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HERhealthEQ CEO Calls For Stronger Female Focus In Medtech

by [Brian Bossetta](#)

Women's health is finally getting the attention it deserves, but there is still more to be done, according to Marissa Fayer, founder and CEO of HERhealthEQ. Fayer was a featured speaker at MD&M East in New York earlier this month.

While women are the majority in the US, most of the medical devices they use for treating and managing their health were designed by a man, "with a man in mind," according to Marissa Fayer, the founder and CEO of HERhealthEQ.

HERhealthEQ is a global non-profit focused on women's health equity in emerging and developing countries. Fayer is also the CEO of DeepLook Medical, vice president of operations at Ultrasound AI and the US Partner at Goddess Gaia Ventures, all of which focus on health issues concerning women.

During her presentation at MD&M East in New York on 13 June, Fayer said women's health is not just about fertility or breast cancer, but any health matter that affects women, especially those conditions that affect women disproportionately or differently than men, such as [heart disease](#).

"Most people don't know that when women have heart attacks they often start with stomach and back pain, not chest discomfort, which is why it takes women eight times longer to be diagnosed with a heart attack," Fayer said. "Even though heart attacks are one of the leading causes of death for women worldwide."

Other conditions that affect women differently than men include diabetes, while autoimmune diseases, migraines, osteoporosis, and various cancers affect women disproportionately.

“Healthcare is a right for women. I think we need to be very clear about that.” – Marissa Fayer

In Fayer’s view, understanding how women react to drugs, devices, and medical products is essential to closing the gaps that remain in women’s health.

“Healthcare is a right for women. I think we need to be very clear about that,” Fayer said. “This is not a political statement. This is simply just a fact.”

Good for Business

A stronger focus on women’s health in the medtech sector is not just about leveling the playing field. It is also about leveraging enormous opportunities from a market that is growing at a record pace.

Women already make up 51% of the US population, so not developing medical technology for women does not make business sense. “The interesting part of the story here is that there will be two times the increase in women’s health in the next five years,” Fayer said. (Also see "[Women’s Health Expert Panel Addresses Challenges, Opportunities In Post-Roe Era](#)" - Medtech Insight, 30 Jan, 2023.)



MARISSA FAYER

The market for women’s devices is expected to grow from \$35bn in 2021 to nearly \$63bn by 2028. “That’s gigantic. So there needs to be products developed for women and for women’s health.”

The message does not seem to be getting through.

According to McKinsey & Company, only 1% of health care research and innovation is invested in female-specific conditions outside of oncology, leaving large potential sources of revenue untapped.

“Unfortunately, we are only manufacturing and creating products for 50% of the population,” Fayer said.

But it is not just about developing products and devices to treat women. Fayer said firms that design and make devices should have women on

their teams as well.

Only 5-10% of orthopedic surgeons are women and she blamed male-centric device designs. “The reason is because their hands are just physically too small to grip some of the devices because they were designed by men to fit in the man's hands,” Fayer said.

With other male-focused device designs, such as orthopedic implants, differences in load-bearing features can result in double the failure rate when these devices are implanted in women.

Beyond Fertility

Women-specific issues, such as fertility and menopause, are important and represent lucrative opportunities for industry. Other areas of women's health that deserve more attention in medtech include diagnostics, prevention, and mental health especially during the pandemic, she said.

Wearable devices could also be developed more specifically for women, Fayer said, “So it's not just testing cycles or trying to predict when you're going to have your period.”

Personalized medicine is another field medtech should focus on, in Fayer's view, such as cancer treatments. “The cancer treatment for a man is probably going to be different from the treatment a woman is going to have [because] we have different genetics.”

Personalized medicine also comes with economic benefits, Fayer added, because faster treatment and recovery rates mean more people going back to work, making money and spending money and putting that money back into the economy.

“And when we do these things here in the US and in Europe, we can then scale them across the world and that's important for all of us to think about,” she said.

“Cervical cancer is going to be the first cancer that probably can be eliminated in the entire world based on vaccines.” – Marissa Fayer

The growth in women's health is not just going to be in the US, but globally. This is also important as chronic diseases, such as diabetes and heart disease, are increasing in women worldwide, especially in developing countries, Fayer explained.

“So, we need to spend more money on development for health care on a global scale. Because they also need medical devices to diagnose and treat diseases. When people in developing countries and emerging markets have capital, the first thing they do is spend it on health care. There needs to be solutions on a global scale for everybody.”

Women Specific

Non-communicable Diseases, such as heart disease, stroke, cancer, diabetes and chronic lung disease — collectively responsible for 74% of all deaths worldwide, according to the World Health Organization — affect women more than men in low-middle income countries (LMIC).

“We need to understand that what will work in the US and in Europe is also what's going to work everywhere else,” Fayer said.

Deaths during pregnancy and childbirth are also significant concerns for women, especially in LMICs, with 98% of such deaths occurring in the developing world.

But it is not just countries in Latin America, Africa, or Southeast Asia where women are at risk during pregnancy. Women in the US are not immune from deaths giving birth.

For example, in May, 32-year-old US Olympic sprinter Tori Bowie died from complications during childbirth at her home in Florida. According to autopsy reports, Bowie, who was eight months pregnant, died from respiratory distress and eclampsia — seizures resulting from high blood pressure in pregnant women.

The US has the highest maternal mortality rate of any high-income country, according to US government statistics, with the rate of maternal mortality increasing from 17.4 deaths per 100,000 live births in 2018 to 32.9 in 2021. Black women, such as Bowie, are disproportionately affected.

Cancers, such as cervical and breast, also affect women in the developing world in much greater numbers. More than 90% of cervical cancers deaths occur in LMICs, despite the progress that has been made in diagnosing and treating the disease; and 62% of breast cancer deaths occur in LMICs, despite only 30% of breast cancers occurring in those countries.

An example of progress, Fayer offered, was the advancement of mRNA vaccines in fighting cervical cancer. “Cervical cancer is going to be the first cancer that probably can be eliminated in the entire world based on vaccines,” she said.

In the US and the developing world, for men and women, the future of medtech is here now, Fayer said. It is a future that should be shared by everyone for the benefit of everyone.

“This is what we demand in the US, why wouldn’t people around the world not demand the same thing? They are just as equal,” she said. “Women are just as equal, somebody who lives in Latin America or Africa is just as equal. We are all equal.”