FROM MATERNAL HEALTH TO WOMEN'S HEALTH

Mapping ASEAN National Health Strategies in a Changing Landscape

MONASH University | MALAYSIA

GLOBAL 50 50
Advancing gender justice

Cover image:
WHEN THE MOUNTAIN WON'T MOVE, HEALTHCARE MUST
Banawe, Ifugao, Philippines, 2023
Gina C. Meneses

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Foreword

ASEAN Member States are committed to advancing gender equality, protecting the rights of women and girls, and strengthening inclusive and resilient societies.

These commitments are reflected in regional frameworks on gender mainstreaming and women's empowerment, as well as in ASEAN's advancing Women, Peace and Security (WPS) agenda, guided by the 2017 Joint Statement on Promoting Women, Peace and Security in ASEAN and aligned with United Nations Security Council Resolution 1325 and related resolutions. Together, these frameworks recognise that the wellbeing, participation, and leadership of women are fundamental not only to human rights, but also to the stability, resilience, and security of our societies.

In this context, women's health is increasingly understood as integral to human security: shaping the capacity of individuals, families, and communities to withstand, adapt to, and recover from social, economic, and environmental challenges, including those related to health and wellbeing. ASEAN's approach to WPS increasingly recognises the interconnections between peace, development, and wellbeing, including the importance of ensuring that women's health needs are addressed across changing social and economic contexts.

In my role within the ASEAN Political-Security Community, I have seen first-hand the growing recognition of how women's health is central to our aspirations of a peaceful, stable and dynamic region in which human security is assured. Healthy women contribute to healthy families, more resilient communities, greater labour force participation and more inclusive economies.

Many ASEAN countries have made significant progress in maternal and reproductive health over recent decades. Today, however, women's health needs increasingly extend across the life course, shaped by demographic change, urbanisation, shifting patterns of disease, and new and emerging risks, including a rapidly changing digital environment.

Dato' Astanah Abdul Aziz

Deputy Secretary-General of ASEAN for ASEAN Political-Security Community

Addressing these interconnected challenges requires coordinated, forward-looking policy responses that recognise women's health as integral to broader efforts to strengthen social cohesion and human security. A key insight emerging from this analysis is that while women's health continues to be strongly supported through maternal and reproductive health programmes, there is growing scope to further strengthen policy frameworks that address women's health needs across the life course.

This report provides a rigorous and timely analysis of women's health policy frameworks in ASEAN, highlighting the opportunity to strengthen national policy frameworks across the life course in response to changing health needs.

Importantly, this work demonstrates the value of collaboration. Partnerships between governments, research institutions, and civil society organisations can play an important role in generating evidence, supporting policy development, and sharing key lessons across countries. Such collaboration can help ensure that policy frameworks remain responsive, inclusive, and aligned with ASEAN's shared commitments.

As ASEAN continues to advance its Community-building agenda, there is an opportunity to further strengthen the integration of women's health within broader policy frameworks on health, development, and security. This report contributes to that dialogue by offering evidence and insights that can inform future policy development and regional cooperation.

I welcome this analysis and hope it will support ongoing efforts across the three Community pillars of ASEAN to promote the health and wellbeing of women and girls, as a foundation for more resilient, inclusive, and secure societies.

Preface

Across Southeast Asia, the world women and girls inhabit is changing fast. Economic growth, urbanisation, and expanding education have brought real gains – but they have also transformed patterns of health and disease. Women are living longer, spending more years in the workforce, and navigating increasingly complex social, economic, and digital environments. The health risks that follow are changing too: rising noncommunicable diseases, shifting diets and physical activity levels, mounting mental health pressures, and the growing influence of online environments on behaviour and health.

The data tells a clear story. ASEAN countries have made genuine progress on maternal mortality and reproductive health – but maternal conditions now represent a relatively small share of the overall disease burden among women in much of the region. The dominant drivers of illness and premature death are noncommunicable diseases, shaped by risks that accumulate across a lifetime. These patterns remain gendered: while men carry higher rates of tobacco and alcohol use, overweight and obesity are increasingly prevalent among women, and in many settings rising rapidly, with significant consequences for diabetes, cardiovascular disease, cancer, and healthy ageing.

This report examines how national health strategies across ASEAN's 11 member states are keeping pace with these realities. The finding is consistent: women's health is recognised, but most often framed around maternal and reproductive programmes. These programmes have been, and remain, essential. But in many countries, policy frameworks have not yet caught up with the broader, changing health needs of women across adolescence, adulthood, and older age.

The opportunity is clear: build on the strong foundations of maternal and reproductive health and extend them into a comprehensive, life-course approach. That means addressing the determinants of health, patterns of care-seeking, and continuity of care across women's full lives. The Gendered Health Pathways[1] analysis in this report makes the stakes concrete – showing how risk factors, access to services, and treatment pathways interact over time. It further shows how too often the result is missed prevention, delayed diagnosis, and gaps in managing conditions like diabetes and hypertension: patterns shared across the region's diverse health systems.

"The opportunity is clear: build on the strong foundations of maternal and reproductive health and extend them into a comprehensive, life-course approach."

This analysis provides a foundation for deeper country-level work and policy dialogue to support implementation, including through targeted and practical investments in priority areas.

This report is the product of collaboration between Monash University Malaysia, CISDI, and Global 50/50, reflecting a shared commitment to evidence that supports governments and partners across the region. We hope it contributes to regional dialogue, research and to continued progress for the health and wellbeing of women and girls across ASEAN, and look forward to supporting further work of this kind across the region. We also extend sincere appreciation to Dato' Astanah Abdul Aziz, Deputy Secretary-General of ASEAN, for her leadership on these issues and for her Foreword to this report.

Our findings point to a moment of transition. ASEAN countries have demonstrated strong leadership on maternal health and health systems strengthening. The next step is expanding policy frameworks to fully reflect women's health across the life course: integrated, equitable, and responsive to the societies women live in today.

Professor Dato' Dr Adeeba Kamarulzaman
President & Pro Vice-Chancellor
Monash University Malaysia

Professor Sarah Hawkes
Co-CEO, Global 50/50

Professor Kent Buse
Co-CEO, Global 50/50

Summary

This rapid review examines how women's health is reflected in recent national health strategies across all 11 ASEAN member states – and finds a region at a turning point: strong foundations in maternal and reproductive health, but policy frameworks that have yet to capture the full breadth of health risks women face across their lives.

ASEAN's recent declarations – from the 2025 landmark commitment to a safe and healthy environment, to the Care Economy Declaration and the 2024 Gender Outlook – signal genuine regional ambition for women's empowerment, health and wellbeing. Translating these commitments into better health outcomes requires national policy frameworks that address the full reality of women's lives today.

