

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

BELIZE

**IMPROVING EFFICIENCY, QUALITY, AND ACCESS IN BELIZE'S HEALTH
SYSTEM**

(BL-L1048; BL-J0008)

LOAN PROPOSAL

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OEL#5	Climate Change
OEL#6	Economic Analysis
OEL#7	Quality and Efficiency Improvement Strategy
OEL#8	Project Operations Manual

ABBREVIATIONS

AOP	Annual Operating Plans
A&E	Accident and Emergency Services
BHIS	Belizean Health Information System
BHPC	Belize Housing and Population Census
CDEP	Clinical Data Exchange Platform
CHWs	Community Health Workers
CMS	Central Medical Storage
CQI	Continuous quality improvement
EA	Executing Agency
E&S	Environmental and social
ESA	Environmental and Social Analysis
ESAP	Environmental and Social Action Plan
ESMP	Environmental and Social Management Plan
ESPF	Environmental and Social Policy Framework
GRF	IDB Grant Facility
HF's	Health Facilities
HRH	Human Resources for Health
IDB	Inter-American Development Bank
IT	Information Technology
KHMHA	Karl Heusner Memorial Hospital Authority
LAC	Latin America and the Caribbean
LMICs	Low-middle-income countries
MDB	Multilateral Development Banks
MHI	Mesoamerica Health Initiative
MOHW	Ministry of Health and Wellness
MRC	Mortality Review Committees
MRP	Matron Roberts Polyclinic
NCD	Non-Communicable Diseases
NDC	National Determined Contribution
NHI	National Health Insurance
NRH	Northern Regional Hospital
PAHO	Pan-American Health Organization
PER	Public Expenditure Review
PEU	Project Execution Unit
PHC	Primary Healthcare
PMES	Performance Monitoring and Evaluation System
PMR	Project Monitoring Report
POM	Project Operations Manual
PP	Procurement Plan
PPP	Purchasing Power Parity
PPPMU	Policy, Planning and Project Management Unit
QEIS	Quality and Efficiency Improvement Strategy
QI	Quality improvement
RAWA	Registration of the Americas
RMNCH	Reproductive, maternal, neonatal, and child health
SEP	Stakeholder Engagement Plan
SOPs	Standard Operating Procedures
SRH	Southern Regional Hospital
WEV	Women Experiencing Violence

PROJECT SUMMARY
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Financial Terms and Conditions						
Borrower			Flexible Financing Facility ^(a)		KIF	
Belize			Amortization Period:	25 years	25 years	
Executing Agency (EA)			Disbursement Period:	5 years	5 years	
Ministry of Health and Wellness (MOHW)			Grace Period:	5.5 years ^(b)	7 years	
Source	Amount (million US\$)	%	Interest rate:	SOFR Based	1.3%	
IDB (Ordinary Capital):	7.00	40.3	Credit Fee:	^(c)	N/A	
KIF:	7.00	40.3	Inspection and supervision fee	^(c)	N/A	
IDB Grant Facility (GRF): ^(f)	3.36	19.4	Commitment Fee	N/A	0.1%	
			Weighted Average Life (WAL):	15.25 Years	N/A	
Total:	17.36	100	Currency of Approval:	Dollars of the United States of America		
Project at a Glance						
<p>Project Objective: The project's general development objective is to improve the health of the population in Belize. The specific objectives are to: (i) improve the efficiency and quality of healthcare delivery; and (ii) improve access to key health services.</p>						
<p>Special Contractual conditions precedent to the first disbursement: The first disbursement of the loan shall be subject to the fulfillment, to the satisfaction of the Bank, of the following requirements: (i) the EA approval of the Project Operations Manual (POM), including the environmental and social (E&S), and the Environmental and Social Management System (ESMS), requirements and the Environmental and Social Management Plan (ESMP) and the Environmental and Social Action Plan (ESAP) as annexes, in terms previously agreed to with the Bank; and (ii) the assignment or appointment of key personnel for the EA, including a project manager, a procurement specialist, a financial specialist, and a civil engineer (responsible for E&S aspects), following the terms of reference previously agreed to with the Bank (¶3.5). See additional environmental and social special contractual conditions precedent to the first disbursement in Annex B of the Environmental and Social Review Summary (ESRS).</p>						
<p>Exceptions to Bank Policies: None.</p>						
Strategic Alignment						
Objectives^(d):	O1 <input checked="" type="checkbox"/>		O2 <input checked="" type="checkbox"/>		O3 <input type="checkbox"/>	
Operational Focus Areas^(e):	OF1 <input checked="" type="checkbox"/>	OF2-G <input checked="" type="checkbox"/> OF2-D <input checked="" type="checkbox"/>	OF3 <input checked="" type="checkbox"/>	OF4 <input checked="" type="checkbox"/>	OF5 <input type="checkbox"/>	OF6 <input checked="" type="checkbox"/> OF7 <input type="checkbox"/>

^(a) Under the Flexible Financing Facility (document FN-655-1), the borrower has the option to request modifications to the amortization schedule, as well as currency, interest rate, commodity, and catastrophe protection conversions. In considering such requests, the Bank will consider operational and risk management considerations.

^(b) Under the flexible repayment options of the Flexible Financing Facility (FFF), changes in the grace period are possible as long as the Original Weighted Average Life (WAL) and the last payment date, as documented in the loan agreement, are not exceeded.

^(c) The credit fee and inspection and supervision fee will be established periodically by the Board of Executive Directors during its review of the Bank's lending charges, in accordance with the relevant policies.

^(d) O1 (Reduce poverty and inequality); O2 (Address climate change); and O3 (Bolster sustainable regional growth).

^(e) OF1 (Biodiversity, natural capital and climate action); OF2-G (Gender equality); OF2-D (Inclusion of diverse population groups); OF3 (Institutional capacity, rule of law, and citizen security); OF4 (Social protection and human capital development); OF5 (Productive development and innovation through the private sector); OF6 (Sustainable, resilient, and inclusive infrastructure); and OF7 (Regional integration).

^(f) The IDB Grant Facility (GRF) is the IDB's Non-Reimbursable Financing Facility that supports several initiatives in the region, including efforts to address migration-related challenges. Belize is eligible to access up to US\$7.5 million from the GRF second phase approved in November 2022. With this operation, Belize reaches the country limit.

I. PROJECT DESCRIPTION AND RESULTS MONITORING

A. Background, problem addressed, and justification

- 1.1 **Demographic context.** Life expectancy at birth in Belize has seen gradual improvements over the years, reaching [74 years in 2019 \(close to LAC's average of 75\)](#). The population maintains a youthful demographic profile, with a small but growing percentage aged [65 years or older](#). The country is ethnically diverse, with native indigenous people (Mayas) representing about 11% of the population.¹ Belize's population size remains relatively stable, despite the influence of migration dynamics. While the emigration of skilled workers has been a feature, Belize also experiences a notable influx of migrants, which nowadays make up [12% of the population](#) – one of the highest percentages in LAC. More than 70% of the migrants settling in Belize come from [Guatemala, Honduras, and El Salvador, with increasing numbers from Haiti, China, and Africa](#). This diversity presents myriad challenges to the country's capacity to absorb and integrate them.
- 1.2 **Administrative structure and demographic distribution.** Belize is composed of six districts, grouped into three regions: Toledo and Stann Creek districts in the Southern Region, Cayo and Belice districts in the Western Region, and Orange Walk and Corozal districts in the Northern Region. The highest concentrations of migrants are found in Cayo (17%), Toledo (12%), and Stann Creek (10%).² Indigenous people are concentrated in Toledo (65%) and Stann Creek (17%).
- 1.3 **Health system.** Belize's public health system provides basic services free of charge to the population, including migrants. However, there is still reliance on out-of-pocket payments, which accounted for [22% of total health spending in 2020](#). Public health spending stands at [4.97% of GDP](#), higher than the Caribbean and LAC averages of [3.93% and 4.76% respectively](#). Yet, when viewed in per capita terms, Belize's spending is US\$488 (current Purchasing Power Parity - PPP), lower than the regional average of US\$648 (current PPP). The Ministry of Health and Wellness (MOHW) is responsible for policy formulation, regulation, monitoring, and service delivery. Belize's healthcare infrastructure includes Primary Healthcare (PHC) facilities, polyclinics, community hospitals, regional hospitals, and the national referral hospital – Karl Heusner Memorial Hospital Authority (KHMHA). KHMHA is an independent institution subsidized by the government. In 2001, Belize launched the National Health Insurance (NHI) scheme to improve access to quality PHC. Its establishment separated financing from service provision, introducing strategic purchasing.³ The NHI operates in four districts, covering about [33% of the population](#). Residents in NHI's catchment area can choose to affiliate with NHI or continue using public services. [Migrants are eligible to enroll if they have a social security card and live in the NHI's facility catchment area](#). The government is considering ways to expand the NHI.
- 1.4 **Achievements in the health sector.** Over the past two decades, Belize has seen notable advancements in its health sector. From 2000 to 2021, infant and child

¹ Belize Housing and Population Census (BHPC), 2022.

² BHPC, 2022.

³ The NHI contracts services from public and private clinics that offer PHC and outpatient care.

mortality rates decreased by [42%](#) and [51%](#), respectively. Immunization rates improved, with coverage of [DTP3 and polio vaccines, at 84% each](#), surpassing the LAC average ([79% and 80%, respectively](#)). There have also been considerable reductions in communicable diseases, highlighted by the recent elimination of [malaria](#).

- 1.5 **Challenges remaining.** Despite these achievements, the Belizean health system still faces challenges, with the burden of disease shifting towards Non-Communicable Diseases (NCDs). Cardiovascular diseases, diabetes, and cancers were the main causes of death and disability in 2019, [accounting for more than one-quarter of Belize's burden of disease](#) (and affecting males more than females). The risk of premature death (between 30 and 70 years) due to NCDs is [16.5%, above the LAC average of 14%](#). Mental illnesses are also on the rise, [contributing to 15% of the country's disease burden in 2019](#). The burden of disease due to mental health conditions is [higher among women than men \(1,865 versus 1,496 disability-adjusted life-years \(DALYs\) per 100,000 people\)](#). Despite improvements in infant and child health, maternal and neonatal disorders remain among the top 10 causes of death and disability ([OEL#6](#)). Health outcomes also vary across districts (e.g., the child mortality rate is 15.3 per 1,000 live births in Stann Creek district and 10.2 in Belize district)⁴ and population groups.⁵ Additionally, the increased presence of migrants in the country has increased demand for healthcare provision.
- 1.6 **One of the main factors contributing to these challenges is inefficient and low-quality healthcare delivery.** In terms of inefficiency, recent analysis suggests that Belize could gain [two more years of life expectancy](#) and reduce premature mortality from NCDs by 7% through more efficient use of health sector resources ([OEL#6](#)). A new Public Expenditure Review (PER)⁶ identifies, as key sources of inefficiency in Belize's health system, insufficient quality of care in PHC facilities and hospitals,⁷ suboptimal availability, productivity, and performance of health staff, and low retention rates in rural areas.⁸
- 1.7 *Insufficient quality of care.* In a [study](#) across 137 low-middle-income countries (LMICs), 74% of amenable deaths⁹ in Belize were attributed to poor quality-care. Despite high antenatal coverage (around 90%), critical quality indicators fall below optimal levels. For instance, only 71% of women aged 15-49 had at least four antenatal visits with a skilled attendant, and 70.5% underwent blood glucose testing during pregnancy.¹⁰ In terms of NCD care, only 53.2% of women were

⁴ Regional Annual Reports, 2022.

