

Belize



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2011)	14.7
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	95
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	73.1 (Female) 67.5 (Male) 70.1 (Both sexes)
Population (in thousands) total (2015)	359.3
% Population under 15 (2015)	32.5
% Population over 60 (2015)	5.9
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) ()	
Gender Inequality Index rank (2014)	90
Human Development Index rank (2014)	101
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.79
Private expenditure on health as a percentage of total expenditure on health (2014)	32.98
General government expenditure on health as a percentage of total government expenditure (2014)	13.81
Physicians density (per 1000 population) (2009)	0.768
Nursing and midwifery personnel density (per 1000 population) (2009)	1.816
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	10.3 [9.0-11.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	14.9 [13.5-16.4]
Maternal mortality ratio (per 100 000 live births) (2015)	28 [20 - 36]
Births attended by skilled health personnel (%) (2013)	94.2
Public health and environment	
Population using safely managed sanitation services (%) (2015)	100.0 (Rural) 99.5 (Total) 98.9 (Urban)
Population using safely managed drinking water services (%) (2015)	88.2 (Rural) 90.5 (Total) 93.5 (Urban)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Belize has a young and rapidly growing population: 46% in its teenage years or younger and 6.5% 60 years and older. The population will double by year 2036. Census 2010 noted that 14.2% of the country's population is foreign born. The largest ethnic group is comprised mainly of Mestizo (52.9%), then Afro-descendant Creoles (26%), Garifuna (6.1%) and the indigenous Maya (11.3%). Officially 45% of the population resides in urban areas, and the remaining 55% in rural areas. Children aged 5 to 14 years are more at risk of dying from accidents related to fire, drowning and transport. However, the causes of mortality among children less than one year and those five years and under continue to be because of hypoxia, birth asphyxia, respiratory conditions, and other conditions originating in the perinatal period, and congenital anomalies. In adolescents aged 15-19 years the major causes of death are related to road traffic accidents, homicide and injury purposely inflicted by other persons, and injury undetermined whether accidentally or purposely inflicted. Diabetes, cardiovascular diseases, cancers and chronic respiratory diseases are now responsible for approximately 40% of deaths annually, injuries and external causes account for 28% and communicable diseases, 20%, including HIV and acute respiratory tract infections. Also, 47% of deaths due to NCDs were regarded as premature and in persons less than 70 years of age. Approximately 50% of females die of diabetes related causes. The leading causes of mortality for males are homicide, HIV and road traffic accidents. The International Diabetes Federation notes that Belize has the highest prevalence of 16.5%, and a raw prevalence rate of 14.2%. Belize health interventions for controlling and reducing lifestyle diseases include the provision of basic medication and an increased emphasis on prevention and healthy living. Belize signed on to the Framework Convention on Tobacco Control (FCTC) on September 26, 2003. Road fatalities rate of 18/100,000 puts the country as fourth highest among the seven (7) countries in Central America. Crime in Belize City has been partially attributed to the increase in gang violence. Due to its small population and high murder rate per capita, Belize consistently ranks among the top 10 in the world for homicides, according to the United Nations Office on Drugs and Crime, with an average of around 40 homicides per 100,000 residents.

HEALTH POLICIES AND SYSTEMS

Health Sector Strategic Plan 2014-2024 (HSSP) aims to develop a Primary Health Care based health system with health services organized and managed through integrated health service delivery networks (IHSDNs) to achieve better outcomes and impact on the health and wellbeing of the population, while at the same time being more efficient and sustainable. The HSSP provides an overall strategic framework establishing health priorities to pursue the national development goals in the country.

Belize's approach to sustainable development is articulated in "Horizon 2030: The National Development Framework for Belize 2010-2030" which outlines four key pillars for achieving a higher quality of life for all people in Belize. Recognizing that an integrated systematic approach based on the principles of sustainable development will be required, Belize also developed the "Growth and Sustainable Development Strategy 2016-2019 (GSDS)" the primary planning document that sets out the critical success factors (CSF) and specific actions to be taken over the period to achieve the longer-term goals of Horizon 2030.

In 2016, one common UN Multi-Country Sustainable Development Framework (UN MSDF) for the Caribbean for 2017-2020 was developed, covering eighteen (18) English and Dutch speaking Caribbean countries and Overseas Territories. The UN MSDF contributes to the fulfilment of the SIDS Accelerated Modalities of Action (SAMOA) Pathway and the CARICOM Strategic Plan 2015-2019.