This analysis is situated within ASEAN's commitments to gender equality and inclusive development, including the ASEAN Strategic Framework on Gender Mainstreaming (2021–2025) and the ASEAN Socio-Cultural Community Blueprint 2025, which recognise the importance of advancing women's health and wellbeing across the region. It builds on regional analyses of gender equality and health outcomes, including work by ASEAN, UN Women, and the Asian Development Bank.[2,3]

Using a structured analytical framework spanning policy scope, governance architecture, delivery and policy instruments, and data, monitoring and accountability, we find that women's health is consistently present in national policy but typically narrowly framed. A strategy that centres pregnancy, childbirth, and reproductive health can improve maternal and reproductive health but risks leaving major areas of women's health across the lifecourse only partially addressed in policy.

"Patterns reflect, in part, the legacy of earlier health priorities, particularly the MDG focus on maternal and reproductive health. While these have delivered important gains, they can make it more difficult to transition toward integrated, life-course approaches."

The review also shows that policy attention to older women is an area for further development. That pattern signals a mismatch between the region's demographic transition and the policy language currently used to define women's health. Explicit reference to financing beyond maternal programmes was also limited, though several countries' documents referenced women's civil society roles in policy development or monitoring.

Policies on monitoring women's health were also found to be inconsistent in their treatment of women's health issues beyond maternal health. Targets and indicator sets remain weighted toward maternal and reproductive outcomes rather than spanning the full range of women's health needs across prevention, chronic disease, mental health, and healthy ageing.

We recognise that this review was limited in scope and may have missed key strategic documents both at national and regional levels. Nonetheless, from the publicly available documents that we reviewed, certain patterns emerged and we have presented those in this report.

These patterns reflect, in part, the legacy of earlier health priorities, particularly the MDG-era focus on maternal and reproductive health, which established strong but programmatically organised policy and delivery structures. While these have delivered significant gains, they can make it more difficult to transition toward integrated, life-course approaches.

These findings point to an opportunity for continued collaboration and shared learning across ASEAN, supporting the evolution of more comprehensive, life-course approaches to women's health, while drawing on emerging experience within the region and in comparable settings globally. Findings also highlight practical entry – including strengthening data systems, policy development, and integrated approaches to service design.

In Her Eyes, Justice Awaits
Philippines, 2025
Jenelle Justalero

Why this matters: Women's health and resilient ASEAN societies

Women's health is increasingly central to economic participation, caregiving capacity, and healthy ageing, with direct implications for household resilience, labour market inclusion, and the long-term sustainability of health systems. As populations age, workforces evolve, and disease patterns shift toward noncommunicable conditions, the case for investing in women's health – beyond the critical but narrower domain of maternal care – becomes ever clearer. Evidence from around the world demonstrates that such investments generate returns across generations and sectors, including improved productivity, reduced health system costs, and stronger social resilience.[4,5,6]

Addressing the structural and social determinants that shape women's health, and ensuring that policy frameworks keep pace with changing epidemiological and demographic realities, is not only a matter of rights and equity: it is a foundation for inclusive and resilient societies.[7] This aligns closely with ASEAN's commitments to gender equality, inclusive development, and social resilience.

Key Findings

In the context of rapidly changing patterns of health and disease among women across the region, this analysis finds that:

Women's health remains primarily framed through maternal and reproductive health.

Across most national health strategies in ASEAN, women's health concerns are present and valued, but often limited in scope with little mention of concerns beyond maternal and reproductive health (Figure 1).

Life-course approaches are emerging but not yet complete.

While some countries' policies adopted a life-course approach, i.e. spanning adolescence, adulthood, and older age, for most, this approach was limited to reproductive health. Most were found to have partial life-course framing. Only one country case was found to include an explicit component for healthy ageing or older women (Figure 1).

Governance arrangements and financing focused on limited areas.

Institutional responsibility for women's health is most often located within gender mainstreaming mechanisms or maternal health programmes. Most countries (7) explicitly recognise the role of women's organisations in policy development or implementation. We did not find mention of dedicated women's health units. Explicit financing for women's health beyond maternal programmes is limited across the region (Figure 2).

Targets and indicators exist but are not yet comprehensive across the life course.

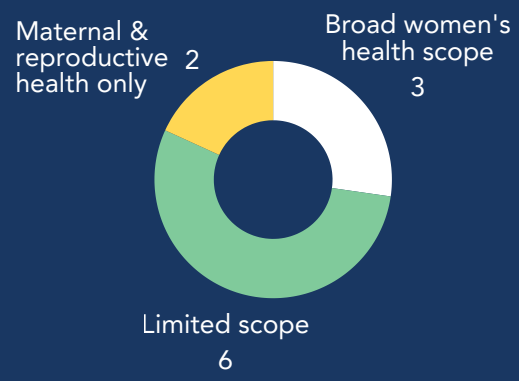
Ten countries include women-specific targets and indicators, reflecting a strong monitoring foundation. However, they remain weighted toward maternal and reproductive outcomes, with limited sex disaggregated attention to noncommunicable diseases, mental health, and healthy ageing (Figures 3 & 4).

A strong foundation is in place for the next phase of development.

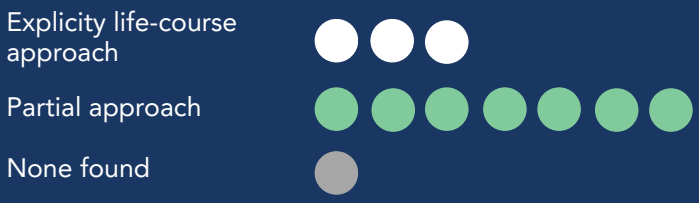
The progress achieved across ASEAN in maternal and reproductive health represents a substantial platform for growth. The opportunity ahead is to extend that foundation toward a more comprehensive model of women's health which is integrated, equitable, and responsive to changing social and demographic realities.

Figure 1
POLICY FRAMING

DOES THE POLICY GO BEYOND MATERNAL & REPRODUCTIVE HEALTH?



IS WOMEN'S HEALTH ACROSS LIFE STAGES ADDRESSED?

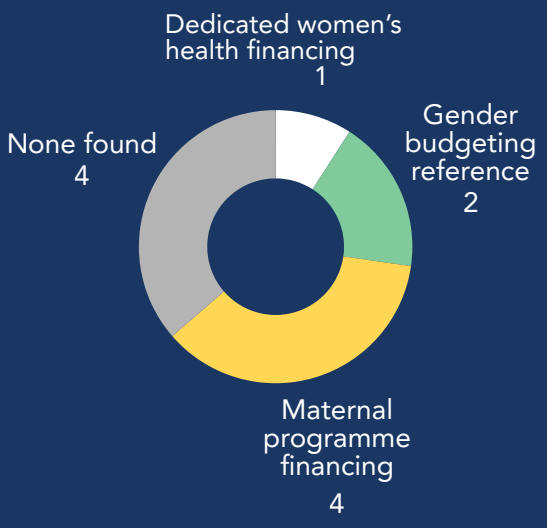


IS AN EQUITY FRAMING APPLIED?