⁵ The available data suggests that the neonatal mortality rate is higher in districts with a higher concentration of indigenous people, such as Toledo and Stann Creek (World Bank 2023, forthcoming).

⁶ World Bank 2023, forthcoming.

⁷ [Suboptimal quality of care and medical errors are harmful, wasteful, and one of the main sources of inefficiency in health systems.](#)

⁸ [Inadequate recruitment and remuneration policies, insufficient knowledge or application of clinical-care protocols, inadequate training, and insufficient supervision are among the main sources of inefficiency in health systems.](#)

⁹ Excess mortality for conditions that are amenable to health care.

¹⁰ [Mesoamerica Health Initiative](#) (MHI) third operational survey (2022). MHI is a public-private partnership that aimed to reduce inequities in the Mesoamerican region between 2011 and 2023. The survey was carried-out in a sample of health facilities from Cayo, Corozal, and Orange Walk districts.

adequately screened for cervical cancer,¹¹ and 54% of diagnosed diabetics received recommended Hemoglobin A1C (HbA1c) tests.¹² These sub-optimal indicators extend to hospitals, where obstetric and neonatal complications are not always managed according to norms.¹³ Although data on patient satisfaction in Belize is limited, past [NHI surveys](#) corroborate that service quality is a primary concern among the population. Quality healthcare relies on many factors, including adherence to evidence-based clinical and managerial protocols, standardized and optimized processes that are continuously improved, and the availability of well-trained health workers and managers who are both supervised and accountable for their performance.

- 1.8 *Suboptimal availability, distribution, and quality of the health workforce.* Belize's healthcare system faces significant human resource limitations. The country experiences a doctor shortage, with only [1.12 doctors per 1,000 people, which is below the LAC average of 2.02](#). This deficit is particularly severe for specialists; for instance, there is currently only one neonatologist working in the public sector. Mental healthcare resources are also lacking, with [0.26 psychologists per 100,000 people \(versus 23.9 in LAC\) and 3.07 mental health nurses \(versus 17.2 in LAC\)](#).
- 1.9 These shortages are more pronounced in rural areas. A MOHW assessment showed that many PHC facilities in these regions lack physicians, with some having no visiting physicians or even nurses.¹⁴ The turnover rate for healthcare workers in rural districts is also high.¹⁵ Moreover, available professionals lack essential skills and competencies due to insufficient on-the-job training and poor Human Resources for Health (HRH) management.¹⁶ Vulnerable groups, including migrants and indigenous people, report that healthcare personnel are not trained to address their specific health needs.¹⁷ Productivity levels are low, with the PER 2023 indicating an average of 2.2 patient visits per day per provider in public facilities, a figure considered insufficient.¹⁸
- 1.10 The PER 2023 emphasized a "high turnover rate for regional managers coupled with a mismatch of needed technical skills." This issue is compounded by severe understaffing, with administrative positions unfilled and public officials frequently taking on multiple roles. Critical areas such as the NCD and Epidemiology units within the MOHW are operating with reduced staff.
- 1.11 *Governance-level inefficiencies.* The PER also identified increasing fragmentation and insufficient accountability in the health system – [two important drivers of health spending inefficiency](#). NHI's limited coverage has led to a dual system in PHC financing and service delivery. Public PHC clinics contracted by the NHI are subject to different financial incentives and quality control mechanisms compared

¹¹ MHI 2022.

¹² Belize National Diabetes Survey, 2018.

¹³ MHI 2022.

¹⁴ Public Health Facilities Performance Assessment Report, 2021.

¹⁵ Regional Annual Reports, 2022.

¹⁶ Employee Satisfaction Survey, 2021.

¹⁷ [Qualitative analysis commissioned by the IDB to inform project preparation](#).

¹⁸ The PER compares this productivity level to countries in Africa, where similar studies show healthcare providers see about 6.3 patients per day in Madagascar and 12 patients per day in Tanzania.

- to other public Health Facilities (HFs).¹⁹ Regarding the KHMHA, approximately 85% of its budget is directly financed by the MOHW²⁰ (fixed budget allocation). However, these funds are not tied to performance targets, leading to limited accountability towards the Ministry. Additionally, there is a lack of cost information to understand the actual costs of services provided by the hospital, which is essential for efficient financial management and resource allocation.
- 1.12 For instance, NHI and KHMHA procure most of its medicines and medical supplies independently from the MOHW, which centrally acquires items for all PHC facilities through the Central Medical Storage (CMS). Public hospitals obtain supplies directly from the CMS and other sources. Despite MOHW's central procurement system, stock-outs are a common issue in public HFs. A 2018 assessment of the availability of pharmacy inputs critical for child healthcare, such as diarrhea medication and antibiotics, found that none of the ambulatory facilities and hospitals surveyed had a complete stock of these drugs over the past three months. Only 50% of the laboratories surveyed were fully equipped with the necessary inputs for adequate antenatal and postnatal care (e.g., reagents).^{21,22}
- 1.13 *Digital health inefficiencies.* The NHI and the MOHW also use separate health information systems that operate in silos, leading to administrative inefficiencies. The NHI uses the Registration of the Americas (RAWA) system, while the public sector employs the Belizean Health Information System (BHIS). Duplication in data entry between RAWA and BHIS is expected to be resolved with the introduction of the Clinical Data Exchange Platform (CDEP), currently under development with support from PAHO.²³ However, data duplication is likely to persist due to several processes still being reported on redundant paper-based systems. These practices, sustained by outdated policies and standard operating procedures (SOPs), lead to considerable inefficiencies for clinical staff in the provision of care.
- 1.14 While the BHIS has high adoption and usage rates across facilities, its key functionalities have never been fully optimized to support administrative and clinical workflows. In recent site visits, administrative staff (e.g. data entry clerks) and clinical staff reported inefficient data capture screens and processes that do not align well with clinical workflows. Issues include the need to scroll extensively to enter relevant information or having to enter the same data multiple times. These issues lead to significant variations in practices across HFs. These variations cause problems with data completion and consistency, negatively impacting the overall quality of data holdings and making the information suboptimal for decision-making.
- 1.15 The aging information technology infrastructure also hinders healthcare delivery efficiency. Older computer systems perform poorly, either being very slow (e.g., data screens taking 30 seconds to one minute to refresh) or breaking down frequently. The insufficient number of computers further exacerbates the issue, forcing clinicians to wait for available workstations or to move to other locations

¹⁹ NHI pays providers a mix of capitation and performance-based payments, with doctors receiving a performance-based annual bonus.

²⁰ Accounting for 20% of the Ministry's budget.

²¹ MHI second operational survey (2018).

²² Laboratories adequately equipped are also key in the event of a public health emergency (footnote 28).

²³ CDEP's goal is to enable data exchange between systems, allowing for a single point of data entry.

within the HF to complete basic tasks such as clinical documentation or retrieving clinical information. Additionally, outdated networks and servers pose several risks, including potential loss of critical BHIS functions due to malfunction and heightened cybersecurity risks like malware, ransomware, and hacking.

- 1.16 Finally, it is important to note significant gaps in the digital legal, regulatory, and policy environments that act as barriers to optimizing digital health interventions. Issues include regulations related to data privacy, cybersecurity, telehealth, and others. For example, Belize has made limited progress with telehealth, partly due to the absence of regulations in this area.
- 1.17 **Another factor contributing to the observed challenges is inadequate access to healthcare.** The Universal Health Coverage Index, which measures effective coverage across 23 services, [places Belize at 54 on a scale of 0-100, below the LAC average of 65.6](#). Belize scores particularly low in NCD services (24 at diabetes treatment) and antenatal, peripartum, and postnatal care for mothers (39) and newborns (48). Access to healthcare is particularly critical for residents in rural areas. A [qualitative analysis](#) highlighted that the lack of transportation and financial constraints are significant barriers for vulnerable groups, such as migrants and indigenous people, in accessing health services. Indeed, preliminary data from the 2022 census indicate that for 18% of the population in Stann Creek, a "facility being too far or difficult to get to" was one of the main reasons cited for not seeking healthcare. This issue is even more pronounced among migrants and the Maya population, with 36% and 30%, respectively, citing this same reason for not seeking healthcare.
- 1.18 *Ineffective PHC care model.* Although Belize has experimented with various community-based and outreach models to improve access to healthcare in rural areas, particularly for health promotion and preventive services, the results have been mixed. Challenges include PHC clinics closing on outreach days, limited diagnostic capabilities of outreach teams, and missed opportunities for procedures like pap smears. Data collection is often paper based,²⁴ which necessitates later transcription into the BHIS. Outreach visits are also irregular, affecting patient follow-up, particularly for new treatments and pregnant women. Community Health Workers (CHWs), an essential arm of the health system aiming to improve access to basic care for populations in rural areas, are insufficient in number and face hurdles due to insufficient training, lack of essential tools and medicines, and poor connectivity with institutional services.²⁵
- 1.19 *Limited specialized services.* Residents of rural areas face difficulties in accessing specialist consultations, as specialists are mostly based in urban areas. For instance, despite the country having trained psychiatric nurses and expanded the network of facilities providing mental health services, rural residents still struggle to access these services due to geographical distance, transportation limitations, and financial constraints.

²⁴ Owing to a lack of tablets and connectivity.

²⁵ In the [qualitative analysis](#), some CHWs mentioned managing over 600 families in their catchment area, which is overwhelming compared to other models. In El Salvador, CHWs see about 200/300 families.

- 1.20 *Gaps in mental health coverage.* Currently, mental health services are available in eight PHC clinics, one One-Day Hospital, and a single long-term facility, the Palm Center, which accommodates 24 patients. According to the National Mental Health Policy 2023-2028, this provision is insufficient to meet the country's growing demand in this field. For instance, a mapping exercise conducted by the MOHW in mid-2022 identified 39 cases of homelessness in the country, with 23 diagnosed with mental health conditions. Most of these individuals lack family ties and qualify for admission to the Palm Center for long-term care; however, the center is currently at full capacity with a 100% occupancy rate.
- 1.21 *Capacity strain in regional hospitals.* Hospitals such as Southern Regional Hospital (SRH), are experiencing high bed occupancy rates, averaging over 90% in Accident and Emergency Services (A&E) and obstetrics/gynecology. Similarly, the Northern Regional Hospital (NRH) requires retrofitting in its A&E, obstetrics/gynecology, and neonatal wards to improve functionality and optimize patient flow, as there is insufficient room for appropriate triage and patient observation and monitoring during labor and post-partum care. From 2018 to 2022,²⁶ both hospitals have seen a significant influx of migrant patients, with SRH and NRH experiencing an average annual growth rate of 31% and 126% of migrant patients, respectively. This increase contributes to the existing capacity issues. It is important to note that enhancing obstetrics/gynecology capacity, along with improving triage, observation, and pre-and post-delivery care, would greatly improve the hospitals' ability to manage obstetric and neonatal complications. Furthermore, [given the country's location in the Caribbean hurricane belt, HFs are particularly vulnerable to the impacts of climate change](#). This has underscored the need for infrastructural adaptations to ensure continuity of care and resilience in times of crisis, following PAHO's [Smart Hospitals Initiative](#).²⁷ Such adaptations will also contribute to strengthening the health sector's capacity to respond to future public health emergencies, such as pandemics, by making hospitals self-sufficient and able to quickly expand capacity when needed.²⁸
- 1.22 *The migrant population faces additional barriers to access and use healthcare.* Besides transportation and financial constraints (¶1.17), migrants encounter several other obstacles, including language barriers,²⁹ insufficient information,³⁰ a lack of protocols and guidelines tailored to their specific health needs,³¹ and discriminatory behavior or negative attitudes from staff at HFs. These experiences can lead to high levels of anxiety, leading migrants to deprioritize their health as they manage numerous other challenges.³² Although migrants are found throughout the country, most reside in rural areas, where health coverage gaps

²⁶ Own calculations with BHIS database.

