Menopause Policy: Routes to Action

A practical framework for policymakers, elected representatives and civil-society advocates

This brief makes the case for closing the structural gap in menopause policy, shows how governments and advocates are turning recognition into action, and offers policymakers, elected representatives and civil-society advocates a framework to act on.

Why Menopause Belongs on Your Agenda

Menopause is a near-universal life transition, yet it has been barely discussed in doctors' offices, workplaces, and homes, almost never reaching research, training, or policy. That silence is breaking. Lived-experience advocacy, journalism, social media, parliamentary attention and civil-society organising have moved menopause from a private matter onto public record and into political debate. Women asserting their right to information, care and workplace support have opened every entry point featured in this brief: each country pathway began with someone willing to make menopause a public priority rather than a private concern.

Menopause affects half the world's population, typically between the ages of 45 and 55, though earlier onset can occur spontaneously or as a result of medical treatment or surgery. Symptoms can last seven years or longer. Menopause also carries long-term risks to cardiovascular, bone, brain and metabolic health that extend well beyond the years of visible symptoms. For women with significant symptoms or limited access to care, the consequences extend beyond health into work, family life and financial security.

47 million
Women will enter menopause every year by 2030.[1]

1.2 billion
Women will be menopausal or postmenopausal by 2030. As many as three-quarters will live in low-and-middle income countries.[2,3]

US $120 billion
Potential annual global GDP gain from improving diagnosis and treatment of menopause symptoms.[4]

The Economic Case

Women are working longer as populations age and social norms shift, making midlife women's health directly relevant to economic growth, productivity and labour policy. Just under half of women aged 45–59 worldwide are in the labour force, with participation ranging from 22% to 63% across regions.[5]

Failing to act carries a measurable economic cost. A UK longitudinal study found that women reporting severe menopausal symptoms at age 50 had 43% higher odds of leaving work and 23% higher odds of reducing their hours by age 55.[6] Evidence from Norway and Sweden finds persistent earnings and employment losses following a menopause-related diagnosis, alongside greater reliance on disability benefits.[7] The policy concern is avoidable loss when significant symptoms are dismissed, care is delayed and practical support is absent.

Paid employment is only part of the picture, however. The ILO estimates that women perform more than three-quarters of the world's unpaid care work.[8] Informal employment, where protections and benefits are limited or absent, accounts for more than 60% of jobs globally, and women are overrepresented in informal work in most countries.[9] This means menopause affects households, livelihoods and communities in ways conventional labour-force and GDP measures do not capture.

The Policy Gap and Why It Exists

The policy gap is structural, not incidental. Reproductive-health policy and clinical training typically end in a woman's 40s. The general ageing and chronic-disease policies that follow were never built with women specifically in mind.

Menopause falls into the institutional void between the two: a category that has closed, and one that has never taken the transition into account. No country can claim to deliver Universal Health Coverage across the life course while an entire stage of women's health goes largely unserved.

Menopause is also rarely captured systematically in national health or monitoring data. Major global survey platforms, including the Demographic and Health Surveys, have traditionally focused on women aged 15–49, leaving menopause poorly represented in the evidence used for national planning.[10] The result is a consistent pattern: limited provider training, uneven services, and care that depends on geography, income and a woman's ability to navigate the system, even where care nominally exists.

Six Components of a Comprehensive Menopause Policy Response

Effective menopause policy cannot rest on a single law, clinical guideline or workplace initiative. Closing the structural gap requires connecting six interdependent components. This framework serves as both a roadmap for action and a diagnostic tool for assessing whether recognition is translating into equitable delivery. It is a starting point designed to evolve as countries build implementation experience and women's voices shape what comprehensive policy should include.

