Weill Cornell Medicine-Qatar

A Tanzanian Experience

Learning about Medicine and Life in Mwanza

Mwanza

Contents

Welcome to the Tanzania Experience!

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This booklet will give you a glimpse of what a group of students, selected for the service trip to Tanzania, experienced on their journey. For several years now the Student Affairs Division of Weill Cornell Medicine-Qatar has been supporting this invaluable experience.

In August 2017, I had the pleasure – together with Ms. Melanie Fernandes - to accompany a group of eight premedical students on their field trip to Mwanza, Tanzania. For a number of reasons this has been by far more than a routine “faculty-task” for me:

It was an immense pleasure to learn so much more about the students selected for this trip

There was (and is) so much to learn about Tanzania, not just facts about the country and its people but also the amazing wildlife in the Serengeti, and last but not least, the Tanzanian health system

Finally, I learned about myself, as I was fascinated by the culture and lifestyle.

I hope that this booklet not only reflects the views and perspectives of our students but also gives an impression of the beauty of the country and the people of Tanzania.
On a final note, I would like to thank all of the participants of this service trip:

First of all, the students: Tehniyat Baig, Ameena B. Shafiq, Akash Keluth Chavan, Basel Humos, Heta Ladumor, Karen John, Krishnadev V. Pillai and Seon Woo Kim. My co-chaperone, Ms. Melanie Fernandes, who has been a pleasure to work with before, during and after the trip. I would like to applaud to our outstanding hosts, Dr. Riaz Aziz and Dr. Justin R. Kingery, who did an excellent job of organizing our stay in Mwanza. Furthermore, I am also grateful to the medical students in Tanzania and all the others who helped make this trip such a success.

Additionally, I am positive that I speak for everybody from this year’s group when I express our gratitude for the generous help and support of Weill Cornell Medicine-Qatar, especially the Student Affairs Division.

I would highly recommend this service trip to all future doctors, not only to discover a fascinating new world but also as an eye-opener to the reality of healthcare provision in other countries and to learn more about yourself.

D.B.

Service Learning in Tanzania

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Exposure to a variety of underserved populations really helps cultivate global, health-minded future physicians. Without these experiences, medical students cannot quite fathom the complexities involved by simply reading about global health in text books or articles. As one individual, we feel that treating a certain condition in a target population can be overwhelming. However, when a program is well planned and executed—to help rather than harm—one individual can make a difference in people's lives as part of a team. The service learning trip hosted by doctors Riaz Aziz and Justin Kingery at Weill Bugando in Mwanza, Tanzania is a great example of these types of programs.

Zipping through the Serengeti on a dusty road, one can see how the Maasai live. Observing how simply they live humbles us in our technology-laden world of buzzing smart phones and flurries of emails. For the students and me, this was an invaluable experience, which taught us how little humans really need to thrive.

"... when a program is well planned and executed—to help rather than harm—one individual can make a difference in people's lives..."

For three days the students participated in Reach and Support All (RASA) where they assisted other medical personnel in screening for diabetes and hypertension. Each day in a different community, students measured height and weight, took blood pressure, and tested glucose levels for anyone in the town willing to undergo a screening free of charge. After the process, some of the recipients would even be referred to physicians onsite if their screening raised a red flag. These tests may be very simple in nature, but they can truly make a difference in these individuals' lives.

Looking back on the trip, it is clear that the students are able to rise to a challenge. They remained flexible and were willing to help whenever possible. It was apparent that medicine was their true calling. I was happy to observe them through this journey and see for myself how much they absorbed in just a short time. Perhaps this experience will spark the desire in one or more of them to be leaders in global health—making the world a much better place.

M.F.

The View of a Physician

Dr. Riaz Aziz
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Mwanza, Tanzania

Tanzania is the largest East African country with a population of 55 million people. It has a gross national income (GNI) per capita of $1 compared to the GNI per capita of $56 from the United States. Life expectancy at birth is 61 compared to 79 in the United States. Working as a clinician in this setting, the reality of these numbers is very obvious.

