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National Women's Council Submission to the Public Consultation for the Healthy Ireland Framework

Introduction

Founded in 1973, the National Women’s Council (NWC) is the leading representative organisation working for women’s rights and women’s equality on the island of Ireland. We represent and derive our mandate from our membership, which includes nearly 200 groups and organisations from a diversity of backgrounds, sectors and locations across Ireland. As a membership organisation, NWC is uniquely placed to represent and communicate the concerns of women in Ireland. We understand that women’s rights and equality are impacted by social determinants that are complex and have many intersections, and that is an important mandate of our work.

NWC convenes and is a member of several key networks in which issues relating to women’s health, particularly women’s mental health, reproductive justice, menstrual health and overall access to gender sensitive health care throughout the life cycle are a common theme, such as the Department of Health’s Women’s Health Taskforce and Endometriosis Advisory Group, the Women’s Mental Health Network, and the National Women and Infant Programme’s Public & Patient Partnership.

We recently released, in collaboration with the Department of Health, the report *Our Health, Our Voices*¹ that presented the findings from the listening forum designed to fulfil Action 1E of the Women’s Health Action Plan and build upon the 2021 Women’s Health Taskforce “radical listening” exercises. We conducted 73 listening sessions and interviews, and a collective event, and engaged with Traveller women, Roma women, migrant women, disabled women, LGBTQ+ communities, older women, women experiencing homelessness and addiction, and survivors of domestic, sexual and gender-based violence (DSGBV). The results of this report showed among others, **the remaining challenges to accessibility of healthcare services highlighting some deep-rooted systemic issues with respect to nearly all forms of discrimination, resulting in exclusion and a lack of gender-sensitive care within the Irish healthcare system.** Women from minority ethnic backgrounds, disabled women, LGBTQ+ individuals, and young and older women all recounted experiences of bias, dismissal, and systemic barriers to equitable care.

NWC welcomes the opportunity to make this submission to the public consultation for the new Healthy Ireland Framework. This submission builds on our extensive research and consultation not only with our membership but also directly with women in all their diversity – including Traveller women, Roma women, migrant women, disabled women, LGBTQ+ individuals, and victims and survivors of domestic, sexual and gender-based violence (DSGBV) - who have actively participated in our women’s health research. We are convinced that the only way to achieve a healthy Ireland is by

¹ [National Women’s Council of Ireland, *Our Health, Our Voices*, 2025](#)

recognising and removing the pressing barriers women and gender diverse people face when accessing or seeking basic services and supports. Without a gender sensitive approach critical health and wellbeing indicators (preventable mortality, healthy status, poverty, need of medical care) will remain the same or worsen.

Healthy Ireland Framework 2013-2025

The Healthy Ireland Framework 2013-2025 was a positive step towards providing national guidance to improve public health in Ireland. Having a framework, in theory, can be an opportunity to ensure consistency, long-term planning and accountability, allowing different sectors to contribute to the common goal of improving health and quality of life for the people in Ireland. NWC recognises the critical importance of calling and guiding coordinated efforts between different government sectors to support a more comprehensive approach to wellbeing, health and health care.

However, health and wellbeing are not single cause issues – instead they are complex, and while the Healthy Ireland framework is a first step to understand the impact of different aspects of people’s lives on their health outcomes, **the reality is that it structurally ignores critical intersections between gender and health that heavily impact Ireland’s overall health outcomes.** This initial Framework (and the subsequent Action Plan 2021-2025) possessed limitations in terms of its ability to represent, tackle and measure important inequities affecting multiple and historically marginalised communities in Ireland.

A new Framework should consider these important gaps, not only concerning topics and indicators but particularly in the structural definition of issues and actions considered within the Framework. Responding to the public call for suggestions on how to improve the new Healthy Ireland Framework, NWC will present below some of the key critical gaps and challenges of the Healthy Ireland Framework 2013-2025, along with specific recommendations on actions for a new version.

Critical gaps and challenges

Gender sensitive approaches and perspectives

Gender-sensitive approaches to health care recognise how socio-political and cultural factors, in addition to biological factors, shape care needs, care delivery and impact of health outcomes. Gender sensitivity considers the impact of multiple marginalisations (for example, when gender intersects with race, ethnicity, disability, and socio-economic factors)². The Healthy Ireland Framework 2013-

² National Women’s Council. [Gender-sensitive Mental Health: Developing Policy and Services Which Meet the Particular Needs of Women and Girls.](#)

2025 structurally lacks a gender sensitive perspective. It is imperative that a new Framework is built with a gender lens.

