



Shaping the Future of Australian Women's Health Research

A roadmap for system reform to drive better health outcomes

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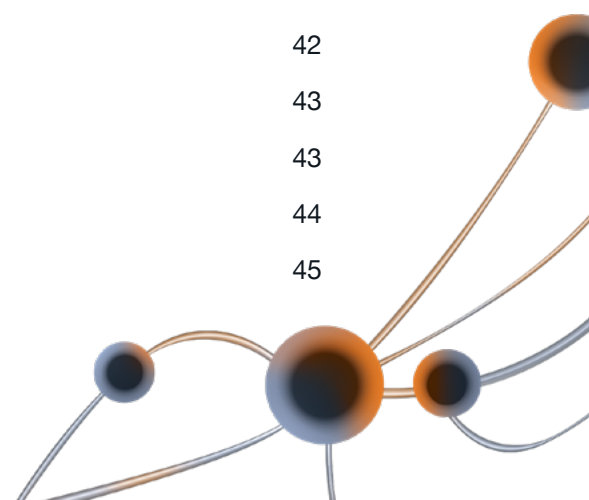
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This report presents a roadmap for the structural reforms required to enable a **collaborative, equitable, and impactful health research environment**, with the ultimate goals of **improving health outcomes, advancing social and economic equity, and enhancing research excellence in Australia.**

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Research Australia acknowledges the traditional custodians of lands throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders, past and present and acknowledge the important role of Aboriginal and Torres Strait Islander peoples, their cultures and customs across Australia, as the first healers and story tellers of this land.

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Language

This report takes a broad and inclusive approach to 'Womens' health, acknowledging that sex and gender are distinct concepts and that individuals may identify and be recognised within the community as a gender other than the sex they were assigned at birth. In line with the terminology used by the National Women's Health Advisory Council, we have generally referred to 'women', 'girls', and 'gender diverse people' throughout this report. This language choice is designed to include all people assigned female at birth, transgender people, intersex people, and people with diverse genders and sexualities.

Women's health research has historically centred on areas such as menstruation, fertility, and maternal health. It is important to recognise that not all people who identify as women experience these issues, and that some people who do not identify as women may experience these issues and related challenges. Research Australia is committed to ensuring that research and its translation are inclusive, respectful, and responsive to this diversity.

Addressing women's health inequities does not mean diverting attention from men's health challenges. Rather, it involves recognising that different groups experience distinct health needs, risks, and outcomes. Stakeholders emphasised that investing in women's health research strengthens the entire health system by improving understanding of sex and gender differences, leading to safer and more effective care for everyone.

Executive Summary

Women's health in Australia is marked by progress and persistent challenges. While Australian women enjoy one of the highest life expectancies globally, they experience unique health challenges and disparities that differ significantly from men, spending approximately 14% of their lifetime in ill-health¹.

Addressing this entrenched gender bias in health and medical research requires more than incremental change; it demands a systemic transformation of the research ecosystem.

Women, girls, and gender diverse people have been systematically underrepresented in health and medical research including clinical trials, leading to significant gaps in our understanding of female health and disease. Historically, research protocols frequently excluded women due to concerns about hormonal fluctuations, reproductive potential, and perceived complexity, resulting in an evidence base that defaults to the male body as the norm². This bias extends to preclinical research, where studies often use male animals to reduce costs associated with purchasing and housing both sexes, and concerns that the fluctuating hormones and reproductive systems may confound study results^{3, 4}.

This exclusion has resulted in a poor understanding of critical differences in male and female anatomy and physiology, with direct consequences for diagnosis, treatment efficacy, and health outcomes for women, girls, and gender diverse people today⁵.

The National Women's Health Strategy 2020-2030 (NWHS) explicitly acknowledges the critical role of research in improving health outcomes, and investment in research is recognised as crucial for the successful delivery of the NWHS priority areas and associated actions⁶.

In developing this report, our initial goal was to identify key research priorities and establish a research agenda that would directly support the implementation of the NWHS. However, through a process of review and consultation, including the Women's Health and Medical Research Roundtable on 20 February 2025, it became apparent that the current research system has significant structural barriers, from biased funding models to a lack of diversity in leadership. If we were to propose a new research agenda today, it would be built on that same (broken) foundation, would risk inheriting the same biases, and would fail to deliver the equitable outcomes that we need.

This report and roadmap were developed through a rapid scan of 2019-2024 women's health research, an online survey of Australian researchers, and a stakeholder roundtable that explored barriers, enablers, and priorities. Insights were thematically analysed and aligned with national strategies to produce a roadmap outlining key reforms, priority actions and expected outcomes for a more coordinated and effective women's health research environment.

This report therefore presents a roadmap for the structural reforms required to enable a collaborative, equitable, and impactful health research environment, with the ultimate goals of improving health outcomes, advancing social and economic equity, and enhancing research excellence in Australia.

1. Australian Institute of Health and Welfare (2024) Australian Burden of Disease Study 2024, AIHW, Australian Government.

2. Perry MJ, Albee GW. (1998). The deterministic origins of sexism. *Race Gender Class* 5: 122–135.

3. Zucker, I., Prendergast, B. J., & Beery, A. K. (2022). Pervasive Neglect of Sex Differences in Biomedical Research. *Cold Spring Harbor perspectives in biology*, 14(4)

4. Balch, B. (2024). Why we know so little about Women's Health. Association of American Medical Colleges. <https://www.aamc.org/news/why-we-know-so-little-about-women-s-health#:~:text=1962:%20After%20thalidomide%2C%20a%20medication,included%20in%20medical%20research%20studies.>

5. Merone, L., Tsey, K., Russell, D., & Nagle, C. (2022). Sex Inequalities in Medical Research: A Systematic Scoping Review of the Literature. *Women's health reports* (New Rochelle, N.Y.), 3(1), 49–59.

6. Department of Health, (2018). National Women's Health Strategy 2020-2030. Australian Government, Canberra.

Recommendations

1. Establish a national coordinating mechanism (e.g. institute, governing body, or MRFF Mission) to guide and align women's health research priorities, funding, accountability and partnerships in line with the National Women's Health Strategy and the Roadmap;
2. Incorporate the Roadmap into the National Strategy of Health and Medical Research and its implementation;
3. Develop implementation, monitoring and evaluation indicators to track the implementation of the roadmap and gender-responsive research practices across all federally funded health and medical research.



Pillar One: Resourcing an integrated system

PROBLEM	Health research in Australia is often fragmented, with siloed projects, duplicated effort, and limited shared infrastructure. This results in inconsistent evidence, inefficient use of resources, and unequal access to the benefits of research across regions and populations. There is a lack of sustained investment in the people and systems needed to deliver impactful health research.
SHIFT	Move from disconnected, project-based funding to building systems and infrastructure that link research, practice, and policy in a coordinated, inclusive, and sustainable way.
ACTIVITIES	1. Strengthen funding and national coordination. • Sustain and increase investment in women, girls, and gender diverse health research through dedicated, long-term funding streams. • Support the establishment of a national coordinating body or institute to align funding, partnerships, clinical trials, and knowledge translation efforts. • Develop funding models that support researcher salaries, career development, and long-term studies. 2. Support Workforce Equity and Capacity • Implement targeted initiatives to increase women's representation in senior research and policy roles through targeted initiatives, mentorship, and sponsorship programs. • Tackle systemic career barriers by supporting flexible work arrangements, childcare access, and funding mechanisms that enable women to balance caregiving responsibilities with research and leadership. • Increase the visibility of women researchers through awards, speaking opportunities, and media representation to challenge biases and inspire leadership.
OUTCOMES	• A sustainable, coordinated research ecosystem that supports high-quality evidence generation and translation into practice. • More equitable distribution of funding and resources across research priorities and regions. • Enhanced workforce capacity, with greater inclusion and leadership of women at all levels of research. • Improved ability to deliver research that supports better health outcomes for all women, girls, and gender diverse people in Australia.

Pillar Two: (Re)defining Women's Health

PROBLEM	Women's health research in Australia remains narrow in scope – only 40% survey respondents agreed that research is driven by the lived experiences of women, underscoring its disconnect from the people it aims to serve.
SHIFT	Stakeholder consultations highlighted that a historical focus on sexual and reproductive health has limited women's health research. As a result, conditions that affect women differently from men, such as ovarian cancer, chronic pain, cardiovascular disease, and autoimmune conditions, remain under-researched and poorly understood. The scope of women's health research must be broadened to encompass all health conditions, recognising and understanding the clinically meaningful differences between men and women.
ACTIVITIES	1. Strengthen data and evidence base. • Adopt and promote the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation 2020 (ABS 2020 Standard) as best practice across all Australian Health Research. • Leverage existing datasets (such as the Australian Longitudinal Study on Women's Health) to enable broader access and collaboration. 2. Embed equity and intersectionality. • Apply an intersectional approach considering culture, age, socioeconomic status, and geography to ensure comprehensive understanding of women, girls, and gender diverse health, • Differentiate by life stage to tailor health research and services to differing needs over time. 3. Ensure representation in research. • Increase representation by including diverse populations and lived experience in research design. • Support policies and initiatives that facilitate participation of women, especially from diverse backgrounds, in clinical trials. 4. Broaden scope of research focus. • Expand research beyond reproductive health to include conditions like ovarian cancer, autoimmune disease, and other systemic health issues. • Integrate a biological lens by considering sex differences in health, diagnostics, and treatment effectiveness. • Implement gender-sensitive frameworks in all policies, programs, and funding decisions to identify and address disparities.
OUTCOMES	• A shared understanding of women's health • A more comprehensive evidence base that reflects real health needs. • Better prevention, diagnosis, and treatment options for under-researched conditions. • Research that supports improved health outcomes for all women and gender diverse people.

Pillar Three: (Re)empowering the community

PROBLEM

Women's health research has often treated community engagement as a formality or afterthought, and many women feel excluded or undervalued in research design and decision-making. Further, only 2% of survey respondents agreed that women's health research is well understood by the community, and almost half questioned whether there are strong pathways to translate research into practice.

This disconnect reduces the real-world impact of research, with many studies failing to address the actual needs of women, girls, and gender diverse people.

SHIFT

A central theme from the roundtable was that engagement must move beyond token consultation to genuine partnership. Participants called for a shift from empowering the research sector to (re)empowering the community, recognising that women are already informed, capable, and essential partners in shaping research priorities and outcomes.

ACTIVITIES

1. Embed leadership and inclusion
 - Actively involve and appropriately recognise and remunerate women with lived experience as co-designers, chief investigators, and partners across all research stages.
 - Ensure research includes diverse groups of women, considering age, culture, language, socioeconomic background, and geography.
 - Develop consumer-driven research priorities by engaging women in shaping research agendas that reflect real-world concerns.
2. Co-design evidence and practice
 - Co-design evidence-based resources and clinical guidelines with women, girls, and gender diverse people.
 - Support public health education developed in partnership with women to improve awareness of services and research participation.
 - Build researcher capacity with targeted training and tools for meaningful and ethical community engagement.
 - Language should affirm that women already have agency and expertise in their health, reinforcing their role in decision making.
3. Improve engagement and access
 - Enhance recruitment strategies using social media and digital tools to reach underrepresented groups, particularly young women and gender diverse people.
 - Address misinformation, distrust, accessibility challenges, and other barriers that limit participation in research.

OUTCOMES

- Research that is relevant, culturally safe, and responsive to community needs.
- Greater trust and engagement between researchers and communities.
- Empowered communities that can advocate for evidence-based change.

Pillar Four: Recognising and prioritising areas of need

PROBLEM	While we heard from researchers that the most critical developments are in sector capacity building, we also heard that there are topics, consistent with the priorities in the National Strategy, that should be prioritised to promote a comprehensive approach to women's health research.
SHIFT	Align research funding and priorities with clear, evidence-based assessments of need, particularly for underserved populations.
ACTIVITIES	1. Broaden and balance research priorities. • Actively Focus on noncommunicable diseases and chronic health conditions, expanding research on prevention, detection, and treatment of cancer, cardiovascular disease, osteoporosis, autoimmune conditions, and other under-researched areas. • Prioritise diverse research topics that address women's health across the lifespan rather than concentrating funding narrowly. • Approach reproductive health research with a rights-based perspective, exploring access, policy impacts, and effective public health education. 2. Foster Interdisciplinary and International Collaboration • Promote interdisciplinary research that brings together medicine, psychology, sociology, economics, and public health to gain holistic insights into women's health, including mental health and the impacts of trauma and violence. • Facilitate international partnerships to advance research on rare diseases and emerging women's health priorities. 3. Improve Infrastructure for Data and Collaboration • Leverage existing evidence hubs and data platforms to improve access and collaboration among researchers. • Strengthen clinical trial participation by developing ethical frameworks that ensure safe and inclusive designs, including for pregnant women. • Combat misinformation through targeted public health initiatives that improve access to reliable, evidence-based information.
OUTCOMES	• A comprehensive, equitable, and coordinated research agenda that reflects the full spectrum of women's health needs across the life course. • Improved capacity for high-quality, interdisciplinary research that addresses real-world challenges. • Greater inclusion of diverse voices and lived experiences in setting research priorities and questions. • A stronger, sustainable research ecosystem that supports knowledge sharing, reduces duplication, and accelerates innovation. • More effective translation of research into practice and policy, leading to better health outcomes and reduced inequities for all women, girls, and gender diverse people in Australia

1. Introduction

This report is intended to support the objectives of the National Women's Health Strategy 2020–2030, which recognises the critical importance of a strong, collaborative, and emerging evidence base to improve health outcomes for all women and girls. The Strategy's fifth principle calls for effective and coordinated research, data collection, monitoring, evaluation and knowledge transfer.

The health of women, girls, and gender diverse people in Australia is shaped by a complex interplay of biological, social, and economic factors. Despite advances in women's health research, significant challenges remain. Systemic biases, narrow definitions of women's health, underrepresentation in research design and leadership, and fragmented systems have limited the evidence base needed to deliver equitable health outcomes. Stakeholder consultations conducted during this project highlighted not only gaps in research priorities, but also fundamental structural barriers that undermine progress.

