

Foreword

Towards Equity in Women's Health: Bridging Promises, Action, and Progress

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Women's health equity refers to the equitable achievement of optimal health outcomes for all women, irrespective of gender, socioeconomic status, race, geographic location, or other social determinants of health. This concept emphasizes dismantling systemic barriers and customizing interventions to address the diverse needs of women throughout their life course (1). Bridging women's health disparities yields substantial economic and societal benefits. The World Health Organization (WHO) estimates that eliminating gender health gaps could contribute 12 trillion US dollars (USD) to the global economy by 2040 (2). Globally, progress remains uneven. While high-income countries have made significant advances in reducing maternal mortality, profound disparities persist in low-resource settings. Moreover, challenges endure even in developed regions, where socioeconomically disadvantaged populations experience disproportionately higher rates of preventable diseases such as cervical cancer (3). Current impediments include fragmented health policies, inadequate funding for gender-specific research, and cultural stigmas that restrict healthcare access. For instance, merely 5% of global health research addresses conditions specific to women (4), perpetuating critical gaps in evidence-based care. The World Economic Forum 2024 identifies nine key health conditions that collectively account for one-third of the women's health gap: breast cancer, cervical cancer, menopause, endometriosis, premenstrual syndrome, postpartum hemorrhage, maternal hypertensive disorders, migraine, and ischemic heart disease (5). Addressing these disparities necessitates progressing beyond universal commitments to implementing targeted interventions that address inequities in treatment approaches, care delivery systems, data collection, and funding allocation — a central theme in advancing women's health equity.

This special issue comprises five pivotal studies addressing the three leading contributors to the global women's health gap: breast cancer, cervical cancer, and menopausal syndrome. Breast cancer remains the predominant cause of cancer-related mortality among women, while cervical cancer — though highly preventable — continues to claim numerous lives due to inequitable access to vaccines and screening services. Menopause, despite being a natural physiological transition, receives inadequate attention in health systems worldwide, despite its profound impact on women's physical and mental well-being (6). For cervical cancer elimination, Zhang et al. estimated cervical cancer screening rates based on national surveillance data, revealing persistent coverage disparities, particularly in rural and resource-limited settings (7), while Gao et al. assessed human papillomavirus (HPV) infection severity and cervical lesion prevalence utilizing screening data from 23 provincial-level administrative divisions (PLADs) (8). Together, these investigations provide actionable evidence to accelerate China's cervical cancer elimination strategy. Bao et al. examined the relationship between socioeconomic status (SES) and breast cancer incidence through cohort analysis, underscoring the necessity for SES-stratified prevention approaches (9). Complementing this research, Liu et al. analyzed breast nodule detection rates using healthcare big data across 31 PLADs in China, advocating for risk-tailored screening programs that prioritize high-burden regions (10). Finally, Yong et al. investigated the prevalence and severity of menopausal symptoms in women aged 40–60, challenging the long-standing neglect of post-reproductive health in policy agendas (11). Collectively, these studies illuminate critical pathways to close the women's health gap: from SES-informed cancer prevention strategies to equitable screening expansion and comprehensive life-course care. By translating robust evidence into targeted interventions, we advance toward bridging promises with measurable progress.

China has made significant strides in narrowing women's health disparities through initiatives including substantial reductions in maternal and infant mortality rates, implementation of nationwide breast and cervical cancer screening programs, and the recent incorporation of adolescent health and menopause management into national women's health guidelines. However, substantial challenges persist: pronounced gender and urban-rural disparities in vulnerability and healthcare access remain evident, while systemic barriers — including fragmented health financing mechanisms and insufficient prioritization of women's health issues — continue to undermine

equity goals. Additionally, women's health equity represents not merely a healthcare concern but also an economic and workforce imperative. To accelerate progress, six strategic priorities warrant immediate attention. First, enhancing comprehensive data collection systems to capture the nuanced needs of diverse female populations is essential. Second, expanding support for basic science and clinical research focused on women-specific conditions is critical to address persistent gaps in evidence-based care. Third, developing sex-based healthcare delivery systems will ensure more tailored and effective services across the lifespan. Fourth, implementing accessible solutions can effectively bridge geographic and socioeconomic barriers to care. Fifth, directing substantial resources into women's health fields will create sustainable infrastructure to support these comprehensive efforts. Finally, ensuring workplace accommodations for pregnant, postpartum, and menopausal women is vital to promote long-term well-being and productivity. By prioritizing these strategic actions, China can establish global leadership in addressing the women's health gap.

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