Review

Global Policy and Advocacy Landscape on Menopause: A Global Comparative Review and Analysis

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ABSTRACT

Background: Menopause is the permanent end of menstruation and fertility which occur as a natural part of ageing, typically between ages 45 and 55. Medically it is described as a point in time one year after the last menstrual period due to loss of ovarian follicular function and declining estrogen. With about 1.2 billion expected to be menopausal by 2030 and 47million transitioning annually, menopause is a critical intersection between economic sustainability and public health. Yet, inclusion in global national health strategies remains inadequate and fragmented.

Method: This manuscript review and compares maturity of menopause-specific policy and advocacy across the globe. Comparative evaluation of clinical and legislative frameworks between high income countries and Low- and Middle-Income Countries (LMICs) on menopause was done using the Multi-Level Governance Maturity Framework (MLG).

Results: The Result showed critical maturity disparity as high-income nations have good levels of clinical and workplace legislative frameworks, while low- and middle-income nations have policy gaps and inequity between rural and urban areas.

Conclusion: Formulating menopause-specific health policies with the Sustainable Development Goals (SDGs) can change the current invisibility and increase economic growth as well as quality of life, especially in LMICs.

Keywords: Global, Menopause, Advocacy, Policy, Maturity, LMICs

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INTRODUCTION

Menopause is a physiological milestone marked by the cessation of menstruation for a period of one year, normally occurring at 45-55 years.[1] Though naturally occurring due to depletion of Oestrogen and Progestrone with reduced ovarian follicular activity with ageing, it can also occur due to surgery to remove uterus(Hysterectomy) or Ovaries (Oopherectomy) as well as medical treatments like pelvic radiation and chemotherapy.[1] it is usually accompanied by debilitating symptoms that affect productivity and quality of life including; Genito-urinary symptoms, sleep disorders, vasomotor symptoms, metabolic and psychological disorders.[2] it is also known to increase risk for cardiovascular diseases and osteoporosis[3].

According to the World Health Organization(WHO), menopause is a marker of biological ageing and the transition from reproductive to non-reproductive years.[4] There are three menopausal stages; The Perimenopause stage that starts several years before the Final Menstrual Period(FMP) accompanied by vasomotor symptoms like night sweats and hot-flashes, the menopausal stage characterised by cessation of menstruation along with loss of follicular activity, as well as declining reproductive capacity. The postmenopausal stage begins 12months after menstrual cessation, usually with milder symptoms but with increased risk of long-term medical issues like cardiovascular diseases and osteoporosis.[4]

Experience and perception of menopause vary globally, often dictated by sociocultural, genetic and environmental factors.[5] In the eastern part of the globe, menopause is seen as a liberating phase of life relieving women from reproductive issues, while in the western world it is treated as a medical issue in need of critical healthcare. In Sub-Saharan Africa, a region with Low- and Middle-Income Countries (LMICs), menopause is mostly treated as a spiritual and social issue accompanied by stigmatization and loss of social value although a few societies see it as a period of increased acquisition of wisdom.[6] Also in the region, lack of menopause-specific healthcare and professionals, low literacy and inadequate health infrastructure all lead to poor health outcomes. This situation forces these women to rely on informal networks for support and traditional remedies for treatment.[7] Menopausal knowledge and awareness is also notably limited in the region, leaving room for sociocultural misconceptions, misdiagnosis, and unnecessary healthcare costs.[8] Reproductive health initiatives focus largely on maternal and child health, while menopause-specific interventions such as policy inclusion, counseling, hormone therapy, and lifestyle education remain underdeveloped.[9]

Global estimates show that about 47 million women transition into menopausal age annually and by 2030 over 1.2 billion women will be aged over 50 years (Same age for most menopausal women).[10] Furthermore, studies have shown 70% of menopausal women experience moderate to severe symptoms that affect productivity and quality of life in employment and family environments.[4]

Despite this prevalence, policy gaps on menopause still predominate in many countries.[11] There has been increased advocacy but this is mostly inequitable and fragmented in favour of high income countries..[12] Advocacy for inclusion of menopausal care in the cooperate environment in Europe and North America is especially notable.[13; 14]

The objective of this review is to draw attention of global governments, policymakers, advocacy groups, civil society, professional bodies and academia to the inequity in prioritization of menopause as a critical reproductive health and life-course issue. The ultimate goal of this work is to provide data that will change menopause from its unrecognized status to an issue of social equity and national development because of correlation that has been shown to exist between attrition, decreased productivity of menopausal women and policy immaturity which should be seen as a business case by governments. This review will also provide guidance for the development of a menopausal health policy for regions that might be awakened to its importance.