This project began with the aim of defining clear research priorities to strengthen the evidence base. Through review and consultation, it became clear that what is needed first is a roadmap for reform, outlining the systems, structures and enablers required to create a more collaborative, equitable, and impactful research environment.

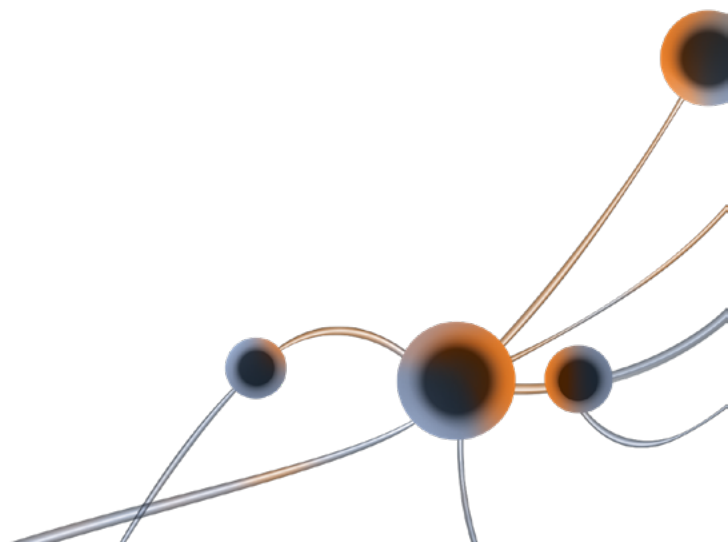
This report summarises key health indicators of women, girls, and gender diverse health in Australia, the current policy and research landscape, insights from stakeholder engagement, and proposes a roadmap to guide the changes necessary to deliver on the Strategy's goals. We have developed brief case studies aligned to the Strategy's five priority areas, highlighting examples of research strengths, innovations, and opportunities to address long-neglected health issues for women, girls, and gender diverse people.



“There is a long history in Australia and internationally of sex and gender bias in health research, where data is collected from men and extrapolated to women, with adverse effects on women's health and wellbeing. The majority of research either does not collect data on sex and gender, or assumes sex is binary, ignoring gender entirely⁷”.

National Women's Health
Advisory Council, 2024

7. National Women's Health Advisory Council. (2024). Annual Report 2023-2024



1.1 Methodology

This report and the resulting roadmap were developed through a multi-step process designed to understand the current state of women's health research in Australia and identify priorities for reform.

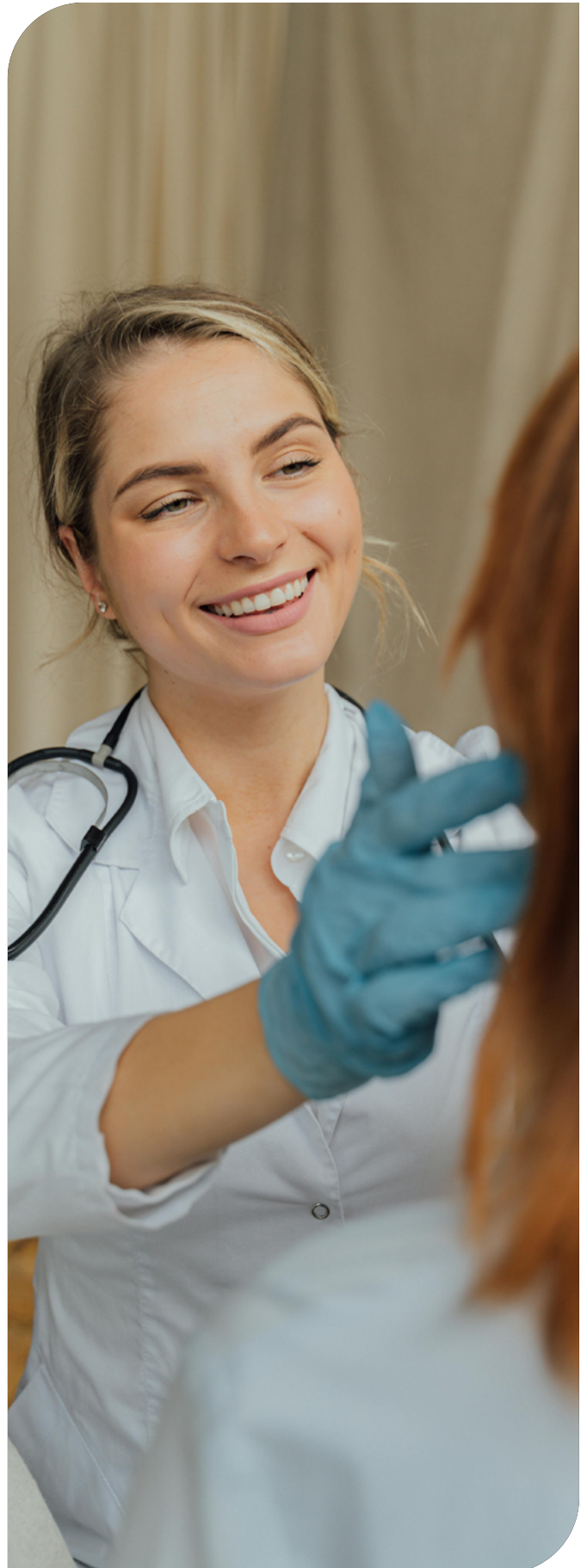
Rapid scan of existing research: A review of recent (2019–2024) Australian women's health research was undertaken to understand current strengths, activity and funding patterns. This included analysis of published literature, clinical trials with Australian sponsors or sites, and major research funding sources such as NHMRC, the Medical Research Future Fund (MRFF), ARC, and state-level schemes.

Survey: An online survey was completed by Australian-based researchers working in women's health. The survey explored research strengths, funding experiences, collaboration patterns, perceived gaps and priorities, and barriers to impact.

Women's Health and Medical Research Roundtable: Findings from the survey were used to develop discussion questions and prompts for a stakeholder consultation on 20 February 2025. Participants included researchers, clinicians, advocates, and policy stakeholders. The roundtable generated rich qualitative insights into structural barriers, enablers, and reform priorities.

Analysis and synthesis: A thematic analysis of roundtable discussion was conducted to identify key reform areas. These themes were refined and aligned with existing national strategies, frameworks, and policy priorities to ensure relevance and coherence.

Development of the roadmap: Building on this evidence and engagement, the roadmap was designed to set out the structural reforms, priority actions, and expected outcomes needed to deliver a more collaborative, coordinated and effective health research environment.



2. Context

Women, girls, and gender diverse people in Australia experience both health strengths and persistent inequities. While women live longer than men, they spend more years managing chronic conditions, disability, and mental health challenges. High rates of anxiety, chronic disease, and gendered violence-related trauma continue to drive preventable health burdens. Gender diverse people face especially stark mental health risks and barriers to appropriate care.

This section provides an overview of key health indicators that highlight the need for a more equitable, gender-responsive research system. It briefly reviews the current policy context, including the Gender Equality Taskforce, relevant national strategies, and monitoring results from the National Women's Health Strategy.

Health Snapshot: Women, Girls, and Gender Diverse People

This section highlights selected health issues relevant to women, girls and gender diverse people in Australia. It is not exhaustive and does not capture all priority populations in detail.

Longer life expectancy, more years in poor health

- Australian women live longer than men but spend a greater share of their lives managing chronic conditions and disability, with approximately 14% of their lifetime (almost 12 years) in ill-health⁸.
- Women are more likely to experience dementia and age-related disability, and around twice as many women have Alzheimer's disease compared to men. This is due to a range of factors, including longer lifespans⁹, genetics, the impact of traumatic brain injuries, biological differences such as menstruation, pregnancies, and menopause, and 'traditional' differences in gender roles, such as education, work, and lifestyle¹⁰.

Chronic conditions

- Over half (56%) of Australian women have at least one chronic condition¹¹, compared to 49% of Australian men¹².
- Women are more likely to live with multiple chronic conditions, including anxiety disorders, back pain, chronic obstructive pulmonary disease (COPD), and heart disease¹³.
- Despite significant gendered differences, the impact of chronic pain on women is not acknowledged in the National Strategic Action Plan for Pain Management, nor are women identified as a priority population¹⁴.
- Many chronic conditions that women are more predisposed to do not qualify for services through welfare, financial and government support such as Centrelink and the National Disability Insurance Scheme (NDIS), regardless of how disabling the conditions are¹⁵.

8. Australian Institute of Health and Welfare (2024) Australian Burden of Disease Study 2024, AIHW, Australian Government

9. Australian Women's Health Alliance. (2025). Why women's health matters. <https://australianwomenshealth.org/why-womens-health/>

10. The Alzheimer's Society. (2025) Why is dementia different for women? <https://www.alzheimers.org.uk/blog/why-dementia-different-women#:~:text=Women%20have%20a%20greater%20risk,of%20developing%20it%20is%20greater>

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12. Australian Institute of Health and Welfare (2023) The health of Australia's males, AIHW, Australian Government

13. Australian Institute of Health and Welfare (2023) The health of Australia's females, AIHW, Australian Government

14. Australian Women's Health Alliance, The Gendered Experience of Chronic Conditions: Insights, Challenges and Opportunities, Australian Women's Health Alliance, 2024.

15. Australian Women's Health Alliance, The Gendered Experience of Chronic Conditions: Insights, Challenges and Opportunities, Australian Women's Health Alliance, 2024.

Mental health

- Anxiety is the leading cause of disease burden for women aged 25–44 and the third highest for women aged 45–65, with around one in three women experiencing an anxiety disorder in their lifetime^{16,17}. In comparison, around 1 in 5 males (22%) will experience an anxiety related disorder¹⁸.
- Family, domestic, and sexual violence are major contributors to poor mental health and wellbeing, with one in four women experiencing violence in their lifetime¹⁹.
- Around 86% of trans women and 90% of non-binary people have experienced suicidal thoughts, and nearly half of trans women (45.6%) and 40% of non-binary people have attempted suicide, compared with 13% and 3% respectively in the general population²⁰.

Sexual and reproductive health

- Endometriosis affects a significant proportion of Australian women, with around 1 in 7 (14%) of those born in 1973–78 diagnosed by age 44–49. Younger cohorts are being diagnosed earlier and more often, with 9.2% of those born in 1989–95 diagnosed by age 31²¹.
- A recent study found median time to diagnose endometriosis in women attending general practice is 2.5 years²², a significant improvement on previous findings of 6–14 years²³.
- Endometriosis diagnosis is a complex process, often taking significant time and financial resources involving multiple services, health care professionals and diagnostic measures, including pathology and surgeries²⁴.
- An estimated 26,400 Australian women are living with a gynaecological cancer; it is estimated that a further 19 women will be diagnosed every day. Over 55% of gynaecological cancers are classified as rare, less common, or low survival, and fewer than 10% of women diagnosed will have access to comprehensive molecular profiling²⁵.

16. Australian Institute of Health and Welfare (2024) Australian Burden of Disease Study 2024, AIHW, Australian Government

17. National Mental Health Commission (2022). International Women's Day – snapshot of women's mental health and wellbeing in Australia. Australian Government. <https://www.mentalhealthcommission.gov.au/news-media/news/international-womens-day-snapshot-womens-mental-health-and-wellbeing-australia#:~:text=Around%201%20in%206%20women,of%20psychological%20distress%20than%20men>

18. Australian Institute of Health and Welfare (2023) The health of Australia's males, AIHW, Australian Government

19. Department of the Prime Minister and Cabinet (2024). Unlocking the Prevention Potential: accelerating action to end domestic, family, and sexual violence. Australian Government, Canberra.

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22. Mazza, Danielle & Thapaliya, Kailash & Crawford, Sharinne & Hui, Alissia & Moradi, Maryam & Grzeskowiak, Luke. (2025). The clinical presentation, investigation, and management of women diagnosed with endometriosis in Australian general practices, 2011–2021: an open cohort study. *The Medical journal of Australia*.

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Social determinants

- Socioeconomic disadvantage, caregiving roles, and gender-based discrimination contribute to poorer health outcomes for women. Women perform more unpaid work and have less retirement savings than men, increasing vulnerability to health issues in later life²⁶.
- Specialist and multidisciplinary care is predominantly delivered in metropolitan areas, meaning those living in regional, rural and remote areas face further gaps and significant delays or exclusion from services.

Gender Bias

- Gender bias in healthcare can lead to delayed diagnoses, mismanagement of conditions, and reduced access to appropriate care²⁷. Two thirds of women report experiencing healthcare-related gender bias or discrimination, and almost 80% of caregiver report similar experiences for those they care for²⁸.
- Until recently, national health surveys and research did not routinely collect sex- and gender-disaggregated data or information on sexuality, limiting our understanding of the specific health needs and strengths of gender diverse and trans women. Current gaps in information about population size and characteristics limit opportunities to advocate, or plan, for effective health services for trans and gender diverse people.
- However, the available data does document health and wellbeing disparities for trans and gender diverse people compared to the general population²⁹. A significant number of studies have found high rates of reported diagnosis with anxiety and depression, psychological distress, self-harm and suicidality among trans and gender diverse people, with some studies finding that within LGBTIQ communities, trans and gender diverse people report poorer mental health when compared with their cisgender counterparts^{30, 31}.

Girls and young women's health

- In childhood, asthma, anxiety, and depressive disorders are among the leading contributors to disease burden³².
- Child abuse and neglect contribute a greater share of burden for girls (6th ranked at 2.9%) than for boys (12th at 1.9%)³³.
- Gender diverse and trans young people experience higher rates depression, anxiety, and psychological distress than their cisgender peers³⁴. Despite these challenges, gender diverse and trans young people demonstrate resilience, strong community networks, and leadership in advocating for inclusive health services.

