



WOMO HEALTH

The State of Women's Health 2026

*A Report on the Crisis, the Gap,
and the Intelligence That Changes Everything*

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WOMEN'S BIOLOGICAL INTELLIGENCE

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The Problem Is Systemic

Why Women's Health Has Been Left Behind

"For decades, women have been told their pain is in their heads. The data tells a very different story."

— WOMO Health Research Team, 2026

Women represent 51% of the global population, yet they remain the most underserved group in modern medicine. The consequences are not abstract — they are measured in years of suffering, misdiagnosis, and preventable death. This report presents the data behind the crisis and introduces the intelligence platform built to change it.

4%

RESEARCH FUNDING

Only 4% of medical research funding is allocated to conditions that exclusively affect women.

7 yrs

AVG. DIAGNOSIS WAIT

Women wait an average of 7 years to receive a correct diagnosis for common conditions.

70%

DISMISSED BY DOCTORS

70% of women report being dismissed, minimized, or disbelieved by their healthcare providers.

\$200B

ANNUAL MISDIAGNOSIS COST

The annual economic cost of misdiagnosis in women's health exceeds \$200 billion in the US alone.

80%

AUTOIMMUNE PATIENTS

80% of the 50 million Americans living with autoimmune disease are women — yet research remains underfunded.

26M

UNDIAGNOSED FIBROIDS

An estimated 26 million women are living with undiagnosed uterine fibroids causing chronic pain and infertility.



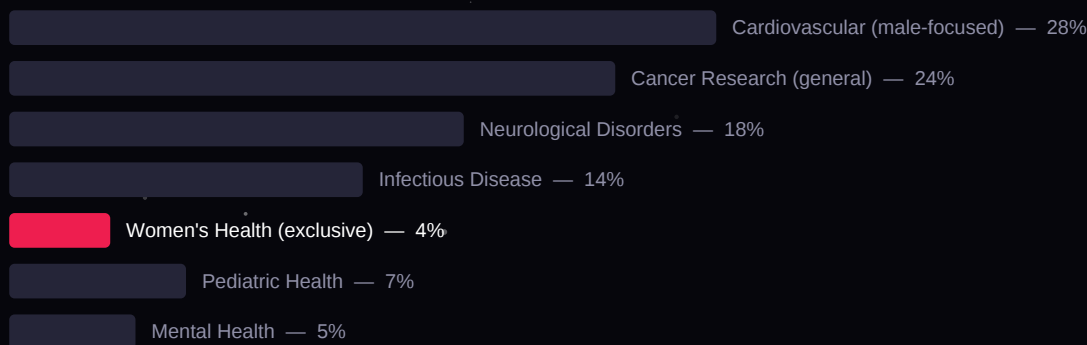
The 4% Problem

Medical Research Has Failed Women

4%

of all medical research funding goes to women's health

RESEARCH FUNDING ALLOCATION BY HEALTH CATEGORY



The National Institutes of Health (NIH) did not require the inclusion of female subjects in clinical trials until 1993. For decades, the "default human" in medical research was a 70kg white male. Drug dosages, diagnostic criteria, and treatment protocols were developed without accounting for female biology — hormonal cycles, reproductive organs, or the fundamental differences in how women experience pain, disease, and medication.

The consequences persist today. Conditions like endometriosis, PCOS, and lupus — which disproportionately or exclusively affect women — receive a fraction of the research attention given to conditions that affect men at similar or lower rates. This is not an oversight. It is a structural failure.

"The male body was the template. Women were the afterthought."

— Dr. Janine Austin Clayton, NIH Office of Research on Women's Health



The Fibroid Crisis

26 Million Women. 7 Years. Still Waiting.

26M

Women living with undiagnosed fibroids

7 Years

Average time to correct diagnosis

80%

Of women with fibroids are symptomatic

Uterine fibroids are non-cancerous growths that develop in or around the uterus. They affect up to 80% of women by age 50, yet remain one of the most underdiagnosed conditions in women's health.

Symptoms include heavy menstrual bleeding, pelvic pain, frequent urination, and infertility — symptoms that are routinely dismissed as "normal" or attributed to stress. The average woman visits 3 to 5 different doctors before receiving a diagnosis, and spends an average of 7 years in unexplained pain.

Black women are 2–3x more likely to develop fibroids and experience more severe symptoms — yet are the least likely to receive timely diagnosis or surgical intervention. This disparity is not biological. It is systemic.

