Ramzan PAEDIATRICS

Year 5 SSC5c
Elective Report

Mariam Ramzan
Mnazi Mmoja Hospital
Topic: Paediatrics
22/04/13 – 24/05/13

Mariam Ramzan | ha08018@qmul.ac.uk

1. **What are the commonly presenting paediatric conditions in Zanzibar? How is this different from the UK?**
2. **How are paediatric services organised and delivered? How does this differ from the UK?**
3. **Explore how health promotion and public health are used to help tackle communicable disease**
4. **Reflect on the experience of working in clinical medicine in a developing country and explore the difference to the UK**

I spent my electives working in the paediatrics department in Mnazi Mmoja Hospital in Zanzibar for 5 weeks. Zanzibar consists of two main large islands, Unguja (the main island, often informally referred to as Zanzibar) and Pemba as well as a number of smaller islands. The total population of Zanzibar is approximately 1,232,589 of which 18.1% are under 5-year olds.

Access to healthcare services in Zanzibar is very limited. Due to the lack of a publicly-funded health organisation, such as the NHS, healthcare services in Zanzibar all had to be paid for. This meant that those unable to afford simple investigations or treatment had no choice but to either borrow money or to simply sit and home and hope that the illness to treat itself in due course.

Mnazi Mmoja hospital is a government run hospital located in Stone Town (capital of Unguja), with 440 beds, providing service predominantly to the main island of Zanzibar. Mnazi Mmoja hospital was the main referral hospital for Zanzibar. This meant that to be seen and treated here required a referral letter from another doctor, either at a GP service or a smaller local hospital. It is staffed not only by a team of local doctors but also a number of international doctors and is a well equipped hospital for a developing country. The hospital itself comprises of a number of departments, one of its largest being paediatrics.

Whilst working in the paediatric department at the hospital, I predominantly attended the morning ward rounds and helped the junior doctors with their daily tasks. I came across certain patterns of illnesses that are very different and more common in children in Zanzibar than in the UK; these include malaria, acute diarrhoeal disease and pneumonia.

Malaria is very uncommon in the UK but Tanzania has a high risk of malaria through the country, although Zanzibar itself has a small number of reported cases of malaria each year. This declining number of cases can be attributed to the work done by the Zanzibar Malaria Control Programme. The various health promotion programmes and public health initiatives as well as intervention methods have helped to significantly reduce the number of cases of malaria each year. These methods include indoor residual sprays as well as insecticidal nets.

Because malaria can present with respiratory or gastro-intestinal involvement it is often difficult to spot straight away and also difficult to distinguish from acute diarrhoeal disease and pneumonia. This meant that the differentials for almost every child was the same and the investigations carried out were rather generic; testing for signs of an infection, the presence of malaria and looking at nutrition. Chest X-rays were very rarely done and the diagnosis of pneumonia was based on clinical symptoms, observations and blood tests with positive findings being treated with a generic 10-day course of gentamicin and ciprofloxacin. This was the standardised antibiotic treatment regimen in place for the majority of infections (e.g. pneumonia, UTI's etc) as microbiology was very rarely carried out/unavailable due to the lack of clinical lab technicians with the skill to carry out the test. This differed greatly from the UK where microbiology is key in helping to choose the appropriate and most effective treatment for pneumonia.

One of the most shocking things for me to witness at the hospital was the severity of malnutrition that existed. In Zanzibar alone, approximately 12% of children suffer from acute malnutrition, resulting in more than 100 deaths every day from the consequences of malnutrition. In the UK, malnutrition is not commonly presenting in young children and if it does present it is often mild and treated quickly. In Zanzibar, the treatment of malnutrition depended greatly on its severity (a scaling system vastly different to the UK) and often involved a long period of simple oral rehydration, with IV fluids being reserved for those children who were severely malnourished and at an increased risk.

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The healthcare services in Zanzibar run similarly to that in the UK. Each department had its own team with consultants, registrars, SHO's and an FY1. Ward rounds were carried out every day by the junior staff, with the consultants carrying out one ward round a week, and sometimes seeing new admissions/very ill patients in between. The main difference that I noticed was with the notes. Although the history and examination were well recorded the patient's observations were not taken regularly and were not clearly documented. As well as this, there was no drug chart within the notes – the drugs were instead written on a piece of paper that was added into the notes.

Another difference in healthcare services was with the organisation of the clinic. It seemed as if though the patients were not allocated a specific time slot for the clinic and so would often just come and queue up outside the clinic room. As well as this, there were often times when there was more than one patient in the clinic room at a time. This is something that would never occur in the UK, mainly because of the vast importance of patient confidentiality.

Working in a hospital in a developing country enabled me to learn a lot about the limitations to healthcare that one may face in a country with limited resources. I found it very interesting/intriguing to learn how the doctors there learnt to best deal with and manage certain conditions despite the lack of resources at the time and how they learnt to make do with what they have.

At first I did believe that language would be a barrier, not just between me and the patients but possibly also between me and the other doctors working in the hospital. However this was not the case. Upon arrival I found that most people in Zanzibar understood and spoke English, some more than others. I was also intrigued/pleased to learn that the hospital notes and records were all written in English and that all the doctors working in the hospital were able to communicate well in English. This made my time at the hospital more productive as I was able to participate in ward rounds and clinics.

The teams that I was attached to during my time in paediatrics were all very friendly and helpful. As well as taking out the time to teach us about their local guidelines and how they managed the conditions in their hospital, they were very interested to hear about how these same conditions were managed in the UK.

Overall, I felt that my time at Mnazi Mmoja hospital was a valuable learning experience and it is definitely something that I would recommend other medical professionals go and experience.

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