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ASIA EDITION

Rewriting the future of women's health

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Women's health is emerging as a critical frontier for healthcare innovation across Asia-Pacific. From non-invasive diagnostics for endometriosis and advances in cancer care to personalised menopause management and AI-driven healthcare, new technologies are beginning to address longstanding gaps in diagnosis, treatment and patient support. Yet, despite this progress, underinvestment in research, limited clinical evidence and unequal access continue to constrain the impact of these advances. As the region's life-sciences ecosystem expands, the challenge is no longer just to develop innovative solutions, but to translate scientific breakthroughs into accessible, evidence-based care that improves health outcomes for women across their lives.

Women's health remains one of healthcare's most significant unmet needs, despite advances in diagnostics, treatments and digital technologies. Conditions that are specific to women, disproportionately affect them or manifest differently by sex continue to impose a substantial burden on individuals, healthcare systems and economies. The McKinsey Health Institute (MHI) has assessed 64 conditions that collectively account for more than 85 per cent of the global disease burden among women.

The opportunity to address this gap is considerable. The World Economic Forum (WEF) and MHI examined nine conditions, including breast and cervical cancer, menopausal symptoms, migraine, endometriosis and maternal health conditions, that together account for roughly one-third of the women's health gap. Addressing these conditions could deliver nearly 27 million additional disability-adjusted life years (DALYs) annually and generate $400 billion in annual economic gains by 2040.

Across Asia-Pacific, innovation is beginning to reshape how women's health conditions are detected, managed and treated. Non-invasive diagnostics are seeking to reduce delays in identifying endometriosis; molecular tests are opening new possibilities in cancer detection; and digital platforms are expanding access to menopause guidance, fertility services and personalised health information. Artificial intelligence (AI) is also creating opportunities to support screening, clinical decision-making and patient engagement.

Yet scientific progress alone cannot close the women's health gap. Many promising technologies still require stronger clinical evidence, while funding constraints, uneven healthcare infrastructure, limited awareness and affordability continue to restrict access. The challenge is particularly significant in a region as diverse as Asia-Pacific, where research capabilities, regulatory environments and access to healthcare vary widely.

In this story we examine innovations across four areas—endometriosis, next-generation women's cancer care, menopause management and AI-driven personalised healthcare—and assesses how far they have advanced diagnosis, treatment and

patient outcomes. It also explores the investment, research and health-system changes needed to ensure that scientific advances translate into accessible, effective care for women across the region.

Endometriosis: Shortening the Diagnostic Journey

Women's health innovation across Asia-Pacific is increasingly focused on improving the diagnosis and treatment of conditions that have historically been under-recognised. Endometriosis remains a significant challenge, affecting an estimated 190 million women worldwide, or around 10 per cent of women of reproductive age, according to the World Health Organization (WHO). Diagnosis can be delayed by four to 12 years, prolonging pain, disrupting daily life and delaying appropriate treatment.

In Australia, the average diagnostic delay is estimated at six to eight years. The burden is also reflected in healthcare spending and hospital admissions. Health-system expenditure attributable to endometriosis reached an estimated A$293 million in 2022–23, more than double the 2013–14 figure. In 2024–25, Australia recorded 24,700 endometriosis hospitalisations, with the hospitalisation rate increasing by 23 per cent over the preceding decade.

“One of the main challenges is diagnostic uncertainty. Pelvic pain is common and can have several causes, while endometriosis symptoms often overlap with those of other conditions. Symptom severity also does not necessarily reflect the extent of the disease. Although ultrasound and magnetic resonance imaging (MRI) can help identify endometriosis, they do not always establish the cause of a patient's symptoms. Surgery can provide further diagnostic information but is invasive. The WHO has therefore identified non-invasive diagnosis as an important area for improvement,” said **David Morris, CEO, Proteomics International**.

The Australian precision diagnostics company is seeking to address this gap through PromarkerEndo, a non-invasive blood test designed to assess the likelihood of endometriosis. The test uses mass spectrometry to measure protein biomarkers and combines the results with clinical factors through a fixed algorithm to classify patients as having a low, moderate or high risk of the disease.

