

YEAR 4 GLOBAL REPORT

The Hologic Global Women's Health Index

Pathways to a Healthy
Future for Women



Global Women's Health Index	
<p>HOLOGIC</p>	

MEASURED BY GALLUP®

Table of Contents

2	A Letter From Hologic's CEO
3	Key Findings
6	Global Results and Rankings
12	Rankings in the G20
15	Key Dimensions of Women's Health
18	Preventive Care: Cancer Testing Declines
26	Emotional Health: Sadness and Worry Remain High
28	Opinions of Health and Safety: Women Feel Less Safe, Less Satisfied With Healthcare
34	Basic Needs: More Women Are Struggling Than Ever
36	Individual Health: Physical Pain, Health Problems Persist for Women
37	Conclusion
38	Endnotes



A Letter From Hologic's CEO

As a company, Hologic is driven by a commitment to develop innovative medical technologies to detect, diagnose and treat health conditions that affect women around the world.

We're proud that our commitment extends beyond our products. We champion women's health globally, partnering with proven organizations in the public and private sectors. Together, we raise awareness and inspire action to break down structural barriers that have historically and disproportionately affected women — and currently prevent them from receiving the care they need and deserve.

Data are the key to acknowledging, understanding and acting on the unique health challenges that women face. Years ago, we learned that efforts to improve women's health were often held back by a lack of timely, relevant and globally comparable data. That realization inspired us to partner with Gallup, one of the world's leading global analytics and advisory firms, to create the Hologic Global Women's Health Index (the Index).

Now in its fourth year, the Index helps leaders, advocates and policymakers understand what women everywhere want and need when it comes to their health. The Index can provide more valuable insights than ever before. And the trends we're seeing raise new concerns about the state of women's health.

For example, for the first time in the history of the Index, cancer testing among women has declined: **Only 10% of women say they were tested for any type of cancer in the past year**, down 2 percentage points from Years 1 and 2. That means roughly 60 million fewer women were tested for cancer worldwide — a trend that we cannot let continue.

Fortunately, the Index also gives us reasons for hope. **Women's health has meaningfully improved in 28 countries since the Index began.** And globally, experiences of stress and anger have subsided from COVID-19 pandemic-level highs. It's important to learn from these successes and recommit to accelerating progress across the globe.

We thank the women and girls worldwide who have made the Index possible by sharing their experiences and perspectives. We hope policymakers, funders, advocates and other partners will harness these insights to help create a healthier future for all women.



Stephen P. MacMillan

*Chairman, President and
Chief Executive Officer of Hologic*

Key Findings

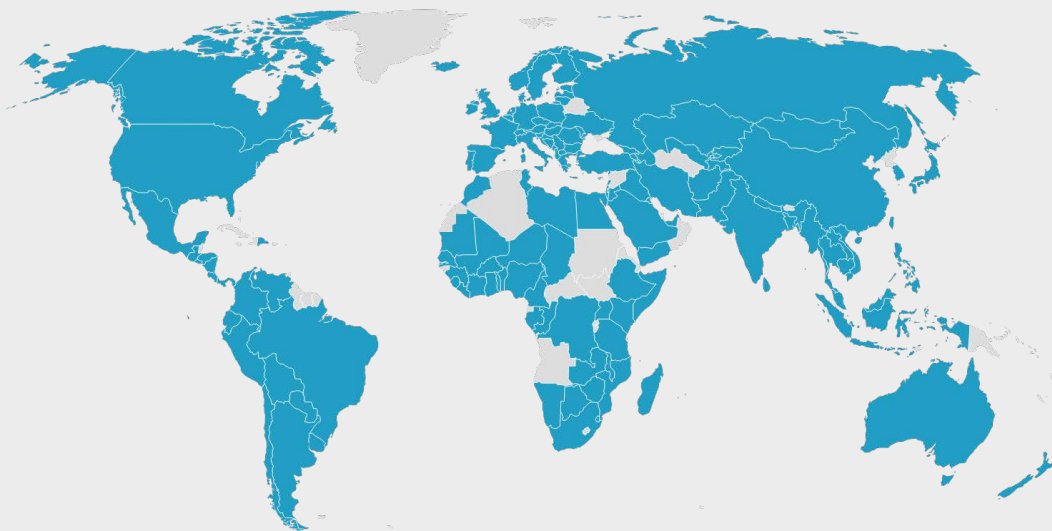
Since 2020, the Hologic Global Women's Health Index (the Index) has helped fill a critical gap in what the world knows about the health and well-being of women.

Informed by women's own experiences and opinions, the Index annually tracks multiple dimensions, including Preventive Care, Emotional Health, Opinions of Health and Safety, Basic Needs, and Individual Health.



The Year 4 Index report is based on surveys conducted in 2023 in person and by telephone with nearly 146,000 women and men aged 15 or older in 142 countries and territories.^{1,2} The findings in this report are representative of 97% of the global adult population.

The latest report shows women have experienced losses within every one of the five dimensions of their health that are crucial to them living healthier — and ultimately longer — lives.



146,000

RESPONDENTS

(women and men aged 15 or older)

142

COUNTRIES AND TERRITORIES

97%

OF THE GLOBAL ADULT POPULATION represented in this study



For the first time in the Index's history, the rate of women tested for cancer has declined.

In Year 4, just 10% of women say they were tested for any type of cancer — down 2 percentage points from Years 1 and 2. This translates into approximately 60 million fewer women getting tested, which, for context, is almost equal to the entire population of Italy.

Almost all testing losses since Year 1 have come among women in the 40 and older age group, which is at higher risk of developing cancer.³



Women feel less safe, and they are less satisfied with the availability of quality healthcare.

Women's views about their personal safety and the availability of quality healthcare where they live are worse today than they were four years ago.

More than a third of women (35%) — or an estimated 1 billion women — say they felt unsafe in Year 4. The 65% of women who are satisfied with the availability of quality healthcare in Year 4 is down 3 points.



More women are struggling to meet their basic needs today than at any point in almost two decades.

The 38% of women who say there were times in the past 12 months that they could not afford food matches the previous high since the Gallup World Poll first posed this question in 2005, and the **32% who say they could not afford adequate shelter at times is a new high.**



More women are experiencing pain and have health problems.

More than one-quarter (26%) of women say they have health problems that keep them from activities people their age normally do and more than one-third (34%) say they were in pain for a lot of the previous day.

These levels are higher than they were four years ago and represent up to nearly 1 billion women.



High levels of worry and sadness are negatively affecting women's emotional health.

Stress, anger and sadness have declined from their peaks in Year 2, but more women — about 200 million more — are sad (30%) and worried (42%) today than they were in Year 1.

Women's sadness and worry levels remain among the highest measured since the Gallup World Poll started tracking emotional health.



The percentage of women tested for HIV is less than 0.5% in some countries.

The Index asked women for the first time whether they had been tested in the past year for HIV, which is associated with other sexually transmitted infections (STIs) and linked to an increased incidence of cervical cancer.

Reported testing varies around the world, from less than 0.5% in a host of countries to 41% in Uganda.



Global Results and Rankings

The Hologic Global Women’s Health Index score is a single-number summary indicator of women’s answers to survey questions about five separate dimensions of their health. Outside of socioenvironmental and political factors of health, these five aspects of health together account for approximately 70% of the variance in a woman’s average life expectancy at birth.⁴

Index scores range from 0 (worst) to 100 (best). Although the Index surveys men and women to help identify gender gaps, Index scores are based only on responses from women.

In four years, 28 countries spanning the globe have made meaningful⁵ gains in women’s overall health.

As a whole, the world scored 53 out of 100 on the Index in Year 4. The global score has not changed significantly since it debuted at 54 in Year 1.

From Year 1 to Year 4, Index scores at the country level increased meaningfully in 28 countries and decreased meaningfully in 11. But all countries — even those with higher scores — have work to do: Not one country or territory scored higher than 68 out of 100.

Index scores for Year 4 range from a high of 68 in Taiwan, which led the world for the fourth straight year, to a low of 30 in Afghanistan, which scored the lowest in the world for the second consecutive year.

Rank	Country/Territory	Hologic Global Women’s Health Index Score
1	Taiwan, Province of China	68
2	Kuwait	67
3	Austria	66
4	Switzerland	65
5	Finland	65
6	Germany	64
7	Singapore	64
8	Denmark	64
9	Slovakia	63
10	Luxembourg	63
11	Estonia	63
12	Kazakhstan	63 ↑
13	Saudi Arabia	63
14	Poland	63 ↑
15	Vietnam	62
16	Norway	62
17	Belgium	62

Note: Arrows up or down indicate meaningful **increases** or **decreases** of 5 points or more between Year 1 and Year 4. Bahrain was surveyed in 2023, but did not receive a score because several questions that make up the Index were not asked.

