ELECTIVE (SSC5b) REPORT (1200 words)

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

Introduction

I undertook my elective at Tamakoshi Co-operative Hospital, a 30-bed hospital about 100km east of Kathmandu. I hoped to learn how medicine operates in a resource-poor setting, as well as experiencing a new culture. I hope to pursue a career in paediatrics; thus, my objectives for the elective are focussed on child health.

1. Describe the pattern of disease in children in a poor rural community in remote Nepal, and discuss this in the context of global health and millennium development goals

2. Describe the pattern of paediatric health provision in rural Nepal, and contrast this with medical provision in the UK.

Nepal is one of the poorest countries in the world. The challenges of healthcare in such a low-resource setting are reflected in population-level health statistics. Comparing the WHO country reports,in Nepal the infant mortality rate is 28.78/1000 (2015), compared to 3.6 in the UK. The increased mortality continues throughout childhood; the under 5 mortality rate in Nepal isi 40/1000, compared to 5 in the UK. In Nepal, 18 percent of men and 16 percent of women do not make it past their 15th birthday. In the UK, the corresponding figures are 3 and 2 percent.

In UK, under-fives die from prematurity and congenital anomalies, with acute respiratory problems less prevalent. In Nepal, prematurity is still a major cause of death, but acute respiratory infections, birth asphyxia and injuries also common.

My experiences in Tamakoshi reflected the WHO reports. The hospital did not have a maternity unit, so I did not see any neonatal care. However, I saw many children in outpatients. My impression was that problems were of the same categories as one might see in a UK GP, but they tended to be much more severe. Infections in particular (both for children and adults) were far more florid. For instance, I saw several children with pus pouring out from infected ears, rashes galore, and foot injuries that had been left for a few days to see if they would heal. In addition, teenage pregnancy is a major issue. I saw a 13 year old presenting at 28 weeks pregnant following sexual abuse from a family member.

The barriers to accessing healthcare - the cost, the long journeys to hospital, and the lack of basic health knowledge – means patients seek appropriate help late. In general, Nepali people seem to put up with pain, and this transfers to how parents viewed the healthcare of their children.

Preventative healthcare in Nepal has improved significantly since 2000. Millennium Development Goals on child mortality and maternal health care were met in 2015; the under-five mortality rate has dropped from 162/1000 in 1990 to 40/1000 in 2015.

From my time in Manthali, I saw how international organisations such as UNICEF and the UK department for international development had provided assistance towards achieving these goals. All the children I met had received their MMR, and vaccination rates in Nepal are currently 88 percent and improving; in the UK we are only on 91.9 percent. A large, well run, government-funded maternity hospital behind Tamakoshi hospital had a clean, modern operating theatre, and wards in

high-quality UNICEF tents left over from the earthquake. As well as financial incentives for attending antenatal appointments, they provided food and care for women for 7 days after a C-section or assisted delivery, beneficial for the baby as well as the mother. Additionally, women were offered long-acting contraception and were keen to control their family size. With smaller families, each child has a better chance of a good childhood, with enough to eat and the chance to go to school.

However, even in the maternity hospital there are no facilities for neonatal resuscitation. There was a paediatric ward in Tamakoshi, but no specialist paediatric staff. Most Nepalese doctors, nurses and medical students have no postgraduate training of any kind.

Rural health posts provide medical care in areas far from hospitals. I spent a week at a health post in Bethan, which had been established by a Buddhist monk. The monk had built the post near his family home, in a small village. Although the building was quite large and modern, there were only five or six patients a day. Recruiting staff to rural areas is difficult. Whereas in the UK, a rural GP would have had several years of post-graduate training, the health post was staffed by a medical assistant fresh from three years at university, with no practical experience and no training in paediatrics. This became clear when he had to examine children - he did not use parents and play to engage children, and children reacted badly. The health post had no computer or internet connection, and no books. In such an isolated setting with such a low volume of patients, he was unable to develop his skills. The hospital in Manthali finds it very difficult to recruit and retain staff, so in isolated health posts the situation is almost impossible.

Recruitment and retention of retained staff, and distribution of healthcare facilities, are problems faced by all healthcare systems, including in the UK. But in Nepal, where most of the population lives in rural remote areas, where there are many fewer doctors, and where there is constant political turmoil, delivering good-quality healthcare to everyone is very difficult.

3. Describe patterns of illness related to child nutrition in rural Nepal.

Compared to the UK, the diet in Nepal is not very varied. Most meals are either dahl bhat (dahl and rice with a small amount of potato curry and spinach) or chow mein. Children are smaller than in the UK. However, I did not see any children with overt nutrient deficiencies, perhaps because Manthali is relatively low-lying and fertile. However, in more remote mountainous regions, malnutrition is a problem, and female community health volunteers screen children using measurement of arm circumference. Some nutrition problems are tackled by public health programmes. For instance, salt in Nepal is enriched with iodine, and salt is added liberally to every meal, reducing the prevalence of neonatal hypothyroidism. In other ways children in Nepal are healthier than British children. They are much more active, play outside and are fit and strong.

4. Develop a wider understanding of paediatrics in different global contexts to gain perspectives for a future career in paediatrics.

The focus of public health programmes on maternal and child health in Nepal underscores the importance of the first few years of life for having lifelong health. However, there are differences in how Nepali and British doctors view children. In the UK, paediatricians are very aware children's

vulnerability, and treat them gently and carefully. In Nepal, children are taught to be hardier, and given less sympathy and pain relief. My time in Nepal has underscored the importance of paediatrics as a specialty, and highlighted how, in countries such as Nepal, there are opportunities to improve paediatric care through education of health workers, and through public health programmes.