THE CROSS-SECTOR MENOPAUSE TASKFORCE

MENOPAUSE CARE PLAYBOOK

Creating a Supportive & Inclusive Workplace

ACKNOWLEDGEMENTS

The Menopause Care Playbook was developed by the Cross-Sector Menopause Taskforce, a Singapore-based coalition of clinicians, researchers, HR practitioners, community organisations and enterprise leaders working to close the gap between evidence and workplace practice. It is offered free of charge to every employer in Singapore.

How this playbook was made
The Taskforce operates pro bono and without commercial sponsorship. Every part of this playbook whether it is the clinical review, the research, the drafting and design, and the case studies that make it practical — was given voluntarily, by people doing it alongside their day jobs because they believed it needed to exist. We are grateful to all of them, and to the clinical advisors and reviewers whose scrutiny made it more rigorous than we could have managed alone.

No organisation paid to appear in this playbook, and nothing in it is a promotion. Its outputs belong to the Taskforce, not to any individual member. Where a member organisation appears as a resource or a case study, it is because it is useful to the reader, and its role in the Taskforce is stated. That independence is deliberate. Guidance about women's health at work is worth only as much as the trust behind it.

Co-Chairs
This playbook was co-led by:

- **HeyVenus Integrated Healthscience** providing research leadership, project coordination, and the evidence base underpinning this playbook, including co-authorship of the APAC Menopause White Paper (2025) with NUS ACRLE.
- **NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE), at Yong Loo Lin School of Medicine** providing clinical and academic expertise to ensure all guidance is evidence-informed and clinically sound.

Founding Members
We are grateful to the founding member organisations whose sector expertise, insights and review shaped every chapter of this playbook:

Aggreko · AWARE Singapore · HeyVenus Integrated Healthscience · NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE) at Yong Loo Lin School of Medicine · Osler Health · PPIS · Singapore College of Insurance · Singapore Council of Women's Organisations (SCWO) · Unilever

Clinical Review
The clinical content of this playbook was reviewed by:

- Prof Huang Zhongwei — Consultant, OBGYN at NUH, Deputy Director, NUS ACRLE, Co-chair, Cross-Sector Menopause Taskforce (ACRLE), Yong Loo Lin School of Medicine
- Dr Clarice Chia — Founder, Osler Health

Clinical review covers Chapters 2 and 3 and the glossary. Responsibility for the playbook as a whole rests with the Taskforce.

CLINICAL SAFETY NOTE

This playbook provides general information about perimenopause and menopause.

It is not a substitute for medical advice, diagnosis or treatment from a qualified healthcare professional.

Symptoms commonly associated with perimenopause and menopause include hot flushes, sleep disturbance, mood changes, difficulty concentrating, palpitations, headaches, and changes in menstrual patterns. These symptoms may also arise from other health conditions. While they may be linked to hormonal changes, menopause should not be assumed to be the only explanation for every symptom or health concern.

Seek timely medical evaluation if symptoms are new, severe, atypical, persistent, or materially affect daily functioning, work performance, relationships, or quality of life.

Consult a qualified healthcare professional if you experience:

- Heavy, prolonged, or irregular menstrual bleeding
- Vaginal bleeding after 12 months without periods
- New, persistent, or severe mood changes, including anxiety, depression, or feeling unable to cope
- Chest pain, dizziness, shortness of breath, or fainting
- Persistent, recurrent, or concerning palpitations
- New or worsening migraines or headaches
- Significant sleep disturbance or ongoing fatigue
- Persistent, worsening, or concerning memory or cognitive changes
- Any symptoms impacting work, relationships, or overall wellbeing
- Any other symptom that feels unusual or causes concern

Early assessment and appropriate management by a qualified healthcare professional can help identify underlying conditions, support informed decision-making and improve overall health and wellbeing.

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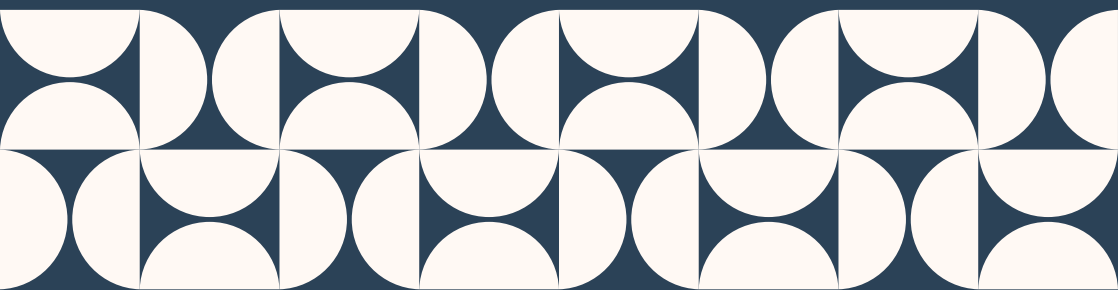


EXECUTIVE SUMMARY

For many women in Singapore, the menopause transition begins in their early to mid-40s, with menopause occurring at around age 49. This often coincides with a period of significant professional responsibility, when women are leading teams, managing complex roles and contributing valuable experience and institutional knowledge.

Yet menopause remains largely invisible in the workplace.

Research shows that 67% of women aged 45 and above report that menopause symptoms affect their work and personal lives. Among these women, 63% are in middle-to-senior leadership roles, while 61% feel unable to speak openly about what they are experiencing because of stigma.

For organisations, this is not simply a women's health issue. It is a workforce, leadership and organisational resilience issue.

Menopause is a life transition, not a permanent state of diminished capability. Symptoms vary widely and, for many women, ease over time. But without the right understanding and support, this period can affect confidence, performance, attendance and career progression, and in some cases contribute to women stepping back from leadership opportunities or leaving the workforce.

Supporting women through menopause is therefore not about lowering expectations. It is about removing avoidable barriers so experienced employees can continue to contribute, progress and lead.

This matters increasingly as populations and workforces across Singapore and the wider region age. Many women in midlife are also part of the "sandwich generation", balancing work with responsibility for children and ageing parents. Women already perform most of the unpaid care work globally, and these pressures can intensify as populations age. When menopause symptoms and caregiving demand coincide, the combined impact can increase stress and burnout and may lead some women to reduce working hours, take additional leave or step back from work, with consequences for income, career progression and organisational productivity.

Yet workplace responses must be carefully designed. Effective support should not medicalise menopause, reinforce ageism, or create assumptions about a woman's capability. Nor should employers assume that every woman has the same symptoms, caring responsibilities or support needs. Some women will want to speak openly; others will prefer privacy. Good support respects these differences while protecting dignity, autonomy, privacy and choice.

Source: Menopause and the Bottom Line: A Critical Leadership Challenge for APAC Leaders. (Copyright HeyVenus Integrated Healthscience and NUS Bia-Echo ACRLE, April 2025). Available under CC BY 4.0. DOI: 10.5281/zenodo.20552971

ABOUT THE PLAYBOOK

The Menopause Care Playbook is Singapore's first free, evidence-informed employer guide to menopause inclusion. It translates clinical evidence, APAC research and workplace best practice into practical guidance for organisations of any size, sector or starting point.

Designed for senior leaders, HR teams and people managers, the Playbook provides practical guidance on building awareness, equipping managers, reducing stigma, improving access to credible information and professional care, and strengthening workplace practices and support systems.

