



# (IN)VISIBLE INEQUITIES

GLOBAL DISPARITIES IN WOMEN'S HEALTH







# A Passion to Innovate and the Courage to Advocate for Better Health Outcomes for Women

Women make up half of the world's population, yet their health has long been underprioritized in policy, research and care. The result has been a persistent health gap that limits quality of life, economic participation and long-term well-being – not just for women, but for the communities and economies they sustain.

This report shines a spotlight on the scope and scale of health disparities affecting women across the globe. Drawing on current data and research, it examines the systemic gaps in diagnosis, access to care, investment and representation in clinical research. It also highlights the personal, societal and economic costs of inaction – and the transformative potential of closing these gaps.

For decades, Hologic has been at the forefront of diagnostic care, transforming early detection and preventive care. We know women face unique health challenges at every stage of life and we work tirelessly to make a meaningful difference in improving health every step of the way. Our commitment extends beyond our products. We are a catalyst for change, championing women's health globally by raising awareness, inspiring policy changes and breaking down barriers to care.

We believe that prioritizing women's health is not only a moral imperative; it's a strategic opportunity to improve lives, strengthen health systems and unlock significant economic gains. The findings outlined here aim to inform and empower decisionmakers, advocates and health leaders working to advance equity in health – and create a healthier future for all.

# Executive Summary

Health is a fundamental measure of individual, community and societal well-being. A healthy individual is better equipped to lead a fulfilling life and contribute to their community, and healthy societies are more resilient, productive and experience lower disease burdens and healthcare costs.

Recent advancements in screening and diagnostic tools have led to earlier disease detection, improved treatment options, higher survival rates and better quality of life. Early intervention allows healthcare providers to address health issues when treatments are most effective, improving health outcomes and saving lives.

Yet for women, disparities in healthcare access, research investment and treatment outcomes remain a persistent global challenge, and reliable data on women's health, aging and lifespan is still lacking.

Women face unique health concerns, including reproductive health issues, breast and cervical cancers, pregnancy complications, menopause and hormonal imbalances. Many other conditions also present differently in women than in men, often leading to underdiagnosis and delayed treatment. Despite making up half the population, women's health remains underfunded and underprioritized.

The gender health gap is not just a medical issue—it also carries significant personal and socioeconomic consequences. Undiagnosed or mismanaged conditions diminish quality of life, reduce productivity and drive-up healthcare costs. Women also provide over 75% of both paid and unpaid care globally—at home and

in healthcare settings—so any impact on their health has a ripple effect on those they support.<sup>1</sup>

While no single report can fully capture the complexity of women's health worldwide, this effort highlights the impact of gender-specific conditions and broader health disparities. Drawing on existing global research and data, this report examines key challenges in women's healthcare, focusing on investment gaps, diagnostic delays, treatment access and overall disease burden to better understand the realities women face and the interconnected factors that impact global health.

Policymakers and healthcare leaders must work together to make women's health a global priority. Closing these gaps could yield significant benefits—improving the health and lives of women around the world and potentially adding \$1 trillion annually to the global economy by 2040.<sup>2</sup>

“Addressing the 25 percent more time that women spend in ‘poor health’ relative to men not only would improve the health and lives of millions of women but also could boost the global economy by at least \$1 trillion annually by 2040.”

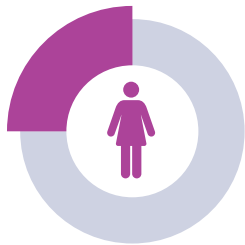
—McKinsey Health Institute, *Closing the Women's Health Gap*; January 17, 2024

# THE ECONOMIC AND SOCIETAL IMPACT OF HEALTHCARE INEQUITIES

Global Population  
(2023)



