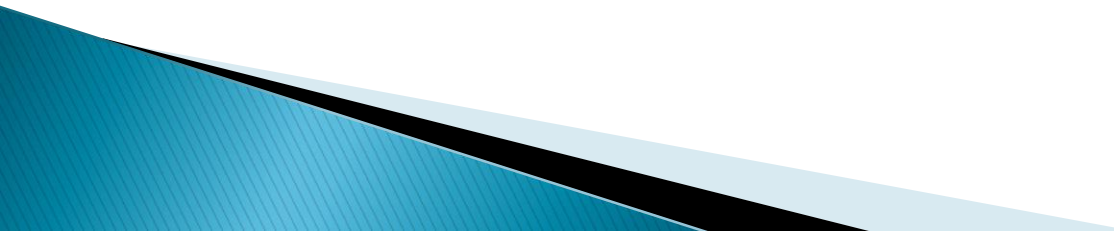


# Belize



Aldo I. Sosa  
Microbiology Unit Supervisor  
Central Medical Laboratory  
December 10, 2014

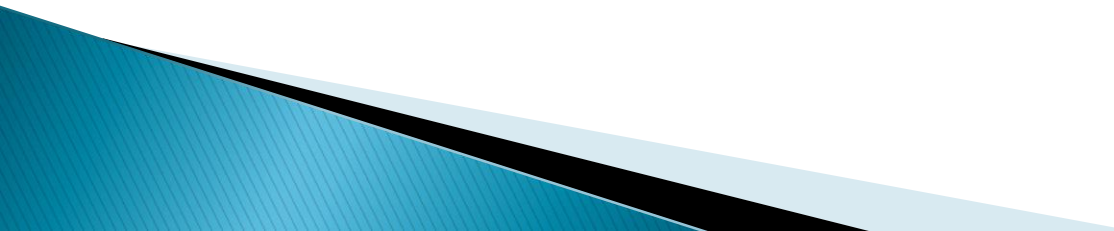
# Relevant Stakeholders

- ▶ KHMH
  - ▶ All regional and hospital laboratories
  - ▶ MCH, HIV, TB
  - ▶ Private Labs and Hospitals
  - ▶ NHI: 35% of public
  - ▶ BAHA
  - ▶ National Laboratory Water Quality Laboratory
  - ▶ Public Health Bureau\*\*\* /Vector Control\*\*\*
  - ▶ Belize Bureau of Standards
- 

# HC System Structure

- ▶ 4 regions: 3 regional hospital labs & 3 community hospitals; 4 polyclinics (1 with a lab); rural clinics and mobile clinics; KHMH; Cuban Brigades
- ▶ 1°, 2°, and 3° care
- ▶ More women than men access HC services
- ▶ Majority of HCW are in public sector
- ▶ Low human resource particularly in specialized fields
- ▶ Public HCW in Private – conflict of interest

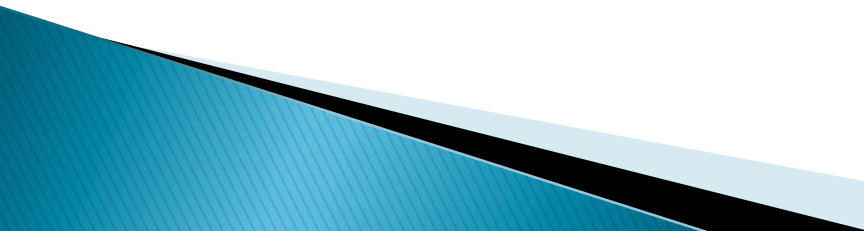
# Drug Regulation & Supply

- ▶ Chemist and Drugs Act
  - ▶ No National Drug Policy; (KMHM formulating one)
  - ▶ Drug Inspectorate: Monitors Nat'l Formulary
  - ▶ Drug Testing non-existent in practice
  - ▶ Abundant smuggled drugs from CA and Mexico
- 

# Antibiotic Use

- ▶ Rampant over the counter drugs
- ▶ Home remedies – cultural; changing slowly
- ▶ Antibiotic prescription is relatively loose

# Antimicrobial Stewardship

- ▶ CML & 3 private entities perform microb
  - ▶ Infrastructure is a dilemma
  - ▶ Training and Improvement of personnel
  - ▶ Lack of Quality Control Organisms and other quality control mechanisms
  - ▶ New equipment; new building; MicroSCAN; one trained personnel in Medical Microb; one in AMR; WHOnet; BHIS
  - ▶ Part of Infection Control (KHMH)
- 

# Gaps

- ▶ Only 1 DMM and 1 with AMR training
  - ▶ 3–4 to open
  - ▶ Licensing and accreditation legislation
  - ▶ BHIS and WHOnet
  - ▶ Only KHMH doing consistent and persistent surveillance
- 