



Menopause Foundation
of Canada

Menopause Policy Agenda for Canada

Seven priorities for equitable menopause care,
better outcomes in women's health, and a
stronger economy.



The Urgent Case for Action

Menopause¹ is one of the most universal health transitions in human experience — and one of the most neglected. Its impact is staggering on women and across the healthcare system, society, and the economy.

There are more than ten million women in Canada over the age of 40 in some stage of menopause: a complex health transition that unfolds across years, even decades, with significant impacts on physical health and mental wellbeing, and with implications for long-term heart, bone, urinary, and sexual health.

Women over 40 now represent one-quarter of Canada's population and workforce. They lead teams and businesses, deliver critical care and services, and strengthen families and communities. They do this while navigating a profound hormonal shift without adequate information, without enough trained providers, without accessible, equitable care, and without recognition and support for what they are experiencing in the workplace.

That is not a gap. It is a chasm. And it has consequences.

Menopause-related challenges cost the Canadian economy an estimated \$3.5 billion and 540,000 lost days of work annually.² Many women struggling with menopause symptoms feel they have no choice but to reduce their hours, decline promotions, or step into lesser

roles, sacrificing income in their peak earning years; up to one in 10 women leaves paid work due to unmanaged symptoms.³ Countless others scale back caregiving, volunteer leadership, and community engagement — contributions that never appear in economic statistics but sustain the fabric of Canadian life.

Access to menopause care isn't equal, and for many women, getting help is harder than it should be. Care gaps are widest for Indigenous, Black and racialized women, newcomers, people living in rural and remote communities, gender-diverse individuals, and those with lower incomes.^{4,5} There are also unique challenges for women with disabilities, those who are incarcerated, and those who are precariously housed. Women without access to knowledgeable providers are left with a stark choice: go without, or pay out-of-pocket for alternatives. Access to safe, evidence-based menopause care should never depend on a person's ability to pay. Menopause care must be a basic and foundational part of universal healthcare. Today, it isn't. That must change.

The **Menopause Policy Agenda for Canada** outlines seven priorities for federal, provincial, and territorial governments that will transform menopause care. This is not only a women's health issue. It is a matter of public policy, workforce sustainability, and economic resilience. The opportunity to lead is Canada's. The time for action is now.

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Menopause Foundation of Canada Ambassador, Sophie Grégoire Trudeau

Menopause is a passage — one that every woman will navigate, and one that carries with it real wisdom, hard-won resilience, and a deeper understanding of who we are. This is a stage of life worth celebrating.

But we cannot celebrate what we do not understand. And right now, too many women are suffering through this transition without ever being told that menopause is at the root of their experience. They are dismissed, misdiagnosed, or left to figure it out alone. Failing half our population comes at a cost we all share.

I think about the women who face this transition with even less support — further from care, further from answers, further from anyone willing to simply listen. Every one of them deserves care, information, and the assurance that what they are experiencing is real, it has a name, and there is help.

Menopause does not discriminate. But access to support does.

The **Menopause Policy Agenda for Canada** is a call to change that, so people in Canada can move through this transition with knowledge, with care, and eventually, with the celebration it deserves.



Sophie Grégoire Trudeau



Lived Experience

“Listen to us, hear us, believe our experiences. Don’t write us off, do something. Give us some path forward, educate the world, give us accessible care, and workplace support. Don’t leave us alone anymore.”

Natalie



The Numbers That Demand Action

1 in 4

Canadians are women over 40 — one-quarter of the population and one-quarter of the workforce⁶

1 in 2

Women feel unprepared for perimenopause and menopause⁷

~ 40%

Of a woman's lifespan is spent in menopause — yet it received less than 3% of all female specific CIHR research grants, while pregnancy (~1% of a woman's lifespan) receives more than 30%.⁸

\$3.5 Billion

Estimated annual cost to the Canadian economy from menopause-related productivity loss and income loss⁹

~ 1 in 10

Women will reduce hours, take a lesser role, or leave the workforce due to unmanaged menopause symptoms¹⁰

\$37 Billion

Potential annual boost to Canadian GDP by 2040 from closing the women's health gap¹¹

~ 7%

Share of Canadian Institutes of Health Research (CIHR) funding focused on women — stayed flat over 15 years¹²

The Case for a National Framework for Women's Health in Canada

Bill S-243: An Act to establish a national framework for women's health in Canada, would create the first-ever legal obligation to advance women's health. It would require the Minister of Health to develop a national women's health strategy, in consultation with provinces and relevant stakeholders. We call on federal leaders to pass Bill S-243 and ensure menopause care is fully integrated into the strategy.



