

Vanuatu Elective Report – Brett Kerrigan

What is the prevalence of malaria in Vanuatu and how does this differ from the UK?

Malaria is endemic in nearly all of the 82 islands of Vanuatu. Transmission is seasonal with a peak incidence between December and April. The main plasmodium species are *P. falciparum* (32%) and *P. Vivax* (68%). There were approximately 4000 cases of malaria in 2010. This compares with 1761 cases imported into the UK in 2010. However the population of the UK is approximately 63 million people compared to approximately 225 thousand in Vanuatu. The number of cases in Vanuatu has been consistently dropping thanks to interventions by the government, the WHO and AusAID. In 2012 there was only 1 recorded death due to malaria. However these figures need to be taken with caution as I suspect many patients particularly in rural areas would not have presented for testing and treatment.

How are malaria Services organised in Vanuatu?

Community health volunteers educate, test and help treat patients in remote villages. There are large prevention programmes focussing on awareness and mosquito breeding ground eradication is in place. Satellite clinics operate on smaller islands as well as the main hospitals on Efate and Espiritu Santo. Modern effective WHO endorsed treatment regimens are used as standard. There is also a national malaria awareness day each year with lots of promotion.

How is pre-hospital management of patients different to that in the UK?

The ambulance service in Vanuatu is a paid for service. There is the private Australian company Promedical, which caters mainly for the expat population and those Nivans with private health insurance. However if they are called to a scene and it turns out the Nivan is not insured they will always transfer them to the local hospital even if payment is unlikely. There is also the cheaper government funded service which runs from the main hospital in Port Vila, however this is reported to be unreliable and the majority of emergency patients presenting to the hospital come by car/bus/truck. Promedical doesn't routinely take their patients to the general hospital but rather to a private clinic run by a French doctor who can either treat or arrange a medevac to New Caledonia/Australia or NZ. This is because the facilities and quality of care at the hospital are very variable. There is no full time medical staffing of the Emergency department. There is usually a specialist trained emergency nurse but doctors have to be called from other wards if needed.

Reflection on practicing medicine in a financially constrained hospital with limited resources.

I found practicing medicine in hospital with limited resources quite disheartening as it was difficult to make a diagnosis, which wasn't that easy to do due to lack of blood test reagents and any imaging more complex than a simple x-ray. Then, if you had a diagnosis the treatments were often limited and many of our patients deteriorated and died whereas in the UK there would have been little to know chance of them dying from that condition. It was also hard working in a poorly staffed hospital both in terms of numbers of trained professionals as well as often poor quality of the staff. I did however find it rewarding, despite these set backs, I still felt as though I was being helpful and I was surprised to realise how many of the everyday problems in hospitals in the UK also occur in Vanuatu. It also struck home how transferable medicine is around the world, in that many of the

patients had the same conditions as patients I have treated at home and in general the treatment was the same.