WHAT WOMO HEALTH IS DOING ABOUT IT

Mae, our AI health intelligence companion, tracks cycle patterns, pain signals, and symptom clusters to identify fibroid indicators years before a clinical diagnosis — putting the power back in your hands.



The Misdiagnosis Gap

"It's All in Your Head" Costs Lives

70%

of women report being dismissed by their doctor

ENDOMETRIOSIS

10 yrs

Average diagnosis delay. Affects 1 in 10 women. Often told "painful periods are normal."

HEART DISEASE

3–4 hrs

Women wait longer in ER for cardiac care. Female heart attack symptoms differ from male — and are routinely missed.

LUPUS

6 yrs

Average diagnosis time. 90% of lupus patients are women. Symptoms mimic dozens of other conditions.

Medical gaslighting — the systematic dismissal of women's reported symptoms — is not a fringe experience. It is the norm. Studies show that women are 50% more likely than men to be misdiagnosed following a heart attack, and are prescribed less pain medication than men for identical reported pain levels. The implicit assumption that women exaggerate their symptoms is baked into clinical training, diagnostic tools, and institutional culture.

The \$200 billion annual cost of misdiagnosis is not just an economic figure. It represents millions of women who lost years of their lives, their fertility, their careers, and in some cases, their lives — to a system that was never designed to see them clearly.

The Autoimmune Burden

When the Body Turns Against Itself

80%

of autoimmune disease patients are women

Autoimmune diseases — conditions in which the immune system attacks the body's own tissues — disproportionately affect women at a rate of 4 to 1. Yet they remain among the most poorly understood, underfunded, and misdiagnosed conditions in medicine.

Conditions including lupus, rheumatoid arthritis, Hashimoto's thyroiditis, multiple sclerosis, and Sjögren's syndrome collectively affect over 40 million women in the United States alone. The average woman with an autoimmune condition sees 6 different physicians over 4 years before receiving a diagnosis.

COMMON AUTOIMMUNE CONDITIONS IN WOMEN

● Hashimoto's Thyroiditis	7:1 female:male
● Lupus (SLE)	9:1 female:male
● Sjögren's Syndrome	9:1 female:male
● Rheumatoid Arthritis	3:1 female:male
● Multiple Sclerosis	3:1 female:male
● Fibromyalgia	7:1 female:male
● Celiac Disease	2:1 female:male

THE HORMONAL CONNECTION

Estrogen plays a key regulatory role in immune function. Hormonal fluctuations across the menstrual cycle, pregnancy, and menopause directly influence autoimmune activity — a connection largely ignored in research.



The WOMO Health Solution

Biological Intelligence. Built for Women.

WOMO Health is building the world's first women's biological intelligence platform — a system that learns the language your body has always been speaking, and translates it into actionable health insight.

MAE — YOUR AI HEALTH COMPANION

Mae is an AI-powered health intelligence companion trained on women's biology. She tracks your symptoms, cycles, sleep, mood, and biomarkers — identifying patterns that predict health events weeks before they become crises. Mae doesn't just record data. She understands it.

TONGUE & BIOMARKER ANALYSIS

Drawing on Traditional Chinese Medicine and modern diagnostics, WOMO Health's tongue analysis tool maps your organ health through visual biomarkers — turning your smartphone camera into a diagnostic instrument. No lab required.

CYCLE INTELLIGENCE

Your menstrual cycle is a fifth vital sign. WOMO Health tracks all four phases of your cycle and correlates them with your energy, cognition, immunity, and pain — giving you a personalized biological calendar that helps you work with your body, not against it.

THE SYMPTOM INTELLIGENCE ENGINE

Our proprietary symptom mapping engine cross-references your reported symptoms against a database of women's health conditions, flagging patterns associated with fibroid risk, autoimmune markers, hormonal imbalances, and more — years before a clinical diagnosis.



WOMO HEALTH

You Were Never the Problem.

The system was.

WOMO Health exists because your body has always been intelligent.
It has always been sending signals. It has always known.
We built the tools to finally hear it.

JOIN THE EARLY ACCESS LIST

Be among the first women to access Mae

womo-health.com

BUILT BY
WOMEN

POWERED BY
INTELLIGENCE

DESIGNED FOR
YOUR BIOLOGY

This report is intended for educational purposes and early access member distribution only.

Statistics sourced from NIH, WHO, Endometriosis Foundation of America, American Autoimmune Related Diseases Association, and peer-reviewed literature.

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