Rank	Country/Territory	Hologic Global Women's Health Index Score
18	Czech Republic	62
19	Sweden	62
20	Hungary	62
21	Latvia	62
22	Japan	62
23	Hong Kong, S.A.R. of China	61
24	Ireland	61
25	Croatia	61
26	Netherlands	61
27	South Korea	61
28	Malaysia	61 ↑
29	Mauritius	60
30	Slovenia	60
31	Portugal	60
32	Uruguay	60
33	Uzbekistan	60 ↑
34	Kosovo	60 ↑
35	Thailand	60
36	New Zealand	60
37	United States	60
38	Lithuania	60
39	Iceland	59
40	United Kingdom	59
41	France	59
42	Australia	59 ↓
43	Bulgaria	59
44	Chile	58 ↑
45	United Arab Emirates	58
46	Serbia	58
47	China	58
48	Kyrgyzstan	58 ↑
49	Bosnia and Herzegovina	57 ↑

Note: Arrows up or down indicate meaningful **increases** or **decreases** of 5 points or more between Year 1 and Year 4. Bahrain was surveyed in 2023, but did not receive a score because several questions that make up the Index were not asked.

Rank	Country/Territory	Hologic Global Women's Health Index Score
50	Montenegro	57 ↑
51	Russian Federation	57
52	Indonesia	57 ↑
53	Malta	56
54	Azerbaijan	56
55	Tajikistan	56 ↑
56	Spain	56
57	Paraguay	56
58	North Macedonia	56 ↑
59	Mongolia	56
60	Mexico	55 ↑
61	South Africa	55
62	Romania	55
63	Canada	55
64	Namibia	55 ↑
65	Cyprus	54
66	Israel	54 ↓
67	Kenya	54 ↑
68	Costa Rica	53
69	Italy	53 ↓
70	Zimbabwe	52 ↑
71	Tanzania	52
72	Georgia	52 ↑
73	Greece	52
74	Argentina	52
75	Botswana	51
76	Türkiye	51 ↑
77	Brazil	51 ↑
78	Somalia	51
79	Zambia	51
80	Lao People's Democratic Republic	50
81	El Salvador	50 ↑

Note: Arrows up or down indicate meaningful **increases** or **decreases** of 5 points or more between Year 1 and Year 4. Bahrain was surveyed in 2023, but did not receive a score because several questions that make up the Index were not asked.

Rank	Country/Territory	Hologic Global Women's Health Index Score
82	Panama	50
83	State of Palestine	50
84	Republic of Moldova	50
85	Nicaragua	50
86	The Dominican Republic	50 ↑
87	Eswatini	50
88	Colombia	49 ↑
89	Armenia	49
90	Ghana	49
91	Mali	49 ↑
92	Senegal	49
93	Albania	48
94	Egypt	48
95	Honduras	48
96	Ethiopia	48 ↓
97	Iran	48
98	India	47 ↓
99	Nigeria	47
100	Mozambique	47
101	Uganda	47 ↑
102	Tunisia	47 ↑
103	Guatemala	46
104	Cambodia	46 ↓
105	Libya	46
106	Nepal	46
107	Ukraine	46
108	Bangladesh	46 ↓
109	Philippines	45
110	Gambia	45
111	Pakistan	45
112	Peru	44 ↑
113	Burkina Faso	44

Note: Arrows up or down indicate meaningful **increases** or **decreases** of 5 points or more between Year 1 and Year 4. Bahrain was surveyed in 2023, but did not receive a score because several questions that make up the Index were not asked.

Rank	Country/Territory	Hologic Global Women's Health Index Score
114	Sri Lanka	44 ↓
115	Jordan	44
116	Malawi	44
117	Myanmar	44
118	Lebanon	44
119	Côte d'Ivoire	44
120	Yemen	43
121	Northern Cyprus	43
122	Ecuador	43
123	Iraq	43 ↑
124	Cameroon	42
125	Venezuela	42 ↑
126	Bolivia	42
127	Togo	41
128	Mauritania	41
129	Madagascar	40
130	Niger	39
131	Morocco	38 ↓
132	Gabon	38
133	The Comoros	37
134	Guinea	37 ↓
135	Benin	37 ↓
136	The Republic of the Congo	37
137	Liberia	37
138	Sierra Leone	36
139	Chad	35
140	The Democratic Republic of the Congo	34
141	Afghanistan	30

Note: Arrows up or down indicate meaningful **increases** or **decreases** of 5 points or more between Year 1 and Year 4. Bahrain was surveyed in 2023, but did not receive a score because several questions that make up the Index were not asked.



Rankings in the G20

The G20 expanded its membership in 2023 to permanently include the African Union (AU).⁶ The move gives the continent a greater voice on the global stage, which is important because Africa is home to countries with some of the world's biggest development challenges, including women's health. All G20 countries scoring below the Index's global average are new members in Africa, except India.



As a bloc, the G20 scored meaningfully⁷ higher than the global average on just one dimension of women's health: meeting the basic needs of food and shelter.

G20 Country Index Results, Ranked by Overall Score

G20 Member Countries	Overall Index Score	Preventive Care	Emotional Health	Opinions of Health and Safety	Basic Needs	Individual Health
Austria	66	35	72	85	92	74
Finland	65	26	79	80	92	74
Germany	64	33	73	82	89	71
Denmark	64	29	75	83	94	66
Slovakia	63	30	74	71	90	76
Luxembourg	63	20	76	89	91	77
Estonia	63	27	78	78	86	75
Saudi Arabia	63	14	78	94	88	80
Poland	63	20	82	61	95	84
Belgium	62	33	69	82	89	64
Czech Republic	62	31	70	76	91	69
Sweden	62	23	75	78	91	74
Hungary	62	39	74	58	85	66
Latvia	62	38	72	68	81	66
Japan	62	21	77	76	90	75
Ireland	61	22	72	76	92	76
Croatia	61	27	73	61	92	74
Netherlands	61	22	72	84	92	63
South Korea	61	37	69	71	75	71
Mauritius	60	28	80	72	70	72
Slovenia	60	24	68	82	89	68
Portugal	60	43	63	64	83	63

G20 Member Countries	Overall Index Score	Preventive Care	Emotional Health	Opinions of Health and Safety	Basic Needs	Individual Health
United States	60	38	62	70	77	70
Lithuania	60	20	78	67	85	71
United Kingdom	59	21	70	74	91	72
France	59	21	74	75	83	70
Australia	59	27	69	68	86	69
Bulgaria	59	23	77	56	87	68
China	58	15	72	73	81	84
Russian Federation	57	30	78	55	63	70
Indonesia	57	18	71	83	61	79
Malta	56	30	54	75	87	67
Spain	56	16	66	76	86	70
Mexico	55	31	70	53	60	74
South Africa	55	35	72	52	52	69
Romania	55	22	68	60	82	61
Canada	55	22	61	67	83	70
Namibia	55	31	78	51	44	75
Cyprus	54	26	57	67	82	68
Kenya	54	32	75	52	42	73
G20 Average	53	19	67	68	67	71
Global Average	53	19	66	67	65	70
Italy	53	17	63	61	85	67
Zimbabwe	52	21	79	53	46	73
Tanzania	52	21	70	67	55	65
Greece	52	28	58	48	79	67
Argentina	52	34	60	46	64	66
Botswana	51	33	73	48	44	59
Türkiye	51	17	59	53	76	78
Brazil	51	24	59	50	76	65
Somalia	51	11	79	68	44	71
Zambia	51	38	62	59	39	57
Eswatini	50	37	64	48	43	56


G20 Member Countries	Overall Index Score	Preventive Care	Emotional Health	Opinions of Health and Safety	Basic Needs	Individual Health
Ghana	49	14	67	68	46	75
Mali	49	8	68	64	59	73
Senegal	49	24	69	58	45	55
Egypt	48	21	57	59	70	59
Ethiopia	48	12	70	56	50	72
India	47	13	62	75	52	60
Nigeria	47	15	65	52	39	84
Mozambique	47	19	65	65	40	58
Uganda	47	28	58	52	50	57
Tunisia	47	12	62	41	79	63
Libya	46	13	57	62	62	62
Gambia	45	14	71	43	51	56
Burkina Faso	44	10	65	56	51	60
Malawi	44	19	69	49	34	56
Côte d'Ivoire	44	8	70	53	49	52
Cameroon	42	17	62	46	38	61
Togo	41	7	63	45	53	57
Mauritania	41	11	65	44	45	51
Madagascar	40	13	54	51	42	55
Niger	39	8	59	57	33	55
Morocco	38	10	50	42	55	57
Gabon	38	18	55	33	35	59
The Comoros	37	11	54	47	51	38
Guinea	37	17	48	56	34	40
Benin	37	10	59	54	23	49
The Republic of the Congo	37	10	55	45	37	53
Liberia	37	14	53	38	33	54
Sierra Leone	36	17	53	41	31	43
Chad	35	9	52	48	40	42
The Democratic Republic of the Congo	34	15	47	42	32	44


Note: Countries shaded in gray scored 5 points or more below the global average on the overall Index.