METHODOLOGY

This is a narrative review conducted through an evidence-based comparative analysis of maturity levels of continents, highlighting success stories of integration of menopause-specific care into primary healthcare, progress in efforts to include menopause in national health policies or existence of independent menopausal care policy. This review examines the sustainable development goals' alignment to healthy menopausal stage of life *and the expected impacts, the* critical components of an impactful menopausal policies and the *comparisons of stages maturity of menopause-specific policy, extent of advocacy and strength of legal frameworks across major countries from different continents in the world.*

Empirical reviews

A. Sustainable development Goals & Framework for Menopausal Health Policy

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Although menopause is not directly mentioned in the Sustainable Development Goals (SDGs), if the concept is viewed through the lens of equity, gender equality, decency at work and right to health, a sustainable menopausal health policy is achievable, measurable and actionable through the following SDG Indicators as framework.

SDG 3: Ensure healthy lives and promote well-being for all at all ages: This goal promotes a healthy life for all at all ages with the overall goal of ensuring physical and mental well-being throughout life as well as access to essential health services. It also promotes health system strengthening and reduction of preventable deaths. The 3.4 indicator is particularly relevant to menopause because of its emphasis on prevention of premature death from non-communicable diseases like cancer, diabetes, chronic respiratory diseases, cardiovascular diseases and mental health, which all have increased risks at post-menopausal transition stage.[15]

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all: This goal promotes Inclusive and equitable quality education along with lifetime learning for all as postulated by this indicator is relevant to menopause as education is a key factor in the reduction of myths, misdiagnosis, misconceptions, stigmatization and unnecessary costs associated with menopause.[16]

SDG 5: Gender Equality - Achieve gender equality and empower all women and girls: This indicator is concerned with the availability of monitoring and enforcement frameworks that prevent discrimination and inequality on the basis of gender which is relevant to menopause as an issue peculiar to the female gender and prone to domestic, healthcare access and workplace discrimination.[17]

SDG 8; Decent Work and Economic Growth - Promote sustained, inclusive economic growth: The principles of this indicator are; Decent work and full employment for all as well as sustainable and inclusive economic growth. These principles can be used to address issues like; attrition, absenteeism, reduced productivity and work place discrimination, that plague menopausal women. It can also be used as a framework to encourage conducive work environments, decent welfare packages, menopausal leave and flexible work hours for the women.[18]

SDG 17:Partnerships for the Goals - Strengthen global partnerships for sustainable development: This indicator is the pillar that all other ones lean on as it pushes for partnership in achievement of all goals through aggregated data collection and access. This same principle is very relevant to menopause because of its multifaceted nature, intersecting almost all other healthcare programs like; cardiology, mental health, endocrinology and non-communicable diseases. High level collaboration must be encouraged within the programs as they relate to menopause as well as with departments outside the healthcare system like education, legal and finance departments of government.[19] A proposed menopause-specific policy must therefore incorporate this partnership element.

Universal Health Coverage (UHC) and Menstrual Health Policy

The SDG (Target 3.8) aims to Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all [20]

Achieving this UHC will involve the principles of equity, Quality health services and financial risk protection.

1. Equity; this means that everyone, everywhere, has access to quality healthcare) \
2. Quality health Services are characterised by effective, safe, and people-cantered services
3. Financial risk Protection this ensures that individuals do not suffer severe financial hardship or fall into poverty due to health care cost. This can be achieved by minimizing out-of-pocket payments and promoting pre-payment and risk-pooling mechanisms like health insurance or tax-funded health services [20]

Table 1 provided a summary of how effectively we can use the Universal Health Coverage (UHC) policy and relevant SDGs to formulate a menopause health policy that will make impact particularly in LMICs.

Table 1: *Strategies, SDG Alignment, and expected impact at the LMIC*

Strategy	Primary SDG Leverage	Key LMIC Impact
1. Integrate policy into UHC	**SDG 3.8**	Affordable access to care; reduces out-of-pocket expenditure
2. Mandate workplace accommodations	SDG 5.4, 8.5	Retains women in workforce; increases lifetime earnings

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Strategy	Primary SDG Leverage	Key LMIC Impact
3. Embed in gender-responsive budgeting	SDG 5.c	Sustainable funding; political accountability
4. Develop national clinical guidelines	SDG 3.4	Standardized, quality care; improved chronic disease outcomes
5. Launch anti-stigma campaigns	SDG 5.1, 3.7	Increased care-seeking; reduced discrimination
6. Establish data systems	SDG 5.6, 17.18	Evidence-based policy; attracts development financing
7. Position as climate intersection issue	SDG 13, 5	Climate-resilient health systems; access to climate finance

