

Women's health R&I in Europe: growing investment, persistent gaps, and the case for a coordinated response

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SUMMARY

The evidence points to a clear but incomplete shift in women's health R&I: political attention and investment are growing across Europe, but funding, evidence and translation gaps continue to limit progress. Between 2021 and July 2026, women's health-related projects represented 2.65% of Horizon Europe projects and 1.86% of total European Commission contributions. Overall investments, including from the private sector, remain concentrated disproportionately in early-stage R&I.

This momentum is increasingly reflected at national level. Seven countries (Austria, Ireland, the Netherlands, England, Wales, Scotland and Norway) have established dedicated women's health strategies, while several countries introduced targeted funding initiatives in 2025. However, investment remains uneven and continues to favour established areas of women's health, leaving significant gaps in conditions such as autoimmune and cardiovascular diseases.

The central challenge is therefore to not only increase investment, but also to create a more connected, end-to-end women's health research and innovation (R&I) ecosystem. Funding gaps between early-stage research and later development, implementation and market entry risk preventing promising innovations from reaching clinical practice. More strategic use of complementary EU funding instruments, alongside public-private partnerships, could help address these gaps by linking research, evidence generation, data infrastructure, translation and scale-up.

A dedicated European women's health strategy or mission could provide a framework for setting priorities, coordinating action and tracking progress, while complementing national initiatives and mobilising wider R&I investment. Such an approach could help move European women's health R&I from fragmented initiatives towards a more coordinated, strategic and sustainable ecosystem, while ensuring that investment better reflects unmet need and disease burden.



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EXECUTIVE SUMMARY

Women's health research and innovation (R&I) is receiving growing political attention and investment in Europe and globally. However, significant gaps remain in funding, evidence generation and the translation of innovation into practice and scale. While momentum is increasing, investment remains uneven across the R&I pathway, limiting the ability to translate promising research into products, services and improvements in care.

Europe is emerging as an increasingly important contributor to women's health R&I. Between 2021 and July 2026, Horizon Europe supported 22 528 projects, representing approximately EUR 59 billion in European Commission contributions. Of these, 596 projects included specific or cross-cutting women's health R&I terms, representing 2.65% of projects and approximately EUR 1.1 billion, or 1.86% of total contributions. Projects have accessed a range of standard and non-standard funding instruments, demonstrating that women's health can engage across the Horizon Europe funding landscape. However, uptake remains uneven, creating an opportunity to use complementary instruments more strategically to support the full pathway from research and evidence generation through validation, implementation and market entry.

This is particularly relevant given the concentration of funding in early-stage R&I. Insufficient investment in later-stage development, validation and implementation can create a funding cliff, leaving promising innovations unable to reach clinical practice or the market. Addressing this gap will require greater participation from the private sector alongside strategically designed public-private partnerships, targeted incentives and mechanisms that reduce the risks associated with translation and market entry.

Momentum is also growing at Member State level. Seven countries (Austria, Ireland, the Netherlands, England, Wales, Scotland and Norway) have established standalone women's health strategies, while several others have introduced dedicated funding initiatives. Many of these developments emerged in 2025, marking a notable increase in public investment. Dedicated women's health research centres in countries such as Wales, Denmark and Finland also signal a longer-term focus on building research capacity and infrastructure. The concentration of Horizon Europe project coordination in countries such as Spain, France, Germany and the Netherlands further suggests that national policy prioritisation and investment can support research capacity and leadership, although the absence of a standalone strategy should not be interpreted as a lack of engagement.

Despite this progress, investment does not yet consistently align with areas of unmet need. Attention remains concentrated in historically recognised areas, while conditions such as autoimmune and cardiovascular diseases continue to be comparatively under-researched despite their substantial burden among women. Greater alignment between

disease burden, evidence gaps and investment priorities will require more deliberate prioritisation, targeted incentives and partnerships focused on under-served areas.

Emerging European-linked partnerships demonstrate the potential of a more ecosystem-oriented approach, combining funding, data, research infrastructure, private capital and mechanisms for translation. These models point towards a shift from supporting individual research projects towards strengthening the connections across the wider R&I ecosystem.

Taken together, these developments create an opportunity for Europe to move from fragmented initiatives towards a more coordinated, strategic and end-to-end approach to women's health R&I. A dedicated European women's health strategy, priority or mission, including potentially under a future framework programme, could establish shared priorities, coordinate action across EU institutions and Member States, strengthen evidence and data, and create clearer pathways from research to implementation and scale. Such an approach could complement national efforts, support countries without dedicated strategies, and provide a stronger foundation for public-private collaboration.

The opportunity is therefore not simply to increase investment, but to better connect funding, evidence, innovation, partnerships and implementation so that promising women's health R&I can progress through the full innovation pathway and ultimately translate into improved health outcomes and care.

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1. GROWING MOMENTUM BUT PERSISTENT GAPS IN WOMEN'S HEALTH R&I

Women's health R&I has long been [underfunded](#) and under prioritised, globally and across the EU. While this funding gap is increasingly recognised as an urgent policy priority and is gaining exposure, the challenge extends far beyond investment alone. R&I systems remain structurally [disconnected](#) from the needs and burden of women's health. This disconnect is [reflected](#) in three interrelated gaps: funding, evidence, and translation.

Funding and investment in women's health R&I remains fragmented and disproportionately concentrated in a limited number of areas. Funding has historically focused on a narrow range of conditions, with few incentives to support research in other critical areas of women's health, including autoimmune diseases, mental health and cardiovascular disease. This imbalance is reflected in global investment patterns: in 2020, only around [5%](#) of global R&D funding was directed towards women's health, of which approximately 90% focused on women's cancers.

The funding gap is equally evident in the private sector. Globally, just 6% of [private](#) healthcare investment is directed towards women's health, while companies dedicated to women's health R&I receive less than 1% of private healthcare capital. In 2025, cardiovascular disease in women, which is a leading cause of mortality, attracted approximately USD [2 million](#) in dedicated equity. Autoimmune diseases, which occur [four times](#) as often in women as in men, received virtually no dedicated investment.

Persistent underinvestment, coupled with the prolonged [underprioritisation](#) of women's health, has resulted in significant gaps in the evidence base and an inadequate understanding of the diverse and heterogeneous health needs of women. These shortcomings undermine the development of effective policies, programmes and innovations. The consequences are evident across the R&I continuum, from a '[drought](#)' in the maternal health innovation pipeline and the persistent under-representation of women in clinical trials, at an estimated [22%](#), to the widespread [under-diagnoses](#), late diagnoses, and mistreatment of conditions that are unique to women or present differently in women than in men.

Moreover, the resulting loss of research capacity and funding from the rapid scaling back of major US women's health research programmes could leave a critical '[vacuum](#)' in areas where robust evidence is most urgently [needed](#), with implications for future innovation, policy development and health outcomes.

Although women's health is increasingly recognised as a '[functioning innovation ecosystem](#)', significant challenges remain, including that of translating innovation to scale.

Persistent funding gaps, a lack of strategic investment across the full innovation pipeline, and limited financing beyond the [seed stage](#) all reinforce this translation gap. Compounding this is the insufficient [infrastructure](#) to operationalise the necessary platforms and connections to bring identified solutions, evidence, and innovations to scale.

2025 and 2026 marked a notable [shift](#) in political attention and financial commitments to women's health R&I, reflecting growing recognition of both the unmet need and the opportunities for advancement, globally and in the EU. This momentum is also evident in the private sector, where investment in women's health increased by [41%](#) in 2025 compared with 2024. As one [report](#) put it, 'the sector isn't emerging – it's compounding'. This also [extends](#) to novel areas of investment such as GLP-1s and growing interest in historically underinvested areas such as endometriosis, where funding increased to over USD 56 million in dedicated equity in 2025.

Increased attention, however, does not automatically result in meaningful action. Without sustained and coordinated investment and infrastructure, recent progress risks remaining fragmented, constraining the scale and pace of innovation needed to address longstanding gaps in women's health and innovation.

