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ANNEX 1

to the Commission Decision on the 2017 Annual Action Programme in favour of Belize to be financed from the 11th European Development Fund

Action Document for 11th EDF Health Support to Belize

1. Title/basic act/ CRIS number	Health Support Programme Belize 11th European Development Fund CRIS number: FED/2015/039-232	
2. Zone benefiting from the action/location	Belize – Caribbean region The action shall be carried out at the following locations: Countrywide.	
3. Programming document	11th European Development Fund; Multiannual Indicative Program (2014-2020)	
4. Sector of concentration/ thematic area	HEALTH	DEV. Aid: YES
5. Amounts concerned	Total estimated cost: EUR 11 600 000 Total amount of EDF contribution: EUR 10 560 000 This action is co-financed in joint co-financing by: - the Government of Belize for an amount of EUR 900 000 - potential grant beneficiaries for an indicative amount of EUR 140 000.	
6. Aid modality(ies) and implementation modality(ies)	**Project Modality** • Indirect management for PAGoDA with Pan American Health Organisation (PAHO) • Direct management for procurement of service contracts • Direct management for procurement of grant contracts (Call for proposals)	
7. a) DAC code(s)	12 110 Health policy and administrative management 12 230 Basic Health Infrastructure	
b) Main Delivery Channel	International Organisation (PAHO): 70 %	

8. Markers (from CRIS DAC form)	**General policy objective**	**Not targeted**	**Significant objective**	**Main objective**
	Participation development/good	☐	☐	X

	governance			
	Aid to environment	☐	X	☐
	Gender equality (including Women In Development)	☐	X	☐
	Trade Development	X	☐	☐
	Reproductive, Maternal, Newborn and Child health	☐	X	☐
	RIO Convention markers	**Not targeted**	**Significant objective**	**Main objective**
	Biological diversity	X	☐	☐
	Combat desertification	X	☐	☐
	Climate change mitigation	X	☐	☐
	Climate change adaptation	☐	X	☐
9. Global Public Goods and Challenges (GPGC) thematic flagships	N/A			

Summary

The Health Sector in Belize is confronted with many challenges and constantly evolving due introduction of technologies, emerging diseases, the burden of Non-Communicable illness and the threats of weather related desasters. Therefore the sector must be strategic in addressing these challenges. This action aims at supporting the implementation of the Belize Health Sector Strategic Plan (BHSSP 2014-2024) aligned with the Horizon 2030 National Strategy and the Belize Growth and Sustainable Development Strategy 2016-2019.

The main objective of *"Achieving a better quality of life, for all Belizeans, living now and in the future" substantive changes in the different structures and functions of the sector will be introduced, with a view to increasing the equity of its benefits, the efficiency in its management, and the effectiveness of its actions to achieve the satisfaction of the health needs of the population.*

The specific objectives aim to (1) develop efficient, effective, disaster resilient and environmentally friendly health facilities, (2) strengthen the Health information system in collaboration with an organized surveillance system, and (3) improve the structure, organization and management of health services. These priority areas of the health sector reform were identified through various assessments done in the areas of the SMART Hospital assessment, the Health Information System and International Health Regulation capacity.

The implementation period is five years (2018-2022) with a total cost of EUR 11 600 000 of which the EDF contribution is EUR 10 560 000.

1. CONTEXT

1.1 Sector context

Belize is located on the northeastern coast of Central America. The total land area is 22,960 square kilometers (8,860 sq miles) and with a population of approximately 350,000 inhabitants Belize possesses the lowest population density in Central America.

About 51 % of its total population reside in rural areas. With a nominal gross domestic product (GDP) estimated at USD 1.5 billion and GNI/capita at USD 3,810 in 2011, the small economy of Belize is vulnerable to external shocks. Between 1980 and 2012 Belize's Human Development Index (HDI), rose by 0.5 % annually from 0.621 to 0.702, which positions the country as a medium level developing country, slightly below the regional average.
WHO data (2013) indicate that under-five mortality rate (per 1000 live births) and maternal mortality ratio (per 100,000 population) respectively decreased from 40 to17 and from 75 to 45. Over the same period deaths from HIV/AIDS and tuberculosis among HIV/negative population registered substantial increases as well as ischaemic heart diseases, diabetes and cancers. Belize has approximately 15 registered nurses/10,000 persons, which compares with the Caribbean median of 17/10,000 population, but is very below the median of 105/10,000 in developed countries. Furthermore, the physician-population ratio is even wider with one physician/1,000 persons. In addition, quality and distribution of key staff are subject to high turn-over of staff migrating towards neighboring countries (U.S.A. Mexico, Guatemala). The health sector was reformed in the early 90s when health services were partially decentralized and health regions emerged.
The current organizational structure of the Ministry of Health supports delivery of services, regulation and policy development.