Its aim is simple: **to make menopause something workplaces understand, rather than something women are expected to manage silently**.

Ultimately, menopause inclusion is not about defining women by a stage of life. It is about ensuring that a temporary health transition does not become a permanent career disadvantage.

We begin in Singapore, with the intention of learning from what works here and contributing to stronger menopause-inclusive workplaces across the region.

Who is this Playbook for?

- **Senior leaders and executives** shaping culture and policy
- **HR teams** designing workplace practices and support systems
- **Line managers** supporting employees day to day
- **Small and medium enterprises** with no HR function at all. Page 27 is written for you.

What is Inside

Chapters 1 to 3 set out the evidence and how menopause care works in Singapore. Chapter 4 speaks to the women themselves. Chapters 5 and 6 are the practical core: what a manager should say, what to avoid, and how to build accommodations that hold. Three organisations then show what this looks like in practice.

Where to start

You do not need a policy to begin. A single sentence from a leader, saying that menopause is a legitimate workplace consideration, changes what people believe they are allowed to ask for. Everything else in this playbook builds from there.

CHAPTER ONE

WHY MENOPAUSE AWARENESS MATTERS

WHY MENOPAUSE MATTERS AT WORK

THE WORKPLACE REALITY

- Women **aged 45 to 54** are one of the fastest-growing groups in the global workforce. Most are moving through menopause while doing the most senior work of their careers.
- **61% of employees** say stigma is a barrier to discussing menopause at work. Half are uncomfortable raising it with a colleague, so symptoms are managed in silence.
- **67% of women aged 45 and over** say menopause symptoms disrupt both their working and personal lives.
- Of those women, **63% hold middle to senior leadership roles**. This is not a junior-workforce issue. It reaches the people organisations most depend on.

And in Singapore itself, of 1,461 women aged 45 to 65 studied by KKH, 70% had moderate to severe symptoms. Of those, 70% had never sought medical attention. If women are not raising this with a doctor, they are certainly not raising it at work.

THE COST OF DOING NOTHING, AND THE RETURN ON ACTING

Talent Loss

Without support, women reduce hours, decline promotions, or leave altogether. In the UK, one in ten women has left a job because of menopause symptoms.

Economic Consequences

Japan's Ministry of Economy, Trade and Industry estimates that women's health issues cost the Japanese economy JPY 3.4 trillion a year, with menopausal symptoms accounting for more than half.

Strategic Investment

The World Economic Forum and McKinsey Health Institute estimate that closing the menopause gap could add USD 120 billion a year to global GDP, one of the largest gains in women's health.

Organisational Risk

Experience leaves quietly. Organisations lose senior women, and the institutional knowledge they hold, without ever recording menopause as the reason.

Menopause is not a decline in capability. It is a health transition, and for most women the symptomatic phase eases with time. The support that changes the outcome is usually small, temporary and inexpensive. Chapters 5 and 6 set out exactly what it looks like.

Sources: HeyVenus and NUS Bia-Echo ACRLE, APAC Menopause White Paper (2025). Quah et al., Menopausal Health in Singapore, Singapore Journal of Obstetrics and Gynaecology 57(1) (2026), announced with KKH MCHRI's Guidelines on Management of the Menopause Transition (2026). Japan Ministry of Economy, Trade and Industry (2024). World Economic Forum and McKinsey Health Institute, Blueprint to Close the Women's Health Gap (January 2025).

CHAPTER TWO

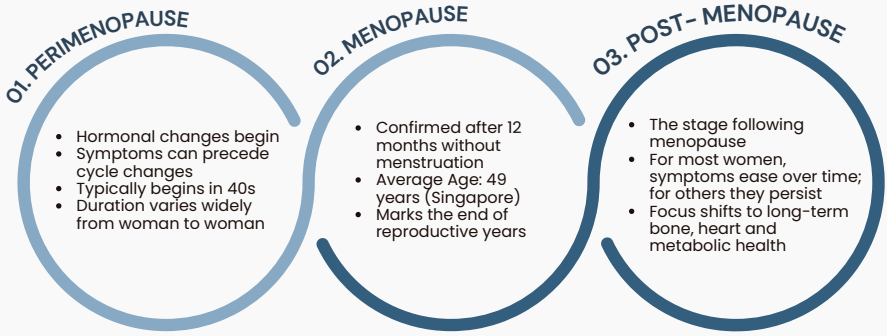
UNDERSTANDING MENOPAUSE

WHAT IS MENOPAUSE?

Menopause is a natural life stage marking the end of menstrual cycles, driven by changes and fluctuations in hormones, particularly oestrogen. It can significantly affect physical, emotional, and cognitive well-being.

The symptomatic phase is a transition, not a permanent state — for most women, it eases with time, though it can last several years.

THE DIFFERENT STAGES OF MENOPAUSE



NOT EVERYONE FOLLOWS THIS PATH

No periods to count
After a hysterectomy, or on hormonal contraception or a hormonal intrauterine device (IUD), the 12-month rule cannot be applied. Pregnancy remains possible until menopause is confirmed, so ask a doctor about contraception as well as your reproductive life stage (i.e. perimenopause, menopause or post menopause).

Earlier than expected
Menopause before 45 is early menopause; before 40, it is termed as premature ovarian insufficiency, affecting about 3.5% of women. Symptoms in the late 30s are uncommon, but they are real, and treatment matters — see page 15 Know Available Treatment Options.

Sudden onset
After surgery to remove both ovaries, or some cancer treatments, menopause begins abruptly and symptoms are often more severe.

The above is for reference only, please seek medical advice to confirm.

Source: The global prevalence of premature ovarian insufficiency: a systematic review and meta-analysis. Climacteric, 26(2). PMID 36519275.

COMMON EXPERIENCES OF MENOPAUSE

Every woman experiences menopause differently.

Symptoms may vary in type, severity and duration, with most symptoms easing with time. Some, particularly vaginal and urinary symptoms, may persist and can be treated effectively at any age.

Joint & Muscle Aches

Disturbed Sleep

Sexual Health & Urinary Symptoms

Physical & Mental Exhaustion

Vasomotor Symptoms (Hot Flushes, Night Sweats)

Weight & Metabolic Changes

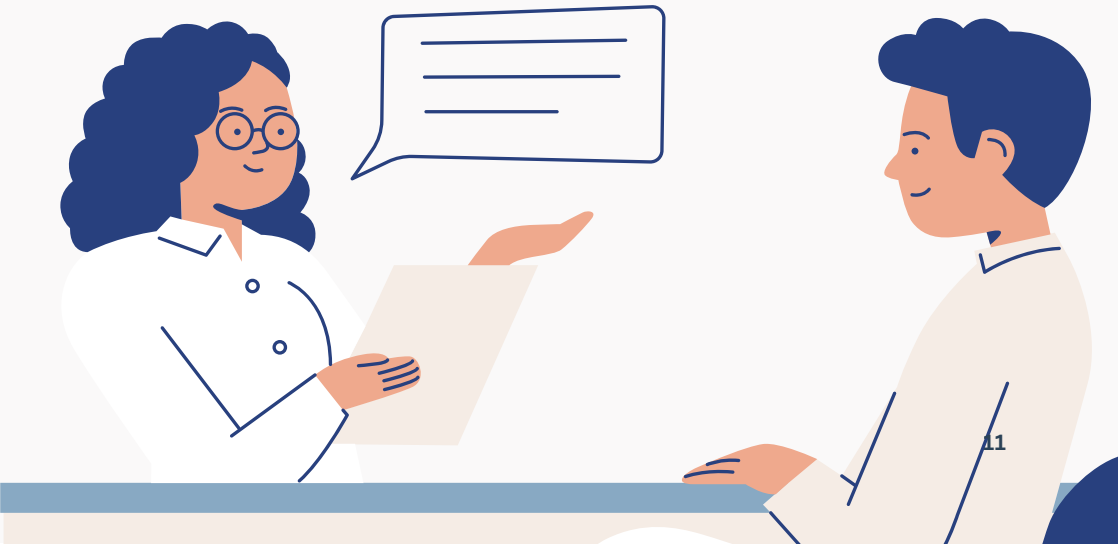
Head and/or Neck Aches

Vaginal Dryness & Dry Skin

Mood Changes & Fluctuations

Brain Fog & Memory Issues

The above is for reference only, please seek medical advice to confirm.



