



YEAR 5 GLOBAL REPORT

The Hologic Global Women's Health Index

Pathways to a Healthy
Future for Women

Global Women's Health Index	
HOLOGIC	

MEASURED BY GALLUP

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A Letter From Hologic's CEO

Hologic is guided by our purpose, our passion and our promise. Our purpose is to enable healthier lives everywhere, every day. Our passion is to champion women's health globally. Our promise is The Science of Sure®, a commitment to provide healthcare professionals with clinically differentiated, high-quality products.

To help advance women's health, Hologic develops innovative medical technologies that effectively detect, diagnose and treat health conditions and raise the standard of care globally. We know that technology is only part of the solution. For that reason, we also partner with others to raise awareness and inspire action to break down the barriers that prevent women from receiving the care they need and deserve.

Driven by our belief that what gets measured gets results, we collaborated with Gallup to create the Hologic Global Women's Health Index. Based on an annual survey of over 140,000 women and men in more than 140 countries and territories, the Index provides decision-makers, researchers and advocates with timely, comprehensive data about women's health and well-being worldwide. We're proud that we've now provided five years of rich data to help track progress and guide action.

Based on our fifth year of collecting global data, this report includes some highly encouraging signs of progress for women's health. Most notably, more women are getting tested for cancer, high blood pressure and diabetes than at any point in the history of the Index. In fact, about 70 million more women received these potentially life-saving tests in Year 5 than in Year 4. That is a major step in the right direction.

Yet just over half of women worldwide still did not receive a single test for any of these preventable conditions.

Beyond testing, a host of other challenges remains. For example, a third of women experienced daily physical pain, and nearly one in four had health problems serious enough to interfere with their daily lives. Many women reported being unable to afford food or housing at some point in the past year.

While these kinds of insights are important, it's the women behind the data that matter most. That is why this year's report includes personal stories from patients, health providers and advocates. It also includes a closer look at countries and regions that are performing well across key dimensions of women's health, which can inspire future progress.

At a time when global health is under threat, we hope this report will spark bold action from leaders around the world — leaders like you — to improve the health and well-being of women and girls. Together, we can save lives and create a healthier future for all.



SP MacMillan

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 understands about the health, safety and well-being of women.

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



The Year 5 Index report is based on surveys conducted in 2024 in person and by telephone with over 145,000 women/girls and men/boys aged 15 or older in 144 countries and territories. The findings in this report are representative of 97% of the global adult population aged 15 or older.

The latest findings from the Hologic Global Women’s Health Index offer a vital benchmark, capturing the state of women’s health just before significant reductions in global aid in early 2025. Global health programs continue to face mounting challenges related to substantial cuts in international assistance from major donor countries and other sources.¹



OVER

145,000

RESPONDENTS

(women/girls and men/boys aged 15 or older)

144

COUNTRIES AND TERRITORIES

97%

OF THE GLOBAL ADULT POPULATION represented in this study

The Year 5 results of the Hologic Global Women's Health Index reveal a complex and uneven landscape. While there have been measurable gains since the Index's inception, particularly in areas such as preventive care, challenges persist in access to basic needs and healthcare quality.



In Year 5, more women than at any point in the Index's history were tested for high blood pressure, diabetes and cancer.

Testing for high blood pressure, a key contributor to heart disease, reached a five-year high of 39%. Diabetes testing rose by 4 percentage points to a record 24%, while cancer testing rebounded from its previous low, climbing 3 points to 13%.

However, sexually transmitted infection (STI) testing rates remained stagnant at 10%, unchanged since the Index began.

The estimated gains in preventive care are substantial. **Yet more than 1.5 billion women worldwide — over half of the global adult female population — did not receive a single test for any of these major health conditions in the past year.**

Progress has not been equal. Most improvements were seen among older women and those in upper-middle-income and high-income economies. In low-income economies, testing rates remained flat.



Women's perceptions of their personal safety have also improved.

In Year 5, a record-high 67% of women said they feel safe walking alone at night in their communities. This is an important milestone, even as an estimated nearly 1 billion women still reported feeling unsafe and continued to feel less safe than men.



Still, women's emotional health remains affected by high rates of stress and worry.

Worry and sadness remained elevated in Year 5, with 42% of women reporting worry and 28% reporting sadness the previous day. Women over the age of 60 were the only age group that was more stressed, worried, angry and sad in Year 5 than they were in Year 1.



An estimated 1 billion women struggle to afford the basics.

Nearly four in 10 women said there were times in the past year when they couldn't afford food. Almost one in three struggled to afford housing.



Women's physical health continues to suffer.

A third of women experienced daily physical pain, and nearly one in four reported health problems serious enough to interfere with activities. These issues were more prevalent among women in lower-income economies and those over 60.



Global Results and Rankings

The Hologic Global Women's Health Index condenses women's answers into a single score across five separate dimensions of health.

Some of these dimensions reflect elements perceived to be within a woman's own control — such as those contingent on individual health behaviors — while others capture aspects shaped by broader social, environmental and political conditions.

Together, they explain about 70% of the variance in women's average life expectancy at birth.

Scores on the Index range from 0 (worst) to 100 (best). Although the survey includes men to help identify gender gaps, Index scores are based only on women's responses.

Overall, the world scored 54 out of 100 on the Index in Year 5 — the same score as in Year 1. This means that despite important gains in some areas, global women's health has not improved overall in recent years.

At the country level, there have been gains and losses. From Year 1 to Year 5, Index scores increased in 28 countries and decreased in 10. But all countries — even the best-scoring ones — have work to do: Not one country or territory scored higher than 69 out of 100 in Year 5.

Index scores for Year 5 range from a high of 69 in Taiwan, which led the world for the fifth straight year, to a low of 32 in Chad. With a score of 64, the U.S. achieved its highest rank (13th) since the Index began.

Kajal
Age 22, India



Global Women's Health Index Rankings

Rank	Country/Territory	Hologic Global Women's Health Index Score
1	Taiwan, Province of China	69
2	Latvia	66
3	Japan	66 ↑
4	Vietnam	65 ↑
5	Poland	65 ↑
6	Singapore*	65
7	Germany	65
8	Austria	65
9	Slovakia	64 ↑
10	Switzerland	64
11	Denmark	64
12	Czech Republic	64
13	United States	64
14	Mauritius	63
15	Kosovo	63 ↑
16	Belgium	63
17	Sweden	63
18	Lithuania	63 ↑
19	Hong Kong, S.A.R. of China	63
20	South Korea	63
21	Oman*	62
22	Saudi Arabia	62
23	Norway	62
24	Finland	62
25	Estonia	62
26	Ireland	62

Rank	Country/Territory	Hologic Global Women's Health Index Score
27	Bulgaria	61
28	Kazakhstan	61
29	Algeria	61 ↑
30	Serbia	61
31	Iceland	61
32	China	61
33	Netherlands	61
34	Montenegro	60 ↑
35	Israel	60
36	Uruguay	60
37	Portugal	60
38	Slovenia	60
39	Thailand	60
40	Uzbekistan	60 ↑
41	Croatia	59
42	Australia	59 ↓
43	France	59
44	Kyrgyzstan	59 ↑
45	Spain	58
46	New Zealand	58
47	Hungary	58
48	United Kingdom	58 ↓
49	Tajikistan	58 ↑
50	Indonesia	58 ↑
51	United Arab Emirates	58

Rank	Country/Territory	Hologic Global Women's Health Index Score
52	Chile	58 ↑
53	Mongolia	58
54	Malaysia	57
55	Russian Federation	57
56	Malta	57
57	Paraguay	57 ↑
58	Costa Rica	57 ↑
59	North Macedonia	56 ↑
60	Azerbaijan*	56
61	Romania	56
62	Namibia	56 ↑
63	Libya*	56
64	Georgia	56 ↑
65	Bosnia and Herzegovina	55
66	Argentina	55
67	Brazil	55 ↑
68	South Africa	55
69	Cyprus	55
70	Mexico	54 ↑
71	Trinidad and Tobago*	54
72	Belize*	54
73	Canada	53
74	Tanzania	53
75	Greece	53
76	Kuwait*	53

Rank	Country/Territory	Hologic Global Women's Health Index Score
77	Botswana*	53
78	Lao People's Democratic Republic	53
79	Republic of Moldova	52
80	Eswatini*	52
81	Italy	52 ↓
82	Zambia	51
83	Lesotho*	51
84	Colombia	51 ↑
85	Kenya	50
86	State of Palestine*	50
87	Panama*	50
88	Nicaragua	50
89	El Salvador	50 ↑
90	Albania	50
91	The Dominican Republic	50 ↑
92	Senegal	49
93	Ghana	49
94	Nepal	49
95	India	48 ↓
96	Zimbabwe	48 ↑
97	Tunisia	48 ↑
98	Gambia*	48
99	Northern Cyprus*	48
100	Iran	48
101	Cambodia	48

Rank	Country/Territory	Hologic Global Women's Health Index Score
102	Rwanda*	47
103	Honduras*	47
104	Uganda	47 ↑
105	Bangladesh	47 ↓
106	Ukraine	46
107	Philippines	46
108	Armenia*	46
109	Türkiye	46
110	Mali	45
111	Iraq	45 ↑
112	Sri Lanka	45 ↓
113	Mozambique*	45
114	Burkina Faso	45
115	Malawi*	44
116	Jordan	44
117	Egypt	44
118	Ethiopia	44 ↓
119	Nigeria	44
120	Guatemala*	44
121	Ecuador	43
122	Côte d'Ivoire	43
123	Lebanon	43
124	Pakistan	43
125	Peru	43 ↑
126	Myanmar	42 ↓

Rank	Country/Territory	Hologic Global Women's Health Index Score
127	Bolivia	42
128	Morocco	42 ↓
129	Cameroon	42
130	Mauritania*	42
131	Niger*	40
132	Togo*	40
133	The Comoros*	40
134	Benin	39 ↓
135	Gabon	39
136	The Republic of the Congo	39
137	Venezuela	39
138	The Democratic Republic of the Congo*	38
139	Guinea	38
140	Madagascar*	38
141	Sierra Leone*	37
142	Liberia*	37
143	Chad*	32

Note: Arrows up or down indicate meaningful **increases** or **decreases** of 5 points or more between Year 1 and Year 5. Asterisks denote countries not surveyed in Year 1. Bahrain was surveyed in 2024 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).² This is significant because Africa is home to countries facing some of the world’s biggest development challenges, including gaps in women’s health. This connection highlights why Africa’s presence in the G20 matters for improving women’s health outcomes. Almost all G20 countries that scored below the global average on the overall Index are in Africa, except for India and Türkiye.



