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PAEDIATRICS

SSC 5c Elective report
Zanzibar, Tanzania

1. Describe the pattern of specific prevalent diseases in Zanzibar, and discuss them in context of global health.

During my five weeks elective at Mnazi Mmoja Hospital, Zanzibar, it was clear that in comparison to the UK, there was a reasonably high prevalence of HIV/AIDs, malaria and tuberculosis.

I spent the vast majority of my time in Paediatrics, where there was a children's bay dedicated to those with malaria. However, in many of these cases malaria was a likely differential rather than a confirmed diagnosis.

On the whole, over the past 20 years, has been a significant decrease in the number of cases of malaria on the island. Such success has been achieved secondary to preventative measures such as better provision of healthcare, antimalarials, and reinforcing the local residents understanding of the importance of preventative measures.

Tuberculosis is another disease that was clearly prevalent in general on the island of Zanzibar in comparison with the UK as a whole. However, what I found interesting was that there was a ward dedicated to TB patients, though this was effective into a similar way to the use of isolated siderooms in UK. It was interesting to see that in general there were no guidelines specific to management of tuberculosis. Triple therapy was utilised to tackle to infection, however, the antibiotics seemed to be same regardless of co-morbidities, age or the culture results. This was due to the fact that certain drugs were simply not available to prescribe.

In terms of paediatrics, the most prevalent conditions that I encountered within the hospital were sickle cell disease and gastroenteritis. Sickle cell disease was common, though not always the reason for admission. From the admission perspective, in comparison with the UK, it seemed that there was less emphasis on preventing acute crises and cerebrovascular events. Through my paediatric experiences in the UK, I have not encountered children who have had strokes secondary to their condition, however I discovered that this was not a rare occurrence in Mnazi Mmoja, perhps due to less emphasis on prevention of complications.

2. How does the health service in Zanzibar compare with healthcare provision in the UK? Give specific examples.

Through my experience, I have discovered there to be not only similarities but also various differences in the health care service provided at Mnazi Mmoja – a government hospital in Zanzibar compared to a government based NHS hospital in the United Kingdom.

In terms of similarities, the general structure of the healthcare team was the same in the Paediatrics department at Mnazi Mmoja as the UK. The ward team consisted of a junior doctor, a registrar, a consultant and staff nurses. The ward rounds occurred every morning, and grand round was every Thursday. The consultant and registrar made key decisions whilst the junior doctor would write findings and plan in the patient's notes. In terms of the notes, I was surprised to find that the observations were not recorded regularly, even in deteriorating patients.

Also, in the UK, there is great emphasis on accurately writing medications on the drug chart under the guidance of the BNF and local prescribing policies. However,in Mnazi Mmoja, the drugs were written in the patients notes, and gentamicin, which is used cautiously in the West due to its adverse effects, was used routinely for infectious diseases and bouts of gastroenteritis.

Gastroenteritis and diarrhoeal disease in general was a common presentation on the paediatric ward. The mainstay of treatment as in the UK is oral rehydration solution. However, in the UK, patients with severe bouts of diarrhoea are kept in isolated side rooms if possible, and there is emphasis on infection control through use of gloves and apron. Infection control was scarce, and locally, there was no handwashing

between patients on ward round due to the fact that there was no easy access to facilities such as alcohol gel and sinks. If good hygiene was encouraged both inside and outside of the hospital environment, this would have a huge impact on the number of cases of acute diarrhoeal disease.

Another difference I encountered was the lack of emphasis on patient confidentiality in Mnazi Mmoja, and often there would be two or even three patients being seen at once. However, this did mean the clinic appointments would be carried out a lot quicker, and thorugh my experiences the patients were content with this setup.

3. **Within public health, what promotion techniques in healthcare interventions have been used to tackle prevalent diseases and infections such as malaria.**

In Zanzibar, good healthcare interventions have resulted in a successful decline in the rates of malaria locally. In 1995, approximately 32% of the population were known to have the condition, but by 2008, this value has gone down to 2%. There have been various ways in which this was achieved.

First of all, there has been great emphasis on local education and awareness. A good way in which this has been achieved in the rural areas in that community meetings have been held in villages where such promotions have been introduced. As the residents of villages are greatly influenced by the leader of the village, this is an effective way of conveying the message.

In schools, malaria has been added as part of the education curriculum so that children are4 aware of preventative measures and can even educate their parents in some cases. Locals have been encouraged to use mosquito nets in the house particularly when sleeping at night. As a result of the Zanzibar Malaria Control Programme, mosquito nets have been distributed in households across the island. Also awareness has been increased regarding repellents and mosquito sprays to prevent the occurrence of malaria when outdoors in the evenings.

Educating the residents is probably the most crucial way in which such a decline has been achieved and by doing so at the school level will hopefully encourage long term success as far as low prevalence rates go. In the 1970s, there was also a government programme in Zanzibar that resulted in a rapid decline, however soon after there was a rise in the number of cases as the methods were short terms such as distribution of mosquito nets and repellents rather than quality education.

However, as prevalence successfully decreases, there is a fear of another cycle of increase as residents may start to believe that they no longer need to take anti-malarial precautions, so therefore, emphasis on the importance of prevention needs to remain a key point of focus.

4. **What has you elective taught you, and how will you extend what you have learnt to medical practice?**

My elective has taught me a spectrum of things ranging from importance of small factors like infection control, to larger more important issues that medicine faces in the African subcontinent. The lack of resources and facilities that I witnessed in Zanzibar in some cases made me realise that despite are advances in the West there are certain conditions that can be diagnosed much more simply and cheaply than done here in the United Kingdom. However, on the other hand, it is concerning in some ways as to how far behind the government hospitals of Africa are lagging, for instance CT scanners that are an important tool to use is something recently installed at Mnazi Mmoja.

Following on from my experience, I think I have been reminded that although we rely a lot on invasive tests in the UK, a lot can be gained from good history and examination simply, which seems to be the bulk of how diagnoses are made at Mnazi Mmoja. I learnt how crucial educating the patient is. Overall, I believe the variety and complexity of cases I have seen in Zanzibar shall have an impact on not only my knowledge but also the way in which I shall deal with patients as a whole.