SHAFI GENERAL MEDICINE

SSC5c (Elective) Assessment

1. Describe the pattern of disease in Tanzania. Discuss this in the context of global health

Tanzania has a very high prevalence of infectious diseases. These include bacterial diarrhoea, hepatitis A, typhoid fever (through infected food or water), malaria (vector-borne disease), schistosomiasis (water contact disease) and rabies (contracted through infected animals). There is also a very high prevalence of HIV, tuberculosis and anaemia in Tanzania.

When compared to the rest of the world, the prevalence of these diseases is very high. There is a great impact on the people living in Tanzania from these diseases, as well as those living around the world, for example people who emigrate may cause the spread of some infectious diseases such as hepatitis and HIV.

The following statistics are from the World Health Organization (WHO) website: http://www.who.int/countries/tza/en/

Total population	43,739,000
Gross national income per capita (PPP international $)	1,260
Life expectancy at birth m/f (years)	53/58
Probability of dying under five (per 1 000 live births)	108
Probability of dying between 15 and 60 years m/f (per 1000 population)	456/311
Total expenditure on health per capita (Intl $, 2009)	68
Total expenditure on health as % of GDP (2009)	5.1

2. How does the provision of health care in Tanzania compare with the UK?

The provision of health care in Tanzania greatly differs from the provision of health care in the UK. Muhimbili National Hospital in Dar es Salaam is a Public Hospital. This means that the government provides money to the hospitals to run them (like in the UK). But unlike in the UK, if patients require tests and investigations such as some blood tests, X rays and CT scans then they must pay for these. However, there are many people who have discounts on their medical bills if they complete certain forms. Antenatal care can be free if the patients have exemption slips from fees. There is also the option to pay for private services at Muhimbili National Hospital, or at private hospitals. In the UK all investigations are free to those who live in the UK, unless they choose to have private medical care. Medicines are paid for (prescription fee) by the patient in the UK, unless they have a valid reason not to pay. Some medicines available in the pharmacy (such as antibiotics) are readily available in Tanzania. However, in the UK a doctor must prescribe some medication (such as antibiotics) before it can be dispensed by the pharmacist.

I have had placements in paediatrics and Obstetrics & Gynaecology at both Mnazi Mmoja Hospital in Zanzibar and Muhimbili National Hospital in Dar es Salaam. During both placements I have found that the standard of knowledge of the doctors and nurses caring for the patients is very high. However the lack of some equipment can be a barrier to medical and nursing staff.

In Mnazi Mmoja some tools needed for deliveries are difficult to access or are unavailable, such as sterile scissors to cut the umbilical cord, aprons to protect staff from bodily fluids, and basic pain relief such as entonox for labouring women. The wards were overcrowded, bodily fluids were left on the floor, and in most cases patients in labour had to share their bed with one or even two other labouring women.

In Muhimbili National Hospital I have noticed that the equipment is more readily available. The wards are bigger and more spacious, cleaner, and patients have a bed each. Basic pain relief was again not used during labour. This was unusual to see as most labouring women in the UK choose to use some form of pain relief, as set out in the birth plan made during the antenatal period.

In paediatrics at Mnazi Mmoja, there is a very small neonatal unit for babies requiring more involved care after their birth. Incubators and basic resuscitation equipment are available, but there are no facilities for intubating neonates requiring it. This differs greatly from the UK. We were told by a doctor that they are hoping to have these facilities in place in the next 10 years. Sometimes the incubators had more than one neonate and were switched off as the staff were unaware how to use the equipment. This meant that the neonates easily became hypothermic. Staff were reminded during ward rounds to keep the incubators switched on. Incubators had to be shared due to the lack of equiptment. The general paediatrics wards at Mnazi Mmoja were also very cramped.

In Muhimbili National Hospital there are 3 large neonatal wards – one for neonates who have suffered from birth asphyxiation during delivery, one for neonates weighing >1500g and one for neonates weighing <1500g. There are no incubators so the rooms are heated instead. This is not ideal as it makes the rooms very hot and uncomfortable for us to work in, but is required to maintain the body temperatures of the neonates.

