A VISION FOR NORDIC WOMEN'S HEALTH 2040

September 8th 2025 Parliament, Copenhagen, Denmark











MODERATOR



MALIN APPELGREN

STRATEGIC COMMUNICATIONS & PUBLIC AFFAIRS SPECIALIST

PAUES ÅBERGS COMMUNICATIONS



Or share your thoughts here:

hello@womenshealth2040.org

NETWORKING & DRINKS	16.25 - 17.00
NEXT STEPS & THANK YOU	16.10 - 16.25
PANEL DEBATE & VISION EXERCISE	15.30 - 16.10
PRESENTATION OF 5 MISSIONS	14.40 - 15.30
COFFEE & TEA IN LOBBY	14.20 - 14.40
DREAM PROJECTS	13.50 - 14.20
KEYNOTE: DARIA KRIVONOS, CEO OF CIFS	13.15 - 13.50
WELCOME	13.00 - 13.15
REGISTRATION AT PARLIAMENT	12:30 - 13.00







JULIA PERSSON

DIGITAL HEALTH
INNOVATOR
WOMEN'S HEALTH 2040

WITH GRATITUDE TO OUR PARTNERS









Initiator Pharma





CMedical









Imagine a world where women's health isn't just about fixing issues but about achieving the highest standards of well-being, creating the most optimal health for women

women's health 2040

WHYDO WENDED AVISION?

Women's health is not a women's issue, it is the foundation of thriving societies, shaping economic resilience and the wellbeing of generations to come.





QUALITY OF LIFE IMPERATIVE

Ensure dignity, equity, and care that reflects women's lived experiences.



ECONOMIC IMPERATIVE

Unlock productivity and growth by reducing health-related costs, potentially generating \$30–50 billion annually by 2040.



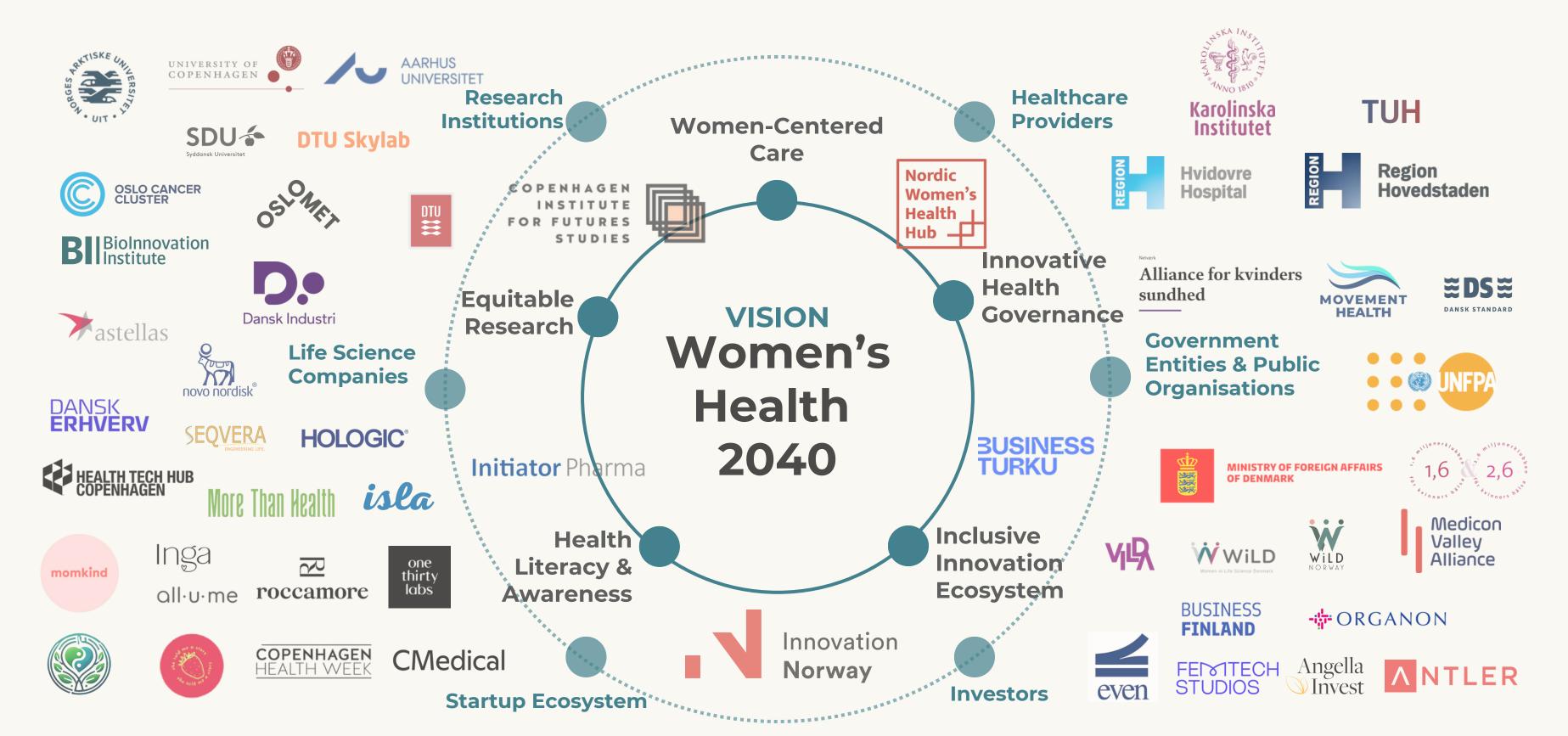
NORDIC IMPERATIVE

Inspire globally by showing how equality, welfare, and innovation can create better health for all.

360 View of Women's Health

+100 participants from across the Nordics





The Nordic Charter for Women's Health 2040



1 Vision & 5 Missions Co-created by Women and Health Experts



Equitable Research

What if Nordic health research by 2040 systematically accounted for biological and social differences across populations?



Women-Centred Care

What if by 2040, Nordic healthcare had transformed into an experience where women truly feel seen, heard, and validated?



Innovative Women's Health Governance

What if by 2040, Nordic countries had implemented comprehensive women's health policies ensuring preventive care access, resource allocation equity, and support throughout all life stages?



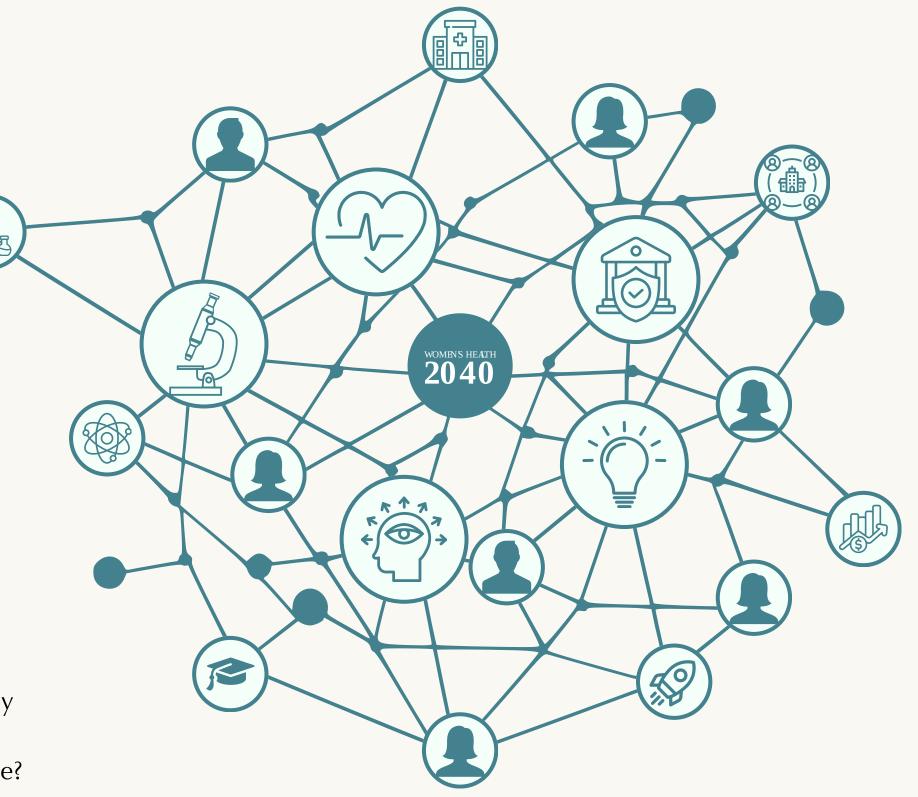
Inclusive Innovation Ecosystem

What if every innovative founder had an equal opportunity to bring their best women's health solutions to life?



Health Literacy and Awareness

What if we could create a culture where women's health becomes fully normalised and openly discussed, enabling informed decisions, early diagnosis, and proactive care as natural elements across every life stage?





Applied Strategic Foresight Methodology

Foresight methodology has existed as a formal discipline for approximately 75–90 years, with its structured development beginning in the 1930s–40s and becoming widely established in the 1950s.

The Copenhagen Institute for Futures Studies (CIFS) was founded in 1969, giving it over 55 years of experience in futures studies and strategic foresight as of 2025.

Strategic foresight: imagine credible futures, test pathways, then backcast to today. Used by WHO to shape long-term health strategy and by Amazon's 'future press release' to lock vision and customer value early.







2 Strategic Foresight Tools



Envisioning

Envisioning starts by creating a vivid, detailed picture of a preferred future, describing what success looks like without being constrained by current limitations. It focuses on 'where we want to go'.



Backcasting

Backcasting works backwards from that envisioned future, identifying the key milestones, decisions, and actions needed to get there. It maps the path in reverse, from the future to the present, highlighting gaps and strategic priorities.

Your voice matters. Send your thoughts to hello@womenshealth2040.org – every input shapes our final charter.