B. Critical components of an impactful menopausal policy

The policy on menopause at any level should clearly incorporate the following thematic areas to make good impact:

i. Vision/ Aims and objectives

A menopause-specific policy should view menopause as a public health, human right and socioeconomic issue. The specific objectives should be to dispel myths, stigma, misdiagnosis and misconceptions through evidence-based education or information that will also build confidence in menopausal women to cope with menopausal symptoms.[10] The beneficiaries of the policy should include, families, friends, the workplace and the society at large. Guidance for a good policy vision could be sought by aligning it to the SDGs advocating for equity and universal health coverage[20] as well as the WHO's advocacy on menopause as part of life-course in women's health.[15]

ii. Scope of the policy

The scope of the policy on menopause should be comprehensive and multi-sectorial as menopause and its symptoms place a demand on different aspects of healthcare; mental, non-communicable diseases, psychology, primary care, sexual and reproductive health. Education and awareness must also be in the scope because of the high level of ignorance and myths that still surround menopause. Such educational efforts should target not just menopausal women, but their families, employers, society and healthcare providers.[21]

Data and monitoring should also come under the scope of a menopausal policy as a guide for evidenced based policy making. Health outcomes, health service coverage and lived experiences are all useful data that can be aggregated to guide policy decisions on menopausal care.[22]

Furthermore, menopause can significantly affect daily functioning including work and productivity, a fact that is pointer to the need for a socioeconomic consideration in the construction of a scope for a menopausal policy.[23] A thought for how menopausal women are treated at the work place should also come under the socioeconomic consideration because of discrimination and inequity arising not just from gender but the challenges of the debilitating symptoms of menopause that could affect work performance and encourage dropout from employment.

Partnership is also critical to the success of a menopausal health strategy scope and should therefore be captured in an effective policy. Professional associations, civil societies and advocacy bodies are among partners to be considered as engagement with them will increase the chances of successful implementation of the policy.[15]

iii. Community Involvement

According to WHO, best and equitable health outcomes are achieved through a multi-sectorial and community involvement approach.[15] Partnerships that should be considered will include with professional and academic institutions, advocacy movements, civil societies and the community.[24] A partnership with the community ensures participation, cooperation and cultural sensitivity while the other groups will facilitate the success of a menopausal policy in diverse ways, being known to do a lot of work on issues around under-represented areas like menopause, through education, advocacy and peer support.

iv. Health Workforce Training

There is a clear inadequacy in menopausal training at pre and in-service levels for health professions, which leads to mismanagement and under- or mis-diagnosis, a situation that is more worrisome when the multiple domain nature of menopause is considered; mental, sexual, reproductive and Non Communicable Diseases(NCDs).[25] As such, a menopausal health policy should pay critical attention to adequate education of health of professionals including, pharmacists, doctors, nurses, mental health professionals, community health workers and other allied health practitioners, on evidence-based menopausal knowledge, through its

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inclusion in professional curricula or continuing professional guidelines.[26] The scope of the training should include foundational knowledge about menopause and its symptoms, communication and culturally sensitive care, evidence-based individual centered care as well as including menopause in referral systems of healthcare.[27]

v. Equality and Equity

The 2030 Agenda for Sustainable Development indicator 3.8 and the Universal Health Coverage (UHC), encourage the concept that 'none should be left behind' when it comes to services and resources.[20] This includes healthcare and specifically, menopausal care. Equity has to do with ensuring everyone has access to comparable healthcare inspite of structural disadvantages.[28] Equality on its part. has to do with ensuring everyone has access to same opportunity and resources regardless of their differences. For menopause, factors that affect knowledge and management include cultural and religious beliefs, educational level, socioeconomic status and geographical location.[29] All of these factors can be addressed if equity and equality are ensured. It follows that an effective menopausal policy should seek to address inequity and inequality by integrating data systems, workforce training, workplace support and community engagement.

vi. Legal Framework

Key principles of a sound health policy like equity, safety, obligations and rights, are best achieved through an enforceable legal framework. Employment laws provide a strong framework to lean on for enforcing menopausal health policy with sex, age and disability as backdrops.[30] Advocacy to employers' mandates treating severe menopausal symptoms that affect productivity and daily functioning as other issues of disability rather than dismissing those affected. A legal framework will address this if embedded in a menopausal policy.[31] The UK has championed this by providing guidance to workplaces as regards menopause in 2024 using The Equality and Health and Safety act domiciled in The Equality and Human Rights Commission[32] Healthcare providers' regulatory codes should also include menopausal care, equity and safety by creating legal aspects of evidence-based, competency care.[33] Issues like referral and enforcement pathways can also be addressed through a legal framework for menopause.

