ELECTIVE (SSC5b) REPORT (1200 words)

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

In my final year of medical school in the UK, having only ever experienced the medical system there, my elective in Mombasa at Bomu Hospital provided a unique opportunity to observe and engage with the local healthcare system, particularly focusing on women's health. The elective aimed to address four primary objectives: understanding the pattern of infectious diseases in pregnant women, comparing health provision between Kenya and the UK, contrasting antenatal services, and enhancing my knowledge and skills in women's health in a different clinical environment.

Objective 1: Infectious Diseases in Pregnant Women in Kenya

Pattern of Infectious Diseases

Kenya, like many sub-Saharan African countries, faces a significant burden of infectious diseases, particularly among vulnerable groups and pregnant women. The most prevalent infectious diseases in this demographic include malaria, HIV/AIDS, and sexually transmitted infections (STIs) such as syphilis and chlamydia.

Malaria: Malaria remains a major public health issue in Kenya, with pregnant women being particularly vulnerable due to their altered immune status. Malaria in pregnancy can lead to severe complications such as maternal anaemia, low birth weight, preterm delivery, and increased infant mortality.

HIV/AIDS: Kenya has made substantial progress in combating HIV/AIDS, yet it remains a significant concern. Pregnant women with HIV are at risk of transmitting the virus to their infants during pregnancy, childbirth, or breastfeeding. The country has implemented the Prevention of Mother-To-Child Transmission (PMTCT) program, which has significantly reduced transmission rates but challenges remain, particularly in resource-limited settings.

STIs: STIs are prevalent among pregnant women in Kenya, with syphilis being notably common. Untreated STIs can lead to adverse pregnancy outcomes such as stillbirth, neonatal death, and congenital infections. Cultural and financial barriers may prevent women from seeking care for symptoms of STIs, leading to complications for both mother and baby.

Global Health Context

In a global health context, the burden of infectious diseases in pregnant women in Kenya highlights disparities between high-income and low-income countries. Factors such as limited access to healthcare, socioeconomic status, and educational barriers contribute to these disparities. Efforts by global health organizations focus on improving maternal health through interventions like the distribution of insecticide-treated bed nets, antiretroviral therapy for HIV, and routine screening and treatment for STIs. I was fortunate enough to spend my elective at Bomu Hospital, which has a particular focus on treating HIV and community-based education programmes, so I was able to see the work of NGOs and other public health initiatives and the impact they have on women and their wider communities.

Objective 2: Comparing Health Provision in Kenya with the UK

Health Provision in Kenya

Kenya's healthcare system is a mix of public and private sectors. The public sector, managed by the Ministry of Health, provides many healthcare services, particularly for those living in poverty and in rural areas with limited access to healthcare. However, public healthcare facilities often face challenges such as inadequate funding, shortage of healthcare professionals, and limited medical supplies. My time in Mombasa overlapped with the 56 day Doctor's strike, which resulted in many hospitals closing, and others only open for maternity and A&E. Although Bomu Hospital is a private hospital, the effects of this strike extended to be felt in our hospital and the wider community.

Primary healthcare is delivered through a network of dispensaries and health centres, with district and county hospitals providing secondary and tertiary care. Despite efforts to decentralize health services, disparities in healthcare access remain, especially in rural and underserved regions.

The private sector, including non-governmental organizations (NGOs) and faith-based organizations, plays a crucial role in supplementing public healthcare services. Private facilities often provide higher quality care but at a cost, limiting access for low-income populations. Bomu provides subsidised care at a high standard, and can provide free care to those income-assessed as being unable to afford healthcare.

Health Provision in the UK

The United Kingdom's healthcare system is primarily funded through taxation and provides services free at the point of use via the National Health Service (NHS). The NHS is structured to ensure equitable access to healthcare for all residents, regardless of socioeconomic status.

Primary care in the UK is delivered through general practitioners (GPs), who act as gatekeepers to secondary and tertiary care. Specialist services, hospitals, and advanced medical facilities are widely accessible, with a strong emphasis on preventive care and health promotion.