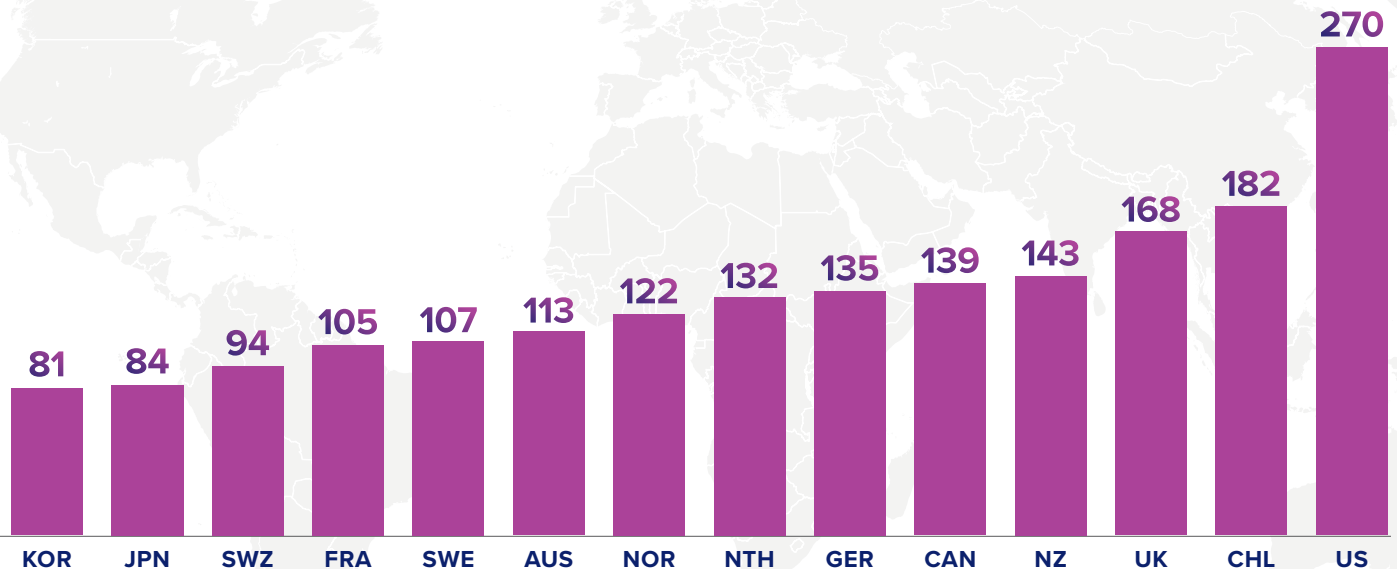
Global Average Life Expectancy<sup>3</sup>  
(in years, 2023)



Despite living longer than men, women spend **25% more of their lives in poor health**<sup>2</sup>

Rate of Avoidable Deaths  
(per 10,000 females)

Avoidable deaths are deaths before age 75 from conditions that can be prevented or treated (including heart disease, cancer and stroke).<sup>4</sup>



Notes: 2016 data for NZ, NOR; 2020 data for FRA, GER, UK; 2021 data for CHL, JPN, KOR, SWIZ, US; 2022 data for AUS, CAN, NETH, SWE. The list of deaths considered "avoidable" is from: Organization for Economic Co-operation and Development, "OECD Health Statistics 202 Definitions, Sources and Methods, Avoidable Mortality," OECD, July 2024.

Data: OECD Health Statistics 2024.

Source: Munira Z. Gunja, Relebohile Masitha, and Laurie C. Zephyrin, Health Care for Women: How the U.S. Compares Internationally (Commonwealth Fund, Aug. 2024). <https://doi.org/10.26099/7322-n764>

# Burden of Disease in Women

In developed countries, women face distinct health challenges across their lifespan that are frequently misdiagnosed or dismissed, leading to delays in care and worsening outcomes. Chronic conditions such as cardiovascular disease, autoimmune disorders and hormonal or reproductive health issues can cause persistent pain, fatigue and physical distress, significantly diminishing quality of life. These health challenges also take a toll on professional lives, with many women needing time off for medical care or struggling to secure workplace accommodations. Beyond the immediate physical effects, long-term health consequences can result in higher healthcare costs and a reduced ability to maintain an active, independent life.

Women in low- and middle-income countries face a heavy health burden—not only from conditions specific to women, but also due to limited access to quality care, social determinants of health. A burden made worse by poverty, inequality and cultural norms.

## DISPROPORTIONATE DISEASE BURDEN

Nine health conditions account for **35%** of women's disease burden.