26. Prime Minister and Cabinet Portfolio (2025). 2025 Status of Women Report Card shows important progress but more to do. Media Release. <https://ministers.pmc.gov.au/former-ministers/thwaites/2025/2025-status-women-report-card-shows-important-progress-more-work-do>

27. Australian Women's Health Alliance. (2025). Why women's health matters. <https://australianwomenshealth.org/why-womens-health/>

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29. Rainbow Health Victoria. Research Matters: Trans and gender diverse health and wellbeing. <https://rainbowhealthaustralia.org.au/media/pages/research-resources/research-matters-trans-and-gender-diverse-health-and-wellbeing/80199998-1709686053/research-matters-trans-and-gender-diverse-health-and-wellbeing.pdf>

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32. Australian Institute of Health and Welfare (2024) Australian Burden of Disease Study 2024, AIHW, Australian Government

33. Australian Institute of Health and Welfare (2024) Australian Burden of Disease Study 2024, AIHW, Australian Government

34. Smout, S., Newton, N. C., O'Dean, S., Champion, K. E., & Gardner, L. A. (2025). All things being equal? Longitudinal patterns of mental disorder symptoms and associations with key social determinants in a large cohort of Australian adolescents. *Australian and New Zealand journal of public health*

2.1 Recent Government Funding and Announcements in Women's Health

The Australian Government has significantly elevated women's health as a national priority, reflected in the 2025–26 Federal Budget and a series of targeted policy initiatives. The Women's Budget Statement outlines a comprehensive investment of \$792.9 million over five years to improve health care access and affordability³⁶

These investments are underpinned by a commitment to systemic reform, with a focus on collaboration across jurisdictions and the development of national clinical guidelines. This reflects a shift from piecemeal interventions towards a coordinated, whole-of-government approach to women's health, with the aim of delivering tangible improvements across the life course.



“Because for our government, women's health is not a boutique issue or a question of special interest - it is a national priority³⁵”.

Jim Chalmers, Treasurer of Australia, 2025

Snapshot: Women's Budget Statement³⁷

- Establishment of 11 new endometriosis and pelvic pain clinics, earlier access to endometriosis support, and expanded funding for endometriosis research and care.
- Cheaper access to contraception and menopausal therapies, with new contraceptives added to the Pharmaceutical Benefits Scheme (PBS) and funding for the development of national clinical guidelines for menopause treatment.
- Funding for eight new Long-Acting Reversible Contraception (LARC) centres of training excellence, improving access and expertise in reproductive health care.
- Introduction of a Medicare rebate for menopause health assessments and funding to train health professionals in menopause care.
- Expansion of the Primary Care Nursing and Midwifery Scholarship Program and support for the construction of a new Nursing and Midwifery Academy in Victoria.
- \$1.3 million over two years to extend the Obstetrics and Gynaecology Education and Training Program.

35. Morris Grant, B. & Yussuf, A. (2025). Women's Health a 'national priority' as federal budget unveils new endometriosis clinics, menopause support. ABC News. <https://www.abc.net.au/news/2025-03-26/federal-budget-womens-health/105095390>

36. Australian Government. (2025). Women's budget statement 2025–26. <https://budget.gov.au/content/womens-statement/download/womens-budget-statement-2025-26.pdf>

37. Australian Government. (2025). Women's budget statement 2025–26. <https://budget.gov.au/content/womens-statement/download/womens-budget-statement-2025-26.pdf>

2.2 Policy Landscape

To be effective, health research must connect with Australia's broader health policy environment. A range of national strategies and action plans already address specific conditions, populations, and system-wide goals. Relevant policy frameworks include:

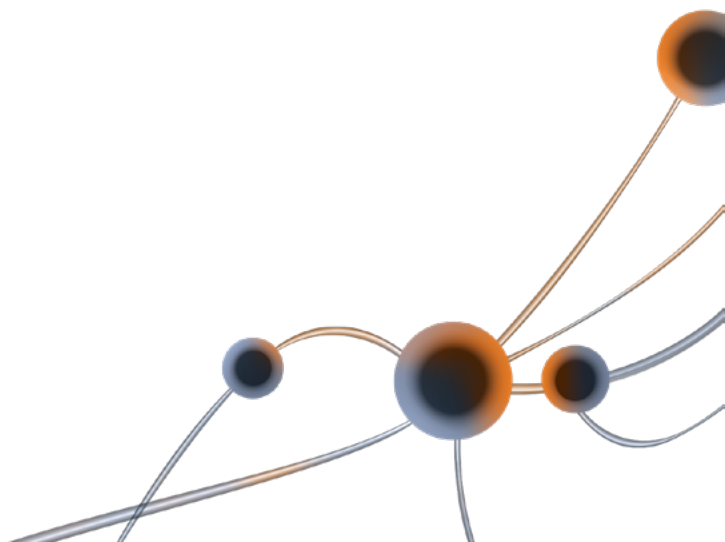
- **Gender-specific strategies:** National and state policies focused on women's and men's health, as well as gender-based priorities and frameworks.
- **Overarching national health strategies:** Broad frameworks setting direction for Australia's health system, medicines policy, rural and remote health, mental health, and Aboriginal and Torres Strait Islander health.
- **Condition-specific strategies and action plans:** National plans addressing priority health conditions such as cancer, mental health, endometriosis, arthritis, pain management, cardiovascular disease, and rare diseases.
- **Related cross-sector strategies:** Policies targeting intersecting priorities such as violence prevention, disability inclusion, veteran health, elder abuse, economic security, and workforce participation.

This evolving policy landscape underscores the need for consistent, coordinated research efforts to support improved outcomes for women and girls across Australia. A full list of relevant national strategies and action plans is provided in the annex.

Australia's states and territories have their own strategies and plans addressing gender equity and women's health. These frameworks reflect local priorities, values, and needs, resulting in varied focus areas across jurisdictions. The table below summarises the aims, priority areas, and guiding principles of key state and territory strategies. It highlights important differences in scope and emphasis:

- Some strategies are broad gender equality or women's plans, where health and wellbeing appear as one of several priorities (e.g. ACT Women's Plan, New South Wales Women's Strategy, Tasmania's Women's Strategy, Victoria's Gender Equality Strategy).
- Others explicitly focus on women's health and wellbeing, with detailed health system goals, such as Queensland's Women and Girls' Health Strategy and Western Australia's Women's Health and Wellbeing Policy.
- Many plans share common principles of equity, inclusion, intersectionality, and collaboration, but also tailor their approaches to local priorities, such as addressing First Nations health, rural access, violence prevention, or economic participation.

This diversity of approaches across Australia underscores the need for a flexible, responsive national women's health research agenda that can support evidence generation relevant to local contexts while maintaining consistent national standards and priorities.



2.2.1 National Health and Medical Research Strategy

Following national consultations led by Research Australia in 2020-21, and a sector call to action, in May 2024 the Minister for Health and Aged Care announced the development of the National Health and Medical Research Strategy³⁸. The purpose of this strategy is to deliver both a plan to strengthen and leverage Australia's world leading research capacity, and better health outcomes from a productive and efficient ecosystem.

The (draft) National Health and Medical Research Strategy³⁹ was released on 27 August 2025; feedback on the draft strategy was sought through a public consultation which closed on 8 October 2025. The final strategy is due to Government by the end of 2025, and the Department of Health, Disability and Ageing aims to publish the final Strategy in early 2026. At the time of writing, submissions are currently being reviewed.

National Health and Medical Research Strategy represents a significant step forward as the truly national approach to shaping Australia's health and medical research ecosystem. The creation of a strategy signals a maturing research landscape and acknowledgement that national health challenges require national coordination, collective ambition and sustained commitment of the health and medical research and innovation sector over the 10-year horizon period and beyond⁴⁰.

As the National Health and Medical Research Strategy continues to be developed and implemented, the Roadmap offers a gender-responsive lens to ensure that reform efforts truly deliver for all Australians. By working in concert with national priorities, it can help create a more collaborative, equitable, and impactful health research environment.

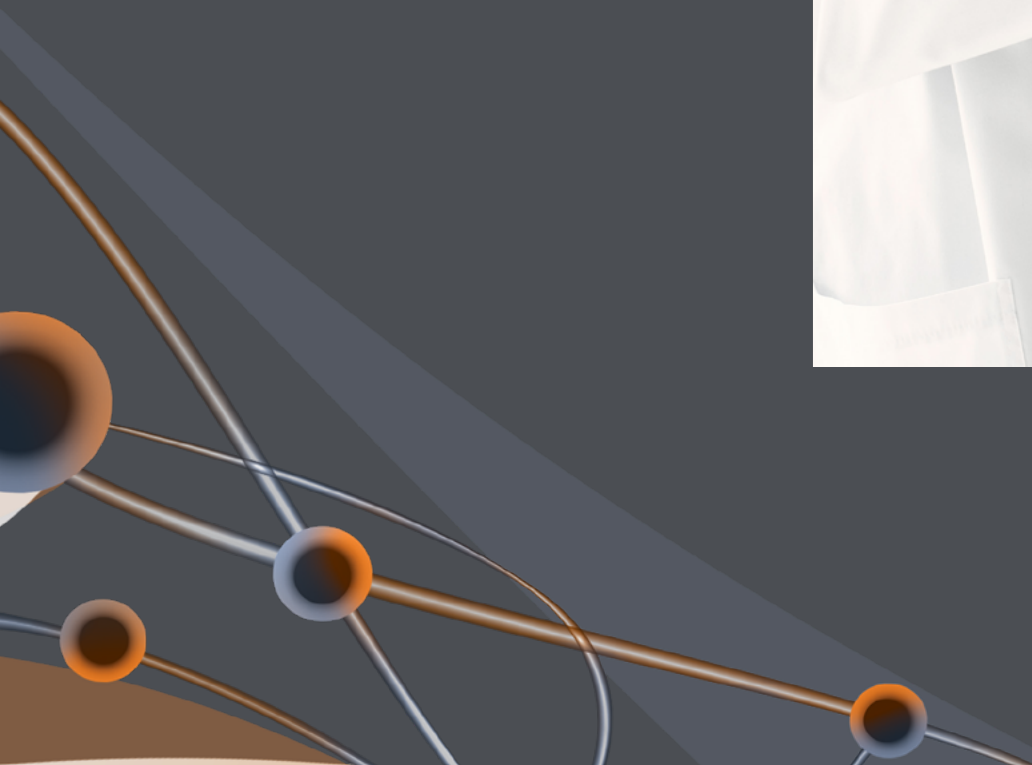


38. Department of Health, Disability and Ageing (2025). National Health and Medical Research Strategy. <https://www.health.gov.au/our-work/national-health-and-medical-research-strategy>

39. Department of Health, Disability and Ageing. (2025). DRAFT National Health and Medical Research Strategy 2026-2036

40. Research Australia's submission on the Draft National Health and Medical Research Strategy can be found [here](#).

The National Strategy offers a real opportunity to address equitable health outcomes. The disproportionate health outcomes for girls, women and gender diverse people, as well as (including those who identify in multiple communities) - First Nations people, people with disability, culturally and linguistically diverse people, those who identify as LGBTQI+, and people living in regional, rural, remote and very remote areas, can only be achieved when there is dedicated focus in health and medical research. Addressing systemic (and intersectional) discrimination embedded in health and medical research requires targeted action across multiple areas. This includes attitudinal and behavioural changes, supported by systemic and institutional monitoring and evaluation, and capacity building approaches (including in policy and funding governance structures) to support changes to address bias and deficit discourses. This needs to be underpinned across all aspects of institutions and systems, including leadership and values; governance, systems, policies and procedures; workforce capabilities and capacity; and service offers. This needs to align with existing national priorities and frameworks, such as the National Agreement on Closing the Gap, Australia's Disability Strategy, the Women's Health Agenda, as well as existing work, including this Roadmap.



2.2.2 Working for Women: A Strategy for Gender Equality

Working for Women: A Strategy for Gender Equality outlines the Australian Government's vision for gender equality – an Australia where people are safe, treated with respect, have choices, and have access to resources and equal outcomes no matter their gender. This Strategy outlines how harmful gender attitudes and stereotypes are the foundation of gender inequality, identifying 6 long-term ambitions that are needed to reach the Strategy's overarching vision, and 5 priority areas for action.



2.2.3 National Women's Health Strategy

The National Women's Health Strategy 2020-2030 is Australia's national approach to improving health outcomes for all women and girls in Australia. The NWHS complements overarching national frameworks on health, mental health, and chronic conditions and aligning with targeted action plans on issues such as sexual and reproductive health, violence prevention, and healthy ageing.

The NWHS aims to provide a gender-specific approach existing activities and to guide the development of new and innovative policies and approaches aimed at addressing the specific health needs of women and girls. Key priorities and actions were developed around five priority areas.



2.2.4 National Women's Health Advisory Council

The National Women's Health Advisory Council provides advice to the Federal Government on priority health issues for women and girls in Australia, including providing advice and recommendations on the implementation of the NWHS.

The National Women's Health Advisory Council established 4 subcommittees to investigate gender bias across varied focus areas, and each subcommittee developed specific advice on how to address their respective issues⁴¹.

1. The Access, Care and Outcomes Subcommittee explored factors of the health system that influence women, girls' and gender diverse people's choice and quality of health services.
2. The Empowerment Subcommittee explored barriers and enablers to women, girls and gender diverse people being active agents for their health, and options to empower them in the workforce.
3. The Research Subcommittee looked at ways to reduce gender bias in research, its methods, who does it and how to better translate it into practice.
4. The Safety Subcommittee focussed on ensuring women can work in and receive physically, culturally and socially safe healthcare.

