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Angela Constance MSP
Scottish Government
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7th October 2026

Dear Ms. Constance,

Congratulations on your appointment as Cabinet Secretary for Health and Care. As feminist policy organisations working across Scotland, we look forward to working with you on this crucial area for women's equality and rights. We are writing to raise with you our position and priorities regarding an intersectional approach to women's health for this session of the Scottish Parliament.

As you know, important groundwork has been laid in recent years with the Women's Health Plan. We were pleased to contribute to the strategic development and oversight of the first iteration, as Scotland led the way within the UK on a targeted approach to women's health. We now need to build on this foundation with increased scope and resources, and a clear focus on women that are most marginalised within Scotland's society. Following the disappointing decision to downgrade the title and profile given to a specific Minister for Women's Health, we seek assurances that this vital aspect of women's equality will be sufficiently resourced and prioritised.

Systemic health inequality and intersectionality

As you know, gender discrimination and medical misogyny are deeply ingrained within Scotland's healthcare systems:

- Women wait longer for diagnosis and treatment than men and are more likely to have health concerns dismissed by doctors, particularly for women of colour, young women, disabled women and other marginalised groups.

Engender is Scotland's feminist organisation. We work for women's economic, political, and social equality with men. Engender is a Scottish charity (SC029053) and a company limited by guarantee (SC 286639).



- Institutional racism, alongside practical, culture and religious factors undermine access to timely healthcare for women of colour, Muslim women, women with uncertain immigration status and women with No Recourse to Public Funds (NRPF).
- Significant knowledge gaps remain on women's experiences of non-sex specific health conditions and how gender inequality impacts women's health outcomes.
- Funding and focus on health conditions, and technology solutions, that only or predominantly affect women have traditionally been underfunded, leaving a damaging legacy of neglect when compared with investment in men's health issues.

Significant prioritisation and investment in women's health are required to tackle decades of inadequate focus on women's health needs and the engrained gender bias across the health and medicine research landscape. Specific groups of women are at higher risk of harm from these biases including women living in poverty, women of colour, Muslim women, LGBT+ women, disabled women and young women. Women in the most deprived areas of Scotland now experience over 25 fewer years of good health than women in the most affluent areas.ⁱ

This occurs within a concerning context that has seen the gap in healthy life expectancy between men and women in Scotland narrow significantly in recent years. Whilst men and women have seen a decline in health life expectancy since 2014, the rate of this decline has been more pronounced for women.ⁱⁱ Women now typically live longer than men but increasingly spend more years in poor health.ⁱⁱⁱ Long-term sickness and disability have now overtaken caring responsibilities as the main reason for women's economic inactivity in Scotland, underscoring the increasingly important relationship between women's health and labour market equality.

Gaps in the Women's Health Plan

The Women's Health Plan 2026-29 contains welcome commitments on core aspects of women's health. However, it lacks a more detailed focus on various significantly gendered conditions that have been systemically overlooked. Some of these affect both women and men, but the impacts, how they are experienced and effective treatments are profoundly gendered. This includes mental health and neurodiversity, which require an intersectional approach that has been notably absent in policy making. Other conditions, such as auto-immune diseases and post-viral conditions, predominantly affect women and require much greater attention, research and resourcing.

Furthermore, the Women's Health Plan explicitly commits to using innovation to improve care for women and girls, through support of testing, adoption and scaling of innovation in



areas of menopause, gynaecology and women's health data. However, we are concerned that there are significant gaps between strategic intent, implementation plans, timelines and delivery mechanisms. We recognise that Scotland's strengths in medtech, life sciences and wellbeing are world leading. As such we would like to see definitive plans, linked to measurable outcomes and the Women's Health Plan, on how we can effectively harness these capabilities for the benefit of all women across Scotland.

Given the scale of health inequalities experienced by women living in economic deprivation, and the dearth of statistical oversight in relation to minoritised women's health in Scotland, we would welcome practical commitments that introduce an intersectional approach to health policy making. Specifically:

- A Health Equality team within Scottish Government, to pursue a national intersectional healthcare policy.
- A structured intersectional evidence base on women's health inequalities that:
 - ensures women's healthy life expectancy and quality of life are used as metrics in addition to total life expectancy
 - includes a specific focus on the impacts of discrimination on women's health, including sexism, racism, Islamophobia, ableism, homophobia and transphobia.
- A dedicated approach to FemTech development and innovation strategy, where women-focused health technologies are prioritised through:
 - investment and innovation support in health data assets, AI capabilities, digital health innovation, precision medicine and women's health innovation
 - creation of gender-disaggregated AI and digital health standards.

