Learning about health inequity in South Africa

In 2018, the Centre for International Child Health supported six talented clinical trainees who pursued child-focused global health electives in Thailand, South Africa and Uganda. This support is a key part of CICH’s vision of partnering to advance children’s health globally. Dr. Robynn Greier, a third year pediatric infectious diseases fellow at BC Children’s Hospital/UBC, embarked on a 3-month elective at Paarl Provincial Hospital in Paarl, South Africa. With 330 beds, the facility serves as a general hospital and provides emergency care to over 900,000 individuals in a semi-rural region of western South Africa.

As with many African nations, South Africa has medical challenges that are rarely seen in developed countries. Tuberculosis, HIV/AIDS, severe acute malnutrition, malaria and other vector-bourne illnesses are not uncommon. National immunization rates are lower, and both measles and mumps are endemic to South Africa. South Africa operates with a parallel public and private system of healthcare delivery, with large discrepancies in medical care. During her elective, Robynn’s main learning objectives were to develop a greater appreciation for the challenges associated with providing medical care in a resource-limited setting, and learn how to navigate these challenges through observation, practice and feedback from local staff and pediatricians. Robynn shares her experiences:

“The team of doctors and nurses at Paarl Hospital face incredible challenges in diagnosing and managing complex, acutely unwell children, often within the context of difficult social situations. As an elective resident, I was not sheltered from these challenges, and had the opportunity to experience first-hand some of the ethical and medical dilemmas that walk through the doors of their hospital each day.

When I learned about social determinants of health – food security, water sanitation, housing, transportation, income, political stability – I saw words on a page. Now, I see people... I see the twin girls with HIV, both recovering from serious infections in the intensive care unit. We have doubts that the family will be able to care for these children, it is too expensive to get transportation to clinic. They are on too many medications to remember. I see the teenage boy with TB, HIV and a serious bone infection, who has not been on treatment because of difficulty accessing the medical clinic. He has been here for months. There is no one with him in hospital because his mother is with her other child in ICU, at a different hospital. We give him colouring books and chat with him to keep him company. I see the countless numbers of children with severe acute malnutrition, whose parents are seasonal workers and have difficulty affording food. I see the infant in cardiac arrest, who likely had a simple stomach flu and could not make it to hospital in time.

The children’s library and playroom at Paarl Hospital, furnished by donations from families, staff, and community organizations.
I learned so much from the patients, families and physicians at Paarl Hospital. The sheer volume of patients and severity of illness lended itself to plenty of opportunities to refine my procedural skills and neonatal resuscitation. These kinds of skills come easily to those who have trained in South Africa, but with improved access to health care services and fewer families living below the poverty line, we are often sheltered from these high acuity patients in Canada. As a future general pediatrician, these skills are critical in managing pediatric patients in the community setting, remote from the subspecialty services of a tertiary hospital...

What inspired me most about working in South Africa was seeing how the dedicated staff at Paarl Hospital have ignited the compassion and generosity of the greater community and become true advocates for child health.”