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REPORT



An Integrated Approach to Public Health

Development of EPHF Action Plan BELIZE 2024-2029

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Background

The Health Sector Support Programme Belize, which is a collaboration of the Pan American Health Organization (PAHO/WHO) with the European Union and Ministry of Health and Wellness (MoHW), has been supporting the implementation of the Belize's Health Sector Strategic Plan 2014-2024. Prior to the COVID-19 pandemic, the country was undergoing a review of the health sector, beginning with health sector reform (2000-2010) with the objective of drafting a proposal for the renewed Belize's Health System. However, the COVID-19 pandemic, change in government and change in the executive management at the MoHW have led to emerging priorities in Belize's health system, accelerating its transformation.

In response to a technical cooperation request from PAHO/WHO to support the restructuring and reorganization of Belize's Health System, stakeholder consultations to discuss options to guide the development of a health system transformation framework were conducted in June 2022. During the consultations it was highlighted that a well-functioning health system has four main functions: stewardship and governance, service delivery, financing, and resource generation. To improve the efficiency and effectiveness of Belize's health system, stakeholders agreed that some of these functions need to be managed by separate organizational elements. The separation of function approach requires strengthening the stewardship and governance role of the MoHW to steer the health system towards universal access and coverage.

Almost 20 years after Belize conducted a performance measurement of Essential Public Health Functions (EPHFs), the EPHFs were revised to make their application even more relevant to the changes that have been experienced in this region. Lessons learned in the region indicate that isolated measurements of EPHFs do not effect changes. However, the findings of EPHF assessments can inform positive changes in public health policies and practices.

The adoption of a renewed EPHF approach to improve the institutional capacities of the MoHW and Regional Health Authorities was proposed to ensure strong normative frameworks and institutional structures, transparency and accountability, and adequate availability of resources to guarantee equitable and universal access to quality health services and public health interventions.



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Introduction

Defined as the actions needed to improve, promote, protect, and restore the health of the population, the essential public health functions (EPHFs) are fundamental for meeting the challenges currently facing public health. Efforts to support member states strengthen the essential public health functions in the region of the Americas started in the 1999 under the leadership of the Pan American Health Organization/World Health Organization. In 1999 PAHO/WHO implemented the Public Health in the Americas initiative as a way of defining and measuring the essential public health functions as the basis for improving public health practice and strengthening the steering role of health authorities.

Through the initiative PAHO/WHO defined the 11 Essential Public Health Functions and developed a methodology that allows countries to conduct a comprehensive evaluation of their public health systems. Belize's first performance measurement of Essential Public Health Functions was conducted in July 2001 and enabled the identification of priority areas to which more resources could be allocated during the health sector reform (2000-2010). Belize's health sector reform contributed significantly to changes in the structure, organization and management of Belize's health system through the formation of the 4 health regions, the Karl Heusner Memorial Hospital Authority and the introduction of the National Health Insurance. In an exercise that was conducted through the Belize Health Sector Support EU project, it was also recognized that Belize's health sector reform aligned with the strategic objectives of the current Belize Health Sector Strategy 2014-2024.

Just as the Belize's health sector strategy was being launched in 2014, PAHO/WHO was launching the Strategy for Universal Access to Health and Universal Health Coverage. Strategic line of action number 2 highlighted strengthening the stewardship capacity of national authorities, ensuring essential public health functions and improving governance to achieve universal access to health and universal health coverage. PAHO's work became refocused on a renewed agenda of the EPHF, with the development of a new conceptual framework and a methodology for improving EPHF, particularly on building institutional capacities for improving the health system. PAHO was in the middle of this work when the COVID-19 pandemic hit. At the same time, however, the pandemic provided an impetus for developing resilient health systems during post pandemic recovery to sustain and protect public health gains.

It's important to note that even though these strategies are regional strategies, they also align with national priorities. For example, Horizon 2030 Belize's National Development Framework outlines strategies to achieve health goals, which include

- Universal Access to Health Care
- Strengthening institutional capacity
- Implementation of policies and development health related laws

The Plan Belize Medium-Term Development Strategy 2022-2026

- 6.1 Poverty Reduction: Provision of universal access to primary health care.



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- 6.2 Economic Transformation: Strengthening healthcare system and Strengthening prevention, control, surveillance of communicable diseases
- 6.6 No Corruption and Good Governance: Gender integration, equality, and equity in national policies and programs related to health and wellness

These very same national strategic lines of action are aligned to the 11 Essential Public Health Functions. Within this context, Belize started the process evaluating and strengthening of the renewed EPHF in May 2023. After successful completion of phase 1 (situation analysis and institutional mapping) and phase 2 (measurement of institutional capacities), Belize initiated phase 3 (development of an action plan). Phase 3 included the selection and prioritization of the gaps, the elaboration of the action plan and the development of an integrated report.



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General Objectives

All activities were conducted collaboratively with the Ministry of Health and Wellness with technical cooperation of the Pan American Health Organization. The general objective was to improve the performance of public health functions by

- 1) strengthening institutional capacities of the MoHW to execute the Essential Public Health Functions (EPHFs)
- 2) developing a roadmap for the systematic incorporation of findings from EPHFs assessments into quality improvement efforts and policy and investments priorities promoted by the MoHW

Specific Objectives

Measurement of Institutional Capacity

- Assess the current institutional capacity of the country to implement EPHFs
- Identify gaps and provide context for the gaps of each EPHF

EPHF Prioritization Meeting

- Facilitate an understanding of the EPHF exercise and the results that will be used as inputs throughout the prioritization exercise by presenting the country experience and findings from the capacity measurement and strengthening exercise.
- Review and rank identified capacity gaps through discussion among stakeholders in order to reach consensus on the gaps that are most feasible, viable, relevant and of national priority.
- Select the capacity gaps that will be addressed through the development of the roadmap to strengthen the EPHF and the health stewardship and governance capacity of the MoHW..

Development of Action Plan

- Present a brief review of the country's EPHF evaluation and strengthening exercise and prioritization meeting results.
- Promote discussion among stakeholders to generate ideas and approaches for addressing the gaps related to the EPHFs and to improve capacities for EPHF performance at all levels of the health system.
- Define priority actions and develop an action plan to strengthen the EPHF and the stewardship and governance capacity of the MoHW by reviewing and building on existing national plans to identify priority needs.



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Methodology

In response to a technical cooperation request submitted to PAHO/WHO to support the restructuring and reorganization of Belize's Health System, stakeholder consultations to discuss options to guide the development of a health system transformation framework were conducted in June 2022. As Belize continued to transform the health system, considerations for transitioning from the traditional role of focusing primarily on service provision to embracing its governance, stewardship and leadership role were needed. Strengthening the role of the Ministry of Health and Wellness (MoHW) implied building greater competence in the essential public health functions.

Beginning 3 June 2023, several coordination meetings were conducted with the Technical Working Group (TWG). Additionally, three two-day in-person workshops were conducted leading to the development of several deliverables. The steps for the adoption of EPHF included:

- Formation of Technical Working Group for roadmap development
- Orientation to MoHW on roadmap development
- Elaboration of a situation analysis of the health sector
- Mapping of all institutions that participate in the execution of EPHFs.
- Measurement of the institutional capacities to conduct activities related to each EPHF
- Analysis and prioritization of gaps identified in the measurement of institutional capacities
- Creation of a decision tree to prepare for the action plan
- Development of the action plan

Formation of Technical Working Group

To guide the coordination, planning and implementation of the activities, a cohesive team of persons working in public health at the level of the central authority was created. This group received orientation on the roadmap development and assisted in planning the sessions for and implementation of the stakeholder workshop. An informational session aimed at providing background information on the EPHF included discussions on the conceptual and methodological overview of EPHF and the adapted methodology that is being used in Belize.