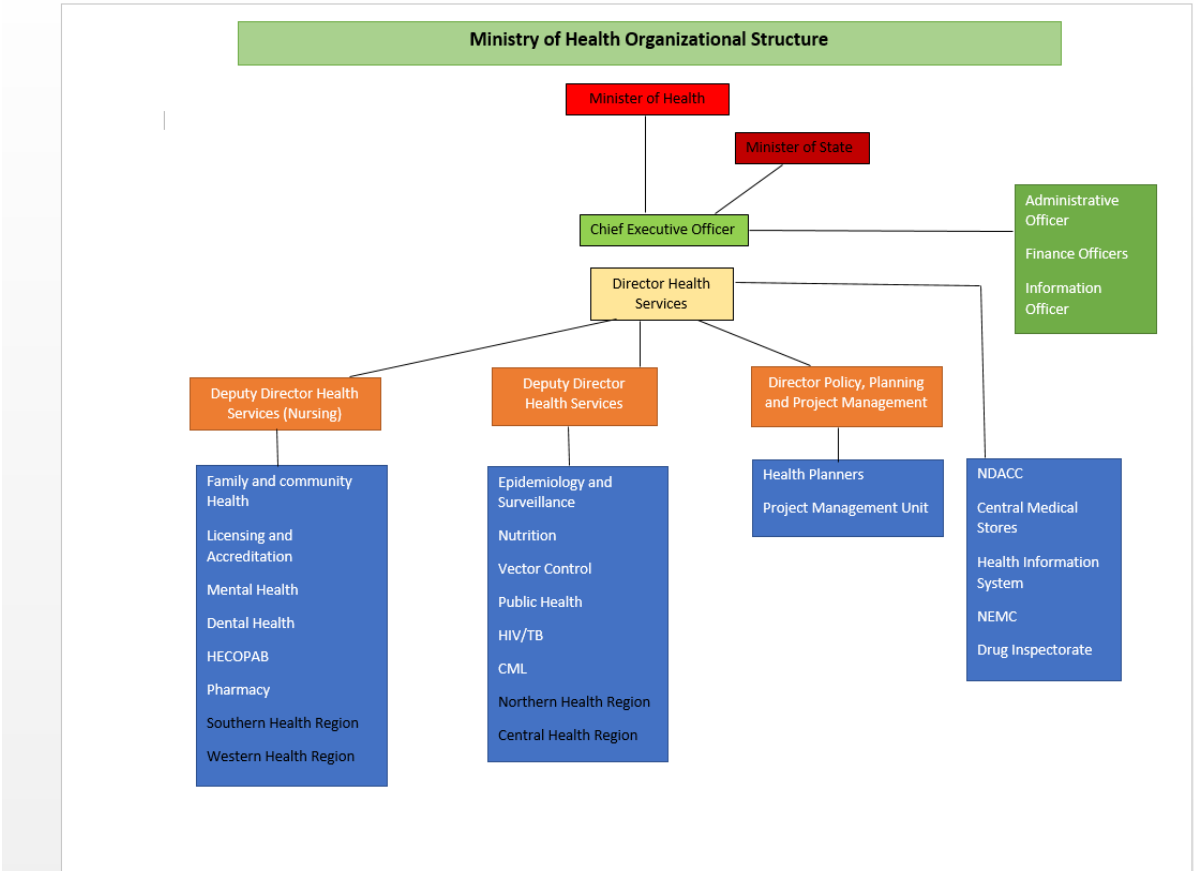

Fig. 1 Ministry of Health Organizational Structure

The Government of Belize is the principal funder for the Belize Health Care System. Approximately 63 % of health sector funds are provided by the Government, 32 % by the private sector and 6 % from external sources. The total health expenditure is approximately 5.4 % of GDP and the total per capita was USD 455 in 2010. When compared to other countries in the Caribbean and Latin America, Belize has the lowest per capita expenditure on health, however in many instances the same or higher life expectancies, indicating that the limited funds available for health are used efficiently.

1.1.1 Public Policy Assessment and EU Policy Framework

Horizon 2030 outlines the Government of Belize's approach to the development of the country. As it relates to health, *Horizon 2030* is aimed at improving equitable access to quality care, with the ultimate goal of improving the quality of life and life expectancy of all men and women, boys and girls. This long term development strategy is implemented through medium term plans, currently the *Growth and Sustainable Development Strategy 2016-2019*, which focus on social cohesion and resilience and is aligned to the development framework for the health sector.
In April 2014, the Government of Belize adopted the "*Health Sector Strategic Plan (HSSP 2014-2024)*", guided by the WHO Health Systems Framework. The *HSSP* is focused on people-centred care through improvement of the quality of services while ensuring equity and efficiency in the provision of health services. It also pursues the goal of Universal Health Coverage with the aim to ensure an equitable, efficient, effective and sustainable health system. For this purpose it identifies seven strategic objectives: i) Integrated Health Service based on Primary Health Care for improved Health outcomes; ii) Strengthening the Organization and Management of Health Services; iii) Achieving Greater Equity, Cost Effectiveness and Efficiency in the Allocation and Use of Health Resources; iv) Strengthening Capacity for Human Resources for Health Planning to meet present and future Health sector needs; v) Strengthening of the Belize Health Information System to support Evidence-based planning in the provision and delivery of Health Care; vi) Development of Quality Improvement framework to ensure stakeholder accountability; and vii) Efficient and Effective Health Infrastructure Development.
In addition, the *Belize Health Information Strategic Plan (2010-2015)* is aimed at the expansion of the BHIS to rural health facilities, reinforce control of non-communicable diseases (NCDs) via the use of decision- support tools and the strengthening of disease surveillance.

The European Union's "*Agenda for Change*"[1] aligns to partner country/region and particular emphasis is given to reducing the exposure of developing countries to global shocks including climate change, ecosystem, and resource degradation, and volatile and escalating food and energy prices. The EU is committed to applying aid effectiveness principles in its development cooperation. The Commission is a signatory to the *International Health Partnership (IHP+)* which applies aid effectiveness principles to the health sector and promotes the alignment to and support of a national health plan, a national health budget or national monitoring system for health. This action also supports the achievement of the

[1] Increasing the impact of EU Development Policy: an Agenda for Change, COM(2011)637

Sustainable Development Goals, not only related to "good health and well-being" (No.3) and its related 17 targets but also others main goals such as safe water and sanitation (No.6), clean energy (No.7), reduced inequalities (No.10) and climate action (No.13).

