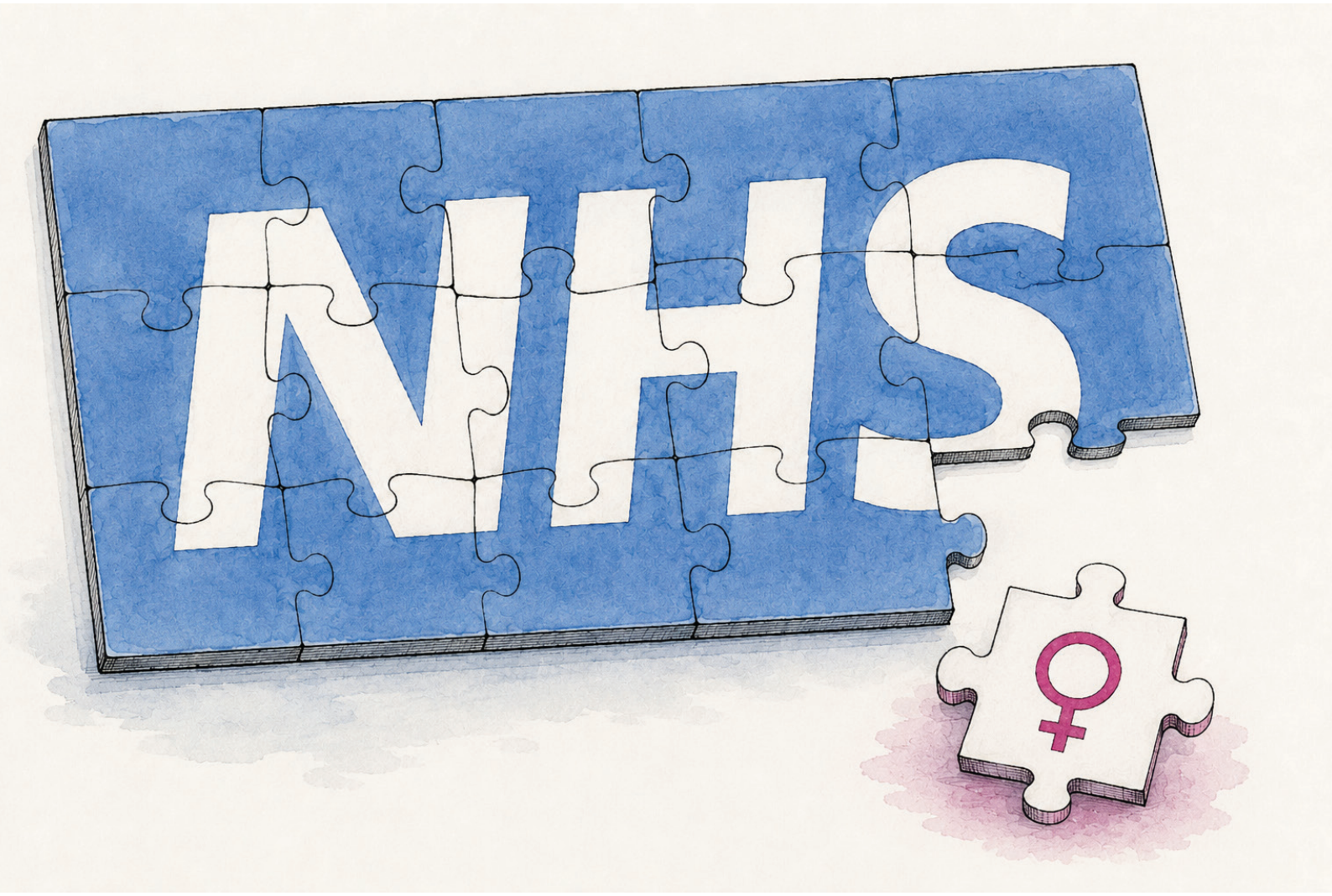

Unlocking potential: the intersection of women's health and economic outcomes

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AbbVie kindly provided funding to make this event and write-up possible. AbbVie had one representative on the panel, but the topics and all other panellists were chosen by *Re:State*.

