

ABHI

**ABHI WOMEN'S HEALTH:
TIME TO LISTEN. TIME TO ACT.**



FOREWORD



Peter Ellingworth
Chief Executive, ABHI

We recognise that addressing inequalities in women's health is a significant challenge, one that demands collective action and long-term commitment. Over the past decade, ABHI's Women in Leadership initiatives, alongside the many conferences and roundtables we have convened with patients, clinicians, and industry leaders, have revealed a consistent message: the barriers that limit women's voices in leadership are mirrored in the inequities they experience in health. There is now an unquestionable imperative to act.

Women's health is not a niche issue. It is central to the health and prosperity of our society. As an industry, and as the health service, we must listen, learn, and lead meaningful change.

THE BIOLOGICAL BIAS AFFECTING HALF THE POPULATION

Women have been calling to be heard. It is time we truly listen, to their experiences, their needs, and their bodies.

Healthcare has for centuries been built around the male body as the default, leaving women underserved. As a result, women live longer than men but spend **25% more of their lives in poor health**.

Very limited research and funding have focused on conditions that affect women exclusively or predominantly. Meanwhile, diseases shared by both sexes are too often understood and treated through male-derived data. The outcome is predictable: blind spots in diagnosis, treatment, and prevention that compromise care for half our population. **Women are still not being listened to.**

The impact is not only clinical but economic. The estimated cost of this inequality is vast. Women's health disparities equate to 75 million years of life lost each year globally, with [McKinsey estimating](#) that closing this gap could boost the

global economy by **at least \$1 trillion annually by 2040**, including a **£32 billion gain for the UK**. Every £1 invested in women's health returns an estimated £11 to the economy. But the benefits extend far beyond improving outcomes for 51% of the population. Women make the majority of healthcare decisions for their families, often provide unpaid care, and their health during pregnancy shapes the lifelong health of the next generation. Improving women's health therefore strengthens the health, productivity, and resilience of entire societies.

The purpose of ABHI's work is to support the development of healthcare that truly reflects the needs and physiology of its users, leading to **better outcomes for women, and for all**.

To achieve this, ABHI's work focuses on four interconnected pillars:

1. **Clinical Practice**
2. **Research**
3. **Innovation**
4. **Investment**

Across each pillar, we are guided by three cross-cutting themes:

- › Women-specific health
- › Women's whole-body health.
- › The power of women's voices.

For 51% of the population, and those who rely on them, it is time to **end the biological bias**.

CLINICAL PRACTICE

The Case for Change

The system must now deliver on its commitment to women's health by reversing the long-standing pattern of minimising and deprioritising it. Demonstrating commitment means investing in services that solve problems for women and the economy.

There are 600,000 women on gynaecology waiting lists and it is growing. According to the Royal College of Obstetricians and Gynaecologists (RCOG) report '[Left for too Long](#)', theatre lists for non-cancer diagnoses in gynaecology are often the first to be cancelled when hospitals are under operational pressure. There is a move away from using the term 'benign gynaecology' to refer to non-cancer diagnoses because it downplays the impact on daily function, participation in the workforce, ability to care for family and quality of life. 'Benign' gynaecology causes chronic disability which is often fully reversible with the right treatment.

Furthermore, of the 600,000, it is estimated that 87% of that cohort do not require an invasive procedure. As such, many women could be managed effectively in primary or community settings in-line with the [NHS's Three Shifts](#) toward prevention, better use of data, and delivering care closer to home. However, this can only happen if services are properly established, funded, and staffed.

Women's Health Hubs offer a proven model for integrated, locally delivered, and equitable care. They must now be fully embedded nationally, with sustainable funding, robust data, and accountability for outcomes.

Recognising the return on investment from addressing women's health needs, such as Heavy Menstrual Bleeding, is essential. These interventions deliver measurable gains in productivity, quality of life, and system efficiency.

Training and Workforce

Although half of GPs do not complete a hospital rotation in obstetrics and gynaecology as part of their GP training, within primary care there exists a core of dedicated GPs with extended skills in women's health. By harnessing this expertise, the NHS can reduce hospital pressures, deliver comprehensive, holistic care, and address multiple health issues simultaneously. However, this can only succeed if capacity issues in primary care are addressed in parallel.

Some have proposed that mandatory women's health modules within GP training, alongside dedicated time and resource for service delivery, are vital to strengthening frontline capability. However, the representation of women's health within medical training as a whole should also be evaluated and enhanced as women's health is a whole-body issue.

Personalised Medicine

Globally, the next step in personalised care is the systematic adoption of sex-specific medicine, which recognises biological differences that affect disease presentation, progression, and treatment response.

Risk tools such as QRISK3 must be updated to incorporate female-specific indicators such as early menopause or gestational diabetes. Embedding this approach in clinical guidelines will enable more accurate prevention, diagnosis, and treatment.

