

Women's Health Wales Coalition Manifesto

Focusing on the 51%

2026-2030

Women’s Health Wales Coalition Manifesto 2026-2030

‘Focusing on the 51%’

Contents

Women’s Health Wales Coalition Manifesto 2026	1
<i>‘Focusing on the 51%’</i>	2
Introduction	3
Menstrual, Reproductive, and Menopause Health	4
Maternity and Neonatal Safety	5
Cancer and Chronic Conditions	6
Mental Health and Neurodiversity	7
Equality, Diversity, and Inclusion	8
Workforce, Training, Data, and Research	10
Key Calls to Action	11
Conclusion.....	12
With thanks to Women’s Health Coalition Members for their contributions	12
Endorsed by	14

Introduction

The Women's Health Wales Coalition, chaired by Fair Treatment for the Women of Wales (FTWW), represents a diverse alliance of organisations and individuals united by a shared commitment to improving health-related outcomes for women, girls, and people assigned female at birth¹ who live and / or access healthcare in Wales.

Now numbering over 130 participants, from more than 70 organisations, including specialist health charities, Royal Colleges, equality networks, grassroots groups, and academic institutions, the Coalition brings together a wealth of expert insights and lived experience from Wales and the UK to call for a continued commitment to women's health, in recognition of ongoing disparities in their health-related experiences and outcomes compared to men.²

The Coalition was formed in 2021 to call for a Welsh Government commitment to women's health, publishing its 'Quality Statement for the Health of Women, Girls, and People Assigned Female at Birth'³ in May 2022. The evidence set out in that initial report successfully culminated in the publication of NHS Wales's 10-year Women's Health Plan⁴ in December 2024.

Just over a year later and, as we approach the 2026 Senedd Elections, '**Focusing on the 51%**' sets out a clear vision for a future where women's health continues to be a focus for the NHS in Wales and is newly prioritised across all policy areas, plans, and service delivery. This in recognition of its significance in ensuring the wellbeing and prosperity of women, families, and wider society now – and for future generations.

'**Focusing on the 51%**' builds upon the foundations laid by the NHS Wales Women's Health Plan which promises the establishment of Women's Health Hubs in every health board, and the creation of Women's Health Research Wales⁵. These initiatives are welcomed, but they must be matched by decisive action, investment, and accountability whilst women in Wales continue to face unacceptable delays to diagnosis, inequitable access to services, and systemic barriers that compromise their health and wellbeing within and beyond health and care. As one contributor states: "*Delivery of the Women's Health Plan for Wales is vital. It must make a real difference to the lives of women and address the health inequalities that currently exist*". Annual progress reports on the Plan's implementation, and adjustments as new evidence,

¹ This Manifesto uses 'women' and 'women's health' inclusively of girls and people assigned female at birth, with the understanding that some trans men, non-binary, and intersex people recorded female at birth are included and may require access to services mentioned therein

² [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31561-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31561-0/fulltext)

³ <https://ftww.org.uk/wp-content/uploads/2024/07/Womens-Health-Wales-Quality-Statement-English-FINAL.pdf>

⁴ <https://www.nhs.wales/womens-health/womens-health-plan-for-wales/>

⁵ <https://whrw.uk/>

gaps, and priorities emerge, will be essential to make sure the Plan remains relevant and a key enabler of health equity for women in Wales.

‘Focusing on the 51%’ sets out Shared Priorities expressed by Women’s Health Wales Coalition members for the next Welsh Government’s attention as follows:

- **Menstrual, Reproductive, and Menopause Health**
 - **Maternity and Neonatal Safety**
 - **Cancer and Chronic Conditions**
 - **Mental Health and Neurodiversity**
 - **Equality, Diversity, and Inclusion**
 - **Workforce, Training, Data, and Research**
 - **Key Calls to Action**
-

Menstrual, Reproductive, and Menopause Health

Improving women’s health often starts with education and early intervention. Contributors emphasise the urgent need for comprehensive and inclusive menstrual health education for all students, delivered consistently throughout school years, starting in primary education. *‘We need good quality menstrual health education delivered consistently, not just a single session on the basics’*, states the Menstrual Health Project, highlighting that some children now start menstruating as young as seven.