²⁷ The model promotes resilience of health infrastructure to multiple hazards as well as the use of green technologies (climate adaptation and mitigation) ([OEL#1](#)).

²⁸ Belize, as the LAC region, was hardly hit by COVID-19 and aims to enhance the sector's capacity to respond promptly in the event of a public health emergency.

²⁹ In focus groups, migrants mentioned that administrative and/or health personnel often refuse to find someone who speaks Spanish, even though there are often Spanish-speaking employees available ([OEL#2](#)).

³⁰ Migrants reported insufficient knowledge about how the health system works and whether they must pay for services ([OEL#2](#)).

³¹ According to a needs assessment by the [IOM \(2021\)](#), an important institutional obstacle is the lack of measures and protocols in the health sector strategic plans and quality measurements to address the specific needs of the migrant population.

³² [World Economic Forum \(2017\)](#).

exist (¶1.18, ¶1.19). In these areas, Belizeans and migrants alike depend on outreach services, which often provide limited services and may have staff untrained in addressing the diverse healthcare needs of these populations.

- 1.23 *Other population groups also encounter demand-side barriers to healthcare access and utilization.* Indigenous people cite language and [cultural barriers, along with a lack of knowledge](#), as factors contributing to their hesitancy to seek healthcare. Additionally, gender disparities in healthcare-seeking behavior have been observed, with men being less likely to use PHC services due to stigma around seeking help and insufficient awareness of the benefits of preventive healthcare and regular check-ups ([OEL#2](#)).
- 1.24 **Project's strategy.** To address these challenges and in line with the country's Health Sector Strategic Plan (2014-2024) and IDB's programmatic approach in the health sector (¶1.43), this project will focus on improving the efficiency and quality of Belize's healthcare network, including system- and facility-level efficiency, and in increasing access to services, to ensure it is available and effective for all segments of the population (for the project's vertical logic, [REL#2](#)). The subsequent paragraphs (¶1.25-¶1.41) will detail the interventions that will be financed by this operation to address the issues identified in ¶1.6-¶1.23. Evidence on the interventions' effectiveness is available in this [link](#). Most interventions will be implemented in Cayo and Stann Creek districts (footnotes 35 and 55 and ¶1.35). Some initiatives, such as the preparation of strategic documents, plans, and digital health policies will benefit the entire country (e.g., ¶1.30, ¶1.35). However, specific digital health efforts, including the acquisition of hardware and the implementation of a change management strategy, will primarily focus on Cayo and Stann Creek. The value added by the Bank to this project includes [innovative digital solutions](#), [enhancing health spending efficiency](#), [strengthening PHC](#), [improving HRH management](#), and lessons learned from the [Mesoamerica Health Initiative](#) (MHI) in quality improvement (footnote 11, ¶1.25).
- 1.25 **Interventions to improve healthcare delivery efficiency and quality.** This project will support the expansion of a Quality and Efficiency Improvement Strategy (QEIS) that has been implemented in Belize since 2012, through MHI. Focused initially on reproductive, maternal, neonatal, and child health (RMNCH), this initiative has shown remarkable results in six hospitals and 20 health centers across Belize.³³ The QEIS will be expanded to include NCDs, A&E, and surgeries. It will be implemented in hospitals, polyclinics, and health centers in Cayo and Stann Creek districts.³⁴
- 1.26 The QEIS involves several steps: (i) revising and updating clinical and safety protocols for RMNCH, NCDs, A&E, and surgeries;³⁵ (ii) mapping, standardizing, and

³³ Between 2012 and 2022, obstetric and neonatal complications managed according to norms increased from 34.6% to 56.1% and from 44.3% to 56.2%, respectively.

³⁴ Cayo and Stann Creek were selected for several reasons, including the significant proportion of migrants and indigenous people residing in these districts, as well as the large rural population. Both districts also host regional hospitals that receive a substantial number of referrals for complications from the Southern and Western regions. These hospitals will particularly benefit from the QEIS.

³⁵ Protocols and guidelines will cater for the specificities of vulnerable groups, including migrants, indigenous people, and WEV, as well as specific population groups like men, women of reproductive age, and women with mental health conditions.

optimizing clinical and managerial processes in these areas; (iii) organizing and training HF, district, and regional quality improvement (QI) teams and staff; (iv) implementing continuous quality improvement (CQI) cycles; (v) developing improvement plans for HFs; (vi) monitoring the implementation of optimized processes and improvement plans through automated data analysis; (vii) developing, implementing performance evaluation guidelines; (viii) training district and regional QI teams on conducting performance evaluations; (ix) exchanging best practices among QI teams; and (x) developing and implementing job aides and tools, such as safety checklists ([OEL#7](#)).³⁶ Through these steps, the QEIS contributes not only to improving the quality of care but also to ensuring that HFs are managed and operated efficiently. This includes reducing waiting times, minimizing readmissions for the same condition, lowering hospital infection rates, and decreasing bed occupancy rates.

- 1.27 To complement the QEIS, this project will fund the design and implementation of routine patient satisfaction assessment mechanisms and the establishment of Mortality Review Committees (MRCs), both of which are essential components of initiatives to improve care quality. MRCs are crucial for analyzing near misses and deaths, understanding their circumstances, identifying contributory factors, and recommending preventive improvements that can be integrated in clinical and/or managerial protocols, processes, training, and/or monitoring.
- 1.28 To address health workforce challenges, this project will finance scholarships for additional doctors and nurses,³⁷ support the strengthening of the NCD and Epidemiology units with personnel,³⁸ and provide training for health workers, managers, and MOHW officials. This will include training in the updated protocols for RMNCH, NCDs, A&E, and surgeries, emphasizing new techniques like bubble c-pap for neonates. Managers will receive training in HF management and operation to improve workflow and efficiency. Virtual education courses will support in-person training, offer routine refreshers, and assist in personnel onboarding.³⁹ One of these courses will address care for vulnerable groups, including migrants⁴⁰ and indigenous people, as well as specific populations like Women Experiencing Violence (WEV) and men.⁴¹
- 1.29 Additionally, the project will develop a robust Performance Monitoring and Evaluation System (PMES) to supervise health workers.⁴² The PMES, based on QEIS data and other sources, will assess workers' performance against established standards and targets, incorporating feedback mechanisms and

³⁶ Tools to improve patient care, such as mental health self-assessment checklists, will also be implemented.

³⁷ E.g., training of additional gynecologists/obstetricians, neonatologists, and mental health nurses, as well as biomedical engineers and maintenance officers.

³⁸ Two consultants will be financed for two years to support the development of key studies and the preparation of strategic documents and action plans.

³⁹ Continuous professional development and training programs are effective to improve retention and employee job satisfaction ([Price and Reichert, 2017](#); [Huang 2019](#)).

⁴⁰ Migrants, refugees, and asylum seekers' health needs are influenced by their migration, displacement, or resettlement experiences (see [OEL#3](#)). Cultural competence is essential for delivering effective, equitable services to migrants and indigenous populations ([Lau and Rodgers \(2021\)](#); [Hiam et al. \(2019\)](#)).

⁴¹ Addressing WEV is not directly included in this project's vertical logic. However, it was identified as an important issue in the Gender and Diversity Analysis ([OEL#4](#)). For this reason, some activities to address this issue were incorporated into the project.

⁴² Supervision is vital for promoting best practices, adherence to policies, and enhancing job satisfaction.

continuous improvements in healthcare delivery. Together with enhanced work processes, training, and capacity building, the PMES will contribute to increased worker performance and productivity.⁴³ Lastly, this project will support the updating of the national HRH strategic plan. This involves assessing cost-effective strategies to increase the availability of health workers in Belize's rural areas. Potential strategies include recruiting from local communities, offering conditional scholarships, implementing rural preceptorships, providing continuous mentoring and coaching, leveraging digital health, adopting task shifting, and creating advanced roles for allied health professionals.

- 1.30 To address governance-level inefficiencies, this project will finance the development of the National Health Strategic Plan 2025-2035 through a highly participatory process that will involve stakeholders and users at different levels of the system.⁴⁴ This process presents an opportunity to openly discuss some of the challenges the system faces. It also aims to garner support for critical aspects of the system that may require reengineering, ensuring that agreed-upon actions are viable, legitimate, and relevant.⁴⁵ Key analytical work financed by the IDB, and other partners, will inform this process.⁴⁶ One topic of discussion will be the roles of the NHI and KHMHA within the health system and how these can be optimized to reduce fragmentation and increase accountability. This will include considerations of the planned expansion of the NHI, MOHW's role (and budget) in this context, and the introduction of strategic purchasing beyond NHI. Strategic purchasing can be an effective tool to drive efficiency and quality improvements and enhance accountability.
- 1.31 The project will also finance the development of a centralized hospital costing system. Allocating a fixed budget to hospitals without knowledge of the actual costs of the services provided is not best practice. This lack of information hinders the system's stewards (MOHW) from demanding a minimum level of service provision and accountability from the provider. Accurately determining the cost of services is essential for efficient financial management and resource allocation.⁴⁷
- 1.32 To guarantee the timely availability of medicines and supplies in HFs, the project will strengthen the supply chain management system. This will involve revising all processes related to planning and forecasting, procurement, storage, distribution, inventory control, monitoring, evaluation, and the implementation of new management practices.
- 1.33 In digital health, this project will finance interventions to improve the availability and quality of data for clinical, administrative, and policy decision-making, following the [six dimensions of digital investments proposed by the IDB](#). These improvements

⁴³ Health workers low productivity is a result of many factors, including lack of necessary skills or knowledge, inefficient, redundant, timely, and/or bureaucratic processes, and insufficient supervision ([Jaskiewicz and Tulenko, \(2012\)](#)).

⁴⁴ Including the reactivation of the Intersectoral Health Commission with relevant ministries/entities to discuss and plan for social determinants of health.

⁴⁵ Innovative problem-solving techniques, like social labs, will be considered for this process ([Unceta et al, \(2019\)](#)).

⁴⁶ BL-T1176 will finance an assessment of the KHMHA and its governance structure, as well as a performance and cost assessment of the NHI. PAHO is updating a fiscal space analysis to look at innovative health financing models to expand the NHI.

⁴⁷ [Guinness, et al. \(2022\)](#); [Wang et al. \(2018\)](#).

will enhance the functionality of the BHIS to optimize clinical workflows and reduce inefficiencies in data capture and retrieval during clinical encounters, contributing to data completeness.⁴⁸ These investments are aligned with the Pan-American Highway for Digital Health (PH4H).⁴⁹ The project will also support the design of a patient self-care and management functionality, such as a mobile app or patient portal, connected to the BHIS.