Quality and Metrics

Progress depends on transparency and accountability. NHS England's frameworks should include explicit women's health quality indicators, with sex-disaggregated data on performance and outcomes. This will provide a foundation for continuous improvement and allow best practice to be identified, shared, and scaled.

ABHI will continue to collaborate with partners across the NHS, DHSC, and global organisations to advance data standards and benchmarking.

Delivering Change

Blueprint for Women's Health Hubs

- ABHI will convene key stakeholders to co-develop a scalable blueprint for Women's Health Hubs, creating a model that reduces system pressure and strengthens integration between primary, community, and secondary care.

Clinical Priority Areas for Targeted Work

- ABHI will identify clinical priority areas where innovation and investment can reduce waiting times, improve quality of life, and deliver measurable health and economic returns. Immediate work will focus on:
 - Cardiovascular Disease: Support the development of sex-specific guidelines, better identification of female presentations, and inclusion of women-specific indicators in prevention tools.
 - Heavy Menstrual Bleeding: Map diagnostic and treatment pathways to improve access to appropriate care.
 - Diagnostics: Bring together expertise across industry and healthcare to enhance access to diagnostic innovation in women's health.

Embedding Sex-Specific Medicine in Education and Practice

- Advocate for inclusion of sex-specific medicine in clinical curricula and practice standards.
- Invite medical students to the ABHI Women's Health Summit (February 2026) to begin early engagement and create future champions of change.

RESEARCH

The Case for Change

Research underpins every advancement in healthcare, yet women remain consistently underrepresented in clinical studies. Less than 5% of global research funding is directed toward women's health, and where women are included, data is rarely analysed or reported by sex. This has left critical evidence gaps across almost every therapeutic area.

The result is that women are often misdiagnosed, under-treated, or offered therapies developed without accounting for differences in female physiology. Diseases such as endometriosis, autoimmune disorders, and osteoporosis remain chronically under-researched, and even in cardiovascular disease, which is the leading cause of death among women globally, clinical trials are still disproportionately male.

The system must move from gender-neutral to gender-informed research, ensuring that studies represent the populations they intend to serve. This includes research designed specifically around women's health needs, as well as broader trials that adequately include and analyse outcomes for women. Embedding sex as a biological variable within all stages of research design, analysis, and regulation is essential to drive equitable health outcomes and accelerate innovation.

Delivering Change

Increasing Female Participation in Research

- › ABHI will explore mechanisms to improve recruitment of women into clinical trials and promote the sharing of best practice across the sector.
- › ABHI will partner with industry colleagues, clinical leaders, and research bodies to ensure women are equitably represented and that findings are meaningfully applied to product development and clinical practice.

Prioritising Female-Predominant Conditions

- › ABHI will advocate for increased funding into conditions such as menopause, endometriosis, osteoporosis, migraine, and autoimmune disease.
- › Work with key national stakeholders to shape research priorities and ensure women's health is central to national research agendas.

Addressing Bias and Regulation

- › Utilise engagement platforms, such as the MHRA's National Commission on the Regulation of AI in Healthcare, to ensure data bias is addressed and equitable outcomes are achieved in the application of AI across healthcare research and delivery.
- › Champion global regulatory standards, best practice, and harmonisation through international fora such as the Global Medical Technology Alliance (GMTA), promoting the consistent inclusion of sex-specific evidence and equitable evaluation frameworks worldwide.

The Funding Gap

- › Build the economic case for investment in women's health research by evidencing the productivity and fiscal returns of improved outcomes.
- › ABHI will collaborate with research funders, including the National Institute for Health and Care Research (NIHR), as well as philanthropic organisations and investors, to rebalance funding priorities and establish dedicated programmes for women's health.

INNOVATION

The Case for Change

Innovation drives better care, greater efficiency, and improved patient outcomes, yet in women's health, adoption of proven technologies remains limited. Too often, innovation is available but not utilised, with system barriers preventing scalable uptake.

While new diagnostics, digital tools, and minimally invasive treatments exist to address conditions such as endometriosis, heavy menstrual bleeding, and fertility challenges, these advances are not reaching women fast enough. A lack of national coordination, inconsistent commissioning pathways, and fragmented procurement frameworks contribute to a slow pace of adoption.

In parallel, female-focused innovation continues to face cultural and financial barriers, with women's health solutions underfunded and often excluded from mainstream investment portfolios.

A more integrated approach is now needed to ensure that women benefit fully from the UK's world-leading HealthTech sector. By connecting innovators, investors, clinicians, and the NHS, we can ensure technology accelerates improvements in women's health, rather than remaining an untapped opportunity.

Delivering Change

Accelerating Adoption

- › ABHI will work with NHS partners, including the Health Innovation Network, to identify and address barriers preventing the evaluation, procurement, and uptake of women's health technologies. This will include advocating for clearer pathways, consistent commissioning criteria, and value-based procurement approaches that recognise the full system benefits of innovation.