2. THE EU'S GROWING FOCUS ON WOMEN'S HEALTH R&I

The EU has also seen renewed momentum in dedicated investment and strengthened advocacy for advancing women's health R&I. Recent policy developments signal an increasing commitment to making women's health a strategic R&I priority. For example, the [EU Roadmap for Women's Rights](#), published as part of the Commission's broader gender equality agenda, highlights the importance of gender-sensitive research and an intersectional approach to data that better reflects the diverse health needs of women. Gender equality and gender mainstreaming have also become central objectives of the European Research Area and Horizon Europe, where integrating the [gender dimension](#) into research proposals is now a funding requirement. More recently, in September 2026, MEPs adopted a [report](#) on gender inequities in health that called attention to the need for more strategic effort from the EU to address longstanding gaps in women's health. A [report](#) on the EU cardiovascular strategy that highlighted the persistent inequities between men and women in diagnosis, treatment, and outcomes was also adopted.

Despite these advances, significant [gaps](#) remain. Women continue to be under-represented across the European R&I ecosystem, gender dimensions are still absent from many scientific publications, and women are in the minority among inventors. These shortcomings limit the extent to which R&I fully addresses women's health needs.

The EU has also made substantial financial commitments. Across Horizon 2020 and Horizon Europe, more than [1000 projects](#), representing approximately EUR 2 billion in funding, have supported women's health research across cancer, personalised medicine, cardiovascular disease, maternal health and clinical trials. While these investments represent important progress in addressing a historically underfunded field, they remain [insufficient](#) to close longstanding gaps.

This has been increasingly recognised by European policymakers. The European Parliament's Committee on Women's Rights and Gender Equality recently [called](#) for more ambitious EU action to address the gender health gap, aligning its recommendations with the forthcoming EU Gender Equality Strategy 2026-2030. The [report](#) highlights persistent gender inequalities in health, medicine and research that continue to affect diagnosis, treatment and health outcomes. It calls for stronger gender-sensitive research design, improved representation of women in clinical research, greater use of sex-disaggregated data, and the integration of gender considerations within initiatives such as the European Health Data Space. These measures are increasingly recognised as essential not only for improving women's health but also for reducing bias in emerging technologies, including artificial intelligence, and ensuring that future innovations deliver equitable health outcomes.

Similarly, growing recognition of the need to invest in women's health research is reflected in recent funding initiatives under the EU Interreg programme, which aims to strengthen regional cooperation and innovation. Its first dedicated women's health project, [Commercialisation of Nordic SMEs within Women's Health](#) (2026-2029), received EUR 1.52 million in Interreg funding, alongside additional co-financing, bringing the total investment to EUR 2.8 million. The project [seeks](#) to accelerate the commercialisation of women's health innovations by strengthening market access, regulatory capacity and the growth of small and medium-sized enterprises (SMEs). Beyond supporting individual innovations, this investment [signals](#) an increasing recognition that advancing women's health requires enabling ecosystems that help translate research into scalable, market-ready solutions.

A similar trend is evident at the Member State level, where several countries have established standalone women's health strategies alongside dedicated funding to address recognised gaps in women's health research.

This increased interest and investment is also [evident](#) in Europe's private sector. European companies recorded notable gains in 2025, including Germany-based Tubulis (EUR 308 million) and Switzerland-based NUCLIDIUM (EUR 84 million), together comprising more than EUR 390 million in funding, alongside other prominent companies such as UK-based SheMed. These developments point to a shifting geographic profile of women's health investment, with European companies increasingly contributing to a field that has historically been characterised by substantial US investment.

The next section provides an overview of the women's health R&I landscape in the EU, drawing on a mapping of public R&I funding through Horizon Europe, dedicated Member State policies and funding, and public-private partnerships involving EU stakeholders. Together, these elements provide a preliminary, holistic assessment of the EU's current position and level of engagement in women's health R&I.

3. MAPPING THE LANDSCAPE OF WOMEN'S HEALTH R&I IN THE EU

3.1. HOW, AND TO WHAT EXTENT, IS WOMEN'S HEALTH R&I FUNDED THROUGH HORIZON EUROPE?

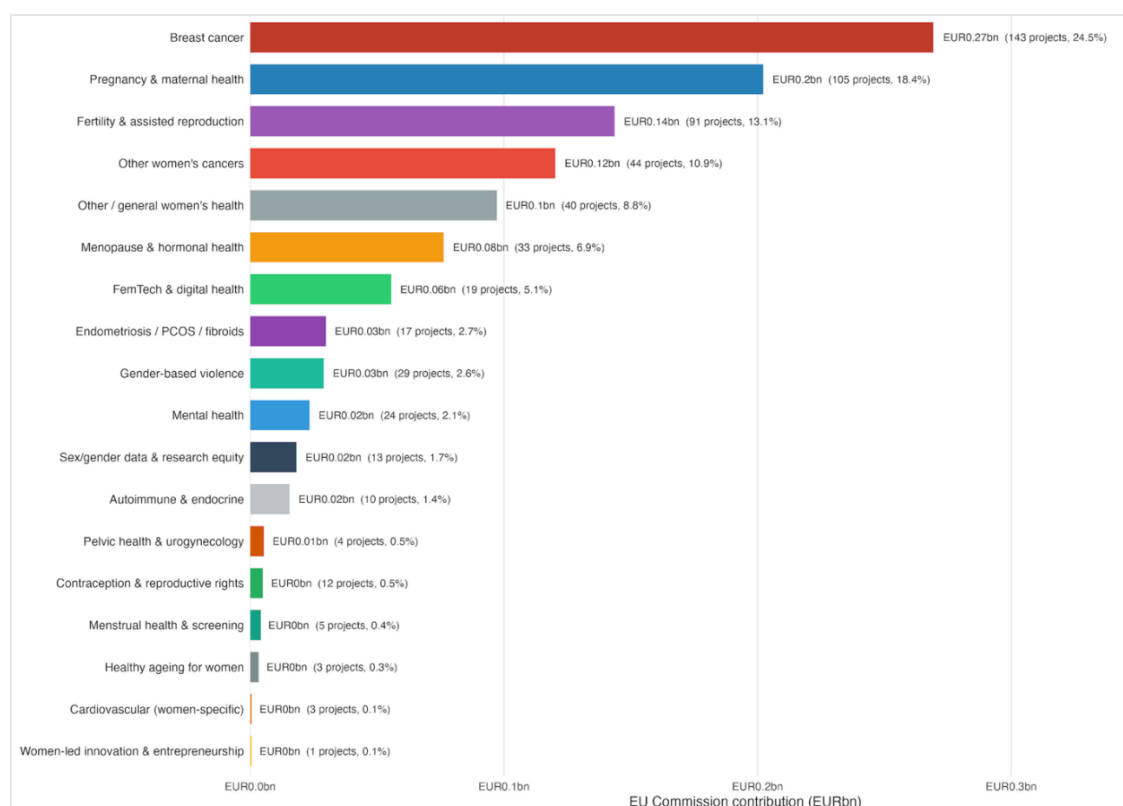
Horizon Europe is Europe's main R&I instrument with a pillar focused on health. We utilised the CORDIS database to extract data and analyse trends on funding specific to or aligned with women's health to get a better picture of what is being funded, through which funding mechanisms, and coordination composition. We identified 'women's health' projects by searching three text fields simultaneously: project title, keywords, and objective using core women's health terms: women-specific terms such as 'women's health', 'endometriosis' and 'maternal health'. We also used broader cross-cutting terms relevant to women's health or gender-focused health even when not exclusively women-focused such as 'sexual violence' and 'gender inequality'. A full list of keywords can be found in the Annex.

Between 2021 and July 2026, Horizon Europe supported 22 528 projects, representing approximately EUR 59 billion in European Commission contributions. Of these, 596 projects included specific or cross-cutting terms related to women's health R&I, representing 2.65% of all projects. These projects accounted for approximately EUR 1.1 billion in funding, or 1.86% of total Horizon Europe contributions.

Figure 1 illustrates how, across the scope of women's health research projects funded by the European Commission under Horizon Europe, cancers, including breast cancer, and maternal health seem to be the most prominent areas of focus. This was based on key term analysis across project titles, keywords, and objectives. This analysis found that breast cancer accounts for 143 projects, with approximately EUR 270 million in funding. This is followed by pregnancy and maternal health with 105 projects and EUR 200 million in funding, and fertility and reproductive with 91 projects and EUR 140 million in funding.