“The model was developed using samples from The Royal Women's Hospital in Melbourne and independently validated using more than 400 samples from the University of Oxford,” said Morris.

The validation study reported 90 per cent sensitivity for stage IV disease, 84 per cent for stages III–IV, 80 per cent for stages II–IV and 68 per cent across all stages, with 71 per cent specificity across the stage groupings. The results indicate that performance varies with disease stage, underlining the importance of further clinical evaluation and appropriate use within diagnostic pathways.

Other Australian companies are exploring complementary approaches. ELEN MedTech is developing a handheld diagnostic platform aimed at detecting superficial peritoneal endometriosis, a form of the disease that can be difficult to identify. Meanwhile, researchers are investigating the genetic factors that may contribute to disease susceptibility and influence risk across different populations.

In September 2026, researchers in India reported work under the Endometriosis Clinical and Genetic Research in India (ECGRI) initiative, led by Dr Rahul K. Gajbhiye, Scientist E and Head of the Clinical Research Laboratory at ICMR–NIRWoH. The multicentre study involved 18 centres and included women with surgically confirmed endometriosis and control participants from diverse regional and socioeconomic backgrounds. The research aims to establish baseline evidence on genetic risk factors among Indian women and support future investigations into disease mechanisms, early diagnosis and personalised treatment.

While diagnostic research seeks to identify the condition sooner, drug developers are working to expand treatment options, particularly for women who need alternatives to existing hormonal therapies.

In March 2026, China's Hope Medicine announced that the first patient had been dosed in a Phase III clinical trial of HMI-115, an investigational monoclonal antibody being developed for endometriosis-associated pain. The randomised, double-blind, placebo-controlled trial has a 24-week treatment period and is designed to assess the safety and efficacy of HMI-115 in treating moderate-to-severe pain. Its development as a non-hormonal treatment could offer another approach to managing the condition if clinical trials establish an acceptable safety profile and meaningful clinical benefit.

Innovation must also extend beyond products to the healthcare systems through which patients receive care. Australia has expanded its network of endometriosis and pelvic pain clinics from 22 to 33, aiming to improve access to earlier diagnosis, treatment and specialist referrals. Its broader women's health package also includes subsidised contraceptives and menopausal hormone therapies, as well as Medicare-funded menopause health assessments. By February 2026, more than

660,000 women had accessed over two million lower-cost prescriptions for contraception, menopause hormone therapy and endometriosis treatment.

New Zealand has also updated its clinical guidelines. Introduced in August 2026, the guidelines support clinicians in making a diagnosis based on symptoms, family history and examination without requiring laparoscopic surgery in every case. General practitioners can begin appropriate treatment and refer patients for specialist care when necessary. The government is also developing training and resources to help primary care professionals recognise the condition.

Together, these developments illustrate the three requirements for progress in endometriosis care: more timely diagnosis, better treatment choices and clinical pathways that help women access appropriate care without prolonged delays.

The Next Generation of Women's Cancer Care

Advances in women's cancer care, particularly in breast and ovarian cancer, have improved diagnosis and treatment, allowing many patients to live longer after diagnosis. The next challenge is to extend those gains beyond survival, addressing treatment-related complications and helping survivors maintain their health and quality of life.

“Many survivors carry lasting side effects from the treatments that saved their lives. Heart damage from certain chemotherapies is one example, and it can limit a person's ability to work, exercise or care for their family. As more women survive their cancer, the field is increasingly focused not just on treating the cancer, but on helping patients stay healthy enough to enjoy full, active lives,” said **Daniel Tillet, CEO, Racura Oncology**.

He added, “This shift is driving real innovation. Researchers are developing new therapies that are both more effective at controlling cancer and gentler on the body, giving women the best chance of completing their treatment and returning to their families, careers and communities in good health.”

Australian biotechnology company Racura Oncology is exploring this approach through RC220, an investigational anticancer drug. Alongside its work on cancer treatment, the company is investigating whether RC220 could help protect patients against chemotherapy-induced heart damage through its Cardioprotection and Anticancer Synergy (CPACS) trial. The research reflects a wider effort to develop treatments that address cancer while reducing the risk of serious side effects. The clinical benefits of RC220 will need to be established through further research.

