MINISTRY OF NATIONAL DEVELOPMENT
GOVERNMENT OF BELIZE

First
Millennium Development Goals Report

BELIZE 2004

Prepared in part by
Development Paradigm Consulting for

the National Human Development Advisory Committee (NHDAC)
and
the Government of Belize

July 2005

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SUMMARY OF PROGRESS TOWARDS ACHIEVEMENT OF MDGS[4]

GOALS	Targets (relevant)	General Status	Main Challenges
Goal 1: Eradicate extreme poverty and hunger[1]	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	**Far Behind** as it relates to halving the percentage of persons living below the poverty line[2] **(This target is not relevant to Belize as the minimum wage is US $ 10 for an 8 hour day)**	▪ Unstable economic environment ▪ Chronic poverty among the indigenous population ▪ Influx of immigrants from neighbouring countries
	Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	**Far Behind** as it relates to eradicating extreme poverty (ie. those below the indigent line[3] as there are limited cases of hunger)	▪ Increasing poverty in urban areas ▪ Identification of viable economic opportunities for vulnerable groups ▪ Changing weather patterns affecting food production
Goal 2: Achieve universal primary education	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.	**Well Poised**	▪ Ensuring that slippage does not occur ▪ Improve the quality of education ▪ Lower cost of education to poor families
Goal 3: Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	**Well Poised** as it relates to education but lagging **Behind** in women's participation in employment and decision making	▪ Stem the gap that is threatening boys secondary and tertiary education ▪ Ensure equal access to economic opportunities for women
Goal 4: Reduce child mortality	Reduce by two-thirds, between 1990 & 2015, the under-five mortality rate	**Well Poised**	▪ Maintain current trends ▪ Ensure access to quality services in rural areas ▪ Improve registration of infant deaths
Goal 5: Improve maternal health	Reduce the maternal mortality ratio by 75% between 1990 and 2015.	**Reasonably Poised**	▪ Improve level of participation in pre- and ante natal clinics ▪ Build capacities at local level for birth attendants ▪ Increase information and education on contraceptive use and family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	**Behind**	▪ Combat stigma and discrimination ▪ Change attitudes and behavior to reduce risk ▪ Effectively target girls and ensure that they are protected ▪ Empower PLWHA and change messages to those that give hope to PLWHA
	Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases	**Behind**	▪ Improve surveillance ▪ Stem increasing trend in major non-communicable diseases

[1] The indicators chosen to track this goal refer to the halving of the percentage of the population living below the poverty line and the eradication of extreme poverty to ensure relevance of the targets with respect to the goal.

[2] The poverty line is defined as the minimum estimated cost of basic food and non-food items that an individual requires to meet its basic food needs. The figure ranges from US $ 2.51 to US $ 3.95 per individual per day depending on geographic location. If the expenditure is less than the poverty line then the individual is considered **poor**.

[3] The indigent line is defined as the minimum cost of food requirement necessary for healthy existence of an individual. The figure ranges from US $ 1.51 to US $ 2.15 per individual per day depending on geographic location. If the expenditure is less than the indigent line then the individual is considered **very poor**.

[4] This summary and report is based on analysis of data presented up to 2003 as agreed by the Social Indicators Committee of NHDAC

GOALS	Targets (relevant)	General Status[5]	Main Challenges
Goal 7: Ensure environmental sustainability	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	**Behind**	▪ Ensure that integration of principles translate into reversal of environmental resource losses ▪ Enforcement ▪ Achieve community buy-in
	Halve, by 2015, the proportion of people without sustainable access to safe drinking water	**Well Poised**	▪ Standardize data gathering protocols ▪ Achieve 100% access to rural communities and pockets of poverty in urban centers
	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	**Reasonably Poised**	▪ Increase access to security of tenure my landless Mayans ▪ Address the poverty hot spot on the Southside of Belize City ▪ Improve quality and availability of sanitation facilities in poor communities
Goal 8: Develop a global partnership for development	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	**Far Behind**	▪ Reduce current level of debt ▪ Restore credit worthiness ▪ Maintain competitiveness of exports and diversify the range of export products
	Develop/implement strategies for decent and productive work for youth	**Behind**	▪ Review legislation and update ▪ Improve quality of vocational education ▪ Cultivate entrepreneurship culture among children and youth ▪ Strategies and policies need to result in tangible outputs
	Provide access to affordable essential drugs[6]	**Far Behind**	▪ Reduce cost of essential drugs ▪ Increase availability of essential drugs in rural areas
	Make available the benefits of new technologies, especially information and communications	**Reasonably Poised**	▪ Strengthen science and technology education ▪ Increase access to rural areas

