

Elective report

Describe the pattern of diseases/illness in the population in Belize in particular relation to HIV.

There are a number of health conditions prevalent in Belize. The most common diseases include: malaria, dengue fever, gastroenteritis, cholera, and HIV/AIDS. According to the "UNAIDS Report on the Global AIDS Epidemic" of 2010, Belize has the highest HIV prevalence in Central America and the 3rd highest in the Caribbean, with estimated adult prevalence of 2.1%, and more than 4,800 people living with HIV. And AIDS is the leading cause of death in the 15-49 population. Young persons constitute an important vector to HIV transmission, due to lack of HIV prevention education and Behavioural Change Communication and negative stigma and socio-economic circumstances, causing continued risky sexual behaviour patterns. Since Belize is a developing country, many of these conditions are related to issues surrounding, infrastructure, standard of sanitation, and are reflective of the general lack of education and awareness about how these conditions are acquired and transmitted. Historically, malaria has caused major problems in Belize. Although treatment for malaria has improved dramatically over the years, there are still concerns about future outbreaks. Similar concerns surround dengue fever, cholera, and HIV/AIDS. Due to the relatively fragile infrastructure and low population, an outbreak of HIV/AIDS or any of the other medical conditions noted above may impact the population size as well as the human resources.

Describe the health provision in Belize

Healthcare in Belize is provided through both public and private healthcare systems. The Ministry of Health (MoH) is the government agency responsible for overseeing the entire health sector and is also the largest provider of public health services in Belize. Because of the inadequacy of the health care system, Belizeans use the medical services in Guatemala and Mexico. Many also resort to traditional systems, which employ amulets, plants, baths, incantations, and ancestral rituals. While Western-trained health workers once ostracized practitioners of the traditional system, the government has advocated some collaboration in the case of birth attendants.

The Ministry of health also offers affordable care to a majority of Belizeans with a strong focus on providing quality healthcare through a range of public programs and institutions. In contrast to the public health sector, the private health sector provides care to a smaller portion of the population. However, similar to the public sector, private health services are offered at a relatively low cost with a shared emphasis on quality of care and quality improvement.

Overview of Belize and the public health interventions that are in place

Belize is an independent country on the Caribbean coast of Central America, comprising 95% mainland and 5% cays, with a total land area of 22,700 km². The population is ethnically and culturally diverse, with a majority of Mestizos (48.7%) and Creoles (24.9%); populations of indigenous Maya (10.6%) and Garinagu (6.1%); and other minorities, including Mennonites, East Indians, and Chinese. Belize is home to the longest healthy barrier reef in the Western Hemisphere and lies in the subtropical geographic belt. It obtained its independence from Britain in 1981 and has a parliamentary democracy based on the British Westminster system, with a Governor General who

represents the British monarch as head of state, a Prime Minister, and a Cabinet. It is the only English-speaking country in Central America. Belize has an open economy based primarily on agriculture and services, and relies heavily on forestry, fishing, and mining as primary resources, although there is an increasing dependence on the tourism industry.

Belize has made remarkable progress in reversing the spread of HIV/AIDS, Malaria and Tuberculosis. In fighting HIV/AIDS, new infections of HIV are down. In 2009, the total number of newly diagnosed HIV Infections was 365, indicating a relative decrease of 14 per cent from 2008. UNDP has supported targeted actions, contributing to this success in recent years, with its thematic trust fund and as principal recipient of the Global Fund Round 9 Grant. These actions have helped in tackling the challenge of insufficient public awareness initiatives on HIV/AIDS and against HIV stigma.

Of great value to improving public awareness is the "Together We Can" (TWC) program - an HIV Peer Education program that the Belize Red Cross, one of the partners in the Global Fund project, had adopted in 2004 and has since revised to make it a more relevant to Belizean Culture, and in particular the youth. Following piloting of the TWC materials, several tiers of persons were trained, beginning with school and health counsellors, then peer educators in the high schools, who have been reaching out counselling and educating their peers for improved life choices.

Professional development goals – practice communication, diagnoses and management plans in a Belizean hospital.

San Ignacio community hospital was a wonderful place to do a medical elective. The relative lack of doctors and other staff at the hospital meant that I was able to shoulder a lot of responsibility. This included taking histories and examinations. I would also carry out basic clinical skills such as blood taking and cannulations. Most of the time I was left to form differential diagnoses by myself and form management plans. Being in such a new and unfamiliar environment made this so much harder – especially as the health care laws, practices and systems were completely alien to me. Most of the time I was left to use my own initiative and although this was alarming at first, I soon grew accustomed to it and I learned to accept and shoulder the newfound responsibility I had. I realised that if I could succeed in this environment then I would succeed as an FY1 doctor.