

LEADING BEYOND THE GAP:

Closing the Women's Health Gap in Canada

Blueprint for Action

February 2026



Closing the women's health gap in **cancer** in Canada

Canadian women face an unequal burden from cancer

#1

cause of death for women in Canada¹. Women experience **higher rates** of sex-agnostic cancers (e.g., lung) and experience higher lifetime risk for gender specific cancers (e.g., breast, ovarian) than men (e.g., prostate)²

61%

of the women's health gap in Canada is driven by the **lack of innovation and data**³

33%

of Canadian women's health gap is driven by **cancer** (in DALY⁷). Closing it could add **~\$3B to Canada's GDP**³



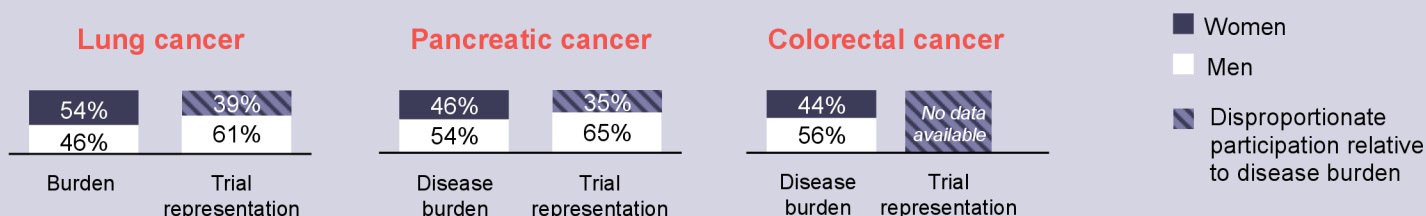
1. "Leading causes of death, total population (age standardization using 2021 population) - Dataset" Statistics Canada (2025)
2. "Breast Cancer Statistics" and "Prostate Cancer Statistics" Canadian Cancer Society (2025)
3. "Blueprint to Close the Women's Health Gap: How to Improve Lives and Economies for All" World Economic Forum & McKinsey Health Institute (2025)
4. "Women in clinical trials: a review of policy development and health equity in the Canadian context" International Journal for Equity in Health (2019)
5. "Breaking the Silence on Gynaecological Cancers: Empowering Canadian Women to Take Action" GSK Canada (2025)
6. Organization websites and annual reports
7. Disability-adjusted life years (DALY)

Gaps in the current healthcare ecosystem...

require action to close

- Under-representation in early-stage research**, limiting understanding of cancer in the female biology
 Incentivize women participation in studies with focused funding to women-only studies where relevant
- Clinical trial participation consistently below disease burden**, limiting understanding of treatment efficacy across cancers³
Mandate trial representation proportionate to the disease burden and support research institutions to improve participation through tailored outreach

Proportion of women's enrollment in oncology trials (2003-2016) and disease prevalence by gender (2019), Canada⁵



- Tracking and reporting difficulty** due to inconsistent gender reporting and decentralization of research data
 Enforce sex and gender-disaggregated reporting prior to randomization
- Delayed diagnoses lowering chances of survival** due to screening and testing (26% of the gap), patients' knowledge of early symptoms (80% lack knowledge of uterine cancer symptoms⁴) and care providers' knowledge of women-specific symptoms
 Scale diagnostic innovations (e.g., screening capabilities) and promote early diagnosis, leveraging existing infrastructure
- Fewer breakthrough innovations** (e.g., surgical procedures, medicines, and treatments) due to complexity of female-specific cancers and limited research base
 Coordinate interdisciplinary support to scale diagnostic and treatment innovations
- Unequal philanthropic funding** with male-specific cancer organizations (e.g., prostate) receive 2x more philanthropic funding⁶
Drive targeted fundraising for women-specific cancer foundations leveraging patient voices to amplify key messages

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 5. "Breaking the Silence on Gynaecological Cancers: Empowering Canadian Women to Take Action" GSK Canada (2025)
 6. In 2024, two major male-specific cancer foundations (Movember Canada, Ride for Dad) raised ~2x as much as with three major female-specific cancer foundations (Breast Cancer Canada, Ovarian Cancer Canada, Rethink Breast Cancer), raising ~\$23.6M vs. ~\$11.4M.
 Sources: Organization websites and annual reports
 7. Disability-adjusted life years (DALY)

The Women's Health Collective
Canada would like to express
deep gratitude to Desjardins for
their commitment to building
positive change for Canada