vii. Financing

Strengthening economic sustainability and productivity requires health across life course, according to World Bank Healthy aging and economic growth, 2016 report. When related to menopause, a part of the life course with symptoms that can reduce the productivity and contribution to economic growth, it becomes reasonable to prevent this by ensuring finances are available for putting preventive, rehabilitative and curative care in place.[34] In other words, an effective, consistent and quality menopausal care must rely on a robust financial planning system that must have been captured in the policy. The financial planning must contain consideration for training of health providers, service delivery and community mechanisms, to be far-reaching. It must also enlist components like; partnership, monitoring, insurance and benefit packages, dedicated budget lines and challenge mitigation strategy.[35]

viii. Occupational and Domestic Safety

Menopausal symptoms affect physical, psychological and social well-being. The symptoms include vasomotor, genitourinary, cognitive, metabolic, cardiovascular and psychological symptoms which affect quality of life as well as domestic and occupational safety. It is therefore reasonable that measures should be put in place to make homes and work environments safe and free of issues like discrimination or stigmatization[36]. This can only be ensured through a menopausal policy that not only seeks to ensure this but to also incorporate family members, employers and supervisors.[37] The result with be menopause-specific welfare packages and supportive home environments.[38]

ix. Awareness and Education

The WHO has identified knowledge gaps as key factor affecting access to healthcare.[15] Menopause is a health issue shrouded with silence, myths, misdiagnosis and misconceptions especially in LMICs.[39] Socio-cultural and religious beliefs contribute largely to this shortfall on menopause awareness.[40] As such, awareness and education on menopause will empower not just the women, but their families, friends, health providers, workplace and society at large. The design of a menopausal healthcare policy should therefore have awareness and education as key thematic areas. The awareness and education can be, as with other health issues, through inclusion of menopause in academic and continued training for health providers as well as public health campaigns to the community using information channels like social media, television and radio or health education interventions.[41]

x. Integrated Health Care

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The ideology of Integrated Healthcare refers to coherent operation of different specialties of healthcare with the aim of reducing duplication and ensuring continuity of care.[42] The WHO has long promoted integrated healthcare as a way of meeting complex population needs and achieving equitable health outcomes. Menopause with its diverse symptoms and complications like Metabolic and mood disorders, vasomotor symptoms, increased risk of cardiovascular diseases and osteoporosis, requires a holistic approach in care.[10] To be effective however, the integration approach must recognize a need for individualism based on diverse culture, religion and social contexts. It must also work in harmony across the different levels of healthcare; primary, secondary and tertiary while leveraging on existing health programs like non-communicable diseases, reproductive and mental health programs. So, a listing of integrated healthcare as a thematic area for a national menopausal health policy makes a lot of sense but should also have in its implementation strategy, health workforce capacity building, clear clinical guidelines and protocols, community engagement and a robust health information system for coordination of treatment and outcomes across service providers and levels of care.

xi. Monitoring and Evaluation

Monitoring and Evaluation provide an empirical foundation for planning, designing, refining, evaluating and implementing policies with aim of strengthening health systems and improving care while also promoting equability and transparency.[43] Menopause has been globally plagued with poor inclusion in national policies in spite of known debilitating symptoms and risks associated with it.[44] A key way of reversing this trend is the provision of evidence to policymakers on prevalence of menopausal symptom, access to healthcare, workforce capacity, and performance of health systems through good data and monitoring and evaluation systems. Such systems, when integrated with broader health information systems can provide needed information to measure responsiveness of interventions and early detection of challenges for quick mitigation. A policy on menopause will therefore not be complete without monitoring and evaluation as a thematic area

xii. Governance

Governance refers to relationships, processes and structures that are needed for policy components like partnership, decision making, accountability, implementation and design.[45] According to the WHO, governance is a core 'building block' of an effective health system[46]. Menopause, being a social and multifaceted issue that cuts across areas like human right, clinical care and workforce, will be laced with fragmented, ineffective and uncoordinated attention if governance is not given the deserved emphasis in a proposed menopausal care policy. To be effective however, good governance must be backed by principles like leadership, partnership, equity and accountability. Good governance must also be multi-sectorial and to achieve this, the menopausal policy should cut across the labour, health, social and legal sectors that must collaborate for best results.

xiii. The Role of Civil Society, Advocacy Movements and Multinationals in Menopausal Care and Policy Development