[5] Where the country has achieved the rate of progress (ie. 90 %) necessary to achieve the target of 2015 the summary table labels this as **Well Poised**. **Reasonably Poised** reflects a 70 to 89 % rate of progress. **Behind** refers to a 50 to 69 % rate of progress and **Far Behind** refers to less than 50 % rate of progress.

[6] The proportion of the population with access to affordable, essential drugs on a sustainable basis, according to WHO and the UN, is the percentage of the population that has access to a minimum of 20 most essential drugs. Access is defined as having drugs continuously available and affordable at public or private health facilities or drug outlets that are within one hour's walk of the population.

INTRODUCTION

THE MILLENNIUM DEVELOPMENT GOALS

In September of 2000, 191 member countries of the United Nations General Assembly adopted the Millennium Declaration which outlines the main challenges confronting the world at the start of the new millennium. Governments agreed to a set of goals and related targets known as the International Development Targets (IDT) that essentially constitute a twenty-five year global agenda to address issues of development, human rights, environmental sustainability peace and security. The combination of goals and targets now known as the Millennium Development Goals (MDGs) have been integrated and designed to measure countries' performance in relation to the challenges of the global development agenda and establishes a deadline of 2015 by which they are to be achieved.

Goals focus on eight major areas including:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other major diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

Each goal has been linked to numerical targets and a set of selected indicators to monitor the progress on each target. Although monitoring is taking place at the global level by the UN, World Bank, IMF and OECD to enable common assessment of the status of the MDGs at the global, regional and sub-regional levels, countries committed to the preparation of annual country level monitoring reports intended to share their individual experiences with respect to the advances each is making towards the achievement of the MDGs. The present document constitutes Belize's first formal account to the UN and Belizeans on the advances that have been made and the processes that are on-going to facilitate achievement of the MDGs.

METHODOLOGY AND STRUCTURE OF THE REPORT

Preparation of Belize's first MDG Report began in mid 2004 with data gathering by the Social Indicators Committee, a sub-committee of the National Human Development Advisory Committee (NHDAC). A consultant was contracted with the financial assistance of the UNDP and an oversight committee was formed that would approve the terms of reference, methodology, vet drafts of the report and provide general technical advice to the consultant. The report relies heavily on desktop review of the most recent analysis on the issues and indicators and to a lesser extent on interviews of key stakeholders.

The structure of the report is based on the guidelines developed by the UNDGO for country reports and as such is structured to provide information on the status and trends of the goals and targets through an assessment of the related, relevant indicators between 1990 and 2003. The Report begins with a summary of all eight goals and targets, and a brief assessment of the status of the goal as well as the key challenges Belize has to overcome in order to accelerate progress. In addition to analysis of the main challenges that impact the status and trends it also outlines general strategies, policies and programs that have been enabled and that contribute to the potential for achieving the goals and targets by 2015.

Each chapter culminates in an assessment of the country's ability to track the MDGs based on the situation as it relates to Data Gathering, Quality of Data, Analysis of Data and Use of Analysis in Policy.

The Summary Status at a Glance and Annex A offer an overall and mostly subjective assessment of Belize's ability to achieve the targets within the specified time frame and is based on the analysis of the Status and Trends, Challenges, and the current quality of the Supportive Environment. Supportive Environment is understood to mean the extent to which the policies, strategies and actions fulfill their roles in ensuring that the targets can be achieved within the specified time frame, and whether these are in line with the needs of the target group.