Elaboration of a situation analysis and institutional mapping

The Situation Analysis was intended to provide a general overview of the current state of the health system including priority public health policies and the results of these. The Institutional Mapping aimed to identify the departments and actors involved in the execution of each of the areas of the 11 Essential Public Health Functions, even if they exist outside the MoHW. Advanced drafts of both were completed through a desk review. A meeting to review and validate findings from both Situational Analysis and Institutional Mapping was conducted with the Technical Working group on July 3.

Measurement of the institutional capacities

This phase consisted of measuring compliance with standards that shows the existence of capacities required by the Belize national health authority to exercise its public health functions. This phase was carried out by completing a questionnaire developed on a virtual platform: the virtual self-assessment tool.

The tool provided a diagnosis of the institutional capacities considered crucial for the stewardship role of health authorities in guaranteeing the EPHF, from a standards compliance approach. These standards identified and measured the gaps in institutional capacities necessary for the fulfilment of the EPHF. The analysis of capacity gaps is a prerequisite for improvement proposals through the Action Plan.

These capacities are transversal to the 11 EPHF and were grouped into four types:

- (i) formal capacity that accounts for the legality and regulatory support that gives the health authorities the leadership and responsibility to exercise their role in decision-making related to the exercise of the EPHF;
- (ii) structural capacity that accounts for the existence of institutional structures and mechanisms that support the role of the health authorities in the exercise of the EPHF;
- (iii) supervisory capacity, which takes into account the accountability, monitoring and evaluation systems that ensure compliance with and proper execution of the EPHF; and, finally;
- (iv) performance capacity, which includes sufficient financial, technological and human resources to guarantee the execution of the EPHF.

Prior to the workshop a facilitator, identified by the Technical Working Group was trained on the use of the online tool. On the days of the workshop, the facilitator led team discussions, soliciting responses to the questionnaires from the participants and recording responses in the online platform. Ten simultaneous tables worked under the guidance of a facilitator discussing almost 700 questions that relate to capacities for the 11 EPHF.

Roughly two days were needed for working groups to analyse each EPHF. Participants were encouraged to integrate in their discussion the results from the Situational Analysis and Institutional Mappings, which were introduced in a plenary session at the start of the workshop.



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Analysis and prioritization of gaps

After the measurement of institutional capacity, several gaps were identified in the execution of Belize's EPHFs. In order to select which gaps will be addressed in the action plan a two day meeting allowed participants time to conduct a comprehensive review while discussing and rating the contextualized gaps that will be included in the development of the action plan.

Prior to the workshop, an Excel matrix containing the list of gaps was shared with participants allowing them time to initiate the review and rating of each gap prior to the prioritization meeting. During the meeting, participants were divided into groups for discussion and to identify the gaps that are considered of highest importance and priority to the MoHW.

Workgroup Distribution

One conference room was used at the Ministry of Health and Wellness' Headquarters and groups remained consistently of the same configuration for all 7 sessions of the two-day meeting.

After the measurement of institutional capacity conducted on 3 and 4 of August, 2023, a total of 240 gaps were identified in the execution of Belize's essential public health functions. A report on the gaps was shared with the Technical Working Group for review before a meeting was convened for validation of the measurement of institutional capacity. In order to select which gaps were to be addressed in the action plan, on 19 and 20 of September, 2023 a two-day gap analysis and prioritization meeting was held. During the two-day meeting the EPHF TWG completed a comprehensive review and discussion of each gap, which concluded with classification of each gap into low, medium and high priority. The prioritization exercise resulted in the identification of 52 high priority gaps and 23 related gaps.

Decision Tree

Even though 52 high priority and 23 related gaps had been identified in the gap analysis and prioritization, the gaps were grouped in such a way that could be mapped to 52 objectives. In turn each objective was aligned to 1 to 3 strategic actions. Several reviews of the decision tree were undertaken before being shared with the technical working in preparation for the workshop. Given that many gaps were interrelated, where possible and to the extent possible, especially in areas like M&E, which appears in several EPHFs the gaps were consolidated.



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Development of Action Plan Workshop (Oct. 17 and 18)

During the two day workshop, participants were divided into groups that reviewed and discussed the decision tree. All groups had the option of modifying either a part of or the entire objective and strategic actions. To the extent possible, members of the group were selected based on the institutional mapping that was completed on 3 August 2023. This ensured that participants could make useful contributions to the essential public health function(s) that they are actively involved in implementing.

At the end of each day workshop, participants shared major observations from the EPHF work groups and made recommendations for inclusion in the integrated report. Stakeholders discussed important considerations for the EPHF action plan, including barriers and facilitators for their future strengthening, corresponding capacities related to stewardship and governance, and next steps. The EPHF working group with PAHO participation conducted a post-mortem of the workshop, sharing considerations for the implementation of the action plan.



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Conclusions and Recommendations

As a follow-up to the areas of work approved in the Project Steering Committee meeting in November 2022, the renewed Essential Public Health Functions (EPHF) was identified as a priority area for implementation in collaboration with the Ministry of Health and Wellness (MoHW). Concurrence was requested 13 January, 2023 and even though a response was received on 8 February, the MoHW requested for the start date to be delayed until 1 May, 2023. Since the kick-off on 16 June, the EPHF technical working group has worked consistently to ensure that each phase is successfully implemented.

Generally speaking, the development of Belize's roadmap for essential public health functions has been an engaging process, spanning a number of months and requiring close and continuous follow-up. Through that collaboration, the following have been completed:

- situation analysis of Belize's health system
- mapping of all institutions involved in the execution of Belize's EPHF
- validation of situation analysis and institutional mapping
- measurement of institutional capacity to implement EPHF through stakeholder consultation
- validation of the assessment of institutional capacity
- prioritization of gaps and gap analysis
- development of an integrated report highlighting the main findings of the EPHF exercise.

The measurement of institutional capacities was a success, as reflected in multisectoral representation of participants, their motivation in completing the exercise and their contributions to the contextualization of gaps. Based on feedback provided by the groups in assessing each essential public health function, 240 gaps were identified. Capacity in each of the policy cycle was assessed at limited to moderate, signifying an important deficit in the country's overall capacity to execute EPHFs. Through the gap review, analysis and prioritization, a consensus was reached on the gaps that are most feasible, viable, relevant and of national priority. As a result, 52 capacity gaps were selected for inclusion in the development of the roadmap to strengthen the EPHF and governance capacity of the MoHW. Through the development of the action plan, strategic and priority actions to address those gaps have been defined for implementation in the short, medium and long term.

Key Recommendations include:

- Some EPHF strategic actions relate to ongoing and/or recently initiated work, as is the case, for example, with the recently updated and launched mental health policy. A recommendation is made to align such interventions with related strategic objectives.
- Some EPHF objectives and strategies, such as EPHF 5 and 11 are interrelated. It is recommended to create synergies and optimize resources by implementing complementary strategic actions.



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- A recommendation is made to explore intersectoral mechanisms in areas in which collaboration between MOHW and other ministries and stakeholders is required, as this was especially evident with EPHF 11, social determinants of health.
- There is a need for an inter-ministerial unit / council with mandate from Cabinet to lead intersectoral strategies to strengthen EPHF. While many of the essential public health functions require collaboration with other ministries, the concern is that other ministries may not treat health outcomes as interrelated with their main functions. It was noted that some intersectoral bodies, such as One Health, which is related to EPHF 10A, 10B and 10E have demonstrated how ownership can be shared between different ministries. It was also noted that during the COVID-19 pandemic, a national task force chaired by the Prime Minister with technical advice from the Ministry of Health and Wellness, led the response. Given that the persons who participated in the workshop would not have the authority to make high level decisions in the ministries, it will be important for decision makers to be apprised of the EPHF action plan.