Endometriosis remains a significant area of concern, with Wales currently recording the longest average diagnosis time in the UK—nearly ten years. Endometriosis UK calls for a commitment to reduce this to one year or less by 2030 and to establish a specialist centre in North Wales to end the reliance on cross-border referrals. *‘We have been desperately needing this to reduce strain on hospitals and unnecessary surgeries for patients’*, notes one Coalition member. When it comes to pan-Wales provision of specialist endometriosis nurses, service fragility is a major concern. Several Coalition members highlight how, for a chronic condition affecting at least one in ten women, significant investment is needed to put services on a level footing with conditions of a similar prevalence, such as asthma or diabetes.

Diagnostic delays continue to be rife amongst menstrual health conditions, with Premenstrual Dysphoric Disorder (PMDD) and Premenstrual Exacerbation (PME) prime examples of where both lack of training and gender stereotypes can impact on patient

experience. The International Association for Premenstrual Disorder (IAPMD) reports sufferers *'currently going undiagnosed or misdiagnosed for 12+ years'*

Meanwhile, whilst Wales's Women's Health Hubs are still in the early stages of development, access to contraception remains a concern, with the College of Sexual and Reproductive Healthcare (CoSRH) urging, *'consistent and equitable provision of the full range of contraceptive choices (must) be made available to all women in Wales, close to home, and in a timely fashion, including access to contraception post-pregnancy'*

Equally, although menopause will be amongst the initial set of priorities for the Hubs, there is a persistent knowledge gap which delays symptom recognition and the offer of HRT, with those patients experiencing early or surgical menopause often unable to access specialist care as a matter of course. FTWW stresses the importance of compliance with NICE guidelines in ensuring that mental health support is routinely available to those struggling with menopause and chronic menstrual health symptoms across health boards, with Menstrual Health Project exhorting a unified approach to *'reducing the number of women who suffer physically and mentally post hysterectomy or early menopause'*, with post-operative follow-up and information a priority.

Access to abortion care remains inequitable, with many women forced to travel to England for services. The College of Sexual and Reproductive Healthcare and British Pregnancy Advisory Service describe this as *'a critical issue'*, calling for improved access at all gestations, with choice of method being made available equitably within Wales.

Maternity and Neonatal Safety

Pregnancy and childbirth should be safe and supported, yet Wales's failure to roll out the Graded Model of Miscarriage Care sees a continued expectation for women and birthing people here to experience three consecutive early losses before investigations take place, leaving thousands unsupported. Tommy's describes these as *'missed critical opportunities to optimise preconception health, tackle health inequalities, and save babies' lives'*, a call echoed by Sands.

Wales continues to experience higher stillbirth rates than the rest of the UK. Adoption of national maternal safety targets to reduce stillbirth and neonatal mortality, alongside the implementation of the National Bereavement Care Pathway is essential. *'Only 5% of bereaved parents in Wales who need psychological support can access it through the NHS'*, reports Sands, underscoring the urgent need for specialist mental health provision.

Hyperemesis Gravidarum (HG) is another area where women in Wales face a postcode lottery for treatment. Pregnancy Sickness Support highlights the lack of access to recommended medications and the absence of HG screening within perinatal mental health pathways. *‘HG has one of the highest links to antenatal depression and suicidal ideation. We need dedicated screening and support built into maternal mental health services’*, they state.

At the same time, the National Youth Advocacy (NYAS) Cymru calls for the development of a statutory active offer of support for all care-experienced young women who are pregnant and/or have children in Wales. They describe early intervention, legislation and long-term funding as key to *‘advanc(ing) the rights of young women and girls, and gender equality within the care system’*.

Cancer and Chronic Conditions

Delays in diagnosing gynaecological cancers remain a serious concern. Claire’s Campaign calls for a resourced national strategy to reduce diagnostic delays and ensure timely treatment. *‘Women in Wales continue to experience delays in diagnosis and late-stage presentation for gynaecological cancers’*, they warn. Similarly, Breast Cancer Now urges action to improve breast screening uptake, which remains below the 70% minimum standard, and to strengthen treatment targets.

