Government Response
Second Report of the Standing Committee on Health "Women's Health in Canada: Closing the Gender Gap"

This Government Response addresses the committee's recommendations using the following four stages of the health care continuum:

5. Knowledge development, including research, data collection, surveillance, and implementation science
6. Health promotion, including prevention, risk reduction, health education, and awareness raising
7. Diagnosis, including screening
8. Treatment, including non-medical services

The Government implemented a Women's Health Strategy in 1999, and overall has delivered on the strategy through a broad number of initiatives, programs and policies, as detailed in this government response. This work is conducted by many federal departments, agencies, and third-party organizations that are wholly or partially funded by the Government. This includes Health Canada, CIHR, Indigenous Services Canada, Justice Canada, PHAC, Public Safety, Statistics Canada, and WAGE among federal departments and agencies. As well, arm's length organizations like the Canadian Partnership Against Cancer provide important services to address the needs of Canadians, including with respect to women's health.

As a whole, these initiatives, programs, and policies demonstrate how the Government has addressed wholly or in part the recommendations of this committee. But as your report demonstrates, there is more to do.

Some initiatives cut across multiple health conditions and aspects of the health care continuum. For that reason, they may be referenced in multiple sections of the response.

The Government also recognizes the health of women, girls and gender-diverse people as a cross-cutting priority that intersects with health equity, anti-racism, Indigenous health, 2SLGBTQI+ health, mental health, socioeconomic status, disability, geography, language, and gender-based violence. Further, the Government is committed to advancing gender equity in health for Indigenous women and Two-Spirit people, including through continued engagement with Indigenous partners.

Knowledge development, including research, data collection, surveillance, and implementation science (Recommendations 2, 6, 7, 11, 12, 15, 16)

The Government is investing in research, data collection, and surveillance on various women's health issues, including endometriosis, gynecological cancers, and mental health. Below is a description of current policies, programs and other measures.

CIHR is Canada's health research investment agency and is recognized internationally as a leader in the appropriate integration of sex, gender and intersectionality in health research. CIHR invests directly in women's health research, based on internationally accepted standards of excellence, to advance science to help close the gender health gap, improve health outcomes, and strengthen health care across Canada. CIHR requires all research applicants to integrate sex and gender into

their research design and practices, when appropriate, meaning all CIHR-funded research accounts for sex, gender and other identity factors, when relevant. This approach makes health research more rigorous and more applicable to everyone.

Endometriosis research:

Supporting **Recommendation 2**, from 2020-21 to 2024-25, CIHR invested $4.9 million in new endometriosis research, ranging from studies on the efficacy of cannabinoids as a therapeutic intervention to endometriosis-associated ovarian cancer. This includes multiple investments through the National Women's Health Research Initiative. For example, a research team led by Dr. Tania Di Renna at the Women's College Hospital aims to decrease delays in diagnosis for young adults and to advance access to high-quality care through the validation of a screening measure for the early detection of endometriosis and the development of a toolkit to support early screening and early intervention in primary care. Additionally, research led by Dr. Chandrakant Tayade at Queen's University aims to develop both non-invasive diagnostic methods and new treatments to target lesion growth and pain.

Additionally, Health Canada established the Sexual and Reproductive Health Fund in 2021 to help Canadians access the sexual and reproductive health services they need. Since then, the Government has invested $91 million to support a range of third-party projects to improve access to needed services, including supporting research activities related to endometriosis, polycystic ovary syndrome, and other gynecological conditions.

Research and knowledge transfer on gynecological cancers:

Aligned with **Recommendations 6 and 7**, CIHR is one of the leading cancer research funders in Canada. CIHR funds a wide range of cancer research, including on preventing and treating cancer and on improving the health and quality of life of cancer patients. Over the past five years, CIHR has invested over $1.1 billion in cancer research and knowledge mobilization, inclusive of gynecological cancers such as ovarian, endometrial and cervical cancers. For example, Dr. Gina Ogilvie and her team at the University of British Columbia are advancing cervical cancer research, including how to prevent, detect, and treat it. Dr. Ogilvie and her team demonstrated that Human Papillomavirus (HPV) tests are a more reliable method for detecting at-risk cases than the Pap test. As a result, all Canadian provinces and territories have or are in the process of changing organized cervical cancer screening programs to make HPV testing their primary screening method. CIHR-funded research on cervical cancer prevention and screening is helping to eliminate cervical cancer, an almost entirely preventable cancer.

CIHR also supports critical research to improve the diagnosis and treatment of ovarian and endometrial cancers. For example, Dr. Michele Ardolino from the Ottawa Hospital Research Institute is leading research to help understand why ovarian cancer patients have, to date, responded poorly to immunotherapy and to better understand how to harness cells within the ovaries to make them better effectors of anti-cancer responses.

In 2024, CIHR launched an opportunity on Bringing Biology to Cancer Prevention, which included a Cancer in Women funding pool to support research on cancers among women and gender-diverse individuals aimed at identifying new targets and approaches for cancer prevention, risk reduction, and early detection. As a result, CIHR and partners are investing over $41 million in ground-

breaking cancer prevention research, including eight research teams developing prevention strategies for women at risk of breast, cervical or ovarian cancer.

Statistics Canada collects and disseminates data on cancer incidence, prevalence, mortality, and survival, including cervical, uterine and ovarian cancers. Further, the cancer microsimulation model, OncoSim, led and supported by the Health Canada-funded Canadian Partnership Against Cancer, with model development by Statistics Canada, provides future projections of incidence and mortality of 32 cancer types, including several gynecological cancers. The model allows for evaluation of the impact of screening program changes and innovations on future disease and mortality patterns.

