

# Doctors in Training Grant

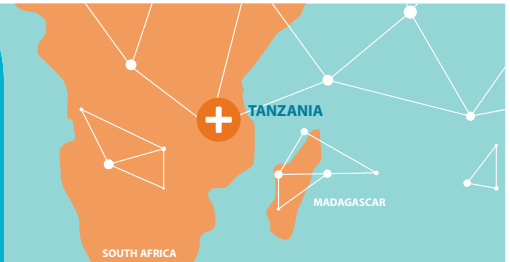
## FINAL REPORT



Celebrating our graduation, Africa style

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**East African Diploma** in  
Tropical Medicine and Hygiene  
**London School of Hygiene  
and Tropical Medicine**  
Moshi, Tanzania and Kampala, Uganda



It is now four months since I happily graduated from the East African Diploma of Tropical Medicine and Hygiene (DTMH) – an exhausting but enlightening three months of learning and growing in Tanzania and Uganda. The course, now in its sixth year, is run by the London School of Hygiene and Tropical Medicine (LSHTM). It is designed to bring the education and research opportunities of the London-based DTMH to the field in Africa, upskilling both locally-based doctors and those from around the world with an interest in working in Africa.

As an aspiring infectious diseases physician with a strong interest in public health, I had been researching courses for some time, and the East African DTMH seemed like a perfect fit. And so it was with a little trepidation and a lot of excitement that I departed for Tanzania in early September last year. While I had travelled in Africa twice previously, I had never spent such a long period of time there, or set foot in an African hospital – something I was both looking forward to and slightly nervous about.

On my arrival in Tanzania I was relieved to meet a wonderful and diverse group of doctors from around the world, who soon became close friends. There are 70 places on the course, and one-third of those spots are reserved for doctors from low- and middle-income countries, the majority of whom come from the East African region. The remainder of the places were filled by doctors from a variety of backgrounds from around the world – New Zealand, Sweden, Hong Kong, Japan and Canada to name just a few!

For the first six weeks we were based at Kilimanjaro Christian Medical Centre (KCMC), in the town of Moshi, Tanzania. Moshi is a small town in a remarkable location – right at the base of Mount Kilimanjaro, which towers over the hospital, and is a truly distracting view on a clear day! KCMC is a referral hospital for the northern region of Tanzania, serving a population of 15 million people with 630 ‘official’ beds – although the number of inpatients often far exceeds this! KCMC has a strong relationship with the LSHTM, and a lot of research is also performed there, so it was a fitting place to start our studies in tropical medicine.

Topics covered in those early weeks included epidemiology, malaria, parasitology and laboratory skills, and a crash course through common medical presentations in Africa (including ophthalmology, sexual health and dermatology).

*We were taught by a remarkable rotating cast of lecturers from the UK and more locally, including the esteemed Professor David Mabey and the inimitable Tom Doherty (both true legends of tropical medicine), amongst many others.*

A highlight of this time for me was the week spent in the laboratory learning basic diagnostic skills and studying parasitology. This was an entirely new topic and skillset for me, as it is not something that is commonly seen or taught here in Australia. I really enjoyed the opportunity to take what we were learning about in lectures and apply it in the lab – learning how to diagnose malaria from a blood film, or look for parasites in stool samples, was a surprisingly enjoyable and satisfying experience!

Sooner than any of us would have liked, our time in Moshi was up and we had a weeks’ break before moving to Uganda. The week off gave the more active amongst us the chance to climb Kilimanjaro, whilst others took advantage of the many wonderful safari locations nearby, or went to relax on the island of Zanzibar (my choice!).

We were a tight knit group after six weeks of intense time together in Moshi, and so after a week away it felt like a reunion to be back in Uganda all together. For the remaining six weeks of the course we were based at Mulago Hospital, the national referral hospital in the capital, Kampala. It is hard to know exactly how big Mulago really is, with buildings and wards spread over a hill in central Kampala – but we were told that the capacity is well over 2,000 inpatients when in full swing.

Our time in Kampala was spent on some big topics in tropical medicine, including HIV, TB, and maternal and child health. The burden of HIV in Uganda is among the highest in the world, giving us the opportunity to learn about HIV treatment and control measures on the ground, in a country that is dealing with this on a day-to-day basis.

*It was a true privilege to learn from leading Ugandan physicians and researchers, such as Professor Elly Katabira, a HIV physician at Mulago and Past President of the International AIDS Society. These doctors have dedicated their careers to fighting this epidemic in Uganda, with some amazing achievements and breakthroughs along the way – research undertaken in Uganda is responsible for many of the cornerstones of HIV management in practice today.*

In Uganda I also spent an elective week learning about Ebola. This was an unprecedented opportunity to hear from five doctors who worked on the frontline in Sierra Leone during the Ebola outbreak of 2014. Prior to West Africa in 2014, there had only been small outbreaks of Ebola, predominantly in Uganda and the Democratic Republic of the Congo (the largest being 500 cases in Uganda in 2000).

In comparison, in West Africa there were 30,000 cases and over 11,000 deaths. This in part explains why the West African outbreak was so disastrous – we had never experienced anything on this scale previously, and the best way of managing it was unknown. From our lecturers we heard about their experiences trying to establish outbreak control measures and treatment centres, as the numbers of patients steadily grew, as well as the challenges of producing management protocols and conducting research in outbreak settings. A highlight of the week (albeit a very uncomfortable one!) was a simulation session of an Ebola treatment centre, in which we had the opportunity to wear the full kit of personal protective equipment required for Ebola. While I hope we never experience an outbreak like 2014 again, the lessons from this week are applicable to many outbreak situations, and the knowledge gained will be invaluable for future fieldwork.

Of course, in addition to all this learning and study (there are three exams during the course, including a lab exam and an OSCE) we had a lot of fun – there were sports days, African dance concerts (and many nights of dancing!), BBQs and weekends away.

*Spending three months with like-minded but diverse individuals from around the world was an amazing experience, and I am sure I learnt just as much from my colleagues as I did from any lecture.*

Indeed, it was my colleagues – whom I now consider lifelong friends – who truly made the DTMH what it was for me. Having these remarkable individuals to debrief with was such an invaluable aspect of the course, which could at times be confronting, and I value their friendship above all else I gained in those three months. I look forward to following our cohort over the years, and seeing just where tropical medicine and a passion for global health can take us all.

Finally, I am beyond appreciative for the generous support of the MIGA Doctors in Training Grant, which allowed me to complete my DTMH. Going to Africa for three months to do the DTMH is by no means a light financial undertaking, however I have no doubt this experience and the new knowledge and skills gained, will influence my career for many years to come.



1. The front entrance to Kilimanjaro Christian Medical Centre
2. Donating blood in Kampala
3. Kisiizi Hospital, Southwest Uganda

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