THE UNIVERSITY OF BRITISH COLUMBIA
Branch for International Surgical Care
Department of Surgery | Faculty of Medicine

Godfrey Sama Philipo Interview Transcript – January 15, 2021

Dr. Emilie Joos, BISC Associate Director, recently interviewed Godfrey Sama Philipo, a current student in the Master of Global Surgical Care program.

Dr. Godfrey Sama Philipo is a medical doctor from Dar Es Salaam, Tanzania. Passionate about global surgical care, he developed a deep understanding of the topic, joining the biggest medical student association on surgery InciSioN, completing an MPH in China and ultimately working as a research coordinator in his alma mater, Muhimbili University. He speaks about the challenges of studying a new field, where employment opportunities are not clearly defined and where funding can be difficult to obtain. He tells us that we should place the emphasis on workforce, not solely on clinical frontline providers, but also on researchers knowledgeable and dedicated to the field of global surgery. We hope that Dr. Philipo will be able to continue his studies with us and bring his meaningful contributions to our academic institution.

To view the full video interview, please visit **https://youtu.be/ssFgkbE-3DI**.

***Emilie**: Godfrey, you are from Tanzania, you have applied to a Master of Global Surgical Care, and are currently undergoing it. I am interested to back up a little bit and know a little bit more about you, where you grew up, what studies you did and what you are doing currently, in your research work?*

Godfrey: Thank you, Emilie. It is a great honor to participate in this. I am not sure if you have had other students from this part of the world. I feel so good that I was the first one to be part of it, although there have been a number of struggles and hurdles. I was trained in Tanzania, where I was born and grew up. I was trained as a medical doctor at the University of Health and Allied Sciences in Dar es Salaam. After my internship in one of the Regional Hospitals, Muhumbili Hospital, that is when I got the interest to go further.

I was part of a partnership, between Tanzania and China, and I got a scholarship to study a Master of Public Health in China. During my medical studies, I joined the International Federation of Medical Students Association. That was back in 2014, when all these movements about global surgery really started and later the publication of the Lancet Commission.

Back then, I did not understand global surgery very well, and how much I could contribute. But then, I learned through my medical studies, and also during my internship, of the burden of surgical diseases. I was able to participate and practice in person. I saw, for example, a woman needing a C-section and not being able to access it. Or maybe there is a delay for other reasons, and they are not able to receive enough care. I saw people losing their lives because of this. I understood it more and became passionate about it. I also understood the burden is higher in low and middle income countries.

I lived and experienced that, and even some of the people that I know experienced these challenges. Following my training in public health, I went back to Tanzania and worked as a researcher. But I didn't really know what to do, because the path of what you will do is not very straight in global surgery, compared to other paths. I kept my passion in learning about global surgery. I had the opportunity to learn from people like medical students from all over the world. I had some mentors and opportunities

to participate in conferences. I learned that you do not need to be a surgeon but that anyone can contribute and there are a lot of angles that one can contribute to in global surgery.

I learned from experiences, such as malaria, such as HIV, which are infectious diseases that are very prevalent in my setting. I saw how interventions to tackle these conditions need a team of people. Not only infectious disease specialists, but also social workers. This experience and also my knowledge on global surgery, gave me the opportunity to think more and also to vision more - what are the areas where I can contribute?

After my graduation, I came back to Tanzania, because that was my aim. I just wanted to get some knowledge and training elsewhere so that I can come back and apply it in my own country. So I came back to Tanzania, and I was lucky enough to be employed at the university where I was trained. I was employed in my current position, which is related to clinical research data.

I can say I was very fortunate though, because I am still working, not only with local people in Tanzania, but I was also involved in collaborative projects, mainly in cancer research. This needs more people, not only oncologists, not only pathologists, but also public health specialists. It is another area that has a high burden of disease, and it is increasing, especially in low resource settings. As you know, previously, it was considered a disease of the rich, so you can imagine the burden is still high.

When I learned about the global surgery program at UBC, I was interested. I thought it was something that will add much, much more in my career, and maybe provide me with the vision to try to combine all my expertise, my training and my experiences, and also my interest in global surgery, which I wanted to know more about. Because of all of my training during my career, I did not have any formal training in global surgery. I was fortunate enough to get this opportunity to participate in the Master in Global Surgical Care at UBC. And apart from all the challenges, the content of the course and trainers are really amazing. I feel very happy to be part of it.

***Emilie**: Wow, that's amazing. Godfrey, I do not know how to start continuing the conversation, because there is so much to unpack here. I mean, you are a medical doctor, in Tanzania. You are already in the heart of underserved areas and low surgical capacity.*

You know, from being in the midst of things, what is going on, what the problems are, what the issues are, and how we can get around that. Plus, you have that background in public health, which is huge, and extremely important to connect all the dots and you already have this understanding that surgical care is multidisciplinary. I think that this is really important, because, sometimes, a lot of surgeons do not understand directly that there is a big system around surgical care that requires different disciplines, different specialties, different expertise to actually make this work.

