

ELECTIVE (SSC5b) REPORT (1200 words)

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

Elective report Tanzania

Describe the pattern of illness of interest in the paediatric department in Dar es Salaam, and discuss this in the context of Global Health'

The patterns of illness in Dar es Salaam were extremely different from those I have experienced in the UK. The first obvious difference is the high number of children who were suffering from malnutrition. This is not a common occurrence in the UK, however in Dar a whole ward was dedicated to malnutrition. Many of these children were not from the city centre but from surrounding villaeges, including the tribal areas. Often these children do not go to school but are in the fields looking after the farms. In this respect there were also a significant number of children coming in with accident related injuries- more than in the UK. The infections seen were often similar to those I saw in the UK, however often presenting at a worse status. For example, the child might be presenting in severe respiratory distress, whereas in our country with General Practioners these whicdren would fortunately have been picked up before their disease reached this stage. Interestingly, there were relatively few deaths in this department than those I had previously experienced in Kenya. I think the population was in general living in less poverty than those in Kenya. Furthermore there were more families who could afford private referrals, scans and treatment than I had seen in Kenya. This always struck me, and made me realise how lucky we are to have our NHS which gives us access to this kind of incredible treatment our children would not have if we were born in these East African countries.

Describe health provision in Tanzania, and compare this to your experience in Kenya and the UK

I have already touched on the health provision in my last paragraph, hwoever I will give a further outline of my experience of this in Tanzania. Essentially, the public healthcare system does not cover all of your needs. It barely covers any of them. General Practice is not a thing, families often go to private 'doctors' or dispensaries to seek information and help. Often medicine is carried out by elders in the village. If this was not successful, families would often wait a few more days before seeking help from the hospital. This is because travelling ot a hospital and possible costs when you arrive are many. Similarly, mothers may have to leave many other children at home fending for themselves which clearly they are reluctant to do. Then families will come to the hospital. Often this is too late for effective treatment. If the patients need scans, foten the machines in the hospital are broken so these have to be done privately, with patients having to travel outside the hospital. Often this can only be done if the parents are wealthy- if not the doctors have to do their best without scans. One excellent thing however in Tanzania was the uptake and administration of vaccines. Most children had had all their vaccinations and as such preventable diseases were being prevented.

Compare the treatment of common paediatric conditions compared to the UK, focusing on the prevalence and morbidity pertaining to different illnesses.

One thing I found particularly interesting was the pattern of disease in the UK and Tanznia were often very different but then at time just the same. Take for example respiratory illnesses. Children still suffered from the classic RSV, bronchioloitis etc that we see in the UK. They were treated in the same way. Prevalence of congenial conditions were similar to those I have experienced in the UK- though

unfortunately treatment was often very different due to resource access which I will discuss in the following paragraph. The most striking difference was the malaria prevalence and malnutrition prevalence in this area. In the UK we very rarely see malaria, however in this hospital it was a leading differential diagnosis for a febrile unwell child, and has serious consequences. Some children were admitted with cerebral malaria, which in some cases was fatal. Interestingly though, the prevalence of malaria has been dropping steadily for some time, and no one is completely sure why. Malnutrition is seen slightly more commonly in the UK however is often secondary to underlying health issues. This was also true to some extent in Tanzania, however there were also patients who had many siblings who were unable to eat due to the lack of food available in the family, and as they were only eating one food group.

Describe how resources are allocated in a resource poor setting, and compare this to resource allocation in UK hospitals

The final part of this reflection is talking about resource allocation in Tanzania compared to the UK. It is important to note that the main difference between the UK and Tanzania in terms of healthcare is due to the resources. The medicine practiced in the area is of equal quality to the UK- and the doctors and nurses I worked with were a credit to their country. They seemed proud of their profession, which unfortunately is a feeling which is less and less palpable in our hospitals. Resources such as canulas, gloves, blood bottles were readily available, however there was just one lab for the hospital so many people were reticent about using these if not necessary. There was no ABG machine, no access to portable X-Rays, limited access to fluids, often making my resuscitation using an ABCDE approach quite tricky. I also found it hard when children needed for example a CT scan and the machine was broken. Even resources such as referrals were difficult to make- in the UK we can refer. The allocation of resources has more or less been discussed- but the main difference is the access to treatment and imaging. With regards to treatment, there were also many problems with antibiotic access. Sometimes there were antibiotics which were prescribed but not available from pharmacy. Similarly, with regards to access to scanning, sometimes I felt frustrated as I knew that patients in the UK would be able to have diagnostic scanning and this would be hugely beneficial in their treatment, which was not the case in this Tanzanian hospital.