The adoption of the Essential Public Health Function is an integrated approach to strengthening Belize's health system. Through the completion of these steps, the country is now in an advantageous position to use the information generated from these exercises for the formulation of policies and strategies. In the same way the performance measurement of EPHFs of June 2021 contributed to the health sector reform, this exercise has facilitated the identification of gaps in policies and the development of an improvement plan. Furthermore, process undertaken for the development of the action plan mirrors the steps needed for the development of a health sector strategy:

- The landscape of the health sector is the situation analysis;
- The results from the measurement of institutional capacities relate to stakeholder assessment of the level of implementation of the current health sector strategy;
- The prioritization/gap analysis and decision tree correspond to the definition of strategic priorities;
- The development of the action plan is equivalent to the draft strategic plan.

The moment in the history of Belize's health system is also relevant as the Ministry of Health and Wellness is leading the country to transformational changes in its health system and the country is concluding the final year of Belize's Health Sector Strategy 2014-2024. At the level of the Ministry of Health and Wellness it is, therefore, recommended that the action plan feed into the country's next health sector strategy.

EPHF Action Plan 2024-2028

This section provides an overview of the high priority gaps and required actions on the short and medium term along with a planning and identification of involved stakeholders for each of these actions.

Assessment: EPHF 1, 2 and 3

EPHF 1: Monitoring and evaluation of health and well-being, equity, social determinants of health, and health system performance and impact							
Gap 1	Although the country has a regulatory and policy framework that empowers the MoHW to establish a health monitoring and evaluation (M&E) system and inter-sectoral coordination of the M&E system, integrated for the country's different public policies, the M&E is not standardized across the different units and/or regions and there is limited information sharing.						
Objective 1	By 2028, the MoHW will have updated and standardized a national M&E policy framework for the health sector based on international standards applicable across all health and related sectors, along with institutional structures, technical guidelines, a resource mobilization strategy and a supervisory plan to support all components of the M&E framework.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Revise the existing M&E policy framework and identify key and core national indicators based on international standards. In alignment with this process, develop and/or revise technical guidelines and a supervisory plan.		X	X				R: MOHW; SIB
1.2: Standardize and improve institutional structures and the intersectoral approach – including technical HR capacity – which support the implementation of the revised M&E policy framework as well as the facilitation of closer collaboration and formal data sharing, analysis, and use, with relevant country institutions, including research and academic centers.				X	X	X	
1.3: Develop a mobilization strategy to acquire and distribute the required HR, financial and ICT resources for the operation of the M&E system.			X				
1.4: Build on international technical cooperation for the operation of the national resource mobilization strategy.			X	X	X	X	

Gap 2	Although the country does have a system for registering notifiable diseases for public and private health care centers, with geographic and temporal disaggregation, and a regulatory framework and/or policies that empower health authorities to create a mandatory system of vital records for the country's population, the framework for a system of records and mandatory notification of other health events is not enforced.						
Objective 2	By Q4 of 2024, the mechanisms for enforcement of mandatory reporting of diseases under surveillance by public and private health facilities will be revised and a proposal for improvement will be approved.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Considering the Data Sharing Act, review the mechanisms for enforcement of mandatory reporting of diseases under surveillance by public and private health facilities, identify areas for improvement and present for approval an action plan for the enforcement of mandatory reporting.		X					R: MoHW;

EPHF 2: Public health surveillance; control and management of health risks and emergencies							
Gap 1	The country has an appropriate coordination structure and an appropriate public information, warning, and communication system in case of public health emergencies and disasters. However, there is no functional mechanism to coordinate and integrate the relevant sectors in the surveillance and response to public health emergencies.						
Objective 1	By Q2 of 2024, a functional mechanism to coordinate and integrate the relevant sectors in surveillance and response to public health emergencies will be defined and implemented.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Determine an existing multisectoral mechanism such as the International Health Regulations (IHR) Committee as the overarching Committee that would need to be expanded and strengthened to coordinate and integrate the relevant sectors aligned with the current structures for public health surveillance (e.g. National One Health Committee) and emergency response (e.g. National Health Emergency Operations Center).		X					R: MoHW, NEMO, DoE, BAHA, A: BMDA, Nurses Association of Belize, UB
1.2: Develop a policy paper to present to Cabinet to provide mandate and power for the integrated and functional mechanism to be able to execute planned activities.		X					

1.3: Develop terms of reference, algorithms, standard operating procedures and implementation guidelines on the coordination and communication among stakeholders for public health surveillance and emergency response.		X					
Gap 2	Favorable regulations (laws and plans) are needed to strengthen the evaluation and management of chemical events. Guidelines or manuals on the surveillance, evaluation, and management of chemical events, poisonings, and intoxications are available.						
Objective 2	By Q4 of 2024, legislation for the evaluation and management of chemical events will be developed and submitted to Cabinet for approval and terms of reference for the establishment of a national chemical emergency coordinating structure will be prepared.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Review and enactment of draft legislation/bill for the evaluation and management of chemical events and submit to Cabinet for approval.		X					R: AGM, MoHW, DOE
2.2: Prepare the terms of reference of a national multisectoral coordinating committee for national chemical emergencies based on the draft legislation under the International Health Regulations Committee		X					
Gap 3	Current human and financial resources are not sufficient to meet chemical event management needs and to detect and respond to radiological and nuclear emergencies.						
Objective 3	By Q2 of 2025, a resource mobilization strategy will be developed for chemical, radiological, and nuclear event detection, management and evaluation led by the Department of the Environment in coordination with the National Security Council.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
3.1: Get approval from Cabinet for a revised framework for emergency management that includes the management of chemical, radiological and nuclear events for a joint Cabinet paper from MOHW and Department of Environment		X					R: DoE, MoHW, NEMO A: IAEA
3.2: Identify the required human and financial resources for management and evaluation of chemical, radiological and nuclear events and develop a strategy to acquire and distribute those resources.		X					

3.3: Develop protocol on and get approval for the management of nuclear and radiological emergencies based on legislation (supported by IAEA)			X				
Gap 4	There is a need for an authority, institute or agency whose main responsibility is radiation surveillance and monitoring. Action is already taken, as a national committee or coordinating body for radiological and nuclear emergencies is being established under the Ministry of Sustainable Development, Climate Change, and Disaster Risk Management.						
Objective 4	By 2026, a national regulatory body with responsibility for the surveillance and monitoring of radiological and nuclear emergencies will be established.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
4.1: Create terms of reference for the national committee for radiological and nuclear emergencies to act as an Incident and emergency system with responsibility to notify and provide official information on status of the emergency, provide updated public information, assess potential emergency consequences and prognosis of potential emergency progression, coordinate inter-agency response for emergencies and disasters.		X					R: DoE, Ministry of Sustainable Development, Climate Change, and Disaster Risk Management, MoHW A: IEAE
4.2: With technical support from the IAEA, undertake assessment of the level of preparedness for a nuclear or radiological emergency in Belize, identify national assistance capabilities consisting of qualified experts, equipment and materials that could be made available to assist the country and to conduct relevant training.		X					
4.3: Adopt national emergency response capacities consistent with IAEA safety standards to minimize actual or potential radiological consequences for health, environment and property.			X				
4.4: Conduct research for the estimation of radiological and nuclear exposure and risks to develop evidence for health services strengthening, program development, resource mobilization and decision-making.			X				

