

TC Document

I. Basic Information for TC

▪ Country/Region:	BELIZE
▪ TC Name:	Improving efficiency, quality, and access in Belize's health system
▪ TC Number:	BL-T1176
▪ Team Leader/Members:	Gongora Salazar, Pamela (SCL/SPH) Team Leader; Distrutti, Marcella (SCL/SPH) Alternate Team Leader; Rivero, Ruthann Rachel (CID/CBL); Watson, Brodrick Raylando (VPC/FMP); Lunstedt Tapia, Christian (VPC/FMP); Curran, Vanessa Alexandra (SCL/SPH); De Dobrzynski, Esteban (LEG/SGO); Aguilar Rivera, Ana Mylena (SCL/SPH) Raylando (VPC/FMP); Lunstedt Tapia, Christian (VPC/FMP); Curran, Vanessa Alexandra (SCL/SPH); De Dobrzynski, Esteban (LEG/SGO); Aguilar Rivera, Ana Mylena (SCL/SPH) Raylando (VPC/FMP); Lunstedt Tapia, Christian (VPC/FMP); Curran, Vanessa Alexandra (SCL/SPH); De Dobrzynski, Esteban (LEG/SGO); Aguilar Rivera, Ana Mylena (SCL/SPH)
▪ Taxonomy:	Operational Support
▪ Operation Supported by the TC:	BL-L1048.
▪ Date of TC Abstract authorization:	12 Feb 2024.
▪ Beneficiary:	Ministry of Health and Wellness (MOHW) of Belize
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	OC SDP Window 2 - Social Development(W2E)
▪ IDB Funding Requested:	US\$250,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	36 months
▪ Required start date:	August 2024
▪ Types of consultants:	Individual consultants
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	CID/CBL-Country Office Belize
▪ TC aligned to Country Strategy (y/n):	Yes
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the IDB Group Institutional Strategy 2024-2030:	Diversity; Environmental sustainability; Gender equality; Institutional capacity and rule of law; Social inclusion and equality

II. Description of the Associated Loan

2.1 The Government of Belize has requested IDB's assistance to finance the operation "Improving efficiency, quality, and access in Belize's health system" (BL-L1048), which objective is to improve the health of the population in Belize. To achieve this goal, project BL-L1048 will support investments in expanding the Quality and Efficiency Improvement Strategy (QEIS), enhancing system governance (e.g. updating the National Health Strategic Plan, developing a centralized hospital costing system), implementing innovative digital solutions (e.g. improving the Belize Health Information System (BHIS), upgrading hardware, data servers, and network infrastructure), expanding and upgrading four health facilities, and improving access to primary healthcare services in rural areas through mobile clinics and activities to strengthen the Community Health Workers (CHW) platform. The project's identification mission took place October 24-26, 2023 (virtual closing meeting on November 14, 2023), and the project profile received approval on January 11, 2024. Consideration by the Bank's

Board of Directors is planned for the second quarter of 2024. This Technical Cooperation (TC) will provide operational support to BL-L1048.

