ELECTIVE (SSC5c) REPORT (1200 words)

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

During my elective in Swaziland I have been privileged to get involved with Good Shepherd Hospital. The hospital is found in a rural area of Swaziland and therefore has to deal with any and all needs of the surrounding community, as access to large city hospitals is near impossible for the majority of its patients. In trying to compare it to the UK I suppose this is most akin to a District General Hospital, although the selection of different 'departments' found at Good Shepherd is unsurprisingly far from what a District General would be asked to provide... Furthermore the hospital also provides a lot of the primary care services to the population. Although there are now a number of Community Clinics in Swaziland that are attempting to be 'GP-like surgeries', they are often nurse-led and frequently inadequately (or just sporadically) supplied with the medications required. There are also very limited tests and investigations that can be carried out at the clinics, and as such patients are often referred on (if they can afford the bus fare) to the hospital. Despite this it is clear that such Community Clinics are paramount to the wellbeing of their local populations. In particular they have a huge Public Health role in attempting to get on top of the devastating and exceedingly prevalent epidemics of HIV and MDR-TB that affect the country.

During our time at the hospital we rotated through a number of the departments and also went on home-based care visits and spent time in the Community Clinics. There is so much that I have seen and learnt that it would be impossible to cover it all in one reflection, therefore I have decided to focus on HIV as this is a big problem in Swaziland, but also one that they have taken huge leaps and bounds to address.

Good Shepherd has a designated HIV department that runs a clinic everyday with a dedicated team of doctors, nurses and other healthcare workers. The clinic acts as a base for patients diagnosed with HIV to provide them with medications, monitor their progress and also deal with their everyday health needs. Furthermore it manages new diagnoses of HIV through providing counselling and therapy initiation. The mountain they have to climb is incredible, with 27% of the country already diagnosed with HIV and many more diagnosed each day. Contrary to the UK, many of these diagnoses are made very late when the patient's CD4 count is already incredibly low, which of course has severe implications both for their immediate and long-term prognosis. It was really eye-opening to see patient after patient walking through the door with CD4 counts of <30... Thanks to an intensive funding burst by the Government there are a number of HIV drugs available, however this actually only translates to 1st and 2nd line therapeutic options. It is incredibly scary to see patients fail first line therapy, and then to know that they only have one more chance or there's nothing available.

One of the factors that drives failure of 1st-line therapy is failure of adherence to the medication regime. There are of course numerous contributors to this, however it was really interesting to see how the doctors here dealt with it. For example, a particular patient we saw had been happily installed on first-line therapy and then due to an upheaval in the family situation and a resulting

(what looked like) depression, she was no longer consistently taking her medication. The doctor spoke to the patient and took all her medication away and said that until she could guarantee she would take her medication everyday she would not receive anymore. This was really difficult to watch as it was clear that there was so many additional social problems going on and that it was unlikely the patient would start again anytime soon. Speaking to the Doctor afterwards he explained how they just absolutely didn't have the resources to deal with every non-adherent patient, and that they were reliant on family providing support. At least by removing this patient's sporadic medication usage it meant that when (or if) they began medication again at least they'd still have both lines available to them.

The second major arm of HIV care in Swaziland is that involved in locating undiagnosed cases, and also in preventing transmission. This involves both the hospital and also community and home-based care teams. One aspect of this that was particularly noticeable was that there was a huge drive around point-of-care testing. When we worked in the Community Clinics or in the outpatient department at the hospital, HIV testing was frequently offered. There were specifically designated nurses present to counsel people to take the test and even in the most resource-strapped environments, the HIV testing strip was available! Recently in the UK there has been a drive to try and increase awareness of HIV testing and to get people to check their status. One of the impediments to uptake in the UK, not dissimilar to many other places in the world, is the stigma still associated with HIV. However, from the practice that I have seen in Swaziland I think that this is something that the healthcare workers are much better at overcoming. In the UK healthcare workers are still often afraid of bringing up the topic of HIV testing in fear that they may offend the patient through any co-existing insinuations. In Swaziland the HIV status is a routine part of the history and thus there are no associations/stereotypes between who is asked an who isn't. As a result far more patients are given the opportunity to take the test, and HIV is more 'talked-about'. This in turn provides more opportunities to educate the population about HIV, dispel rumours, and encourage people to take more of an initiative. This is an aspect of practice that I think the UK can definitely learn from Swaziland, and is something I definitely hope to use this to try and inform my practice at home.

My time in Swaziland working alongside the doctors, nurses and other healthcare workers, has been invaluable. Their knowledge, resourcefulness, and adaptability has been fantastic at getting me to think about medicine in a different way. Having to think very carefully about every single test, intervention or medication you wish to give a patient, and how much impact/disruption it will have on their lives is so important. It is definitely something that I will take back to medicine in the UK, where being to able to order so many tests with no cost to the patient, perhaps prevents us always wholly thinking about the implications of what we are doing.

As a final note I just wish to say that everybody that I have worked alongside here has been so friendly and welcoming. They made it very easy to integrate into their teams, and were keen to help us learn as well as also to learn from us. I very much hope I shall be able to return their kindness in the future.