WELCOME



TRINE BRAMSEN

MEMBER OF PARLIAMENT SOCIALDEMOKRATIET





KEYNOTE TALK

"LEADING FROM THE FUTURE"



DARIA (DASHA) KRIVONOS
CEO, COPENHAGEN INSTITUTE
FOR FUTURES STUDIES

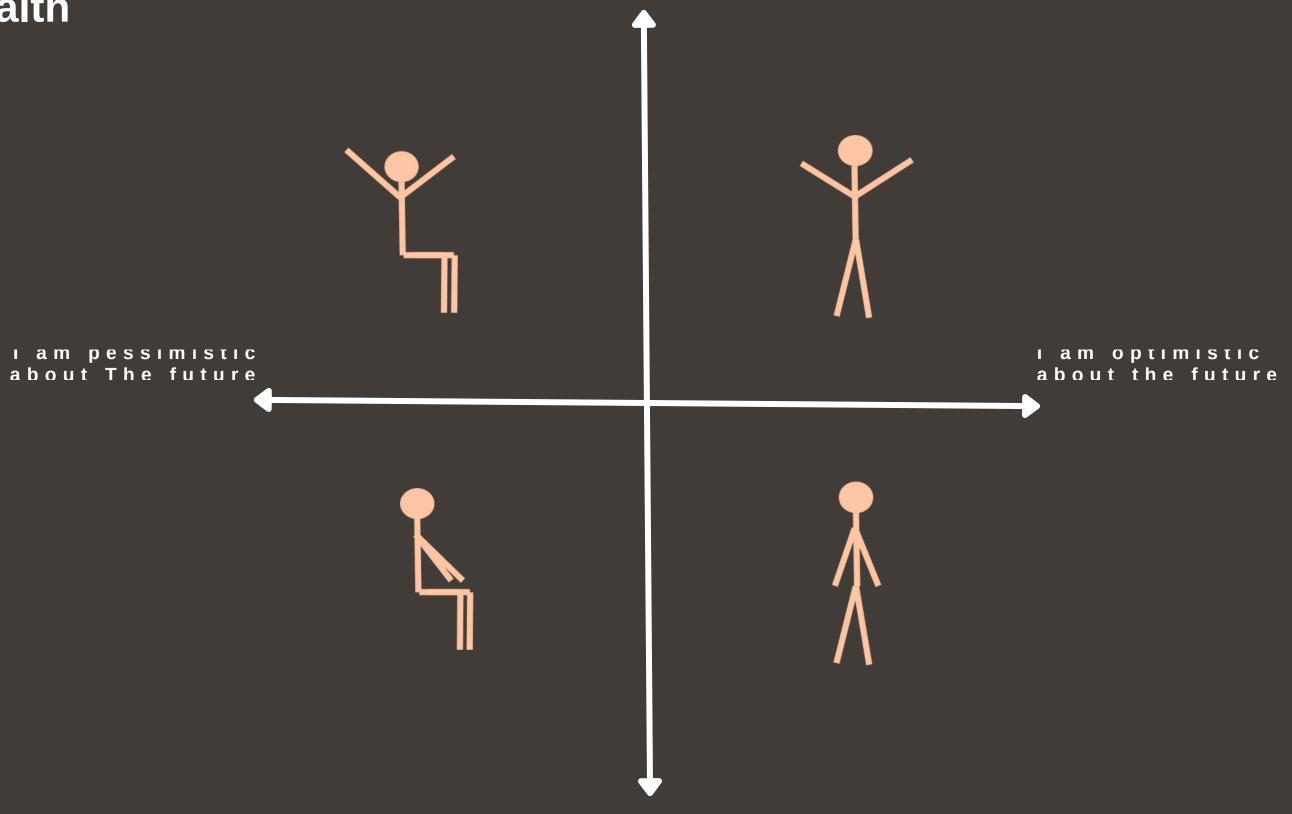
COPENHAGEN INSTITUTE FOR FUTURES STUDIES



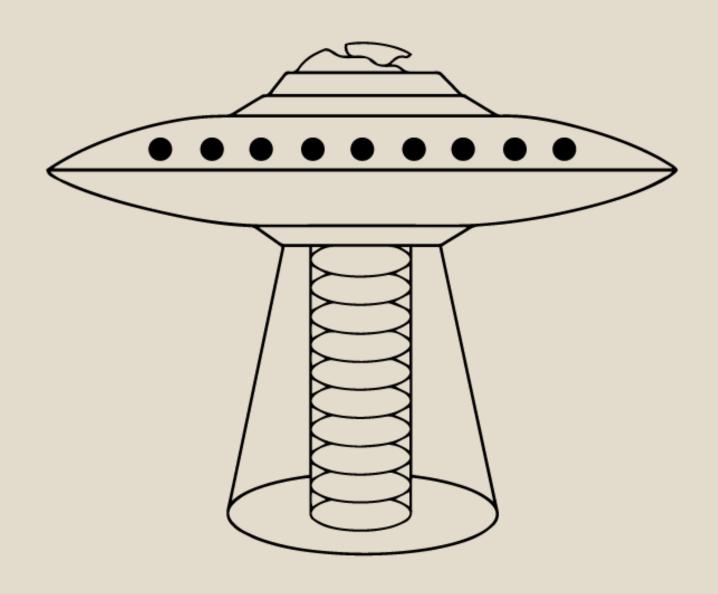












Futures Revisited

Take a moment to reflect on the below questions.

• Looking back, what future did you expect that didn't arrive?

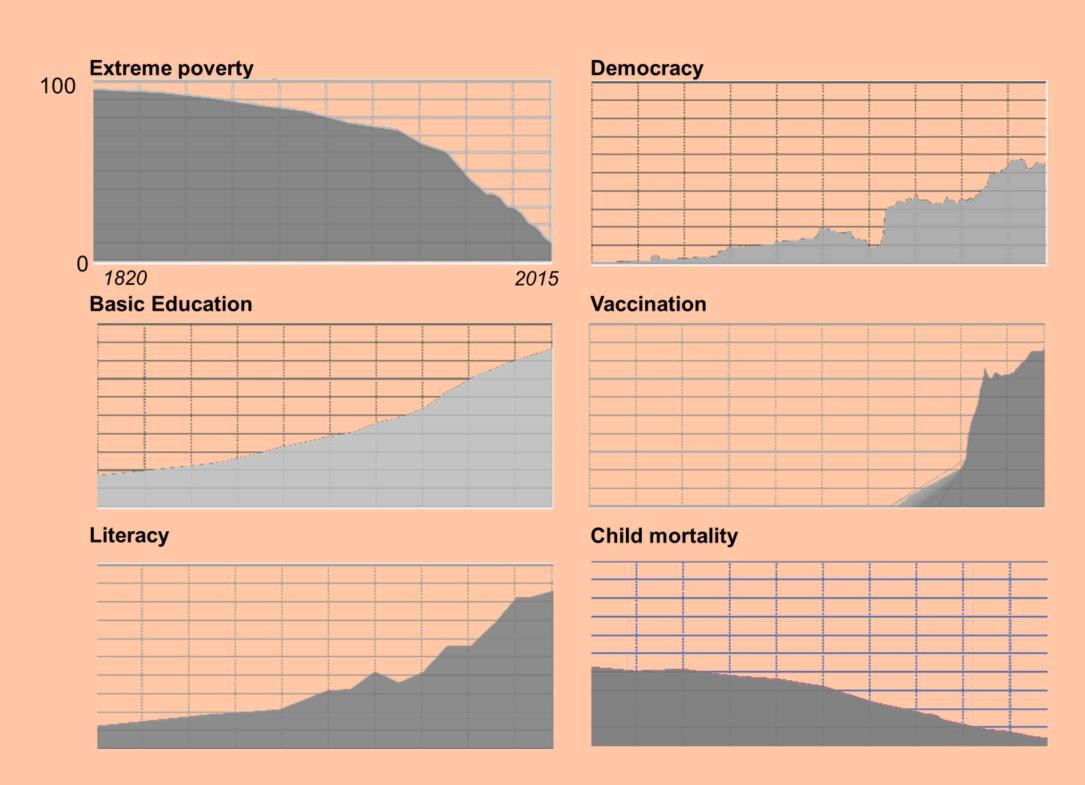
What future is already here that you didn't expect?