III. Objectives and Justification of the TC

- 3.1 **Challenges faced by the health sector.** Although Belize has made significant [improvements in the health sector in the past two decades](#), important challenges remain. The burden of disease is shifting towards non-communicable diseases (NCDs), with [cardiovascular diseases, diabetes, and cancers as the main causes of premature and total death and disability combined](#). Mental illnesses, including suicides, 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](#), and there are notable health outcome disparities across different districts and population groups.
- 3.2 **These challenges are largely fueled by the inefficiency and poor quality of healthcare delivery.** A [recent analysis](#) suggests that Belize could extend life expectancy by two years through more efficient use of health sector resources. Meanwhile, [a study across 137 low-income and middle-income countries](#) found that 74% of preventable deaths in Belize were attributed to poor quality care. Despite high antenatal coverage (around 90%), critical quality benchmarks remain unmet, such as ensuring at least four antenatal visits for 71% of women aged 15-49 by skilled attendants.¹ Moreover, in non-communicable disease (NCD) care, only 54% of diagnosed diabetics received recommended Hemoglobin A1C (HbA1c) tests.² Poor quality care not only compromises patient outcomes, but also increases the likelihood of health complications, ultimately leading to higher costs.
- 3.3 The 2023 Public Expenditure Review³ (PER) highlights various sources of inefficiency within the healthcare sector, including suboptimal care quality in hospitals and primary healthcare (PHC) facilities. The review highlights workforce productivity challenges, rural retention issues, a shortage of healthcare professionals, a budget structure disconnected from performance goals, as well as waste and complexity in the pharmaceutical supply chain. Additionally, the PER underscores the detrimental effects of increasing fragmentation and inadequate accountability. The introduction of the National Health Insurance (NHI) scheme has led to a dual system for PHC financing and service delivery, with public clinics under NHI contracts subject to different incentives and quality controls compared to other health facilities contracted with the Ministry of Health and Wellness (MOHW).⁴ The NHI and the MOHW also use separate health information systems that operate in silos, leading to administrative inefficiencies. The budget allocation for the Karl Heusner Memorial Hospital (KMHM), primarily funded by the MOHW, is not linked to performance targets, which undermines effective accountability.⁵ [The absence of cost data also limits the understanding of](#)

¹ [Mesoamerica Health Initiative \(MHI\) third operational survey \(2022\)](#).

² Belize National Diabetes Survey, 2018.

³ World Bank 2023, forthcoming.

⁴ NHI pays providers a mix of capitation and performance-based payments, with doctors receiving a performance-based annual bonus.

⁵ The MOHW finances 85% of the hospital's budget, but KMHM maintains autonomy from the Ministry.

[service expenses, which is essential for efficient financial management and resource allocation across hospitals.](#)

- 3.4 **Limited healthcare access also plays a role in the observed challenge.** The Universal Health Coverage Index, which measures effective coverage across 23 services, [places Belize at 54 on a scale of 0-100, below Latin America and the Caribbean \(LAC\) countries 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. Rural PHC facilities often lack essential resources, leading to low levels of resoluteness. A [qualitative analysis](#) highlighted that the geographical distances, lack of transportation and financial constraints are significant barriers for vulnerable groups, in accessing health services. 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.
- 3.5 Despite efforts to enhance rural healthcare access, Belize continues to face significant challenges. Although outreach models are designed to deliver health promotion and preventive services, they suffer from operational issues such as PHC clinics closing on outreach days and limited diagnostic capabilities, which prevent effective patient care. Data collection is often paper based, which necessitates later transcription into the Belize Health Information System (BHIS).⁶ Outreach visits are not consistent, impeding follow-up for ongoing treatments and maternal care. Community Health Workers (CHWs) are insufficient in number and face hurdles due to insufficient training, lack of essential tools and medicines, and poor connectivity with institutional services.⁷ This situation is further complicated by the rural population's difficulties in accessing specialist consultations due [to the majority of specialists being urban-based.](#)
- 3.6 Hospital services are similarly constrained with uneven distribution and high occupancy rates in key departments like accident and emergency services (A&E) and maternity/gynecology, particularly in the Southern Regional Hospital (SRH) and in the Northern Regional Hospital (NRH).⁸ Both have seen a significant rise in patient numbers, heavily influenced by an increase in migrant patients.⁹ Infrastructure in these hospitals needs retrofitting to improve patient flow and expand capacities, essential for handling emergencies and routine care efficiently. [The current mental health facilities, including the Palm Center for long-term care,¹⁰ are overwhelmed and unable to meet the escalating demand for services.](#) Additionally, [the vulnerability of healthcare facilities to climate change and public health crises, such as pandemics, highlights the urgent need for infrastructural improvements](#) to ensure resilience and continuity of care, aligning with initiatives like the Pan American Health Organization ([PAHO's Smart Hospitals Initiative](#)).
- 3.7 **Improving the health of the population in Belize.** To address the above-referenced challenges, the Government of Belize has requested IDB's assistance to finance the

⁶ Owing to a lack of tablets and connectivity.

