Assessing Sex and Gender Parity in Life Sciences

Progress, Opportunities and Challenges

November 2025

> *"Assessing sex and gender parity in life sciences is critically important as findings can help to influence the fairness, effectiveness, and inclusivity of the medicines being developed, participation in clinical trials, and the use of medicines available commercially. Both men and women are underrepresented for some diseases, although the predominant pattern highlights more underrepresentation for women."*

- Executive overview
- 5 section synopses
- 3 subject expert authors
- 61 pages
- 45 detailed exhibits

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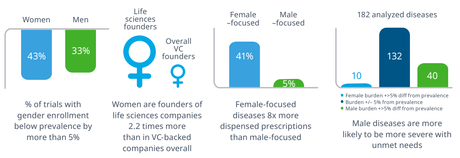

Key research findings

Applying a sex and gender lens to research, medicine use, and investments in life sciences

- While the population is generally split 50/50 between men and women, diseases affect the genders differently, with notable clinically-relevant subpopulation differences in prevalence and disease burden between the genders.
- Segmenting diseases by their epidemiology enables assessment of sex-specific, neutral or mixed, and those with dominance by one sex or the other.
- Across 182 diseases, sex-based share of global disease burden differed by more than 5% from share of global prevalence in 50 cases—10 diseases with higher female burden and 40 with higher male burden than prevalence.

Clinical trial activity, participation, representativeness, and trends

- Both female and male gender-focused diseases are underrepresented in trial participation relative to disease burden and prevalence.
- Female participation below parity by more than 5% in 43% of trials between 2015–2024 compared to 33% for males, despite equal disease prevalence across the sexes.
- Female underrepresentation in oncology trials is widespread—39% of trials had >5% under-enrollment of women, compared to just 25% for men.

Novel active substances (NAS) by sex and gender disease segmentation

- Female-focused (female-dominant and female-semi-dominant) and female-specific novel active substances (NAS) launched in the U.S. accounted for 31% of launches since 2015, compared to 26% male-focused.
- Drugs for female-specific diseases accounted for only 3% of U.S. NAS launches, while male-specific were less than 1%.
- Oncology NAS remain skewed, with 64% targeted male-aligned tumors versus 13% for female-aligned, with most female-focused launches concentrated in breast cancer.

Use of medicines by disease and patient gender

- Female-focused diseases represent 40.9% of dispensed prescriptions compared to 5.4% from male-focused.
- Obesity and mental health skew to female prescriptions, outpacing prevalence, but Alzheimer's has fewer female prescriptions for the newest medicines.
- Hormone replacement therapy has been under-used for menopause following safety concerns in the early 2000s, usage has increased more recently, and non-hormonal treatments are gaining adoption.

Investment in women's health and female founders

- Women are life sciences founders or co-founders at more than double the rate of venture-backed companies overall, making significant inroads in leadership roles.
- Investment in women's health-specific and health-adjacent conditions has been growing but remains relatively modest in terms of overall industry investment

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