

McKinsey
Health Institute

Closing the Women's Health Gap

Roche Africa Media Day

February 2025



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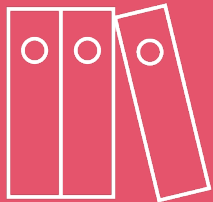
**Overview of
Women's Health
Gap: Deep dive on
selected African
countries**



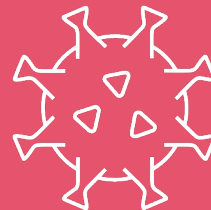
Closing the gap

The McKinsey Health Institute in collaboration with the World Economic Forum looked at hundreds of papers and dozens of conditions that represent a majority of the disease burden of women

**650+ papers
reviewed,
covering 180
interventions
related to...**



**...64
conditions
representing...**



**...86% of
global women's
disease burden**



For the purpose of this conversation we will 'zoom' in on select African countries

The countries included in this presentation are based on the top African countries by GDP¹, plus additional countries of interest based on Roche's footprint



Algeria



Angola



Cameroon



DRC



Ethiopia



Ghana



Ivory Coast



Kenya



Morocco



Namibia



Nigeria



South Africa



Tanzania



Tunisia



Zambia



Zimbabwe

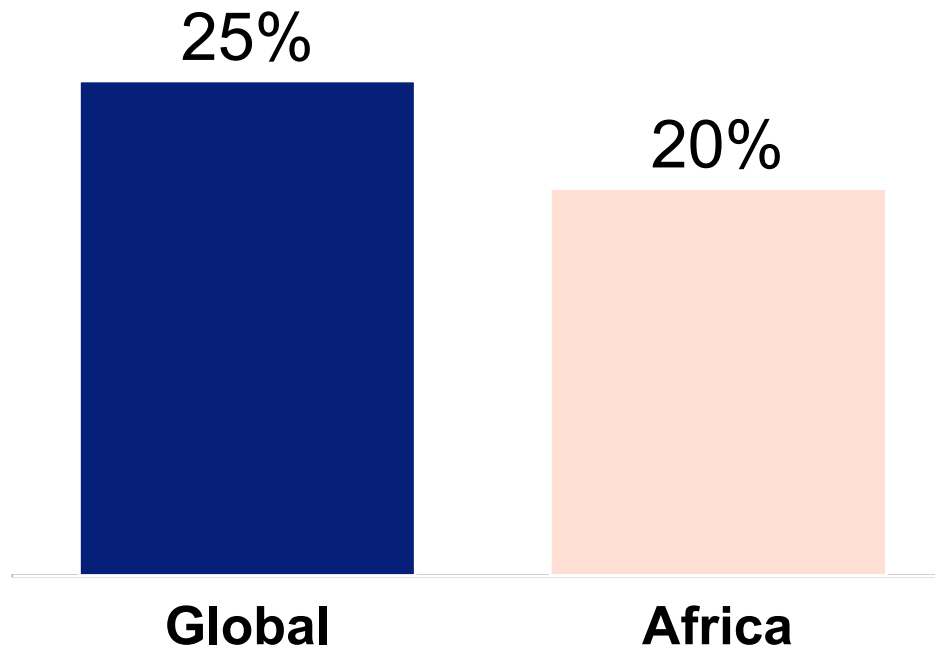
1. International Monetary Fund, GDP data mapper, based on USD, 2024 GDP calculations

