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ELECTIVE REPORT

Location: Dr Otto's Poly-clinic

San Pedro

Belize

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## OBJECTIVES

- 1) What are the significant health issues in Belize?**
- 2) Generally describe the Belizean health care system. How does it differ from that of the UK?**
- 3) Primary care in Belize**
- 4) What are the health care promotion schemes present in Belize?**

# 1) WHAT ARE THE SIGNIFICANT HEALTH ISSUES IN BELIZE?

## *Background*

I decided to do my elective in Belize, a small developing country in central America lying in the outer tropics bordered by Mexico and Guatemala. The climate is subtropical i.e. it only has two seasons , a wet and dry season. It has a population of 300 000. It has a very mixed population with Mayan, Spanish and African origins. It is a young country having only gotten independence in 1981. During my stay in Belize I was based on a little island of the main land called Amber caye, in a little town called san Pedro . It is located south of the island and has a population of 12 400 . The primary industry on the island is tourism specially catering to those interested in snorkelling and diving. Most of the tourists are from north America . The main languages spoken on the island are English and Spanish.

## *Education*

The government in Belize recognises the importance of education and has introduced policies that aim to increase literacy in the population. One of the policies has made primary school education in Belize mandatory. It is worth noting that a secondary school education is not. The adult literacy rate in 1996 was 75.1% this increased to 76.5% in 2000. On the island of san Pedro most of the people dropped out of school at the age of 14 or 15. They preferred to work full time instead of going into higher education. It is relatively easy for young people to find employment on the island because of the large tourism industry.

## ***COMMON DISEASES IN BELIZE***

Belize like many developing countries suffers from high rates of HIV . Currently it is believed 1 in 10 adults between the ages of 20 and 59 years has from HIV. Therefore, HIV is the leading cause of death in this population. However, when compared to the rest of central America the rates are not that high, Guatemala has the highest. The second leading cause of death is circulatory disease. This is mostly influenced by diet. Belizians tend to eat a lot of fast food as it is easily available. Fresh vegetables and fruit are not favoured by most. Educational campaigns are currently being run to try combat this. A large number of the Belizean population also have Diabetes which contributes to the high rates of circulatory diseases.

## **2) Generally describe the Belizean health care system. How does it differ from that of the up?**

### ***Belizean Health system***

Delivering adequate health care is a primary concern of the Belizean government. In 2000 they launched a health system with the aim of ensuring quality health to all residents. There is only 8 district hospitals in the country, none of these are on any of the islands. Therefore, islanders have to go to the mainland for advanced care. Most of the doctors in Belize are foreign born and trained. The government has tried to combat this by launching a series of scholarship programmes for to train Belizeans in medicine. Belize does not have a medical school of its own therefore the students have to go to either Cuba or North America.

Belize's health system is different to that of the UK, however they do share similar traits. Tax payers fund the health care system, however this is not enough hence hospitals mostly rely on donations. Most Belizeans are able to get free or lost cost care from government run

hospitals. However, as there are only 8 hospitals people end up going to seek private health care . A visit to the doctor typically costs \$15-\$20. Hospital stay in a private hospital is \$20-\$50. Belizeans seem to have very little faith in their health care system hence when faced with critical conditions those that can tend to fly their relatives to either Mexico or North America.

### **3) PRIMARY CARE IN BELIZE**

The Belizean government has put a lot of effort into making their primary care service as efficient as possible in an effort to reduce pressure on the hospitals. I got the opportunity to observe the Belizean primary healthcare system first hand. I spent several weeks in Dr OTTO's clinic which was based in san Pedro. It was the only clinic on the whole island. The clinic is government funded and it is run by 3 doctors and 5 nurses, they provide health care to the entire island population .

The doctors are all community general practioners. However, their roles goes far beyond that of their job title. They attended to all illness to at least specialist registrar level. A typical work day involved 2 clinics, 8am- 11am and 2am – 8pm for 6 days a week. They had an on call rotor that dictated that one doctor had to be on call for 1 week at a time. The doctor on call had to see to all medical emergencies for that presented at anytime that week. Also, during that week that one was on call, one was still expected to attend their regular clinic hours.

The most common emergency that patients present with was due to road traffic accidents. These did not tend to be serious as most people drive golf carts which have a maximum speed of 30miles/hour. The next common presentation was machete wounds. Unfortunately a lot of the youth in san Pedro are involved in the drug trade and the weapon of choice used in gang wars is a machete. The

GP on call would perform minor surgeries and for the more serious cases they would stabilize them and send them to the main land. During the day transporting a patient to the main hospital in Belize city would take 2 hours, however at night it could take anything up to 5 hours. Unfortunately due to staff shortages transportation of patients was not always done by people that were not medically trained .

As Belize is a third world country I expected the clinic to be run in a primitive system. However, it is run in a very modern manner similar to that used by GPs in the UK. All the doctors had computers in their office which they used to access some patient information from a central database that had information for all the patients in Belize. This was very useful on the island as a large number of the population were only resident there during tourism season. They would migrate to the mainland during the slow season.

Even though there was a computer system there was still very limited technology available so one's clinical skill had to be excellent. There was no equipment to carry out specialised tests, they did not even have access to an x-ray machine. There was a limited number of blood tests that could be done in the clinic. It also worth noting that only basic drugs were available to the population and these were not always available. Therefore , people had to pay for some of the drugs at private pharmacies which reduced rates of compliance. I was impressed by the wound care that was delivered by the nurses. Patients would have their dressings changed twice a day in the clinic which meant there was very little need for antibiotics.

#### **4) What are the health care promotion schemes present in Belize?**

The ministry of health in Belize has introduced a large number of health promotion schemes under the direction of WHO. Belizeans do not traditionally seek medical attention until their conditions have

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deteriorated, the health promotion schemes aim to change this mentality. I witnessed 2 campaigns first hand. The first was a diabetes awareness scheme. As mentioned before Belize has a large population with diabetes, 13.1% . This has is due to both genetic and dietary causes. A diabetes association was formed on the island in January this year. Its aim is to promote diabetes awareness on the island. The group meets every Tuesday. It discusses strategies on how to promote diabetic care on the island as well as fundraising campaigns . During their fund raisers the group runs random glucose tests on the public. Those with particularly high readings are advised to go the clinic for further testing.

The nurses from the clinic also regularly ran childhood vaccination campaigns every 6 months for children less than 5 years old. They would go to the community and vaccinate all the children whose parents had been unable to get them to the clinic. During this time they would also take the time to promote safe sex and contraception use in the community, as there is also very high rates of HIV .

My elective in Belize was an eye opening experience. It was interesting learning how the doctors there delivered healthcare without all the resources available to the British doctors. I also did get an opportunity to travel around Belize and the surrounding countries allowing me to learn about the different cultures in central America and improve my Spanish. I would recommend this elective to other students that are interested in doing an elective in central America.