- 1.34 A change management strategy will be financed, encompassing job aides and training for end-users on existing and new features of the BHIS, to enhance efficiency. Training will also be provided for IT teams at regional and central levels to support end-users and monitor the optimized use of the BHIS over the long term. Training on data analysis for decision-making will be provided for clinicians, administrators, and managers across the system.
- 1.35 Additionally, this project will assess the country's digital health governance to identify gaps that create risks or barriers to the effective and safe use of health information and digital technologies. The assessment will contribute to proposing a strategic plan to guide priorities and investments, addressing changes in organizational structure and HRH requirements and the development of key policies, such as telehealth, cybersecurity, and data privacy. Finally, the project will support the renovation of hardware, servers, and network infrastructure in HFs in Cayo and Stann Creek.
- 1.36 **Interventions to improve healthcare access.** This project will finance a revision of the healthcare delivery model in Belize, to propose improvements in the PHC model. This will include a revision of the portfolio of services to be delivered at each facility, per level of care, and the roles of different health worker cadres. This analysis will consider both supply- and demand-side factors such as the catchment area of each facility, distance/transportation to HFs, , potential gaps in service delivery, user-fees, and demographic and epidemiological projections, among others.
- 1.37 The revision of the healthcare delivery model will further identify barriers to access/use of services for vulnerable groups, building on a recent [qualitative analysis](#) that was conducted by the IDB, and propose interventions to increase access/use. This will include access protocols for indigenous communities,⁵⁰ care protocols for migrants and indigenous people (including guidance for when a patient speaks another language),⁵¹ educational pamphlets and instructions in different languages or even in abstract form, strategies to sensitize administrative and health workers to the needs of these groups, and approaches to make HFs

⁴⁸ Investments in health information technology enhance hospitals' financial performance and productivity ([Wang et al. \(2018\)](#)).

⁴⁹ The PH4H Initiative promotes cross-border digital health services and aligning national investments to bolster the region's capacity to respond effectively to public health emergencies.

⁵⁰ For instance, it specifies that when conducting preventive health campaigns or providing services to communities, there must be communication with representatives of indigenous communities to secure their support and approval. This approach aims to prevent rejection by these populations and ensures the continuity of service provision ([Durey et al. \(2016\)](#); [Cotton et al. \(2014\)](#)).

⁵¹ For example, instructions can be given in the patient's native language. If no one at the HF speaks the language, arrangements could be made to call a support translator ([Shamsi et al. \(2020\)](#); [Jacobs et al. \(2011\)](#)).

more culturally inclusive.⁵² These strategies will be supported by updated healthcare guidelines for vulnerable groups (footnote 35), training (§1.28), and the incorporation of targets related to these groups in patient satisfaction surveys and performance monitoring (§1.27, §1.29). This exercise will also propose strategies to increase men's access to PHC services, such as different operating hours for HFs.

- 1.38 At the PHC level, based on the updated healthcare delivery model, this project will finance the strengthening of the CHWs platform. This will include new work processes, training, and equipping additional CHWs and health educators. The project will also finance the deployment of a fully equipped mobile clinic with a laboratory for basic exams, such as pap smears and blood work. The mobile clinic, staffed with dedicated professionals, will follow a fixed schedule to routinely visit communities. Additionally, it will be equipped with computers connected to the internet, enabling the use of the BHIS.
- 1.39 Complementing supply-side interventions, the project will finance the design and implementation of a behavior-change communication campaign to encourage the use of health services, focusing on RMNCH and NCDs, targeted at migrants, indigenous people, and men. All PHC-related interventions will be implemented in the Stann Creek district⁵³ and will undergo an impact evaluation to inform potential future scale-up ([REL#2](#)).
- 1.40 At the secondary level of care, the project will finance a mental health telehealth pilot to increase access to specialized consultations for rural residents, including migrants⁵⁴ and women, enabling them to have consultations either from their homes or from health centers. This pilot will inform the future scaling up to other types of specialist consultations ([REL#2](#)). Additionally, the project will finance improvements at the Palm Center for Long-Term Care to expand capacity, including the expansion and equipping of the ward area, to increase the number of beds, and the expansion of the occupational therapy room.⁵⁵
- 1.41 At the tertiary level of care, the project will support the expansion and/or retrofitting and equipping (medical and laboratory equipment) of NRH, SRH, and Matron Roberts Polyclinic (MRP). This will include enlarging the obstetric/neonatal and A&E departments at NRH and SRH,⁵⁶ as well as enhancing consultation rooms, observation area, and patient waiting areas at MRP. Infrastructural adaptations at all these facilities, including the Palm-Center, will also be conducted to ensure resilience in the case of a climate-related or public health emergencies, following the [Smart Hospitals](#) model ([OEL#1](#)).⁵⁷

⁵² For instance, by recognizing the [value of traditional medicine alongside conventional treatment](#).

⁵³ Stann Creek was prioritized due to 72% of its population residing in rural areas, significant gaps in PHC coverage, and the highest rates of maternal and neonatal mortality in the country.

⁵⁴ Telehealth services for mental health have been shown to mitigate barriers that migrants face during in-person services ([Weith et al. \(2023\)](#)).

⁵⁵ To help individuals develop, recover, improve, or maintain essential skills.

⁵⁶ The expansion of the A&E department will enable better triage of obstetric patients, reducing the current practice of sending pregnant women straight to the maternity ward without triage. This direct routing can lead to long wait times and delay the detection of critical conditions like hypertension. Triage upon arrival ensures patients needing immediate attention receive it promptly, aligning with best practices.

⁵⁷ These adaptations will contribute to these facilities moving towards the 70+ score for sustainability and the A+ score for safety in the Smart Hospitals scale.

- 1.42 **Government of Belize health strategy.** Belize's Health Sector Strategic Plan (2014-2024) outlines seven objectives, including improvements in health spending efficiency, infrastructure, HRH capacity, PHC, digital health, and organization and management of health services. This operation is aligned and will support interventions across all these areas.
- 1.43 **IDB's programmatic approach in the health sector.** Over the past 15 years, the IDB has supported Belize's health sector through the MHI⁵⁸, the Regional Malaria Elimination Initiative⁵⁹, and two operations related to COVID-19.^{60,61} In response to the shift in disease burden from infectious to chronic illnesses ([OEL#6](#)), the IDB's strategy has consistently aimed to strengthen the [health system's building blocks](#), including service delivery, workforce, information systems, access to essential medicines, financing, and governance (additional information is available [here](#)). This support has led to notable achievements such as improvements in infant health and malaria elimination (§1.4). The current project will build on these efforts, for example, by continuing the expansion of the QEIS strategy, supported since 2015 by the MHI (footnote 11, §1.25). It will also [leverage lessons from past operations](#). This project will focus its efforts on the Cayo and Stann Creek districts because of the significant proportion of migrants and indigenous people residing in these districts, as well as the large rural population (footnotes 35 and 55). The interventions supported by this project can be scaled up to other districts in the future. This expansion would follow the same strategy and adhere to the same criteria used to prioritize the initial districts.
- 1.44 **Lessons learned.** Key lessons from the MHI and the Malaria Elimination Initiative, to be applied in this operation, include: (i) incorporating evidence-based biomedical interventions and promising operational interventions to improve RMNCH, NCDs, A&E, and surgery indicators; (ii) facilitating knowledge and skills transfer to central, subnational, and local levels; (iii) engaging beneficiaries to enhance health service uptake; and (iv) supporting government capacity building in project-related areas to ensure sustainability. The first two lessons are incorporated in Component 1 (§1.26, §1.28). The third lesson was incorporated in the [qualitative analysis](#) and is reflected in Component 2 (revision of the healthcare delivery model). The fourth lesson will be tackled through technical cooperations (TC) to support capacity building (§3.4).
- 1.45 Key lessons from COVID-19 operations, to be applied in this project, include: (i) the importance of enhancing the utilization and investing in the BHIS, which was crucial for caring and monitoring COVID-19 patients; (ii) the critical role of skilled health workers, including the hiring of temporary personnel who were later incorporated into MOHW staff; (iii) the effectiveness of behavioral change activities, especially during the COVID-19 vaccination rollout; and (iv) the necessity

⁵⁸ [GRT/HE-13134-BL](#), [GRT/HE-13135-BL](#); [GRT/HE-14756-BL](#), [GRT/HE-14757-BL](#); [GRT/HE-16712-BL](#), [GRT/HE-16713-BL](#).

⁵⁹ [GRT/MM-17257-BL](#), [GRT/MM-17258-BL](#).

⁶⁰ [5233/OC-BL](#); [3566/OC-BL-2](#).

⁶¹ The MHI targeted Cayo, Corozal, and Orange Walk districts. The Regional Malaria Elimination Initiative and the COVID-19 operations adopted a national approach, implementing interventions countrywide.

- of adequate human resources within the EA for effective project management. The first two lessons are incorporated in Component 1 (¶1.33, ¶1.36, ¶1.28, ¶1.29). The third lesson is incorporated in Component 2 (¶1.39). The fourth lesson is incorporated in Component 3 (¶1.56).
- 1.46 **Coordination with partners.** This project builds on the work conducted by PAHO and the European Union in the country, under the [Smart Hospitals Initiative \(OEL#1\)](#), and leverages analytical work developed by the World Bank (¶1.6). Coordination with other partners will be ongoing to identify opportunities for collaboration and to optimize efforts.
- 1.47 **Strategic Alignment.** The project is consistent with the IDB Group Institutional Strategy: Transforming for Scale and Impact (CA-631) and is aligned with the objectives of: (i) reduce poverty and inequality; and (ii) address climate change by: (i) promoting access to quality healthcare to the population, including vulnerable groups; and (ii) contributing to climate change mitigation and adaptation (¶1.48, ¶1.49). This operation is also aligned with the operational focus areas of: (i) biodiversity, natural capital, and climate action; (ii) gender equality and inclusion of diverse population groups; (iii) institutional capacity, rule of law, and citizen security; (iv) social protection and human capital development; and (v) sustainable, resilient, and inclusive infrastructure.
- 1.48 This project is consistent with the Migration Action Framework (GN-3021) because it will improve access to social services for the migrant population. It is aligned with IDB's Country Strategy with Belize 2022-2025 (GN-3086) and the strategic objective of "improving basic health services provision". Additionally, it is consistent with the Health Sector Framework Document (GN-2735-12) and its priority that all people have timely access to quality healthcare.
- 1.49 **Gender and Diversity.** This project addresses gaps in healthcare delivery for men (NCDs, through the QEIS⁶² (¶1.26), revisions to the healthcare delivery model (¶1.37), a strengthened CHWs platform (¶1.38), and behavior-change communication campaigns (¶1.39). It also addresses gaps in healthcare delivery for women (mental health, through a mental health telehealth pilot (¶1.40) and the QEIS (¶1.26), and sexual and reproductive health, through the QEIS (¶1.26), MRCs (¶1.27), additional doctors and nurses and training of health workers (¶1.28), a strengthened supply chain (¶1.32), the CHWs platform (¶1.38), behavior-change communication campaigns (¶1.39), and the expansion and/or retrofitting and equipping of health facilities (¶1.41)⁶³. Additionally, this project enhances healthcare access for indigenous populations by revising the healthcare delivery model (¶1.37), strengthening the CHWs platform (¶1.38), and launching behavior-change communication campaigns (¶1.39). This project is also aligned with the Employment Action Framework with a Gender Perspective – MAEG (GN-3057).
- 1.50 **Climate change alignment.** This program contributes to climate change mitigation and adaptation by financing infrastructure that is environmentally sustainable and resilient to climate change, mobile health clinics that are retrofitted

⁶² Through the revision and updating of clinical protocols and guidelines.

⁶³ These interventions will ensure women's access to quality sexual and reproductive health services.

for sustainability and resiliency, and digital health equipment with the highest energy efficiency ([OEL#5](#)). It is estimated that 25.23% of the operation's resources will be invested in climate change mitigation and adaptation activities, according to the Multilateral Development Banks (MDB) Joint Methodology.