Where the country has achieved the rate of progress (90%) necessary to achieve the target of 2015, the summary table (ie. Table 1 in Appendix A) labels this as **Well Poised. Reasonably Poised** reflects a 70 to 89% rate of progress. **Behind** refers to a 50 to 69 % rate of progress and **Far Behind** refers to less than 50 % rate of progress

If Belize can overcome some of the challenges, increase investment, and make deliberate attempts to improve the supportive environment, in some cases, the situation can change and progress can be accelerated before 2015. Also, any crisis, economic, social or climatic, can create serious impediments to progress.

ASSESSMENT OF MONITORING CAPABILITIES

The assessment done at the end of each section and that analyses Belize's ability to adequately track the MDGs is done to raise awareness on the status of the monitoring environment, as well as on the level of investment that is necessary, and to ensure that the country can improve its capacity in this regard. The assessment is by no means entirely objective, but is based on examples and adopted from other Country Reports.

- Data Gathering is considered "strong" in cases where appropriate mechanisms have been in existence for a period of time with the capacity to collect information on a regular basis, and also generate periodic publications and reports.

- The Quality of Data is considered "strong" if the data is quoted as being reliable and replicable based on interviews, and whether other sources quote similar figures for the same indicators and time periods.

- Statistical Analysis is considered "strong" if autonomous or semi-autonomous mechanisms exists that engage in multivariable analysis on a regular basis.

- Use of Analysis in Policy and decision making is considered "strong" in cases where new information is systematically introduced in the design of national and sectoral policies. The strength of this component is dependent on the relative strength of the previous three.

As much as possible the MDG Report has included indicators where data has been available and has only dropped those indicators that are of little significance in the Belizean context. Where data is not available for the years selected for this report, data for the year closest has been selected, has been labeled with an asterisk and should be read with caution. The report relies mainly on data gathered by the Central Statistical Office (CSO). Sources other than the CSO are clearly indicated at the bottom of the tables.

Data is generally available for goals 2, 3, 4 and 5 but posed some challenges in relation to the other goals. Most of the goals and targets remain relevant to Belize with the exception of targets 1 and 2, 12, 13 and 14. In the case of targets 1 and 2, the suggestion is to replace these, while 12, 13 and 14 are only applicable to OECD countries. In addition several of the indicators will require consensus on appropriateness and the need to add more contextually relevant indicators to facilitate adequate tracking.

Where indicators are extremely relevant they have been included even if data is limited or non-existent to pinpoint the fact that it is one of the areas where data gathering is vital for effective monitoring. It also offers some recommendations to ensure constant relevance of the targets and indicators to Belize.

COUNTRY CONTEXT

Basic Statistics	2003 Data	Source
Population, total	273,300	CSO 2003 Mid Year Estimates
Female Population	49.5	CSO 2003 Mid Year Estimates
Population under 18	47.7	CSO 2003 Mid Year Estimates
Population under 5	14.4%	CSO 2003 Mid Year Estimates
Rural population	52%	CSO 2003 Mid Year Estimates
Life Expectancy at birth	71.5	UNDP HDR 2004
GDP per capita	US$3,653	Budget Speech 2003
GDP growth rate	9.4%	Budget Speech, 2003
Rate of inflation	2.6%	Budget Speech, 2003
Unemployment rate	12.9	CSO 2003 Labour Force Survey
Poverty, total population	33.5%	2002 Living Standard Measurement Survey
Prevalence of HIV Country	2.4%	UNAIDS 2004 estimates for 2004

Belize is the smallest and only English speaking country in Central America with one of the lowest population densities in the world (28.2 persons per square mile). According to the 2003 mid year population estimates, the total population of Belize was 273,700. The 2000 Population Census indicates that the population grew at an average rate of 2.7% per year between 1991 and 2000, from 189,392 to 240,204. This reflects a decline from the 1980 to 1991 period during which the population was growing at an average of 3% annually. As of 1991, there has been a reversal in the growth of urban population in comparison to the rural population - 52% compared to 48%.

