

ABHI

2026 ABHI WOMEN'S HEALTH SUMMIT

Reimagining Women's Health:
From Recognition to System Change



EXECUTIVE SUMMARY

Time to Listen. Time to Act.

Women's health is not a niche issue. It is one of the clearest examples of how modern healthcare has been built around an incomplete understanding of the people it serves. If any other sector systematically underserved half of its users, we would say that the design was faulty. Yet across medicine, male biology has historically been treated as the default model for research, diagnosis, treatment and service design.

The result is a healthcare system that too often fails to properly "see" women.

The central message emerging from the 2026 ABHI Women's Health Summit was therefore not simply that women need more services, or more technology, or more awareness in isolation. It was that women's health requires a scientific and systemic paradigm shift.

The event brought together leaders from healthcare, research, industry, investment, policy and patient advocacy to explore one central challenge: how do we redesign healthcare systems around a more accurate understanding of women's biology and lived experience?

Across the Summit, a clear consensus emerged. **Women's health is not solely about reproductive care. It spans the entire life course and every major area of medicine**, from cardiovascular disease and neurological conditions to diagnostics, chronic disease, menopause, mental health, cancer and healthy ageing.

Speakers repeatedly highlighted that women continue to experience delayed diagnosis, fragmented pathways, underrepresentation in research, and healthcare systems that too often dismiss or normalise symptoms.

At the same time, **the Summit showcased major opportunities for change.**

Innovation already exists across diagnostics, genomics, AI, digital health, self-sampling technologies and community-based pathways. New approaches to women-centred research, sex-disaggregated data and personalised care are beginning to reshape how women's health is understood and delivered.

But innovation alone is not enough.

Improving women's health requires healthcare systems, research structures, investment models and clinical practice to evolve together. It requires a shift from designing services around institutions to designing them around women's lives.

Across all four themes, the central message was: **improving women's health requires a fundamental rebalancing of healthcare, research and life sciences around a more accurate understanding of women's biology and lived experience.**

“



“Women deserve a healthcare system designed around them, not one they are forced to navigate despite them.”

Matthew Johnson
Director of Access & Innovation, Roche Diagnostics



“Five years ago, if I had invited many of you to a women's health conference, you would have asked: 'What are we going to talk about?'”

Professor Dame Lesley Regan
Women's Health Ambassador for England

”



“The study of human biology defaults to the male.”

Professor Robyn Norton
Founding Director, The George Institute for Global Health



Closing the women's health gap could contribute £39bn to the UK economy by 2040



Women spend more years in ill health than men



Women remain underrepresented across many areas of clinical research

CLINICAL PRACTICE

Redesigning Care Around Women's Lives

One of the strongest themes emerging from the Summit was that healthcare systems continue to struggle with recognising and responding to women's symptoms, experiences and patterns of disease. Blind spots exist, making it inevitable that certain conditions will be missed or managed without an evidence base in women. This is embedded in our current training models.

In addition, women's healthcare remains too fragmented, reactive and institutionally designed. Pathways are frequently organised around specialisms and organisational structures rather than around women's lives or long-term health journeys. As a result, many women experience repeated referrals, delayed diagnosis and care that fails to connect conditions across the life course.

Speakers throughout the Summit challenged the historic tendency for medicine to treat male biology as the default model. This has shaped everything from clinical education and diagnostic thresholds to research priorities and pathway design, often leaving women's symptoms misunderstood, dismissed or normalised.

The discussions reinforced that women's health must be understood far beyond reproductive care alone. Cardiovascular disease, neurological conditions, sleep disorders, autoimmune disease, chronic pain and mental health all affect women differently, disproportionately or through different pathways. Yet many healthcare systems still fail to consistently reflect this reality.

A recurring theme was the extent to which women continue to feel unheard within healthcare systems. Patient voice sessions were particularly powerful, highlighting experiences of women repeatedly needing to re-enter the system before receiving appropriate support or diagnosis. We also heard about them undergoing unpleasant and expensive tests unnecessarily and failure to receive appropriate treatment due to misinformation. Symptoms are too often minimised or attributed to stress, menopause or ageing, while fragmented pathways can leave women navigating complex systems alone.