Further, Statistics Canada, PHAC, and the Canadian Cancer Society currently produce the Canadian Cancer Statistics report. In addition to providing comprehensive surveillance statistics on cancer, the report informs the development and evaluation of prevention strategies, health policy, research priorities, and resource allocation. The full publication is produced biennially and includes detailed statistics on incidence, mortality, and survival by sex, age group, geographic region, and time period for more than 20 cancer types, including female breast and gynecological cancers. In alternate years, a special report is released and current-year projected estimates of incidence and mortality are published in the Canadian Medical Association Journal.

PHAC also independently publishes cancer products (e.g., manuscripts, reports, infographics, data tools) that integrate cancer information from multiple data sources to provide comprehensive information on the status of specific cancers (e.g., progress against cervical cancer).

Related to the implementation of knowledge on gynecological cancers, PHAC currently provides funding, as well as scientific, methodological, and secretariat support to the Canadian Task Force on Preventive Health Care. The Task Force is an independent arms-length body of clinicians and methodologists that develops clinical practice guidelines to support primary care providers on various health topics, including gynecological cancers such as cervical cancer.

In October 2024, PHAC announced the launch of the External Expert Review to study the structure, governance and processes of the Task Force. The External Expert Review Panel was required to prepare a report with recommendations for a renewed Task Force. In March 2025, the work of the Task Force was paused until the Panel finalized its work and their recommendations could be assessed. The Panel's report, publicly available since June 2025, outlines key recommendations and system-wide actions to strengthen preventive health guidelines in Canada. A renewed Task Force, to be established as an External Advisory Body to PHAC, will be launched in April 2026, after which it will select topics for guideline development.

In 2007, the Canadian Partnership Against Cancer (CPAC) was formed to provide a pan-Canadian perspective to cancer control. Fully funded with ongoing federal funding of $47.5 million per year, CPAC's mandate is to accelerate the implementation of the Canadian Strategy for Cancer Control. The strategy's objective, and by extension CPAC's, is to mobilize partners including provinces and territories, Indigenous organizations, academics, patients, survivors, policy makers and others from across the country to reduce the burden of cancer through coordinated, system-level practice and policy change. Providing governments, non-government organizations and Canadians access to research, information and decision-making tools in a coordinated fashion reduces fragmentation in knowledge and service delivery and enhances cancer control.

Although CPAC does not directly fund cancer research, research is an enabler of the Canadian Strategy for Cancer Control and CPAC funds the Canadian Cancer Research Alliance and its conference to advance collaboration and coordination in the research sector. The alliance works strategically to coordinate and collaborate on most cancer research in Canada, including research focused on factors that may cause cancer and treatments to improve patient and survivor outcomes. The alliance fosters partnerships among cancer research funders and promotes the development of national research priorities. These initiatives will benefit women by supporting equitable access to cancer services, including for gynecological cancers, which, as pointed out in your report, account for ten percent of cancer deaths in women.

CPAC and the Canadian Cancer Society worked with provincial cancer agencies and partners to develop the Pan-Canadian Cancer Data Strategy in 2023, to strengthen the quality, timeliness, integration, and accessibility of cancer data. This data will help better understand the experiences of equity-deserving populations, including diverse groups of women. The strategy supports First Nations, Inuit, and Métis-governed data systems. CPAC invested $14 million in 2024-25 in initiatives to improve how cancer data is collected, integrated and used to support decision-making. CPAC accelerated data modernization, equity-focused reporting and First Nations, Inuit and Métis-specific data and data governance.

In Budget 2019, the Government committed up to $150 million over five years to the Terry Fox Research Institute to establish a Marathon of Hope Cancer Centres Network. The network's research includes gynecological cancers. The network unites cancer centres around a shared strategy for precision medicine research. It will develop skilled personnel and generate, analyze, and share diagnostic, molecular, genomic, imaging, clinical and health outcomes data on a cohort of 15,000 cancer patients. Budget 2025 announced $80 million over four years, starting in 2026-27, to support a second phase of the network.

The Government also committed $10 million over five years in Budget 2019 to Ovarian Cancer Canada (OCC) for *Advancing New Treatments to Improve the Survival of Women with Ovarian Cancer* (OvCAN). The project contributed to an increased knowledge of effective treatment options for ovarian cancer and improvements in quality and responsiveness of the health care system and care received by women at risk or affected by ovarian cancer. The project has developed better experimental models to test novel treatments, identified and evaluated novel treatments, and advanced clinical trials. The Government invested a further $3 million over two years, starting in 2024-25, through Innovation, Science and Economic Development Canada's Strategic Science Fund for the OCC-led initiative *Beyond OvCAN*.

Research on women's mental health:

Addressing **Recommendations 11, 12 and 15,** CIHR has invested over $700 million over the past five years in research on mental health and behavioural conditions, including research on perinatal mental health and women's mental health. For example, CIHR is investing over $1.5 million in MOVIN, a randomized controlled trial of a collaborative care model for perinatal mental health care delivery. Led by Dr. Simone Vigod and Dr. Noah Ivers at the Women's College Hospital, MOVIN enables patients to screen themselves for symptoms, access tailored educational resources, and collaborate with a care coordinator to develop personalized treatment plans, in collaboration with primary care practitioners or perinatal psychiatrists. The research will evaluate the efficacy of the

approach which, if proven successful, could be scaled across Ontario, and potentially across Canada, to improve perinatal mental health care.

Through the National Women's Health Research Initiative, CIHR is supporting Dr. Sarasthwathi Vedam and her team to lead the Justice and Equity in Perinatal Services Hub at the University of British Columbia, which aims to improve pregnancy and birthing services and experiences for pregnant and perinatal people, including for Indigenous, Black, other racialized people, gender diverse, queer, trans, newcomers to Canada, and people with disabilities, which links directly to perinatal mental health. CIHR is also investing in the next generation of researchers to advance perinatal health through targeted training programs, including the Empowering Next-generation Researchers in Perinatal and Child Health and the Mother-Child Collaborative training platforms. These platforms ensure that Canada has the capacity to advance and mobilize knowledge on perinatal mental health in the years to come.