This Action is also in line with EU gender Policy Gap II (2016-2020), in particular objectives 10, 11, 12 related to equitable access to health services. The entire population of Belize will benefit from the project; however the focus is on strengthening equitable health care services and improving access to quality primary health care that is directed at rural communities and vulnerable populations. The model of *Integrated Health Care Service* is expected to reduce existing inequalities by reorganizing the primary health services across the country, regardless of geographic location, socioeconomic status and medical provider. The model is a family-centred approach, making services accessible to adolescents, boys and men, since they tend to demonstrate poor health seeking behaviours increasing their risk for poor health outcomes. In addition, the Health Information System and surveillance will make data readily available to ensure appropriate decisions and deployment of a rapid response to prevent potential disease outbreaks. Therefore the enhancement of the health information and surveillance system is a critical factor in the improvement of healthcare services and reducing inequalities in health while making the health care system more effective and efficient. As it relates to the infrastructure improvement, it will have an indirect benefit for women and families in the rural areas because 95 % of all deliveries are done in a health care facility, whether at the regional and community hospitals. The focus on SMART health facility will reduce their operational costs thus save public expenditures and funds can be reallocated to support other public health programs.

1.2 Stakeholder analysis

National Stakeholders

The Government of Belize is the main stakeholder, in particular the Ministry of Health (MoH) and the Ministry of Economic Development and Petroleum (National Authorizing Office). The Ministry of Health is responsible for the provision and regulation of health in Belize and coordinating with other line ministries such as education, human development and local governments as key partners on policy and implementation levels. The Karl Heusner Memorial Hospital Authority is one of the Ministry of Health major partners since it is the national referral hospital with responsibility for the provision of tertiary level service for the entire country while also providing secondary care for the Belize District and the two largest Islands. The National Health Insurance Management supports the provision of services at the primary care level and is working with the Ministry of Health to achieve universal access to primary health care services in Belize. Furthermore, the governmental Social Investment Fund supports the Ministry of Health in improving access to health services and quality of life through the infrastructure development of health facilities and water systems to improve the coverage of potable water in remote rural communities.

The private sector is another key partner in the National Health Insurance purchasing mechanism. Presently, the NHI contracts services from the Belize Health Care Partners and Belize Medical Associates as well as from several private pharmacies. In addition the private sector contributes towards health information for mandatory disease reporting and all diseases under surveillance. In each district the private sector forms part of the surveillance committees for preventing disease outbreaks and disaster response.

In coherence with the goals of equity and reduction of inequalities, the ultimate beneficiaries will be the citizens (men and women. girls and boys) of Belize who will benefit from

country-wide programs aimed at addressing the country's high rates of non-communicable disease (NCD), improved effectiveness and management within the health centers and health facilities resilient to storms and flooding.

International and Regional Stakeholders

The Pan American Health Organization (PAHO) is one of the Ministry of Health main partners since many years. This project will benefit PAHO because it will make use of and increase PAHO's expertise in the SMART and Safe Health Facilities Initiative as well as supporting the Ministry of Health through technical assistance for the strengthening of the organization managemant of the health sector.

The Ministry of Health is a member of regional initiatives such as the Council of Ministers of Health of Central America and the Dominican Republic (COMISA) that provides technical assistance to member states to improve the health system within this region. Also, the Caribbean Public Health Agency (CARPHA) is a key stakeholder in strengthening the surveillance, laboratory and research framework within the Caribbean region. CARPHA is Belize's reference laboratory and the Ministry of Health receives support from the Gorgas Institute in Panama through its regional commitments to support surveillance and the laboratory services.

The Government of Belize also established bilateral agreements with Cuba and Nigeria to complement its human resource cadre and meet the demand for health care services in areas of medical specialist and nurses.

Civil society organizations (CSOs)

Despite their limited number, CSOs will be an important complementary partner in both service delivery and governance of the sector. As an example, the Belize Cancer Society (BCS) works in the area of cancer prevention also with emphasis on the common risk factors of NCDs. This organization has previous experience in collaboration with the Ministry of Health and other CSOs such as the Kidney and Diabetes Associations.

1.3 Priority areas for support/problem analysis

Reliable and functional **health infrastructure** is essential for the provision of equitable, safe, quality health services as well as for the efficient use of health resources. Due to Belize's geographic location, the country is at risk for water-related hazards, such as floods, storms, cyclones, and droughts. Therefore, it is essential that health care facilities are properly prepared and equipped which is critical since they must remain operational before, during and after a natural disaster. As part of the essential infrastructure of any health system, the Central Medical Laboratory (CML) is a critical service for confirmatory testing and surveillance of the public health system. The CML provides the central screening of samples for blood donation for both public and private sector in Belize and results are uploaded in the Belize Health Information System and releases at the regionally level.

The Ministry of Health, through the assistance of PAHO, conducted so far assessments of 26 health installations throughout the country which cover more than 80 % of the population. The specific toolkit for evaluation is considering the following aspects:

- Improving the structural safety of health care facilities;
- Reducing energy and water use;
- Boosting energy security with low carbon, renewable sources;
- Improving air quality and reducing harmful emissions;
- Strengthening disease surveillance and control;

- Equipping structures with efficient and environmentally friendly appliances and fixtures.

