



Editorial

# A Case for Women's Health Research Hubs at All Main Universities as We Mark Women's Day 2026

Janet Michel<sup>1,2</sup>

<sup>1</sup> Global Health Mentorships, 3018 Bern, Switzerland; [janetmichel71@gmail.com](mailto:janetmichel71@gmail.com)

<sup>2</sup> One Planet Sustainables, 3018 Bern, Switzerland

Received: 4 March 2026; Accepted: 5 March 2026; Published: 8 March 2026

**How To Cite:** Michel, J. A Case for Women's Health Research Hubs at All Main Universities as We Mark Women's Day 2026. *Global South & Sustainable Development* 2026, 1(1), 7

The persistent neglect of women's health is exacerbated by historical inequities in global health research and demands a fundamental paradigm shift. Current approaches to research and interventions often fail to achieve sustainable impact, perpetuating health disparities as competition for scarce resources intensifies. This disconnect is compounded by a critical lack of sex- and gender-disaggregated data and a historical focus on the male body as the default in medical science, resulting in a profound knowledge gap [1]. Furthermore, a "broken pipeline" in global health leadership means that women, who constitute the majority of the health workforce, are severely underrepresented in decision-making roles [1].

Initiatives by the Irish Global Health Network [2], the launch of the Nordic Charter for Women's Health 2040 in November 2025 [3], the European Institute of Women's Health EU Women's Strategy in February 2026 [4] are milestones that have created momentum and ought to be celebrated as the world marks International Women's day. Notwithstanding the initiatives, efforts are still confined to the margins of health infrastructure, undermined by pushback against feminist agendas and persistent gender biases in biomedical and public health research[5]. This systemic neglect is deeply rooted in dynamics that continue to shape global health research.

To that end, this editorial proposes the establishment of Women's Health Research Hubs at all main Universities [6]. Women's Health Research Hubs drive home the message, nothing about women without women and creates space for women to interact with researchers and health care providers at eye-to-eye level and not as vulnerable patients. Tertiary hospitals often are supposed to work hand in hand with universities. The current situation treats a woman as a sum of her symptoms. For example, a menopausal woman with palpitations is referred to a cardiologist and when she presents with weight gain is referred to a nutritionist and when she presents with hypertension is referred to a GP and if she has missed her periods, she is referred to a gynecologist [7]. Needless to say, these health care providers rarely talk to each other. Each treats the symptoms they are familiar with and rarely consider the root causes and interconnectedness of the symptoms. Women's health research hubs are such a space. Women's Health Research Hubs provide a powerful structural foundation that brings all key stakeholders together at eye-to-eye level to engage with women on matters that matter to them. They should be designed to reflect a life-course approach to women's health rather than being organized by conditions. This way Women's Health Research Hubs become physical and intellectual centers for community engagement, integrated service delivery deliberations, and locally-led research by women for women designed to be responsive to the specific needs of women [6]. Women leaders have been shown to have a positive impact on reducing health inequality, hence the proposal to have Women's Health Research hubs be led by women [8]. It is paramount to say men are needed, they are part of the solution. The support of allies, men, other key stakeholders and employers cannot be over-emphasized. To ensure impact, impact thinking and aware methods should be embedded in Women's Health Research Hubs at design stage, guided by a framework designed to ensure impact from the outset. This framework is built on seven central tenets: (i) Involvement of key stakeholders (beneficiaries) in co-design, monitoring and evaluation; (ii) Project or intervention theory of change; (iii) Baseline measurement of outcome of interest; (iv) Mixed Methods: Use of qualitative and quantitative indicators; (v) Midline measurement of outcome of interest; (vi) Endline measurement of outcome of interest; and (vii) Validation of results and findings and co-creation of recommendations [9].



**Copyright:** © 2026 by the authors. This is an open access article under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

**Publisher's Note:** Scilight stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.

By centering experiential knowledge and empowering women as co-creators and not mere patients, these hubs can move beyond the extractive, top-down models of the past. This approach does not only address the critical deficit of women in health leadership but also ensures that women's health, a neglected and under-funded topic is kept alive not only in theory but also practice as countries move towards Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality). Investing in this model is not merely a matter of social justice but represents a significant economic opportunity, with the potential to unlock trillions of dollars for the global economy by closing the women's health gap [1]. Bearing in mind that women make up the backbone of health systems, women's health research hubs in a way force societies to respond to the needs of women and at the same time care for the carers, transforming health outcomes of women and girls while at the same time fostering equity and ensuring a sustainable health workforce.

### Conflicts of Interest

The author declares no conflict of interest.

### Use of AI and AI-Assisted Technologies

No AI tools were utilized for this paper.

### References

1. Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies. Available online: <https://www.weforum.org/publications/closing-the-women-s-health-gap-a-1-trillion-opportunity-to-improve-lives-and-economies/> (accessed on 3 March 2026).
2. Home—Global Health. Available online: <https://globalhealth.ie/> (accessed on 3 March 2026).
3. Persson, J.; Gemzell-Danielsson, K.; Krivonos, D. The Nordic Charter for Women's Health 2040: Vision-Led Architecture for Women's Health. *Lancet Obstet. Gynaecol. Women's Health* **2026**. [https://doi.org/10.1016/S3050-5038\(26\)00014-2](https://doi.org/10.1016/S3050-5038(26)00014-2).
4. Eurohealth—Towards an EU Strategy for Women's Health. Available online: <https://eurohealth.ie/2026/02/> (accessed on 3 March 2026).
5. The Pushback on Women's Rights Must Be Stopped. Available online: <https://www.graduateinstitute.ch/communications/events/pushback-womens-rights-must-be-stopped> (accessed on 3 March 2026).
6. Daniel, K.; Bousfield, J.; Hocking, L.; et al. Women's Health Hubs: A Rapid Mixed-Methods Evaluation. *Health Soc. Care Deliv. Res.* **2024**, *12*, 1–138. <https://doi.org/10.3310/JYFT5036>.
7. Hypertension Symptoms in Women Often Mistaken for Menopause. Available online: <https://www.sciencedaily.com/releases/2021/01/210126192230.htm> (accessed on 3 March 2026).
8. Kalbarczyk, A.; Banchoff, K.; Perry, K.E.; et al. A Scoping Review on the Impact of Women's Global Leadership: Evidence to Inform Health Leadership. *BMJ Glob Health* **2025**, *10*. <https://doi.org/10.1136/bmjgh-2024-015982>.
9. Michel, J.; Schneider, K. Demystifying Impact Evaluation: An Impact Evaluation Framework. *Front Epidemiol.* **2025**, *5*, 1460997. <https://doi.org/10.3389/fepid.2025.1460997>.