The Summit strongly supported a more integrated, life-course approach to women's health. Pregnancy complications, menopause, chronic disease and healthy ageing should not be viewed as isolated episodes of care, but as interconnected parts of women's long-term health journeys.

Women's health hubs, neighbourhood-based services and earlier intervention models were all highlighted as important opportunities to redesign pathways around women's lives rather than institutional structures. Better integration between primary, community and specialist services was seen as essential to improving access, reducing delays and delivering more joined-up care.

“



“Women presenting with cardiovascular disease did not fit the model we had learned from the books.”

Professor Angela Maas
Professor, Faculty of Medical Sciences, Radboud University

”



“When you have a disease no one around you understands, including the medical field, it's incredibly isolating and lonely.”

Jenny Gayler
Patient Advocate



700,000+ women currently on gynaecology waiting lists



Women more likely to experience delayed diagnosis across multiple conditions



Cardiovascular disease remains underdiagnosed in women



INNOVATION

Innovation Exists. The Challenge is Adoption.

Innovation in women's health is often framed as a future opportunity. Yet one of the clearest messages emerging from the Summit was that many of the technologies, diagnostics and tools capable of improving women's outcomes already exist today.

The challenge is not solely innovation creation, but system readiness.

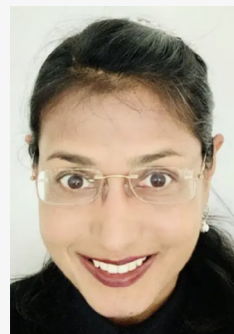
Across women's health, there remains a persistent disconnect between innovation, evidence generation, commissioning and implementation. New technologies frequently struggle to move beyond pilots or isolated adoption, even where there is a clear unmet need and growing evidence base. Discussions throughout the Summit highlighted that innovation cannot simply be layered onto fragmented pathways or introduced into systems that were not designed around women's experiences of care.

The Summit also challenged assumptions around what innovation in women's health should look like. While AI, genomics and advanced diagnostics are opening important new opportunities, many of the most impactful interventions discussed were comparatively simple: earlier diagnostics, self-sampling technologies, redesigned pathways, improved triage and more accessible community-based care. It also came down to the ability of women themselves, and their clinicians to put a name to their experience and validate their symptoms.

A recurring theme was that innovation should not be understood purely as technological advancement. It also requires redesigning systems around women's lives, improving access to care, reducing unnecessary invasiveness, and enabling earlier intervention and prevention.

Speakers also highlighted the importance of ensuring innovation is supported by workforce education, pathway redesign, robust evidence generation and clearer routes to NHS adoption. Without this wider system alignment, even highly promising technologies risk remaining underutilised. Part of what needs to change here is a recognition of the enormous value created. Previously taboo areas of women's health such as heavy menstrual bleeding have been normalised, deprioritising the urgency of action. But we heard how important it is to gain a true understanding of the value to individuals, families and the economy of effective treatment.

Other examples of innovation discussed during the Summit included self-sampling approaches for cervical screening, blood-based biomarkers for cardiovascular disease and Alzheimer's disease, AI-assisted maternity tools, home-based diagnostics, and non-invasive testing approaches for gynaecological cancers. Collectively, they demonstrated both the pace of innovation emerging across women's health and the scale of opportunity if implementation barriers can be addressed.



I treated a patient whose 9cm uterine fibroid caused continuous bleeding for two years. The blood loss left her profoundly anaemic, requiring multiple transfusions and rendering her unable to care for herself. The strain was so severe that her husband feared losing his job from caregiving, forcing her to move in with her daughter. Within days of finally receiving appropriate treatment, her symptoms cleared. Her husband's reaction put the ordeal into perspective: 'For two years, I felt like I was living under a massive rock. Now, it finally feels like that rock has been lifted from my shoulders'.

Dr Nilofer Husain
Consultant Gynaecologist and Consultant Partner, Modality Women's Health Hub

“



“We don't have an innovation problem. We have an adoption problem.”