Immigration of Central American Immigrants mostly from neighboring El Salvador and Guatemala during the mid 1980s to mid 1990s, coupled with the migration of Creoles to the US, has generated a shift in the ethnic distribution of the population of Belize. Whereas the Creoles (descendants of African slaves and European masters) constituted the majority of the population during and before the early 1980s, census figures show that as of 1991 this was no longer the case. In 2000, the percentage of Mestizos (Spanish speaking, originally descendants of Mexicans) in the population more than doubled that of the Creoles. In addition to these two groups which together account for more than 73% of the total population, Belize is home to Garifunas, Ketchi and Mopan Mayans, Mennonites, East Indians, an increasing number of Chinese, and Caucasians, among others.

Belize has a small open economy. Its principal sectors are currently (1) agriculture, (2) agro-processing and (3) services, which primarily includes tourism. From 1997 through 2001, tourism averaged 20.2% of Gross Domestic Product (GDP). Agriculture, agro-product manufacturing and tourism are the major foreign exchange earners. Currently, sugar, citrus and bananas

account for at least 60% of the earnings accruing from merchandise exports. Also, marine products (including seafood such as shrimp) and small manufacturing make notable contributions to exports. Significant proportions of these products are sold under preferential arrangements that ensure access to markets and generate higher than world market prices.

Belize has been known as a generally stable democratic country that has seen a smooth transition of political power every five years. For the first time since independence, an incumbent was reelected to office in March of 2003. However political and economic uncertainty has been surfacing over the eight months and has recently generated discontent among the population.

The latest statistics on poverty shows that 33.5% of the population is living in poverty. Poverty in rural areas doubled that in urban areas and poverty was most concentrated among the indigenous Maya population.

More efforts are being made to ensure that the MDGs are broadly disseminated and that they are adequately integrated in the formulation of policies and strategies to meet Belize's commitments in this regard. Initiatives include the preparation of a two-year project which will be the medium to garner public support and ownership of the MDGs, as well as the development of Belize's more long-term MDG Country Coordination and Monitoring Mechanisms. The Project is process-driven to ensure that the focus remains not only on the tracking of MDGs, targets and indicators but also on opening and maintaining effective spaces for dialogue, debate and analysis in relation to Belize's achievement of sustained human development.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

TARGET 1: Halve between 1990 and 2015, the proportion of people whose income is less than one dollar per day.

Indicators	1990	2000*	2003**	2015
Percentage of population below national poverty line	n.a.	33.0	33.5	**16.8**
Poverty Gap Ratio	n.a.	8.7	11.1	**5.5**

*Based on household survey conducted in 1995
**Based on household survey data conducted in 2002

STATUS AND TRENDS

Results of the 1995 Living Standards Measurement Survey (LSMS) and the resulting Poverty Assessment Report (PAR) estimated that on the basis of their expenditure on food and non-food items, 33% of Belizeans were poor and 13.4% were extremely poor or indigent, signaling that their level of expenditure was insufficient to satisfy their basic food needs. Although the methodology used in the 2002 PAR differed in the application of adult equivalents the results reflect similar patterns in the levels and profile of the poor.

The 2002 PAR indicates that poverty is widespread and persistent and that some population groups are impacted more than others. One in three Belizeans (33.5%) live below the 'poverty line' and one in three of those living in poverty (10.8% of the total population) are 'indigent' or very poor, and are unable to meet the minimum cost of energy requirements necessary for healthy existence.