Key Dimensions of Women's Health

Together and individually, the five dimensions of the Index are strongly related to women's life expectancy at birth. Improvements on even one of these dimensions could potentially help women live healthier and, eventually, longer lives.

The State of Global Women's Health

 PREVENTIVE CARE Compared to Year 1, fewer women are being tested for cancer, while more are being tested for high blood pressure.		Year 4	Change Since Year 3	Change Since Year 1
Dimension Score		19	0	0
Women tested for high blood pressure		36%	0	3 ↑
Women tested for cancer		10%	-1	-2 ↓
Women tested for diabetes		20%	1	1
Women tested for STDs/STIs		10%	0	-1

 EMOTIONAL HEALTH Stress, anger and sadness have subsided from their COVID-19 pandemic peaks in Year 2, but more women are sad and worried today than they were in Year 1. In fact, women's sadness and worry levels remain among the highest measured since the Gallup World Poll began tracking emotional health nearly 20 years ago.		Year 4	Change Since Year 3	Change Since Year 1
Dimension Score		66	0	-2 ↓
Women experienced anger previous day		24%	-1	1
Women experienced stress previous day		38%	-1	0
Women experienced sadness previous day		30%	0	4 ↑
Women experienced worry previous day		42%	0	2 ↑

Changes between years for dimension scores are measured in points. Changes between years for individual survey items are measured in percentage points. Arrows up or down indicate meaningful increases or decreases. At the global and regional levels, changes must be 2 percentage points higher or lower to be considered meaningful.



OPINIONS OF HEALTH AND SAFETY

Women's perceptions of the availability of quality healthcare where they live and their personal safety are worse in Year 4 than they were in Year 3 and Year 1. Their perceptions of high-quality pregnancy care haven't wavered.

	Year 4	Change Since Year 3	Change Since Year 1
Dimension Score	67	-3 ↓	-3 ↓
Women think their area has high-quality pregnancy care	69%	0	0
Women satisfied with the availability of quality healthcare in their area	65%	-3 ↓	-3 ↓
Women feel safe walking alone at night where they live	63%	-2 ↓	-2 ↓



BASIC NEEDS

The percentage of women struggling to afford food in Year 4 matches the previous high set in Year 2, which was the highest level in nearly 20 years. The Year 4 percentage of women struggling to afford housing is unprecedented.

	Year 4	Change Since Year 3	Change Since Year 1
Dimension Score	65	-2 ↓	-3 ↓
Women could <i>not</i> afford food	38%	2 ↑	4 ↑
Women could <i>not</i> afford shelter	32%	2 ↑	3 ↑



INDIVIDUAL HEALTH

The percentages of women who experienced health problems and physical pain in Year 4 are higher than they were in Year 1. The percentage of women with health problems matches the previous global high.

	Year 4	Change Since Year 3	Change Since Year 1
Dimension Score	70	-1	-5 ↓
Women with health problems	26%	2 ↑	6 ↑
Women experienced physical pain previous day	34%	0	4 ↑

Changes between years for dimension scores are measured in points. Changes between years for individual survey items are measured in percentage points. Arrows up or down indicate meaningful increases or decreases. At the global and regional levels, changes must be 2 percentage points higher or lower to be considered meaningful.





Preventive Care: Cancer Testing Declines

Preventive care is intended to help people avoid illnesses and detect health problems early, ideally before the onset of symptoms. The right test at the right time makes it possible for women to be treated earlier and live healthier and potentially longer lives.

PREVENTIVE CARE DIMENSION

To the best of your knowledge, were you tested for any of the following in the past 12 months?

- High blood pressure
- Cancer
- Diabetes
- Sexually transmitted diseases or infections

The data in Year 4 tell a familiar story with a new, troubling twist: As they have since Year 1, most women say they haven't been tested for cancer, diabetes, high blood pressure or an STI in the past 12 months. **But for the first time in the history of the survey, the percentage of women who say they have been tested for cancer declined.**

Just 10% report being tested for any type of cancer. This is 2 points lower than in Years 1 and 2 and represents nearly 60 million fewer women.

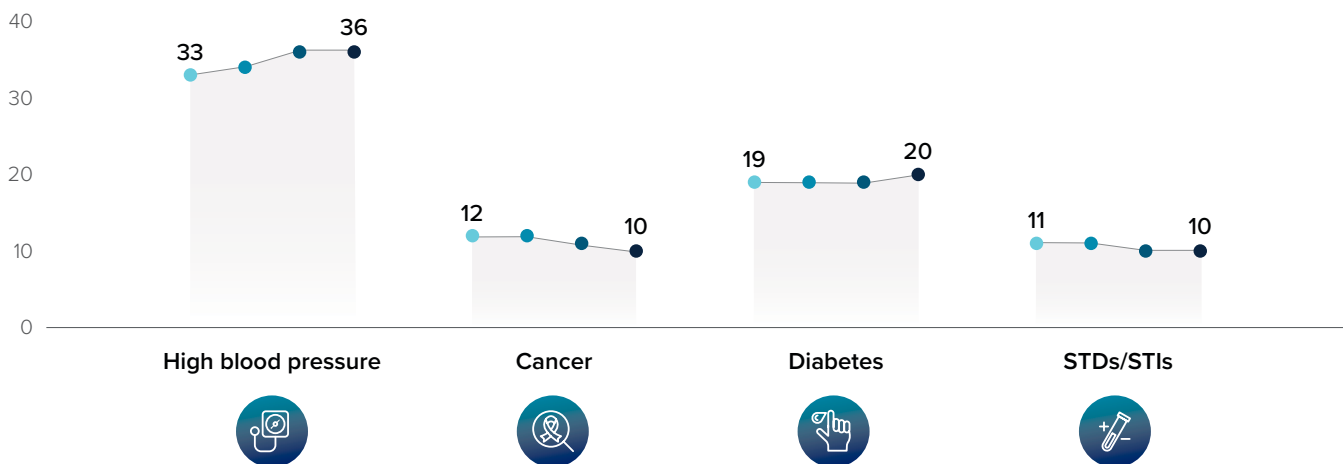
In addition to fewer women getting tested for cancer, testing rates for high blood pressure stopped improving in Year 4. Testing rates for diabetes and STIs remain unchanged.⁸

Percentage of Women Tested in Past 12 Months

To the best of your knowledge, were you tested for any of the following in the past 12 months?

(% Yes)

● Year 1 ● Year 2 ● Year 3 ● Year 4





Cancer Testing: Rates Fall for Women at Higher Risk

Cancer prevention, early detection and access to quality healthcare services will be critical in coming decades as the number of new cancer cases per year is expected to rise to 32.6 million by 2045.⁹ While these new cases are more likely to be among those aged 65 or older, the projected increase is particularly troubling given the rising number of cancer diagnoses among younger adults.¹⁰

Against this backdrop, the Year 4 survey shows fewer women are getting tested for any type of cancer than they were in Year 1 or Year 2, with evidence of a slump starting in Year 3.