- Including gender sensitivity in the new Framework is critical to ensure that health policies and overall strategies and interventions across different government areas are serving the needs of everyone without exception, and under the recognition of the critical differences in people's lived experience. By embedding a gender-sensitive approach, the Framework can better recognise and address these disparities rather than applying a one-size-fits-all model.
- This is particularly relevant when considering mental health, wellbeing supports in work environments, prevalence of chronic diseases, among others. Furthermore, this is also critical in policy areas and strategies linked to the wider determinants of health, such as employment, care, and housing, among others, where the concept of a national framework aiming to improve the health outcomes and wellbeing of people in Ireland becomes particularly relevant.

Universal access to health care

In order to achieve Healthy Ireland's goals and improve the overall health outcomes and wellbeing of people in Ireland it is critical to tackle structural issues that prevent people from accessing basic services.

- Significant progress must be made towards the development of public services in a way that is universal, inclusive, and gender sensitive. It is critical to prioritise the ongoing implementation of Sláintecare, as the current reliance on private hospitals and health services impacts women's timely access to care. It also creates unequal provision of health care within society, allowing some to access higher-quality treatments and supports faster than others. The key to tackling structural gender inequalities is state investment in public services and social infrastructure, building a strong, resilient system of universal public services for all women.
- Women in Ireland are more likely to be living in poverty and have lower incomes than men, particularly disabled women, Traveller women, Roma women, and migrant women. As a result, women are particularly reliant on the public healthcare system. Affordability should never be a barrier to accessing healthcare. Providing free, high-quality, and well-resourced healthcare has the potential to be transformative for women's health.
- There are groups in Ireland who experience well-documented structural health inequalities and barriers to care. This includes Traveller, Roma, migrant, disabled, LGBTQ+ and other

marginalised women. For example, the life expectancy of Traveller/Roma women is 76.6, which is 7.8 years less than that of Irish women in the general population at 84.4. (Travellers and Roma in Ireland 2024, EU FRA)

- Despite barriers to accessing healthcare, such as caring responsibilities and economic position, women are more likely to be proactive with their health and visit their doctor more than men. In the 2024 Healthy Ireland Survey, women were more likely than men to have visited a GP during the past 12 months (women: 85%, men: 74%). A persistent gender gap exists up to the age of 55, with broadly equal levels of GP attendance after this age. (2024 Healthy Ireland Survey). A new Framework should be drawn upon the results of this valuable data.

Better data collection, monitoring and evaluation practices

- A core limitation of the Healthy Ireland Framework absence of robust, disaggregated equality indicators to monitor and evaluate the impact of the Framework. The Healthy Ireland survey was a good first step towards better data collection, however the assessments based on the overall national progress can create an incomplete image of the status of the population in Ireland and has a critical impact in the improvement of services for those historically underserved.
- Healthy Ireland currently fails to illustrate the full complexity of people's lived experiences and how other important issues, such as housing, migration, unemployment or childcare, can negatively impact health outcomes. A framework like Healthy Ireland should be able to speak to these inequalities and serve as a bridge for those intersections, besides being an epidemiological report of the health status of the population in Ireland. It is precisely in this point why it is valuable to have a framework that convenes all different government departments.
- Without routine disaggregation by gender, ethnicity, disability, age, socioeconomic status, migration status and geography, we are effectively limited to measuring health system indicators such as mortality rates, or prevalence of non-communicable diseases, rather than impact and intersections with other areas of life. This should be the rule and not the exception.
- Only by calling for improved data collection will Ireland be able to create programmes and strategies that effectively recognise the complexity of people's lived experiences, particularly of those historically marginalised and left behind in the general strategies, such as migrant

women, disabled women, women experiencing homelessness, LGBTQ+ individuals, and Traveller and Roma women.

- NWC welcomed the launch of the National Equality Data Strategy 2026-2030 as a step towards recognising the critical importance of equality data collection to the improvement of national strategies and plans. Healthy Ireland should align with this approach to ensure that actions led by different areas of the government are informed by the best standard of data available.

