

# COUNTRY COOPERATION STRATEGY

► Belize 2023-2027



# PAHO



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas



# PAHO/WHO Country Cooperation Strategy

Belize

2023-2027



TABLE OF CONTENTS	Page
Foreword by PAHO/WHO Representative in Belize	4
Message from Government of Belize	5
Acronyms and Abbreviations	6
Executive Summary	8
Chapter 1- Introduction	
1.1 PAHO/WHO’s Comparative Advantage	9
1.2 Country Context	9
1.3 The Role of CCS in wider health development landscape	10
1.4 Overview of WHO Policy Framework	11
1.5 GPW 13 and regional and subregional priorities	12
1.6 CCS Development Process	12
Chapter 2 - Health and Development Situation	
2.1 Health Status of the Population	14
2.2 Major Health Problems	15
2.3 Health systems response in Belize	19
2.4 Cross-cutting Themes	23
2.5 Partnership and Development Cooperation	24
Chapter 3 - PAHO/WHO’s cooperation over the past CCS cycle	26
Chapter 4 - The Strategic Agenda for PAHO/WHO cooperation	29
Chapter 5 - Implementation	41
Chapter 6 - Monitoring and Evaluation	44
Chapter 7 – References	48

## FOREWORD BY PAHO/WHO REPRESENTATIVE IN BELIZE

The Pan American Health Organization, which also serves as the Regional Office for the Americas of the World Health Organization (PAHO/WHO), seeks to provide technical cooperation to its Member States in support of the implementation of their national development plans and, specifically their national health strategic agenda. Belize’s National Medium Term Development Strategy (#Plan Belize) 2022-2026 and the Ministry of Health and Wellness’ Health Sector Strategic Plan 2014-2024 have both identified the achievement of Universal Health Coverage through quality primary health care/integrated health service delivery network, prevention and control of communicable and non-communicable diseases and pandemic preparedness and response as some priority areas for action. The COVID-19 pandemic also highlighted the need to strengthen health systems and to build capacity in human resources for health.

It is within this context that PAHO/WHO has, through an inclusive and collaborative process, developed this Country Cooperation Strategy (CCS) for Belize for the period 2023-2027. The CCS outlines the medium-term vision that will guide PAHO/WHO’s technical cooperation with Belize in support of its national health strategic priorities over the next five years. Through this strategy, PAHO/WHO will also continue to work and collaborate with United Nations agencies, international development partners and other relevant stakeholders to achieve universal health coverage and the Sustainable Development Goals, in particular goal number 3, “Striving to ensure healthy lives and promoting wellbeing for all at all ages”.

Belize has made advances in healthcare and is working assiduously towards strengthening the health infrastructure and human resources for health while also addressing the determinants of health. However, the Ministry of Health and Wellness faces challenges with the double burden of non-communicable diseases and mental health disorders and communicable diseases. The country is scheduled to be soon certified as having eliminated Malaria and is working towards the elimination of mother-to-child transmission of HIV, Syphilis and Hepatitis B. Work continues towards the improvement of the vaccination coverage in children following the decline during the COVID-19 pandemic.

This new 2023-2027 CCS supports the national strategic priorities and commitments and was developed using a participatory, results-based approach that involved national counterparts and stakeholders from across several sectors. It builds on previous achievements and ongoing support and is well aligned with key global and regional development and health agendas including the Sustainable Development Goals and the PAHO Strategic Plan 2020-2025. PAHO/WHO seeks to implement this CCS in partnership with the Ministry of Health and Wellness and thus further deliver on our commitment to working towards achieving sustainable development, health equity and universal health in support of the health and well-being of the people of Belize.



Karen Lewis-Bell  
PAHO/WHO Representative in Belize



## MESSAGE FROM GOVERNMENT OF BELIZE

The Ministry of Health & Wellness (MOHW) is moving towards providing Universal Health Coverage to every Belizean. This entails providing quality, affordable and comprehensive health services within a resilient environment that promotes equal health and wellbeing for all. It is my anticipation to work with all partners who engage in health services so as to strengthen our national health system.

There are specific health problems, such as chronic diseases and external violence, e.g. that impose a significant burden, not only to the health system, but at the family level. This impact at the family level consequently affects the overall community wellbeing. There are other social determinants that have a direct effect on individual and community health, such as migration and poverty.

I acknowledge that addressing the Sustainable Development Goals (SDGs), through a Whole-of-Government Approach will contribute to address specific determinants responsible for health challenges, and simultaneously set in place mechanisms to promote wellness. This strategic approach will encompass addressing poverty determinants, education opportunities, provision of clean water and sanitation, promotion and support of a good nutrition, improving childhood diseases vaccination coverage, etc.

It is crucial to review our national health system and work along with the private sector to ensure that the necessary organizational and functional structures are in place to ensure an improved quality of care. Health care services need to be affordable and accessible to the population, especially to the vulnerable groups. A first step is to strengthen the structures of the primary care network. However, I am cognizant of the significant challenges Belize faces, being the limited human resources, to be able to match the population growth. The continued support from PAHO/WHO has allowed us to provide significant capacity building to the health care personnel as a means to improve effectiveness in the day-to-day primary care interventions.

The current Health Sector Support Programme, being funded by the European Union, and implemented by PAHO/WHO is contributing to develop disaster resiliency and environmentally friendly health facilities. Within the institutional setting, much has been achieved but it is necessary to recognize that emerging and reemerging diseases demand improved laboratory and imaging diagnostic capabilities. The experience with the COVID-19 pandemic now urges us to strengthen our surveillance system so as to be able to detect and respond to public health emergencies in a timely manner. For this reason, the current technical assistance from PAHO/WHO on this area should be maintained. This can be achieved through consolidation of partnerships among United Nations Agencies and diverse public organizations. Resource mobilization can be achieved through a solid and effective intersectoral collaboration and bilateral cooperation.

Finally, I take the opportunity to express my commitment to promote 'Health in all Policies', with the support of PAHO/WHO through this cooperation strategy. This is important for promoting a healthy lifestyle and also contributes in addressing behaviors and practices that harm the health of the Belizean population

---

Honorable Kevin Bernard  
Minister of Health and Wellness

## ACRONYMS & ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
BHIS	Belize Health Information System
BWP	Biennial Work Plan
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCS	Country Cooperation Strategy
CIP	Country Implementation Plan
COMISCA	Council of Ministers of Health Central America and the Dominican Republic
COVID-19	Corona Virus Disease of 2019
CPRP	Country Preparedness and Response Plan
CSME	CARICOM Single Market and Economy
CSO	Civil Society Organization
CSU	Country Support Unit
DALYs	Disability Adjusted Life Years
EOC	Emergency Operations Centre
EMT	Emergency Medical Team
EU	European Union
FA	Focus Area
GDP	Gross Domestic Product
GPW	General Programme of Work
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HSSP	Health Sector Strategic Plan, 2014 -2024
IDB	Inter-American Development Bank
IMF	International Monetary Fund
IHR	International Health Regulations
JEE	Joint External Evaluation (IHR core capacities)
KHMH	Karl Heusner Memorial Hospital
M&E	Monitoring and Evaluation MH                      Mental Health
MHDFIPA	Ministry of Human Development, Families and Indigenous People’s Affairs
MNSS	Mental, Neurological, Substance use disorders and Self-harm
MOHW	Ministry of Health and Wellness
NCDs	Noncommunicable Diseases
NDACC	National Drug Abuse Control Council
NGO	Non-governmental Organization
NHI	National Health Insurance
PAHO	Pan American Health Organization
PLISA	PAHO Health Information Platform for the Americas
PUP	People’s United Party
PWR	PAHO/WHO Representative
SDGs	Sustainable Development Goals
SHAA	Sustainable Health Agenda for the Americas
SIB	Statistical Institute of Belize
SICA	Central American Integration System
SSB	Social Security Board

SP	Strategic Priority
TB	Tuberculosis
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organization



## EXECUTIVE SUMMARY

PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty. Through its work, PAHO promotes and supports the right of everyone to good health. The Country Cooperation Strategy (CCS) provides a country-level platform for intensive, wide-ranging dialogue on a country's health needs and aspirations while sensitizing partners to WHO's General Programme of Work (GPW) and global and regional goals. It is a unique opportunity to renew and deepen the collaboration between PAHO/WHO and MOHW, as well as other key sectors and partners.

The foundation of PAHO/WHO's work is Sustainable Development Goal (SDG) 3- "Striving to ensure healthy lives and promoting wellbeing for all at all ages." The aim is to promote health rather than merely fighting disease, and to improve health among vulnerable populations thus reducing inequities. No one should be left behind.

In Belize, there were 2,519 total deaths in 2021, with the 5 leading causes being COVID-19 (360; 14.3%), diseases of the heart (358; 14.2%), malignant neoplasms (273; 10.8%), diabetes mellitus (165; 6.6%) and homicide (153; 6.1%)<sup>1</sup>. While the leading causes of death amongst females apart from COVID-19 were all related to noncommunicable diseases (NCDs), males were also significantly affected by homicide and unintentional injuries.

A national consultation took place in November 2022 engaging key stakeholders, decision makers from the MOHW, UN agencies resident in Belize, other developmental partners (especially those working with SDGs), and key non-governmental Organizations (NGOs). This allowed involved parties to come to a consensus on the main strategic priorities (SPs) and the related focus areas (FAs) for the CCS 2023-2027.

### **Strategic Priority Areas:**

1. Provide expanded and equitable access to quality health services for the prevention, detection, treatment, rehabilitation and palliative care for non-communicable diseases (NCDs) and mental health (MH) conditions across the life course through evidence-based interventions and intersectoral partnerships for action.
2. Increase response capacity of integrated health services to monitor, prevent, detect, treat, control and eliminate communicable diseases including neglected infectious diseases by addressing the determinants of health through intersectoral actions to reduce risk factors.
3. Adequate availability and distribution of a competent, skilled health workforce with access to technology, and educational opportunities with sustainable financing.
4. Strengthen and build national and local emergency response systems with capabilities to monitor, detect, respond, prevent and mitigate Public Health Emergencies, Disasters and Hazards.

---

<sup>1</sup> Abstract of Statistics. Statistical Institute of Belize. Source: Ministry of Health and Wellness.



## CHAPTER 1: INTRODUCTION

### 1.1 PAHO/WHO's Comparative Advantage

PAHO is the specialized health agency of the Inter-American system and is the regional office for WHO in the Americas. PAHO works with countries throughout the region to improve and protect people's health. PAHO engages in technical cooperation with its member states to fight communicable and noncommunicable diseases and risk factors, to strengthen health systems, and to respond to emergencies and disasters.

PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty. Through its work, PAHO promotes and supports the right of everyone to good health. During the early years of the PAHO/WHO technical cooperation, efforts in the Caribbean were focused on approaches to assist with health systems infrastructure development, primary health care, and maternal and child health, along with policies to improve the health and well-being of populations at the country level. More recently, work has been focused on the National Health Agenda.

### 1.2 Country Context

#### *Socio-economic Situation*

Belize is the only English-speaking country located in Central America and borders Guatemala and Mexico. Its land mass is 8,867 square miles (22,700 sq km), and the capital is Belmopan City.

Belize has undergone significant economic transformation due to its growing tourism industry. It is the single largest service sub-sector, with a direct contribution of (USD \$277.7M), 15.0% of total GDP, and a total contribution generating USD \$766.8M accounting for 41.3% of GDP in 2017. This number was forecasted to rise by 3.6% in 2018 and 4.6% to USD \$1,250.7M, 54.0% of GDP in 2028. Being part of the CARICOM Single Market and Economy (CSME) also afforded the country a better negotiating position and more employment opportunities.

Belize is a small lower middle-income country with a GDP of US \$4,435,62 in 2020, a decrease from \$5,078.81 in 2019. The International Monetary Fund (IMF) suggests that even prior to the COVID-19 pandemic the country was already in recession. However, the pandemic further impacted the economy, especially in sectors such as hotels & restaurants, fishing, wholesale & retail trade, and transport & communication.

#### *Political Situation*

Belize gained independence from Britain in 1981 but continues to have a government structure based on the British Westminster parliamentary democratic system with a Governor General who is the representative of the British monarch and the Head of State. The Prime Minister is the head of government. In November 2020, general elections were held, resulting in a change

of political leadership from the United Democratic Party (UDP) to the People’s United Party (PUP).

### *Climate and Environment*

Belize is highly vulnerable to climate change and natural hazards such as hurricanes, tropical storms, flooding, and drought. In 2019 the dry season was the worst in four decades, leading to USD \$25 million in agricultural losses, while 2020 proved to be the most active hurricane season with effects from four storms. In 2021 Belize undertook repairs to damages in its central districts and primary production areas. There are also plans to use a USD \$2.5 million loan from the Caribbean Development Bank to assist the government with the financing of emergency restoration of critical infrastructure.