Recent subcommittee discussions identified and discussed systemic issues across the healthcare lifecycle, including health service design, funding models and guidelines, provider behaviour, women's health literacy, health and medical research, and healthcare policy. Cross-cutting themes include:

- **Women-centric, holistic healthcare:** While many health services deliver best practice evidence-based care, some women and gender diverse people struggle to access health services, and states and territories may collect service delivery data inconsistently, creating challenges in tracking and reporting outcomes. A better understanding of how health providers are supported and funded may help highlight access and equity disparities.
- **A capable, well-resourced workforce:** Persistent workforce shortages impact health outcomes. Building and retaining a skilled, diverse, culturally safe, and trauma-informed workforce that reflects and responds to the needs of women, girls, and gender diverse people will address this. Capacity building activities include incorporating research and lived experience to tailor services, using evidence-based strategies to build and retain a skilled workforce, providing cultural safety and family, domestic and sexual violence training, and recognising the role of interpreters in the workforce.
- **Empowerment through health literacy:** There is currently no shared understanding among researchers, policy makers, and the community of what empowerment is and how it is impacted by gender bias in health. Improving health outcomes relies on building health literacy – prioritising empowerment in systemic ways is integral to empowering women, girls, and gender diverse people to make informed decisions and take full advantage of increased access and services.
- **Addressing entrenched gender bias with intersectional gender-aware structural reform:** All Australians have a right to healthcare free from discrimination. Embedding gender-aware, intersectional, and rights-based approaches into policy, practice, and organisational culture could help bolster health and wellbeing services.
- **Improving representation in research and translation:** The sector needs to strengthen requirements for researchers to collect and report studies by sex and gender and foster greater consideration of intersectional factors in health and medical research. Increasing participation in research and clinical trials is necessary to address historical gaps, and encouraging researchers to embed co-design principles will help produce a representative evidence base.

41. National Women's Health Advisory Council. (2024). Annual Report 2023-2024.

2.2.4.1 Monitoring and Reporting on the National Women's Health Strategy

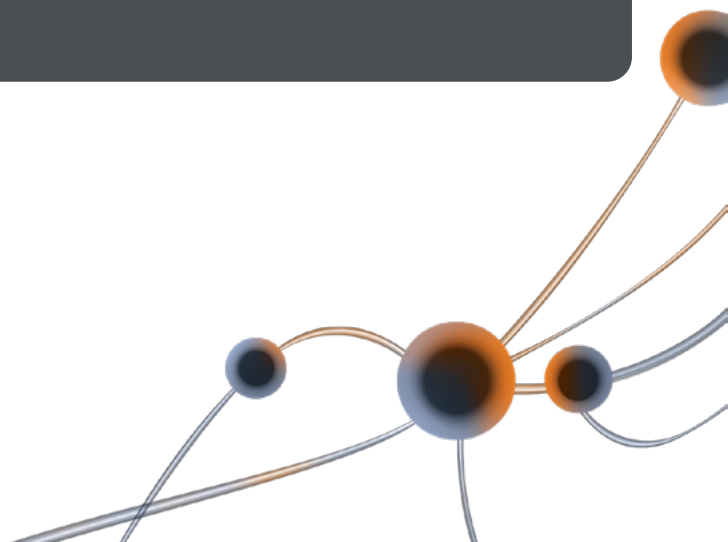
To enable the Council to understand the baseline of activities against the strategy and track future progress, the Council engaged Deloitte Access Economics to develop a monitoring and reporting framework and a baseline report and scorecard. Monitoring showed uneven progress against the 5 priority areas – of the 20 sub-priorities and actions, 3 were found to have meaningful progress, 10 had some progress, and 7 required stronger focus. Of the 24 key measures of success (assessed as outcome measures), 7 showed positive trend, 11 showed no observational change, 2 showed a negative trend, and 4 had insufficient data.

The Roadmap is designed to support these priorities by identifying ways to strengthen research coordination, capacity, and alignment. We recognise existing work and aim to avoid duplication by focusing on research system improvements that enable the Strategy's goals.

Monitoring of the National Women's Health Strategy shows uneven progress across priority areas⁴²

- **Maternal, sexual and reproductive health:** Some gains in access and education, but persistent inequities, especially in regional and remote areas.
- **Healthy ageing:** Growing awareness of a life-course approach, but limited evidence that it is applied differently for women.
- **Chronic conditions and prevention:** Some progress (e.g. endometriosis), but most chronic conditions still lack gender-specific approaches.
- **Mental health:** Increased awareness, but little focus on gender differences in care or integration of services.
- **Health impacts of violence against women:** Training and trauma-informed care improving, but data gaps limit assessment of health outcomes.
- **Investing in research:** While data disaggregation has improved, major gaps remain in understanding priority groups, with limited progress in building research capacity and reducing duplication.

42. National Women's Health Advisory Council. (2024). Annual Report 2023-2024.



The following table outlines the national and jurisdictional strategies

National Strategies			
Strategies	Aim / Vision	Priority Areas	Principles
National Health and Medical Research Strategy 2026-2036 ⁴³	Australia: the healthiest nation – driven by research, delivering for all. Goals 1. Drive national prosperity and security. 2. Lead the world in health outcomes. 3. Deliver equity – no one left behind. 4. Secure a resilient and sustainable health system. 5. Strengthen regional and global partnerships.	1. Build a vibrant research system that delivers for the nation 2. Embed research processes that are modern, efficient and consumer centred 3. Accelerate research and its translation to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing 4. Drive impact through research translation, innovation and commercial solutions 5. Position to be ready for future needs and challenges	• Impact & sustainability: A sustainable research system that improves the health of the community, powers a high performing health system and delivers productivity benefits. • Quality & Integrity: A research system that generates a high level of public trust through its integrity, relevance, quality and the ethical conduct of research. • Equity: A research system that delivers equity by embracing diversity, being inclusive in priority setting, research processes and distribution of resources and promoting a distributed, diverse workforce. • Collaboration & Partnerships: A research system where collaboration and partnership achieve maximum impact for the community, from discovery science to translation, through investigator and priority-driven research.
Working for Women: A strategy for gender equality 2024 ⁴⁴	An Australia where people are safe, treated with respect, have choices and have access to resources and equal outcomes no matter their gender. Ambitions 1. End violence against women 2. Balance unpaid work 3. Close the gender pay gap 4. Close the retirement income gender gap 5. Gender equity in healthcare access and outcomes 6. Close leadership and representation gender gaps	1. Gender-based violence 2. Unpaid and paid care 3. Economic equality and security 4. Health 5. Leadership, representation and decision-making	• Gender equality is a human right. It is necessary for the dignity and full potential of all people and is an inherent good. • Efforts to drive gender equality must be inclusive and intersectional. • Action on gender equality must be evidence-based and informed by lived experience. • Gender equality benefits everyone, and we all are responsible for bringing about change. • Efforts to drive gender equality for First Nations Australians must be led by First Nations Australians. • Gender equality must be considered at the beginning of everything we do. It is necessary to how we respond to every challenge and take advantage of every opportunity
National Women's Health Strategy 2020-2030 ⁴⁵	Improve the health and wellbeing of all women and girls in Australia, providing appropriate, equitable and accessible prevention and care, especially for those at greatest risk of poor health.	1. Maternal, sexual and reproductive health 2. Healthy Ageing 3. Chronic Conditions and preventative health 4. Mental Health 5. Health impacts of violence against women and girls	• Gender equity • Health equity between women • A life course approach to health • A focus on prevention • A strong and emerging evidence base

43. Department of Health, Disability and Ageing. (2025). DRAFT National Health and Medical Research Strategy 2026-2036

44. Department of Prime Minister and Cabinet. (2024). A Strategy for Gender Equality. Australian Capital Territory, Canberra

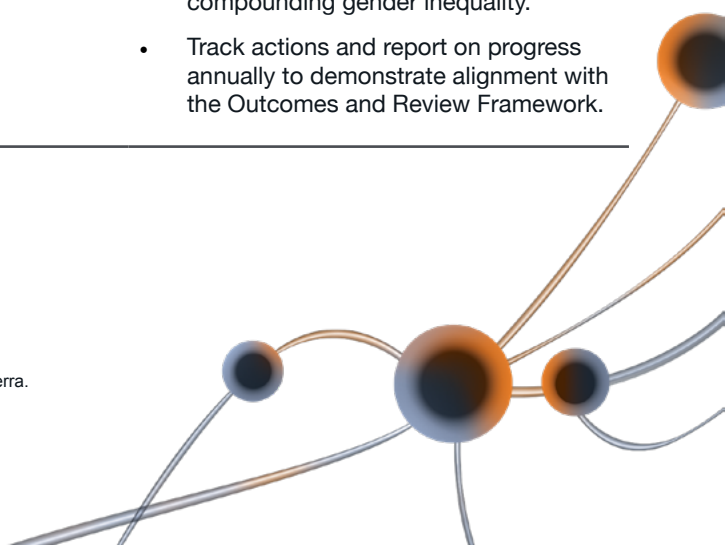
45. Department of Health (2018). National Women's Health Strategy

State and Territory Strategies

Strategies	Aim / Vision	Priority Areas	Principles
Australian Capital Territory Women's Plan 2016-2026 ⁴⁶	The ACT community values and respects women and girls, commits to gender equality and promotes and protects the rights, wellbeing and potential of all women and girls.	1. Health and wellbeing 2. Housing and homelessness 3. Safety 4. Economic security 5. Leadership	• Equality • Non-discrimination • Intersectionality • Everyone's responsibility • Diversity • Safety
New South Wales Women's Strategy 2023-2026 ⁴⁷	All women and girls live and work in a safe and fair society where they are treated with respect and dignity. All women and girls have equitable access to services, resources, opportunities and protections that enable them to thrive. There are 11 supporting Gender equality action plans (GEAP) across NSW Government Departments.	1. Economic opportunity and advancement 2. Health and wellbeing 3. Participation and empowerment	• Equality is a right • Equality of opportunity • We all benefit • Working together • Compounding discrimination • Inclusivity
New South Wales Health Gender Equality Action Plan 2025-2028	People of all genders have equal access, treatment and opportunities in the health system, including women, men, non-binary people, genderfluid people and those that use other terms	1. We strengthen equity and gender diversity in our workforce and governance structures. 2. We account for gender and sex when developing, implementing and evaluating our policies, programs, services, infrastructure and research. 3. We respect people of all genders in how we communicate, engage and consult. 4. We collect and provide access to the right information on gender and sex.	The key requirements for NSW GEAPs include: • A public commitment and tailored vision for longer-term change to improve gender equality. • Meaningful engagement with employees and key stakeholders to identify opportunities for action and input. • Audit and analysis of relevant policies, programs, services and functions and the NSW public sector workplace to identify gender-based impacts. • Targeted actions to make reasonable and material progress to advance gender equality across policies, programs, functions and services, and the NSW public sector workplace. • Application of an intersectional lens and inclusion of actions to address the impacts of intersectional, or compounding gender inequality. • Track actions and report on progress annually to demonstrate alignment with the Outcomes and Review Framework.

46. ACT Government (2016). ACT Women's Plan 2016-2026. Australian Capital Territory, Canberra.

47. NSW Government (2023). NSW Women's Strategy 2023-2026



Northern Territory Gender Equity Action Plan 2022-2025 ⁴⁸	Territorians enjoy an inclusive, healthy, safe, fair, and economically secure Northern Territory where gender is never a barrier to full participation and inclusion.	1. Community engagement 2. Health and wellbeing 3. Safety	• Encouraging inclusive, intersectional and strengths-based approaches • Supporting the inclusion of gender equity measures • Building evidence to find what works to achieve gender equality in the Northern Territory, • Challenging rigid gender norms and stereotypes • Focusing on long-term systemic, structural, attitudinal and behavioural change.
Queensland Women and Girls' Health Strategy 2032 ⁴⁹	All Queensland women and girls are well and healthy throughout their lives and can participate in social, economic, and cultural activities.	1. Healthy lifestyles and bodies 2. Sexual and reproductive health 3. Mental health and wellbeing 4. Health response to domestic and family violence and sexual violence 5. Maternal health 6. Chronic health conditions and cancer	• Human rights • Determinants of health • Women and girls' voices, co-design and collaboration • First Nations health and healing, clinical and cultural safety • Life course approach
Queensland Women's Strategy 2022-2027 ⁵⁰	Women and girls have equal rights, and equal access to opportunities. Women and girls are safe, valued, and able to freely participate and succeed in the economic, social and cultural opportunities available. Women and girls are recognised and celebrated for their achievements and contributions to the community.	1. Economic security 2. Safety and wellbeing 3. First Nations Women 4. Women with diverse backgrounds and experiences 5. Empowerment and recognition	• Equality is a human right • Everyone benefits when social norms are challenged • Gender equality is inclusive and everyone's business • An equitable and diverse labour market contributes to growth and productivity • Elevating First Nations women and girls

48. Northern Territory Government (2022). Northern Territory Gender Equality Action Plan 2022-25

49. Queensland Government (2024). Queensland Women and Girls' Health Strategy 2032

50. Queensland Government (2022). Queensland Women's Strategy 2022-2027

South Australia Women's and Children's Health Network Strategy 2026 ⁵¹	To be a leading and respected health network for women, babies, children, young people, and their families.	1. Improved health and wellbeing of families and communities 2. Meaningful gains in Aboriginal health and wellbeing 3. Provide leading healthcare for women, babies, children, and young people 4. Create one health network	• Share a common purpose and direction • Use innovative and new ways to deliver our service • Educate and support people to excel in the care that they give • Grow and develop our current and future leaders • Ensure that we have consistent behaviours and ways of working • Implement processes and systems that are efficient and effective
South Australia's Women's Equality Blueprint 2023-2026 ⁵²	South Australia is a fair and inclusive state, in which women and girls can equally and actively participate in the economy and all aspects of community life.	1. Safety and security 2. Leadership and participation 3. Economic wellbeing 4. Health	• Equality is a human right. • Gender equality benefits everyone • Collective effort which requires action from Government, the private sector, non-government organisations and communities • Addressing potential intersectional disadvantage and discrimination • Diversity in leadership and in the workforce • Recognising and celebrating the achievements and contributions of women and girls
Tasmanian Women's Strategy 2022-2027 ⁵³	Where women and girls have access to equal choice, opportunity and resources to participate in our economic, social, political and community life. Where gender equality is embedded in our culture, attitudes and practices, recognising the diversity of Tasmanian women and girls.	1. Safety 2. Health and Wellbeing 3. Economic security 4. Leadership & participation	Goals • Cultural change • Empowerment • Visibility and awareness

51. Women and Children's Health Network. Realising Potential, Creating together: Women's and Children's Health Network Strategy 2026. Government of South Australia

52. South Australian Government (2023). South Australia's Women's Equality Blueprint

53. Tasmanian Government, 2022. Equal means Equal: Tasmanian Women's Strategy

Victoria's Gender Equality Strategy and Action Plan 2023-2027 ⁵⁴	All Victorians live in a safe and equal society, have access to equal power, resources and opportunities, and are treated with dignity, respect and fairness.	1. Cultural change 2. Health and wellbeing 3. Safety and respect 4. Economic equity 5. The public sector as a leader.	• We will focus on structural and cultural change • We support Aboriginal self-determination • We will centre inclusion, diversity and accessibility • Gender equality is everyone's responsibility
Western Australia Women's Health and Wellbeing Policy ⁵⁵	To drive continuous improvement in the health, safety and wellbeing of women and girls in WA, particularly those at greatest risk of poor health	1. Chronic conditions and healthy ageing 2. Health and wellbeing impacts of gender-based violence 3. Maternal, reproductive, and sexual health and wellbeing 4. Mental health and wellbeing	• Women centred, individualised care • Workforce capacity building • Inclusion and respect • Collaboration and partnerships • Health equity and access • Prevention, promotion, and early intervention • Continuous improvement, research, and innovation



54. Victorian Government (2023). Our equal state: Victoria's gender equality strategy and action plan 2023-2027

55. Western Australian Department of Health (2019). Western Australian Women's Health and Wellbeing Policy

3. Key findings: Australian Women's Health Research Ecosystem

This section provides an overview of Australia's women's health research ecosystem, drawing on data from the information review, survey, and roundtable discussions to examine key stakeholders, funding sources and amounts, and insights into the women's health research community.