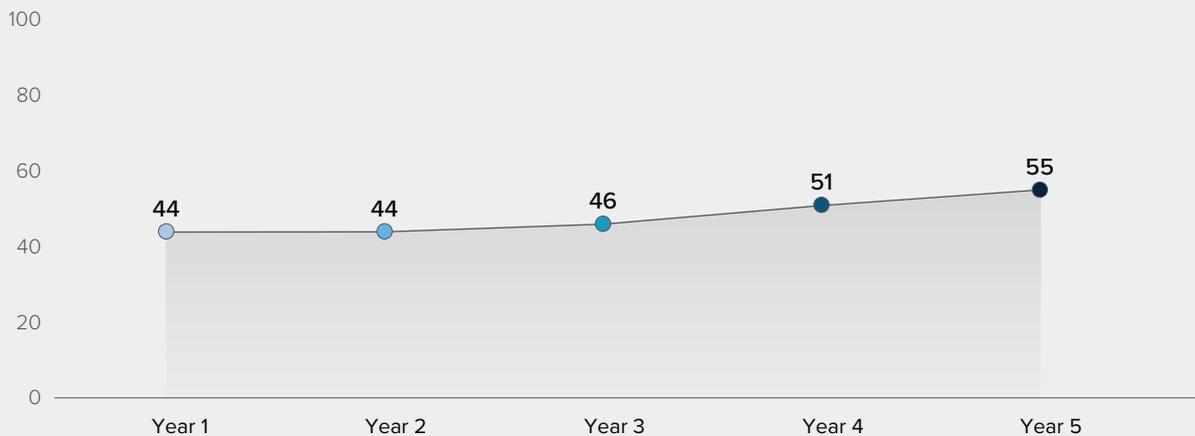
Brazil: Consistent Gains in Women’s Health and Well-Being

Brazil has demonstrated steady and meaningful progress in women’s health and well-being in the past five years. Its score on the Index has climbed by 11 points — the second-largest gain recorded worldwide. With a current score of 55, Brazil now ranks 67th globally, matching the G20 average (55) and standing 1 point above the global average (54).

Progress has been broad-based, with gains on four of the five dimensions, though the most consistent advances occurred on the Preventive Care dimension and the Basic Needs dimension.

Brazil’s Five-Year Overall Score Movement

● Year 1 ● Year 2 ● Year 3 ● Year 4 ● Year 5



These improvements coincided with government efforts to broaden social and health programs that shape the environment for women’s well-being. For example, since 2023, Brazil has expanded the Bolsa Família cash transfer program to more than 20 million families, prioritizing female-headed households and pregnant women.³ During its 2024 G20 presidency, Brazil launched the Global Alliance for Hunger and Poverty to support income, school feeding programs and healthcare access.⁴



As a bloc, the G20 scored meaningfully 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
Latvia	66	45	76	68	84	69
Japan	66	27	80	81	92	81
Poland	65	24	84	67	95	85
Germany	65	33	73	79	94	66
Austria	65	30	72	82	95	75
Slovakia	64	34	73	69	92	72
Denmark	64	25	75	85	96	68
Czech Republic	64	39	68	79	87	68
United States	64	41	68	70	88	74
Mauritius	63	34	83	73	70	68
Belgium	63	29	75	81	88	66
Sweden	63	21	78	79	92	74
Lithuania	63	32	77	73	80	74
South Korea	63	43	69	72	77	68
Saudi Arabia	62	15	78	91	89	75
Finland	62	26	74	76	92	71
Estonia	62	31	74	75	82	68
Ireland	62	21	72	77	97	76
Bulgaria	61	29	77	59	90	68
Algeria	61	17	77	77	94	76
China	61	21	74	83	78	82
Netherlands	61	24	72	79	89	66
Portugal	60	43	64	62	84	61
Slovenia	60	21	70	79	91	72
Croatia	59	21	74	63	93	75
Australia	59	31	66	70	84	70
France	59	22	72	74	85	71
Spain	58	16	70	75	94	70

G20 Member Countries	Overall Index Score	Preventive Care	Emotional Health	Opinions of Health and Safety	Basic Needs	Individual Health
Hungary	58	33	71	50	85	67
United Kingdom	58	19	68	71	95	69
Indonesia	58	18	73	83	66	82
Russian Federation	57	30	78	53	68	67
Malta	57	28	56	72	92	72
Romania	56	24	68	65	81	62
Namibia	56	31	80	59	40	76
Libya	56	12	74	70	78	77
Argentina	55	32	68	49	70	72
G20 Average	55	22	68	70	68	72
Brazil	55	40	61	45	75	67
South Africa	55	34	73	51	51	70
Cyprus	55	30	54	68	80	69
Mexico	54	26	74	48	63	77
Global Average	54	22	67	69	66	71
Canada	53	26	60	64	76	63
Tanzania	53	21	73	68	54	64
Greece	53	36	56	45	79	67
Botswana	53	35	72	52	46	61
Eswatini	52	42	65	52	43	59
Italy	52	23	60	50	84	69
Zambia	51	42	61	61	36	58
Lesotho	51	34	68	49	46	59
Kenya	50	33	71	48	33	69
Senegal	49	35	66	62	34	46
Ghana	49	14	70	64	46	74
India	48	13	61	75	55	66
Zimbabwe	48	18	75	49	42	65
Tunisia	48	16	63	49	72	61
Gambia	48	12	74	45	57	67
Rwanda	47	32	48	85	35	57
Uganda	47	33	57	55	39	56
Türkiye	46	14	59	44	64	81

G20 Member Countries	Overall Index Score	Preventive Care	Emotional Health	Opinions of Health and Safety	Basic Needs	Individual Health
Mali	45	10	61	68	51	65
Mozambique	45	23	61	61	36	55
Burkina Faso	45	15	58	67	48	59
Malawi	44	19	67	53	33	57
Egypt	44	16	56	58	58	52
Ethiopia	44	8	68	48	44	71
Nigeria	44	10	70	45	34	82
Côte d'Ivoire	43	7	66	57	45	58
Morocco	42	12	57	42	61	60
Cameroon	42	17	62	49	37	57
Mauritania	42	11	65	51	40	51
Niger	40	11	57	69	28	54
Togo	40	10	60	39	52	57
The Comoros	40	10	58	50	50	44
Benin	39	11	58	59	32	52
Gabon	39	19	57	34	38	56
The Republic of the Congo	39	14	57	47	35	53
The Democratic Republic of the Congo	38	15	55	44	38	50
Guinea	38	14	50	62	32	46
Madagascar	38	11	55	47	39	50
Sierra Leone	37	24	45	52	27	46
Liberia	37	20	51	41	26	52
Chad	32	14	42	45	29	40

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



The Key Dimensions of Women's Health

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 longer lives.

The State of Global Women's Health

 PREVENTIVE CARE Testing for high blood pressure and diabetes increased to their highest levels since Year 1. Cancer testing rebounded from a record-low 10% in Year 4.		Year 5	Change Since Year 4	Change Since Year 1
Dimension Score		22	3 ↑	3 ↑
Women tested for high blood pressure		39%	3 ↑	6 ↑
Women tested for cancer		13%	3 ↑	1
Women tested for diabetes		24%	4 ↑	5 ↑
Women tested for STDs/STIs		10%	0	-1

 EMOTIONAL HEALTH Women's emotional health was mostly stable, although sadness and worry levels remained elevated.		Year 5	Change Since Year 4	Change Since Year 1
Dimension Score		67	1	-1
Women experienced anger previous day		23%	-1	0
Women experienced stress previous day		38%	0	0
Women experienced sadness previous day		28%	-2 ↓	2 ↑
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 points higher or lower to be considered meaningful.



OPINIONS OF HEALTH AND SAFETY

Women’s feelings of safety in their communities reached a new high. Although their satisfaction with the availability of quality healthcare is 1 point higher than in Year 4, it is lower than in Years 1 to 3.

	Year 5	Change Since Year 4	Change Since Year 1
Dimension Score	69	2 ↑	-1
Women think their area has high-quality pregnancy care	69%	0	0
Women satisfied with the availability of quality healthcare in their area	66%	1	-2 ↓
Women feel safe walking alone at night where they live	67%	4 ↑	2 ↑



BASIC NEEDS

The percentages of women struggling to afford food and shelter remained high. The Year 5 results are similar to those in Year 4, when hardship levels were among the highest not just in the five-year history of the Index, but also in the past two decades.

	Year 5	Change Since Year 4	Change Since Year 1
Dimension Score	66	1	-2 ↓
Women could <i>not</i> afford food	37%	-1	3 ↑
Women could <i>not</i> afford shelter	31%	-1	2 ↑



INDIVIDUAL HEALTH

Although fewer women in Year 5 experienced health problems compared to the previous year, they were still more likely to have these problems than they were in Year 1. More women also continued to experience physical pain.

	Year 5	Change Since Year 4	Change Since Year 1
Dimension Score	71	1	-4 ↓
Women with health problems	24%	-2 ↓	4 ↑
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 points higher or lower to be considered meaningful.





SECTION 1

Preventive Care: Signs of Global Progress, but Gaps Remain

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.

After years of stagnation, and even some setbacks, preventive care for women improved for the first time in the five-year history of the Index.

About 70 million more women received potentially life-saving tests between Year 4 and Year 5.

In Year 5, 39% of women reported being tested for high blood pressure, 24% for diabetes and 13% for cancer. Each of these is up several points from the previous year to their highest levels since Year 1.

However, there was no improvement in testing for sexually transmitted infections (STIs), for which only 10% of women reported being tested.

While many of these shifts suggest progress, gains have been uneven, driven mostly by older women and those in upper-middle-income and high-income economies.

Further, the majority of women worldwide are still not receiving essential tests. In Year 5, 54% of all women — approximately 1.5 billion globally — reported not being tested for any of these four diseases or conditions, highlighting a persistent gap in access to preventive care.

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

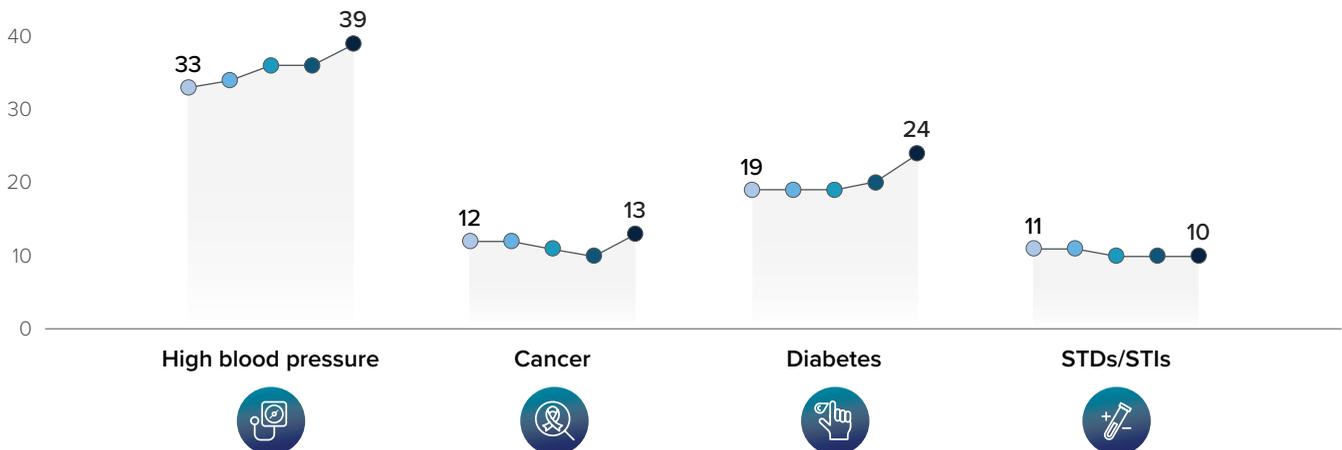


Percentages of Women Tested in Past 12 Months

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 ● Year 5





Spotlight on Preventive Care in the U.S.