THE AWARENESS JOURNEY

QUESTIONS WOMEN ARE AFRAID TO ASK

1. Is what I'm experiencing normal?

Yes, most women experience menopause symptoms.

2. How long will symptoms last?

Menopausal symptoms last an average of 7 years, though for some women this extends to 10 years or more. Symptoms typically begin during perimenopause and may continue into postmenopause. For most women, the symptomatic phase does pass, even when it lasts several years. In particular, vaginal and urinary symptoms may persist regardless of how much time goes by, and these are treatable at any age and worth raising with a doctor rather than waiting out.

3. I've told my doctor something is wrong but I'm not being taken seriously. What do I do?

Document your symptoms, be specific about the impact on your life, and ask for a referral. (See Pages 39-40 on Resources & Support)

4. Why do I feel so alone, is everyone else coping better than me?

Most women are simply too afraid to talk about it. What looks like coping is often just silence. You are not alone in this. You are just surrounded by women who were taught the same thing you were - to carry it quietly. Talking about your experience can be the first step towards finding support. You can join a menopause support group in the community or in your organisation, where you can connect with others who understand what you're going through.

MYTHS VS. FACTS

Myth 1: Menopause is something that happens to women in their 50s.

In Singapore the average age of menopause is 49, and symptoms usually begin years before the final period. For many women that means their early to mid 40s, and for a smaller number the late 30s. Age is not a reliable guide to who is affected.

Myth 2: Hot flushes are the main symptom, so menopause is easy to spot.

Silence is not absence. The most common symptoms reported by women in Singapore are joint and muscle aches, disturbed sleep, sexual health and urinary symptoms, and physical and mental exhaustion, with hot flushes ranking last of the five. Much of what menopause does at work looks like tiredness, pain or distraction, not hot flushes.

Myth 3: Menopause is natural, so it does not need medical attention.

Natural does not mean it has to be endured. Puberty and pregnancy are natural too, and both are supported medically. In a local study of 1,461 women at KKH, 70% experienced moderate to severe symptoms and 70% of those had not sought medical attention. Singapore now has national guidelines setting out what good menopause care looks like.

For myths about hormone therapy specifically, see page 16.

Source: KKH MCHRI, Guidelines on Management of the Menopause Transition (2026).

CHAPTER THREE

HOW SINGAPORE'S HEALTHCARE SYSTEM SUPPORTS

NAVIGATING THE HEALTHCARE SYSTEM IN SINGAPORE

Menopause care extends beyond symptom relief — it is also an important window for preventive health, spanning cardiovascular, bone, metabolic, mental, sexual and genitourinary health.

KNOW WHERE TO START

You can start with a GP/family physician, women's health doctor, gynaecologist, or menopause-trained clinicians through:

- Polyclinics: Affordable first stop for symptoms, referrals, and basic assessments
- Private GPs/Women's Clinics: Faster access, more consultation time, higher cost
- Public Hospitals & Specialist Menopause Clinics
  - KK Menopause Centre @ KKH
  - Service for Women Across the Nation of Singapore (SWANS) @ NUH

PREPARING FOR YOUR FIRST APPOINTMENT

- Track symptoms (hot flushes, sleep, mood, periods) over time; note impact on work, energy and daily functioning, either manually or using a evidence based digital tool
- Ask directly about menopause-related care options
- Ask for a referral if you need to see a specialist
- Ask for a second opinion if you need one
- Singapore now has national menopause guidelines (KKH MCHRI, 2026). You can ask your doctor whether their advice reflects them.

You are entitled to clear explanations and shared decision-making.

KNOW AVAILABLE TREATMENT OPTIONS: THERE IS NO SINGLE RIGHT PATH

Every woman's menopause journey is different, and so is every woman's treatment. The goal is not to find the "best" option, but to find the right option for her body, symptoms, risks, preferences, and stage of life.

These are not steps in a sequence.

LIFESTYLE AS THE FOUNDATION

- Supports heart, bone, metabolic, cognitive and emotional health
- Prioritise nutrition, movement, strength training, sleep and stress management
- Support your body with regular meals, restorative movement, rest and sleep
- Notice patterns in mood, energy and stress, and build in short pauses to reset

MENOPAUSE HORMONE THERAPY (MHT)*

- Can be effective for bothersome menopause symptoms, especially hot flushes and night sweats
- Can be started during perimenopause, when symptoms are often at their most disruptive
- Helps prevent menopause-related bone loss where appropriate
- Suitability should be assessed by a qualified healthcare professional based on individual risks, benefits and preferences

NON-HORMONAL TREATMENTS

- For women who cannot use, or prefer not to use, MHT
- Evidence-based options may help target specific symptoms
- May include selected non-hormonal medications, vaginal moisturisers and lubricants, sleep support and other symptom-directed care

***Terminology Note**
Menopause Hormone Therapy (MHT) is also widely known as Hormone Replacement Therapy (HRT). MHT is the term used in Singapore's national menopause guidelines, because treatment aims to relieve symptoms rather than restore pre-menopausal hormone levels. HRT remains in common use among clinicians and the public, so women may encounter either term.

MENOPAUSE HORMONE THERAPY (MHT): MYTHS VS FACTS

MHT is also known as Hormone Replacement Therapy (HRT).

Myth 1

MHT is dangerous.

Fact

For many women, MHT can be safe and effective when prescribed after an individual risk assessment.

Myth 2

MHT is only for women who have reached menopause.

Fact

MHT can be used during perimenopause to relieve bothersome symptoms, where appropriate.

Myth 3

Hormone levels must be checked first.

Fact

Treatment decisions are usually based on symptoms, menstrual history, age, medical history, and risk profile. Blood tests may be helpful in selected situations.

Myth 4

“Natural” remedies and supplements are a safer alternative to MHT.

Fact

"Natural" doesn't mean regulated or proven. Some non-hormonal options genuinely help — ask your doctor which are the evidence based options

Myth 5

Once you start MHT, you can never stop.

Fact

MHT can be stopped or reviewed at any time with your doctor. Starting it is not committing to a fixed course.

Myth 6

Over 60 is too old to start or continue MHT.

Fact

There's no automatic age cut-off. It's a decision made with your doctor, based on your own health — not just your age.

Medical decisions should always be guided by a qualified healthcare professional.