The world as 100 people 1820 - 2015

The future has (almost) always been better





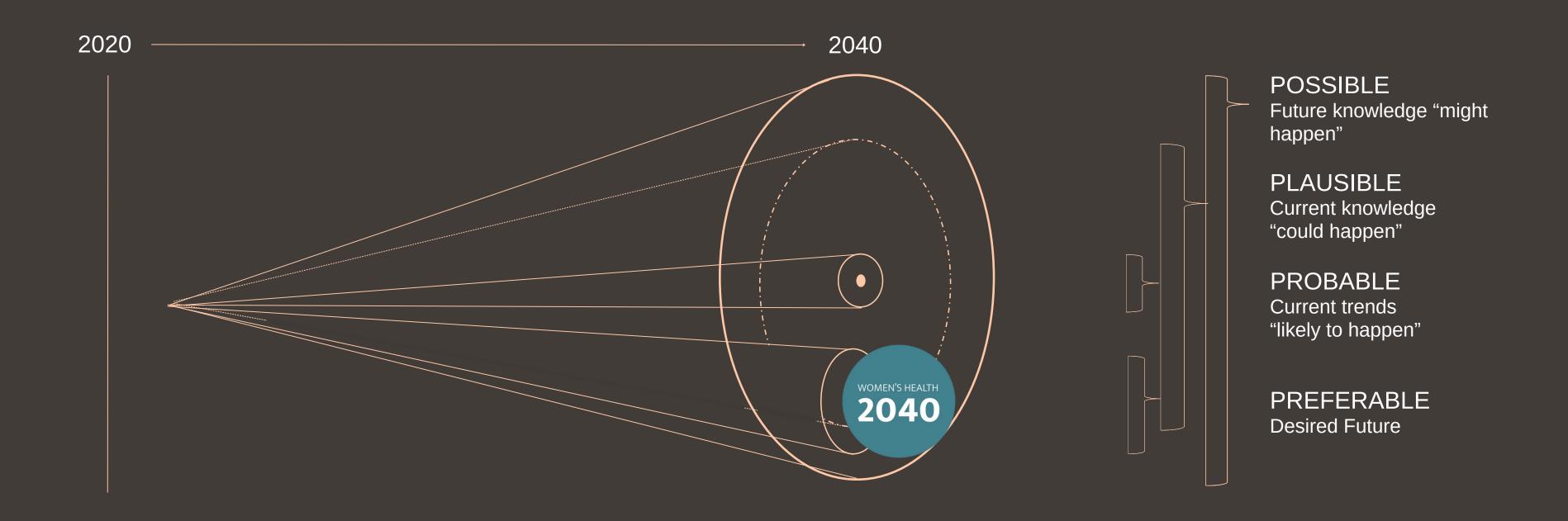
The future is always IMPORTANT



It's just never URGENT



Futures cone

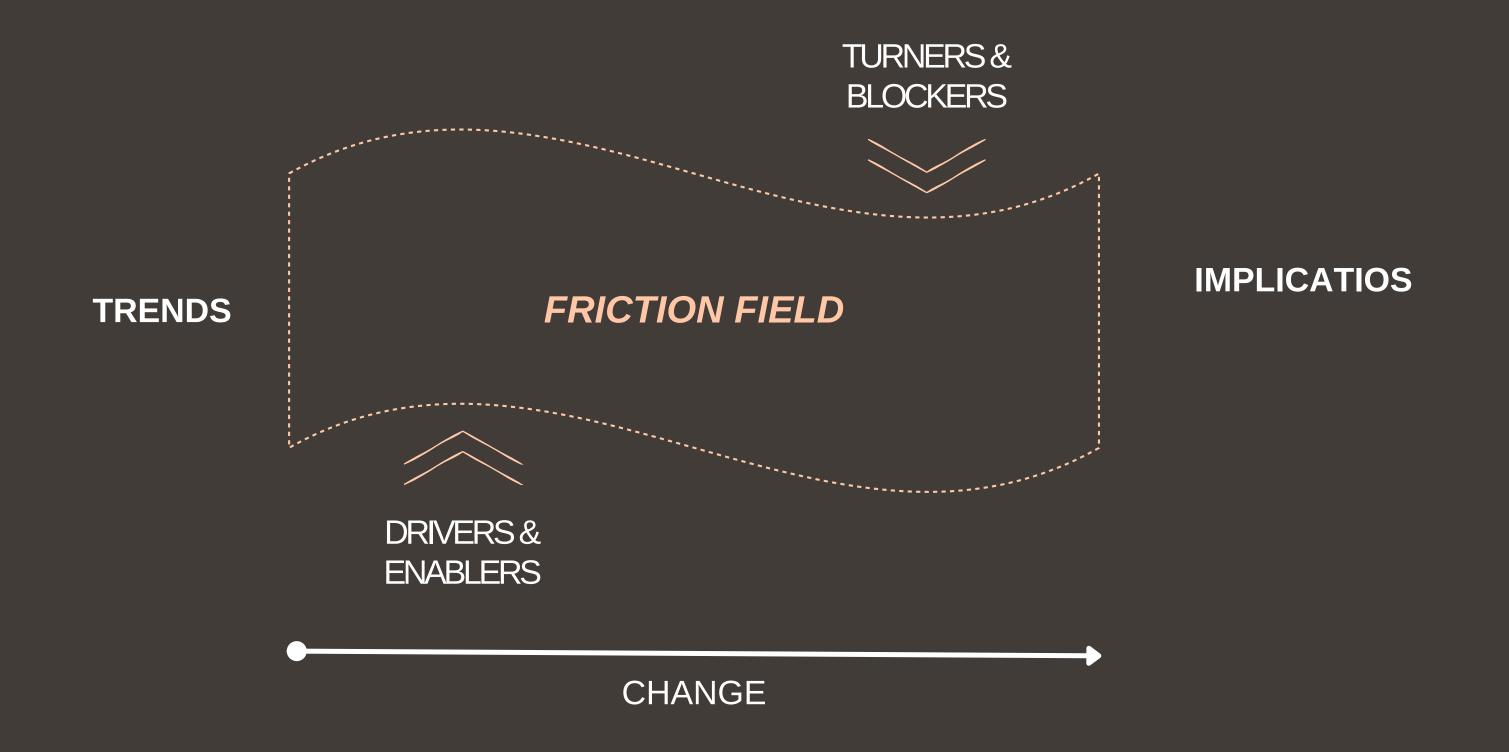


PAGE 8 Source: CIFS. 2020.



The "Power Struggle" Shaping the Future

THE FUTURE UNFOLDS IN THE FRICTION FIELD



PAGE 9



What needs to be TRUE

Know Your Cognitive Biases!



[The status quo bias]

YOU KNOW

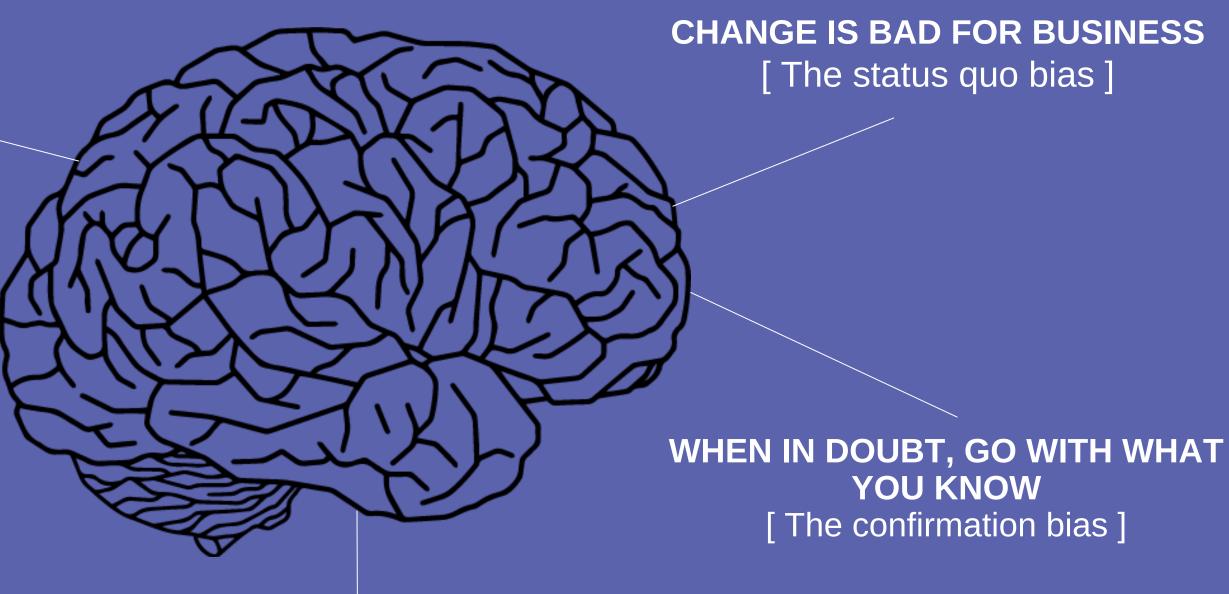
[The confirmation bias]

HOW CONVENIENT THAT WE ALL THINK THE SAME

[Groupthink fallacy]

THE PROBLEM WITH EXPERTS IS THAT THEY DON'T KNOW WHAT THEY DON'T KNOW

[The expert problem]



THIS IDEA IS SO GOOD IT **COULDN'T POSSIBLY FAIL**

[The optimism bias]





Nordic Health 2030
Pioneering Tomorrow's Health:
Preventive, Personalised, Participatory



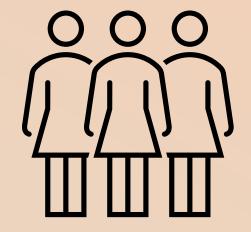
PROJECT DOWN B

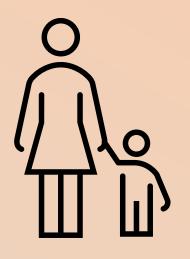
SOLUTION	SECTOR(S)	SCENARIO 1 *
Reduced Food Waste	Food, Agriculture, and Land Use / Land Sinks	88.50
Plant-Rich Diets	Food, Agriculture, and Land Use / Land Sinks	78.33
Family Planning and Education	Health and Education	68.90
Refrigerant Management	Industry / Buildings	57.15
Tropical Forest Restoration	Land Sinks	54.45
Onshore Wind Turbines	Electricity	46.95
Alternative Refrigerants	Industry / Buildings	42.73
Utility-Scale Solar Photovoltaics	Electricity	40.83





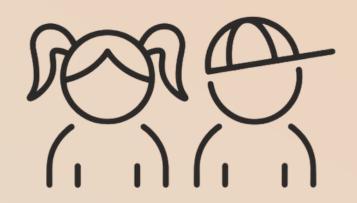


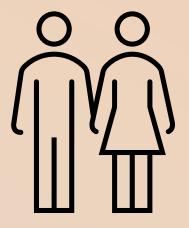


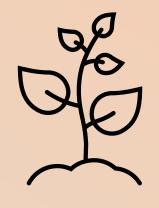


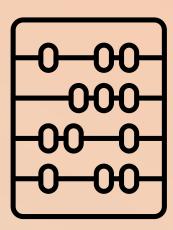












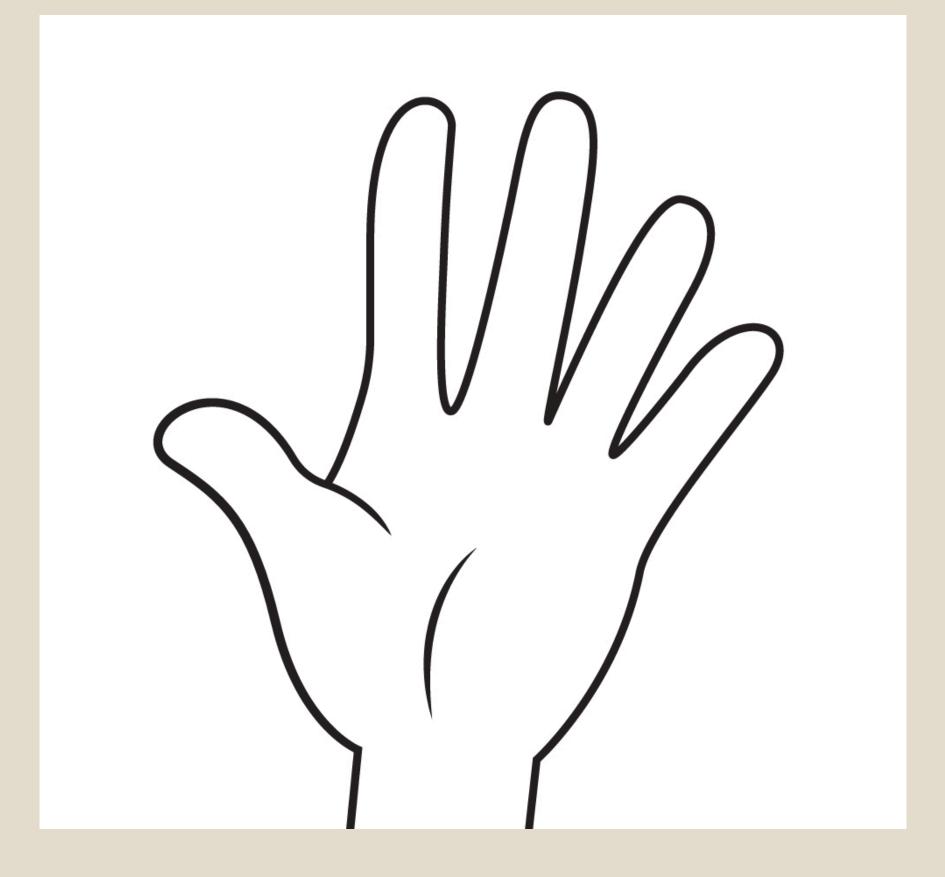


This is not a CHARITY CASE



It is a BUSINESS CASE





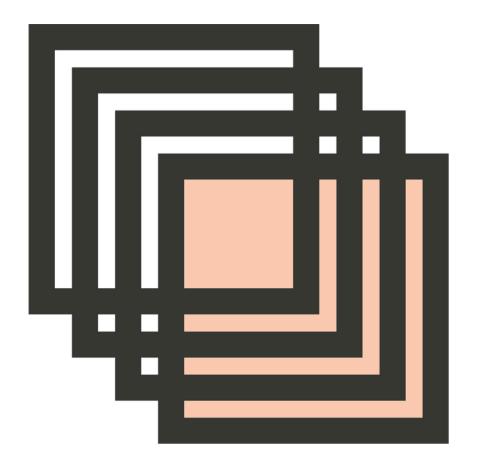




Close your eyes....