## 1.3 The Role of CCS in the Wider Health Development Landscape

The CCS provides a country-level platform for intensive, wide-ranging dialogue on a country’s health needs and aspirations, with alignment to the Belize Health Sector Strategic Plan 2014-2024, and the MOHW Operational Plan 2022-2023, together with global and regional goals and mandates including the 2030 Agenda for the Sustainable Development Goals, the WHO Thirteenth General Programme of Work (GPW 13) 2019-2023, the PAHO Strategic Plan 2020-2025 and the Sustainable Development Health Agenda for the Americas 2018-2030. It is a unique opportunity to renew and deepen the collaboration between PAHO/WHO and MOHW, as well as other key sectors and partners. WHO has the scope to drastically improve the health of the world. The GPW 13 has the potential to seize this opportunity. Basing the CCS on the SDGs increases the chance of its success. The 2030 Agenda for Sustainable Development views health as vital for the future of the world.

The first CCS in Belize spanned 2008-2011 and was implemented through two BWPs (2008-2009 and 2010-2011). A mid-term review of the first CCS demonstrated that PAHO’s technical cooperation responded to the country’s priorities but needed to focus more on new health challenges such as NCDs, aging, global warming/climate change, and its impact on health, health information systems and regulatory functions. Thus, the priorities identified by the 2008-2011 CCS were extended to 2013.

The second CCS (2017-2021), benefited from the availability of financial resources from the European Union (EU). Two principal areas of work were thereby improved: preparation for emergencies and response to natural disasters and strengthening of the national health system.

The new PAHO Strategic Plan 2020–2025 also identified Belize as a key country, along with seven other member states. This engendered stronger and more expedited technical cooperation from the regional level.

## 1.4 Overview of WHO Policy Framework

The CCS is PAHO/WHO's strategic framework to guide the Organization's work in and with Belize. It responds to Belize's National Health and Development Agenda, and the Belize Health Sector Strategic Plan 2014-2024 and identifies a set of agreed joint priorities for PAHO/WHO collaboration, covering those areas where the Organization has a comparative advantage in order to assure public health impact. The CCS is PAHO/WHO's corporate framework strategy to implement the GPW 13 with a response to Belize's needs and priorities and addresses the Sustainable Development Agenda in health-related SDGs.

The CCS also informs and supports the development of PAHO/WHO's programme budget and Biennial Work Plan (BWP) for Belize and yet, as a strategic process and instrument, goes well beyond operational planning and budgeting. It adds immense value to the PAHO/WHO Belize collaboration through the following main ways:

- Facilitates multi-sectoral dialogue and strengthens partnerships based on Belize Health and Development Agenda.
- Provides a strategic rationale for PAHO/WHO's work to guide the planning process.
- Elucidates WHO's role and contribution to the UN system that operates in Belize.
- Promotes Belize's ownership in achieving health-related SDGs. The collaboration will jointly identify, agree, endorse, and monitor priorities.
- Focuses assessment on Belize's progress, in collaboration with PAHO/WHO partners, towards joint priorities and impact targets established by the country.
- Creates communication, resource mobilization, and advocacy strategies for priority issues as a public product boosting the visibility and accountability of PAHO/WHO operations and results.

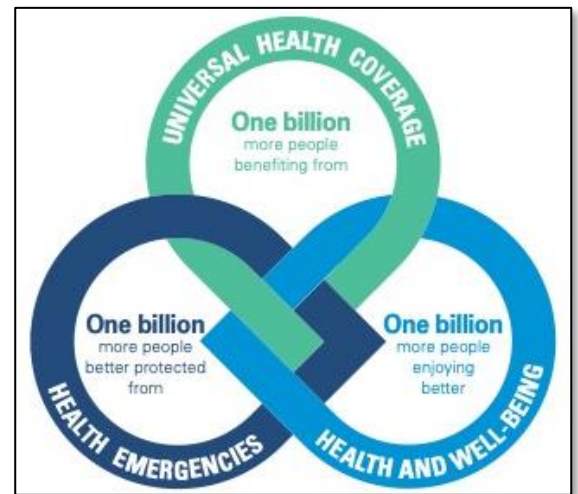


### 1.5 GPW13 and Regional and Subregional Priorities

The foundation of PAHO/WHO work is SDG 3 - “Striving to ensure healthy lives and promoting wellbeing for all at all ages.” The aim is to promote health rather than merely fighting disease, and to improve health among vulnerable populations thus reducing inequities. No one should be left behind. All persons in all social groups should be given the opportunity to live healthy lives.

GPW13 has identified three strategic priorities linked to ambitious SDG-based goals for delivering progress. The three strategic priorities are illustrated in figure 1.

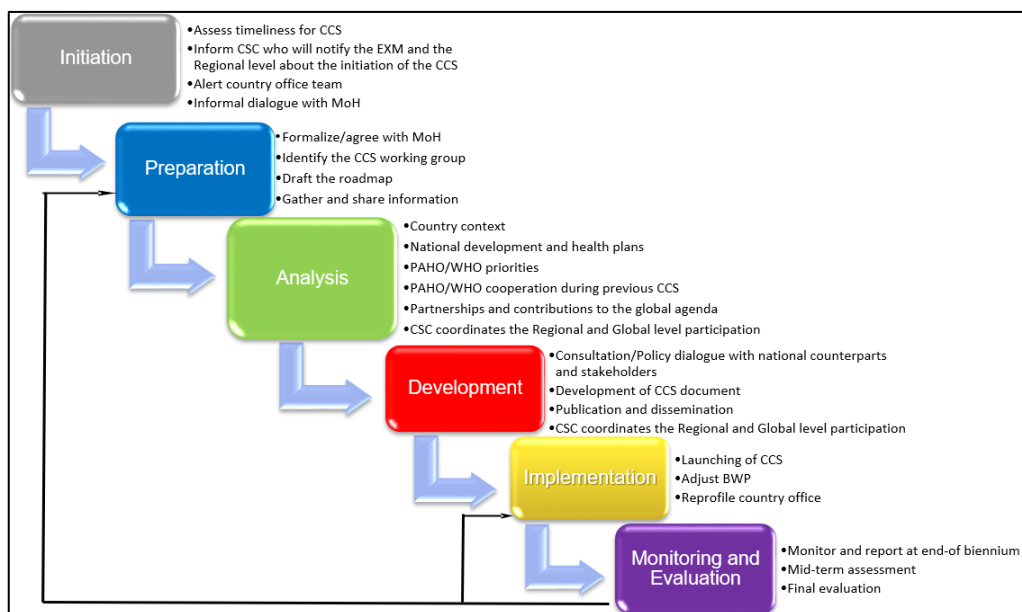
**Figure 1:** GPW 13 Strategic priorities to ensure healthy lives for all.



These “triple billion” targets require the joint effort of member states like Belize, along with WHO and other partners. No single entity can achieve these goals. There must be a multi-faceted approach demonstrating collective action and accountability.

### 1.6 CCS Development Process

The CCS 2023-2027 builds on the achievements of the past CCS 2017-2021 and addresses issues of gender, equity, and human rights. The development of this new CCS 2023-2027 strictly adhered to the six-stage process outlined in the WHO CCS 2020 Guide, which are seen in figure 2.



**Figure 2:** The Six Stages for Successful Development, Implementation, and Evaluation of the CCS in PAHO/WHO CCS Guide 2020

The PAHO/WHO Representative (PWR) in Belize is responsible for supervising and delivering a high-quality CCS 2023-2027 and implementing, monitoring, evaluating, and reporting its results. The PWR initiated an evaluation of the past CCS (2017-2021), the findings of which assisted with the development of the new CCS. Consideration was also taken of the timing of the CCS and the capacity of the Country Office to undertake the process. A CCS 2023-2027 Technical Working Group (TWG) was established, including staff from the PAHO country office, UN partners and persons from the MOHW, led by the PWR, and a consultant employed to assist with the process.

A detailed analysis was conducted on all PAHO/WHO relevant documents as well as Belize National Development Health policies and plans, including but not limited to:

- CCS Guide 2020; CCS Presentation 2022; PAHO's Orientations for the use of the WHO 2020 CCS Guide (Concepts and Guides adapted to the region of the Americas).
- WHO 13<sup>th</sup> GPW 2019-2023.
- The Sustainable Health Agenda for the Americas 2018-2030.
- The PAHO Strategic Plan 2020-2025.
- PAHO-adapted Hanlon Method.
- Universal Access to Health and Universal Health Coverage.
- Country Cooperation Strategy Belize 2017-2021.
- Health Situation Analysis, Belize (part of the evaluation of CCS 2017-2021).
- Belize Health Sector Strategic Plan 2014-2024.
- Belize Ministry of Health and Wellness Operational Plan 2022-2023.
- Belize Human Resources for Universal Health Strategic Plan 2019-2024.

A national consultation took place in November 2022, engaging key stakeholders, decision-makers from the MOHW, UN agencies resident in Belize, other developmental partners (especially those working with SDGs), and key non-governmental Organizations (NGOs). This allowed involved parties to come to consensus on the main strategic priorities (SPs) and the related focus areas (FAs) for the CSS 2023-2027. The implementation, management, coordination and monitoring & evaluation of the new CSS were discussed. The CCS 2023-2027 was developed in keeping with and taking into account other regional and international frameworks and plans as follows:

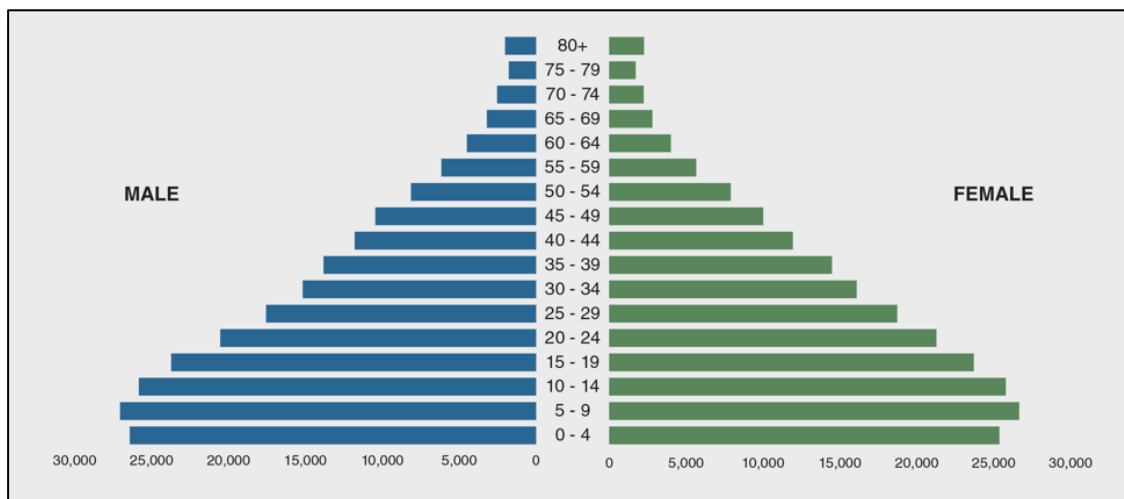
- WHO 13th GPW.
- PAHO Strategic Plan 2020-2025.
- PAHO's Sustainable Health Agenda for the Americas 2018-2030.
- The Sustainable Development Goals (health and health-related SDGs).
- The UN Multi-Country Sustainable Development Cooperation Framework for the English and Dutch Speaking Caribbean 2022-2026 (UN MSDCF).
- UN Country Implementation Plan (CIP) and the United Nations entities' frameworks and plans.
- Other regional and international partners such as CARPHA/CARICOM, COMISCA/SICA.

## CHAPTER 2: HEALTH AND DEVELOPMENT SITUATION

### 2.1 Health Status of the Population

#### Demographic Trends

The mid-year estimate of the total Belizean population in 2021 was 430,191 and the distribution was 45% urban, 55 % rural.<sup>2</sup> As reported in the PAHO Health Information Platform for the Americas (PLISA), the annual growth rate decreased from 2.1% in 2015 to 1.3% in 2021. Belize has a young population, but, like most other territories in the region, it is undergoing a demographic transition with a shift in the population structure as the percentage of older persons increases.



Source: Statistical Institute of Belize

**Figure 3:** Population pyramid Belize, 2022

The percentage of the population under the age of 15 years decreased from 31.8% in 2015 to 28.2% in 2021 (regional value is 24%) and the proportion of the population above 65 years increased from 4.3% in 2015 to 5.1% in 2022 (regional value is 9.2%). The total fertility rate has been declining steadily and fell from 2.6 in 2015 to 2.27 births/woman in 2019. Continuation of this trend will result in sub replacement fertility. From 2010 to 2019, the life expectancy in Belize increased steadily to the highest age of 73.9 years (71.1 for males and 77.2 for females). However, with the onset of the COVID-19 pandemic, life expectancy fell to 70.5 years in 2021 (67.1 for males and 74.3 for females). According to the Statistical Institute of Belize, the crude birth rate in 2021 was estimated at 15.3 per 1,000 population and crude death rate at 5.79 per 1,000 population (males 6.88, females 4.69).<sup>3</sup>

<sup>2</sup> Statistical Institute of Belize

<sup>3</sup> Statistical Institute of Belize. Abstract of Statistics 2021



### ***Mortality***

Belize's health profile reflects the trend seen in most countries of Central America and the Caribbean of an epidemiological transition from communicable diseases (CDs) to noncommunicable diseases (NCDs) as the main cause of deaths and illnesses.

