

TC ABSTRACT

I. Basic Project Data

▪ Country/Region:	BELIZE/CID - Isthmus & DR
▪ 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; AGUILAR RIVERA, ANA MYLENA (SCL/SPH); WATSON, BRODRICK RAYLANDO (VPC/FMP); LUNSTEDT TAPIA, CHRISTIAN (VPC/FMP); RIVERO, RUTHANN RACHEL (CID/CBL); DE DOBRZYNSKI, ESTEBAN (LEG/SGO); CURRAN, VANESSA ALEXANDRA (SCL/SPH)
▪ Taxonomy:	Operational Support
▪ Number and name of operation supported by the TC:	Improving Efficiency, Quality, and Access in Belize's Health System - BL-L1048
▪ Date of TC Abstract:	12 Feb 2024
▪ Beneficiary:	Ministry of Health and Wellness (MOHW) of Belize
▪ Executing Agency:	INTER-AMERICAN DEVELOPMENT BANK
▪ IDB funding requested:	US\$250,000.00
▪ Local counterpart funding:	US\$0.00
▪ Disbursement period:	36 months
▪ Types of consultants:	Individuals
▪ Prepared by Unit:	SCL/SPH - Social Protection & Health
▪ Unit of Disbursement Responsibility:	CID/CBL - Country Office Belize
▪ TC included in Country Strategy (y/n):	Yes
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Institutional Strategy:	Social inclusion and equality ; Gender equality; Diversity

II. Objective and Justification

- 2.1 To support the preparation and 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.
- 2.2 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. 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.
- 2.3 Belize's health system is hindered by inefficiencies and low-quality health service delivery. Recent studies suggest that life expectancy in the country could be extended and the risk of premature mortality due to NCDs reduced through more efficient resource utilization. According to the 2023 Public Expenditure Review, key inefficiency sources include suboptimal care quality in hospitals and primary healthcare facilities, workforce productivity issues, poor retention in rural areas, a limited number of health professionals, and a health budget structure not linked to performance targets. Waste and complexity issues in the pharmaceutical supply chain, fragmentation and

insufficient accountability in the health system are also important drivers of inefficiency.

- 2.4 It is also critical to address some of the main barriers to access healthcare. Rural primary healthcare facilities often lack essential resources, leading to low levels of resoluteness. Additional access barriers include transportation and financial constraints, with vulnerable populations such as migrants and indigenous people facing unique challenges like deportation fears and language barriers. Hospital beds are unevenly distributed across the country, and in some hospitals, the bed occupancy rate in accident and emergency services (A&E) and maternity/gynecology has been averaging over 90%. Additionally, the vulnerability of healthcare facilities to the impacts of climate change and public health emergencies has revealed the necessity for infrastructural adaptations to ensure care continuity and resilience in the case of a crisis.
- 2.5 To address the above-referenced challenges, the government has requested IDB's assistance to finance operation BL-L1048 to improve the health of the population in Belize. This operation will support investments in improving the efficiency and quality of healthcare delivery, access to crucial health services, and resilience to emergencies. Some of the interventions include the expansion of the quality and efficiency improvement strategy; training to improve human resources capabilities; improving the supply chain of medicines and supplies; innovative digital solutions; the piloting of a comprehensive mobile clinic unit to serve rural communities; a telehealth strategy for mental health, the expansion of 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.

III. Description of Activities and Outputs

- 3.1 **Component I: Institutional Strengthening and Technical Support for the efficiency and quality improvement strategy.** Finance technical assistance to strengthen technical, institutional, and operational capacities within the MOHW for the implementation of the quality improvement activities: (i) Providing training and assistance to strengthen MOHW' operational capacities; (ii) Developing costing studies for improving efficiency; (iii) Developing a study on the National Health Insurance outcomes; and (iv) Developing a study about the Karl Heusner Memorial Hospital for better accountability.
- 3.2 **Component II: Institutional Strengthening and Technical Support for the access strategy.** Finance institutional strengthening activities and key studies related to the adaptation and strengthening of health facilities to be intervened by the project: (i) Providing training and assistance to strengthen operational and managerial capacities related to the adaptation of health activities; (ii) Developing studies on primary healthcare provision, including access barriers for vulnerable groups to shape evidence-based interventions.

IV. Budget

Indicative Budget

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
Institutional Strengthening and Technical Support for the efficiency and quality improvement strategy	US\$150,000.00	US\$0.00	US\$150,000.00
Institutional Strengthening and Technical Support for the access strategy	US\$100,000.00	US\$0.00	US\$100,000.00
Total	US\$250,000.00	US\$0.00	US\$250,000.00

V. Executing Agency and Execution Structure

5.1 INTER-AMERICAN DEVELOPMENT BANK.

5.2 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. The activities to be executed under this TC will be executed in accordance with the procurement methods established by the Bank.

VI. Project Risks and 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 National Health Insurance (NHI) and the Karl Heusner Memorial Hospital (KHHM). Coordination with the NHI will be crucial when designing and deploying the mobile clinics pilot. Coordination with KHHM will be essential when collecting data for the project and 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, operationBL-L1048 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. Environmental and Social Aspects

7.1 This TC does not have applicable requirements of the Bank's Environmental and Social Policy Framework (ESPF).