Source: KKH MCHRI, Guidelines on Management of the Menopause Transition (2026), Annex D.

CHAPTER FOUR

LIVING THROUGH MENOPAUSE : YOU ARE NOT ALONE

@HOME : MANAGING RELATIONSHIPS & FAMILY DYNAMICS

Menopause at home is not one person's problem to manage. What changes the experience is the people around her noticing, adjusting and sharing the load, whether or not she has asked.

FOR WOMEN GOING THROUGH MENOPAUSE

- Acknowledge to yourself that this is a real health transition, not a personal shortcoming
- Communicate what you need now, not what you could manage before
- Reassess what is sustainable. Routines and responsibilities may need to shift
- Give yourself permission to rest, pause, and step back without guilt

FOR PARTNERS, FAMILY AND FRIENDS

- Take proactive steps to educate yourself about menopause
- Be patient with changes in mood, energy, or routines
- Reduce unnecessary pressure, expectations, or conflict
- Share responsibility at home as a partnership, not a favour

@WORK : RECOGNISING THE IMPACT & KNOWING THE OPTIONS

ACKNOWLEDGE THE IMPACT

- Menopause symptoms are legitimate health considerations
- Needing adjustments is a sign of self-management, not weakness

KNOW & UNDERSTAND AVAILABLE OPTIONS

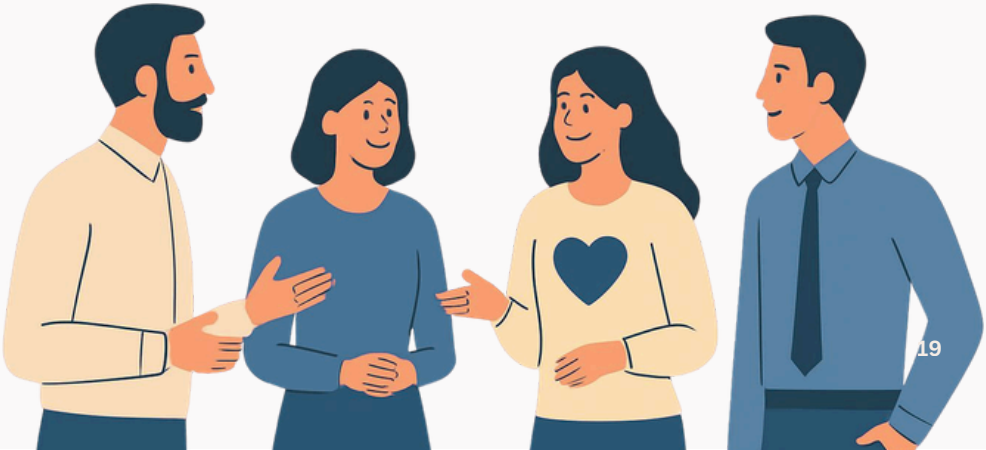
- Flexible working exists in more organisations than employees assume. It is worth asking what your role allows. Adjustments may include flexible hours, rest breaks, or pacing of workload during more challenging periods
- Ask your HR team what flexible arrangements exist. Many organisations offer more than employees realise
- Check your company benefits, including medical coverage and specialist claims

ACTIVELY SEEK ALLIES & SUPPORT

- Know who you can speak to — this could be a manager, HR partner, or trusted colleague
- Focus conversations on what helps you work sustainably and effectively

YOU DECIDE HOW MUCH TO DISCLOSE

- You control what and how much you disclose
- Focus discussions on work impact and solutions, not personal details



@COMMUNITY : BUILDING YOUR CIRCLE & BREAKING THE SILENCE

WHY COMMUNITY SUPPORT MATTERS

- Shared experiences reduce shame and self-blame
- Hearing others' stories helps you recognise what is common
- Collective awareness leads to better systems and support

WAYS TO BUILD CONNECTION

Start Where You Are

- One honest conversation with a friend or peer can make a difference
- You don't need to explain everything; just enough to feel understood

Find Safe Spaces

- Join menopause support groups (online or in person) and attend talks, workshops or wellness programmes. Refer to our Resources and Support on Pages 39-40.
- Attend talks, workshops, or wellness programmes focused on midlife health

CHAPTER FIVE

CREATING A MENOPAUSE SUPPORTIVE WORKPLACE

A Practical Guide for Managers

NORMALISING THE CONVERSATION

- **Why It Matters:** 67% of women aged 45 and over say menopause symptoms disrupt both their work and their personal lives.
- **The Challenge:** Menopause is a natural life stage, but often remains unspoken. Silence can lead to misunderstanding, isolation, and lack of support.
- **Shifting the Culture:** Recognising menopause as part of workplace wellbeing creates an environment where conversations feel safe and respectful.

Normalising menopause across the team is different from raising it with one person. Policy, training, and leaders speaking openly reach everyone, without singling anyone out. Approaching one woman because you think she's menopausal puts her on the spot, however kindly meant. In Singapore, many would rather be seen to be coping. So make support easy to find and easy to ask for, and let her come to you.

A PRACTICAL GUIDE FOR MANAGERS

Managers play a pivotal role as the first point of support. Their awareness and response can either open up or close down important conversations. What you notice is a prompt to check in, not a conclusion about the cause.

Recognising the Signs

- Be aware of common symptoms such as hot flushes, brain fog, anxiety, heart palpitations, fatigue
- Notice changes in how someone is working — her energy, focus, or stepping back from opportunities. Treat this as a cue to ask what would help, never as evidence about her health or ambition.

Initiating the Conversation

- Lead with empathy and flexibility, not performance evaluation
- Focus on understanding and support rather than problem-solving immediately
- Acknowledge what is shared and respond without judgement

Providing Support

- Explore practical adjustments (flexible hours, workload shifts, remote work options)
- Encourage access to peer or employee support networks (where available)

What to Avoid

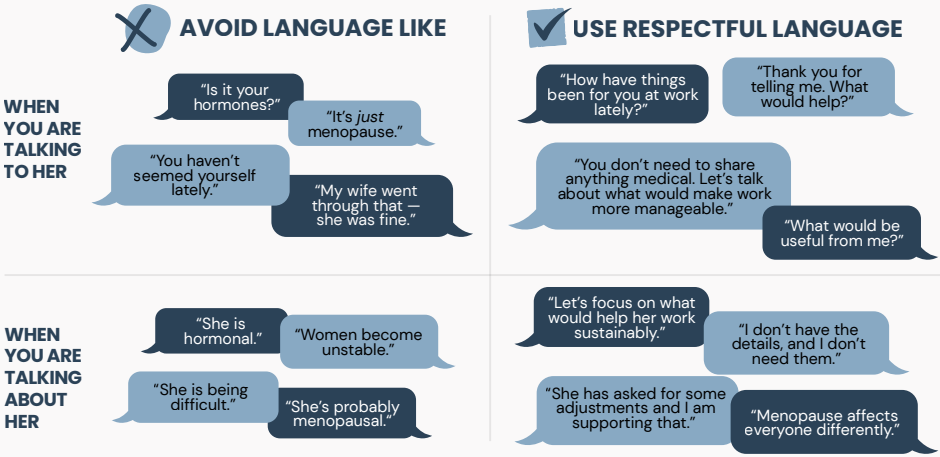
- Treating menopause as "just a personal issue"
- Discouraging openness or minimising lived experiences
- Presuming someone is menopausal, or naming it on her behalf
- Raising it before she has chosen to. Let her set the timing to open up.
- Repeating what she shares, to anyone, without her agreement

Source: HeyVenus & NUS ACRLE APAC Menopause White Paper (2025)

A GUIDE TO MENOPAUSE CONVERSATIONS

How we speak about menopause shapes how safe others feel to speak about it.