The challenges:

- The distribution of health care professionals is not equitable. There is a chronic shortage of certain categories of health care professionals as well as a high turnover making Belize a net medical personnel importing country.
- The health financing system should be revised and the NHI expanded to all regions.
- IHSDNs should be developed to overcome fragmentation and ensure continuity of care.
- The current and future NCDs burden will require revising the policies and procedures for collecting data, pooling risks, and the financing of the various services, to ensure sound progress toward Universal Health (Universal Health Coverage and Universal Access to Health)

COOPERATION FOR HEALTH

UN resident agencies in Belize include the United Nations Development Programme (UNDP), United Nations Family Planning Agency (UNFPA), United Nations Children's Fund (UNICEF), the United Nations High Commission for Refugees (UNHCR), United Nations Office for Project Services (UNOPS) and the International Organization for Migration (IOM).

The non-resident agencies that also implement activities in Belize are the: Food and Agricultural Organization (FAO), International Labor Organization (ILO), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Entity for Gender Equality and the Empowerment of women (UN Women), United Nations Environment Programme (UNEP), and the International Atomic Energy Agency (IAEA). Under the Inter-American system, Belize benefits from initiatives and programs of both Central America and the Caribbean. It has membership in:

- Central American Integration System (SICA) of which Belize became a member in December 2000. The Central American Social Integration System (SISCA) a component of SICA, includes COMISCA (the Council of Ministers of Health of Central America and the Dominican Republic) and the Mesoamerican Integration and Development Project.
- Caribbean Community (CARICOM) which is comprised of twenty (20) countries. Through the Council for Human and Social Development (COHSOD), CARICOM promotes the improvement of health, education, and living and working conditions for the Caribbean Community.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Strong and resilient health systems achieved through improved governance, leadership and management that support universal health (access and coverage for all).</p>	<ul style="list-style-type: none"> • Revise and or develop national health legislation and inclusive policies to advance health equity, the procurement of appropriate, affordable medicines and other health technologies and strengthen intersectoral actions that address the social determinants of health. • Redefine the health financing mechanism to include the expanded roll-out of the National Health Insurance system to ensure equitable access to health services across Belize. • Strengthen the Belize Health Information System (BHIS) to improve coordination with RAWA and the comprehensive use of data for evidence-based decision making and monitoring and evaluation. • Strengthen primary healthcare networks and the resolution capacity to meet expanding health needs in Belize.
<p>STRATEGIC PRIORITY 2: Human resource for health (HRH) management and capacity strengthened to parallel the health needs of the growing population.</p>	<ul style="list-style-type: none"> • Advocate for the use of recommendations of previous PAHO HRH assessments of the gaps and needs to ensure the recruitment, deployment and retention of a skilled workforce that can meet the regional core indicators for HR and equitably deliver health services across Belize especially in the rural areas. • Build and/or reorient the capacity of healthcare professionals to meet the emerging health trends and needs of the Belizean population. • Strengthen HRH management within the Ministry of Health to develop and/or adapt HRH policies and plans that define the strategic direction and the integration of HRH into other sectors.
<p>STRATEGIC PRIORITY 3: Health and wellness promoted throughout the life course using an integrated primary health care approach to reduce non-communicable diseases and their risk factors, communicable diseases, mental health disorders, urban violence and injuries.</p>	<ul style="list-style-type: none"> • Support and promote the implementation of interventions and strategies that engage and empower communities to adopt healthier lifestyles that reduce the risk factors related to developing non-communicable diseases and/or contracting communicable diseases. • Advocate for social programs and policies within the public sector for the early detection and intervention to address problems related to gender-based violence, urban violence and road safety. • Strengthen national capacities to implement comprehensive strategies that prevent and treat mental and substance abuse disorders within a framework of human rights and respect for human dignity
<p>STRATEGIC PRIORITY 4: Health emergencies that can become emerging threats of public health concern are addressed.</p>	<ul style="list-style-type: none"> • Strengthen the coordination of the preparedness and response mechanisms to address health emergencies including natural disasters (hurricanes and earthquakes), and the impact of climate change. • Continue to monitor new and evolving outbreaks such as Zika and take the appropriate response measures. • Implement the IHR external evaluation recommendations which include preparing a multisectoral roadmap linking existing institutional and operational planning mechanisms and structures and increasing horizontal cooperation with other countries.

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