Rapid Information Scan

A **rapid information scan** was conducted on recent (2019-2024) research projects, published articles, major research grants, and clinical trials registries to identify research trends, main funding sources, primary research topics, active institution, and examples of innovative research approaches.



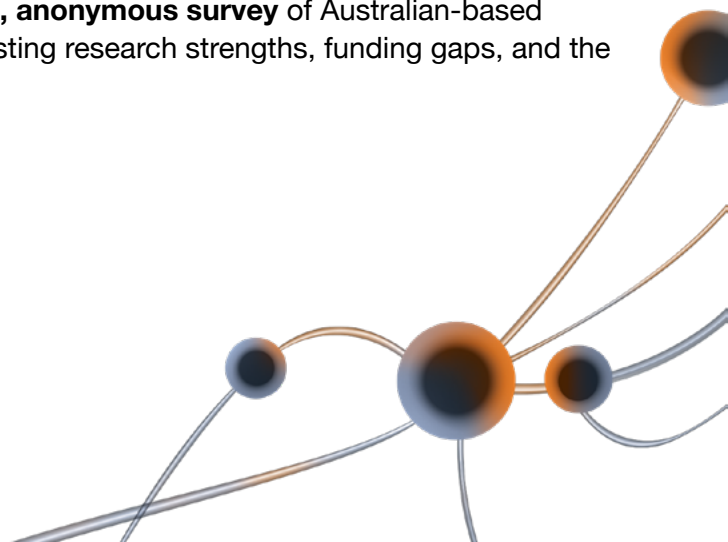
“As a primary care clinician, I was drawn to supporting research that could directly impact my practice and patient outcomes”.

Survey Respondent

- A Scopus search was conducted seeking articles between 2019-24 affiliated with an Australian institution, with either an author or indexed keyword related to woman/women or girl/girls and female – limited to subject areas relevant to health and medicine. A review removed articles not explicitly about women's health. This resulted in 20,175 papers.
- A download of the Australian New Zealand Clinical Trials Registry (ANZCTR) public database identified 6126 trials approved between 2019-24 actively recruiting in Australia at the time of review.
- Universities sponsored the greatest proportion (48%) of clinical trials, followed by hospitals (16%), individuals (11%), commercial sector (11%), government body (5%), charities and foundations (3%), collaborative groups (3%), and other organisations (2%).

Notes: 1. Gender diverse health was not included as a specific search keyword in this scan, so research specifically addressing the needs of trans and gender diverse populations is likely underrepresented. 2. Women's health is not always explicitly recorded as a primary or secondary research focus or area of study. While this review used a range of issue-specific keywords (e.g. endometriosis) to capture as much relevant research as possible, some current studies or publications related to women's health may not have been identified in this process.

Data from the rapid scan was complemented by an **online, anonymous survey** of Australian-based researchers in April 2024. The survey aimed to explore existing research strengths, funding gaps, and the experiences of the research community.



Survey respondent demographics

- Of the 72 respondents, (77%) were based in universities; others worked in public/private health, medical research institutes (18%), private sector (9%), or philanthropic entities (4%).
- Approximately 15% worked in professional roles related to research conduct or administration.
- 89% identified as female, 8% as male, and 3% chose not to disclose; 1% identified as Aboriginal or Torres Strait Islander.
- Around one-third were senior researchers (>10 years postgraduate experience), 25% midcareer (5–10 years), and 21% early career (<5 years).
- Respondents reported activity in all five priority areas of the NWHS, with the majority conducting research in maternal, sexual, and reproductive health (67.86%) followed by chronic conditions and preventative health (64.29%).

Review of Australian & New Zealand Clinical Trials Registry

A review of the **Australian & New Zealand Clinical Trials Registry** found 6,126 clinical trials approved between 2019–2024 that were recruiting participants across Australia, with 257 of these recruiting only female participants. Most of these trials focused on treatment (63%) and prevention (23%), with smaller numbers addressing diagnostics (6%) or education (7%). Clinical trials were recruiting in every state and territory, often across multiple jurisdictions. The highest concentrations were in Victoria (49.2%) and New South Wales (41.7%), reflecting major population centres and research infrastructure.

Inclusion and Exclusion of pregnant people in Clinical Trials

Despite over 80% of women taking at least one medication during pregnancy, pregnant individuals remain systematically excluded from clinical trials, creating a critical gap in women's health research⁵⁶. This exclusion, while rooted in historical caution following tragedies like thalidomide, has led to a severe lack of evidence regarding the safety and efficacy of medications during pregnancy. Consequently, women and clinicians are often forced to make difficult decisions based on limited or outdated data, potentially compromising maternal and foetal health.

Data from Global Data's trials intelligence platform reveals that in 2024, fewer than 4% of clinical trials included pregnant women in their inclusion criteria, while 36% explicitly excluded them⁵⁷. This systematic omission has significant implications, as pregnant women are often unable to access newer, potentially safer, and more effective treatments available to the non-pregnant population. For instance, while modern treatments exist for conditions like epilepsy and high blood pressure, pregnant women are often limited to medications developed in the 1950s and 1960s due to a lack of testing in pregnancy⁵⁸. This situation is further complicated by a poor understanding of how physiological changes during pregnancy affect drug metabolism, placing both mother and child at risk.

Addressing this requires a fundamental shift from a model of "safety from research" to "safety through research"⁵⁹. Systems-level reform is needed to promote a cultural shift toward generating evidence for medication use in pregnant populations. While Australian policies do not explicitly prohibit research in pregnant women, they currently fail to adequately support this renewed focus.

Key Developments and Opportunities:

- **Policy Review:** The Therapeutic Goods Administration (TGA) has conducted public consultations to better understand barriers around the repurposing of medicines, signalling policy interest in improving drug access and safety⁶⁰.
- **Clinical Trials Network:** The Women's Health Research Translation Network (WHRTN) is collaborating with the Australian Clinical Trials Alliance and the Perinatal Society of Australia and New Zealand to establish a dedicated Clinical Trials Network in women's health research⁶¹.
- **Data Linkage:** Strengthened information systems and knowledge management allow for the creation and restricted access to population-level linked administrative datasets, enabling researchers to strive for ongoing quality and safety improvements in medication use⁶².
- **Continuity of Care:** Health service provider regulations have seen progress through the redesign of maternal health services to align with pregnant women's values, adopting continuity of care and carer models. However, financing remains a barrier to scaling up this gold-standard model⁶³.

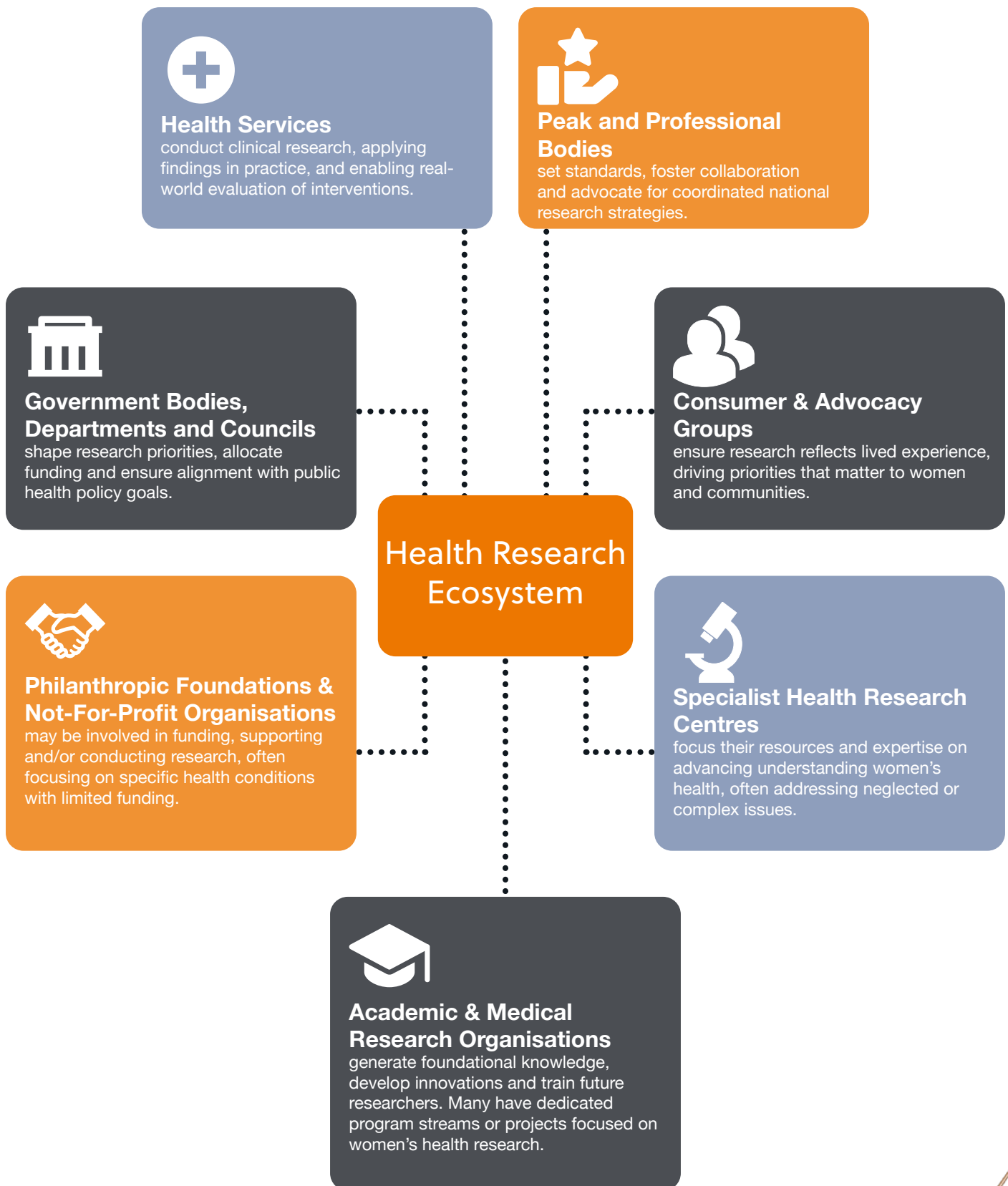
These initiatives are vital steps toward reversing exclusionary practices and ensuring that pregnant women are no longer left out of the evidence base that shapes their care and treatment.

Women's Health and Medical Research Roundtable

The purpose of the **Women's Health and Health and Medical Research (HMR) Roundtable** (20 February 2025) was to build consensus on the key issues and opportunities identified in the earlier stages of this project, with an initial goal of shaping an agenda for Australian women's health research. However, discussions made clear that before developing a detailed research agenda, structural reforms are needed to address systemic barriers in funding, conduct, and translation of research. The roundtable therefore focused on surfacing diverse perspectives on these barriers and identifying high-level priorities and actions to support a more collaborative, equitable, and effective research environment.

56. Jackson, H., Grzeskowiak, L., Enticott, J., Wise, S., & Callander, E. (2023). How the structural determinants of health inequities impact access to prescription medication for pregnant women in Australia: a narrative review. *The Lancet regional health. Western Pacific*, 42.
57. Clinical Trial Arena. (2024). Crucial drug shortages questions the exclusion of pregnant women in clinical trials. Analyst Comment 1/10/24. <https://www.clinicaltrialsarena.com/analyst-comment/crucial-drug-shortages-exclusion-pregnant-women/?cf-view>
58. Medicine, Nursing and Health Sciences, Monash University. (2024). Safer Pregnancies: including mums-to-be in clinical trials will ensure evidence-based care, not guesswork. Monash University. Article, 29/10.24. <https://www.monash.edu/medicine/news/latest/2024-articles/safer-pregnancies-including-mums-to-be-in-clinical-trials-will-ensure-evidence-based-care,-not-guesswork>
59. Jackson, H., Grzeskowiak, L., Enticott, J., Wise, S., & Callander, E. (2023). How the structural determinants of health inequities impact access to prescription medication for pregnant women in Australia: a narrative review. *The Lancet regional health. Western Pacific*, 42, 100934.
60. Therapeutic Goods Administration (2023). Consultation: Repurposing of medicines. Department of Health, Disability and Ageing. <https://www.tga.gov.au/resources/consultation/consultation-repurposing-medicines>
61. Women's Health Research, Translation and Impact Network (WHRTN). (2024). Partnerships: Australian Clinical Trials Alliance. <https://www.womenshealthnetwork.org.au/acta-clinical-trial-network>
62. Jackson, H., Grzeskowiak, L., Enticott, J., Wise, S., & Callander, E. (2023). How the structural determinants of health inequities impact access to prescription medication for pregnant women in Australia: a narrative review. *The Lancet regional health. Western Pacific*, 42.
63. Jackson, H., Grzeskowiak, L., Enticott, J., Wise, S., & Callander, E. (2023). How the structural determinants of health inequities impact access to prescription medication for pregnant women in Australia: a narrative review. *The Lancet regional health. Western Pacific*, 42.