⁷ 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.

⁸ Based on MOHW' reports, bed occupancy rate in both departments averages over 90%.

⁹ Average annual growth rate of 31% and 126% of migrant patients, respectively. Own calculations with BHIS database.

¹⁰ This facility is currently at full capacity (100% occupancy rate).

operation “Improving efficiency, quality, and access in Belize’s health system” (BL-L1048), which objective is to improve the health of the population in Belize. To achieve this goal, project BL-L1048 will support investments in improving the efficiency and quality of healthcare delivery, and improving access to crucial health services and resilience to emergencies. **Component 1** of the project “Increasing the efficiency of healthcare delivery”, encompasses three sub-components: (1.1) *Quality and efficiency improvement strategy and Human Resource (HR) capabilities*, under which the Quality and Efficiency Improvement Strategy (QEIS) will be updated and deployed, financing scholarships for additional medical training, and providing education for health workers, managers, and senior MOHW officials; (1.2) *System’s governance*, which will support investments in improving the supply chain of medicines and supplies, developing a centralized hospital costing system, and updating the National Health Strategic Plan; and (1.3) *Digital health*, under which innovative digital solutions will be implemented to strengthen the health digital ecosystem. **Component 2** of the project, “Improving access to healthcare” will support investments in: piloting a comprehensive mobile clinic unit to serve rural communities; strengthening the CHW platform in rural areas by training and equipping additional CHWs; a telehealth strategy for mental health; the expansion of the Palm Center for long-term care; and expanding, retrofitting, and equipping three health facilities to increase access to A&E and obstetric/neonatal services and to adapt these facilities to climate change and public health emergencies.

- 3.8 **Objective of the TC.** The objective of this TC is to support the execution of the BL-L1048 project, which aims to enhance the efficiency, quality, and accessibility of Belize’s health system, through institutional strengthening and key technical studies.
- 3.9 **Bank’s support to the health sector and lessons learned.** This TC builds on lessons learned from the MHI,¹¹ the Malaria Elimination Initiative,¹² and two operations related to COVID-19.¹³ These operations have provided lessons on how comprehensive interventions in hospitals through knowledge sharing and community interventions can improve the quality of and access to health care. Similarly, the COVID-19 operations have provided lessons on the health human resource gaps faced by the MOHW and the human resource capacity to carry out administrative and monitoring tasks. As such, this TC will help to continue to: (i) facilitate the transfer of knowledge and skills to central, subnational, and local levels; (ii) engage beneficiaries to improve utilization of health services; (iii) support government capacity building in project-related areas to ensure sustainability; (iv) conduct rigorous studies to inform changes in health service management and delivery; (v) support human resources within the executive agency for effective project management; and (vi) involve stakeholders in project preparation and implementation, and align interventions with national priorities to ensure political and technical support.
- 3.10 **Strategic alignment.** This TC is consistent with the IDB Group Institutional Strategy: Transforming for Scale and Impact 2024-2030 (CA-631) and is aligned with the objectives of: (i) reduce poverty and inequality by promoting access to quality healthcare to the population, including vulnerable groups; and (ii) address climate change by contributing to climate change mitigation and adaptation. This TC is also

¹¹ [GRT/HE-13134-BL](#), [GRT/HE-13135-BL](#); [GRT/HE-14756-BL](#), [GRT/HE-14757-BL](#); [GRT/HE-16712-BL](#), [GRT/HE-16713-BL](#).

¹² [GRT/MM-17257-BL](#), [GRT/MM-17258-BL](#).

