## **BURCH FELLOW 2004**

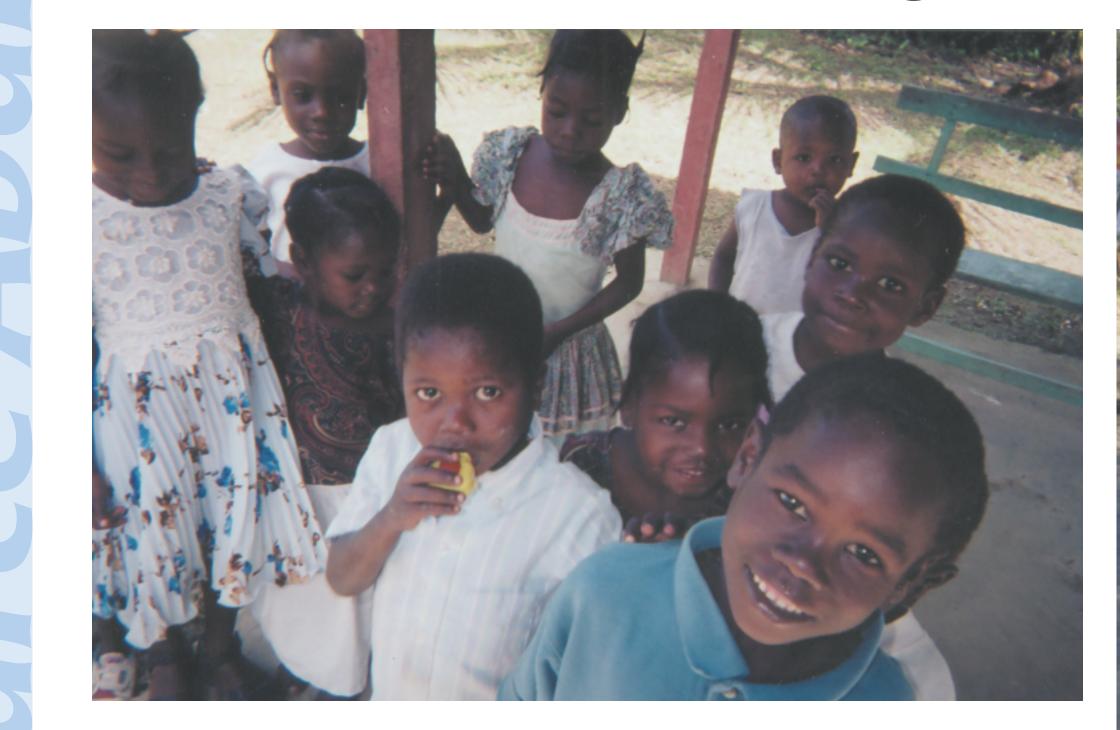


**Marce Abare** Class Hometown, State

rriving in Dar es Salaam last summer, I was full of anticipation for the familiar sights and smells of the city and the start of an undertaking laden with challenges. I traveled to Tanzania to oversee the pilot version of a new public health oriented exchange program for undergraduates called Partners in Research and Education in Sub-Saharan Africa (PERSA). Ten students – two from UNC, three from Duke, and five from Muhimbili University College of Health Sciences – participated in the eight-week program that I devised last year in collaboration with colleagues at Duke.

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My involvement in Tanzania's public health sector the previous summer had opened floodgates to my understanding of the unequal access to care and treatment that





characterizes current disparities in global health. Seeing firsthand the effects and implications of HIV/AIDS, TB, malaria, and other diseases that lie along the fault lines of our international order, forced me to consider myriad barriers to social development. Partners in Research and

Education in Sub-Saharan Africa (PERSA) came into being through a chance meeting of a Duke undergraduate in Dar es Salaam the summer before PERSA's pilot. Together we recognized the need for students like ourselves to travel to Africa and gain exposure to global perspectives of health care, and we shared a growing frustration with the limited opportunities for undergraduate students to engage in meaningful work in health care abroad.

PERSA offers Tanzanian and American students the opportunity to work in pairs to carry out community-based medical research projects for eight-week sessions, first in Tanzania and later in North Carolina. The objectives of the program are multi-pronged: it provides undergraduates experience in operational research methodology and an opportunity to

> become engaged in research analysis that could influence Tanzanian health policy; offers a unique

medical professionals. Participants attend physician rounds at local hospitals of different sizes in various economic regions and conduct their related research at these diverse facilities in order to experience a fuller breadth of the Tanzanian health care system. Students also volunteer with local community health organizations and are encouraged to make their own contacts and pursue areas of specific, related, interest. When I finally landed in Tanzania, after months of drafting

proposals and searching for funding, I discovered that things were not likely go exactly as I planned. The dormitories I had

arranged for us to stay in were already occupied! A faulty internet connection had prevented my being informed earlier. So I settled into a hospital-owned flat above Hindu Mandal Hospital in downtown Dar es Salaam, and then immediately took to wandering the dusty paths of Muhimbili University, speaking with students about the program and scheduling meetings with administrators and faculty. I slowly accumulated allies for PERSA and made new friends in the process. Thanks to the help of the Dean of Medicine, Dr. Charles Mkony, I

found Dr. Julie Makani, a PhD student interested in coordinating the program at Muhimbili. I also met Andreas

Nshala, president of the Tanzanian Medical Students Association (TAMSA), who identified five medical student interested in participating in the pilot program. My cohort from Duke and the other US students arrived within two weeks, and shortly thereafter we took the ten participants out for drinks and introductions. While I was taking care of the logistical aspects of the program,

each of the pairs of students was

busy formulating and conducting

Bundala and Gene Bain carried out

information, including opportuni-

their research projects. Felix

surveys to explore how health

options) to adherence to long-term treatment. Catherine Kahabuka and Cyrus Yamin conducted a baseline screen for type 1 diabetes in children to assess the prevalence or potential for misdiagnoses. Hayden Madry and Andreas Nshala explored the affects of HIV on the productivity of workers and the subsequent response of corporations in the Dar es Salaam area. Salehe Juma and Richard Bouchard explored the increasing use of biomedical equipment and imaging techniques, such as MRI and CT scans, as they relate to diagnosis and treatment options.

I thought that arranging logistics and establishing administrative support for PERSA at the medical school was going to be the toughest part of my job. More challenging however, was working with participants to adjust to life in Tanzania, establish research projects, and settle into partnerships. Looking back on the experience, I

am enormously impressed by each individual's ability to delve into a new setting and work continuously with such innovation and independence. As a student, I see the enthusiasm, curiosity, and capability of the undergraduate population at UNC going untapped and unacknowledged. Finding an appropriate vehicle to utilize these characteristics could revolutionize education at this level – leading ultimately to a more informed, globally conscious community. In the future, I would like to see PERSA be incorporated as just a small part of a larger movement to transform the undergraduate experience at UNC.



## DAR ES SALAAM, TANZANIA

opportunity for cultural exchange and development of lasting relationships with Tanzanian students and professionals; facilitates an understanding of the infrastructure, organization, benefits, limitations, and challenges of the health care sector in a developing country; and inputs monetary and educational resources into Tanzania's future



ties for care and education, is disseminated in the public sector from policy makers to health care providers to patients. Alan Woodruff and Emmanuel Balandya investigated correlations between socioeconomic factors (particularly living conditions and transport