

*V. COMMENTS*

*Why a new Belize City Hospital (BCH)?*

*Why improve district hospitals (DH) and expand their function(s)?*

The BCH is old, falling apart, difficult and costly to maintain, inadequate, hazardous to staff and patients (even in good weather no less in tropical storms) and needs to be replaced. However, any proposed structure and function depend on its role in a system of personal health services. Other considerations in decision-making, for example, include the availability of suitably trained stable health personnel of all types. Whether or not the network of DH is improved and expanded, there is a need for a BCH as it is the only hospital available to the public in a metropolitan area which serves nearly one-third of the population of the country.

The BCH is also the only referral center in the country. Transportation costs are prohibitive, amounting to thousands of dollars, for air evacuation of each critically ill patient to medical centers in the U.S.A. or Panama. At present, only a few patients whose prognosis appear favorable are sent abroad for definitive diagnosis and treatment.

What are the alternatives and what are the demands each imposes? One is to upgrade the DH and to improve locally available services. At present and in an expanded network, each DH serves as a subcenter providing support/management/consultation to peripheral curative and preventive services, to environmental services, to local people seeking ambulatory medical care and hospitalization for childbirth and certain illnesses and accidents. With the exception of Belmopan, surgery cannot be performed in the DH network owing to lack of skilled personnel, and, to a certain extent, facilities and equipment. The work of the District Medical Officer (DMO)

is demanding for he serves as physician/manager/public health officer responsible for the total array of preventive and curative services -- a difficult task requiring broad clinical and public health training and experience, at best, rare in new medical recruits. The 'turnover rate' of medical and nursing personnel was not documented but is said to be rapid and emigration frequent. Present vacancies go unfilled. If an improved and expanded DH network were to become a reality, at least one problem would be recruitment and retention of an increased number of suitably trained health professionals. At present, nursing is in a better position than medicine re training since a system of sound training in nursing is already in place in Belize and augmented by advanced studies in the Caribbean region. At present, there is no radiologist or pathologist in the country.

Another possibility would be to limit improved DH to one or two areas which are remote from Belize City and ready referral. Such an example might be the DH at Punta Gorda.

The choice is not a matter of an improved BCH or network of DH but would appear to be a balanced development of a nationwide system of facilities to support a system of services beginning with small communities and including a new BCH.

## Future Assistance

Nothing illustrates the economic difficulties faced by the Belizean health sector so well as the problem of a new hospital for Belize City. The total cost will depend on the number of beds (which could be anywhere from 150 to 200), on how much is spent to "hurricane-proof" the building, and on how much can be salvaged from the existing hospital. Estimates run about 15 million dollars; that is 100 dollars for every man, woman and child in the country. Even if the cost were spread over ten years, the construction of the hospital would take an amount equal to one-eighth of total current health spending every year during that period. To repay a loan for the full amount over the ten years would absorb the proceeds of about one percent of total exports. These are not insurmountable sums, but they indicate why a new hospital is unlikely to be built without foreign assistance. No other likely use for external resources in health is anywhere near so large.

Belize may have to depend, for the foreseeable future, on foreign assistance for such large capital investments. It should not, however, need much if any assistance for a variety of measures that would improve the functioning of the health sector and get more use out of the existing capital. The difficulty is that the decisions on some of these issues - proper use of district hospitals, correct staff balance, desirable vehicle fleet - are connected to the decisions as to how large a hospital is needed, and what services it should provide. This means that foreign aid that paid for a new hospital would incidentally facilitate the rationalization of the system of which the hospital is part.

Medical and nursing manpower at the Belize City Hospital (BCH) and elsewhere  
in the country

Data concerning medical and nursing manpower are shown in the Health Profile of Belize (see tables 111-4, 111-5, 111-6, 111-7, and 111-9). At the time of our visit, three general practitioners staff the BCH's three outpatient clinics; four generalists provide services in its Emergency Room; there are 9 specialists -- two internists, two general surgeons, two gynecologists, one pediatrician, and one full-time and one part-time ophthalmologist; and there are 5 house officers -- two in surgery and one each in medicine, pediatrics, and gynecology. About 10 MDs practice privately full-time in Belize City outside the hospital. In the rest of the country, there is one specialist -- a surgeon in Belmopan; another 10 MDs practicing privately full-time; and one or two (usually two) medical officers in each district. These physicians are permitted to do private practice in addition to their government duties.

There is no medical training program in Belize.

The Health profile points out that nursing is a critical area despite local training programs; emigration is frequent; and 50 established positions went unfilled in 1980. A nursing manpower study is in progress which seeks to estimate requirements of the entire system of health services and to plan an appropriate training program in nursing. Therefore, it is not possible at present to assess the adequacy of training programs until a rational plan emerges, needs are identified, and capabilities to match needs examined.

*Comment on Malaria Control*

It is generally accepted that the implementation of such programs is associated with improved economic as well as general health. However, attainment of goals requires not only sufficient funds; and continuity of technical assistance from PAHO, for example, but sustained commitment locally and regionally, and support services, such as, transportation; vehicle maintenance; recruitment, training and retention of stable personnel; and competent management services.

## *Comment on Rural Water Supply and Sanitation in Programs*

To combat environmental diseases and problems in rural areas the Public Health Inspectorate in the Ministry of Health implemented a successful Rural Water Supply and Sanitation Program with assistance from CARE. The Ministry proposes to re-activate this program with external assistance, and a PAHO environmental health mission to Belize in April 25-30, 1982 gave the program top priority for documentation and funding, especially in view of the constant increase in refugee settlements in rural areas.

It is understood that the program would consist of the following:

### *a) Water supply*

- Survey of water needs and supplies in rural areas.
- Collection of hydrogeological data for subsurface water exploration.
- Drilling of wells and installation of hand-pumps for communities less than 250 in population.
- Development of rudimentary water supply systems (well, storage tank, pump and distribution main) in communities with over 250 in population.

### *b) Excreta disposal*

- A study of appropriate latrine technology and community needs in all rural areas.
- Privy construction program, including pre-casting of slabs and

and risers, and making of wooden seats at a central plant; and the installation of latrine units at pre-selected homes where pits have been dug beforehand.

*c) General*

- Within the context of a Primary Health Care Program, the environmental health education of the communities and the active participation of the public in the program.

Another important aspect of this highly commendable program is the preference of the Ministry to initiate activity in the Toledo Primary Health Care pilot district so that the program will be integrated into the Primary Health Care system from the start. It should also be coupled with the mosquito control operations in the malaria and *Aedes-aegypti* control programs.

There is no question about the great need in rural Belize for water supply and excreta disposal facilities. Certainly their development throughout rural communities can have the greatest beneficial effect towards better community health. Because of this conviction PAHO is in the process of assisting the Ministry in documenting the project for external funding.



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