



Department of Health, Disability and Ageing

Via Email: [HMRStrategy@health.gov.au](mailto:HMRStrategy@health.gov.au)

08.10.25

## **National Health and Medical Research Strategy**

Dear Ms Rosemary Huxtable AO PSM,

The Working with Women Alliance (WwWA) is grateful for the opportunity to provide feedback on the National Health and Medical Research Strategy. The commentary provided is informed by our work on gender equality, with a particular lens on women's health and the historical neglect of women in clinical trials and medical research.

WwWA acknowledges the Department's National Health and Medical Research Strategy (the Strategy) as crucial to improving national health outcomes, particularly given Australia's ageing population and the increased risk of ill-health due to climate change. The Strategy is an opportunity to safeguard Australia's medical system with a sustainable source of researchers, developers and investment in infrastructure and technology that is necessary to address emerging and persistent health issues.

WwWA appreciates the Strategy's focus on equity, and the recognition that marginalised communities experience a greater predisposition to poorer health outcomes. In particular, we support inclusion of the Closing the Gap Targets. However, we are concerned with the omission of gender in the Strategy – both as it pertains to health outcomes, and the cascading effects of the underrepresentation of women in health and medical research.

We recommend that in pursuing a strategy that aims to 'leave no one behind,' the Department adopt a peripheral policy framework that views the Strategy as an opportunity to address the disproportionate experiences of poor health, and inadequate medical treatments experienced by women. The Strategy should adopt assumptions from the National Women's health Strategy which outlines health inequities faced by women.

We acknowledge that many women and gender-diverse people face compounded health-related disadvantage where they also identify as First Nations, multicultural, LGBTIQ+SB, living with disability, or living in rural, regional or remote locations. We note too, the distinction between disadvantage arising from gender versus sex. The former referring to discrimination, cultural and



social norms that impact women and in particular, gender-diverse and non-binary people. The latter referring to biological risk factors based on sex at birth and sex hormones.

### **Women Experience Poorer Health Outcomes**

Women experience significantly poorer health outcomes than men, and not just as a product of their reproductive systems. Women are more likely to live with one or multiple chronic health conditions, represent three-quarters of migraine sufferers, two-thirds of dementia sufferers, and almost 80 per cent of people with autoimmune diseases. Research has found that anatomical differences between sexes' immune system, reproductive system, and body-fat composition lead to women needing different doses of medication for effective treatment.

### **Women are Underrepresented in Medical Research**

#### *As Patients in Clinical Trials*

The exclusion of women from health and medical research exacerbates existing biological predispositions to ill-health. The majority of existing medical knowledge has been practiced and tested on men, with women still underrepresented in clinical trials. The most serious adverse effects of approved commercial drugs have disproportionately impacted women. Commonly used drugs are known to be more effective for men, with women experiencing more side effects when using antidepressants and pain-relieving medications like analgesics.

Materials to support medical curricula and research are also deeply gender-biased. Across Australian universities, male biology remains the default in textbooks, and only one in four medical students feels adequately trained regarding women's pain presentations. CPR dummies are modelled on men, meaning women are less likely to receive CPR due to bystander's fear of being accused of sexual harassment.

#### *As Researchers and Students*

Women, despite being overrepresented at the entry-level stage of medical research, are extremely underrepresented at the professional stage due to differences in retention and promotion between men and women. Key barriers to progression for women include; unequal access to research funding, caring responsibilities, lack of mentoring and female role-models, and sexual harassment in the workplace. While women remain underrepresented in the field of health and medical research, equity cannot be achieved from the top down.

### **Summary of Recommendations**

Sex and gender bias in health and medical research continues to persist. Women experience more common and more severe ill-health, with less effective treatment options. The National Health and



Medical Research Strategy should acknowledge gender-related health inequities as consequential to health outcomes of Australians. Women, disproportionately impacted by ill-health also make up more than 70 per cent of the healthcare sector, this figure is higher for nursing and aged care. Medical resilience to an ageing population and emerging health threats means solutions for frontline workers delivering care. A strategy based in equity means recognition of gender and sex disparity in health and medical research.

We recommend the National Health and Medical Research Strategy adopt principles from the National Women's Health Strategy and frame the inclusion of women's health outcomes, sex and gender bias as essential in achieving the goals laid out in the Strategy, as well as securing the health of all Australians.

We welcome opportunities to engage with the Department further on these and other issues impacting women's health.

Yours Sincerely,

**Dr Gemma Killen**

Director – National Women's Equality

Working with Women Alliance