It is vital that national cancer strategies in Wales join up with the Women’s Health Plan to ensure that key drivers of female health inequities and poor outcomes are understood and jointly addressed, including public and professional awareness campaigns to improve earlier recognition and reduce medical dismissal. As with other, non-cancerous, conditions, many women report symptoms being downplayed or ‘normalised’, contributing to diagnostic delay.

Addressing gender prejudice in all areas of healthcare is fundamental if we are to improve patient experiences and prognoses. This includes better appreciation of the impact of chronic conditions on women, such as ME, fibromyalgia, cardiovascular disease, epilepsy, asthma, PCOS, and recurrent urinary tract infections, which are just a small sample of those requiring greater recognition and investment.

With around 80% of those living with fibromyalgia and ME being female, FTWW calls for NHS Wales to ensure patients across all health boards have equitable access to specialised multi-disciplinary teams, recognising that self-management and psychological therapies are important but insufficient on their own. The Welsh Association of ME and CFS (WAMES) expresses concerns about service-providers’ lack of specialised knowledge of the condition, an absence of ring-fenced funding, and an

uneven distribution of services. Meanwhile, FibroSupport-Wales and Fibromyalgia Action UK emphasise the importance of improved awareness of the impact of chronic pain and the need for accessible and compassionate services to support those affected.

British Heart Foundation (BHF) Cymru calls for urgent action to eliminate gender-based inequities in cardiovascular care, with Asthma & Lung UK stating that ‘the *“one-size-fits-all” approach to diagnosis and treatment fails women, as many conditions are influenced by hormonal changes (and can) affect women differently and more severely*’. Epilepsy Action similarly highlights the importance of strengthening knowledge and understanding within primary care so that women can access neurology and specialist support as quickly as possible.

Verity PCOS points out the importance of Polycystic Ovary Syndrome (PCOS) being recognised and treated as a lifelong condition with multifarious impacts and wider health risks, ‘*PCOS is not just as a reproductive issue*’ they state. Another issue often underplayed is that of recurrent urinary tract infections (rUTI’s), affecting approximately 6% of the Welsh population and rising sharply in women aged 57 and older. The British Psychological Society emphasises not only their prevalence but also ‘*the significant personal and psychological impact, and complications arising from antibiotic resistance*’, an issue associated with increasing risk – and costs - to wider public health.

Mental Health and Neurodiversity

Coalition members agree that mental health must be viewed equitably to physical health, across all stages of a woman’s life. Access to community mental health teams, psychological therapies, and specialised care for more complex, severe, and enduring psychiatric conditions needs to be improved as a matter of urgency. It is also important that these services are made available in a timely fashion to women whose health conditions may be physical and / or chronic in nature and where there are possible impacts on mental health and wellbeing. Epilepsy Action, for example, points out that 64% of epilepsy patients in 2024 reported waiting up to 6 months for mental health support, and calls for timely access to enable better outcomes for those affected.

The International Association for Premenstrual Disorders (IAPMD) stresses the importance of multiple referral routes for women’s mental health, including from within gynaecology settings and via self-referral. They describe patients with Premenstrual Dysphoric Disorder (PMDD) and Premenstrual Exacerbation (PME) struggling to access appropriate, joined-up, care for these conditions, both of which are complex mental disorders impacting on all areas of life. Similarly, with around 75% of those affected by eating disorders being female, Beat Eating Disorders calls for investment in intensive

and multi-disciplinary community-based and day treatment programmes to allow more people to receive care close to home, enabling more sustainable recovery.

All health and care services should be trauma-informed, so that they don't trigger previous experiences of trauma or cause new distress. The British Psychological Society emphasises the need to *'ensure that trauma-informed care is implemented across all maternity services to prevent and reduce psychological trauma during childbirth and pregnancy loss'*.

Neurodivergent women and girls face significant barriers to diagnosis and care. The National Federation of Women's Institutes (NFWI) Wales reports that *'Over 90% of survey respondents express a lack of awareness of autistic and ADHD women and girls within healthcare settings'*, calling for improved training and service design, a call echoed by Autistic UK. They cite an urgent need for training of healthcare professionals to eliminate diagnostic overshadowing, where unrelated symptoms and health conditions are attributed to an autism diagnosis.