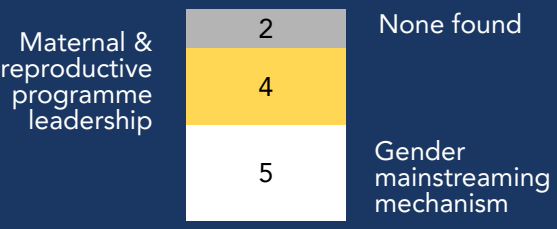
IS OLDER WOMEN'S HEALTH / LATER LIFE ADDRESSED?

Figure 2
GOVERNANCE ARCHITECTURE

HOW IS WOMEN'S HEALTH FINANCED?



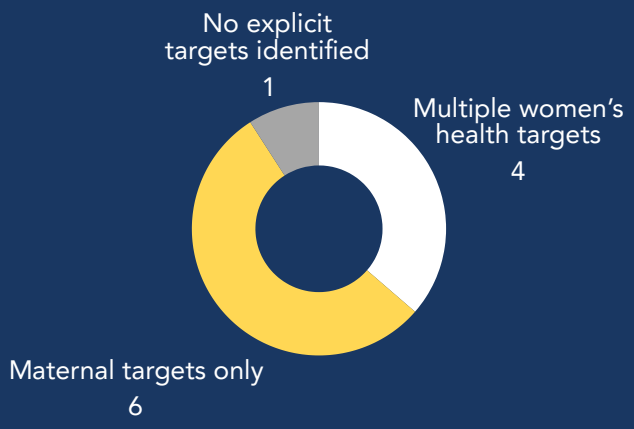
WHERE DOES INSTITUTIONAL RESPONSIBILITY SIT?



IS CIVIL SOCIETY PARTICIPATION MENTIONED?

Figure 3
DELIVERY AND POLICY INSTRUMENTS

INCLUSION OF TARGETS ON WOMEN'S HEALTH?



SERVICE DELIVERY ACROSS THE LIFE-COURSE?

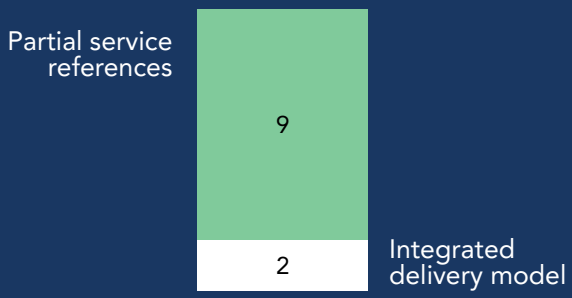
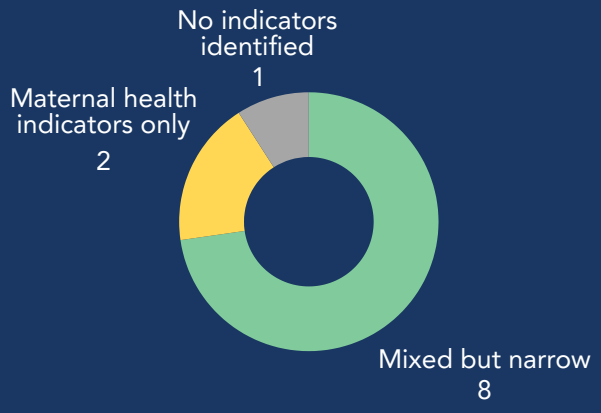


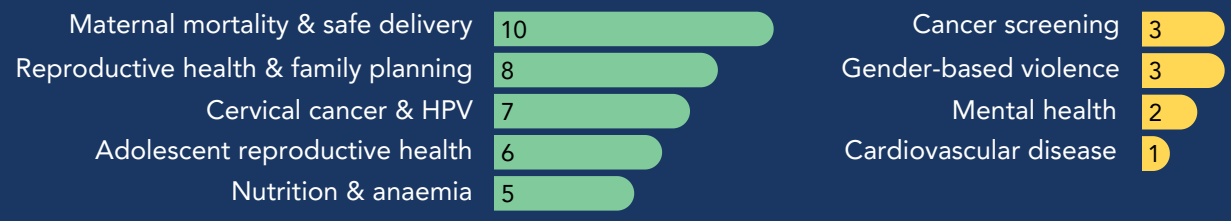
Figure 4
DATA, INDICATORS AND ACCOUNTABILITY

ARE WOMEN'S HEALTH INDICATORS BROAD AND BALANCED?



DO POLICIES REFERENCE GENDER DATA ANALYSIS?

TARGET AND INDICATOR COVERAGE



Number of countries with variables or indicators on specific health issues.

Joy
Vietnam, 2019
Le Minh Quat

1 Women's Health in a Rapidly Changing Context

Across the ASEAN region, rapid urbanisation, economic transformation, demographic transition, and expanding digital connectivity are reshaping how women live, work, and age. These shifts are accompanied by changing patterns of risk and disease. As illustrated in Figure 5, non-communicable diseases now make up most of the health burden among women. Figures 6-7 further highlight sex differences in key risk factors for leading causes of ill-health among women, including overweight and physical activity.

The persistence of strategies oriented primarily around maternal and reproductive health reflects, in part, the legacy of priorities established during the MDG era. Sustained investment in these areas drove significant gains and built the institutional arrangements and delivery platforms that underpin much of the region's health infrastructure. But those structures also create path dependencies: service delivery systems, financing mechanisms, and workforce capabilities shaped around a narrower conception of women's health do not easily accommodate integrated, life-course approaches. How far these dynamics constrain policy adaptation – and how much variation exists across country contexts – warrants closer examination.

The central policy challenge is whether national strategies have kept pace with the full range of health needs women experience across adolescence, adulthood, menopause, and older age – and across the changing conditions of work, urban life, and care.

A new world: women's health in ASEAN countries today

Urbanisation is reshaping health risks and behaviours. More than 50% of Southeast Asia's population lives in urban areas, projected to reach around 68% by 2050, with implications for diet, physical activity, and exposure to risk factors.[8]

People are living longer and populations are ageing rapidly, with women forming the majority of older age groups. Between 2000 and 2021, life expectancies in the southeast Asia region have increased by around four years for both men and women, with increases of around ten years in Cambodia and Lao PDR.[9] The number of people aged 60 and over in the region is projected to increase from around 90 million in 2025 to around 170 million by 2050.[10]

Noncommunicable diseases now dominate mortality across the region. In most ASEAN countries, noncommunicable diseases account for over 70% of total deaths, with a growing share occurring among women. Noncommunicable diseases account for approximately 66% of women's disability-adjusted life years (DALYs), while maternal disorders are responsible for approximately 1% for the ASEAN region (Figure 5).[11]

Overweight and obesity rates are rising across the region, including among women. Across ASEAN countries, an estimated 25–35% of adult women are overweight or obese, and prevalence is increasing in most, if not all, countries in the region, reflecting changing diets, urban lifestyles, and declining physical activity. Women are less likely than men to meet recommended physical activity levels (Figure 6), while, on average, more women in ASEAN are overweight than men (Figure 7), increasing long-term risks of diabetes and cardiovascular disease.[11]