The DFID-funded Smart Hospitals Initiative developed a comprehensive Toolkit which provides guidance on achieving a balance between safety and an environmentally-friendly setting in health care facilities in the Caribbean, thus contributing to the goal of climate-smart and disaster-resilient hospitals – a balance that is achieved by targeting interventions that lessen the vulnerability of health facilities to natural hazards and the potential effects of climate change, while reducing their carbon footprint as well. The Toolkit was designed for all personnel associated with the overall management and operations of health care facilities. SMART Hospitals are evaluated in terms of green, structural, functional and non-functional aspects with two instruments: The Green Checklist and the Hospital Safely Index. A SMART health facility would be able to have reductions in expenditures related to utility bills, reduced greenhouse gas emissions, improved air and light quality, enhanced physical access to hospitals, improved access to safe water and improved safety conditions.
The present action will support the refurbishing and retrofitting to SMART standards of selected health facilities, with focus on the regional hospitals and the central laboratory. The selection of facilities to be refurbished, reconstructed and equipped will be decided through a joint exercise between the implementing agency PAHO and the Ministry of Health taking into account aspects as health coverage, cost-benefit and gender-responsive sustainability.

A well designed and inter-connected electronic **health information system** is the backbone of any health care system. The information is used by management teams to make timely evidence base decision and improvements for service delivery. Such a system also assists with the surveillance of communicable diseases such as dengue, malaria, fever, and rash etc. on a real time basis. The Ministry of Health, with support from PAHO, has conducted assessments of the health information system and the country International Health Regulations (IHR) capacity and these assessments outlined major gaps in data management and surveillance systems. There are rural health facilities that do not have access to the health information system which constitutes a critical issue to implement actions for a timely control of diseases and evidence base planning. Also, the Laboratory Module of the Belize Health Information System (BHIS) needs to be enhanced to ensure real-time sample monitoring and traceability as well as the inclusion of surveillance performance indicators and automated outputs to improve the monitoring of disease surveillance. This project will upgrade the existing Belize Health Information System, introduce new modules, expand to rural communities and ensure effective use of data among connected health facilities.

Primary health care services need strengthening in the areas of gender-responsive **management of health services**, **surveillance of diseases and service delivery network**. Belize continues to undergo an epidemiological transition in which non-communicable diseases (NCDs) have become increasingly prominent in the disease profile, formerly characterised by communicable diseases such as dengue, malaria, fever, and rash etc. Cardiovascular diseases, cancers, diabetes and chronic respiratory diseases are responsible for approximately 40 % of deaths annually. Timely screening and access to comprehensive integrated health services with high resolution capacity at the primary care level reduces fragmentation of care and improve outcomes for patients with NCDs and prevent those that are at risk. Also, the service delivery network must be improved as well as the organizational structure related to planning and sector governance in order to meet the changing demands of the healthcare system. Several barriers to gender equality affect the health sector:

i. Health services and facilities: Rural women must travel to urban centres to seek quality health care. This puts them at particular disadvantage if they are unemployed, lack support for child-care or exist in particularly abusive relationships. In addition, access to these facilities would be impossible for the entire population if they are not made disaster resilient.
ii. Family planning services (including non-communicable diseases): Women who lack knowledge of the proper use of contraceptives will not benefit from the expected effects and lose the opportunity to plan and adequately space child-bearing. Their ability to participate in the employment domain in order to gain autonomy is therefore limited. There is need for the strengthening of the organization and management of health services with a focus on the needs of women. Women who must perform the roles of motherhood along with work in the homes or in paid labour and who are not attentive to balancing their roles with exercise and taking care of their nutritional needs, should recognize the imminent threats of death from NCD. Employment and health policies that stress health and wellness of women must therefore be enforced.
iii. Maternal and infant health (teenage pregnancy and abortion): Education systems which prevent students from accessing the full suite of information on sexuality and reproduction, knowledge of the risks during pregnancy and access to safe termination of pregnancies continues to be harmful to women and girls. There is need for sustained strengthening of health information systems through-out the population (and in schools) with particular attention on rural communities and at-risk youth.

The action will provide funds to PAHO in order to assist the Ministry of Health in the restructuring process of the health management and the delivery network.

2. RISKS AND ASSUMPTIONS

Risks	**Risk level (H/M/L)**	**Mitigating measures**
Natural disasters and climate variability Hurricanes and floods and other climate change effects can impact severely on Belize's institutional and financial capacities.	M	Good coordination with National (NEMO) and regional (ECHO offices) institutions delegated to deal with natural disasters and related emergency plans strengthened.
Unforeseen Health emergencies (i.e. Zika virus) Spreading of unforeseen health emergencies can over-stretch Belize's limited human resources and infrastructures	M	Increased coordination with neighboring countries and regional/international Public Health organizations.
Inter-Institutional Coordination Communication and sharing of information among stakeholders is partial and unsatisfactory	L	Central Government enforcing transparency law allowing for full project disclosure to all relevant stakeholder(s), including gender-relevant stakeholders. Project coordination mechanism established and operational.
Socioeconomic instability Rural economic face decline causing movement of populations towards urban centers	M	MOH to analyse demographic and geographic changes and identify future needs of health centre/hospitals. Gender-responsive elements (for ex. women's needs) are considered in the needs

		assessment.
High turn-over of health staff affects the program	M	MOH to design a strategy to make work in health facilities more attractive.
Local/Decentralized authorities unable to cope with their role and responsibilities	L	Institutional capacity is created and strengthened and transfer of funds to decentralized authorities remains reliable and continuous.
Assumptions		
➢ Stakeholders, including government institutions, civil society, and private sector, participate in the definition of gender-responsive sector policies and strategies, and their translation into actions; ➢ Government budgetary allocation to health sector remains stable or increases over the next years; ➢ Government commitment (including commitment to gender equality and equity) and strategic direction remains constant of the five year period.		