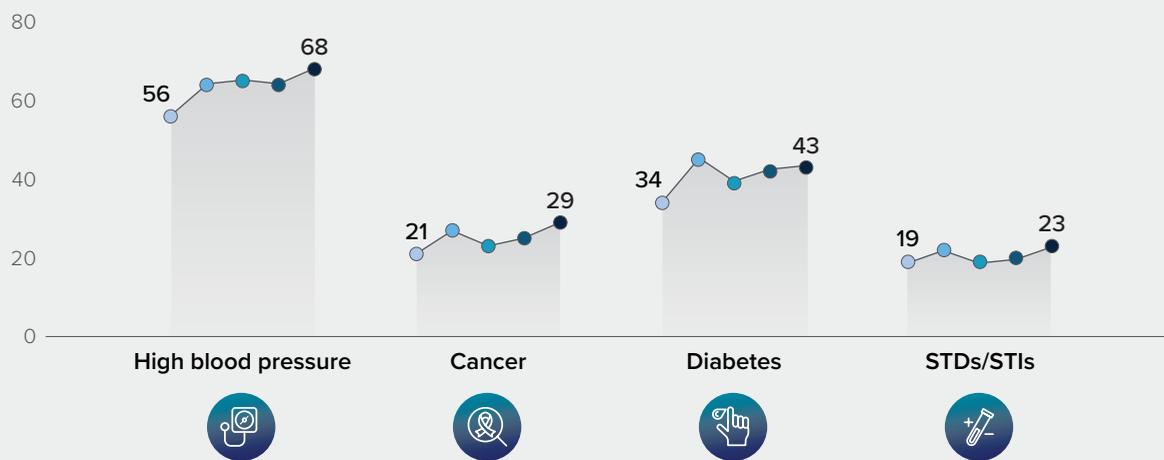
More women in the U.S. are being tested for high blood pressure, cancer and diabetes than they were five years ago. However, testing for STIs has not meaningfully improved.

Percentages of Women Tested in Past 12 Months in the U.S.

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 ● Year 5



In Year 5, more than two-thirds of U.S. women (68%) reported being tested for high blood pressure in the past year, 43% were tested for diabetes, 29% were tested for any type of cancer and 23% were tested for an STI.

Testing rates for high blood pressure, diabetes and cancer are all meaningfully higher than the baseline Year 1 measures. Testing for high blood pressure has increased most, rising 12 percentage points from 56% in Year 1 to 68% in Year 5.

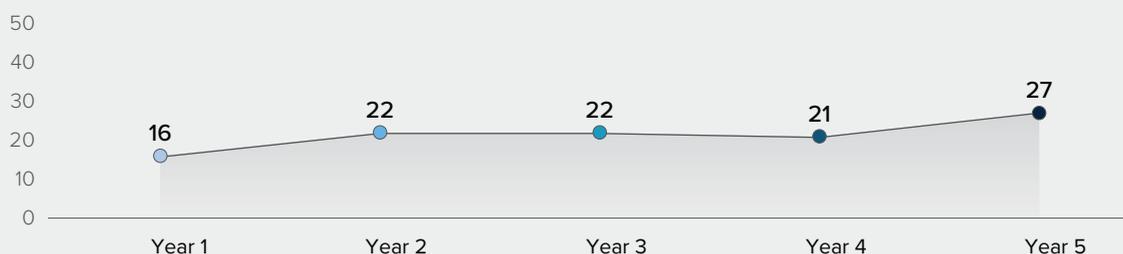
The increase in preventive care in the U.S. was primarily among older and higher-income women (aged 51 and older and the top 40% income group). However, women in younger age groups and lower-income groups also saw increases.

These improved testing rates have helped lift the U.S. score on Preventive Care, vaulting it from 26th place overall in Year 1 to 13th place in Year 5.

Japan: Advances in Preventive Care

Japan has made measurable progress on the Preventive Care dimension, with its score climbing 11 points over the past five years. Gains have been particularly strong in testing for high blood pressure, cancer and diabetes. Testing rates have increased overall, though STI testing remains a notable area of opportunity.

Japan's Preventive Care Score

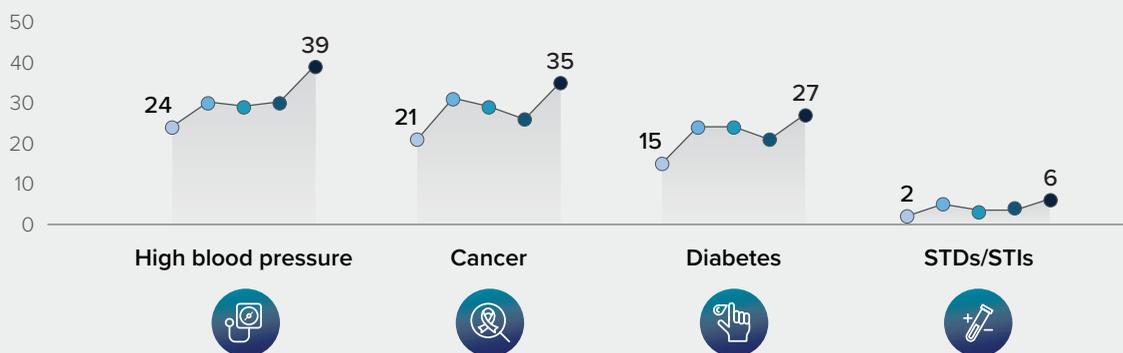


Testing Rates in Japan

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 ● Year 5



These improvements have occurred alongside national strategies to strengthen early detection and reduce chronic disease. Japan's flagship policy, Health Japan 21, promotes healthier behaviors, sets targets for preventive testing and works to reduce disparities, including gender gaps in access. It also prioritizes conditions that disproportionately affect women, such as obesity-related hypertension and postmenopausal diabetes.⁵

The Ministry of Health and the National Cancer Center have also updated evidence-based testing guidelines, with clearer recommendations on age groups, intervals and methods. These updates focus on cancers with high female mortality and morbidity, such as breast and cervical cancer, and have expanded access to mammography and Pap smears through municipal health systems and workplace programs.⁶



High Blood Pressure Testing: More Women Rolling Up Their Sleeves

Hypertension is a leading risk factor for heart attacks, heart failure, stroke and other serious health conditions. It can also be an early indicator of heart disease, which is a leading cause of death among women.⁷ Regular blood pressure checks are essential for early detection and timely intervention, especially for women, who may experience subtler symptoms than men.⁸

In Year 5, more women reported being tested for high blood pressure than at any point since Year 1.

Globally, 39% of women said they had been tested in the past 12 months, marking a 3-point increase from the previous high of 36% in Year 4.

Testing rates have steadily climbed since Year 1, when 33% of women reported being checked for high blood pressure. Close to 300 million more women were tested for high blood pressure in Year 5, compared to Year 1.

Champa
Age 55, India

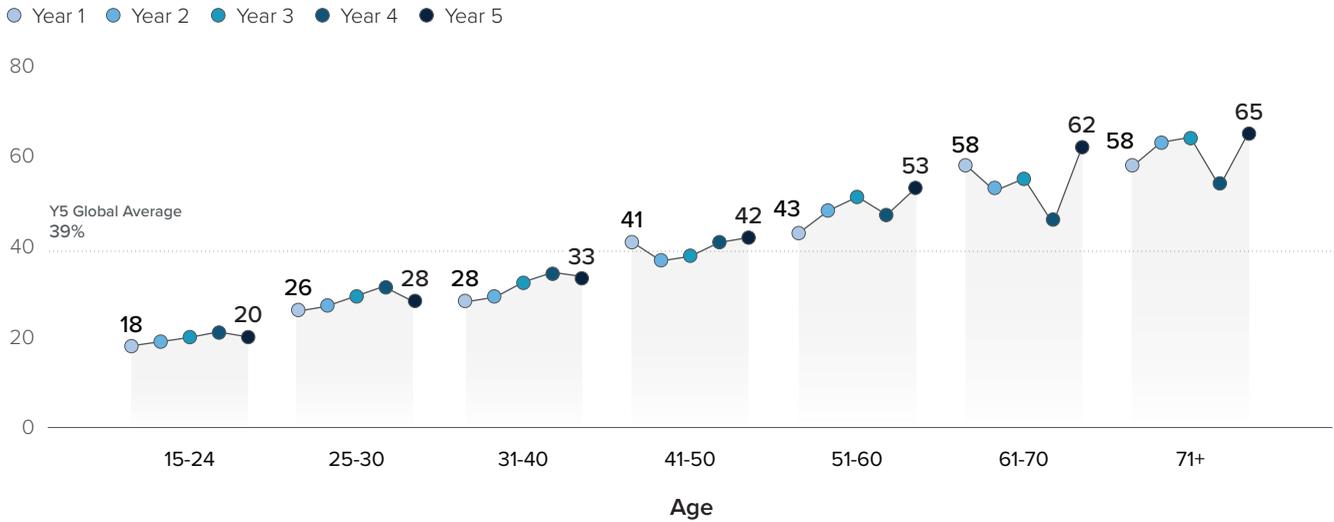


INSIGHT

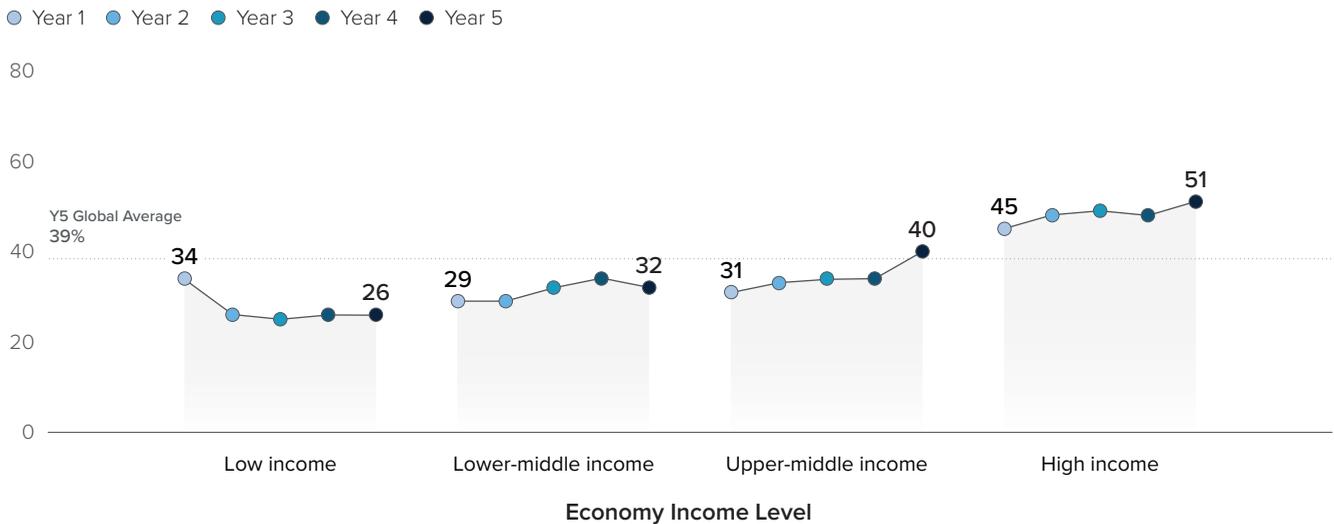
This progress has been uneven, primarily driven by gains among women aged 51 and older and those living in high-income and upper-middle-income economies. Over half of women in high-income economies and those over the age of 51 reported being tested.