Equality, Diversity, and Inclusion

The right to health is well-protected under international law, with Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR) stating that everyone has a right to the highest possible standard of physical and mental health. Healthcare services should be available, accessible, acceptable, and of the highest quality attainable. However, we know that in Wales, there are barriers that exist that prevent this always being the case for women. The Coalition believes that equity must underpin all aspects of women's health.

Race Equality First highlights the persistent disparities faced by minority ethnic women, including language barriers and lack of culturally competent care. *'Women from minority ethnic backgrounds often face barriers to accessing timely and appropriate healthcare'*, they state, calling for sustained funding for interpretation services and routine data collection by ethnicity.

They go on to point out that lack of access to interpreters directly affects women's ability to make informed decisions about their health and contributes to poorer health outcomes, an issue that also affects deaf and disabled healthcare users, where BSL interpreters are often not readily available, health information isn't accessible to blind or partially-sighted patients, or communication styles aren't conducive to informed and shared decision-making with neurodivergent or learning disabled women. **'Focusing on the 51%'** calls for an end to disparities in health outcomes caused by miscommunication and inappropriate interpretation methods and for targeted

measures to ensure equitable access to services, including outreach and informed service design.

Coalition members also share concerns about health inequities facing under-served communities and social groups who can be overlooked or have limited access to services and opportunities, including women who are unable to leave their homes due to chronic illness or disability, women in rural communities, women in precarious or unsafe housing, women affected by violence or abuse, women detained under the Mental Health Act and / or in the criminal justice system, or who are care-experienced. For some of these communities, prejudice and discrimination can be pernicious issues, negatively impacting on the healthcare received and future outcomes.

‘Violence against women and girls is a national emergency’, states NFWI Wales, one with huge implications for health and wellbeing, as recognised by the NHS Wales Women’s Health Plan. Health and care providers are a potentially vital enabler to help-seeking, so enhanced training in these spaces to facilitate women’s reporting of incidents and referral into support is urgently needed.

An improvement in the general oversight and management of the physical health needs of women who are detained under the Mental Health Act and in the criminal justice system is also incredibly important. With there currently being no women’s prison in Wales, working across borders will be essential to ensure the health needs of women from Wales are met, both whilst detained and after release. NYAS Cymru indicates how care-experienced young women are also poorly served by health and care services, often facing discrimination because of their status, particularly when it comes to maternity services and beyond.

Coalition members also call for the social model of disability to be embedded across all policy areas, particularly health and social care, to ensure that avoidable barriers, physical and attitudinal, are removed and that everyone has equitable access to the support and services they need. The inclusion of women with learning disabilities in all health planning is cited as a priority in the face of evidence that life expectancy of women with a learning disability is 18 years shorter than that of women in the general population, with poor quality healthcare causing health inequalities and avoidable deaths⁶.

To help enshrine the right to health and outline what people are entitled to when using NHS services, FTWW calls for a co-produced NHS Wales Patient Charter, bringing Wales into line with the other three nations in the UK.

⁶ <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities>

Workforce, Training, Data, and Research

A well-trained, adequately staffed workforce is essential to delivering high-quality care. Indeed, mandatory evidence-based training on all aspects of women's health across the life-course, for conditions uniquely, disproportionately, or differently affecting women compared to men remains a Coalition priority. Contributors to **'Focusing on the 51%'** recommend training on menstrual health and menopause, eating disorders, and neurodiversity.

Coproduction with women with lived experience will also be key for new and ongoing training programmes, both in initial medical training and continuing professional development, with topics including the wider determinants of health, consulting skills and shared decision-making, and specific health issues, conditions, and needs. This approach must be routinely resourced to inform service development, ensure service-providers can adapt services to provide safe and trauma-informed care, improve clinical outcomes, meet diverse patient needs, and increase satisfaction levels. The Royal College of Obstetricians and Gynaecologists (RCOG) goes on to urge investment in the gynaecology workforce to reduce long waiting lists, as well as protected time for training.

