

COVID-19

PAHO/WHO BELIZE RESPONSE TO COVID-19

January to August 2020





INTRODUCTION

The outbreak of the novel coronavirus (COVID-19) was first reported in Wuhan, China on December 31, 2019. On January 30, 2020, the virus was declared a Public Health Emergency of International Concern (PHEIC). And on February 11, 2020 it was named COVID-19, short for 'coronavirus disease 2019'. One month later, on 11 March 2020, with ongoing community transmission occurring simultaneously in several countries, the World Health Organization (WHO) declared COVID-19 a pandemic.

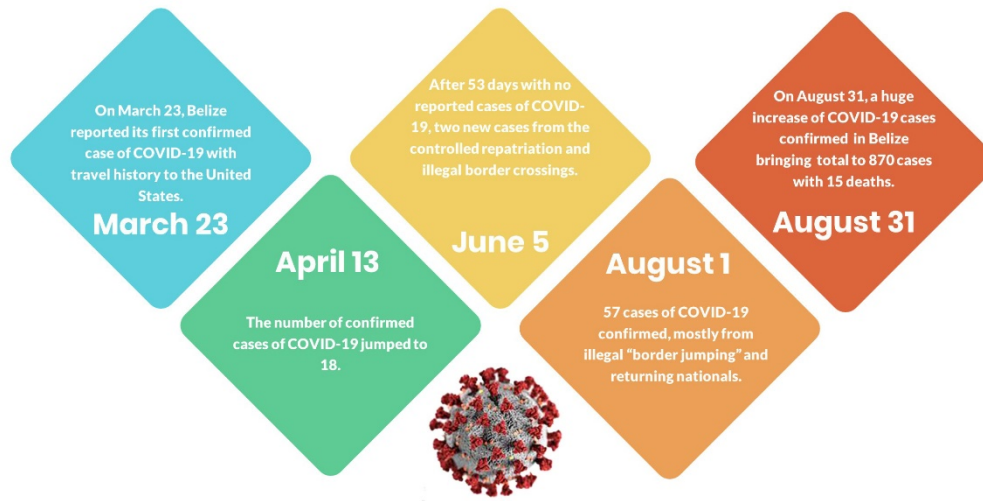
Between March 23 and April 13, Belize reported 18 positive cases for COVID-19 and 2 fatalities. The Ministry of Health implemented established public health approaches including strict shutdown measures, early diagnosis, isolation and contact tracing.

Non-pharmacological preventive interventions such as hand hygiene, physical distancing, respiratory etiquette and the use of masks were also promoted. Additionally, statutory instruments defining physical distancing and use of masks were enacted. As a result, the country reported no new cases for 53 days.

With the controlled repatriation of Belizeans who had been effectively locked out of country when the borders closed however, a few cases of COVID-19 started to be reported starting on June 5. Despite the threat of penalization including three months imprisonment, illegal border crossings which started to be reported around the same time also added to the number of confirmed cases.

On June 30, the state of emergency ended as did curfew and restrictions on non-essential movement. Eager to stimulate economic activity, tourism businesses started offering packages at reduced prices. A month later, an increased number of cases started to be reported, first in a tourism destination then in the rest of the country. As a result, the number of reported cases went from 48 (July 31) to 1,007 (August 31); similarly, case fatalities went from 2 to 13 persons during the same period.

Confirmed Cases of COVID-19



The primary reasons for containment were the following:

- Limiting human-to-human transmission
- Early identification, isolation and care for patients
- Communicating critical risk information to all communities and countering misinformation

PAHO/WHO has spared no effort in working closely with the Ministry of Health and other ministries including the Ministry of Foreign Affairs and the Ministry of Human Development, other partners and stakeholders and the UN System in responding to this pandemic.

Besides participating in a coordinated multisectoral national response, in early February 2020 the PAHO/WHO Belize Country Office created an Incident Management Team based on a similar construct at its Headquarters. With support from all levels of the organization, PAHO/WHO's COVID-19 response activities have been aligned to the nine (9) pillars of the WHO COVID-19 Country Preparedness and Response Plan (CPRP).



