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 in the context of global health.

Zambia has a particular pattern of disease that distinguishes it from typical presentations in other countries, including the UK. It lies in the southern region of Africa and as such is effected by both Malaria and, to a certain extent, Yellow fever, both spread by mosquitos. Malaria particularly places a large burden on health services with a large portion of presentation to healthcare in rural areas testing positive. Aside from these tropical diseases, Zambia is also burdened by endemic HIV. Approximately 14% of the adult population is affected along with 120,000 children and this means a large portion of the population is susceptible to either opportunistic infections or the side effects of ART medications. Traumatic injury, especially from road traffic accidents, is common in Zambia and there is a very high incidence of road accidents. To a lesser extent diseases common in wealthier countries, such as diabetes and hypertension, effect the Zambian population but as living standards improve in certain areas and wealth increases for some of the population these diseases are becoming more prevalent.

2. Describe the provision of health care in Zambia in relation to the UK.

As in UK, Zambian healthcare is at least in part provided by the government. This is supplemented in Zambia by US Aid money and help from NGO organisations. In rural areas mission hospitals are prevalent which along with the funding mentioned are funded by CHAZ - the Churches Health Association of Zambia. St Luke's Mission Hospital receives a monthly grant from the Zambian government which provides money for supplies but is inconsistent and not received reliably. Wages and running of the hospital are funded by CHAZ.

With regard to the organisation of healthcare again there are similarities and differences. Specialist care is provided by hospitals as in the UK however there is no GP system. Instead outreach teams are sent from the hospital which provide "screening" (a system equivalent to a GP consulationt) and also ART clinics to provide medications to rural areas.

In Zambia they suffer from similar, though more pronounced, shortages in equipment, medications and staffing levels. The deficiencies in the UK by comparison are relatively minor. For instance, in St Luke's Mission Hospital X-Ray is the only form of imaging available (not including ultrasound), medications are often not available and thus substitutes have to be used, and staffing levels are such that relatives are engaged with the feeding and bathing of patients.

3. Describe common paediatric conditions in Zambia and contrast this to the UK.

In the UK paediatric conditions can be separated in to those seen in the community and those seen in hospitals. In the community the majority of paediatric cases are respiratory infections, cases of gastroenteritis, and concerned parents flagging up development issues they've noticed in their children. In hospitals seasonal infections such as Croup and Bronchiolitis (associated with the cold winter months) are prevalent. Asthma cases are also common. In hospitals paediatric wards will also house patients who are effected by long term conditions such as paediatric cancers, immunological

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conditions and neonatal care for newborns needing specialist support - sometimes for months in specialist units.

In Zambia the most common presentation I have seen in children is Malaria. Other conditions I have seen that are rare or not present in the UK are osteomyelitis, snake bites and protein deficient malnutrition. These reflect the different challenges that Zambians face compared to people in the UK. Mosquitos and other wild-life are unavoidable in rural Zambia and coupled with the fact that children play outside more in Zambia than in the UK. Malnutrition is a problem in the UK however this is usually to do with poor diet balance (too much sugar, processed foods and not enough fruit and vegetables). In Zambia simply getting enough food can be a problem but specifically eating enough protein causes malnutrition in children. This is sometimes due to the abrupt cessation of breastfeeding when another child is born in quick succession.

Noticeably there is a different attitude towards paediatric care between Zambia and the UK. In the UK there is an overprotective attitude towards the care of children which is mostly from concerned parents. This can be very obstructive as parents will not want their children to suffer any pain or discomfort and may intervene with their child's care. In Zambia I have noticed that parents are more realistic about their expectations of the care of their child and will accept that momentary pain, such as inserting a cannula, is beneficial in the long term. This allows things to be done in a timely manner and with minimal fuss. I think care in the UK would be improved by the adoption of this attitude and could be achieved through better communication with and education of parents about the health care needs of their child and the interventions by healthcare workers this will require.

4.Evaluate the difficulties of communicating with and treating children with regard to the language barrier and cultural differences.

Although I was expecting difficulties with communication with children in Zambia I was not prepared for the complete language barrier I have experienced at St Luke's Mission Hospital. Perhaps naively I expected most people to have a basic grasp of English but this has not been the case. This has compounded the issue of communicating with children from a different culture as at times translation has to to go through another person, via the parent and then to the child. This has also meant it has been more difficult to get parents to help when dealing with a child as I haven't been able to communicate with them. The language barrier adds an additional level of fear for children as they cannot understand and there is a foreign person trying to interact with them.

Apart from the above mentioned different attitude to the care of children I have not found cultural differences to be a big problem when treating children. As with care in the UK, children are comforted by pictures, playing games, being silly and jovial, being distracted and by using the parent to help to comfort, distract and at times restrain a child. My particular favourite method is blowing up medical gloves to make ballons which has worked just as well in Zambia as it does in the UK.

Aside from the language barrier, my behaviour towards treating children in Zambia is very similar to that in the UK.

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