Comparison and Contrast

While both Kenya and the UK aim to provide comprehensive healthcare, the key differences lie in funding, accessibility, and quality. The UK's NHS is more robust, well-funded, and able to provide a higher standard of care universally. In contrast, Kenya's healthcare system struggles with funding constraints, leading to inequalities in service provision, particularly in rural areas.

Kenya's reliance on both public and private sectors results in a fragmented system where the quality of care can vary significantly. Conversely, the UK's centralized system ensures more uniform standards of care across the country. Moreover, preventive and primary healthcare services are more systematically implemented in the UK compared to Kenya.

Objective 3: Comparing Antenatal Services in Kenya and the UK

Antenatal Services in Kenya

Antenatal care (ANC) in Kenya is crucial for monitoring the health of pregnant women and their unborn children. Services typically include routine check-ups, screening for infectious diseases (such as HIV and syphilis), nutritional support, and education on maternal health.

However, access to antenatal services can be inconsistent. In urban areas, women have better access to comprehensive ANC services, while in rural areas, geographical and economic barriers often limit access. The quality of services can also be hindered by shortages of trained healthcare providers and medical supplies.

Despite these challenges, initiatives such as community health volunteers and mobile clinics have been introduced to improve ANC coverage in remote areas. These efforts aim to increase early and regular

attendance at antenatal clinics, which is crucial for preventing and managing complications during pregnancy.

Antenatal Services in the UK

In the UK, antenatal services are well-established and universally accessible through the NHS. Pregnant women are encouraged to attend their first antenatal appointment by the 10th week of pregnancy, followed by regular check-ups throughout the pregnancy.

Services provided include comprehensive screening for genetic disorders, infectious diseases, and other health conditions. Nutritional advice, mental health support, and childbirth education are integral parts of antenatal care in the UK.

Midwives play a central role in the provision of ANC, working alongside obstetricians and other specialists to ensure holistic care. The UK's system emphasizes early detection and management of pregnancy-related issues, supported by advanced medical technology and infrastructure.

Differences and Similarities

The primary difference between antenatal services in Kenya and the UK lies in accessibility and quality. While the UK offers universally accessible, high-quality antenatal care, Kenya faces significant challenges in ensuring consistent access to these services, especially in rural areas.

Both countries prioritize maternal and child health, but the UK's more robust healthcare infrastructure and better resource allocation allow for more comprehensive and effective ANC services. Kenya's efforts to improve antenatal care through community initiatives and mobile health units are commendable but still limited by broader systemic issues.

Objective 4: Enhancing Personal Knowledge and Skills in Women's Health

Clinical Environment in Mombasa

Working in a different clinical environment in Mombasa offered valuable insights into women's health issues specific to a low-resource setting. The experience allowed me to observe and participate in the management of various conditions not commonly seen in the UK, such as severe malaria in pregnancy and advanced HIV/AIDS cases.

Skills Development

My time in Mombasa enhanced my clinical skills, particularly in conducting thorough obstetric examinations, diagnosing and managing infectious diseases, and understanding the socio-cultural factors influencing healthcare delivery. I had the opportunity to work closely with local healthcare providers, learning from their expertise in managing complex cases with limited resources.

The exposure to a high prevalence of infectious diseases in pregnancy also improved my diagnostic acumen and ability to develop differential diagnoses in a setting where advanced diagnostic tools are not always available. This experience underscored the importance of clinical judgment and resourcefulness.

Women's Health Issues

The elective deepened my understanding of women's health issues in a global context, highlighting the impact of social determinants of health such as poverty, education, and access to healthcare services. It also reinforced the importance of culturally sensitive care and the need for global health initiatives to address disparities in maternal and child health outcomes.

Conclusion

My medical elective in Mombasa, Kenya, provided a comprehensive learning experience that addressed the outlined objectives. It offered a firsthand understanding of the patterns of infectious diseases in pregnant women within a global health context, illuminated the differences in health provision between Kenya and the UK, and highlighted the disparities in antenatal services. Furthermore, it significantly enhanced my knowledge and clinical skills in women's health, preparing me for a future career in global health and obstetrics. The insights gained from this elective will undoubtedly influence my approach to patient care and my understanding of healthcare systems worldwide.