There were 2,519 total deaths in 2021, with the five leading causes being COVID-19 (360; 14.3%), diseases of the heart (358; 14.2%), malignant neoplasms (273; 10.8%), diabetes mellitus (165; 6.6%) and homicide (153; 6.1%)<sup>4</sup>. While the leading causes of death amongst females, apart from COVID-19, were all NCD-related, males were also significantly affected by homicide and unintentional injuries.

The maternal mortality ratio (MMR) per 100,000 live births peaked at 134.2 in 2018 and fell to 57.0 in 2020.<sup>5</sup> The neonatal mortality rate per 1,000 live births decreased from 11.6 in 2015 to 8.8 in 2021, and the infant mortality rate per 1,000 live births was 12.24 in 2020. Leading causes of infant deaths in 2019 and 2021 were conditions originating in the perinatal period; congenital malformations, deformations and chromosomal abnormalities; and influenza and pneumonia. Mortality in children under the age of 5 years also decreased from 23 per 1,000 live births in 2009 to 15.38 in 2020. Influenza and pneumonia, unintentional injuries and malignant neoplasms are leading causes of deaths in this age group.

## **2.2 Major Health Problems**

### ***Communicable Diseases***

**COVID-19:** The pandemic created unprecedented demands on the already overburdened and underfunded health system. Belize recorded its first COVID-19 case on March 23, 2020, and introduced early measures such as closure of schools, borders, country lockdown and declaration of a state of national emergency. A multisectoral National COVID-19 Task Force with several sub-committees was established by the government with PAHO/WHO participation to ensure coordination in preparedness and in the response to the pandemic. The national COVID-19 Country Preparedness and Response Plan (CPRP) was developed following the WHO guidelines.

As of December 1, 2022, after 5 waves of infections, Belize had 69,048 confirmed cases of COVID-19 with 688 deaths. While case numbers were highest in younger age groups from 20-39 years, deaths occurred disproportionately among older persons in the 50-65+ age group.<sup>6</sup> Most persons who died had underlying comorbidities such as hypertension, diabetes mellitus and chronic renal failure. However, 254 deaths were reported in persons with no known underlying comorbidities. This underscores the importance of individuals knowing their health status via regular medical checkups as well as effective management of any disease conditions

<sup>4</sup> Abstract of Statistics. Statistical Institute of Belize. Source: Ministry of Health and Wellness

<sup>5</sup> Source: MCH unit MOHW

<sup>6</sup> Source: BHIS, Epidemiology Unit, MOHW

identified. It is estimated that, by November 2022, 63.32% of the population had received at least 1 dose of a COVID-19 vaccine.<sup>7</sup>

Healthcare delivery was affected in various ways during the pandemic as priority was placed on the fight against COVID-19. Visits to healthcare facilities decreased to 291,197 in 2020 from 426,327 in 2019. This was due to COVID-19 measures or fears of becoming infected and was reflected in a decrease in vaccination coverages in 2020. Vaccination coverage for BCG went from 95% in 2019 to 76%; DTP3 from 98 % to 79%; MMR1 from 96% to 82% and Polio 3 from 98% to 79%.<sup>8</sup>

The Inter-American Development Bank (IDB) stated in its report ‘Developing a Sustainable, Resilient and Inclusive Belize’ that “Belizean economy will be one of the tourism-dependent economies most impacted by COVID-19 in the world. The hit from the COVID-19 pandemic has exacerbated the fragility of the Belizean economy, which has experienced chronic low economic growth and increasing debt over the last 15 years.” The Statistical Institute of Belize’s (SIB) Labour Force Survey of September 2021 reported a 9.2% unemployment rate with 50% of unemployed persons having been without work for 12 or more months, while 38% of unemployed persons reported job loss/business failure due to the COVID-19 pandemic.

**HIV and AIDS:** According to the UNAIDS Spectrum estimates 2022, the number of people living with HIV for all ages in 2021 was 3,515 (CI 3,200– 3,700). Data from the Belize Health information system reveals that of this number, 2,893 (82%) know their status; 1,561 (44%) are on anti-retroviral therapy (ART); and 790 (22%) have a suppressed viral load. The HIV prevalence among adults is 1.1 (CI 1.0-1.2), with no difference between males and females.<sup>9</sup> Belize reported 130 newly diagnosed HIV cases in 2020 (65 males and 65 females). In the previous years, there were 254 (2018) and 205 (2019) newly diagnosed HIV cases reported.<sup>10</sup> This decrease in new cases noted could be partly due to the COVID-19 situation. Belize has not achieved the 90-90-90 targets. In 2021, 42 pregnant women tested positive and there were two cases of vertical transmission where mothers did not receive treatment because of a post-natal diagnosis.<sup>11</sup> In 2022, the country applied for validation of the elimination of mother-to-child transmission of HIV and congenital syphilis.

**Tuberculosis (TB):** The incidence of TB has shown a decreasing trend. In 2021, 62 new cases were diagnosed (21 females and 41 males), with 21% HIV co-infection. The tuberculosis mortality rate per 100,000 population decreased from 5.5 in 2013 to 0.7 in 2021 with only three TB-related deaths reported.<sup>12</sup>

<sup>7</sup> <https://coronavirus.jhu.edu/region/belize>

<sup>8</sup> <https://opendata.paho.org/en/core-indicators/core-indicators-dashboard>

<sup>9</sup> <https://www.unaids.org/en/regionscountries/countries/belize>

<sup>10</sup> MOHW presentation of priority areas to PAHO GD Jul 2021

<sup>11</sup> MOHW presentation of priority areas to PAHO Nov 2021

<sup>12</sup> National Tuberculosis Program, BHIS, Epidemiology Unit, MOHW

### *Vector-borne Diseases*

**Dengue:** The country’s geographic location, with coastal areas below sea level and prone to flooding, facilitates vector reproduction and spread, and increases vulnerability to outbreaks that occur every 2-3 years. The highest record of cases (8,359) was reported in the 2019 outbreak when three dengue serotypes (DEN 1, 2, 3) were circulated and 10 dengue-related deaths occurred. In 2021, there were 1,251 cases reported with no severe cases or deaths.

**Malaria:** Over the last 25 years, Belize achieved a dramatic reduction in its malaria burden, from a peak of about 10,000 cases in 1994 to zero autochthonous cases since December 2018. The country receives financial aid from the IDB through the Regional Malaria Elimination Initiative (RMEI) and the program is guided by the National Malaria Strategic Plan for the Elimination and Prevention of the Re-establishment of Malaria 2018 – 2022. With the onset of the pandemic, surveillance for malaria was integrated into the broader COVID-19 surveillance. After 3 consecutive years of zero indigenous cases, the country became eligible to apply for the WHO certification of malaria elimination in December 2021 and is working towards this with the support of WHO and PAHO. The frequent traveling of Belizean nationals to neighboring Guatemala and Mexico, where malaria transmission still occurs, as well as an increase in the number of immigrant workers in Belize’s agriculture and tourism industries, pose ongoing threats of reintroduction of the disease in malaria-free areas.

**Neglected diseases:** The magnitude of Chagas disease is not fully known. Available data is limited and there is the need to enhance surveillance. The blood bank conducts screening for Chagas and identified 19 positive cases in 2019. Guidelines for surveillance and case management of the disease were drafted in 2020. The Belize Defense Force is responsible for the case management of Leishmaniasis. Lack of data, including entomological data to confirm the presence of competent vectors, is a challenge. Although there have been no cases of human rabies since 1989, outbreaks in livestock have significantly increased in recent years.<sup>13</sup> Therefore, humans, domestic animals, and wildlife remain susceptible, underscoring the importance of robust surveillance and provision of quality-assured vaccines to prevent cases.

### *Noncommunicable diseases and risk factors*

NCDs continue to be a major contributor to morbidity affecting an individual’s quality of life. They also place a heavy economic and social burden on families, communities, health systems and economies. NCDs were estimated to account for 67% (1,400) of all deaths (2,000) in 2016 in Belize. In the same year, cardiovascular diseases (CVD) were the leading cause of NCD deaths at (25.5%), followed by cancer at 14.3%, diabetes at 7.9% and chronic respiratory diseases at 3.2%; the other NCDs accounted for 16.5%. Approximately 47.5% of NCD deaths occurred in people under the age of 70 years; this percentage is high in comparison with 38.9% for the Region of the Americas. In 2016, the probability of dying between 30-70 years

---

<sup>13</sup> Becker, DJ, Broos, A, Bergner, LM, et al. Temporal patterns of vampire bat rabies and host connectivity in Belize. *Transbound Emerg Dis.* 2021; 68: 870– 879. <https://doi.org/10.1111/tbed.13754>



(premature mortality) due to NCDs was 22.1 per 100,000 population with a higher probability for the male population (25.5%) than for the female population (18.5%).<sup>14</sup>

In 2017-2021, the Epidemiology Unit reported 1,479 cancer cases (641 male, 838 female). During this period, the top five cancer types in females were breast cancer (36%), cervical cancer (30%), cancer of unspecified nature (16%), colon cancer (10%) and uterine cancer (8%). The top five cancer types in males were prostate cancer (32%), cancer of unspecified nature (25%), lung cancer (18%), cancer of the head and neck (13%) and leukemias (12%).<sup>15</sup> With assistance from PAHO, and local stakeholders, a National Comprehensive Cancer Control Strategic Plan for 2020-2024 was developed to address the cancer situation through emphasis on prevention, screening and early detection, evidence-based treatment and attention to palliative care.

The commonly known risk factors for NCDs include an unhealthy diet, tobacco use, alcohol abuse, physical inactivity and obesity. The prevalence of overweight and obesity for the year 2016 was 54.8 % (male 48.1; female 61.2). Among the youth, 7.3% of children aged less than 5 years were overweight in 2015-2016 and the prevalence of obesity in adolescents was 10.6% (male 10.8; female 10.4).<sup>16</sup> Belize signed the WHO Framework Convention on Tobacco Control (WHO FCTC) on 26 September 2003 and ratified it on 15 December 2005. As a Party to the Convention, Belize is legally bound to the treaty's provisions. Belize has yet to make significant progress in implementing the six MPOWER measures outlined in the FCTC to reduce demand for tobacco products. With the assistance of the PAHO Country Office, NDACC has drafted the National Tobacco Control Bill and National Alcohol Control Bill. The National Tobacco Bill was updated in 2018 and PAHO supported a review in 2022.

**Ageing:** As the life expectancy increases, the total number of persons older than 65 years has increased from 13,636 in 2010 to 15,520 in 2015 and 17,664 in 2020. There will be a growing need for services related to NCDs and social support for the elderly population. Belize has a National Council on Aging under the Ministry of Human Development, Social Transformation and Poverty Alleviation. The council is guided by their Strategic Plan 2015-2019 to “advocate for and facilitate the development and implementation of plans and programs geared towards the protection of basic human rights of older persons through an integrated life cycle approach ensuring improved quality of life.”

**Adolescent Health:** The main challenges faced by adolescents are in the areas of sexual and reproductive health, and risk factors related to NCDs and mental health. The 2014 knowledge, attitude, practice, and behaviour (KAPB) survey revealed that approximately 9% of respondents had their first sexual intercourse before the age of 15. Although there is a decreasing trend in the adolescent fertility rate (births per 1,000 women aged 15-19) from 71

<sup>14</sup> <https://www.paho.org/en/noncommunicable-diseases-and-mental-health/noncommunicable-diseases-and-mental-health-data-portal-8>

<sup>15</sup> Source: BHIS, Epidemiology Unit, MOHW

<sup>16</sup> <https://www.paho.org/en/noncommunicable-diseases-and-mental-health/noncommunicable-diseases-and-mental-health-data-portal-8>

in 2015 to 67.7 in 2020, it is high for the Americas where the adolescent fertility rate was estimated at 48.3 in 2019. The mental, neurological, substance use disorders and self-harm (MNSS) burden between 5-15 years are conduct disorders, anxiety disorders, and headaches (approx. 18% each). To address the health challenges faced by adolescents, a National Adolescent Health Strategic Plan (2019-2023) was developed focusing on Positive Health and Development, Violence, Accidents and Injury, Sexual and Reproductive Health, Substance Use and Self-Harm.

**Mental Health:** Mental health was integrated into the first level of in the nineties with the introduction of psychiatric nurses at the health regions to implement the ‘community-based psychiatric program. Redeployment of mental health nurses as part of the COVID-19 response affected the availability of mental health professionals at the community level for a period. According to the Country Profile 2020, mental, neurological, substance use disorder and suicide (MNSS) cause 15% of all disability-adjusted life years and 33% of all years lived with disability (Country Profile 2020). Around the age of 20 years, the common disorders (anxiety, depression, self-harm and somatic symptom disorder) account for the highest burden of 41%, followed by substance use disorders of 20%, headaches 20% and severe mental disorders around 8%. The top three disorders in terms of Disability Adjusted Life Years (DALYs) accounting for 40-50% of total MNSS is different for men and women (Men: alcohol use disorders, headaches, self-harm and suicide; women: headaches, depressive and anxiety disorders).<sup>17</sup>

**Violence, Accidents and Injuries:** For 2019 Belize had the fifth highest homicide rate in the region of the Americas at 40.2 per 100,000 residents (males 70.8, females 10.3). This is much higher than the regional value of 19.9.<sup>18</sup> The suicide mortality rate (age-adjusted per 100,000 pop) increased from 6.9 (12.2 males, 1.6 females) in 2015 to 7.6 (13.6 males, 1.8 females). Males are also disproportionally affected by road traffic injury mortality, with a rate of 40.3/100,000 population compared to 7.4 in females (total 23.6)<sup>19</sup>

## 2.3 Health systems response in Belize

The Belize health system is currently in transformation guided by the Belize Health Sector Strategic Plan 2014-2024 (HSSP) with the vision of “a healthy empowered, productive population supported by an effective network of quality services and effective partnerships for wellness.” The HSSP provides an overall framework for the country’s health priorities and strategies and calls for multi-stakeholder participation and coordinated efforts as it seeks more attention for the wellbeing component in health.