I work in Bugando Medical Centre (BMC), which is located in the northern city of Mwanza. This is one of the four tertiary-level hospitals in the country. It has 800 beds and serves the 15 million people of the Lake Zone. Traditionally, sub-Saharan Africa is known for its burden of infectious diseases, and most international aid has focused on these infections. Tanzania has made fantastic achievements in HIV and malaria care with the numbers of cases decreasing and patient survival increasing. Over the last two decades, most of sub-Saharan Africa has witnessed a transition of disease burden from infectious to non-communicable diseases. As clinicians, we are seeing more and more cases of diabetes, hypertension and heart failure. Predicting these diseases is extremely complex due to many social factors involved.

"As clinicians, we are seeing more and more cases of diabetes, hypertension and heart failure. Predicting these diseases is extremely complex due to many social factors involved."

When we see patients in the hospital with hypertension or diabetes, they are often suffering from the extreme consequences of uncontrolled diseases such as strokes, heart attacks and diabetic emergencies. This has devastating consequences for both the patients and their families. Most patients leave the hospital with care needs, which are frequently provided by family members. This reduces household work capacity and family income. The cost of hospital care frequently leaves households in considerable debt, adding further economic strain.

An important aspect of managing these diseases is early diagnosis. The financial cost and labour-intensive nature of community screening makes widespread implementation of such schemes challenging in Tanzania. We have been working with a Tanzanian non-profit organization named Reach and Support All (RASA) to increase community screening of hypertension and diabetes. We participate in this screening twice a year with the students from Weill Cornell Medicine - Qatar. This is a fantastic service to the community and an extremely rewarding experience for the students. We work alongside Tanzanian and many other international students on this project. The students learn a variety of key skills essential to becoming doctors in the future. They learn practical procedures such as how to take a blood pressure reading and measure blood sugars while also discovering the challenges of healthcare delivery in resource-limited settings.

This time around we had another fantastic week with the students, teaching and introducing them to the complexity of international health. As teachers of medicine, it is rewarding to see the students blossom and grow. Such experiences are essential for training doctors who will strive to reduce the disparities in global health.

R.A.

Discovering Tanzania: Dispelling Stereotypes

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Class of 2022

Growing up in the Middle East, my knowledge of the East African country of Tanzania was limited to third person perspectives. In my head, the image that I had in mind was that it was a low-income country, one that is poverty stricken and underdeveloped in terms of infrastructure and healthcare. But there were favorable attributes to the country as well including the "exotic" culture and scenic landscapes in addition to safaris, (safaris to me were nothing more than tourists wearing fancy hats, holding on to enormous cameras capable of capturing hyperreal images, performing the seemingly mundane activity of watching animals). Adding to this were the numerous precautionary vaccinations, medications and prophylaxes giving me a sense of travelling to a disease-ridden area where unless extremely cautious, one would end up with a deadly disease. Being a medical student, "empathy" is a constantly reiterated concept but the sensationalized accounts of low-income countries had only developed sympathy in me. The trip to Tanzania was a profoundly awakening experience. It enabled me to look beyond these stereotypes, experience the reality and humanize the conditions in Tanzania.

"The cultural and socioeconomic factors were only a façade, and the people underneath the surface were fundamentally similar. I realized that experience is key in evaluation."

No sooner did the flight land at Mwanza than my preconceived notions took off. As we exited the airport and commuted to our hotel I began to experience déjà vu. The traffic on the left side of the roads, the drainage system by the roads, the infrastructure, the roadside shops and the geography of Mwanza strongly resembled my hometown in India. I began to develop a sense of belonging to the place.

As my mind picked up more similarities with my place, I came to realize that Tanzania wasn't very different from India except perhaps the people. The people certainly would be very different, wouldn't they? However, my interactions with the Tanzanian medical students taught me a different narrative. Karaoke with them by the lake one evening was a real ice-breaker.

Explaining the complexity of my identity being originally from India but growing up in the Middle East to the patients in the medical camp became routine, and trying to learn Swahili whilst discovering its similarity to Arabic opened my eyes. The cultural and socioeconomic factors were only a façade, and the people underneath the surface were fundamentally similar. I realized that experience is key in evaluation.

Experiencing the safari through the Serengeti was also a transformative experience in discovering that it was more than just watching animals. The safari was both exhilarating and spiritually enlightening as it meant delving into an ecosystem in action. On one side, you observe an impala galloping in freedom whereas on the other side, you observe the carcass of another and a mound of feces a little further away. Looking around, you observe the limitless Serengeti (which means "endless plains" in the Masai language) that embodies freedom, yet interaction between predators and prey demonstrate hardships that limit that freedom.