P01: Country-level Coordination, Planning, and Monitoring



Early images of country-level coordination and planning meetings with no physical distancing or masks, taken prior to the introduction of these measures.

PAHO/WHO participated in the multi- sectoral National COVID-19 Task Force, and the Medical and Communications Sub- Committees. There was also technical cooperation with key partner, Ministry of Health (MoH), as well as with the Ministries of Human Development and Foreign Affairs.

Technical guidance was provided to MoH and UN Country Team in the development of the COVID-19 Country Preparedness and Response Plan (CPRP). The UN CPRP mapped the areas of support of each UN agency, including financial contributions to the COVID-19 response. As chair of the UN Emergency Technical Team (UNETT), PAHO/WHO provides updates to UN agencies on the evolving COVID-19 pandemic and leads a coordinated approach to aiding the health authorities. It coordinates actions related to the COVID-19 Partners Platform and updates the related Action Checklists and national plans as required.

Through collaboration the UN Model of Care Checklist for UN Duty Stations was developed and the UN COVID-19 Outbreak Contingency Plan was revised. Collaboration with the International Organization for Migration (IOM) involved a review of Terms of Reference (TOR) and Concept Note for a Needs Assessment of Migrant Health within the context of COVID.

In collaboration with the EU, PAHO reprogrammed 500,000 Euros from the EU grant “Health Sector Support Programme Belize” (being implemented jointly by PAHO and the MoH) to support the Ministry’s and country’s response to COVID-19. Jointly with UNHCR, UNFPA and ILO, PAHO is currently implementing the USD 300,000 UN Multi-Partner Trust Fund (MPTF) for Belize.



P02: Risk Communication and Community Engagement



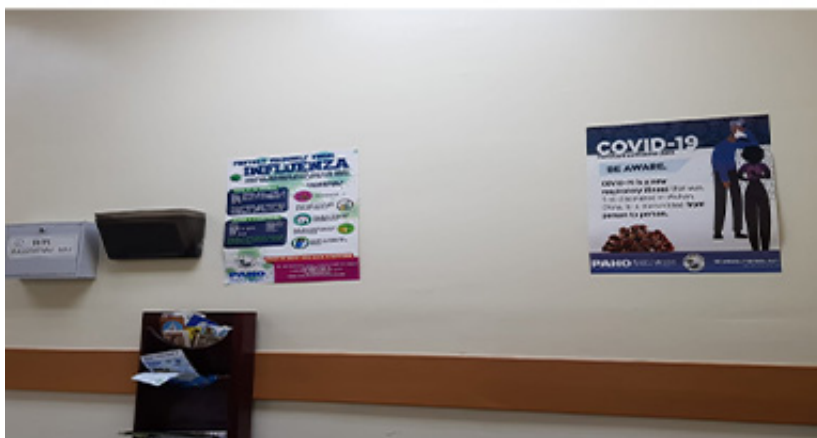
PAHO Technical Advisors visited the local media houses to share information on Covid-19 response. Top left Dr. Bolastig and Mr. Martinez on "The Morning Show"; Top right and bottom left - Dr. Jack on Love TV and bottom right - Dr. Polanco on Krem TV.

PAHO provided technical support for the development and implementation of a Risk Communication and Community Engagement (RCCE) Strategy and Implementation Plan with MoH to ensure coherent and cohesive messaging to the various target audiences including health workers, vulnerable populations and the public. Key messages were converted into several media products including public service announcements, video advertisements and print materials for dissemination through newspapers, radio and television stations and social media campaigns. SMS messages were also shared with the Ministry of Health for distribution through cellular networks.

There were several media appearances starting with a joint press conference held with the Ministries of Health and Immigration to share their response plan and efforts for COVID-19. This was followed by other appearances discussing PAHO's role in COVID-19 response, blood donation in the context of COVID-19 and other related topics. There was also a presentation to MoH and Health Education and Community Participation Bureau (HECOPAB) of joint PAHO, UNHCR and UNFPA RCCE Strategy developed under the UN Multi-Partners Trust Fund (UN MPTF).