Diagnostics represent another important frontier, particularly in distinguishing benign from malignant conditions and helping clinicians make more informed treatment decisions.

Singapore-based INEX Innovate, a women's health molecular diagnostics company spun out of the National University of Singapore, is developing tests for several women's cancers. Its OvaCis test is designed for use during ovarian cyst surgery. It measures haptoglobin levels in cyst fluid to help distinguish benign from malignant ovarian cysts, with results available in approximately five minutes. The test has received regulatory approval from Singapore's Health Sciences Authority.

INEX Innovate is also developing epiHERA for endometrial cancer, epiDX, a blood-based liquid biopsy test using epigenetic markers for breast cancer detection and stratification, and XENA for ovarian cancer evaluation. These technologies target different stages of the diagnostic pathway, although their clinical applications and evidence bases vary.

In Australia, Cleo Diagnostics is developing AdnexaSure, a blood test that uses the CXCL10 biomarker to help distinguish benign from malignant ovarian growths. If adequately validated, the approach could provide additional information when evaluating ovarian masses and help guide decisions on further investigation.

The impact of these technologies will depend on more than their technical performance. Clinical validation, appropriate regulatory pathways, affordability and integration into established care are essential if new tests are to improve patient management and outcomes.

Prevention remains equally important. Singapore plans to introduce subsidies for genetic testing for hereditary breast and ovarian cancer from December 2026. In India, a nationwide human papillomavirus (HPV) vaccination campaign launched in February 2026, offering free, voluntary single-dose vaccination to around 1.15 crore girls aged 14. By September, more than 80 lakh doses had reportedly been administered.

These initiatives highlight the breadth of the opportunity in women's cancer care, spanning prevention, early detection, treatment and survivorship. The next phase will depend on ensuring that advances across this pathway are supported by robust evidence and accessible healthcare services.

Menopause: From Symptom Management to Midlife Health

Menopause and midlife health are receiving greater attention across Asia-Pacific, where limited region-specific research, cultural stigma and gaps in clinical care have left many women without adequate support. The focus is expanding beyond symptom management to include workplace wellbeing, pelvic health and the longer-term effects of hormonal changes on women's health.

A 2025 white paper, *Menopause and the Bottom Line: A Critical Leadership Challenge for APAC Leaders*, examined the experiences of 1,741 working women across Singapore, Vietnam, Australia, Japan and Indonesia. Published by the Asia Centre for Reproductive Longevity and Equality at the National University of Singapore and HeyVenus Integrated Healthscience, the study sought to address gaps in evidence on how women across the region experience menopause.

Nearly half of the women surveyed reported significant disruptions to work performance and daily activities, including fatigue, forgetfulness and difficulty maintaining focus. The findings highlight how menopausal symptoms can affect not only quality of life but also workplace participation and productivity.

The need for culturally relevant information and support is creating opportunities for digital health solutions. Singapore-based HeyVenus provides digital symptom tracking and personalised menopause guidance, while Sol offers menopause information and support tailored to Asian women. Such platforms can help women understand symptoms and prepare for clinical consultations, although digital guidance needs to complement, rather than replace, evidence-based medical care.

Governments and healthcare institutions are also working to improve the consistency of treatment. In Australia, the government opened the tender process in October 2025 to develop the country's first national clinical guidelines for perimenopause and menopause. The initiative aims to improve diagnosis and treatment and address gaps in healthcare professionals' knowledge of menopause management and hormone therapy. In Singapore, SingHealth has introduced menopause management guidelines to address inconsistent care and the under-recognition of symptoms.

Research is also examining the wider metabolic changes associated with midlife. In August 2026, Haleon and Singapore's Agency for Science, Technology and Research (A*STAR) launched a clinical study investigating metabolic health in midlife Asian women. The work could contribute to a better understanding of health changes during this stage of life and inform future approaches to prevention and care.

The challenge is to translate growing awareness into accessible clinical services. Digital tools, clinical guidelines and emerging research can contribute to better menopause care, but their benefits will depend on the availability of trained healthcare professionals, reliable information and appropriate treatment options.