3. LESSONS LEARNED, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

With a small population in comparison to its land area, Belize experiences challenges with the quality and distribution of senior government staff in particular related to project management. UN agencies are present in Belize (UNDP, UNICEF, PAHO, and UNFPA), however the implementation of projects through these agencies also showcased their issues of limited core staff and promoting local ownership of projects. National and international civil society organizations and private sector operating in the country are also few with inexperienced and insufficient management expertise. As a result, the absorption capacity of the country is limited.

Lessons learnt from ongoing and past EU funded interventions in Belize (EDF, AMS, and BAM) indicate that the choice of appropriate aid modalities is important for improved aid effectiveness and local ownership. In particular, consideration must be given to include local capacity building opportunities in the selected focal sector, including project management, procurement, monitoring and evaluation capabilities.

3.2 Complementarity, synergy and donor coordination

The *HSSP* will build on and complement past EU interventions funded under 10th EDF (BRDP II), Sugar (AMS) and Banana (BAN) Protocols and other funding agencies, namely:

- Prevention and control of dengue and malaria: Under the 10th EDF, a Contribution Agreement (CA, EUR 865 800) with PAHO supported the Ministry of Health to prevent and control vector-borne diseases.
- Maternal and neonatal services: Also under the 10th EDF, another CA of EUR 2 138 769 with PAHO improved the quality of and access to health services and infrastructure for mothers and children under 5, with emphasis on preventing maternal and neonatal mortality.
- Bananas (BAM 2013): Through a Programme Estimate (PE), jointly managed by the Ministry of Health and NAO, two clinics/polyclinic in the banana growing districts were upgraded (confined construction/works and medical/lab equipment) to strengthen the status as referral health facilities for satellite clinics in the southern region. Improvement of basic sanitary measures targets ten local primary schools, in Stann Creek and Northern Toledo.
- DFID: SMART hospital project (GBP 2 million) is concentrated on the upgrading the small to medium sized health primary care facilities in Belize based on the safe and

green standards that consider the protection of the environment and creating health facilities that are resilient to emergencies and disasters.

- The Global Fund: The grant of USD 7.5 million supports at-risk populations with essential prevention and outreach services, support the development of a stronger health care workforce, and more recently, help fight stigma and discrimination in Belize with a new Global Fund HIV-TB grant at the beginning of 2016. The Global Fund also funded with a grant of USD 3.3 million the National TB response in Belize that focuses on strengthening case finding, training health workers in management of TB cases, and enhancing diagnostic capacity.

The program will also build on past ECHO funded actions in the Caribbean related to Safe Hospitals through PAHO. ECHO has been supporting PAHO in the Caribbean region for the Safe Hospital strategy and this new programme is clearly complementing past interventions.

3.3 Cross-cutting issues

Gender: The Government of Belize has made good progress in public policies for gender equality, but at the same time, their application still faces great challenges. To align national policy and gender equality principles, priority should be given to the promotion of greater participation of women in community affairs starting with training and the organization of women's groups and above all their participation in all initiatives implemented by this action. This project's component on improving access to and quality of basic health services is addressing primarily women and children as 95 % of all deliveries are done in regional and community hospitals. Men and adolescents are also addressed as they demonstrate poor health seeking behaviors and usually reach a health facility only when their condition has already deteriorated and require hospitalized care. The Integrated Health Care Model will assist health facilities to make it more attractive for young adolescent and men to access care, establishing promotion of services to target these age groups and gender. The component of upgrading and expanding the Belize Health Information System (BHIS) will provide sex-aggregated data which would facilitate to better assess and respond to gender aspects in the health sector.
An initial gender assessment was carried out by the EU in 2017 and shared with the NAO which programmed already a wider study during 2018. Results and recommendations will be taken into account when implementing the present action.

Environment: A well-known post-hurricane challenge is the availability of energy to run the myriad of hospital equipment(s) needed for care to be provided. In most instances, generators provide that source of energy, however, the negative effect on the environment caused by fossil fuel driven generators is a documented fact. Belize is keen on adopting the technology that would be environmentally friendly and still provide cheaper and sustainable energy. Under the SMART hospital assessment framework safe and reliable energy supply is also evaluated. This action will implement the necessary measures that would prepare and equip health facilities to convert them into safe (disaster resistant) and green (energy efficient and sustainable energy source) environmentally friendly infrastructures. This includes also the important aspect of waste management. As this action proposes a component for improving management capacities and surveillance of diseases, better data on vector-related diseases (dengue, zika and malaria) will be generated and facilitate focussed and timely measures of the health authorities, mitigating some effects of the global warming and climate change.

4. DESCRIPTION OF THE ACTION

This programme is relevant for the Agenda 2030. It contributes primarily to the progressive achievement of Sustainable Development Goas (SDG) Goal No 3 "*good health and well-being*", but also promotes progress towards Goals No.6 (water and sanitation), No.7 (clean energy), No.10 reduced inequalities and No.13 climate action. The Government of Belize is challenged to lead the process of sustainable development. As health is one of the key sectors that contribute to this policy direction, it is incumbent on the sector to seek ways and means of adopting standards and technology that support the Governments direction. The main component of the present action constitutes the *green and smart* upgrading of health facilities which could provide strategic starting points for the private sector and other government entities within the framework of disaster preparedness and mitigation.

