GENERAL MEDICINE

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Elective Report

Introduction

Within the medical education system as it exists in the UK, medical students are provided with an opportunity to experience medicine abroad in a specialty and country of their choosing. We decided to undertake the first part of our medical elective at Korle-Bu Teaching Hospital in Accra, followed by time spent in Elmina Health Clinic. The two settings provided us with experience in both a tertiary referral centre and a rural community health centre. At Korle-Bu, the intention was to do a placement in neurology; however, we were exposed to a wide variety of medical presentations and integrated with the Ghanaian students doing their internal medicine attachment. At Elmina Clinic, we spent time in a variety of health settings. This report is therefore a general comparison between the health system in the United Kingdom and Ghana, while also examining the predominant health complaints we have seen here as compared to our home country. The differences we observe here should better enable us to scrutinize both the health system and health indicators in the United Kingdom.

Comparing Healthcare Systems

In 2003 the National Health Insurance Scheme was established in Ghana, putting an end to the 'Cash and Carry' system of healthcare, which required all patients to pay for healthcare at the point of service. Statistics released by the NHIS indicate that as of June 2010, only 53.6% of the population are active members of the scheme. Approximately half of those registered are children under 18.[1]

Registration with the NHIS requires a card processing fee, an annual premium (ranging from 7.2GC – 48GC) and a renewal fee. There are exempt groups including children under 18, pensioners, and expectant mothers but the majority of these individuals still incur a registration and renewal fee and may be required to wait up to 3 months for coverage. Funding for the NHIS is much the same as it is for the UK National Health Service (NHS), through National Insurance contributions together with central funding. The UK NHS, though, supports free healthcare for all with very few treatments exempted (namely certain specialist cancer treatments and treatments not yet approved by the National Institute of Clinical Excellence (NICE)).

Structurally, it appears that the hierarchical organisation of the Ghana healthcare system is very similar to that of the NHS with a strong emphasis on patient management in primary care and district hospitals with large hospitals such as Korle-Bu accepting a significant proportion of their patients on a referral basis. The NHIS is in relative infancy and so it is not surprising that both patients and staff are somewhat unsure of the benefits afforded by their new healthcare system. Particularly, following recent proposals in the 2010 White Paper, the NHS is likely to find itself in a similar situation of uncertainty as restructuring begins in the next few years.

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[1] NHIS Summary Statistics and Exempt Groups http://www.nhis.gov.gh/?CategoryID=309

As with any national health service, the NHIS has attracted acclaim and criticism from different organizations. The United Nations Development Programme (UNDP) and the World Health Organization (WHO) have been amongst supporters, while more recently a report by Oxfam and a number of NGOs claimed that scheme did not benefit the very people it was designed to help - the poorest and those most in need of healthcare. The report claims that only 18% of the population is currently receiving coverage from the NHIS. Certainly the majority of the patients we have encountered in clinic and in the emergency department have been NHIS members. On a practical level, though, it is difficult for us to appreciate what benefits this membership actually affords. While the NHIS claims to cover 95% of diseases, the 5% that are excluded present a heavy disease burden and notably includes treatment for HIV and AIDS and malignancies other than breast and cervical cancer. Whilst Ghana can boast one of the lowest rates of HIV in sub-Saharan Africa[2], HIV still affects a significant percentage of patients presenting to hospitals such as Korle-Bu as we have witnessed in our short time here.

In a community setting, the coverage provided by the NHIS seems to meet most basic health needs. Having spent time in Elmina Health Clinic, we have seen that most patients have NHIS coverage and do not incur charges for the consultation or treatments. In terms of organization, Elmina Health Clinic seems to run in a similar manner to a UK polyclinic. The centre has basic diagnostic facilities with an on-site lab, a family planning clinic, and a maternity unit staffed by midwives. The clinic has day-stay facilities for managing patients being considered for transfer to either the district or regional hospital, and has two ambulances for such instances. Financially, detailed records of each consultation, investigation, and all prescriptions filled, are collated monthly and these details are used to claim funding from the health authorities.

Training in the NHS it is very easy to take for granted a healthcare system that is free at the point of access. Having spent less than a day in the Medical and Surgical Emergency Room at Korle-Bu it is obvious just how much of an impact having to pay for health services has on morbidity and mortality. In light of our experiences and following discussions with the healthcare providers, we feel confident in saying that the NHIS is most effective at a community level.

