



ANNUAL REPORT 2021

BELIZE

Responding to COVID-19
and Preparing for the Future

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS



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The Pan American Health Organization (PAHO) was founded in 1902 and is recognized as the independent specialized health agency of the inter-American system, under the Charter of the Organization of American States. In 1949, PAHO agreed to serve as the Regional Office for the Americas of the World Health Organization (WHO), a specialized agency of the United Nations system. Acting in its capacity as WHO's Regional Office, PAHO participates actively in the United Nations Country Team, collaborating with other agencies, the funds and programmes of the United Nations system, and with the United Nations Resident Coordinator to contribute to the achievement of the Sustainable Development Goals at country level. For 120 years, PAHO has developed recognized competence and expertise, providing technical cooperation to its Member States to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters throughout the Region of the Americas.

Given PAHO's dual legal status and the difficulty of disaggregating PAHO from WHO activities, this Annual Report reflects both PAHO and WHO activities in the Americas as related to technical cooperation in 2021. Approximately 80% of PAHO's technical cooperation in health in the Region of the Americas is funded by PAHO's own quota and voluntary contributions, as an inter-American organization. The remaining 20% of PAHO's integrated biennial budget includes WHO-funded activities. Further detailed financial information for this Annual Report can be found in the Financial Summary section.

Belize personnel conducting field visits.

Mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, combat disease, improve the quality of, and lengthen the lives of the peoples of the Americas.

Vision

To be the major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and contribute to the well-being of their families and communities.

VALUES



EQUITY

Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.



EXCELLENCE

Achieving the highest quality in what we do.



SOLIDARITY

Promoting shared interests, responsibilities and enabling collective efforts to achieve common goals.



RESPECT

Embracing the dignity and diversity of individuals, groups, and countries.



INTEGRITY

Assuring transparent, ethical, and accountable performance.

Belize personnel speaking to a mother and her daughter.

CONTENTS

<i>Message from the Director</i>	vi
<i>Message from the Representative</i>	vii
HIGHLIGHTS	1
PAHO TECHNICAL COOPERATION	2
• Health Emergencies	2
• Health Systems and Services	8
• Communicable Diseases	11
• Noncommunicable Diseases and Mental Health	14
• Health throughout the Life Course	16
• Equity, Gender and Cultural Diversity	18
FINANCIAL SUMMARY	20
LOOKING AHEAD	22

MESSAGE FROM THE DIRECTOR



In 2021, COVID-19 remained the greatest public health challenge of modern history. The Region of the Americas was hardest hit and, as new variants of the virus emerged, it became clear that the pandemic was not yet over. However, new vaccines heralded its ending and the advent of a new normal at work, at school, and in everyday social interactions.

The Pan American Health Organization (PAHO) strengthened its technical cooperation to support Member States in vaccinating populations against COVID-19. However, vaccine hesitancy and misinformation sometimes hampered their valiant efforts. PAHO must continue to assist countries in implementing strategies to overcome such obstacles for the COVID-19 vaccination program and routine childhood and other immunization programs.

COVID-19 has had a devastating impact on all countries. Given the attention focused on the pandemic response, we risk losing gains already made in other areas of public health and face a significant worsening in the socioeconomic determinants of health. The COVID-19 experience has underscored the need to continue to advocate for resilient health systems; strengthen the first level of care using a primary health care approach; promote health in all policies; and revitalize essential public health functions.

Therefore, in 2021 we focused more on those areas of health neglected earlier in the pandemic. These 2021 annual reports chronicle the work in countries and subregions as we prepare for the post-pandemic era.

I sincerely thank our Member States, partners, and donors for working with us to address the challenges of COVID-19. We need to continue to collaborate closely in the complex task of ending the pandemic; tackling the inequities and inequalities in health that plague our Region; maintaining health high on the political agenda of all Member States; and championing health equity as the cornerstone for sustainable development to ensure that we leave no one behind.

Dr. Carissa F. Etienne

Director of the Pan American Health Organization

MESSAGE FROM THE REPRESENTATIVE



In 2021, the second year of the COVID-19 pandemic, there was a mixture of hope and uncertainty. Increased hope came from a better understanding of the pandemic and the disease transmission and pathology, which enabled the development of critical tools such as vaccines and therapeutics and the opportunity to change the trajectory of the pandemic. However, despite these gains, there was uncertainty due to challenges including inequitable access to COVID-19 vaccines, vaccine hesitancy, emerging variants, the tiredness of the populations over the public health measures, and the emerging realities of the socioeconomic impacts.

In 2021, PAHO technical cooperation with Belize continued to focus on the response to the pandemic with deployment of vaccines, as well as pandemic preparedness through integration of the response with support to ongoing risk communication, laboratory, and surveillance systems strengthening. In addition, PAHO collaborated with activities focused on the continuation of essential health services, especially maternal and child health, noncommunicable diseases, and communicable diseases such as HIV, sexually transmitted infections, and tuberculosis and malaria elimination. Moreover, the Smart Health Facility projects funded by the United Kingdom (UK) and European Union (EU) saw five UK-supported facilities ready to be handed over to the Ministry of Health and Wellness (MoHW) and three of six EU-funded facilities advance to their final design for retrofitting in 2022. In addition, the One Health Initiative progressed with the development of a One Health platform.

Overall, the Country Cooperation Strategy with Belize 2017–2021 remained relevant, with a focus on strong and resilient health systems in support of universal health, human resources for health, health and wellness promoted throughout the life course, and public health emergencies. PAHO used inter-programmatic and intersectoral strategic approaches to work closely with the MoHW and other ministries. Collaboration with many donor partners, the United Nations (UN), and nongovernmental organizations continued to be critical to support the technical cooperation.

I am honored to present in this annual report the successes and challenges resulting from the PAHO Country Office's work in collaboration with Belize in 2021.

Noreen Jack

PAHO Representative in Belize



Personnel conducting visits in a village.