Press Conference with Ministry of Health, announcing the first case of COVID-19.



PAHO posters on the walls of medical facilities and commercial offices around the country.

PAHO coordinated the development of the UN MPTF risk communication and community engagement strategy, including identification of target audience and prioritization of key messages.

Language specific messages were developed in Spanish, Kriol, Garifuna, Mopan Maya and Q'eqchi Maya for local radio channels to reach rural and remote communities.

Support has also been provided to the MoH Community Health Platform which consists mainly of the community health workers working in rural villages to ensure extensive reach of key messages. Information sharing sessions have been done with Belize Chamber of Commerce, Ministry of Education and UN entities through virtual UN townhalls.



WHAT YOU NEED TO KNOW

QUARANTINE
means separating persons who are **NOT** ill but may have been exposed to the virus.

ISOLATION
means separating ill or infected persons from others

SEPARATE ROOMS for persons or families:

- Rooms should be well ventilated and include private bathrooms
- If rooms are shared, separate beds by at least 3 to 6 feet.
- Remain in your room at all times.

PHYSICAL DISTANCING

- Avoid public spaces in the facility
- Maintain physical distancing of 6 feet from others
- Use social media or telephone to communicate with family and friends outside the quarantine facility.

Perform HAND HYGIENE

- Wash hands frequently with soap and water for at least 40 seconds
- or use alcohol-based hand rub for at least 20 seconds.

Practice RESPIRATORY ETIQUETTE

- Cover cough or sneeze with flexed elbow or tissue and throw used tissue in a bin.
- Avoid touching eyes, nose and mouth
- Mandatory use of **MASK** in public spaces in Belize

Guide for RETURNING NATIONALS

Persons repatriated into the country may have been exposed to COVID-19 and must enter 14 days of **MANDATORY QUARANTINE**.

MENTAL HEALTH

- Avoid listening to news that makes you worried or sad
- Practice simple physical exercises to maintain mobility and reduce boredom
- Keep in regular contact with loved ones
- Access mental health and counseling resources

REPORT and MONITOR for

- Most common symptoms: **FEVER, COUGH and TIREDNESS or FATIGUE**
- Other symptoms: sore throat, aches and pains, stuffy nose, diarrhea, headache, loss of taste or smell
- Sadness, worry, anxiety

CLEAN and DISINFECT

- frequently-touched surfaces such as bedside tables, bed frames and other bedroom furniture
- bathroom and toilet surfaces at least once daily
- Change bed sheets, towels, etc. as directed by hotel staff

CALL 0-800-MOH-CARE

- To report suspicious symptoms
- **ESPECIALLY** if you experience shortness of breath, chest pain, signs of stroke

Notify hotel front desk of concerns related to COVID-19

Guide prepared by PAHO to assist Ministry of Health with quarantine procedures for return of nationals to the country.



Meeting with District Health Educators to assist with COVID-19 Strategy for their various communities.