EPHF 3: Promotion and management of health research and knowledge							
Gap 1	The country does not have an updated and publicly-accessible national health research agenda with a multidisciplinary and intersectoral approach and that includes vulnerable populations.						
Objective 1	By 2028, an updated national health research agenda that includes a budget and implementation plan will be developed and disseminated.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Conduct an analysis of previous research to identify research areas of interest for improving understanding of health in Belize, evaluating methods used to gather and analyze data, as well as national collection and retainment of research, determining those that have advanced the incorporation of knowledge into policy and practice and summarizing how current health trends, research interests and priorities align.			X				R: MoHW A: Research and academic institutions.
1.2: Develop and disseminate a health research agenda that is current and publicly accessible, through a multidisciplinary and intersectoral approach, including a budget and implementation plan.				X	X	X	
1.3: Allocate funding for the implementation of the national research agenda.				X			
Gap 2	There is no current National Registry of Ethics Committees with their requirements, contact information, capacities, and members with their certifications, nor are there significant sanctions in place for unethical use of research funding or unethical conduct in research.						
Gap 3							
		There is no national research ethics regulatory framework harmonized with international research ethics standards, such as the CIOMS standards. As there is no framework, it does not provide for a regulation with certification and updating of ethics committees, and it is not linked to a national regulation of public registration of research for health.					
Objective 2	By 2026, a national research ethics regulatory framework will be developed including regulation for the certification of research ethics committees. In alignment with the framework a national registry for research ethics committees will be implemented.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Develop a national regulatory framework that defines basic ethical principles for the conduct of biomedical and behavioral research involving human subjects and that fulfills international standards and		X	X	X			R: UB, MoHW

includes requirements for ethics reviews by an independent committee such as the IRB.						
2.2: Review and strengthen the national research ethics committee of the MOHW		X	X			
2.3: Establish a national research ethics council (leveraging the COMISCA regional research observatory and Barbados.)		X	X			

Policy development: EPHF 4 and 5

EPHF 4: Development and implementation of health policies and promotion of legislation that protects the health of the population							
Gap 1	Although there are legal frameworks that regulate the functioning of the MoHW as well as norms and policies for the NHI for basic health access, there is no national legislation that favors the development and implementation of universal health access and coverage, comprehensively addressing the determinants of health.						
Objective 1	By 2025, national regulations that favors the implementation of universal health access and coverage and addressing the determinants of health will be strengthened.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Develop a policy framework – including budget, implementation and M&E plan – that strengthens primary health care, improves patient safety and guarantees safe and effective medical products that are delivered in a timely, equitable, efficient, and integrated manner; and defines benefits and conditions of access based on the “Right to health” principles and the needs of the population, and includes a budget, implementation plan and M&E plan.		X	X				R: AGM, MoHW, Ministry of Human and Social Development A: Private health sector.
1.2: Develop a communication plan to sensitize public and key partners regarding the new policy framework as referred to in strategy 1.1.		X	X				
1.3: Strengthen mechanisms for intersectoral collaboration and community participation.			X				
Gap 2	Although the MoHW does regularly evaluate the achievement of health objectives, this is not done for the private sector. The MoHW does not evaluate the impact of its health policies, promoting the transparency of the results of its evaluations and adopting necessary institutional changes, according to the results.						

Objective 2	By 2025, a national information system for the health sector, that ensures strategic information which supports decision and policy making, will be implemented in alignment with the national M&E policy framework.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Develop regulatory framework and standards for the practice of telemedicine in the country, including networking among various health facilities (clinics-pharmacies-laboratories, etc.) and data sharing – public and private sector – to improve coordination, and continuity of care across the health services and among the different levels of care.		X	X				R: MoHW A: Minister of Public Utilities, Energy, Logistics and e-Governance, AGM, Ministry of Finance (CITO).
2.2: Present to cabinet a policy on interoperability of health information systems for sharing health data between electronic health record systems of Belize, which specifies terms of ownership of data or reports generated from the data and which defines the set of standards and terms for compliance for all Belizean electronic health record or health information systems.		X					
Gap 3	There is no implemented and evaluated system that promotes the monitoring of compliance with the legal/regulatory framework, the evaluation of public health legislation/regulations and their periodic improvement.						
Objective 3	By 2028, a defined process and structure for the evaluation and compliance monitoring of public health legislations and frameworks will be institutionalized.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
3.1: Analyze all regulatory requirements with which the health sector is obligated to comply, identifying gaps in compliance.			X				R: MoHW, AGM
3.2: Develop and implement a system for compliance monitoring and evaluation of public health legislation.			X	X			
3.3: Amend existing legislation to address non-compliance and implement a system for enforcement of health legislation.				X	X	X	
Gap 4	The MoHW needs to establish specific strategies to promote compliance with standards aligned with health priorities, including with subnational health institutions and authorities and oversight entities/agencies.						
Objective 4	By 2027, the regulatory capacity of the MoHW will be strengthened to provide effective oversight at the national, regional and institutional level.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	

4.1: Establish a dedicated quality management unit within MOHW which is responsible for providing general oversight of all units and technical areas.			X	X		R: MoHW
4.2: Develop a National Quality Policy and Strategy (NQPS) providing an explicit statement of the approach and actions required to enhance the quality of health care in Belize along with an implementation plan. As part of the NQPS define a core set of quality indicators to be monitored at the national level at both public and private sectors.		X	X	X		

EPHF 5: Social participation and social mobilization, inclusion of strategic actors, and transparency							
Gap 1	The country does not have legislation on social participation in health.						
Objective 1	By 2026, a legal framework supporting social participation and linked to Health in All Policies will be developed and submitted to Cabinet for approval.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Submit to Cabinet for approval a legal framework to support social participation in health taking into consideration a meaningful participatory mechanism that allows for reporting to and collecting feedback from the community, transparency in the selection and distribution of participants, equity in defining roles and responsibilities of participants and a clear governance structure that ensures regular versus ad hoc interactions.			X	X			R: MoHW, Ministry of Rural Transformation A: AGM, Ministry of Social, Human Development, Ministry of Education and Ministry of Finance.
Gap 2	Although components of social participation are covered in the national HSSP 2014-2024, the country does not have a specific national plan (or strategy) in place, participatory in origin, to facilitate social participation in health, allowing the community to act at all levels of the health system.						
Objective 2	By 2026, a national (strategic) plan will be developed to facilitate social participation in health and including appropriate structures and mechanisms to promote social participation, a mobilization strategy, budget and implementation plan.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Receive a mandate from Cabinet for the involvement of all stakeholder agencies and institutions to demonstrate their importance and involvement in the development of the plan.		X					R: MoHW, Ministry of Sustainable Development

2.2: Establish a multisectoral working group, including civil society, to identify and define key areas to be included in a social participation in health promotion plan.		X					
2.3: Building on existing community participation mechanisms, develop a national strategic plan for the promotion of social participation in health includes appropriate structures and mechanisms to promote social participation, a mobilization strategy (HR, financing, ICT and other resources), a corresponding budget and implementation plan.			X	X			
Gap 3	Health rights are not guaranteed in the Constitution of Belize, at all levels of the system (national, intermediate and local). However, there are formal mechanisms or legal sanctions for non-compliance that address the obligation of public officials to inform and treat the population appropriately.						
Objective 3	By 2027, as part of the amendment process of the Constitution of Belize, a proposal to incorporate the right to health in the Constitution of Belize will be developed and submitted to Cabinet.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
3.1: Conduct an analysis on barriers impeding the Right to Health (including all aspects of health) in Belize to include the legal implications, the capacity of the country and the availability of resources to guarantee the core components of the right to health			X				R: MoHW, AGM, Cabinet
3.2: Develop a policy on the Right to Health, addressing the barriers identified in strategy 3.1.				X	X		