Paul Holmes
Market Access & Government Affairs Director, UK and Ireland, Hologic



“For too long, sleep disorders in women have been overlooked or misunderstood. Greater awareness of the role sleep plays in women's health creates an important opportunity for earlier diagnosis and better long-term outcomes.”

Dr Joanna Shakespeare
Consultant Clinical Scientist, University Hospital Coventry and Warwickshire & Chair of the Association for Respiratory Technology and Physiology



“Simple innovations can genuinely change women's lives.”

Claire Nicholson
Sales & Marketing Director, Kimal



“We need to move away from invasive diagnostics towards approaches that are simpler, community-based and more accessible for women.”

Professor Emma Davidson
Professor of Gynaecological Oncology, Manchester University NHS Foundation Trust

”



“The NHS 10 Year Health Plan sets out a shared vision that, by 2035, half of all healthcare interactions could be informed by a genomic component. This creates a major opportunity to improve how we understand, diagnose and treat women's health at every stage of life.”

Mark Robinson
VP & General Manager, UK&I & Northern Europe, Illumina

Innovation in women's health already exists across diagnostics, genomics, AI and community-based care... the challenge is adoption at scale.

Earlier diagnostics, self-sampling and non-invasive testing could help shift women's healthcare from reactive treatment to prevention and earlier intervention.

By 2035, half of all healthcare interactions could involve a genomic component, creating major opportunities for more personalised and women-centred care.

RESEARCH

Closing the Evidence Gap

The Summit repeatedly returned to one central theme: the women's health gap is fundamentally an evidence gap.

Much of modern medicine has historically been built around male physiology as the default model for research, diagnostics and treatment. While this imbalance is increasingly recognised, its consequences continue to shape clinical practice, healthcare delivery and patient outcomes across the system.

Discussions throughout the Summit highlighted how women remain underrepresented in many areas of research participation, while sex-disaggregated analysis remains inconsistent across clinical studies, guidelines and evidence generation. This contributes directly to delayed diagnosis, poorer outcomes and significant gaps in clinical understanding.

The challenge is not solely one of participation, but of scientific design. Research pathways, funding models and evidence frameworks have often failed to adequately reflect women's biology, experiences and patterns of disease. Speakers highlighted how this has weakened the evidence base underpinning large parts of healthcare delivery.

The Summit also reinforced the need to move beyond viewing women's inclusion in research as a compliance exercise. Instead, women must increasingly help shape research priorities, study design and scientific leadership itself.

Better use of sex-disaggregated data, stronger linkage between datasets, and greater integration between research and routine care were all identified as critical priorities. Discussions also highlighted the importance of ensuring innovation and research work effectively across different ethnic and demographic groups, so that existing inequalities are not reinforced through future healthcare advances.

Important progress is already underway. The Summit heard examples of initiatives designed to embed sex and gender considerations more systematically into research frameworks and funding approaches, alongside growing momentum behind improving women's representation in trials and evidence generation.



ABHI's Clinical Advisor, Dr Nina Wilson, recently spoke with Bobbi Chapman MD, Vice President, Health Failure at Johnson & Johnson. Their conversation explored the real-world impact of underrepresentation in clinical research, the practical and systemic barriers that continue to limit women's participation, and the steps that stakeholders across the health and life sciences ecosystem can take to close this gap. You can view that discussion, and an infographic that captures its themes, [here](#).

“



“Involve women from the start. Do not see inclusion as a tick box exercise.”

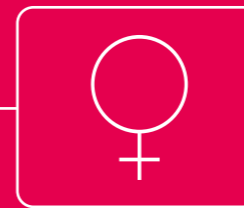
Professor Lucy Chappell
Chief Scientific Adviser, Department of Health and Social Care

”



“Too often, women are navigating fragmented services that fail to connect the bigger picture of their health. We need pathways designed around women's lives, not organisational silos.”

