

FROM DATA TO ACTION: CLOSING THE RESEARCH GAP IN WOMEN'S HEALTH

BETTER DATA AND SMARTER FUNDING ARE THE FOUNDATIONS FOR INNOVATION AND EQUITY IN WOMEN'S HEALTH.

AUTHOR

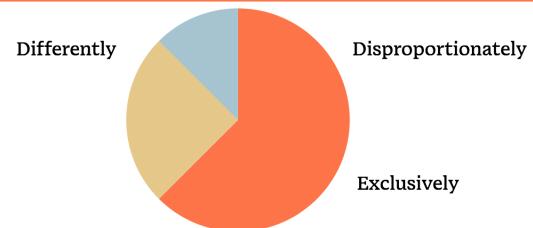
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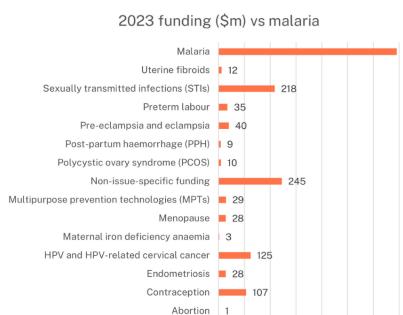
WHY IT MATTERS

Women make up half the world's population but remain systematically overlooked in biomedical research. Funding is scarce, pipelines are weak, and pregnant women are often excluded from trials. Without sex- and gender-specific data we cannot see the full picture, let alone close the gap.



THE FUNDING GAP

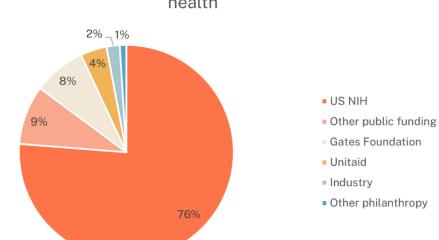
- In 2023, female-specific conditions received only 18% of SRH R&D funding — a quarter of what was spent on malaria.
- Endometriosis R&D: \$28m globally vs \$1.2b for diabetes from the NIH (similar prevalence).
- Menopause will affect half the population, yet receives negligible investment.



A FRAGILE ECOSYSTEM

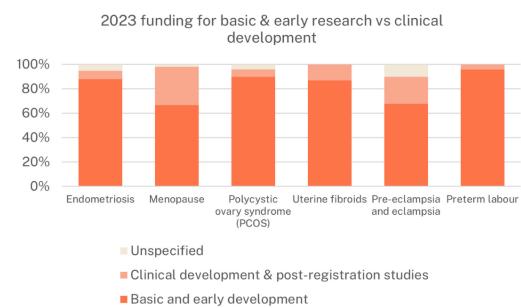
- 77% of funding for maternal/gynecological R&D comes from US NIH.
- Only six other funders >\$1m.
- Overreliance on one funder makes the system highly vulnerable.

2023 funders for gynaecological & maternal health



A WEAK PIPELINE

- Poor understanding slows progress on conditions like preeclampsia, PCOS and fibroids.
- Most of the funding goes to basic research due to insufficient knowledge available for clinical development.
- Most marketed products and candidates in the pipeline are repurposed medicines, not innovative treatments.



EXCLUDED FROM RESEARCH

- Clinical trials often fail to disaggregate data by sex.
- Pregnant women are systematically excluded: only 2% of drugs have dosing/safety data.
- For HIV, malaria, Zika (2007–2024): just 0.3% of research included pregnant/lactating women

HOW DO WE CLOSE THE GAP?

- Build better metrics & inclusive data
- Diversify funding sources
- Invest in innovative pipelines
- Put women — including during pregnancy — at the centre of R&D

For full reports and background data visit www.impactglobalhealth.org