2019

Swaziland Global Health Elective

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**Swaziland Global Health Elective**

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### Why Global Health? Why Swaziland?
- Experience practicing medicine in a resource-limited setting
- Insight into how cultural norms affect medical practice
- Improve cultural competency
- Understand health system and resources available in other countries

### Background/Preparation
- Swaziland 2015 HIV Guidelines
- Hospital Care for Children
- WHO IMCI and ETAT
- Global Health Didactics
- Read about Swaziland culture
- Objectives & goals for the rotation:
  - Experience practicing medicine in resource-limited setting
  - Learn about medical conditions that are less common in the United States
  - Understanding cultural impact on healthcare

### Elective Experience
- Baylor-Swaziland Center of Excellence (COE)
- I worked primarily in the Mbabane Clinic in a family-centered care environment.
- Multiple programs aimed at increased adherence and decreased transmission of HIV:
  - Mother/Baby Pair program and early infant diagnosis
  - Maternal health and PMTCT
  - Adolescent care & Teen Club
  - Provided TB screening and treatment
  - Hospital rounds and satellite clinics
  - Mbabane Government Hospital
  - Hlatikhulu
  - Bulembu
  - Manzini
  - Analysis of clinic data to assess achievement of UNAIDs 90-90-90 goals

### HIV/AIDS
- Swaziland has the highest HIV prevalence in the world
- Baylor COE is the largest antiretroviral provider for children in Swaziland
- Programs target prevention and treatment
- Baylor Clinic Mother Baby Pair Program – goal of reducing maternal-child transmission
- Baylor Clinic Teen Club
- Challenge Clinic
- Outreach at community clinics

### Tuberculosis
- Highest incidence of tuberculosis in the world
- Susceptibility among HIV-infected patients
- TB clinic facility is the Ministry of Health’s primary provider for pediatric TB diagnosis and treatment

### Psycho-Social Complications
- Unique psycho-social barriers for patients living with HIV
- Social stigma affects seeking treatment and compliance
- Other barriers to care include transportation to clinic, financial constraints
- Many children with HIV/AIDs are orphaned and cared for by family members who are not their parents
- Inadequate systems for dealing with child physical abuse and sexual assault

### Reflection/Future Directions
- Interest in continuing global health work as a fellow and in my career.
- Research and education on child abuse in international and refugee populations
- Education/training for sexual abuse evaluation in resource-limited settings