Despite these advancements in research and practice, there remains a need for an integrated, equitable system for timely access to perinatal mental health services. This is why, in April 2025, CIHR committed up to $6 million to support the development of a pan-Canadian learning health system network in perinatal mental health. Building on past successes with learning health system approaches, where data and evidence are generated and fed back into the system to improve service delivery, the objective of this initiative is to enable the rapid translation of research findings into clinical and care practice. Ultimately, the funding opportunity aims to support research that will enhance equitable and timely access to specialized, perinatal mental health services to improve the quality of life for affected individuals and to better reach underserved populations.

Statistics Canada's 2024 Parental Experiences Survey, the 2018/2019 Survey on Maternal Health, and the 2006 Maternity Experiences Survey collected information on symptoms of perinatal depression and anxiety. These data informed research on screening. The 2024 Parental Experiences Survey, funded by PHAC, collected data from parents on experiences during pregnancy and the postpartum period, including on perinatal mental health and access to mental health services. The survey data, released in February 2026, contribute to the evidence base informing perinatal mental health screening and other policies and programs.

Statistics Canada collects data that could inform research and improve the experience of care for women with mental illness. This includes data on met and unmet health care needs in the 2022 Mental Health and Access to Care Survey, the 2025 and 2026 Canadian Community Health Surveys, as well as in the Canadian Health Survey on Children and Youth.

PHAC conducts surveillance activities related to mental illness, including mood disorders, anxiety disorders, and post-traumatic stress disorder and reports statistics by sex and/or gender. Statistics Canada and PHAC developed the Survey on Mental Health and Stressful Events, a national survey to collect data on traumatic events in 2021 and 2023, which can be broken down by gender.

In March 2022, the then Minister of Mental Health and Addictions and Associate Minister of Health held a roundtable discussion, bringing together leading research and advocacy organizations focused on perinatal and maternal mental health. In response to the roundtable's advice, Health Canada provided $372,000 to Women's College Hospital in Spring 2023 to develop a clinical guideline for the treatment of perinatal mood disorders, the first of its kind internationally. In February 2025, the Canadian Network for Mood and Anxiety Treatments released the peer-reviewed

Clinical Practice Guideline for the Management of Perinatal Mood, Anxiety, and Related Disorders, and *Seeds of Hope: A Patient and Family Guide*. The guideline has been downloaded more than 42,000 times. It was presented to the Federal-Provincial-Territorial Assistant Deputy Minister Committee on Mental Health and Substance Use in June 2025 to encourage implementation in provinces and territories.

The Government is investing more than $14 million per year, through PHAC, to support multi-year health promotion projects that prevent family and gender-based violence and improve health outcomes for people impacted by violence. These projects incorporate intervention research to build needed evidence of what works, for whom and in what settings. Specific to recommendation 15, this includes 21 projects aiming to provide youth with the knowledge and skills to develop and maintain future healthy relationships, prevent sexual violence, and prevent the long-lasting health and social consequences of violence, including mental health impacts.

Mental illness is linked with dementia as both a risk factor and a common co-morbidity. Dementia disproportionately impacts women who have a higher risk of developing the disease. In addition, depression has been identified as a risk factor for dementia in later life. PHAC leads Canada's national dementia strategy, which identifies research and innovation as well as public health surveillance as pillars of implementation. The strategy's national objective on prevention focuses on advancing research to identify and assess modifiable risk and protective factors, building the evidence base to inform and promote the adoption of effective interventions, expanding awareness of modifiable risk and protective factors and effective interventions, and supporting measures that increase the contribution of social and built environments to healthy living and adoption of healthy living behaviours. The national objective to advance therapies and find a cure focuses on establishing dementia research priorities, increasing dementia research, developing therapeutic approaches, and increasing the adoption of research findings. Within the objective to improve quality of life, several areas of focus relate to care (i.e., promoting early diagnosis, addressing the importance of access to quality care, building the capacity of care providers, improving support for family and friend caregivers). PHAC's Dementia Community Investment helps implement the strategy by supporting community-based intervention research to evaluate the effectiveness of interventions.

<u>Investments in Indigenous midwifery influences on research, health promotion, diagnosis, and treatment:</u>

Regarding **Recommendations 7, 11, 12, 15, 16,** the Government invested $6 million over five years in Budget 2017 to increase access to midwifery services in First Nations and Inuit communities. Budget 2021 committed $26.5 million over three years to expand midwifery and doula/birth support worker services, as a key component of the government's initiative for addressing anti-Indigenous racism. Budget 2024 continued funding for Indigenous midwifery through to 2029. These investments are supporting the regrowth of Indigenous midwifery. Indigenous midwives provide primary care to life-givers in the perinatal period, and often throughout the life-course. Thanks to the strong bonds they form with their clients, Indigenous midwives can provide education, health promotion, screenings, and referrals for a wide range of conditions, including perinatal mood and anxiety disorders, as well as screening for cervical and breast cancers. Indigenous midwives also lead and contribute to research; provide support and referrals around healthy relationships/intimate partner violence; provide or facilitate access to abortions; and provide advice, referrals and advocacy for women experiencing various health concerns such as

endometriosis, fibroids, or pelvic pain. In short, Indigenous midwives are a key pathway to ensuring Indigenous women can access care, education, support, and advocacy from a known and trusted provider.

Funding women's health research:

Contributing to **Recommendation 16,** through CIHR, the Government supports research to address the biological, social, and systemic factors shaping women's health across the life-course. From 2020-21 to 2024-25, CIHR invested over $353 million in women's health research, including over $86 million last year.

This includes investments through the National Women's Health Research Initiative (NWHRI), which, in partnership with WAGE, is advancing a coordinated research program that addresses under-researched and high-priority areas of women's health. The NWHRI promotes an intersectional lens to research to reflect the diversity of women in Canada, aiming to ensure new evidence improves women's and gender-diverse people's care and health outcomes across the life course. Launched in 2022 with funding announced in the 2021 federal budget, the NWHRI has supported 58 research grants across the country, investing $26.5 million across its two streams: the Pan-Canadian Women's Health Coalition and the Innovation Fund.