Component	What it means	Sample policy levers	Policy test
Healthcare access	Women can obtain timely, affordable, evidence-based assessment, treatment, referral and follow-up through primary, community or specialist care.	Integrate menopause into primary care, women's health, NCD or healthy ageing services; address timely access, treatment and medicine availability, insurance coverage, continuity and cost.	Can women access affordable, evidence-based care locally, whatever their income or geography? Who is excluded?
Clinical guidance and workforce capacity	Providers are trained and supported to recognise, manage and refer menopause-related concerns.	Issue or update national evidence-based clinical guidance to standardise care; integrate menopause into pre-service and continuing education for medical, nursing, pharmacy and community health workers; establish clear care and referral pathways.	Are clinicians and frontline health workers trained to assess, treat and refer, and supported to keep their knowledge current as guidance evolves?
Workplace and social protections	Women are supported to remain healthy and engaged in work.	Lead through public-sector guidance; support employer policies, HR, manager and occupational-health training, flexible work and reasonable adjustments; extend social-protection coverage to informal, temporary and precarious workers.	Do labour and social-protection policies extend beyond formal employment to reach informal, temporary and precarious work, and are they enforceable?
Governance, law and financing	Menopause is recognised in relevant policy, legal or institutional frameworks, with responsibility, financing and coordination assigned.	Use strategies, legislation, regulation, budget processes, parliamentary inquiry, formal policy commitments or legal protections to create implementation and reporting accountability.	Are responsibilities, financing and legal protections in place? Is there stakeholder participation and open monitoring of implementation and equity?
Public awareness and education	Women, families, employers and providers have trusted, accessible information.	Fund public information, health literacy, community engagement, community-health-worker outreach and civil-society partnerships to reduce stigma, counter misinformation and support care-seeking.	Do women and their communities recognise symptoms, feel comfortable discussing them, and know where to find trusted care? Is menopause part of wider women's health and healthy-ageing communication?
Research, data and accountability	Population need, service availability, service use, treatment, access, outcomes and inequalities are measured.	Include menopause in surveys, routine data collection and research agendas; establish periodic policy review to assess whether evidence is translating into equitable delivery; disaggregate by geography, income, education, health literacy, employment status and disability.	Is menopause in research agendas and national health tracking, with data disaggregated to show who is left behind?

Country Pathways to Action

Progress is rarely simultaneous across all six components. The cases below illustrate different entry points—a clinical standard, a workplace policy and a parliamentary inquiry—shaped by each country's institutions, advocates and health system.

BRAZIL Leveraging Existing Public Health Systems

Brazil is embedding menopause care directly into its Unified Health System (Sistema Único de Saúde, SUS), where universal healthcare is guaranteed as a constitutional right. Rather than establishing parallel structures, the country combines federal legislative proposals, state-level initiatives and Ministry of Health guidance to integrate menopause into Primary Health Care (PHC) through a life-course approach to women's health.

Legislative momentum has grown in recent years. At the federal level, several bills under consideration—including PL 3933/2023, PL 4504/2024 and PL 876/2025—propose expanding menopause care under SUS by addressing access to medicines, diagnostic support, provider training, intersectoral coordination, research, monitoring and treatment access. None has yet become law. At the state level, São Paulo and Minas Gerais have introduced awareness measures, including a State Menopause Awareness Day in Minas Gerais.

> *"Making menopause visible means recognizing that caring for women's health at every stage of life is a public health issue. By incorporating this agenda into Brazil's Unified Health System (SUS), we reaffirm our commitment to comprehensive, equitable, and continuous care throughout the life course."*
>
> Dr. Adriano Massuda, Executive Secretary, Ministry of Health, Brazil

Policy takeaway

Brazil demonstrates that legislative proposals, clinical leadership and an existing universal health system can advance in tandem without waiting for a single comprehensive law. Its primary challenges will be ensuring even implementation across states and municipalities, supporting consistent, equitable access to care, and addressing broader cross-sector priorities such as workplace protections.

This legislative push is supported by clinical leadership from FEBRASGO and SOBRAC, who contributed to Brazil's 2024 guideline on cardiovascular health during the climacteric and menopause. Building on foundational guidance first published in 2008, the Ministry of Health has developed updated technical resources, including the Manual de Atenção às Mulheres na Transição Menopausal e Menopausa and the Guia da Menopausa. Technical Note No. 72/2026 provides national guidance to support comprehensive, person-centred and evidence-informed menopause care in PHC, while strengthening health information systems to improve epidemiological visibility and local planning. In 2025, SUS recorded approximately 1.4 million menopause-related consultations—a figure that may still underestimate population need. Medicines are available through SUS according to clinical need, and the Ministry is conducting ongoing evidence-based assessments and reviews of the essential medicines list to evaluate additional therapeutic options for potential incorporation into the system.

IRELAND Leading by Example: Government as Employer

Ireland shows a practical lever for government: act where the state already has authority. In 2023, the government introduced a Menopause in the Workplace Policy Framework for Civil Service organisations, guiding their own policies on manager support, confidentiality and workplace adjustments. Organisations were expected to have policies in place by mid-2024. At the same time, Ireland built the health-system side through successive Women's Health Action Plans that supported specialist menopause clinics, national awareness activity and guidance for general practice. Since June 2025, eligible women have also been able to obtain prescribed HRT medicines and products free of charge through participating pharmacies.