Figure 5. Disease burden among women aged 15+ in ASEAN countries (% DALYs)

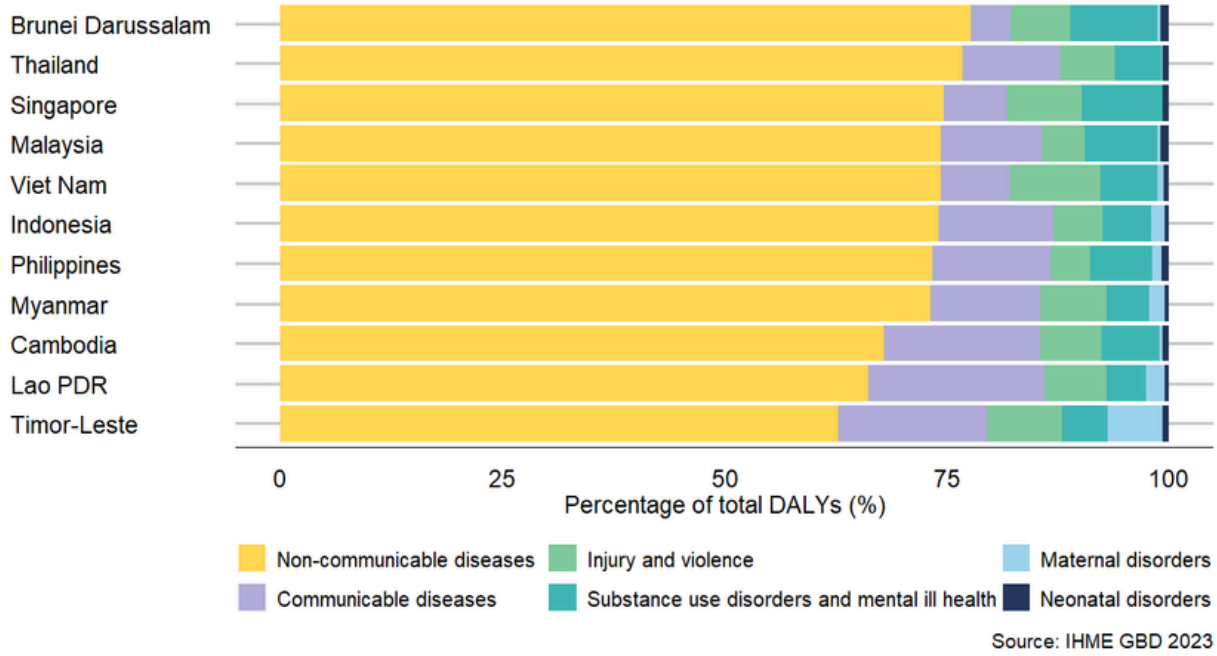
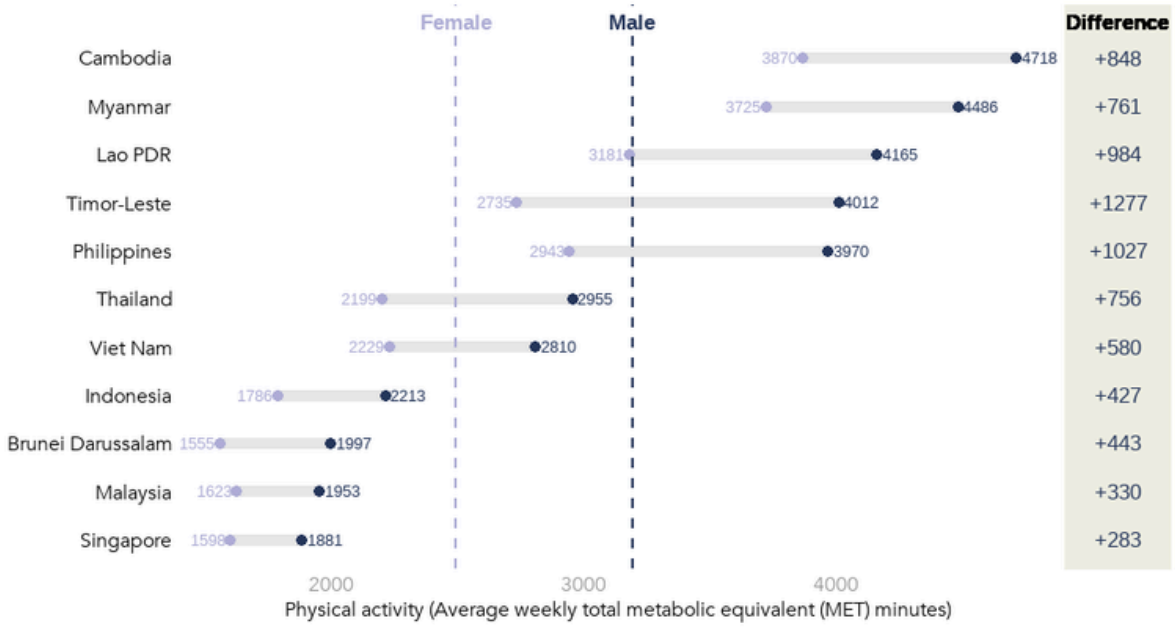
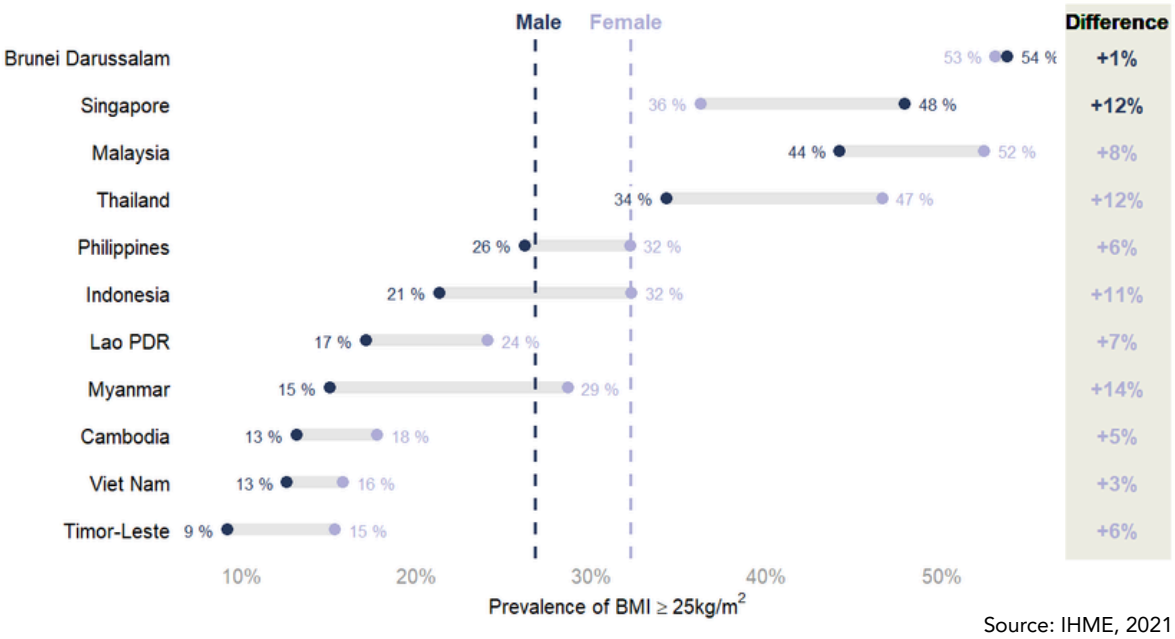