The coalition consists of 10 virtual hubs across Canada linked through a coordinating centre, which lead research and knowledge mobilization activities in several high-priority areas, including reproductive health, cardiovascular health, and gender-based violence. The Innovation Fund supports research in high-risk and high-reward areas of women's health that have been traditionally underfunded, including a focus on biomedical, translational and implementation research. Together, these projects span basic science discoveries, clinical, population health, and health system research to address implementation gaps and improve the equitable uptake of evidence-informed interventions. This research aims to improve access to quality health care and, ultimately, to improve health outcomes for women and gender diverse peoples. The Government remains committed to advancing research on women's health, including through the NWHRI, that will improve our understanding of women's health and make progress on closing the gender health gap.

Starting in 2025-26, Statistics Canada will develop a survey on female gynecological health to collect data on symptoms, age-based prevalence, the impact on daily living, and access to health care. Currently there is no national level data on symptoms related to menstruation, menopausal transition, and female gynecological health. Women experiencing these symptoms can be overlooked, underdiagnosed, misdiagnosed, or receive inadequate or inappropriate treatment. The data could inform the identification of gender-based health needs, clinical practice, programming, research and other related areas such as education and employment.

Statistics Canada conducted the Canadian Sexual and Reproductive Health Survey in 2024 to collect information on sexual health and behaviours, birth control, pregnancy intentions, as well as on access and barriers to care for miscarriage, stillbirth, ectopic pregnancy and abortion. Statistics Canada will release survey results in May 2026.

PHAC's Canadian Perinatal Surveillance System monitors maternal health outcomes, such as severe maternal morbidity and hypertensive disorders of pregnancy. PHAC monitors outcomes across pregnancy and the postpartum period and reports trends, disparities, and emerging issues

through the *Perinatal Health Indicators Data Tool*, as well as through peer-reviewed publications that provide more in-depth examination of specific issues.

PHAC also commissioned public opinion research to better understand barriers and facilitators to breast cancer screening participation in women aged 40 and older, with targeted recruitment of Indigenous women, Black women, and newcomers to Canada. PHAC, in collaboration with Statistics Canada, also supported the analysis of national cancer trends, including disparities in breast cancer incidence based on geography, age, and ethnicity, and data on access to and participation in mammography. These analyses, including some that were extended to other types of cancer screening (e.g., colorectal and cervical screening), could inform policy and programming.

Health promotion, including prevention, risk reduction, health education, awareness raising (Recommendations 3, 4, 5, 8, 9, 13)

The Government is undertaking a broad range of measures to promote women's awareness of and reduce their risks related to various health issues, including the use of substances, gynecological cancers, and perinatal anxiety.

Actions on substance use, including alcohol, vaping, and tobacco use:

Responding to **Recommendations 3, 4 and 5**, Statistics Canada and Health Canada annually collect information on alcohol consumption, the use of e-cigarettes or vaping devices, and smoking through a range of surveys such as the Canadian Community Health Survey, the Canadian Health Survey on Children and Youth, and Canadian Substance Use Survey. Data on alcohol and tobacco could be used to evaluate the impact of different messaging strategies. For example, Health Canada assesses evidence on use of vaping products, including from these surveys, and from international practices and stakeholder input, towards the objective of reducing vaping prevalence. The department applies GBA Plus to research and analysis.

Addressing the risks of alcohol use:

Addressing **Recommendation 3**, through the Health Portfolio, the Government continues to review evidence, including international best practices to inform its communications and the development of public education resources around the risks and harms of alcohol use. Health Canada communicates the health risks of alcohol use, including through its webpage on alcohol use, social media (Healthy Canadians, Facebook account), as well as polysubstance use campaigns, such as the "Reduce Your Risks of Substance Use" for young adults in post-secondary institutions. Health Canada has also conducted public opinion research (e.g., 2023 Public Awareness of Alcohol-related Harms Survey) to assess the level of awareness of alcohol-related harms and support for alcohol health messaging. PHAC supported the Students Commission of Canada to develop the "Before You Mix, Know the Risk" campaign targeting polysubstance use amongst 2SLGBTQI+ young adults.

The Government also supports Pan-Canadian Health Organizations that conduct research aimed at providing the latest evidence-based information about alcohol-related harms and disseminate information about the health risks of alcohol use. For example, the Canadian Centre on Substance Use and Addiction updated Canada's Guidance on Alcohol and Health in 2023, which provides information to consumers about the level of health risk associated with their alcohol use and

recommends limiting alcohol consumption to reduce cancer risk. The Government invested $1.5 million towards its development. It also committed an additional $2 million to the Canadian Centre on Substance Use and Addiction to conduct regional roundtables to inform the development of tailored knowledge mobilization and dissemination tools that communicate the risks and harms of alcohol consumption to diverse populations.

The Government supports work by the Canadian Partnership Against Cancer (CPAC), which includes information on its webpage, Alcohol policy and cancer. The website includes recommended policy actions and offers a webinar series in collaboration with the Canadian Cancer Society, the Canadian Centre on Substance Use and Addiction, and the Canadian Public Health Association. In 2021, CPAC released a report examining the effectiveness of policies for reducing alcohol consumption and marketing of alcohol.

Health Canada's Substance Use and Addictions Program provides contribution funding to other orders of government and to community-led, Indigenous, and not-for-profit organizations for innovative and evidence-informed projects across the continuum of care, including substance use prevention, harm reduction, treatment, and recovery. Projects target a range of substances including alcohol and tobacco at the community, regional, and national levels. Since 2017, the program has provided more than $17 million to 12 projects addressing alcohol use and related harms.

