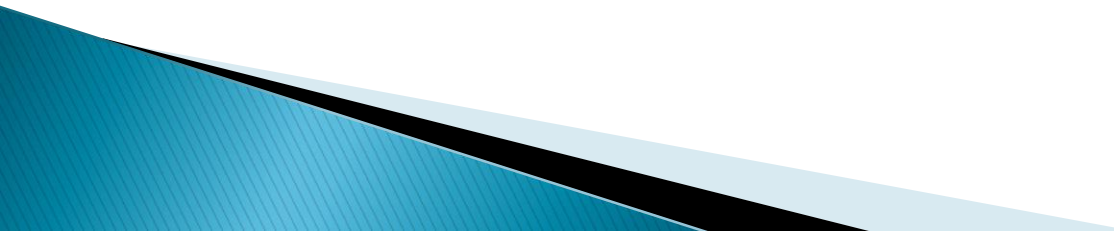


Belize



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Central Medical Laboratory
December 10, 2014

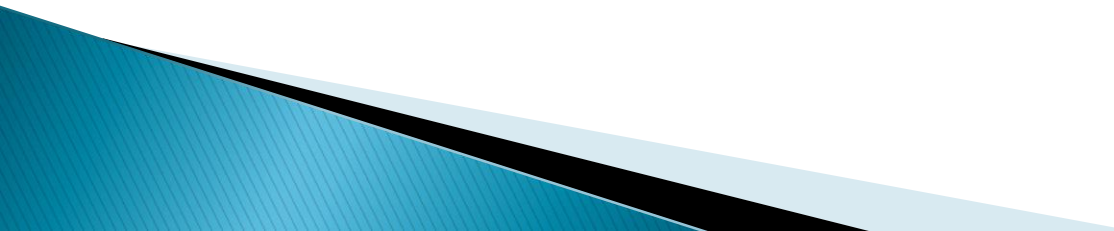
Relevant Stakeholders

- ▶ 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
- 

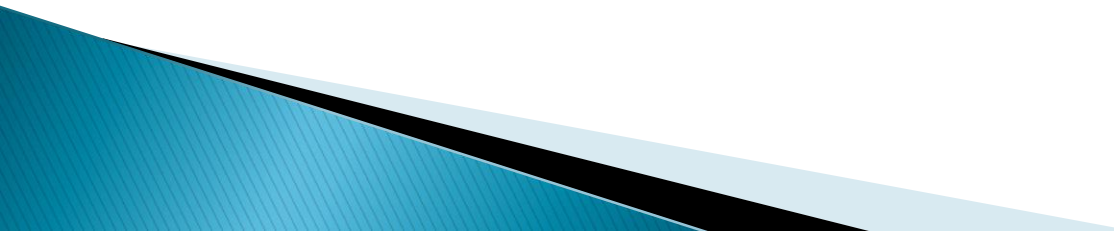
HC System Structure

- ▶ 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

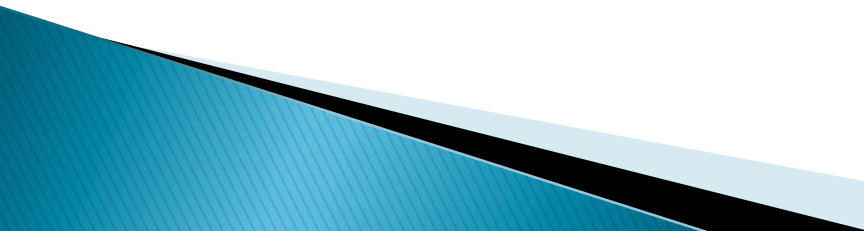
Drug Regulation & Supply

- ▶ Chemist and Drugs Act
 - ▶ No National Drug Policy; (KHMH 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
- 