

ELECTIVE (SSC5a/b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the prevalent challenges to maternal and neonatal health in San Ignacio, Belize? How do these differ to those in the UK?

Belize is a country located on the east coast of central America. Whilst the official national language is English, both Spanish and Belizean Creole are also widely spoken. English is spoken more frequently on the eastern side of Belize. San Ignacio is on the west side of the country, and during our placement there were multiple occasions where the language barrier was a problem. The population of Belize is 340,844. This is very small compared to the UK where the population is over 63 million.

The average life expectancy in Belize is 72 and 78 for males and females respectively. In the UK it is 79 for males and 83 for females. This is a significant difference. Worldwide, the average life expectancy is 68.5 and 73.5 for males and females respectively. Life expectancy in Belize is much higher than the global average, although it is not as high as in the UK. This is a reflection of the health services available.

The total expenditure on health per capita in Belize is \$458. In comparison, the total expenditure on health in the UK is \$3,496. The UK health expenditure is over seven times greater than that of Belize. The total health expenditure as a percentage of gross domestic product (GDP) is 5.4% in Belize and 9.4% in UK. The difference in spending is not so profound when looked at in this way. This highlights the lower income and cost of living within Belize.

One of the current focuses of healthcare in Belize is to minimise the number of maternal deaths. This has been largely successful so far, as there was less than 1 death per 100,000 live births in both 2010 and 2011. This compares to 41.7 per 100,000 live births in 1995. 95% of births have a skilled health professional present as of 2011. In 1995, only 79% were. There have clearly been vast improvements in maternal health, which have been reflected in the recent statistics.

2. Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: How are community care services (particularly obstetric and neonatal services) organised and provided in Belize? What are the similarities and differences with the UK?

There are two branches of healthcare within Belize; private and public healthcare. Public healthcare is used by the majority of patients and there is no direct cost. Private healthcare is used by 15% of patients. There was a reform of private healthcare in 1990, and since then the uptake of private healthcare has increased significantly.

The main problems with health provision in Belize are a lack of equipment and medicines. Additionally most hospitals are severely understaffed.

95% of births have a trained healthcare professional present. 98% of pregnant women seek antenatal care before the birth of their child. Whilst these figures are very high, they are still not as high as in the UK. In Belize, women are encouraged to give birth in hospitals whereas in the UK women are being encouraged to consider home births as an alternative option. There are more hospitals in the UK meaning that even if there are birth complications, women can get to a hospital relatively quickly even if they choose to have a home birth.

There is no community care in Belize. All maternity care is given in hospitals. This is very different to the UK where there is a considerable amount of community care in general practice and also home visits by midwives.

Current targets are aimed at increasing monitoring during pregnancy, increasing services of sexual and reproductive health and increasing child health services (particularly vaccination uptake). This was very evident in the posters throughout the hospital.

3. Health related objective: What maternal health screening is used in community care in Belize? To what extent is this influenced by health coverage and financial stability? How does it compare to those offered in the UK?

There is no set program of maternal health screening within Belize. Women present to hospital for antenatal care at varying points within their pregnancy. Antenatal checks include weight, height and urine tests. Blood tests are not routine. Further tests (such as CTG or ultrasound scans) are used only when deemed necessary. The less frequent use of imaging and diagnostic tests save money. They also require clinicians to have good diagnostic skills and be able to tell when something is serious or not just by taking a history and doing an examination. I initially found this very strange, but soon realised how well the doctors were able to do this due to their vast experience.

4 Personal/professional development goals.: To appreciate the differences in medical care available in different countries.

It was fascinating to be able to experience healthcare in another country. The differences were most noticeable in the first few days. Things like using a mercury thermometer instead of an electric one were initially very strange. On our first day we struggled to use a mercury thermometer as it is not something I have ever used before. After all four medical students tried and failed we had to ask the nurse for help. The staff members were all very helpful and patient while we asked questions that they must have found very basic. Whilst there were many differences between working at a hospital in Belize and one in the UK, after the first couple of weeks it became normality.

One of the main differences I witnessed between healthcare in Belize and the UK is that in the UK there is more of a willingness to try medications that might not work or have side effects. For example, a patient attended who wanted a particular type of contraception. A lot of effort went into making sure that the patient definitely wanted it and the risks and side effects were explained in length. In the UK, doctors would probably have tried the form of contraceptive and then seen if it agreed with the patient. In this instance, the possibility of side effects was enough for the patient to decide not to go ahead with it. Every decision was carefully considered to make sure money was not being wasted. It was a far more thorough approach.