At the lower end, research into healthy ageing for women and women-specific cardiovascular research were recorded as having three projects each, with EUR 3.3 million and EUR 150 000 in funding respectively. This is an important trend to observe as it mirrors the larger investment [trends](#) around substantial focus on cancers and maternal health, while areas such as cardiovascular health for women continue to suffer underinvestment. This contrast is relevant to note as the European Commission's [Safe Hearts Plan](#) includes a flagship initiative on closing the cardiovascular research gap through a Research and Innovation Roadmap to support innovative approaches to research and care, especially for women.

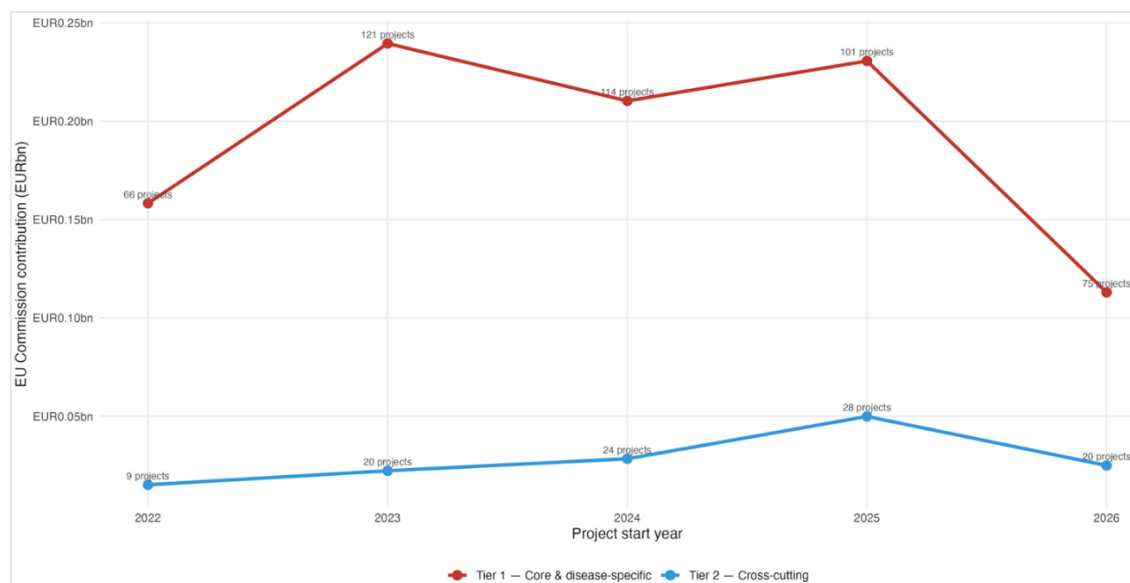
Figure 1 Women's health areas of research among Horizon Europe projects, 2021-July 2026



Source: authors' own depiction; CORDIS open data, Horizon Europe projects 2021-2026 (July 2026 extraction).

Observing Horizon Europe allocations to women's health-tagged projects over time provides insight into how funding priorities may be evolving. Figure 2 illustrates the temporal trends in European Commission contributions to women's health R&I under Horizon Europe by project start years 2022-July 2026. The trends show a modest initial increase in funding across both core and disease-specific and cross-cutting categories, followed by a similar decline between 2025 and July 2026. Importantly, the 2026 figures cover only funding allocated up to July and should therefore be interpreted with caution. Overall, however, funding appears relatively stable over the period, while the number of women's health R&I projects in 2026 already exceeds those in 2022, potentially indicating a growing focus on this in R&I.

Figure 2. Trends in Horizon Europe’s R&I funding on women’s health over time

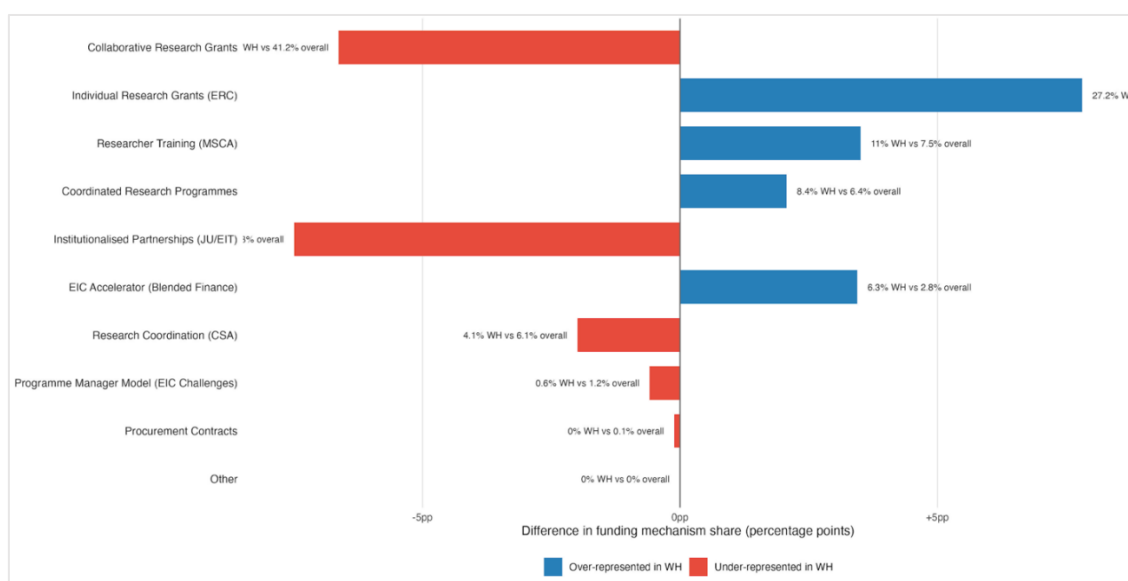


Source: authors’ own depiction; CORDIS open data, Horizon Europe projects 2021-2026 (July 2026 extraction).

Women’s health R&I under Horizon Europe is supported through a range of funding and collaboration mechanisms. These include collaborative research projects under Cluster 1: Health, individual investigator-led research through the European Research Council (ERC), European Partnerships and other coordinated research initiatives, and innovation-oriented funding through the European Innovation Council (EIC), including its Accelerator programme.

The distribution of funding mechanisms differs between women’s health R&I projects and the overall Horizon Europe portfolio (Figure 3). Women’s health projects show a higher relative representation of individual research grants (ERC), researcher training (MSCA), coordinated research programmes, and EIC Accelerator funding, while collaborative research grants, institutionalised partnerships, research coordination, EIC Challenges, and procurement contracts are comparatively under-represented compared with the broader Horizon Europe portfolio.

Figure 3. Comparing funding mechanisms in women's health projects to those in the overall Horizon Portfolio



Source: authors' own depiction; CORDIS open data, Horizon Europe projects 2021-2026 (July 2026 extraction).

Both standard and non-standard funding mechanisms are utilised in women's health R&I projects under Horizon Europe. About 88% (521) of the 595 projects are funded through standard mechanisms, including open-call RIAs, CSAs, ERC grants and MSCA fellowships, whereas about 12% (74 projects) are funded through non-standard mechanisms, including mission-driven RIAs (largely under the EU Cancer Mission), EIC instruments, and Joint Undertaking- or EIT-administered grants (Table 1).

Of note, although non-standard mechanisms account for proportionally fewer projects, they account for a disproportionately larger share of funding – 28% of total EC contribution – indicating a larger average award size per project. This distinction is meaningful because of how funding decisions are made under each mechanism. Standard mechanisms are generally allocated through a researcher-submitted, peer-reviewed, competitive process based on scientific merit. Conversely, non-standard mechanisms tend to be more strategically directed: the research topic or approach is typically pre-defined by a body such as a mission board, an EIC programme manager, or an industry-partnership steering group, with applicants responding to a narrower, pre-set call rather than proposing their own research direction.