The commitment for a Scottish Institute for Women's Health, in Phase One of the Women's Health Plan, would have addressed these issues. However, this was never realised. As such we strongly urge that commitments to address women's health inequalities are sufficiently resourced and prioritised during the early years of this Parliament, to ensure the missed opportunities of the last session are not repeated.

Abortion law reform

Reproductive healthcare is of course fundamental to women's equality. Our organisations are members of Let's change the Act, a coalition of almost 60 organisations calling for overdue reform to Scotland's abortion laws.^{iv}



As this vital component of women's healthcare sits within your portfolio, we would like to highlight some key points with you directly. We ask that Scottish Ministers act decisively to strengthen our abortion care framework and to safeguard women's health for future generations, as:

- Scotland has fallen significantly behind the rest of the UK on abortion law
- Marginalised groups and vulnerable individuals are disproportionately impacted
- The rise of anti-rights movements poses a profound threat to abortion healthcare
- Scotland is not meeting international health and human rights standards
- The Scottish public overwhelmingly (83-97%) support a woman's right to abortion.

Let's change the Act wrote to the First Minister calling for renewed commitment to the work of the Abortion Law Review Expert Group to be included in the Programme for Government 2026-31. However, reproductive rights are notably, and regrettably, absent from Scottish Government's five-year plan.

Gender equality

Health and wellbeing are fundamental components of gender inequality, and women's daily realities. Women are more likely to be disabled and to have long-term health conditions compared with men. Women's unpaid caring, motherhood, poverty, and experiences of men's violence all undermine our health and wellbeing, as do pervasive misogyny and gender-based discrimination. The gendered dimensions of occupational health and safety are also too often overlooked, despite women's concentration in work characterised by particular physical and psychosocial risks. In turn, women's health outcomes have profound impacts on financial security, education, and labour market participation, among other opportunities.

We ask that Scottish Ministers:

- Prioritise investment in the commitments outlined above for an improved intersectional approach to women's health policy.
- Develop and implement a specific mainstreaming approach across health policy to tackle gendered health conditions not covered by the Women's Health Plan, starting with mental health. This would be in line with international best practice on gender mainstreaming
- Outline plans for a meaningful Monitoring and Evaluation framework for this phase of the plan that tracks and measures impact and resource investment



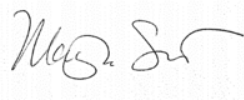
- Act decisively to progress the work of the Abortion Law Reform Expert Group, to ensure that Scotland is brought in line with international health and human rights standards by the end of Session 7 of the Scottish Parliament.
- Address impacts on women's health and wellbeing caused by acute and chronic occupational segregation, and the systemic undervaluation of female-dominated roles, including within the health and social care workforce.

We would be very pleased to meet with you and discuss these concerns and priorities.

Yours sincerely,



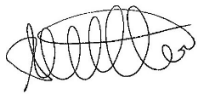
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Anna Ritchie Allan
Executive Director
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Jenni Snell
Chief Executive Officer
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Agnes Tolmie
Chair
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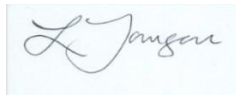
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- ⁱ National Records of Scotland (2026) Healthy life expectancy 2022-2024. Available at: <https://www.nrscotland.gov.uk/publications/healthy-life-expectancy-2022-2024/>
- ⁱⁱ Berman, Y and Hovland, T (2024) The impact of austerity on mortality and life expectancy. Available at: https://researchonline.lse.ac.uk/id/eprint/123915/1/WP_139.pdf
- ⁱⁱⁱ SPICe (2025) 'Scotland's life and healthy life expectancy: Key facts and figures'. Available at: <https://spice-spotlight.scot/2025/06/26/scotlands-life-and-healthy-life-expectancy-key-facts-and-figures/>
- ^{iv} Let's change the Act: <https://www.letschangetheact.co.uk/>