HIGHLIGHTS

- In 2021, PAHO collaborated with numerous activities in Belize as part of the country's response to the pandemic. The Country Office supported COVID-19 surveillance and contact tracing, testing, case management, and the planning, development, and roll-out of several specific community engagement and information resources, as well as vaccination, which contributed to a total of 199 546 persons or 64.62% of the target population being fully vaccinated by 30 December 2021. Furthermore, PAHO contributed to the retrofitting of five health facilities to improve their resilience to natural hazards and climate change, strengthening the Health Emergency Operation Center, and enhancement of the International Health Regulation's core capacities.
- In the context of the pandemic in 2021, PAHO supported activities and initiatives to improve health systems and services in Belize, such as introduction of the new version (ICD-11) of the International Statistical Classification of Diseases and Related Health Problems; training on the Integrated Health Care Delivery Networks (IHSDNs) developed by PAHO; the creation of a national One Health platform; and the formulation and printing of the biannual (2022–2023) national Operational Plan for the Ministry of Health and Wellness (MoHW), including a component for wellness.
- This year, with considerable resources dedicated to activities on the pandemic, PAHO also collaborated with MoHW and other stakeholders in Belize in their initiatives to apply integrated management to HIV, sexually transmitted infections (STIs), tuberculosis (TB), and hepatitis B with a new Strategic Plan and ensure maintenance of these services in the context of the pandemic.
- As Belize approaches its malaria-free certification from the World Health Organization (WHO), PAHO supported the country in 2021 with a range of activities to promptly detect, treat, and respond to all malaria cases, especially in remote areas.

PAHO TECHNICAL COOPERATION



HEALTH EMERGENCIES



Dr. Noreen Jack with a construction and design team reviewing designs for the Punta Gorda Community Hospital to become a SMART hospital.

In 2021 Belize was still facing COVID-19 pandemic surges. In response, PAHO dedicated considerable efforts and support to surveillance and contact tracing, testing, case

management, and the planning, development, and roll-out of several specific community engagement and information resources on the pandemic as well as vaccination. In addition, PAHO contributed to the country's retrofitting of five health facilities to improve their resilience to natural hazards and climate change, strengthening the Health Emergency Operation Center of the Ministry of Health and Wellness (MoHW), and enhancement of the International Health Regulations (IHR)'s core capacities to respond to the COVID-19 pandemic.

COVID-19 response

Since the start of the pandemic in early 2020, Belize has experienced several surges that challenged the capacity of the health system to respond adequately. In 2021, PAHO provided technical cooperation in COVID-19-related activities, focused on enhancing the health system capacity to respond to the pandemic impact, as well as maintaining essential health services (EHS). The Country Office facilitated and motivated Belize's participation in the last two rounds of the Global EHS surveys.

One pandemic-related area targeted by the technical cooperation was surveillance and contact tracing. PAHO conducted capacity building on the use of GoData for MoHW, regional staff, and contact tracers, provided funding support for allowances of the contact tracers and provision of tablets with uploaded GoData software, and collaborated with the development of a Strategic Plan on the national implementation of GoData.

Furthermore, with support from WHO GOARN (Global Outbreak Alert and Response Network), PAHO deployed a consultant to Belize who conducted an assessment of the epidemiology and surveillance system of the country, providing recommendations for improvement.

Another area greatly improved this year was COVID-19 testing, with support for decentralized testing provided as part of strengthening the national laboratory network. PAHO, in collaboration with the EU and other partners, provided rapid antigen testing kits and analyzers for decentralized but integrated COVID-19, influenza, and malaria testing, including those for emerging pathogens and antimicrobial resistance (AMR). This initiative expanded the MoHW's capacity to improve efficiencies and develop synergies among various surveillance and testing strategies in Belize.

Case management of COVID-19 was also strengthened by PAHO. With funding support from Canada and the

India-UN Development Partnership Fund, the Country Office procured and donated a number of medical equipment items to the MoHW and the Karl Heusner Memorial Hospital (KMH) – the national tertiary referral hospital, which housed the national COVID-19 Critical Care Unit. Moreover, evidence-based technical guidelines were shared and support was provided to upload KMH data on the Global COVID-19 Clinical Data Platform.

Belize received its first 33 600 doses of COVID-19 vaccines through the COVAX facility on 31 March 2021, with an additional 33 600 doses arriving on May 12 from COVAX, and additional COVID-19 vaccines from other sources. Despite the availability of vaccines in the country, some districts, in particular the Stann Creek District, reported low uptake in June 2021 even though the area had a high number of diagnosed COVID-19 cases. The Country Office then collaborated with the Productive Organization for Women in Action (POWA), a community-based organization, to engage with communities through peer educators and community mobilizers. As part of these efforts, PAHO provided training to four peer educators to respond to disinformation and misinformation on COVID-19 and COVID-19 vaccines, distributed 104 posters promoting COVID-19 prevention measures, and developed and printed 130 COVID-19: Quick facts and resource booklets. Within a period of two weeks, 691 persons were visited in their homes and received key messages about their personal level of risk of COVID-19, and how to reduce their exposure to the virus and protect the health of their loved ones, according to evidence-based recommendations.

The need to continue to engage with the public about the pandemic and vaccines was recognized as well as the need to include communities not reached with the MoHW's public service announcements. To address this gap, PAHO facilitated translation of 11 key evidence-based COVID-19 and vaccination messages to Spanish, Mopan Maya, Garifuna, and Q'eqchi Maya speakers to ensure inclusion of language-specific communities in Belize in public health campaigns. This process included the review of the English scripts of public service

announcements to ensure that their translation, using words and phrases familiar to the target audience, would be understood and linguistically and grammatically accurate. The messages consisted of timely, accurate, transparent, and language-specific information on vaccine development processes, vaccine benefits, safety and risk, vaccine characteristics including number of doses and schedule, manufacturing constraints, limited initial availability of vaccines, and vaccine prioritization. Roughly 72% of the population was targeted with these language-specific public service announcements, with the participation of 10 artists who voiced key messages in Spanish, Mopan Maya, Garifuna, and Q'eqchi Maya.