...and imagine







WARM UP

TAKE OUT YOUR PHONE & JOIN US ON SLIDO





3 Dream Projects





Inga



Claus E. Olesen
Founder
(DK)

Initiator Pharma



Julia Persson
Founder
(DK)





Developing clinician-led solutions for safer, more equitable, labor & delivery, starting with labor induction

09/08/2026 / Nordic Women's Health Hanna Castrén-Niemi, MBA, Lead Project Manager Aalto University, School of Science

hanna.castren-niemi@aalto.fi +358 45 201 3477

Rising obesity and older mothers increase labor inductions, cesareans, and healthcare costs

30-40% Older age, obese, high blood pressure, and diabetes Of women need labor induction Needs C-sections, has Nordic childbirths in 2024 complications, and NICU needs

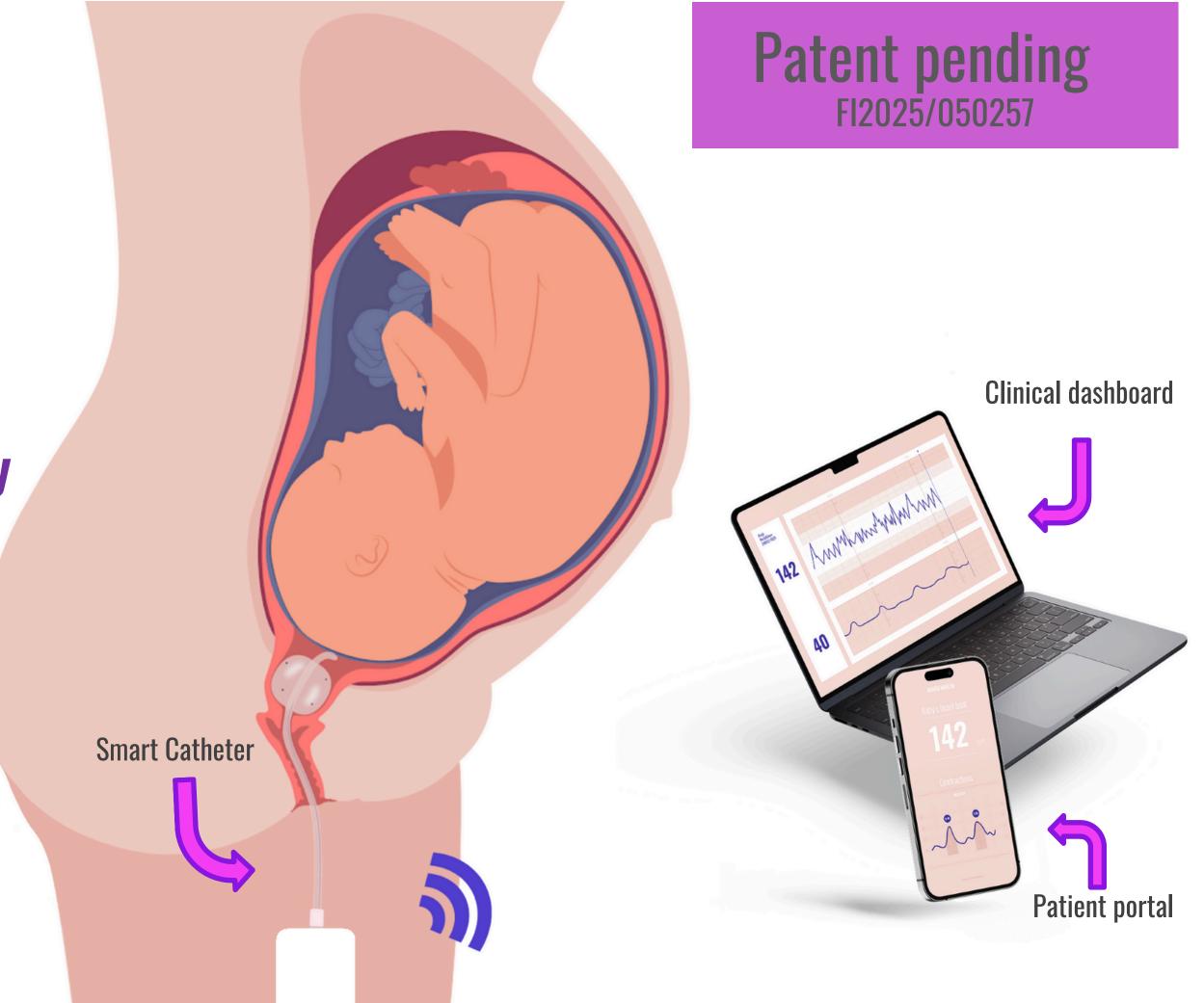


Our vision:

Labor and delivery as a precision medicine experience for every woman, everywhere.



Reading maternal and fetal biometrics directly from the cervix during cervical ripening.



Our Journey

Programs









Fundings

BUSINESS **FINLAND**









Research Hospitals







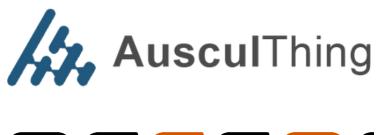








Partners









Our project has traction and has secured \$4.5M in non-dilutive funding

Pioneering Research in Labor Induction

Biodesign Finland Intelligent Inga launch **Spark Finland**

Research-to-Business grant **Business Finland** (non-dilutive Pre-Seed)

ARPA-H (US NIH program) **Jane and Aatos Erkko Foundation** (non-dilutive Seed Round)

Venture capital

Industry Partnerships

Licensing

Revenue Generation

Follow-on grant funding for R&D – **US, EU, UK markets** (non-dilutive Series A)

2010-

(2022-2023)

\$750k | 1,9 years (2023-2025)

\$3.7M | 2 years (2024-2026)

Today

\$10M-50M | 4-7 years (2026-2030+)

Since 2010

Inga Health establishment

Validation

Preclinical

Clinical trials-Finland & US

Clinical practice Market

Assoc. Prof., MD, PhD **Leena Rahkonen** and MD, PhD Heidi Kruit labor induction research studies

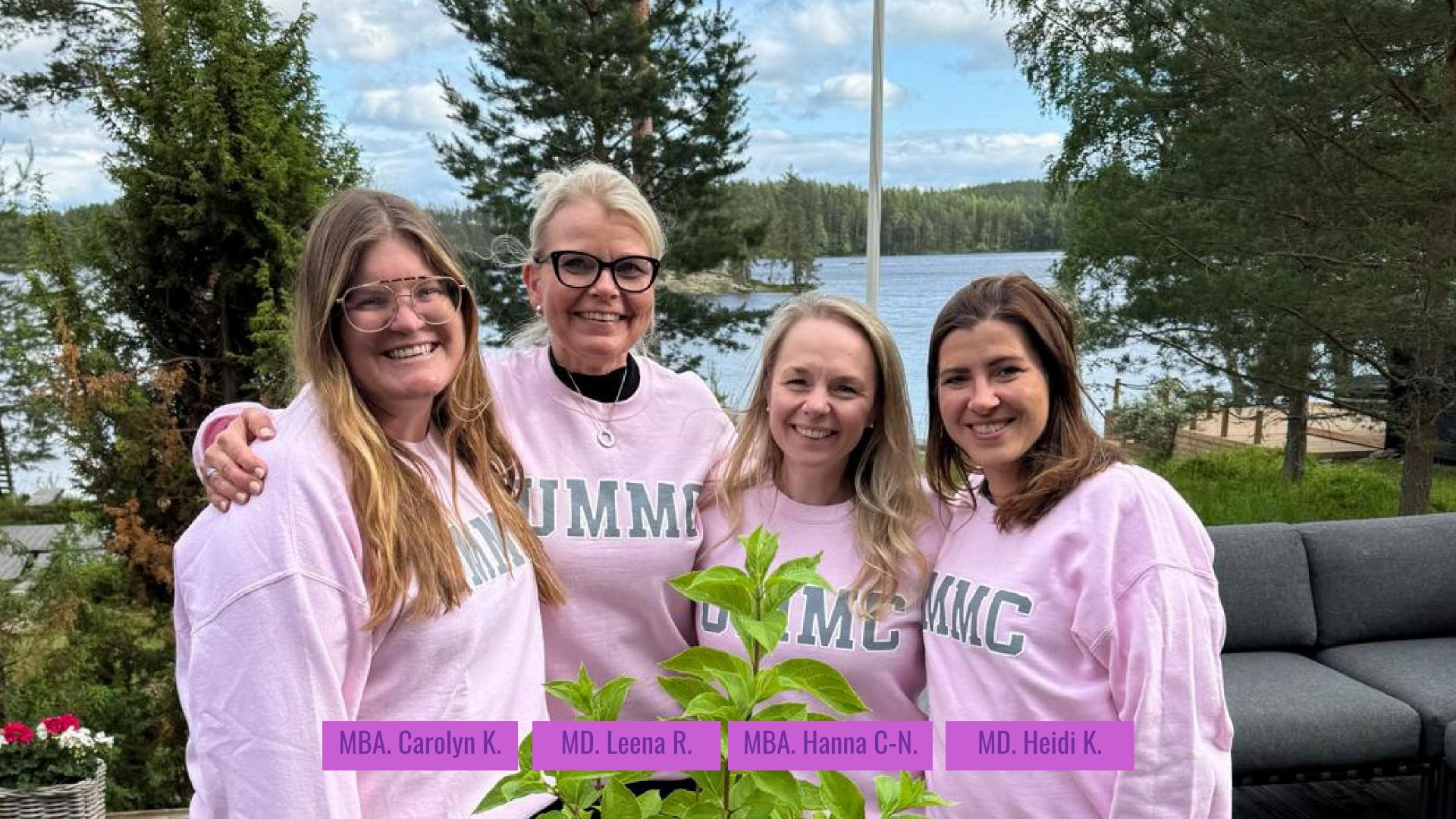
- Dr. Rahkonen and MBA. **Hanna Castrén-Niemi** met during Biodesign Finland and established a new research group at Aalto Uni with **Dr.** Kruit
- Mechanism of intelligent induced labor
- Preliminary biometrics studies

- Building proof-of-concept: bioreading device
- PoC validation at Helsinki **University Hospital (HUS)**
- Bench testing
- Plan research device(s) manufacturing (induction catheter and sensor system)
- IRB approval
- Regulatory compliance documentation

Induction catheter:

- Pilot study: Finland
- RCT: Mississippi, Minnesota, US **Catheter + Bioreading device:**
- Pilot study: Finland
- Feasibility study: Mississippi, Minnesota, US and Tallinn, Estonia
- Health impact validation,
- Regulatory approval preparations for the FDA & for CE mark

- 1-3 Medical device solutions
- Expanded Clinical and **Industry Partnerships**
- Market entry into the US and
- Opening other markets, such as UK and AU





Tak! Tack! Takk! Thank you! Kiitos!