Global, regional, national and community groups have been working tirelessly to change the rhetoric of stigma, silence, myths, misconceptions, misdiagnosis, unnecessary health spending and the non-inclusion of menopausal care in health policy.[47] Among these groups are:

a. International Menopause Society (IMS)

This is a global charity on menopause and midlife health based in the United Kingdom (UK). They use instrument of research, education, professional engagement, organization of congresses, workshops and campaigns like International Menopause Day, to support clinical guidance and awareness on menopause globally.[48] They also have a journal called 'Climacteric' that is listed in Index Medicus and Medline. The 'Climacteric' publishes peer-reviewed research on aging in women generally, but especially on menopause and climacteric.[26]

b. European Menopause and Andropause Society (EMAS)

The Europe based group, founded in 1998, with Motto; 'THRIVE'(Turning on the Heat on Menopause Research, Insight, Vision and Heart).[49] It plays a global role in menopausal care through education, support of research, dissemination of clinical guidelines, podcasts, webinars, journals, engagement of health professionals, congresses, and awareness initiatives.[26]

c. The Menopause Society (North American Menopause Society)

This is a multidisciplinary, non-profit organization, founded in 1989, based in Cleveland Ohio with the mission of promoting mid-life health and quality of life of women by creating awareness on menopause and healthy aging during this period and beyond.[50] The group launched a peer-reviewed scientific journal

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'Menopause' in 1994 that creates a clinical research forum and practice guidelines on menopause. Other print resources include, *The Menopause Guidebook* and e-mail newsletter; *Menopause Flashes* as well as a textbook '*Menopause Practice: A Clinician's Guide'*. Another outstanding achievement of the society is the Certified Menopause Practitioner program, which is a competency examination for licensed healthcare providers to becomee registered as Menopause Society Certified Practitioner (MSCP) and become listed on its public website.[51]

d. Middle East Menopause Organization (MEMO)

The Middle East Menopause Organization is a regional organization championing menopause policy actions, awareness and advocacy across the Middle East, North Africa (MENA) and Gulf Cooperation Council (GCC).[52] The organization seeks to dispel the misconception stigma and silence surrounding menopause in the region by working with policymakers, healthcare providers and workplaces. The objective is to advocate for better health care and workplace inclusion, provide evidence-based resources and safe spaces for menopausal women to share their experiences. The expected result is confidence, dignity, better health outcomes and a future where menopause is seen as a powerful new beginning.

e. Let's Talk Menopause (Public Awareness Campaign)

It is another nonprofit initiative focused on menopausal education and public awareness campaigns across the United States and beyond. To achieve their mission, the initiative uses podcasts (Hello menopause), where experts speak on menopause, monthly. They also engage in public awareness campaigns, live events and seminars tagged 'Menoposium'.[53]

f. The World Health Organization (WHO)

The WHO has made a lot of contributions towards the development of regional and global policies on menopause that align with global development frameworks like the SDGs and Universal Health Coverage (UHC).[47] WHO contributions include:

- Increasing awareness on menopause
- Acting as catalyst for emergence of global and regional menopausal policies
- Advocating for inclusion of menopause-specific care in health workforce training
- Ensuring inclusion of menopause in healthy ageing and life-course approach
- Standardization of menopause related definitions like age, stages and symptoms
- Encouraging research and data collection on menopause to provide evidence on prevalence, service uptake and burden of symptoms that can guide program and policy design
- Presenting menopause as a public health issue deserving of regional and global policy inclusion

C. Global Menopausal Policy Maturity Overview

National and global health agendas have clearly placed more emphasis on other maternal and reproductive health services than for menopause, midlife or older women's health.[12] Even where menopausal policies are available, the scope are limited to work places with little regards to menopausal issues in homes, health institutions, among professional bodies and in government agencies. Policy responses are best described as uneven and fragmented across the globe as many regions still lack guidelines, integrated service delivery or financing mechanisms for menopause.[47;54] The result is inequity in access to support, care and information. Advocacy movements attempt to align menopause with existing global health frameworks like the SDGs and universal health coverage (UHC) has changed the rhetoric slightly but there is still a lot of work to be done. The overview of the maturity of regions in the development of menopausal health policy is shown below in Table 2. This will guide in giving a clear picture that could spur better action from policymakers, governments, multinational and civil societies. This study adopted the Multi-Level Governance Maturity Framework(MLG) as guide, which is particularly suitable because it captures the maturity level of menopause policy across supranational, sub-national and national levels(Vertical) as well as between state and nonstate actors(Horizontal).[55] The framework also focuses on legal status and policy evolution while analysing the impact of advocacy on laws unlike clinical models like the WHO Active Aging Framework which more concerned with entire life-course on health with key focus on health systems descriptions.