In contrast, testing was far less common in low-income economies, where just over one in four women (26%) reported being tested. Rates in low-income economies have not improved after falling in Year 2, highlighting a persistent gap in preventive care.

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



Percentages of Women Tested for High Blood Pressure in Past 12 Months by Economy Income Level





Cancer Testing: Rates Rebound From a Five-Year Low

Cancer prevention, early detection and access to quality healthcare services will be critical in coming decades as the World Health Organization estimates the number of new cancer cases per year is expected to rise by 35 million by 2050.⁹ While these new cases are more likely to be among those aged 65 or older, cancer diagnoses are also rising rapidly among younger adults.¹⁰

After declining for the first time in the Index's history in Year 4, women's cancer testing rates rose 3 points to 13% in Year 5, meaning that approximately 60 million more women were tested.



INSIGHT

Most of the rebound in cancer testing between Year 4 and Year 5 was driven by women aged 40 and older — who also accounted for much of the decline the previous year — and by those living in high- and upper-middle-income economies.

Elizabeth
Age 34, Tanzania



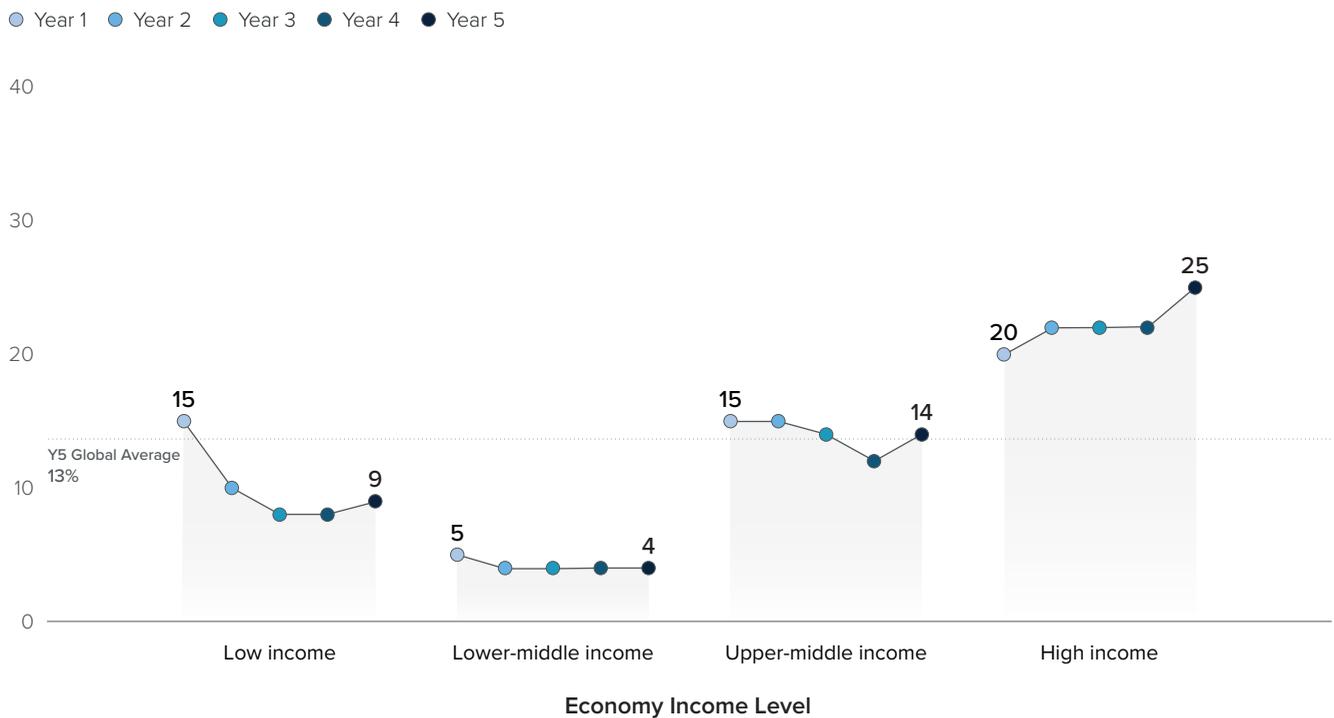
In Year 5, women aged 40 and older were more than twice as likely as those aged 39 and under to report being tested for any type of cancer (18% vs. 7%). Among all age groups, women aged 71 and older were the most likely to be tested: 25% reported doing so, which is nearly twice the global average.



INSIGHT

While testing rates rose in high- and upper-middle-income economies in Year 5, they remained flat in low-income economies. In Year 5, women in high-income economies were nearly three times as likely to report being tested for cancer as women in low-income economies (25% vs. 9%).

Percentages of Women Tested for Cancer in Past 12 Months by Economy Income Level





Diabetes Testing: Rates Run Higher

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.¹¹

Roughly 90% of diabetes cases are Type 2 diabetes, which is largely preventable and manageable if caught early with diabetes testing.¹²

In Year 5, almost one in four women worldwide (24%) reported being tested for diabetes in the past 12 months, the highest percentage in the Index's history. The 4-point increase from the 20% who were tested in Year 4 translates into 100 million more women being tested for diabetes.

Dr. Jane Schulz
Canada



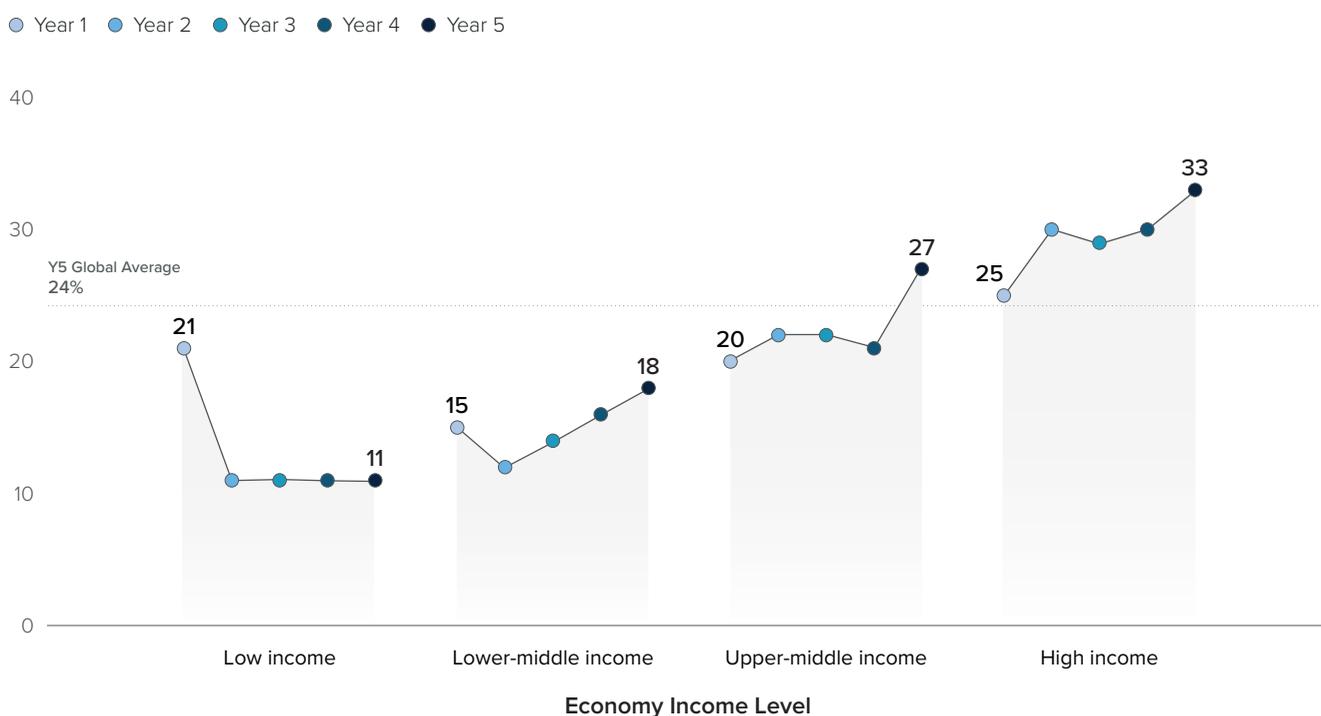


INSIGHT

The increase in diabetes testing between Year 4 and Year 5 occurred among women over age 40 — when Type 2 diagnoses typically start to spike. Yet the biggest shifts were among those aged 61 to 70 (18 points) and 71 and older (11 points). No younger age groups saw this degree of change.

Upper-middle-income and high-income economies experienced meaningful increases in reported diabetes testing from Year 4 to Year 5 (6 points and 3 points, respectively). Testing rates were three times higher in high-income economies (33%) than in low-income economies (11%), where rates have remained flat since falling in Year 2.

Percentages of Women Tested for Diabetes in Past 12 Months by Economy Income Level





STI Testing: Global Levels Remain Static

STIs can lead to consequences that affect women's sexual and reproductive health. When left untreated, STIs can result in infertility, cancer, and complications both during pregnancy and to women's overall well-being. These infections can also increase the risk of HIV.¹³

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.¹⁴

Despite global efforts to improve sexual health awareness and access to care, STI testing levels remain stubbornly low.¹⁵ STI testing was the only area of preventive care that did not improve in Year 5. The 10% of women who reported being tested for an STI in the past 12 months is unchanged since Year 1.