For more information:

Hanna Castrén-Niemi
hanna.castren-niemi@aalto.fi
+358 45 201 3477

Join our Inga community:



Initiator Pharma

Innovative treatment for sexual dysfunction and pain

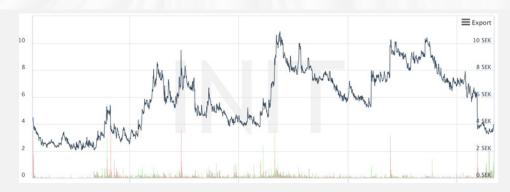
Future Vision of Women's Health 2040 (NordicWHH) September 8th 2025

Claus Elsborg Olesen CEO

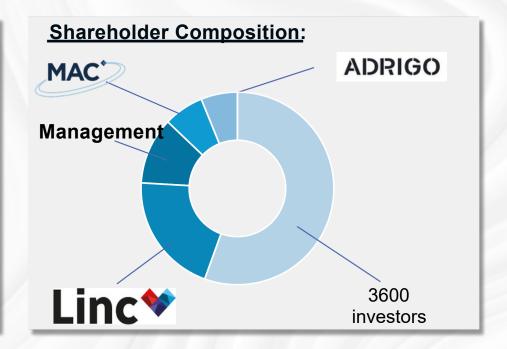
Initiator Pharma Corporate Profile

- Headquartered in Copenhagen, Denmark
- Listed on First North Stockholm, Ticker: INIT





- Market Cap: Approx. 270MSEK (27 MUSD)
- Shareholders: Approximately 3600
- Financially backed by Swedish specialist investors
- Financed into 2027



New Generation of significantly improved Monoamine modulators

The Monoaminergic system is a network of neurons that use monoamine neurotransmitters to regulate processes such as emotion, arousal, mood, sexual function, locomotor function and memory

- Monoamine modulation therapy is a validated and therefore de-risked methodology with many marketed drugs used as treatment for a range of diseases:
 e.g. Depression, Pain and Parkinson's disease
- A significant challenge is that the majority of the marketed drugs have undesirable side-effects (e.g. sexual dysfunctions, elevated blood pressure, and cardiovascular issues)
- We have developed a new generation of advanced Monoamine modulators (reuptake transport inhibitor), offering a de-risked target approach on DAT/SERT/NET with precise efficacy and optimal safety

Dopaminergic neuron

Dopamine autoreceptor

Synaptic cleft

Postsynaptic cell

Tyrosine

L-DOPA

Dopamine transporter

Tyrosine

Dopamine

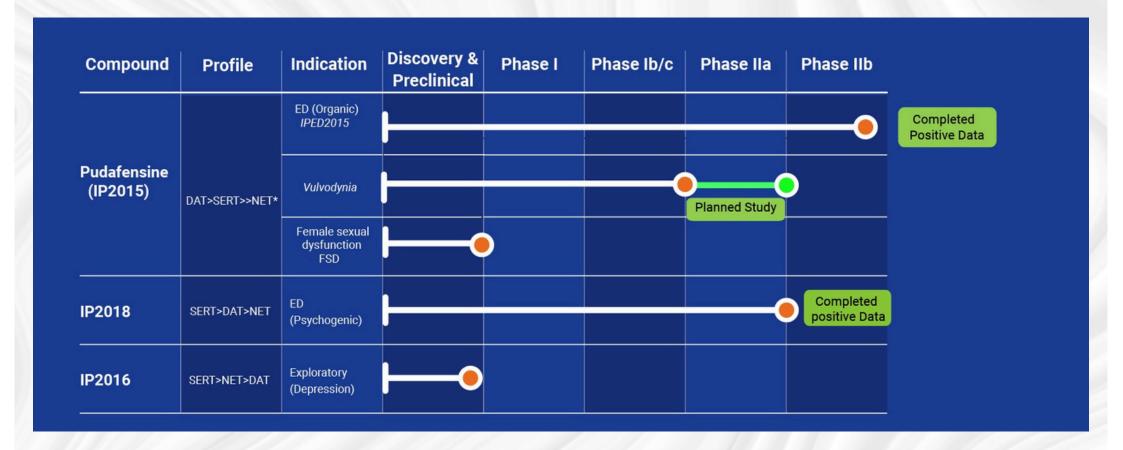
Dopamine dopamine autoreceptor

Dopamine autoreceptor

Postsynaptic dopamine receptors

Classical monoamines: Dopamine (DA/DAT), Noradrenaline (NE/NET) and Serotonin (5-HT/SERT)

Pipeline of safe drug candidates targeting high unmet medical needs



Experienced Management – Industry veteran Göran recently joined the BoD

	Leadership
Claus E. Olesen Founder & CEO	Serial entrepreneur with strong scientific background in Structural Biology, significant fundraising experience, operational expertise in research and clinical development
Torgeir Vaage CFO	Background as Financial analyst with several Scandinavian investment banks and last 15 years as CFO in life science field
Mikael Thomsen Founder & CDO	Expert in drug development and have conducted multiple Phase1-3 trial from Novartis, Novo Nordisk, FDA and serial biotech entrepreneur
Ulf Simonsen PhD Founder & CSO	Professor of Pharmacology, Medical Doctor, ED preclinical animal model expert, Aarhus University
Christina Guldberg Sr Dir, Clinical Dev & Outcomes Research	Experienced (+ 30y) drug developer, phase 1-3, RWE generation, Early Access Programs and Clinical Outcomes Research
Annika Espander Strategic Advisor to CEO & BOD	Registered three pharmaceuticals. Senior executive roles in capital markets for 30 years. Board roles in private and public companies for 20 years

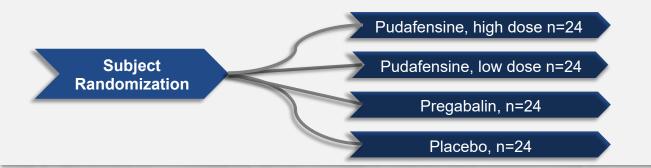
	Board of Directors
Magnus Persson Chairman 2016-	MD with Pharma and biotech background with R&D and Clinical. Expertise with both private and listed companies
Annette Collin NED 2021-	Trained Auditor with significant CFO expertise from both listed and private companies. Experience as Biotech CEO, as entrepreneur and solid board experience.
Göran Ando NED 2025-	Dr. Ando brings 45 years of experience. Dr. Ando is the retired Chair of the Board of Novo Nordisk A/S, and the current Chairman of EyePoint Pharmaceuticals (USA), Nouscom (Switzerland) and Nanexa AB (Sweden).
Peter Holm NED 2017-	Patent lawyer with a scientific background in Biochemistry
Gunilla Ekstrøm NED 2022-	30 year of Neuroscience expertise and Pharmaceutical R&D expertise. Experienced Entrepreneur and Biotech company founder
Claus E. Olesen 2016-	Serial entrepreneur with strong scientific background in Structural Biology, significant fundraising experience, operational expertise in research and clinical development

Initiator Pharma

Pudafensinehas demonstrated efficacy in a Pain challenge study

Design: Randomised, double-blind, placebo-controlled, <u>4-way crossover study</u>

Two dose levels of pudafensine, placebo & Pregabalin (Capsaicin pain challenge model)



24 Healthy Volunteer study



Pudafensine demonstrated a statistically significant effect on allodynia (p=0.049) and showed a dose-dependent effect on the measured pain parameters

Pregabalin (p=0.083) and Pudafensine(p=0.051) tended to reduce hyperalgesia, although the effects on hyperalgesia were not statistically significant compared to placebo-treated subjects

There were no observations of unexpected adverse events

Clinical study in support of centralized pain transmission in Vulvodynia

Study by: Foster et al. 2005



Pain 117 (2005) 128-136



Effects of intradermal foot and forearm capsaicin injections in normal and vulvodynia-afflicted women

David C. Foster*, Robert H. Dworkin, Ronald W. Wood

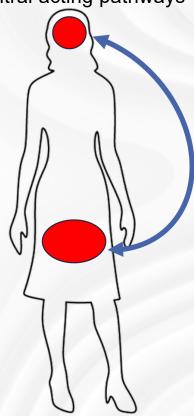
Department of Obstetrics and Gynecology and Department of Anaesthesia, University of Rochester School of Medicine and Dentistry, Rochester, New York, USA

Received 12 December 2004; received in revised form 28 March 2005; accepted 27 May 2005

Abstract

Cutaneous response to capsaicin has been used to assess central sensitization in pain research. This study compared the response to intradermal capsaicin in the forearm and foot of vulvar vestibulits (vestibulodynia)-afflicted cases and controls. We hypothesized that cases will experience greater spontaneous pain, larger cutaneous areas of punctate hyperalgesia and dynamic allodynia, and greater vascular flow than controls. We also hypothesized enhanced post-injection pain in the foot compared to the forearm based on dermatome proximity of the foot and vulva. Methods. Ten vulvar vestibulitis syndrome (VVS) cases and 10 age and ethnically matched controls underwent two randomized, cross-over trials with intra-dermal injections of capsaicin or a saline placebo in the forearm and foot. Outcome measures included spontaneous pain level, surface area of punctate hyperalgesia, surface area of dynamic allodynia, cutaneous blood flow, regional skin temperature and vital signs. Results. VVS cases experienced greater spontaneous pain, punctate hyperalgesia and dynamic allodynia than pain-free controls. Within the VVS group, post-capsaicin spontaneous pain, punctate hyperalgesia and dynamic allodynia were similar than forearm and foot. Post-capsaicin blood flow did not differ between cases and controls by anatomic site. Measures of depression and anxiety correlated with spontaneous pain intensity but did not correlate with measures of hyperalgesia, allodynia, or blood flow. VVS cases had higher resting pulse rates and lower resting systolic blood pressures than in controls. Conclusion. VVS patients show enhancement of post-capsaicin pain response extending far beyond the anatomic location of the primary complaint.