Resource allocation: EPHF 6, 7 and 8

EPHF 6: Development of Human Resources for Health							
Gap 1	Although there are specific budget lines for salaries, subsidies, education, incentives and compensation, salaries and allowances for health personnel are not competitive in the local and regional labor market.						
Gap 2	The country does not have sufficient retention strategies for personnel in isolated, underserved or rural areas and for personnel working in primary healthcare (PHC). Likewise, there are no strategies to evaluate the efficiency of health personnel recruitment and retention policies. The retention strategies which are in place are not effective.						
Objective 1	By 2025, a retention strategy for the healthcare workforce in health in Belize, including those working in remote and rural areas, will be developed addressing financial and non-financial incentives.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Conduct an evaluation of the implementation of the HRH Strategy 2019-2024.		X					R: MoHW, Ministry of Public Service, Ministry of Finance A: Nurses association, Allied Health, Pharmacy Association, Medical Laboratory Association
1.2: Update analysis on "Baseline Indicators - 20 Goals for a Decade in HRH - Belize 2009" as a situation analysis for the development of new HRH strategy.			X				
1.3: Conduct a forecasting of HRH needs, including the estimated budget and including existing planning.			X				
1.4: Develop a new HRH strategy to include a retention strategy that specifies financial (remuneration) and non-financial incentives (compensation scale review, such as housing, working conditions, career development) for the health workforce, especially for those working in remote and rural areas.			X				
1.5: Develop a comprehensive operational strategy to accompany the new HRH strategy.			X				
Gap 3	The current regulations governing the professional practice of health professionals and the oversight activity of such regulations requires strengthening.						
Objective 2	By 2025, an improvement plan will be developed for strengthening the regulations for health professionals to acquire and maintain the competencies needed to provide health services that are of high quality, including a plan for strengthening supervision of these regulations.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	

2.1: Revise existing legislative framework of the healthcare regulators so that they include rules for the appointment, constitution and membership of the regulatory bodies; process and requirements for registration of professionals; education and continuing professional development; standards of professional conduct; investigation and adjudication procedures; and sanctions and review of decisions in order to introduce greater consistency, accountability and transparency across the regulatory bodies.		X	X				R: MoHW, AGM A: BMDA, Belize Pharmacy Association, Nursing and Midwives Council of Belize, Belize Medical Council, Nurses Association of Belize.
2.2: Develop an improvement plan or strengthen regulations for health professionals and the establishment of health councils for each health profession to acquire and maintain the competence needed to provide health services that are of high quality and strengthen the supervisory capacity of the MoHW for these regulations.			X				
Gap 4	There are no accreditation systems for undergraduate and graduate training institutions for health careers. Likewise, there is no national standardized evaluation system for all health careers.						
Objective 3a	By 2026, a system for accreditation and standard evaluation for all health education programs offered in Belize will be established.						
Objective 3b	By 2025, standard evaluation for all health education programs offered in Belize will be established.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
3a.1: Continue reviews and preparation for final accreditation and ensure continuing accreditation system for all education institutions for health careers.		X	X	X			R: MoHW, Ministry of Education Culture, Science and Technology, UB, BMDA, , Belize Pharmacy Association, Nursing and Midwives Council of Belize, Belize Medical Council, Nurses Association of Belize.
3b.1: Organize the related health professions and develop a standard evaluation.		X	X				
Gap 5	The health and education sectors have not reached consensus on a training plan for priority specialties, including family and community health.						
Objective 4	By Q1 of 2024, a training strategy will be developed for priority specialties including family and community health and an education institution will be selected to implement this strategy.						

Strategies	Implementation					Responsible institutions (R) and alliances (A)
	2024	2025	2026	2027	2028	
4.1: Perform a needs assessment for priority specialties to identify the areas that require the most training and support (ex: nursing, pharmacy, mental health)	X					R: MoHW, Ministry of Education, Culture, Science and Technology A: UB
4.2: Develop a training plan for priority specialties in the health sector including family and community health and priority health programs, including M&E plan and budget, with consensus from both the MoHW and the Ministry of Education.	X					
4.3: Select an education institution to implement the training strategy for priority specialties including family and community health.	X					

EPHF 7: Ensuring access to and rational use of quality, safe, and effective essential medicines and other health technologies						
Gap 1	Belize has not yet formulated an institutional development plan to strengthen the national regulatory system with the support of PAHO or WHO because discussions on conducting the WHO Global Benchmarking Tool (GBT) for evaluation of national regulatory systems of medical products are ongoing.					
Objective 1	By Q4 of 2024, Belize will have formulated an institutional development plan focused on strengthening the national regulatory and supply chain management system to ensure that medicines (including pharmaceutical products, vaccines, and other biologicals) meet applicable standards of safety, quality and efficacy.					
Strategies	Implementation					Responsible institutions (R) and alliances (A)
	2024	2025	2026	2027	2028	
1.1: Apply the WHO Global Benchmarking Tool (GBT) for evaluation of national regulatory systems of medical products.	X					R: MoHW (Drug Inspectorate Unit, Pharmacy Unit, Central Medical Stores, Licensing and Accreditation Unit, National Engineering and Maintenance Center, Maternal and Child Health Unit)
1.2: Develop an institutional development plan for strengthening the national regulatory system of medical products along with a budget and implementation plan.	X					
1.3: Address the strengthening of the selection, evaluation, incorporation, and rational use of essential medicines and health technologies.	X					
1.4: Continue strengthening the supply chain management system through the implementation of the Standard Operating Procedures recently developed.	X					A: Pharmacy Association, BMDA, Nursing Association, NITAG, Customs.

EPHF 8: Efficient and equitable health financing							
Gap 1	Although the MoHW has an advocacy strategy and efficient coordination mechanisms with the Ministry of Finance to increase funding to the sector, discussions on the sustainability of the health financing system to ensure stability in health financing flows and reduce out-of-pocket payments and avoid co-payments are ongoing.						
Objective 1	By Q1 of 2025, a defined strategy and implementation plan for a sustainable health financing system will be developed.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Re-assess sources of health financing to increase funding for health.		X					R: MoHW, NHI
1.2: Recommend strategies on the strengthening of pooling and purchasing mechanisms for the health sector to improve efficiency .		X	X				
1.3: Define the performance based financing of health regions based on service level agreements.		X	X				
Gap 2	The government, or the health authority, does not have the capacity and human resources to carry out official measurements of out-of-pocket spending indicators. A team trained in monitoring and evaluation of health spending and financing is needed.						
Objective 2	By Q2 of 2025, the MoHW will have a dedicated unit or team with the responsibility to carry out structural monitoring and evaluation of health spending and financing based on standard international methodology.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Provide incentives and investment to persons who want to pursue a degree or training in health financing.			X	X	X	X	R: MoHW, NHI, Ministry of Finance
2.2: Recruit a health economist for the MOHW and identify/provide incentives for retention of the officer.		X					
2.3: Assign a specific unit / team with the responsibility to carry out monitoring and evaluation of health spending and financing and facilitate training of the health financing unit/team in the standard methodology (National Health Accounts (NHA)) to perform structural monitoring and evaluation of health spending and financing.		X	X				
2.4: Conduct analysis of out-of-country healthcare gaps and needs, including funding options			X				