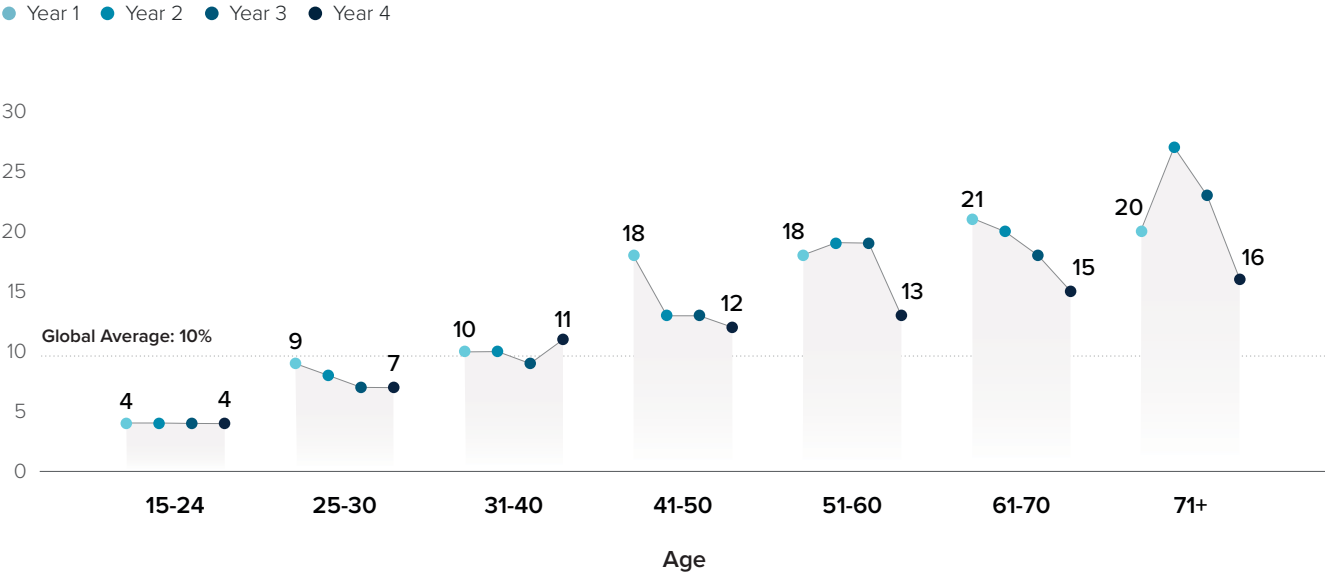
Just 10% of women in Year 4 say they were tested for any type of cancer — about 60 million fewer women than in Years 1 or 2.



INSIGHT

Almost all testing losses since Year 1 have come among women in the 40 and older age group, which is at higher risk of developing cancer.

Percentage of Women Tested for Cancer in Past 12 Months by Age





High Blood Pressure Testing: Improvement Stalls

Hypertension is a major risk factor for heart attacks, heart failure, stroke and other conditions. Regular blood pressure checks allow early detection and intervention.¹¹

Testing rates for high blood pressure increased significantly in Year 3. Women held on to these gains in Year 4, but there was no further global improvement.

Thirty-six percent of women report being tested for high blood pressure, which is unchanged from the previous year but still up from 33% in Year 1.

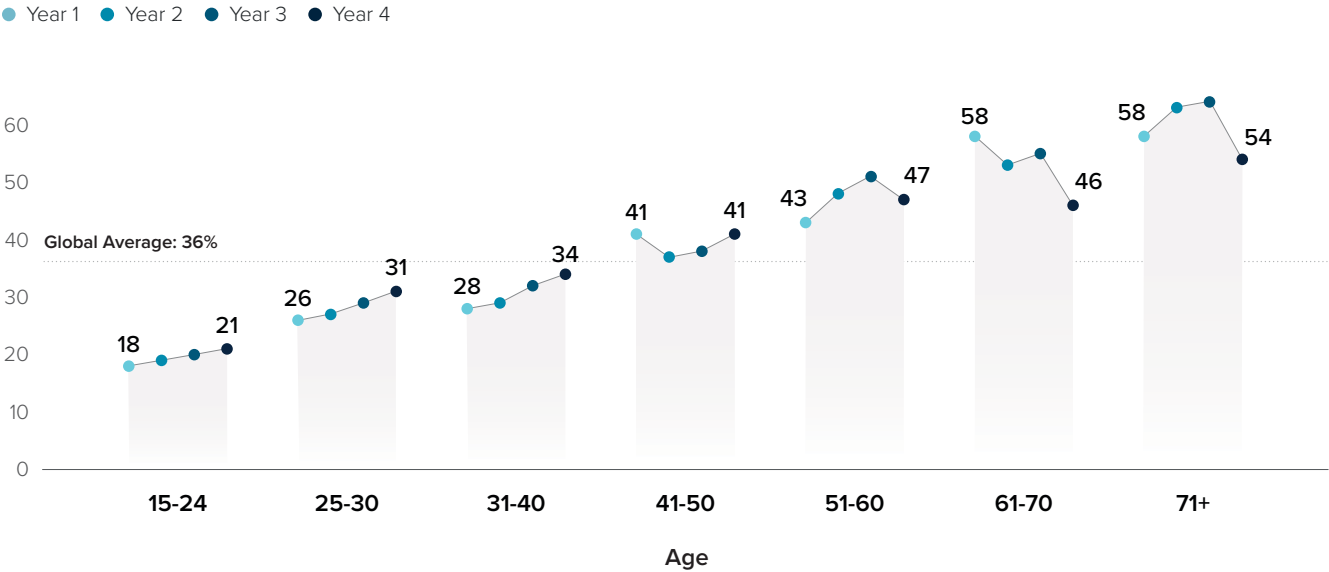


INSIGHT

While reported testing increased among women younger than 40 between Year 1 and Year 4, these increases were largely offset by declines among those over 60 — who are recommended to have their blood pressure checked yearly.¹²

Most of the decline occurred among those aged 61 to 70, with testing rates dropping 12 points between Year 1 and Year 4.

Percentage of Women Tested for High Blood Pressure in Past 12 Months by Age





Diabetes Testing: No Progress on Fastest-Growing Disease for Women

Diabetes is a leading cause of death for women — and one of the fastest-growing chronic diseases in the world. In the next two decades, an estimated one in eight adults worldwide could be living with diabetes — a 46% increase from today.¹³

Roughly 90% of diabetes cases are Type 2 diabetes, which is largely preventable and manageable if caught early with diabetes testing.

In Year 4, one in five women worldwide (20%) say they were tested for diabetes in the past 12 months, unchanged from any of the previous years.

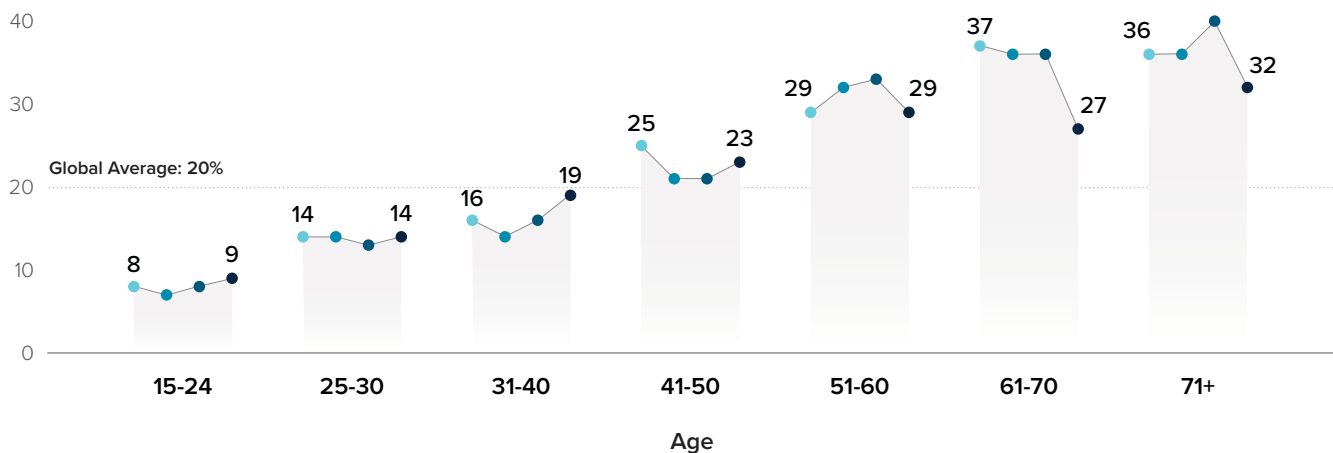


INSIGHT

Women over 40 — when Type 2 diagnoses start to spike — are twice as likely to say they were tested (27%) as women under 40 (13%).¹⁴

Percentage of Women Tested for Diabetes in Past 12 Months by Age

● Year 1 ● Year 2 ● Year 3 ● Year 4





STI Testing: Low Rates Place Billions of Women at Risk

STIs can lead to consequences beyond the infections that affect women’s sexual and reproductive health. When left untreated, STIs can lead to infertility, cancer, and complications both during pregnancy and to women’s overall well-being. These infections can also increase the risk of HIV.¹⁵