Myth 1: Women live longer than men, so they are healthier

Women spend on average ~20% more time in poor health than men across Africa

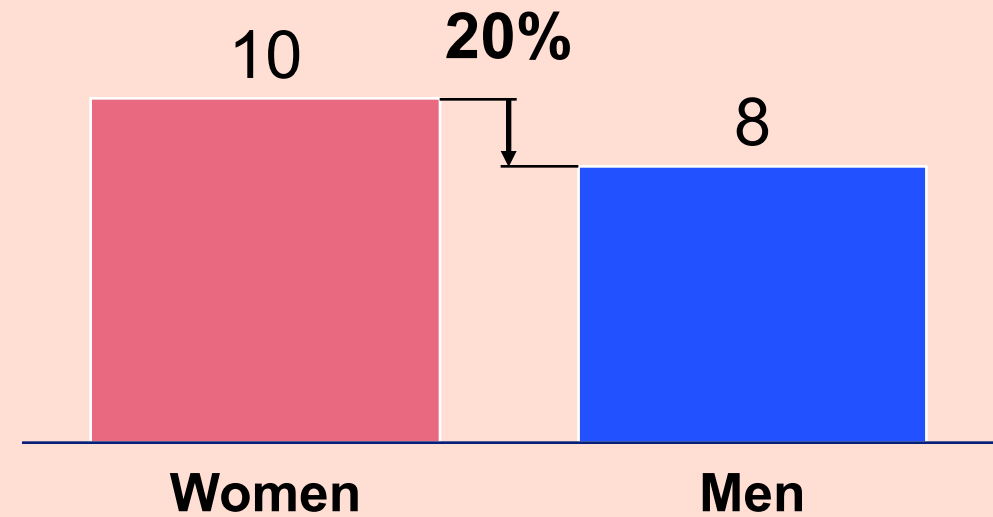
Global and Africa view – excluding injuries

Relative share of time women spend in poor health vs men



Years lived with disability across Africa

YLD per 100 capita



Note: Calculated as the years lived with disability (YLD) for men and women per capita in 2019, with the gap defined as relative share of time women spend in poor health versus men

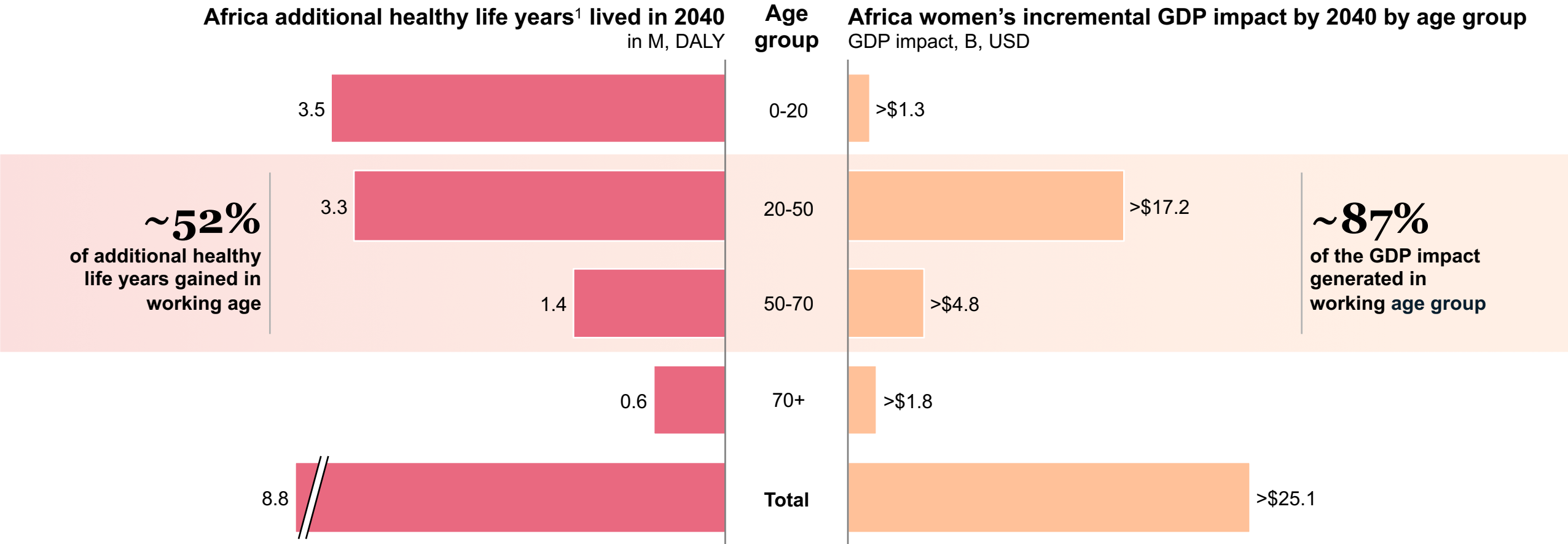
Source: Global Burden of Disease (2019), World Bank population data (2019)

Myth 2: The women's health gap is concentrated at the end of life

The majority of the women's health gap affects women during their working years, highly impacting GDP