Dr. Leslie Hawkins
Canada





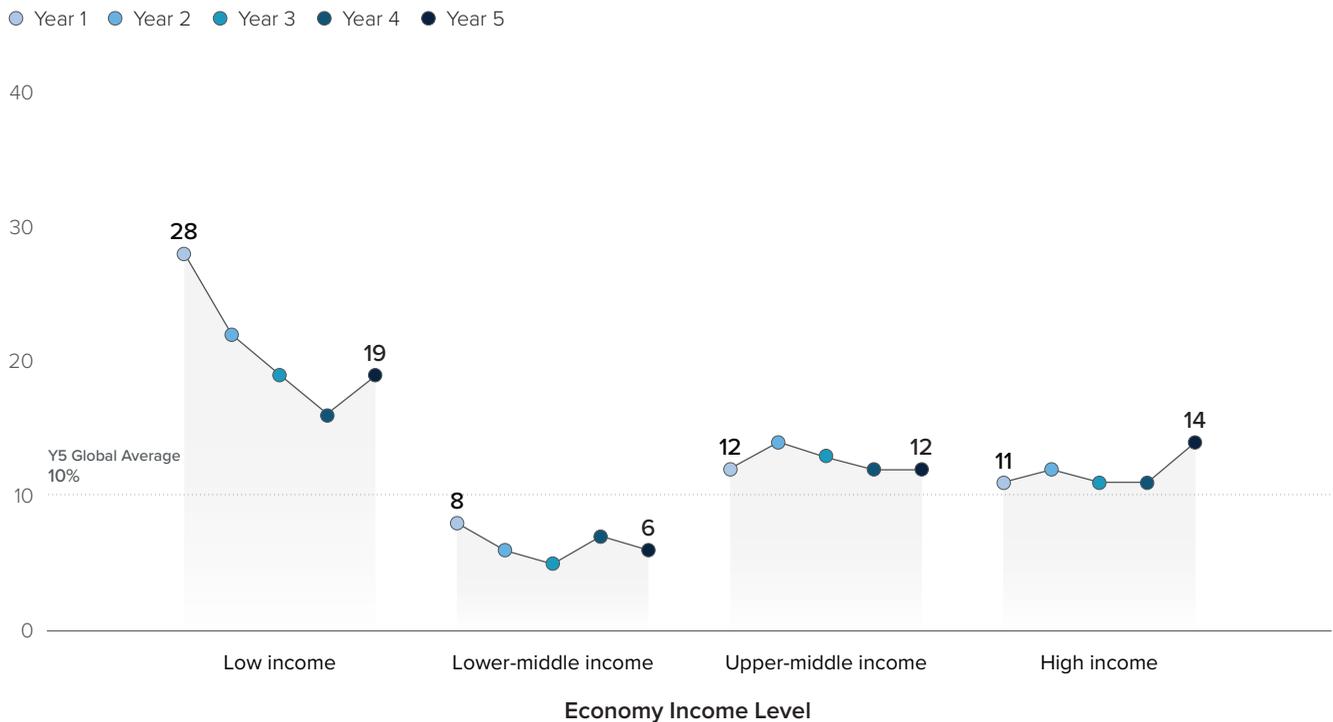
INSIGHT

In Year 5, women younger than 40 (11%) were no more likely to be tested than those 40 and older (10%). This means nearly 2 billion women of reproductive age are at risk of infertility, increased maternal and fetal mortality, and deadly diseases.

In contrast to other types of preventive care, women in low-income economies were the most likely of any income group to report STI testing — although rates have slipped since Year 1.

In Year 5, 19% of women in low-income economies said they had been tested in the past 12 months, which is nearly twice the global average. Low-income economies such as Uganda (50%) and Zambia (42%) were home to some of the highest STI testing rates in the world.

Percentages of Women Tested for STIs in Past 12 Months by Economy Income Level





HIV Testing: One in 14 Women Worldwide Tested

Worldwide, an estimated 40.8 million people were living with HIV in 2024, more than half of them women and girls.¹⁶

Although HIV testing is not included in scoring for the Preventive Care dimension, for the second year in a row, the Index asked respondents who were tested for STIs if they were tested for HIV within the past year. HIV is less common than many STIs, but people with STIs are at higher risk of contracting HIV.

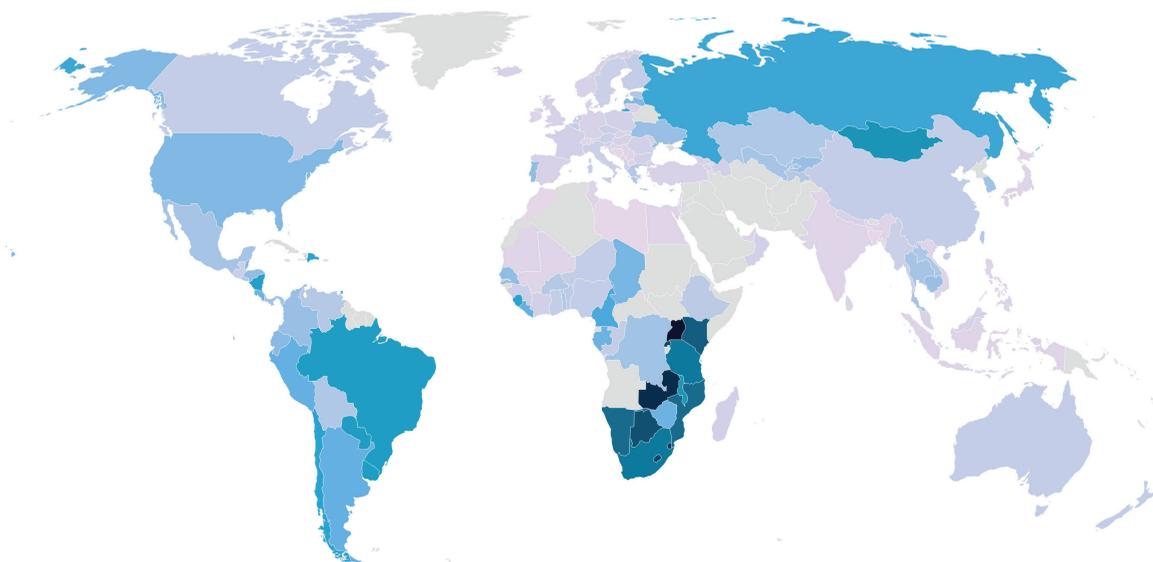
Globally, 7% of women in Year 5 said they were tested for HIV — similar to the 6% who said so in Year 4.

HIV testing rates vary around the world, ranging from a low of zero in a host of countries mostly clustered in the Middle East and North Africa to 46% in Uganda. Regionally, the Caribbean has the second-highest HIV prevalence rate among women after sub-Saharan Africa, but it has a higher rate of testing (21%) than sub-Saharan Africa (16%).¹⁷

Rates of Women Tested for HIV Globally

Were you tested for HIV/AIDS?

% Yes





In the Face of Stigma, Flora Chooses Health

Flora, 30, lives outside Arusha, Tanzania, where she takes a proactive approach to her health. No matter the reason for her visit, she uses every trip to the clinic as an opportunity to check in on her well-being.

“I always make sure to check for HIV,” she says. “Whether I have a fever or not. You must have the courage to get tested.”

Courage matters. Although the 29% of Tanzanian women who report being tested for HIV is four times higher than the global average, HIV stigma still runs deep in Flora’s community, as it does in many others.

For Flora, the issue is deeply personal. When a neighbor was diagnosed with HIV, Flora accompanied her to the clinic and learned how critical it is to take medicine consistently and prioritize health. When her neighbor struggles, Flora gently reminds her to keep going.

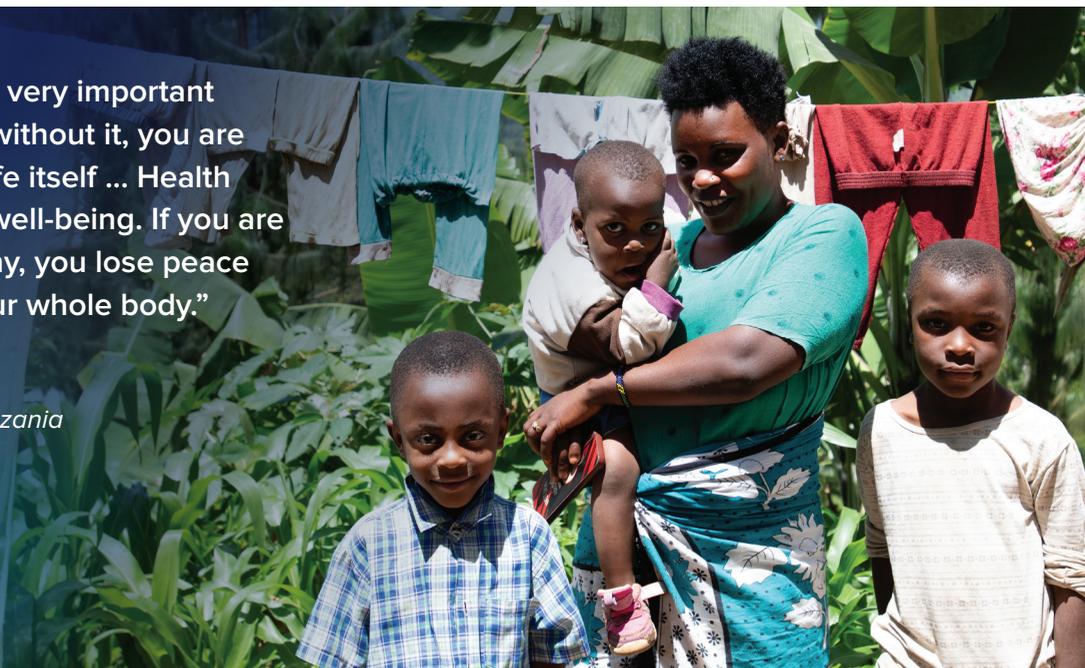
As a mother of three young children, Flora leads by example. When one of her children is sick, she takes them to the health center to find out what is wrong and get the right treatment. “When a child is sick, as a parent, you can tell,” she says. “So when you notice something like that, you take them to the health center to understand what the problem is and get the right treatment.”

Health allows Flora to keep doing the things she loves, like singing in the church choir, and to keep caring for her children. “Health is very important because without it, you are missing life itself,” she says. “Health includes well-being. If you are not healthy, you lose peace within your whole body.”

Flora is choosing courage, care and clarity — and encouraging other women to do the same.

“Health is very important because without it, you are missing life itself ... Health includes well-being. If you are not healthy, you lose peace within your whole body.”

Flora
Age 30, Tanzania







Emotional Health: Sadness and Worry Linger at High Levels

Stress, worry, sadness, anger and other emotions are all a normal part of life. When these feelings remain strong for extended periods, however, they can be overwhelming and interfere with 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. There is also consistent evidence that one's emotional state can affect cardiovascular health and risk factors for other noncommunicable diseases with which mental disorders can co-occur, such as diabetes and cancer.¹⁸

The Year 5 survey shows that women's emotional health — measured by self-reported experiences of worry, sadness, stress and anger — remains relatively stable. Sadness declined slightly from Year 4, but levels for all four emotions remain elevated when viewed across Gallup's nearly 20-year global trend.