The main component of the action consists in the improvement of infrastructure and equipment of secondary healthcare facilities to become SMART and Safe and support climate resiliency. The Central Medical Laboratory (CML) is part of the secondary care support service and is included under this component. The action is therefore complementary to the ongoing DFID funded PAHO project that is upgrading first level of care facilities. However, once the final BAT assessment of secondary health facilities is concluded and budgets for refurbishment/reconstruction and equipment are estimated for each of the selected infrastructures (initially: 3 regional hospitals, 3 community hospitals and CML), the possibly available left-over funds will be destined to primary healthcare facilities based on aspects such as coverage, access and equity.
This component also includes the training of health staff in SMART facility and BAT assessment, will establish health facility maintenance plans and create an electronic repository system for digitalization of facility assessments and infrastructure designs. Simultaneously, a multi-hazard plan will be developed and training provided to health management teams in disaster response and preventive maintenance.

The second component concerns the upgrade of laboratory, public health and electronic clinical records modules in the Belize Health Information System (BHIS). New modules will capture medical information, supply chain management and productivity information for evidence-based decision making. The development of a Cancer Registry will also be included. The BHIS will be expanded to rural health facilities increasing coverage and improving access to basic primary health care since it will be able to provide laboratory and radiology results to community hospitals and health centres respectively. The expansion will also support training of human resources in the field of epidemiology, disease surveillance and data management.

The third component of the proposed action is twofold: Firstly, the development of an Integrated Care Model for service delivery, with focus on primary care services, reducing fragmentation and segmentation of services which ultimately diminishes the quality of services and increase health care cost. This goes in hand with the design of a national Nutrition Policy and the education for preventing NCDs. Secondly, the Health Sector Reform will be revised in order to adapt the organizational structure and function of the Ministry of Health to foster the model of care and support the network of services while integrating the different stakeholders and partners in health. Training in results-base management, strategic

planning, and program budgeting and the establishment of a M&E system for the sector are also programmed.

4.1 Objectives/results

Overall Objective (GSDS 2016-2019):

"Achieving a better quality of life, for all Belizeans, living now and in the future."

Specific Objective 1: *To develop efficient, effective, disaster resilient and environmentally friendly health facilities.*

Expected Results:

1.1 Three (3) regional hospitals and three (3) community hospitals retrofitted based on the SMART concept and climate-disaster resiliency.
1.2 Central Medical Laboratory refurbished and equipped.
1.3 Multi Hazard Plan developed and health staff trained.

Specific Objective 2: *To strengthen the Health information system in collaboration with an organized surveillance system.*

Expected Results:

2.1 Health Information System expanded to rural health facilities
2.2 Information system upgraded, interconnected and functional.
2.3 Develop a Cancer Registry.
2.4 Training to health management teams/staff in BHIS, Surveillance and epidemiology and IDC 10

Specific Objective 3: *To improve the structure, organization and management of health services.*

Expected Results:

3.1 Integrated Health Service Delivery Network approach implemented in all regions, including primary care services.
3.2 Health system re-organized with improved efficiencies and organizational management, fostering partnership with different stakeholders.
3.3 National Nutrition Policy designed and promoted.
3.4 Training in results-base management, strategic planning, and program budgeting and Monitoring and Evaluation system functional.

4.2 Main Activities

Specific Objective 1:

- SMART Facility and Base Assessment Tool completed for 50 health facilities and final design for works and tender dossiers elaborated.
- Tendering of supervision of works.
- Upgrade of Northern Regional, Southern Regional and Western Regional Hospitals.
- Upgrade of Punta Gorda and San Ignacio and Corozal Community Hospitals.
- Upgrade and retrofitting of Central Medical Laboratory.
- Develop a health facility preventive maintenance plan.
- Create an electronic repository system for the digitalization of facility assessments, infrastructure designs, etc. for information storage and sharing.
- Develop a Multi-Hazard Plan and training for health teams in disaster preparedness.
- Capacity building of MOH staff and disaster response teams.
- Training of NEMC and regional maintenance staff in preventive maintenance.

Specific Objective 2:

- Upgrade of the Belize Health Information System with laboratory, public health and electronic clinical records modules.
- Expand Belize Health Information System to rural facilities.
- Develop a Cancer Registry.
- Develop M& E indicators within the BHIS.
- Training for surveillance and data system.

Specific Objective 3:

- Develop an Integrated Care Model for service delivery focussing on primary care services.
- Develop a National Nutrition Policy
- Promotion health and education for preventing NCDs.
- Assess the Health Sector Reform and reorganize the organizational structure.
- Training in results-base management, strategic planning, and program budgeting.
- Design and implement a Monitoring and Evaluation System for the health sector.

4.3 Intervention Logic

An improved infrastructure of the health facilities, focusing on the very important regional level and crucial complementary services, will only develop full functionality after the reorganization of the health sector through (i) a new and adapted structure of the health management system and (ii) improved technical skills and capacities. However, both components rely on the upgraded and expanded health information system to collect health data and provide timely and accurate information. At the same time, climate change adaptation through improved disaster plans will have no effect without counting on resilient and safe health facilities. This holds true also for disease surveillance plans which can only be implemented through a functional information system connected to all medical facilities and the private sector.