<sup>17</sup> [The Burden of Mental Disorders in the Americas: Country Profile, Belize: https://www.paho.org/sites/default/files/2020-09/MentalHealth-profile-2020%20Belize\\_Country\\_Report\\_Final.pdf](https://www.paho.org/sites/default/files/2020-09/MentalHealth-profile-2020%20Belize_Country_Report_Final.pdf)

<sup>18</sup> <https://www.paho.org/en/enlace/homicide-mortality>

<sup>19</sup> <https://opendata.paho.org/en/core-indicators/core-indicators-dashboard>

In its health care policy plan 2020, the current ruling PUP administration stated that it will promote health as a basic human right, where the main goal is universal health care for the entire population.<sup>20</sup> The reorganization of the governance and functional structure of the Ministry of Health and Wellness was planned to start under the component ‘health system strengthening’ of the MOHW/PAHO/EU project.<sup>21</sup> In early 2022, positions for three senior Directors were introduced; Director of Public Health and Wellness, Director of Hospitals and Allied Services, and Director of the International Health Desks.

Belize started a health sector reform process in 1998, including regionalizing the healthcare delivery system. Four health regions headed by Regional Health Managers were formed from the six administrative districts. All regions provide primary and secondary care. The rural population is served at the community level through health posts (a total of 55) and health centers (a total of 33). Outreach community services include dental health, mental health, and communicable diseases prevention and control. Several services, such as prenatal care, and immunization, are also provided as mobile services to remote villages. Urban-based regional hospitals provide secondary care, while tertiary care is provided at the country’s sole public referral hospital, the Karl Heusner Memorial Hospital (KMH), located in the Central Health Region.

The Joint External Evaluation (JEE) of the International Health Regulations (IHR) core capacities which was carried out in 2016 identified several gaps in the country’s ability to detect, assess, report, and respond to public health events. In the context of the COVID-19 pandemic response, some of the recommendations of the JEE have been addressed, such as improved surveillance and detection capabilities and sourcing of funding to respond to future pandemics and other threats to the health of populations.

### *Health Financing*

The health system is dependent on public financing. Over the past ten years between 11% and 13% of the Government budget was allocated to health. WHO has proposed a public health expenditure of 6% of GDP as a benchmark as it is associated with the health system’s progress towards Universal Health Coverage. Belize has been slowly increasing public health expenditure over the years and as of 2019, it stood at 4.2% of GDP. Out-of-pocket (OOP) health expenditure above 20% presents a risk of putting households below the poverty line or further impoverishing those who are already vulnerable. The 2019 OOP expenditure as % of total health expenditure was 21.8 %.

The increase over the past years in financial resources for health has not led to an equitable distribution at the district level. Per capita public health expenditure at the district level does

---

<sup>20</sup> Health Care Policy Plan. PUP, 2020

<sup>21</sup> Health sector support programme Belize. Better Health for Belize. <https://www.paho.org/en/eu-pahowho-mohw-health-sector-support-programme-belize-project>

not match with the per capita poverty gaps at the country level. There is also systematic under-execution of resources in preventive and primary care as opposed to curative health.<sup>22</sup>

In order to effectively respond to the threat of COVID-19, while ensuring continuation of essential services, resource mobilization and collaboration with many donor partners was necessary. In this regard and in collaboration with the EU, PAHO reprogrammed 500,000 Euros from the EU grant “Health Sector Support Programme Belize”.

### *National Health Insurance*

The National Health Insurance (NHI), which the Social Security Board governs, was created in 2001 to provide a package of health services to underserved populations and geographical areas prioritized based on income level. It purchases services from registered public and private providers to expand mainly primary care coverage and currently serves Southside Belize City, Corozal, Toledo and Stann Creek districts. The NHI currently provides coverage to about 40% of the population. The roll-out to the entire country is a key priority of the government and was mentioned as a focus area in the CCS 2017-2021. A costing and forecasting study for the national roll out of the NHI was conducted shortly before the COVID-19 pandemic. It presents the implications for 3 different packages and different scenarios for the phased roll-out.<sup>23</sup> As a response to the economic and social hardship and constraints on the public budget caused by the COVID-19 pandemic, the Ministry of Finance reduced the NHI 2020 Annual Budget by 25%. This necessitated a temporary reduction in purchasing of services for NHI registered members.<sup>24</sup> The NHI budget has since returned to pre-COVID-19 levels.

### *Health Information Systems*

The Belize Health information System (BHIS) which is now in use at most public health clinic and hospital facilities allows for recording of patient data, and integration of data sources electronically to facilitate data analysis and reporting of health information. The system provides functionalities to support clinical, programmatic, and administrative functions.

A 2017 rapid assessment of the BHIS presented several recommendations to strengthen and adapt the system including developing a governance framework, developing a vision for BHIS and an updated functional/organizational model with an investment plan. In September 2021 an upgrade to the BHIS was provided to the Ministry of Health and Wellness through direct technical assistance funded by the European Union.

The NHI utilizes a separate Registry and Activity Web Application (RAWA), and the MOHW aims to establish coordination of the two systems to generate information for decision-making and for improved monitoring and evaluation in health. An The ICD-11 tool was implemented

<sup>22</sup> Maceira-PAHO consultant Jul 2019. Belize fiscal space analysis, Jul 2019 based on data from MOHW

<sup>23</sup> Marchildon, PAHO consultant, Dec 2019. Costing Study and Forecast for the Expansion and Upgrade of National Health Insurance (NHI) in Belize.

<sup>24</sup> 2020 annual report. Social Security Board. <https://www.socialsecurity.org.bz/wp-content/uploads/2021/11/SSB-Annual-Report-2020.pdf>



in 2020 into the RAWA supported by PAHO/WHO and it was launched live for general availability on June 21, 2021. This is the scientifically up-to-date global standard for health data, clinical documentation, and statistical aggregation with multiple uses including primary care. In the context of the COVID-19 pandemic, the NHI developed a Tele-Consult Platform proposal to facilitate tele-consultations at the primary care level to allow effective remote patient management.

### *Human Resources*

Having adequate human resources for health (HRH) is critical for Belize to achieve an efficient and quality healthcare system. In 2016 the WHO recommended a health workforce density of at least 44.5 health workers (physicians, nurses and midwives combined) per 10,000 population to achieve the targets of the SDGs. As of 2018, Belize had a ratio of 10.8 physicians/10,000 population and 20.8 nurses/10,000 population.<sup>25</sup> To respond to the health needs of the population, the MOHW launched a Human Resources for Universal Health Strategic Plan 2019-2024.

The overall shortage of health workers at the first level of care is a major challenge and geographical maldistribution of the human resources in favor of urban areas contributes to inequitable access to health services for the rural population. The community health workers program spearheaded by the Health Education and Community Participation Bureau (HECOPAB) focuses on improved training for community health workers and an increase in their number and regional coverage.

To address HRH shortages, Belize recruits medical professionals from other countries. Belize has no medical school or faculty where physicians can be trained. In the framework of a longstanding bilateral agreement with Cuba and the Cuba-CARICOM scholarships, Belize has medical students trained in Cuba in addition to receiving Cuban health workers from the Medical Brigade to work in the health system in Belize. The University of Belize offers training in Nursing, Midwifery, Health Technology, Medical Laboratory Sciences, Pharmacy and Social Work. Continuing education for health workers takes the form of workshops, seminars and other instruction courses. There is a high turnover of healthcare professionals since many leave Belize to find jobs in the United States or the Caribbean, thus the country requires recurrent expenditures to acclimatize new health workers.

In 2020, guidelines were introduced that included a mix of strategies to strengthen the surge capacity for COVID-19. Lessons learnt may inform HRH strategies not only for future health emergencies, but also for sustaining and institutionalizing in the post pandemic period those that work for common HRH challenges such as shortages, uneven distribution, training challenges and competency gaps.

---

<sup>25</sup> Core Indicators, 2019, trends in the Americas Health, [https://iris.paho.org/bitstream/handle/10665.2/51542/9789275121290\\_eng.pdf?sequence=6&isAllowed=y](https://iris.paho.org/bitstream/handle/10665.2/51542/9789275121290_eng.pdf?sequence=6&isAllowed=y)

## 2.4 Cross-cutting Themes

### *Gender, Equity, Human Rights and Ethnicity*

Despite progress in recent years, important challenges remain in terms of addressing vulnerable groups that have greater needs than the rest of the population. Rural and indigenous groups remain at greater risk of poverty and poor health indicators than urban and non-indigenous groups. Violence tends to affect more males than females; however, domestic violence afflicts more women and children.

School enrollment, tertiary (gross), gender parity index (GPI) in Belize was 1.41 as of 2020.<sup>26</sup> This, however, does not translate to increased employment and equitable wages. The 2021 labor force survey found that the unemployment rate for females was 13.0% compared to 6.7% in males.<sup>27</sup> As of February 2021, only 12.5% of seats in Parliament were held by women.<sup>28</sup> To achieve gender-related SDG commitments in Belize, the data gaps in key areas need to be closed. As of December 2020, only 36.9% of gender-related indicators were available.

Gender equality, equity, human rights and ethnicity are central components of the country's development agenda and are core values of the HSSP. These values align with the SDGs commitment of leaving no one behind. PAHO/WHO provides guidance and has encouraged countries to revise and reorient their health programs to ensure the vulnerable populations have equitable access to healthcare. Horizon 2030, the national development framework for Belize, refers to the ethnic and cultural diversity of the population, promotes inclusion of all and recognizes multiculturalism and collective identity as a core value. It also addresses gender equity and aims for women performing at the highest levels of political leadership to close the gender gap.

The Ministry of Human Development, Families and Indigenous People's Affairs (MHDFIPA) works in tandem with relevant partners to facilitate policy development and implement programmes that promote social justice, equity and development with the end goal of enabling citizens to be self-sufficient, responsible and empowered. The Women's Department of the MHDFIPA functions to promote gender equality and equity, facilitate economic development and the empowerment of women, minimize the incidence of gender-based violence and advocates for gender sensitive policies, plans, programmes, and projects. The Revised National Gender Policy 2013, (RNGP) identifies and examines the inequities experienced by both men and women and suggests strategies to correct gender disparities.

### *Climate Change and Disaster Preparedness*

The Ministry of Sustainable Development, Climate Change and Disaster Risk Management oversees implementation of the 2030 Agenda in Belize and The National Emergency Management Organization is the primary governmental department responsible for disaster mitigation, public preparedness, response, recovery and reconstruction in the country. The Belize National Climate Change Office (BNCCO) was established in 2015 with the role of facilitating the coordination of Belize's national and international response to climate change.

<sup>26</sup> <https://www.indexmundi.com/facts/belize/indicator/SE.ENR.TERT.FM.ZS> 2

<sup>27</sup> Source: Statistical Institute of Belize. Labor Force Survey, September 2021

<sup>28</sup> <https://data.unwomen.org/country/belize>

Since 2016, Belize has been part of the Caribbean regional initiative supported by the United Kingdom with financial support from the Foreign Commonwealth and Development Office (FCDO), formerly DIFID. Five health facilities in Belize have been retrofitted to be safe, climate-smart, disaster-resilient and environmentally friendly (Smart-Green and Safe) and handed over to the Ministry of Health and Wellness in 2022. Further support is being provided by the European Union for the retrofitting of six health facilities including three Regional Hospitals, two Community Hospitals and the Central Medical Laboratory.

### *Food and Nutritional Security*

Food security, as defined by the United Nations' Committee on World Food Security, means that all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life.

The food systems of Belize have been affected by the COVID-19 pandemic, international and multilateral economic changes, and the persistent threat of climate change effects. Belize recognizes the importance of food security for overall human and economic development and established The National Food and Nutrition Security Commission to serve as an advisory body to Cabinet on matters related to Food and Nutrition Security. The Commission is chaired by the Ministry of Agriculture, which provides oversight powers for policy and program implementation.

The major objectives of the National Agriculture and Food Policy of Belize 2015 – 2030 are: to ensure the development of the agriculture and food sector, to enhance the sustainable growth of the sector; to ensure food and nutrition security; to improve the income of farmers and processors; to create employment; and to attract private sector investment and participation in the sector. In collaboration with the Government of Belize, the Food and Agriculture Organization of the United Nations (FAO) and the European Union published a comprehensive food systems profile of the country in 2022. The Ministry of Health and Wellness is in the process of finalizing a National Nutrition Policy.