- Breast cancer
- Cervical cancer
- Menopause
- Endometriosis
- Maternal hypertensive disorder
- Premenstrual Syndrome
- Migraine
- Post-partum hemorrhage
- Ischaemic heart disease

Ischaemic heart disease (IHD) is the leading cause of death for women globally—claiming **4 million lives annually.**<sup>6</sup>



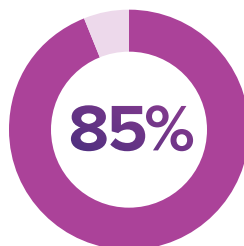
Women are up to **7x** more likely than men to have a heart condition misdiagnosed and be discharged during a heart attack.<sup>7</sup>



Addressing these nine conditions could add **\$400B to global GDP** by 2040 and improve the quality of life for women worldwide.<sup>5</sup>

Endometriosis impacts **5-10%** of all women of reproductive age (190 million globally).<sup>8</sup>

Chronic conditions—including Alzheimer's disease, depression & osteoporosis—were among the **top five leading causes of death in women.**<sup>9</sup>



**85%** of cervical cancer cases and deaths occur in low- and middle-income countries.<sup>10</sup>



## SPOTLIGHT ON

### Dementia & Alzheimer's Disease



Someone in the world develops dementia **every 3 seconds**.



Globally, women account for **62%** of people aged over 80 with Alzheimer's disease.<sup>11</sup>



The lifetime risk for Alzheimer's at age 45 is **1 in 5 for women and 1 in 10 for men**.



Experts estimate that **75 million people** will live with dementia by 2030 and **131.5 million** by 2050.



**Two-thirds** of Americans with Alzheimer's are women.



In England, Wales and Australia, dementia is now the **leading cause of death for women**.<sup>12</sup>



The total estimated worldwide cost of dementia was **\$818 billion** in 2015, which represented 1.09% of global GDP at that time.



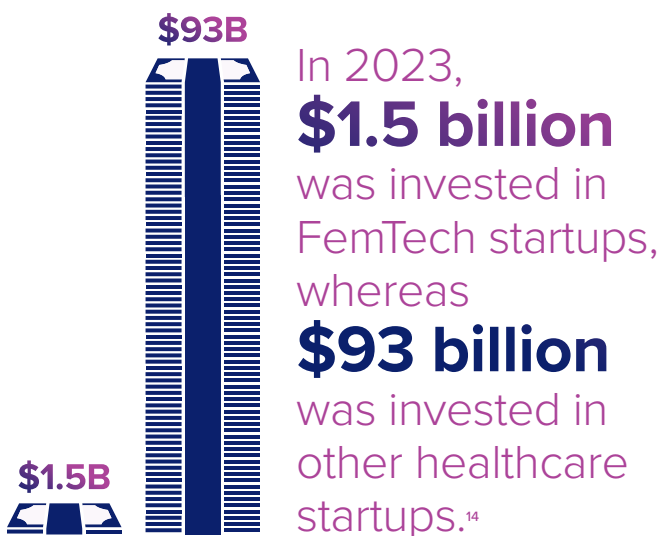
Health and long-term care costs for people living with dementia were an estimated **\$360 billion** in 2024 and expected to be nearly \$1 trillion in 2050 in the U.S. alone.<sup>13</sup>




The annual global cost of dementia is now above **\$1.3 trillion** and is expected to rise to \$2.8 trillion by 2030.<sup>13</sup>

# Investment and Spending on Research and Development (R&D)

Despite clear evidence that sex and gender influence diagnosis, treatment and health outcomes, significant gaps remain in the inclusion of women in research and investment in the development of gender-specific care. One key challenge is the underrepresentation of women in clinical trials. Historically, medical research has been conducted primarily on men, with findings generalized to women—leaving women’s specific health needs unaddressed in medical product development and regulation and leading to misdiagnoses, ineffective treatments and worse health outcomes for women. Innovation and AI offer powerful solutions to bridge this gap and enable more personalized, effective and equitable healthcare for women.