Additional years gained in working age: Global: 60% | Africa: 52%

GDP impact generated in working age: Global: 80% | Africa: 87%



1. Additional healthy life years of women by closing the women's health gap by 2040.

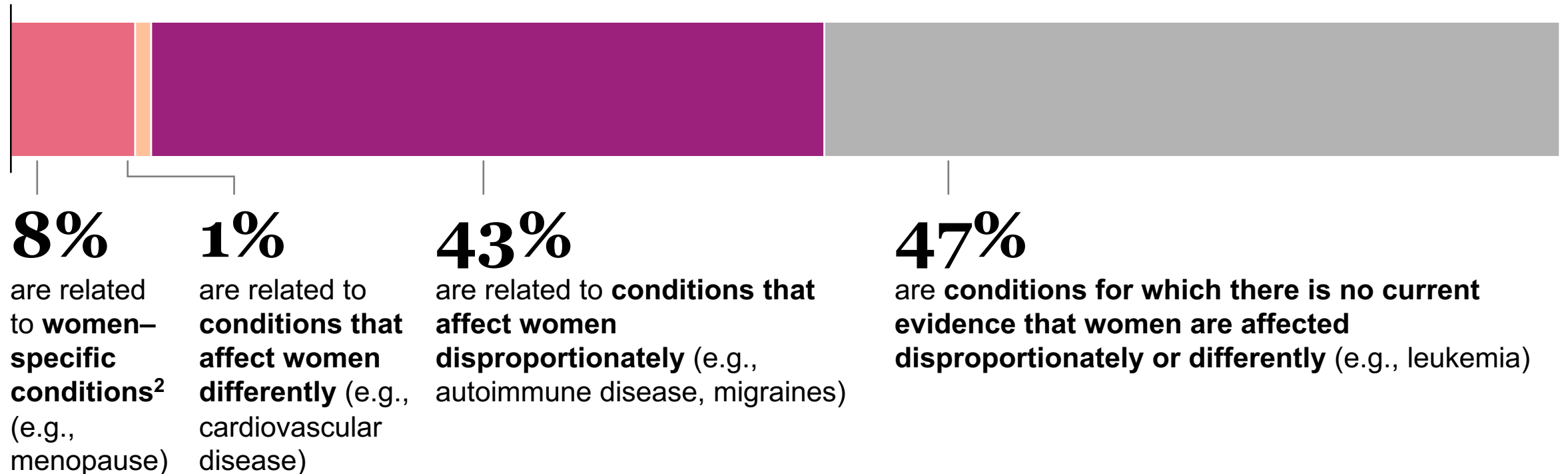
Source: Institute for Health Metrics and Evaluation 2019, used with permission, all rights reserved; Oxford Economics; ILOSTAT; OECD; Eurostat; National Transfer Accounts project; McKinsey Global Institute analysis

Myth 3: Women's health is primarily focused on sexual and reproductive health

92% of DALYs stem from non-female-specific conditions

Total LMIC and LIC women's health burden

Breakdown of conditions, 2019, % of total global DALYs¹



1. Rate per 100,000 people, Global Burden of Disease data (2019)

2. Including maternal conditions such as maternal hemorrhage, Maternal sepsis and other maternal infections, Maternal hypertensive disorders, Maternal obstructed labor and uterine rupture, Maternal abortion and miscarriage, Ectopic pregnancy, Indirect maternal deaths, Late maternal deaths, Maternal deaths aggravated by HIV/AIDS; Gynecological diseases such as, Uterine fibroids, Polycystic ovarian syndrome, Female infertility, Endometriosis, Genital prolapse, Premenstrual syndrome and female cancers such as uterine cancer, ovarian cancer, and cervical cancer