Fetal Alcohol Spectrum Disorder is one of many health impacts associated with alcohol use. Through its maternal and child health policy and programming initiatives, PHAC promotes healthy pregnancies, for example through development of guidance and resources to prevent and raise awareness of Fetal Alcohol Spectrum Disorder. Similarly, Indigenous Services Canada's Healthy Child Development suite of programs supports First Nations and Inuit communities to deliver culturally appropriate programming, including education and awareness and about the impacts of Fetal Alcohol Spectrum Disorder, supporting women to stop or reduce alcohol use while pregnant, and helping families and caregivers connect with provincial and territorial health services, including multi-disciplinary diagnostic teams.

As alcohol consumption and smoking are risks for dementia, the Dementia Community Investment supports community-based projects that seek to increase knowledge, including for women, about dementia and its risk and protective factors.

Reducing vaping and tobacco use:

Related to **Recommendations 4 and 5**, Health Canada monitors the impact of measures to address vaping among young people, including through cyclical reviews of the *Tobacco and Vaping Products Act*. Health Canada has invested close to $15 million in public education campaigns geared towards youth since 2018. Vaping prevention advertising campaigns are updated annually to reflect insights from performance measurement, public opinion research, and focus testing. This legislation and investments benefit girls and young women by reducing their risk, for example of lung cancer, which your report noted is a leading cause of cancer death in females.

Through Canada's Tobacco Strategy, the Government invests approximately $17 million annually in contribution funding to support smoking prevention and cessation initiatives delivered through Health Canada, PHAC, and Indigenous Services Canada. The strategy allocates $1 million annually

to tobacco and vaping prevention and cessation public education campaigns. Previous tobacco cessation advertising campaigns, digital toolkit, and social media campaigns were successful in reaching target audiences. The department measures the performance of campaigns and leverages insight from public opinion research and focus testing to reflect GBA Plus considerations in the key messaging, creative design, and talent selection to the extent possible.

Under Canada's Tobacco Strategy, Indigenous Services Canada provides approximately $9.1 million annually to fund the development and implementation of community-led, distinctions-based approaches to reduce high prevalence rates of commercial tobacco use among First Nations, Inuit, and Métis populations, including youth. Many First Nations, Inuit, and Métis communities and organizations are leading innovative, strengths-based, wholistic and culturally grounded programming, strategies, and initiatives that strategically address both commercial tobacco use and the rising rates of vaping, while tailored to community needs. As well, Indigenous Services Canada's Non-Insured Health Benefits Program covers a range of smoking cessation treatments for eligible First Nations and Inuit, including prescription medications and nicotine replacement products.

Additionally, PHAC's Healthy Canadians and Communities Fund provides approximately $4 million annually to support community-based tobacco prevention and cessation projects for populations that face health inequalities, including women, and have higher rates of tobacco use.

Further, the Canadian Task Force on Preventive Health Care's 2025 guideline on tobacco smoking in adults includes recommendations and resources for clinicians and patients on ways to quit smoking. The Task Force also published a 2017 guideline on tobacco smoking in children and adolescents.

Through Health Canada's Substance Use and Addictions Program, the Government has funded 19 projects focused on tobacco cessation since 2019, valued at a combined $30 million. For example, the program provided more than $1.1 million to the University of Waterloo for the national research project *Youth vaping: nicotine dependence, cessation, and the evolving vaping market*, which assessed the tobacco and vaping use patterns of young women and men to inform vaping policies.

CIHR invests in a broad array of research related to substance use. For example, CIHR has invested in research to understand the health effects of vaping in response to the unknown effects and rapid increase in vaping in Canada, which includes research looking at sex-based differences related to nicotine reward and withdrawal. Further, Dr. Laura Struik and her team at the University of British Columbia are working with youth to co-produce a digital e-cigarette intervention. Other CIHR-funded research examines the impacts of alcohol and tobacco use during pregnancy, which could inform targeted public health messaging and interventions.

Promoting awareness of gynecological cancers, including vaccination uptake:

Responding to **Recommendations 8 and 9**, in December 2025, PHAC launched the Human Papillomavirus Indicator Framework dashboard outlining HPV vaccination coverage and HPV-associated cancers, with breakdowns including by sex, gender, and other aspects. PHAC is collaborating with provinces and territories to develop a new surveillance system for vaccination coverage, the Standardized Reporting on Immunization, which uses immunization registry data applying standardized methods to produce comparable results that can be combined. Additionally,

national HPV vaccination coverage among adults is reported from the Adult National Immunization Coverage Survey. To close disaggregated data gaps among specific populations, PHAC launched the Key Adult Populations Immunization Coverage Survey, which focuses on systemically marginalized populations and underserved adults (e.g., people living on low incomes and those living in remote areas), and the Childhood Immunization Coverage Survey in Key Populations which reports on coverage among children of key populations (e.g., children of recent immigrant and 2SLGBTQI+ parents). This surveillance data can inform innovations in cancer prevention.

Further, Statistics Canada's Canadian Community Health Survey periodically collects information on cervical cancer screening that could inform public awareness initiatives.

Indigenous Services Canada provides flexible funding to First Nations and Inuit communities for community-led health promotion and primary prevention programming aimed at addressing common behavioural risk factors, including healthy eating, that have direct links to cancer prevention. The types of services and activities offered are wide-ranging and varied based on self-determined local needs, priorities and capacity.

Raising awareness of perinatal anxiety:

Corresponding to **Recommendation 13**, information collected by Statistics Canada in the 2024 Parental Experiences Survey and the 2018/2019 Survey on Maternal Health on symptoms of anxiety, and used by PHAC for national surveillance reporting, could inform public awareness on anxiety in the perinatal or postpartum periods.

The Canadian Network for Mood and Anxiety Treatments' *Clinical Practice Guideline for the Management of Perinatal Mood, Anxiety, and Related Disorders*, and associated *Patient and Family Guide*, funded by Health Canada could inform public awareness initiatives.