- 1.51 **Alignment with the Paris Agreement (PA).** This operation has been analyzed using the Joint MDB Framework for Analysis for Alignment with the PA and with the IDB Group's PAIA ([GN-3142-1](#)). It has been determined that it is aligned: (i) with the adaptation goal of the PA; and (ii) with the mitigation goal of the PA based on a specific analysis. The alignment was based on the following: (i) procurement of data servers are not inconsistent with Belize's National Determined Contribution (NDC) mitigation goals; and (ii) data servers to be acquired will meet the highest energy efficiency standards.

B. Objective, components, and cost

- 1.52 The project's general development objective is to improve the health of the population in Belize. The specific objectives are to: (i) improve the efficiency and quality of healthcare delivery; and (ii) improve access to key health services.

- 1.53 **Component 1. Improving the efficiency and quality of healthcare delivery (OC US\$3,339,800; GRF-US\$530,000; KIF-US\$4,065,200):**

- 1.54 **Sub-component 1.1. Quality and efficiency improvement strategy and HRH capabilities.** The objective is to increase the efficiency and quality of services by: (i) updating and deploying the QEIS, with a focus on RMNCH, NCDs, A&E, and surgeries ([¶1.25](#), [¶1.26](#)). The updating of protocols will meet the needs of vulnerable groups, such as migrants and indigenous peoples. A gender perspective will also be incorporated, focusing on WEV, men, and women with mental health conditions; (ii) designing and implementing a patient satisfaction assessment mechanism to contribute to improving care quality ([¶1.27](#)); (iii) establishing MRCs to contribute to improving care quality ([¶1.27](#)); (iv) financing scholarships to train additional doctors and nurses ([¶1.28](#)); (v) strengthening the NCD and Epidemiology units ([¶1.28](#)); (vi) training health workers, managers, and senior MOHW officials ([¶1.28](#)). This will include a course on care for vulnerable groups, including migrants and indigenous people, as well as specific populations like WEV and men; (vii) updating the HRH strategic plan to contribute to improving HRH's availability in rural areas ([¶1.29](#)); and (viii) developing and implementing a PMES to contribute to improving HRH's performance and productivity ([¶1.29](#)).

- 1.55 **Sub-component 1.2. System's governance.** The objective is to optimize key aspects of the system by: (i) updating the National Health Strategic Plan, considering the roles of NHI and KHMHA in the system and the needs of vulnerable populations ([¶1.30](#)); (ii) developing a centralized hospital costing system to improve financial management and resource allocation ([¶1.31](#)); and (iii) improving the supply chain of medicines and supplies, including procurement, to ensure their timely availability ([¶1.32](#)).

- 1.56 **Sub-component 1.3. Digital health.** The objective is to improve the BHIS and the overall digital ecosystem by: (i) improving the BHIS with new functionalities to optimize clinical workflows and data capture and retrieval ([¶1.33](#)); (ii) improving data

quality through updated SOPs and automated reports and dashboards (¶1.33); (iii) designing and implementing a change management strategy to promote the uptake of existing and new features of the BHIS (¶1.34); (iv) assessing the digital health governance and developing key strategic plans and policies (¶1.35); and (v) upgrading hardware, data servers, and network infrastructure (¶1.35).

- 1.57 **Component 2: Improving access to healthcare (OC-US\$2,154,750; GRF US\$2,680,000; KIF-US\$2,934,800).** The objective is to enhance access to outpatient, inpatient, and long-term care. This includes strategies to increase service utilization by vulnerable groups, such as migrants and indigenous people, and specific populations like men by: (i) revising and updating the healthcare delivery model (¶1.36, ¶1.37); (ii) strengthening the CHW platform in rural areas by training and equipping additional CHWs (¶1.38); (iii) piloting a comprehensive mobile clinic for PHC services in rural areas (¶1.38); (iv) designing and implementing a behavior change communication campaign to promote the uptake of health services (¶1.39); (v) piloting a telehealth program for patients with mental health conditions (¶1.40); (vi) financing infrastructure improvements and equipping four HFs (NRH, SRH, MRP, and Palm-Center) (¶1.41); and (vii) financing infrastructure works to adapt the four HFs to climate change and public health emergencies (¶1.41).
- 1.58 **Project administration, monitoring, and evaluation (OC-US\$1,505,450; GRF US\$150,000).** This component will support project execution, monitoring, and evaluation activities.

C. Key indicators

- 1.59 **Expected results.** In terms of its general objective, it is expected that the project will have a favorable impact on the following indicators: premature mortality from NCDs and neonatal mortality. At the level of specific objectives, some of the key indicators are: (i) hospital readmissions for the same or related care within 30 days; (ii) neonatal complications managed according to norms; (iii) stock-outs of essential medicines; (iv) pregnant women triaged at A&E before admission; and (v) PHC outpatient visits, disaggregated by gender, ethnicity (Mayas), and Belizean/non-Belizean. [Indicators “iii” and “v” will also contribute to the outcome “health system capacity enhanced” in the IDB’s Country Strategy with Belize.](#) The data for these indicators will be collected through the BHIS, Belize’s vital statistics, and surveys in HFs performed as part of this operation (Annex II).
- 1.60 **Beneficiaries.** The main project beneficiaries include the population of the Cayo and Stann Creek districts, who will benefit from the QEIS, the PHC interventions, and the telehealth mental pilot program. Additionally, the populations within the catchment areas of SRH, NRH, and MRP will also benefit. These areas encompass the districts of Toledo, Orange Walk, and Corozal, as well as five electoral districts within Belize City. It is estimated that approximately 300,000 people will benefit from these initiatives, including about 37,000 migrants and 42,000 indigenous people.
- 1.61 **Economic analysis.** A cost-benefit analysis was conducted for key elements of the project. Benefits or impacts were measured in terms of operational cost savings and DALYs, monetized in terms of estimated opportunity costs for Belize,

using country-specific cost-effectiveness thresholds. Non-health benefits, including enhanced HF's resilience, climate damage prevention, and operational cost reductions, were considered. All costs, including future maintenance and staffing, were considered. Deterministic sensitivity analysis was applied to both costs and benefits to assess the robustness of the results. The analysis projected that, by 2035, the present value of the estimated average net benefit of the investment is US\$22 million (confidence interval 56 million-91 million), assuming a discount rate of 3%.⁶⁴ By 2035, the internal rate of return is 25% (15%-38%), indicating a high financial return for the project ([OEL#6](#)).

II. FINANCING STRUCTURE AND MAIN RISKS

A. Financing instruments

2.1 This project is a specific investment loan. This instrument is considered appropriate since it is an operation with a fully defined scope whose interdependent components cannot be divided without undermining its logic. This project is co-financed by the GRF and KIF. The total amount of the operation is US\$17,360,000, to be financed by each source as follows: US\$7,000,000 by IDB's ordinary capital (OC), US\$3,360,000 by GRF, and US\$7,000,000 by KIF. A detailed budget allocation is in Table 2.1, with a five-year disbursement period noted in Table 2.2. GRF funds will be disbursed in line with the IDB's OC on a pari-passu basis.

Table II.1. Summary of Program costs (in US\$)⁶⁵

Components	IDB/OC	GRF	KIF	Total	%
Component I. Improving the efficiency and quality of healthcare delivery	3.339.800	530.000	4.065.200	7.935.000	46
Sub-component 1. QEIS and HRH capabilities	2.639.005	360.000	150.995	3.150.000	18
Sub-component 2. System's governance	675.000	170.000	-	845.000	5
Sub-component 3. Digital health	25.795	-	3.914.205	3.940.000	23
Component II. Improving access to healthcare	2.154.750	2.680.000	2.934.800	7.769.550	45
Healthcare delivery model	-	255.000	-	255.000	1.5
CHW platform	15.000	500.000	-	515.000	3
Comprehensive mobile clinic	390.000	500.000	-	890.000	5
Behavior change campaign	140.000	360.000	-	500.000	3
Telehealth pilot	50.000	50.000	-	100.000	0.5
Infrastructure works	1.559.750	1.015.000	2.934.800	5.509.550	32
Project administration, monitoring, and evaluation	1.505.450	150.000	-	1.655.450	10
Total	7.000.000	3.360.000	7.000.000	17.360.000	100

⁶⁴ This rate has become a standard for health economic evaluations and is recommended by the Panel on Cost-Effectiveness in Health and Medicine ([OEL#6](#)).

⁶⁵ Costs by subcomponent or activity are indicative.

Table II.2. Disbursements (in US\$)⁶⁶

	2025	2026	2027	2028	2029	Total
IDB/OC	278.363	1.134.227	2.471.718	1.961.496	1.154.197	7.000.000
GRF	134.980	527.520	832.500	863.223	1.001.777	3.360.000
KIF	945.809	2.388.819	3.319.933	311.233	34.205	7.000.000
Total	1.359.152	4.050.566	6.624.152	3.135.953	2.190.179	17.360.000
%	8	23	38	18	13	100

2.2 **Migration eligibility.** This operation meets the eligibility criteria of the GRF (GN-2947-26):⁶⁷ (i) intraregional migration increased Belize’s population by 2.8% between 2019-2022, surpassing the 0.5% threshold required for Criterion 1; (ii) migrants have increased demand for healthcare provision (¶1.5, ¶1.9, ¶1.21) and face significant barriers in accessing services (¶1.17, ¶1.22); (iii) the operation aligns with the thematic area of “access to social services” as it aims to improve access, use, and quality of healthcare for migrant and host populations (¶1.24); (iv) the interventions will benefit migrant and host communities, focusing on geographic areas with a significant proportion of migrant population in the country (¶1.25), and the results matrix (RM) sets targets for improving access to migrant population and defines targeting criteria to ensure that they are met; and (v) the operation is considered in the country’s programming. Accordingly, the US\$14 million from OC and KIF will leverage US\$3.36 million in GRF resources, consistent with a combination of a maximum of 81% of reimbursable resources and 19% of non-reimbursable resources. This program marks the sixth migration-related operation in the country. Learnings from ongoing migration projects⁶⁸ in Belize will be leveraged to optimize the use of acquired knowledge and maximize the impact on migrant populations and host communities. As project execution progresses, valuable lessons will be shared among projects to foster synergies.⁶⁹

B. Environmental and social risks

2.3 The operation has been classified as Category “B” due to localized and temporary negative impacts from expanding and adapting HFs. The E&S Risk Rating is moderate, reflecting health and safety risks for construction workers and communities, as well as the risk of inadequate preventive and corrective maintenance of facilities. The disaster risk and climate change rating is also moderate, acknowledging natural hazards and the moderate vulnerability of the infrastructure. This classification supports the importance of developing resilient health infrastructure to maintain HFs operational during and after disasters and health emergencies.

2.4 During the preparation phase, the Environmental and Social Management System (ESMS) of the MOHW was strengthened to ensure its suitability for implementing the activities to be financed by this project, in accordance with the requirements of the Environmental and Social Policy Framework (ESPF). An Environmental and Social Analysis (ESA) and an Environmental and Social Management Plan (ESMP) were developed. The ESMP includes a Stakeholder Engagement Plan (SEP) that

⁶⁶ Costs by subcomponent or activity, in this [link](#), are indicative.

⁶⁷ [OEL#3](#).

⁶⁸ [5139/GR-BL](#); [5584/GR-BL](#); [5755/GR-BL](#); [5756/GR-BL](#); [BL-J0007](#).

⁶⁹ For instance, [BL-L1046/BL-J0007](#) contemplates the establishment of facilities in public areas offering one-stop service schemes. These will provide information on various services available to migrants and could potentially be utilized to promote health activities.

details the processes and procedures for conducting meaningful consultations with stakeholders, customized to each project and its contextual risks.