¹³ [5233/OC-BL](#); [3566/OC-BL-2](#).

aligned with the operational focus areas of: (i) biodiversity, natural capital, and climate action by supporting the adaptation of health facilities; (ii) gender equality and inclusion of diverse population groups by assessing access barriers faced by women of reproductive age and those with mental health conditions, the Mayan population, and migrants; (iii) institutional capacity, rule of law, and citizen security; (iv) social protection and human capital development; and (v) sustainable, resilient, and inclusive infrastructure. In addition, the TC is aligned with the OC SDP Window 2 - Social Development (W2E) fund with the following Priority Areas: #1 Climate Change and Environmental Sustainability; #2 Sustainable and Resilient Infrastructure; #3 Effective, Efficient and Transparent Institutions; and #5 Inclusive Social Development.

- 3.11 It is aligned with the IDB Group Country Strategy with Belize 2022-2025 (GN-3086) through the strategic objective 3.2 “improve the provision of basic health services”. This TC is consistent with the Health Sector Framework Document (GN-2735-12) through its priority that all people have timely access to quality healthcare. Additionally, this TC aligns with the Migration Action Framework (GN-3021) as it will improve access to social services for the migrant population.
- 3.12 The TC is aligned with the BL-L1048 activities that would be co-financed by the Korean Infrastructure Development Co-Financing Facility for LAC (KIF), in particular with Subcomponent 1.3 “Digital Health” which aims to improve the BHIS and the overall digital ecosystem, and Component 2 “Improving Access to Health Care” which aims to enhance access to outpatient, inpatient, and long-term care and will finance infrastructure improvements and equipment for four health facilities.

IV. Description of activities/components and budget

- 4.1 **Component I: Institutional Strengthening and Technical Support for the efficiency and quality improvement challenge (US\$133,000).** This component will finance institutional strengthening activities and key studies to strengthen technical, institutional, and operational capacities within the MOHW for the implementation of the efficiency and quality improvement activities of operation BL-L1048. For this purpose, this component will finance the following activities: (i) providing training and assistance to strengthen MOHW’ operational capacities, to facilitate the implementation of the QEIS; (ii) conducting costing studies for improving efficiency in the provision of healthcare, and inform the development of the centralized hospital costing system as well as strategies to improve the supply chain of medicines; (iii) developing a study to analyze NHI outcomes and suggest strategies to improve coordination with the MOHW; (iv) developing a study about the KHMH for better accountability; and (v) technical assistance to strengthen institutional and operational capacities related with digital health. These studies (iii and iv) will inform the development of the National Health Strategic Plan, to be developed under the BL-L1048, as it will consider the roles of the NHI and the KHMH.
- 4.2 **Component II: Institutional Strengthening and Technical Support for the access challenge (US\$91,000).** This component will finance institutional strengthening activities and key studies related to access to healthcare in the country to support the execution of activities under Component II of the operation BL-L1048. For this purpose, it will finance the following activities: (i) providing training and technical assistance to strengthen operational and managerial capacities related to the adaptation of health facilities, ensuring continuity of care and resilience in times of

crisis, following PAHO's Smart Hospitals Initiative¹⁴; (ii) developing studies on PHC provision, including access barriers for vulnerable groups (including migrants, indigenous people, women of reproductive age, and women with mental health conditions) to shape evidence-based interventions; and (iii) technical assistance to support the implementation of activities aiming at strengthening access to PHC services in rural areas.

- 4.3 **Component III: Project operative costs (US\$26,000).** This component will finance (i) an individual consultant to support the monitoring and supervision of activities under this TC and the BL-L1048, ensuring the alignment of the activities under both operations, and (ii) other operative costs of project execution (printing material, transportation costs, among others). The expected outcome is timely execution of procurement, administrative, and reporting processes.
- 4.4 **Expected results.** The expected products of this TC include studies, assessments, proposals, and at least 10 people with management capabilities strengthened, including personnel from the MOHW and managers of health facilities. The main expected result is that it contributes to ensure that the implementation of the operation BL-L1048 is moving forward according to plan.
- 4.5 **Total costs.** The total cost of this TC is US\$250,000. These resources will finance individual consultants services for 36 months.