Diagnosis, including screening (Recommendations 1, 9, 10)

The Government is acting to help women receive earlier and effective screening and diagnosis of health issues, including endometriosis, cervical cancers, and perinatal depression. The following summarizes related initiatives.

Diagnosing endometriosis:

In support of **Recommendation 1**, Statistics Canada will conduct the Canadian Gynecological Health Survey in 2026, which will collect information on endometriosis and other gynecological conditions. Data, for example on symptoms, length of time to diagnosis, impacts on daily living, medication use, and fertility consultations, could inform innovations in diagnosis.

Cervical cancer screening:

Contributing to **Recommendation 9,** the Canadian Partnership Against Cancer (CPAC) worked with partners to develop an Action Plan to Eliminate Cervical Cancer in Canada by 2040, in response to the World Health Organization's goal and the Government's commitment to eliminate cervical cancer. The action plan prioritizes improving HPV vaccination rates, transitioning from Pap screening to primary HPV screening, and enhancing follow-up for abnormal results. As part of the

implementation of the action plan, CPAC and its partners are engaging underserviced populations who experience inequities to overcome and dismantle barriers to immunization, screening and follow-up of abnormal screening results. This includes Indigenous Peoples, who have experienced three times more diagnoses and four times more deaths from cervical cancer than the population overall; youth at increased risk; 2SLGBTQI+ individuals; and rural individuals. PHAC is working with federal, provincial, and territorial partners and experts to renew Canada's National Vaccination Coverage Goals for 2025 to 2030. This will inform implementation of the action plan by addressing priority 1 - the target required to improve HPV vaccination rates in Canada. PHAC tracks progress towards achieving the vaccination coverage goals among boys and girls through the childhood National Immunization Coverage Survey. PHAC integrates GBA Plus into scientific publications to inform evidence-based decision making and support implementation of the action plan.

PHAC's National Microbiology Laboratory provides national reference and diagnostic testing, including comprehensive HPV molecular genotyping. The National Microbiology Laboratory contributes to the national and international HPV cancer monitoring programs, providing broad coverage genotyping for cancer specimens to monitor HPV genotype distribution, vaccination impact and guide cervical cancer prevention messaging. The National Microbiology Laboratory will also contribute to development and pre-clinical evaluation of HPV detection methods that support more accessible and acceptable screening approaches for diverse and difficult to reach populations. It also participates in research collaborations that generate evidence on HPV infection dynamics, risk factors, and disease progression, informing public education materials aimed at increasing screening and vaccination uptake. The National Microbiology Laboratory will further support provinces and territories by providing controls, validation materials, and technical expertise, strengthening local screening capacity and enabling consistent national messaging.

The Canadian Task Force on Preventive Health Care published a cervical cancer screening guideline in 2013 that includes questions and answers, a decision aid for patients and a one-page recommendation summary for providers. In 2025, the Task Force commissioned a systematic evidence review of updated evidence on cervical screening, including a question on primary care-based interventions to increase cervical screening rates for under- and never-screened individuals. The current Task Force will not complete an update to the cervical cancer screening guideline. The renewed Task Force will determine topic selection for guideline development after April 2026.

Perinatal depression screening:

Regarding **Recommendation 10**, in February 2025, the Canadian Network for Mood and Anxiety Treatments released the peer-reviewed *Clinical Practice Guideline for the Management of Perinatal Mood, Anxiety, and Related Disorders*, and associated *Patient and Family Guide*, funded by Health Canada.

In addition, the Canadian Task Force on Preventive Health Care's 2022 guideline on depression during the pregnancy and postpartum period includes a section outlining knowledge gaps. As part of the guideline's development process, fifteen external stakeholders and experts reviewed the guideline, and their input as well as the Task Force's responses are publicly available on the Task Force's website. For each guideline, the Task Force also develops and disseminates knowledge mobilization tools and resources to support primary care providers and patients.

Statistics Canada's 2024 Parental Experiences Survey collected information on symptoms of perinatal depression and anxiety, including data on whether the parent was asked by a health care provider about their emotional and mental health during the perinatal period. The survey data, released in February 2026, could inform a future evaluation of the guideline.

Treatment, including non-medical services (Recommendations 1, 7, 14)

The Government is taking action to increase women's access to treatment, care, and other services to address endometriosis, gynecological cancers, and gender-based violence. A summary of current policies, programs, and other measures is presented below.

Treatment and care for endometriosis:

In broad alignment with **Recommendation 1**, Health Canada's Sexual and Reproductive Health Fund has funded projects related to endometriosis. The Society of Obstetricians and Gynaecologists of Canada's project ($1.4M) raised awareness on endometriosis care through the development and distribution of educational resources. It also supported underserved patient populations, including Indigenous, racialized and 2SLGBTQI+ people, by improving access to health resources through their website Sex and U. An Endometriosis Network Canada project ($1.3M) supported the development of patient-focused educational resources for people living with endometriosis. Key resources specific to patients and youth were co-developed with health care providers. The project raised public awareness of endometriosis through a targeted national marketing campaign. In September 2025, Health Canada announced the funding of a new project ($500K) by the Canadian Society for the Advancement of Gynaecologic Excellence that aims to build the awareness, knowledge, and clinical skills of health care professionals on endometriosis diagnosis, diagnostic imaging, and surgical management. Project activities will also include social media awareness activities and interdisciplinary educational resources for health care providers that will be evidence-based.

In addition, the Government continues to support efforts responding to the Canadian Pain Task Force recommendations, including those recommendations specific to addressing the needs of women living with chronic pain. For instance, the Government has invested $4.6 million towards Pain Canada – an initiative dedicated to support national coordination and mobilization of pain management resources – to support people living with chronic pain, including women living with painful health conditions, like endometriosis and chronic pelvic pain. The Government also provided more than $1.4 million through Health Canada's Substance Use and Addictions Program for the Ottawa Hospital Research Institute's development of the Power Over Pain Portal, which provides free evidence-based virtual pain management resources. Through this portal, a chronic pelvic pain webpage directs women living with this condition towards evidence-based pain management resources, including workshops, virtual courses and peer support groups.