Consequently, the three components of this action, coherent with the overall sector reform plan (HSSP 2014-2024), are complementary among each other. As all components will be implemented simultaneously through an operational project coordination mechanism under the leadership of the MOH, their individual effects will operate as catalyzers for the overall objective of the action which is a high performing and improved health services for the improved health and well-being of the population of Belize. The implementation modality chosen will provide the best available technical expertise for each component. As regional knowhow and expertise will be provided through the implementing partners, the Ministry of Health is not required to strain human resources on project management and administrative procedures but can concentrate on its core functions of policy design and the provision and regulation of health in Belize.

The Integrated Health Service Delivery Network is based on a model of care that is focused on reducing fragmentation and improves coordination within the health care system. Fragmented care can result in barriers to access, major inefficiency in care, higher health care cost, suboptimal quality of care and poor adherence to treatment and adverse outcomes for patients with chronic disease conditions. At the same time, Primary Health Care is a comprehensive concept based on socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. In strengthening the model of care in the service delivery network for non-communicable diseases such as diabetes, cardiovascular diseases, and cancers and the establishment of strong health promotion and education strategy for NCDs, the country can reduce the prevalence of these conditions while providing information and comprehensive care for those that are already diagnosed to prevent complications.

The healthcare system needs to ensure that it has the capacity to meet the demands of the changing health care needs and epidemiological profile of the country while using strategic approaches for management. With limited financial resources and increase health care cost it is critical for the Ministry of Health to reorganize the system to adequately use the limited resources and prevent duplication of efforts while integrating the partnership with its different stakeholders. This expected result will be obtained through the implementation of the results based management framework, program budgeting and the implementation of a national monitoring and evaluation framework for the health system. These concepts will need to be integrated into the national health policies and plans, training of all levels of management to transform the operational management of health improving the efficiency in health with equity.

Apart from the expected results of the proper action, the benefits surpass the health sector by achieving a better quality of life for all Belizeans. Most importantly, the people of Belize will be better prepared to withstand the permanent threat of water related hazards (storms, flooding). The reduction of potential damage to the hospital infrastructure and equipment as well as the surrounding environment will have positive impact on the national treasury related to reconstruction and maintenance. Another considerable cost saving will be generated by the SMART and GREEN concept since it comprises electrification and energy efficiency, alternative water supply, waste and solid waste management, reducing the utility bill for health facilities.

5. IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is foreseen to conclude a financing agreement with the partner country, referred to in Article 17 of Annex IV to the ACP-EU Partnership Agreement.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 0 will be carried out and the corresponding contracts and agreements implemented, is 60 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute non-substantial amendment in the sense of Article 9(4) of Regulation (EU) No 322/2015.

5.3 Implementation modalities

5.3.1 Grants: Call for proposals (direct management)

(a) Objectives of the grants and fields of intervention

The objective is to promote the participation of Civil Society in the health sector reform process. CSO interventions will focus on projects to women, children and vulnerable groups, to overcome inequalities of access to health services and to procure accountability of the public action in the sector.

(b) Eligibility conditions

Potential applicants are civil society and non-governmental organisations legally established in Belize, local authorities of Belize and international organisations. Subject to information to be published in the call for proposals, the indicative amount of the EU contribution per grant is EUR 200 000 and the grants may be awarded to sole beneficiaries and to consortia of beneficiaries (coordinator and co-beneficiaries). The indicative duration of the grant (its implementation period) is 24 months.

(c) Essential selection and award criteria

The essential selection criteria are financial and operational capacity of the applicant.

The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

(d) Maximum rate of co-financing

The maximum possible rate of co-financing for grants under this call is 80 % of the eligible costs of the action. The rate may be higher if the auto-financing capacity of the targeted beneficiaries is weak. In accordance with Articles 192 of Regulation (EU, Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100 %. The essentiality of full funding will be justified by the Commission's authorising officer responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

(e) Indicative timing to launch the call: First semester 2019.

5.3.2 Procurement (direct management)

Subject in generic terms, if possible	Type (works, supplies, services)	Indicative number of contracts	Indicative trimester of launch of the procedure
Technical Assistance for the upgrade and expansion of the Belize Health Information System (BHIS), specific objective 2	Services	1	Second semester 2018
Call for Proposals for CSO actions	Grants	3	First semester 2019
Audit, evaluation and visibility contracts	Services	4	2021 - 2023

5.3.3 Indirect management with an international organisation

A part of this action may be implemented in indirect management with the Pan American Health Organisation (PAHO) in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012 applicable by virtue of Article 17 of Regulation (EU) No 323/2015. This implementation entails the implementation of Specific Objective 1 (*Develop efficient, effective, disaster resilient and environmentally friendly health facilities*) and Specific Objective 3 (*Strengthen the organization and management of health services*) of the present action. This implementation is justified because PAHO is the regional organisation of the World Health Organisation, highly specialised and widely experienced in the thematic of the action. In effect, PAHO carried out already the first phase of the SMART health facility assessment (main component) and is collaborating since years with the Ministry of Health on the health sector reform providing technical expertise and regional knowhow.

The entrusted entity would carry out the following budget-implementation tasks:

Outcome 1:

- SMART Facility and BAT Assessment completed for 50 health facilities.
- Final designs for works and tender dossiers elaborated for selected facilities.
- Tendering of supervision of works.
- Upgrade of Northern Regional, Southern Regional and Western Regional Hospitals.
- Upgrade of Punta Gorda and San Ignacio Community Hospitals.
- Upgrade and retrofitting of Central Medical Laboratory.
- Develop a health facility preventive maintenance plan.
- Create an electronic repository system for the digitalization of facility assessments, infrastructure designs, etc. for information storage and sharing.
- Develop a Multi-Hazard Plan and training for health teams in disaster preparedness.
- Capacity building of MOH staff and disaster response teams.
- Training of NEMC and regional maintenance staff in preventive maintenance.

