

Elective Report Belize April/May 2015

Objectives:

- Describe the pattern of illness/disease of interest in the population with which you have worked and discuss this in the context of global health
- Describe the pattern of health provision in relation to the country in which you have worked and contrast this with the UK.
- What are the prevalent General Medical conditions in Belize? How do they differ from the UK
- How are General Medical services organised and delivered in Belize? How does it differ from the UK?

I undertook my elective at the Western Regional Hospital in Belmopan, Belize in April and May of 2015. Belmopan though the capital of Belize is not its largest city and has a very small population 16,451 in 2010. Many of the public health services are focused on the larger Belize City, which has a much larger population of 57,169. Belize itself is very sparsely populated and it was one of the things I found most striking about the country was how few people and towns there were. This has led to most of the healthcare provision being targeted around the cities often to the detriment of rural areas as there is not enough funding to go round. Belize is one of the poorest countries in Central America. The hospital is a small hospital with only 40 inpatient beds for medicine and surgery, and four inpatient beds for psychiatry. The largest department was obstetrics.

The hospital is a public hospital. However, many of the more wealthy Belizeans have private health insurance or travel abroad as the services the Western Regional Hospital was able to offer were minimal, for example: The only imaging available was x-ray. The hospital appeared to have very few inpatients most of the wards were quite empty, this is very different to the UK where there is constant pressure for beds. However, the outpatient department was incredibly busy with lots of people waiting to be seen, this was a cross between GP and A&E as the A&E itself was small only 4 beds which were reserved for very ill patients or trauma. The general medical Dr's ran clinics seeing patients very quickly often less than 10 minutes. This is very different from the UK where access to hospital is usually through GP's many people in Belize do not have or cannot afford a GP so coming straight to hospital and waiting is the only option.

The busiest department was obstetrics. Belize has a high teenage pregnancy rate, and an increasing prevalence of HIV. We saw many public health campaigns in the form of posters all over the hospital trying to encourage new mothers to breast feed. HIV in particular was the subject of a large public health campaign all over the country encouraging people to get tested. Posters were all over the hospital and on large billboards on the side of the roads. However HIV remains a very stigmatised disease. Belize has the highest prevalences of HIV in Central America. The number of people dying from HIV and AIDS related illnesses are increasing in Belize from 13.4 per 100,000 in 1990 when the WHO millennium development goals were made to 21.9 per 100,000 in 2012. Despite public health campaigns and education people are still reluctant to come forward and get tested.

In general medicine I was surprised to see that as in the UK obesity, diabetes cardiovascular disease and cerebrovascular disease are common problems. With Ischaemic heart disease and Diabetes Mellitus being the top two causes of death in Belize between 2000-2012. In the UK where ischaemic heart disease is also the leading cause of death public health campaigns have been introduced in attempt to promote awareness and to aide patients to look after their own health. I saw no campaigns like this in Belize. The food available in restaurants and the supermarkets usually had very high sugar content and was often deep fried. As it is unsafe to drink the water many people drank fruit juices and fizzy drinks with very high sugar content, there was very rarely a sugar free option available. The WHO puts the percentage of women over 20 that are obese as 45.4% this is nearly 15% more than the average for the rest of Central America. It became clear having spent time in the country and seeing the diets of many people why obesity and the complications associated with being overweight were such a big problem.

Two other conditions listed on the WHO top ten causes of death in Belize showed huge variation from the UK. These were interpersonal violence and road traffic accidents. Before we arrived in Belize we were advised that often the cities were not safe. In the taxi from the airport the driver was advising us not to walk off the two main streets in Belize City. However most of the violence is not directed at tourists, the high rate of interpersonal violence is often due to gangs. Which especially in Belize City is a big problem.

Road safety is also something that was very poor in the UK, the majority of roads were not tarmaced and contained very large potholes. None of the cars or buses had seat belts and if they did the use of them was not enforced, nor were speed limits so it is easy to see why there is such a high incidence of road traffic deaths.

Belize is a developing country in the tropics so there are many conditions that are not seen commonly in the UK. The tap water is unsafe to drink so most people use bottled water. However, some people still drink the tap water so there is a risk of water borne diseases. There is poor food hygiene most of the street food is cooked out of cool boxes on the side of the road with most people not washing their hands between handling meat and other food stuffs. Therefore gastroenteritis and the infectious diseases are common. Malaria and dengue fever are also endemic. Treatment of malaria has improved recently and in most of Belize there is not a high risk of contracting it. Dengue fever is still endemic and very common and there is no treatment available.

We found the hospital and the staff very welcoming and they were happy for us to sit in clinics and help them on the wards. One of the big challenges to the Doctors was while Belize is official an English speaking country and English is the language used in schools, a large proportion of the population only speak Spanish which caused some communication difficulties for us and some of the Doctors.