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Unlocking potential: the intersection of women's health and economic outcomes

"1.5 million women out of work [due to long-term sickness] is a proxy for terrible suffering in the community"

Dr Sue Mann, National Clinical Director for Women's Health, NHS England

Re:State was thrilled to host this panel exploring the intersection of women's health and economic outcomes, in partnership with AbbVie. AbbVie kindly provided funding to make this event and write-up possible, and had one representative on the panel, but the topics and all other panellists were chosen by *Re:State*.

Re:State was honoured to be joined by an exceptional panel, including Dr Amanda Doyle OBE, National Director of Primary Care and Community Services, NHS England; Dr Sue Mann, National Clinical Director for Women's Health, NHS England; Baroness Geeta Nargund, Founder, Health Equality Foundation, and women's health pioneer; and Amy Peters, Head of Government Affairs, AbbVie UK. *Re:State* was also delighted to welcome an expert audience to this invite-only event, spanning the NHS, civil service, local government, the charity sector and industry.

Reducing economic inactivity, enabling economic growth and shifting to a more preventive, community-based health system sit at the heart of the Government's priorities. Yet the importance of women's health in these aims is frequently overlooked. For too long, women's health has been seen as a 'niche' topic, despite women and girls making up over half the population. This panel looked to explore why this mindset persists, the significant role of women's health for economic outcomes, and the barriers to change.

Women's health is a mainstream economic issue

Each panellist strongly emphasised that women's health is a mainstream economic issue, whether this is widely recognised or not. The burden of poor women's health is vast and under-recognised, harming workforce participation and productivity, contributing to poverty, and causing significant avoidable human suffering.

Women's health does not only refer to conditions which solely affect women, such as menopause or gynaecological conditions like endometriosis. Health issues which disproportionately affect women and those which are under-diagnosed or frequently missed in women versus men are central too. The underserving of women's health, across these lenses, has vast economic consequences.

The panel raised a number of examples which demonstrate this:

1. Menopause – a condition which solely affects women

One in 10 women working during the menopause leave their jobs because of their symptoms, according to guidance published by the Office for Equality and Opportunity in March 2026. Additionally, it is estimated around 14 million working days are lost to menopause each year.

2. Migraines – a condition which disproportionately affects women

It is estimated between three and 43 million working days are lost each year due to migraines in the UK, with two to three times more female suffers according to the National Institute for Health and Care Excellence. Amy Peters also highlighted that a quarter of chronic migraine sufferers have had to change jobs as a result of their condition.

3. Cardiovascular disease – a condition which is under-diagnosed in women

Cardiovascular disease (CVD) is under-diagnosed and under-treated in women. Despite being the leading cause of mortality for women in the UK, CVD is commonly thought of as a 'man's disease'. Its risk in women is generally underestimated, women often face barriers accessing care, and women are under-represented in research and trials. Dr Amanda Doyle OBE also highlighted that missed or late diagnoses of CVD, disproportionately impacting women, significantly increase someone's chance of developing dementia.

There are a variety of reasons why women's health conditions are often poorly treated or diagnosed late, including that women's symptoms are often dismissed or fail to be recognised, delayed diagnoses are common, research and clinical education are typically male-oriented, and women often do not come forward early. Insufficient primary and community care capacity is another underlying cause.

Addressing primary and community care capacity is central to better serving women's health

The panel was in agreement that the solutions to improve women health's lie in integrated neighbourhood care. Building on this, Dr Sue Mann highlighted the important work being done to integrate women's health hubs with neighbourhood health centres. Likewise, Baroness Geeta Nargund emphasised the importance of NHS collaboration with local government, local voluntary organisations, and the private sector to improve women's health in community-centric models.

