The sound of silence: global health challenges from the front

There are no sirens. Nor is the silence disrupted by the rush of feet or frantic blue lights.

Instead, our enduring patients arrive at the hospital gates on foot, most having travelled for many hours, if not days, through the unrelenting 40°C heat; the privileged cling to motorcycles already laden with firewood and kitchen utensils in anticipation of a prolonged admission.

Through these same gates arrived Abakar (name changed to maintain confidentiality), so weakened by the ruthless combination of tuberculosis, suspected HIV, diarrhoea and malnutrition that he was unable to hold his fragile frame from the ground. At two-and-a-half years, his weight was that of a 4-month-old baby.

He passed away early this morning.

Yet the ward round must continue. There is little time to reflect. Not now at least. Eighty patients await their daily review, while the queue requesting consultation with the only doctor for many miles now curves away from her office.

A young man whose limbs are mottled with Kaposi’s sarcoma requires urgent antiretroviral treatment. On the opposite bed sits an elderly man whose neglected diabetic ulcer has progressed to advanced necrosis. He has just refused the amputation that might save his life. By the doorway, a man unwraps his bandaged hand to reveal a seeping nodular mass. A chronic wound left for 18 months has developed into an extensive squamous cell carcinoma.

In the Salle d’Isolément, three patients, including a 9-month-old infant, receive treatment for drug-resistant tuberculosis. The protocol lasts 8 long months and requires strict compliance and regular review. Should the treatment...
A young woman arrives at the hospital in labour. For a dangerous 3 days she was kept at home, becoming progressively weaker. As she is carried to the table, the baby’s arm can be seen protruding from between her legs. There is no doubt that she needs an immediate caesarean section, yet the family refuse on her behalf and insist on leaving the hospital.

Relying solely on clinical judgement and the reassuring amplification of the Pinard stethoscope, three women have just delivered healthy babies. A shortage of examination gloves means we now recycle each and every pair. When they are worn through, we save the rubber bands at the wrist and use them to tie off the umbilical cord. The daily resourcefulness of my colleagues is inspiring, but further underscores a chronic insufficiency of the most essential resources.

In the Département de Chirurgie a young man is treated for a gunshot injury that shattered his right knee. The lights flicker before the invaluable generator again illuminates his open wound. A recent outbreak of violence across the border has strained the team and frozen our transport of biopsy specimens to the Nigerian pathologist. The man’s operation is overseen, not by an extended team of anaesthetists and orthopaedic surgeons, but by a contingent of the countless lizards with whom we share the hospital compound. In this heat, even our coldblooded companions search for the relative cool of the operating room.

With the operation complete, the patients continue to arrive. Only as the sun begins to set over the sparse plains and compact mud-and-thatch villages of this corner of the Sahel, will the number of new arrivals begin to subside.

As I write, the four muted grey walls of our desert health outpost are slowly turning a dusty amber, while the smell of boiling bouillie counters the acrid smoke that rises from the deep waste disposal pit.

It is here, at the grassroots level, working with front-line health services in the most resource-deprived region of a resource-deprived country, that our patients collectively personify a multitude of the most urgent global health challenges. There is no isolated textbook solution. Instead, we attempt to understand these challenges in the complex context in which they arise: the chronic insufficiency of adequately trained staff; the widely held belief that breastfeeding has caused an infant’s febrile state, subsequently triggering a decline into malnutrition and further ill health; the extortionate rise in the price of life-saving oral rehydration sachets imposed by the Ministry of Health; international agencies seemingly more concerned with quick results than investment in sustainable health system development; generations of poverty and food insecurity in our region; and a government with one of the world’s highest and most infamous corruption ratings. The daily triage and prioritisation of such issues is all that keeps the hospital from sinking into the sand.

I look now at Abakar’s tattered and muddy carnets de santé, and his remaining three sealed syringes, and cannot hold back the sadness and frustration. In the absence of a united and determined outcry, what chance did he have?

This silence must be broken.