



Belize



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Belize is an independent country on the Caribbean coast of Central America, comprising 95% mainland and 5% cays, with a total land area of 22,700 km². The population is ethnically and culturally diverse, with a majority of Mestizos (48.7%) and Creoles (24.9%); populations of indigenous Maya (10.6%) and Garinagu (6.1%); and other minorities, including Mennonites, East Indians, and Chinese. Belize is home to the longest healthy barrier reef in the Western Hemisphere and lies in the subtropical geographic belt. It obtained its independence from Britain in 1981 and has a parliamentary democracy based on the British Westminster system, with a Governor General who represents the British monarch as head of state, a Prime Minister, and a Cabinet. It is the only English-speaking country in Central America. Belize has an open economy based primarily on agriculture and services, and relies heavily on forestry, fishing, and mining as primary resources, although there is an increasing dependence on the tourism industry. There has been an increase in inward remittances as a percentage of gross domestic product (GDP) over the period 2000–2006, and one of the great expectations for the economy comes from the discovery of oil in 2006. As a member of both the Caribbean Community (CARICOM) and the Central American Integration System (SICA), Belize is in a unique position to take advantage of initiatives in both regions in pursuit of its national health development goals and to foster collaboration and cooperation between them.

HEALTH & DEVELOPMENT

Belize's first Millennium Development Goals (MDGs) Report in 2005 provided information on the status of the country's progress towards achieving the MDGs and identified critical challenges that needed to be addressed if the goals and targets were to be accomplished by 2015; these challenges remain current. Despite efforts to eliminate poverty (MDG 1) through the development of plans for areas with high poverty levels, a 2002 Country Poverty Assessment showed that 33.5% of the Belize population was poor, virtually unchanged since 1995; relevant interventions are ongoing. The country is well poised to achieve MDG 2 (universal primary education), although current efforts must be maintained and dropout rates monitored regarding the need for remedial action. The achievement of MDG 3 (gender equality and empowerment of women) is necessary for the achievement of the other MDGs. In 2007, the Committee for the Elimination of Discrimination Against Women expressed concern about several gender issues, including social barriers that impede women's education in Belize, and made recommendations, including that priority be placed on implementing a comprehensive approach to addressing all forms of violence against women.

There have been advances in relation to several of the health-related MDGs and associated targets, including child health, maternal health, water, and sanitation; the country stands poised to achieve MDGs 4 (reduction of child mortality) and 5 (improvement of maternal health) and the clean water provision target of MDG 7. However, environmental protection and sustainability, risk reduction, and disaster preparedness, mitigation, and response need strengthening. With regard to MDG 6 (combat HIV/AIDS, malaria, and other diseases), malaria and dengue remain endemic in certain regions of the country, particularly the south, the area that has the highest level of poverty (79%) and a high concentration of indigenous people; neglected diseases are also prevalent in the south. HIV/AIDS, with TB coinfection, has emerged as a major national health challenge, even though noncommunicable diseases such as diabetes, hypertension, cancer, and their complications are the main causes of death and illness overall. Violence and injuries—particularly homicide, road traffic injuries, and gender-based violence—provide cause for concern, while the threat of pandemic influenza, implementation of the International Health Regulations (2005), the health effects of climate change, and threats to food and nutrition security pose new challenges. The country's participation in international groupings in Central America, the Caribbean, and the wider "global village" facilitate the achievement of MDG 8 (a global partnership for development).

Thus, national health development priorities include not only the unfinished agenda—challenges for which there are proven effective interventions—but also the determinants of health, health inequities, and greater focus on vulnerable groups. There is need to face the new challenges, while protecting national achievements in various areas, including water and sanitation, vaccine-preventable diseases, community mental health, and health information systems strengthening.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Belize Health Agenda 2007-2011 National Poverty Elimination Strategy and Action Plan 2007-2011 Multiple other policy frameworks for action in health Decentralized health administration Renewal of Primary Health Care Planned formulation of a national development plan, "Horizon 2030" 	<ul style="list-style-type: none"> Effective strategies for reduction of health inequities, including poverty alleviation, gender equity, health promotion, and progressive realization of the right to health Enhanced performance by the national health authority of the Essential Public Health Functions, including public health leadership, managerial capacity, health financing, and social protection Adequate numbers, categories, and distribution of human resources for health Effective mechanisms for intersectoral collaboration and social participation Taking a program, budget, or sector - rather than a project - approach to health development

Total population (2007 mid-year estimate) ¹	311,500
Population distribution % urban (2005) ¹	50.2
Life expectancy at birth ²	
Total (years)	71.7
Male	69.5
Female	74.1
Maternal mortality ratio per 100 000 live births (average 2001-2005) ³	77.3
Infant mortality rate per 1000 live births (2007) ⁴	17.2
Total expenditure on health as % of GDP (2005) ⁵	4.9
General government expenditure on health as % of general government expenditure (2005) ⁶	9.12
Human Development Index Rank out of 177 countries (2005) ⁷	80
Human Poverty Index Rank for Developing Countries (HPI-1) ⁷	43
% unemployment rate (2007) ⁸	
Total	12.1
Male	8.4
Female	18.6
Gross Domestic Product (GDP) per capita US\$ (2007) ⁹	4,067
Adult (15+) literacy rate (2005) ¹⁰	
Total	94.7
Male	94.6
Female	94.8
% population with sustainable access to improved drinking water (2008) ¹¹	95
% population with sustainable access to improved sanitation (2007) ¹	64.5