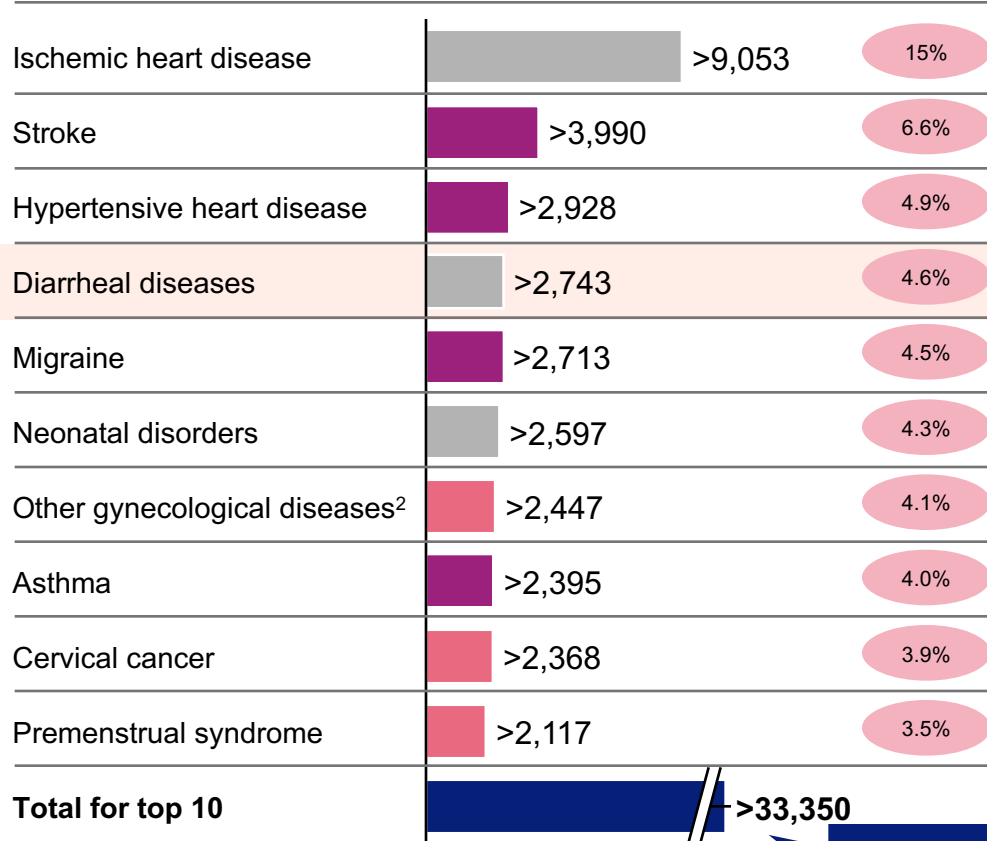
Source: McKinsey analysis based on the Global Burden of Disease (2019)

Myth 4: Women's health in Africa is limited to communicable diseases

Only 5 of the top 10 diseases affecting women in Africa are communicable diseases

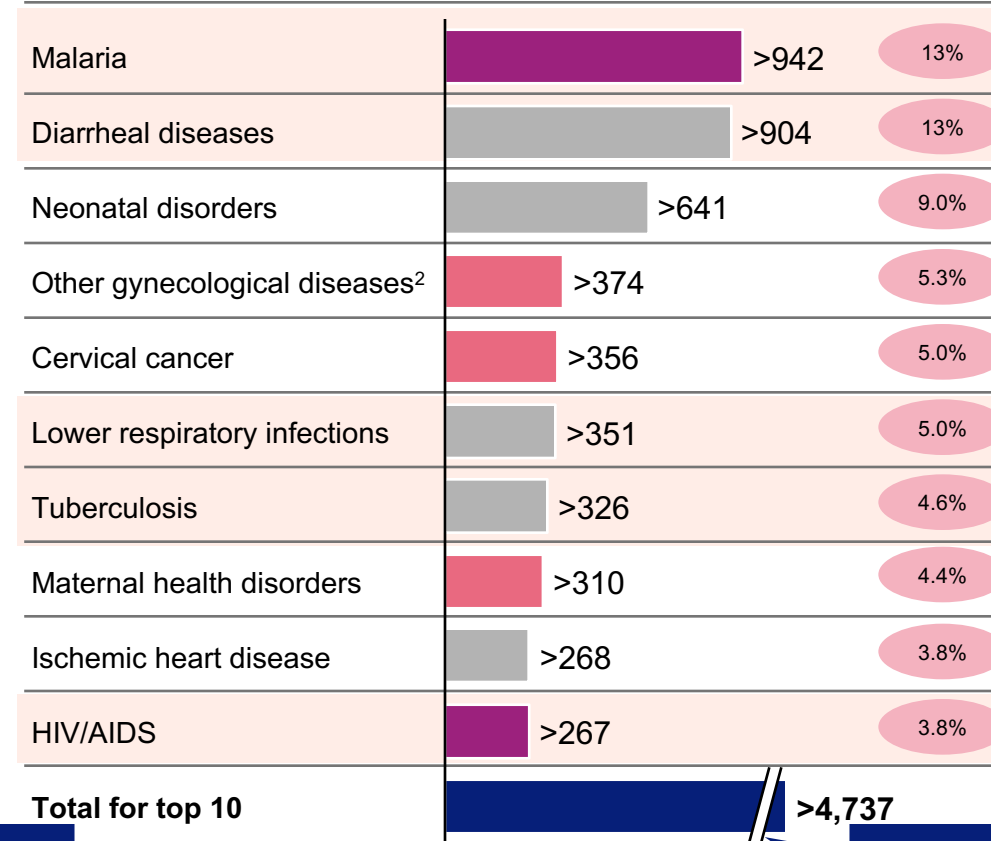
■ Limited female disadvantage ■ Female specific
■ Females affected disproportionately ■ Communicable diseases