Dr Helen Munro
Clinical Lead for Women's Health in Wales



Only 41% of NICE guidelines reference sex and gender outside reproductive health



Women experience higher rates of adverse drug reactions



Women remain underrepresented in many clinical trials



INVESTMENT

One of Healthcare's Largest Untapped Opportunities

The Summit highlighted women's health as both a healthcare imperative and a major economic opportunity.

Historically, women's health has often been narrowly associated with fertility or reproductive care. Discussions throughout the day strongly challenged this framing.

A more accurate understanding of women's health reveals substantial opportunities across chronic disease, diagnostics, prevention, digital health, healthy ageing, mental health and workplace health.

At the same time, speakers highlighted that women's health innovation continues to face barriers around evidence generation, adoption pathways and investment confidence. Investment depends not only on unmet need, but on confidence that innovations can realistically be implemented and scaled within healthcare systems.

This creates a shared responsibility across the ecosystem. Innovators must design with NHS realities in mind. Researchers must strengthen the evidence base. Policymakers and commissioners must provide clearer routes to adoption and implementation. Investors must recognise the scale of opportunity created by a more accurate understanding of women's health needs.

Discussions also explored the importance of supporting female founders, improving access to investment and ensuring women's health is treated as a mainstream strategic priority rather than a niche category.

The Summit reinforced that improving women's health is not solely a healthcare issue. It is also closely linked to workforce participation, economic productivity, prevention and long-term system sustainability.



“



“Women’s health is not a niche issue. It is central to the future sustainability of healthcare systems, workforce participation and wider societal wellbeing.”

Kate Lancaster
Chief Executive Officer, Royal College of Obstetricians and Gynaecologists

”



“Healthcare transformation ultimately depends on people. Investing in workforce capability and leadership is just as important as investing in technology.”

Steve McManus
Chief Executive Officer, Royal Berkshire NHS Foundation Trust



Women's health remains underinvested relative to burden of disease



Less than 5% of global healthcare R&D funding is directed specifically towards women's health



Better women's health outcomes mean greater workforce participation and an easing of the long-term pressure on health systems

CULTURE, LEADERSHIP AND THE PUBLIC CONVERSATION

Culture Changes Before Politics

The Summit concluded with a broader reflection on how the conversation around women's health is changing culturally as well as clinically.

Speakers reflected on the growing visibility of issues that were historically ignored, minimised or considered taboo, including menopause, miscarriage, chronic pain, endometriosis and birth trauma.

Discussions throughout the day repeatedly returned to the importance of language, visibility and public conversation in driving wider system change.

The Summit also explored how women's health is increasingly being recognised as central to healthcare transformation, workforce participation, prevention and scientific advancement, rather than as a marginal or specialist issue.

Importantly, there was recognition that many of the changes now emerging across policy, healthcare and investment have been preceded by broader cultural shifts. Greater openness around women's lived experiences is helping create momentum for change across healthcare systems, workplaces and public life.

The Summit closed with a strong sense that improving women's health is not solely about creating new technologies or services. It is about redesigning healthcare systems around a more complete understanding of women's biology, experiences and lives.

Most importantly, it requires listening to women.

“



“Culture changes before politics, and change often starts with visibility.”

Caitlin Moran
Journalist, Broadcaster and Author

”



“Women are not just little men.”

Professor Dame Lesley Regan
Women's Health Ambassador for England

TIME TO ACT. TIME TO LISTEN.



CONCLUSION

From Recognition to Redesign

The 2026 ABHI Women's Health Summit reinforced a simple but important reality: women's health is not a niche agenda, nor a standalone policy conversation. It is central to the future of healthcare, research, innovation and economic growth.

Across every discussion, a consistent message emerged. The challenge is no longer whether change is needed, but whether systems are prepared to act with the pace and scale required.

The Summit highlighted both the scale of the opportunity and the consequences of inaction. Women continue to experience fragmented pathways, delayed diagnosis and healthcare systems that too often fail to reflect their biology and lived experience. Yet many of the solutions already exist.

What is now required is coordinated action across four interconnected priorities:

Clinical Practice

A paradigm shift is needed to the routine recognition of the potential for sex-differences and better recognition of sex-specific differences.

