

**Brief to the Standing Senate Committee
on Social Affairs, Science and Technology**

**Study of Bill S-243: An Act to Establish a
National Framework for
Women's Health in Canada**

**Submitted by the Society of Obstetricians and
Gynaecologists of Canada (SOGC)**

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About the SOGC

Founded in 1944, the [Society of Obstetricians and Gynaecologists of Canada \(SOGC\)](https://www.sogc.org) is one of Canada's longest-running and most respected national medical specialty organizations. Our membership of over 3,400 includes obstetricians, gynaecologists, family physicians, nurses, midwives, pharmacists and other allied health professionals involved in women's sexual and reproductive health.

As the national voice of women's health, the SOGC advocates for better health care policies, enhanced medical education and ensuring that women across Canada receive the highest standard of care. In an era marked by a rise in misinformation and disinformation in health care, we are committed to providing education for clinicians and patients grounded in science and evidence-based, peer-reviewed research.

With federal support, we have expanded our direct-to-patient education efforts and are seeing strong engagement from women seeking reliable information about their health. Sustained investment is needed to further strengthen women's digital health literacy across the lifespan, ensuring they have the tools and knowledge to access, understand and use trusted health information.

Find out more at [sogc.org](https://www.sogc.org)

Summary of recommendations:

The SOGC believes a comprehensive national framework for women's health should:

- Reinforce Canada's publicly funded health care system and adhere to the principles of the Canada Health Act
- Expand equitable access to sexual and reproductive health services, including free contraception and more accessible fertility care, abortion and menopause care
- Improve access to timely gynaecological care by establishing national surgical wait time benchmarks and increasing system capacity
- Strengthen access to women's health services in rural, northern and remote communities through expanded access to virtual care, telemedicine and culturally safe community-based services
- Improve national collection and reporting of sex- and gender-disaggregated health data, track key indicators and ensure transparent reporting through public dashboards and databases
- Fund strengthened education and training in women's health for health care providers across the continuum of care.
- Address workforce inequities in women's health by modernizing compensation models and supporting leadership opportunities in health care for women practitioners
- Improve research, guidance and data collection related to medication safety during pregnancy.
- Ensure inclusive and transparent engagement with frontline health care providers in the development of the framework.

Introduction

The Society of Obstetricians and Gynaecologists of Canada (SOGC) welcomes the opportunity to contribute to the study of Bill S-243 and supports the creation of a national framework for women's health in Canada.

Women make up 51 per cent of Canada's population, yet Canadian women spend 24 per cent more time than men in poor health and with varying degrees of disability¹. This reflects longstanding and systemic gaps in access to care, research, data collection and health system prioritization. At the same time, there is a strong economic case for action. A 2025 report from the McKinsey Health Institute estimates that closing the women's health gap could contribute up to \$37 billion annually to Canada's economy.²

Despite Canada's commitment to a publicly funded health care system, there is currently no co-ordinated national strategy focused on improving women's health outcomes. This has resulted in fragmented care, uneven service delivery across jurisdictions and missed opportunities to advance equity in obstetrical, gynaecological and sexual and reproductive health and rights (SRHR). Bill S-243 presents an important opportunity to establish a co-ordinated, national approach to women's health.

Support for a National Framework

The SOGC strongly supports the development of a national framework that reflects a life-course approach and addresses the full continuum of care.

Such a framework should include:

- Expanded access to sexual and reproductive health services, including contraception, fertility care and abortion
- Improved outcomes in gynaecology and chronic conditions that disproportionately affect women, including migraines and autoimmune disorders
- Greater attention to menopause and aging, including access to evidence-based care and appropriate workplace accommodations to support women to remain in the workforce longer
- Integration of trauma-informed and mental health supports into reproductive care
- Action to close gender-based pay gaps in the health workforce
- Strengthened data collection, monitoring and research grounded in sex- and gender-disaggregated data

A national framework must align systems, policies and practices around health equity, reproductive autonomy, cultural safety and accountability, while ensuring disparities in care are addressed across populations and regions. Canadian women must be healthy to fully contribute to a strong Canada.

Upholding Public Health Care Principles

The SOGC emphasizes that any national framework developed under Bill S-243 must reinforce Canada's publicly funded health care system and adhere to the principles of the Canada Health Act. The SOGC is increasingly concerned about the growth of private clinics in areas such as menopause and women's health, and the potential implications for equitable access to care.

Health care must remain public and accessible to all women and gender-diverse individuals, regardless of income, geography or identity. Federal investments should strengthen public delivery, reduce disparities and ensure that access to care is based on need, not ability to pay.

The SOGC also cautions against the growing role of private, for-profit delivery in women's health services. The expansion of parallel systems risks diverting resources from the public system and

¹ McKinsey & Company, *Closing the women's health gap: A \$37 billion opportunity for Canada*, McKinsey Health Institute, 2024, <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-canadas-37-billion-dollars-opportunity>

² *Ibid.*

creating barriers to timely, comprehensive care. A national framework must be designed to strengthen, not fragment, Canada's health system. A national framework must also ensure that essential medications, diagnostics and evidence-based treatments are accessible without financial barriers.