Access: EPHF 9, 10 and 11

EPHF 9: Equitable access to comprehensive, quality health services							
Gap 1	Although there are several policies for different health services, there is no single national policy to generate systematic evidence on the effective and equitable access of individuals, families and communities to quality health services and programs, from the perspective of the Right to Health and the needs of the population, and it does not contain a technical component that includes methodology, instruments and strategies for implementation.						
Objective 1	Refer to EPHF 4 – Objective 1 By 2025, national regulations that favors the implementation of universal health access and coverage and addressing the determinants of health will be strengthened.						
Strategies <i>Refer to EPHF 4 – Strategies 1.1-1.3</i>		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
EPHF 4 - 1.1: Develop a policy framework – including budget, implementation and M&E plan – that strengthens primary health care, improves patient safety and guarantees safe and effective medical products that are delivered in a timely, equitable, efficient, and integrated manner; and defines benefits and conditions of access based on the “Right to health” principles and the needs of the population, and includes a budget, implementation plan and M&E plan.		X	X				R: AGM, MoHW, Ministry of Human and Social Development A: Private health sector.
EPHF 4 - 1.2: Develop a communication plan to sensitize public and key partners regarding the new policy framework as referred to in strategy 1.1.		X	X				
EPHF 4 - 1.3: Strengthen mechanisms for intersectoral collaboration and community participation.			X				
Gap 2	There is no M&E system, nor intersectoral and participatory mechanisms for monitoring, evaluation and analysis (with indicators for effective qualitative and quantitative evaluation) of the implementation of priority health programs; of effective access to and utilization of health services and programs; and of conditions for effective and equitable access to health services. There is also no periodic evaluations at the national, subnational and local levels that feed into decision-making and national programs to solve the access problems detected, including the design of plans for improvement and expansion of their availability, with results analysis reports that are accessible, published and disseminated to all stakeholders.						
Objective 2	Refer to EPHF 1 – Objective 1 The MoHW will have updated and standardized a national M&E policy framework for the health sector based on international standards applicable across all health and related sectors, along with institutional structures, technical guidelines and supervisory plan to support all components of the M&E framework						

Strategies Refer to EPHF 1 – Strategies 1.1-1.4		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Revise the existing M&E policy framework and identify key and core national indicators based on international standards. In alignment with this process, develop and/or revise technical guidelines and a supervisory plan.		X	X				R: MoHW, SIB
1.2: Standardize and improve institutional structures and the intersectoral approach – including technical HR capacity – which support the implementation of the revised M&E policy framework as well as the facilitation of closer collaboration and formal data sharing, analysis, and use, with relevant country institutions, including research and academic centers.				X	X	X	
1.3: Develop a mobilization strategy to acquire and distribute the required HR, financial and ICT resources for the operation of the M&E system.			X				
1.4: Build on international technical cooperation for the operation of the national resource mobilization strategy.				X	X	X	
Gap 3	Although there is a defined, institutionalized, published and widely disseminated planning and organizational model for the health services network supported by a legal framework and a strategy plan, the legal framework (medical service and institutions act) is outdated.						
Objective 3	By 2025, the medical service and institutions act will be revised and submitted to Cabinet, to reflect the defined and institutionalized organizational model for the health services network in Belize.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
3.1: Revise the medical services and institutions act based on the strategies and institutionalized organizational model of health services network in Belize.		X	X				R: MoHW, AGM
Gap 4	The country does not have sufficient health personnel, with the required level of continuing educational training, assigned to comprehensive health services, including priority health programs.						
Objective 4	By 2028, a national HRH training and capacity building plan based on the needs and workforce planning of the health sector will be developed and implemented.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	

4.1: Assess met and unmet health care needs and health services capacity across regions, including knowledge, staff, facilities and medical technologies.		X					R: MoHW, Ministry of Education, Culture, Science and Technology A: UB
4.2: Refer to EPHF 6, Strategy 4.2 Develop a training plan for priority specialties in the health sector including family and community health and priority health programs, including M&E plan and budget, with consensus from both the MoHW and the Ministry of Education		X					
4.3: Implement training plan for priority specialties in the health sector.			X	X	X	X	
Gap 5	Although there is a public budget for the implementation of the national policy for the generation of evidence on effective and equitable access of individuals, families and communities to quality health services and programs, the country does not have specific, adequate and sustainable financing for the implementation of priority programs, with mixed financing methods, both within and outside the health sector.						
Objective 5	Refer to EPHF 8 – Objective 1 By Q1 of 2025, a defined strategy and implementation plan for a sustainable health financing system will be developed.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
EPHF 8 - 1.1: Re-assess sources of health financing to increase funding for health.		X					R: MoHW, NHI
EPHF 8 - 1.2: Pass legislation the strengthening of pooling and purchasing agency as a statutory authority.		X	X				
EPHF 8 - 1.3: Pass legislation defining payment and incentive models and contractual agreements between pooling and purchasing agency and Regional Health Authorities, including management of finances.		X	X				
Gap 6	There is no comprehensive biosafety and biosecurity regulatory framework in the country, including legislation or regulations on biosafety and biosecurity. This regulatory framework does not address waste management, transport of infectious substances and biosafety measures for laboratory personnel.						
Objective 6	By 2027 a biosafety and biosecurity regulatory and policy framework will be developed.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
6.1: Develop a multisectoral committee to lead and coordinate the development and implementation of a biosafety and biosecurity regulatory and policy framework			X				R : MoHW, BAHA, AGM, DOE
6.2: Review existing draft of the regulatory framework for biosecurity and biosafety, defining national codes of practice for the safe handling			X	X			

of pathogenic biological agent, including waste management, transport of infectious substances biosafety measures for laboratory personnel and the documenting, reporting, investigating and management of all biological events that threaten the safety and security of the country.						
6.3: Promote a safety culture and increase compliance to IHR standards by creating systems for oversight, worker training, good microbiological practice and evidence- and risk-based assessment.			X	X		

EPHF 10A: Development of a regulatory and governance framework for health promotion and actions to reduce risks and promote healthy behaviors and environments							
Gap 1	Although health promotion is a component within the health strategic plan HSSP 2014-2024, the country does not have a health promotion policy that has been agreed upon with sectoral and extra-sectoral stakeholders, at the national and subnational levels. A stand-alone policy is needed that considers specific programs and measures aimed at improving the health conditions of the population, and health promotion focused on vulnerable populations and equity.						
Objective 1	By Q4 of 2024, the MoHW will develop a comprehensive and integrated health promotion policy, specifically addressing vulnerable populations and has taken the required preparations for the establishment of a mechanism / structure for intersectoral collaboration to promote healthy behaviors and environments.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Evaluate existing policies related to health promotion in specific programs and develop a comprehensive and integrated national health promotion policy which identifies programs and measures to improve health conditions, specifically addresses vulnerable populations and environments, and includes a budget, implementation plan and M&E plan.		X					R: MoHW, Municipal Authorities, One Health Committee.
1.2: Expand the scope of the functions of the One Health committee to include intersectoral collaboration related to health promotion.		X					
Gap 2	There are not enough human resources and skills in health education, promotion, and communication to deliver interventions both at the national and sub-national levels (e.g. there is only one health educator per district in the country). In addition, health promotion is not formally included in human resource development programs at the different levels of training in public health, even though there are ad-hoc training activities with support from international partners.						

