

From cost to value. From payer to partner.

THE NORDIC PRIZE

USD 30–50B / year

by 2040. Nordic women's health opportunity.

20–30B

Productivity

5–10B

Healthcare cost

10–15B

Innovation capture

WHY NOW

Six shifts converged

- Data became unignorable (McKinsey Health Institute, Jan 2024)
- Nordic register evidence landed (IZA, IHE, 2024/25)
- Workforce caught up: Nordic female LFPR ~75% vs ~50% global
- Regulation shifted (EU AI Act, EHDS, ISO 45010)
- Clinical evidence became actionable: five Nordic guidelines in eight months

THE EVIDENCE

Where the numbers come from

- 10% earnings drop 4 years post menopause diagnosis (IZA DP 17793, 2025; NO + SE registers)
- EUR 865M/yr Nordic VMS productivity loss (IHE Report 2024:9)
- GBP 11bn/yr UK workplace cost (NHS Confederation, May 2025)
- 42% more MI detection in women with sex specific troponin (High-STEACS, 2018/19)

WHAT CHANGES

From payer to partner

- Benefits: prevention window, not crisis window
- Procurement: sex stratified evidence as default
- Risk pools: perimenopause as investment window
- Workforce health: ISO 45010 and CSRD aligned
- Australia MBS Item 695: 61,000 consultations in five months