Improving Access and Addressing Geographic Inequities

Significant disparities in access to care persist across Canada, particularly for women living in rural, northern and remote communities.

Too many women are required to travel long distances to access maternal and gynaecological services, resulting in unnecessary medical transfers. These transfers take patients out of their communities and away from critical cultural and social supports, particularly for Indigenous women.

A national framework must prioritize equitable geographic distribution of services, including:

- Investment in virtual care, including the digital infrastructure required to support its delivery
- Expansion of community-based and mobile care models and training
- Support for culturally safe care within Indigenous communities
- Reduced reliance on travel for routine and essential care

We welcomed the announcement of Bill C-72 on improving interoperability of medical records and health information. However, further progress is needed to advance telemedicine in Canada.

Expanding access to virtual specialist care for women's health conditions, where clinically appropriate and supported by in-person care when required, can significantly reduce travel burdens for underserved populations. Greater collaboration across provinces on telemedicine is also needed, as current limitations can leave patients without access to services that could otherwise be delivered virtually.

Expanding access through virtual care and other innovative delivery models will help address service gaps while supporting continuity of care closer to home.

Data, Research and Accountability

Improving women's health outcomes requires stronger data systems and sustained investment in research.

Canada must implement consistent national standards for collecting sex- and gender-disaggregated health data across all jurisdictions, including intersections with race, income, geography and other determinants of health. This is essential to identifying disparities and driving targeted interventions.

A national framework should also:

- Increase funding for under-researched conditions affecting women
- Establish regular national surveys on SRHR needs and experiences
- Track key indicators such as wait times, maternal morbidity and mortality and access to services
- Ensure transparent reporting through public dashboards and accountability mechanisms

Without robust data and accountability, progress will remain uneven and difficult to measure.

Establishing National Benchmarks for Gynaecological Surgery Wait Times

Timely access to gynaecological surgical care is essential to patient outcomes, quality of life and overall health system performance. Yet across Canada, wait times for these procedures remain unacceptably long, with many women waiting many months or even years for care.³

Non-malignant gynaecological conditions such as endometriosis, fibroids and pelvic floor disorders are common, often progressive and associated with significant morbidity. Despite this, they are frequently categorized as “elective” and are not consistently prioritized. This can lead to worsening symptoms, increased surgical complexity and reduced quality of life.

The SOGC will soon be issuing a new Clinical Practice Guideline that includes evidence-informed recommendations for national, urgency-based surgical wait time benchmarks in gynaecology to help support more consistent and equitable access to care across Canada.

A national framework for women’s health should build on this work by supporting the development and implementation of standardized benchmarks for both consultation and treatment of common gynaecologic conditions. These benchmarks should reflect not only clinical urgency, but also symptom burden, functional impairment and quality of life.

Achieving this will require coordinated system-level action, including standardized referral and triage processes to ensure patients are prioritized based on need. Health systems must also invest in more surgical capacity, including operating room resources, workforce planning and scheduling efficiency. Equally important is the need for robust data collection and transparency. Health systems should be required to collect, monitor and publicly report on gynaecological surgery wait times, including disparities across regions and populations, to support accountability and continuous improvement. Experience in other areas of care – including cancer care, diagnostic imaging, joint replacement and sight restoration – demonstrates that clear benchmarks and strong accountability mechanisms can significantly improve access and outcomes.⁴ Applying these principles to gynaecological care is long overdue.

Strengthening the Health Workforce and Education

Canada’s health care providers – across medicine, nursing, midwifery and allied health – are central to delivering high-quality obstetrical, gynaecological and sexual and reproductive health care. However, current training models do not consistently reflect the complexity and diversity of patient needs, leaving gaps in areas such as menopause, chronic pelvic pain, trauma-informed care, fertility and gender-affirming care.

Addressing these gaps requires a more co-ordinated national approach to education and training. Undergraduate and postgraduate curricula should be strengthened in collaboration with medical accreditation and licensing bodies, with a greater focus on comprehensive and sexual and reproductive health care and the systemic factors that shape patient outcomes.

Continuing professional development must also evolve. Organizations such as the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada should ensure SRHR training remains a core component of ongoing certification, particularly in areas where patients continue to face delays in access to care and a concerning plethora of misinformation.

Improving access will also require better use of the existing workforce. In underserved communities, expanding the scope of practice for frontline providers, supported by training, competency frameworks and mentorship, can help ensure patients receive timely, high-quality care closer to home.

³ Hoffman SR, Farland LV, Doll KM, et al. The epidemiology of gynaecologic health: Contemporary opportunities and challenges. J Epidemiol Community Health. 2020. Available at <https://jech.bmj.com/content/75/4/398>.

⁴ Information CIH. [Wait times for priority procedures in canada](#). 2025. Toronto, ON: Canadian Institute for Health Information; 2025.

Closing Pay Gaps in Women's Health

Addressing gender-based pay inequities within the health system is an essential part of improving both workforce equity and patient outcomes for women in Canada.