Africa

Across Africa, there are hardly any explicit national health policies or legal frameworks that address menopause directly. As such the maturity level for menopause in the continent can be best described as emerging. This limited policy visibility is evident in clinical settings, where provider training on menopause is rarely systematic and services are generally not

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structured around menopausal care.[54] Many women lack access to accurate information, appropriate diagnosis, or evidence-based treatment.[19] Sociocultural issues like stigmatization, lack of openness in discussing menopause further contribute to its invisibility in national health strategies and public health discussions across the African continent.[56]

In Nigeria, menopause is still associated with a lot of stigmatizations and treated as a spiritual issue of witchcraft in some communities with resultant unnecessary health costs and reduced productivity.[56] The drive to change the invisible status of menopause is more from researchers and advocacy groups like the Medical Women's Association of Nigeria (MWAN), who have been lobbying the government to at least put menopause in the primary healthcare system.[56]

The existence of an active menopausal society in South Africa places it in a more matured level than Nigeria as regards a menopausal policy emergence. The group has been providing evidence-based guidelines especially to workplaces to encourage awareness on menopause and its intersection with other health concerns like metabolic syndrome and HIV.[57] Ghana and Kenya also rely solely on advocacy from groups like the Reproductive Health Network of Kenya (RHNK). The advocacy mostly directed at workplaces to increase awareness on menopause. The justification often provided is the connection of non-visibility for menopause with brain drain of experienced female leaders.[16]

Overall, best description of the African continent as it relates to menopause-specific care, is fragmentation, emerging and non-evidence based. Health systems in many African countries struggle with broader limitations including inadequate infrastructure, workforce training gaps, data dis-aggregation, non-inclusion of menopause in the Essential Medicine List (EML)[47] and the poor state of the primary healthcare system that should be charged with menopausal Care.[58]

Europe

The maturity level for advocacy and the emergence of a menopausal policy varies across Europe. While different countries have their stories, there is also a collective effort from advocacy groups like The European Menopause and Andropause Society (EMAS). The mandate of the group is the push for emergence of menopause-specific policies, increase awareness on menopause generally and more specifically in the employment environment where discrimination due to age and gender exists.[59;12]

The United Kingdom (UK) appears to be leading the way as multiple government departments and experts were put together in 2019 by The UK government to brain storm on seeing menopause as a policy issue. The action was followed by many companies creating what is now called a menopause leave and other adjustments aimed at reducing menopause related job resignations. In 2024 the Equality and Human Right Commission provided guidance to companies on issues around menopause and the development of a menopause action plan that will become mandatory in 2027.[60] The Employment Right Act 2025 is the framework being used for to achieve this. Although the government has not accepted the provision for a menopausal leave, companies in the UK are known to provide the opportunity. Scotland has a National Menopause and Menstruation Plan developed under Scotland's women's Health Plan 2021-2024.[32]

Gibraltar announced a menopause policy in 2024 after the deliberation of a working group consisting of people from the office of the Health Secretary, Chief Secretary, Department of Personnel and development.[61] The aim was a better work place and provision for people going through menopause with focus on key areas like awareness creation and training of line managers as well as provision for short term leave and better health packages.

Most other European countries like Spain, Italy and Belgium are at the stage where a working group have been created to work on a proposed menopausal policy or discussions are ongoing on the formation of the group and policy.[54] Overall Europe seems to be the most matured when it comes to the issue of menopause-specific policies across the globe.

Asia

A menopausal policy in Asia is still emerging, as most countries continue to face cultural stigma, uneven health system capacity, limited data and lack of national policy frameworks associated with menopause.[62] However, visible progress is seen by way of increased research, workplace awareness, regional clinical consensus and initiatives of professional societies as well as a recent standardized care guideline by the Asia-Pacific Menopause Federation(APMF).[63] it is clear that the region still requires more advocacy effort, multi-sectoral engagement, and integration of menopause into national health strategies and labor policy to increase visibility.

Sub-National or iinstitutional innovations are however seen across the region like the India menopausal society

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and state-level clinics as well as employer awareness initiatives in Singapore.[54] While these are all steps in the right direction, they rather reflect a bottom-up policy evolution. The effort of civil society and advocacy groups like the Middle East Menopause Organization (MEMO) as well as academic white papers on menopause are also worth mentioning as they equally represent progress.