There are two types of conversations that matter: the one we have with her, and the one we have when she is not in the room. Both shape workplace culture, but the second can quietly reinforce assumptions that affect how women experiencing menopause are perceived, supported and treated.



DOS AND DON'TS IN CONVERSATIONS

Do!

- ✅ Listen without judgement
- ✅ Point people to credible sources rather than offering medical information yourself
- ✅ Encourage medical consultation with healthcare professionals
- ✅ Offer practical workplace accommodations
- ✅ Normalise the conversation
- ✅ Lead by example, use destigmatising language
- ✅ Create psychologically safe spaces for dialogue

Don't!

- ❌ Dismiss or minimise symptoms
- ❌ Make jokes or comments about menopause
- ❌ Speculate about whether a colleague is menopausal
- ❌ Repeat what someone shares, to anyone, without their agreement
- ❌ Assume everyone experiences menopause the same way
- ❌ Pressure women to disclose personal details
- ❌ Frame accommodations as 'special treatment'
- ❌ Perpetuate myths about capability or competence

STARTING THE CONVERSATION

It can be difficult for managers to know what to say when an employee is going through a challenging time.

These example scripts provide simple, supportive language to help start open, respectful conversations while providing psychological safety.

OPENING THE CONVERSATION

- "I've noticed you seem to be managing a lot recently. How have things been for you at work lately?"
- "Is there anything that you'd like support with?"

CREATING SAFETY & EXPLORING SUPPORT

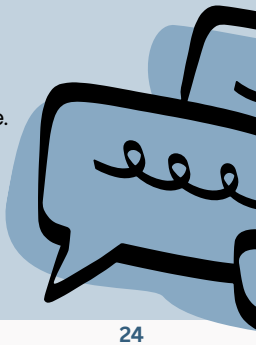
- "You do not need to share medical details, but if there are practical adjustments that would help you work sustainably, we can explore them."
- "We can focus on practical ways to support you at work."
- "Let's talk through what would make your workday more manageable right now."

OFFERING CHOICE

- "Would you prefer to speak with HR, me, or another support person?"
- "There are some resources I can point you to, if that would be helpful. There's no need to decide now." (See Pages 39-40 on the type of support and resources you can point them to)
- "That's completely fine. The offer stays open, and you can come back to me any time."

Helpful Notes:

- You do not need to mention menopause to open a supportive conversation. None of the scripts above name it and that is deliberate. Ask about work, not about symptoms, and let the employee decide what to share. Naming a health condition on someone's behalf can close a conversation before it starts.
- These scripts are for guidance only and should be adapted to individual conversations and context.



CHAPTER SIX

BUILDING THE STRUCTURAL SUPPORT FOR EMPLOYEES

A Practical Guide for Organisations

KEY ACTIONABLE AREAS FOR MENOPAUSE ACCOMMODATIONS

A collaborative approach is essential in developing effective menopause accommodations in the workplace. To provide meaningful support to employees experiencing menopause, employers should focus on actionable measures that directly address the most significant challenges.

These measures work best when anyone can ask for them without giving a reason. Support that requires an employee to name a health condition will only ever reach the few willing to name it.

The following key areas are recommended:

- **Flexible Work Arrangements:** Implementing options such as staggered start and end times, remote work opportunities, and as-needed rest breaks can help employees manage fatigue, cognitive difficulties, and mood fluctuations effectively.
- **Workplace Environment Adjustments:** Providing access to cooling aids like fans and climate control, quiet or rest spaces, and ergonomic supports can alleviate physical discomfort and create a more comfortable work environment.
- **Leave and Insurance Recognition:** Recognising menopause-related symptoms as legitimate health concerns within existing medical leave and insurance frameworks allows employees to seek medical attention or manage their symptoms without penalty or stigma.
- **Manager and Peer Support:** Training managers to understand the impact of menopause and respond with empathy, as well as establishing peer support networks, helps reduce stigma and mitigate feelings of isolation among affected employees.
- **Confidentiality and Policy Integration:** Ensuring privacy in health disclosures and formally incorporating menopause accommodations into existing health, diversity, and inclusion policies fosters consistent and non-discriminatory treatment.

Symptoms ease for most women. The adjustments you make now are usually temporary and they are what keep experienced people in their role through it.

Industry-Specific Considerations
Certain industries such as healthcare, hospitality, and retail may pose unique challenges for employees experiencing menopause, especially where uniforms or strict operational protocols are required. In these sectors, customised accommodations may be necessary.

IMPLEMENTATION STRATEGIES

To ensure menopause accommodations are successfully embedded within workplace practices, organisations should adopt a structured approach that facilitates both immediate action and ongoing improvement. The following strategies provide practical, step-by-step guidance for effective execution:

- **Gain Leadership Support:** Visible backing from senior leadership is what moves menopause from a wellbeing initiative to an organisational priority. A short statement from a leader, and a named executive sponsor, signal that requests will be taken seriously. This matters more to uptake than the policy itself.

- **Develop & Communicate Policies:** Organisations should draft clear and accessible policies that recognise menopause as a workplace consideration. These policies must outline accommodation processes, ensure confidentiality protections, and include anti-retaliation measures.

- **Raise Awareness & Build Capability:** Awareness campaigns like workshops, webinars, and educational materials can help normalise discussions about menopause. Our HeyVenus x ACRLE research told us employees asked for menopause awareness training for better support. Pair them with practical manager training, so that when a conversation does happen, the person on the receiving end knows what to do.

- **Establish Support Channels:** Confidential and accessible points of contact, such as HR representatives, Employee Assistance Programmes, and evidence based digital platforms, should be established within organisations to assist employees seeking advice or accommodations.

- **Ensure Clear Accommodation Process:** Streamlining procedures for requesting, reviewing, and implementing accommodations is essential. These processes should be confidential, have defined timelines, and include accountability measures.

- **Monitor & Evolve Practices:** Collect data on what is actually changing. Useful indicators include employee wellbeing, uptake of flexible arrangements, and relevant engagement survey items. Review annually and adjust — support that is never measured tends to quietly lapse.