Outcome 3:

- Develop an Integrated Care Model focussing on primary care services.
- Develop a National Nutrition Policy.
- Promotion health and education for preventing NCDs.
- Assess the Health Sector Reform and reorganize the organizational structure.
- Training in results-base management, strategic planning, and program budgeting.
- Design and implement a Monitoring and Evaluation System for the health sector.

The entrusted international organisation is currently undergoing the ex-ante assessment in accordance with Article 61(1) of Regulation (EU, Euratom) No 966/2012 applicable by virtue of Article 17 of Regulation (EU) No 323/2015. The Commission's authorising officer responsible deems that, based on the compliance with the ex-ante assessment based on Regulation (EU, Euratom) No 1605/2002 and long-lasting problem-free cooperation, the international organisation can be entrusted with budget-implementation tasks under indirect management.

5.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply.

5.6 Indicative budget

Key Activities	**Amount**				**Implementation Modality**
	EU	**GoB**	**CSO**	**Total EUR**	
1. SO 1: Develop efficient, effective, disaster resilient, gender-responsive and environmentally friendly health facilities.	5 000 000	300 000		5 300000	PAGoDA with PAHO
2. SO 2: Strengthen the health information system in collaboration with an organized surveillance system**.**	3 000 000	420 000		3 420 000	Service Contract
3. SO 3: Strengthen the organization and management of health services**.**	1 800 000	180 000		1 980 000	PAGoDA with PAHO
4. Call for proposals Civil Society participation in health reform process, including women's organisations.	560 000		140 000	700 000	Call for Proposals
5. Evaluation and Audit	100 000			100 000	Direct Management
6. Visibility	100 000			100 000	Direct Management
TOTAL	**10 560 000**	**900 000**	**140 000**	**11 600 000**	

5.7 Organisational set-up and responsibilities

The action will be implemented under the leadership of the Ministry of Health of Belize. The Ministry of Health will establish and chair the necessary coordination mechanisms with both sector stakeholders and implementing partners aiming to achieve the expected results and specific objectives. The National Authorizing Officer will assist the Ministry of Health in specific tasks related to administrative procedures, policy development and reporting.

Specific objectives 1 and 3 of this action will be implemented in indirect management. The EU Delegation is responsible for concluding a Pillar Assessed Grant or Delegation Agreement (PAGoDA) with the PAHO in line with the indication stipulated in chapters 4, 5.3.3 and 5.6. It is crucial for the achievement of these specific objectives that a close and regular coordination mechanism is established with PAHO and information is shared in a timely and transparent manner in order to facilitate a mutual decision making under the leadership of the Ministry of Health.

Specific objective 2 will be implemented through an international technical assistance. The corresponding procedure will be launched by the EU Delegation but the evaluation and award procedure will be completed jointly with the Ministry of Health and NAO. Posterior follow up of the service contract will be realised by the Ministry of Health though administrative and financial issues will be managed by the EU Delegation.
The civil society will be called to offer their expertise and local knowledge to contribute to the sector reform process. The Call for Proposals will be launched by the EU Delegation according to chapter 5.3.1. It is expected that the respective contracts awarded to Civil Society Organizations will strengthen and expand the public activities of this action and that all sector stakeholders are coordinating and collaborating among each other to achieve the maximum impact of this intervention.

5.8 Performance monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports.
Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the logframe matrix. The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.
Taking into account that many necessary data are not available, not reliable or not precise, it will be necessary to carry out several supporting studies (e.g. gender, environment, efficiency index, etc.) and make full use of the BHIS (e.g. sex disaggregated data, new thematic and regional reports, better frequency, etc.) which will be substantially improved under this action. A revised logframe will have to be developed after 18 months of having started this intervention in order to adapt indicators, including their baseline, targets and source of data.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.9 Evaluation

Having regard to the nature of the action, mid-term and ex-post evaluations will be carried out for this action or its components via independent consultants, contracted by the Commission. The mid-term evaluation will be carried out principally for learning purposes, in particular with respect to the achievement of expected results of the implementing partners.
The ex-post evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that the action foresees changes in the organisational structure of the health sector as well as the development and implementation of several subsector plans.
The Commission shall inform the implementing partner at least three (2) months in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.
The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.
Indicatively, one (1) contract for mid-term and ex-post evaluations services shall be concluded under a framework contract in 2020.

5.10 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.
Indicatively, one (1) contract for audit services shall be concluded under a framework contract in 2022.

5.11 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated at the start of implementation and supported with the budget indicated in section 0 above.
In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements.
The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

6. PRE-CONDITION

This project is designed under the assumption that PAHO would carry out the majority of the programmed activities through a PAGoDA contract to be concluded with the Commission. By means of a participatory process between MOH, PAHO and the EU Delegation, the details of the activities, the timeline, budget and procedures were analysed and mutually agreed. All partners confirmed their willingness and availability for assuming the different tasks of this action. It constitutes therefore a necessary pre-condition for this action that the PAGoDA contract with PAHO is timely signed after the signature of the Financing Agreement. In the case that a PAGoDA with PAHO cannot be signed in time, a PAGoDA with another international organisation that is eligible for this type of contract will be negotiated.