



WHITE PAPER

# The Persons Project: Breaking the Cycle

# THE PERSONS PROJECT

This document presents the integrated white paper for The Persons Project, synthesizing the barriers, opportunities, and strategic solutions identified across all expert interviews.

## The Persons Project: Breaking the Cycle

For too long, the advancement of women's health has been hampered by a systemic failure.

From under investment in research and innovation (est. less than 5% globally), to the lack of representation in clinical trials (and its resulting data gap), and cultural and social barriers to accessing care, addressing the opportunities for advancement in Women's Health has long been fraught with not only challenging practical barriers but also a profound Knowledge Gap.

The Knowledge Gap is fueled by historical bias and a narrow clinical definition of Women's Health focused on reproduction – often referred to as “bikini medicine” – and it not only enables and perpetuates a Vicious Cycle of Stagnation... but enforces it.

In this cycle, poor data quality and a lack of standardization prevent the generation of strong real-world evidence, and business case studies, which in turn leads to an Industry Risk Aversion where stakeholders are reticent to meaningfully fund much needed innovation. The costs of this knowledge gap transcend women and girls' experiences and leave value on the table for all patients across all disciplines – driving the health equity gaps that we see across life sciences and health sectors today.

This white paper, *The Persons Project: Breaking the Cycle*, synthesizes insights from leaders across FemTech, academia, clinical research, and large life sciences organizations to map the challenges both contributing to and created by the knowledge gap as well as propose a series of solutions.





## I. The Core Challenge: The Women's Health Knowledge Gap

For decades, advancement in women's health has been constrained by a convergence of structural factors. Globally, less than five percent of health [research and innovation](#) funding is directed towards conditions specific to or disproportionately affecting women. Women remain [underrepresented in clinical trials](#), and sex- and gender-specific data is inconsistently collected, analyzed, and reported. [Cultural and institutional barriers](#) further limit access to care and participation in research.

At the center of these challenges lies a fundamental Knowledge Gap. This gap is not simply an absence of data; it is a self-reinforcing system shaped by historical bias, narrow clinical definitions of women's health, and fragmented evidence generation.

Historically, women's health has been defined primarily through a reproductive lens – often described as “[bikini medicine](#)” – with limited attention paid to how sex and gender influence broader health outcomes such as cardiovascular disease, autoimmune conditions, neurodegenerative disorders, and metabolic health. As a result, data relevant to women's experiences of health is frequently missing, poorly standardized, or excluded altogether.

The consequences extend beyond women and girls. Incomplete evidence undermines clinical decision-making, slows innovation, and leaves substantial economic and societal value unrealized across health systems.

## II. Impact: The Vicious Cycle of Stagnation

Analysis conducted through The Persons Project reveals that the Knowledge Gap sustains a self-perpetuating cycle of stagnation:



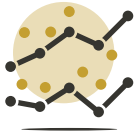
- Poor data quality and inconsistency limit the generation of robust, reproducible evidence
- Weak evidence constrains the development of credible business cases
- Lack of business justification reinforces industry risk aversion
- Low strategic investment reduces incentives to improve data standards and research design

This cycle discourages coordinated action across sectors and perpetuates fragmented, small-scale efforts that struggle to achieve lasting impact.

Breaking this cycle requires interventions that address not just individual components, but the system as a whole.

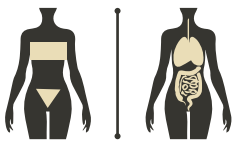
### III. Key Barriers Identified

While the vicious cycle of stagnation describes how the women's health knowledge gap persists, it is driven by a set of concrete, addressable barriers operating across research, clinical practice, and investment.



#### Data Deficit and Inconsistency

Women's health research is hindered by fragmented data collection and inconsistent definitions. Primary data collection often omits critical variables or applies them inconsistently, while secondary sources such as electronic health records frequently fail to capture relevant life-stage information, including menopause status or symptom burden. These gaps undermine reproducibility, limit generalizability, and slow innovation.