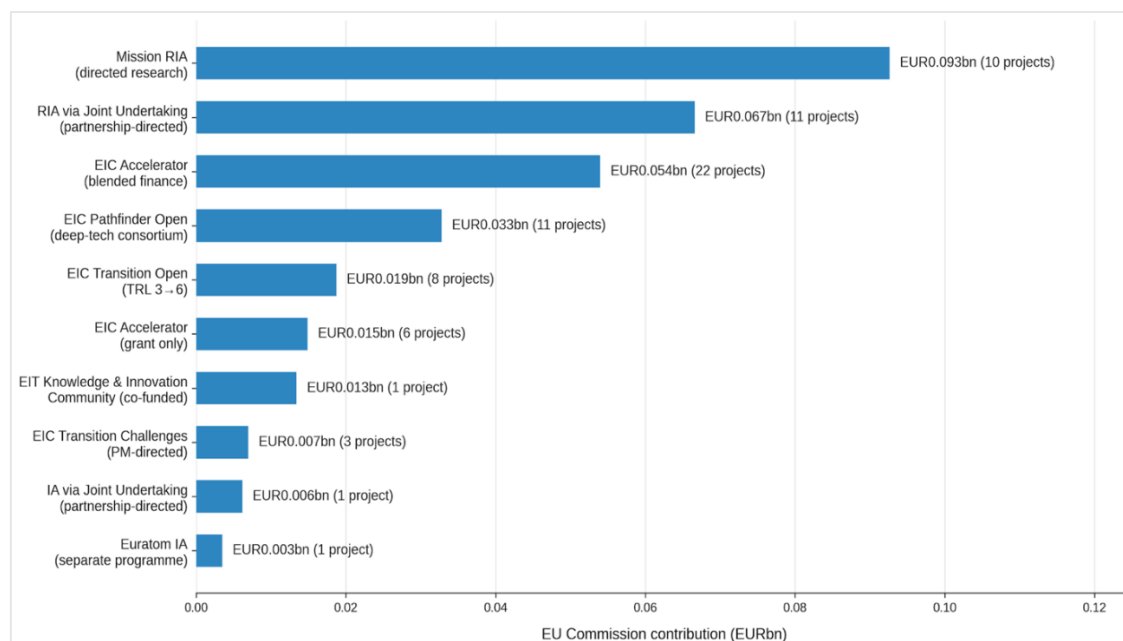
Table 1. Standard v non-standard funding mechanisms for women's health R&I projects in Horizon Europe

Funding Mechanism	Projects	Percent of all projects	EC contribution	Percent of all funding
Standard (plain open-call RIA, IA, CSA, ERC, MSCA)	521	87.6%	EUR 788 million	71.8%
Non-standard (Mission RIA, EIC, Joint Undertaking, EIT)	74	12.4%	EUR 310 million	28.2%
Total	595	100%	EUR 1.097 billion	100%

Non-standard funding mechanisms are a notable source of support for women's health R&I in Horizon Europe (Figure 4). Mission Research and Innovation Actions — directed research under the EU Cancer Mission — account for the largest allocation (EUR 93 million; 10 projects), while EIC Accelerator blended finance supports the greatest number of projects (EUR 54 million; 22 projects). Other EIC instruments, including Pathfinder, Transition, and Challenge-based funding, account for smaller funding streams.

Notably, the distribution of funding does not correspond to the distribution of projects. The EIC Accelerator blended finance mechanism supports more than twice as many women's health projects as the Mission-directed RIA instrument, despite receiving a lower overall funding allocation. At the lower end, funding is concentrated in a handful of single-project instruments: an EIT Knowledge and Innovation Community grant, an Innovation Action delivered via a Joint Undertaking, and a Euratom Innovation Action, which together represent the smallest allocations in the non-standard category, though each still reflects a substantial individual award relative to a typical competitive grant.

Figure 4. Non-standard funding mechanisms in women's health R&I in Horizon Europe



Source: authors' own depiction; CORDIS open data, Horizon Europe projects 2021-2026 (July 2026 extraction).

These findings suggest that, while women's health projects are accessing a range of Horizon Europe funding instruments, uptake varies. This points to an opportunity to strengthen the strategic use of complementary funding instruments to address persistent gaps across the women's health R&I pathway, particularly in evidence generation, translation and implementation.

Horizon Europe is an important lever for advancing women's health R&I through both conventional and non-standard funding mechanisms. Beyond the funding explicitly directed towards women's health, conventional instruments also offer opportunities to address evidence and knowledge gaps through the integration of sex- and gender-relevant questions, data and analysis into broader cross-cutting R&I projects. With requirements on the consideration of the gender dimension already in place, there is scope to further leverage these mechanisms to ensure that research addressing wider health challenges also generates evidence relevant to women.

The EU Cancer Mission provides a useful precedent for a more strategic, mission-oriented approach to addressing persistent R&I gaps within a health priority area. A dedicated women's health priority or mission could similarly establish a more coordinated R&I funding pathway. Targeted RIAs could be used to address critical evidence gaps, while Innovation Actions or EIC Transition funding could be leveraged to validate and advance promising solutions. Clinical and implementation research could then generate evidence

on effectiveness and feasibility in real-world settings, while procurement and health-system adoption mechanisms could support uptake and generate further implementation evidence. Finally, EIC Accelerator and other financing mechanisms could help promising innovations reach scale. Importantly, a more streamlined approach, one that deliberately connects funding stages so that each one builds on the evidence and outputs of the one before it, would help sustain progress across the full R&I pipeline, rather than leaving each piece to advance in isolation.

Similarly, a dedicated overarching strategy for women's health R&I could provide a framework for setting priorities, coordinating action and monitoring progress. Such a strategy could help inform strategic decision-making by identifying priority areas for investment, aligning R&I efforts across EU institutions, Member States and other stakeholders, and establishing a basis for tracking and evaluating progress over time. It could also strengthen the EU's competitiveness and strategic positioning by identifying areas in which Europe has the potential to develop or maintain a leading position in women's health R&I, while guiding investment towards areas of unmet need and strategic opportunity. This could include deepening partnerships with existing Horizon Europe networks and partners, while expanding equitable international and cross-sector partnerships that bring complementary expertise, resources and mutual benefits.

A coordinated approach would move beyond funding individual projects towards building a more continuous pathway from evidence generation to translation, adoption and scale-up, helping to bridge persistent evidence-to-translation gaps in women's health R&I.

3.2. MEMBER STATE LEADERSHIP IN WOMEN'S HEALTH R&I: COORDINATION, STRATEGIES AND FUNDING

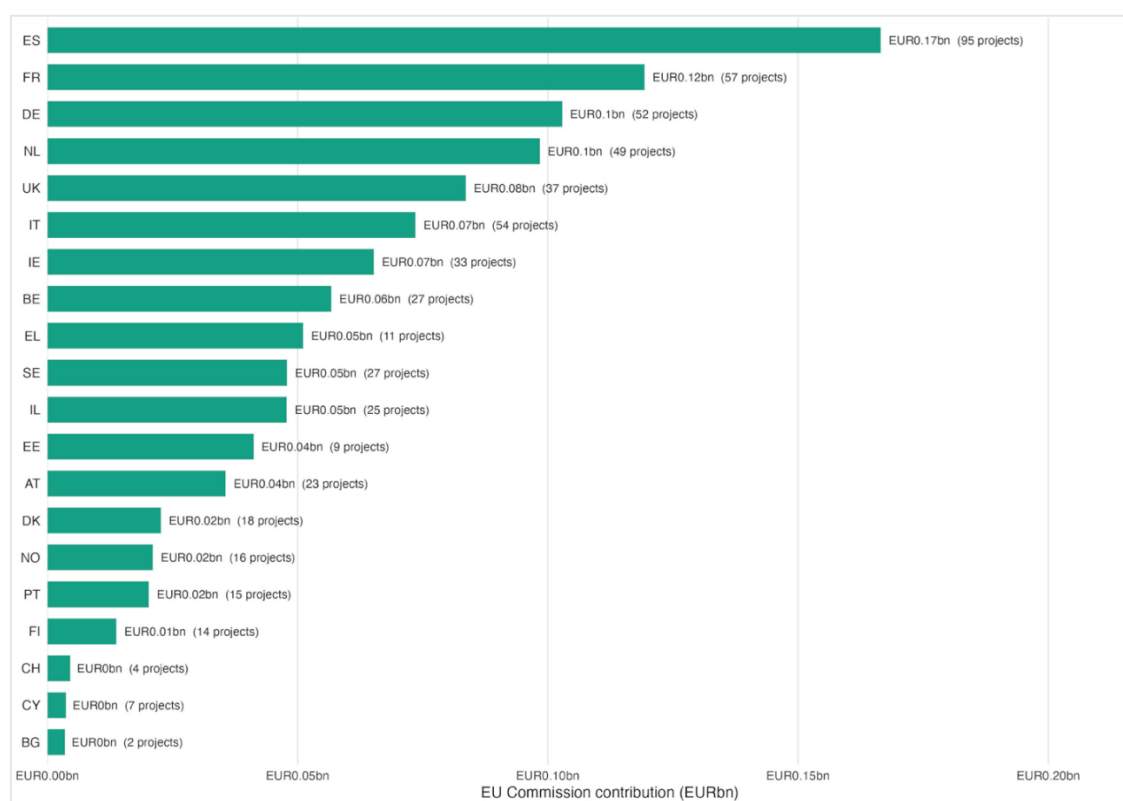
Another important dimension for assessing European leadership in women's health R&I is the extent to which Member States demonstrate leadership and capacity through their participation and coordination of Horizon Europe projects, dedicated national and sub-national women's health strategies, and domestic public funding for women's health R&I. Taken together, these indicators provide insight into the extent to which women's health is prioritised and supported across European research and innovation systems at national levels.