Global women's health gap for the top 10 conditions¹ in 2040, DALYs, 1000s



>50% of total burden gap impact; 45% from NCDs

Africa women's health gap for the top 10 conditions¹ in 2040, DALYs, 1000s



>60% of total burden gap impact; 40% from communicable diseases and ~30% from NCDs

Almost half of the burden of the top 10 diseases in Africa is from NCDs

1. Not all conditions with the worst DALY per woman are driving the highest GDP impact
 2. Includes menopause

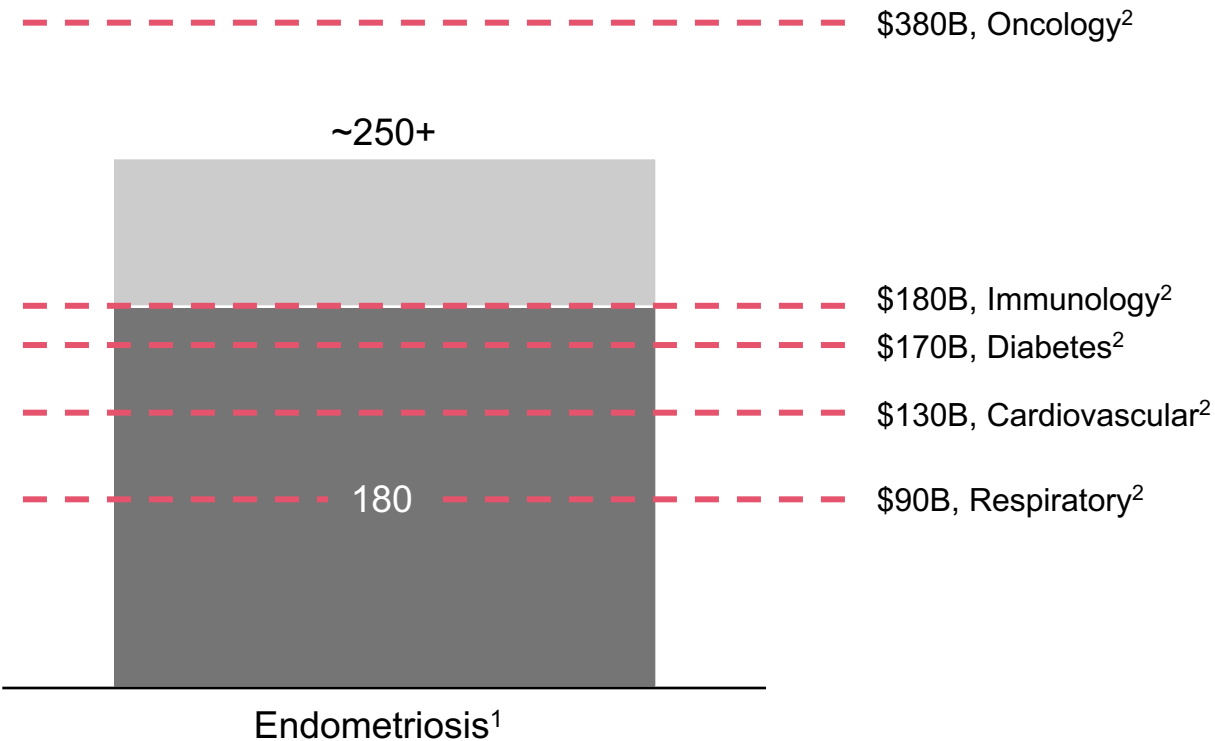
Myth 5: Women's health is a niche market opportunity

Women's health conditions have large market potential and are highly prevalent, yet the asset pipeline does not reflect this

Endometriosis market potential compared to top five therapeutic areas by global annual spend

Projected 2026 spending, B, USD

■ Higher bound ■ Lower bound



1 in 10

Women globally has endometriosis

~20

Assets are in the pipeline³

In comparison...