Regular testing for these infections, particularly among at-risk populations such as women aged 15 to 24 who have sex with men, can detect infections early. The earlier these cases are diagnosed, the better the chances for effective treatment and intervention.¹⁶



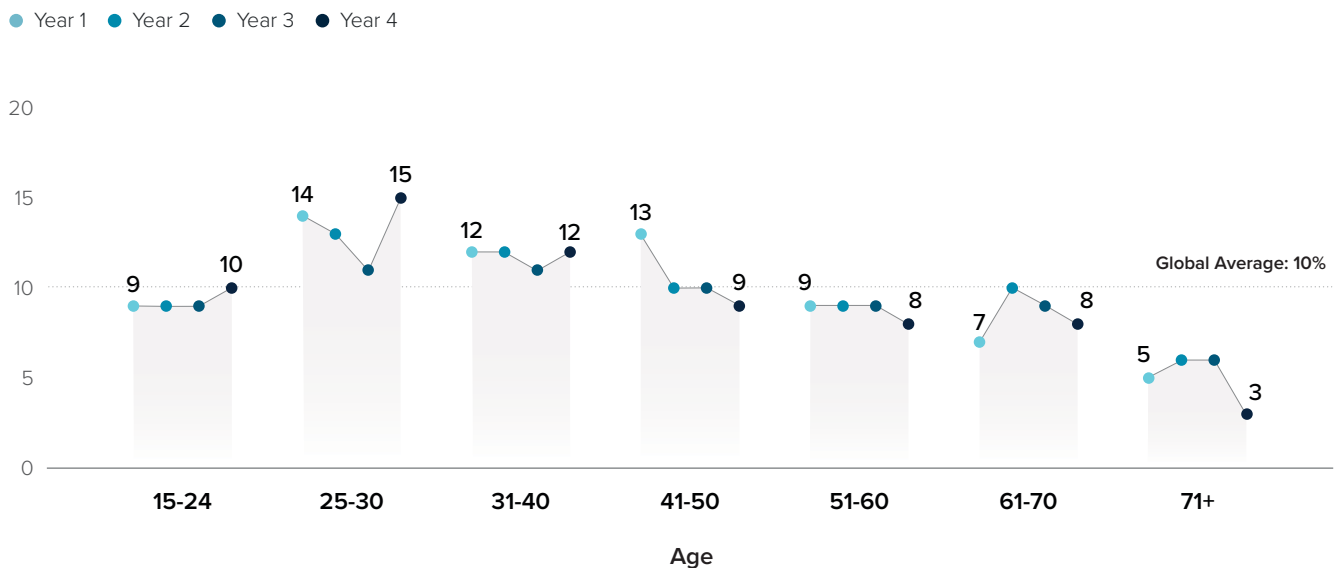
INSIGHT

In Year 4, just 10% of women were tested for an STI in the past 12 months, a rate remaining unchanged since Year 1.

Cases of STIs surged during the COVID-19 pandemic and have kept climbing.¹⁷ However, the reported incidence of testing for these diseases has not kept pace.

Although women younger than 40 (12%) are more likely to have been tested than those over 40 (8%), these low figures mean nearly 2 billion women of reproductive age are at risk of infertility, increased maternal and fetal mortality, and deadly diseases.

Percentage of Women Tested for STIs in Past 12 Months by Age





HIV Testing: One in 16 Women Worldwide Tested

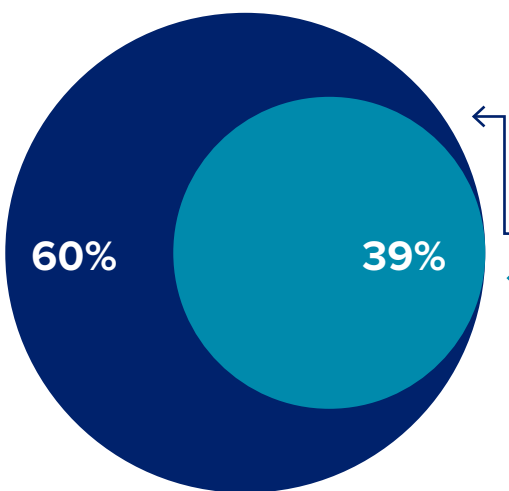
For the first time since its inception, the Index asked women (and men) if they were tested for HIV within the past year.

The results are not factored into the Preventive Care dimension, but they are vital because of the disproportionate impact HIV has on women's health. Worldwide, an estimated 39.9 million people are living with HIV. More than half of them are women and girls, who are also at a six-fold increased risk of developing cervical cancer because HIV makes them more vulnerable to human papillomavirus (HPV) infections, which are associated with cervical cancer.^{18,19}

Today, HIV is less common than many STIs, but people with other STIs are at higher risk of contracting HIV. HIV care strategies emphasize getting tested regularly for both.²⁰

Women who said they spoke with a healthcare professional in the past 12 months and said they were tested for an STI in the same period were asked if they had been tested for HIV. Among this group, 60% said they were tested for HIV.

However, just 6% of women globally — regardless of whether they visited a healthcare professional or were tested for STIs — said they were tested for HIV in the past year.



While women who were tested for HIV were more likely to also say they were tested for STIs, the two are not mutually exclusive.

Sixty percent were tested for both, while another 39% were tested for STIs but not HIV.





Reported HIV testing rates vary around the world, ranging from less than 0.5% in a host of countries mostly clustered in the Middle East and North Africa to 41% in Uganda, where women are disproportionately affected by HIV.²¹

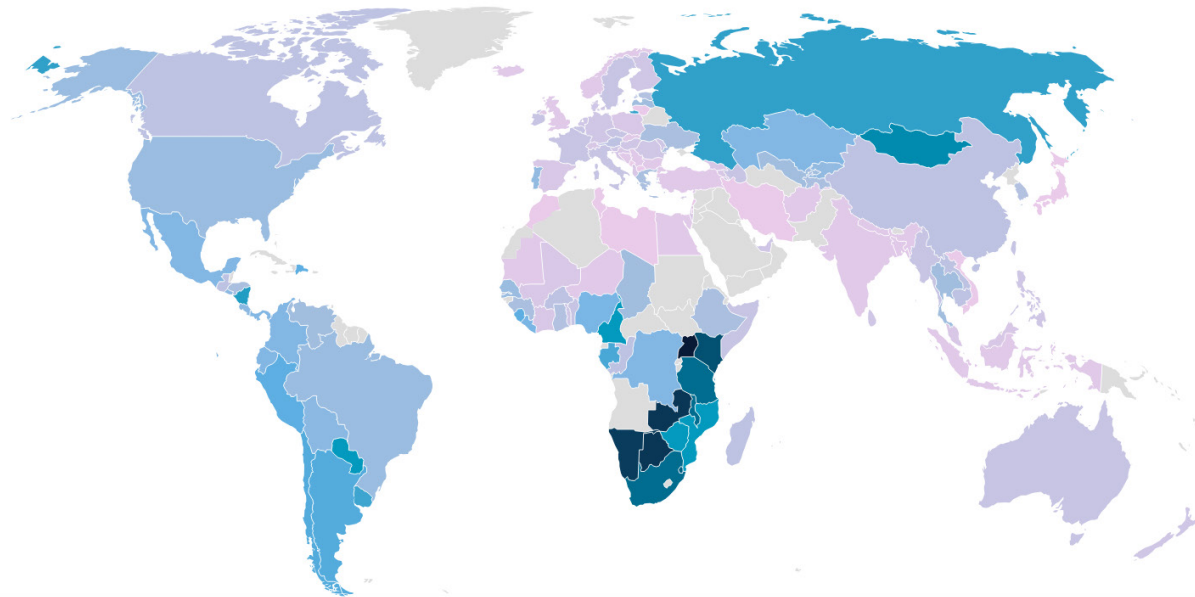
Almost all countries with testing rates of 20% or higher are in sub-Saharan Africa, which bears the highest HIV burden of any region globally.²² Women in this region — who account for more new cases than men — are more likely than men to say they were tested for HIV (16% vs. 11%).

In 2023, adolescent girls and young women in sub-Saharan Africa accounted for more than 78% of new HIV infections each week among all women aged 15 to 24 worldwide.²³ However, women in this vulnerable age group are less likely to be tested than other women under 40: Fourteen percent of women aged 15 to 24 say they have been tested, which is slightly lower than the 19% in the 25 to 30 age group and 18% in the 31 to 40 age group.