The Seven Policy Priorities

The Menopause Policy Agenda for Canada calls on governments to:

- 1 Train providers:**
Mandate menopause education for all physicians and nurse practitioners
- 2 Close care gaps:**
Make menopause care equitable for all
- 3 Pay fairly:**
Incentivize physicians to provide quality menopause care
- 4 Expand treatment access:**
Make menopause medicines accessible and affordable
- 5 Fund the science:**
Invest in menopause research
- 6 Support workers:**
Strengthen the economy through menopause-inclusive workplaces
- 7 Break the stigma:**
Raise public awareness of menopause



Priority

Train Providers:

1

Mandate Menopause Education for All Physicians and Nurse Practitioners

The Case for Change

Millions of women in Canada struggle to access basic, evidence-based menopause care. One of the biggest barriers is that many healthcare providers lack the education, training, and confidence to provide support and treatment. This is not a failure of individual providers. Canada's doctors and nurse practitioners are already overburdened. The problem is systemic: menopause is a universal life stage affecting half the population, yet it remains largely absent from medical education, leaving many providers relying on outdated information. Most menopause care should be delivered through primary care, with only the more complex cases referred to specialists, who currently have long waitlists. Canada must build clinical capacity in menopause care across family medicine, gynecology, and related specialties.

Calls to Action

- Mandate standardized menopause education across all medical school and nurse practitioner programs — as a core competency, not an elective. Embed menopause education across specialties including family medicine, internal medicine, cardiology, endocrinology, psychiatry, neurology, rheumatology, and gynecology to reflect the full-body nature of the transition.
- Ensure menopause education covers the full range of menopause experiences — including premature, early and surgical menopause — and its documented links to bone, cardiovascular, brain, urinary, and sexual health.
- Require continuing medical education (CME) credits in menopause care for practicing physicians and nurse practitioners to ensure knowledge keeps pace with evolving research.
- Establish a national quality standard for menopause care.
- Fund menopause fellowship programs and centres of clinical excellence to develop the specialist pipeline Canada urgently needs.
- Support distinctions-based, Indigenous-led menopause resources and cultural safety training.
- Support inclusive care training, including the experience of Black, racialized, newcomers to Canada, gender diverse and other equity deserving communities.

Priority

1 2 3 4 5 6 7

Train Providers

Key Evidence & Proof Points

- There is no standardized menopause curriculum for healthcare providers in Canada.
- Many Canadian medical graduates report being uncomfortable managing menopause care.^{13, 14, 15}
- There is a lack of mandatory training in gynecology for primary care providers.¹⁶
- Only 25% of women said their healthcare provider proactively discussed menopause with them.¹⁷
- When women raised menopause themselves, 75% said the conversation was not helpful or only somewhat helpful.¹⁸
- 40% of women felt their symptoms were undertreated by their healthcare provider.¹⁹
- In a study of patients referred to specialized menopause clinics in Canada, 29.8% were offered no treatment by primary care prior to referral and 89% reported having to bring their menopausal symptoms to their primary care provider's attention themselves.²⁰
- Among 529 participants referred to a specialized menopause clinic in Ontario, 74% reported vaginal dryness, yet 90% of those patients had not been offered local vaginal hormone therapies—the gold standard of care for genitourinary syndrome of menopause—before being referred.²¹
- Prolonged waits for specialized gynecology care are associated with increased symptom burden and impaired quality of life, particularly among patients awaiting menopause care.²²



International Leadership

The United States Congress introduced the Menopause Education for Medical Students Act to strengthen menopause education in medical schools and better prepare future physicians to care for women across specialties. The Act would require all medical schools receiving federal funding to include menopause training as a mandatory component of their curriculum.²³



Train Providers

“Women are routinely misdiagnosed, dismissed, or left untreated during one of the most significant transitions of their lives — not because the science is lacking, but because menopause has been systematically excluded from medical education. A standardized, evidence-based curriculum is not an elective addition. It is the foundation of competent care for half the population.”



