

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**1: Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health:**

Tanzania is a country that struggles with many diseases that are not commonly seen in the UK. In particular, Malaria and HIV are two major causes of mortality in the country. Lack of economical and human resources means that access to adequate health care is still a major problem for many people. As a result, I expect to see many clinical complications associated with HIV and aids that would be rarely seen in the UK. Moreover, with the lack of diagnostic testing available (e.g. MRI, specific blood tests), I expected to see how doctors make diagnosis based on clinical presentation alone. I am also expected to learn how such conditions are treated and managed in situations where appropriate drugs are not readily available. I expect that in contrast to the UK, most of the patients will be managed palliatively .

My time at Dareda Hospital has given me much of the insight that I hoped to gain in my objective. Firstly, as expected, malaria and HIV were two of the most common diseases we have seen presented. In the case of HIV, there were many late clinical presentations and complications that we have not encountered in the UK. The diagnostic tests available to the doctors are limited, therefore many diagnosis were made based on clinic presentation alone. Almost all patients coming in with fever/diarrhoea/headache were treated as potential cases of malaria and given antibiotics to treat it. In addition, almost all patients were also given treatment for brucellosis as it is the most common cause of fever in the country.

To my surprise, there were many more drugs available than I had anticipated. In particular, HIV medications are given free to all patients who are positive. This coupled with outreach programs of free point of care HIV testing at markets and villages no doubt have contributed to the decline in HIV incidence in the country. There were also many diseases that are common both in the UK and Tanzania, for example, diabetes and hypertension. Due to the lack of family doctors and the rural setting, many patients we have seen have presented with severe late complications of diabetes and hypertension, e.g. DKA, HHS, Hypertensive crisis. Moreover, due to the lack of intensive care facilities, management of these patients are often inadequate. Patients cannot be monitored closely and delivery of treatment is often delayed. As a result many of these patients ended up passing away.

**2. Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK:**

Unlike the UK, where the majority of the health care is delivered through the NHS, health services in Tanzania rely on multiple sources. This includes governmental services, voluntary organisations, religions organisation, private practitioners and traditional medicine. Whereas the UK health system is primarily organised into primary and secondary/tertiary care, Tanzania follows a pyramidal referral system. This includes 7 levels of health care from village health service to district hospitals to regional hospitals to consultant/referral hospitals. Another difference is the source of funding in health care in Tanzania compared to the UK, whereas the UK benefits from universal health coverage through the collection of national insurance contribution and tax system. The majority of people in Tanzania rely

on direct payment at point of care. The national health insurance coverage is taken up by just 7.5% of the population (2012 census), with another 1% rely on private insurance. Such reliance on direct payment is the main contributor to health inequality and a barrier to achieve universal health care.

In my time at Dareda hospital I have witnessed many occasions where essential investigations were delayed or not done as the patients are unable to pay the fee. While the government have set out national policies to deliver free health care to all children under 5 and all obstetric care. In reality, the funding are often delayed and only a fraction of promised money reaches the hospital. As a result, while I was there, the policy for the hospital had to be changed where patients were charged money on all maternal and paediatric care in order to keep the services running. This led to me seeing risky cases where probably breech presentation cannot be confirmed by ultrasound as patient cannot afford the cost.

I have also learnt that the national insurance coverage is only affordable to those who are in employment, therefore can rely on regular income. The majority of the patient that came to the hospital are farmers, and are therefore relying on direct payment system at the point of care. This has been a problem for both the hospital and the patient. For the hospital, it can be the case that cost of the care is hard to recover, as patient cannot pay. For the patient, this means that there is no access to ambulance services, to medication, to investigation. Moreover, while Dareda hospital is a district referral hospital, there is no surgeon in the hospital and therefore any orthopaedic or general surgery cases had to be referred on to the bigger hospital elsewhere. For many patients, the cost of traveling to another city and to stay in a bigger hospital far away from home is often too great. As a result many patients delays in going and end up presenting back at Dareda hospital, when their conditions have already deteriorated to a stage where nothing can be done.

**2. Health related objective: there are 2 main objectives I hope to achieve.**

**1) I hope to carry out an observational study of pain management of labour in Tanzania. I hope to observe the method of analgesia employed in a resource poor country, and document patient's attitude towards medical analgesia.**

I have observed in my time that for natural delivery, there is no pain relieve for the patients as there is in the UK. There is no facility for gas and air and no epidural being offered. I am humbled by the strength of the women here and the stoic attitude they have towards labour pain. Those who expressed labour pain vocally are almost always primigravida. Those who have had children before often go through the whole labour without any overt expression of pain. But no doubt that the birth are painful, since women receive episiotomy without anaesthetics, and many experience difficult birth due to the practice of FGM.

**2) With regard to HIV management. The Tanzania government have made a big push in recent times towards HIV education and prevention, particularly of HIV transmission prevention during pregnancy. The Dareda district hospital provides outreach clinical weekly to people living in villages far from the hospital. They target reproductive mothers in particular, providing information and advice to mothers and pregnant women. In addition, they provide a HIV specific outreach service for those with active disease. I am keen to gain first-hand experience in how this care is delivered, in order to gain a deeper understanding of these health initiatives promoted by the government. I was able to go on a number**

of our reach programs with the hospital, where I administrated point of care HIV testing. These programmes often took place in markets, where advertisement is made through loud speakers and people are free to approach and receive the test. Afterwards, all of them receives education on HIV and contraception and is given condoms to take away. Those who are found positive is given further counselling and information of how to obtain free anti-viral medication.

#### **4. Personal/professional development goals:**

I was attracted to Dareda hospital in particular; because it is rurally situated therefore lack many resources that would be available in the capital of Dar es Salaam. This applies not only to medical supplies but also in staff recruitment. However, despite the difficulties the hospital has a reputation of providing very good health care to the local population. I hope that during the placement I have gained lots of useful clinical skills and knowledge, for example I had gained a great deal of experiences in neonatal resuscitation, suturing and caesarean section. More importantly I found the experiences in working under pressure and stress invaluable. Which I think will be a good preparation for foundation years. I was able to gain experiences in a wide range of specialities as possible. In particular, Obs & Gynae, paediatric and adult medicine. I have seen how common clinical conditions are treated and managed differently in Tanzania (e.g. child birth, pneumonia, and hypertension), I also saw many clinical presentations that are not commonly seen in the UK (e.g. late stage TB, HIV complications, malaria)..