## 2.5 Partnership and Development Cooperation

The work of the MOHW is further supported through partnerships with regional and international Organizations and NGOs that provide technical advice, training, and mentoring. These include:

- the CARICOM Secretariat
- the Central American Integration System (SICA) and the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA).
- the Caribbean Public Health Agency (CARPHA)
- PAHO/WHO
- United Nations Development Programme (UNDP)

- United Nations Population Fund (UNFPA)
- United Nations Children’s Fund (UNICEF)
- United Nations High Commission for Refugees (UNHCR)
- United Nations Office for Project Services (UNOPS)
- the International Organization for Migration (IOM)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
- United Nations Environment Programme (UNEP)
- the World Bank (WB)
- the Inter-American Development Bank (IDB)
- the European Union (EU)
- Food and Agricultural Organization of the United Nations (FAO)
- International Labour Organization (ILO)
- the International Atomic Energy Agency (IAEA)



## CHAPTER 3: PAHO/WHO'S COOPERATION OVER THE LAST CCS CYCLE

In 2017 PAHO/WHO, led and supported the development of the last CCS cycle to maintain a technical cooperation focused on Belize's priorities. The 2017-2021 CCS in Belize identified four strategic priorities and 13 focus areas and was operationalized through the implementation of two and a half biennial work plans (BWPs). The first three years of this CCS aligned to the 2014-2019 PAHO Strategic Plan, while the last two years aligned to the 2020-2025 PAHO Strategic Plan.

A systematic review of the health situation in Belize and a multi-sectoral stakeholders consultation identified the following four Strategic Priorities and related focus areas for the 2017-2021 CCS:

1. ***Strong and resilient health systems achieved through improved governance, leadership and management that support universal health.***
  - 1.1. Revise and or develop national health legislation and inclusive policies to advance health equity, the procurement of appropriate, affordable medicines and other health technologies and strengthen intersectoral actions that address the social determinants of health.
  - 1.2. Redefine the health financing mechanism to include the expanded roll-out of the National Health Insurance system to ensure equitable access to health services across Belize.
  - 1.3. Strengthen the Belize Health Information System (BHIS) to improve coordination with RAWA and the comprehensive use of data for evidence-based decision making and monitoring and evaluation.
  - 1.4. Strengthen primary healthcare networks and the resolution capacity to meet expanding health needs in Belize.
  
2. ***Human resources for health (HRH) management and capacity strengthened to parallel the health needs of the growing population.***
  - 2.1. Advocate for the use of recommendations of previous PAHO HRH assessments of the gaps and needs to ensure the recruitment, deployment and retention of a skilled workforce that can meet the regional core indicators for HRH and equitably deliver health services across Belize especially in the rural areas.
  - 2.2. Build and/or reorient the capacity of healthcare professionals to meet the emerging health trends and needs of the Belizean population.
  - 2.3. Strengthen HRH management within the Ministry of Health to develop and/or adapt HRH policies and plans that define the strategic direction and the integration of HRH into other sectors.
  
3. ***Health and wellness promoted throughout the life course using an integrated primary health care approach to reduce non-communicable diseases and their risk factors, communicable diseases, mental health disorders, urban violence and injuries.***
  - 3.1. Support and promote the implementation of interventions and strategies that engage and empower communities to adopt healthier lifestyles that reduce the risk factors

related to developing noncommunicable diseases and/or contracting communicable diseases.

- 3.2. Advocate for social programs and policies within the public sector for the early detection and intervention to address problems related to gender-based violence, urban violence and road safety.
- 3.3. Strengthen national capacities to implement comprehensive strategies that prevent and treat mental and substance abuse disorders within a framework of human rights and respect for human dignity.

**4. Health emergencies that can become emerging threats of public health concern are addressed.**

- 4.1. Strengthen the coordination of the preparedness and response mechanisms to address health emergencies including natural disasters (hurricanes and earthquakes), and the impact of climate change.
- 4.2. Continue to monitor new and evolving outbreaks such as Zika and take the appropriate response measures.
- 4.3. Implement the IHR external evaluation recommendations which include preparing a multisectoral roadmap linking existing institutional and operational planning mechanisms and structures and increasing horizontal cooperation with other countries.

The 2017-2021 CCS with Belize was operationalized through the 2018-2019 and 2020-2021 Biennial Work Plans with the participation of multiple governmental agencies, United Nations agencies, donors, and partners in the country. PAHO/WHO technical cooperation contributed to all but one objective (6- “Development of quality improvement framework to ensure stakeholders accountability”) in the Belize Health Sector Strategic Plan 2014-2024.

An evaluation of the CCS 2017-2021 utilizing an online survey was completed in the first quarter of 2021. Ninety-four percent (94%) of the respondents who were external to PAHO felt that PAHO/WHO remained focused on the needs and priorities of Belize even though some priorities received more attention than others. PAHO’s technical cooperation was also reflected by its contribution to the United Nations Multi-Country Sustainable Development Framework (UN MSDCF), mainly priority 2 (A Healthy Caribbean). Several of the outputs programmed during the implementation of the 2017-2021 CCS contributed to Priority Area 4 “A sustainable and resilient Caribbean”. Also, one of PAHO’s outputs (related to road safety) contributed to Priority Area 3 “A safe, cohesive and just Caribbean”.

The implementation of the 2017-2021 CCS in Belize was impacted by the financial crisis in PAHO/WHO (delayed payment by member states in 2019) and the COVID-19 pandemic. The PAHO/WHO core function most used for the implementation of the 2017-2021 CCS was “providing technical support and building sustainable institutional capacity”, followed by “articulating ethical and evidence-based policy options”, setting norms and standards, promoting and monitoring implementation. The PWR was changed during this cycle as well as the only international advisor in the country office, and the delay in appointing the replacement of the Health Systems advisor slowed the rate of technical cooperation. Reports also showed that major challenges for the implementation of PAHO’s technical cooperation as reflected in the CCS were related to limited human resources both in the country and PAHO’s

country office. Compounding these challenges were competing agendas of multiple partners, including sub-regional partners.

The survey suggested that the greatest results of PAHO/WHO technical cooperation during the period of the CCS were achieved in its priorities 3 and 4 (Health and wellness promoted to prevent non-communicable and communicable diseases and health emergencies, respectively). The PAHO/WHO country office in Belize established and strengthened multiple partnerships with national agencies and interested stakeholders that helped implementation of the 2017-2021 CCS.

During the period covered by the 2017-2021 CCS with Belize, the country was able to improve several health indicators; however, the evaluators could not determine if it was a direct result of the CCS. See Table 1.

Table 1: Belize Health Indicators

INDICATORS	Start of CCS	Towards end of CCS
Life expectancy at birth (years)	74.37 (2017)	74.89 (2021)
Infant Mortality rate (per 1,000 live births)	14.30 (2017)	11.53 (2020)
Under five mortality rate (per 1,000 live births)	18.10 (2017)	14.50 (2020)

The following lessons learnt and recommendations from the CCS 2017-2021 should be taken onboard to enhance this current CCS 2023-2027:

- A mid-term evaluation of the CCS
- Active participation of key stakeholders at every stage
- With limited PAHO/WHO resources, careful selection and optimization of priorities and focus areas of CCS is needed.
- A strong involvement of the regional level and involvement of all PAHO/WHO levels in the implementation process.
- Establish a monitoring mechanism of the implementation of the CCS.

## CHAPTER 4: THE STRATEGIC AGENDA FOR PAHO/WHO COOPERATION

The CCS 2023-2027 Strategic Agenda rolls out the Strategic Priorities (SPs) and Focus Areas (FAs) for PAHO's Technical Cooperation with Belize. These SPs constitute the medium-term priorities for PAHO/WHO's cooperation with the Government of Belize and will focus its resources over the CCS 2023-2027 cycle on those SPs.

Each strategic priority identified, selected and agreed upon collaboratively is the joint responsibility of the Belize government and PAHO/WHO. The priorities and aligned indicators should adopt the SMART (Specific, Measurable, Achievable, Reliable, and Time-bound) rule. Each strategic priority selected through consultation should support achievement of the relevant GPW13 outcomes while responding to the key aspects of the Belize Health Sector Strategic Plan 2014-2024.

The following SPs and FAs were identified by the Government of Belize in the Belize Health Sector Strategic Plan 2014-2024 and the Belize MOHW Operational Plan 2022-2023:

### ***SP 1: Integrated Health Services Based on Primary Health Care for improved Health outcomes***

#### ***Focus Areas:***

- 1.1 Coordination in health service delivery among providers and stakeholders to ensure continuity of care.
- 1.2 Health system organized to increase accessibility to health services in an equitable manner.
- 1.3 Quality of care according to defined standards.
- 1.4 Efficiency and productivity in management of health services.
- 1.5 Basic package of services.

### ***SP 2: Strengthening the Organization and Management of Health Services***

#### ***Focus Areas:***

- 2.1 Effective governance structures for community and provider institutions implemented.
- 2.2 Policy development, strengthened legislature and development of M&E framework for essential Public Health functions/MOHW implemented.

### ***SP 3: Achieving Greater Equity, Cost Effectiveness and Efficiency in the Allocation and Use of Health Resources (Improved Health financing to achieve Universal Health Coverage)***

#### ***Focus Areas:***

- 3.1 Government commitment to defined options for health sector financing.



- 3.2 Equity, effectiveness and efficiency in the allocation and use of funds.
- 3.3 Sustainable Health Sector Financing option defined and implemented.
- 3.4 Transparency and Accountability in Financial management.

***SP 4: Strengthen Capacity for Human Resources for Health Planning to meet present and future Health sector needs***

***Focus Areas:***

- 4.1 Appropriate HRH policies, procedures, guidelines and training.
- 4.2 Human Resource planning and management.
- 4.3 Health facilities adequately staffed.

***SP 5: Strengthening of the Belize Health Information System to Support Evidence based Planning in the provision and delivery of Health Care***

***Focus Areas:***

- 5.1 Monitoring and Evaluation for compliance.
- 5.2 Strengthen legislation to support protocols for data exchanged among entities.
- 5.3 Utilization of data for evidence- based planning and decision making.
- 5.4 Surveillance of Non-Communicable Diseases and Communicable diseases strengthened.

***SP 6: Development of Quality Improvement framework to ensure stakeholder accountability***

***Focus Area:***

- 6.1 Quality improvement Framework for all levels of the health system designed and implemented.

***SP 7: Efficient and Effective Health Infrastructure Development***

***Focus Areas:***

- 7.1 Physical health environment for health care delivery to clients improved.
- 7.2 Rational use of Technology for health, inclusive of M&E and procurement policies.
- 7.3 Quality of Work environment for health workers enhanced.
- 7.4 Preventive Maintenance program established.

In June 2021 and November 18, 2022, key stakeholders (including senior managers of the Ministry of Health and Wellness with a broad knowledge of public health) were invited by PAHO/WHO to meet and finalize a consolidated HANLON priority ranking for the outcomes of the PAHO Strategic Plan. The eight top priority rankings are as follows:

Table 4: Top eight (8) PAHO Outcome Priorities (indicated in green) Identified by Belize Using Hanlon Methodology (2021-2022)

RANK		OUTCOMES
2021	2022	TOP 8 PRIORITIES
1	2	Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
2	8	Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
3	3	Adequate availability and distribution of a competent health workforce
4	9 Tier 2	Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care for communicable diseases, including vaccine-preventable diseases
5	6	Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care for noncommunicable diseases and mental health conditions
6	4	Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
7	1	Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
8	20 Tier 3	Increased and improved sustainable public financing for health, with equity and efficiency
10 Tier 2	5	Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
13 Tier 2	7	Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action

Table 5 below links the top five PAHO outcome priority areas identified by Belize using the Hanlon Methodology (Table 4) with the seven broad strategic priorities identified previously by the Government of Belize in the Belize Health Sector Strategic Plan and Operational Plan (pages 29-30). The national consultation of key stakeholders and partners from various sectors (government, NGO, CSO and Private sector) compared the SDGs, WHO GPW 13, the PAHO National Strategic Plan 2020-2025 priorities, the Sustainable Health Agenda for the Americas 2018-2030 and the Belize Final Consolidated Results-HANLON Priority ranking. Together with PAHO, these key stakeholders and partners consulted, discussed, and agreed on the key priority areas for the new CCS, taking into consideration PAHO/WHO's comparative advantage.