Objective 2	By 2026, the MoHW will ensure that health education, promotion and communication training is incorporated in the national training plan for the health sector in alignment with the national workforce planning related of health educators. In addition a sustainable strategies will be developed that will help to retain Community Healthcare Workers.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Develop a training plan specifically addressing the need for health education, promotion and communication training in collaboration with the Ministry of Education, Culture, Science and Technology and education institutions.		X	X				R: MoHW, Ministry of Education, Culture, Science and Technology, education institutions, NDACC
2.2: Restructure the health education and promotion program including human resources aligned with the needs of the population.			X	X			
2.3: Develop a retention strategy for Community Healthcare Workers.				X			
Gap 3	The normative and regulatory framework related to healthy behaviors needs strengthening in the area of prevention of accidents and injuries and alcohol control.						
Objective 3	By 2026, Belize will update its normative and regulatory framework related to healthy behaviors, more specifically addressing prevention of accidents and injuries and alcohol control.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
3.1: Develop a normative and regulatory framework for the prevention of accidents and injuries based on international and national regulatory frameworks and standards.			X	X			R: MoHW, AGM, NDACC
3.2: Develop a normative and regulatory framework for alcohol control based on the previous national alcohol control framework and current international regulatory frameworks and standards.			X	X			
Gap 4	While there are different laws which address discrimination and sexual and reproductive health rights (e.g., the Refugee Act, the Family and Children Act, the Domestic Violence Act, International Child Abduction Act, Married Women Protection Act, the Adolescent Health Strategic Plan, and Public service regulation for government officers), the country does not have an overarching legal and policy framework on human rights protections favorable to the promotion of sexual and reproductive health, including legal protection against sexual exploitation, the legal right of all persons to obtain information and services without the need for third-party consent, and anti-discrimination legislation.						
Objective 4	By 2027, a legal and policy framework sexual and reproductive health (SRH) taking into consideration human rights will be drafted.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	

4.1: Develop a legal and policy framework for SRH within the context of human rights protection specifically addressing including legal protection against sexual exploitation, the legal right of all persons to obtain information and services without the need for third-party consent, and without violating parental responsibility, and anti-discrimination legislation.			X			R: Ministry of Human Development (lead), MoHW.
4.2: Develop a national policy for sexual and reproductive health including budget, implementation plan and M&E plan.				X		
4.3: Establish stakeholder engagement mechanism to support the development of the legal and policy framework for SRH.			X	X		

EPHF 10B: Actions to protect and improve environmental public health, and protection of workers health							
Gap 1	There is no national environmental public health policy, strategy or plan, integrated into the national health policy that includes resources (human, financial, and technical) and addresses at least the technical areas of air quality, water quality and sanitation, waste management, chemical safety, and climate change.						
Objective 1	By Q4 of 2025, a multisectoral national environmental health strategic plan will be developed which includes the required resources and implementation plan, and will address technical areas of air quality, water quality and sanitation, waste management, chemical safety, and climate change.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Develop a national multisectoral environmental health strategic plan which includes the required HR, financial and technical resources and implementation plan. This plan addresses: <ul style="list-style-type: none">technical areas of air quality, water quality and sanitation, waste management, chemical safety, and climate change.the inclusion of environmental determinants within other health sector policies, strategies or plansthe inclusion of the health dimension in the policies, strategies or plans of other relevant sectors (other than health)			X				R: MoHW, One Health Committee, DOE, National Climate Change Office (part of Ministry of Sustainable Development), Climate finance Unit at Ministry of Economic Development.
1.2: Develop multi sector national chemical safety plan that includes surveillance for health dimensions.			X				
Gap 2	There is no national environmental health policy, strategy or plan that defines roles and responsibilities of the entities involved in its implementation within and outside the health sector.						

Objective 2	By Q4 of 2025, the environmental health policy will include the intersectoral structure involved in the implementation within and outside the health sector.					
Strategies	Implementation					Responsible institutions (R) and alliances (A)
	2024	2025	2026	2027	2028	
2.1: Develop and include intersectoral structure in the environmental health policy, defining the roles and responsibilities of involved entities, in its implementation within and outside the health sector.		X				R: MoHW, One Health Committee, DOE, National Climate Change Office (part of Ministry of Sustainable Development), Climate finance Unit at Ministry of Economic Development.
Gap 3	There is draft legislation in the country to protect workers health against the risks of occupational diseases and accidents, however this legislation is not approved yet by Cabinet and can therefore not be enforced.					
Objective 3	By 2026, the Occupational Safety and Health Bill will be approved by Cabinet.					
Strategies	Implementation					Responsible institutions (R) and alliances (A)
	2024	2025	2026	2027	2028	
3.1: Advocate the need to implement the Occupational Safety and Health Bill.	X	X	X			R: Ministry of Labour (lead), AGM, MoHW
3.2: Advance on the approval procedures to pass the Occupational Safety and Health Bill.	X	X	X			A: Chamber of Commerce, Ministry of Public Service

EPHF 10C: Actions to ensure food safety and consumer protection							
Gap 1	The country does not have an effective mechanism for monitoring and controlling food safety regulations and protocols and the safety of other consumer products, nor an effective system of sanctions and other measures to prevent food safety problems.						
Objective 1	By 2026, collaboration between food safety authorities will be strengthened for food safety monitoring and enforcement of food safety regulations including an effective system of sanctions and other measures to prevent food safety problems.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Update MoU between food safety authorities for coordination of monitoring and enforcement of food safety regulations.		X					R: BAHA (Lead), MoHW, BBS
1.2: Revise and update food safety regulations.		X	X				A: Belize Chamber of Commerce and Industry, regulatory agencies
1.3: Strengthen point-of-entry (POE) control regulations and post-marketing surveillance for food safety.			X	X			
1.4: Develop an advocacy strategy among food industry stakeholders and consumer protection groups.			X				
1.5: Strengthen national diagnostic capabilities for food safety.			X	X			
Gap 2	There is no inter-institutional coordination mechanism with clear terms of reference to facilitate communication between relevant stakeholders during a suspected foodborne disease outbreak.						
Objective 2	By Q4 of 2024, an intersectoral coordination mechanism in response to (suspected) foodborne disease outbreaks and food safety emergencies will be established.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Develop terms of reference and action plan for the operationalization of the Food Safety Sub Committee under One Health.		X					R: MoHW, BAHA, One Health – Food Safety sub Committee

EPHF 10D: Actions for the control of vectors and zoonoses							
Gap 1	The country does not have a regulatory and legislative framework for the use of innovations and new technologies in entomological surveillance and vector control practices that considers environmental, biosafety and bioethical dimensions.						
Gap 2	Although the country has sufficient financial resources for adequate entomological surveillance and vector control, there are insufficient physical and administrative resources.						
Objective 1	By 2025, a legislative and policy framework for neglected tropical diseases (NTD) will be developed which includes the evaluation of the use of innovative and new technologies for NTD surveillance considering international standards for environment, biosafety and bioethics along with an implementation plan.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Develop a national NTD strategic plan or policy along with a resource mobilization strategy and an implementation plan.		X					R: MoHW, BVEC, BAHA
1.2: Develop a regulatory framework for NTD which includes the evaluation of the use of innovative and new technologies for NTD surveillance considering international standards for environment, biosafety and bioethics.			X				
Gap 3	Although the MOHW partners with Belize Vector and Ecology Center (BVEC), PAHO and other stakeholders carry out training in entomology and vector control, the country does not have a national HR plan that includes the education and training of professionals in the area of public health entomology and vector control and integrated work between the Ministry of Health and the higher education governing body to include key topics on entomology and vector control in the curricula of professionals in training (biologists, veterinarians, physicians, nurses, among others). Likewise, there is no HR education and training plan in the country that involves national or regional institutions and/or networks that provide support for the education and/or training of professionals in the area of entomology in public health and vector control, taking into account that the country does not have sufficient and competent human resources for adequate entomological surveillance and vector control.						
Objective 2	By 2026, the capacity of the tertiary level education system to develop training and education in the area of vector control will be strengthened.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Conduct a situation analysis of the training needs in vector control.			X				R: MoHW
2.2: Develop a program to address the training needs for vector control.			X	X			