Another of the many stereotypes would be viewing culture as something exotic. Culture is exotic when you look at it from a distance. Upon viewing it through the lens of experience and understanding, the sense of exoticism is lost. This was the case when we were introduced to aspects of Tanzanian culture with the visit to a Maasai village and the performance by the Sukuma snake dancers.

The trip to Tanzania indeed was enlightening in terms of enhancement of medical experience, but more importantly, it enabled the humanization of the conditions in Tanzania and made it more relatable to me, which helped me discover and experience true empathy. It is an experience every medical student deserves to have.

K.P.

Statement from a Tanzanian Doctor

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I've had the opportunity to work with the Qatar pre-med and medical students over the past four years, and it's always a nice reminder that people so young are so interested in going beyond their comfort zones to educate themselves and offer aid to those less fortunate. It says a lot about our generation where people have the ability to see and do so much more now for themselves, yet they are still eager to engage with other communities and provide help.

Primary healthcare in Tanzania is lacking and preventive care is almost non-existent with many patients enduring symptoms for months up to years, especially in less acute illnesses. Health awareness, income and accessibility to health insurance generally being low contributes to a system that does not favour the people and instead perpetuates a cycle of late treatment rather than prevention and control. With many young doctors in training in Tanzania, this will hopefully start to change as the doctor/patient ratio improves.

K.M.

Climbing Tanzania's Healthcare Hierarchy

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Put very simply, my trip to Tanzania has been one of the most inspiring and eye-opening experiences of my life. Nine days were more than enough for me to see the beauty of the nature there. One could feel the overwhelming sense of hospitability of the Tanzanian people and most importantly, grow a more mature perspective on the importance of global and public health in such countries and the need to invest much more in it.

Growing up in a country that suffers from a fragile healthcare system was one of the biggest reasons I decided to join this service trip. The under-constructed health facilities, routine medical errors, together with low-quality health provision in my country, Palestine, were all reasons that compelled me to pursue a career like medicine in the first place. I aspired to obtain high-quality medical education from reputable institutions in order to see what high-quality medical care looks like; through first-hand exposure to highly sophisticated medical equipment and practices, I could eventually go back to my home country and improve the underprivileged healthcare sector. It was through this trip, however, that I got to see a different facet of healthcare provision.

I realized that in order to effectively try to improve a healthcare sector, a wider perspective with regards to the division and provision of healthcare needs to be obtained, and a more critical view of certain gaps in healthcare provision are essential to construct a well-organized healthcare structure. This trip gave me a more diverse look at medical care and better insight on how to approach it, particularly in developing countries.

The first few days in Tanzania introduced us (a group of eight students from Weill Cornell Medicine – Qatar) to the country and gave us a good glimpse of the beauty of the nature scattered all around it. Driving around the Serengeti and going down the Ngorongoro Crater, created a bond between us, the land and the people, and gave us the energy and the focus we needed to walk through the healthcare facilities later on with a solid attitude and endless enthusiasm. A tour of the hospital came after three days of screening the general public for blood pressure and sugar levels. The screenings served primarily to introduce us as the initial point of contact between healthcare workers and the general population.

The first three days of screening were a great setup for our medical exposure journey. Our experience was very enriching in terms of learning how to take blood pressure manually, and overcoming the fear of pricking patients to test their glucose levels. We were able to see the bigger picture from such screenings. We learned about the burden of non-communicable diseases in Tanzania, and the challenges this poses to current healthcare systems. Many of the people we screened did not know of their extremely high blood pressure readings, and even worse, did not know how to manage this chronic illness. Through a simple screening, we were able to provide a small portion of the Tanzanian population with a lifeline they could hold onto in order to start treatment. Without such screening events, these people would never consider checking their blood pressure, and would have stayed undiagnosed up until possible heart failure.