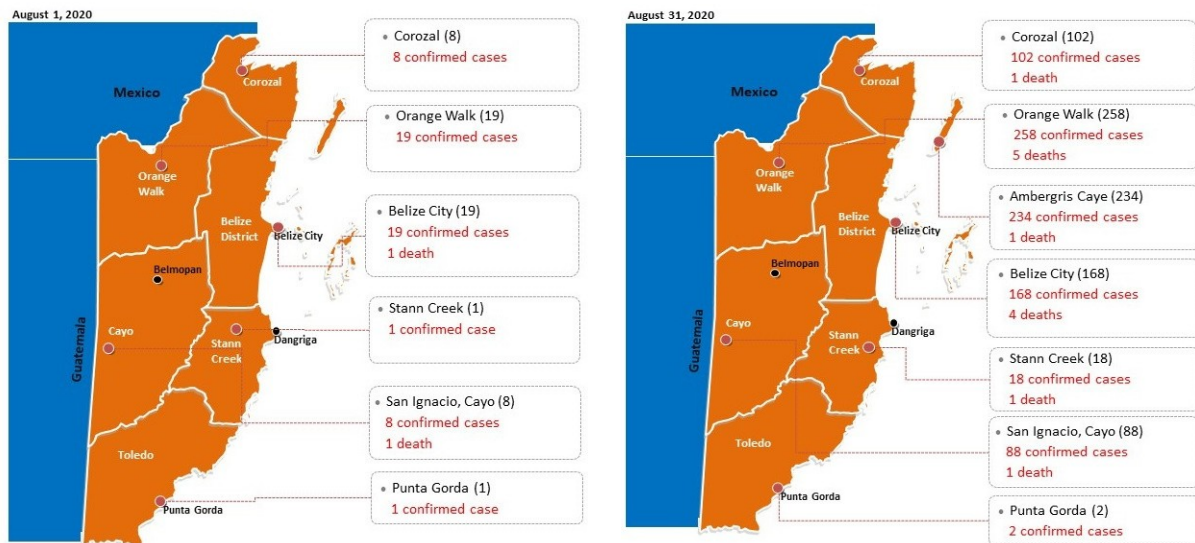
P03: Surveillance Rapid Response Teams and Case Investigation

PAHO has provided technical guidance for the integration of COVID-19 into severe acute respiratory infections (SARI) surveillance and facilitated discussion to enable timely reporting to PAHO/WHO.

It has provided orientation and capacity building for the use and administration of Go.Data, an Outbreak Investigation Data Management System developed by WHO and supported the MoH in developing COVID-19 case maps using Go.Data linked to ArcGIS.

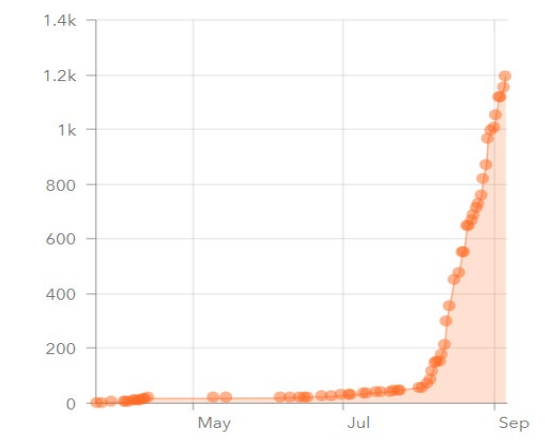
PAHO has been involved in ongoing advocacy for sensitive COVID-19 surveillance to prevent and disseminate information on transmission in the country. The monitoring and timely reporting of excess mortality has been recommended to assess the magnitude of the transmission.

Other support in this pillar included the technical guidance provided to the Statistical Institute of Belize (SIB) and the MoH on the modelling of projections on the Belize COVID-19 epidemiological curve linked to the national health system capacity.



Between August 1 and August 31 there was a dramatic increase in confirmed cases of COVID-19 in Belize, from 56 cases and 3 deaths to 870 cases and 15 deaths.

Cumulative cases by date



Graph showing sharp increase in number of confirmed cases from March to September 2020. Courtesy COVID-19 Information System for the Region of the Americas.



P04 : Points of Entry



Dr. Noreen Jack, PAHO/WHO Representative, along with Ministry of Health Director of Health Services and National COVID-19 Task Force doing a walk-through at the Philip Goldson International Airport.

Highlighting the importance of Points of Entry (POE) in the COVID-19 response, PAHO supported the printing of health education materials (e.g. posters, banners, etc.) for the airport and other border crossings in the country. Public service announcements (PSAs) and videos were also developed to be aired/displayed at the airport and other points of entry.

The Philip Goldson International Airport (PGIA) was also visited along with National COVID-19 Task Force to understand the ground activities for repatriation flights, and the process flows for future arriving passengers in preparation for airport reopening. Improvements are underway to ensure testing, surveillance, and case management capacities are in place.