Women physicians continue to earn less than their male counterparts, even when accounting for specialty, hours worked and experience. These disparities are reinforced by compensation models that undervalue time-intensive, preventive and patient-centred care.⁵

Reducing existing gaps in obstetrical, gynaecological and SRHR care requires more than expanding access to services. It also means addressing the systemic structures, cultural biases and power dynamics that shape how care is delivered and valued.

SRHR and gynaecological care must be treated as core, urgent components of the health system, not as elective or lower-priority services. This requires making reproductive health a clear priority in planning and funding within health systems.

Workforce equity is central to this issue. Women make up a large share of the health workforce but remain underrepresented in leadership. At the same time, many frontline providers, including nurses, midwives and community health workers, face low pay, limited autonomy and burnout.

A national framework for women's health should take a comprehensive approach to addressing these challenges. This includes modernizing compensation models to better reflect the complexity and quality of care, addressing systemic biases in funding structures and supporting more equitable opportunities for leadership and advancement within the health workforce.

Addressing Gaps in Medication Safety During Pregnancy

Access to evidence-based guidance on medication use during pregnancy remains a significant gap in Canada's health system. While approximately 80 per cent of pregnant women take at least one medication⁶, more than 80 per cent of prescription drugs approved in Canada lack adequate safety data for use during pregnancy.⁷

This reflects longstanding structural challenges, including the exclusion of pregnant women from clinical trials and a reliance on slow, fragmented post-market data. As a result, patients and providers are often forced to make critical decisions without sufficient evidence, weighing the risks of treatment against untreated illness.

A national framework for women's health should prioritize closing this gap through:

- Investment in research and real-world data to strengthen evidence on medication safety in pregnancy
- Improved data integration across jurisdictions to support timely analysis and guidance
- The inclusion of pregnant women in research, where appropriate and ethical
- Stronger translation of evidence into clear clinical guidance

Addressing medication safety in pregnancy is essential to improving maternal and child health outcomes and ensuring women are not left to make critical health decisions in an evidence vacuum.

⁵ Leyland N, Abousifein M. *Systemic Inequities in Women's Health: Provider Pay Gaps and the Role of Hospital Operations on Access to Care*. Journal of Obstetrics and Gynaecology Canada, 2025; 47, <https://www.jogc.com/action/showCitFormats?doi=10.1016%2Fj.jogc.2025.103080&pii=S1701-2163%2825%2900326-3>

⁶ Bérard A, Abbas-Chorfa F, Kassai B, Vial T, Nguyen KA, Sheehy O, Schott AM. [The French Pregnancy Cohort: Medication use during pregnancy in the French population](#). PLoS One. 2019 Jul 17;14(7):e0219095. doi: 10.1371/journal.pone.0219095. PMID: 31314794; PMCID: PMC6636733.

⁷ Adam MP, Polifka JE, Friedman JM. [Evolving knowledge of the teratogenicity of medications in human pregnancy](#). Am J Med Genet C Semin Med Genet. 2011 Aug 15;157C(3):175-82. doi: 10.1002/ajmg.c.30313. Epub 2011 Jul 15. PMID: 21766440.

Need for Inclusive and Transparent Stakeholder Engagement

For a national framework to be effective, it must be informed by those who deliver and experience care.

Health care providers working on the front lines of obstetrical, gynaecological and SRHR services are uniquely positioned to identify gaps, barriers and opportunities for improvement in women's health care. At the same time, meaningful participation of patients and communities – particularly those most affected by inequities – is essential to ensure policies are grounded in lived experience and responsive to real-world needs. Decision-making bodies and advisory processes established under this framework must include individuals with lived experience of health care inequities, alongside clinical experts and providers.

The SOGC also notes that broader and more inclusive stakeholder engagement is needed in the development of this bill and any subsequent framework. Engagement to date has raised concerns about accessibility and transparency, including approaches that may limit participation to organizations with the financial capacity to engage. This risks excluding key voices, particularly frontline providers and those working directly in sexual and reproductive health.

A national framework must be built through open, transparent and inclusive engagement processes that ensure all relevant stakeholders, especially those delivering care and those most impacted by gaps in care, have the opportunity to contribute.

Conclusion

The SOGC supports Bill S-243 as an important step toward establishing a national framework for women's health in Canada.

To be effective, this framework must be comprehensive, evidence-based and grounded in the principles of publicly funded health care. It must be developed through inclusive, transparent engagement with health care providers, patients and communities and must address systemic inequities in access to care across all regions and populations.

Federal investments must translate into measurable improvements in health outcomes. Every dollar invested in women's health should improve care, not be lost in programs that do not deliver impact. Women should not have to relocate to access appropriate care and screening. A national framework should establish minimum standards across provinces and territories, including equitable access to essential services such as contraception and menopause treatments.

Other jurisdictions have demonstrated what is possible with focused national leadership. For example, the United Kingdom's [Women's Health Strategy](#) takes a comprehensive, life-course approach, with commitments to co-ordinated action on menopause, reproductive health, access to care and workforce participation. Canada has a similar opportunity to show leadership and deliver meaningful improvements for women across the country.

With co-ordinated national action, Canada has an opportunity to close longstanding gaps in women's health and deliver meaningful improvements in outcomes for women and gender-diverse individuals. The SOGC looks forward to continued engagement with the Committee as this work advances.