This means that such screenings are the way to evaluate and help alleviate the burden of non-communicable diseases in Tanzania. In hindsight, we, as volunteering students, hope that through screening, we are planting the seed of change for these people, but the reality is that many other factors play into preventing Tanzanians from resuming their clinical check ups; one such simple reason is the long distances people must travel to reach healthcare centers. Evaluating the burden of non-communicable diseases proved more analytical than expected. It also provided me with the capacity to take a more critical look at such issues, not just in Tanzania, but wherever I go as a future doctor.

Following three days of screening, we climbed the ladder of healthcare provision in Tanzania like anyone from the general population would. We visited three layers of the health-

care hierarchy, and that neatly delineated the levels of healthcare provision that the general population receives. Starting from the bottom of the healthcare pyramid, we visited a dispensary, which is primarily concerned with women and children. This facility focuses on educating pregnant mothers about the importance of family planning, child health and upbringing, nutrition and sexual education. Tanzanian families take honor and pride in having a large number of children, and this usually meant that a mother would be expected to give birth, one after the other, until her body does not permit more pregnancies/deliveries. This poses a great risk to the mothers' bodies in terms of health as well as their children's health, not just the unborn fetuses, but also the growing infants. Doctors and healthcare providers would emphasize the importance of simple things like washing hands, a well-rounded meal plan for the children, breastfeeding and much more, as simple yet powerful means of preventative medicine. The dispensary equally focuses on empowering women to communicate with their spouses with regards to sexually transmitted infections and diseases and the importance of testing before engaging in sexual relationships, although the topic is taboo due to the stigma surrounding sexually transmitted diseases and infections. Doctors who guided us through the dispensary emphasized very strongly the importance of preventative medicine, and how educating and empowering the women is the key, consequently safeguarding them and their children from future illnesses.

"The timing of the trip - right before first year of medical school - was the perfect boost that I needed to enter medical school with confidence and zeal that this is what I want to do for the rest of my life."

The journey proceeded from the dispensary to a health center, which was concerned with basic diagnoses of the general public, along with child immunizations. Cases that were not dealt with at the health center were sent to Weill Bugando Hospital, a referral hospital in Mwanza. It is worth mentioning that a person going straight to Bugando Hospital with no referrals all the way up the hierarchy would have to pay more. This means that in order to receive high-quality healthcare in Tanzania, one must climb the proverbial ladder.

The final trip to Weill Bugando Hospital was perhaps the richest in terms of clinical experience. We explored all of the departments, which gave me a very clear image of what healthcare without extravagant equipment looks like.

Finally, and on a more personal level, this trip was a breath of fresh air for me. After several years of a science-heavy premedical curriculum, I was losing sight of why I chose this long and difficult career path. The timing of the trip - right before the first year of medical school - was the perfect boost that I needed to enter medical school with the confidence and zeal that this is what I want to do for the rest of my life. There is no doubt that medical school requires a vast amount of knowledge with regards to the human body and its pathologies, but it is also about the

attitude that one has towards one's job. I was reminded in the most wonderful and inspiring way of how noble is the career path that I have chosen, and the amount of responsibility that falls on my shoulders with every step I take in my studies. With this better polished perspective on medicine and all the insight that I obtained from this trip, I feel closer to fulfilling the role I have always hoped to fulfill: a future doctor who understands healthcare systems in the developing world, recognizes their gaps, and improves himself by acquiring skills and experience.

B.H.

An Introduction to Tanzania's Dual Burden

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A flutter. A flicker of yellow, vanishing as fast as it had appeared. A feeble hand drowsily moves to shield the eyes from the light – sole resistance against the outside world. Then, they open, revealing the resolve of humanity. His eyes look at me with a strong sense of conviction. His existence cannot be ignored. His eyes are almost out of place with the weak frame on which they find themselves. Beside him, his mother lies on the hospital bed, gazing at her malnourished child with love and pain. I stand behind the Tanzanian doctor who is carrying out the physical examination of the boy as he asks the mother about her health. The woman looks at the doctor and nods. She looks away with a look of guilt as if she were responsible for the state her child was in. Then, I had witnessed the same assertion against the forces of mortality that I had seen again and again in the limited time I spent in Tanzania.

From enjoying the kind hospitality of the Tanzanian people and exploring the Serengeti to witnessing the workings of the local medical system, everything was bustling with life, but the looming presence of disease, poverty and death demanded acknowledgement.