#### Narrow Clinical Framing ("Bikini Medicine")

Research and innovation have historically focused on reproductive health while overlooking conditions where women are disproportionately affected or present differently. This has delayed the development of sex- and gender-informed protocols and contributed to persistent health inequities.



#### Industry Risk Aversion

The absence of well-documented returns on investment in women's health has made stakeholders reluctant to prioritize new approaches. Without high-quality evidence and clear commercial justification, organizations hesitate to lead, despite significant unmet need and upside potential.



#### Cultural and Structural Fragmentation

Stakeholders across academia, industry, healthcare, and the public sector operate under distinct mandates that are often misaligned. This misalignment limits collaboration and slows the formation of large-scale public-private partnerships capable of addressing systemic challenges.

#### IV. Strategic Response:

## What The Persons Project Is Building

The Persons Project proposes a coordinated, multi-stakeholder approach to address the Knowledge Gap by building shared foundations rather than isolated solutions, with the explicit aim of injecting a Virtuous Cycle of Innovation across the women's health ecosystem.

Specifically, the initiative focuses on three integrated components:

- An open, interoperable data standard for women's health
- A shared, privacy-preserving research infrastructure
- Mechanisms to translate evidence into justified business cases for investment

Together, these components are intended to shift women's health from fragmented, high-risk experimentation to coordinated, evidence-driven growth. The following section outlines the core pillars through which The Persons Project will deliver this strategy in practice.



## V. Pillars of Engagement: Channeling the Momentum

The Persons Project's strategic response is operationalized through three integrated pillars of work. Each pillar directly addresses one or more components of the vicious cycle of stagnation and is designed to be mutually reinforcing. Together, they define what is being built, how evidence is generated, and how that evidence is translated into sustained impact and investment.

### Pillar 1:

#### Data Standardization and Holistic Health

Goal: Enable consistent, interoperable data collection that reflects the full scope of women's health.

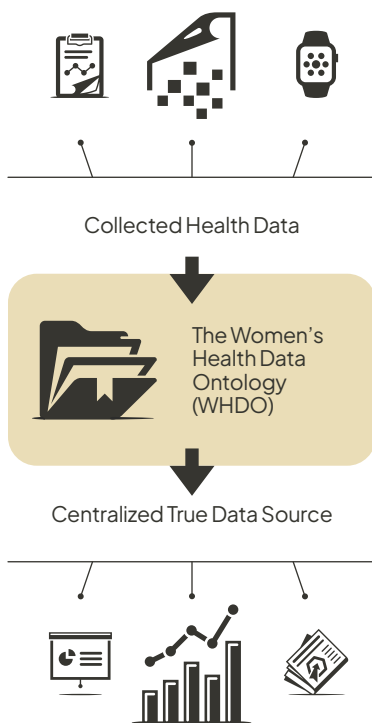
Deliverable: The Women's Health Data Ontology (WHDO)

The WHDO will be an open-source standard for defining, collecting, and structuring women's health-relevant data across research, clinical, and consumer platforms and datasets (e.g., EHRs, wearables, and research platforms).

Key features include:

- 1. Multimodal Data Mandate:** Integration of multi-omics data (e.g., genetic, microbiome, hormonal) with real-world physiological data (e.g., menstrual and menopausal status).
- 2. Holistic Scope Inclusion:** Explicit inclusion of non-reproductive health domains such as cardiovascular, brain health, and autoimmune disorders.
- 3. Use across studies** to enable synthesis and comparison.

Initial adoption will be required for Persons Project-affiliated studies, with the long-term goal of broader ecosystem uptake.





## Pillar 2:

### Generating Longitudinal, High-Fidelity Evidence

Goal: Overcome historical bias and industry risk aversion by enabling large-scale, longitudinal research across the female lifespan.