As in most countries in the Region, the deployment of COVID-19 vaccines in Belize was a huge undertaking that was at the top of the social and political agenda, requiring intersectoral and inter-programmatic coordination in order to manage the many moving parts of the national vaccination campaign. PAHO supported the MoHW in several aspects of this process, including the preparedness activities such as the development of the National Vaccine Deployment Plan; amending the national regulatory framework to recognize reliance as a mechanism for an expedited regulatory pathway; strengthening vaccine safety surveillance and immunization information systems; strengthening the cold chain system through a series of capacity building sessions; and procurement of ultra-low temperature freezers and 15 ice-lined refrigerators, as well as supporting the national COVID-19 vaccination campaign overall. The COVID-19 vaccination process in 2021 allowed the country to reach, by 30 December 2021, a total of 199 546 persons or 64.62 % of the target population who were fully vaccinated.

International Health Regulation (IHR) capacity and COVID-19 response

Although implementing IHR's core capacities is paramount in battling the COVID-19 pandemic, some of

these capacities are limited in the country, particularly the areas of case management, infection prevention and control, and diagnostic/laboratory capacity. To address these challenges, PAHO enhanced IHR capacity of the MoHW to respond to the COVID-19 pandemic through provision of trainings, COVID-19 test kits, medical and laboratory equipment and supplies, personal protection equipment (PPE), and IT communication equipment and materials. Through PAHO's support, and with the guidance of the WHO COVID-19 Strategic Preparedness and Response Plan (SPRP), the national response to COVID-19 was strengthened, implementing trainings and risk communication strategies, and procuring supplies, equipment, and materials necessary for the response.

Smart hospitals

Health facilities in Belize are vulnerable to natural hazards and the effects of climate change and variability. This often results in weather-related disasters which may impact on the capacity of health facilities, both functionally and structurally, leading to the disruption of health services. Therefore, PAHO continued working with local companies to complete the retrofitting of five health facilities (San Ignacio Community Hospital, Palm View Center, Cleopatra White Polyclinic, Independence Polyclinic, Isabel Palma Polyclinic) using smart hospitals standards. In addition, the Country

Office supported the designing of six health facilities (Northern, Western, and Southern Regional Hospitals, Corozal and Punta Gorda Community Hospitals, and the Central Medical Laboratory) to become disaster resilient and environmentally friendly facilities. These activities resulted in considerable improvements in resilience on the retrofitted health facilities against natural hazards, particularly in the non-structural and functional aspects of safety. Furthermore, thanks to green interventions implemented, energy utilization and water consumption will decrease, thereby reducing the carbon footprint and enhancing disaster resilience of the health facilities.

Emergency Operation Center

An efficient emergency communication system is of critical importance when disaster strikes, especially in providing alerts, warnings, critical updates, and information. Delivery of emergency messages from the MoHW headquarters to its districts (and vice versa) can help ensure safety of staff, and facilitate response efforts and collaboration, including sharing of essential information. To this end, PAHO collaborated with MoHW in strengthening its Health Emergency Operation Center by providing adequate emergency telecommunication equipment to support the national and district health responses and ensure emergency communication.



HEALTH EMERGENCIES

STORIES FROM THE FIELD

Women use their “POWA” to help communities in the fight against COVID-19

Along with the global spread of COVID-19 came a large amount of misinformation about the disease and the vaccines. In Belize, some deaths resulted from unvaccinated pregnant women and those with underlying comorbidities who were infected with COVID-19. Despite the availability of vaccines in the country, some areas such as the Stann Creek District reported low vaccination uptake. In view of this, the Productive Organization for Women in Action (POWA), a community-based organization located in the cultural capital of Belize, engaged with the rural communities in the Southern District to help increase awareness about COVID-19 and its vaccines as well as dispel COVID-19 doubts and myths.

Founded in Dangriga in 2003 in response to the spread of HIV/AIDS in the country, POWA has become a staunch advocate for the rights and empowerment of women and girls. Women primarily make up the members of the organization, and they have received extensive training in several areas, including but not limited to HIV, sexual and reproductive health (SRH) education, gender-based violence, community outreach, and negotiation skills.

Although based in southern Belize, POWA members have worked in several villages in the Stann Creek, Cayo, and Northern districts.

Because of their connection with the people and their long history of community outreach and mobilization, PAHO and the Southern Health Region of MoHW collaborated with POWA to increase engagement and uptake of the COVID-19 vaccines in several communities. POWA peer educators received training about the disease, how COVID-19 vaccines work, and vaccine eligibility, safety, efficacy, and benefits. Through the training sessions, the peer educators gained enough confidence to visit four main communities (Dangriga, Silk Grass, Hope Creek, and Sarawee) and deliver key health messages by conducting house-to-house visits as well as speaking to persons at vaccination sites and public spaces.

A small community with no accessible health facilities that was visited by the peer educators was Sarawee in the Stann Creek District. Despite some initial misconceptions, the two community leaders and the community members became receptive to information about COVID-19 and the vaccine, although they also had many questions that POWA peer educator Leticia Velasquez was able to answer. She said, “Both community leaders had fear of taking the vaccine. After receiving information during the campaign, one of them did get vaccinated.”

Through engagement with the communities, the peer educators were able to help over 700 persons better understand the disease as well as correct erroneous perceptions. “It was a pleasure helping the people of the community, especially the elderly,” said Caridad Valerio. The peer educators reported the community’s willingness and receptiveness to learning more about COVID-19 and its vaccines and saw a more positive outlook to taking the vaccine after speaking with them. “Breastfeeding and pregnant mothers were scared of taking the vaccine because they did not have the right information. Once the information was shared, most were comfortable to take the vaccine,” explained Marie Tzul, another peer educator.



Leticia Velasquez, member of the Productive Organization for Women in Action (POWA), conducting community engagement with a woman in the community.

© POWA



HEALTH SYSTEMS AND SERVICES



Planning workshop with Ministry of Health and Wellness and key stakeholders.

In the context of the ongoing pandemic in 2021, PAHO supported activities and initiatives to improve health services and systems in the country, such as the pilot introduction phase of the new version (ICD-11) of

the International Statistical Classification of Diseases and Related Health Problems, training on the Integrated Health Care Delivery Networks (IHSDNs) developed by PAHO, the creation of a national One Health platform, and the formulation and printing of the biannual (2022–2023) national Operational Plan for MoHW, including a component for wellness.