3.1 Organisations in Women's Health Research in Australia



A detailed analysis is included in the Appendix

3.2 Funding

Women's health research has historically been underfunded, particularly in areas that exclusively (e.g., endometriosis) or disproportionately (e.g. autoimmune diseases and Alzheimer's) affect women. Research addressing the health needs of gender diverse and trans populations is even more limited, with minimal dedicated funding, scant data collection, and few targeted studies to inform evidence-based care^{64, 65}.

Analysis of the publications in this review reveals a diverse funding landscape. Over 200 entities were acknowledged as funders, with most papers listing multiple sources. The top 12 funders accounted for less than half of all papers. Overall, funding came primarily from the Australian government (30% federal, 6% state/territory), universities (15%), and other institutes or organisations (17%). International sources were substantial, contributing 21%, with strong representation from the USA, UK, Canada, China, the Netherlands, and the European Union. Within industry, pharmaceutical companies were the most common contributors, funding 10% of publications.

Snapshot: National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF) Funding

- **NHMRC role and scale:** The NHMRC was the most common funding body for women's health research in Australia by publication count, awarding over \$382 million to women's health-related grants between 2019 and 2024, representing 7.6% of total funded projects.
- **NHMRC institutional funding pattern:** Top institutions funded by the NHMRC for women's health research included the University of Melbourne (53 grants), Monash University (51), and UNSW (32), reflecting strong academic hubs for this research.
- **NHMRC research fields:** Successful NHMRC grants most commonly focused on clinical medicine and science, basic sciences, and health services research, with stable funding patterns over time and a slight increase noted by 2022.
- **MRFF funding:** The MRFF provided \$105.7 million in funding to women's health research, with an average of \$1.96 million per project across 54 projects.
- **MRFF funded projects:** Where research fields were specified, MRFF funding for women's health most often supported public health and health services research, as well as biomedical and clinical sciences, though many projects did not report a specific field or spanned multiple areas.

Universities sponsor of nearly half (48%) of women's health-related clinical trials, with hospitals (16%), individuals (11%), and industry (11%) also playing key roles. Government bodies (5%), charities (3%), and other collaborative groups (3%) made up the remainder, showing the strong academic and health service focus of trial leadership.

Beyond traditional public research funders such as the NHMRC and MRFF, the broader donor landscape includes philanthropic trusts and foundations, private individuals, health charities, industry sponsors, and international organisations. While these contributors are active in supporting women's health research (especially in fields like cancer or reproductive health) their investments are often fragmented or project specific. Survey findings indicate a growing reliance on philanthropic and internal funding, particularly outside of university settings, yet these sources are underrepresented in publication records and strategic research planning.

64. Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

65. Department of Health and Aged Care (2025). *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035*.

Survey respondents reported drawing in a wide mix of funding sources, including national grant programs (62.5%), other federal funding (16%), state and territory governments (9%), philanthropic sources (50%). Almost half (45%) had used internal organisational funding to support projects. Funding patterns varied by institution type: university-based researchers reported more diverse funding, averaging 3.7 sources per respondent, and were more likely to access state and territory grants. In contrast, philanthropic and private industry respondents often self-funded their work, while those based in health services frequently reported conducting unfunded research, highlighting funding gaps for clinician researchers.

While this diversity in funding is a strength, it also poses challenges for coordination, strategic alignment, and avoiding duplication of effort.

Only 2% of survey respondents felt women's health research is well resourced, with 89% disagreeing and calling for increased funding to cover both direct and indirect research costs. Roundtable participants emphasised the need for dedicated small-grant funding to support early-stage innovation, noting that current funding models often exclude researcher salaries and can limit sustainability. Calls were also made for greater diversity in research topics, addressing historically overlooked conditions in women's health.

Respondent perspectives on women's health research in Australia

- **Coordination challenges:** Only 11% of surveyed researchers agreed women's health research is well coordinated, while 49% disagreed, citing inconsistent governance and limited system-wide planning despite existing networking opportunities.
- **Low public understanding:** Only 2% agreed that women's health research is well understood by the public (83% disagreed), highlighting a need for better education and advocacy to improve awareness and translation.
- **Translation pathways:** 37% felt there are strong pathways to translate research into practice, but nearly half (47%) disagreed.
- **Global leadership:** 34% viewed Australian women's health research as world-leading, but 32% disagreed, noting strong international ties but inconsistent global recognition.
- **Driven by lived experience:** 40% agreed that research is informed by lived experiences, while 26% disagreed, pointing to opportunities for deeper engagement and co-design.
- **Addressing National Strategy Priority Areas:** Survey respondents were most likely to have worked on maternal, sexual and reproductive health research (67.76%) and chronic conditions and preventative health research (64.9%). Less than half had worked in mental health research (41.07%) and healthy ageing research (32.14%), and only 1 in 5 had worked on research involving the health impacts of violence against women and girls (19.64%).

3.3 Workforce

Survey respondents and roundtable participants highlighted persistent workforce equity challenges, including gender imbalance in leadership, barriers to career progression, and gaps in rural and remote research capacity. National health and medical research data does not consistently track the gender of researchers, limiting visibility into workforce equity and planning. Roundtable participants revealed gender disparities in leadership positions, with women, especially those in nursing or clinical roles, underrepresented in senior roles. Participants highlighted that there is no strong, cohesive identity for women's health researchers as a workforce, with many working in silos rather than collaborating as an integrated community.

Caregiving responsibilities, limited financial support, and lack of professional backing, were cited as barriers to women's career advancement and ability to participate in opportunities like international conferences. Additionally, participants emphasised the challenges faced by rural and remote women in accessing research funding and opportunities, calling for strategies to build local expertise and capacity rather than concentrating resources in metropolitan centres.

Case Study: Advancing Women in Healthcare Leadership Initiative

Although women make up 75% of the health and related workforce, they remain underrepresented in leadership roles – holding only 45% of public hospital board chair positions, 39% of private hospital CEO roles, 38% of chief medical or health officer roles, and 28% of medical dean positions. This reflects an ongoing failure to support women's career progression equitably.

The Advancing Women in Healthcare Leadership Initiative is a large-scale collaboration led by Monash University and funded by two National Health and Medical Research Council (NHMRC) partnership grants and partnership contributions⁶⁶. The initiative is a large-scale national research, implementation and impact initiative involving over 26 partners.

It focuses on identifying and implementing effective strategies for organisational change and achieving lasting improvements in women's leadership across the healthcare sector.



66. Monash Centre for Health Research and Implementation. (2024). Advancing Women in Healthcare Leadership: About Us. <https://www.womeninhealthleadership.org/about-us>

3.4 Collaboration

While calls for greater collaboration in health research are ubiquitous⁶⁷, only 32% of surveyed researchers agreed that good structures exist for collaboration and partnerships, underscoring fragmentation and limited support.

- Just 11% of respondents agreed that women's health research is well coordinated, with 49% disagreeing and citing inconsistent governance and limited system-wide planning despite existing networking opportunities.
- Although collaboration was reported frequently within (73.5%) and between organisations (57%), many acknowledged persistent barriers internally (47%) and externally (53%), including lack of resources, limited collaboration skills, and insufficient awareness of potential partners outside their networks.
- Collaboration challenges were especially pronounced in private industry and independent consultant settings - no private industry respondents reported attempting collaborations outside their organisation, suggesting possible silos between academic, clinical, and industry research despite the volume of privately funded work.

Roundtable participants identified the fragmentation of data, infrastructure, and biobanking, and concerns around intellectual property (IP) as barriers to collaboration. Participants highlighted the need to develop clear frameworks that encourage data sharing while protecting IP rights, ensuring collaboration is both legally safeguarded and productive.



Identified enablers of successful collaboration included:

- Partnerships were easier when organisations shared similar visions, values, target populations, and working methods.
- Prior positive collaboration experiences build trust and supported future partnerships.
- The menopause research community offers a promising example: this relatively small, close-knit field reported higher rates of collaboration both internally (89%) and externally (62%).
- Menopause researchers also experienced fewer barriers within (29%) and outside (49%) their organisations.

These experiences suggest valuable lessons for strengthening collaboration across other areas of women's health research. Privacy and data protection were not widely addressed, suggesting a gap for future consideration.

67. Saenz, C., Krahn, T., Smith, M., Haby, M., Carracedo, S. Reveiz, R. (2024). Advancing collaborative research for health: why does collaboration matter? *BMJ Global Health* 2024;9:e014971.

3.5 Translation and impact

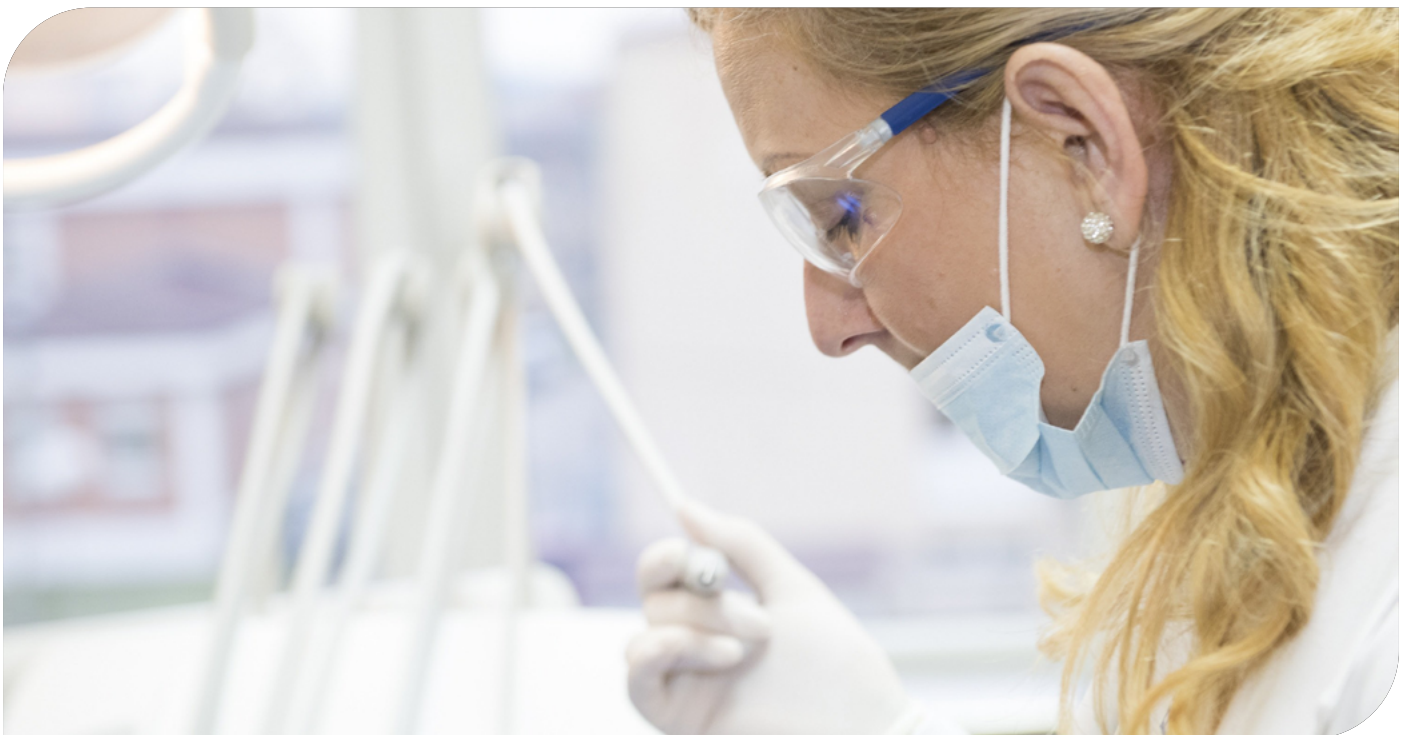
Effective health and medical research depends on the ability to deliver real-world benefits. However, there is no single way to evaluate research impact, and measuring the causal links between research activity and health outcomes is challenging. Time lags between discovery, policy change, and improvements in care further complicate understanding research translation.

Survey results show encouraging signs that women's health researchers in Australia are already contributing to impact across multiple domains. Among survey respondents, 71% reported their work had led to new scientific discoveries, 65% had contributed to policy or information resources, and 63% indicated their research had supported changes to health care practice. This highlights Australia's strong position to expand its research impact in women's health, even with relatively modest levels of dedicated investment.

Despite these strengths, translation remains fragmented and uneven – 37% of survey respondents agreed that women's health research has strong pathways to translation (48% disagreed). The National Women's Health Advisory Council has identified reducing gender bias in research methods, workforce participation, and translation pathways as a priority. Initiatives such as the Australian Health Research Alliance (AHRA)⁶⁸ National Women's Health Research, Translation and Impact Network (WHRTN) play a critical role in addressing these challenges.⁶⁹

Strengthening research translation in women's health requires sustained investment in systems and partnerships that link research, policy, and practice, support co-design and lived experience leadership, and ensure equitable access to the benefits of research for all women, girls, and gender diverse people across Australia.

Addressing these structural barriers would ensure that research funding, leadership, and opportunities better reflect Australia's diverse communities, support priority populations, and advance the goals of the National Women's Health Strategy.