Comparing Health Presentations

If one is to compare the health systems in both the United Kingdom and Ghana, one must also look into the health profiles of the respective countries. It is, to some extent, population demographics that provide an indication to what health complaints predominate in a given society. Provisional census figures from 2010 indicate that Ghana's population is approximately 24 million.[3] Of this figure, roughly 27% of the population is under the age of 14, 59% between the ages of 15 and 64, and only 4% aged 65 and over. In contrast, the United Kingdom has a population of approximately 62 million people, roughly 20% of whom are under 16, with a similar figure for those at the age of retirement.[4] These figures

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[2] Sub-Saharan Africa HIV & AIDS statistics http://www.avert.org/africa-hiv-aids-statistics.htm

[3] Ghana's population hits 24m. *General News* (MyJoyOnline). 3 February 2011. http://news.myjoyonline.com/news/201102/60595.asp. Retrieved 19 April 2011.

[4] Office for National Statistics. 24 June 2010. http://www.statistics.gov.uk/CCI/nugget.asp?ID=6 . Retrieved 19 April 2011.

illustrate that Ghana's population is, on average, much younger than that in the UK. What this should translate to, in terms of health complaints, is a very high burden of chronic disease in UK hospitals, as compared to hospitals in Ghana.

Of course, in addition to demography and environment, it is also important to examine Korle-Bu hospital itself to ensure that any sort of patient comparison is justified. Barts and the London Medical School is affiliated with many hospitals, but principally the Royal London Hospital, located in the East End of London. This hospital is a very large tertiary referral centre, much like the teaching hospital Korle-Bu. In this respect, therefore, an observational comparison of presenting complaints is justified. Furthermore, The Royal London Hospital principally serves the population in the East of London, which is home to some of the poorest communities in the country. Correspondingly, rates of tuberculosis infection and HIV seroprevalence are the highest in Europe, so to some extent, our brief stay at Korle-Bu has not been as different as we might have expected.

This is not to say, however, that Korle-Bu has not provided us with alternative learning experiences to what we would have experienced in the UK. The prediction that we would witness a lower burden of chronic disease has certainly been proven true in our time at Korle Bu (with the possible exception of diabetes, which appears equally prevalent). Indeed, one stark difference in experiences in Ghana as compared to the UK has definitely been a decrease in the number of elderly people we have encountered. For instance, solely at the level of observation, it is impossible to walk onto a hospital ward in the UK without seeing a majority of inpatients over age 65 (and this is not only true of Care of the Elderly wards). The burden of Accident and Emergency presentations in the UK is, unsurprisingly, comprised of elderly people seeking medical attention for falls, exacerbations of chronic airways disease, myocardial infarcts and angina, among other things. At Accident and Emergency in Korle- Bu, however, we have encountered a higher percentage of young patients seeking attention for communicable diseases like malaria, HIV and tuberculosis. In the case of many of these communicable diseases - HIV infection especially - patients in this country seem to present far later than they do in the UK.

In Elmina Health Clinic, we have seen a continuation of the trends that we began to witness at Korle-Bu. The only possible exception is the fact that we have seen a greater proportion of elderly patients during our time here. It was explained to us that particularly in rural communities, elderly people are less likely to attend a larger urban centre and seek care ion an unfamiliar environment, even when referred by their local doctor. Our experience in Elmina also helped contextualize our hospital experience in Ghana as we have been better able to see the more common presenting complaints that exist in the region. For instance, the burden of patients presenting with symptoms indicating malaria infection is extremely high. Some patients are treated based on a high degree of clinical suspicion while others are confirmed in the laboratory. Respiratory infections also featured highly in our time here, as did the treatment of hypertension. We have also had contact with healthy women presenting for antenatal check-ups and HIV tests as well as mothers bringing young children in for vaccinations.

Conclusion

Our time at Korle-Bu Teaching Hospital in Accra certainly provided us with many learning opportunities in Accident and Emergency, clinic, and at the patient's bedside. Similarly, Elmina Health Clinic offered us a hands-on experience of the common health complaints in the local population. We have gained a valuable insight into how the health system functions here as compared to the United Kingdom. Though both the United Kingdom and Ghana have national health service provision schemes, there are many differences in the extent and availability of treatments and diagnostic procedures provided for by each scheme. Additionally, we have seen first-hand how a difference in demographics and basic health indicators can translate into differences in patients presenting to their community clinic and to Accident and Emergency. These observations have certainly made us more appreciative of our own health system and the challenges of providing universal coverage. We will take many things away from our time here, but most importantly we take with us the spirit of medical collaboration necessary to achieve a better standard of global health.

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