Dr. Wendy Wolfman

Positive Progress

Ontario Health released *Menopause: Care for Women and Gender-Diverse People* — a quality standard providing clear, evidence-based guidance for clinicians, health organizations, and patients across the province.²⁴

Alberta Health Services developed a *Provincial Menopause and Perimenopause Primary Care Pathway* — co-designed by primary care providers, specialists, and patient advisors — giving frontline family physicians a practical clinical roadmap for diagnosis, management, and referral.²⁵

The University of British Columbia Faculty of Medicine announced it will introduce a dedicated menopause curriculum unit for medical students — one of the first medical schools in Canada to do so.²⁶

The University of Toronto Department of Family and Community Medicine is developing a new comprehensive curriculum in mature women’s health, with a focus on menopause, for family medicine residents and expanding continuing professional development opportunities for practicing physicians.²⁷



Lived Experience

“My menopause journey was frustrating and disheartening. It took me nearly a year to find a doctor who would truly listen. I saw 4 different physicians - including a gynecologist - who dismissed my symptoms...Then, I found a gem in Calgary - a doctor who finally had a real conversation with me, acknowledged my struggles and prescribed Hormone Replacement Therapy (HRT).²⁸ It has been life changing. My energy returned, my symptoms eased, and I finally felt like myself again. The right care can transform lives and I’m living proof.”

Tara

“Women are struggling, trying to navigate this journey in the dark because not many doctors have been trained well enough on menopause. For women who experience menopause differently than most— for me, I was very early in my 30s— it is even more challenging to find care. I was lucky that I was referred to a menopause specialist, but it took a year to be seen. Women shouldn’t have to wait for knowledgeable menopause care because it can affect all aspects of our health. We should be advocating for menopause training for all healthcare providers.”

Luisa

Priority

Close Care Gaps:

Make Menopause Care
Equitable for All

2

The Case for Change

Lack of knowledgeable care providers, long wait times for menopause specialists, and limited individual understanding of menopause all make access to care a challenge – one that isn't shared equally. Geography and fragmented care pathways create barriers that disproportionately affect women in rural and remote communities. These gaps are even wider for Indigenous women, Black and racialized women, newcomers, gender-diverse individuals, those with disabilities, people precariously housed, and those with lower incomes.^{29, 30, 31}

The struggle to access qualified menopause care providers has resulted in the dramatic growth of for-profit menopause solutions. Private clinics are a symptom of the gap, not a substitute for fixing it. Access to safe, evidence-based menopause care should never depend on a person's ability to pay. It is essential care and should be universally accessible.

Calls to Action

- Fund specialized menopause clinics in every province and territory for complex care needs.
- Strengthen and fund expanded access to evidence-based virtual care, including telemedicine and culturally safe community-based services, particularly for rural, northern, and remote communities. Enhance connectivity where necessary.
- Improve access to nurse practitioner-led menopause care: update provincial and territorial legislation and funding models to align with the 2025 Canada Health Act Services Policy and remove barriers to publicly funded nurse practitioner care.
- Mandate a dedicated menopause health check at midlife, creating a consistent entry into the health system so more women are assessed, diagnosed, and connected to care.
- Fund the creation of evidence-based patient materials that cover the breadth of menopause experiences, including early and surgical menopause, as well as racial and ethnic differences.

Priority

1 2 3 4 5 6 7

Close Care Gaps

Key Evidence & Proof Points

- 5.4 million Canadian adults (17%) lack a regular health provider, with rural and remote communities hit hardest.³²
- Telemedicine has been shown to have high levels of patient satisfaction and to be an effective means of delivering menopause care.³³
- 43.5% of women seek help from other sources such as naturopaths, spending an average of \$900 out of pocket annually due to inadequate access.³⁴
- Fewer than 1 in 4 women say they are knowledgeable about menopause signs and symptoms.³⁵
- Limited connectivity and digital literacy challenges make virtual care inaccessible for many remote and Northern communities.³⁶



International Leadership

Australia's New South Wales operates a virtual health hub offering telehealth consultations for women with complex menopausal symptoms across regional and remote districts.³⁷

Women across Australia are able to access menopause and perimenopause care and support through 33 Endometriosis and Pelvic Pain clinics. There is at least one Endometriosis and Pelvic Pain Clinic in every state and territory, operating within an existing general practice, to keep care close to home and connected to local communities.³⁸

The United Kingdom has mandated menopause education as a component of NHS Health Checks for women aged 40–74, embedding standardized information into routine care.³⁹



Close Care Gaps

“For rural and remote Canadian communities where specialist services are critically scarce, virtual care platforms are a transformative solution. These services bridge a significant access gap, delivering timely expert care and reducing the prohibitive burden of travel and cost for patients. Publicly-funded, robust virtual care is a critical and cost-effective strategy for achieving equitable menopause care for all Canadians.”



Dr. Sheila Wijayasinghe

“The evidence increasingly shows that, for appropriately selected patients, virtual care is not a compromise: it can be as effective and as safe as in-person care, while preserving in-person healthcare resources for the patients who need them most.”