A useful proxy for national research leadership, capacity and infrastructure in women's health is the distribution of Horizon Europe project coordinators across women's health R&I projects. As project coordination typically reflects the capacity to lead and manage large, multi-partner research consortia, the geographic distribution of coordinators can provide an indication of where institutional expertise, research infrastructure and leadership capacity in women's health are concentrated across Europe. However, it should

be interpreted alongside other indicators, as coordination alone does not capture the full breadth or quality of a country's contribution to women's health R&I.

Spain, France and Germany account for the largest shares of project coordination, followed by the Netherlands and the UK (Figure 5). This concentration is broadly consistent with the countries' wider prioritisation of women's health, as reflected in dedicated domestic funding, policy initiatives and national strategies, as discussed below. The pattern therefore suggests that national policy prioritisation and investment may be important enabling factors for building research capacity and leadership in women's health R&I.

Figure 5. Women's Health R&I coordinator country of Horizon Europe projects



Source: authors' own depiction; CORDIS open data, Horizon Europe projects 2021-2026 (July 2026 extraction).

3.2.1. Growing momentum in dedicated national strategies on women's health across Member States

National-level health strategies provide important political, financial and strategic direction, helping to establish priorities and guide investment in specific areas including in R&I. Women's health is an area of increasing focus across the EU, with Member States and associated countries increasingly developing national and regional strategies to

strengthen policy attention and investment in this area. Seven countries (Austria, Ireland, the Netherlands, England, Wales, Scotland and Norway) have established dedicated standalone women's health strategies (Table 2), signalling a growing recognition of women's health as a distinct policy and investment priority.

It is important to note that the absence of a standalone women's health strategy should not be interpreted as an indication of limited engagement or prioritisation. Countries may pursue dedicated initiatives through other policy, funding or institutional mechanisms. For example, Spain recently [announced](#) a tripling of R&D funding for women's health, alongside investment in specialist training and the development of a new women's health mission through the Centre for the Development of Industrial Technology. Denmark has [established](#) a National Centre for Research in Women's Health in 2026, alongside [calls](#) for a dedicated national research strategy.

Women's health priorities may also be embedded within broader national health and gender strategies rather than addressed through a standalone framework. For example, Bulgaria's [National Health Strategy 2030](#) incorporates women-specific priorities, including aspects of cancer prevention, while Cyprus's [National Strategy for Gender Equality 2024 – 2026](#) incorporates health-related priorities. These formal strategies also fail to capture the extent of grassroots and civil society activity, which remains an important driver of women's health advocacy and action across Europe.

Several other countries are also moving towards greater formalisation of women's health policy. Finland is currently [developing](#) a dedicated women's health strategy, while Malta has announced [proposals](#) to develop one. In Germany, the Alliance for Women's Health, was recently [announced](#) as a multi-stakeholder endeavour with aims to finalise a national women's health strategy by autumn of 2027. Taken together, these developments indicate growing political recognition and momentum around women's health across Europe, even where this has not yet translated into a standalone national strategy.

There is variation in the type of R&I being prioritised across existing strategies. England places greater emphasis on technology, treatment development and translational research, the Netherlands on closing specific clinical knowledge gaps, Wales and Scotland on applying evidence to improve services across the life course, and Austria on strengthening data, gender-sensitive research and understanding structural and socioeconomic determinants. This variation suggests an opportunity for EU-level R&I to connect complementary national strengths rather than simply replicate national priorities. For example, European capabilities in advanced technologies and biomedical research could be combined with national expertise in implementation, evidence generation and addressing overlooked areas of women's health.

Regarding the areas prioritised for R&I, there is a consistent emphasis across the strategies on menstrual and reproductive health, including menstrual disorders, endometriosis and PCOS. These areas are identified as research priorities across the Dutch, English, Welsh, Scottish and Austrian women's health strategies. This focus on sexual and reproductive health is consistent with findings from a published [assessment](#) of a subset of women's health strategies in Europe, which identified reproductive and gynaecological conditions, including endometriosis, maternal health and menopause, among the highest-prioritised health areas across five European countries. However, this convergence also reinforces a recurring concern within the women's health R&I landscape: research attention and investment remain comparatively limited in other important areas of women's health, including neurological, musculoskeletal, cardiovascular and autoimmune conditions, among others. This suggests a need to ensure that growing investment in women's health does not reinforce existing research concentrations but instead contributes to broadening the evidence base across the full spectrum of women's health and the life course.

The emergence of sub-regional strategies such as the [Nordic Charter for Women's Health 2040](#), which is supported by Denmark, Finland, Iceland, Norway, and Sweden, is also of note. Research and innovation are two of the main domains of the Charter where evidence generation and scaling solutions are noted as among the main areas of focus to advancing women's health across the life course and translation of evidence across platforms and into practice.

Table 2. Dedicated women's health actions and strategies across EU Member States and associated countries

EU Member States and associated countries in Europe	Existence of a dedicated national women's health strategy
Austria	Women's Health Action Plan launched in 2017
Belgium	No standalone strategy
Bulgaria	No standalone strategy
Croatia	No standalone strategy
Cyprus	No standalone strategy
Czechia (Czech Republic)	No standalone strategy

Denmark	Launched a National Centre for Research in Women's Health in 2026; The Nordic Charter for Women's Health 2040
Estonia	No standalone strategy
Finland	Under development, to be completed in 2027; The Nordic Charter for Women's Health 2040
France	No standalone strategy
Germany	Alliance for Women's Health established September 2026 with aims to publish a National Women's Health Strategy by end of 2027
Greece	No standalone strategy
Hungary	No standalone strategy
Ireland	Women's Health Action Plan 2022-2023
Italy	No standalone strategy
Latvia	No standalone strategy
Lithuania	No standalone strategy
Luxembourg	National women's health week (initiative not a strategy)
Malta	Proposal to develop a national women's health strategy in 2026
Netherlands	National Women's Health Strategy 2025-2030
Poland	No standalone strategy
Portugal	No standalone strategy
Romania	No standalone strategy
Slovakia	No standalone strategy
Slovenia	No standalone strategy
Spain	A specific mission on women's health
Sweden	No standalone strategy; The Nordic Charter for Women's Health 2040
UK, England	The Renewed Women's Health Strategy for England 2026-2035
UK, Wales	Women's Health Plan for Wales 2025-2035
UK, Scotland	Women's Health Plan Phase Two 2026-2029

Norway	Norwegian Women’s Health Strategy 2024; The Nordic Charter for Women’s Health 2040
Iceland	No standalone strategy; The Nordic Charter for Women’s Health 2040

*green = standalone strategy; blue = no standalone strategy but ongoing activities; grey = no standalone strategy

3.2.2. National level financing towards women’s health R&I across Member States

The growing momentum in political attention and financial investment is also evident at the national level across the EU and the UK. As shown in Table 3, several countries have recently announced or launched dedicated funding initiatives for women’s health R&I, including ringfenced funding, targeted grant programmes, and investments linked to national strategies or policy commitments. Many of these initiatives were introduced in 2025, marking the year as a notable turning point in public investment in women’s health R&I.