Healthcare systems must adopt a life-course approach around predictable events for proactive health management, redesigning pathways around women's lives rather than organisational silos. Earlier intervention, neighbourhood care, women's health hubs and better recognition of sex-specific disease must become core system priorities.

Innovation

Innovation adoption must become a strategic NHS capability. Proven technologies should no longer remain trapped in fragmented pilots or inconsistent commissioning pathways. Pathway redesign, workforce training and national adoption mechanisms are essential if innovation is to improve outcomes at scale. With particular reference to appropriate management of women's health conditions, the true value creation to the economy and society must be recognised.

Research

The evidence gap in women's health must be closed through stronger representation in research, improved use of sex-disaggregated data and better integration of research into routine care. This will enable women to be treated against an evidence base that reflects their own physiology. Women must not only participate in research, but increasingly shape its leadership and direction.

Investment

Women's health must be recognised as both a healthcare priority and a major economic opportunity. Stronger alignment between investors, innovators, researchers and the NHS will be critical to scaling innovation, improving workforce participation and positioning the UK as a global leader in women's health.

Ultimately, improving women's health is not simply about addressing inequality. It is about building smarter, more preventative and more sustainable healthcare systems for the future.

The evidence is clear. The opportunity is real. Delivering change is now incumbent on all of us.

WITH THANKS TO ALL OUR SPEAKERS

Name	Job Role and Company
Professor Lucy Chappell	Chief Scientific Adviser, Department of Health and Social Care
Sarah Cowlshaw	Partner, Covington & Burling LLP
Professor Emma Davidson	Professor of Gynaecological Oncology, Manchester University NHS Foundation Trust
Kelly Curtin	Managing Director, Stifel's Global Healthcare Group
Peter Ellingworth	Chief Executive, ABHI
Jenny Gayler	Patient Advocate
Dame Sue Hill	Chief Scientific Officer, NHS England
Paul Holmes	Market Access & Government Affairs Director, UK and Ireland, Hologic
Dr Nilofer Husain	Consultant Gynaecologist and Consultant Partner, Modality Women's Health Hub
Matthew Johnson	Director of Access & Innovation, Roche Diagnostics
Mohammad Khobreh	Managing Partner, NG BIO
Kate Lancaster	Chief Executive Officer, Royal College of Obstetricians and Gynaecologists
Jane Lewis	Chief Operating Officer, Chief Financial Officer and Women's Health Lead, ABHI
Professor Angela Maas	Professor, Faculty of Medical Sciences, Radboud University
Dr Sue Mann	National Clinical Director in Women's Health, NHS England
Dr Jenn Matthissen	Head of GI, Nutrition, Endocrine and Fertility, MHRA
Steve McManus	Chief Executive Officer, Royal Berkshire NHS Foundation Trust
Dr Helen Munro	Clinical Lead for Women's Health in Wales
Caitlin Moran	Journalist, Broadcaster and Author
Claire Nicholson	Sales & Marketing Director, Kimal
Professor Robyn Norton	Founding Director, The George Institute for Global Health
Dame Lesley Regan	Women's Health Ambassador for England
Professor Wendy Reid	Non-Executive Director, Birmingham Women & Children's Hospital
Mark Robinson	VP & General Manager, UK&I & Northern Europe, Illumina
Dr Joanna Shakespeare	Consultant Clinical Scientist, University Hospital Coventry and Warwickshire (UHCW) and Chair, Association for Respiratory Technology and Physiology (ARTP)
Dr Nina Wilson	Clinical Advisor, ABHI



WITH THANKS

To our Event Host

COVINGTON

And our sponsors



Smith+Nephew

illumina®

 Resmed

HOLOGIC®

Association of British HealthTech Industries
Suite 2, 4th Floor, 1 Duchess Street,
London, W1W 6AN

A company limited by guarantee.
Registered in England no. 1469941. Registered office as above.

+44 (0)20 7960 4360
enquiries@abhi.org.uk
www.abhi.org.uk
X @UK_ABHI

ABHI