Percentage of Women Tested for HIV

Were you tested for HIV/AIDS?

(% Yes)







Emotional Health: Sadness and Worry Remain High

Stress, worry, sadness, anger and other emotions are all a normal part of life. When these feelings remain high for extended periods, however, they can affect a person’s ability to carry out everyday tasks.

Negative emotions can become unhealthy and signal more serious conditions, such as anxiety and depressive disorders. One’s emotional state can also affect cardiovascular health and increase risk factors for other noncommunicable diseases such as diabetes and cancer.²⁴

The Year 4 survey offers a few signs that women’s emotional health is recovering: Experiences of stress, anger and sadness have declined from their COVID-19 pandemic peaks.

However, looking back over the nearly 20 years Gallup has tracked emotional health, these emotions remain elevated: More women today are sad (30%) and worried (42%) than they were in Year 1 — which translates into about 200 million more women feeling these negative emotions.

While women tend to be more likely than men to experience these two emotions, the gender gaps are wider now than they have been in the past four years. Far fewer men than women experience sadness (23% vs. 30%) and worry (37% vs. 42%).

EMOTIONAL HEALTH DIMENSION

Did you experience the following feelings during a lot of the day yesterday?

- How about **worry**?
- How about **sadness**?
- How about **stress**?
- How about **anger**?

Negative Emotions Remain Elevated Among Women

Did you experience the following feelings during a lot of the day yesterday?

(% Yes)

● Year 1 ● Year 2 ● Year 3 ● Year 4







Opinions of Health and Safety: Women Feel Less Safe, Less Satisfied With Healthcare

Women’s satisfaction with the availability of quality healthcare where they live and their perceptions of the quality of pregnancy care in their communities are largely missing from standard global health statistics. Also missing is how safe women feel in their communities.

In environments where women feel personally safe, adolescent pregnancy rates and maternal mortality rates are lower and health expenditures per capita are higher.²⁵

Fewer women feel safe in their communities.

The percentage of women who feel safe walking alone at night where they live slipped in Year 4; 63% of women say they felt safe, down from the 65% who felt this way in Year 1 and Year 3.

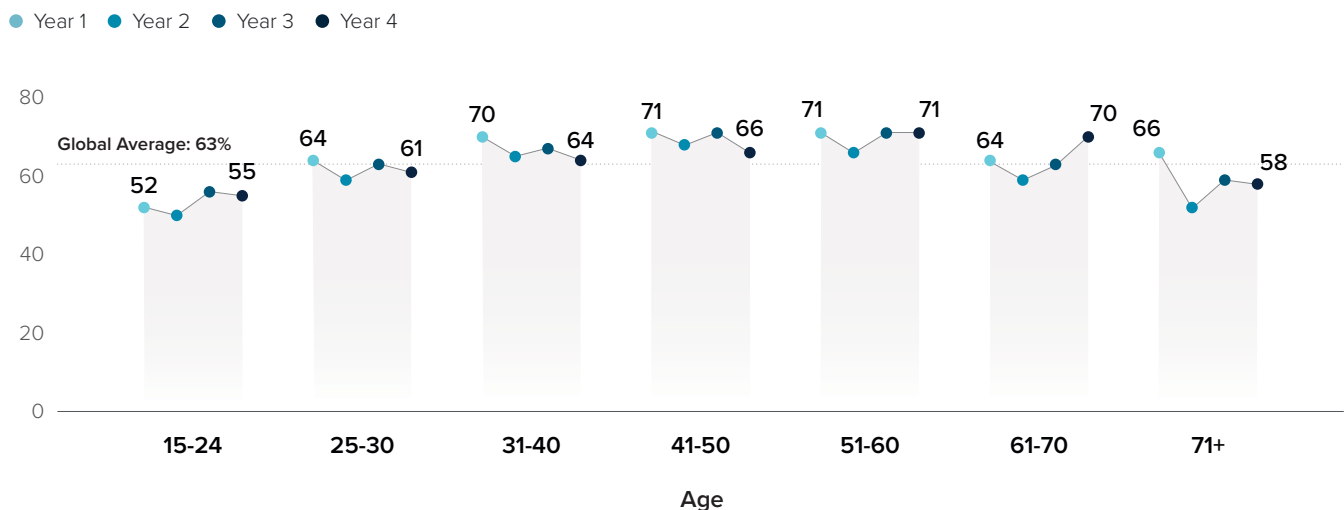
More than a third of women (35%) — which translates into approximately 1 billion women — felt unsafe in Year 4.

The gap between women’s and men’s perceptions remains as wide as ever in Year 4: Seventy-six percent of men say they felt safe, compared with 63% of women. In the nearly 20 years that Gallup has asked this question, the gender gap has never been narrower than 10 points, but the current 13-point gap is on the wider end of the spectrum.

OPINIONS OF HEALTH AND SAFETY DIMENSION

- Do you think most pregnant women in the city or area where you live receive high-quality healthcare during their pregnancies, or not?
- In the city or area where you live, are you satisfied or dissatisfied with the availability of quality healthcare?
- Do you feel safe walking alone at night in the city or area where you live?

Percentage of Women Who Feel Safe Walking Alone at Night Where They Live by Age



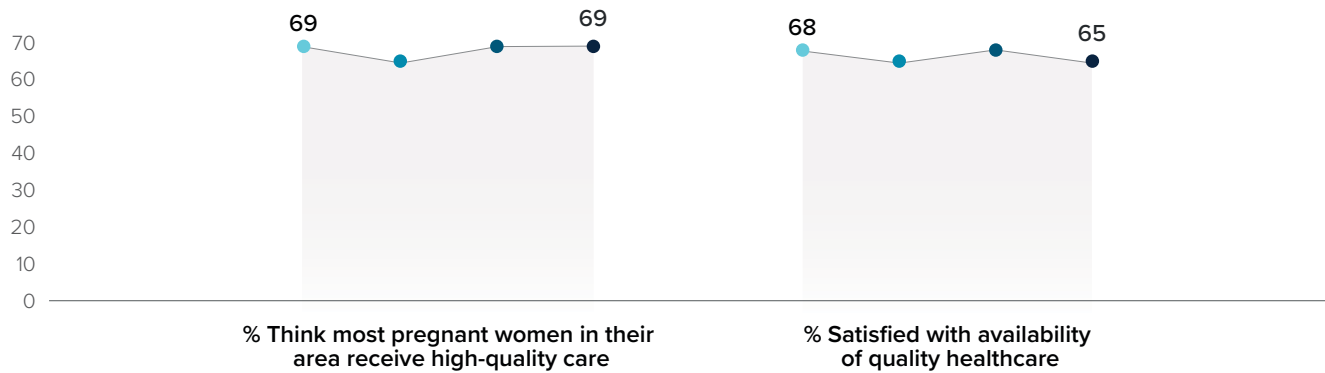
Fewer women are satisfied with the availability of quality healthcare where they live.

Women's perceptions of the availability of quality healthcare where they live are worse today than they have been every year except Year 2. The 65% of women who are satisfied in Year 4 is 3 points below the rates in Year 3 and Year 1.

The decline in Year 4 isn't attributable to any one age group or demographic. The majority of women in every age group remain similarly satisfied with the availability of quality care, with no difference between women under or over the age of 40.

Women's Perceptions of Quality Healthcare Availability and Prenatal Care

● Year 1 ● Year 2 ● Year 3 ● Year 4







Spotlight on Domestic Violence

While the issue of domestic violence is not factored into the Index score, it is important to women's quality of life and longevity. This is why Hologic and Gallup continue to ask women and men about the scope of domestic violence in their countries.

According to the United Nations' most recent worldwide estimates, more than five women were killed every hour in 2022 by a family member or intimate partner.²⁶

Due to the sensitivity of the topic, which is often taboo or could pose a safety risk to survey respondents if they openly mention the issue, the Index survey question takes an indirect approach. It allows women and men to safely express their views on domestic violence in their country broadly, without having to mention their own victimization or that of loved ones:

“Domestic violence can be physical, psychological or involve sexual acts done to someone against their will by a person they live with. In your opinion, is domestic violence a widespread problem in [country name], or not?”

It's important to note that this question measures people's perceptions of domestic violence as a widespread problem. Rather than reflecting the incidence of domestic violence, respondents' answers may be a better indicator of their awareness of the seriousness of the challenge facing their countries.