68. Australian Health Research Alliance (2024). Australian Health Research Alliance Impact Report 2024.

69. Australian Women's Health Research, Translation & Impact Network. The Hub. <https://www.womenshealthnetwork.org.au/hub>

4. Roadmap

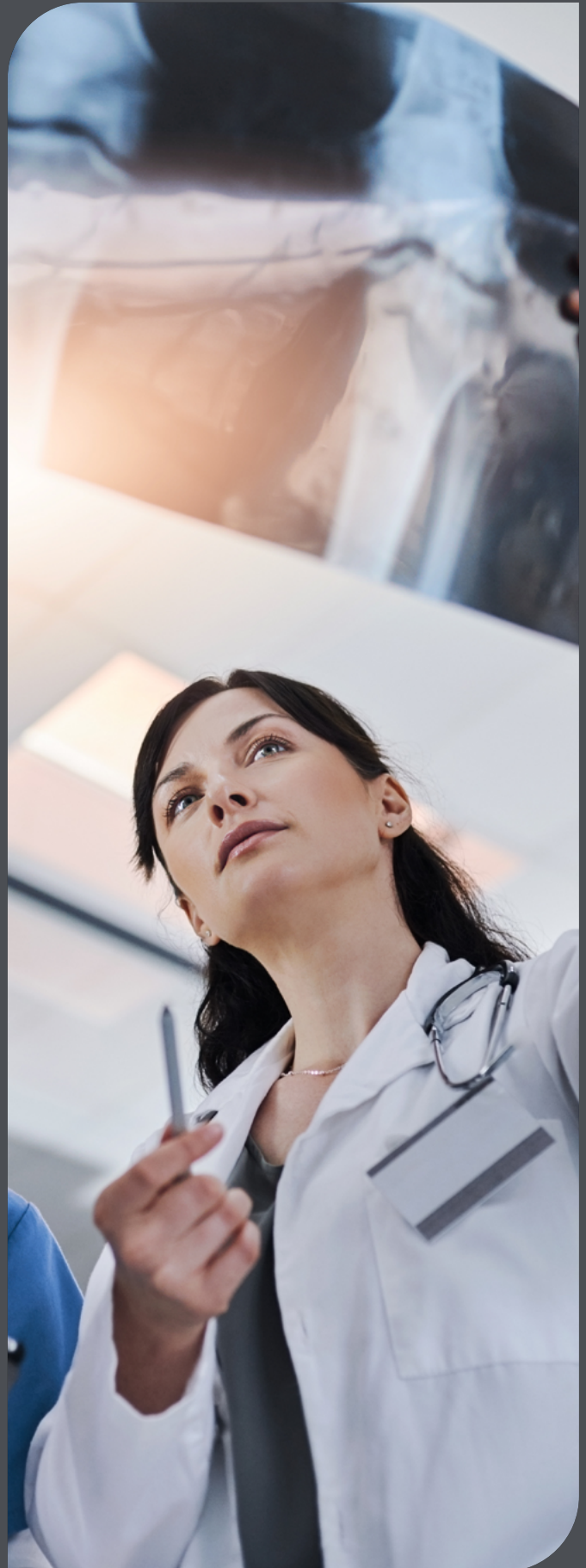
Stakeholder consultations for this project revealed that the barriers impacting back women's health research in Australia are less about what to research and more about how the research system itself works. These challenges are persistent and systemic, including:

- Fragmented and siloed funding and infrastructure.
- Inadequate data standards and collection practices.
- Limited coordination across jurisdictions, agencies, and research teams.
- Bias built into funding models and workforce structures.
- Underutilisation of consumer expertise and lived experience.

These issues cannot be solved by setting new research topics alone. Reform is needed to build capacity, alignment, and coordination so that research can meaningfully support policy goals and deliver better health outcomes.

This roadmap does not replace or redefine the National Women's Health Strategy 2020–2030. Rather, it is designed to support and operationalise the NWHS' goals by identifying the systems, structures and enablers needed to create a more collaborative, equitable, and effective research environment.

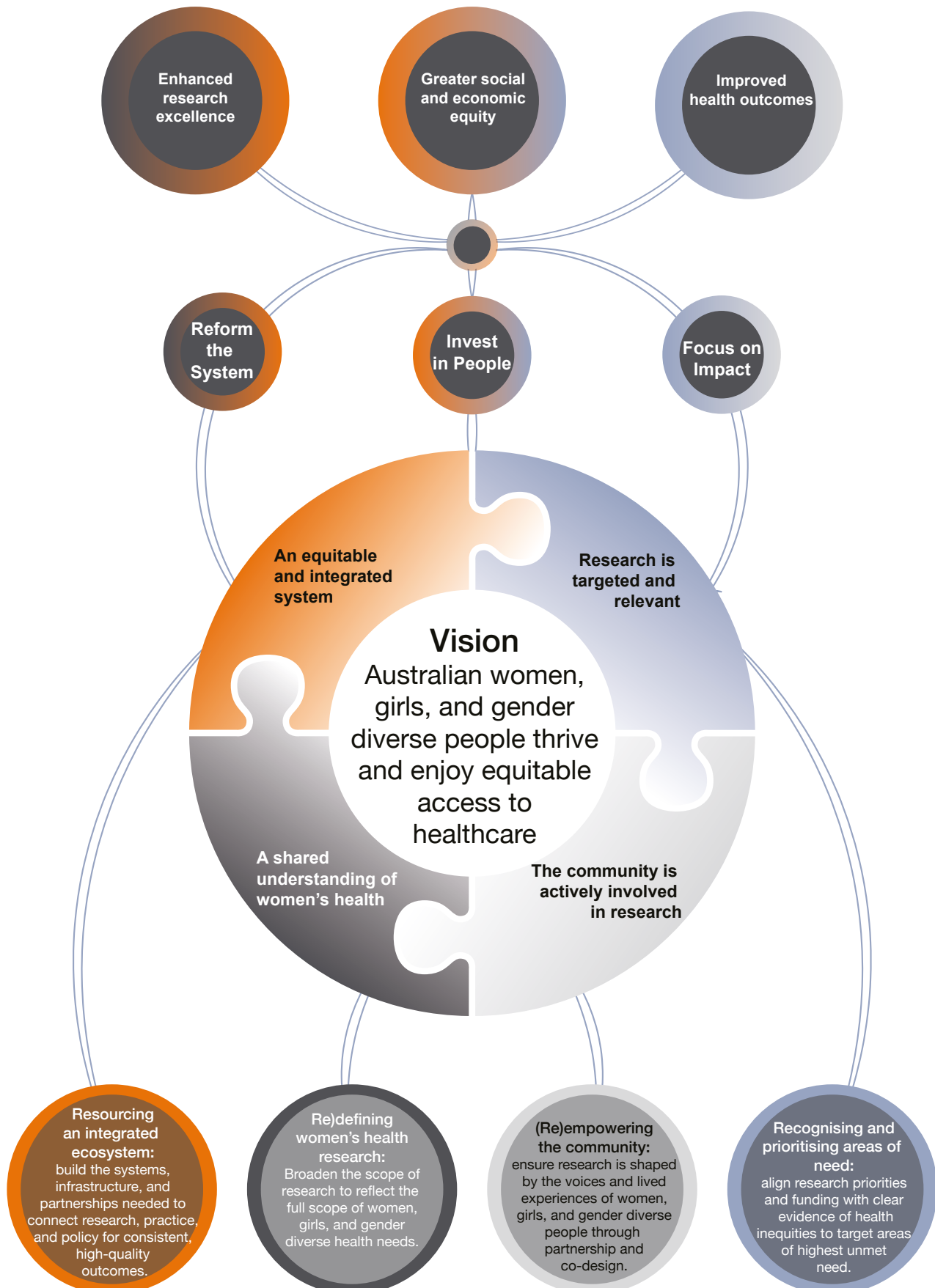
To guide this reform, we have adopted a theory of change approach: mapping the changes needed in research systems and practices to achieve the Strategy's objectives.



Women's Health Relationship Roadmap

Health equity begins with research equity.

This roadmap addresses the structural reforms that are a prerequisite for developing a collaborative, equitable, and impactful health research environment.



5. Recommendations

The path to improving women's health outcomes is not paved with a new list of research topics, but with the fundamental reform of the research system itself. As stakeholder consultations have made clear, the most significant barriers are systemic: fragmented funding, inadequate data standards, siloed efforts, and a culture that has been slow to embed lived experience.

This roadmap has outlined a theory of change to dismantle these barriers, built on four interconnected pillars. Achieving this vision requires a coordinated effort to build a research culture that is collaborative, equitable, and effective, where investment ensures research is conducted for, about, and with all women, girls, and gender-diverse people.

To translate this vision into action, we recommend the following:

1. Establish a national coordinating mechanism (e.g. institute, governing body, or MRFF Mission) to guide and align women's health research priorities, funding, accountability and partnerships in line with the National Women's Health Strategy and the Roadmap;
2. Incorporate the Roadmap into the National Strategy of Health and Medical Research and its implementation;
3. Develop implementation, monitoring and evaluation indicators to track the implementation of the roadmap and gender-responsive research practices across all federally funded health and medical research.



Appendices

Appendix A. Glossary

Basic Science	Research into the fundamental processes of the body to understand health and disease, which helps develop new treatments and interventions.
Biomedical Sciences	Biomedical research not otherwise covered by other terms e.g. medical biotechnology, biochemistry, immunology, neurosciences, pharmacology and pharmaceutical sciences, ophthalmology and optometry, microbiology.
Cardiorespiratory Medicine and Haematology	Research into medicine and healthcare relating to the heart, lungs, and blood.
Clinical Sciences	Clinical aspects of medicine and healthcare including causes, diagnosis, treatment and management of specific diseases and conditions. disease, which helps develop new treatments and interventions.
Health Sciences	Health sciences not otherwise covered by other terms, e.g. allied health and rehabilitation, epidemiology, sports science and exercise, traditional and complementary medicine. disease, which helps develop new treatments and interventions.
Health Services	Research into how healthcare is delivered and used.
Indigenous Studies	Relates to Aboriginal and Torres Strait Islander, Māori, Pacific and other indigenous Peoples, nations, places, cultures or knowledge and/or incorporates or utilises Indigenous methodologies and/or is undertaken with or by these peoples.
Interdisciplinary	Describes a highly collaborative approach where members from multiple disciplines integrate their skills and methods to work on a common issue or goal. disease, which helps develop new treatments and interventions.
Multidisciplinary	Describes an approach where members from multiple disciplines work on a common issue or goal. Whilst there is some collaboration, each discipline works largely independently and centralises its own disciplinary perspective.
Nursing	Care of individuals to promote health, prevent illness, and manage diseases through clinical practice, patient education, and support.
Nutrition and Dietetics	Diet and nutrition in health and disease treatment and prevention.
Oncology and Carcinogenesis	Research into treatment of cancer, and the processes and mechanisms that lead to cancer development.
Paediatrics and Reproductive Medicine	Paediatrics (infants, children and adolescents) and medicine or healthcare relating to assisted reproduction, foetal development, obstetrics and gynaecology.
Public Health	Research on improving the health of populations through disease prevention, health promotion, and the study of health systems and policies.
Research Active Health Service System	Service system that is strongly connected to conducting and translating research as part of core service delivery,

Appendix B. List of National Strategies

Gender Specific Strategies

National Women's Health Policy 2010-2030

National Women's Strategy 2020-2030

National Men's Strategy 2020-2030

Overarching National Health Strategies

National Women's Health Policy 2010-2030

National Women's Strategy 2020-2030

National Men's Strategy 2020-2030

Aboriginal and Torres Strait Islander Genomics Health Guiding Principles and Summary

Australian Medical Research and Innovation Priorities 2024-2026

Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health

Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan 2025

National Aboriginal and Torres Strait Islander Health Plan 2021-2031

National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031

National Aboriginal and Torres Strait Islander Prevention Strategy

National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035

National Medical Workforce Strategy 2021-2031

National Medicines Policy 2022

National Men's Health Strategy 2020-2030

National Preventative Health Strategy 2021-2030

National Strategic Framework for Chronic Conditions 2017

National Statement on Health Literacy

National Strategic Framework for Rural and Remote Health 2016

National Strategy for Quality Use of Medicines

National Women's Health Strategy 2020-2030.