More than **33%** of women worldwide are affected by obstetrical complications, but



 obstetrical clinical trials represent **only 2%** of all clinical trials in the U.S.<sup>18</sup>

Women make up only **22%** of phase-1 clinical trial participants.<sup>15</sup>



 **70%** of people affected by chronic pain conditions are women, but

**80%** of research on pain relief is conducted on men.



Roughly **40%** of participants were women in clinical trials for 3 diseases that most affect women: **cardiovascular disease, cancer and psychiatric disorders.**<sup>16</sup>

A review of **20,000+** clinical trials with more than **5 million** participants found that clinical trials in **oncology, neurology, immunology and nephrology** had the **lowest female representation** relative to the burden of disease in women.<sup>17</sup>



## SPOTLIGHT ON

### Funding Disparities



Only **5%** of global R&D funding was allocated to women's health research in 2020.<sup>19</sup>

**4%**  
gender-specific  
cancers

**1%**  
all other gender-specific  
health conditions—with  
**25%** of that limited to  
fertility research

# Access to Screening and Time to Diagnosis

Women often experience longer diagnostic timelines, leading to more advanced disease progression and fewer treatment options. Limited access to screening, financial, cultural and geographic barriers and bias can contribute to these delays, increasing the risk of complications. This is particularly true for conditions like cancer, cardiovascular disease and neurological disorders, where symptoms often present differently in women than in men. For example, many women experience different heart attack symptoms than men—often without the classic chest pain. Limited awareness of these differences, even among healthcare professionals, can mean that neither the woman nor her doctor may recognize the signs, delaying diagnosis and timely treatment.

Gender-specific conditions such as endometriosis, uterine fibroids, autoimmune diseases and certain cancers often take years to diagnose, delaying proper treatment. Many women may not recognize early symptoms due to a lack of awareness, while others face stigma, difficulty accessing knowledgeable providers or the high cost of care. Further compounding these issues, women's symptoms are frequently dismissed or misattributed to psychological causes, prolonging the path to an accurate diagnosis and appropriate care.

A Danish study showed that **women were diagnosed later than men** for 700+ diseases:

 **2.5 more years** to diagnose cancer

 **4.5 more years** to diagnose diabetes

A study of patients with endometriosis from 63 countries found an average delay of:

**3.7 years** between symptom onset and first presentation of symptoms to a physician (the care-seeking delay), and

**5.8 years** between first presentation of symptoms to a physician and diagnosis of endometriosis.<sup>20</sup>

## SPOTLIGHT ON

### Diagnostic Delays

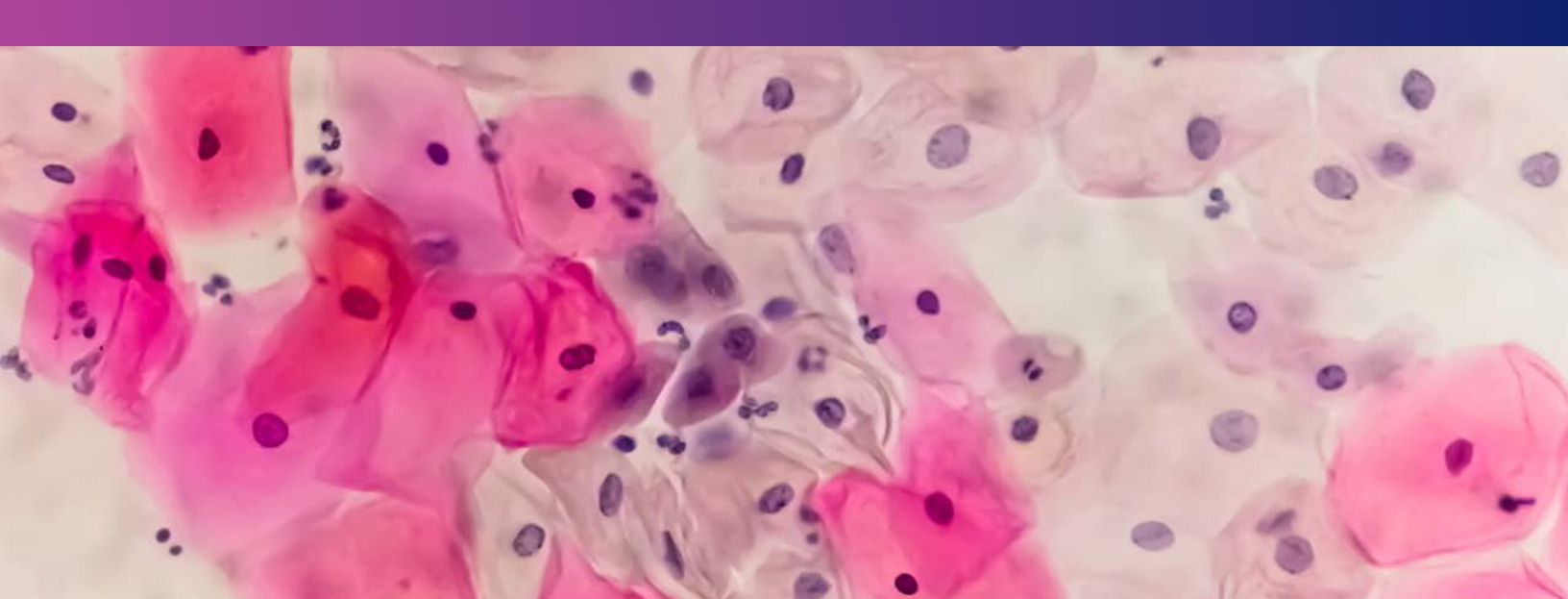
A study of 112 acute and chronic diseases found women consistently experience longer lengths of time between symptom onset and disease diagnosis than men.<sup>25</sup>