The International Statistical Classification of Diseases and Related Health Problems (ICD-11)

The tenth version of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), which has been in use since it was endorsed in May 1990, is now scientifically and technically outdated. In May 2019, the World Health Assembly adopted ICD-11, a fully electronic database developed to meet new needs in the generation and use of health data as well as health analysis of the population. Since then, there has been a persistent request from Belize for capacity building on its use, as Belize is one of the countries in the Americas spearheading digital health solutions.

With this goal, PAHO organized a series of ICD-11 webinars to familiarize national stakeholders with the new classification standards, including chapter content, structure and changes and its importance in evidence-informed decision-making, governance, prioritization, and resource management towards achieving universal health and the Sustainable Development Goals (SDGs). In addition, with technical and funding support from WHO, the National Health Insurance system under the Social Security Board integrated the ICD-11 Application Programming Interface (API) and embedded the ICD-11 coding tool into its web-based information system (RAWA) as a pilot in Belize. The search functionality for ICD-11 on the RAWA software was tested and orientation training on

its use among national health information (NHI) facilities has been conducted. Lastly, the terms of reference (TORs) for an ICD-11 Technical Working Group were drafted and agreed upon by the various stakeholders.

This new version of the disease classification standard was well received during the ICD-11 pilot phase, as users at the health facility level reported a smooth transition from ICD-10 and found ICD-11 to be more detailed and more flexible. They also noted that while it took more time initially to encode the diagnosis, ICD-11 ensures greater standardization of the entries of diagnoses and that the full potential of ICD-11 could be realized with data collection and research in the future.

Integrated health service delivery networks

Health emergencies such as the pandemic underscore the need to improve the organization and management of health systems. In Belize, primary care services in the context of universal health are provided mainly by a mix of public health services through MoHW, the National Health Insurance, and the tertiary hospital, Karl Heusner Memorial Hospital. The private health sector also contributes to all levels of care. To reduce fragmentation of health services, capacity building on integrated health care delivery and services networks was conducted in the four health regions.

To facilitate an integrated approach, the Integrated Health Care Delivery Networks (IHSDNs) developed by PAHO provided a crucial component of the universal health strategy to ensure coordination between all parts of the system across different levels of health services. Once a week for four consecutive weeks, PAHO assisted a group of Belize's regional health management teams to understand the concepts of IHSDN and the online tool needed to conduct the assessments. PAHO offered training and support to a core technical group of 20 persons in the development of competencies for conducting the assessments, analysis, and planning of interventions for IHSDN. In addition, to ensure an inter-programmatic approach, capacity building was also provided for noncommunicable diseases (NCDs), communicable diseases including HIV, TB, and malaria, and neglected infectious diseases.

One Health

The intrinsic connectedness among human, animal, and the environment interface makes it imperative to have holistic and synergic approaches to address health threats. Furthermore, with the emerging and reemerging pathogens as constant risks for both animal and human health, establishing multisectoral and collaborative strategies to respond to common health risks becomes a public health necessity. As part of the recommendations made during a national bridging workshop in November 2019 involving the health, environment, and trade sectors, the creation of a national One Health committee and a common portal to gather health data (human, animal, and environmental) was then pursued.

With the technical support of PAHO/WHO, a national One Health platform was created in November with a list of relevant indicators to monitor health trends and occurrence of outbreaks for a timely and better coordinated response. This portal will also facilitate the timely gathering of data and dissemination of messages on risk factors before, during, and after the events. In addition, the Country Office provided technical support to the Government Ministries and the national technical One Health Committee with different subcommittees

that had specific roles and responsibilities in the management and response of future health events.

MoHW Operational Plan 2022–2023

MoHW intended to align its operational plan for 2022 with the Belize Health Sector Strategic Plan and the Plan Belize Manifesto, to include a component for “wellness.” Given that there are 19 technical areas within MoHW and four management teams in the health regions, the need to align the national strategies with work activities was recognized, leading to technical cooperation being sought from PAHO to ensure achievement of targets set for 2022 and 2023.

PAHO provided technical support to develop the biannual (2022–2023) national Operational Plan for MoHW including a component for wellness. The process included a rapid assessment of the national health situation and programmatic implementation of the current National Health Sector Strategic Plan. A three-day workshop with 31 persons from MoHW was also conducted to develop the plan of increasing capacity of the first level of care to contain COVID-19 and ensuring the continuity of essential health services. In addition, through an inter-programmatic approach, PAHO facilitated alignment of all technical areas of MoHW with the national agenda in contributing to the achievement of the targets set out in the annual operational plan and fulfillment of global, regional, and sub-regional mandates. The operational plan for 2022–2023 aligned the Belize Health Sector Strategic Plan 2014–2024, the Human Resources for Health Strategic Plan 2019–2024, the PUP's Health Policy and Action 2020–2030, and the workplans of 19 technical areas within MoHW.

Once the MoHW Operational Plan 2022–2023 was finalized, it was printed for dissemination. Identifying key performance indicators for the biennium, the Plan includes a monitoring and evaluation framework developed by a PAHO consultant within the context of results-based planning and management, towards achieving universal health coverage and the SDGs.



COMMUNICABLE DISEASES



Laboratory technologists assessing and analyzing.

With considerable resources dedicated to activities in response to the pandemic, PAHO collaborated with MoHW and other stakeholders in Belize in their initiatives

to apply integrated management to HIV, STIs, TB, and hepatitis B through a new Strategic Plan, and ensure maintenance of these services in the context of the pandemic. Moreover, as Belize approaches its malaria-free certification from WHO, PAHO supported the country with a range of activities aiming to timely suspect, detect, treat, and respond to all malaria cases in the country, especially in remote areas.