#### Deliverable 1: A Shared Research Infrastructure

A shared, privacy-preserving research infrastructure designed to support the creation, coordination, and long-term engagement of diverse, population-scale research cohorts across the female lifespan. This infrastructure is not a centralized data repository; rather, it provides a federated environment in which individual stakeholders retain control over their data while operating within shared technical, ethical, and governance frameworks that enable interoperability and longitudinal follow-up.

**Scale and Scope:** To achieve the scale required to meaningfully advance women's health, cohort creation leverages formal partnerships with large consumer brands, retailers, and patient-facing platforms with existing reach and trusted relationships. These partnerships establish a foundation for high-powered, multimodal and multi-omics data collection – spanning real-world physiological data, self-reported experiences, and clinical information—while lowering barriers to participation and enabling sustained engagement over time.

**Bias Mitigation and Equity:** The infrastructure will incorporate technologies, study-design practices, methodologies, and governance structures explicitly intended to mitigate bias in research. This includes mechanisms to improve representativeness, monitor gaps in participation, and intentionally facilitate the prioritization of underrepresented populations. By embedding the ability to address equity considerations into project design and recruitment from the outset, the infrastructure supports the generation of evidence that more accurately reflects the diversity of women's health experiences.

#### Deliverable 2: Value-Back Research Protocols

All affiliated studies commit to returning meaningful value to participants and partners through:

- Providing personalized, actionable insights for participants in prospective studies to enhance participant retention by creating a “win-win” environment.
- Knowledge translation for organizational stakeholders through formats aligned to their needs—such as webinars, briefings, and publications—to ensure meaningful return of value.

This approach transforms research participation from extractive to mutually beneficial and supports sustained longitudinal follow-up.



### Pillar 3:

#### Strategic Investment and Advocacy

Goal: Shift women's health from a low strategic priority to a mainstream, investable category.

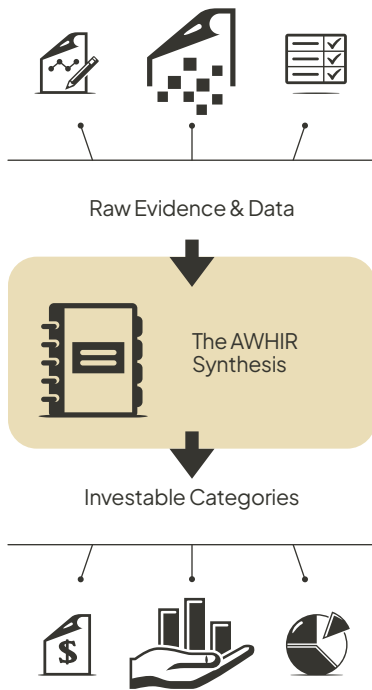
Deliverable: The Annual Women's Health Investment Report (AWHIR)

AWHIR synthesizes evidence from Persons Project-affiliated initiatives to document the prevalence, burden, and economic opportunity across women's health domains. It is designed to:

Enable early public and philanthropic investment: Insights will be framed in terms of societal need, population impact, and return on investment (ROI), aligning with the mandates of government agencies and large public and philanthropic funders that are often best positioned to support the initial, large-scale cohort building required to generate foundational evidence.

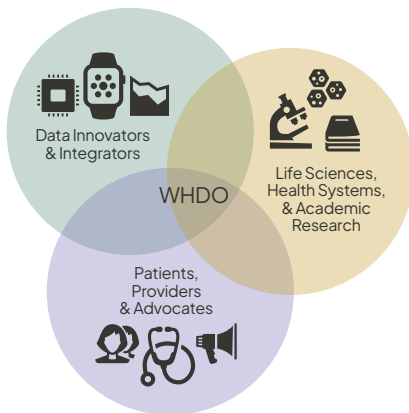
De-risk later-stage private capital: Reports will present case studies that establish "Justified Business Cases," quantifying disease prevalence, economic burden, and the commercial opportunities unlocked by addressing unmet needs in women's health, thereby reducing uncertainty for private investors and industry stakeholders.