Dr. Lindsay Shirreff

Positive Progress

Mount Sinai Hospital in Toronto will open a dedicated hub for menopause research, education, and care, as an addition to the current menopause clinic that has an 18-month wait list.⁴⁰

BC Women’s Hospital opened a Complex Menopause Clinic, delivering specialist care — in person and virtually — for patients with complex symptoms.⁴¹

Nova Scotia committed \$4 million toward a Menopause Centre of Excellence expected to open by 2027.⁴²

The Manitoba government announced the creation of a \$5.2 million Manitoba Menopause Clinic set to open in 2027.⁴³



Lived Experience

“I live in B.C., Canada and since my family physician retired last year, I do not have a healthcare provider. In our city our last walk-in clinic closed this winter. I am on this journey alone.”

Jennifer

“I am one of those women who was very challenged to function and maintain my job. Glad to say that’s behind me now with appropriate HRT dosing. I had to seek out a private clinic that specializes in menopausal women and pay out of pocket for this...Why isn’t competent menopausal care available through our regular healthcare system? Why do we have to pay out of pocket for such essential services?”

Leslie

Priority

Pay Fairly:

Incentivize Physicians to Provide Quality Menopause Care

3

The Case for Change

Even where clinical knowledge exists, financial and structural barriers prevent physicians from providing quality menopause care. Comprehensive menopause consultations require extended time to assess often wide-ranging symptoms, discuss treatment options, and develop personalized care plans. Yet current fee structures inadequately compensate physicians for these longer, more complex visits⁴⁴ — creating a system-level disincentive to deliver the care women need. Short visit structures often mean only the most urgent symptom gets addressed, leaving the broader picture of midlife health unexamined.

The problem extends beyond primary care. Gynecologic surgery is paid less than comparable procedures in other specialties,⁴⁵ pushing new graduates away from the very specialty relied on for complex menopause cases.

Calls to Action

- Create dedicated menopause billing codes in all provinces and territories, reflecting the complexity and increased time required for comprehensive assessment and care planning.
- Ensure appropriate compensation for menopause consultations delivered through virtual care platforms, recognizing virtual care as an effective, essential modality.
- Adjust compensation for obstetrician-gynecologists to fairly value gynecologic care, expanding capacity for menopause specialists to deal with more challenging care needs.

Priority

1 2 **3** 4 5 6 7

Pay Fairly

Key Evidence & Proof Points

Primary Care Billing Codes

- While menopause visits can be billed under general assessment codes, most jurisdictions lack dedicated fee codes that recognize the extended time required for comprehensive menopause care — unlike the time-based codes that exist for comparable complex care such as addictions and mental health.

Virtual Care

- Billing frameworks for virtual care remain inconsistent between the various provinces and territories, and, in some jurisdictions, are lower or more restricted than in-person care.⁴⁶ Physicians are not adequately reimbursed for the virtual care that menopause patients need,⁴⁷ such as follow-up messaging, prescription reviews, and symptom monitoring between appointments. Patients in rural and remote communities who would benefit from virtual access are left without a viable government-funded care pathway.

Gynecologic Compensation Gap

- Across Canada, procedures related to women's reproductive health, especially gynecologic surgeries, are underpaid compared to procedures of similar complexity in other surgical specialties.⁴⁸ This affects virtually all provinces and territories⁴⁹ and drives new graduates away from gynecology—the specialists often referred to treat more complex menopause care. viable government-funded care pathway.



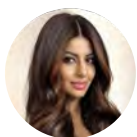
International Leadership

Following a parliamentary inquiry into menopause, Australia committed \$573 million to women's health and backed it with structural change. They introduced new Medicare rebate items for menopause consultations, giving physicians a dedicated billing pathway for menopause care for the first time.⁵⁰

Pay Fairly

“The current fee-for-service model does not adequately support comprehensive menopause care. Menopause is not a single-symptom condition—we are often assessing and managing multiple interconnected areas of health, including vasomotor symptoms, sleep, mood, vaginal and urinary health, bone health, cardiovascular risk, and sexual health. Each deserves thoughtful assessment, and each can influence the others.

Just as our healthcare system recognizes pregnancy and postpartum care with dedicated billing codes, menopause deserves similar recognition as a distinct and complex stage of women’s health. Dedicated menopause billing codes, together with time-based remuneration, would allow physicians to provide the comprehensive, evidence-based care women need and deserve.”



