



Gender Inequality in Health and Diagnostics: Why Healthcare for Women Lags Behind

We explore how female healthcare around the world is being held back — and what can be done to improve the situation of billions of women.



Whether it's cancer, heart disease, infectious diseases or other serious health threats, prevention and early detection are key, and these depend on high-quality diagnostics that reach the right people. But in many countries women's healthcare and increasing access to diagnostics is not a top priority.



In the past 12 months more than **1.5 billion women** were not tested for any of the most damaging diseases for women, according to a 2020 global report.¹ While Covid-19 disruption takes some of the blame, are there more systemic factors at work?

5 Barriers to Women's Healthcare

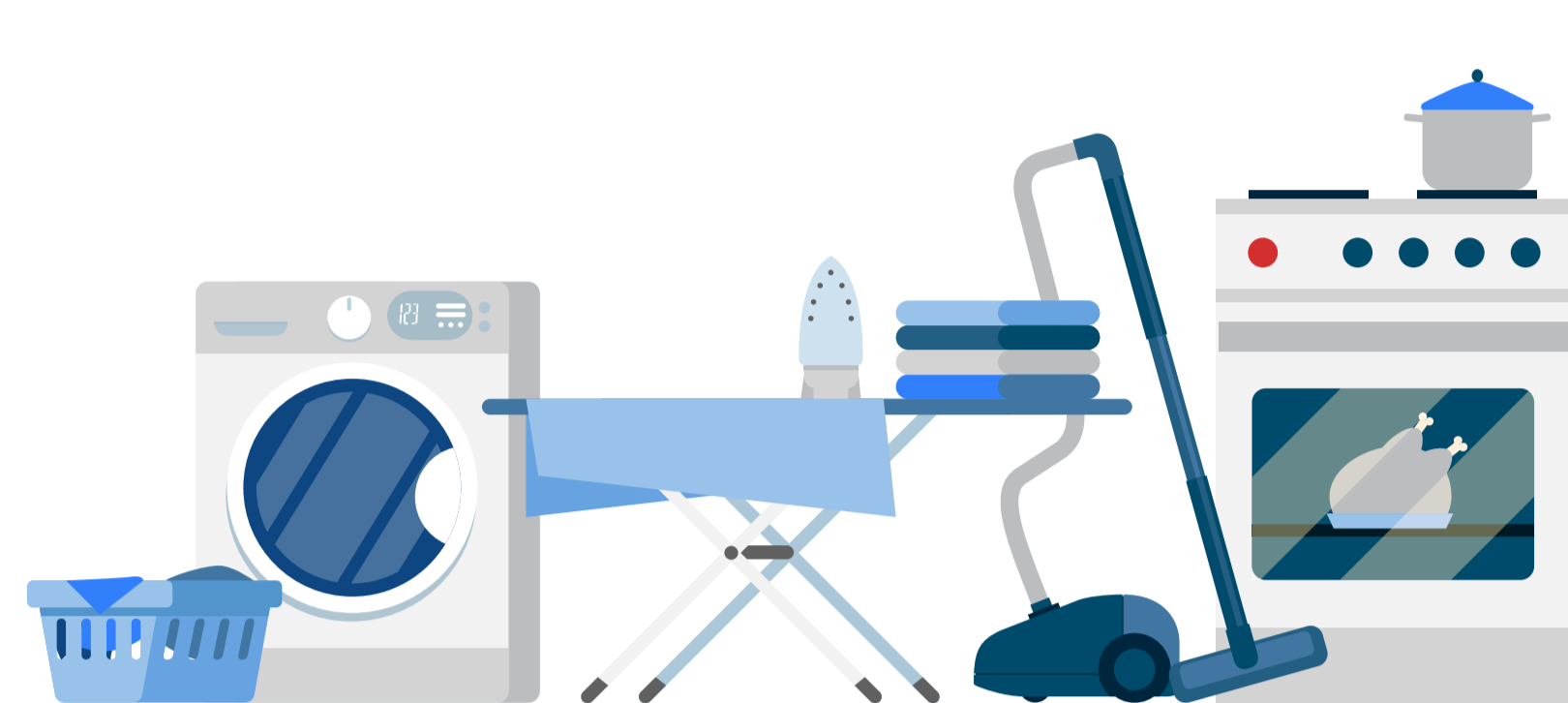
Cultural:

In some areas, women fear the repercussions of a positive test result. In a study examining tuberculosis-related stigma in India, 40% of women were not sure their husbands would support them after a positive diagnosis²



Familial:

Hampered with homecare duties, 62% of women noted that they lack the time to look after their health³



Financial:

1 in 3 married women in low-income countries do not have control over major household spending decisions.⁴ Without freedom to spend on critical expenditures such as their own preventative health, women's diseases could go undiagnosed for years



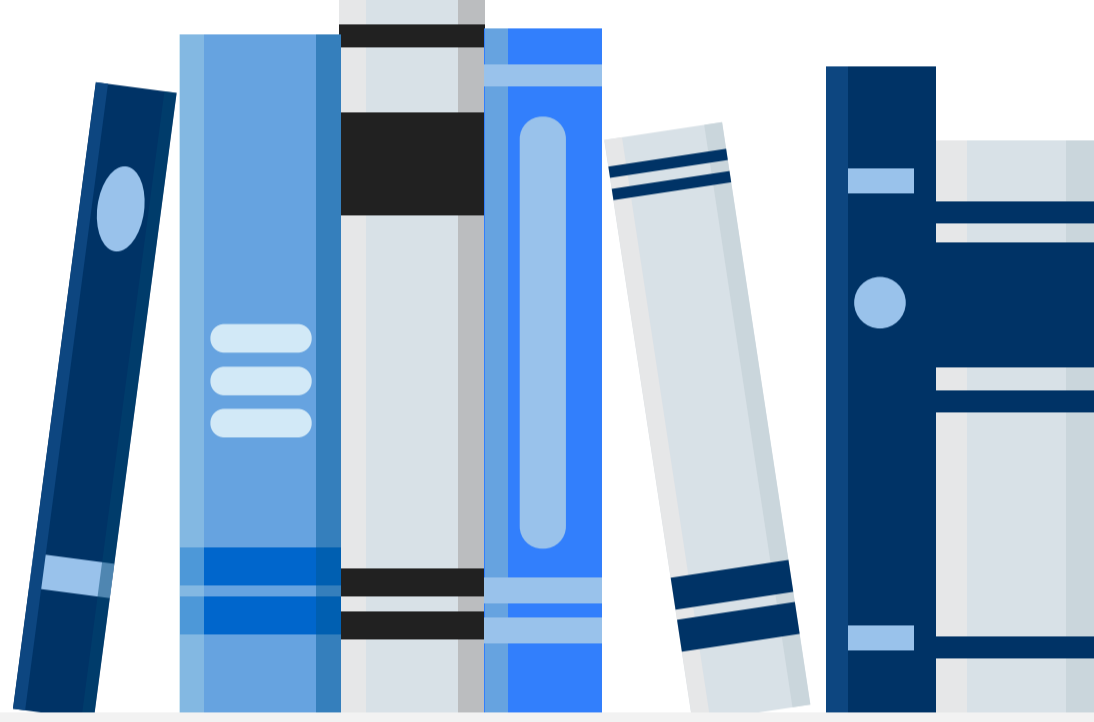
Medical:

The research and development of medicines and diagnostic tests tend to focus on male subjects, resulting in some medicines and diagnostics that are less effective for females.⁵ In one meta-analysis of studies that did include both sexes, only 42% of said studies actually analysed data by sex⁶