HIV, STIs, TB, and hepatitis B

Belize has a generalized HIV epidemic with a concentrated epidemic among men who have sex with men (MSM). The HIV prevalence among the general population is 1.8%, with an estimated 4900 persons living with HIV in 2018. Belize has significant gaps along the 90-90-90 cascade with low treatment coverage. Just in 2019, 91 persons were diagnosed with TB, compared to 99 persons diagnosed in 2018. Like the HIV epidemic, most TB cases diagnosed in 2019 occurred among men and in the Belize and Cayo districts. In the 2015–2019 period, there was an average of 1500 annual STIs, with pelvic inflammatory diseases accounting for the largest proportion of cases.

To tackle these communicable diseases, Belize developed, inter-programmatically, the integrated HIV/STI/TB and Viral Hepatitis National Strategic Plan 2021–2025, including a monitoring and evaluation framework, which is possibly the only one of its kind in the Americas to date. In addition, PAHO offered technical guidance for the development of the National HIV Treatment Guidelines, with the transition to dolutegravir-based treatment regimens supported. The Country Office also facilitated implementation of the HIV drug resistance study through the development of the HIV-DR protocol

and coordination with a collaborating center in Mexico and conducted a feasibility study and plan for the implementation of pre-exposure prophylaxis (PrEP) in the country.

Antiretroviral and TB medications were forecasted and procured with support from the PAHO Strategic Fund. The Country Office also conducted capacity building on the WHO guidelines for drug-resistant TB treatment, offered a virtual Quality Management Training for Microbiology Laboratories, and donated 16-module and 4-module GeneXpert machines to facilitate decentralized testing for HIV, TB, and STIs. Lastly, PAHO mobilized resources through the development of the COVID-19 Response Mechanism (C19RM) to ensure maintenance of HIV and TB services during the pandemic.

Eliminating malaria

From 9413 malaria cases in 1995 to zero indigenous cases during the last three consecutive years (2019–2021), Belize is eligible to be certified as a malaria-free country by WHO after demonstrating the interruption of malaria transmission nationwide for three years. Additionally, a fully functional surveillance and response system must be established to prevent the re-establishment of the disease.

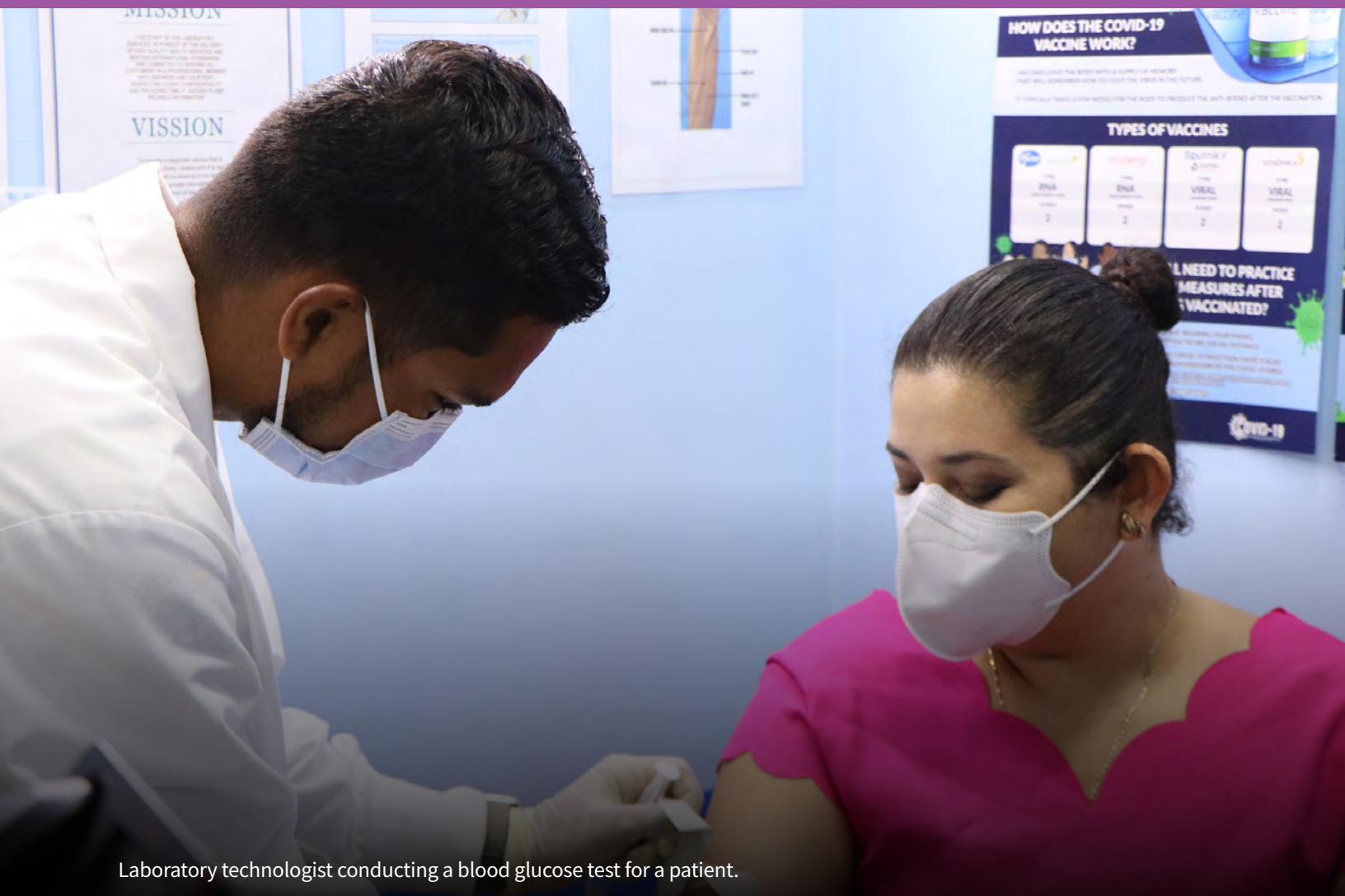
Toward this goal, PAHO conducted training of health personnel in all the country's districts to timely suspect, detect, diagnose, treat, and respond to all malaria cases, and capacity building to equip the national microscopists and improve the quality assurance for malaria diagnosis in the country. Continuous needs assessments were carried out to identify the bottlenecks in access to diagnosis and, based on these assessments, new testing sites using rapid diagnosis tests were identified and established. Furthermore, PAHO assisted with the formulation of a plan of action for the certification

process, and the gathering of documents to write the final certification report.

