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DRAFT REPORT

on menopause beyond a health issue: turning menopause into an economic,
working and social priority
(2026/2055(INI))

Committee on Women's Rights and Gender Equality

Rapporteur: Lina Gálvez

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on menopause beyond a health issue: turning menopause into an economic, working and social priority

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The European Parliament,

- having regard to Articles 2 and 3 of the Treaty on European Union,
- having regard to Articles 10, 19 and 157 of the Treaty on the Functioning of the European Union, on combating discrimination, and Articles 8, 153, and 168 thereof, concerning gender mainstreaming, working conditions and public health,
- having regard to the Charter of Fundamental Rights of the European Union, and, in particular, to Articles 1, 21, 23, 24 and 31 thereof,
- having regard to Directive (EU) 2024/1500 of the European Parliament and of the Council of 14 May 2024 on standards for equality bodies in the field of equal treatment and equal opportunities between women and men in matters of employment and occupation, and amending Directives 2006/54/EC and 2010/41/EU¹,
- having regard to the Commission communication of 5 March 2026 entitled ‘Gender Equality Strategy 2026-2030’ ([COM\(2026\)113](#)),
- having regard to the European Health Union, which aims to strengthen coordination among EU Member States in preparing for and responding to health crises and to ensure affordable and innovative healthcare,
- having regard to Horizon Europe, the EU’s research and innovation framework programme for 2021-2027, and to the proposed 10th Framework Programme for Research and Innovation (FP10) for 2028-2034,
- having regard to the European Research Area, which aims to create a single, borderless market for research, innovation and technology across the EU,
- having regard to the public hearing on ‘Menopause Care in the EU’ held jointly by Parliament’s Committee on Women’s Rights and Gender Equality and Committee on Public Health on 24 March 2026,
- having regard to the public consultation on women’s health needs organised by its Committee on Public Health in March 2025,
- having regard to its resolution of 16 September 2026 on gender inequalities in health, specifically as regards gender-specific conditions²,

¹ OJ L, 2024/1500, 29.5.2024, ELI: <http://data.europa.eu/eli/dir/2024/1500/oj>.

² Texts adopted, P10_TA(2026)0305.

- having regard to Rule 55 of its Rules of Procedure,
 - having regard to the report of the Committee on Women’s Rights and Gender Equality (A10-0000/2026),
- A. whereas according to Eurostat demographic data in 2026, there are 231 million women in the EU; whereas by 2030, around 51.9 million women in the EU will be experiencing menopause;
 - B. whereas menopause symptoms include hot flushes or night sweats, excessive sweating, cardiovascular problems, insomnia, joint pain, mood swings, depression, anxiety, difficulty concentrating, fatigue and irritability; whereas 96 % of women experience menopausal complaints³;
 - C. whereas a public consultation organised in 2025 by its Committee on Public Health stated that there was a lack of prioritisation of women-specific health conditions, such as menopause, within research; whereas in 2020, only 5 % of global research and development funding was allocated to women’s health research, with only 1 % for women-specific health conditions including menopause⁴;
 - D. whereas postmenopause represents almost a third of a woman’s life; whereas further research is needed to distinguish the effects of menopause from those of ageing and to improve prevention, treatment and support;
 - E. whereas in Parliament’s 2025 public consultation on women’s health, respondents gave very low scores when evaluating the quality of care received and information related to perimenopause⁵;
 - F. whereas structural research gaps and the absence of gender-specific labour survey indicators lead to knowledge gaps about menopause and its long-term consequences, including pay and pension gaps; whereas many women are still misinformed about menopause; whereas every woman deserves access to accurate information about menopause;
 - G. whereas women of menopausal age constitute one of the workforce’s fastest-growing groups; whereas this trend is expected to increase, affecting EU competitiveness; whereas menopause is an intersectional experience requiring inclusive policy perspectives;
 - H. whereas empirical evidence demonstrates a causal ‘menopause penalty’, resulting in a 3.3 % drop in earnings one year post-diagnosis and a 7.4 % drop after four years, driven by reduced working hours, sick leave, lost promotions, early workforce exit and reliance

³ Velasco-Téllez, C. et al., ‘Quality of life and menopause’, in Irtelle, F. et al. (eds) *Quality of Life – Biopsychosocial Perspectives*, IntechOpen, 2020, <https://doi.org/10.5772/intechopen.88983>.