Across Member States and the UK, these investments reflect a strategic shift towards addressing longstanding gaps in the prevention, diagnosis, treatment and management of female-specific conditions, while also supporting innovation in areas that have historically been underfunded and under-researched. A common feature of several national initiatives is the establishment of dedicated women’s health research centres, as seen in Wales, Denmark and Finland, signalling a longer-term commitment to building research capacity. Funding priorities have also expanded to include historically neglected areas such as menstruation and menopause.

Not all Member States have yet announced dedicated government funding for women’s health research. The absence of explicit public investment does not, however, necessarily indicate a lack of activity. In many countries, academic institutions, NGOs, CSOs, and private sector actors continue to drive R&I, demonstrating broader recognition of the need to advance women’s health beyond government-led initiatives.

Table 3. Examples of national or sub-national level funding dedicated to women's health research and innovation from countries in the EU and Europe

Country	Funding	Timeframe	Type of funding	Women's health research focus areas / aims
Ireland	EUR 2 million	2026-2027	Ringfenced	Postpartum mental health, traumatic births; endometriosis; menstruation; culturally sensitive healthcare; Intersectional impacts on women's health
Netherlands	EUR 27.5 million	2024-2030	Grants	Conditions that specifically affect women (ie, pelvic floor problems, menstrual cycle disorders, and endometriosis) Research on pregnancy and childbirth
Île-de-France	EUR 50 million	Announced 2026	Dedicated investment funding	Femtech focused on women's health to support start-ups around fertility and motherhood; gynaecological health; menopause; diseases specific to women; medical monitoring and wellness solutions
Germany	EUR ~10 million	2027-2032	Research grants	Research on 'patient-centred care for women' and 'junior research groups on women's healthcare research' Topics include female-specific diseases, sex-specific characteristics of common conditions, endometriosis, menopause care, fertility, pregnancy, childbirth and postpartum care, care for women affected by violence
Germany	EUR 90 million	Announced in 2026	Multi-year commitment	Providing support for research in endometriosis, reproductive health, and other data gaps in clinical research A focus on gender-sensitive research
Finland	EUR 70 000	2025	Undistributed budget funds from the parliament	To fund a national hub for women's health R&I – the Women's Health Hub Finland to strengthen women's health and innovation development

Spain	EUR 18 million	Annually	Dedicated R&D funding	To increase research, diagnosis and treatment in underinvested areas specific to women's health three main lines of action: a specific mission on women's health through the Centre for Technological Development and Innovation; a new line of funding for the Carlos III health institute; and efforts to improve research in these areas, with specific predoctoral contracts for projects on this topic
Sweden	255 million SEK, * budget for ten years is 480 million SEK	2025-2030	Dedicated investment in women's health R&D – research grants in the 2024 Research and Innovation Bill	Women's health and diseases: diseases and health conditions that are unique to, or more common among, women; maternal health and equitable maternity care, including postnatal care
Denmark	DKK 160 million (EUR 21.3 million)	(2026-2029)	Dedicated investment in women's health R&D	Establish a National Centre for Research in Women's Health to coordinate national research efforts and generate more research and knowledge about women's health, women-related conditions, and sex-specific disease patterns
United Kingdom – Wales	GBP 750 000 GBP 3 million	Began in April 2025	Dedicated women's health research projects (GBP 750 000) Investment from Health and Care Research Wales (GBP 3 million)	Establish a Women's Health Research Centre Wales to enhance the quality and scope of women's health research, ensuring that healthcare services are better tailored to meet the specific needs of women in Wales

Most initiatives focus on addressing historically neglected conditions, including endometriosis, menopause, menstruation, maternal health, fertility, and female-specific diseases. Several countries also extend their investments beyond disease-specific priorities to support emerging technologies and innovation ecosystems, particularly through FemTech, digital health and patient-centred models of care. These investments reflect growing recognition of the need to strengthen innovation in areas that have traditionally received limited attention and funding with implications for diagnosis, treatment, and management of conditions affecting women.

Although many countries have introduced dedicated grants, targeted investments or ringfenced funding, these largely represent conventional public funding mechanisms rather than innovative financing approaches. Notable exceptions include Île-de-France, which explicitly supports the commercialisation and scaling of women's health innovations through investment in start-ups, and Denmark, Finland and Wales, which have prioritised investment in research infrastructure through dedicated women's health research centres or innovation hubs. These initiatives move beyond project-based funding by seeking to strengthen the broader innovation ecosystem and research capacity.

Overall, the national funding landscape suggests that European governments are increasingly converging around common research priorities in women's health. Yet there is less progress in developing sustainable financing models and enabling regulatory environments capable of supporting innovation from discovery through to implementation and commercialisation. This reinforces [concerns](#) raised by advocates that, while momentum and investment are increasing, important systemic funding and structural gaps remain within the women's health R&I ecosystem. Subsequently, the priority question on emerging and/or under-served areas in women's health is already beginning to be addressed through national investment efforts, whereas the second remains comparatively underdeveloped and represents a significant opportunity for future policy development at both EU and Member State levels.

3.3. THE PRIVATE FUNDING AND PARTNERSHIP LANDSCAPE IN WOMEN'S HEALTH R&I IN THE EU

3.3.1. *Private funding towards women's health R&I*

Private financing can act as a catalyst to spur growth in women's health and innovation, creating opportunities for early development and discovery through to market access. Private financing can include mechanisms such as private equity, venture capital, philanthropic allocations, and corporate investments, which tend to have their own strategic interests and [areas of investment](#), including in the women's health R&I space. According to a recent [report](#) by the Boston Consulting Group, about one in ten dollars in

private healthcare investment is spent on women's health. Experts in the field have stressed that the women's health market needs the [clinical and commercial stage larger dollars](#). While early-stage investment has driven innovation, the sector's growth needs larger and long-term funding to translate breakthroughs into impactful and scalable solutions. Private entities have the capacity to play an important role in this and can provide large-scale financing and alternative partnership models to bridge existing funding, innovation, and translation gaps.

Between 2020 and 2025, private capital firms invested about [USD 34 billion in women's health](#), with approximately two-thirds (USD 21 billion) being targeted towards conditions that are specific to women such as fertility, reproductive care, and women's cancers. The remaining one-third (USD 13 billion) went into conditions that affect women disproportionately or differently, including brain health, cardiovascular disease, and autoimmune disorders. Although there seems to be steady growth in private funding towards women's health, the funding is concentrated on a few research streams. This aligns with other [findings](#) which confirm that most of the funding is concentrated in fertility and cancer-related diseases.

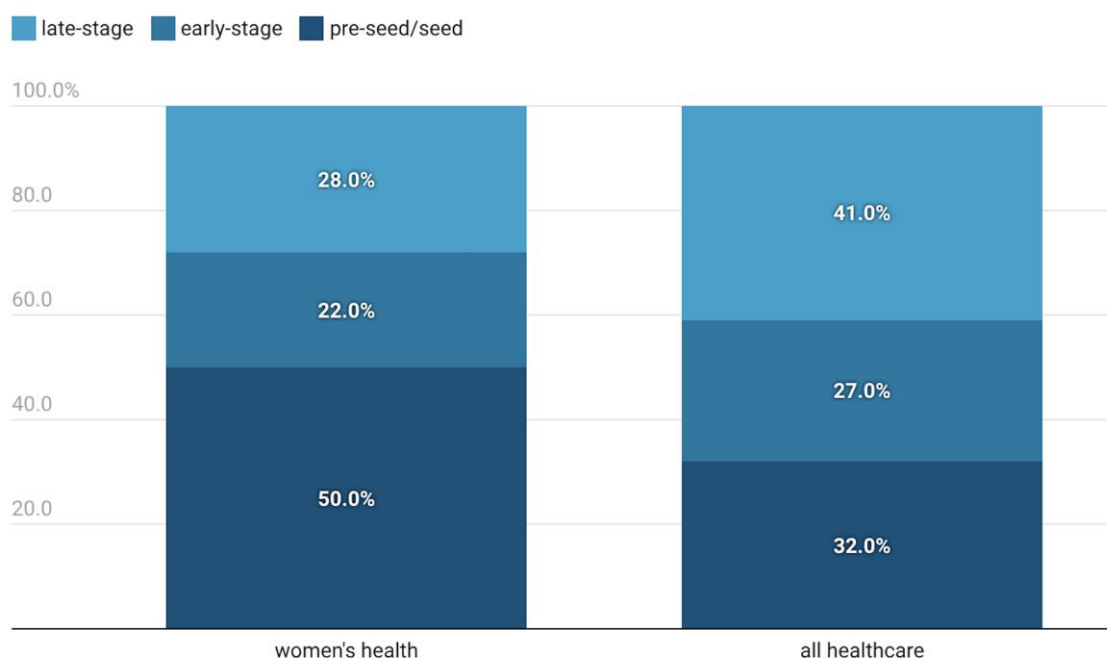
There is a continued [mismatch](#) between private funding streams and the disease burden as similarly described in the public funding space. Although women-specific diseases such as fertility and breast cancer have slowly been gaining financial traction, receiving the majority of private funding at EUR 7.9 million and EUR 3.6 million respectively, diseases that [affect women differently or disproportionately](#) remain under-explored, under-prioritised and treated as gender neutral – such as migraines, heart disease, and mental health conditions. There does, however, seem to be a positive [shift](#) occurring around the diversification of these primary areas of focus, with increases in investment seen in menopause, and cardiovascular and neurodegenerative diseases.