More women reported feeling sad (28%) and worried (42%) in Year 5 than in the first year of the Index, underscoring a persistent and concerning rise in negative emotional experiences over time. Further, women overall continued to be more likely than men to feel worried.

Women aged 61 and older were the only age group more likely to be more stressed, angry, worried and sad in Year 5 than in Year 1.

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**?



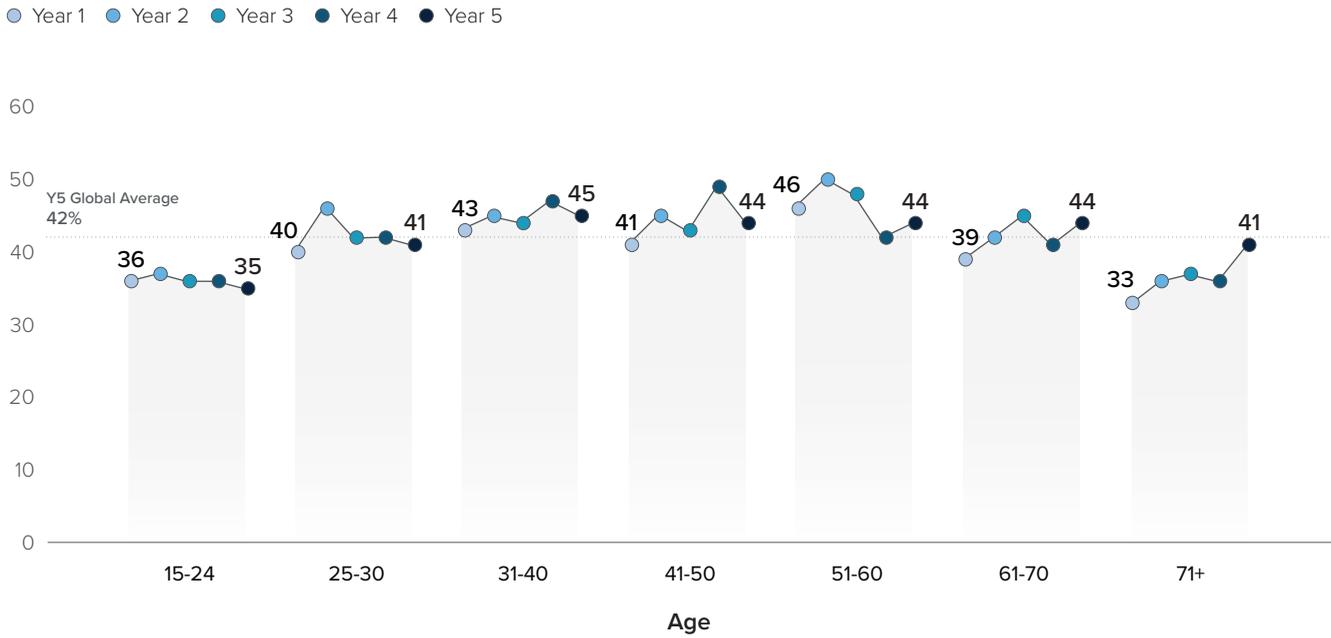
Negative Emotions Among Women in Year 5

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

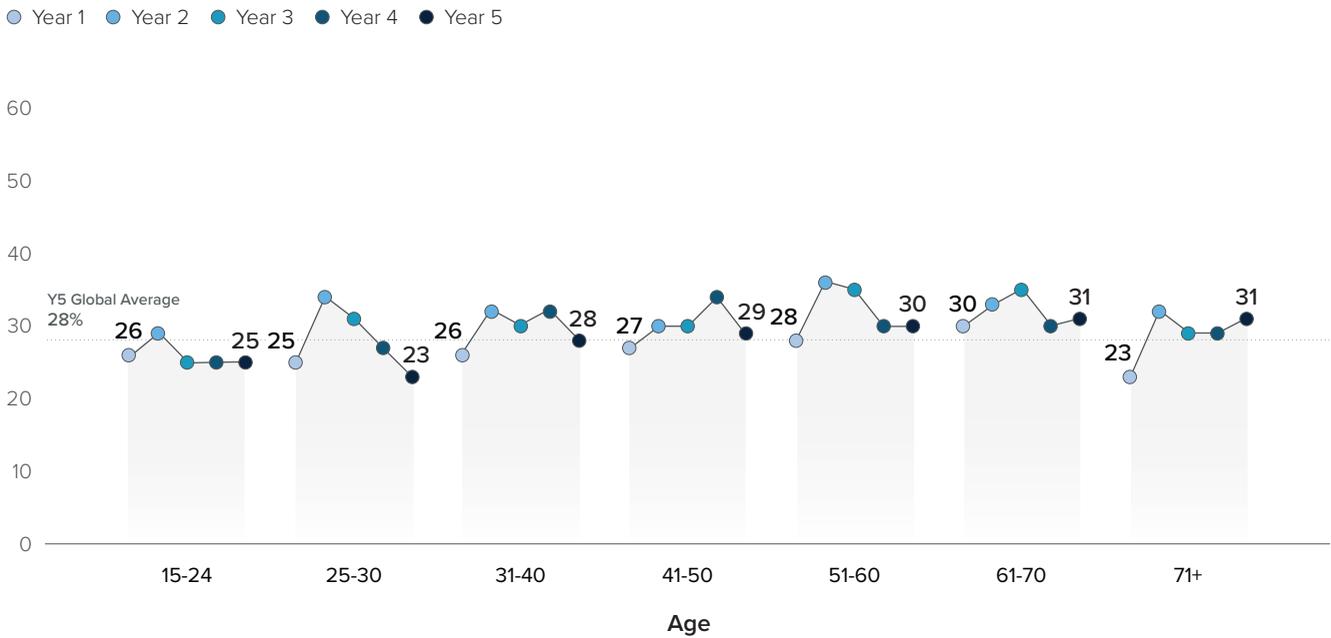
% Yes



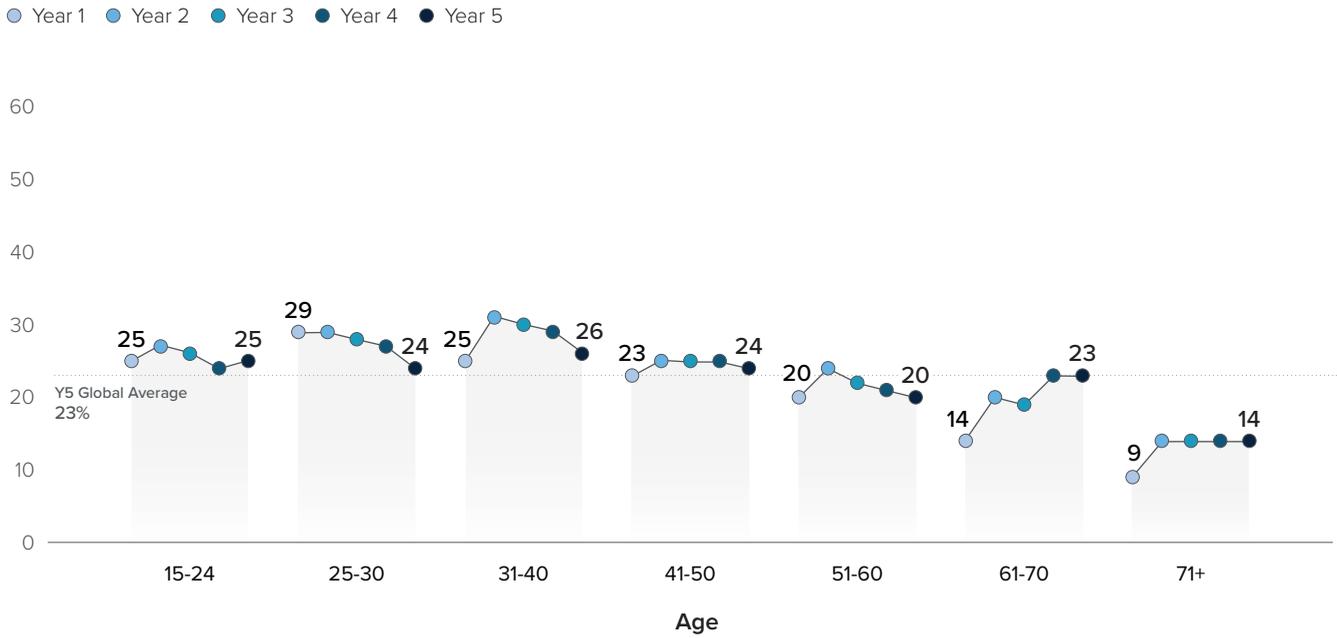
Percentages of Women Experiencing Worry by Age



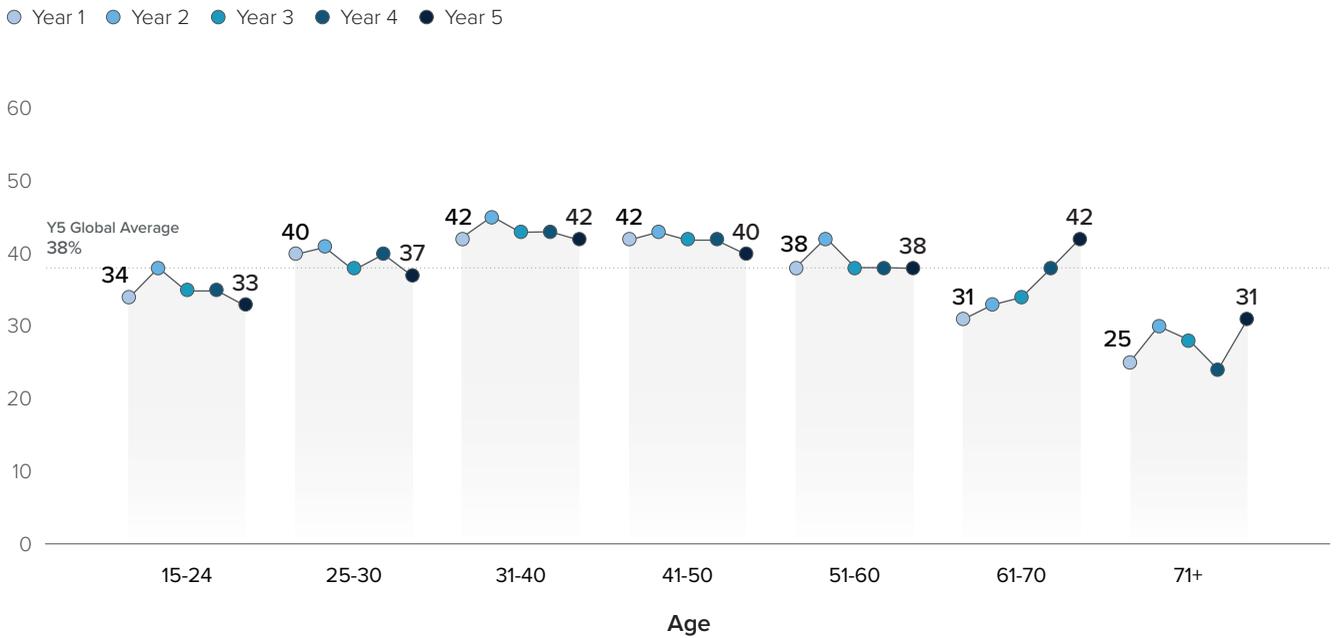
Percentages of Women Experiencing Sadness by Age