In the UK incubators are readily available.

The general paediatric wards at Muhimbili National Hospital are in a new building. The walls are brightly painted, making it child friendly.

The use of communication and the structure of the doctor-patient relationship also greatly differ between both countries. In the UK consultations are patient-centred. The patient is informed of all decisions, and fully informed consent is gained before procedures. However, in Tanzania the doctor-patient relationship is more paternalistic. The patients seem to leave decisions to the doctors. In Mnazi Mmoja the doctors have minimal conversation with the patients before treating them. When questioned about this technique we were told that the parents expect this approach, but some doctors are trying to change this by communicating with the patients/parents more.

In Muhimbili National Hospital I have noticed that some doctors try to counsel patients, such as in the case of a 1 year old boy with cerebral palsy – the mother was gently told that her son would not develop as other children. In the Antenatal Clinic, patients who visit for the first time are offered a HIV test. However they are counselled before AND after the test (if they choose to have it), just like in the UK. Unfortunately in Muhimbili National Hospital patients present with more advanced cases of gynaecological problems compared to the UK as patients do not go to the doctors early enough.

Antenatal attendance is 100% in DSM. The national policy is free antenatal services, hence no paying at all

3. Describe possible reasons why Tanzania has a high maternal mortality rate

Maternal mortality refers to deaths caused by pregnancy or childbirth. Around half a million people die due to this in the world every year. Over 99% of all cases occur in developing countries, such as Tanzania. Though figures are highly controversial, it has been estimated that around 7,500 – 15,000 women and girls die due to pregnancy and childbirth every year in Tanzania alone. Some of the causes of death include haemorrhage, infection, unsafe abortions, hypertensive disorders such as eclampsia, and prolonged or obstructed labour. Other less common causes include ectopic pregnancies, emboli and complications related to anaesthetics. Some conditions can lead to a higher risk of maternal mortality, such as anaemia, malaria, and sexually transmitted infections (STIs).

Many of these causes can be preventable, or the risks reduced, by the provision of well structured antenatal care (including ultrasound monitoring of the foetus(es) and the detection of abnormalities), such as the services provided in the UK. There is antenatal care provided in Tanzania, but the uptake is not as high as it could be, especially in rural areas where ladies may receive no antenatal care at all. Reasons given for this have included a lack of understanding from the mother on the importance of antenatal care. Good continuous antenatal care would be able to detect (and treat if appropriate) conditions such as hypertensive disorders like pre-eclampsia and eclampsia, ectopic pregnancies, anaemia, malaria and STIs, thus reducing the risk of death during pregnancy and child birth. Without good antenatal care, and also the provision of adequate medical supplies, the risk of mortality and morbidity increases (for both the mother and the child).

At Muhimbili National Hospital there are busy antenatal clinics. They help to detect problems such as pregnancy induced hypertension so that they can be managed accordingly. This would undoubtedly help to reduce the maternal mortality rate, but more people need to attend antenatal appointments if we are to see a bigger change.

4. Reflection

I feel as though I have become more confident in my knowledge and skills during my time in Tanzania. The students have been very knowledgeable and friendly, answering any questions we have and inviting us to ask questions when we do not understand why some things are done in certain ways. Members of staff have also been very welcoming and eager for us to gain hands on experience. I have even been fortunate enough to deliver a baby in Mnazi Mmoja Hospital.

I have examined many children during my time here, and have picked up many signs such as Down's syndrome, cardiac murmurs and ronchi in pneumonia. I have also seen measles cases (which I have never seen in the UK), cesarean sections, and spontaneous vaginal deliveries (including an unexpected triplet delivery at Mnazi Mmoja). I have seen gynae surgery at Muhimbili National Hospital, which was similar to the UK, except the cases were more advanced.

This elective experience has been very enlightening and any differences in practice have been explained. My main objective from this experience was to compare the medical practices in Tanzania to the UK, and I believe that this objective was definitely fulfilled during my time here.