Further progress is seen in the passing of a law in South Korea in 2020, that allows women take annual leave for three days menopause related symptoms while the senate in the Philippines passed a bill allowing women have a 2-day annual leave per month for the same reason.[64] The government of Japan on its part allows a 5-day annual leave for menopausal symptoms.[65]

Oceania

In 2025, the first national guideline for perimenopause and menopause, called the Menopause Practitioner Guidelines, was launched by the Australian Government.[66] The aim of the evidence-based guideline was to standardize management, diagnosis and treatment as well as increase knowledge of health professionals through careful training. policy recommendations from advocacy groups like the Australian Menopause Society played key role towards the novel achievement.[67] The group presently enjoys government funding and have made further advocacy efforts to put menopause into employment law frameworks like the Fair Work Act, 2009, with the aim of paving way for development of workplace best practices and policies as regards menopause. The effort has paid off as the public service commission provided guidance to government agencies in 2025 for the support of workers going through menopause with suggested incentives like flexible work arrangements for menopausal women to maximize their continued participation in their workplaces.[68] A few private organizations like The Super Future have also keyed into the workplace recognition of menopause and now provide menopausal leave to employees. The Australian Menopause Society sustains these innovations by educating work places on menopause and supporting the enhancement of training for health providers.[69]

The level of maturity of a policy on menopause in New Zealand is very similar to that of Australia, best described as strong, also mostly due to advocacy effort of groups like the Menopause Awareness Charitable Trust and Menopause Over Martinis. Results of their advocacy to government include changes in workplace treatment of menopausal women, with the Public Service Commission's effort to use the Holiday Act 2003 as a framework for public agencies to provide flexible work hours and sick leave for menopausal women. The New Zealand government and Health New Zealand Department also engaged in a National Menopausal education campaign to the public and clinical practitioners in 2024. The goal was to create more awareness and address stigma especially surrounding the use of Hormone Replacement Therapy (HRT), called Menopausal |Hormone Replacement Therapy (MHT) locally.

North Americas

The United States of America(USA) and Canada lack specific national policies for menopause but increasing recognition for it is shown in regulatory actions, clinical practice, workplace best practices advocacy.[70] The Food and Drug Agency (FDA) in the United States of America for instance changed the labelling of Hormone Replacement Therapy (HRT) in 2025 to show that they are safer than previously thought while Canada introduced new hormonal therapies.[71] Also, in both countries, Advocacy campaigns from organizations like the Canadian Menopause Foundation and The North American Menopause Society have influenced employer initiatives, and legislative momentum for better policy engagement and support.

South Americas

Maternal and reproductive health priorities overshadow menopause-specific healthcare in the South Americas resulting in inadequate health provider training, uneven healthcare access and fragmented service provision across the region. The lack of specific policy for menopause has placed healthcare for it under the universal health coverage frameworks and maturity level for emergence of a menopause-specific policy is best described as emerging. Most effort to change the invisible status of menopause is bottom-up from regional advocacy the Latin American Federation of Climacteric and Menopause Societies (FLASCYM) and professional bodies.[72]

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Table 2: *Comparisons on maturity of menopause-specific policy and advocacy across all the continents in the world*

Continent	Policy Maturity Level	Key Developments & Initiatives	Key Characteristics & Examples
Europe	High / Advanced	Formal national strategies exist; framed within gender equality and women's health life-course approaches. Nordic countries- Denmark, Finland, Iceland, Norway and Sweden show mixed progress despite strong welfare systems.	UK: Comprehensive strategies and workplace initiatives (e.g., Menopause Employment Champion). Ireland: Specialist Menopause Clinics and specific midlife health initiatives. Denmark/Norway: Historically a policy "blind spot" despite strong gender equality focus; Norway launched its first women's health strategy in 2024.
Asia	Medium / Emerging	Growing policy recognition, driven primarily by economic concerns (workforce productivity) rather than purely health or rights-based arguments.	Japan: Government reports quantifying economic losses from menopause; multi-stakeholder policy proposals involving industry and government. India: Urban access to HRT exists, but no central government strategy; stigma and dismissive attitudes from medical professionals are common.
Oceania (Australia)	High / Integrated	Comprehensive national strategies that integrate menopause into a life-course framework with explicit equity considerations for marginalized groups.	Australia: National Women's Health Strategy 2020–2030 includes menopause care and addresses needs of Indigenous and rural populations. New Zealand: Adopts a similar comprehensive life-course approach to women's health policy.
North America	Medium / High	Policy discourse focused on research funding and biomedical framing; more active in government strategy compared to many regions, but with gaps in socio-economic considerations.	USA: Congressional focus on menopause as a research issue to address historical exclusion of women in clinical trials; less emphasis on workplace or social policy. Canada: Lacks a specific standalone strategy mentioned in the search results.
South America	Low / Emerging	Little to no formal government policy; the conversation is driven by individuals and online communities challenging deep-seated cultural taboos around aging.	Brazil: HRT is available via public health system, but menopause is a cultural taboo associated with aging and loss of worth; women turn to social media influencers for support. Ecuador: Highly taboo; language itself (hot flushes = "bochornos" or "embarrassment") reflects societal stigma.
Africa	Low / Grassroots	Minimal formal government policy; focus is on grassroots advocacy to break stigma and raise awareness. Health systems prioritize maternal and reproductive health.	South Sudan: Stigma is high; menopause can affect a woman's social standing and family structure Zimbabwe/South Africa: Grassroots movements, podcasts, and support groups are leading the push for recognition. Ghana/Tanzania: National health policies focus on maternal survival and family planning, with menopause largely absent.