When it comes to data collection and usage, there is an urgent need for improvement in Wales, across all health boards and statutory service-providers. Breast Cancer Now reports that *'data completeness is low for the metastatic breast cancer audit meaning we don't know for certain how many women are living with the disease in Wales'*, whilst Tommy's points out that a *'lack of clarity over what miscarriage data is held in Wales (preventing) comparisons over time and between demographic factors such as ethnicity and age, and most importantly the interventions that would reduce the number of miscarriages'*. Equally, NYAS Cymru calls for national data on the numbers of care-experienced young women whose children are the subject to child protection procedures.

In healthcare, data should include diagnostic codes, patient-reported experience measures (PREMs), and enable disaggregation by protected characteristics. Across all public services, better data enables clearer understanding of service-user needs and allows for targeted service development, in turn improving the care offered. Women's Health Hubs in Wales provide an opportunity to lead the way on an improved – and standardised - data collection system, so investment and roll-out beyond the Hubs will be essential.

'Focusing on the 51%' also reiterates the Coalition's historic call for prioritisation and investment in research into women's health and wellbeing in Wales, ensuring gaps in understanding, treatment, and wider implications are addressed. *'We must ensure that women of all demographics are adequately represented in clinical research'*, stresses the British Psychological Society, with Asthma & Lung UK calling for data disaggregation

in clinical trials to be put on a statutory footing, so that *‘therapies are tailored to biological differences rather than assuming uniformity’*.

Key Calls to Action

Policymakers must act decisively to:

- Fully consider women’s health and wellbeing across all government policy areas, not just health
 - Deliver the Women’s Health Plan in full, ensuring Women’s Health Hubs are operational in every health board by 2027 and that health boards fulfil their obligations to improve women’s health experiences and outcomes across all clinical specialties by publishing and reporting annually on coproduced key performance indicators (KPIs)
 - Reduce diagnostic delays for health conditions uniquely, disproportionately, or differently affecting women and people assigned female at birth
 - Set and monitor national targets for maternity safety, including stillbirth and neonatal mortality reduction
 - Guarantee equitable access to healthcare for all women, addressing communication gaps, and intersectional, socio-economic, and geographic disparities by coproducing and publishing a NHS Wales Patient Charter
 - Invest in workforce development and coproduced mandatory training on women’s health needs, issues, and conditions, including how to adopt a trauma-informed approach
 - Improve data collection in Wales’s health and care systems to ensure diverse needs can be analysed and addressed, and services targeted appropriately
 - Continue to grow investment in women’s health research
 - Invest in the diverse array of organisations making up the third sector in Wales, in recognition of the wide-ranging support and advocacy provided to women and patients.
-

Conclusion

The next Welsh Government has an opportunity to transform the health and wellbeing of women in Wales. By implementing these priorities, we create a system that is equitable, evidence-based, and responsive to the needs of women and girls throughout their lives. **‘Focusing on the 51%’** represents the collective voice of organisations and individuals who believe that every woman in Wales deserves timely, high-quality, compassionate care, and that a Welsh Government which provides this helps to ensure the health and prosperity of all our citizens into the future.

With thanks to Women’s Health Coalition Members for their contributions:

Asthma + Lung UK Cymru

<https://www.asthmaandlung.org.uk>

Autistic UK

<https://www.autisticuk.org>

Beat Eating Disorders

<https://www.beateatingdisorders.org.uk>

<https://beateatingdisorders.org.uk/about-beat/policy-work/2026-senedd-election/>

British Heart Foundation Wales (BHF Cymru)

<https://www.bhf.org.uk/what-we-do/in-your-area/wales/campaigning-and-influencing>

<https://www.bhf.org.uk/seneddelection2026>

Breast Cancer Now

<https://www.breastcancer.org>

British Pregnancy Advisory Service (BPAS)

<https://www.bpas.org>

British Psychological Society

<https://www.bps.org.uk>

Claire’s Campaign

<https://clairescampaign.cymru>

College of Sexual and Reproductive Healthcare (CoSRH)

www.cosrh.org / <https://senedd.wales/media/5ztjb5fm/cr-ld16197-e.pdf>

Endometriosis UK

<https://www.endometriosis-uk.org>

Epilepsy Action

<https://www.epilepsy.org.uk>

Fair Treatment for the Women of Wales (FTWW)