The activities described led to improved access to malaria diagnosis in the remote areas and shortened the turnaround time from symptoms to the availability of results. The health personnel and the general public, fully aware of the ongoing malaria elimination activities, have become more involved in the process. Belize is expected to be WHO-certified as malaria free in 2022.



NONCOMMUNICABLE DISEASES AND MENTAL HEALTH



Laboratory technologist conducting a blood glucose test for a patient.

The technical cooperation employed a primary health care approach to facilitate maintenance of essential health services for noncommunicable diseases (NCDs) and enhance mental health care during the COVID-19 pandemic.

During the COVID-19 pandemic, health workers were mobilized from clinics to work in hospitals and to support the deployment of the COVID-19 vaccine roll-out, which affected the delivery of health services, especially to persons in rural communities. Mental health services and psychosocial support, although critical during the pandemic, were also often limited as some psychiatry nurse practitioners were redeployed to support other areas of the COVID-19 response.

Noncommunicable diseases

Together with MoHW, PAHO conducted training on the prevention and control of NCDs for community health workers (CHWs), including clinical assessment and referral of persons to health facilities. This was the continuation of an intervention started in 2020 that provided 230 kits containing basic diagnostic devices (stethoscopes, sphygmomanometers, glucometers) through reoriented funds from the EU grant for the “Health Sector Support Programme” and the UN Multi-Partner Trust Fund to support the national COVID-19 response.

PAHO also provided specific training for the proper use of these devices, along with a manual with infographics on COVID-19 and other health conditions such as NCDs, communicable diseases, and the life course. The skills of district health educators (the supervisors of the CHWs) were also enhanced through provision of laptops and respective training on virtual communication. These activities contributed towards enabling the CHWs to provide basic preventive management and self-care for NCDs.

Mental health and psychosocial support

PAHO focused efforts on enhancement of the mental health and psychosocial support (MHPSS) response capacity for frontline health care workers of MoHW, and personnel of the Ministry of Education, to mitigate

the impact of COVID-19 on mental health and access to mental health care at the primary care level.

First, a series of webinars on MHPSS in the pandemic were implemented with topics such as mental health in the context of reopening of schools with support for teachers and children, alcohol abuse, and coping skills for health care workers. In addition, PAHO provided 10 tablets to MoHW to be used by psychiatry nurse practitioners (PNPs) in the field, improving communication between mental health staff and their clients. These tablets allowed PNPs to follow up with patients, enhanced a smoother communication with MoHW Headquarters, and allowed for continuous professional development (CPD).

Nutrition

The Country Office provided continued support for newborn, child, and adolescent health nutrition through intersectoral collaboration and capacity building for frontline health and educational personnel.

As part of activities around newborn nutrition, breastfeeding was promoted to pregnant and breastfeeding mothers through personal interaction and printed material developed by PAHO. Public health personnel (nurses, health educators, nutritionists) in all six districts were trained by PAHO on the monitoring of the implementation of the International Code of Marketing of Breastmilk Substitutes.

Strengthening the partnership with the Ministry of Education has been essential in improving nutrition of children and adolescents. PAHO participated in the planning and implementation of CPD for primary school teachers whereby webinars on healthy food, importance and strategies to implement physical activity, and NCDs and their risks for COVID-19 were the central themes.



HEALTH THROUGHOUT THE LIFE COURSE



A mother breastfeeding her baby at the polyclinic.

The Country Office partnered with the non-profit, nongovernment organization Belize Family Life Association (BFLA) to support the provision of sexual and reproductive services for young people with

evidence-based interventions aligned with Belize's national Adolescent Health Strategy 2019–2030.

Adolescent health

During the pandemic some areas, including adolescent health, did not receive as much priority as other areas. The activities developed by PAHO fell under two thematic priority areas of WHO's evidence-based adolescent health intervention. The first area was positive health and development, for which the Country Office assisted with interventions focused on promoting health in schools, hygiene and nutrition, adolescent-friendly health services, and adolescent participation in interventions. In collaboration with the Ministry of Education, Culture, Science and Technology, PAHO supported specific activities to build capacity of 95 teachers on promoting menstrual hygiene, with 50 menstrual hygiene management kits delivered to schools whose teachers participated in the training.

In addition, PAHO provided support for interventions on comprehensive sexual education (CSE) and information and services for comprehensive sexual and reproductive health. A series of six videos on the importance of CSE for young people was developed by a PAHO consultant who worked with BFLA to produce scripts. The videos produced aimed to reduce adolescent pregnancy and other negative health outcomes for young people, while empowering them to exercise their right to make informed sexual health decisions and act as protagonists to amplify their voices on health issues affecting them. Moreover, PAHO supported the training of nurses to insert intra-uterine devices as part of efforts to address gaps in health services during COVID-19 when doctors were reassigned from first level of care facilities. PAHO provided the pelvic models for and hosted the trainings.



EQUITY, GENDER AND CULTURAL DIVERSITY



Personnel visiting one of the homes in the village of Santa Theresa.

To understand the current health situation of Afro-descended and Indigenous people and to propose strategies for improving access to health care, universal health, and

their well-being, PAHO launched a regional initiative for Central America and the Dominican Republic, with support from the regional integration mechanism SIICA and regional community-based organizations.

First, PAHO developed a framework for analyzing the data, which show how health inputs and processes (policies related to health financing, health workforce, health information, governance, and intersectoral coordination) result in outputs (service readiness, quality of care and improved efficiency). These health outputs then influence outcomes (coverage of interventions, risk factors, access to health and financial protection) and impact (maternal and under 5 mortalities as well as COVID-19 morbidity and mortality). Crosscutting themes include equity, gender, and right to health, while social determinants of health such as residence (rural vs. urban), education, and poverty serve as stratifiers.