Table 5: Comparison of WHO/PAHO Priorities and Belize NSP Priorities

<b>HANLON Belize Priorities 21/22</b>	<b>Belize Health Strategic Plan 2014-2024</b>	<b>SHAA 2030</b>	<b>GPW 13</b>	<b>SDGs</b>
<b>Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action</b>	SP5: Strengthening of the Belize Health Information System to support evidence-based planning in the provision and delivery of health care	SP9.Reduce morbidities, disability and mortality from NCDs, injuries, violence and mental health disorders	<b>Health &amp; Wellbeing</b> 4.NCDs prevented, treated, managed, and their risk factors controlled & mental health prioritized & improved	3.4 3.b
<b>Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens</b>	SP2: Strengthening the organization and management of health services.	SP8.Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks, and emergencies and disasters that affects the health of the population	<b>Emergencies</b> 2.Strengthened national, regional & global capacities for better protecting people from epidemics, other H.E and ensuring that populations affected by emergencies have rapid access to essential life-saving HS, including health promotion and disease prevention	3.d, 3.3, 3.9, 3.d
<b>Adequate availability and distribution of a competent health workforce</b>	SP4: Strengthen capacity for human resources for health planning to meet present and future health sector needs	SP3. Strengthen the mgt & development of human resources for HHRH with skills that facilitate a comprehensive approach to health	<b>Universal Health Coverage</b> 3.Improved human capital across the life course	3.c

<p><b>Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector</b></p>	<p>SP2: Strengthening the organization and management of health services.</p>	<p>SP8. Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks, and emergencies and disasters that affects the health of the population</p>	<p><b>Emergencies</b>                  7. Health impacts of climate change, environmental risks and other determinants of health addressed, including in SIDS and other vulnerable settings</p>	<p>3.3,                  3.9,                  3.d</p>
<p><b>Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action</b></p>	<p>SP5: Strengthening of the Belize Health Information System to support evidence-based planning in the provision and delivery of health care</p>	<p>SP10.Reduce the burden of Communicable Diseases and eliminate neglected diseases</p>	<p><b>Health &amp; Wellbeing</b>                  5. Accelerated elimination and eradication of high-impact communicable diseases</p>	<p>3.b</p>



While considering the above, during the National multi-stakeholder Consultation, together with PAHO/WHO, key stakeholders agreed on the strategic priorities and focus areas for the new CCS. Pursuant to its rules, regulations, policies, and procedures, and subject to the availability of funds, PAHO/WHO outlines the following medium-term vision that will guide the technical cooperation between PAHO/WHO and the Government of Belize for the 2023-2027 CCS period:

STRATEGIC PRIORITY AREA	FOCUS AREAS	CORE FUNCTIONS
<p>1. Provide expanded and equitable access to quality health services for the prevention, detection, treatment, rehabilitation and palliative care for non-communicable diseases (NCDs) and mental health (MH) conditions across the life course through evidence-based interventions and intersectoral partnerships for action.</p>	<p>Promote behavioral changes through public awareness and intersectoral collaboration to address determinants and risk factors for NCDs including mental health, supported by a health in all policies approach.</p>	<p><b>Coordination</b></p> <ul style="list-style-type: none"> <li>a. Alignment of the national plans of different stakeholders and the inclusion of a Monitoring and Evaluation component. to ensure compliance. This will serve to also detect needs that may arise in the process of implementation.</li> <li>b. Incorporation of Health in all Policies.</li> </ul> <p><b>Intersectoral cooperation</b></p> <ul style="list-style-type: none"> <li>a. Develop/adapt and implement a model for intersectoral collaboration related to NCDs and Mental Health.</li> </ul> <p><b>Mobilization of resources</b></p> <ul style="list-style-type: none"> <li>a. Public and private sector.</li> <li>b. Technical support for the creation of enabling environments.</li> <li>c. Educational Institutions.</li> </ul> <p><b>Public awareness</b></p> <ul style="list-style-type: none"> <li>a. Information, education, communication.</li> </ul> <p><b>Policy direction, leadership and governance.</b></p>

	<p>Strengthen the primary, secondary and tertiary education curriculum geared towards the promotion of holistic health including nutrition and mental health.</p> <p>Develop a policy framework to create an enabling environment in support of addressing risk factors associated to NCDs and mental health, including violence and injuries.</p> <p>Strengthen health systems based on leadership, governance, regulatory, financial and data driven frameworks: include integrated and accessible health services that are people centered, availability of safe medicines, use of technology, research utilization of high-level scientific evidence in healthcare delivery, and development of human resources in health.</p>	<p><b>Coordination</b></p> <ol style="list-style-type: none"> <li>Must reflect the holistic approach and partnership with Ministry of Education (MOE) /other educational institutions, Human Development, Agriculture, and non- governmental Organizations,</li> <li>This must be reflected in internal policies and contracts or Memoranda of Understanding (MOU) for which the entity is more suited and has an established governance, leadership and financial structure.</li> <li>This includes a Structured curriculum, training plan and evaluation of the impact of lessons imparted and effects monitored.</li> </ol> <ul style="list-style-type: none"> <li>• <b>Intersectoral Cooperation</b>                  Develop/adapt and implement a model for intersectoral collaboration related to risk factors, nutrition and health including Mental Health.</li> <li>• <b>Mobilization of Resources</b>                  Includes the development of national curricula that are budgeted and implemented through participation and inclusion of stakeholders such as PAHO/WHO.</li> <li>• <b>Public Awareness</b>                  This includes the development of strategic plans to address the health of children /individuals or groups in diverse settings in a holistic and comprehensive manner. Examples include - the reduction in the consumption of salt, screening.</li> <li>• <b>Policy direction, leadership and governance</b>                  Revisiting the scope of national alliance on nutrition.</li> </ul>
--	--	--

		<p>Update and integrate the legal framework to support the activities of all strategic plans and policies including governance, M&amp;E and accountability inclusive of Mental Health Management.</p>
<p><b>Approach:</b> Capacity building is fundamental for the implementation of approved interventions. The MOHW should ensure strong partnerships with relevant actors, such as the Police Department, MH Associations and others.</p>		
<p>2. Increase response capacity of integrated health services to monitor, prevent, detect, treat, control and eliminate communicable diseases including neglected infectious diseases by addressing the determinants of health through intersectoral actions to reduce risk factors.</p>	<p>Strengthened and expanded “One Health” integrated surveillance system (Revision of mandatory reportable diseases and relevant standard operating procedures (SOPs)).</p>	<ul style="list-style-type: none"> <li>a. Development of mechanisms that will integrate human, animal and environmental health surveillance, including identification of indicators to facilitate timely interventions.</li> <li>b. Creation and/or revision of SOPs and guidelines for integrated surveillance of zoonotic conditions.</li> <li>c. Optimize the use of the One Health platform for integrated analysis and reporting.</li> </ul>
	<p>Support research and health technologies for the development and access to evidence-based interventions (diagnostics, vaccines and medicines).</p>	<ul style="list-style-type: none"> <li>a. Define and execute the health research agenda based on public health needs.</li> <li>b. Establish a formal, functional and integrated Institutional Review Board (IRB)/Ethics Committee for the submission and review of research proposals.</li> <li>c. Explore feasibility of an integrated research unit.</li> <li>d. Ensure capacity building for research and health technology development.</li> </ul>
	<p>Capacity building and improved resources for health response to Communicable Diseases.</p>	<ul style="list-style-type: none"> <li>a. Training on integrated One Health Surveillance system, including early warning systems (EWS) for timely response.</li> <li>b. Standardized training on clinical case management of communicable diseases.</li> <li>c. Enhanced local partner capacity in prevention, diagnosis, treatment, care and reporting of communicable diseases,</li> </ul>

		including decentralization of testing and screening for CDs and procurement of necessary technology and equipment.
	Support and promote the implementation of interventions and strategies that engage and empower communities to adopt healthier lifestyles to reduce the risk factors related to developing and/or contracting communicable diseases.	<ul style="list-style-type: none"> <li>a. Create physical and virtual spaces (including social marketing) to promote continuous education and awareness on reportable communicable diseases to the public.</li> <li>b. Identify, implement, monitor and evaluate effective behavioural change strategies for key populations and vulnerable groups, including partnerships with FENSA vetted NGOs and local community groups/institutions, champions for health.</li> <li>c. Promote an enabling environment that will empower persons and communities to adopt healthier choices.</li> <li>d. Address stigma and discrimination related to specific communicable diseases (e.g., HIV, TB, leishmaniasis, etc.) through risk communication and other strategies.</li> </ul>
<p>Approach: A multi-sectoral collaborative approach is critical in reducing risk factors and addressing the determinants of health towards prevention, care and treatment.</p>		
<p>3. Adequate availability and distribution of a competent, skilled health workforce with access to technology, and educational opportunities with sustainable financing.</p>	<p>Institutionalization of an enabling environment in which occupational and safety health standards for all healthcare facilities both public and private are implemented.</p> <p>Capacity building for the health sector professionals and health profession educators to strengthen evidence-based inter-professional health practices,</p>	<ul style="list-style-type: none"> <li>a. Development of inclusive Regulations and safety guidelines.</li> <li>b. Develop a public campaign on the promotion of the regulations and guidelines.</li> <li>c. Cost analysis for implementation.</li> <li>d. Cabinet support and approval.</li> </ul> <p>a. Development of an awareness campaign on health professional development.</p>

	<p>through the development of regional and national education centers for development.</p> <ul style="list-style-type: none"> <li>○ Expansion of the PAHO/WHO Virtual Campus (Certified and accredited health programs).</li> </ul>	<ul style="list-style-type: none"> <li>b. Strengthening of curricula for training in health professional education.</li> <li>c. Development of partnerships, NGOs, and international organizations to support training opportunities in essential fields not available in the country.</li> </ul>
	<p>Strengthen the management of Human Resources for Health in the Ministry of Health and Wellness through the development of HRH policies and plans that will provide the strategic direction in HRH development.</p>	<ul style="list-style-type: none"> <li>a. Monitoring of the implementation of the HRH plan.</li> <li>b. Inclusion of HRH in health-related policies development.</li> <li>c. Quality improvement management system to Monitoring and Supervision staff at all levels of care.</li> </ul>
	<p>Advocate for a sustainable health financing mechanism to increase the output and retention of HRH professionals, and improve health technologies, and infrastructure to meet present and future healthcare needs.</p>	<ul style="list-style-type: none"> <li>a. Recruitment strategies that initiate from the point of training.</li> <li>b. Healthcare specialization is on the top priority list in the government to support scholarship opportunities.</li> <li>c. Health care professionals are distributed based on health indicators. Example population, epidemiological profile</li> </ul>
<p>Approach: i) Inter-sectorial Stakeholder consultation; Increase advocacy; Sensitization of the concept; Establish partnerships with Government, FENSA vetted NGOs and private sector; Phased approach for the implementation; Align the WHO healthy workplace framework and model to the Belizean context.</p> <p>ii) Adjustment of the clinical environment to encourage and facilitate teaching; Development of a multisectoral national comprehensive health education workforce development plan; Analysis of curriculum for health professional programs; Establish a comprehensive continued education program for health professionals.</p> <p>iii) Review and update the HRH plan alignment with the specific country needs; Workforce needs assessment; Assessment of the HRH’s capacities to implement health-related policies and strategies; The transition from a Public Service Commission to a Health Services Commission.</p> <p>iv) Public-private sector partnerships to increase the output of healthcare professionals from point of training; Government to consider Health education as a priority; Ministry of Education strengthens its role in healthcare education; Training of advanced specialized health professionals based on the needs</p>		



<p>identified in the HRH data analysis; Conduct an analysis on retention strategies and alignment for the development of a national retention mechanism for healthcare professionals; Health professional needs assessment; Compensation packages are defined specifically for healthcare workers.</p>		
<p>4.Strengthen and build national and Local emergency response system with capabilities to monitor, detect, respond, prevent and mitigate Public Health Emergencies, Disasters and Hazards.</p>	<p>Development of multisectoral resilient systems and capacities for all hazards health emergency prevention and response.</p>	<p>Strategic risk assessments (Hazard Identification and vulnerabilities)</p> <ul style="list-style-type: none"> <li>-Emergency Operations plan (All Hazards)</li> <li>-Specific contingency plans for priority hazards (Pandemic, Emerging, Re-emerging diseases and Climate Change)</li> <li>-Food Safety and Security</li> <li>-Large public events (mass gathering) planning</li> <li>-Emergency risk communication</li> <li>-Capacity building (Simulations/Exercises)</li> </ul>
	<p>Reduce loss of life and maintenance of well-being through the reduction of impacts of disasters and emergencies on individuals and communities.</p>	<p>Public Education.</p> <ul style="list-style-type: none"> <li>-Risk management and Testing.</li> <li>-Maintaining and Supporting Mental wellbeing.</li> <li>-Health safety standards and guidelines (Food Security, Pharmaceuticals).</li> <li>-Post Disaster Assessment.</li> </ul>
	<p>Save and safeguard lives, minimize property damage to health infrastructure and improve the potential for better recovery.</p>	<ul style="list-style-type: none"> <li>-Early Warning, Alert and response system. (Data Security).</li> <li>-Activation of incident management (EOC).</li> <li>-Deployment of Rapid Response Teams, EMT.</li> <li>-Establish network for communication (alternate).</li> <li>-After Action Review (Monitoring).</li> </ul>

	Develop implementation guides for health systems recovery in emergencies preparedness, Gender Based Violence and humanitarian response.	Support affected communities. -Provision of Mental Health support services. -Repair/ replace vital infrastructure.
Approach: 1) PREPAREDNESS 2) MITIGATION 3) RESPONSE 4) RECOVERY		

## CHAPTER 5: IMPLEMENTATION OF THE CCS 2023-2027

### 5.1 Launch

The CCS 2023-2027, once signed by both the Belize government and PAHO/WHO, will become the reference document for PAHO/WHO's work in Belize.

The signing of the CCS 2023-2027 commences the beginning of the implementation process and will be followed by an official launch by the MOHW. Both the signing of the CCS and the launch event are excellent opportunities to increase the visibility of the joint work and goals to assist Belize in achieving its health objectives, including the national SDG targets. The TWG or a separate committee should be established to launch the implementation of the CCS 2023-2027 to ensure maximum visibility and engagement.