However, the panel also identified primary and community care capacity as the current bottleneck limiting the NHS's ability to better meet women's health needs. These capacity issues are well known, largely understood to be driven by demand, staffing shortages, and financial constraints. Despite recent progress – such as increasing numbers of GPs working in the NHS over the last two years – the panel agreed improvements are not happening quickly enough. Addressing this will be essential for improving access, diagnoses, treatment, and outcomes for women.

The panel also argued that the NHS remains overly focused on diagnosed disease rather than symptom management, leaving many women unsupported even where symptoms significantly affect quality of life and work. Improving primary and community care capacity was identified as the key lever to improve this issue.

Such capacity increases will require the right incentives, financial flows, and workforce capabilities. This is likely to demand a shift of funding from secondary care to primary and community services. Such a 'left' shift has long been pursued, yet the reality has been the opposite – previous *Re:State* research found that, in the last decade, spending on acute care has increased more than for primary, community and social care, now making up over 70 per cent of the NHS commissioning budget. To better serve women's health and achieve the associated economic benefits, national leaders will need to grapple with the underlying causes of this trend.

Improved education and awareness, both clinical and public, are essential

Improved education and awareness consistently came up as essential for improving women's health. This was identified as necessary across all aspects of NHS care, from hospital and specialist care to primary and community. Dr Amanda Doyle OBE and Baroness Geeta Nargund called for more focus on women's health within clinical education, hoped to ensure higher quality care for women through better awareness of female-specific conditions and how conditions may present or affect women differently.

The panel were also clear that improved public education and awareness is crucial. Stigma, shame, and the normalisation of abnormal symptoms are all key causes of women and girls

under-presenting or presenting late, linked to worse health and economic outcomes.

In secondary schools, for example, too many girls are struggling with very heavy or painful periods, believing it is normal, while it harms their attendance and educational outcomes (known to negatively impact future economic prospects). In the workforce, the example was raised of women struggling with menopause symptoms, not sharing this with their employer or getting the right medical help, then reducing their hours or leaving the workforce altogether. The panel was clear that improved education and awareness are the antidote to this pervasive veil of silence.

Implementation remains the core challenge

Our panellists agreed that the Government's recently published renewed *Women's Health Strategy* is a great starting point. However, the panel stressed that this *Strategy* needs to be just that, a starting point. Reflecting on previous national attempts to improve women's health, the panel identified the implementation gap as the primary barrier to greater progress, and argued this is likely to remain an issue.

This implementation gap includes the fact that funding has not shifted into primary and community care, despite policy ambitions. It also includes the mismatch between government plans, and workforce skills and capacity. The panel called for these implementation challenges to be front and centre of efforts to deliver the renewed *Women's Health Strategy*.

The panel were also in agreement that the *Strategy's* implementation, and other action to improve women's health, should be a collaborative endeavour, arguing women's health is not solely the responsibility of the NHS and Department of Health and Social Care. With such widely felt benefits, the Department of Work and Pensions, the Treasury, local government, and the charity sector should also be involved.

Concern about variation in care quality and access – particularly which could emerge from neighbourhood models – was also discussed as an implementation challenge. The panel answered that standards and target outcomes should be nationally set, while service design and delivery should be place-based, tailored to local populations and needs.

Conclusion

Women's health is unacceptably underserved in the UK, with detrimental human and economic consequences. This panel made it very clear that women's health is a mainstream economic issue, and can no longer be seen as a 'niche' topic or an afterthought. From educational achievement to economic inactivity or pensioner poverty, better serving women's health is essential for better outcomes through every phase of life.

The panel were also clear that improving women's health will require more than policy announcements or isolated initiatives. It has to run through every part of NHS care and will depend on consistent delivery, backed by the right funding flows, incentives, and workforce capabilities. The current renewed focus on women's health presents a significant opportunity, but real progress will ultimately be judged by whether women's experience and outcomes improve.

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