AI and Personalised Care: New Possibilities, New Questions

Artificial intelligence is creating opportunities to personalise women's healthcare across Asia-Pacific, from cervical cancer prevention and fertility treatment to menstrual health and access to gynaecological care. However, the significance of these applications depends on the clinical problem they address, the evidence supporting their use and their ability to reach patients who need them.

In China, a randomised controlled trial involving 2,671 parents in Shanghai and Anhui Province found that an AI chatbot providing personalised information on HPV vaccination increased vaccine uptake and engagement with healthcare professionals. The findings suggest that AI-enabled communication could help address information gaps and support preventive healthcare, although its effectiveness will depend on the populations served and how such tools are integrated into vaccination programmes.

In Australia, Ovum AI's Ovum Brain is designed to track women's health information across symptoms, reproductive health, medication, appointments, lifestyle, diet and fitness. By helping users identify patterns over time, the platform aims to support more informed conversations about their health.

In India, Pinky Promise uses an AI-assisted, chat-first model to connect women with registered doctors for Rs 99 consultations and reports having reached more than 400,000 women. The model illustrates how digital platforms may lower barriers to initial consultations, although the quality of care also depends on clinical oversight, appropriate referrals and access to follow-up services.

AI is also being applied in fertility care. South Korea's Kai Health develops AI-assisted embryo assessment technology for in vitro fertilisation (IVF). Thailand's Inspire IVF uses AI-integrated telemedicine to connect patients with fertility specialists and support treatment planning.

These applications demonstrate the range of ways in which AI could support women's healthcare, but they should not be treated as equivalent in their clinical maturity. Consumer-facing symptom tracking, digital consultations, communication tools and AI-assisted clinical assessment serve different purposes and require different levels of validation.

For AI to deliver meaningful improvements, systems must be evaluated for accuracy, safety and clinical usefulness. Data quality, representation of diverse populations, privacy safeguards and appropriate human oversight will be critical. Without these safeguards, digital innovation could reproduce existing disparities rather than reduce them.

The wider opportunity lies in combining technology with accessible healthcare services, enabling women to move from information and initial assessment to appropriate diagnosis, treatment and long-term support.

Has Innovation Delivered Sufficient Progress?

The developments across endometriosis, cancer care, menopause and AI-enabled healthcare demonstrate that women's health innovation is expanding across Asia-Pacific. New diagnostic approaches, investigational therapies and digital platforms are addressing needs that have historically received insufficient attention. However, the number of technologies in development is not, by itself, a measure of progress.

The more important question is whether these innovations are changing clinical practice and improving outcomes. Can they shorten diagnostic delays, enable more effective treatment decisions, reduce complications and reach women who have limited access to specialist care? Answering these questions requires robust clinical validation, evidence of real-world effectiveness and healthcare systems capable of integrating new solutions into routine practice.

Across the region, these requirements remain unevenly met. Funding constraints, gaps in professional training, limited awareness and disparities in healthcare access continue to restrict the benefits of innovation.

“Despite significant progress, major gaps remain in maternal health, reproductive care, fertility management, and access to quality diagnostics. Preventable maternal deaths and disparities in healthcare access continue to affect many communities across the APAC region,” said **SoonPil Kyon, VP & GM, Commercial GGM (Global Growth Market), Revvity**.

Bridging these gaps requires more than developing new technologies. Education, healthcare professional training, public awareness and long-term partnerships are also essential to translating innovation into better health outcomes.

“The greatest impact comes when innovation is combined with education, healthcare professional training, public awareness, and long-term partnerships. A strong example is the Philippines, which recently marked 30 years of newborn screening. What began in a small number of hospitals has grown into a national public health programme that now screens more than 97 per cent of newborns for 29 disorders,” said Kyon.

The importance of this approach is also evident in the need to reduce delays between the onset of symptoms and appropriate care. As Morris observed, “The broader goal, however, is not simply to introduce another test – innovation does not happen in a silo. Women's health innovation needs to improve the patient journey. That means moving towards earlier recognition, greater diagnostic clarity, appropriately targeted referrals and treatment, and fewer years spent seeking answers.”