In **59%** of all conditions, women were diagnosed later than men.



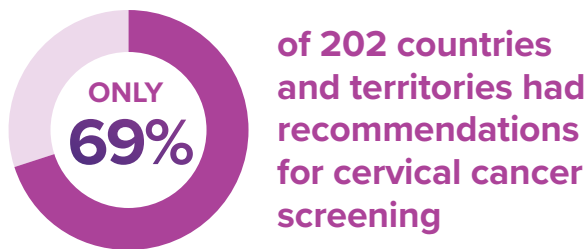
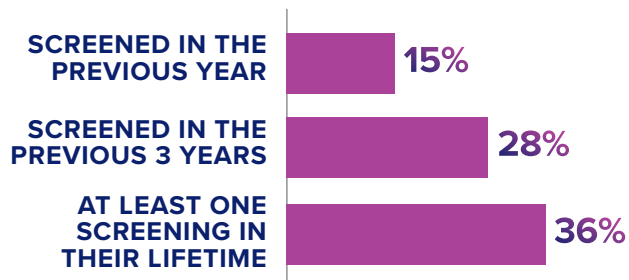
Diagnosis for women was an average of **11.58** days later than men.



## CERVICAL CANCER SCREENING

Of 1 billion women worldwide between 30–49 years old

**662 million (64%)** have never been screened for cervical cancer.



Women screened at least once in their lifetime:<sup>21</sup>



## BREAST CANCER SCREENING

Despite accounting for **25%** of all cancer cases in women



**75% of the 25 countries** in the Community of Latin American and Caribbean states reported “non-available services” as the primary barrier to cancer screening.<sup>23</sup>



**Only 5 out of 47 countries** in sub-Saharan Africa have established organized breast cancer screening programs.<sup>24</sup>

# Access to Treatment and Quality Care

Even after diagnosis, disparities in treatment quality and access to care persist, leading to preventable health complications. Financial, cultural and geographic barriers often limit access to regular screenings, comprehensive treatment and follow-up care—especially for women in minority communities, low-income households and rural areas. Many lack essential medical services, including maternal healthcare, cancer screenings and mental health support, increasing the risk of serious, long-term health consequences.

Additionally, misconceptions and biases in pain perception can impact treatment for a wide range of conditions, including heart disease, stroke, reproductive health issues and chronic illnesses. Maternal health, in particular, remains a pressing global concern, with many women facing inadequate care before, during and after pregnancy.