Dr. Shafeena Premji

Positive Progress

Manitoba introduced a dedicated fee code for mature women’s health assessment, recognizing the complexity and time discussions about perimenopause and menopause symptoms require.⁵¹



Lived Experience

“For over five years I’ve been speaking to doc after doc for explanations about my symptoms. Hot flashes, irregular periods, insomnia, muscle & joint pain, mood swings, lack of energy, weight gain, high blood pressure, zero libido. Each doc downplaying my symptoms. Now 49, officially in menopause my request for HRT is treated like I asked for opioids for fun.... Does someone have the key to this seemingly locked door through the menopause world and the maze that is our archaic women’s health care system?”

Mel

Priority

Expand Treatment Access:

Make Menopause Medicines Accessible and Affordable

4

The Case for Change

Safe and effective treatments for menopause symptoms exist. The problem is access. Coverage for menopause hormone therapy (MHT), non-hormonal options, and related treatments varies across provinces and territories. This leaves many without affordable or optimal options based solely on where they live or what their private plan, if they have one, covers.

The barriers go beyond coverage gaps. Some of the most effective treatments face regulatory and labelling obstacles. Vaginal estrogen products continue to carry outdated black box warnings that discourage prescribing and use, despite overwhelming evidence of their safety. Testosterone presents a different challenge: though helpful for specific symptoms in some women, Canada has no testosterone product formulated or dosed for women. The only regulated option is a male-dose formulation that women must self-adjust down, which is an imprecise, off-label workaround.

Further, as the range of available menopause treatments has grown, including newer hormonal and non-hormonal options that offer women more choice and better tolerability, public and private coverage has failed to keep pace. Too many women are being prescribed older, less suitable treatments not because they are the best option, but because they are the only one their plan will cover. This leaves cancer survivors and others who can't use MHT without access to newer, non-hormonal treatments. For those with premature ovarian insufficiency, hormone therapy isn't optional symptom relief—it's true replacement that protects long-term cardiovascular, bone, and brain health—yet coverage gaps put that at risk too.

Even when the right treatment is identified, women can wait months to start, renew, or adjust something as routine as vaginal estrogen. Pharmacists, often the most accessible point of care, remain an underused part of the solution.

Calls to Action

- Add commonly used menopause medications, including transdermal estrogen, to all public provincial formularies.
- Include menopause medications as a core component of any national pharmacare expansion.
- Remove outdated black box warnings from vaginal estrogen products — barriers that contradict current evidence and limit treatment of genitourinary symptoms.
- Expand pharmacists' scope of practice to prescribe local vaginal estrogen for genitourinary symptoms, and to substitute equivalent menopause hormone therapy products for existing prescriptions when products are unavailable.
- Expedite Health Canada approval processes for new menopause medications using existing fast-track pathways, ending unnecessary delays in access.
- Prioritize approval of a regulated, female-dose testosterone product to address a significant unmet clinical need.

Priority

1 2 3 **4** 5 6 7

Expand Treatment Access

Key Evidence & Proof Points

- Prescription drugs are covered through a patchwork of public plans (42%), private insurers (35%), and out-of-pocket payments (19%) — meaning 1 in 5 Canadians pays for their medications entirely themselves.⁵²
- Access to menopause hormone therapy on public drug formularies is inconsistent across provinces and territories.⁵³
- There is no female-dose testosterone product approved in Canada, despite clinical need.⁵⁴
- A serious warnings and precautions box (commonly known as a black box warning), identifies clinically significant or serious (i.e., life-threatening) safety hazards when taking a drug.⁵⁵ The Canadian Menopause Society welcomed the FDA's removal of the black box warning from menopausal hormone therapy labels.⁵⁶



International Leadership

In 2025, the US FDA announced that it would be removing the “black box” warnings on hormone therapy products for the treatment of menopause symptoms, concluding they were outdated and not supported by current evidence.⁵⁷

In the UK, two vaginal estrogen products – a tablet and a cream – can be purchased over the counter without a prescription.⁵⁸

Ireland provides HRT free of charge to all women who need it, backed by a €20 million annual state investment.⁵⁹

New Zealand closed cost barriers to hormone therapy through Pharmac, the national agency that funds medicines for all New Zealanders. Pharmac funds a range of hormone therapy formulations, including estrogen gel, tables, patches, and progesterone.^{60, 61}



Expand Treatment Access

“The black box warning on vaginal estrogen has long deterred both patients and clinicians from a safe, effective treatment, leaving countless women to suffer needlessly from Genitourinary Syndrome of Menopause. The FDA removed this outdated warning in February 2026. Health Canada must act with the same urgency.”