In addition, PAHO conducted consultations with various Afro-descendant and Indigenous groups including the National Garifuna Council, the Yucatec Council of Belize, the Maya Leaders Alliance/Toledo Alcalde Association, and the Kriol Council of Belize. The process led to the achievement of specific analyses on the health situation and health policies of Afro-descendant and Indigenous populations, all in compliance with [Resolution CD57, R14 of 2019 \(PAHO Strategy and Plan of Action on Ethnicity and Health 2019-2025\)](#).

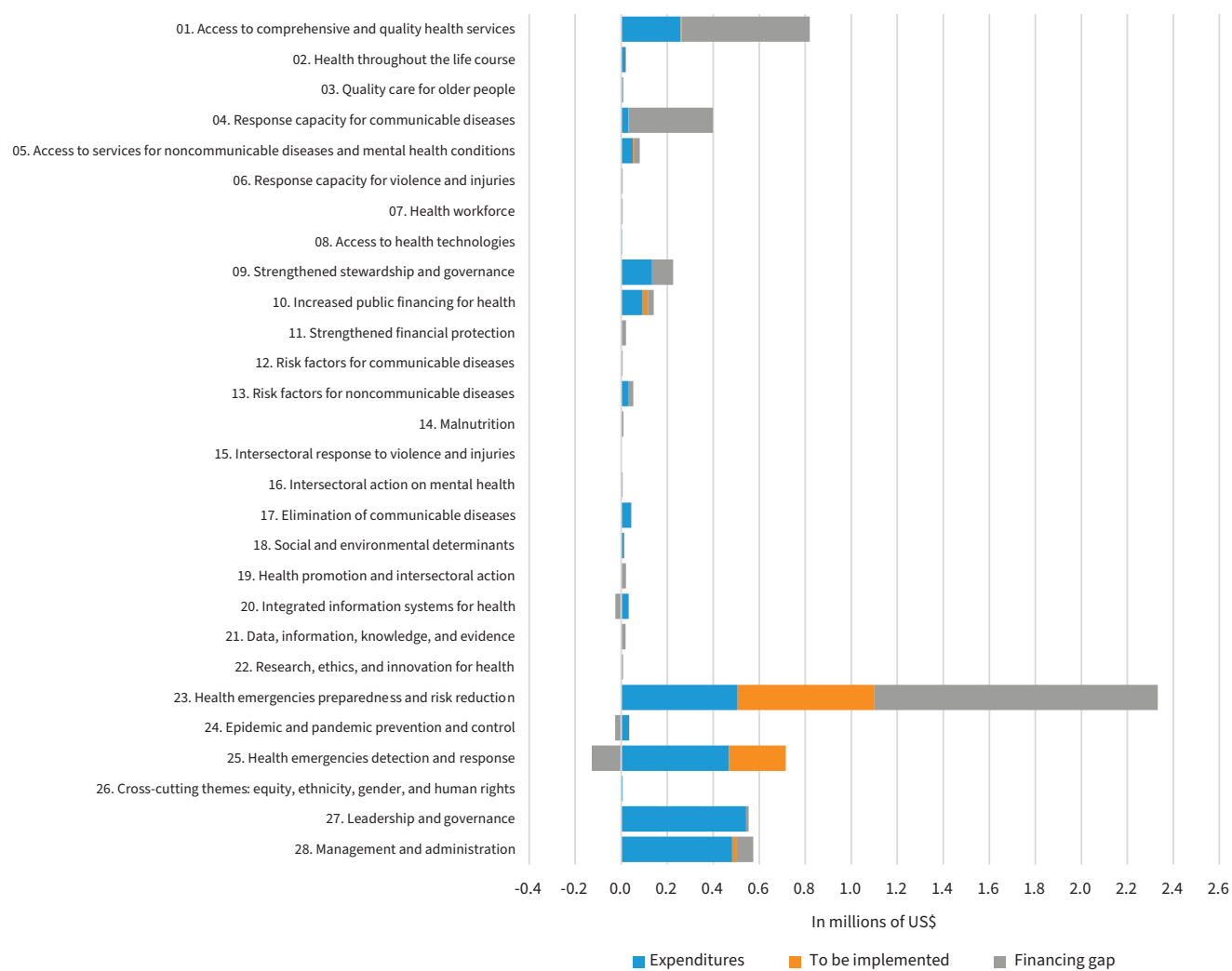
FINANCIAL SUMMARY

PAHO's reports on the budget and its financing cover a biennial period. Hence, the financial information shown in this report corresponds to the 2020–2021 biennium. For more information, visit <https://open.paho.org/2020-21/country/BLZ> and select the “Financial Flow” tab (upper right-hand part of the screen).

The approved budget for 2021 was US\$ 6 million, and a total of US\$ 3.6 million (61%) was available at the end of the fourth quarter, of which US\$ 2.7 million (75%) was implemented, leaving a balance of US\$ 900 000 (25%) to be implemented. The highest implementation was observed in Outcome (OCM) 27 (leadership and governance), followed by OCM 23 (health emergencies preparedness and risk reduction), OCM 28 (management and administration), and OCM 25 (health emergencies detection and response).

Of the total funded, US\$ 1.3 million were donor funds to support the outbreak and crisis response, specifically the national response to COVID-19. WHO funding was 38.51%, mainly for outbreak and crisis response, leadership and governance, and management and administration. The EU provided 29.67%, mostly for outbreak and crisis response, health emergencies preparedness and risk reduction related to smart and resilient health systems, and access to comprehensive and quality health services. The PAHO Assessed Contribution was 10.98%, and the remaining donor funds were from the United Nations Office for South-South Cooperation (UNOSSC) (9.09%), the UK (6.07%), Canada (2.9%), and the United Nations Development Program (2.42%) to support outbreak and crisis response, specifically the national response to COVID-19.

Figure. Outcome budget allocations, financing, and implementation: Base programs



LOOKING AHEAD

Belize will embark on two elimination certification processes in 2022. With zero indigenous cases of malaria over the past three years, technical cooperation will include malaria programmatic review and capacity building in preparation for certification as malaria free. In addition, preparation for validation for the elimination of mother-to-child transmission of HIV and congenital syphilis will begin and this will include preparation of the national report.