⁴ ‘Funding research on women’s health’, *Nature Reviews Bioengineering*, Vol. 2, 2024, pp. 797-798, <https://doi.org/10.1038/s44222-024-00253-7>.

⁵ Study – ‘Analysis of the results of the European Parliament’s public consultation on Women’s health’, European Parliament, Directorate-General for Economy, Transformation, and Industry, Policy Department for Transformation, Innovation and Health, November 2025.

on disability benefits⁶;

- I. whereas the pressure and taboo faced by women experiencing menopause could be reduced by identifying systemic ageism and sexism within public spheres, including the workplace;
- J. whereas menopause remains largely invisible in policy and lacks harmonised EU-wide legislation or policies; whereas the current schedule of the Commission does not outline plans to draft a strategy on the topic;
- 1. Calls on the Commission and the Member States to develop an EU-level strategy on menopause; highlights that this strategy should be based on broader research and calls for evidence-based public campaigns to provide reliable information, change social perceptions, reduce stigma and improve access to healthcare and workplace support;

Research

- 2. Regrets that the topic of menopause is still not routinely integrated into EU and Member States' research programmes; stresses the lack of medical, social and economic research findings on preventing, avoiding, minimising or delaying the health risks and long-term effects linked to menopause, such as osteoporosis and cardiovascular disease;
- 3. Calls for a dedicated EU mission on women's health in FP10; calls for more funding for research on menopause, including on the use and efficiency of hormone treatment;
- 4. Points out that more research and publications are needed to reflect the experiences of women in all their diversity during menopause⁷, to help prevent health risks, improve women's well-being and contribute to a more competitive and a fairer Europe;
- 5. Highlights that most of the existing medical research focuses on the years of fertility, overlooking puberty, perimenopause and menopause, and that a more inclusive and representative approach to clinical trials is necessary;

Health

- 6. Calls on the Commission and the Member States to ensure that menopause is recognised as a public health issue and is fully integrated into primary healthcare services to support women's long-term health and participation in the labour market;
- 7. Urges the Member States, in cooperation with the medical profession and educational institutions, to integrate compulsory, gender-sensitive, intersectional and patient-centred training on menopause into their curricula;
- 8. Recalls the Commission's commitment to fund a study on the economic and societal benefits of closing the women's health gap, and calls on the Commission to launch this study before 2028;

⁶ Conti, G. et al., 'The menopause "penalty"', Institute for Fiscal Studies, 2026, <https://doi.org/10.1920/wp.ifs.2026.0126>.

⁷ van Voorst, R., 'The loss of a cyclical self: exploring perspectives on menstruation and menopause', *Medicine Anthropology Theory*, Vol. 12, No 2, 2023, pp. 1-11, <https://doi.org/10.17157/mat.12.2.9169>.

Labour

9. Stresses that menopause is not merely a health issue but directly impacts the labour market, social policy and competitiveness; emphasises that unaddressed menopause symptoms can increase direct and indirect financial costs, placing a substantial economic burden on individual woman, employers and public finances⁸;
10. Calls, in this regard, for research into the link between menopause and women leaving the labour market earlier than men, and between menopause and the gender pay and pension gaps;
11. Stresses that studies have demonstrated the existence of a ‘menopause penalty’, referring to the income loss experienced by women due to healthcare costs, productivity losses and social transfer costs; reiterates its call on the Commission to organise an exchange of best practice to effectively combat menopause poverty at national level;
12. Calls on the Commission to address gender-specific health conditions, particularly menopause, within the framework of the Quality Jobs Act, for all workers throughout their working lives, drawing on the approach taken in the United Kingdom;