Dr. Kelsey Mills

“Despite their recognized efficacy, Health Canada-approved menopause treatments are not consistently covered by all provincial formularies, creating a postal code lottery for essential care. This forces many women to pay out-of-pocket or use less suitable alternatives, undermining evidence-based medicine. Mandating the inclusion of Health Canada-approved therapies on all provincial formularies is a fundamental requirement for equitable and optimal menopause management nation-wide.”



Dr. Debra Evaniuk

Positive Progress

Quebec removed restrictive criteria that had limited coverage under its public drug insurance plan to women with specific risk factors, opening access to transdermal estradiol gel and micronized progesterone.⁶²

British Columbia covers common menopause hormone therapy through the federal pharmacare agreement, including transdermal estrogen, vaginal estrogen, and micronized progesterone.⁶³ The Non-Insured Health Benefits Program for First Nations and Inuit covers a similar range of treatments for First Nations and Inuit.⁶⁴ Manitoba covers these same medications, but places restrictions on access to transdermal estrogen.⁶⁵



Lived Experience

“Treating menopause is lifesaving and decision makers need to understand that. This is your sister, child, mother, grandmother... By providing free menopausal hormone therapy for women, you could be saving their lives.”

Suzanne

Priority

Fund the Science:

Invest in Menopause Research

5

The Case for Change

Women represent more than half of Canada's population and nearly half the workforce — yet the science underpinning their health during menopause remains chronically underfunded. A peer-reviewed 2025 analysis of 15 years of CIHR funding (2009-2023) found that female-specific research has stayed flat at roughly 7% of all funded grants, with the majority going to cancer research, leaving menopause, cardiovascular health, bone health, and healthy aging with minimal attention.⁶⁶

Even within that narrow pool of funding, priorities are skewed: pregnancy, about 1% of a woman's lifespan, received more than 30% of the funding (the largest amount), while menopause, spanning nearly 40% of a woman's life, received less than 3%.⁶⁷ This reflects a systemic prioritization of reproductive capacity over the broader health experiences that shape women's lives.

This research gap has real consequences. Healthcare providers and policymakers lack the data needed to support women through midlife transitions that have long-term impact on heart, bone, and brain health.

Canada is already moving to strengthen its research capacity, including through a \$1.7-billion initiative to attract more than 1,000 leading international and expatriate researchers; in its first intake, 48 of 64 senior recruits came from U.S. institutions.^{68, 69} This creates a timely opportunity to ensure that women's health, including the major evidence gaps affecting women in midlife, is a deliberate priority within Canada's broader research agenda.

Canada should seize this moment to lead in building the evidence base that women, clinicians, and policymakers urgently need.

Calls to Action

- Establish dedicated menopause research funding streams through CIHR, with regular calls for menopause-specific research proposals that go beyond reproductive biology.
- Significantly increase the National Women's Health Research Initiative investment to match the scale of need — closing the gap with comparable international commitments.
- Increase research to understand menopause impacts across underrepresented groups such as Indigenous and racialized women.

Priority

1 2 3 4 **5** 6 7

Fund the Science

Key Evidence & Proof Points

- Women spend up to 24% more time in poor health than men, yet research investment doesn't reflect this reality.⁷⁰
- Females spend approximately 40% of their lifespan in menopause, yet only 19 of 10,629 total funded CIHR grant abstracts over 15 years mentioned menopause — just 0.18%.⁷¹
- Of the 7% of CIHR grants focused on women's health, funding favours pregnancy over every other life stage: pregnancy — just 1% of a woman's lifespan — receives more than 30%. Menopause, spanning up to 40% of a woman's lifespan, receives less than 3%.⁷²



International Leadership

In the United States, the Biden administration galvanized nearly \$1 billion in women's health research funding with menopause explicitly named as a priority, and called on Congress to invest \$12 billion more.⁷³ The subsequent Trump administration rescinded the council overseeing that initiative, but reversed course after public outcry.⁷⁴

Australia committed \$53.6 million through its national health research fund specifically targeting menopause and women's health, following a parliamentary inquiry.⁷⁵



Fund the Science

“The absence of a distinct CIHR funding category for menopause is a systemic oversight that forces this critical research to compete for resources under broad, often misaligned, themes. This lack of a dedicated stream masks the true level of investment need, stifles scientific progress, and ultimately denies millions of Canadian women the benefits of focused, strategic health innovation. Establishing a dedicated funding stream is a necessary investment to address the widespread impact of menopause on health, quality of life, and national economic productivity.”



Dr. Alison Shea

“Menopause research is one of the highest-return opportunities in Canadian science today. A dedicated funding stream would unlock a wave of new discovery, improve health outcomes for millions of women, and position Canada as a global leader in an emerging field of medicine.”