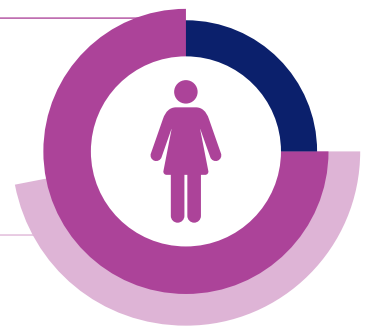
Women who visited the ER with chest pain or other symptoms waited



Middle-aged women were **2x** as likely to be diagnosed with a mental illness compared with men who had chest pain and other symptoms of heart disease.<sup>29</sup>

Women diagnosed with cardiovascular disease receive **less intensive screening and treatment compared to men** and are less frequently scheduled to undergo cardiac procedures.<sup>30</sup>

**75%** of people with autoimmune conditions are women



**62%** of people with an autoimmune disease were labeled “chronic complainers” by doctors, or told they were “too concerned” with their health.<sup>26</sup>

Women are **50%** more likely than men to be misdiagnosed after a heart attack.<sup>27</sup>

Of the **2.3 million** women who die prematurely from cancer each year, **1.5 million** deaths could be averted through primary prevention or early detection.<sup>31</sup>



## SPOTLIGHT ON

### Maternal Care

In 2023, approximately **260,000** women died during and following pregnancy and childbirth

- **92% of all maternal deaths occurred in low- and lower-middle-income countries**
- **Sub-Saharan Africa accounted for around 70% of maternal deaths (182,000)**
- **Southern Asia accounted for around 17% of maternal deaths (43,000)**

**99% of all births** in most high-income and upper-middle-income countries benefit from the presence of a trained midwife, doctor or nurse.

 **ONLY 68% of women**  
LOW-INCOME COUNTRIES

 **ONLY 78% of women**  
LOWER-MIDDLE-INCOME COUNTRIES

are assisted during birth by skilled health personnel.<sup>32</sup>

 **In the U.S. 4 out of 5 pregnancy-related deaths are preventable**

**And, Black women are nearly 3x more likely than white women to die from a pregnancy-related cause.<sup>33</sup>**

# Conclusion

Recognizing that there is no universal remedy to improve women's health, the imperative is clear, we must work towards comprehensive, sustainable solutions that address the real health challenges women face every day.

We need to challenge the status quo, shift the paradigms impacting women's health, think bigger and more boldly. By addressing healthcare disparities head on, we can dismantle barriers to benefit women, families, communities and entire nations. And by continuing to raise awareness of women's health issues, we can not only advance equity, but improve public health, societal welfare and economic success.

Collaboration among the public and private sector, advocates and the women they represent is critical to creating the sustainable, innovative approaches necessary to address women's unique health needs. This report intends to serve as a catalyst for continued dialogue and investment, raise public awareness, drive policy change, funding and healthcare reform focused on women's evolving needs.

Working together, we can produce meaningful – and lasting – change that ensures women everywhere have the opportunity to reach their full health potential, with benefits that ripple across the globe.

## TURNING INSIGHT INTO IMPACT

### A Call to Action for Women's Health

Insights are only as powerful as the actions they inspire. Improving the health and well-being of women and girls is a shared responsibility and closing the persistent gaps in women's health will require investment, education and culturally responsive strategies that prioritize prevention. Achieving meaningful change requires collaboration and a global commitment to:

- **Develop and implement country-specific Women's Health Strategies** that establish a lifelong roadmap for generational health and wellness. Key elements could include: i) expanding preventive care through improved access to screenings, vaccines, and early interventions; ii) addressing stigma around menstrual health, endometriosis, menopause, and other often-overlooked issues; iii) closing research and training gaps between male and female health conditions; and iv) establishing dedicated funding for women's health services, research, and wellness programs.
- **Increase sustained public and private investment** in proven, data-driven approaches that improve health outcomes for women across the lifespan.
- **Address the root causes of poor health**, including gender inequity, poverty, health literacy, social stigma and other structural barriers to care.
- **Expand access to screening and early detection**, particularly for cancers and other conditions that disproportionately affect women.
- **Harness the power of technology**, including AI, to close knowledge gaps, enhance diagnostic accuracy and improve treatment options for women.
- **Accelerate innovation in research and development** with a focus on conditions that are under-researched, underfunded or poorly understood in women.
- **Address gender disparities in medicine** and integrate sex and gender differences into research and clinical practice.
- **Ensure that women and the communities and advocates who represent them are actively involved** in shaping health policy, research agendas and funding decisions.

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