> *"Over 26,000 women are employed in the Civil Service and they account for over 50% of our workforce. By recognising the impact that menopause can have, and creating an open culture of discussion and understanding around menopause, we can ensure those women feel comfortable in the workplace and can progress in their careers in the Civil Service."*
>
> Paschal Donohoe, Minister for Public Expenditure, NDP Delivery and Reform, Ireland, October 2023

Policy takeaway

Government can act through health-service planning and through its authority as an employer. Ireland has made progress on both, while consistent workplace support and equitable access to care remain important tests of delivery.

KENYA Advocacy and a Policy Opening

Kenya's National Reproductive Health Policy 2022–2032 takes a life-course approach and identifies menopause among its reproductive-health needs, though the review finds limited translation into specific services or operational measures. More focused national attention followed through a 2025 conference led by ICRW Africa and the Reproductive Health Network Kenya, bringing together government, clinicians, advocates, legal voices and women with lived experience. The Ministry of Health representative subsequently recognised menopause as a neglected public-health issue and committed to developing national policy guidelines and convening an expert committee. This is an early-stage policy opening, not yet a delivered national programme.

> *"Our Constitution guarantees women equality, dignity, and the right to fair labour practices. These protections must extend to women experiencing menopause."*
>
> Millie Odhiambo MP, National Assembly Minority Whip, Kenya, 2025

Policy takeaway

Where menopause has little institutional recognition, civil-society convening can create an initial policy foothold. Kenya's 2025 conference secured explicit Ministry recognition of menopause as a neglected public-health issue and a commitment to establish an expert committee. The remaining task is whether that political commitment produces assigned responsibility, financing and services.

MEXICO Clinical Standards as a Foundation

Mexico was early to set a clinical standard for menopause care. In 2013, it issued NOM-035-SSA2-2012, a mandatory standard establishing requirements for prevention, counselling, diagnosis and hormonal and non-hormonal treatment across public, social and private providers. However, the standard ceased to be in force in June 2023, leaving a gap in the national regulatory framework for perimenopause and postmenopause care.

Political momentum has grown around this clinical foundation. In 2023, Senator Claudia Ruiz Massieu, the Senate's Belisario Domínguez Institute and civil-society organisation SinReglas convened a forum that brought menopause into parliamentary debate as a health, workplace and rights issue, highlighting gaps in training, information and primary-care access. Two years later, Ruiz Massieu, now a deputy, proposed amending the General Health Law to make menopause and climacteric care an explicit national health objective. Mexico City legislators also introduced a proposal requiring menopause information, prevention and care programmes. The Senate has since approved a draft decree to designate 18 October as National Menopause Health Day, advancing advocacy into growing national recognition.

Workforce capacity is also developing. The National Institute of Perinatology (INPer) trained roughly 4,700 physicians in multidisciplinary menopause management through its national virtual programme in 2025, followed by a second programme on perimenopause and bone health in 2026. The Institute also runs a specialised menopause clinic.

> *"Our goal should not be simply to recognize menopause as a biological transition, but to ensure that women receive appropriate, evidence-based care throughout this stage of life and beyond."*
>
> Patricia Clark, Secretary of the General Health Council, Mexico

Policy takeaway

A mandatory clinical standard can provide an early foundation for reform, but it does not by itself ensure consistent care across a fragmented health system. Mexico shows how clinical guidance, workforce training, civil-society research and parliamentary advocacy can reinforce one another. The next step is to translate new national evidence and PRONAM into harmonised protocols and measurable, equitable delivery across diverse institutions and regions.

Menopause is not yet formally among Mexico's national health priorities, in part because evidence on its health, social and economic impact has been limited. That is changing as Mexico moves from isolated efforts toward a comprehensive strategy that connects research, clinical care, and national policy. A national survey is estimating the prevalence and burden of menopausal symptoms among women in and outside formal employment, and a separate study is assessing the socioeconomic impact in both groups. The General Health Council is developing a National Medical Care Protocol (Protocolo Nacional de Atención Médica, PRONAM) for women's health across the life course, expected in November 2026. PRONAMs standardise clinical care across Mexico's health institutions, and this protocol specifically addresses perimenopause, menopause and postmenopausal health needs.

SPAIN Menopause Within a Broader Rights Framework

Spain's government action has followed a public-facing trajectory, integrating menopause into its wider sexual and reproductive health framework rather than creating a standalone policy. The 2023 reform of Organic Law 2/2010 incorporated the climacteric and menopause into healthcare, adult education, public awareness and research policy, providing national legal recognition across Spain's decentralised system. The law also introduced a paid temporary-incapacity benefit for medically diagnosed disabling secondary menstruation, setting a precedent for recognising women's health needs within social protection, although the benefit does not cover menopause itself.

