



Press Release

Global Surgery Must Evolve. At Mercy Ships, We're Demonstrating How.

Sherif Emil MD, CM, FACS, FRCSC, FAAAP
International Chief Medical Officer, Mercy Ships

My journey into medicine wasn't conventional. Growing up in a family of doctors, I initially sought my own, unique path. I began my career in engineering but soon realized something was missing for me — the human element. I was drawn back to medicine, back to what I now see as a calling: to serve, to connect, and to help transform the lives of children through surgery.

Driven by this desire for connection, I went on to train in surgery and then pediatric surgery, developing a deep commitment to global healthcare and eventually finding Mercy Ships. My devotion to underserved communities was ignited by my parents' work as physicians in rural Nigeria, sparking a lifelong drive to deliver surgical care to those most in need.

In my career, I've operated in high-tech hospitals and in some of the most resource-limited settings on earth. Global surgery is a diverse and multi-faceted effort. Short-term missions and charitable work contribute to that effort. But moving forward, global surgery's success should become rooted in equity, local leadership, and lasting collaboration. That is the vision I bring to my role as International Chief Medical Officer (ICMO) at Mercy Ships. It is a vision shared by many in the organization; one we seek to bring to life through our actions.

Mercy Ships operates the world's largest civilian hospital ships, bringing surgical care to people who would otherwise never access it. But our work is not just about surgeries. It's about partnerships. It is about working alongside African Ministries of Health, Governments, surgeons, nurses, and hospitals to build systems that endure.

In my years with Mercy Ships, first as a volunteer, then as a Pediatric Surgery Specialty Consultant, I've seen the difference this approach makes. I've had the privilege of mentoring and being mentored. I've worked with African surgical leaders in low- and middle-income countries (LMIC) who are reshaping their own healthcare systems, not just for today, but for future generations.

Most of our volunteer surgeons have historically come from high-income countries, and I wanted to change that. [A recent survey of North American pediatric surgeons](#) showed that almost half have been engaged in international work at some time point in their training or career, more than 80% were interested in operating with and teaching surgeons in LMIC settings, and nearly all were interested in surgical volunteerism.

The need for pediatric surgical expertise in LMIC's is immense, as [shown by studies analyzing the pediatric surgery](#) workforce in Africa and other low-resource environments. Interestingly, pediatric surgeons in those environments typically express a desire for collaboration and educational initiatives, rather than material goods and funds. [A number of authors](#) have raised concerns about the lack of equity, mutual benefit, and capacity building in surgical relationships between the Global North (the richest countries with most up-to-date technology) and Global South (less resources and less money).

Before I became ICMO, I submitted a proposal to Mercy Ships Programs to subsidize pediatric surgeons from LMICs to recruit surgical volunteers from these countries and diversify our surgical workforce. The proposal was welcomed, and we are in the process of implementing it.

This model was exemplified by a recent experience on board the *Global Mercy*[™], when we welcomed Dr. Justina Seyi-Olajide, the first African pediatric surgeon to volunteer with Mercy Ships. A prominent Nigerian pediatric surgeon and surgical leader, her presence was not symbolic; it was foundational. She represents a shift in how everyone should be thinking about global health: not as 'us helping Africa,' but as 'serving and learning together.'

Dr. Seyi-Olajide's expertise, cultural insight, and leadership are exactly what the global surgery community needs. Her involvement shows young African surgeons that their place isn't only in receiving knowledge but in leading it, sharing it, and shaping the future of care in their own countries and beyond.

Pediatric surgical needs in Africa are vast. But so is the potential. We are seeing a new generation of African surgeons rise who are talented, passionate, and ready to lead. While she was onboard the *Global Mercy* in Sierra Leone, the entire team could see the beauty of her experience. She really shined, not just because of her technical and clinical performance, but in the way she integrated herself into the team and the life and fellowship onboard. We also had a local nurse from Sierra Leone participate in our Education, Training, and Advocacy (ETA) program as part of our team the first week.

Our role at Mercy Ships is to support, listen, and partner with our African colleagues — not to overshadow. We're investing in training programs, supporting local systems, and ensuring that care continues long after our ships have moved on.

In global surgery, good intentions are not enough. We must avoid the pitfalls of past models where aid could unintentionally cause harm, overlook local expertise, or create dependency. There are concepts about the sins of humanitarian medicine and that inequality that is still too common. But we can do better. We can equalize the playing field, and we are a living example of that.

At Mercy Ships, we are building something different and something lasting. As I am now six months into this new role as ICMO, I remain deeply committed to growing that vision which places African voices at the center, prioritizes education, and provides safe, life-changing surgery to the children and families who need it most. We hope this will plant the seed to recruit more surgeons across Africa.

Dr. Seyi-Olajide has now served for a second time, this time in Madagascar aboard the *Africa Mercy*®. In her second service, she mentored a younger surgeon from a high-income country. That is the future we're working towards for many. We have seen this before with surgeons like Dr. Abraham Wodomé from Togo, whose long-standing relationship with Mercy Ships has made him a mentor to many western surgeons, sharing his expertise, shaping surgical care on our ships, and training local surgeons in Togo. We are changing the dynamic.

The future of global surgery must be collaborative, inclusive, and just. I believe Mercy Ships can help lead the way – not alone, but hand in hand with the people we serve.

ENDS

Background bio for press:

A professor of Pediatric Surgery at McGill University, Saputo Foundation Chair in Pediatric Surgical Education in the Faculty of Medicine and Health Sciences, Associate Chair for Education in the Department of Pediatric Surgery, and former Director of the Harvey E. Beardmore Division of Pediatric Surgery at The Montreal Children's Hospital, Dr. Emil has spent 25 years in global surgery, inspiring young surgeons and advancing pediatric surgical care worldwide. His extensive experience in both Canada and the US, as well as in Africa, has uniquely prepared him for this role, having seen firsthand the disparities in healthcare access across the globe.

For nearly a decade, Dr. Emil has been deeply involved with Mercy Ships, serving on the Canadian Mercy Ships Board and participating in multiple field missions. He initiated pediatric surgery as its own service line within Mercy Ships and has been the Pediatric Surgery Specialty Consultant since that initiation. His journey with Mercy Ships took him across Africa,

providing transformative surgical care to patients in Madagascar, Benin, Cameroon, Guinea, Senegal, and Sierra Leone.

In recognition of his commitment, Dr. Emil was awarded the prestigious Don E. Meier Surgical Humanitarian Award from the American Pediatric Surgical Association in 2024.