While the pandemic seemed to create a new sense of urgency around making violence against women a global public health and policy priority, the findings show majorities of both women and men continue to perceive domestic violence as a problem.

Globally, women and men are now more closely aligned on domestic violence being a problem where they live: Sixty-two percent of women and 57% of men say it is widespread in their country.

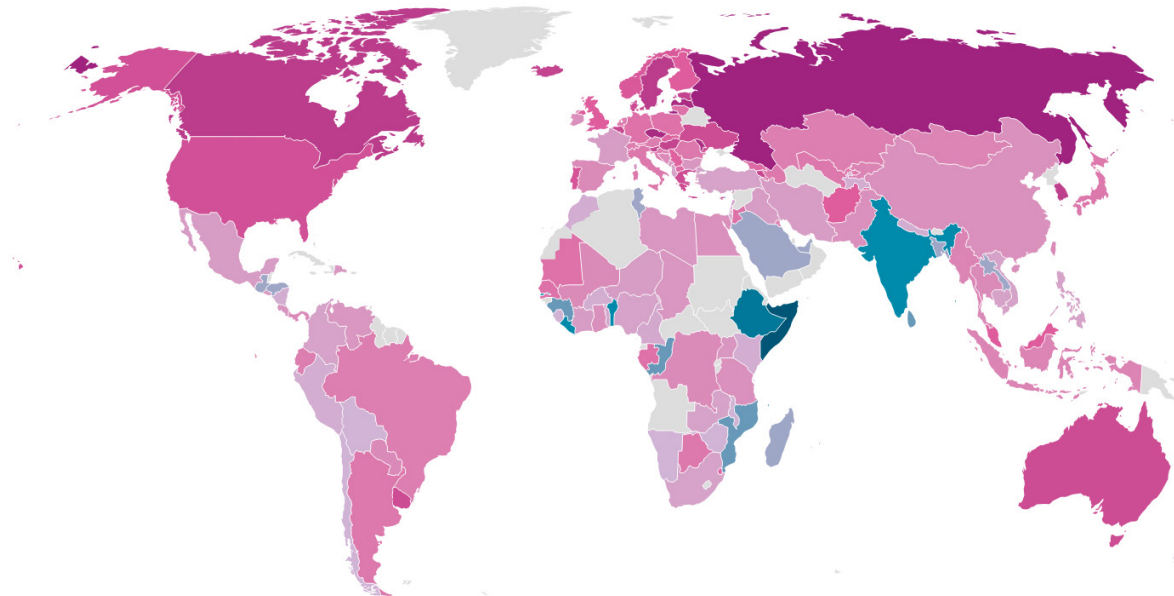




However, in many countries, women and men remain far apart on this issue. In 47 countries around the world, there are double-digit gaps between women's and men's perceptions of the problem of domestic violence. The countries span all regions of the globe and all levels of development and income.

Difference in Perception of Domestic Violence by Gender

Percentage point gap between women and men who say domestic violence is a widespread problem, with men's scores subtracted from women's scores







Basic Needs: More Women Are Struggling Than Ever

Having enough safe and nutritious food to eat as well as having access to safe and affordable housing are two basic needs for healthy living.

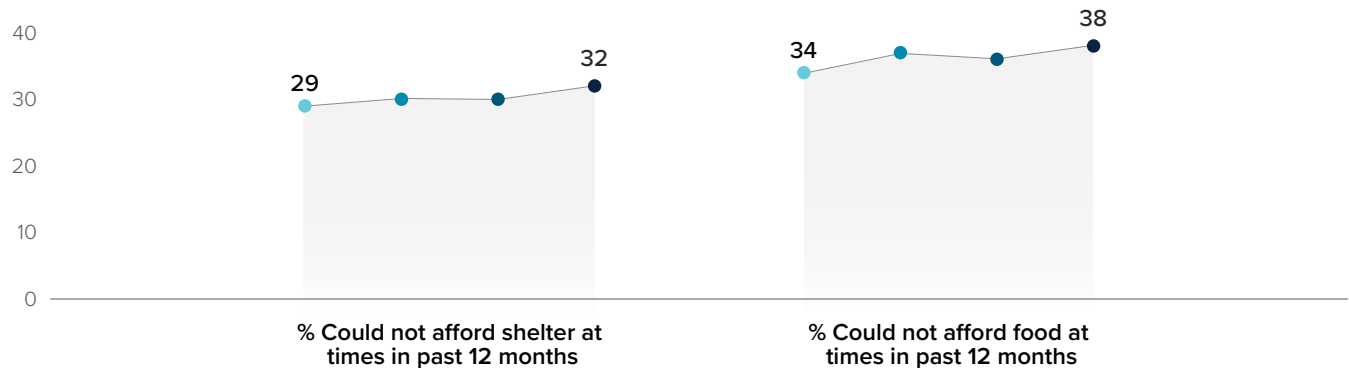
Globally and in every region of the world, women continue to be more likely than men to suffer from food insecurity.²⁷

This lack of access impacts all dimensions of women’s health. For example, adults who lack regular access to enough safe and nutritious food are disproportionately at risk for obesity, chronic diseases and other negative health outcomes. Access to or the availability of basic needs also likely affects a woman’s ability to prioritize preventive care.

More women are struggling to meet their basic needs.

Women Struggling to Afford Basic Needs

● Year 1 ● Year 2 ● Year 3 ● Year 4



BASIC NEEDS DIMENSION

- Have there been times in the past 12 months when you did not have enough money to buy **food** that you or your family needed?
- Have there been times in the past 12 months when you did not have enough money to provide adequate **shelter or housing** for you and your family?

In the Year 4 survey, 38% of women say they at times couldn’t afford the food they or their families needed, which is **a numerical high since the inception of the Index** in 2020 and since Gallup first posed this question as part of its World Poll in 2005. The 32% who at times could not afford adequate shelter is **an all-time high since 2005**.

More than three in 10 women worldwide — which translates to nearly 1 billion women — say they at times could not afford the food or shelter they or their families needed.





Individual Health: Physical Pain, Health Problems Persist for Women

Health-related statistics such as disease rates, life expectancy and maternal mortality are standard metrics that can provide a great deal of insight into a country’s overall health. However, these standard measures are limited, utilitarian and often not annually available. They also shed little light on how health problems affect women’s daily lives.

INDIVIDUAL HEALTH DIMENSION

- Did you experience the following feelings during a lot of the day yesterday? How about **physical pain**?
- Do you have any **health problems** that prevent you from doing any of the things people your age normally can do?

The Individual Health dimension looks at two critical — but often overlooked — measures of women’s health: women’s experiences of physical pain and health problems.

More women today experience pain than they did four years ago.

Thirty-four percent of women in Year 4 — representing nearly 1 billion women — say they experienced physical pain during much of the previous day. Reported pain remains higher today than it was in Year 1 (30%).

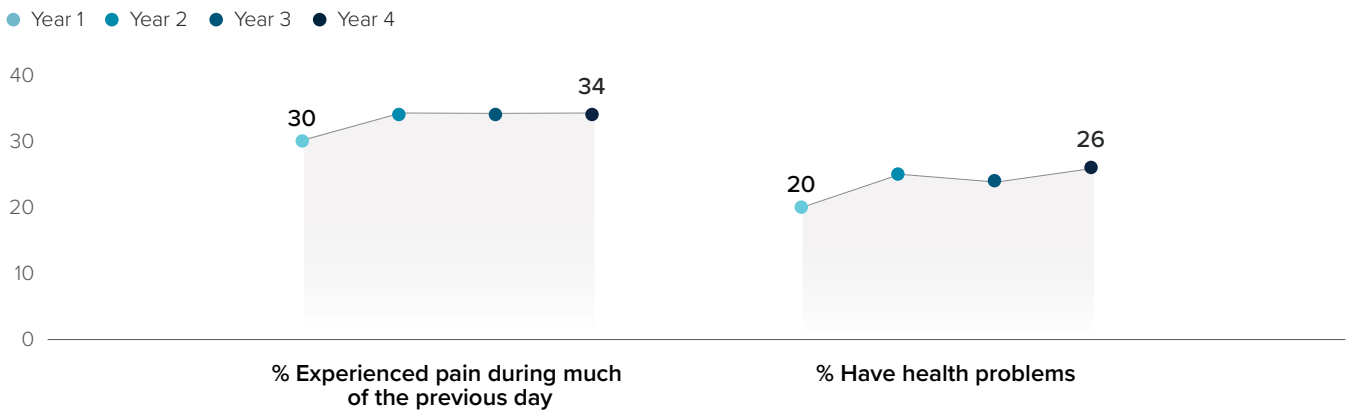
In the nearly two decades that Gallup has asked this question in its World Poll, women have consistently been more likely than men to report experiencing physical pain. However, the 7-point gap between them in Year 4 (34% vs. 27%) is among the widest.