Post-pandemic recovery will begin in 2022 and key areas of technical cooperation will include support for achievement of the health-related 2030 SDGs. Some of the gains previously made prior to COVID-19 have been lost; for instance, an increase in maternal mortality and reduction in childhood vaccines immunization coverage. Intensified action will be required towards SDG goals acceleration. Post-pandemic actions also include better pandemic preparedness, risk reduction, and response capacity at the country level in the context of an enhanced IHR framework, together with continued promotion and implementation of the One Health approaches already begun in Belize.

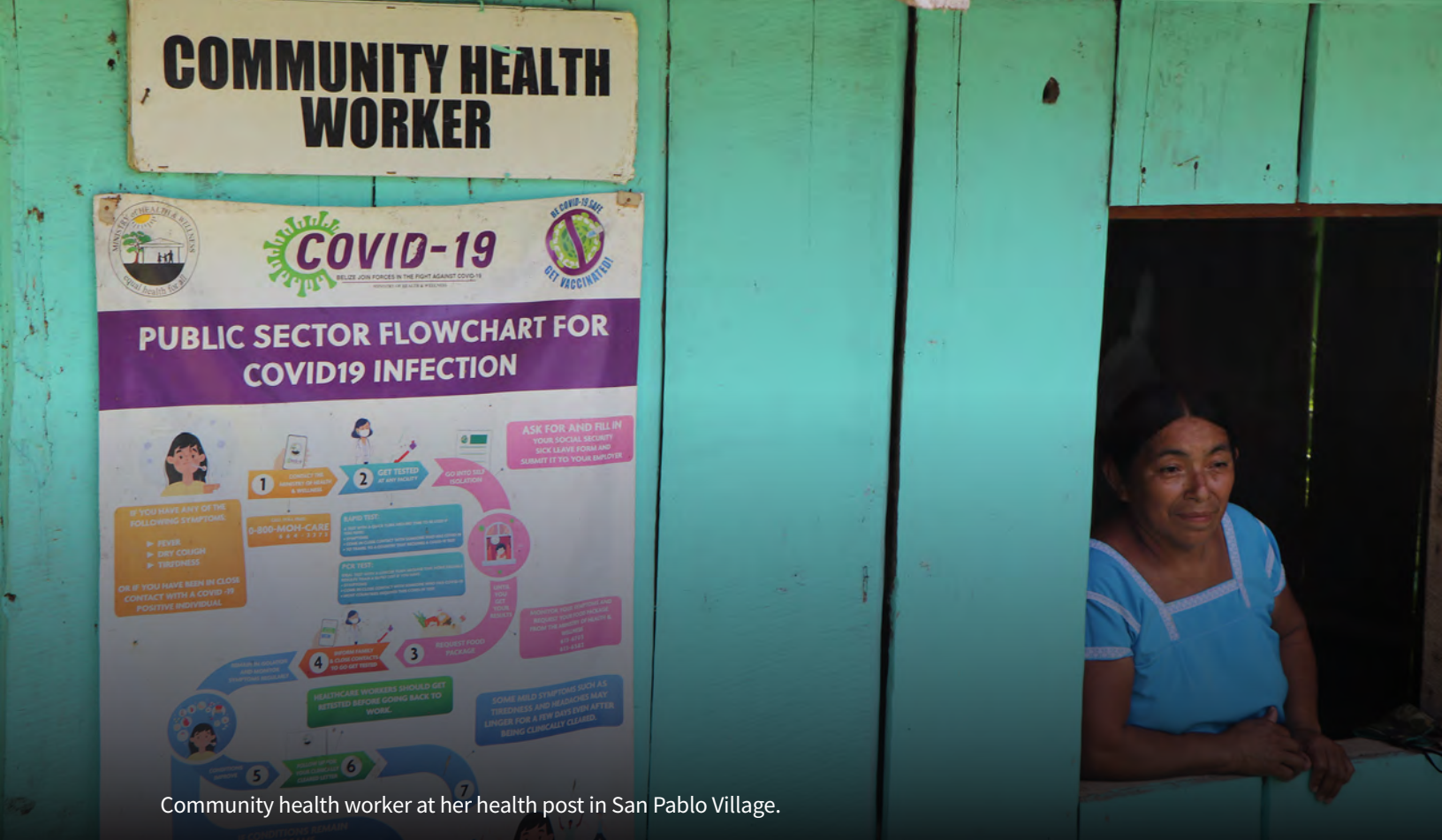
The health system transformation in the context of primary health care will further increase with the vision for the expansion of the National Health Insurance system to provide access to health care for more persons. The focus on primary health care integrated with programmatic areas such as noncommunicable diseases and mental health, maternal and child health, adolescent health, and family health will allow for community participation,

health promotion, and self-care, and having people at the center of the health systems transformation.

Climate change health adaptation plans development will progress, integrated into national adaptation frameworks to ensure an intersectoral approach. Aligned to climate change adaptation and health systems resilience will be the continued activity towards the retrofitting to SMART Health Facility standards of three regional hospitals, two community hospitals, and the central medical laboratory.

Overall support to national efforts on digitalization and e-governance will progress, focusing on digital transformation in health through the implementation of the clinical data exchange platform, and enhancement of the Belize Health Information System to enhance capacity for data analysis, evidence-based programming and plans.

Lastly, we want to thank MoHW, the other Government Ministries, and the many stakeholders and partners for their continued collaboration with PAHO. We also



Community health worker at her health post in San Pablo Village.

thank the many donors for their funding support and in particular, EU, UK, Canada, and the India-UN Development Partnership Fund, and our colleagues at the regional and global levels for invaluable guidance. The continued commitment by all the staff of the PAHO Belize Country Office has contributed to the successes achieved in 2021 and will continue in 2022.

In 2022, a year that marks the 120th Anniversary of PAHO, the Organization will renew its commitment to working collaboratively with partners in the country and in the Region to promote equity in health access as well as robust health systems.

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