SCALING FOR SMES

PRACTICAL STEPS WITHOUT A DEDICATED HR TEAM

Small and Medium Enterprises (SMEs) without dedicated HR teams or wellbeing infrastructure can still take meaningful, low-cost action:

- **Start with a Conversation:** A brief statement from leadership acknowledging menopause as a legitimate workplace consideration can shift culture even before formal policies exist.
- **Use Existing Channels:** Rather than building new support structures, fold menopause into existing flexible work, medical leave, or wellbeing conversations already handled by a manager or business owner.
- **Low-cost Environmental Fixes:** A desk fan, adjustable seating, or access to a private space for a few minutes' break address common physical symptoms and cost less than a single team lunch.
- **Informal Peer Support:** Where a formal Menopause Champion or a colleague who volunteers as a first point of contact isn't feasible, simply normalising the topic in team conversations can reduce stigma and isolation.
- **One Trained Point of Contact:** Rather than organisation-wide manager training, a single trained lead can be enough to handle requests sensitively and consistently. See Resources & Support (Pages 39-40) for where to start.
- **Agree a Simple Adjustment Plan:** When an employee raises a need, agree two or three practical adjustments together — for example flexible start times, additional short breaks, temporary changes in duties, or occasional work-from-home arrangements. Write down what has been agreed and review it after a few weeks. Adjustments should be individual rather than one-size-fits-all.
- **Build in Regular Check-ins:** Menopause symptoms can fluctuate, so support that works today may need changing later. A short, confidential check-in during an existing one-to-one is enough — no new HR process is required. Ask simply, "Is the arrangement still working, or is there anything we should adjust?"
- **Wellness Amenities Kits:** Offer a small pack of practical self-care and wellness essentials at the workplace to support unexpected wellness needs. This could include sanitary pads, disposable undergarments, feminine wash, hand cream, hot and cold compresses, a handheld fan and other comfort items. Providing these essentials can help employees manage unexpected needs with greater comfort and confidence.

These practical steps are not intended to be followed rigidly or in sequence. **Pick and prioritise what feels most relevant and achievable for your organisation, based on your existing resources, workplace culture and readiness.** What matters most is taking steps that are meaningful, sustainable and suited to your organisation's own journey towards becoming more menopause-inclusive.

CHAPTER SEVEN

CASE STUDIES: LEARNING FROM PRACTICE

CASE STUDY #1: SINGAPORE COLLEGE OF INSURANCE (SCI)

BEYOND ONE-SIZE-FITS-ALL

How SCI made women's health a leadership priority

OVERVIEW

Women can spend some of the most important years of their careers navigating health changes that are rarely spoken about at work.

Perimenopause, menopause and other midlife health concerns can affect sleep, energy, confidence and wellbeing, often just as women are taking on greater responsibilities at work and at home.

At the Singapore College of Insurance (SCI), we felt women's health deserved more than being folded into a generic wellbeing programme.

Women's health remains significantly under-addressed, attracting just 6% of private healthcare funding globally. For SCI CEO, Shalini Pavithran, the question was also a very human one: how can we make it easier for a woman to look after her health without first having to explain something deeply personal to her employer?

That commitment extends beyond SCI. SCI is a founding member of the Cross-Sector Menopause Taskforce, contributing to the wider effort to improve how workplaces understand and support women through midlife.

OUR APPROACH

We started with one principle: **No woman should have to explain herself to her employer in order to get help.**

The programme is opt-in and always available. A woman decides whether to use it and when. There is nothing to apply for, no approval to seek and no need to tell anyone at SCI.

She joins on her own terms, without linking her individual health journey back to SCI. The record she builds belongs to her and remains hers if she leaves the organisation.

To provide this support, SCI partnered with HeyVenus Integrated Healthscience on a clinician-led programme that combines private, tech-enabled access with human connection.

Through HeyVenus, women can access clinically governed health information and support, better understand what they may be experiencing and, where appropriate, navigate towards professional care.

But the programme does not live only on just technology.

HeyVenus also conducts face-to-face health sessions at SCI, creating an approachable space for women to learn from health experts and ask the questions that matter to them.

These sessions are intentionally conversational rather than simply one-way health talks. Women can raise concerns that may otherwise remain unspoken, while hearing the questions and experiences of others can also help make unfamiliar health changes feel less isolating.

Together, the digital and in-person elements offer women different ways

BEYOND ONE-SIZE-FITS-ALL

How SCI made women's health a leadership priority

to engage. Some may simply want to understand their health better. Others may need more personalised guidance or help finding appropriate care.

The technology provides privacy and continuity. The in-person sessions create trust, conversation and connection.

PRIVACY BUILT AROUND THE WOMAN

An important part of the programme is what SCI does not see.

SCI does not see an individual woman's symptoms, questions or whether she has used the platform.

The organisation receives only aggregated and anonymised insights on broader themes, enabling SCI to better tailor employee programmes. Results from small groups are withheld to protect individual confidentiality.

This separation allows SCI to understand where wider education and support may be useful without asking women to trade their privacy for care.

It also reflects an important part of SCI's philosophy: women should know that their health matters to their employer without feeling that they have to disclose their personal health journey.

ENCOURAGING EARLY SIGNS

The programme launched in April 2026, so these are still early signals and longer-term outcome data continues to build.

In the first quarter, participation in the face-to-face health sessions held onsite at SCI was strong, while more than one-third of women chose to use the private digital platform.

Participation was entirely voluntary, with nobody automatically enrolled. For SCI, this reinforced that women do not all need the same type of support or want to seek it in the same way.

Some may want information. Some may value a conversation. Others may need guidance towards appropriate medical care.

What matters is creating trusted options and allowing women to choose what is right for them.

WHAT WE HAVE LEARNED

- **Trust has to be built into the programme.** Privacy cannot simply be promised. The way support is designed must protect it.
- **Choice matters.** Women should be able to seek support when they need it, without declaring a problem or asking for permission.

CASE STUDY #1: SINGAPORE COLLEGE OF INSURANCE (SCI)

BEYOND ONE-SIZE-FITS-ALL

How SCI made women's health a leadership priority

- **Technology alone is not enough.** Digital access offers privacy and continuity, while face-to-face sessions create opportunities for conversation, questions and human connection.
- **Leadership intent matters more than organisational size.** An organisation does not have to be large to make a meaningful difference. It needs leaders willing to recognise an overlooked need and act on it.
- **Listen to patterns, never individuals.** Aggregated insight can help employers build better support while keeping individual health journeys private.

FROM THE CEO

"For me, this was never simply about introducing another employee benefit. It was about asking what we could do, as an employer, to make it easier for a woman to look after her health without having to explain or justify what she is going through.

We want women to know that support is there when they need it, while respecting that their health journey remains their own. If we can create a workplace where women feel informed, respected and supported to make the right choices for their health, then I believe we are doing something that genuinely matters."

Shalini Pavithran
CEO, Singapore College of Insurance

CASE STUDY #2: HSBC SINGAPORE

DESIGNING FOR REAL NEEDS

How HSBC Singapore made menopause support practical and inclusive by design

OVERVIEW

At HSBC Singapore, we've learned that the most effective wellbeing support starts with listening. As our workforce has become more open about different health needs and life stages, menopause emerged as a clear area where colleagues wanted more practical guidance and support. We heard this through an increase in employee questions and through our Employee Resource Groups (ERGs), who helped bring the topic into the open and shape what meaningful support should look like.

We chose to act because we didn't want menopause to be treated as something people manage quietly, alone, or only outside work. Symptoms can affect sleep, energy, mood and confidence — and when that shows up in the workplace, it impacts individuals and teams. Our aim was to put in place support that employees (and their families) could actually use, and to make it easier to talk about menopause in a normal, non-stigmatised way.

APPROACH

We introduced menopause support into our Corporate Medical Insurance in Singapore around 2–3 years ago, aligning with the global framework while building a solution that worked locally. Importantly, this wasn't just a "policy on paper" — it was designed as a benefit colleagues could claim against for real medical support.

Our Menopause Support benefit pays for in-patient and out-patient treatments received from a physician by an employee or spouse (as an insured member) for the management of andropause and menopausal symptoms. This includes consultations, diagnostic tests, hormone therapy, and other treatments as recommended by a physician, with a lifetime cap of SGD 10,000.