1 in 10

Adults globally has diabetes mellitus

~580

Assets are in the pipeline³

1. Market potential estimate for endometriosis treatments based on prevalence of 190M women, existing unmet need and share of women on contraceptives and other medication to treat endometriosis was considered to determine targetable patient group. Share of endometriosis patients undergoing surgery and IVF further considered to triangulate revenue. 2. Global spend from IQVIA. 3. Includes assets pre-registration through phase III, including assets previously approved for other conditions

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What are the underlying reasons for the women's health gap ?

- 1. EFFECTIVENESS:**
Limited understanding
of sex-based
differences
- 2. CARE DELIVERY:**
Constrained
access to sex-
appropriate care
- 3. DATA:** Data gaps
resulting in women's
health burden being
undercounted
- 4. INVESTMENT:**
Low investment
limiting scale of
innovation



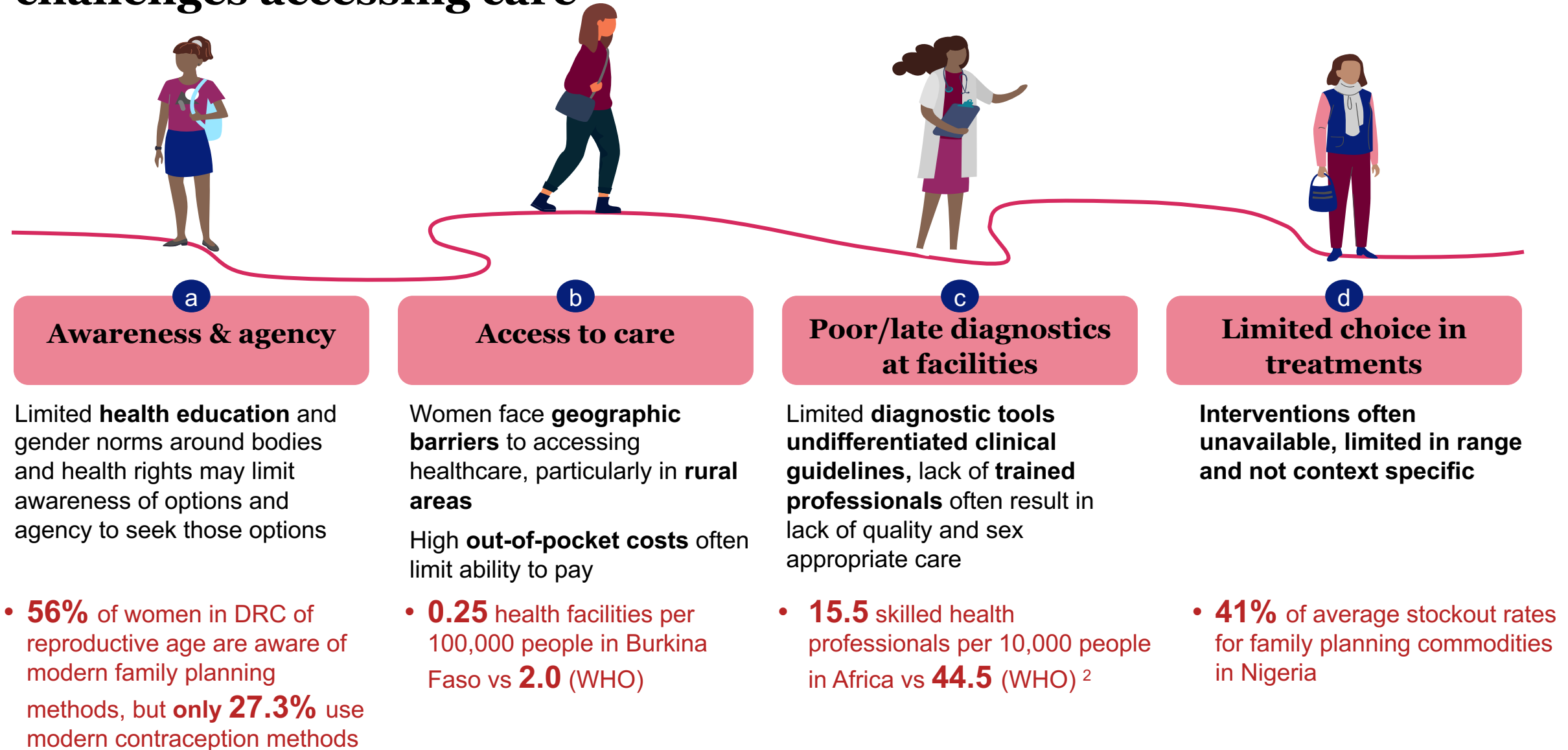
1. Limited understanding of sex differences: ~50% of interventions show no sex-disaggregated evidence