Dr. Radomir Jarcevic

Positive Progress

Dr. Liisa Galea, a CIHR-funded neuroscientist at the Centre for Addiction and Mental Health (CAMH) and the University of Toronto, is pioneering research into how hormonal changes during menopause affect the female brain, including links to dementia risk. Her work is challenging decades of misconception and calling for personalized hormone therapy approaches.⁷⁶

Dr. Jerilynn Prior at the University of British Columbia (UBC) led a landmark CIHR-funded randomized controlled trial on perimenopause treatments, founding the Centre for Menstrual Cycle and Ovulation Research to translate findings directly into patient care.⁷⁷



Lived Experience

“I tried every menopause treatment option available and found no relief. I’ve been told I’m one of the 5% of women that don’t respond to what is currently available. My career was derailed and I feel I lost a decade of my life. We need more research and more treatment options. Our lack of knowledge for something that affects half the population is unacceptable.”

Patricia

Priority

Support Workers:

Strengthen the Economy Through Menopause-Inclusive Workplaces

6

The Case for Change

There are five million working women over the age of 40 in Canada – one-quarter of the paid workforce. Women between the ages of 45 and 55, the age when most reach menopause, are the fastest growing segment of working women. When women struggle with unmanaged menopause symptoms, it has an impact at work: 540,000 lost workdays and \$237 million in lost productivity for Canadian employers each year.⁷⁸

Inroads are being made; more than 240 companies have joined the Menopause Foundation of Canada's (MFC's) Menopause Works Here™ campaign, declaring their commitment to supporting employees through this stage of life.

But progress is uneven. Smaller organizations are often left without the resources, tools or guidance to build menopause-inclusive workplaces.

At a time when Canada is focused on productivity and economic growth, the country cannot afford to lose the experience, leadership, and economic contribution of millions of women at the height of their careers and working lives.

Calls to Action

- Mandate menopause-inclusive workplace action plans for all employers with more than 500 employees. Federal, provincial, and territorial governments to lead by example.
- Fund an expansion of MFC's Menopause Works Here™ campaign, to close the menopause education gap for more employers and employees across Canada. This work will provide employers with guidance, toolkits, and training resources to implement menopause-supportive policies, removing barriers to action.
- Include “menopause” as a named, prohibited ground of discrimination in federal, provincial, and territorial human rights legislation.
- Create a policy guide under applicable federal, provincial, and territorial human rights legislation, confirming that women in menopause are protected from discrimination under the grounds of sex, age, and disability. This guide would be similar to the Canadian Human Rights Commission's current guide, *Pregnancy, becoming a parent, and human rights: A guide for federally regulated workplaces*.⁷⁹

Priority

1 2 3 4 5 **6** 7

Support Workers

Key Evidence & Proof Points

- \$3.5 billion is lost annually to the Canadian economy through menopause-related absenteeism and lost income, with women bearing the brunt at \$3.3 billion in personal income loss.⁸⁰
- 540,000 workdays are lost each year in Canada due to unmanaged menopause symptoms — costing employers \$237 million.⁸¹
- 1 in 3 working women say menopause symptoms have negatively impacted their performance at work.⁸²
- 2 in 3 women would not feel comfortable speaking to their supervisor about their symptoms.⁸³
- Nearly half (48%) would be too embarrassed to ask for help at work.⁸⁴
- 3 in 10 women fear their colleagues see them as weak, old, or past their prime.⁸⁵
- Canada sees a 14% employment drop for women aged 45–59, compared to 10% for men.⁸⁶



International Leadership

The U.K. Parliament introduced national workplace guidance, including required Menopause Action Plans and expanded flexible work rights, and launched menopause awareness campaigns.^{87, 88, 89}

NHS Scotland implemented a standardized Menopause and Menstrual Health Policy for 140,000+ employees.⁹⁰

The Australian Public Service Commission issued formal guidance directing federal government agencies to support employees experiencing menopause symptoms.⁹¹

Rhode Island was the first U.S. state to explicitly require workplace accommodations for menopause, amending its Fair Employment Practices Act to prohibit menopause-related discrimination and require employers to provide reasonable accommodations like temperature controls, flexible scheduling, and remote work.⁹²



Support Workers

“When the symptoms of menopause aren’t managed, they can become a barrier to women realizing their full potential in the paid workforce. Access to evidence-based information will allow women to access the care and support they need.”