Showcasing Innovation and Best Practice

- › Champion UK-developed HealthTech solutions that improve outcomes in women's health, highlighting success stories through platforms such as the ABHI Women's Health Summit (February 2026).
- › ABHI will collaborate with Innovate UK and industry partners to ensure women's health remains a strategic priority within national innovation frameworks.

Supporting Female Founders

- › Promote greater recognition of female-focused innovation, and the value of innovation addressing women's needs across the life course.
- › ABHI will work with accelerators, investors, and trade partners to support female founders and start-ups developing technologies that advance women's health.

Aligning Innovation with Policy

- › Ensure that women's health innovation is recognised as a driver of system efficiency, contributing to NHS transformation priorities and the Women's Health Strategy for England.
- › Link innovation efforts to the NHS's Three Shifts, ensuring that women's health is embedded within the UK's broader health reform agenda.

Driving Global Collaboration

- › ABHI will champion UK innovation through international partnerships and trade programmes, ensuring UK-developed HealthTech contributes to global improvements in women's health.
- › Leverage ABHI's role in international networks such as the Global Medical Technology Alliance (GMTA) to share learning, shape global standards, and promote cross-border collaboration in women's health innovation.

INVESTMENT

The Case for Change

Investment in women's health remains disproportionately low. Despite strong evidence of the economic and societal returns, funding for women's health products, services, and research continues to lag behind other areas of healthcare.

The global women's health gap represents both a moral and market failure. By closing the gap, the prize is enormous. Yet women's health services often remain under-resourced, and investment in the sector, particularly for early-stage innovation, is limited.

Historically, systemic bias has also shaped the investment landscape. Female-founded companies, especially those providing female-focused innovation, continue to receive a fraction of available venture capital funding. The result is a cycle where women's health needs remain under-served, and the technologies designed to address them struggle to scale.

To deliver sustainable change, the UK must create an investment environment that recognises the clinical, economic, and social value of women's health. This includes supporting health system investment in service redesign, incentivising industry-led solutions, and unlocking private capital for innovation.

Delivering Change

Raising Awareness and Influence

- › ABHI will continue to raise awareness of the clinical and economic value of women's health to both national and global economies, leveraging its international network to position women's health as an essential driver of prosperity and innovation.
- › Maintain women's health as a global investment priority by building partnerships that sustain innovation and long-term implementation.

Examining and Unlocking Funding Flows

- › Examine funding flows across the public and private sectors to identify where deployable, scalable, and sustainable solutions can be unlocked.
- › Promote equity in investment by working with funders and financial institutions to rebalance resource allocation and address the fact that less than 5% of global R&D funding currently goes to women's health.

Supporting Early-Stage Innovation

- › Support early-stage developers working in women's health by leveraging ABHI's expertise and network, and partner with bodies like the Royal College of Obstetricians and Gynaecologists, to strengthen commercialisation and adoption.

Driving Global Collaboration

- › ABHI will leverage its international platform and partnerships to attract global investment into the UK women's health ecosystem, aligning capital with sustainable innovation to ensure advances in women's health are deployed equitably and at scale.

A CALL TO ACTION

The women's health gap exposes a fundamental under-delivery for half the population. This is an **untenable position with profound social and economic consequences**.

This document sets out ABHI's plan of action to redress that balance, marking the beginning of a sustained programme of work across clinical practice, research, innovation, and investment. Each strand is underpinned by three cross-cutting themes: women-specific health, women's whole-body health, and the power of women's voices.

The forthcoming ABHI Women's Health Summit (February 2026) will bring these priorities to life, convening leaders across healthcare, industry, academia, and policy to commit to tangible change.

This is an open invitation to join us in that mission. We value your insight, expertise, and leadership across our workstreams as we galvanise collective progress.

As we look ahead, one question should guide us all:

In a year's time, what tangible progress will we have made for women's health?

The health of our nation's women matters to every one of us, and the time to act is now. Let's move from **strategy to action**.

WITH THANKS

This paper has been informed by extensive research, analysis, and insights from an ABHI-convened roundtable that brought together a diverse group of national stakeholders representing government, the NHS, academia, and industry.

We are particularly grateful to those who participated, including representatives from: McKinsey & Company Inc, Birmingham Women's and Children's NHS Foundation Trust, Apposite Capital LLP, Department of Health & Social Care, National Institute for Health and Care Research, Imperial College London, Wellbeing of Women, Baxter Healthcare Ltd, Kimal Plc, Hologic, Illumina, Roche Diagnostics Limited, and BD.

Their expertise, perspectives, and collaboration have been invaluable in shaping the priorities and recommendations set out in this paper.

Special thanks are also extended to Dr Nina Wilson who, as ABHI's Independent Clinical Advisor, has developed this report in partnership with us.



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