ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I spent three weeks at World Medical Fund, a charity that runs paediatric outreach clinics in the Nkhotakota district of central Malawi. The clinics ran three times a week, leaving time for health education sessions and HIV clinics. During my time at WMF, I assessed unwell patients, made treatment plans, assisted in pharmacy and did rapid diagnostic malaria testing. I had to learn Chichewa, the local language, in order to take histories from patients. I also assisted in HIV clinics assessing adherence to medication and treating any complications.

1) Describe the pattern of malaria within the rural communities of the Central region of Malawi and discuss this in the context of the burden of malaria throughout Malawi and the rest of Africa.

Malaria was one of the most common, if not the most common, diagnoses I saw at the outreach clinics in Malawi. Due to the way in which malaria tests were funded, they were used for diagnosis of symptomatic patients rather than screening of all children who attended clinic. However, as malaria is endemic in Malawi, the vast majority of children had at least one symptom which could be attributed to malaria, and therefore most children were tested. The incidence of malaria varied between villages, but always over 50% of children tested were positive.

I witnessed a spectrum of severity of malaria in children. Often children presented suffering from fever, weakness, abdominal pain and headaches. Others would be relatively asymptomatic apart from mild lethargy and fever. On the other hand I saw some children who were very unwell with malaria who had presented with reduced conciousness and convulsions. It was also common to see children who had repeatedly tested positive for malaria when I looked back through their health passports, suggesting that there was a need for improved preventative in rural villages.

The burden of malaria in Nkhotakota reflects the high burden across the rest of Malawi. Other sub-Saharan African countries also have a high incidence of malaria.

2) Describe the pattern of primary care services in Malawi, looking at the similarities and differences to the UK.

There are very limited primary care services in Malawi. The continued presence of many traditional healers attests to the difficulties people face accessing medical care. Families living in rural communities especially, have limited access to primary care services. Larger towns may have health centres or hospitals where people can attend outpatients, which functions like a walk in centre in the UK, to be seen by a clinician. Whereas in the UK, patients will have a named GP who is responsible for coordinating their care, in Malawi, patients carry their own health records in health passports which they take to anywhere they access healthcare.

WMF is a charity that fills a gap in the government healthcare provision in Malawi. Their clinics act a bit like a GP service for children, they do not treat anyone over 15 years old. However, they are limited in the treatments available, and there are no investigations that can be done. Furthermore, due to resource limitations, the clinics can only be run in each village once every 4 weeks. Therefore children go

without healthcare for a month at a time. This is very different to the UK where people can access healthcare 24/7, and primary care at least every week day.

The greatest difference I saw was the way antibiotics were used. In the clinic, all patients who oresent wth a cough, regardless of examination findings, duration and whether or not it is productive, are given antibiotics. Whereas, in the UK, many similar patients woukd be treated conservatively due to the likely cause being viral. I think clinicians tend to give antibiotics in the clinics because the children cannot easily access healthcare if they were to get worse, however it is not evidence based medicine.

3) Describe the public health strategies employed in the Central Region of Malawi to reduce the incidence of tropical diseases.

The main public health strategy employed in central Malawi is health education. Before every clinic, the nurse would talk to the people gathered in the village to educate families about how to recognise and prevent malaria. WMF does not currently give mosquito nets out to families at outreach clinics. However, there is a scheme in Malawi to give out mosquito nets to all pregnant mothers in order to reduce the incidence of malaria.

Schistosomiasis is another tropical disease that is particularly prelavant in Nkhotakota due to the presence of bilharizia parasites in Lake Malawi. Many people use the lake for fishing and bathing, putting themselves at risk of getting schistosomiasis. However, during my time in Nkhotakota I was not aware of any public health strategies targeted at schistosomiasis. I think greater education about avoiding areas of the lake with high parasite concentrations and avoiding urination in the lake to reduce the spread, would be a simple public health strategy.

4) To develop my skills as a member of a clinical team when working in an unfamiliar cultural environment

At the outreach clinics I was able to develop my clinical assessment skills. I saw many unwell children over the three weeks and I was able to hone my ability to recognise when a child looked sick. At each clinic we saw over 200 patients - at the largest clinic we saw 392 children in one day - and so I very quickly increased my confidence in assessing children. I was able to pick up many clinical signs, including signs of respiratory distress, crackles, splenomegaly and jaundice.

One of the big challenges I faced was conducting a consultation in a foreign language. By the end of the placement my Chichewa medical vocabulary was greatly improved, however I always felt that the history taking was a real limitation of the clinic. In the UK I rely heavily on a good history to establish a diagnosis, however during the clinics my examination skills became much more important. The clinical officers were invaluable for translation in difficult cases.

The clinical officers and the other medical students worked very well as a team during clinic. Although we assessed our own patients as individuals, everyone else was always happy to lend an eye or an ear to check something I did not feel confident about. We also we able to have good discussions about the best management in difficult cases. I initially found it very difficult to recognise skin conditions, however I learnt from the clinical officers and became comfortable diagnosing chronic scabies, tinea and impetigo.