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Women for One Health

NETWORK



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Centre for Bioinformatics and Biotechnology,
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UNIVERSITY OF GLOBAL HEALTH EQUITY

Center for One Health, University of
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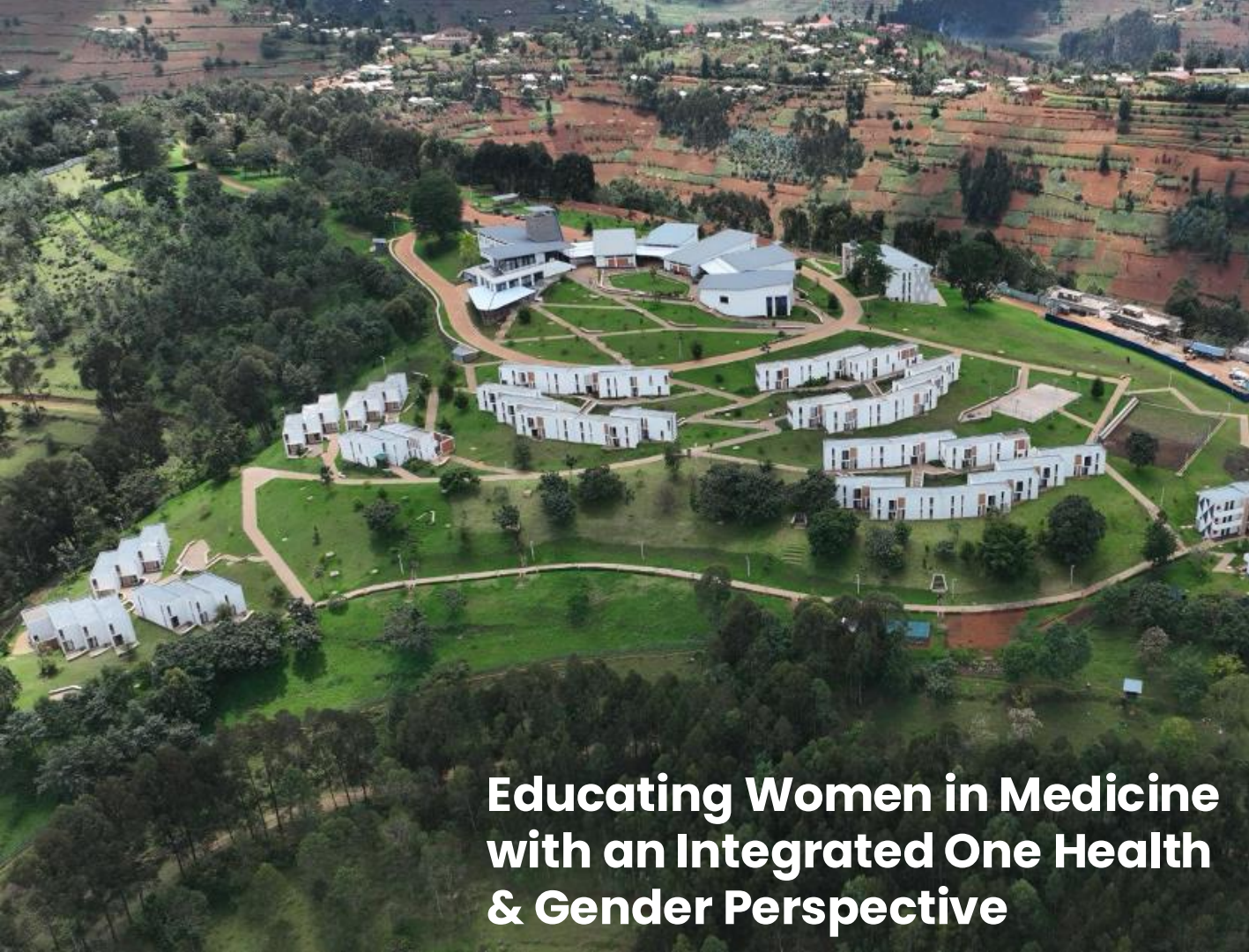


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Educating Women in Medicine with an Integrated One Health & Gender Perspective

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Outline



1. **Why this matters** – Women, One Health & gender equity
2. **UGHE case study** – Admissions, training, culture
3. **Impact** – Leadership & health systems
4. **Take-home messages** – Lessons & next steps



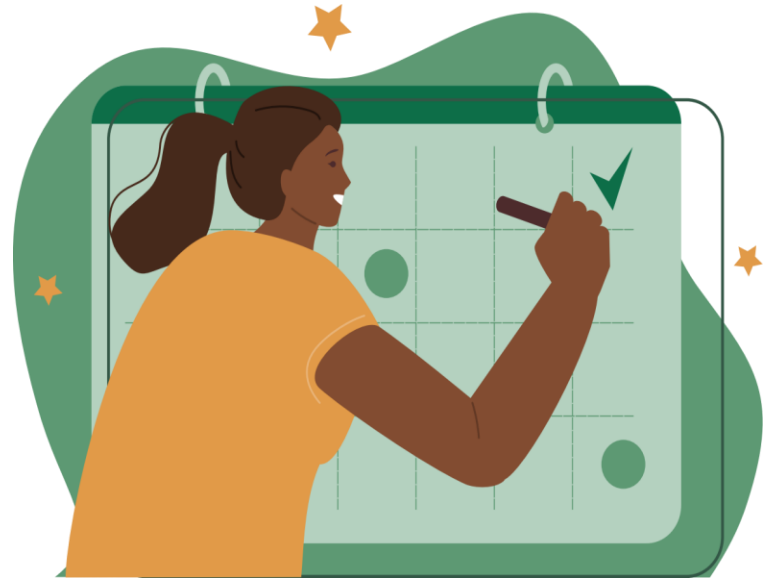


Women, One Health & Gender Equity in Medicine



- Women = **>70% health workforce**, but **<25% leadership**¹
- **Emerging health threats:** zoonoses, AMR, climate-sensitive diseases^{2,3}
- **Gender biases** in care & research^{4,5}
- Medical education often **siloe**d; **integrated** training is key⁶