The majority of deaths in Tanzania are attributed to HIV/AIDS, malaria and tuberculosis. These are debilitating diseases that have serious implications for mortality, morbidity and quality of life. Unlike other developed countries, which have seen a vast decrease in HIV/AIDS incidence and mortality, the virus is still at large in Tanzania. Furthermore, other tropical diseases like schistosomiasis also contribute to mortality. On my trip to the Weill Bugando hospital in Mwanza, I saw numerous people with schistosomiasis, a disease spread by a parasite present in bodies of water. People who are affected by the disease are those whose livelihoods depend on fishing in the lakes. For them, avoiding contact with bodies of water is not an option. Poverty and malnutrition make matters worse when it comes to disease incidence. It is not just the presence of disease-causing vectors that has resulted in large mortality rates; it is a culmination of poverty, maternal and infant health, malnutrition and economic instability that has led to the present condition where the medical systems are not able to handle the huge burden that is placed on them.

"Unlike other developed countries, which have seen a vast decrease in HIV/AIDS incidence and mortality, the virus is still at large in Tanzania."

On one day during our trip, we visited the local health clinic and dispensary. Local people - mostly women - came to these dispensaries for regular check-ups. There were small departments set up for pre-natal and post-natal care. HIV testing was routinely carried out, vaccines were given and general health guidelines were offered to the public. Most of the medicines in these dispensaries were donated by foreign governments. A large portion of the health funds are allocated to HIV, malaria and TB, as these are the three diseases that attract the most attention from donors. However, the medical officers at the dispensary told me that it is still insufficient to treat every patient that presents with those diseases. Once the specific amount of supply runs out, the medical system cannot do much until the next batch of medicine arrives. Communicable diseases have placed a large burden on healthcare facilities, a burden which they do not have the capacity to keep up with.

Another epidemic is now on the march: non-communicable diseases (NCD). Tanzania is in the middle of rapid change. The socio-economic landscape is undergoing transition. Globalization has resulted in urbanization and the influx of large populations from rural areas to the cities. (Mayige et al) This change has bought with it an increased prevalence of sedentary lifestyles, unhealthy diet, smoking and alcohol consumption (Mayige et al.). As a result, NCDs like cardiovascular diseases, cancer, diabetes and upper respiratory conditions, once considered a rarity in Tanzania, are now commonplace. In 2015, 31 percent of deaths were attributed to NCDs (WHO -NCD Progress Monitor). This number is expected to reach 46 percent by 2030 (Nyaaba et al.). Although the majority of deaths in Tanzania are still caused by communicable diseases, the burden of non-communicable diseases is becoming significant, especially in adult populations, (Mayige et al.). Despite the serious implications of NCDs, their funding is disproportionately low. In 2015, the funds allocated to fight NCDs were just 1-2 percent of the total global health development assistance (WHO, "Financing National NCD Responses"). The majority of aid goes to communicable diseases due to their dramatic nature and apparent urgency. However, the exclusive focus on communicable diseases has come at a cost. Diseases like diabetes, cardiovascular diseases and cancers, which are preventable by screening and treatment at early stages of the diseases, are further burdening an already inadequate healthcare system. Lack of early

intervention due to limited resources has led to patients presenting at later stages of diseases, which have very high costs associated with them and hence leave patients with very little access to care. (Mayige et al.). This creates overwhelming pressure on a country like Tanzania, which now has to face dual challenges of non-communicable and communicable diseases.

On our trip, we had the chance to observe various levels of the healthcare delivery system. We started our learning at the bottom level: an outreach program to screen people for hypertension and blood sugar in different locations in Mwanza. Under the direction of helpful nurses and doctors, we learned to perform tests, to hear the pulse while using a blood pressure pump, to prick fingers and do blood sugar tests. We also learned (or attempted to learn) how to interact with the locals in Swahili. These tests, although simple, low-cost and low-tech, are quite impactful in the early detection of risk factors like hypertension and hyperglycemia. I learned that primary care systems and outreach awareness programs, which monitor populations at regular intervals, identify high-risk individuals and manage illnesses at early stages, are not only efficient at controlling disease but are also more economical. Both communicable and non-communicable diseases can be effectively managed and kept under control if the grassroots-level healthcare facilities are strong and well developed. Large amounts of money going into selective interventions does help for a while, but to create a healthcare environment which is more sustainable in the long-term, the medical system as a whole must be strengthened.

