

The United States landscape of global women's health fellowship training programs



OBJECTIVE: Ethical global health hinges on developing an understanding of the needs and resources of global communities and developing bidirectional partnerships.^{1–3} Therefore, there is growing recognition that pursuing a global health career may demand advanced training.^{1,2} For Obstetricians and Gynecologists (OBGYNs) aspiring to impact care and training in low- and middle-income countries (LMICs), Global Women's Health Fellowships (GWHFs) can offer didactic and experiential training to learn the core tenants of global health equity, research, and capacity-building. Given GWHFs are non-Accreditation Council for Graduate Medical Education (ACGME) fellowships, there are no curricula for consistency in structure or focus. We aim to investigate the key characteristics, and similarities and differences among GWHFs.

STUDY DESIGN: We developed and executed a standardized, online-based protocol to identify GWHFs in January 2024. First using the 2023–2024 ACGME public database, we identified OBGYN residency programs.⁴ University or college-based programs were included. Each program's website was reviewed and searched to identify their OBGYN fellowship programs. Those matching any of the following key terms were included: “global,” “health inequity,” “rural,” “international,” and “abroad.” Second, a Google search with the following key terms “global,” “health inequity,” “rural,” “international,” “abroad” combined with each of the following, “fellowship,” “track,” “women's health,” “obstetrics and gynecology,” and “OBGYN” was performed to identify programs.

Programs with a 2023–2024 fellow or enrolling a 2024–2025 fellow, based in the United States, including a LMIC rotation, and open to board-eligible or certified OBGYNs were included. Based on a detailed review of the programs' website, the following data was extracted: OBGYN specificity, duration of fellowship, duration spent in LMICs, countries of focus, educational focus, and opportunity to pursue a master's program. Descriptive analysis was performed using Excel: Microsoft 365.

RESULTS: Twelve GWHFs met criteria. Eleven programs require completion of a residency specific to OBGYN. All programs have a minimum duration of two years, and ten programs accept one fellow every year or every other year. Ten programs require at least six months spent in their partner LMIC, with 11 having Africa-based partners. Eight of these programs offer a master's degree (Table). Ten programs offer a combination of global health clinical and research experience and mentorship. Three programs are newly recruiting for 2024–2025.

CONCLUSION: Advanced training for global women's health is a new and dynamic field of interest. Common components among the existent GWHF include experiential learning and tailored mentorship, and common objectives include building global networks, and developing skills in global health clinical work or research. Importance is placed on advanced didactics through a master's degree to acquire and strengthen public health and/or research skills. These programs are models which can be leveraged by other institutions to expand their global training initiatives.

While all programs have relationships with partners in Africa, only three programs have partnerships in South America, and four programs in Asia. Additionally, clinical and research skills are provided by all programs, but only one program specifically addresses policy-based skills. Expanding partnerships in other LMICs, and the incorporation of policy-based curriculum is an opportunity for programs to bridge key gaps. ■

CREDIT AUTHORSHIP CONTRIBUTION STATEMENT: **Dhanalakshmi K. Thiyagarajan:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Evan Keil:** Writing – review & editing, Formal analysis, Data curation. **Kati Shanks:** Writing – review & editing, Resources, Conceptualization. **Maeve Sullivan:** Writing – review & editing, Resources, Conceptualization. **Emma R. Lawrence:** Writing – review & editing.

TABLE

Summary of Global Women's Health Fellowship Programs

Affiliated University	Open only to board-eligible or certified OBGYN	Duration of fellowship (years)	Maximum number of fellows per year	Minimum time spent in LMICs (%)	LMICs of focus	Master's programs available
Baylor University	Yes	2	1	10	Malawi	None
Creighton University	Yes	2	1	50	Tanzania, Botswana, China	MPH/MBA
Duke University	Yes	2	1	35	Thailand, China, Kenya, Sri Lanka, Nicaragua, Tanzania	MSc
Harvard University—Brigham and Women's Hospital	Yes	2	1	50	Not specified on website	MPH
Johns Hopkins University	Yes	2	1	45	Over 35 countries	None
Stony Brook University	Yes	2	1	Not specified on website	Mozambique	MPH
University of California San Francisco—Health, Equity, Action, Leadership Initiative	No	2	23	50	Uganda	None
University of Michigan	Yes	2	1	35	Ghana	MPH/MSc
University of North Carolina	Yes	2–3	3	100	Zambia, Malawi, South Africa	None
University of Pennsylvania	Yes	2	1	35	Uganda, Botswana, Bangladesh, Tanzania and Guatemala	MPH/MSHP/MSc
University of Utah	Yes	2	1	35	Rwanda	MSc
University of Washington	Yes	2	1	50	Kenya	MPH

LMICs, low- and middle-income countries; MBA, Master's in Business Administration; MPH, Master's in Public Health; MSc, Master's of Science; MSHP, Master's of Science in Health Policy Research; OBGYN, Obstetrics and Gynecology.

SUPPLEMENTARY MATERIALS: Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.xagr.2024.100363](https://doi.org/10.1016/j.xagr.2024.100363).

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The authors report no conflict of interest.
 Patient consent is not required, because no such details are included.
 For this study, no financial support was received.

Previous presentation: Poster at 15th Annual Meeting, Consortium of Universities for Global Health, Los Angeles, CA, Mar 7–10, 2024.

REFERENCES

1. Anderson FWJ, Wansom T. Beyond medical tourism: authentic engagement in global health. *Virtual Mentor* 2009;11(7):506–10. <https://doi.org/10.1001/virtualmentor.2009.11.7.medu1-0907>.
2. Abimbola S, Pai M. Will global health survive its decolonisation? *Lancet* 2020;396(10263):1627–8. [https://doi.org/10.1016/S0140-6736\(20\)32417-X](https://doi.org/10.1016/S0140-6736(20)32417-X).
3. Johnson T. *More than "first, do no harm": academic global health*. Ann Arbor, MI: Maize Books; 2023.
4. ACGME - Accreditation data system (ADS). Available at: <https://apps.acgme-i.org/ads/Public/Reports/Report/1>. Accessed Feb. 13, 2024.

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