Are Women's Health Strategies Driving Change? A Review of NICE and SMC HTAs

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01 BACKGROUND

- Women in the UK reportedly spend three more years in ill health and disability than men, reflecting systemic biases in a healthcare model historically oriented around male physiology and needs.[1,2]
- Women experience persistent inequalities across the entire health and medical continuum, from the design of research studies to the delivery of clinical care.[3]
- Furthermore, there is a high economic burden associated with not investing in women's health. For example, in England:[1,2]
  - The annual cost of absenteeism for severe period pain, heavy periods, endometriosis, fibroids and ovarian cysts is estimated to be nearly £11 billion.
  - Unemployment due to menopause symptoms costs the economy approximately £1.5 billion a year, with 60,000 not in employment because of symptoms.
  - For every additional £1 of investment in obstetrics and gynaecology, the return on investment is £11, with an overall benefit to the economy of £319 million.
- To close the gender health gap, it is critical that health policies, research agendas, and clinical practices fully reflect and consider the diverse health needs and experiences of individuals, taking sex and gender into account intersectionally.[3]
- Since 2021–2022, in Scotland and England respectively, research and development in women's health topics including cancers and endometriosis have been prioritised in UK government women's health strategies[1,4–6] and by the National Institute for Health and Care Excellence's (NICE, England) forward view.[7]

02 OBJECTIVES

- The aim of this study was to evaluate the impact of women's health strategy implementations on health technology assessments (HTAs) in indications only affecting women.

03 METHODS

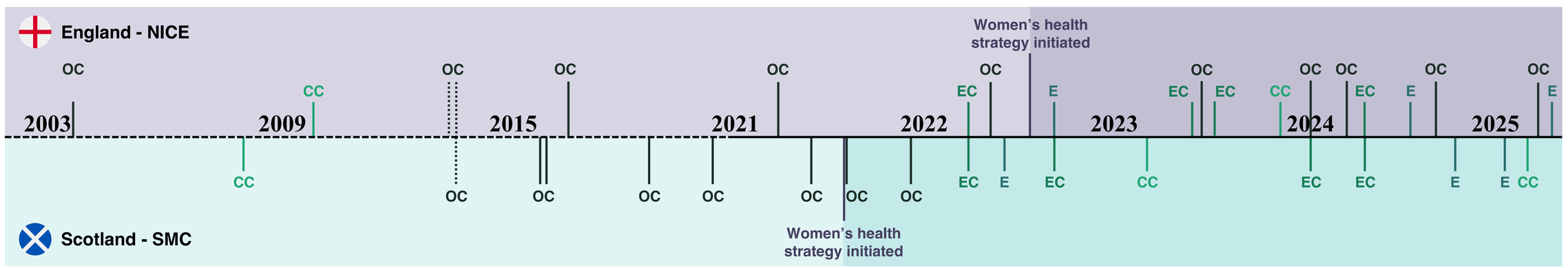
- All HTAs published up to 31st May 2025 in indications that only affect women were identified from the NICE and Scottish Medicines Consortium (SMC) websites. The date, recommendation, commercial arrangement and indication were reviewed.[8,9]

04 RESULTS

Thirty-eight HTAs were identified, of which 61% were completed after the launch of women's health strategies (August 2022 in England, August 2021 in Scotland) (**Figure 1**). Most HTAs completed before the launch of the women's health strategies were in ovarian cancer (86%; versus 32% post-implementation).

Overall, the majority of HTAs in indications that only affect women were in ovarian cancer (NICE, n=11; SMC, n=8), then endometrial cancer (NICE, n=4; SMC, n=4), endometriosis (NICE, n=3; SMC, n=3) and cervical cancer (NICE, n=2; SMC, n=3).

Figure 1: Timeline of HTAs in indications that only affect women in England (National Institute for Health and Care Excellence, NICE) and Scotland (Scottish Medicine's Consortium, SMC)



CC, cervical cancer; E, endometriosis; EC, endometrial cancer; OC, ovarian cancer. Dotted lines represent HTAs that did not result in a positive recommendation

All post-implementation HTAs received positive recommendations (**Figure 3**), versus pre-implementation positive recommendation rates of 75% (6/8) for NICE and 85% (6/7) for SMC (**Figure 2**).