What sets our approach apart in Singapore is that we don't treat menopause support as an "extra". We see it as part of inclusion — designing benefits that reflect the workforce we have today. Menopause is more prevalent than childbirth and it impacts everyone. For those who experience it personally, we often describe the impact using a simple "20–60–20" model: around 20% experience few or no symptoms; around 60% can manage well with the right information, clinical support and personal routines; and around 20% experience symptoms significant enough to disrupt day-to-day life. That last group is also where the risk of disengagement — and even leaving work — increases if support isn't in place.

CASE STUDY #2: HSBC SINGAPORE

DESIGNING FOR REAL NEEDS

How HSBC Singapore made menopause support practical and inclusive by design

That's why we treat menopause support as a talent and leadership priority, not just a health topic. This is the first generation where large numbers of women are reaching senior leadership roles, and the later stage of a career matters hugely: the last 10 years of working can be pivotal for long-term financial security, including pension adequacy. Supporting women through menopause helps us retain experienced leaders, protect our pipeline of senior female talent, and keep people engaged at a point in their careers when their expertise matters most.

To make sure the support reached people we established a menopause hub which includes resources such as our menopause principles and our menopause toolkit for employees and line managers. This resource supports awareness and provides guidance to better facilitate conversation between team members. Additionally, we leaned on internal community channels — particularly our Balance ERG — and we incorporated the information into our annual benefits communications. We designed the benefit to be clinically-led, insurer recommended and reviewed annually for sustainability and colleague value. We ensure our coverage stays practical, sustainable, and aligned to evolving employee expectations.

EARLY SIGNALS

We are still early in the journey, but the signals are encouraging — both quantitatively and qualitatively.

Actual spend to date indicates the support is being used in a manageable, predictable way, with costs distributed across multiple claims rather than driven by a small number of high-cost cases.

We are also seeing strong qualitative signals from employee feedback following an internal session on menopause. Colleagues described it as "genuinely helpful—both as a validation of what I've been experiencing and as a prompt to explore additional support options, including TCM."

Feedback has also shaped what we do next — including requests for practical lifestyle strategies that can sit alongside medical support (sleep, stress, nutrition, movement, workplace adjustments), and broader women's health topics.

TAKEAWAYS FOR OTHER EMPLOYERS

1. Start with listening
ERGs and employee feedback help identify where colleagues need more practical, tailored support.

2. Make support actionable
A clear medical benefit gives people a straightforward route to diagnosis and treatment.

CASE STUDY #2: HSBC SINGAPORE

DESIGNING FOR REAL NEEDS

How HSBC Singapore made menopause support practical and inclusive by design

3. Use trusted channels to reduce stigma
ERGs can help normalise the conversation and increase confidence in using benefits.

4. Review and iterate
Combine early utilisation data with employee feedback and annual benchmarking to keep improving.

FROM HSBC

"We built menopause support around real life, not assumptions. Partnering with our ERGs has helped us talk about menopause openly — reducing stigma and making it easier for women to get the support they need to stay, thrive and flourish in the workplace."

Ms. Sophie Guerin,
Head of Inclusion,
International Wealth and Premier Banking,
HSBC

CASE STUDY #3: NATIONAL UNIVERSITY HEALTH SYSTEM (NUHS)

THE WOMEN WHO MAKE US WHOLE

Starting conversations around menopause at the National University Health System (NUHS)

OVERVIEW

At NUHS, caring for people is not just what we do. It is who we are. That commitment extends to the women who staff our wards, run our clinics, and hold this hospital together every single day. With a workforce made up of mostly women, and many navigating perimenopause and menopause while delivering exceptional care, we found ourselves asking a question that felt both simple and overdue. Are we caring for our care providers as well as we should be?

Research tells us that 74% of women experience menopause symptoms that affect their work, while 66% say stigma prevents them from speaking openly. Behind every statistic is a woman showing up each day, giving her best, and carrying challenges that often go unseen. For us, the decision to act began with something simple yet powerful. We listened.

HOW IT STARTED

The conversation began in October 2024, when we marked World Mental Health Day with a special focus on Women's Health covering postpartum experiences, menopause, the importance of sleep, and the benefits of Menopause Hormone Therapy. During the event, a staff member shared her experience managing menopause symptoms while continuing to work. She described months of struggling in silence, and feelings she had never before voiced in a professional setting. Her story resonated deeply. Many in the room were hearing their own experiences reflected aloud for the very first time.

That moment changed something for us. The need for menopause support was not hypothetical. It already existed in our wards, clinics, offices, present and unmet. Our women were asking for something fundamental: to be seen, understood, and supported.

WHAT WE DID

In November 2025, a multidisciplinary team comprising colleagues from the NUHS Group HR – Employee Wellness & Awards team, an administrator, a nurse, and doctors came together to explore how we could better support staff navigating menopause and how we could deliver accessible, evidence-based information to staff across the cluster.

In April 2026, we began a series of monthly Menopause Education talks hosted online to make information accessible to staff. The talks were designed to normalise the conversation, address the myths, dispel misconceptions, and reassure women that their experiences were real, valid, and deserving of support. The cluster viewership has grown steadily, a sign of shifting attitudes and a growing willingness to challenge the stigma that has long kept these conversations silent.

On 8 May 2026, the team participated in the NUH Women's Health event held in conjunction with Mother's Day. Beyond raising awareness, the event gave us a valuable opportunity to connect with staff, hear their experiences firsthand, and better understand the kinds of support that would be most meaningful to them.

Then in June 2026, we started a small support group, created by staff, for staff. What began as a pilot safe space for women to share experiences and learn from one another has grown through word of mouth and genuine interest from colleagues.

We are still learning. As participation of the various menopause activities grow, we continue to listen, learn, understand what our women need and explore what meaningful support could look like for our female staff in the future.

CASE STUDY #3: NATIONAL UNIVERSITY HEALTH SYSTEM (NUHS)

THE WOMEN WHO MAKE US WHOLE

Starting conversations around menopause at the National University Health System (NUHS)

WHAT WE ARE LEARNING

What we are hearing from our female staff is clear. Being acknowledged matters. The most consistent feedback we hear is relief. Relief that there is now a safe community, and that no one has to navigate this journey alone.

Early reflections from our journey:

1. **Start with honest conversations.** Creating space for staff to speak openly has been an important first step.
2. **Support staff well, so they can continue to care well.** In healthcare, caring for our people is closely linked to the care we provide.
3. **It is okay to begin small.** We are learning through education, listening, and a small pilot.
4. **Let the community grow at the right pace.** Trust and peer support take time, and should not be rushed.

CONCLUSION

Our journey is still unfolding, but one lesson already stands out clearly: when women feel supported, they flourish. When they flourish, teams grow stronger, workplaces become more inclusive, and the care we deliver becomes even better.

At NUHS, we are encouraged by what we have learned so far and grateful to the women who shared their stories, challenged the silence, and helped us to better understand how we can support one another through this stage of life.

"We do not have all the answers, but we have learnt that meaningful support begins with listening. When organisations listen and create space for honest conversations, women feel seen, supported and less alone in navigating this stage of life. And that makes all the difference."