Technical guidance on COVID-19 diagnostic strategy and equipment was also provided to the Ministry of Health, including other supplies needed to strengthen Port Health at the airport.



PWR visits air cargo to view arrival of donation from PAHO, Canada and the UK Governments.



P05 : National Laboratories

PAHO has assisted the country with Capacity building for laboratory diagnosis of COVID-19 and the provision of almost 50,000 tests, laboratory supplies (37 boxes containing pipette tips and 5 cases of pipettes), disposables and PPEs.

At the beginning of the pandemic, PAHO facilitated the training of two laboratory technicians from the MoH on COVID-19 detection at the Institute of Epidemiological Diagnosis and Reference (INDRE) in Mexico City.

It is currently facilitating the procurement of SD Biosensor Testing Kits for decentralization of testing for COVID-19.

Discussions were held with UN agencies (UNFPA, UNDP) to facilitate the acquisition of additional PCR test kits and reagents that were assigned to the Maternal and Child Health (MCH) Programme to enhance COVID-19 testing in pregnant women.

PAHO provided technical advice to other UN Agencies on the type of diagnostic kits to be purchased to facilitate the testing for COVID-19 on UN personnel.

Technical guidance has been provided on available tests and appropriate use for the expansion of testing to include testing for the reopening of borders. PAHO provided technical guidance on the WHO Solidarity Trials and current research evidence on emergency and off-label use of medicines for COVID-19.



PWR, Dr. Noreen Jack, delivers laboratory test kits to the CEO, Ministry of Health, Dr. George Gough.



P6: Infection, Prevention and Control



Early Infection, Prevention and Control discussions with Ministry of Health

Infection Prevention and Control (IPC) is one of the key components to achieve the highest effectiveness in the response to the COVID-19 outbreak. To achieve this goal, PAHO has actively participated in the update of the Infection Prevention and Control guidelines during the COVID-19 pandemic. This has included the briefing and dissemination of information on regulation and procurement of PPEs to MoH and UN partners.

This has been supplemented by the procurement of over half a million Belize dollars' worth of PPEs for the MoH including masks, gowns, gloves and goggles through funds from PAHO/WHO, and the governments of Canada and the United Kingdom.

It has also provided capacity building for volunteers for quarantine facilities and health workers through webinars on IPC.



LEFT: Second assessment of medical facilities at Karl Heusner Memorial Hospital. Right: PAHO joins Ministry of Health to train volunteers on prevention and control of COVID-19 quarantine facilities.



P07: Case Management



First Assessment done at Karl Heusner Memorial Hospital

PAHO has provided joint readiness assessment of hospitals, isolation and quarantine facilities and technical guidance and materials on Intensive Care Unit (ICU) and case management.

It has participated in the review of protocols, standard operating procedures and facilitated capacity building webinars.

Capacity-building has also been provided on the PAHO Tool on Estimation and Management of COVID-19 (PPEs, Human Resources for Health [HRH], ICU, and critical care beds and supplies.)



PAHO and Ministry of Health review state of readiness of isolation facilities for COVID-19



P08: Operational Support and Logistics

PAHO has facilitated the dissemination of information strengthening of regulatory capacity for test kits, supplies, equipment and medicines and access to COVID-19 Supply Portal. Through the Strategic Fund, PAHO provided guidance on managing inventories and forecasting of medicines for HIV, TB, Malaria and Non communicable diseases (NCDs) to mitigate the effects of disruptions in the global supply chain and logistics.

It has also supported the procurement of PPEs and laboratory and other supplies including the procurement of medical waste autoclave.



Pan American Health Organization/World Health Organization (PAHO/WHO) donates Personal Protective Equipment (PPEs) to the Ministry of Health



Handover of PPEs to Belize' Ministry of Health for its COVID-response. In bottom image, from L to R: Mr Lynn Young, Honorary Consul for Canada in Belize; H.E. Ms. Claire Evans, British High Commissioner to Belize; Dr Noreen Jack, PAHO/WHO Representative, Belize and Hon. Pablo Marin, Minister of Health.