- Belizeans in rural areas are almost twice as likely to be poor than those in urban areas (44.2% compared to 23.7%);
- Poverty in the poorest district (Toledo) is more than 3 times the incidence rate of the least poor district (79.0% compared to 24.8%);
- 56.1% of the population in the Toledo District is 'very poor' or indigent;
- The indigenous Maya are the poorest (77.0%, and 54.8% indigent) compared to their share in the population, indicating a high level of concentration of poverty among this group;
- Children are more likely to be poor than any other population group (39.0%, compared to 28.5% for adults);
- The main forms of financial difficulty experienced by households are costs associated with utilities, health, education and food.

Just prior to 1990 and the years that followed, Belize had one of the fastest growing economies in the region. The economy grew at 13.2% during 1989 and slowed to an average of 9% through 1992. Government savings improved from a negative balance in 1984 to 13% of GDP by 1987, and for the first time in several years, the current account recorded a surplus (10%)[7]. The economy slowed down between 1993 and 1998 to an average 1.4%.

However, relatively high rates of economic growth did not translate into lower levels of poverty and increased levels of human development for Belizeans. The stabilization and recovery package introduced in the 1990s consisted of prudent fiscal management that resulted in significant cuts in public sector spending, including a public sector wage freeze and retrenchment, tightening of credit to the public and revenue generation measures such as the

[7] Minelva Johnson, Research Paper: The Belize Social Investment Fund and the Poorest, The Hague, December, 2001

Value Added Tax (VAT), increased cost of basic services provided by the public sector and privatization of basic services such as water.

Furthermore, high dependency on agriculture, the underdevelopment of manufacturing and inadequate skills development together created a disproportionate reliance on labor intensive industries for sustained employment. During the 1990s unemployment in the agriculture sector averaged 49% overall, but exceeded 87% in the south where poverty is most prevalent. Lower wages in export-oriented agriculture exacerbated the levels of poverty and indigence.

This situation persisted into the new millennium and during the 2002 LSMS, Belizeans perceived the cause of their poverty to be high levels of unemployment, insufficient education and limited economic opportunities in urban areas and low wages and insufficient appropriate education in rural areas. Unemployment in urban areas reached 12.9% overall during 2003. Recent increase in taxes to finance government's fiscal balancing objectives in 2005 coupled with increase prices for gasoline, and another austerity package will severely limit the capacity of families and individuals to lift themselves out of poverty and may exacerbate the situation in the immediate future.

CHALLENGES

Belize's poverty reduction strategy recognizes 3 main pillars:

- Sustained macro-economic growth
- Increased access to basic services
- The protection of the most vulnerable groups.

These strategies include both long and medium term elements. However, given the current macroeconomic circumstances as stated previously, the prognosis for economic recovery in the short term is unlikely, and high and sustained economic growth, even if it occurred, would be channeled towards the financing excessive internal and external debt, economic stabilization and fiscal balancing rather than for programs that can increase access to basic services and provide protection for the most vulnerable.

Economic growth would also have to be fuelled by increased productivity and income generation that have the capacity to provide long term employment and economic opportunities for the population, and especially the most vulnerable: women, youth, children, rural and indigenous groups, to enable them to assume the role of the state in the provision of basic services, crucial for poverty reduction such as education and health care. Specific, key challenges will include:

- Objective and comprehensive audit of the systems and programs in place that are involved in the fight against poverty;
- Development of effective and sustainable strategies to fight increasing poverty in urban areas, especially Belize City;
- Decentralization of authority and responsibility to the local level to enhance local level response capacity to basic needs;
- Consensus and joint implementation of a national poverty reduction strategy that involves all stakeholders;
- Internal political stability to build confidence in the country's economy and government's capacity to manage the current economic crisis;
- Greater transparency and accountability in the management and allocation of public sector finances.

SUPPORTIVE ENVIRONMENT

Belize responded to the 1996 Poverty Assessment with the National Poverty Elimination Strategy and Action Plan (NPESAP) 1998-2003 and is in the process of assessing the impact of the measures, before embarking on the formulation of the 2005 version. Long, medium and short term measures focused on employment, education and capacity building, health care and services, housing and shelter, social vulnerability and safety nets and environmental protection and conservation. Although the NPESAP did not constitute a coherent, well targeted framework for the reduction of poverty, some progress has been made especially in the provision of basic services such as increased access to primary and secondary health care services for poor residents on the south side of Belize City through the National Health Insurance Scheme (NHI), increased availability of classroom spaces in both primary and secondary schools, improved rural access to water and increased availability of housing countrywide.