- 2.5 The preliminary version of the [ESA/ESMP](#), along with the SEP, was disclosed on the Bank's external website before the Analysis Mission. A public consultation event took place on April 11, 2024, covering all infrastructure works to be financed under this project. The event format was hybrid, combining both in-person and virtual participation. It involved a presentation outlining the project's scope, objectives, key environmental and social impacts, identified risks, and planned implementation measures. The details of the Grievance Redress Mechanism were also shared. Stakeholders showed good attendance, and no additional impacts or risks were identified based on the feedback received. There was general support for the proposed works. Questions were raised regarding the operation of health facilities during construction and another concerning the timeline and notification process. The MOHW informed attendees that another information session will be conducted before construction begins. This session will provide further details about the plans for reorganizing services to ensure that patient care is not disrupted by the construction, as well as updated information about the timelines. The full record of the consultation event is included in the Consultation Report within the final version of the operation's [ESA/ESMP](#) (Annex 5), which is also published on the Bank's external website.
- 2.6 This project will finance solar panels. The ESMS and ESMP specify the requirements to ensure that the financing of solar panels complies with IDB's policies and aligns with "Measures to Address Risk of Forced Labor in the Supply Chain of Silicon-based Solar Modules" (GN-3062-1). These requirements include having contracted companies sign a "Declaration of Non-Use of Degrading or Forced Labor" and integrating their workers into the project's complaint system.

C. Fiduciary risk

- 2.7 The institutional capacity analysis of the MOHW's Policy, Planning and Project Management Unit (PPPMU) (¶3.3) and the fiduciary risk assessment conducted during preparation indicate that the PPPMU will have adequate capacity to implement the project once one procurement specialist and one financial specialist are hired. Most of the fiduciary risks that were identified were assessed as low, except for the risk related to the human resource capacity, which was classified as medium-high. Considering that the PPPMU is currently implementing other projects, if key personnel are not hired in a timely manner, there is a risk of work overload for the existing staff, which could lead to overall execution delays, particularly in the first year. This will be mitigated by including the hiring of staff for retroactive financing (¶3.7) and the Bank providing hands-on support to the PPPMU to expedite the hiring of key fiduciary personnel prior to eligibility.

D. Other risks and key issues

- 2.8 Execution risks categorized as medium-high level and its mitigation measures have been preliminarily identified in Table 2.3 (Appendix I).

Table II.3. Risks and mitigation measures

Taxonomy	Risk	Level	Measures
EA: Human Resources	If the capacity of the PPPMU is not enhanced to manage infrastructure works and E&S safeguards, it could lead to delays in the execution of activities in Component 2.		Preparing terms of reference and initiating the selection process of the civil engineer before project eligibility and including associated costs for retroactive financing.
Project: Planning, E&S safeguards	If there are delays in the execution of infrastructure works because health facilities remain operational and continue to see patients, it could affect the timely execution of activities.		The ESMP includes provisions to ensure HFs can remain operational while works are being conducted. The selected contractor will be responsible for the implementation of such measures. Additionally, the contractor will be required to implement a code of conduct and a grievance mechanism.
Project: Sustainability	If additional personnel formed and/or trained by the project are not absorbed by the MOHW, it could affect the sustainability of interventions.	Medium-High	In the case of new positions, a fiscal impact analysis (¶2.8) estimated that their annual cost, once the project is concluded, would be approximately US\$348,000, equivalent to about 0.2% of the MOHW's total budget. This information has been shared with the government for planning and decision-making.
	If the healthcare personnel who receive scholarships and/or training, through this project, is not retained in the public sector and/or in the country, or if the MOHW is unable to identify candidates for some of the scholarships and/or training activities, it could affect the sustainability of the operation.		This project will finance activities that will contribute to increasing the retention of health workers (¶1.29-1.30). The MOHW is working on a rigorous selection process to ensure the selection of candidates who are likely to remain in the public sector, prioritizing individuals with a strong commitment to Belize's healthcare system. The MOHW will track retention rates of trained personnel, allowing for timely adjustments to the strategy as needed, and is analyzing potential contingency plans, such as bond agreements. Furthermore, the MOHW will be working on a plan to mitigate the temporary impact that the scholarships and training activities may have on service provision.
	If there is a cyberattack and the cybersecurity system is unable to detect and manage it, the BHIS could be compromised. Additionally, this could lead to breaches in data privacy, exposing sensitive personal and medical information.		This project will contribute to strengthen the cybersecurity framework by developing key policies and upgrading hardware, servers, and network infrastructure (¶1.35). Additionally, the IDB will provide technical assistance to the digital health unit of the MOHW to enhance their ability to identify and manage cybersecurity incidents, through TC BL-T1176. This assistance will include continuous monitoring of network traffic, regular security audits, and the establishment of secure communication channels, among others.

2.9 **Sustainability.** An economic analysis ([OEL#6](#)) was performed to assess the long-term economic viability of the project's interventions. The analysis projected fiscal space for health and additional budget needs, focusing on the maintenance of upgraded facilities, new digital platform integrations, and salaries for extra staff. Projections for the additional fiscal space needed from 2028 to 2035 suggest that the government will need to increase the annual health budget by an average of 0.63%. This indicates the necessity for gradual budget adjustments to accommodate the anticipated costs. It is crucial to note that the project is also

expected to increase health spending efficiency (e.g., by improving worker productivity) and minimize waste (e.g., by optimizing procurement and supply chain management), although these benefits were not quantified.

III. IMPLEMENTATION AND MANAGEMENT PLAN

A. Summary of implementation arrangements

- 3.1 This project's EA will be the MOHW, through its PPPMU, which has been responsible for the implementation of six IDB operations and has substantial experience with Bank's policies and procedures. The PPPMU will be responsible for all aspects of project administration, including planning, budgeting, accounting, procurement, application of social and environmental safeguards, monitoring, and progress reporting. The PPPMU will include a project manager and specialists (at least one per area) in civil engineering⁷⁰, health informatics, procurement, financial management, and monitoring and evaluation. Additionally, the team will include project support staff, such as an assistant procurement officer. Specialized external consulting services will be contracted by the PPPMU for the preparation of infrastructure retrofitting and building plans, supervision of construction including E&S aspects, and development of technical specifications for digital and medical equipment procurement.⁷¹ Technical and fiduciary staff from the MOHW will work closely with PPPMU specialists so that the MOH benefits from knowledge transfer and capacity strengthening.
- 3.2 **Institutional viability.** In February 2024 an institutional capacity assessment was conducted with focus on the PPPMU. Based on the information gathered, the PPPMU demonstrates implementation leadership, problem-solving capabilities and a culture of high performance and quality delivery of outputs. However, the Institutional Capacity Assessment identified weakness in key areas, such as E&S management, financial management, and procurement management. The main challenge is related to insufficient personnel in these areas. Furthermore, across all management areas, the PPPMU lacked procedural manuals related to management and technical oversight. Based on the challenges identified, the assessment recommends that the PPPMU: (i) hires key personnel to support project implementation, with terms of references that meet market demands; and (ii) prepares a Project Operations Manual (POM) that includes processes related to management and technical oversight.
- 3.3 **POM.** The policies, procedures, rules, and detailed responsibilities of the EA during project execution are defined in the POM ([OEL#8](#)), which sets forth standards and guidelines for the EA regarding all areas of project execution, including programming, execution and financial plan, fiduciary arrangements, monitoring, and reporting, among others. The POM also describes the roles and means of coordination among stakeholder agencies.
- 3.4 **Complementary activities.** Two TCs support project preparation and execution, including data collection to analyze gaps and barriers faced by vulnerable groups

⁷⁰ This professional will be trained to oversee the E&S management of this project.

⁷¹ BL-T1176 is being prepared to support EA operational capacity and institutional strengthening.

in accessing healthcare,⁷² key analytical work, and institutional strengthening in digital health and other areas.⁷³

- 3.5 **Special contractual conditions precedent to the first disbursement: the first disbursement of the loan shall be subject to the fulfillment, to the satisfaction of the Bank, of the following requirements: (i) the EA approval of the POM, including the E&S, and the Environmental and Social Management System (ESMS), requirements and the ESMP and the Environmental and Social Action Plan (ESAP) as annexes, in terms previously agreed to with the Bank; and (ii) the assignment of appointment of key personnel for the EA, including a project manager, a procurement specialist, a financial specialist, and a civil engineer (responsible for E&S aspects), following the terms of reference previously agreed to with the Bank.** These conditions are essential to guarantee that the rules of operation and an adequate team will be in place to initiate and conduct project execution.
- 3.6 **Procurement.** Procurement of goods, works, and services financed by the project will adhere to the Bank's procurement policies: Policies for the Procurement of Works and Goods Financed by the Bank (GN-2349-15) and Policies for the Selection and Contracting of Consultants Financed by the Bank (GN-2350-15), or those in effect at the time of the project execution. The PPPMU will follow procurement processes as described in the Procurement Plan (PP) to be approved by the Bank. The PP will be updated through the semi-annual progress report, or whenever necessary or required by the Bank.
- 3.7 **Retroactive financing.** The Bank may retroactively finance up to US\$700,000 (10% of the OC resources) for eligible expenditures incurred by the EA before loan approval for: (i) updating and deploying the QEIS; (ii) updating the national health strategic plan; and (iii) key personnel for the PPPMU, provided they meet requirements similar to the loan contract. Such expenditures must have occurred on or after January 11, 2024 (the Project Profile approval date) and under no circumstance exceed 18 months prior to loan's approval. These expenses shall be made in accordance with IDB's procurement policies (GN-2349-15 and GN-2350-15).
- 3.8 **Disbursement and financial management.** The loan disbursement period is five years, with the Bank providing advance of funds based on the project's 90 to 180-day liquidity needs. The PPPMU will oversee the utilization of the advance of funds and eligible activities while keeping records of financial transaction, in line with Bank fiduciary policies (OP-273-12). Upon 80% expenditure of the advance, the PPPMU can request a new disbursement after submitting expenditure justifications for Bank review.
- 3.9 **Auditing.** The PPPMU will be responsible for submitting the following documents to the Bank: (i) Annual Audited Financial Statements (AFS) of the project, to be submitted within 120 days after the close of each fiscal year; and (ii) final audited financial statements, to be submitted within 120 days after the final disbursement

⁷² [ATN/OC-20549-BL](#) (US\$100,000) and [BL-T1176](#) (US\$250,000).

⁷³ [ATN/ME-18015-BL](#).

date of the project, or any of its extensions. The audit will be conducted by an independent audit firm considered eligible by the Bank.

B. Summary of arrangements for monitoring results

- 3.10 **Monitoring.** The project will adhere to the Monitoring and Evaluation Plan, focusing on results and output indicators, using standard Bank instruments ([REL#2](#)). Semi-annual progress reports will be presented by the EA, through the PPPMU, within thirty (30) days after the end of the corresponding semester and should include a description of the physical and financial execution of activities as well as issues relating to implementation, risks, mitigation measures, and E&S safeguards.
- 3.11 **Evaluation.** A mixed-methods results evaluation will be conducted, including: (i) a "before and after" analysis; (ii) a review of the project's theory of change; (iii) an analysis of physical and financial progress; and (iv) an analysis of project results in the context of existing evidence on the effectiveness of similar interventions in comparable settings. Additionally, an impact evaluation of PHC interventions in Stann Creek district will employ a difference-in-differences model to contrast treated and comparison rural villages. In the project's first year, the impact evaluation will establish a baseline report outlining the methodological approach and evaluation framework.