This patient-centred approach offers a useful measure of progress. Innovation must be judged not only by the technologies developed, but also by whether they improve the experience of care and deliver measurable benefits across diverse populations.

What Will Define the Next Phase?

The next phase of women's health innovation will depend on sustained investment, stronger research and better translation of discoveries into clinical practice. Research and development in this field has long been underfunded. According to the World Economic Forum, companies focused exclusively on women's health attracted less than 1 per cent of private healthcare investment between 2020 and 2025.

The WEF's *Women's Health Innovation Radar: Revealing Gaps and Opportunities Across the Science-to-Patient Journey*, developed in collaboration with the Global Alliance for Women's Health, the Kearney Health Institute, the Gates Foundation and Wellcome Leap, identifies three major gaps in the innovation pipeline.

The allocation gap: Only around 20 per cent of research funding across the 10 conditions analysed is women-focused, with more than half of this funding concentrated in ovarian cancer and menopause.

The evidence gap: Women-focused research accounts for only 16 per cent of scientific publications and fewer than 3 per cent of clinical trials across the conditions studied.

The translation gap: Research does not consistently translate into scalable solutions, with product development concentrated in a limited number of conditions.

Together, these gaps reveal a mismatch between disease burden and innovation priorities. Conditions such as ischaemic heart disease, migraine and mental health disorders, which contribute substantially to the burden of disease among women, continue to receive comparatively limited targeted funding, research and product development. Endometriosis, menopause and polycystic ovary syndrome (PCOS) also remain underfunded relative to their impact.

In Asia-Pacific, access to finance presents an additional challenge, particularly for femtech startups seeking to develop and scale their solutions. The United Nations Economic and Social Commission for Asia and the Pacific (UN ESCAP), in its December 2025 report *Femtech in South-East Asia: Unlocking Innovation for Women's Health*, identified funding and investment as major barriers for businesses in the sector.

Between 2019 and 2024, femtech startups in Australia raised 140.7 million, while businesses across Indonesia, the Philippines, Singapore, Thailand and Viet Nam collectively raised $32.9 million. Of the latter amount, 96 per cent went to Singapore-headquartered companies, highlighting the concentration of investment within the region. The figures point to the need for a broader funding ecosystem that enables businesses across different markets to develop, validate and scale solutions.

Capital alone, however, will not close the gap. Investment needs to support the full journey from identifying unmet clinical needs and conducting research to validating products, securing regulatory approvals and integrating solutions into healthcare systems. Stronger collaboration between researchers, hospitals, industry and investors can help ensure that products are developed around clearly defined clinical requirements rather than technology availability alone.

The WEF's innovation analysis also highlights the need to direct funding towards conditions with a high disease burden, strengthen the evidence base focused on women's health and expand product development beyond established areas. For Asia-Pacific, this means generating more region-specific evidence, improving the availability and governance of health data, and supporting clinical research that reflects the region's diverse populations.

UN ESCAP recommends increasing funding for women's health research, raising awareness, addressing social taboos and supporting sector-specific incubators, accelerators and networks. Grants and other forms of financial support will be important in helping femtech businesses develop and scale their solutions. Healthcare systems must also ensure that promising innovations can be adopted beyond well-resourced urban centres.

“Looking ahead, the next phase of progress in women's health will depend not only on scientific breakthroughs but also on ensuring broader access to those innovations. Expanding screening programmes, strengthening healthcare systems, generating more APAC-specific evidence, and investing in education and clinical capabilities will be essential to improving outcomes for women and families across the region,” said Kyon.

The economic case for action is substantial. The WEF and MHI report *Closing the Women's Health Gap: A $1 Trillion Opportunity to Improve Lives and Economies* found that women spend 25 per cent more of their lives in poor health than men. Closing the broader women's health gap could deliver 75 million additional disability-adjusted life years annually and unlock $1 trillion in global GDP each year by 2040.

For Asia-Pacific, the opportunity is not simply to develop more products or adopt new technologies. It is to build a healthcare ecosystem in which women's health needs shape research priorities, clinical evidence guides decisions and innovation reaches the patients it is intended to serve. The next frontier will be defined by how effectively the region turns scientific progress into equitable, measurable and lasting improvements in women's lives.

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