All stakeholders involved in the development of the CCS 2023-2027 as well as high level dignitaries from the region, government and private sector should be invited to participate in the launch event. The media should also be invited, and wide coverage of the event broadcast on social and traditional media. An attractive brochure should be developed and disseminated both electronically and in booklet format highlighting a summary of key areas of the CCS 2023-2027.

### 5.2 Coordination and Management

The implementation of the CCS will be coordinated through the PAHO country office, but implementation will be done jointly through the entire organization at the national, regional and global levels. The Belize MOHW and its multi-sectoral national and regional partners will join in implementing specific priority and focal areas of the CCS. PAHO strives to achieve implementation bearing the following in mind:

- The CCS 2023-2027 is aligned with the Belize Health Sector Strategic Plan 2014-2024, and the Operational Plan, 2022-23. The Plan will be reviewed and adjusted as necessary.
- Review and if necessary, reallocate resources to priority areas identified in the CCS 2023-2027
- The CCS 2023-2027 will be used to generate or revive strategic partnerships for health.
- As it elucidates its aims and plans to accomplish them, the CCS 2023-2027 will be used to demonstrate to development partners how successful mutually beneficial collaboration can be, leading to a better delivery of results.
- The CCS process will allow for opportunities to strengthen collaboration with UN agencies, avoiding duplication and enhancing synergies.
- The CCS 2023-2027 will make explicit the tangible contributions that UN partners make to advance the strategic agenda.
- PAHO/WHO will consider the CCS 2023-2027 priorities for future consideration of a new UN MSDCF.
- The CCS implementation will generate a multisectoral response to CCS priorities, as many of the issues will require collaboration of partners outside of the health sector.

- The CCS 2023-2027 will provide important information to shape planned interventions in collaboration with UN partners engaged in issues related to the social determinants of health.
- The CCS 2023-2027 will also stimulate the use of common UN funds for health-related interventions and with higher visibility also attract funds from other donor agencies.

### 5.3 Core Resources Needed for Implementation

#### Financial

Health financing is both an important aspect of Health Systems planning, diagnosis and treatment of disease and promotion of wellness. **The CCS is expected to be funded through flexible and voluntary funds from WHO and PAHO as well as through other resource mobilization strategies. The Ministry of Health and Wellness will also contribute as needed from its national budget.**

#### Communication

Good communication can rally support, calm a nervous public, provide much-needed information, encourage cooperative behaviours and help save lives. The launching and implementation of this CCS will communicate vital information of the strategic priorities jointly developed by a multisectoral consultation to key stakeholders. The PAHO/WHO Belize country office will seek to improve the communication of PAHO/WHO's work and its impact, globally, regionally and at the country level. This will also enhance visibility and public health positioning in the dynamic collaborative work between the MOHW and its multisectoral partners in Belize, Central America and the Caribbean.

#### Human

The PWR, supported by the departments of Human Resources Management (HRM), Program Budget and Evaluation (PBE) and Country and Sub-regional cooperation (CSC) should review the current structure and organization of the Country Office based on the updated CCS 2023-2027 and, if necessary, adapt the profile of the staff, the functional organization, and the modalities of technical cooperation of the Country Office. The Belize MOHW and other relevant partners must also ensure adequate staffing is assigned to implement the activities under the jointly selected priorities and focus areas.

### 5.4 Risks

During the development of the current CCS 2023-2027 Belize was hit by category one Hurricane, Lisa. From 2020-2022 the COVID-19 pandemic also affected Belize like the rest of the world and impeded health programmes. The implementation of this CCS will occur in an uncertain environment which could pose threats or cause implementers to develop new and innovative strategies to ensure activities are completed.

Economic, political, social, technological, environmental and legal matters all have implications for the implementation of the CCS 2023-2027.

Key stakeholders have identified the following weaknesses or threats that might hinder implementation and must be addressed:

- Poor communication among government, NGOs, private sector and other stakeholders.
- Limited political will and limited finances to spearhead national strategies.
- Limited Mental Health staff to support interventions at local level.
- Outdated or nonexistent legal framework to implement and enforce established policies and protocols.
- Availability of human resources and skilled staff and ageing population of trained educators.
- Community Health Workers' high attrition due to limited compensation.
- Weakening community surveillance.
- Limited access to health technologies.



## CHAPTER 6: MONITORING AND EVALUATION

The CCS 2023-2027 will be carefully monitored and evaluated as the strategy develops, using the Country Impact Framework. The M&E processes will contribute significantly when reporting on PAHO/WHO's contribution and impact in delivering GPW13 targets at the regional and global levels. Even though the CCS monitoring is the responsibility of the PAHO Belize Country Office, it should be done in collaboration with the Belize government and involve all three of the WHO levels to ensure joint ownership of the results. Ideally, an M&E committee would involve the three layers of PAHO/WHO (where possible) and key officials from the Belize MOHW.

Progress in the CCS 2023-2027 implementation should be reviewed at the country level annually. A review should also be done if there are any major changes at the country level such as:

- New government in office or major change affecting health and national priorities.
- A crisis that changes the health situation or creates risk.
- A new UN MSDCF is developed.
- New evidence emerging concerning national public health needs or statistics.

### 6.1 Monitoring CCS 2023-2027 Implementation

- The M&E Committee ensures that the CCS 2023-2027 priorities are implemented in a timely and efficient manner.
- Monitoring provides an early warning system to identify problems related to the implementation of strategic priorities and focus areas.
- It also offers opportunities for early interventions and adjustments of strategies.
- Monitoring the CCS 2023-2027 implementation will assess how the operational plans are accomplished using the instruments at the regional level.
- The cumulative periodical reviews will be utilized as inputs for the midterm and final CCS 2023-2027 evaluation.

### 6.2 Evaluation of the CCS 2023-2027 Implementation

The evaluation process is led by the PWR who works closely with the M&E Committee and CCS TWG. The main focus of the evaluation is to measure whether targets identified in the country results framework have been achieved. The aim is to also determine if the CCS 2023-2027 has contributed towards the GPW's 13 triple billion goals.

A country balance scorecard should be developed for use with the CCS 2023-2027 midterm and final evaluation.

### Midterm Evaluation

The midterm evaluation of the CCS 2023-2027 should take place halfway (2025) through its implementation. It will inform the need to adjust priorities, focus areas or any contextual needs in Belize. The focus of the midterm evaluation is to:

- Determine if implementation of the strategic priorities is progressing as planned and if expected achievements are on track with the country result framework.
- Identify any hindrances and potential risks that may require changes to the strategic priorities and initiatives to escalate progress in the second half of the CCS 2023-2027 cycle.
- Assess whether any strategic priorities need revising, especially if there has been a significant event or major emergency in Belize (e.g., epidemic/pandemic, Hurricane).

### Final Evaluation

The final evaluation should be a very conclusive and comprehensive assessment conducted at the end of the CCS 2023-2027. The evaluation framework should be developed in collaboration with the MOHW and other key stakeholders. It should assess relevance, efficiency, effectiveness and overall impact. The evaluation should describe the achievements, gaps, challenges, lessons learnt, and recommendations should be made for future collaboration between PAHO/WHO and Belize. Ideally the final evaluation should be conducted by an external consultant. The final evaluation should commence when the CCS 2023-2027 implementation ends and feed directly into the development of a new CCS.

The United Nations Sustainable Development Goals are targets for global development set to be achieved in 2030. The SDG targets and indicators fit well with the priority areas identified.

Strategic Priority Area	Target	Indicator
<b>SP1:</b> Provide expanded and equitable access to Quality health services for the prevention, detection, treatment, rehabilitation and palliative care for NCDs and MH conditions across the life course through evidence-based interventions and intersectoral partnerships for action.	<b>SDG 3.4</b> By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	<b>3.4.1</b> Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease <b>3.4.2</b> Suicide mortality rate
<b>SP 2:</b> Increase response capacity of integrated health services to monitor, prevent, detect, treat, control and eliminate communicable diseases including neglected infectious diseases by addressing the determinants of health through intersectoral actions to reduce risk factors.	<b>SDG 3.3</b> By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	<b>3.3.1</b> # of new HIV infections/ 1,000 uninfected pop, by sex, age & key populations <b>3.3.2</b> Tb incidence/100,000 population <b>3.3.3</b> Malaria incidence/1,000 population <b>3.3.4</b> Hepatitis B incidence/100,000 population <b>3.3.5</b> # of people requiring interventions against neglected tropical diseases

<p><b>SP 3:</b> Adequate availability and distribution of a competent, skilled health workforce with access to technology, and educational opportunities with sustainable financing.</p>	<p><b>SDG 3.c</b> Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States</p>	<p><b>3.c.1</b> Health worker density and distribution</p>
<p></p>	<p></p>	<p></p>
<p><b>SP4:</b> Strengthen and build national and Local emergency response systems with capabilities to monitor, detect, respond, prevent and mitigate Public Health Emergencies, Disasters and Hazards.</p>	<p><b>SDG 3.d</b> Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p>	<p><b>3.d.1</b> International Health Regulations (IHR) capacity and health emergency preparedness  <b>3.d.2</b> % of bloodstream infections due to selected antimicrobial-resistant organisms</p>

## NONCOMMUNICABLE DISEASES



## COMMUNICABLE DISEASES



## EMERGENCIES



## HUMAN RESOURCES



## CHAPTER 7: REFERENCES

1. Becker, DJ, Broos, A, Bergner, LM, et al. Temporal patterns of vampire bat rabies and host connectivity in Belize. *Transbound Emerg Dis.* 2021; 68: 870– 879. <https://doi.org/10.1111/tbed.13754>
2. Belize, Ministry of Agriculture, Food Security and Enterprise. 2015. National Agriculture and Food Policy of Belize 2015 to 2030. Belize.
3. FAO, European Union and CIRAD. 2022. Food Systems Profile – Belize. Catalysing the sustainable and inclusive transformation of food systems. Rome, Brussels and Montpellier, France <https://doi.org/10.4060/cc0072en>
4. [Government of Belize, UNICEF. National Adolescent Health Strategic Plan \(2019-2030\). UNICEF, 2018.](#)
5. Government of Belize. Horizon 2030. Government of Belize; 2010. Available from: <https://med.gov.bz/wpcontent/uploads/2020/09/Horizon2030PreparationandImplementationProcess.pdf>
6. Government of Belize. National Council on Aging Strategic Plan 2015-2019 [https://extranet.who.int/countryplanningcycles/sites/default/files/planning\\_cycle\\_repository/belize/national\\_council\\_on\\_ageing\\_strategic\\_plan\\_2015\\_-\\_2019.pdf](https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/belize/national_council_on_ageing_strategic_plan_2015_-_2019.pdf)
7. Health Care Policy Plan Belize. Belize: The People’s United Party (PUP), Aug 2020. Available from: <https://planbelize.bz/wp-content/uploads/2020/08/Healthcare-Policy-2020.pdf>
8. <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/gh-leading-causes-of-death>
9. Maceira D. Belize Fiscal Space Analysis: Contributions to National Health Insurance Expansion. Pan American Health Organization, 2019.
10. Martín L., Ruiz-Arranz M., et.al. IDB Group Country Strategy Update 2020-2021. IDB, 2020. Available from: [https://www.idbinvest.org/sites/default/files/2020-04/IDB%20GROUP%20COUNTRY%20STRATEGY%20UPDATE%20FOR%20BELIZE%202020-2021\\_0.pdf](https://www.idbinvest.org/sites/default/files/2020-04/IDB%20GROUP%20COUNTRY%20STRATEGY%20UPDATE%20FOR%20BELIZE%202020-2021_0.pdf)
11. Ministry of Health and Wellness Belize. Belize Human Resources for Universal Health Strategic Plan 2019-2024: A more efficient and robust health workforce by 2024. Ministry of Health, Pan American Health Organization, 2019.
12. Ministry of Health & Wellness, Government of Belize. Belize Health Information System (BHIS): Rapid Assessment Report (Version 2.0). Ministry of Health Belize, Pan American Health Organization; 2017.
13. Ministry of Health and Wellness Belize. Belize health sector strategic plan 2014-2024. Belmopan: Belize Ministry of Health and Wellness, 2014. Available from: <https://extranet.who.int/nutrition/gina/sites/default/filesstore/BLZ%202014%20Health%20Sector%20Strategic%20Plan%202014-2024.pdf>
14. Pan American Health Organization (Belize). PAHO/WHO Belize Country Annual Report 2020. PAHO, 2021. Available from: <https://www.paho.org/en/documents/pahowho-belize-country-annual-report-2020>
15. Pan American Health Organization. Belize Country Cooperation Strategy 2008–2011. Belize City: PAHO/WHO Belize, 2009. Available from:



- [https://apps.who.int/iris/bitstream/handle/10665/165608/ccs\\_blz\\_en.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/165608/ccs_blz_en.pdf?sequence=1&isAllowed=y)
16. Pan American Health Organization. Global school-based student health survey (GSHS) results tool: Country Profile Belize, 2011.
  17. Pan American Health Organization. NCDs at a Glance: NCD Mortality and Risk Factor Prevalence in the Americas. Washington, D.C.: PAHO; 2019.
  18. Pan American Health Organization. PAHO/WHO Country Cooperation Strategy Belize 2017-2021. Belize City: PAHO/WHO Belize, 2017. Available from: <https://www.paho.org/en/documents/pahowho-country-cooperation-strategy-belize-2017-2021>
  19. Pan American Health Organization. Universal Health and the Pandemic – Resilient Health Systems: Belize Annual Report 2020. Pan American Health Organization; 2021. Available from: <https://www.paho.org/en/documents/pahowho-belize-country-annual-report-2020>
  20. Pan American Health Organization/World Health Organization. Core Indicators Portal: Dashboard, 2022. Published September 20, 2022. Available from: <https://opendata.paho.org/en/core-indicators/core-indicators-dashboard>
  21. Statistical Institute of Belize (SIB). Abstract of Statistics 2021. Belmopan: SIB, 2021. Available from: [http://sib.org.bz/wp-content/uploads/2021\\_Abstract\\_of\\_Statistics.pdf](http://sib.org.bz/wp-content/uploads/2021_Abstract_of_Statistics.pdf)
  22. Statistical Institute of Belize (SIB). Labour Force Survey September 2021. Published November 24<sup>th</sup>, 2021. Available from [https://sib.org.bz/wp-content/uploads/LabourForce\\_2021-09.pdf](https://sib.org.bz/wp-content/uploads/LabourForce_2021-09.pdf)
  23. Social Security Board (SSB). Annual Report 2020. SSB, 2021. Available from: <https://www.socialsecurity.org.bz/annual-report-2020/>
  24. The Sustainable Development Goals. United Nations, 2015. <https://sdgs.un.org/goals>
  25. United Nations Caribbean. Caribbean Common Multi-Country Analysis (CMCA). UN, 2021. Available from: <https://belize.un.org/sites/default/files/2021-10/CMCA%202021%20LAYOUT%20V3.pdf>
  26. World Health Organization (WHO). Zeroing in on malaria elimination: Final report of the E-2020 initiative. WHO 2021. Available from <https://apps.who.int/iris/rest/bitstreams/1342937/retrieve> (Accessed October 13, 2022)
  27. World Health Organization. Country cooperation strategy guide 2020: implementing the Thirteenth General Programme of Work for driving impact in every country [Internet]. Geneva: World Health Organization; 2020. Available from: <https://apps.who.int/iris/bitstream/handle/10665/337755/9789240017160-eng.pdf?sequence=1&isAllowed=y>
  28. World Health Organization. (2016). Health workforce requirements for universal health coverage and the Sustainable Development Goals. (Human Resources for Health Observer, 17). World Health Organization. <https://apps.who.int/iris/handle/10665/250330>

Appendix 1

**CCS 2023-2027 Two Day Consultation Participants List**

#	NAME	ORGANIZATION	29	30
1	Myrat Muradov	Representative UNHCR	X	A
2	Ivorine Bulwer	Director HELPAGE	X	A
3	Dr. Omar Aviles	Medical Officer Mercy Clinic	X	A
4	Laura Tucker-Longworth	President Belize Cancer Society	X	X
5	Carmen Barrow	Adminsitrator Belize Cancer Society	X	X
6	Lily Bowman	Director General Belize Red Cross	NS	X
7	Deerian Buckley Wade	Ministry of Blue Economy & Civil Aviation	X	A
8	Stephen Williams	IICA	X	X
9	Sharrie Ciego	National Garifuna Council	X	A
10	Ruby Nicholas	Kidney Association	X	X
11	Ix-Chel Poot	Executive Director National Council on Ageing	X	X
12	Christa Courtenay	VP Mental Health Association	X	X
13	Noreen Jack	PWR Belize	X	X
14	Edwin Bolastig	HSS/A PAHO/WHO	X	X
15	Peitra Arana	NC HSS PAHO/WHO	X	X
16	Alondra Izaguirre	NC for NCDs	X	X
17	Annalisa Sandcroft	NC for Surveillance of NCDs and Risk Factors	X	X
18	Fancis Longworth	NC H-NAP CRHSP (Primary Consultant)	NS	
19	David Perrera	NC H-NAP CRHSP (Primary Consultant)	NS	
20	Verlie Lamb	NC Road Crashes Project (Primary Consultant)	X	X
21	Ianthe Cocom	NC Road Crashes Project	X	X
22	Zenena Moguel	Communication & Visibility Consultant	X	X
23	Rick Rhaburn	ITS/Media Communications	X	X
24	Ruby Dominguez	Administrator PAHO/WHO	X	X
25	Paula Vasquez	EA PAHO/WHO	X	X
26	Lizett Bell	Chair Nursing and Midwives Council	X	X
#	NAME	ORGANIZATION	29	30

27	Luiz Octavio Coimbra	OAS Representative	X	A
28	Jorge Polanco	Director Hospital Services & Allied Health, MOHW	X	X
29	Russell Manzanero	Medical Epidemiologist, MOHW	X	X
30	Carmeta Douglin	Consultant	X	X
31	Shirley Cruz	Nursing Association of Belize	X	X
32	Jose Urbina,	CEO E-Governance	X	A
33	Marvin Manzanero	Director IA MOHW	X	A
34	Melissa Diaz Musa	Director, PHW MOHW	X	X
35	Englebert Emmanuel	L & A MOHW	X	X
36	Dianie Ek	Communication MOHW	X	X
37	Esner Velloso	NDACC MOHW	X	X
38	Iveth Quintanilla	Mental Health, MOHW	X	X
39	Kathleen Cho	HECOPAB	A	X
40	Chrystal Samouge	Chief Drug Inspectorate, MOHW	X	X
41	Jose Coy	Deputy Regional Health Manager Central	X	X
42	Franelda Gutierrez	Western Regional Health Manager	X	X
43	Melinda Guerra	Central Regional Health Manager	X	X
44	Angela Gilharry	Northern Regional Health Manager	X	X
45	Myra Pulido	Western Regional Health Manager	X	X
46	Jorge Sajia	Southern Regional Health Manager	X	X
47	Arik Lima	CMS, MOHW	A	X
48	John Bodden	DFP and SPHI MOHW	X	X
49	Rafael Samos	Dental Surgeon, MOHW	X	X
50	Rochelle Cabral	Director CML	A	X
51	Kim Bautisa	Vector Control MOHW	A	X
52	Angela Baitwabusa	UNICEF	A	X
53	Lisseth Abarca	BHIS MOHW	A	X
54	Lisa Johnson	UB	A	X
55	Edward Tesecum	BAHA	A	X

56	German Alamilla	Belize Diabetes Association	A	X
57	Shantel Pakeman	Belize Medical and Dental Association	A	X
58	Francis Morey	DD HS AH MOHW	A	X
59	Carla Ayres Musa	Executive Director BCVI	A	X
60	Roby Daly	Nutritionist MOHW	A	X
61	Tasha Cain	Foreign Assistance Officer, MOFA	A	X
62	Monica Heredia	Red Cross	A	X
63	Caleb Osorio	UNIBAM	A	X

**CCS 2023-2027 Two Day Consultation Participants List (VIRTUAL)**

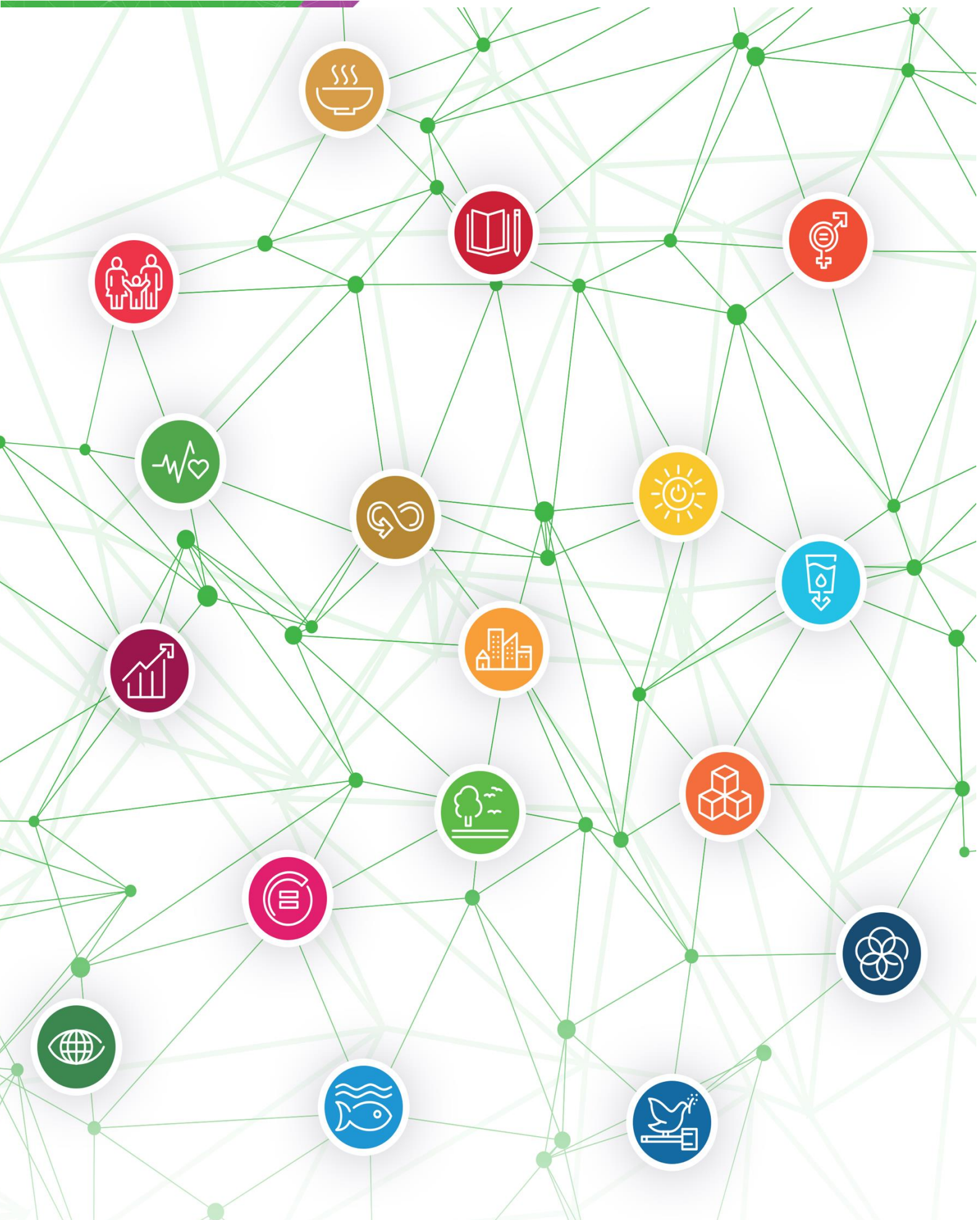
#	NAME	ORGANIZATION	29 <sup>t</sup> h	30 <sup>t</sup> h
64	Rufus Ewing	PAHO CSC/CPA Belize	X	
65	Carla Ayres Musa	ED Belize Council for Visually Impaired	X	
66	Enrique Romero	ED Natioanl AIDS Commission	X	
67	Eleanor Bennett	Registrar Nursing & B Midwives Council	X	
68	Javier Romero	Statistical Institute of Belize	X	
69	Amilin Mendez	UNDP	X	
70	Vincent Lowney	US Embassy	X	
71	Samira Gongora	MOHW	X	
72	Jay Coombs	UN Human Rights	X	
73	Claudia Pescetto	PAHO/HQ	X	
74	Audrey Morris	PAHO Department of Noncommunicable Diseases and Mental Health (NMH)	X	
75	Kathrine Meighan	President BCCI	X	
76	Dylon Elliot	BCCI	X	
77	Vincent Palacio	President UB	X	
78	Sharrie Ciego	National Garifuna Council	X	
79	Melissa Diaz Musa	Director PH&W MOHW	X M	

Appendix 2

*PAHO Regional Priorities for 2022-2023*

Priority Tier	Outcome No.	Outcome
<b>High</b>	5	Access to services for NCDs and mental health conditions
	24	Epidemic and pandemic prevention and control
	25	Health emergencies detection and response
	13	Risk factors for NCDs
	23	Health emergencies preparedness and risk reduction
	1	Access to comprehensive and quality health services
	4	Response capacity for communicable diseases
	12	Risk factors for communicable diseases
<b>Medium</b>	20	Integrated information systems for health
	2	Health throughout the life course
	14	Malnutrition
	10	Increased public financing for health
	16	Intersectoral action on mental health
	8	Access to health technologies
	7	Health workforce
	9	Strengthened stewardship and governance
	19	Health promotion and intersectoral action
<b>Low</b>	17	Elimination of communicable diseases
	3	Quality care for older people
	11	Strengthened financial protection
	18	Social and environmental determinants
	21	Data, information, knowledge, and evidence
	22	Research, ethics, and innovation for health
	6	Response capacity for violence and injuries
	15	Intersectoral response to violence and injuries





**COUNTRY COOPERATION STRATEGY BELIZE 2023-2027**  
**DECEMBER 2022**