Dr. Jeanne Bouteaud

“The workplace can play an important role in closing the menopause knowledge gap and breaking the stigma of menopause in the workplace. I support patients at the peak of their careers who don’t want symptoms to derail their success.”



Dr. Michelle Jacobson

Positive Progress

Major Canadian employers including Sun Life, BMO, and PwC Canada have joined MFC’s Menopause Works Here™ campaign.⁹³ Seven hundred human resource and business leaders attended MFC’s first Employer Best Practices event in 2025, indicating a high level of interest among Canadian employers.⁹⁴



Lived Experience

“I had almost all of the menopause symptoms and was struggling personally and professionally. After doing some research and meeting with my gynecologist, I started taking HRT which has had many positive impacts. I am glad that I educated and advocated for myself in terms of menopause treatment... We recently developed a Workplace Menopause Policy. I feel that being open about my menopause experience and working for a supportive company has allowed me to remain in the workplace and to take on an even greater role.”

Ashley

“As the head of HR for our Canadian locations, I’m excited to develop a Women’s Health Strategy and will kick it off with all things menopause-related (a first in my male-dominated organization). I’ve already downloaded MFC’s resources and can’t wait to dive into them.”

Attendee at Menopause Works Here™ Employer Best Practices Session

Priority

Break the Stigma:

Raise Public Awareness
of Menopause



The Case for Change

Menopause remains poorly understood despite being a universal life stage that affects half the population. In Canada, one in two women report feeling unprepared for menopause, and fewer than one in four say they are knowledgeable about its signs and symptoms.⁹⁵ This knowledge gap can delay care and deepen stigma, leaving millions of women unable to access a unique window to protect their health and thrive at work during their peak earning years.

Ageist attitudes and negative stereotypes about menopause add to stigma. Women in menopause are in the prime of their lives and make significant contributions to society. Thoughtfully changing the narrative on this stage of life isn't optional. It's the foundation for the action Canada needs to take now.

Calls to Action

- Fund a bilingual, evidence-based national menopause awareness campaign targeting all demographics across digital, television, radio, and community outreach, including multilingual resources for newcomers.
- Integrate age-appropriate menopause education into school health curricula, ensuring future generations understand this life stage from an early age.
- Develop best practice guidelines for government communications about menopause that challenge ageism and stigma and ensure consistent, accurate framing of menopause.

Break the Stigma

Key Evidence & Proof Points

- 1 in 2 Canadian women feel unprepared for perimenopause and menopause.⁹⁶
- Fewer than 1 in 4 women say they are knowledgeable about menopause signs and symptoms.⁹⁷
- 4 in 10 women feel alone through their menopause experience.⁹⁸
- 54% of Canadian women believe menopause is still a taboo subject.⁹⁹
- Women in a British Columbia study reported feeling unprepared, disoriented by unexpected menopause symptoms, and unsupported by healthcare and workplaces.¹⁰⁰
- A 2026 national survey identified key barriers to accessing menopause care; believing symptoms are normal and not treatable (29%), not recognizing symptoms as being part of a hormonal transition (26%), uncertainty about where to seek help (19%), and having symptoms dismissed (21%).¹⁰¹



International Leadership

The U.K. launched a national public campaign and integrated menopause into school curricula.¹⁰²

Australia invested \$12.8 million in a national awareness campaign.¹⁰³

Ireland launched its first national menopause awareness campaign in 2022.¹⁰⁴

Scotland ran targeted campaigns on lesser-known symptoms including mental health impacts.¹⁰⁵



Priority

1 2 3 4 5 6 7

Break the Stigma

“Too many women spend years cycling through appointments before anyone connects their symptoms to menopause. That delay isn’t just frustrating, it’s a missed opportunity to protect their long-term health. When we close the knowledge gap, we give women the chance to advocate for themselves and get the right care, earlier.”



Dr. Omolayo Famuyide



Lived Experience

“A journey without education, resources, or information can be frustrating. That is why you need to become your own advocate in Canada. Menopause awareness and trained professionals are lacking to support women.”

Michaela

“Menopause doesn’t mark decline. Women at this stage are at the height of their influence, experience, and contribution. It’s time our understanding of menopause reflected that.”



Dr. Natasha Deshwal





Canada Must Lead

The Time to Act Is Now

Menopause has been overlooked for too long. The cost — measured in women's health, workforce productivity, and avoidable suffering — is already enormous. But the opportunity before us is even larger.

Every one of the seven priorities in this Policy Agenda is achievable. International peers are beginning to make progress.

What we need now in Canada is the will to move from awareness to commitment – federally and in every province and territory.

**The solutions are within reach.
The time for action is now.**



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