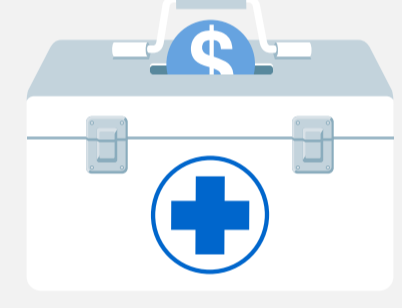


Educational:

Over 500 million girls and women are illiterate globally — about 2x the number of illiterate males.⁷ Studies have linked low literacy with poorer health literacy and increased barriers to health access, including low knowledge of health service utilisation and disease symptoms, and lower likelihood of attending health screenings⁸



Solutions: How to Increase Access to Healthcare for Women



Systemic investment in women's health in national budgets.

Women's health research accounts for only 4% of overall R&D funding for healthcare products or services⁹



Hiring, training and incentivisation of female healthcare workers.

In India, over 1 million women work as frontline COVID-19 health workers, but in some cases are underpaid, lack protective equipment, and even attacked by mobs



Educational programmes that empower girls and engage boys to destigmatise women's health issues.

A 2021 poll of young Australian men found that 19% said periods "should be kept secret"¹⁰



Investment in point-of-care testing and self-testing.

A 2021 survey found that 47% of the world's population lack access to basic diagnostics for common diseases¹¹

What Happens When You Empower Women



...In Government?

Studies in multiple countries have shown that a greater proportion of women in government can correlate to greater population health and lower infant mortality.¹² Currently, worldwide only 1 in 5 ministers is a woman¹³

...In the Healthcare Industry?

Female leadership in areas like health technology ensures that products and services are created that cater to, reach and benefit women.¹⁴ But healthcare leadership remains overwhelmingly male. At the current rate, gender parity in global health senior management will only be reached in 2074¹⁵



...In Frontline Testing and Health Delivery?

To boost women's motivation to go to clinical and testing centres, stakeholders recommend training more female leaders in the field. Research by FIND, a global health non-profit, notes that "women feel more comfortable explaining their health problems to women health providers." While women make up 70% of the global healthcare workforce, this is skewed heavily to lower-hierarchy positions. What's more, a systemic pay gap is in place: women in healthcare earn 28% less than men, on average¹⁶



Case Study:

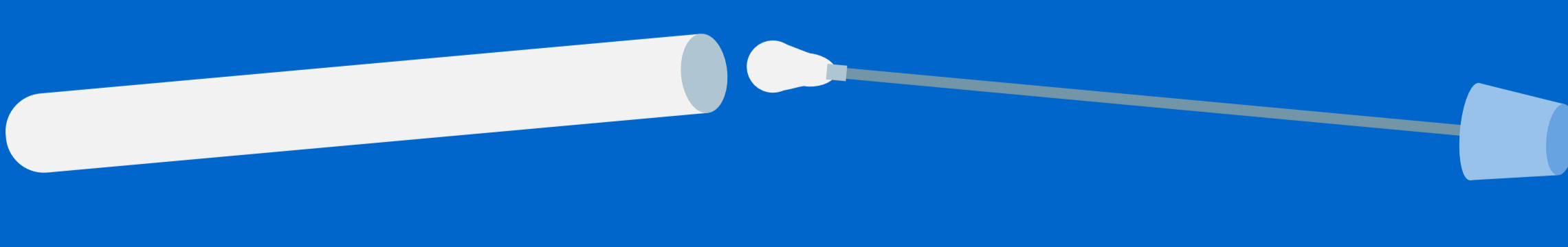
Program ROSE — Empowering Patients

A Malaysia-based project to empower self-testing for women, Program ROSE adopted a novel approach to cervical screening, including self-sampling, HPV (Human Papillomavirus) screening and digital health platforms to provide care for local women. To date, the programme has successfully screened over 10,000 patients in Malaysia.



"There are [...] women who will never allow a healthcare professional to perform an invasive test as this, without even permission from their husbands [...] And so these women, I think they would accept self-sampling much more."¹⁷

— Professor Woo Yin Ling, ROSE Foundation



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