<https://ftww.org.uk/>

<https://ftww.org.uk/wp-content/uploads/2025/05/FTWW-Manifesto-2026-2030.pdf>

Fibromyalgia Action UK

<https://www.fmauk.org>

FibroSupport-Wales

<https://www.fswales.org>

International Association for Premenstrual Disorders UK (IAPMD UK)

<https://www.iapmd.org/united-kingdom>

Welsh Association of ME & CFS Support (WAMES)

<https://www.wames.org.uk>

Menstrual Health Project

<https://menstrualhealthproject.org.uk>

National Federation of Women's Institutes – Wales (NFWI Wales)

<https://www.thewi.org.uk>

https://www.thewi.org.uk/_data/assets/pdf_file/0011/730694/Manifesto-for-the-2026-Senedd-election.pdf

National Youth Advocacy Service, Cymru (NYAS Cymru)

<https://www.nyas.net>

Pregnancy Sickness Support

<https://www.pregnancysicknesssupport.org.uk>

Race Equality First

<https://raceequalityfirst.org>

Royal College of Obstetricians and Gynaecologists (RCOG)

<https://www.rcog.org.uk>

Sands

<https://www.sands.org.uk>

https://www.sands.org.uk/sites/default/files/WalesTargetsCampaign_PublicBriefing.pdf

Tommy's

<https://www.tommys.org>

Verity PCOS

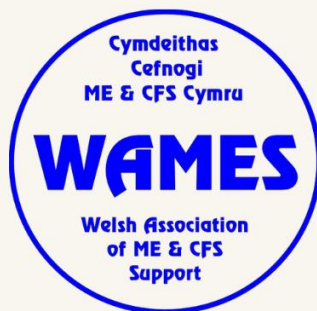
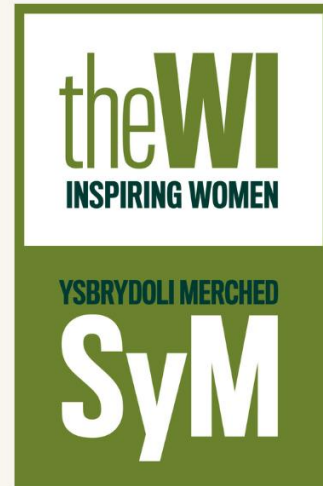
<https://www.verity-pcos.org.uk>

Endorsed by:

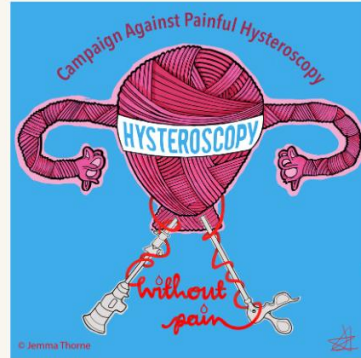


THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH

COLEG
BRENHINOL
LLAWFEDDYGON
CAEREDIN



Royal College of
Obstetricians &
Gynaecologists



MENSTRUAL HEALTH PROJECT



Fibromyalgia Action UK
Fighting for Freedom from Fibromyalgia



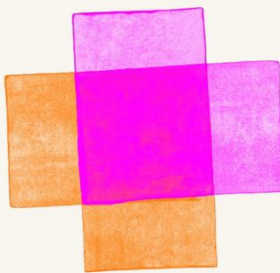
Pregnancy Sickness Support





the british
psychological society
promoting excellence in psychology

cymdeithas
seicolegol prydain
yn hyrwyddo rhagoriaeth mewn seicoleg



ASTHMA+
LUNG UK
CYMRU





**RACE
EQUALITY
FIRST**



Tommy's

The pregnancy and baby charity

fertilitynetworkuk

Beat
Eating disorders



Women's Health
Research Wales
Ymchwil Iechyd
Menywod Cymru

WEN Wales
Cymru

ENDOMETRIOSISUK