						A: Ministry of Education, Culture, Science and Technology, tertiary level institutions
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EPHF 10E: Actions to prevent antimicrobial resistance							
Gap 1	There is currently no national action plan to combat antimicrobial resistance (AMR), compatible with the Global Action Plan (GAP) on Antimicrobial Resistance, that incorporates multisectoral work and is supported by a national system for surveillance of infections caused by antimicrobial resistant pathogens. In the absence of a national AMR plan, there is no operational plan and no budget for its implementation with adequate investment or funds.						
Objective 1	By 2024, the draft national antimicrobial resistance (AMR) action plan, including budget, will be updated and approved.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Update and obtain cabinet approval for the national AMR plan including budget which is based on the Global Action Plan on AMR and addresses the strengthening of the national AMR surveillance system.		X					R: One Health Committee – subcommittee Antimicrobial Resistance.
Gap 2	There is no monitoring of contamination with resistant pathogens through effluent discharges generated in the pharmaceutical industry, dispensaries and intensive feeding or animal husbandry sites. Likewise, there is no monitoring of antimicrobial use or consumption among humans, animals and food crops, contributing information to the OIE global database.						
Objective 2	By 2026, the AMR surveillance system will be strengthened to perform monitoring of antimicrobial consumption among humans, animals and food crops and monitoring of contamination with resistant pathogens through effluent discharges.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Strengthen the AMR surveillance system by developing capacity for monitoring of antimicrobial consumption among humans, animals and food crops and monitoring of contamination with resistant pathogens through effluent discharges.			X	X			R: One Health Committee – subcommittee Antimicrobial Resistance.
Gap 3	There is no national policy and national regulations regarding the appropriate use, availability and quality of antimicrobials for human and animal use.						
Objective 3	By 2026, a national policy and implementation plan for the appropriate use, availability and quality of antimicrobials for human and animal use will be developed.						
Strategies		Implementation					

	2024	2025	2026	2027	2028	Responsible institutions (R) and alliances (A)
3.1: Develop a national policy and implementation plan which defined the appropriate use, availability and quality of antimicrobials for human and animal use.		X				R: One Health Committee – subcommittee Antimicrobial Resistance.
3.2: In coordination with relevant stakeholders and based on international standards, establish national regulations for the appropriate use of antimicrobials.			X			

EPHF 11: Management and promotion of interventions on the social determinants of health							
Gap 1	No strategy has been defined to identify and address supply and demand access barriers considering the social determinants of health and inequities.						
Objective 1	By 2024, engage or link to a work group to discuss and create an intersectoral strategy to identify and address supply and demand access barriers considering social determinants of health and inequities including an implementation plan will be developed.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
1.1: Engage or link to a national multi-agency, multi-sectoral task force, engaging the Healthy Municipality Initiative and other multi-agency initiatives to initiate intersectoral discussions to address supply and demand access barriers considering social determinants of health and inequities.		X					R: MoHW
Gap 2	A health equity profile has not been produced that incorporates at least two priority social determinants of health at the national or subnational level, in line with the guidelines set in the WHO Handbook on Health Inequality Monitoring. The country does not have an effective monitoring and evaluation system at the national and subnational levels for social determinants of health and health equity to contribute to the analysis of the impact of the various sectoral (health) and extra-sectoral (non-health) policies.						
Gap 3:							
Objective 2	By 2027, the national M&E policy for health has incorporated indicators on at least two priority social determinants of health based on WHO guidelines.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
2.1: Incorporate health equity indicators on at least two priority social determinants of health in the national M&E policy.			X				R: MoHW

2.2: Identify the overall methodology, data sources including indicators required resources and develop a work group for the creation of the health equity profile, on international guidelines.				X	X		
Gap 3	Since there is no HiAP structure or approach, there is no unit, department or institution responsible for monitoring and evaluation of HiAP and intersectoral work, nor a multidisciplinary and intersectoral team with capacity in M&E of HiAP or intersectoral work either at the governmental or Ministry of Health level.						
Objective 3	By 2026, a HiAP approach will be defined and a corresponding HiAP policy will be developed ensuring roles and responsibilities are clearly identified and agreed upon.						
Strategies		Implementation					Responsible institutions (R) and alliances (A)
		2024	2025	2026	2027	2028	
3.1: Present a position paper to Cabinet on a HiAP approach for Belize aligned with the national context and structures.		X					R: MoHW
3.2: Advocate for the inclusion and funding of equity in health in the development of strategic plans for Ministry of Health and other Ministries.			X	X			A: All other involved Ministries

Other strategic actions related to EPHF

In addition to the strategies mentioned in the previous section, additional strategic actions were identified for some EPHF. It is important to take these actions into consideration when the EPHF action plan will be implemented. Below is an overview of the strategic actions identified.

EPHF	Additional strategic actions identified
1. Monitoring & evaluation	<ul style="list-style-type: none"> Receive information on the five-year strategic plan of SIB, to be launched in the first quarter of 2024 and align strategies related to EPHF 1 "Monitoring & evaluation".
2. Surveillance, control & risk management	<p>Objective 1:</p> <ul style="list-style-type: none"> Integration of One Health Committee platform for surveillance and expansion of membership of EOC – identify which sectors are required to make a functional mechanism – IHR MOHW to lead development of policy paper to present to Cabinet to provide mandate to the integrated and functional mechanism to give it the power to execute activities <p>Objective 2:</p> <ul style="list-style-type: none"> Establish the Chemicals Management Unit under the Department of the Environment <p>Objective 3:</p> <ul style="list-style-type: none"> Establish the Office of Radiation Safety and Security Use template from IAEA to develop protocol for the management of nuclear and radiological emergencies based on legislation Conduct a risk mapping of radiological emergency
7. Medicines and other health technologies	<ul style="list-style-type: none"> Review the Essential Medicines List vis-à-vis the pharmaceutical needs of the various health programs
8. Health financing	<ul style="list-style-type: none"> Pass sin tax legislation that will enhance sources of financing for health. Adopt social marketing strategies to counteract marketing of unhealthy products. Make healthy products more accessible and affordable. Develop an HRH Strategic Plan that meets the needs of the health system Work on retention strategies that are humane and address the working conditions that maintain respect and promote empathetic management, veering away from the culture of blame.

9. Access to comprehensive quality services	<ul style="list-style-type: none"> ▪ Advance on implementation of the recently launched mental health policy from MoHW. This policy includes the strategies for strengthening institutional capacities in this area, which were identified through the EPHF evaluation.
10. Health promotion and healthy behaviours	<ul style="list-style-type: none"> ▪ Strengthen the National One Health Committee and allocate a budget for this committee to carry out its functions.
10D. Vectors and Zoonoses control	<ul style="list-style-type: none"> ▪ The NTD policy framework mentioned in EPHF 10D - Objective 1 include includes vectors and zoonoses control. This policy framework should address innovations and new technologies in entomological surveillance and vector control practices
11. Addressing Social Determinants of Health	<ul style="list-style-type: none"> ▪ Present paper to Cabinet to advocate for HiAP approach ▪ Establish a high-level group to address many of the intersectoral issues that are addressed throughout the EPHF action plan as a mandate by Cabinet.

