



Kigoma, Baptist hospital supported by ICRC. ICRC regional surgeon visiting patients.

# Working in Health Overseas

No one working in any health service would pretend conditions and experiences were the same wherever you go. While we often moan about our NHS, we often lose sight of the fact that compared to many poorer countries it is remarkably good. Belgian hospitals are widely regarded as the best in the world in terms of the standards of care they provide, but at the other end of the scale are any number of impoverished health authorities that lack the resources to offer anything more than basic help. Infection rates there make the UK's MRSA problems seem trivial by comparison.

With such discrepancies it's no surprise that many people from Britain and other western countries relocate to help out. And medical training, whether as a doctor, nurse, administrator, or some other specialised field, is a passport to travel. Such skills are in great demand, and those with the right qualifications will find hospitals and medical practices crying out for their assistance.

The easiest way to work in health overseas is to link up with one of the many international organisations, charities and NGOs working around the world. Many Brits get their experience through Voluntary Service Overseas (VSO). And the job doesn't always mean picking up a scalpel. Zonya Jeffrey was a VSO laboratory technologist in Tanzania. 'Laboratory staff are frequently forgotten, but this area is the backbone of any hospital or health centre,' she points out. And she was impressed by the working conditions she encountered. 'Lab hygiene was very good,' she says. 'All staff wore gloves, and there was never a shortage because the government provided them for free from its Sexually Transmitted Infections and National AIDS control programmes. And the staff were well-educated on hygiene procedures.'

In less hands-on areas, there are also many openings for business administrators and hospital advisors. Rachael Twinem works as a VSO volunteer supporting the Cambodian Ministry of Health. 'Most of my time is spent in the office, working with a team of Cambodians to strengthen management information systems relating to public health throughout the country.'

The job is familiar, but working conditions aren't. 'After two years in Cambodia I see our air-conditioned offices as quite luxurious, despite the temperamental thermostat, electricity outages, a regular lack of paper, and the odd cockroach and mosquito swarm,' says Rachael. 'The family of rats that lived in the toilet have long since been evacuated, so there's no need to tuck my imaginary socks into my shoes any more. All in all I think I've learned what acclimatising really means.'

Conditions elsewhere are even less consistent. Alan Cane worked as a VSO volunteer management advisor for a hospital in Flores, Indonesia. He highlights the problems faced by lack of funding. 'The hospital is 10 years old. When built it was state of the art, but deterioration means facilities are poor even compared with private hospitals on the same island. There are different classes of ward from "deluxe" to 3rd class (dependent on what you pay), and standards decline as you go down. Flores is a malarial region, but not a single bed (even in "deluxe") is equipped with a mosquito net. They are repeatedly stolen.'

Tony Laurance, a former Regional Director for NHS Southwest, is now the World Health Organisation's Acting Head of Office for the West Bank and Gaza, based in Jerusalem. In the West Bank, he says: 'there are difficulties in the supply (and maintenance) of drugs and equipment. However, there is a reasonable network of primary care and hospital facilities are better than you find in many developing countries.' Of course, the political situation



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here poses some unique challenges. 'The Israeli authorities impose restrictions on access, especially in Gaza where the health services are teetering on the brink of crisis. There are also 600 military checkpoints in the West Bank, making movement of patients, staff and supplies, and the provision of adequate health services, extremely difficult.'

Daniel Da Costa was a VSO mental health nurse in Northern Sri Lanka. 'The standard of hospital facilities was truly shocking, and difficult to accept,' he says. 'Wards were squalid, and no place to nurse someone in mental distress. Hygiene standards were poor, but there is also a cultural divide in what you define as hygienic - eating curry with my left hand would be considered unhygienic here.'

Briony Dinsdale works in Malawi as a VSO nurse and clinical instructor. 'Facilities are very basic,' she explains. 'Often vital medications are unavailable, e.g. insulin or antibiotics. Often patients commence a course of antibiotics but are unable to finish. Guardians (relatives) have to clean the patients and provide food. Nurses are in short supply, and medical equipment isn't used either due to a lack of training or because it doesn't work. Not all patients have beds or mattresses, running water is not always available, and infection control is generally poor.'

Nevertheless, all these things should be put in perspective. 'Relative to the situation of the average Cambodian, I feel a bit precious worrying about Dengue fever, petty crime and surviving my cycle to work,' says Rachael Twinem. 'But it's comforting to know that for anything more than a bad headache, all VSO volunteers here get evacuated to Bangkok for treatment. I've visited many hospitals and health centres, and although there have been improvements, if I was Cambodian I would go to the pagoda everyday to pray I didn't get sick.'