Additional advances come from the establishment of the National Human Development Advisory Committee (NHDAC), the National Economic Council (NEC) and the Governance Improvement Commission which are all national mechanisms established to provide clear guidance and monitoring of initiatives aimed at reducing poverty, increasing economic performance and assisting government in the process of political and institutional reforms to increase transparency, accountability and equity.

TARGET 2: Halve between 1990 and 2015 the proportion of the population that suffers from hunger

Indicators	1990	2000	2003	2015
Prevalence of underweight children under five years of age	n.a.	6.0*	7.3	3.0
Proportion of population below minimum level of dietary consumption	n.a.	13.4	10.8	6.7

Source: CSO

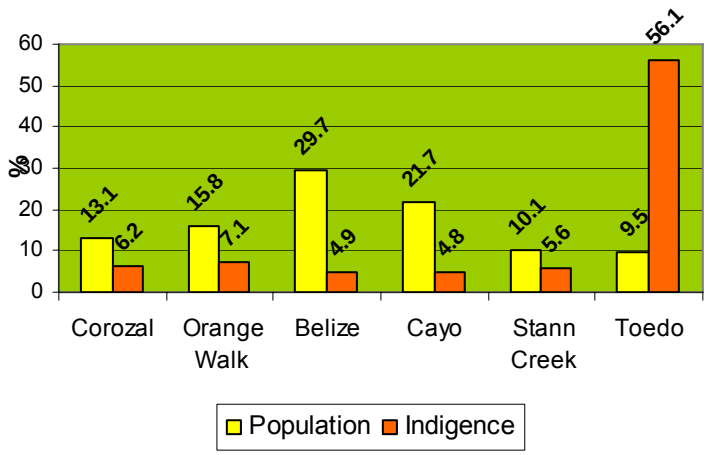
* UNICEF SOWC 2005, estimated average for 1995 - 2003

STATUS AND TRENDS

The 2002 LSMS included a survey on the nutritional status of children under-five years using weight and height for age as well as weight for height to determine levels of wasting and obesity. It concluded that 7.3% showed some levels of malnutrition or low weight for age and 17.9% suffered from stunting or low height for age. An additional 1.3% showed low weight for height or wasting and 11.3% were overweight. The levels varied by geographical regions of the country with the Toledo District showing comparatively high levels of stunting (43.7%).

The indigent line is defined by the PAR as the minimum cost of food requirement necessary for healthy existence of an individual or members of a household while the proportion of population below minimum level of dietary consumption is described as the percentage of the population whose food intake falls below the minimum level of dietary energy requirement. The data used in the analysis of the MDG indicator represents the indigent line.

Figure 1: Percentage Distribution of the Population compared to Indigence by district



Although the percentage of the population that are unable to meet basic food requirements is estimated at 10.8% overall, distribution by district shows that the level of indigence in the Toledo district (56.1%) is approximately nine times its population share, indicating a high concentration (one in two) of persons who are unable to meet the "minimum cost of food requirement necessary for healthy existence". This explains the comparatively higher levels of stunting and also helps to counter current opinions and argument that the height of Mayan children is better explained by genetics rather than by their nutritional circumstances.

While most will argue that chronic hunger is not a feature of Belizean poverty, although subsistence agriculture for home consumption provides some level of food security, it has its disadvantages. Some families in Toledo complain that their vulnerability to natural disasters including heavy rains, flooding and even hurricane leave families without food to eat and

product surplus to sell to meet other basic needs[8]. During the aftermath of hurricane Iris, hundreds of families in Toledo received food assistance.