Environment and climate change

The outgoing Healthy Ireland framework recognised the natural environment is inextricably linked to human health (section A1.8), and that environmental protection is a mainstay of public health practice. Section A1.9 of the outgoing plan also names a number of threats to population health connected to the impacts of climate change, such as air pollution, environmental contamination, flooding and extreme weather. Despite this, synergies between health and climate policymaking are poor. Improving the overall health outcomes of people in Ireland cannot be achieved without meaningful cross-Departmental and intersectoral work across the areas of health and climate.

- Marginalised and low-income women face increased morbidity rates from the impacts of climate change, and a compounding of existing barriers to accessing healthcare services. These groups are more likely to live in low-quality housing impacted by dampness and mould; are disproportionately impacted by air pollution; are more exposed to energy poverty; and a lack of research/data correlating environmental quality for indicators with spatial representations of marginalisation means adequate policy responses are limited to non-existent.
- Research from the EPA shows that air pollution causes 1,700 premature deaths a year in Ireland³; there is a correlation between high levels of air pollution and areas with high levels of deprivation⁴. Children are particularly vulnerable to the negative health impacts of air pollution, and it is linked to multiple adverse birth outcomes. It is imperative that progress is made towards alignment with WHO recommended levels of air pollution, as incoming EU regulations will aim to bring Member States within WHO guidelines.
- Climate change and environmental degradation have a number of negative implications for reproductive health, including air pollution, extreme heat and disruption to reproductive

³ [Air Quality in Ireland Report 2024 – Environmental Protection Agency](#)

⁴ O’Neill, S. (2022) [Environmental Justice in Ireland: Key dimensions of environmental and climate injustice experienced by vulnerable and marginalised communities](#).

healthcare access due to extreme weather events. Air pollution levels recorded outside of Dublin’s maternity hospitals were above WHO recommended levels at all times of the day, and fine particulate matter (PM) has been found on placentas, having travelled from the lungs of the pregnant person⁵.

- The mental health impacts of climate change are not recognised in current mental health policy. Flooding has been consistently associated with increased post-traumatic stress, depressive, and anxiety symptoms by the Climate Change Advisory Council, who have also identified a need for more domestic research in this area⁶.

Research and knowledge translation for decision-making

- Research and knowledge translation are essential for effective decision-making because they can ensure that policies and interventions are grounded in reliable evidence that also represent the reality of everyone. It is critical that a new research plan for Healthy Ireland consider women’s health and all its interactions as a priority, as the impact of the detriment of women’s health in society is crucial.
- All research should be called to include disaggregated equality data and research design should actively consider how gender roles, norms and inequality influence health outcomes.
- Knowledge translation efforts should highlight these differences so that strategies across different government departments can be targeted and responsive to the needs of women in all their diversity, their families and communities.

Recommendations for a new Healthy Ireland Framework

To achieve a “*Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility*” **everyone needs to be included**. Intersectional and gender sensitive lens are critical to

⁵ Lee, S.A., Flynn, K., Delaunay, G., Kennelly, M.M. and Turner, M.J. (2022) “Air Pollution Levels Outside the Capital’s Maternity Hospitals”. *Irish Medical Journal*, September 2022, Vol 115, No. 8.

⁶ Zemp, C., Walker, M., Bourke, A., Cosma, A., Mallon, B., O’Brien, F., Warritch, A., & Hadfield, K. (2026). *Flooding and mental health: Lessons for Ireland’s adaptation and recovery planning*. Climate Change Advisory Council.

accomplish Healthy Ireland’s vision. NWC recognises there is a critical opportunity to align public work and supports to achieve public health, and to accomplish that goal we recommend:

- **Meaningfully consult and include civil society organisations representing diverse and historically marginalised groups** in the creation of specific actions to be implemented by different sectors to ensure health and wellbeing is part of their approach.
- **Guarantee coordination strategies between programmes and departments** to ensure services are provided timely and safely.
- **Move beyond a “one-size-fits-all”** approach to health and require all actions to articulate and identify which groups are more affected and how the actions will contribute to reducing inequalities.
- **Include specific, measurable equality objectives and targeted initiatives for priority groups of women**, informed by available data and lived experience, rather than relying solely on population-wide averages.
- **Make equality data collection a core pillar of the new Healthy Ireland framework** ensuring that information systems are interconnected based on the guidelines of best practices.
- **Make the inextricable link between environmental health and human health a guiding principle of implementation of the new Healthy Ireland framework**, reinforcing the link between environmental protection and public health, and placing cross-Departmental work in the areas of health and climate at the heart of implementing the new framework.