Bureaucratic issues are often as big a problem as hygiene or lack of equipment, and can be even more frustrating, as Zonya Jeffrey found out in Tanzania. 'Bureaucracy and admin are a big part of running the lab. No changes to procedures, equipment, training and purchasing are permitted without consulting the administration team, or in some cases the hospital management committee or the Board of Governors (which only meets three or four times a year).'

Alan Cane has similar experiences. 'Indonesia is very bureaucratic, with central

control reaching down to a ridiculous level of detail. And one local challenge is that our admin is controlled part-time by a dentist, rather than by a qualified professional. I gather this is typical.'

Elsewhere, the story is familiar. 'Sri Lanka is very much a hierarchical society; such divides are evident within the working sphere and can be very difficult to work around without great sensitivity,' says Daniel Da Costa.

'There's poor communication between government and institutions (in Malawi),' says Briony Dinsdale. 'Plans change at the last minute, and there are no funds to complete projects. And there's no sense of responsibility or accountability - for example, deaths are not investigated, and there's no reporting system or repercussions.'

One organisation whose medical staff routinely face difficult and stressful conditions is the International Committee of the Red Cross. ICRC teams work in zones affected by ongoing or recent armed conflict, giving them a unique perspective. Dr Marco Baldan is the ICRC's head surgeon, and recently returned from a surgical assessment mission in the Democratic Republic of Congo (Eastern Congo). 'Facilities are quite different to what we are used to,' he says. 'Running water and electricity may not be available. Relatives of the patients often come and go without control. Hospital toilets and sewage systems are often insufficient, and operating theatres usually do not provide a level of sterility to perform safe surgery.'

Equipment is also basic, and often stops working due to a lack of proper servicing. 'Sad to say,' says Dr Baldan, 'there are a lot of non-functioning pieces of equipment sent as donations from the West, put in a corner (the graveyard of technology) because nobody knows how to use them, or they may have a minor fault and nobody can repair them or get spare parts.'

On the issue of aid and donations, Dr Baldan offers another specific warning. 'Donations from the West can cause more damage than help. Our mistake is to bring our standards and technology to Africa. In our countries the Ministry of Health has thousands of dollars available per inhabitant; in sub-Saharan Africa it is just a few, so our system is simply not affordable. Going to rural Africa to teach fancy techniques to colleagues working in an environment where sterility is doubtful may also harm the patients. Instead,

we should assess the real situation, and adapt our knowledge and skills to the context and the specific problems.'

Of course, war-torn nations are as susceptible to corruption and administrative "jobsworths" as anywhere, as Dr Maldan knows full well. 'Patients often have to pay fees for treatment and sometimes are kept in hospital until they clear their bills. Expat staff may have to apply to the local medical council, presenting diplomas and paying a fee to get permission to work as a local doctor or nurse.'

Another problem many countries face is "brain drain", as healthcare workers move to wealthier nations in search of better pay. It creates an even greater need for foreign health workers to plug the gap. 'Many highly qualified doctors and other health professionals work abroad because of the economic, social and political conditions,' observes Tony Laurence. 'It's why VSO recruited me and others to work in Malawi,' adds Briony Dinsdale.

'This problem is widespread,' says ICRC's Dr Baldan. 'And Eastern Congo is no exception. Because of insecurity and low incomes in rural areas, skilled doctors and nurses try to leave to safer, wealthier countries. Often their first step is to apply for a job with NGOs or international organisations.'

'But the training we try to provide is often inappropriate: bringing doctors to Europe may contribute to the drain: many never go back to their country, and among those who do, the majority remain in the cities working in private institutes. The training they receive is usually not appropriate for the system they find if and when they go back home.'

One thing is clear however. Despite the difficulties, just about everyone finds their time away worthwhile. Daniel Da Costa sums up the rewards: 'I loved my time abroad and want to return. It changed my outlook on life, and leaving the West's preoccupation with time and targets was refreshing. You can act more creatively in an environment not tied by pointless commercially driven targets. Moreover, despite the obvious lack of wealth, the communities there seem stronger than ours.'

'The Cambodian government has just ratified its second Health Strategic Plan,' adds Rachael Twinem. 'And if even a tiny portion of this can be realized, fewer people will suffer and die over the next few years. In the face of this, who cares about a few rats?'