Additionally, private investments in women's health remain concentrated in [earlier stage deals](#), which reiterates challenges later in the innovation pipeline in scaling or securing funding to advance to next stages. A [study](#) by the World Economic Forum shows that in women's health, private investments are concentrated in the pre-seed/seed stages and get lower as the early and late stages are reached (Figure 6). This action directly contrasts the market opportunity that investing in women's health presents: a [USD 1 trillion](#) global opportunity.

This limited consistent investment across the R&I ecosystem could suggest a few things: limited understanding of the viability and commercial value of women's health R&I across funders in the public and private space; limited incentives to spur the later investment; and the lack of operable and practical partnerships that bring together necessary stakeholders for optimal win-win situations. Available funding is primarily [concentrated](#)

on the initial R&I stages, which consequently creates a cycle of incomplete research streams and further reinforces women's health research as a niche market.

Figure 6. Distribution of private investments in women's health, 2020-2025



Source: authors' own composition based on [World Economic Forum, 2026](#).

Other private sector players including philanthropies and pharmaceutical companies have recently announced dedicated women's health R&I funding initiatives. The Gates Foundation announced a USD [2.5 billion](#) commitment to the end of 2030 that focuses on five core priorities: obstetric care and maternal immunisation; maternal health and nutrition; gynaecological and menstrual health; contraception innovation; and sexually transmitted infections. Similarly, Pivotal Ventures announced a USD [215 million](#) commitment in the form of grant-making towards advancing women's health focused on contraceptive access, maternal care, and menopause. Philanthropic funding [collaboratives](#) are also beginning to surface more frequently. The Pivotal Ventures and Wellcome Leap of USD 100 million aims to advance women's health research, including in under-served areas such as cardiovascular health.

3.3.2. Private partnerships in women's health R&I

Different partnerships and funding models have been explored to increase both visibility and access to funding towards women's health R&I. Academic-industry [partnerships](#) in public health research, for example, have been commended for not only providing avenues for funding, but for improving the scale, novelty and impact of public health research; moving academia beyond the ivory tower and sharing rigorous public health

research with large, non-public health audiences, integrating public health frameworks and values into how products and services are designed and delivered.

Consortia on larger projects and public-private partnerships are other prominent forms of partnerships. An example is the consortium consisting of 88 partners from 22 European and African countries created to implement the ConcePTION project, an Innovation Health Initiative public-private partnership-modelled project. The [main aim](#) of the project is to establish a trusted ecosystem that can efficiently, systematically, and ethically generate and disseminate reliable evidence-based information regarding effects of medications used during pregnancy and breastfeeding to women and their healthcare providers. The project is organised into eight different work programmes with partners cutting across from universities and the private sector. A key output from this project is the [MUMS platform](#) (Mothers Using Medicines Safely), a free and public data bank with reliable information on the use of medicines during pregnancy.

Public-private partnerships also extend to engage with non-university research-focused organisations such as one in [Austria](#) that brought together the Ludwig Boltzmann Gesellschaft and the Austrian Federal Ministry for Women, Science and Research to establish a clinical research group dedicated to gender and women's health research. With a funding envelope of EUR 8.32 million over an eight-year period beginning in 2026, this centres on health conditions across the life course including menstruation, pregnancy, menopause, and ageing.

Other forms of public-private collaboration focused on women's health are also emerging. One example is the [Eir Accelerator](#), an initiative of the Women's Health Hub Finland and Business Turku that brings together startups, investors, industry, research and healthcare organisations. The six-month programme supports women's health startups through clinical evidence generation, regulatory navigation, fundraising and connections to industry and healthcare partners, with the broader aim of accelerating the development and translation of women's health innovations. This kind of partnership may provide a model for public-private R&I ecosystem for women's health in intentionally bringing together industry, the public sector, researchers, and other pertinent stakeholders across the space.

Table 4 highlights emerging partnership models with ties to Europe aimed at strengthening investment and advancing women's health R&I. These initiatives illustrate how cross-sector collaborations are being used to address critical gaps across the women's health ecosystem, from directing funding towards neglected or underfunded research priorities, to building platforms and evidence infrastructure for data collection, measurement and analysis, and mobilising private capital and providing catalytic support to early-stage innovation. Importantly, several partnerships bring together stakeholders

across the R&I ecosystem and seek to strengthen the translation of research into clinical practice, innovation and scalable solutions. Collectively, these examples point to a shift from standalone research funding towards more ecosystem-oriented approaches that combine funding, data, stakeholder coordination and translation mechanisms to accelerate progress in women's health.

Table 4. Partnerships in women's health R&I with ties to Europe

Organisations	Funding	Timeframe	Type of funding	Women's health research focus areas/aims
Wellcome Leap and Pivotal Ventures	USD 100 million	2025-unknown	Grant	Cardiovascular diseases, autoimmune diseases and mental health
World Economic Forum and McKinsey Health Institute	Unspecified	2025-present	Resource and data contribution	The Women's Health Impact Tracking (WHIT) platform is a first-of-its-kind global tool to measure progress toward closing the women's health gap through collaborative working groups with 70+ experts on areas including ischemic heart disease, migraines, menstrual health, and menopause
The Global Alliance for Women's Health and BCG	Unspecified	2025-present	Resource mobilisation and data mapping	This partnership is working on the Women's Health Investment Outlook and the Women's Health Responsible Investment Consortium. The Outlook provides a systematic, data-driven quantification and mapping of private capital flowing into early-stage women's health innovation, while the Investment Consortium brings together different stakeholders to increase private-sector investment in women's health
EIR Accelerator - Women's Health Hub Finland network and industry partners	Unspecified	Started November 2026	Funded cohorts	6-month accelerator for startups building in women's health from early to pre-seed, spinout or pre-spinout
The Ludwig Boltzmann Gesellschaft (LBG) and the Austrian Federal	EUR 8.32 million	2026-2033	Grants	Launch of a Clinical Research Group dedicated to gender medicine and women's health research to address persistent research gaps in understanding

Ministry for Women, Science and Research (BMFWF)				sex-specific differences in disease prevention, diagnosis and treatment, while accelerating the translation of scientific findings into clinical practice of women's health throughout the female life course, including menstruation, pregnancy, childbirth, perimenopause, menopause, post-menopause and healthy ageing
Innovation Equity Forum (Gates Foundation and NIH)		Began in 2023	Member-led working groups: innovation fund; innovation accelerator; data harmonisation; women's health innovation knowledge	Address longstanding gaps in underinvestment and under-representation in women's health R&D and make progress against the women's opportunity map – bringing together over 250 stakeholders across the R&D ecosystem – convene, mobilise, catalyse (engages with key European partners and stakeholders)
Global Alliance for Women's Health – multi-sector platform hosted by the World Economic Forum, co-chaired by Gates Foundation and the Ministry of Health of Brazil		Began in 2024	Partnership-based activities in health science and innovation	Multi-sectoral stakeholder collaboration working towards boosting science and innovation, unlocking financing and reframing the global discourse around women's health
WomenX Collective		Began in 2024	Catalytic funding, cross-sector collaboration, application of technology	Address persistent health disparities by developing innovative, women-centred solutions and develop scalable approaches that can improve health outcomes for women