Percentages of Women Experiencing Anger by Age



Percentages of Women Experiencing Stress by Age







Opinions of Health and Safety: More Women Feel Safe

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

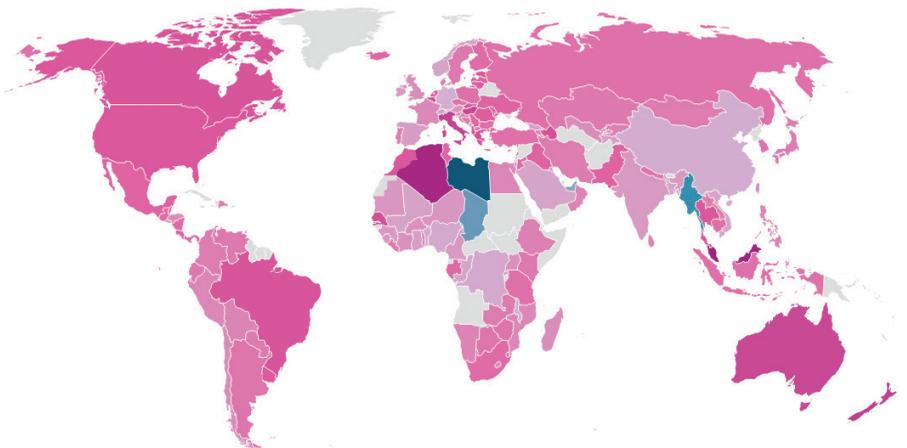
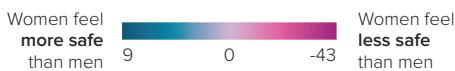
These metrics are connected. In environments where women feel personally safe, adolescent pregnancy rates and maternal mortality rates are lower and health expenditures per capita are higher.¹⁹

Women feel safer in their communities today than at any point in the past two decades.

The percentage of women who feel safe walking alone at night where they live rose to a new high in Year 5; 67% of women said they feel safe, which is up from the 63% who felt this way in Year 4.

Gender Gap in Feeling Safe Walking Alone at Night

Percentage-point gap between women and men who said they feel safe walking alone at night where they live, with men’s scores subtracted from women’s scores



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?

Still, nearly a third of women (32%) — which translates into approximately 1 billion women — felt unsafe.

While more women felt safe, men were more likely to feel secure in their surroundings: 78% of men said they feel safe walking alone at night, compared with 67% of women. This gender gap remained persistent in every region of the world, with at least 10 points separating men and women in 104 out of the 144 countries and territories surveyed in Year 5.



Singaporean Women Report the Highest Sense of Safety

In 2024, 97% of women in Singapore said they feel safe walking alone at night — the highest reported level of safety among women worldwide. As many men, 98%, said they feel safe.

This parity in women's and men's safety perceptions is notable because it is more an exception than the rule globally. In most countries, women are far less likely than men to say they feel safe walking alone at night, reflecting a persistent gender gap in perceptions of safety.

Overall, 98% of Singaporeans reported feeling safe in 2024, one of the highest figures Gallup has recorded globally. Since 2006, Singapore has ranked first in the world on this measure 12 times, and in the past five measurements, the percentage has not fallen below 94%.

These findings are consistent with Singapore's reputation for low crime, effective law enforcement and strong public order, which contribute to the country's consistently high levels of perceived safety.



Women's satisfaction with the availability of quality healthcare where they live remains steady.

Women's perceptions of high-quality pregnancy care remained stable in Year 5, as did their views on the availability of quality healthcare where they live. While 66% of women said they were satisfied with the availability of quality healthcare — a 1-point increase from Year 4 — this figure is lower than the levels reported in Years 1 and 3.

Majorities of women in every age group were satisfied with the availability of quality healthcare, with no difference between women under and over the age of 40. Yet significant gaps persist.

In low-income economies, less than half of women (48%) were satisfied with the availability of quality healthcare where they live, compared with majorities in all other economy income groups.

Globally, men and women tend to be similarly satisfied with quality health and pregnancy care. However, the United States stands out as an exception. Since Year 2 of the study, men in the U.S. have consistently reported higher satisfaction than women with the availability of quality healthcare in their area. This gap continued in Year 5, when 81% of men said they were satisfied, compared to 72% of women.

Even With Universal Healthcare, Women Are Left Behind

Jhanvi knows that having universal healthcare doesn't mean everyone gets the care they need, especially women.

As a health system executive in Canada, Jhanvi oversees a wide range of services, from cardiology to maternal care. She's seen firsthand how even in a country with universal healthcare, some women struggle to access the healthcare they need.

"We assume universal coverage means universal access," she says. "But for women, the system is still hard to navigate, still slow to respond and still gatekept."

She recalls a woman who had to leave the country for a hysterectomy because her pain wasn't deemed urgent. "It's not just about wait times, it's about quality of life," she says. "And right now, too many women are told to wait and watch."

Globally, 66% of women are satisfied with the availability of quality healthcare where they live. In Canada, that number is 46%.

Jhanvi is working to change that. From increasing awareness about existing screening programs to streamlining referrals, she's focused on making prevention routine and care easier to access. And she's experienced the benefits herself: This year, her daughter received the HPV vaccine at school.

"Improving women's health means listening to what women need, to how they experience the system and to where we're still falling short," she says. "That's how we build something better."

"Improving women's health means listening to what women need, to how they experience the system and to where we're still falling short ... That's how we build something better."

Jhanvi
Canada





Spotlight: The Shadow of Domestic Violence

While not part of the calculation of the Index, the issue of domestic violence is important to women's quality of life and longevity on its own. This is why Hologic and Gallup continue to ask women and men every year 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.²⁰

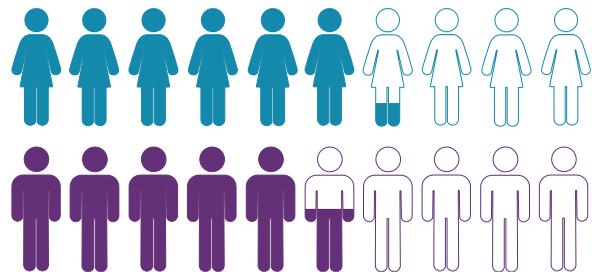
Due to the sensitivity of the topic, which is often taboo or could pose a risk to the respondent to speak openly about in many settings, the survey question frames the issue indirectly. This allows women and men to safely express their views on domestic violence in their country broadly without having to report on 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?"²¹

It is 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 challenge facing their countries.

The findings show domestic violence continues to be perceived as a problem by majorities of both women and men.

Globally, women and men are more closely aligned than they have been in previous years, with 62% of women and 55% of men saying it is a widespread problem where they live. Younger men and women under age 40 are more likely to see it as a problem than their older counterparts.

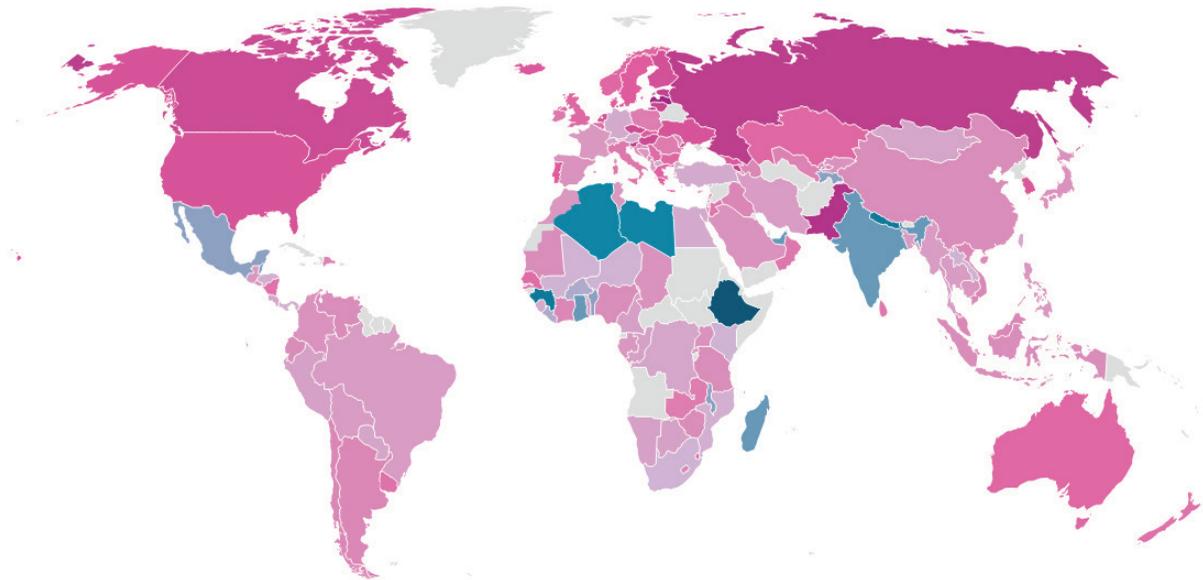
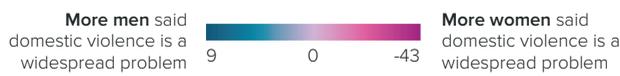




However, in many countries, women and men remain far apart on this issue. In 47 countries around the world, there are double-digit gaps between women's and men's perceptions of the problem of domestic violence. The countries span all regions of the globe and all levels of development and income.

Difference in Perception of Domestic Violence by Gender

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







Basic Needs: An Estimated 1 Billion Women Still Struggling to Afford Food and Shelter

Having enough safe and nutritious food to eat and safe, affordable housing are two basic needs for healthy living.

Adults who lack regular access to enough safe and nutritious food are disproportionately at risk of obesity and chronic diseases.

Hunger or undernourishment is also a leading risk factor for death and other negative health outcomes — leading to 9 million deaths a year, more than the death toll from AIDS, malaria and tuberculosis combined.²²

Women’s inability to meet their most fundamental needs — food and shelter — remained elevated and largely unchanged in Year 5, underscoring the persistent economic pressures that roughly 1 billion women continue to face.

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?