"...we learned to perform tests, to hear the pulse while using a blood pressure pump, to prick fingers and do blood sugar tests... These tests, although simple, low cost and low tech, are quite impactful in early detection of risk factors like hypertension and hyperglycemia."

This requires appropriate policies and treatment services to be present at all levels of the medical system (Mayige et al.). Unfortunately, this is lacking at present. Diversion of resources to designated diseases is compromising the strength and comprehensive development of the medical system. This might have to do with the trends of global health priorities of donor nations. Global health agendas are usually influenced by the national interests of donor countries. Health problems that threaten the vital interests of industrialized countries tend to become the global health priorities. For instance, in a joint statement by the US Department of State and the US Agency for International Development (USAID) in 2004–2009, US foreign policy and development policy are fully aligned to advance the National Security Strategy. The strategy is aimed at prosperity of American markets in foreign lands and creating conditions for investment and trade in

the recipient countries (Ollila). Selective interventions to treat infectious diseases rather than broader infrastructure development fits this premise well (Ollila). Greater stress on the use of new technologies that yield faster results and building of new structures has brought with it problems of unsustainability and inequity due to the high funds required, (Ollila). In an interview conducted with key policy makers in Tanzania, many respondents admitted that policy decisions related to health do not necessarily correlate with needs on site. Some respondents maintained that communicable disease programs were highest on the agenda but that other issues like health system development should be given greater attention. One health development partner said: "Sometimes things get funded because they become a high enough priority. Some things, they become a high priority because of funding." (Fischer and Strandberg-Larsen). There is a power dynamic created at the decision-making table. Governments of poor countries cannot assert themselves against donor priorities as it is hard for governments to operate or implement policies without donor assistance. Donor countries usually have an upper hand in the decision making process as they have the funds and higher technical expertise backing their position (Fischer and Strandberg-Larsen).

One way of creating a more equal playing field in this power dynamic between donors and the recipient governments is by having sound evidence to back their positions. When we visited the dispensary in Mwanza, the data in the registration room regarding patient profiles, their health and medication information were in the process of being digitized. Stacks of files with patient information over the last five years were being fed into computer databases. Fairly simple procedures like these have immense returns in the long run. High-quality health information systems are crucial for supporting policy decision arguments as well as devising effective health strategies (Maher, Smeeth, and Sekajugo). Having standardized data on things like the present conditions of NCD and CD prevalence, the costs associated with them, outcomes of treatment options etc. can improve

our understanding of the NCD and CD burden distribution in Tanzania. Progress in making policies that are in line with the needs on the ground can be achieved when partnerships are based on robust evidence and not on the hegemony of technology and money.

More international attention is now being directed at the issue of sustainability in global health. For instance, the UN recognized NCDs as one of the challenges to sustainable development. It was included in the sustainable development goals to be achieved by 2030 (WHO, “Health in 2015 - from MGDs to SDGs”). The changing attitudes can be used to build alliances that are more favorable to a health transition in Tanzania and other sub-Saharan countries.

Global health needs a goal which aims to mobilize investments and foster research that helps countries like Tanzania build local health systems that can, in the future, stand on their own two feet and not have to depend on the support of wealthier nations (Maher and Sekajugo). After all, global health is defined as: “an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide” (Koplan et al.). Health equity is what the global community should make their priority.

My time in Tanzania was filled with unique learning experiences. However, the most important thing I learnt was that helping those who need it most is a responsibility we all share. The various differences between us aren’t greater than our shared humanity or at least that is what I felt when everywhere I went, I was met with a smile and a greeting – ‘Karibou Sana’ (Most Welcome).

Progress in making policies that are in line with the needs on the ground can be achieved when partnerships are based on robust evidence and not on the hegemony of technology and money.

A.S.