Sources:
¹Statistical Institute of Belize, 2007
²UN Population Division, 2007
³Health Statistics 2001-2005, Ministry of Health (MOH)
⁴Health Statistics 2003-2007. MOH
⁵World Health Statistics 2008. WHO
⁶Health Agenda 2007-2011. MOH
⁷Human Development Report 2007/2008. UNDP 2008
⁸Belize Labor Force Survey September 2007. Statistical Institute of Belize
⁹Belize Basic Indicators 2007. MOH
¹⁰Health in the Americas 2007. PAHO
¹¹Social Investment Fund, June 2008

PARTNERS

Though the Ministry of Health (MOH) is the main national counterpart of the Pan American Health Organization/World Health Organization (PAHO/WHO), the Organization works with many other public sector agencies, including the Ministries of Agriculture, Education, Foreign Affairs, Human Development and Social Transformation, and Economic Development. Belize has an abundance of nongovernmental, community-based, and faith-based organizations that work in health and health-related areas, as well as international agencies and organizations that provide technical and financial resources to the country. The U.N. system is represented in-country by PAHO/WHO, the United Nations Development Program (UNDP), United Nations Population Fund (UNFPA), and United Nations Children's Fund (UNICEF), and there is a U.N. Development Assistance Framework (UNDAF) that guides joint U.N. action. The Joint United Nations Program on HIV/AIDS (UNAIDS) may also soon be represented in Belize. The Inter-American system, of which PAHO is a part, is represented in-country by offices of the Organization of American States (OAS), the Inter-American Development Bank (IDB), and the Inter-American Institute for Cooperation on Agriculture (IICA). The OAS has worked to facilitate resolution of the territorial dispute between Belize and Guatemala, the IDB has been very active in health sector reform, and IICA supports agricultural development and food safety. The Belize Red Cross is part of the International Federation of the Red Cross, and there are several bilateral and multilateral partners in health, among them Cuba, China (Province of Taiwan), Nigeria, and the United States of America, who provide support in various areas, including human resources for health and HIV.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Multiple stakeholders in health development, national and international • UNDAF 2007-2011 • UN reform and "Delivering as One" • Existence of international cooperation group (ICG) of donor and development agencies • Belize's participation in PAHO's Leadership in International Health program (LIHP) • Observance of the Paris Declaration on Aid Effectiveness 	<ul style="list-style-type: none"> • Alignment of development aid with national health development priorities and harmonization of partner actions • Sustainability of outputs of LIHP and other development aid programs • Use of "disease-specific" aid to strengthen health systems • Tracking aid flow for health • Strengthen functions of ICG • Enhancing MOH capacity for leadership and coordination of international cooperation in health

PAHO/WHO STRATEGIC AGENDA IN BELIZE (2008-2011)

PAHO's mission is to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of and lengthen the lives of the peoples of the Americas. The values of the Organization are equity, excellence, solidarity, respect, and integrity, and its core functions are summarized thusly: providing leadership and engaging in partnerships; shaping research and stimulating knowledge management; setting norms and standards; articulating policy options; establishing technical cooperation, catalyzing change, and building institutional capacity; and monitoring the health situation. The priority areas for PAHO's technical cooperation are articulated through the Strategic Objectives outlined in its Strategic Plan 2008–2012, which is, in turn, closely aligned with WHO's Medium-Term Strategic Plan 2008–2013.

Over the period 2008–2011, PAHO/WHO's technical cooperation with Belize will address the four Strategic Priorities and related Main Foci summarized below, applying the core functions as needed:

1. **Improving the health status of the population:** communicable diseases, HIV/AIDS and sexually transmitted infections, family and community health, and noncommunicable diseases.
2. **Health determinants:** health equity, environmental management, impact of climate change on health, and response to, and mitigation of, the impact of natural hazards.
3. **Strengthening health sector policies and organization:** institutional capacity of the MOH, national health insurance, health systems management, human resources for health, and technical cooperation among countries.
4. **Enhancing PAHO/WHO's response:** PAHO/WHO's capacity.

These Strategic Priorities and Main Foci provide continuity with areas addressed in previous biennia, but with a greater focus on health determinants, equity, and factors that threaten health security. PAHO/WHO will not only work to build on national successes and good practices, but also to highlight health challenges and inequities, particularly those involving Belize's most vulnerable groups. The Organization will work with these groups and other stakeholders to identify and implement appropriate corrective strategies using the crosscutting approaches of health promotion, gender, and human rights. The Country Cooperation Strategy has implications for all levels of PAHO and WHO, including resource allocation and mobilization of financial, human, and infrastructural resources, and it mandates greater collaboration among all levels of the Organization, as well as with a wide range of national counterparts and international development partners.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/blz/en/>

Country office web site <http://www.blz.paho.org>

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