The scoring for *maturity of menopause-specific policy and advocacy* captures availability of menopause policy, access to healthcare services, workplace policy on menopause, public awareness and stigmatization, availability of data and menopause advocacy group

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Table 3: A comparative evaluation of the clinical and legislative frameworks for menopause across three high-income countries and three low- and middle-income countries, based on existing government, legal, and organizational sources

Dimension	High-Income Countries (HICs)	Low- and Middle-Income Countries (LMICs)
Countries	**United Kingdom, Australia, Canada**	**Nigeria, Kenya, India**
Clinical Frameworks	**Advanced / In Development**	**Nascent / Absent**
	United Kingdom: The National Institute for Health and Care Excellence (NICE) provides comprehensive, evidence-based guidelines (NG23) for clinicians. These detail diagnosis, HRT prescribing (transdermal vs. oral), and management of Genitourinary Syndrome of Menopause (GSM).	**Nigeria:** No national clinical guidelines exist. Menopause is not integrated into the sexual and reproductive health (SRH) agenda, and healthcare providers often lack training to recognize or manage symptoms.
	Australia: The government has initiated the development of the country's *first* national clinical guidelines for perimenopause and menopause, which are currently in the tender process. This is paired with new Medicare items for menopause assessments.	**Kenya:** There are no established national clinical guidelines. The first National Menopause Conference was held in 2025 to begin shaping clinical care pathways and a policy white paper, highlighting the current lack of standardized care.
	Canada (Ontario): Ontario Health released the country's *first* quality standard for menopause care in 2025. It provides evidence-based guidance for primary care providers on proactive assessment starting at age 40.	**India:** There are no national clinical guidelines. The government has stated the need for "firm research findings" before formulating policy, though private research indicates a significant impact on women's health.
Legislative Frameworks	**Codified / Progressing to Mandate**	**Grassroots / Pre-Legislative**
	United Kingdom: The **Employment Rights Act 2025** will soon mandate that large employers (250+ employees) publish a "Menopause Action Plan" alongside gender pay gap reports. This creates a statutory duty to outline support measures.	**Nigeria:** No specific legislation exists. However, in a related development, the Federal Government validated its first **National Policy on Menstrual Health and Hygiene Management** in 2025, which may pave the way for future midlife women's health policies.
	Australia: A Federal Bill was introduced in 2025 to explicitly add "symptoms relating to menopause or perimenopause" as a valid reason for employees to request flexible working arrangements under the Fair Work Act.	**Kenya:** No specific legislation exists. However, building on a 2025 constitutional conversation, stakeholders are working to develop a **National Menopause Policy White Paper** to propose legal and workplace protections.
	Canada (Nova Scotia): Bill 142 (Reproductive Healthcare Act) was introduced in 2025 to specifically designate "hormone replacement therapy" for menopausal symptoms as an insured service under the provincial health plan, removing out-of-pocket costs.	**India:** No statute acknowledges menopause. However, the **Constitution** (Articles 14, 15, 21) offers a potential framework for arguing that failure to accommodate menopause constitutes gender-based discrimination, though this has not yet been tested in case law.

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CONCLUSION

Menopausal symptoms have a widespread prevalence and are not only debilitating, affecting; well-being and quality of life, but also increase the risk to non-communicable diseases. This paper drew attention to the fact that the global population is ageing and as such a culturally sensitive and evidence-based menopausal policy will benefit not just the women, but the work place, families, health systems and economies. Public health strategies and national health strategies must therefore as a priority, integrate menopause in their structure and planning.

Declarations

Authors' contribution: OOJ is the principal investigator for the study; She and LSA contributed to the conception, study design, Literature search, data analysis and manuscripts writing. OAM contributed to the data analysis and made critical inputs into the revision and finalization of the manuscript. All authors read and approved the final manuscript

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