Figure 6. Difference in physical activity, women and men



Source: IHME, 2021

Figure 7. Difference in prevalence of BMI over 25kg/m^2, women and men



Source: IHME, 2021

Digital access is expanding rapidly and brings new gendered health risks. Internet use now exceeds 70% in many ASEAN countries, although women remain less likely than men to be online in parts of the region.[12] At the same time, digital environments can expose women and girls to harassment, harmful norms, and misinformation, with implications for mental health, safety, and health-related behaviours.

Gendered Health Pathways: visualising sex and gender differences

Gender is key determinants of health. Gender norms shape who smokes, what people eat, how much they move, and how stress accumulates. The rising burden of noncommunicable disease among women in the region reflects not simply individual behaviour but the structural conditions in which those behaviours are formed – poverty, care responsibilities, social norms, and the commercial practices that target different groups differently.

These dynamics produce distinct gendered pathways through the health system. Women tend to engage earlier and more regularly with health services, often through reproductive and primary care services – creating opportunities for screening and early diagnosis, although these are not always taken. Beyond these entry points, continuity of care is less assured, particularly in midlife and older age.

Men, by contrast, often engage less routinely with health services and may be more likely to be diagnosed at later stages of disease, with consequences for treatment and long-term management. See Figure 8 for the example of hypertension pathways in Malaysia.

Neither pattern consistently advantages one sex across all countries and all conditions. Both point to the same underlying problem: health systems are not well aligned with gender-specific patterns of risk, behaviour, and service use. Strengthening continuity of care, improving early detection, and integrating chronic disease management into routine service delivery would benefit both women and men – while ensuring that women's health needs across the life course are more systematically addressed.

Figure 8. Gendered Health Pathway for Hypertension in Malaysia, ages 15-79 (illustrative example)

Gendered Health Pathways for diabetes, hypertension and HIV for ASEAN countries can be explored on Global 50/50's website here: https://genderedhealthpathways.org/.

2 About this Report

Chorus of Light
Indonesia, 2024
Ryan Andrew

While global guidance has emphasised gender-responsive health systems,[13] there has been less systematic analysis of how these principles are reflected in national health strategies. This report focuses on whether national policies across ASEAN:

- recognise and address the full range and burden of women's health needs
- address women's health across the life course, such as adolescence, menopause, and later life
- establish institutional responsibility, financing, monitoring, and accountability for women's health
- link women's health to broader health-system design and service delivery

The findings are intended to support governments in reviewing and strengthening national health strategies considering changing socio-economic, demographic and epidemiological conditions. They are also designed to inform regional dialogue, offering a comparable evidence base that can support peer learning, benchmarking, and targeted policy reform. Over time, such analysis can also help deepen understanding of where health risks and needs diverge between women and men, supporting more gender-responsive interventions where appropriate.[14]

To review policies, we used a framework of 12 variables under four dimensions (Table 1). The framework draws on established approaches to gender-responsive health systems, including the Beijing+5 Political Declaration and Outcome Document and the WHO South-East Asia Region Monitoring Framework Across the Life-Course.

For each country, we identified one primary national policy document for assessment, such as a national health strategy, health sector strategic plan, health system reform strategy, health white paper, or universal health coverage strategy. We also reviewed selected secondary national policy documents on, for example, Sexual and Reproductive Health and Rights (SRHR), gender equality, NCDs, ageing, mental health, and primary health care. Read more about our methods on page 37.

We recognise that we may have missed some relevant policy documents, so our findings may not capture the full policy landscape in every country.

Table 1. Analytical framework:
4 dimensions and 12 variables

Coding definitions can be found on page 38.

Dimension 1: Policy scope		
1. Women's health scope	Does the strategy address women's health beyond maternal and reproductive health?	Broad women's health scope; Limited scope; SRHR only; None
2. Life-course framing	Does the strategy address women's health across multiple life stages?	Explicit; Partial; None
3. Older women and healthy ageing	Does the strategy address older women or later-life women's health?	Explicit; Limited mention; None
4. Equity framing	Does the strategy identify groups of women at risk of exclusion or disadvantage?	Explicit groups identified; General equity reference; None
Dimension 2: Governance architecture		
5. Institutional leadership	Is a specific government body responsible for women's health or gender-responsive health policy?	Dedicated women's health unit; RMNCAH leadership; Gender mainstreaming mechanism; None
6. Financing	Is financing allocated specifically to women's health or gender-responsive health action?	Dedicated women's health financing; Maternal programme financing; Gender budgeting reference; None
7. Civil society engagement	Does the policy reference women's, gender or maternal health civil society?	Explicit women's civil society role; General consultation; None
Dimension 3: Delivery and policy instruments		
8. Targets	Does the strategy include measurable targets related to women's health?	Multiple women's health targets; Maternal targets only; None
9. Service delivery and life-course integration	Does the strategy describe how the health system will deliver women's health across the life course?	Integrated delivery model; Partial service references; None
Dimension 4: Data, monitoring and accountability		
10. Gender data	Does the strategy reference sex-disaggregated data, gender analysis, or women-specific data systems?	Gender data system; Sex-disaggregated data; None
11. Monitoring and reporting	Does the strategy include monitoring, review, or reporting mechanisms specific to women's health?	Women's health monitoring framework; Women-specific indicators; None
12. Indicator breadth and balance	Are women's health indicators broad and balanced?	Balanced indicator set; Mixed but narrow; Maternal-dominant; None

3 Findings: Mapping Women's Health in National Policies

The Real Hero
Indonesia, 2019
Dikye Ariani

The findings reflect a consistent regional pattern in which policy frameworks have expanded to include elements of women's health beyond reproductive and maternal health, but have not yet been fully reoriented toward a comprehensive, life-course approach. This pattern is shaped in part by earlier health priorities, particularly the MDG-era focus on maternal and reproductive health, which established strong programme structures but left broader system integration less developed.

1

Policy scope

Three (3) countries' policies had a broad women's health scope, i.e. where women's health was inclusive of several issues such as cancers, mental health, violence, ageing, disability, nutrition, or long-term care. Six (6) countries had policies with minimal recognition of women's health beyond maternal and reproductive health ("limited scope"), with one to two references to, for example, women's mental health, cancer screening for women, obesity, and violence. Women's health was limited to maternal and reproductive health in the policies of two (2) countries.