Indicative Budget (US\$)

Component	Description	IDB/W2E Funding	Counterpart Funding	Total Funding
Component I. Institutional Strengthening and Technical Support for the efficiency and quality improvement challenge	This component will finance institutional strengthening activities and key studies to strengthen technical, institutional, and operational capacities within the MOHW for the implementation of the efficiency and quality improvement activities of operation BL-L1048.	133,000	0	133,000
Component II. Institutional Strengthening and Technical Support for the access challenge	This component will finance institutional strengthening activities and key studies related to access to healthcare in the country to support the execution of activities under Component II of the operation BL-L1048.	91,000	0	91,000
Component III. Project operative costs	This component will finance operative costs of project execution, including an individual consultant to support the monitoring and supervision of activities under this TC and the BL-L1048, and printing	26,000	0	26,000

¹⁴ The Smart Hospitals Initiative focuses on improving hospitals' resilience, strengthening structural and operational aspects and providing green technologies. <https://www.paho.org/en/smarthospitals>

	material, transportation costs, among others.			
TOTAL		250,000	0	250,000

4.6 **Monitoring.** Monitoring of the progress and quality of the activities financed by this TC will be carried out directly by the IDB, through the Social Protection and Health Division (SCL/SPH). The TC team leader will be responsible for supervising and monitoring the appropriate execution of the project, with support from the operations analyst based in the country office. The Bank’s institutional systems will be used to support this process.

V. Executing agency and execution structure

5.1 Based on a request from the Government of Belize, the executing agency of this TC will be the IDB (in accordance with Annex II from OP-619-4), through SCL/SPH. The Bank will be executing this TC given the high level of complexity and technical expertise required to prepare the terms of reference of the studies and assessments involved, as well as to supervise their implementation. SCL/SPH has the capacity and technical expertise required to carry out these processes. Additionally, the hiring of international consultants may be required, for which the IDB hiring process is more agile, reducing the risk of delays in execution. CID/CBL will have disbursement responsibility for the TC.

5.2 The activities to be executed under this TC have been included in the Procurement Plan and will be executed in accordance with the procurement methods established by the Bank, namely: (i) hiring of individual consultants, as established in AM-650 standards; (ii) contracting of consulting firms for services of an intellectual nature in accordance with the Policy for the Selection and Contracting of Companies for Operational Work executed by the Bank (document GN-2765-4) and its associated Operational Guidelines (OP-1155-4); and (iii) contracting of logistics services and other services other than consulting, in accordance with policy GN-2303-28.

5.3 The activities and products to be financed under this TC will be discussed and agreed with the MOHW at regular meetings to ensure alignment with the activities to be implemented under BL-L1048.

VI. Major issues

6.1 For the TC to achieve its objectives, there is a clear need for robust coordination among various administrative and technical departments within the MOHW and other key stakeholders, such as the NHI and the KMHM. Coordination with the NHI and KMHM will be essential when collecting data for the different studies and when designing and implementing some quality and efficiency strategies. Insufficient levels of coordination could lead to delays in execution as well as sub-optimal decisions. To mitigate these risks, the IDB will promote regular meetings amongst the project’s stakeholders to review the operation’s implementation plan, discuss technical aspects of the interventions, and identify – and mitigate – any potential execution-related challenges.

VII. Exceptions to Bank policy

7.1 This TC does not anticipate any exceptions to Bank policy.

VIII. Environmental and Social Aspects

- 8.1 Due to the scope and characteristics of this TC, it is anticipated that this TC does not intend to finance prefeasibility or feasibility studies for specific investment projects or environmental or social studies associated with them; therefore, this TC does not have applicable requirements of the Bank's Environmental and Social Policy Framework (ESPF).

Required Annexes:

[Request from the Client_97378.pdf](#)

[Results Matrix_39721.pdf](#)

[Terms of Reference_77482.pdf](#)

[Procurement Plan_99540.pdf](#)