Commercial arrangements were used in more post- than pre-implementation HTAs (NICE, 75% [9/12] versus 38% [3/8]; SMC, 64% [7/11] versus 57% [4/7]; **Figures 4 and 5**).

Figure 2: Proportion of HTAs resulting in positive versus negative recommendations before the implementation of women's health strategies

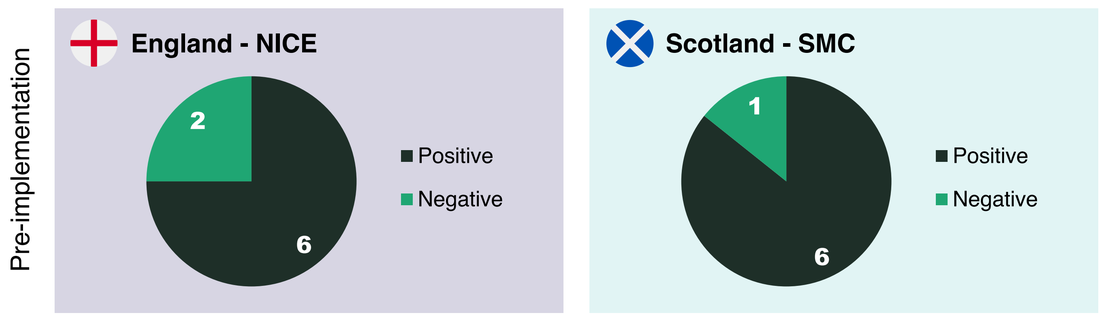


Figure 3: Proportion of HTAs resulting in positive versus negative recommendations after the implementation of women's health strategies

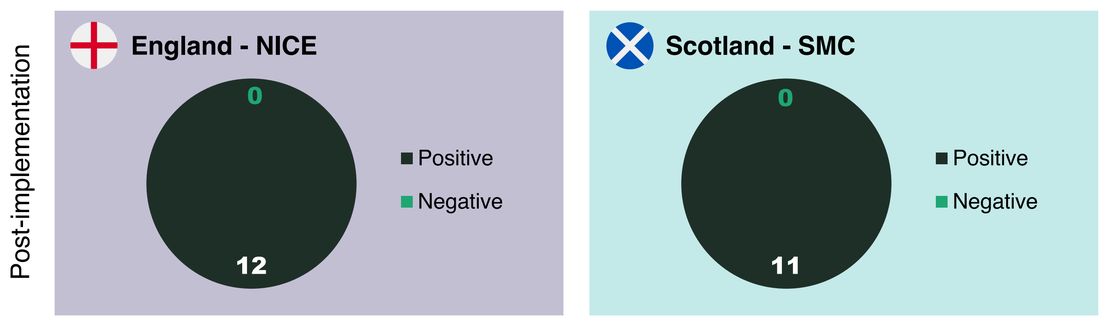


Figure 4: Commercial arrangement usage before the implementation of women's health strategies

Figure 5: Commercial arrangement usage after the implementation of women's health strategies

05 DISCUSSION AND CONCLUSIONS

Trends in HTAs completed after the implementation of women's health strategies in the UK are encouraging:

- More HTAs have been carried out since the implementation of women's health strategies than pre-implementation – 23 HTAs were completed post-implementation, versus 15 from 2003 to implementation across NICE and SMC
- All post-implementation HTAs resulted in positive recommendations
- There was general alignment in recommendation outcomes between NICE and SMC
- Post-implementation, HTAs have been carried out in more indications than pre-implementation
- Commercial arrangements were used frequently (70%) to allow more women to access innovative treatments.

However, the long-term impact of these strategies remains uncertain, and significant effort is still required to address the persistent gender bias in health research, evaluation, and access.[1,3]

References

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