While three (3) countries' policies adopted a life-course approach, for two (2) countries this was limited to reproductive health. Another seven (7) countries were found to have partial life-course framing (where two life stages may be mentioned but not more).

One (1) country case was found to include an explicit component for healthy ageing or older women. Five (5) country cases had limited mention of healthy ageing, and five (5) had no mention identified in the reviewed documents. This suggests that even where strategies mention adolescence, screening ages, or the elderly, the policy frame still stops short of consistently treating broader women's health as a continuum from early life through older age.

Equity framing is a relative strength: six country health policies explicitly identified groups of women facing disadvantage or differentiated risks, and another three referenced general equity considerations. Even here, however, equity language is more developed than concrete service or accountability arrangements for those groups.

2

Governance architecture

Governance arrangements are diverse and yet not specific to women's health. This matters because where women's health sits institutionally shapes whether it is understood as a whole-system priority or as a subcomponent of maternal and reproductive health programming.

Institutional leadership is most commonly assigned through a gender focal point, gender working group, or mainstreaming mechanism (5 countries) or in maternal and reproductive health structures (4 countries). We did not find mention of dedicated women's health units.
Dedicated financing for women's health beyond maternal programmes is an area with considerable scope for further development. Only one (1) country's policies referenced dedicated women's health financing. Four (4) countries referenced maternal programme financing, two (2) referred to gender-responsive budgeting (but without a clearly specified women's health budget line). Four (4) had no explicit women-specific financing commitment identified in the reviewed strategy documents.

Civil society engagement is present but uneven. Seven (7) countries' strategies explicitly recognise the role of women's organisations in policy development, implementation, or monitoring, while three (3) others mentioned generic consultation language, and one (1) contained no explicit reference to civic engagement.

3

Delivery and policy instruments

Delivery and policy instruments were found to lean toward selected programme areas. Four (4) countries recorded multiple women's health targets, while six (6) were found to have maternal or reproductive health targets only, and one (1) had no explicit women's health target identified.

Service delivery is still more siloed than integrated in policy frameworks. Two (2) countries described service delivery approaches for women's health across settings or life stages ("integrated model"); the remainder had reference to some service components relevant to women's health, but without a coherent integrated model. This means women's health is often visible through isolated services – such as screening, maternal care, or well-woman clinics – without a clear policy architecture that links them across the full care or lifecourse pathway pathway.

The policy opportunity is therefore not only to add more services, but to connect existing services through referral pathways, continuity of care, prevention, and mainstream primary care design so that women's health is not treated as episodic or stage-specific alone.

4

Data, monitoring and accountability

Four (4) countries describe a systematic approach to collecting, analysing, or using gender-relevant data and another two (2) mention sex-disaggregated data. While ten (10) countries reference monitoring of women's health through a set of specific indicators, none of the policies set out a distinct mechanism for tracking women's health. This suggests a foundation on which more ambitious accountability can be built.

In terms of the breadth of indicators, none of the countries were found to have indicator sets that covered multiple dimensions of women's health. Eight (8) countries were found to have indicator sets that narrowly went beyond reproductive health; two (2) had indicators that were related only to reproductive health. The gap, therefore, is not a complete absence of data, but the lack of balanced indicator portfolios that track women's health across the Gendered Health Pathways - from risk exposure to prevention and service access - across major burdens of ill health, including non communicable disease and mental health, and across the lifecourse.

A next-generation accountability framework would build on maternal and reproductive metrics to incorporate a more balanced dashboard for the full spectrum of women's health needs.

Time
Myanmar, 2024
Le Minh Quat

4 Implications and opportunities

First, there is an opportunity to redefine women's health in national strategies as a life-course issue while retaining the gains made in maternal and reproductive health. This requires broadening the policy purview so that noncommunicable diseases, mental health, menopause, older age, and continuity of care are not treated as peripheral add-ons but part of the main strategic frame.

Second, the site of governance for women's health needs to become more explicit. Where institutional responsibility remains diffuse, countries may benefit from clearer coordination mechanisms, named leads, and financing commitments that link women's health objectives to implementation. Dedicated financing may not always be necessary, but explicit budgetary treatment and accountability lines are critical if policy intent is to translate into practice. In some contexts, including in low- and middle-income settings, dedicated women's health strategies or institutional arrangements have been used to strengthen coherence and visibility across the life course, offering one possible approach that could complement existing national frameworks.

Third, indicator systems are ready to be used more strategically. The prevalence of women-specific indicators shows that measurement architecture already exists. The next step is to rebalance and/or expand those indicators so that they better reflect the changing burden of disease and the determinants of women's health across the life course.

Fourth, service delivery can move from isolated interventions toward continuity of care. This includes prevention, screening, chronic disease management, mental health support, sexual and reproductive health services, and healthy ageing pathways that are connected rather than siloed.

Finally, regional dialogue can accelerate this shift. This is consistent with ASEAN's shared commitments to gender equality, inclusive development, and human wellbeing, and provides a framework for continued policy evolution. ASEAN cooperation on health, gender equality, and social inclusion offers a platform for shared learning. Countries do not start from the same point, but emerging experience across the region demonstrates that more comprehensive, life-course approaches, with clearer governance arrangements, are both feasible and already taking shape in a number of settings.

Taken together, this analysis identifies opportunities for continued regional collaboration, further comparative analysis, and targeted support to countries seeking to strengthen and update their national approaches to women's health needs today. For partners and funders, this creates an opportunity to support countries in translating existing policy commitments into more comprehensive approaches to advancing the health of women across their lifetimes.

Annex A. Country Profiles

Each profile summarises the documents reviewed and findings recorded for each country.

Brunei Darussalam

Documents reviewed: MOH Strategic Plan 2019–2023; BruMAP-NCD 2021–2025; BPfA National Report 2020–2024			
	1	Women's health scope	Broad women's health scope
	2	Life-course framing	Partial
	3	Older women and healthy ageing	Limited mention
	4	Equity framing	Explicit groups identified
	5	Institutional leadership	Gender mainstreaming mechanism
	6	Financing	Gender budgeting reference
	7	Civil society engagement	Explicit women's civil society role
	8	Targets	Multiple women's health targets
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	Gender data system
	11	Monitoring and reporting	Women-specific indicators
	12	Range of health indicators	Mixed but narrow

Cambodia

Documents reviewed: Health Strategic Plan 2025–2034; National Strategy for Sexual and Reproductive Health and Rights in Cambodia 2025–2030; UHC roadmap			
	1	Women's health scope	Limited scope
	2	Life-course framing	Partial
	3	Older women and healthy ageing	None
	4	Equity framing	Explicit groups identified
	5	Institutional leadership	RMNCAH programme leadership
	6	Financing	Maternal programme financing
	7	Civil society engagement	General consultation
	8	Targets	Maternal targets only
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	Gender data system
	11	Monitoring and reporting	Maternal indicators only
	12	Range of health indicators	Mixed but narrow

