

LEADING BEYOND THE GAP:

Closing the Women's Health Gap in Canada

Blueprint for Action

February 2026



Closing the women's health gap in chronic pelvic pain (CPP) in Canada

Canadian women suffer due to chronic pelvic pain being misunderstood

The impact of CPP is misunderstood and under-researched, making its contribution to the women's health gap and impact on Canadian GDP unknown.

70%

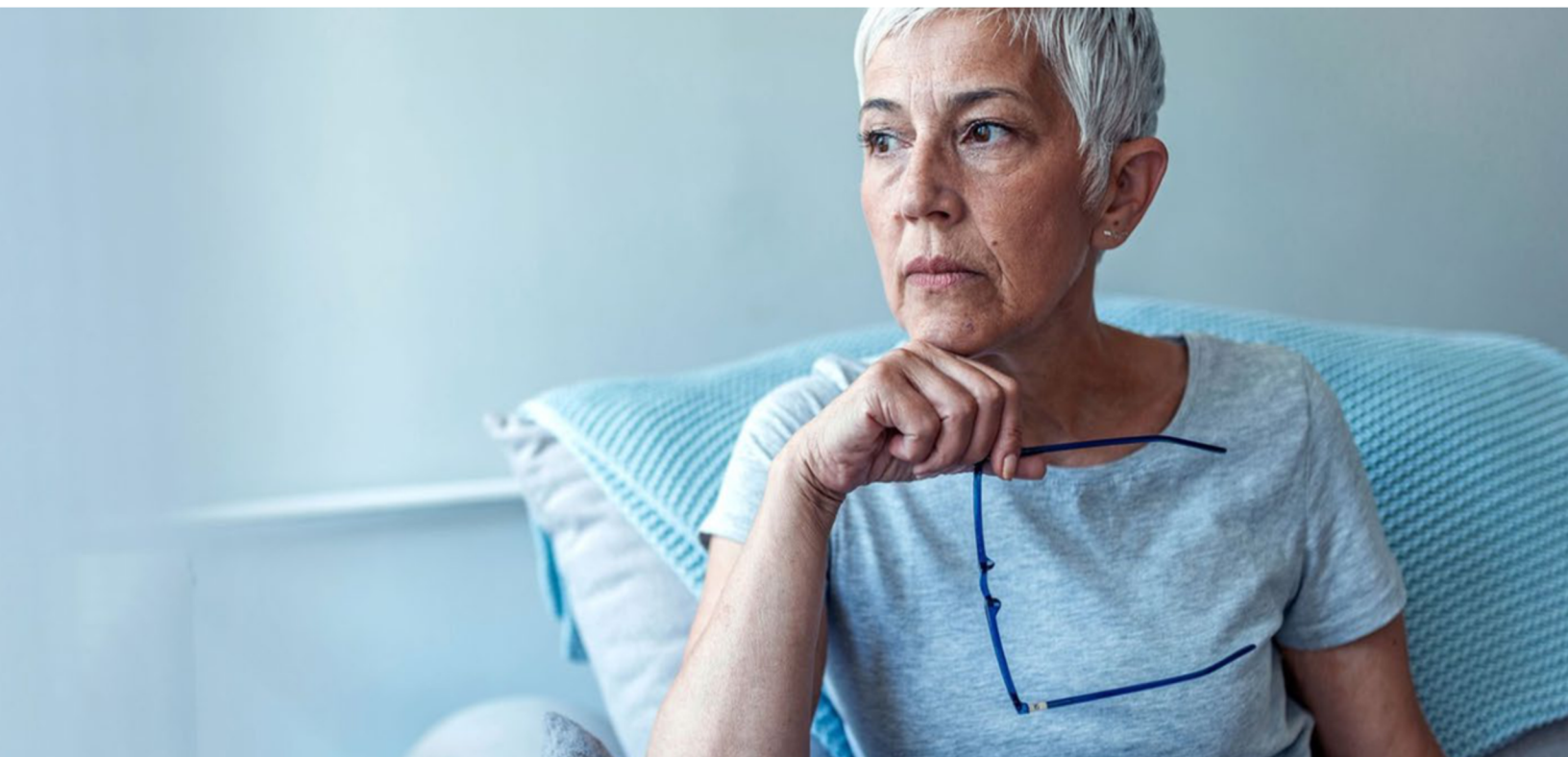
of Canadian women have uterine fibroids by the age of 50

10-15%

of Canadian women have Polycystic Ovary Syndrome (PCOS)²

10%

of Canadian women have endometriosis, accounting for 50% of all CPP



1. "The Management of Uterine Leiomyomas," Journal of Obstetrics and Gynaecology Canada (2015)
2. "Diagnosis and management of polycystic ovarian syndrome," Canadian Medical Association Journal (2024)
3. "Endometriosis Overview," Society of Obstetricians and Gynaecologists of Canada (2025)
4. "Prevalence, Symptomatic Burden, and Diagnosis of Endometriosis in Canada: Cross-Sectional Survey of 30000 Women" Journal of Obstetrics and Gynecology Canada (2020)
5. Based off a search of keywords in the ClinicalTrials.gov database (as of 18/11/2025)
6. Endometriosis in Canada: It Is Time for Collaboration to Advance Patient-Oriented, Evidence-Based Policy, Care, and Research" Journal of Obstetrics and Gynecology Canada (2021)

Gaps in the current healthcare ecosystem...

require action to close

1 Stigma around women’s reproductive systems and aging (e.g., menstruation, incontinence) causing normalization and dismissal of prolonged pain or medical needs before seeking care (~3-year delay between symptom onset and consultation⁴)

Launch social media campaigns to start conversations about pelvic health

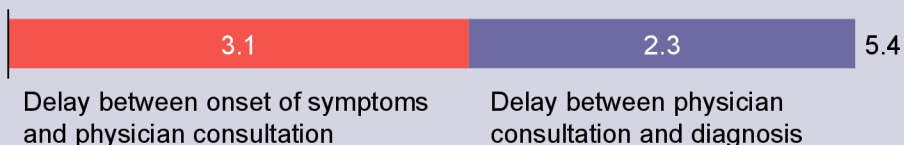
Partner with organizations to educate targeted segments about relevant CPP topics (e.g., school boards and menstrual health, care homes and incontinence)

2 Low awareness among healthcare professionals causing prolonged diagnostic wait times after seeking care and receiving diagnosis (~2 years⁴)

Support medical schools to incorporate CPP into curricula

Mandate care providers to routinely ask about menstruation and CPP symptoms

Years to diagnosis for endometriosis in Canada, 2020⁴



3 Shortages in primary care, specialists and diagnostic tools contributing to diagnostic and treatment delays (3-6 months for specialist appointment and 12 months for surgical or interdisciplinary care treatment⁶)

Define playbook to coordinate inter-disciplinary care across required providers (e.g., gynecologists, psychotherapy)

4 Growing research area yet still behind other diseases, with no definitive cause or treatment identified for most CPP conditions

Motivate research institutions to direct funding towards research on diagnostic and treatment pathways

Ongoing clinical trials in Canada by disease type, 2025⁵



5 Emerging innovations to address diagnostic and care gaps requiring investment to scale

Generate large-scale financing for maturing CPP innovations by aligning corporate and private funding incentives

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The Women's Health Collective
Canada would like to express
deep gratitude to Desjardins for
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positive change for Canada