Ms. Natasha De Souza,
Menopause Support Advocate, NUHS

MOVING FORWARD, TOGETHER

The evidence is clear. The experiences are real. And the path forward is more achievable than many organisations realise.

Supporting employees through menopause does not require a major overhaul or significant investment. It begins with awareness, a willingness to have honest conversations, and a workplace culture where individuals feel safe to speak up and seek support.

Start simple. Review your policies. Equip your managers. Spark the conversation, even if it feels uncomfortable at first. No organisation does all of this at once — one or two changes, made properly, are worth more than a plan nobody implements.

The organisations featured in this playbook were once where you are now, and the impact they have made is meaningful and real.

Tell us what you are doing

Case studies are what make this playbook usable rather than theoretical — and they are as valuable from organisations at the very start as from those already some way down the path. Smaller employers are especially welcome: most of Singapore's workplaces are small businesses, and their examples are the ones other small businesses trust.

Get in touch

Whether you are ready to take a first step, want to share what you have learned, or would like to explore partnership or membership, we would like to hear from you. Drop us a message via our LinkedIn page:

💼 https://www.linkedin.com/company/cross-sector-menopause-taskforce/

Breaking the silence around menopause starts with a single conversation — let's have it, together.

RESOURCES & SUPPORT

Whether you are an employee navigating menopause, a manager seeking guidance, or an organisation ready to take action, support is available. The following resources are a starting point.

1. Clinical Support in Singapore • For Women

- **Polyclinics (SingHealth / NHG / NUHS) —** First point of contact for symptom assessment and referrals (subsidised rates available)
- **KK Menopause Centre @ KKH —** Specialist menopause clinic within a public hospital
- **SWANS @ NUH —** Service for Women Across the Nation of Singapore — women's health specialist services
- **Private GPs and women's health clinics —** Faster access and longer consultation time

2. Guidance & Education • For Women, Managers & Employers

- **Guidelines on Management of the Menopause Transition KKH MCHRI, 2026** for Singapore's first national menopause guidelines
- **HealthHub (MOH Singapore)** — **www.healthhub.sg** for general health information, screening tools and Healthier SG programmes
- **HeyVenus Integrated Healthscience — www.heyvenusintegratedhealthscience.com** for menopause health education, clinician led digital symptom tracking and education tool, support groups and workplace resources for women in Asia Pacific
- **NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE) — www.acrle.com** for research and clinical expertise in reproductive longevity and women's midlife health
- **Menopause Research Society Singapore (MRSS) — www.menopauseresearch.org.sg** to access Singapore's professional society for menopause clinicians and researchers

3. Emotional & Mental Well-Being • For Women

- **mindline.sg (www.mindline.sg)** for free, anonymous mental wellbeing support and self-help tools
- **National mindline 1771** for round-the-clock support, by phone

RESOURCES & SUPPORT

Whether you are an employee navigating menopause, a manager seeking guidance, or an organisation ready to take action, support is available. The following resources are a starting point.

4. Community & Workplace • For Women

- **Cross-Sector Menopause Taskforce** for free access to playbooks, training resources, and employer guidance
- **AWARE Singapore (www.aware.org.sg)** for gender equity advocacy and workplace support programmes
- **Tripartite Alliance for Fair and Progressive Employment Practices (TAFEP)** for guidance and resources on fair, inclusive and progressive workplace practices
- **Employee Assistance Programmes (EAPs)** for confidential counselling and health support within your companies and organisations; do check with your respective HR departments

5. For Employers Ready to Act

The Cross-Sector Menopause Taskforce offers:

- Free access to this Playbook and supporting toolkits
- Connections to clinical advisors
- A growing network of menopause-aware employer organisations in Singapore. See page 43 for our contact details.

GLOSSARY

This glossary provides an overview of the common key terms used in this playbook to support shared understanding across clinical, HR, and workplace contexts.

Amenorrhoea The medical term for the absence of menstrual periods.

Cognitive Changes A non-medical term commonly used to describe temporary difficulties with memory, focus, or mental clarity.

Early Menopause Menopause occurring before the age of 45. Where it occurs before 40 it is usually described as premature ovarian insufficiency.

Genitourinary Syndrome of Menopause (GSM) Symptoms affecting the vagina, vulva and urinary tract, including dryness, discomfort and urinary changes. Unlike many menopause symptoms, these tend to persist rather than ease with time and they are treatable at any age.

Hormone Replacement Therapy (HRT) The more familiar name for Menopause Hormone Therapy. See below.

Menopause Hormone Therapy (MHT) Medical treatment used to relieve menopausal symptoms by replacing hormones that decrease during menopause. Also widely known as HRT.

Menopause The point at which a person has not had a menstrual period for 12 consecutive months.

Menopause Champion A colleague who volunteers as a visible first point of contact for menopause-related questions or support at work.

Perimenopause The transitional phase leading up to menopause, when hormonal changes begin and menstrual cycles may become irregular.

Postmenopause The stage of life after menopause has occurred.

Psychological Safety A shared sense that it is safe to speak up, ask for help, or raise a concern without fear of embarrassment or penalty.

Vasomotor Symptoms The medical term for hot flushes and night sweats.

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Note: Statistics cited throughout this playbook are drawn primarily from the HeyVenus & NUS ACRLE APAC Menopause White Paper (2025) unless otherwise indicated. Readers are encouraged to consult the full white paper for methodology and detailed findings.

ABOUT THE CROSS-SECTOR MENOPAUSE TASKFORCE

The Cross-Sector Menopause Taskforce is a pro bono coalition of public and private healthcare organisations, NGOs and employers, working to advance menopause care, awareness and inclusion across workplaces in Singapore and the wider APAC region. It operates without commercial sponsorship.

The Taskforce is co-chaired by NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE) at Yong Loo Lin School of Medicine, and HeyVenus Integrated Healthscience. It brings together expertise from clinical practice, academic research, human resources, public health, and organisational leadership.

Our members span public healthcare institutions, private sector organisations, non-governmental organisations, and enterprises. We are united by a shared commitment to close the gap between evidence and practice when it comes to menopause in the workplace.

This Playbook is the product of that collaboration, written to equip organisations, regardless of size and sector, with the tools, language, and confidence to build genuinely supportive workplaces for women navigating menopause.

Our Vision

A Singapore where no woman's career, confidence, or wellbeing is compromised by a lack of menopause and midlife health awareness or support.

Our Mission

To move menopause from a taboo subject to one that workplaces and communities understand and actively support. We are starting in Singapore and intend to use what works here as the case for scaling across the region.

Co-Chairs

HeyVenus Integrated Healthscience • NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE) at Yong Loo Lin School of Medicine

Founding Members

Aggreko • AWARE Singapore · HeyVenus Integrated Healthscience • NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE) at Yong Loo Lin School of Medicine • Osler Health • PPIS · Singapore College of Insurance • Singapore Council of Women's Organisations (SCWO) • Unilever

To connect with the Taskforce, access additional resources, or enquire about partnerships or memberships:
💼 https://www.linkedin.com/company/cross-sector-menopause-taskforce/

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Disclosure

The Cross-Sector Menopause Taskforce is co-chaired by HeyVenus Integrated Healthscience and the NUS Bia-Echo Asia Centre for Reproductive Longevity and Equality (ACRLE), Yong Loo Lin School of Medicine. The Taskforce operates pro bono and without commercial sponsorship. No organisation paid to appear in this playbook.

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