Indonesia

Documents reviewed: Renstra Kemenkes 2025–2029; RAK Direktorat Kesehatan Jiwa 2020–2024			
	1	Women's health scope	Limited scope
	2	Life-course framing	Partial
	3	Older women and healthy ageing	Limited mention
	4	Equity framing	General equity reference
	5	Institutional leadership	None identified
	6	Financing	Dedicated women's health financing
	7	Civil society engagement	None
	8	Targets	Multiple women's health targets
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	None
	11	Monitoring and reporting	Women-specific indicators
	12	Range of health indicators	Mixed but narrow

Lao PDR

Documents reviewed: HSR; RMNCAH; NCD strategy			
	1	Women's health scope	Limited scope
	2	Life-course framing	Partial
	3	Older women and healthy ageing	Limited mention
	4	Equity framing	Explicit groups identified
	5	Institutional leadership	RMNCAH programme leadership
	6	Financing	Maternal programme financing
	7	Civil society engagement	Explicit women's civil society role
	8	Targets	Maternal targets only
	9	Service delivery and life-course integration	Integrated delivery model
	10	Gender data	None
	11	Monitoring and reporting	Women-specific indicators
	12	Range of health indicators	Mixed but narrow

Malaysia

Documents reviewed: Health White Paper for Malaysia; National Women's Policy 2025–2030; National Plan of Action for Nutrition of Malaysia III, 2016–2025			
	1	Women's health scope	Broad women's health scope
	2	Life-course framing	Explicit life-course approach
	3	Older women and healthy ageing	Limited mention
	4	Equity framing	Explicit groups identified
	5	Institutional leadership	Gender mainstreaming mechanism
	6	Financing	Gender budgeting reference
	7	Civil society engagement	Explicit women's civil society role
	8	Targets	Multiple women's health targets
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	Gender data system
	11	Monitoring and reporting	Women-specific indicators
	12	Range of health indicators	Mixed but narrow

Myanmar

Documents reviewed: Annual Operational Plan (2019–2021); Five-Year Strategic Plan for Reproductive Health (2014–2018); Human Resources for Health Strategy (2018–2021)			
	1	Women's health scope	Limited scope
	2	Life-course framing	Partial
	3	Older women and healthy ageing	None
	4	Equity framing	General equity reference
	5	Institutional leadership	Gender mainstreaming mechanism
	6	Financing	None
	7	Civil society engagement	Explicit women's civil society role
	8	Targets	Maternal targets only
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	Sex-disaggregated data
	11	Monitoring and reporting	Maternal indicators only
	12	Range of health indicators	Mixed but narrow

Philippines

Documents reviewed: National Objectives for Health 2023–2028; RA 10354			
	1	Women's health scope	Limited scope
	2	Life-course framing	Explicit life-course approach
	3	Older women and healthy ageing	Explicit older women or ageing component
	4	Equity framing	Explicit groups identified
	5	Institutional leadership	Gender mainstreaming mechanism
	6	Financing	Maternal programme financing
	7	Civil society engagement	Explicit women's civil society role
	8	Targets	Maternal targets only
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	None
	11	Monitoring and reporting	Maternal indicators only
	12	Range of health indicators	Mixed but narrow

Singapore

Documents reviewed: White Paper on Healthier SG; National Mental Health and Well-Being Strategy; Action Plan for Successful Ageing			
	1	Women's health scope	SRHR only
	2	Life-course framing	None
	3	Older women and healthy ageing	None
	4	Equity framing	None
	5	Institutional leadership	None identified
	6	Financing	None
	7	Civil society engagement	General consultation
	8	Targets	None
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	None
	11	Monitoring and reporting	None
	12	Range of health indicators	None

Thailand

Documents reviewed: Twenty-Year National Strategic Plan for Public Health; 2nd National Reproductive Health Development Policy and Strategy; Thailand NCD Action Plan			
	1	Women's health scope	Limited scope
	2	Life-course framing	Partial
	3	Older women and healthy ageing	Limited mention
	4	Equity framing	General equity reference
	5	Institutional leadership	RMNCAH programme leadership
	6	Financing	None
	7	Civil society engagement	General consultation
	8	Targets	Maternal targets only
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	None
	11	Monitoring and reporting	Maternal indicators only
	12	Range of health indicators	Maternal-dominant

Timor-Leste

Documents reviewed: National Health Sector Strategic Plan II 2020–2030; National Strategy on RMNCAH 2015–2019			
	1	Women's health scope	Broad women's health scope
	2	Life-course framing	Explicit life-course approach
	3	Older women and healthy ageing	None
	4	Equity framing	Explicit groups identified
	5	Institutional leadership	RMNCAH programme leadership
	6	Financing	Maternal programme financing
	7	Civil society engagement	Explicit women's civil society role
	8	Targets	Multiple women's health targets
	9	Service delivery and life-course integration	Integrated delivery model
	10	Gender data	Gender data system
	11	Monitoring and reporting	Women-specific indicators
	12	Range of health indicators	Mixed but narrow

Vietnam

Documents reviewed: National Strategy for Protection, Care and Improvement of the People's Health by 2030 with a Vision Towards 2045; National NCD Strategy 2015–2025; Vietnam Population Strategy to 2030; National Strategy on Gender Equality 2021–2030			
	1	Women's health scope	SRHR only
	2	Life-course framing	Partial
	3	Older women and healthy ageing	None
	4	Equity framing	None
	5	Institutional leadership	Gender mainstreaming mechanism
	6	Financing	None
	7	Civil society engagement	Explicit women's civil society role
	8	Targets	Maternal targets only
	9	Service delivery and life-course integration	Partial service references
	10	Gender data	Sex-disaggregated data
	11	Monitoring and reporting	Maternal indicators only
	12	Range of health indicators	Maternal-dominant

Annex B. Methods

We undertook a review of how women's health is currently structured within national policy frameworks and whether it is addressed as a life-course issue beyond pregnancy and childbirth. Using AI-assisted document review with manual verification, we examined the most recent national health strategies or equivalent policy frameworks across 11 countries.

This approach enables rapid, comparable analysis across countries while maintaining transparency and reproducibility. By applying a consistent analytical framework across diverse national contexts, it is possible to identify both shared patterns and country-specific opportunities – providing a basis for policy dialogue grounded in evidence.

For each ASEAN country, we identified one primary national policy document as the main basis for assessment, prioritising core national health policy instruments such as a national health strategy, health sector strategic plan, health system reform strategy, health white paper, or universal health coverage strategy. Where the primary document was silent on women's health or addressed it only narrowly, we also reviewed selected secondary documents, including RMNCAH, SRHR, gender equality, NCD, ageing, mental health, cancer, GBV, and primary health care or UHC benefits-package strategies.

The analysis assessed each strategy against a common framework of 12 variables covering policy scope, governance architecture, delivery and policy instruments, and data, monitoring and accountability.