Treating gynecological cancers:

Supporting **Recommendation 7,** Health Canada's number one priority is the health and safety of Canadians. As a result, all therapeutic products marketed in Canada must undergo rigorous drug approval via a sponsor's drug submission, where experts evaluate safety, efficacy, and quality to determine whether the risks associated with the product are acceptable considering its potential benefits. Health Canada has pathways to expedite access to innovative treatments, such as the

Notice of Compliance with Conditions policy and the Priority Review policy. Through international collaborations such as Project Orbis, Health Canada accelerates the availability of new cancer treatments, including for gynecological cancers, by encouraging timely submission and concurrent reviews with global partners.

Health Canada implements its Sex- and Gender-Based Analysis Plus Action Plan, in part, by integrating intersectional factors – such as age, sex, race, and ethnicity – into its approach to drug regulation. The objective of this work is to enhance representation in clinical trials and promote the inclusion of historically underrepresented groups including women, pregnant and breastfeeding individuals, minority and remote communities, Indigenous populations, and 2SLGBTQI+ communities.

Health Canada's disaggregated data regulatory requirement, which came into effect in December 2024, supports the submission of clinical trial data broken down by factors such as sex, age, race and ethnicity. This requirement is intended to strengthen the evaluation of safety and efficacy of drugs across diverse populations and improve understanding of drug risks for specific subgroups within the Canadian population.

Additionally, as part of the Clinical Trials Regulatory Modernization initiative, Health Canada has also proposed additional regulatory requirements to improve access to new and innovative therapies while maintaining strong safety participant protections. The associated consultation also includes draft guidance documents that provide direction to sponsors and encourage more inclusive clinical trial practices.

Services to address gender-based violence:

Gender-based violence is one of the most pervasive, deadly, and deeply rooted criminal violations of our time. It can take many forms, including physical, sexual, psychological, emotional, and financial abuse, as well as technology-facilitated violence.

In broad alignment with **Recommendation 14**, in Budget 2022, the Government committed $539.3 million over five years to support provinces and territories to supplement and enhance services and supports within their jurisdictions, including sexual assault centres, to prevent gender-based violence and support victims, survivors and their families.

Since the National Action Plan to End Gender-Based Violence was launched in November 2022, WAGE has developed and signed 13 bilateral agreements with provinces and territories. The bilateral agreements are flexible in addressing each jurisdiction's challenges, needs, and priorities under the five pillars and foundation of the action plan. Each pillar and foundation provides opportunity for action that relate to sexual assault centres.

In Budget 2025, the Government also committed:

- $223.4 million over five years, starting in 2026-27, with $44.7 million ongoing, to strengthen federal action on gender-based violence.
- $54.6 million over five years, starting in 2026-27, with $10.9 million ongoing, to support the 2SLGBTQI+ community sector. This includes $7.5 million over five years, with $1.5 million ongoing, for pride security.

- $382.5 million over five years, starting in 2026-27, with $76.5 million ongoing, to revitalise and stabilise efforts to advance women's equality.

As part of the commitment to strengthen federal action on gender-based violence, continued funding supports crisis hotlines across Canada, which helps to provide robust services, resources, and supports to serve the urgent needs of all victims and survivors of gender-based violence and their families, no matter where they live.

The *Criminal Code of Canada* provides a robust framework to address gender-based violence, including sexual violence. For instance, all non-consensual sexual activity is prohibited through the offences of sexual assault, with escalating penalties based on the degree of harm and circumstances. Other offences of general application such as assault, kidnapping, extortion, criminal harassment, nonconsensual distribution of intimate images and voyeurism also contribute to protecting the public from gender-based violence. The *Criminal Code* further contains procedural safeguards for victims, including testimonial aids, publication bans, and limits on the use of evidence of the complainant's sexual history and the complainant's private records in sexual offence proceedings, and requires courts to consider the context of intimate partner violence at bail and sentencing to better reflect the risks posed by repeat or escalating abuse.

In fall 2025, the Government introduced bills to strengthen these protections. In particular, the bail changes proposed in Bill C-14, *An Act to amend the Criminal Code, the Youth Criminal Justice Act and the National Defence Act (bail and sentencing)*, aim to better protect victims of intimate partner violence, which is a prevalent form of gender-based violence, by making bail more difficult to obtain for those charged with assault and sexual assault involving choking, and human trafficking, which are offences that disproportionately impact women and girls. Further, it would address repeat violent offending by expressly codifying repeat violent conduct, which is a well-established predictor of serious harm in intimate partner relationships, as an aggravating factor at sentencing.

Bill C-16, *An Act to amend certain Acts in relation to criminal and correctional matters (child protection, gender-based violence, delays and other measures)*, would complement these changes by criminalizing engaging in a pattern of coercive or controlling conduct in intimate relationships to ensure that the criminal law is able to recognize and address these patterns of abuse that are far too often present in intimate relationships. It would amend the *Criminal Code's* homicide provisions to treat murders that disproportionately impact females as murders in the first degree, specifically, murders that are motivated by hate, including based on gender, murders of intimate partners who have been subjected to coercive and controlling conduct, murders that occur during the commission of any sexual offence, and murders that occur during exploitative conduct. The amendment would also ensure that these murders are labelled as "femicide" when the victim is female. Bill C-16 would further modernize the criminal law to better address sexual and gender-based violence, including harms such as sexual deepfakes and sexual extortion and criminal harassment. It would also strengthen victim protection and participation in the criminal justice system, including through improved access to testimonial aids, enhanced firearms-related safeguards in domestic violence contexts, and reforms to the private records regime that would better protect victims' therapeutic records in sexual offence trials, while streamlining procedures to reduce delay and the risk of stays. Together, these proposals are intended to reduce re-traumatization of victims, improve access to justice, and ensure fairer outcomes.