PPEs Donated to the Ministry of Health			48,748 Test Kits		1300 Brochures
	162,000 Gloves		238,270 Units Lab Supplies		500 Bumper Stickers
	3,100 Gowns		100 Boxes of Gauze		364 Posters
	9,220 N95&Surgical Masks		12 Banners,		2 Persons Trained in Lab Diagnosis



P09: Maintaining Essential Health Services during an Outbreak



Visit to Northern Regional Hospital

PAHO has provided guidance for reorganization of health services for the maintenance of essential health services to include HIV, TB, Malaria, MCH, NCDs and Expanded Program on Immunization (EPI) through the assessment of inventory, projections of needs and adjustments in the national guidelines.

Capacity building webinars for mental health and psychosocial support services focusing on the prevention and control of COVID-19 and Alcohol have been conducted for health care workers, first responders, authorities and personnel of the Ministry of Education (including district staff) and the population in general. These included three of a series of webinars for specific target groups.

Regional teams to monitor implementation of the International Code of marketing of Breastmilk Substitutes have been formed and trained.

In partnership with the Central Blood Bank, Belize Blood Donor Association and the Belize Red Cross, PAHO supported a campaign to raise awareness about the crucial need for voluntary blood donations in the time of COVID-19 and to thank donors for their life-saving gift.

Funds for the EU-PAHO-MoH Health Sector Support Program have been re-allocated to provide capacity building on self-management and health promotion for a cadre of 230 Community Health Workers (CWHs) in the country, including distribution of CHW Kits that will enable them to support the delivery of essential services at the community level in the coming months.



Visit to Northern Regional Hospital

THE WAY FORWARD

Belize response to the COVID-19 pandemic began in early February 2020 with strengthening of the preparedness and response in the context of the influenza pandemic plan. The first case of COVID-19 in Belize was reported March 23, 2020. The initial responses utilized public health principles of scaled up testing, contact tracing, isolation and quarantine. This combined with the implementation of non-pharmacological interventions to include lock-down, border closures, physical distancing, hand hygiene, respiratory etiquette and the use of masks resulted in the containment of the pandemic in Belize and 53 days with no cases. This lapse in cases provided the opportunity to continue preparedness for the response to the pandemic to include health systems strengthening for isolation and the management of severe and critical cases.

In early August, 2020 the cases of COVID-19 began to increase as a result of illegal border crossings, the repatriation of nationals and removal of lock-down measures resulting in community transmission. On-going responses have focused on short-term geographically defined lock-downs combined with active surveillance, contact tracing, isolation and quarantine. PAHO/WHO continued to provide technical cooperation primarily on preparedness and response to COVID-19 but combined with a focus on the maintenance of access to essential health services. PAHO/WHO participation in the National COVID-19 Task Force, working closely with the Ministry of Health and other Ministries, with the UN and other partners and coupled with the continuous monitoring of media have allowed PAHO/WHO to better understand the country's needs as well as to recommend relevant solutions.

Globally, the COVID-19 pandemic has resulted in both a public health and socioeconomic crises. The lockdown measures which were introduced to interrupt transmissions, devastated the travel and tourism industry in many countries including Belize. Belize is increasingly reliant on tourism with tourism contributing 66.8% of GDP in 2018. Border closures and a countrywide lock-down caused a decrease in tourism earning of US\$82 million dollars between January and April 2020. As a result, the Government introduced social protection measures including the implementation of Unemployment Program for individuals and a Small, Micro and Medium Enterprise grant to aid businesses.

PAHO/WHO continues to support the national respond to COVID-19 to include support for the expansion of laboratory capacity through decentralized antigen testing, strengthening both the access to the testing and surveillance of COVID-19. Opportunities for resource mobilization continue to be identified to support the technical cooperation for the response to the on-going COVID-19 pandemic and reorganization of health services for the maintenance of essential health services through the expansion of capacity of community health workers to respond to health needs using a primary health care approach.