Development Effectiveness Matrix		
Summary BL-L1048 / BL-J0008		
I. Corporate and Country Priorities		
Section 1. IDB Group Institutional Strategy Alignment		
Operational Focus Areas	<ul style="list-style-type: none"> -Biodiversity, natural capital, and climate action -Gender equality and inclusion of diverse population groups -Institutional capacity, rule of law, citizen security -Social protection and human capital development -Sustainable, resilient, and inclusive infrastructure 	
[Space-Holder: Impact framework indicators]		
2. Country Development Objectives		
Country Strategy Results Matrix	GN-3086	Improving basic health services provision
Country Program Results Matrix	GN-3207	The intervention is included in the 2024 Operational Program.
Relevance of this project to country development challenges (If not aligned to country strategy or country program)		
II. Development Outcomes - Evaluability		
3. Evidence-based Assessment & Solution		Evaluable
3.1 Program Diagnosis		9.7
3.2 Proposed Interventions or Solutions		2.5
3.3 Results Matrix Quality		3.5
3.3 Results Matrix Quality		3.7
4. Ex ante Economic Analysis		10.0
4.1 Program has an ERR/NPV, or key outcomes identified for CEA		1.5
4.2 Identified and Quantified Benefits and Costs		3.0
4.3 Reasonable Assumptions		2.5
4.4 Sensitivity Analysis		2.0
4.5 Consistency with results matrix		1.0
5. Monitoring and Evaluation		9.5
5.1 Monitoring Mechanisms		4.0
5.2 Evaluation Plan		5.5
III. Risks & Mitigation Monitoring Matrix		
Overall risks rate = magnitude of risks*likelihood		Medium Low
Environmental & social risk classification		B
IV. IDB's Role - Additionality		
The project relies on the use of country systems		
Fiduciary (VPC/FMP Criteria)		Budget, Treasury.
Non-Fiduciary	Yes	Statistics National System.
The IDB's involvement promotes additional improvements of the intended beneficiaries and/or public sector entity in the following dimensions:		
Additional (to project preparation) technical assistance was provided to the public sector entity prior to approval to increase the likelihood of success of the project		

Evaluability Assessment Note:

The project's general development objective is to improve the health of the population in Belize. The specific objectives are to: (i) improve the efficiency and quality of healthcare delivery; and (ii) improve access to key health services. The operation is structured in two components for a total of US\$17,360,000.

The operation is evaluable: overall, the diagnosis is adequate and has a well-identified problem and clear determinants. The results matrix exhibits specific objectives and a clear vertical logic, including SMART indicators for monitoring results. The economic analysis of the program is based in a Cost-Benefit Analysis (CBA) measuring health benefits (DALYs, monetized in terms of estimated opportunity costs for Belize) and non-health benefits derived from operational cost reductions and efficiency gains. The project's Internal Rate of Return (IRR) under base scenario is 25%, and the sensitivity analysis included shows that the operation is viable under changes in key assumptions and parameters.

The program has a Monitoring and Evaluation Plan that specifies: (i) the minimum monitoring activities, (ii) impact and results indicators, data sources and verification protocols, (iii) the M&E budget. The operation will be evaluated employing a mixed-methods approach strategy, that will include: (i) a "before and after" analysis; (ii) a review of the project's theory of change; (iii) an analysis of physical and financial progress; and (iv) an analysis of project results in the context of existing evidence on the effectiveness of similar interventions in comparable settings. Additionally, an impact evaluation employing a difference-in-differences strategy is proposed to measure the causal effect of PHC interventions in rural villages of Stann Creek district.

RESULTS MATRIX^{1,2}

Project Objective	The project's general development objective is to improve the health of the population in Belize. The specific objectives are to: (i) improve the efficiency and quality of healthcare delivery; and (ii) improve access to key health services.
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General Development Objectives

	Indicators	Unit of measure	Baseline value	Baseline year	Expected year for achievement	Target	Means of verification	Comments
General development objective: To improve the health of the population in Belize.								
1	Premature mortality from diabetes and cardiovascular diseases (in Cayo and Stann Creek districts)	Crude mortality rate (per 100,000 population aged 30-69 years old)	188.7	Average 2019-2023	2029	170.0 (average 2025-2029)	Belize Health Information System (BHIS)	
2	Neonatal mortality rate (in Cayo and Stann Creek districts)	Rate (per 1,000 live births)	8.03	Average 2019-2023	2029	7.2 (average 2025-2029)	BHIS	

¹ For more information on how each indicator is calculated, see the **Indicators Dictionary in the project's draft Operations Manual**.

² For the indicators marked with an (*), a baseline analysis is being conducted to measure and/or validate the information available and to set the targets. This information will be updated at the project's start-up workshop.

Specific Development Objectives

	Indicators	Unit of measure	Baseline value	Baseline year	End of Project	Means of verification	Comments
Specific development objective: to improve the efficiency and quality of healthcare delivery.							
1.1	Percentage of hospital readmissions within 30 days, due to a diagnosis associated with diabetes and/or cardiovascular diseases (in Southern and Western Regional hospitals)	Percentage	6%	Average 2021-2023	4% (average 2027-2029)	BHIS/Hospital records	
1.2	Percentage of neonatal complications managed according to norms (in Southern and Western Regional Hospitals)		68%	2023	81% (2029)	Patient Medical Records and BHIS	Neonatal complications include sepsis, asphyxia, low birth weight, and prematurity.
1.3	Control of blood pressure among people with hypertension at least once in the past six months (in Stann Creek and Cayo districts)		26.9	2023	45% (2029)	BHIS	
1.4	Percentage of inpatient encounters in the BHIS with the ICD-10 diagnosis code (people > 4 years old, in Southern and Western Regional Hospitals)		66%	Average 2021-2023	80% (average 2027-2029)	BHIS	This indicator assesses the quality of data in the BHIS. Population > 4 so wellness visits are not counted.
1.5	Percentage of stock-outs of essential medicines in public pharmacies (annual average) (*) (in Cayo and Stann Creek districts)		TBC	2023	TBC	Pharmacy department yearly reports, Ministry of Health and Wellness (MOHW)	Annual average (for both districts) based on monthly reports.
Specific development objective: to improve access to key health services.							
2.1	Percentage of pregnant women triaged at A&E before admission (in Northern and Southern Regional Hospital)	Percentage	50%	2023	75% (2029)	Hospitals logbooks and BHIS	The A&E department has insufficient space to conduct appropriate triage of pregnant women.

	Indicators	Unit of measure	Baseline value	Baseline year	End of Project	Means of verification	Comments
2.2	Percentage of rural villages with the highest concentration of migrant population that is visited at least once every two months by comprehensive mobile clinics. (in Stann Creek and Cayo districts)	Percentage	0%	2023	50% (2029)	BHIS	The information on the number of villages and the population distribution is from the 2022 Census. "High concentration" indicates that over 10% of the population in a village is either non-Belizean or Maya.
2.3	Percentage of rural villages with the highest concentration of Maya population that is visited at least once every two months by comprehensive mobile clinics (in Stann Creek and Cayo districts)		0%	2023	50% (2029)	BHIS	
2.4	Number of outpatient visits at the PHC level (*) (in Stann Creek and Cayo districts) Disaggregated by: -Belizean/non-Belizean -Maya population -Gender	Number	Total: 41,203 Migrants: 2,927 Mayas: 4,302 Males: TBC Females: TBC	2023	Total: 43,300 Migrants: 3,100 Mayas: 4,500 Males: TBC Females: TBC (2029)	BHIS	
2.5	Percentage of patients diagnosed with a mental health condition that received at least one remote counseling session per month Disaggregated by: -Belizean/non-Belizean -Gender	Percentage	0%	TBC	35% (2029, in all groups)	BHIS	
2.6	Number of new admissions at the Palm Center for Long-Term Care	Number	0	Average 2021-2023	20 (2029)	BHIS	

Outputs

	Indicators	Unit of measure	Baseline value	Baseline year	Year 1	Year 2	Year 3	Year 4	Year 5	End of Project	Means of verification	Comments
Component 1: Improving the efficiency of healthcare delivery												
1.1	Sub-component 1.1. Quality and efficiency improvement strategy and Human Resource (HRH) capabilities											
1.1.1	Quality and Efficiency Improvement Strategy deployed	Strategy	0	2024	0	0	0	0	1	1	Project audit reports	
1.1.2	Patient satisfaction assessment tool instituted implemented	Tool	0		0	0	1	0	0	1		
1.1.3	Mortality Review Committees established	Committee	0		0	0	0	0	4	4		
1.1.4	Health providers and managers with competencies and skills developed	Individuals	200		0	0	100	100	0	200		
1.1.5	Professionals with a scholarship awarded	Individuals	0		0	15	9	15	4	43		
1.1.6	MOHW's epidemiology and NCD unit strengthened	Individuals	0		0	0	2	2	0	2		Not cumulative
1.1.7	Recruitment and retention plan for human resources updated	Plan	0		0	0	1	0	0	1		
1.1.8	MOHW performance monitoring and evaluation system instituted	System	0		0	0	0	1	0	1		
1.2	Sub-component 1.2. System's governance											
1.2.1	Supply chain management system updated	System	0	2024	0	0	0	1	0	1	Project audit reports	
1.2.2	National Health Strategic Plan approved	Plan	0		0	1	0	0	0	1		
1.2.3	Hospital costing system completed	Tool	0		0	0	1	0	0	1		
1.3	Sub-component 1.3. Digital health											
1.3.1	BHIS improved with new functionalities	System	0	2024	0	0	1	0	0	1	Project audit reports	
1.3.2	Health facilities with digital network improved	Health facility	17		0	0	12	5	0	17		
1.3.3	Data quality improved	System	0		0	0	0	1	0	1		
1.3.4	Change management strategy deployed	Strategy	0		0	0	0	1	0	1		
1.1.5	Digital health governance model and policies developed	Plan	0		0	0	4	0	0	4		

	Indicators	Unit of measure	Baseline value	Baseline year	Year 1	Year 2	Year 3	Year 4	Year 5	End of Project	Means of verification	Comments
Component 2: Improving access to healthcare												
2.1	Community Health Platform strengthened	Platform	0	2024	0	0	0	1	0	1	Project audit reports	
2.2	Behavior Change Communication Strategy deployed	Strategy	0		0	0	0	1	0	1		
2.3	Integrated Mobile Clinic deployed	Mobile Clinic	0		0	0	0	1	0	1		
2.4	Telehealth Mental Pilot activated	Pilot	0		0	0	1	0	0	1		
2.5	Health facilities expanded/retrofitted that achieve a score of 70% on the green checklist	Health Facility	0		0	0	2	2	0	4	Assessment tool (Smart Hospitals Initiative)	
2.6	Health service delivery model updated	Model	0		0	1	0	0	0	0	1	Project audit reports

FIDUCIARY AGREEMENTS AND REQUIREMENTS

Country: Belize **Division:** SPH **Operation No:** BL-L1048; BL-J0008 **Year:**2024

Executing Agency (EA): Ministry of Health and Wellness (MOHW)

Operation Name: Improving Efficiency, Quality, and access in Belize's Health System

I. Fiduciary Context of Executing Agency

1. Use of country systems in the Project¹

<input checked="" type="checkbox"/> Budget	<input type="checkbox"/> Reports	<input type="checkbox"/> Information System	<input type="checkbox"/> National Competitive Bidding (NCB)
<input checked="" type="checkbox"/> Treasury	<input type="checkbox"/> Internal audit	<input type="checkbox"/> Shopping	<input type="checkbox"/> Others
<input type="checkbox"/> Accounting	<input type="checkbox"/> External Control	<input type="checkbox"/> Individual Consultants	<input type="checkbox"/> Others

2. Fiduciary execution mechanism

<input checked="" type="checkbox"/>	Co-Financing	Korean Infrastructure Development Co-Financing Facility for Latin America and the Caribbean (KIF).
<input checked="" type="checkbox"/>	Particularities of the fiduciary execution	The EA will be the MOHW, through its Policy, Planning and Project Management Unit (PPPMU). The PPPMU will be responsible for the fiduciary management of the project.