Awareness

13. Stresses the role of education, healthcare services and public institutions in countering disinformation and stigma surrounding menopause; calls on the Commission to issue clear guidelines to the Member States to address such disinformation and stigma;
14. Underlines that, while digital health research is growing, research focusing on menopause-related technologies remains limited; emphasises the need to harmonise AI-driven data collection on menopause across the EU, with a special focus on data security and privacy;
15. Emphasises that changing social stigma around menopause should mean moving beyond the idea – reinforced in particular within the ongoing gender backlash – that women’s value is tied to fertility and reproduction, and considering menopause to be a natural transition, the experience of which could be improved;

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16. Instructs its President to forward this resolution to the Council and the Commission.

⁸ Safwan, N. et al., ‘Menopause in the workplace: challenges, impact, and next steps’, *Maturitas*, Vol. 185, 2024, <https://doi.org/10.1016/j.maturitas.2024.107983>.

EXPLANATORY STATEMENT

Menopause is a universal life stage for women, who make up more than half of the population in Europe. Structural gaps across research, healthcare, employment and societal attitudes undermine women's quality of life and, moreover, our economy and competitiveness. Menopause remains largely invisible in EU policy, but we should go beyond the health issue and address the underlying economic, workplace and social dimensions.

As it has been addressed during the public consultation organised by the SANT Committee in 2025, this structural research gap reflects a failure to prioritise women-specific conditions such as menopause. In fact, less than 1 % of global research and development (R&D) funding are allocated to menopause research, with only 5 % allocated to women's health. While post-menopause represents almost a third of a woman's life, missing data impacts women's quality of life. There is a lack of data to understand not only the impact of menopause, but also which problems are linked to ageing and which ones are linked to menopause, in order to better prevent and address them and reduce their long-term consequences.

As menopause is under-researched, too many women lack access to reliable information. This lack of knowledge and data makes it harder to prevent or delay long-term effects related to menopause, such as osteoporosis and cardiovascular diseases (CVD). The latter remains the most common cause of death for women, worldwide and in Europe, notably due to an under-representation of women in clinical trials and insufficient awareness among women and physicians of sex-specific symptoms. In 2019, Caroline Criado-Pérez, author of *Invisible Women: Data Bias in a World Designed for Men*, stated, "*We need a revolution in the research and the practice of medicine, and we need it yesterday. (...) It's time to stop dismissing women and start saving them*".

Women's health needs to be better understood, better studied and it needs to be a priority in Europe. In this report, we are calling on the Commission and the Member States to develop an EU-level strategy on menopause. Menopause should also be routinely integrated into EU and Member States research programmes, including through a dedicated mission on women's health within the EU's tenth Framework Programme for Research and Innovation (FP10).

But this gap in addressing menopause is not just a matter of healthcare, it is also a societal, political and economic issue. In fact, women of menopausal age constitute the fastest-growing group in the workforce, and this trend is expected to continue and further increase. Unaddressed menopause symptoms can increase direct and indirect financial costs, causing a substantial economic burden for individual woman, employers, and public finances. Women face a "menopause penalty" as their incomes drop due to healthcare costs, productivity losses and social transfer costs not only exacerbating the gender pay and pension gap, but also potentially leading to an early exit from the labour market. In this regard, workplace support needs to be strengthened, including through the incoming Quality Jobs Act. Menopause policy is not a cost, it is an investment in equality, productivity, EU competitiveness, and economic growth. It is a question of equality and well-being for more than half of the EU population.

Finally, menopause remains shrouded in social stigma. Though menopause is not a taboo and should not be treated as such. It is the role of education, healthcare services and public institutions to counter disinformation and stigma and to move beyond the idea that women's value is tied to fertility and reproduction, especially spread within the ongoing backlash

against gender equality. In fact, addressing the research, economic and societal gaps surrounding menopause could foster a more positive experience of it as a natural transition.

It is therefore essential to have an EU strategy that includes broader and more inclusive EU research, evidence-based public campaigns to change the social perceptions, improved workplace support and improved access to healthcare.

It is time for the EU to tackle menopause.