Vulvodyniaa localizedpaindriven by central acting pathways

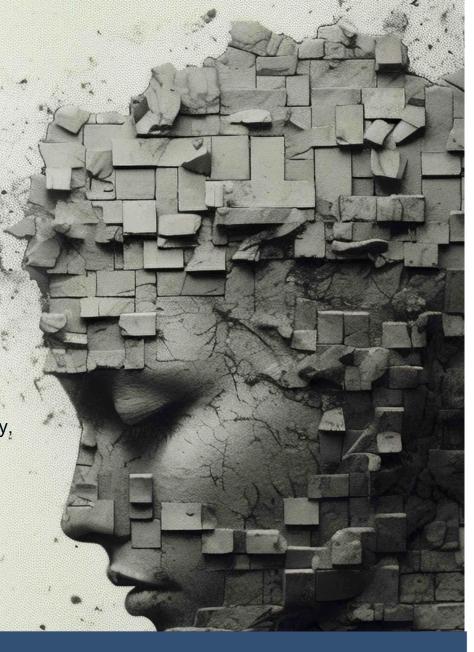


Providing women with pain relief for the unspoken pain indication

Vulvodynia

- Severe Chronic Neuropathic Vulval Pain
- Severely impairs daily life, mental health and sexual functioning
- Approx 13 and 17 Million women in the US and Europe, respectively, daily live with severe chronic pain in the vulva
- No approved or effective therapies available

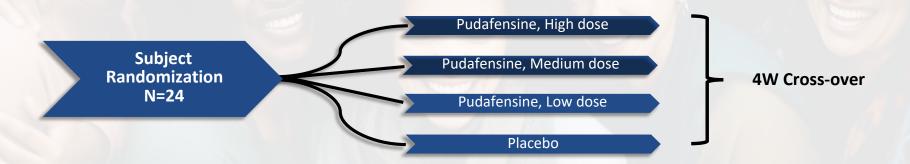
Our mission is to bring **real**, **evidence-based relief** to this unspoken pain using pudafensine



Initiator Pharma

Clinical Proof of Concept (cPoC) for pudafensine in Vulvodynia

A randomized, double-blind, placebo-controlled, 4-way cross-over trial studying the efficacy and safety of pudafensine in Vulvodynia in a clinically relevant and translational setting



Inclusion criteria

- Diagnosis of vulvodynia
 (duration ≥ 3 years)
- Tampon Pain score (NRS) ≥4

Primary endpoint:

Change in vestibular pain threshold* (Wagner algometer)

Secondary endpoint:

Change in Tampon Test* pain rating on 11-point Numerical Rating Scale (NRS): 0 to 10

Additional Exploratory endpoints:

TBD

*Refs: Foster 2009, Foster 2015, Zolnoun2012

Vulvodynia: A Market Opportunity Exceeding USD 1-3 Billion

Assumptions:

Number of patients: Target population assumed to be diagnosed provoked (and mixed) vestibulodynia patients (10%)

Pricing: Based on benchmarking vs. other brands in women's health and pain indications, a net annual price point of

\$4,000 - \$4,500 has been modelled for the US, and \$900 - \$1,000 in the EU4 + UK

Sales potential: at least USD 1-2 bn, assuming a modest 10% market share in the US and EU







eak :		ential in Prov	oked Vestibu	ılodynia(\$m)				
) #			Annual p	rice per patient	(\$)		
		700	800	900	1,000	1,100	1,200	1,300
	5%	116	132	149	165	182	198	215
	10%	231	264	297	330	363	396	429
	15%	347	396	446	495	545	594	644
Penetration	20%	462	528	594	660	726	792	858
	25%	578	660	743	825	908	990	1,073
P e	30%	693	792	891	990	1,089	1, 18 8	1,287
	35%	809	924	1,040	1,155	1,271	1,386	1,502

			US Pea	ik Sales	lurecas			
IIC E	ook Sal	es Potential i	n Drovokod	Vestibuled	unia (Ém)			
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				Annual net p	rice per patien	t (\$)		
		3,000	3,500	4,000	4,500	5.000	5,500	6,000
	5%	480	560	640	720	800	880	960
	10%	960	1, 12 0	1,280	1,440	1.600	1,760	1,920
	15%	1,440	1,680	1,920	2,160	2.400	2, 640	2, 88
Penetration	20%	1,920	2, 240	2,560	2,880	3,200	3, 520	3, 84
netr	25%	2, 400	2, 800	3,200	3,600	4,000	4, 400	4, 80
Pe	30%	2, 880	3, 360	3,840	4,320	4,800	5, 280	5, 760
	35%	3, 360	3, 920	4,480	5,040	5.600	6,160	6, 720

Summary - Pudafensinein Vulvodynia

Pudafensine, a clinically de-risked drug candidate with validated MOA modulating dopamine in Pain

Demonstrated Pain relief:

supporting data from preclinical and clinical studies

Easy/convenient route of administration:

Oral administration

Safe and Tolerable:

- Non-opioid
- Non-hormonal

Very attractive commercial billion USD opportunity



29 Aug 2024

Initiator Pharma

07 09 2025

Claus Elsborg Olesen CEO

e-mail: ceo@initiatorpharma.com

Initiator Pharma



Julia Persson

Banking Dig Tech Dig Health Tech

Now Building:

Al that helps prevent disease before symptoms start

Beginning with menopause.

Scaling to lifetime health.

HLnavigator.AI - Your lifetime health companion





Scientist at Penn State University

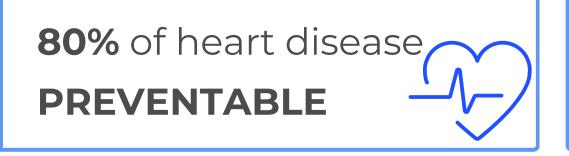
Diagnosed at 63

Died at 65

Right when life was supposed to begin again



What We Can Prevent



30-50% of cancers **PREVENTABLE**



90% of T2 diabetes
PREVENTABLE



Early Detection Changes Everything

Up to 90% 5-year survival rate stage 1, vs. ~5% stage 4

Breast cancer strikes at **62** - peak of retirement dreams

We're dying at **85** but living well only until **56**

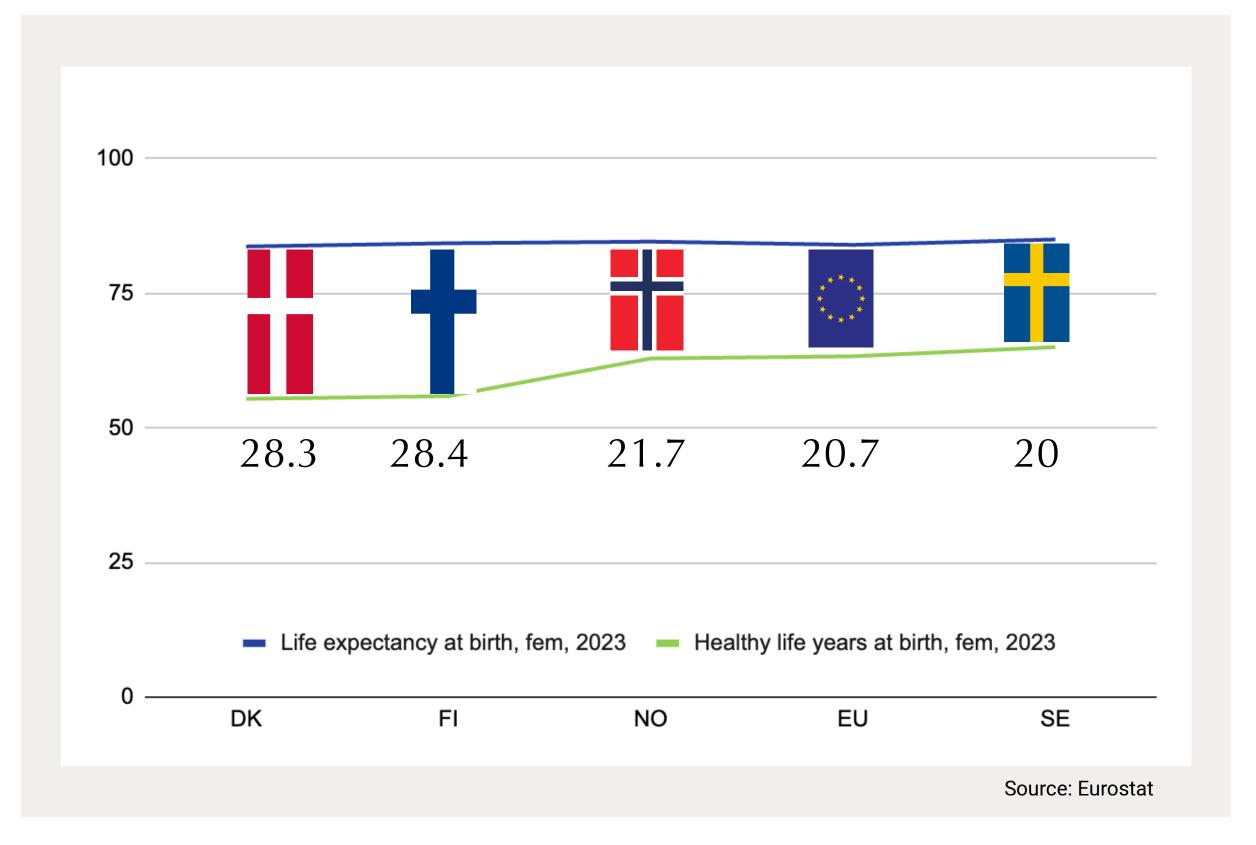
The Nordic Healthspan Gap

Nordic women live to 84-85 years

But spend 20-28 years with health limitations

Not severe disability but daily impact Work. Independence. Joy.

Prevention at menopause can reclaim these years



Menopause: The Great Health Pivot



The Biology:

Oestrogen influences cardiovascular, bone, brain and metabolic systems. We need new strategies!

Perimenopause

Prepare the foundation

Early post

Maximum prevention window

5+ years

Optimisation still powerful

Any stage

Intervention improves outcomes



The Truth:

Best time to plant a tree: 20 years ago

Second best time: **Today**



How I Learned This Personally

Misdiagnosed with cancer

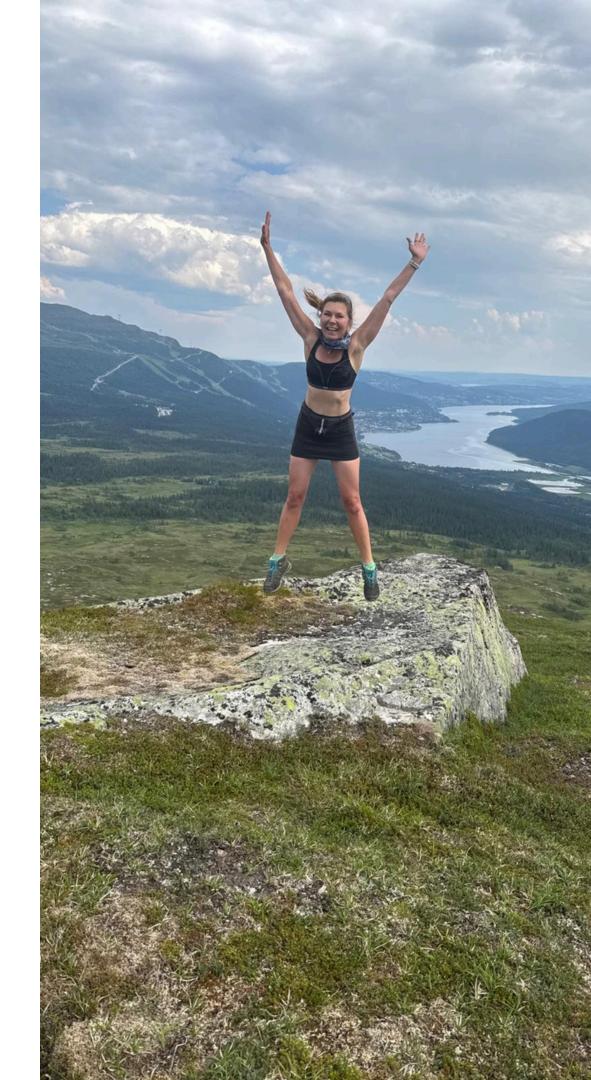
For 2 months: "I year to live"

Surgery resulted in no cancer

Surgical menopause, 10kg weight gain, zero energy

"This is normal"

I refused to accept that





Data Became My Medicine

I turned to what I know:



Whole genome sequencing



Blood test patterns



ChatGPT to decode 100+ research papers



Wearables + body composition data



Built MY protocol: precise supplements, nutrition, exercise

18 months later: Not just recovered. Better.