3. Fiduciary capacity

Fiduciary Capacity of the EA	<p>The assessment of the EA's fiduciary capacity is considered adequate, based on the institutional capacity assessment (ICAP) and risk assessment conducted. The EA has a solid track-record of project implementation and providing fiduciary oversight to projects financed by the Bank and other partners. Most of the fiduciary risks identified were qualified as low except for the one noted in section four.</p> <p>At the national level, results of the assessment of public financial management systems in Belize (2021), using the Bank's assessment methodology, indicates an overall low level of development of the national fiduciary systems. Given that internal control systems and fiduciary procedure documentation within the government are often weak and fragmented, the project's fiduciary procedures and internal controls will be clearly documented in the Project Operations Manual (POM) to ensure proper management of project resources.</p>
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4. Fiduciary risks and risk response

Risk Taxonomy	Risk	Risk level	Risk response
Human Resources	Considering that the PPPMU is implementing other projects, there is a risk of work overload for the existing staff, if they assume the responsibility of carrying-out all the fiduciary tasks for this project. This could lead to execution delays, particularly in the first year.	Medium-High	This risk will be mitigated by the hiring or appointing of additional fiduciary staff (finance officer and procurement officer) as part of the conditions prior to first disbursement.

¹ Any system or subsystem that is subsequently approved could be applicable to the project, in accordance with the terms of the validation conducted by the Bank.

5. Policies and guides applicable to operation

The procurement processes financed in full or in part by Bank resources will be conducted in accordance with the Policies for the Procurement of Goods and Works Financed by the IDB (GN-2349-15) and the Policies for the Selection and Contracting of Consultants Financed by the IDB (GN-2350-15), or those in effect at the time of project execution.

6. Exceptions to policies and rules: Not applicable.

II. Aspects to be considered in the Special Conditions of the Loan Agreement

<p>Exchange Rate: Pursuant to Article 4.10 of the General Conditions, the parties agree that the applicable exchange rate shall be that indicated in paragraph (b)(ii) of said Article. This agreed exchange rate will be the rate as published by the Central Bank of Belize (CBB) on the effective date on which the Borrower, the EA, or any other person or legal entity vested with the power to incur expenditures makes the related payments.</p>
<p>Audit: Throughout the loan disbursement period, the EA will submit annual audited financial statements to the Bank within 120 days after the fiscal year ends on March 31st. The audit will be conducted by a Bank-eligible independent audit firm. The audit's scope and related considerations will be governed by the Financial Management Guidelines (OP-273-12) and the Guide for Financial Reports and Management of External Audit. Project resources will finance audit costs.</p>

III. Agreements and Requirements for Procurement Execution

Bidding documents	For the procurement of works, goods, services, and non-consulting services, the Standard Bidding Documents (SBDs) issued by the Bank or those agreed upon between the EA and the Bank will be used, following the Procurement Policies (GN-2349-15) and subject to International Competitive Bidding (ICB). Similarly, the selection and contracting of consulting services will be conducted in accordance with the Policies for the Selection and Contracting of Consultants (GN 2350-15), using the Bank's Standard Request for Proposals (SRP) or documents agreed upon between the EA and the Bank. The Team Leader (TL) is responsible for reviewing technical specifications and terms of reference during the preparation of selection processes. This technical review, which can be ex-ante, is independent of the procurement review method. .
Complementary procurement support	Yes, if needed.
Recurrent expenses	The recurrent expenses approved by the TL will be made following the EA's administrative procedures. These procedures will be reviewed and approved by the Bank and must adhere to the principles of value for money, economy, efficiency, equality, transparency, and integrity.
Advance Contracting – Retroactive Financing	The Bank may retroactively finance up to US\$700,000 (10% of the ordinary capital resources) for eligible expenditures incurred by the EA before loan approval for: (i) updating and deploying the QEIS; (ii) updating the national health strategic plan; and (iii) key personnel for the PPPMU, provided they meet requirements similar to the loan contract. Such expenditures must have occurred on or after January 11, 2024 (the Project Profile approval date) and under no circumstance exceed 18 months prior to loan's approval. These expenses shall be made in accordance with IDB's procurement policies (GN-2349-15 and GN-2350-15) and the Policy on Cost Recognition, Retroactive Financing and Early Acquisition (GN-2259-1).

Procurement supervision	The method of supervision for the procurement processes executed by the EA shall be ex ante. During execution, if identified that the EA has developed sufficient capacity, the possibility of supervising procurement processes on an ex-post basis will be evaluated.
Records and archives	The PPPMU will be responsible for maintaining proper records and supporting documentation of all procurement processes financed with project resources along with the relevant payment supporting documentation, in accordance with the terms of the loan contract.

Main acquisitions

Description	Selection Method	New Procedures/ Tools	Estimated Date	Estimated Amount 000'US\$
Goods				
Digital health equipment (including telehealth)	ICB		04/15/2027	1,522
Medical equipment and furniture for health facilities	ICB		08/31/2027	650
Vehicles (mobile clinic and mental health)	ICB		11/01/2028	405
Works				
Works for Northern Hospital	ICB		10/01/2025	1,641
Works for Southern Hospital	ICB		10/01/2025	1,028
Works for Palm-Center	NCB		11/15/2026	975
Works for Matron Roberts Polyclinic	NCB		10/01/2025	598
Non-consulting services				
Consulting firms				
Quality and Efficiency Improvement Strategy (QEIS) implemented	QCBS		02/15/2025	920
BHIS development consultancy	QCBS		09/01/2025	708
Supply chain management system	QCBS		09/15/2026	500
Behaviour Change Communication Strategy developed and implemented	QCBS		07/01/2027	500
Training for health providers and managers (in quality of care, administrative and management aspects)	QCBS		04/15/2026	370
Change management strategy designed and implemented (digital health)	QCBS		03/15/2027	368
Individuals				
Digital Health Lead	IC		06/01/2025	360
National Health Strategic plan	IC		10/01/2026	205

To access to 18-month procurement plan [\[link\]](#)

IV. Agreements and Requirements for Financial Management

Programming and budget	The budget preparation process annually starts with the Ministry of Finance (MOF) issuing a circular to guide ministries, departments, and agencies through the procedures, timelines, and required forms. This process also applies to external financing, including IDB funds and this project's resources. The government pledges
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	to provide adequate fiscal space each fiscal year for the project's timely execution, hence no fiscal or budgetary bottlenecks are expected.
Treasury and disbursement management	In accordance with Belize's regulations, a project account will be established at the CBB for receiving disbursements. Local expenses will be paid from the Consolidated Revenue Fund account, then reimbursed from the CBB account. Foreign currency expenses will be directly paid by the designated account in the CBB, through the Accountant General's Department, upon request by the EA. According to the disbursing norms for loan operations and the anticipated commitments and obligations of the project, this operation will primarily use the Advance of Funds method, catering to six-month liquidity needs, with subsequent advances possible after 80% of the total accumulated balance pending justification has been submitted and accepted by the Bank. The other disbursement methods that may be used includes reimbursement and direct payments to suppliers.
Accounting, information systems and reporting	Project accounting will be managed through SmartStream, the government's financial management system, following cash basis International Public Sector Accounting Standards (cashIPSAS). QuickBooks will supplement SmartStream for financial reporting.
Internal control and internal audit	The Government of Belize's internal control system is weak, and despite the establishment of an Internal Audit Unit at the MOF in 2020, no internal audits have been performed. To guarantee adequate internal control systems for the project, a POM will be developed, detailing the necessary internal control systems for effective fiduciary management of the project.
External control: external financial audit and project reports	Due to the capacity constraints of the Office of the Auditor General, the project will contract and finance an independent external audit. A private audit firm, approved by the Bank, will be hired to perform the annual and final financial statement audits. The EA will select and hire an auditor based on the Terms of Reference agreed with the Bank.
Project financial supervision	The project's financial supervision plan will focus on: (i) activities related to the implementation and follow-up of arrangements and systems being implemented for the project's fiduciary management; (ii) tracking the implementation of risk mitigating measures; and (iii) capacity building of EA personnel in Bank procedures. Disbursements will undergo ex-post review.

IMPROVING EFFICIENCY, QUALITY, AND ACCESS IN BELIZE'S HEALTH SYSTEM

BL-L1048

CERTIFICATION

The Grants and Co-Financing Management Unit (ORP/GCM) certifies that the referenced operation will be financed through:

Funding Source	Fund Code	Currency	Amount Up to
Korea Infrastructure Development Co - Financing Facility for Latin America and the Caribbean	KIF	USD	7,000,000

For operations financed by funds where the Inter-American Development Bank (IDB) does not control liquidity, the availability of resources is contingent upon the request and the receipt of the resources from the donors. Additionally, in case of operations financed by funds that require a post-approval agreement with the donor, the availability of resources is contingent upon the signature of the agreement between the Donor and the IDB. (i.e.: Project Specific Grants (PSG), Financial Intermediary Funds (FIF), and single donor trust funds).

Certified by: Original signed April 29, 2024 | 3:07 PM EDT

Maria Fernanda Garcia Rincon Date
Chief
Grants and Co-Financing Management Unit
ORP/GCM

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/24

Belize. Loan ____/OC-BL to Belize.
Improving Efficiency, Quality, and
Access in Belize's Health System

The Board of Executive Directors

RESOLVES:

That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, to enter into such contract or contracts as may be necessary with Belize, as Borrower, for the purpose of granting it a financing aimed at cooperating in the execution of the project "Improving Efficiency, Quality, and Access in Belize's Health System". Such financing will be for the amount of up to US\$7,000,000, from the resources of the Bank's Ordinary Capital, and will be subject to the Financial Terms and Conditions and the Special Contractual Conditions of the Project Summary of the Loan Proposal.

(Adopted on _____ 2024)

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/24

Belize. Loan ____/KI-BL to Belize
Improving Efficiency, Quality, and
Access in Belize's Health System

The Board of Executive Directors

RESOLVES:

That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, acting as the Administrator of the Korea Infrastructure Development Co-financing Facility for Latin America and the Caribbean ("the Facility"), to enter into such contract or contracts as may be necessary with Belize, as Borrower, for the purpose of granting it a financing to cooperate in the execution of the project "Improving Efficiency, Quality, and Access in Belize's Health System". Such financing will be for an amount of up to US\$7,000,000 from the resources of the Facility, and will be subject to the Financial Terms and Conditions and the Special Contractual Conditions of the Project Summary of the Loan Proposal.

(Adopted on _____ 2024)

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/24

Belize. Nonreimbursable Investment Financing _____/GR-BL to Belize
Improving Efficiency, Quality, and Access in Belize's Health System

The Board of Executive Directors

RESOLVES:

That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, as Administrator of the IDB Grant Facility, hereinafter referred to as the "Account", to enter into such contract or contracts as may be necessary with Belize, as Beneficiary, for the purpose of granting it a nonreimbursable investment financing to cooperate in the execution of the project "Improving Efficiency, Quality, and Access in Belize's Health System". Such nonreimbursable investment financing will be for an amount of up to US\$3,360,000, which form part of the Account, and will be subject to the Terms and Financial Conditions and the Special Contractual Conditions in the Project Summary of the project proposal contained in PR-_____.

(Adopted on ____ _____ 2024)