We extracted and analysed text only where it related explicitly to women's health rather than health policy in general. For example, broad references to noncommunicable disease control or primary care were not coded unless women or girls were explicitly named, sex-specific services or indicators were specified, or the document assigned responsibility, financing, or targets in relation to women's health.

A researcher manually verified all AI-extracted text. For each country, we reviewed one core document, such as a five-year health sector strategy. We also reviewed supplementary documents – for example, reproductive health, NCD, or gender strategies – for a more comprehensive understanding of the policy environment.

Coding definitions

Variable 1. Women's health policy scope

- Broad women's health scope: Use when the document explicitly links women to multiple non-SRHR health issues and indicates a broad understanding of women's health; usually at least two distinct non-SRHR domains.
- Limited scope: Use when the strategy includes some recognition of women's health beyond SRHR, but only narrowly or inconsistently.
- SRHR only: Use when women's health is limited to maternal, reproductive, newborn, or family planning concerns.
- None: Use when no explicit women-specific health scope is identified at all.

Variable 2. Life-course framing

- Explicit life-course approach: Use when the document clearly presents women's health across several life stages or explicitly uses life-course language; usually three or more life stages or explicit life-course framing.
- Partial: Use when more than one life stage is referenced, but the framing is incomplete.
- None: Use when no meaningful life-stage framing is present. Pregnancy alone does not count.

Variable 3. Older women and healthy ageing

- Explicit older women or ageing component: Use when older women are clearly recognised as a policy-relevant group and linked to health needs, services, risks, or policy measures.
- Limited mention: Use when ageing is mentioned and women are included, but not in a developed or clearly women-specific way.
- None: Use when no meaningful later-life women's health content appears.

Variable 4. Equity framing

- Explicit groups identified: Use when the policy explicitly names specific subgroups of women or girls linked to health access, vulnerability, or inequity.
- General equity reference: Use when the strategy refers to equity, vulnerability, exclusion, or underserved populations, but without clearly identifying particular groups of women.
- None: Use when no women-specific equity framing is present.

Variable 5. Institutional leadership

- Dedicated women's health unit: Use when the document identifies a clearly designated body responsible for women's health.
- RMNCAH programme leadership: Use when responsibility is assigned through maternal or RMNCAH structures rather than a broader women's health entity.
- Gender mainstreaming mechanism: Use when the strategy assigns responsibility through a gender focal point, gender working group, or mainstreaming mechanism.
- None identified: Use when no women-specific or gender-responsive leadership mechanism is named.

Variable 6. Financing

- Dedicated women's health financing: Use when the policy explicitly allocates or commits funding to women's health beyond maternal health alone.
- Maternal programme financing: Use when financing is explicitly identified, but only for maternal, reproductive, or RMNCAH programming.
- Gender budgeting reference: Use when the strategy refers to gender-responsive budgeting or resource allocation through a gender lens, but without a clearly specified women's health budget line.
- None: Use when no women-specific or gender-responsive financing commitment is identified.

Variable 7. Civil society engagement

- Explicit women's civil society role: Use when women's organisations, gender NGOs, maternal health NGOs, or similar groups are explicitly given a role in consultation, implementation, monitoring, accountability, or advocacy.
- General consultation: Use when the policy refers to stakeholder participation or civil society engagement generally, without specifically naming women-focused organisations.
- None: Use when no civil society role is mentioned.

Variable 8. Targets

- Multiple women's health targets: Use when the document contains more than one measurable target explicitly related to women's health.
- Maternal targets only: Use when measurable targets exist, but they are confined to maternal or reproductive health.
- None: Use when no measurable women-specific targets are identified.

Variable 9. Service delivery and life-course integration

- Integrated delivery model: Use when the strategy describes a clear service delivery approach for women's health across settings or life stages.
- Partial service references: Use when the document mentions some service components relevant to women's health, but without a coherent integrated model.
- None: Use when no women-relevant service delivery approach is described.

Variable 10. Gender data

- Gender data system: Use when the document describes a systematic approach to collecting, analysing, or using gender-relevant data.
- Sex-disaggregated data: Use when the strategy mentions sex-disaggregated data, but without a broader or systematic gender data architecture.
- None: Use when no explicit reference to gender-relevant data is found.

Variable 11. Monitoring and reporting

- Women's health monitoring framework: Use when the policy sets out a distinct or clearly structured mechanism for tracking women's health.
- Women-specific indicators: Use when women-specific indicators are present and evidently used for follow-up, but without a more developed monitoring framework.
- Maternal indicators only: Use when monitoring exists but is limited to maternal or reproductive indicators.
- None: Use when no explicit monitoring or reporting mechanism relevant to women's health is identified.

Variable 12. Indicator breadth and balance

- Balanced women's health indicator set: Use when the indicator set covers multiple dimensions of women's health, including maternal and non-maternal areas.
- Mixed but narrow: Use when the indicator set goes beyond maternal health but remains limited in range.
- Maternal-dominant: Use when indicators relating to women are overwhelmingly maternal or reproductive.
- None: Use when no relevant indicator set is identified.

Limitations

This review aimed to identify how women's health is governed in policy frameworks, not to evaluate programme effectiveness or implementation quality. We may have overlooked relevant policy documents and may have failed to identify all relevant text in the policy documents reviewed. Because the analysis is document-based, it captures policy intent rather than implementation quality, funding execution, or service coverage in practice.

Annex C. About the Partners

Monash University Malaysia

Monash University Malaysia is a leading research and education institution based in Kuala Lumpur, with a strong focus on public health, health policy, and population wellbeing across Southeast Asia. Its work spans health systems, epidemiology, and the social determinants of health, with a particular emphasis on generating regionally relevant evidence to inform policy and practice. The University is establishing a Centre for Global Health Equity to strengthen research, partnerships, and policy engagement on health equity and inclusive health systems in the region. Through its regional networks and expertise, Monash University Malaysia contributes to advancing evidence-informed approaches to health system development across ASEAN.

https://www.monash.edu.my/

Global 50/50

Global 50/50 is an independent, evidence-driven think tank advancing gender equality and accountability in the global health and legal sectors. Founded on the principle that lasting change requires both rigorous evidence and sustained engagement with institutions, Global 50/50 works with governments, international organisations, and partners worldwide to strengthen the gender-responsiveness of systems. Its flagship annual reports and gender indices have established it as a leading authority on gender in global health, supporting decision-makers to identify gaps, track progress, and design more equitable health responses. This includes the development of Gendered Health Pathways analysis, which examines how women and men experience different trajectories of risk, care, and outcomes across health systems, and which informs the analysis presented in this report.

See more: global5050.org & genderedhealthpathways.org/

This is Gender

All images in this report are from This is Gender, a visual storytelling initiative hosted by Global 50/50 that mobilises imagery from around the world to reimagine gender justice. Explore the collection to discover how gender shapes our systems, opportunities, choices, and rights, and influences our understanding of our own minds and bodies.
https://thisisgender.global5050.org/

For more information about this report contact: info@global5050.org

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