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My Experience in Tanzania

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Class of 2022

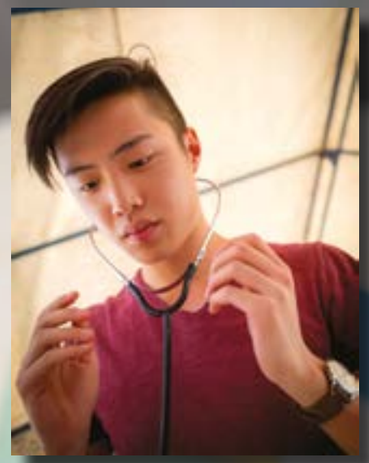
The trip to Tanzania was an entertaining and educational experience that was the perfect end to my summer break. The greenery and the views combined with the pleasant climate were breathtaking and refreshing. The trip schedule read like a vacation itinerary. However, this trip exceeded my expectations when it came to how much I learned and the insights I gained.

As premedical students, we have an abundance of opportunities to develop our medical knowledge in the form of assignments and immense courseloads that often test our ability to learn and process information to perform well under stress. To receive a well-rounded education, we are given the opportunity to shadow doctors at Hamad Medical Corporation and observe procedures with several health care practitioners using advanced surgical equipment. These opportunities, however, do not necessarily allow us to witness or participate in the doctor-patient interaction nor do they help us realize the situation in developing countries and the pressing issues that require effective public health measures. This trip was a unique experience that gave me the chance to observe the healthcare system in a developing country and move past the language barrier and cultural differences to gain insights into preventative methods and effective treatment.

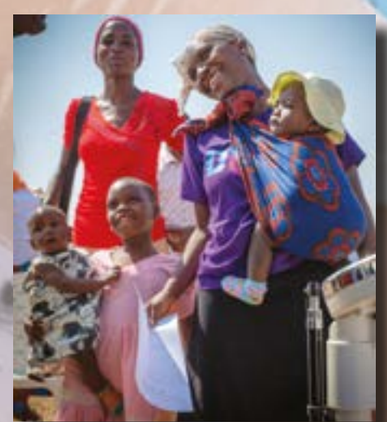
During the three days of outreach, we measured blood pressure and blood sugar levels at screenings, observing the different levels of healthcare—from dispensaries to a hospital with 800 beds: Weill Bugando Medical Centre. My contribution to the mass screening events helped me become more patient, resourceful, observant, and, most importantly, caring when it comes to a patient who is likely to be scared or in pain. Furthermore, we read and discussed cross-sectional and cohort studies that reported the incidence of hypertension and diabetes and more isignificantly, the effectiveness of health screenings in developing countries. Those five days of community service and observerships were tiring and challenging but they helped me develop and reflect on the most important qualities of a good doctor.

This trip's combination of education, community service and entertainment made this a valuable experience that one should not miss.

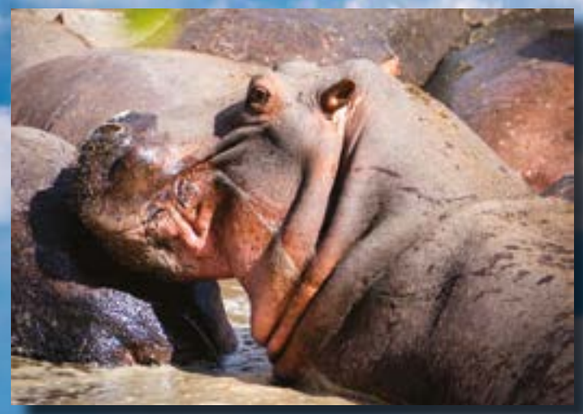
A.K.



WCM-Q students assisted in the health screening of the local population

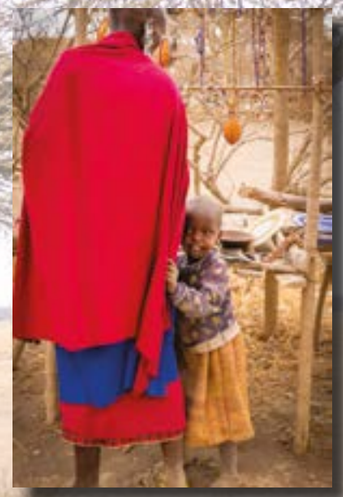


Screening in Mwanza and other Rural Areas of Tanzania



The Serengeti


Ngorongoro Crater



Visiting the Masai in the Serengeti

Impressions of Mwanza and its Suburbs

Mwanza and its Suburbs

Traditional Snake Dance

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Asanteni!

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