The reform renewed the requirement for a State Sexual and Reproductive Health Strategy, the coordinating instrument for the National Health System, and for periodic operational plans to implement and monitor agreed priorities. Developed with regional governments, scientific societies, professional associations, academia and civil society, the Strategy is expected to include dedicated actions on menopause and the climacteric for the first time.

> *"Menopause is not simply a clinical condition to be managed. It is a public health issue shaped by social, economic and gender-related factors. A meaningful response requires a life-course approach and coordinated action across healthcare, research, education, workplaces and social protection."*
>
> Mónica García, Minister of Health, Spain

In February 2025, Congress approved a non-binding resolution with broad cross-party support calling for stronger research, professional training, multidisciplinary care and public information on menopause, representing an important political signal of national recognition. The following month, the Ministry of Health launched Hablemos de la menopausia to normalise menopause and improve public understanding. In June 2026, the government committed to tripling dedicated research funding for women's health to €18 million a year through the Somos. Contamos initiative, naming menopause among the areas that have historically received too little scientific attention.

At the regional level, Catalonia has taken more concrete action. Its Workplace Safety and Health Strategy 2021–2026 integrates gender into occupational risk prevention, while its Integral Plan for Menstrual and Climacteric Equity 2023–2025 includes menopause-related healthcare, professional training and workplace measures.

Policy takeaway

National legal recognition can open the door to public awareness, research investment and social-protection measures, but translating broad commitments into consistent services is challenging in a decentralised system without dedicated funding and common delivery standards. The State Strategy now in development offers a mechanism for setting shared priorities across the National Health System. Regional governments can move faster, but this may also produce territorial inequalities.

UNITED KINGDOM Parliamentary Leadership Driving Cross-System Reform

The United Kingdom (UK) followed a cumulative parliamentary route. Public advocacy, media attention, Carolyn Harris MP's Private Member's Bill, the All-Party Parliamentary Group on Menopause and the Women and Equalities Committee helped move menopause into formal government action, including the Women's Health Strategy for England, the UK Menopause Taskforce and employer guidance.

The Employment Rights Act 2025 now moves large employers towards greater accountability: from 2026, employers with 250 or more employees can publish voluntary action plans alongside gender pay gap data, including steps to support employees experiencing menopause, with mandatory plans expected from spring 2027, subject to secondary legislation.

Approaches differ across the UK's four health systems. England has led parliamentary and workplace reform, while Scotland has gone further in organising health-service delivery through its Women's Health Plan and Women's Health Champion, primary-care training, a national specialist network and menopause services across its mainland health boards. Policy and provision remain less developed in Wales and Northern Ireland.

Policy takeaway

Advocacy, parliamentary action and government delivery can reinforce one another without a single comprehensive law. In the UK, a Private Member's Bill, an All-Party Parliamentary Group and a Committee inquiry built into a national strategy, a taskforce and new employer duties. The remaining task is bringing all four health systems to the same standard, since England and Scotland have moved further than Wales and Northern Ireland.

> *"The UK shows what becomes possible when women speak openly and parliamentarians listen. Now we must take that momentum into a truly global movement."*
>
> Carolyn Harris, Member of Parliament, United Kingdom

Where to Begin

Governments do not need to wait for a perfect national strategy. There is no wrong first step. What determines success is not where a country begins, but whether that initial recognition translates into funded implementation, clear institutional responsibility, and measurable accountability. Use the framework as a diagnostic tool to identify what action already exists, where critical gaps remain and where action is needed next.

Meaningful change follows when political leadership, government delivery and public accountability reinforce one another:

Parliamentarians and elected representatives can build and sustain political momentum.

Legislative groups, caucuses, inquiries and hearings can keep menopause visible, bring evidence and lived experience into public decision-making, advance legal and budgetary reform, and test whether government commitments are funded and reaching all women.

Governments and public institutions can turn recognition into systems change.

Ministers, officials and public agencies can integrate menopause into existing health, labour, gender-equality, social-protection and ageing systems, while assigning clear institutional responsibility, securing sustainable financing, setting delivery standards and measuring outcomes. Governments can also lead by example as employers and service providers.

Civil-society advocates can connect policy to lived experience and keep pressure on implementation and equity.

By building coalitions across sectors, bringing evidence and diverse women's experiences into decision-making, and monitoring delivery, advocates can maintain pressure for action and help ensure that policies reach women beyond the most visible or advantaged groups.

Endnotes

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