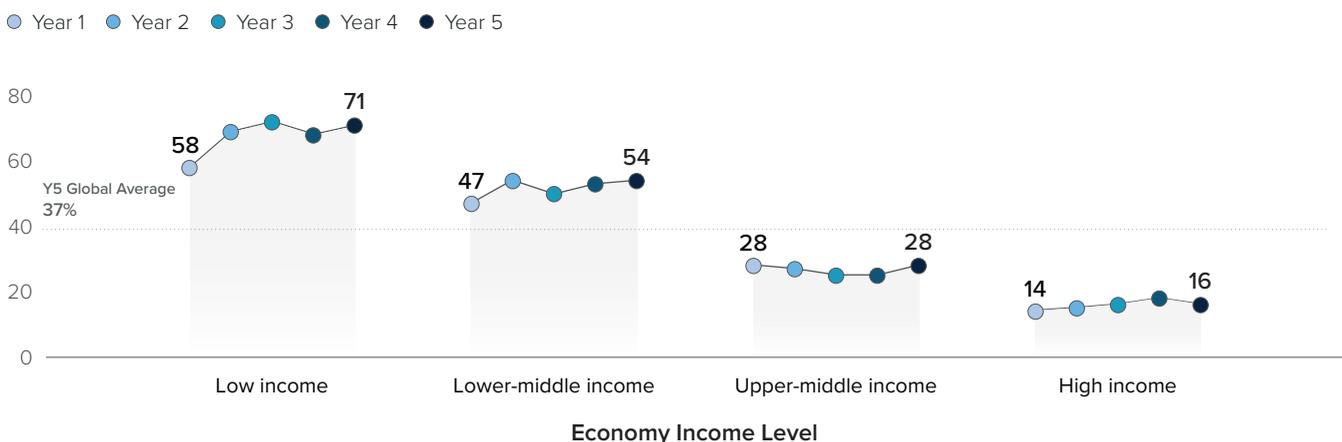


Nearly four in 10 women worldwide (37%) said there were times in the past year when they did not have enough money to buy food for their family. This is down just 1 point from the record high set in Year 4 and still represents over 1 billion women.

Three in 10 women globally (31%) said they did not have enough money to provide adequate shelter or housing for themselves or their family in the past year. This reading is on the higher end of the trend since Year 1 and represents nearly 900 million women.

Income level is the strongest predictor of struggles to afford food. Among women in low-income economies, 71% said they could not afford food at times — 55 percentage points higher than the 16% of women in high-income economies who had the same struggles.

Percentages of Women Struggling to Afford Food by Economy Income Level







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 available annually. They also shed little light on how health problems affect women’s daily lives.

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

Although fewer women in Year 5 experienced health problems compared to the previous year, they were still more likely to have these problems than they were a few years ago.

More women also continued to experience physical pain. Thirty-four percent of women in Year 5 said they experienced physical pain during much of the previous day. This is similar to results in Years 2, 3 and 4, but pain remains higher than it was in the first year of the survey. In all five years, more women than men said they experienced physical pain.

Nearly one in four women (24%) continued to have health problems that prevent them from doing things people their age can normally do.

This is down 2 points from the previous year but still represents approximately 700 million women. Women in low-income economies are disproportionately affected by physical pain and health problems. Nearly half (48%) of women in low-income economies reported experiencing pain the previous day, compared with 41% of those in lower-middle-income economies, 27% in upper-middle-income economies and 30% in high-income economies.

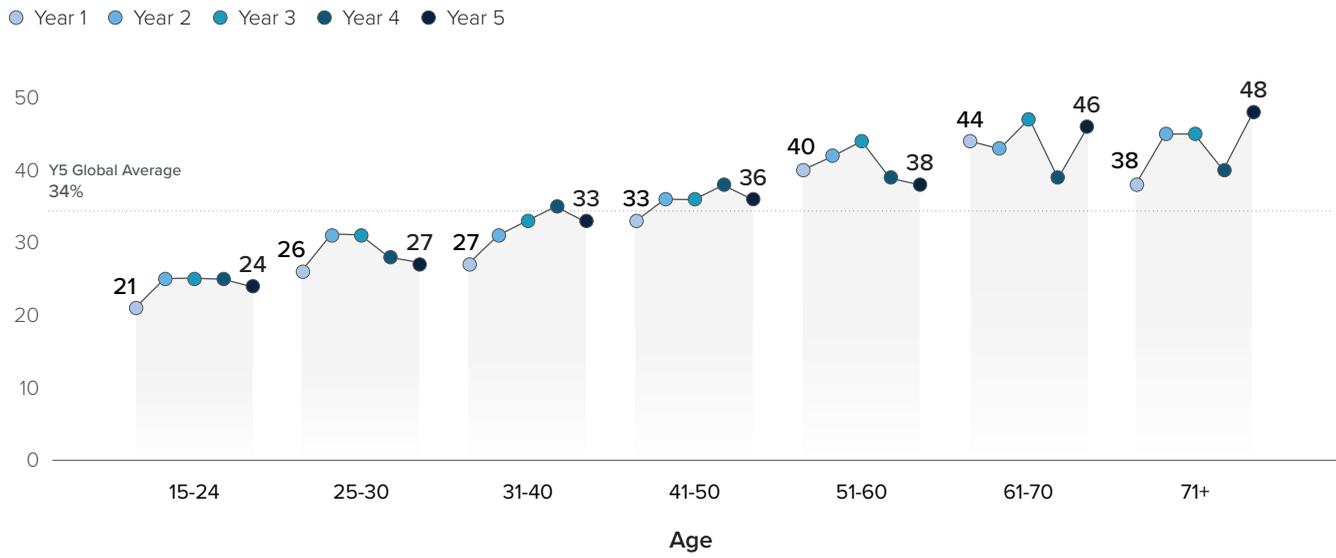
Age also plays a significant role: 40% of women aged 40 and over reported pain the previous day, versus 27% of those under 40. Health problems become more common with age — 44% of women aged 71 and older reported having them, compared to just 12% of those aged 24 and under.

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?



Percentages of Women Experiencing Physical Pain by Age



Sauda
Age 38, Tanzania



“Don’t Delay”: Kajol’s Journey From Pain to Advocacy

Kajol, 30, knows what it means to have your life upended in a moment. Once an active dancer, she’s now relearning how to walk after a devastating tuk-tuk accident. Her 18-month recovery involves biweekly doctor visits and near-constant pain. “If you are sick, you can’t do anything,” she says. “Your mindset suffers. Your goals slip away.”

Kajol is not alone: Globally, 34% of women said they experienced physical pain a lot of the previous day, and 24% of women said their health prevented them from doing things other people their age normally do.

The experience hasn’t just changed her body — it’s reshaped her thinking. “Health is everything. If you’re healthy, you’re productive. You can stay active, achieve your goals and live your life.”

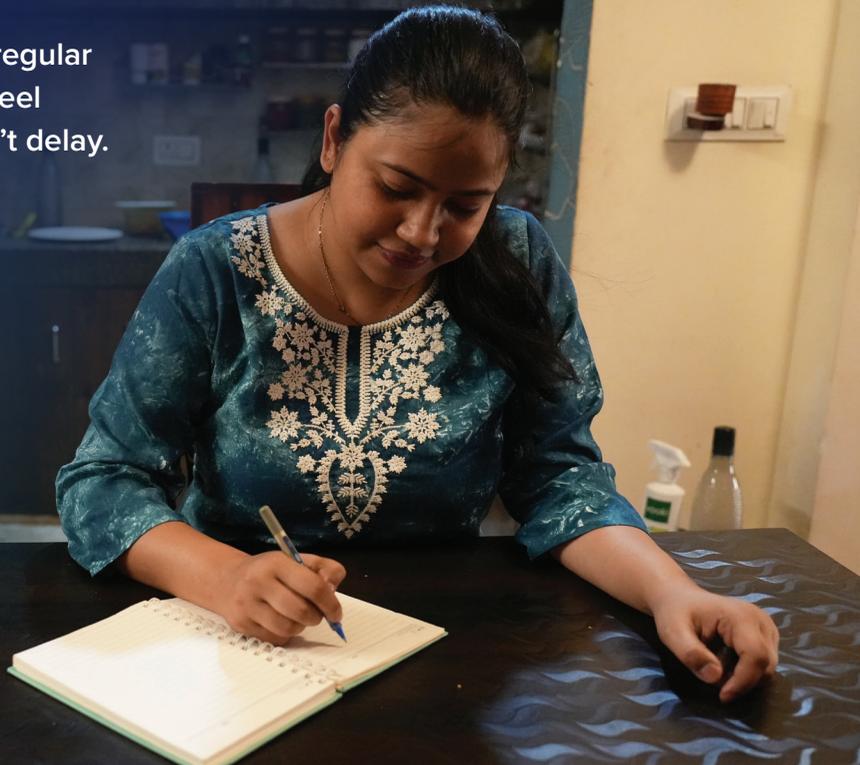
Kajol has overhauled her lifestyle: meditation, supplements, sleep and home-cooked meals. She’s also become a vocal advocate for preventive care, especially for women. “Every woman should do regular health checkups,” she says. “If you feel something’s not right, don’t delay. You don’t know.”

She’s seen the consequences up close: a loved one lost to breast cancer, her mother diagnosed with kidney disease after ignoring swelling. Kajol herself got screened after finding a lump; thankfully, the result was negative.

Still, she’s frustrated by how expensive and unequal care can be. “Medicines cost 5,000-7,000 rupees for just two weeks. Pads are expensive. Girls still use cloth because they can’t afford hygiene products.” Kajol dreams of a system where care is accessible and prevention is the norm. Until then, her message is simple: “Don’t delay.”

“Every woman should do regular health checkups ... If you feel something’s not right, don’t delay. You don’t know.”

Kajol
Age 30, India





Turning Insights Into Impact

The Hologic Global Women's Health Index provides a vital benchmark for understanding the state of women's health worldwide. But these insights are only as powerful as the actions they inspire. Closing persistent gaps in women's health will require investment, education and culturally responsive strategies that prioritize prevention.

Improving the health and well-being of women and girls is a shared responsibility. Achieving meaningful change requires collaboration and a global commitment to:

- 1 Develop and implement country-specific women's health strategies** that establish a lifelong road map for generational health and wellness. Key elements could include: expanding preventive care through improved access to screenings, vaccines and early interventions; targeted campaigns to elevate the awareness and engagement of women in their health across their lifespan; addressing stigma about menstrual health, endometriosis and menopause; closing research and training gaps between treating male and female health conditions; and establishing dedicated funding for women's health services, research and wellness programs.
- 2 Increase public and private investment** to scale up data-driven approaches that improve health outcomes for women across their lifespan and accelerate research and development that focuses on women's health conditions that are under-researched, underfunded or poorly understood.
- 3 Address the root causes of poor health**, including gender inequity, poverty, health literacy, social stigma and other structural barriers to care.
- 4 Expand access to screening and early detection**, particularly for cancers and other conditions that disproportionately affect women. This can include harnessing AI to close knowledge gaps, enhance diagnostic accuracy and improve treatment options.

Women and their advocates need to be actively represented in shaping health policy, research agendas and funding decisions. Collaboration can produce meaningful — and lasting — change that ensures women everywhere have the opportunity to reach their full health potential, with lasting benefits that ripple across the globe making a positive impact on economies, families and societies for generations to come.

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Notes

Notes

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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