4. TOWARDS A MORE COHERENT DIRECTION FOR WOMEN'S HEALTH R&I AND THE ROLE OF PARTNERSHIPS

There is a clear trend towards greater political attention and investment in women's health R&I, both within the EU and globally. This includes the recently published US [National Strategy to Close the Women's Health Gap](#), urging for a 'women's health moonshot' worth USD 20 billion in federal research investment over the next decade to close women's health gaps. The priority areas emerging across policy strategies and funding landscapes broadly align, suggesting a degree of convergence around key areas of women's health. However, these priorities continue to concentrate heavily on historically recognised areas, while conditions that remain comparatively under-researched and underfunded, including autoimmune and cardiovascular diseases, continue to impose substantial burdens on women globally. This creates an important mismatch between disease burden and R&I investment, which should be addressed through more deliberate prioritisation, targeted incentives, and tailored partnerships. One mechanism could be the use of public-private partnerships and targeted European funding instruments, including Horizon Europe, the Innovative Health Initiative, and other European Commission-funded calls, to bring together diverse stakeholders around underserved areas of women's health and build the partnerships, capabilities and infrastructure required to advance them.

The funding ecosystem also faces structural limitations in supporting a robust and sustainable women's health R&I pipeline. Investment remains heavily concentrated in seed and early-stage R&I. Although this early investment is essential, insufficient funding to support progression towards later-stage development, implementation, validation and market introduction creates a funding cliff, increasing the risk that promising discoveries fail to translate into products, services or changes in clinical practice. The private sector, alongside strategically designed public-private partnerships, could play an important role in bridging this gap through larger-scale investment combined with regulatory support, market-shaping incentives and mechanisms that reduce the risks associated with translation and market entry. Other financial [incentives](#) can spur activity across the R&I pipeline including development of targeted incentives, tax credits, and potential matching mechanisms between public and private entities.

There is also scope to make greater use of existing European funding mechanisms that appear relatively underutilised in women's health R&I, including collaborative research grants – outside of the cancer mission space, institutionalised partnerships, research coordination mechanisms, EIC challenges and procurement contracts. These mechanisms could be particularly valuable in addressing fragmentation across the women's health ecosystem by creating more durable partnerships between researchers, industry,

healthcare providers, policymakers and communities. Institutionalised partnerships and collaborative research programmes could help strengthen connections across the R&I pipeline, supporting a more coherent pathway from discovery through development, implementation and adoption. An overarching European agenda, framework, or strategy could provide the strategic direction needed to catalyse and coordinate these efforts across the R&I pathway.

There is growing [support](#) for such an approach, including proposals for a dedicated European women's health [strategy](#) or [mission](#) that could establish clear priorities, accountability mechanisms and a framework for tracking progress over time. Moreover, establishing a mission or other dedicated instrument under FP10 focused specifically on women's health could create an unprecedented opportunity to foster intentional [transdisciplinary partnerships](#) and collaboration across the entire R&I ecosystem. Such an approach could provide a strong public-sector foundation for coordinated action, while leveraging and complementing private-sector investment, expertise, and innovation to accelerate progress in women's health. It could also provide a strategic opportunity to broaden the definition of women's health R&I, expanding access to both dedicated women's health funding and adjacent funding streams where integrating a women's health dimension would be relevant and impactful. This could help embed women's health considerations more systematically across the wider R&I landscape, rather than limiting investment to funding explicitly labelled as women's health. It could also provide a wider platform of engagement from the women's health community to inform the strategic direction of women's health R&I in Europe.

Europe also has important assets on which to build, including strong research capabilities, health and research infrastructure, established mechanisms for integrating sex and gender considerations into Horizon Europe, and the emerging potential of the European Health Data Space. Other advocates strongly suggest the benefit of a dedicated partnership on women's health in R&I in [FP10](#), which would allow for stronger commitment in the pursuit of addressing longstanding gaps. It is essential that earmarked funding for women's health in the Multi Financial Framework is ensured, including in FP10 and the European Competitiveness Fund for the [sustainability](#) of investment and continued commitment.

Women's health is also inherently cross-sectoral and transdisciplinary, so it would be strategic to ensure there is the opportunity to integrate women's health in existing partnerships or research under Horizon Europe or other research partnerships and platforms.

The experience of Member States further suggests that political prioritisation can act as an important enabling condition for building national R&I capacity and leadership. A

coordinated European strategy could therefore provide a mechanism for translating this momentum into more systematic and equitable growth across the region, while connecting national strengths rather than duplicating existing efforts. EU level [funding](#) could be advantageous for Member States which have not yet developed a national women's health strategy in providing essential funding as well as supporting development of broader milestones and potential platforms for shared lessons.

Such a strategy could serve not only to guide investment towards areas that remain under-researched, including conditions beyond the areas that currently attract substantial investment, such as cancer, but also to intentionally connect complementary capabilities across Member States and associated countries. For example, Europe could combine strengths in advanced technologies and biomedical research with national expertise in implementation, evidence generation and addressing neglected areas of women's health. It would be pertinent to take existing participatory-based work around generating relevant research questions into account – including efforts to identify the [top ten priority questions](#) in women's health as determined by global experts – when informing a regional agenda for women's health R&I.

A European strategy should build on existing foundations, while explicitly accounting for structural determinants of health, strengthening the availability and use of disaggregated data, addressing persistent investment/evidence/translation gaps, acknowledging the potential of partnerships to advance progress, and recognising the breadth and diversity of women's health. Ultimately, a coordinated approach could help move European women's health R&I from a collection of important but fragmented initiatives towards a more connected, strategic and end-to-end innovation ecosystem.

ANNEX. PROJECT IDENTIFICATION/KEYWORD SEARCH

'Women's health' projects are identified by searching three CORDIS text fields simultaneously: project title, keywords, and objective (project description), all of which are included in separate columns in CORDIS for every project. The search uses two tiers of increasing breadth:

Tier 1: Core women's health: women-specific terms:

"women.s health", "womens health", "women health", "female health", "reproductive health", "reproductive medicine", "reproductive rights", "maternal health", "maternity", "obstetric", "obstetr", "gynaecolog", "gynecolog", "gynaecolog", "femtech", "fem.tech", "sex.disaggregated", "gender.disaggregated", "sex.specific.*health", "female.specific", "women.centred", "women.focused", "women.led.*innov", "menopaus", "menopausal", "preeclampsia", "eclampsia", "gestational", "postpartum", "postnatal", "perinatal", "contracepti", "cervical", "uterine", "uterus", "vulvar", "vulvovag", "ovarian", "ovary", "endometr", "breast cancer", "breast carcinoma", "breast tumour", "breast tumor", "cervical cancer", "ovarian cancer", "endometrial cancer", "polycystic ovary", "pcos", "endometriosis", "menstrual", "menstruation", "premenstrual", "fertility treatment", "assisted reproduction", "ivf", "in vitro fertilisation", "infertility.*female", "female.*infertility", "hormone replacement", "estrogen", "oestrogen", "progesterone.*therapy", "pregnancy complicat", "maternal mortalit", "maternal morbid", "preterm birth", "premature birth", "stillbirth", "pelvic floor", "urinary incontinence", "lactation", "breastfeeding".

Tier 2: Cross-cutting: broader terms relevant to women's health or gender-focused health even when not exclusively women-focused:

"gender.based violence", "domestic violence", "intimate partner violence", "sexual violence", "gender inequality.*health", "health inequit.*women", "osteoporosis", "osteoporos", "autoimmune.*women", "lupus", "multiple sclerosis.*women", "eating disorder", "anorexia", "bulimia", "female longevity", "women.*ageing", "older women.*health", "sex differences.*cardiovasc", "cardiovasc.*women", "mental health.*women", "depression.*women", "anxiety.*women", "sex.*gender.*data", "sex.*gender.*bias.*research", "female.*clinical trial", "women.*underrepresent.*research"



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