Provide standardized reference points for decision-makers: Reports will create a consistent, credible set of benchmarks and narratives that investors, policymakers, and industry leaders can use to compare opportunities, assess risk, and prioritize strategic action in women's health.



## VI. Collaborative Structure: A System of Trust and Action

Delivering the pillars outlined above at scale requires an enabling collaborative structure that aligns incentives, builds trust, and supports coordinated action across sectors. The Persons Project is designed as a multi-stakeholder collaboration in which governance, transparency, and shared accountability function as core infrastructure rather than afterthoughts. The initiative is structured around three stakeholder groups, each contributing distinct strengths and deriving clear value.



### Data Innovators and Integrators

These individuals and organizations contribute to the development and adoption of the Women's Health Data Ontology (WHDO), support multimodal data generation, and enable interoperability across platforms. Participation is intended to increase impact and scalability, and to create opportunities for new funding and collaboration.

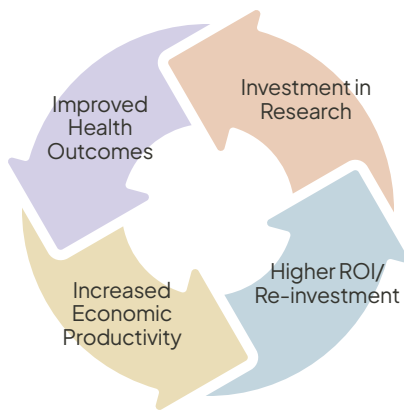
### Life Sciences, Health Systems, and Academic Research

These stakeholders collaborate to generate high-quality evidence, integrate sex- and gender-informed practices into research and care, and support effective knowledge translation. Participation can enable access to more direct, actionable insights that can support innovation and inform commercial decision-making. It can also help de-risk investment in new products and processes and contribute to the development of “justified business cases” supported by high-fidelity evidence. Collectively, this approach aims to support clearer prioritization of therapeutic and service areas while reducing uncertainty and risk associated with innovation in women's health.

### Patients, Providers, and Advocates

These groups ensure research relevance and equity, support participation in studies, and help shape value-return mechanisms. Their engagement can improve participant retention, health literacy, and trust, while ensuring research delivers tangible benefits to participants and communities.

## VII. Conclusion: Unlocking a Virtuous Cycle of Innovation



The Persons Project is designed to unlock significant global economic and societal value by addressing the [women's health knowledge gap](#) at its foundation. This work is both a social imperative and a financially robust investment strategy that transforms an under-researched area into one of the highest-return opportunities in global health.

Importantly, closing the women's health gap has the potential to:

- Add up to [\\$1 trillion annually](#) to the global economy by 2040, by enabling greater workforce participation, productivity, and economic engagement through improved health outcomes for women.
- Generate strong economic returns on investment, with approximately [\\$3 in economic growth for every \\$1 invested](#), demonstrating strong returns across public, private, and philanthropic investment.
- Increase women's healthy life expectancy and reduce time spent in poor health, by adding an average of [seven more healthy days](#) of life per woman per year, cumulatively reducing the time women spend in poor health by nearly two-thirds. Currently, women spend approximately 25% more of their lives in poor health than men, equating to 75 million years of life lost annually due to poor health or early death.
- Improve equity and outcomes across health systems, by narrowing research and care gaps. Even modest improvements in representation – such as a 1% reduction in health disparities for major chronic diseases like heart disease and diabetes – are estimated to generate [over \\$100 billion](#) in societal gains through reduced morbidity and mortality.

By aligning data standards, infrastructure, and investment logic, The Persons Project seeks to enable a mature ecosystem capable of sustained progress.

TODAY	6 MONTHS	12 MONTHS
<p>The Persons Project › Study planning</p> <p>Women's Health Data Ontology (WHDO) › Recruit working group</p>	<p>Women's Health Data Ontology (WHDO) › Key deliverable to market</p> <p>The Person's Project › Begin evidence generation</p>	<p>Annual Women's Health Investment Report (AWHIR) › Key deliverable to market</p>

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