Women are also more likely to have health problems.

Twenty-six percent of women — approximately 750 million — say they have health problems that prevent them from doing things people their age normally can do. This figure represents a new numerical high, but is statistically the same as the 25% in Year 2.

Women are more likely to have health problems now than they were in almost all other years of the study, and they are more likely than men to have these problems — consistent with Gallup’s earlier global findings on this measure.

Women’s Health Problems and Pain Experiences



Conclusion

The Index reveals troubling trends across the five dimensions of women’s health, making it abundantly clear that the “business as usual” approach to addressing women’s health needs is insufficient.

But the findings also give reasons to be optimistic. Diverse countries — including some with limited resources — have made meaningful gains in women’s overall health in recent years. Learning from their efforts can help us advance women’s health on a global scale.

It is imperative to translate these insights into meaningful action. Global leaders, governments, civil society and the private sector all have a role to play in prioritizing women’s health and should:

- Take bold steps to address the challenges revealed by this Index, such as the need to increase cancer testing.
- Increase public and private investment in evidence-based solutions to improve women’s health globally.
- Advocate for the establishment of comprehensive women’s health policies or communications at the individual country or regional level.
- Address key underlying structural factors that adversely affect women’s health outcomes, such as poverty and inequity.
- Accelerate research and development efforts aimed at finding innovative solutions to address women’s health needs.
- Ensure women and their advocates have a seat at the table when decisions about women’s health policy are made.

By taking these and other actions, we can create a world in which every woman has the opportunity to live a longer, healthier and more fulfilling life.

Endnotes

- 1 Year 1 data were gathered in 2020 and analyzed in 2021. Year 2 data were gathered in 2021 and analyzed in 2022. Year 3 data were gathered in 2022 and analyzed in 2023. Year 4 data were gathered in 2023 and analyzed in 2024.
- 2 The Gallup World Poll is conducted annually in at least 140 countries. The primary method of data collection is through interviewer-administered surveys, many face-to-face, with telephone interviewing primarily used in high-income countries. Interviewers code a respondent's gender as male or female based on their observations. This method is used due to the unique nature of interviewer-administered surveys, whereby an interviewer questioning a respondent's gender is likely to be viewed as insensitive and offensive, substantially increasing the risk of survey breakoff. This risk is particularly acute in religiously and culturally conservative countries. Gallup and Hologic understand and acknowledge the complex nature of gender identity and continue to explore strategies to accurately code gender while balancing cross-cultural needs and continuing a globally consistent approach.
- 3 American Cancer Society. (n.d.). *Cancer facts for women*. <https://www.cancer.org/cancer/risk-prevention/understanding-cancer-risk/cancer-facts/cancer-facts-for-women.html>
- 4 See Appendix 1 for more information.
- 5 At the country level, changes must be at least 5 percentage points higher or lower to be considered meaningful. At the global and regional levels, changes must be 2 percentage points higher or lower to be considered meaningful.
- 6 The AU represents 55 countries in Africa, although six are currently suspended (Mali, Burkina Faso, Niger, Gabon, Guinea and Sudan).
- 7 At the country level, changes must be at least 5 percentage points higher or lower to be considered meaningful. At the global and regional levels, changes must be 2 percentage points higher or lower to be considered meaningful.
- 8 Note: Testing recommendations for these four diseases and conditions vary based on a person's age, gender and the healthcare resources available to them in their community. The 12-month period in the survey question is not a globally agreed upon cadence, but because the Index has been conducted for four years in a row, it captures testing that may be recommended in a four-year period at a variety of ages.
- 9 The International Agency for Research on Cancer (IARC). (n.d.). *Global Cancer Observatory*. World Health Organization. <https://gco.iarc.who.int/en>
- 10 Ledford, H. (2024). Why are so many young people getting cancer? What the data say. *Nature*, 627(8003), 258–260. <https://doi.org/10.1038/d41586-024-00720-6>
- 11 World Health Organization. (2023, March 16). *Hypertension*. <https://www.who.int/news-room/fact-sheets/detail/hypertension>
- 12 Mayo Clinic. (2024, February 29). *High blood pressure (hypertension) - Symptoms & causes*. <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>
- 13 International Diabetes Federation. (n.d.). *Diabetes facts and figures*. <https://idf.org/about-diabetes/diabetes-facts-figures/>
- 14 Mayo Clinic. (2023, March 14). *Type 2 diabetes - Symptoms & causes*. <https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/syc-20351193>
- 15 Cohen, M. S., Council, O. D., & Chen, J. S. (2019). Sexually transmitted infections and HIV in the era of antiretroviral treatment and prevention: The biologic basis for epidemiologic synergy. *Journal of the International AIDS Society*, 22(S6). <https://doi.org/10.1002/jia2.25355>
- 16 The Lancet Child & Adolescent Health. (2022). Youth STIs: An epidemic fuelled by shame. *The Lancet Child & Adolescent Health*, 6(6), 353. [https://doi.org/10.1016/S2352-4642\(22\)00128-6](https://doi.org/10.1016/S2352-4642(22)00128-6)
- 17 World Health Organization. (2024, May 21). New report flags major increase in sexually transmitted infections, amidst challenges in HIV and hepatitis. *World Health Organization*. <https://www.who.int/news/item/21-05-2024-new-report-flags-major-increase-in-sexually-transmitted-infections---amidst-challenges-in-hiv-and-hepatitis>

- 18 World Health Organization. (n.d.). *HIV*. <https://www.who.int/data/gho/data/themes/hiv-aids>
- 19 World Health Organization. (2023, December 12). New evidence on cervical cancer screening and treatment for women living with HIV. *World Health Organization*. <https://www.who.int/news/item/12-12-2023-new-evidence-on-cervical-cancer-screening-and-treatment-for-women-with-hiv>
- 20 HIV.gov. (n.d.). *Sexually transmitted infections*. <https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/sexually-transmitted-diseases>
- 21 WHO Regional Office for Africa. (2023, November 30). *Uganda records significant reduction in new HIV infections among newborns*. <https://www.afro.who.int/photo-story/uganda-records-significant-reduction-new-hiv-infections-among-newborns>
- 22 UNAIDS. (n.d.). *Global HIV & AIDS statistics — Fact sheet*. <https://www.unaids.org/en/resources/fact-sheet>
- 23 Ibid.
- 24 Shimbo, D., Cohen, M. T., McGoldrick, M., Ensari, I., Diaz, K. M., Fu, J., Duran, A. T., Zhao, S., Suls, J. M., Burg, M. M., & Chaplin, W. F. (2024). Translational research of the acute effects of negative emotions on vascular endothelial health: Findings from a randomized controlled study. *Journal of the American Heart Association*, 13(9). <https://doi.org/10.1161/jaha.123.032698>
- 25 Gallup. (2024). *Worldwide research methodology and codebook*. Gallup, Inc.
- 26 UN Women. (n.d.). *Facts and figures: Ending violence against women*. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>
- 27 FAO, IFAD, UNICEF, WFP and WHO. (2023). *The state of food security and nutrition in the world 2023: Urbanization, agrifood systems transformation and healthy diets across the rural–urban continuum*. <https://doi.org/10.4060/cc3017en>

Gallup’s vast network of globally distributed data collection partners, liaisons with government contacts and regional expertise formed the infrastructure on which the Hologic Global Women’s Health Index stands.

The survey collects demographic information about participant age, gender, income, education level, household size and location (urban vs. rural). In addition, Gallup used random sampling methodologies appropriate to each country and then weighted the data based on the most recent census or other reliable sources so that country results are representative of the total population. The survey’s quantitative results leverage the Gallup World Poll’s gold standard in globally representative polling.

To learn more about the methodology, visit womenshealthindex.com/en/methodology.

Our purpose — to enable healthier lives everywhere, every day — is driven by a **passion** to become global champions for women’s health.

We succeed by fulfilling **our promise** to bring *The Science of Sure*[®] alive through product quality, clinical differentiation, customer relationships and our team’s talent and engagement.

Hologic intends to conduct the Hologic Global Women’s Health Index in partnership with Gallup for years into the future.



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For more information about this research, please visit

womenshealthindex.com or **contact** womenshealthindex@hologic.com

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