Distribution of interventions

N = 183



2. Constrained access: Women in Africa often face a unique set of challenges accessing care



1. 5.1% use traditional contraceptive methods
 2. Based on a study conducted in 47 African countries in 2022
 3. 91% of health facilities in rural areas offer FP services

2. Constrained access: Less than 10% of clinical practice guidelines globally met standards of evidence-based practice for women, even fewer in Africa

Clinical Practice Guideline (CPG) assessment

	Country	Ischemic Heart Disease	Migraine	Premenstrual Syndrome	Endometriosis	Menopause	Breast Cancer	Cervical Cancer	Postpartum Hemorrhage	Maternal Hypertensive Disorders
LIC	Ethiopia									
	Tanzania									
	Uganda									
LMIC	India									
	Indonesia									
	Kenya									
	Morocco									
UMIC	Brazil									
	South Africa									
	Turkey									
HIC	Germany									
	Japan									
	Singapore									
	United Kingdom									
	United States									
Average ²		1.0	1.6	2.5	1.6	1.5	2.2	2.2	2.1	2.1

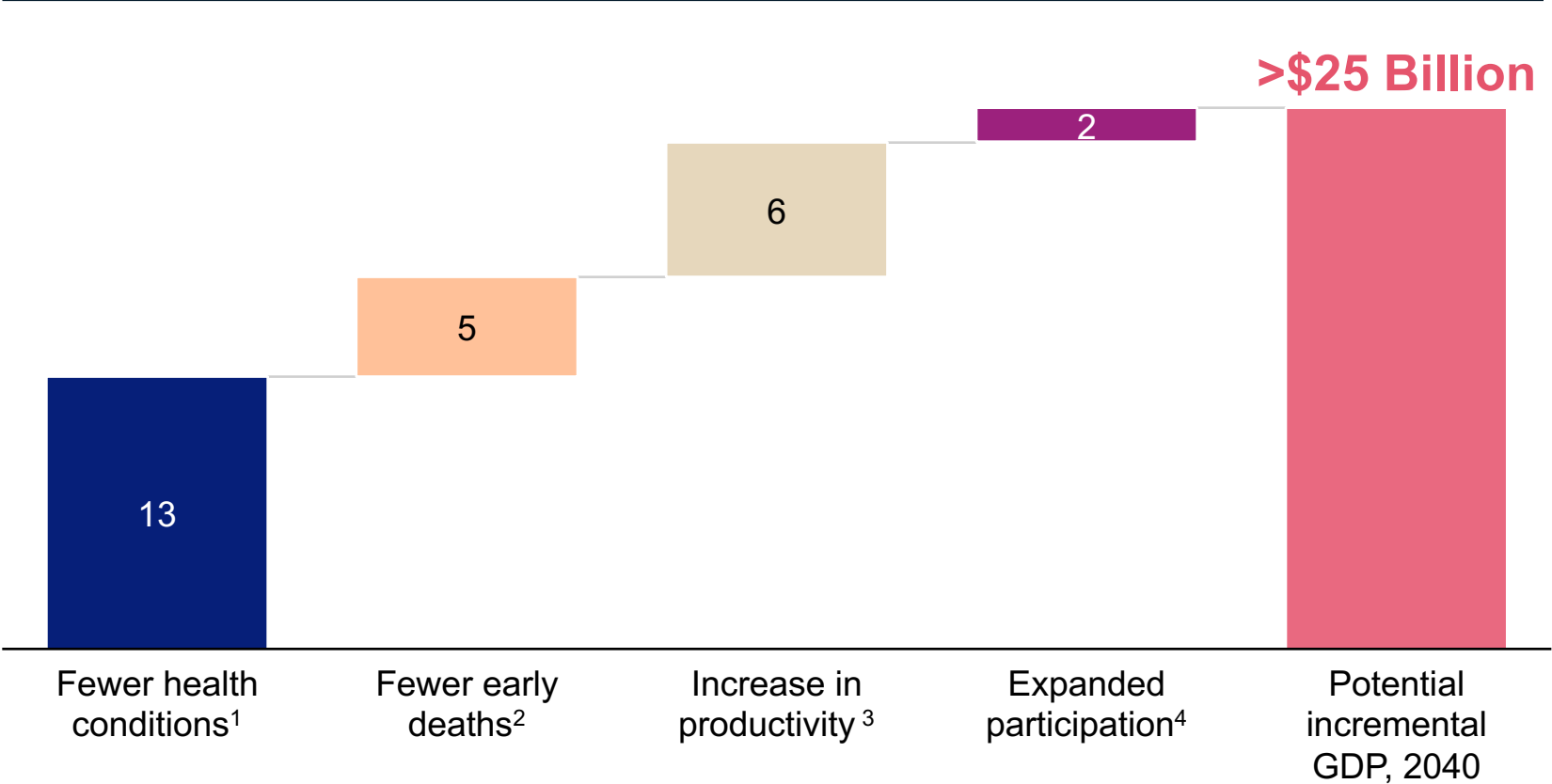
Assessment levels:

0	No mention of any criteria
1	Mention any aspect of criteria
2	Mention some, but not all criteria
3	Best practice
	No CPG identified

Closing the gap could generate more than \$25B annual GDP across Africa by 2040

Global: >\$1T Africa: >\$25B

Incremental annual GDP impact for selected countries by 2040, B, USD



- 1. Reduce disability in women, where women are at a disadvantage to men today, leading to decreased absenteeism or increased working hours
- 2. Prevent premature deaths to extend active life in women, where women are at a disadvantage to men today
- 3. Boost productivity in women and future earnings potential in girls, where they are at a disadvantage to men. Includes impact on older adults (only high- and upper-middle-income countries), informal caregivers (only in OECD), and people with disabilities (global)
- 4. Enable more women to stay in workforce longer Increase participation of women with disabilities Increase participation of informal caregivers

Source: Institute for Health Metrics and Evaluation 2019, used with permission, all rights reserved; Oxford Economics; ILOSTAT; OECD; Eurostat; National Transfer Accounts project; McKinsey Health Institute analysis, GDP data: World Development Indicators

GDP impact by 2040, B, USD

Algeria	>\$0.89
Angola	>\$1.5
Cameroon	>\$0.72
Congo	>\$1.1
Ethiopia	>\$2.7
Ghana	>\$1.3
Ivory Coast	>\$0.04
Kenya	>\$1.8
Morocco	>\$0.78
Namibia	>\$0.15
Nigeria	>\$7.4
South Africa	>\$3.4
Tanzania	>\$2.2
Tunisia	>\$0.32
Zambia	>\$0.33
Zimbabwe	>\$0.54

There are 6 imperatives of our time



Count women

- 1 How can we systematically **count women's health data in Africa** through existing touchpoints, e.g., mobile phones and mobile money apps to accelerate research and investment in the sector?

Study women

- 2 How can we sustainably improve representation of women in Africa in **clinical trials** to ensure **better representation & effectiveness**?

Care for women

- 3 How can we increase sex appropriated care for women through **self-sufficiency of the supply chains** to ensure women have **access to affordable, essential and sex appropriate healthcare**?
- 4 How can we accelerate the identification and introduction of **innovative women's health solutions** into these markets?
- 5 How can we leverage **technology and AI** to rethink women's **access to care** journeys in these regions?

Invest in women

- 6 How can we unlock **femtech as the next frontier for tech funding**?

Thank you!

If you want to learn more, please email us at:

womens-health@mckinsey.com

#CloseTheWomensHealthGap

#WomensHealthBlueprint

#CountStudyCareIncludeInvest



Closing the women's health gap: A \$1 trillion opportunity to improve lives and economies (January 2024)



Bridging the women's health gap: Country level visualization of the gap (May 2024)



Blueprint to Close the Women's Health Gap: How to Improve Lives and Economies for All (January 2025)



Women's Health Impact Tracking (WHIT) platform (January 2025)