I am curious to know, how do you think at UBC, our Master's program, our trainers, our group of students and our level of expertise can help you achieve your goals? Do you have something in mind that you would want to work on in the next few years, that you think you can apply those principles to?

Godfrey: Thank you. I think one of the challenges that I faced after applying, and also after being accepted to this program, was funding. I could not pay for the tuition fee. That was in 2018. I remember. I was a bit sad that I was losing that position because I couldn't pay the tuition. Then, talking to Cecilia

and also the course organizers I got to learn that it was possible to defer and try to apply for the next time. I also tried to find resources to finance myself, because the funding at the university was low. It was not covering all the requirements of the program. I feel the program itself, it is a global study, it is global health. In the content itself, it says that the majority of these problems are in the low and middle income countries. I think UBC can consider helping other medical students or other interested professionals to try to attend these courses, because I feel like that it will help build capacity in low and middle income countries. But in my experiences, I have learned that even some of the students will learn from these people who are really living this situation.

You can come for a week and say you have learned global health, or you have done global surgery, but then you can be in a in a class where some people from those settings can share more of the contextual experiences. Helping students from all other areas where global surgery needs to be addressed is very important, not only for these people from these settings, but also for participation and learning from each other as students. I think it is very important.

For the program, it is very expensive. Emilie, you can see, especially when someone is in this setting, where you are, you are doing global surgery. But it is still a new field, you are not even sure where you will apply that knowledge in terms of employment, because it is still a growing program.

If you want to be a trainer, this is something that does not exist in this end. I think building capacity, especially online training, is very important because someone can still be learning and do some work. Then, when they feel it is a bit more standardized, that can help even more people from all other settings to be able to participate and benefit from this course, and also share the experience, and even include other people who have never been living in similar settings.

I feel that this is the most the most challenging thing. The program is very nice. I wish even more people can learn besides myself. This is something that is new in my setting and I wish that it can be initiated, because there is a burden. I feel like every medical student from every side including residents should have some exposure to, not only the surgical part of surgery, but also the public health part of surgery. The concept of calling it surgical care and also allowing even other people from other disciplines, not only surgeons, that is very key.

My next plan and my vision in the future is to learn from this program, be able to do it in my own country and share it with others as well. I actually want to do a PhD where I will use the global surgery cause as a global study topic. This will enhance me more and I can be able to share my opinion with others.

***Emilie**: I think at this point, this is a good segue way into what I wanted to ask. If you had to pick one problem, one issue, something you've been a witness of, especially in Tanzania, where you are right now, in surgical care, what would be something you would want to put all your efforts into? A problem you have identified in surgical care that you would want to fix?*

Godfrey: Well, I think one of the biggest problems is workforce. I would want to build more workforce in these settings, that should come first. If you have people with knowledge about a certain situation or a certain problem, then developing that problem in that area will be easy.

My knowledge is that, if we have people who understand global surgery, if we have enough surgeons, if we have enough anesthesiologists, it is easy for the next step to have people who can advocate for infrastructure development, and also even further training and further research in that area.

We have surgeons, and we have anesthesiologists, but then we also have the largest burden of disease and the least amount of resources to support training. This becomes a vicious cycle: when you don't have people, you can't do research. They will have to concentrate on the clinical care and then will not learn about the situation in itself, what the areas for improvement are. Also, if you don't have data, then you cannot even convince or build a case to the policymakers to be able to improve that area. A good example is HIV, where a lot of research and a lot of knowledge exists. That happened after having enough people who are working in that area. A lot of innovation came up and now the death rate has decreased. […]. If you build theatres and there is no one to use them, then that will be a waste. But if you build people, they will say - yes, we need this kind of infrastructure, we need these kinds of machines. And then this view can impact the future.

***Emilie**: You know, I have never seen this aspect. I think it is so interesting and that you are totally right. If we don't have enough clinicians, then, for sure, we won't have researchers to actually study the effects of what we do in a clinical setting. So, it is not only building up that workforce on the ground, on the frontlines actually doing the work, but it is also building a whole ecosystem around it. You need to be able to train the people who understand these issues and can actually be dedicated to study it. I think it is so smart. I have never seen it that way.*

Thank you Godfrey for this very enlightening conversation. We will, for sure, stay in touch and be in ongoing discussions about this funding problem that you mentioned and that we are very aware of. We really want to stay close to you and follow your progress in the global surgery world. I think we have a lot to learn from you and our program would really benefit from having people like you in it.