Friends asking: Can I have your plan?

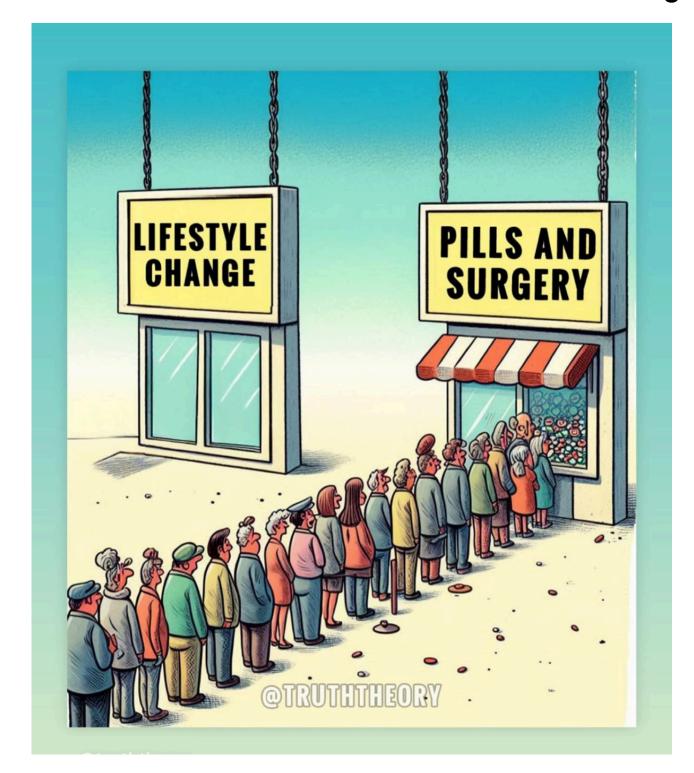
My answer: No, mine won't work for you.

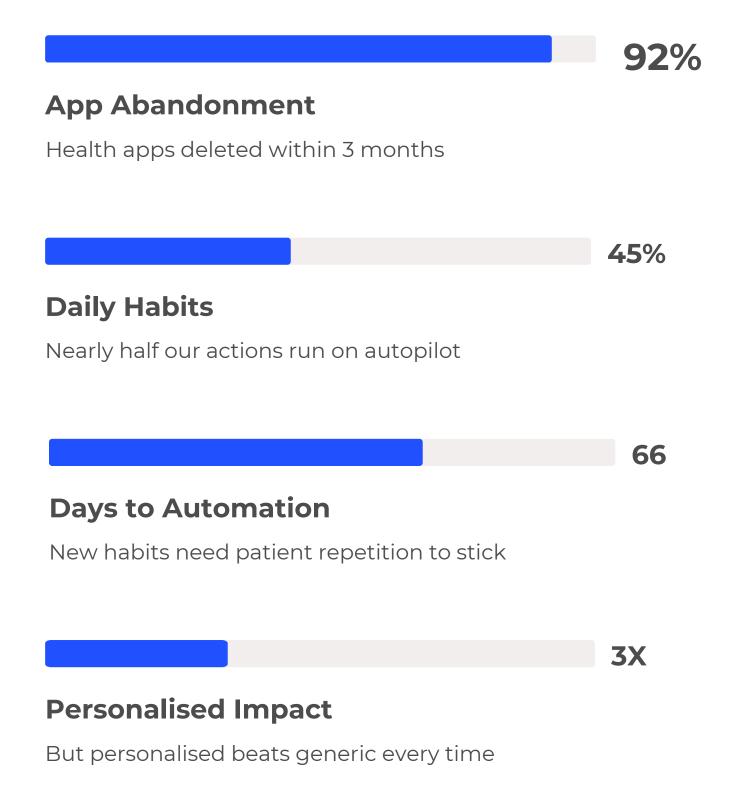
We each need our own.

That's when I knew what to build next.

Why Change Fails

The Behavioural Science Reality





Stop fighting human nature. Use it.

Health Navigator

Your Personal Al Health Companion

Understand



Plan



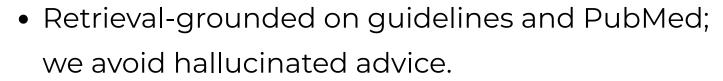
Do

YOUR data & risks

YOUR protocol

Daily on WhatsApp for YOUR life

Why Not Just ChatGPT?

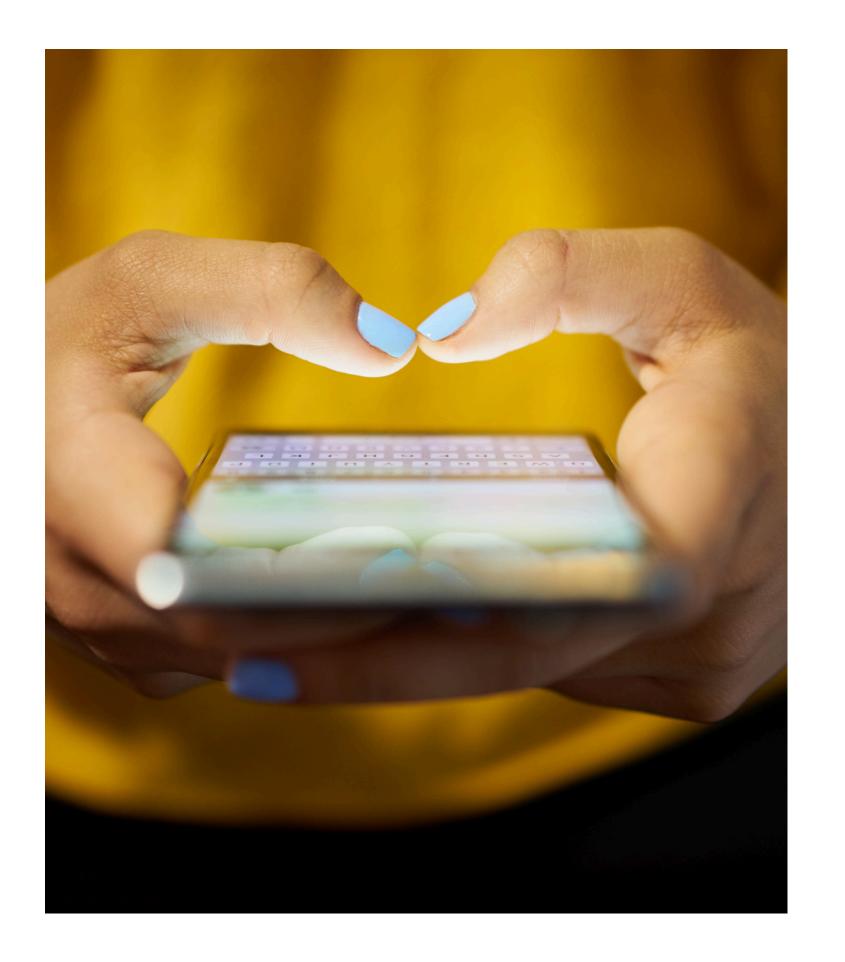




- Built-in data security.
- Medical advisor ensures safety.
- Designed for EU AI Act compliance; MDR pathway defined

We built the system I wished I had.







Join the Movement

Make 65 Your Beginning, Not Your End

We're building healthcare that prevents. Your health intelligence growing with you.

Take the Quiz:

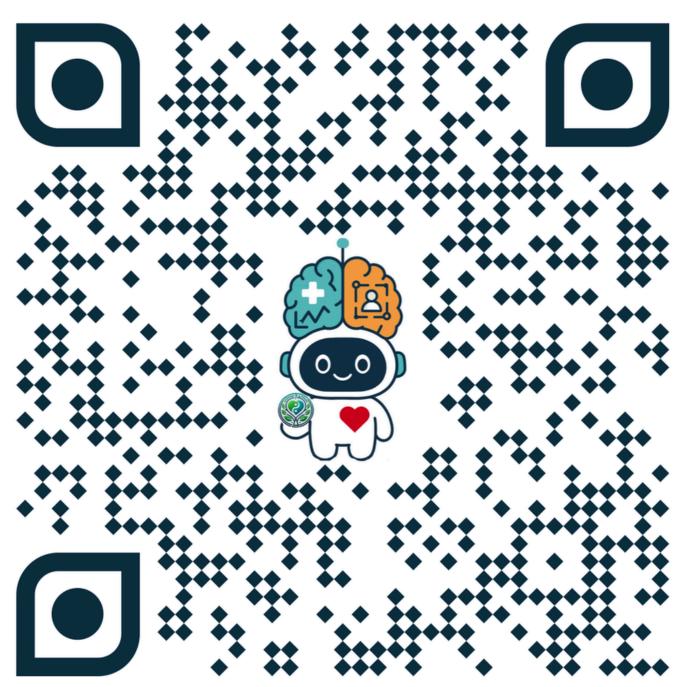
Learn YOUR menopause-longevity connection

Discover YOUR success pattern

Help build the solution - together

5 minutes that could add 10 healthy years





The Dream:

Every woman's health intelligence growing with

her, preventing disease before symptoms start.

The Reality:

We're building it now. Deeply personalised.

Science-grounded. Your lifetime companion.

Help us prove it works:

Take the quiz. Join our pilot. Share your expertise.

julia@hlnavigator.ai

Thank you!



COFFEE & TEA IN THE LOBBY

SEE YOU IN 20 MINUTES



REGISTRATION AT PARLIAMENT	12:30 - 13.00
WELCOME	13.00 - 13.15
KEYNOTE: DARIA KRIVONOS, CEO OF CIFS	13.15 - 13.50
DREAM PROJECTS	13.50 - 14.20
COFFEE & TEA IN LOBBY	14.20 - 14.40
	1 1120
PRESENTATION OF 5 MISSIONS	14.40 - 15.30
	1 10 10
PRESENTATION OF 5 MISSIONS	14.40 - 15.30



5 Mission Groups

Christina Lloyd (SE)
C-Medical
Board Member
Women's Health
Expert



Aura Pyykönen (FI)MD PhD OBGYN,
Founder of Isla



Hilde Færevik (NO) Innovation Norway Ph.D . Special Advisor Health and Life Sciences



Tine Hertz (DK)
One Thirty Labs
Copenhagen Health
Week
Preventative Women's
Health Expert



Vanessa Carpenter (DK) FemTech Studios & Nordic Women's Health Hub, PhD



Claus Olesen (DK) Initiator Pharma Århus University Prof. Biomedical Innovation





MISSION GROUP 1: EQUITABLE RESEARCH





HILDE FÆREVIK

INNOVATION NORWAY

PH.D. SPECIAL ADVISOR HEALTH AND LIFE SCIENCES

Equitable research





Mission Statement

Headline from 2040 (future press release-style)

By 2040, Nordic equitable research will secure a sustainable effort to guarantee women's health for better and safer lives that transforms society

Key Transformative Elements

For example:

· Research leadership

From: Funding directed to established norms.