Why this matters: Leadership diversity + integrated training → stronger health systems





Why Educating Women in Medicine Matters



- **Female internists:** lower 30-day mortality & readmissions¹
- **Female surgeons:** fewer complications at 90 days & 1 year in a cohort of ~1M surgeries²
- **Female physicians:** more patient-centered communication³



White Coat Ceremony at UGHE



UGHE Case Study: Increasing Women in Medicine



- **Equity-focused admissions:** 70% women by policy
- **Removing barriers:** Tuition-free, room & board, hygiene products
- **Mentorship & leadership:** Programs & women faculty role models¹
- **Inclusive culture:** Faculty-student relationships 'symmetrical' & empowering²



Inaugural Class of Medical Students at UGHE



Why Integrating One Health in Medicine Matters



- **Interdisciplinary readiness:** Equips doctors for zoonoses, AMR & climate threats^{1,2}
- **Early detection:** Collaboration speeds identification of emerging risks³
- **Coordinated responses:** Cross-sector work strengthens systems³
- **Exposure-informed care:** Animal/environmental contact questions improves diagnosis⁴



UGHE One Health Field School at a Rice Farm



UGHE Case Study: One Health & Medicine



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Why and how a university in Rwanda is training its medical students in one health

[Ursin Bayisenge](#) , [Kelsey Ripp](#), [Abebe Bekele](#) & [Phaedra Henley](#)

[Communications Medicine](#) 2, Article number: 153 (2022) | [Cite this article](#)

2857 Accesses | 6 Citations | 21 Altmetric | [Metrics](#)

The One Health approach considers the contribution of animals and the environment to health. Here we describe how the University of Global Health Equity in Rwanda is integrating One Health into its medical curriculum to train the next generation of doctors to respond to the health challenges of our changing planet.

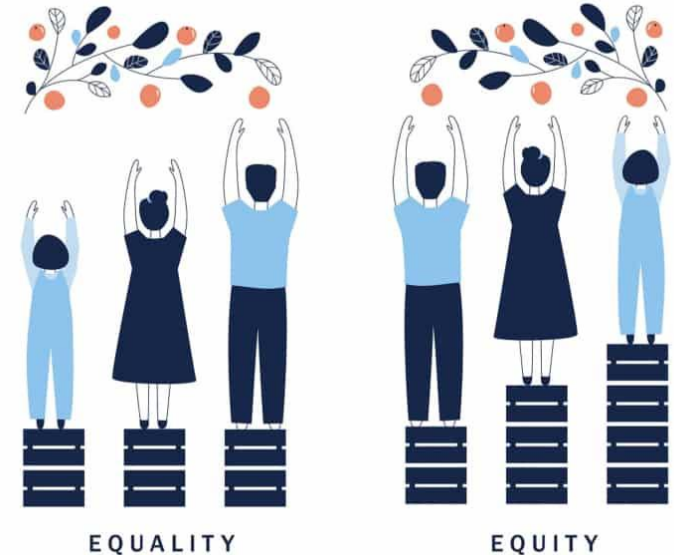
- Integration occurs during basic sciences & clinical years¹
- Students ask One Health questions during **Patient History**¹
- **Clinical Impact:** Improved diagnostic skills for zoonotic & environmentally-linked conditions²
- Dedicated **Center for One Health**



Why Integrating Gender Equity Training in Medicine Matters



- **Disease differences:** Men & women experience different patterns & progression¹
- **Bias in training & care:** Gender bias affects education & clinical practice^{2,3}
- **Health outcomes:** Addressing gendered risks improves diagnosis & treatment⁴
- **Inclusive systems:** Training builds equity into policies & care models⁴





UGHE Case Study: Training in Gender Equity & Liberal Arts



- **Widening perspectives:** Deepens understanding of gender, equity & justice¹
- **Critical thinking & advocacy:** Confidence in discussing sensitive topics & advocacy¹
- **Clinical impact:** Fostered empathy & holistic care by linking gender & social inequities to patient outcomes¹
- Dedicated **Center for Gender Equity**





The Multiplier Effect



- **Integrated education:** Reforms create cross-disciplinary synergy
- **Beyond the classroom:** Skills influence clinical practice & research
- **Leadership pipeline:** Equipped to lead with equity & interdisciplinarity
- **System-wide impact:** One curriculum reform → ripple effects across health systems & communities



One Health & Gender Panel at MedEd Conference



**Diverse leadership +
integrated training →
resilient, inclusive systems**



Women for One Health Network Secretariats at UGHE



**“The most costly failures
are failures of imagination.”**

– Dr. Paul E. Farmer (1959–2022),
Founder of UGHE



UGHE Medical Students with Dr. Paul Farmer

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Thank you! Murakoze!



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