



From Ambition to Action

The Nordic Women's Health Charter as a Global Framework

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The architecture

PILLARS		 PEOPLE	 MONEY	 POLICY	 DATA
	Research	R-P	R-M	R-Po	R-D
	Care	C-P	C-M	C-Po	C-D
	Innovation	I-P	I-M	I-Po	I-D
	Awareness	THE FOUNDATION, RUNNING UNDER ALL THREE DOMAINS			

136+ contributors across five Nordic countries

28 named needs across Research, Innovation, Care and the Awareness Foundation

The Lancet, January 2026
methodology peer-reviewed

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

Research 11 named needs

The challenge is connection, not creation.

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 Innovation	I-P	I-M	I-Po	I-D
 Awareness	FOUNDATION			

TODAY		2040
Strong individual assets	→	Connected talent
Uneven national capacity	→	Coordinated investment
Fragmented infrastructure	→	Shared standards · Interoperable data

“The opportunity is not to start from zero — but to connect what already exists.”

SHIREEN SINDI

Build the ecosystem

From individual excellence to collective capacity



PEOPLE build the talent

Research career pipeline **R-P-1**

Pan-Nordic fellowship, cross-border mobility

Centres of excellence **R-P-2**

Connected, not parallel



MONEY fund the science

Discipline attraction and preclinical models **R-M-1**

Sex-inclusive design, shared infrastructure

Cross-Nordic catalytic funding **R-M-2**

Joint calls, pooled resources

Horizon Europe / FP10 integration **R-M-3**

European leadership



Talent + Networks + Infrastructure + Investment → a Nordic research ecosystem

From intention to accountability

Considering sex and gender → changing the science



POLICY two named needs

Sex-stratified analysis requirements **R-Po-1**

Funded research analyses and reports by sex as a condition, not a courtesy

Nordic FP10 position paper **R-Po-3**

The European lever, on the 2026–2028 clock

WHAT TRAVELS

“Women's-health research needs life-course data, shared definitions and horizons longer than a grant cycle. Every system has different data assets — the infrastructure question is the same.”

Care 8 named needs

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MISSION 2040

By 2040, women in the Nordics benefit from superior quality of life — preventative, personalised care at every life stage, setting a new global standard for women-centred healthcare.

Measure what matters

VOLUME → VALUE

WHAT WE CURRENTLY MEASURE

Appointments

Procedures

Admissions



WHAT MATTERS

Pain

Function

Quality of life

Women's health patient-reported outcome infrastructure

C-D-1

National PROM infrastructure already exists in Sweden, Norway and Denmark — not yet applied to women's health beyond pregnancy and surgical gynaecology

"If we want value-based care, we first need to measure what women value."

Build the expertise

FEW EXPERTS → EVERY CLINICIAN

01

Educate

02

Equip

03

Scale



Healthcare professional education programme

C-P-1

"Expertise in women's health should be infrastructure, not luck."

Make women visible in the data

COLLECT SEX → ANALYSE BY SEX



C-D-2

Registry integration and sex-disaggregation

Nordic registries already hold the records. Sex has to be carried through to the analysis.

THE LOOP

Data → Research → Care → Data

Each turn of the loop is only as good as the sex-disaggregation at its start.

"Having women in the data is not the same as understanding women from the data."

What travels, what adapts

Research				
Care				
Innovation				
Awareness				
	PEOPLE	MONEY	POLICY	DATA

TRAVELS

The participatory foresight method

The 3×4+1 framework

The Accelerator Loop

Start with what exists

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ADAPTS

Institutions

Data assets

Funding and reimbursement mechanisms

Political authority

Sequencing

The Playbook already cites the UK, Australia and Canada throughout.
The traffic runs both ways.

JULIA PERSSON



The methodology transfers. The organisations stay where they are.

Built on best practice worldwide — a coordination architecture any health system can map onto itself.



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