



NORDIC CHARTER FOR WOMEN'S HEALTH 2040

Women's health is infrastructure.

Everything else runs on it.

Open commons. Nobody owns it, everyone builds on it.

The Nordics can now read their own work in women's health as one picture — and show it beyond the region.

Schools

Workplaces

Hospitals

Pension systems

Economic output

All resting on one foundation: women's health

Load-bearing in every institution. Not a niche within care.

€25–40 bn

USD 30–50 bn

Annual Nordic opportunity from closing the gap

7–8 million

Nordic women navigating menopause and ageing at once by 2040



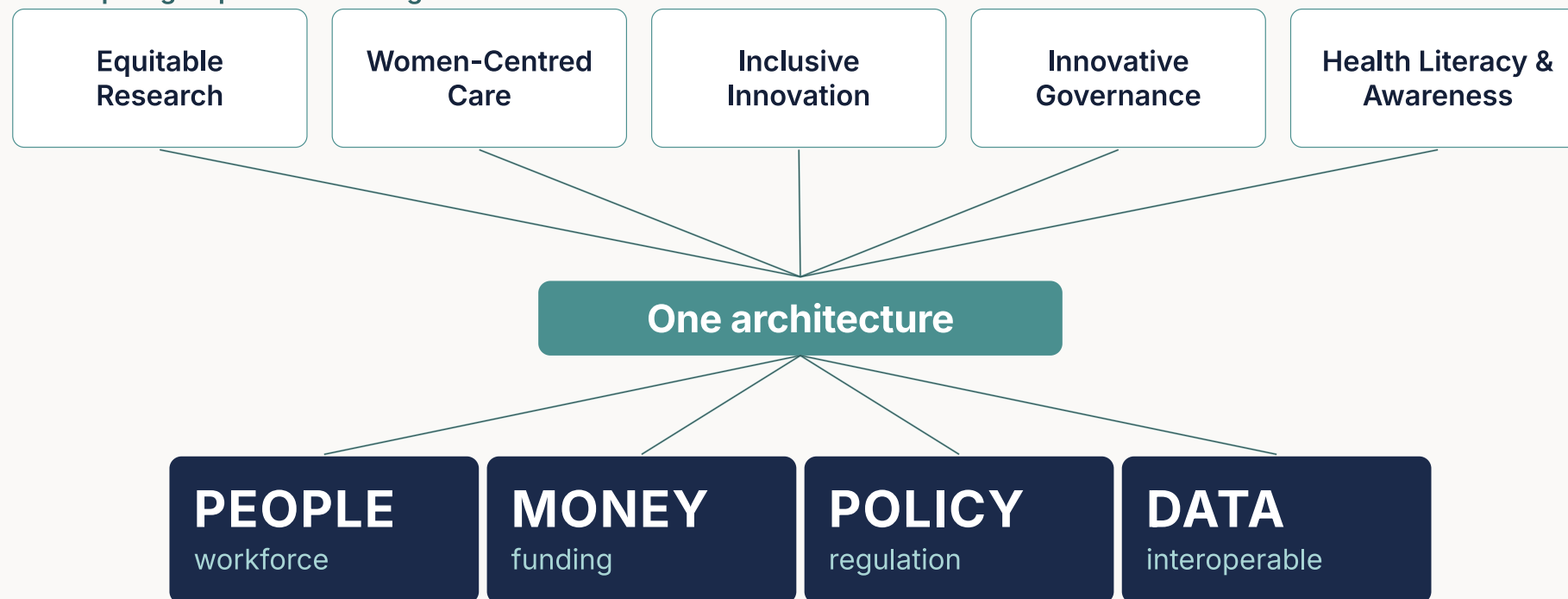


HOW THE CHARTER WAS BUILT

We expected five plans. We found one architecture.

136+ contributors · 5 Nordic countries · Lancet-published methodology · 28 named needs · Published with CIFS

Five expert groups · five starting lenses





Not a gap in care. Seven needs, five institutions.

	People	Money	Policy	Data
Research	3 Forte centres Centres of excellence R–P–2			KISO — 153,800 women staged on STRAW+10 Federated Nordic cohorts R–D–2
Innovation		Innovestor → Gesynta Strategic Co-Investment Facility I–M–1		No Nordic intelligence layer yet. Nordic Women's Health Intelligence Layer I–D–1
Care	Karolinska modular CME Healthcare professional education programme C–P–1	IHE — €865m/yr, vasomotor symptoms — Nordic-wide Nordic health economics methodology for women's health C–M–2	Duodecim: menopause Clinical guidelines for sex-differentiated care C–Po–1	Menopause outcomes not yet in the registers. Women's health patient-reported outcome infrastructure C–D–1

Lit cells: where menopause at work actually lands.

Grey: the rest of the architecture, unchanged.



Awareness ISO 45010 published this morning

Corporate Health Literacy Reporting A–3

No single champion can hold seven needs across five institutions.

28 named needs across the 3×4+1 framework



THIS MORNING · 7 SEPTEMBER

ISO 45010 is published.



ISO 45001

The certified management system

Top management accountable cannot be delegated

Health and safety function owns it day to day

Third-party certified

Annual surveillance audit

ISO 45010

Guidance. Lands inside the audited system.

45010 is guidance: voluntary, written as recommendations — “should”, not “shall”. It is not itself certified or audited.

World first

The first International Standard on menstruation and menopause at work.

Free of charge

Cost removed as a barrier to adoption.

Swedish hands on it

Sweden's standards body (SIS) was among the developers.

A standard doesn't need anyone to still care.



Country-specific

Socialstyrelsen

Dutch Labour Inspectorate

CIPD

Does travel

- 1 Start from the working system, not the broken one.
- 2 Name the owner, not just the need.
- 3 Coordinate what exists — nothing here asks for a new institution.

CC BY 4.0. Take it, change the country names, rerun the test.





THREE WAYS TO ENGAGE

Bring your piece.



You are already doing the work. The Charter puts it in the shared picture.

Charter

Cite the peer-reviewed Nordic frame in strategy, board papers and policy briefs.

Playbook

Map a care pathway, data standard, AI pilot, workforce programme or literacy initiative onto the architecture.

Brief

Find your next funding opportunity, aligned peers, and what is moving each week.

The Charter doesn't tell the Nordic system what to do. It tells the Nordic system what it is doing.

No central mandate. No new institution required. Institutions engage from where they already are.

Open commons · CC BY 4.0 · free to reuse with attribution
womenshealth2040.org · DOI 10.1016/S3050-5038(26)00014-2 · CC BY 4.0

GET IN TOUCH
hello@womenshealth2040.org