Since 2010-11, Justice Canada has funded the development and enhancement of Child Advocacy Centres through the Federal Victims Strategy. A Child Advocacy Centre/Child & Youth Advocacy Centre (CAC/CYAC) is a collaboration of law enforcement, child protection, medical and mental health professionals, and victim advocates in a child-friendly facility to provide an individualized response for children and youth who have experienced child abuse and their families. Services include prevention, intervention, prosecution, treatment and support services. Most Canadian CACs/CYACs serve child and youth clients who have experienced sexual abuse, physical abuse, serious neglect or who have been exposed to family violence, and their families. CACs/CYACs are regarded as a leading practice in responding to child abuse cases. They can contribute to reductions in trauma, improved outcomes, and support long-term healing in children and youth. Justice Canada provided $6 million in funding for 65 CAC/CYAC projects in 2023-2024 and $7 million in 2024-2025 for 66 projects.

Justice Canada has also provided funding to support initiatives addressing sexual assault and sexual violence through the Federal Victims Strategy. These initiatives aim to improve services for victims and survivors, enhance access to justice, and strengthen community-based responses. Funded projects often involve collaboration among law enforcement, victim services, health professionals, and community organizations to ensure a trauma-informed and victim-centered approach. Services supported include prevention, intervention, counseling, and long-term healing programs. Many projects focus on reducing barriers for underserved populations, including Indigenous communities, racialized groups, and persons with disabilities. These initiatives are regarded as leading practices in addressing sexual violence, as they contribute to reducing re-traumatization, improving justice outcomes, and supporting recovery and empowerment for survivors.

Justice Canada has funded numerous projects, including specialized sexual assault response teams, training for justice professionals, and programs that integrate restorative justice approaches. In 2023–2024, Justice Canada provided almost $800,000 for seven projects, and in 2024–2025, $2 million for 29 projects. Recent data indicate that more than 10,000 survivors and front-line workers have accessed services through the funded projects.

Further, Indigenous Services Canada funds mental health services, in particular crisis lines that provide culturally grounded emotional support and crisis intervention to Indigenous Peoples. This includes the Hope for Wellness Helpline, the National Indian Residential School Crisis Line, and the Missing and Murdered Indigenous Women and Girls Crisis Line. The department also provides eligible First Nations and Inuit with coverage for mental health counselling services through its Non-Insured Health Benefits Program.

PHAC's Preventing Family Violence Program supports projects that equip service providers to detect and safely respond to family and gender-based violence, contributing to national capacity for trauma and violence-informed services. For example, McMaster University partnered with 22 national organizations to create free, publicly available evidence-based guidance and resources in both official languages for health care and social service providers, with a focus on recognizing and responding to child maltreatment and intimate partner violence.

Finally, women's health outcomes can be linked with their economic prosperity. To increase women's economic security and prosperity, WAGE funds projects led by organizations working to break down barriers impeding women's participation in Canadian economic, social, and political

life. For instance, through the Women's Program, WAGE supports organizations working to advance economic security and prosperity for women and girls at the local, regional, and national level, including those experiencing additional barriers such as Black and Indigenous women and girls, and women and girls in rural, remote, and northern areas. WAGE supports a range of activities undertaken by not-for-profit organizations, including from funding organizations aiming to improve women's representation in male-dominated sectors and efforts to change policies and practices to increase workplace inclusiveness and opportunities for women's advancement.

In addition, to make life more affordable for women and girls, WAGE is improving access to essential menstrual products for households living on low income and increasing access to menstrual health education through the Menstrual Equity Fund National Pilot. Since September 2023, Food Banks Canada has been leading the pilot to address the barriers related to menstrual equity and period poverty. As of June 2025, Food Banks Canada had procured and distributed more than 84 million menstrual products, reaching approximately 4.2 million individuals. Additionally, education and awareness activities have resulted in over 300 resources being scaled and directly impacting over 50,000 Canadians through various workshops and event. Thanks to its success, the Government committed a further investment in December 2024 to extend the pilot.

Many people are unable to access menstrual products due to financial limitations or other barriers. Marginalized populations such as refugees, those who are experiencing homelessness, sex workers, trans and non-binary people, Indigenous communities, people with disabilities, and people living in rural, remote, and Northern communities face additional barriers to accessing menstrual supplies and are at greater risk of period poverty.

The Government is committed to advancing health equity through trauma- and violence-informed approaches, recognizing the links between gender-based violence, family violence, mental health, sexually transmitted and blood-borne infections, chronic disease, and long-term health outcomes, and the need for coordinated responses across the health and social systems.

The Government is also committed to monitoring emerging health equity considerations related to innovation and technology, including the use of artificial intelligence in health research, surveillance, screening, and care delivery, to mitigate bias and ensure equitable benefits for diverse groups of women and girls.

Conclusion

Since the Government implemented a Women's Health Strategy in 1999, there has been a concerted federal action to address gaps and challenges related to improving women's health. The Government is committed, in collaboration with provincial, territorial, and Indigenous partners and other stakeholders, to fostering the health, well-being, and economic achievement of women in Canada, including by strengthening health, social, and justice systems.

While there has been much progress since 1999, it is clear that more needs to be done by governments, stakeholders, and others. Women and girls continue to face barriers to accessing the health services they need, particularly for issues related to reproductive and sexual health. Systemic gender bias in health research, data, diagnosis, and treatment persists, particularly for conditions affecting diverse groups of women. A continued focus on women's health, in partnership with research, public health, and health system partners at the federal, provincial, territorial, and

municipal levels, remains critical if Canada is to work towards improving equitable access to culturally relevant and trauma-informed treatment, supports, and services to improve health outcomes and reduce health inequities for women.