To: Funding reoriented toward fundamental female physiology, with equitable investment.

Metthodology

· From: Insufficient valid female health data for AI/ML.

To: Access to high-quality female health data, confirming real-world evidence.

Funding

· From: Fragmented European funding misaligned with women's disease burden.

To: A European Women's Health Joint Undertaking ensuring sustainable and long-term funding.

Impact-Feasibility Roadmap

From Vision to Action

2025-2027 (Quick Wins)

• Communicate and expose gaps & highlight societal relevance

2030-2035 (Strategic Investments)

- Mandate female inclusion in research
- Proportional women's health funding
- €20M public-private R&D fund
- Cluster Nordic/EU research & launch Joint Undertaking

2040 (Transformation)

- EU platform for sex-stratified RCTs
- Beyond symptom-management treatments
- Largest young women's cohort
- Whole-person, life-cycle research



MISSION GROUP 2: WOMEN-CENTRED CARE





AURA PYYKÖNEN

FOUNDER OF ISLA

MD PHD OBGYN

Women-Centered Care

A better standard for women's health

Mission Statement

Headline from 2040

"By 2040, women in the Nordics will benefit from **superior quality of life** with well-funded and well-designed healthcare supporting every life stage. Efficient, preventative and personalized care driven by cross collaboration, embracing technology advancements and deep expertise in women's health will set a new global standard for women-centric healthcare."

Key Transformative Elements

Focus on Quality of Life Metrics

- 1. Develop and implement better standardized tools for measuring QoL and using this to prioritize care
- 2. Making longer lives better lives

Protecting Equity and Leading Through Education

- 1. Educating gatekeepers (such as GPs) and the public
- 2. Influencing politics

Articulating Solutions

- 1. Defining the problems caused by gender bias in detail
- 2. Estimate the benefits of addressing these problems
- 3. Providing clear solutions to realize these benefits





Impact-Feasibility Roadmap

From Vision to Action

Quick Wins (2026) - Harnessing Existing Information

- 1. Leveraging existing data to examine the effects of gender gap
- 2. Educating HCPs on the effects of gender gap
- 3. Educating women and the public in general on the gender gap

Strategic Investments (2030) - Placing Quality of Life at the Core of Care Prioritization

- 1. Utilize existing data to identify the key challenges of gender bias in healthcare
- 2. Adopt standardized indicators and medical technologies to assess the impact of diseases and symptoms, and to prioritize care based on quality of life

System Transformation (2040) - A Nordic Example for the World

- 1. Nordic Clinical Guideline for addressing gender bias in healthcare services
- 2. Strengthening Nordic political cooperation for healthcare decision-making



MISSION GROUP 3: INNOVATIVE WOMEN'S HEALTH GOVERNANCE





CHRISTINA LLOYD

C-MEDICAL BOARD MEMBER

WOMEN'S HEALTH EXPERT

Innovative Governance





Mission Statement

Headline from 2040

"By 2040, Nordic innovative governance has created frameworks encouraging accountability for society, economy and health, and unlocked identified barriers. We rethink health and ensure women live as many healthy years as men, with improved quality of life."

Key Transformative Elements

Education and Awareness as Policy Lever

From ad-hoc campaings to mandated edcuation pipelines with KPIs

Institutionalised Citizen Participation & Lived Experience Panels

From non-sex-disaggregated data to sex/gender disaggregated indicators

Data & Measurability Transformation for increased accountability

From ad-hoc symboli concsultations with unclear influence to establishing permanent panels embedded at every stage

Ressource Allocation Transformation

From episodic siloed bugeting fragementing women's health to life-cycle based budggeting and investements/incentivising prevention and innovation





MISSION GROUP 4: INNOVATIVE ECOSYSTEMS



CLAUS E. OLESEN

INITIATOR PHARMA ÅRHUS UNIVERSITY

PROF. BIOMEDICAL INNOVATION

Inclusive Innovation Ecosystem





Mission Statement

Headline from 2040

By 2040, health will be recognised as society's greatest asset. Open data fuels discovery, innovators deliver precise personalised solutions, and equal investment ensures breakthroughs that benefit everyone.

Key Transformative Elements

1. Technology as Enabler

From: High-cost, siloed innovation

To: Digital twins, citizen data, and advanced tools that make development faster, cheaper, and more inclusive

2. Smart Regulation

From: Compliance as a barrier

To: Agile frameworks that balance safety with innovation support, making the Nordics globally competitive

3. Unified Investment Logic (outcome of 1 & 2)

From: Fragmented VC/government views, undervaluing health

To: Joint public-private investment recognising health as a core societal and economic value

Impact-Feasibility Roadmap

From Vision to Action

Quick Wins (2026) - High Impact, High Feasibility:

Establish clear rules for funding of the WH projects - quotas, VCs

Strategic Investments (2030) - High Impact, Moderate Feasibility

Centralise and unify data collection and access to innovation, securing safety

System Transformation (2040) - High Impact, Lower Feasibility

Adopt holistic perspective on Health as a societal benefit (not even diff. Womens Health)



MISSION GROUP 5: HEALTH LITERACY & AWARENESS





CEO, ONE THIRTY LABS
FOUNDER, COPENHAGEN HEALTH WEEK
PREVENTATIVE WOMEN'S HEALTH EXPERT

TINE HERTZ VANESSA J. CARPENTER

ONE THIRTY LABS
CO-FOUNDER OF FEMTECH STUDIOS &
NORDIC WOMEN'S HEALTH HUB
ONE HEALTH EXPERT
ONE THIRTY LABS
CO-FOUNDER OF FEMTECH STUDIOS &
NORDIC WOMEN'S HEALTH HUB
ONE HEALTH EXPERT

Health, Literacy & Awareness

E.g. Inclusive Innovation Ecosystem

Mission Statement

Headline from 2040 (future press release-style)

A new Nordic era: Cycle synched organizations are twice as effective; the Nordics are inspiring the global standard for women's health.

Key Transformative Elements

The Education Transformation:

From: A place of misinformation and outdated knowledge and practices, and a lack of a critical stance alongside a segregation of genders.

To: Having trustworthy and transparent systems of knowledge generation which are proactively used by educators, doctors, and others in positions of authority and power in collaboration with women and society as a whole.

The Cultural Transformation:

From: Prude

To: Proud and culturally aware and welcoming.

The Access to Information Transformation:

From: Disconnected, powerful ignorance of persons in authority, and lack of accessibility (language, paywalls, etc).

To: Communities who listen and trust, building transparent, accessible knowledge generation in a responsible way in order to take better care of our holistic health. Citizen connected approach.





Impact-Feasibility Roadmap

From Vision to Action

Quick Wins (2026) - High Impact, High Feasibility:

- 1. Create a physical space for hormonal knowledge for anyone to visit
- 2. Create a Nordic initiative with the Nordic Council of Ministers
- 3. Mapping data gaps in women's health and literacy and planning for how to fix this
- 4. Nordic Innovation within Women's Health & Literacy

Strategic Investments (2030) - High Impact, Moderate Feasibility

- 1. Establish a Nordic standard in women's health literacy
- 2. Part of the curriculum of every education primary and secondary education, including Health Care Practitioners
- 3. Every corporate has to report on their health strategy and health literacy

System Transformation (2040) - High Impact, Lower Feasibility

1. The Nordics are the new WHO



Panelists





Aura Pyykönen (FI)MD PhD OBGYN,
Founder of Isla



Hilde Færevik (NO) Innovation Norway Ph.D . Special Advisor Health and Life Sciences



Tine Hertz (DK)
One Thirty Labs
Copenhagen Health
Week
Preventative Women's
Health Expert



Claus Olesen (DK) Initiator Pharma Århus University Prof. Biomedical Innovation



Moderator CEO, CIFS Daria Krivonos Strategic Foresight





VISION EXERCISE

TAKE OUT YOUR PHONE & JOIN US ON SLIDO



NEXT STEPS & THANK YOU





From Undervalued to Unstoppable

By 2040, investing in women's health will no longer be a cost burden but a proven business case, driving Nordic resilience through innovation, productivity, and sustainable growth.

From Talk to Transformation

To move from vision to reality, all stakeholders, from policymakers to innovators, must turn today's dialogue into concrete actions that drive systemic change in women's health.

Towards Inclusive Systems

By breaking down silos and fostering cross-sector collaboration, we can build health systems that are inclusive by design, not by exception. This enables us to address root causes, design interventions across the life course, and create scalable innovations that benefit individuals, economies, and societies.





THE NORDIC CHARTER FOR WOMEN'S HEALTH 2040

The Nordic Charter for Women's Health 2040 will be a co-created, actionable document endorsed by experts and institutions across all Nordic countries.

This is not a wishlist; it is a shared framework for transformation, guiding policy, investment, research, and innovation across borders to enhance women's health throughout the Nordics.









OWN THE MOVEMENT

Become a partner of the vision 2040:

- Leverage collective intelligence to solve pressing health inequities
- Positioning your organisation as a thought leader
- Join a unique cross-sector network of decision-makers

Contact:

jeanette@womenshealth2040.org julia@womenshealth2040.org

What it takes:

- A sense of ownership of The Nordic Charter for Women's Health 2040
- Be part of creating roadmaps that will guide women's health innovation in the Nordics until 2040.
- Amplify your organisation's influence by joining a collective voice advocating for systemic change





THE ROAD AHEAD

TAKE OUT YOUR PHONE & JOIN US ON SLIDO

Any other thought? Share with us at: hello@womenshealth2040.org



Vision 2040 Team



Anastasia Nørager The Copenhagen Institute for Futures Studies



Adela Bisak
The Copenhagen
Institute for Futures
Studies



Aron SzpisjakThe Copenhagen
Institute for Futures
Studies



Olivia Høst Isager Nordic Women's Health Hub



Maria Cecilia Espina Nordic Women's Health Hub



MelaniePovlitzki Nordic Women's Health Hub



Kicki Bajlum Nordic Women's Health Hub



Nura Jahanpour Cambridge University Doctoral Researcher



Sara Garcia Gubra Senior Scientist



Milla R. Lerche Artist





NETWORKING & DRINKS

THE VENUE CLOSES AT 17.00 THANK YOU!





THANK YOU!

Nordic Women's Health Hub INSTITUTE FOR FUTURES STUDIES