Primary Health Care 10 Year Plan 2022-2032

Stronger Rural Health Strategy 2018-2028

Cross-sector Strategies

Aged Care Data and Digital Strategy 2024-2029

Australia's Disability Strategy 2021-2031

Defence and Veteran Mental Health and Wellbeing Strategy 2024-2029

Inclusion Framework 2025-2030

Intellectual Disability Health Capability Framework 2024

National Agreement on Closing the Gap

National Alcohol Strategy 2019-2028

National Drug Strategy 2017-2026

National Health and Climate Strategy 2023

National Plan to End the Abuse and Mistreatment of Older People 2024-2034

National Plan to End Violence against Women and Children 2022-2032

- Aboriginal and Torres Strait Islander Action Plan 2023-2025
- First Action Plan 2023-2027

Sport 2030 – National Sport Plan

Towards 2025: An Australian Government Strategy to Boost Women's Workforce Participation

Women's Budget Statement 2025

Working for Women: A Strategy for Gender Equity

Condition specific national policies and strategies

Aboriginal and Torres Strait Islander Cancer Plan 2023

Australian Cancer Plan

Australian National Breastfeeding Strategy: 2019 and beyond

National Action Plan for Endometriosis 2018

National Action Plan for the Health of Children and Young People 2020-2030

National Asthma Strategy 2018

National Blood Borne Viruses and Sexually Transmissible Infection Strategies

National Bloodborne Viruses and Sexually Transmissible Infections Research Strategy 2021-2025

National Bowel Cancer Screening Program – Primary Health Care Engagement Strategy 2016

National Dementia Action Plan 2024-2034

National Diabetes Strategy 2021-2030

National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028

National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss

National Immunisation Strategy for Australia 2025-2030

National Maternity Workforce Strategy 2026-2036

National Mental Health and Suicide Prevention Plan 2021

National Mental Health Workforce Strategy 2022-2032

National Obesity Strategy 2022-2032

National Palliative Care Strategy 2018

National Pancreatic Cancer Roadmap

National Physical Activity and Exercise Guidelines

National Plan for Neuroendocrine Tumours 2022

National Roadmap to Improve the Health and Mental Health of Autistic People 2025-2035

National Stillbirth Action and Implementation Plan 2020

National Strategic Action Plan for Arthritis 2019

National Strategic Action Plan for Blood Cancer

National Strategic Action Plan for Childhood Heart Disease 2019

National Strategic Action Plan for Heart Disease and Stroke

National Strategic Action Plan for Inflammatory Bowel Disease 2019

National Strategic Action Plan for Kidney Disease 2020

National Strategic Action Plan for Lung Conditions 2019

National Strategic Action Plan for Macular Disease 2019

National Strategic Action Plan for Osteoporosis 2019

National Strategic Action Plan for Pain Management 2021

National Strategic Action Plan for Rare Diseases 2020

National Strategy for Health Practitioner Pain Management Education 2023

National Strategy for the Elimination of Cervical Cancer

National Suicide Prevention Strategy 2025-2035

National Tobacco Strategy 2023-2030

Ninth National HIV Strategy 2024-2030

Ovarian Cancer National Action Plan 2020-2025

Prostate Cancer Prevention Policy

Woman-centred care: Strategic directions for Australian maternity services strategy

Emerging

National Health and Medical Research Strategy

Appendix C. Health Research Ecosystem

Health Services conduct clinical research, applying findings in practice, and enabling real-world evaluation of interventions.

- Jean Hailes for Women's Health
- Multicultural Centre for Women's Health
- Primary Health Services e.g., Women's Health Centres
- Public Hospitals, The Royal Women's Hospital
- Women's Health Hub
- Women's Health and Research Institute of Australia

Government bodies, departments, and councils shape research priorities, allocate funding, and ensure alignment with public health policy goals.

- National Health and Medical Research Council (NHMRC)
- National Women's Health Advisory Council
- National Health and Medical Research Council (NHMRC)
- Medical Research Future Fund
- State Departments (e.g. NSW Health)
- Women's Economic Equity Taskforce

Peak and professional bodies set standards, foster collaboration, and advocate for coordinated national research strategies.

- Australian Nursing and Midwifery Foundation
- Australasian Menopause Society (AMS)
- Australian Women's Health Alliance (AWHA)
- RANZCOG Women's Health Foundation
- Royal Australian College of General Practitioners (RACGP)
- State based groups, e.g., Women's Health NSW
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Women's Health Research, Translation, and Impact Network
- Women's Healthcare Australasian (WHA) & Children's Healthcare Australia (CHA)

Philanthropic foundations and not-for-profit organisations may be involved in funding, supporting, and/or conducting research, often focussing on specific health conditions with limited funding.

- Aurora Group
- Australian Cervical Cancer Foundation (ACCF)
- Endometriosis Australia
- Good Shepard Australia New Zealand
- Jean Hailes for Women's Health
- Mary Jane Foundation
- McGrath Foundation
- National Breast Cancer Foundation (NBCF)
- Ovarian Cancer Research Foundation (OCRF)
- Good Shepard Australia New Zealand
- Pride Foundation Australia
- The Royal Hospital for Women Foundation
- The Sisterhood Foundation

Consumer and advocacy groups ensure research reflects lived experience, driving priorities that matter to women and communities.

- Australian Multicultural Women's Alliance
- Consumer Health Forum of Australia (CHF)
- LGBTIQ+ Health Australia
- National Rural Women's Coalition
- National Mental Health Consumer and carer forum
- Rainbow Health Australia
- State based organisations, e.g. Health Consumers NSW, Health Consumers Centre, Women's Health Victoria
- Transcend Australia
- Twenty10
- WHRTN Consumer and Community Involvement (CCI) Program
- Women with Disabilities Australia
- Working with Women Alliance

Specialist health research centres focus their resources and expertise on advancing understanding of women's health, often addressing neglected or complex issues.

- Australian Women and Girls' Health Research Centre (AWaGHR)
- Australian Longitudinal Study on Women's Health (ALSWH)
- Australian Research Centre in Sex, Health, Society (ARCSHS)
- Centre for Research Excellence in Women's Health in Reproductive Life (CRE WHirRL)
- Centre for Women's Health Research (CWHR)
- Centre for Women's Safety and Wellbeing Health, Education, Research (HER) Centre Australia
- Monash Centre for Health Research and Implementation
- The Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care (SPHERE)
- The Centre of Research Excellence in Health in Preconception and Pregnancy (CRE HiPP)
- The Kirby Institute
- Women's Health and Research Institute of Australia (WHRIA)
- Yardhura Walani
- The Kirby Institute

Academic and Medical Research Organisations generate foundational knowledge, develop innovations, and train future researchers. Many have dedicated program streams or projects focussed on women's health research.

- Australian Health Research Alliance (AHRA)
- Collaboration for Evidence, Research and Impact in Public Health (CERIPH)
- Black Dog Institute
- Hunter Medical Research Institute
- Murdoch Children's Research Institute
- National Centre for Epidemiology and Population Health (NCEPH)
- Telethon Kids Institute
- The George Institute for Global Health
- Victor Chang Cardiac Institute

Health Research Ecosystem

Appendix D. Survey

- | | |
|---|---|
| 1. In what capacity are you participating in this survey? | <p>Senior researcher (more than 10 years of paid or post-graduate research experience)</p> <p>Mid-career researcher (5 - 10 years of paid or post-graduate research experience)</p> <p>Early career researcher (less than 5 years of paid or post-graduate research experience)</p> <p>A clinician working in research</p> <p>Professional role working on products or services that include research and development</p> <p>Professional role working in research administration or funding</p> <p>Other -</p> |
| 2. Is the institution at which you undertake this capacity in Australia? | <p>Yes</p> <p>No, but we regularly conduct research in Australia</p> <p>No</p> |
| 3. Do you identify as being Aboriginal or Torres Strait Islander? | <p>Yes</p> <p>No</p> <p>Prefer not to say</p> |
| 4. To which gender do you most identify? | <p>Man/male</p> <p>Woman/female</p> <p>Non-binary /gender-fluid</p> <p>Prefer not to say</p> <p>I use a different term -</p> |

5. Give a brief description of your primary research field (e.g. menopause, health services, genetics, maternal health, mental health)

6. How would you describe your research?

Select all that apply:

Discovery

Preclinical

Hospital clinical

Other clinical

Health services

Health economics

Public health

Epidemiology

Implementation

Qualitative

Quantitative

Translational

Meta-research

Evaluation

Philosophical or theoretical

Pharmacological

Observational

Other [please specify]

7. How long have you been conducting research in women's health?

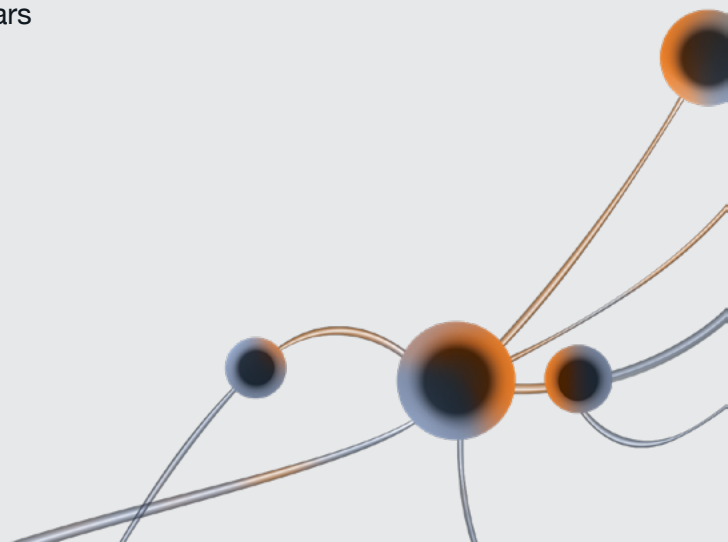
Less than 1 year

1 – 3 years

4 – 6 years

10 years

More than 10 years



8. In the last 7 years, have you conducted research into any of the following areas?
- Yes (Please provide details below)
- a. Maternal, sexual and reproductive health
 - b. Healthy ageing
 - c. Chronic conditions and preventive health
 - d. Mental health
 - e. Health impacts of violence against women and girls
- No, but I work closely with researchers in this area
- No
- Unsure

Skip to Question 12 if you answered No or Unsure to the above

9. We are looking to specifically explore the experience of menopause researchers as part of this project. In the last 7 years have you undertaken research looking at menopause or the impact of menopause on women's health more broadly?
- Yes
- No, but I work closely with researchers in this area
- No
- Unsure

10. What do you see as having the most significant impact on the implementation of evidence-based menopause care in Australia?
- Choose up to 3 answers:**
- | | |
|---|--|
| Insufficient research into effective treatments | Insufficient research into experiences of menopause |
| Lack of clinician knowledge | Poor access to services |
| Lack of funding for translation activities | Stigma |
| Lack of public awareness | Evidence-based menopause care is well implemented in Australia |
| None of the above | Other [please specify] |

11. What do you see as the most significant opportunities, for menopause research and its translation in Australia in the next 5 years?

12. Which of the following best describes where you work?

University

Private sector company (e.g. biotechnology, pharmaceutical)

Government provided health service

Philanthropic entity (e.g. charity, trust)

Non-government health service

Other [Please specify]

Medical research institute

13. What drew you to undertaking women's health research?

14. In the past 7 years, who has funded the women's health research you have undertaken?

Internal organisational funding

Philanthropic sector (e.g. non-profit Foundation)

Federal government research program (NHMRC, MRFF or ARC)

Eclectic funding (e.g., some from surplus from last financial year, some from a partner organisation)

Other federal government

International funding (e.g., international government or organisation)

State or territory government

Self-funded

Local government

Unfunded

Private sector (e.g., pharmaceutical company)

Other (please specify)

15. Has your research produced or contributed to new discoveries in health and medicine? If yes, please provide details.

Yes (Please provide details below)

No

Don't know/can't answer

16. Has your research produced or contributed to government, academic, industry or community information resources? (e.g., government reports, program evaluations and models, working papers, self-published books, training manuals or information booklets). If yes, please provide details.

Yes (Please provide details below)

No

Don't know/can't answer

17. Has your research produced or contributed to implementation activity or resources (e.g. changes to clinical practice, developed a new product or service)? If yes, please provide details.

Yes (Please provide details below)

No

Don't know/can't answer

18. In your opinion, which of the following statements best describes Australian expertise in your research field?

Australia is a leader in my research field

Australia needs to further prioritise research in my field

My field is not an area of strength or need at this time

I am unsure

**19. How would you rate
Australian Women's
health research on
each of the following
statements**

Strongly
Disagree

Disagree

Neither agree
nor disagree

Agree

Strongly
agree

- a. Women's health research is well coordinated
- b. Women's health research is well resourced
- c. Women's health research is well understood by the public
- d. Women's health research has strong pathways to translation
- e. Women's health has good structures for collaboration and partnership across the sector

20. How often do you have opportunities to collaborate or partner on research with each of the following?

Every
project

Most
projects

Some
projects

Never

Not
applicable

- a. Other researchers or groups in my own institution or organisation
- b. Other researchers or groups outside of my own institution or organisation
- c. Researchers in other disciplines
- d. Philanthropic or non-profit sector organisations (e.g., service providers, foundations)
- e. Health system, practitioners or organisations
- f. Private sector organisations (e.g., pharmaceutical, biotechnology)
- g. Independent researchers or consultants
- h. Other (please specify)

21. Have you experienced any barriers when trying to implement collaborations within your organisation?

Yes (Please provide details below)

No

I / we have never tried to implement such collaborations

Don't know / can't say

22. Have you experienced any barriers when trying to implement collaborations outside your organisation?

Yes (Please provide details below)

No

I / we have never tried to implement such collaborations

Don't know / can't say

23. What do you see as the greatest opportunity for improvement in how women's health research is funded?

24. How would you describe your research?

Choose up to 5 answers:

- | | |
|--|---|
| Providing funding to cover administrative and indirect research costs | Establishing coordinating structures e.g. an alliance, network or institute |
| Providing guidance and training for researchers of effective sourcing and use of funds | Encouraging open publishing or alternative promotion practices |
| Providing platforms for sharing research outputs and findings | Providing platforms for sharing data |
| Providing access to health system/ population data | Partnering to deliver funding opportunities (e.g. government with industry) |
| Funding partnership opportunities across the sector | Publicly recognising initiatives to ensure and promote research impact and quality |
| Increasing volume of available funds | Increasing number of grants offered with current funds |
| Incentivising partnership and collaboration across research areas | Incentivising partnership and collaboration between researchers and industry or other sectors |
| Supporting a research-active health services system | Support to navigate current business development and commercialisation pathways |
| Improvement to current business development and commercialisation pathways | None of the above |
| Don't know / prefer not to say | Other [please specify] |

25. Are there any untapped opportunities for translating women's health and medical research into policy and practice?

26. What do you see as the greatest opportunity for improvement in how women's health and medical research is conducted, supported, or translated in Australia?

27. What do you see as the most significant gaps in women's health research in Australia?

28. Would you be interested in participating in further work on identifying an agenda for women's health research? If yes, please provide contact details.

No, I am not interested

I am interested but do not wish to provide my contact details

I am interested; my contact details are provided below.

Strengthening research translation in
women's health requires
**sustained investment in systems and
partnerships that link research, policy,
and practice, support co-design and
lived experience leadership,
and ensure equitable access to the
benefits of research for all**
women, girls, and gender diverse people
across Australia.





Shaping the Future of Australian Women's Health Research. A roadmap for systems reform to drive better health outcomes. (2025) Research Australia, Sydney.

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