CHALLENGES

- Ensuring food security for the indigent population will have to form part of Belize's poverty reduction strategy;
- Programs to ensure that within the context of their cultural and personal preferences the Mayan diet is balanced to ensure adequate consumption of basic nutritional substances, particularly in the case of children. This is because while chronic hunger might not be one of the features of poverty among the Mayan, their nutritional status requires some modification of their eating habits to address the issues of stunting and wasting that have been detected.
- A rapid assessment of the nutritional status of children in Belize conducted by UNICEF in 2004 found that problems of nutrition seem to affect children under five years of age after the breastfeeding stage[9]. When they are introduced to solid food the diet of children deteriorate because in too many instances they are introduced to fast food and other snacks that are of little or no nutritional value. Educating parents on the importance of good eating habits when it may be cheaper to acquire less appropriate substitutes is a challenge.

SUPPORTIVE ENVIRONMENT

Several initiatives are on-going to do proper assessment of the nutritional status of children under-five years. The last nutritional study that was done focused on primary school children between the ages of six and nine years. Efforts are also being made to ensure that information is captured during the children's visits to the health clinics and by the mobile health clinic to rural areas to ensure constant availability and reliability of nutritional data.

Efforts to sensitize mothers on the benefits of breastfeeding and healthy nutritional practices are on-going but need to be expanded and strengthened to ensure broad coverage and accessibility in the local languages.

Toledo has benefited and continues to benefit from joint government and international agency projects intended to address empowerment and food security through access to appropriate technology in agriculture development and food preparation. The strategies used need to be examined closely to determine why success has been limited and to ensure that future actions can have greater impact.

ASSESSMENT OF MONITORING CAPABILITIES TO TRACK GOAL 1

Belize has done three poverty assessments since the 1990s. All three used different methods making trend analysis and tracking of the MDG somewhat difficult. In addition, analysis of the causes of poverty is scant and limits the capacity to properly define targeted initiatives to address the root causes of poverty.

Two indicators have been collapsed: percentage of population below minimum level of dietary energy consumption which has been taken into consideration in the percentage of the population living in extreme poverty to analyze progress in relation to target 2. Based on the method used to calculate the latter, both reflect the same issue. Others such as the proportion of population whose income is less than US$1 per day (PPP) are not applicable to Belize. The

[8] Government of Belize 2002 Poverty Assessment Report, pg. 37
[9] Rapid Assessment on the Nutritional Status of Belizean Children, UNICEF (2004)

monitoring capacity is assessed as weak overall because of the lack of consistency in the method of measurement of the indicators.

While Goal 1 is relevant for Belize the targets are somewhat impractical. Given the minimum wage and the types of employment that exists, it is not realistic to think of anyone earning or working for less than US$1 per day. In the case of target 2, while there is no doubt that some Belizeans suffer hunger; there is no evidence that this is chronic and extreme. To this extent, and to ensure that goal one can be met, it might be more practical for Belize to establish more realistic and equally challenging targets such as eradicating extreme poverty or indigence and to reduce the proportion of the population living below the poverty line by 50% by 2015. This would eliminate the 10.8% of Belizeans who cannot meet even their basic food requirements and reduce the incidence of poverty to 17% by 2015.

Capacity to track MDG 1												
Indicator	**Data Gathering**			**Quality of data**			**Stat. Analysis**			**Use in Policy**		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Percentage of population below national poverty line		✓			✓				✓		✓	
Proportion of population below extreme poverty line		✓			✓				✓		✓	
Poverty Gap Ratio		✓			✓				✓			✓
Prevalence of under-weight children under five years of age			✓			✓			✓			✓

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

TARGET 3: Ensure that by 2015, children everywhere boys and girls alike, will be able to complete a full course of primary schooling

Indicators	1990	2000	2003	2015
Net enrolment rate in primary education (percent)	90	89.5	90.3	100
Proportion of pupils starting grade 1 who reach grade 5	72.2	86.1	92.2	100
Literacy rate of 15 to 24 year olds (percent)	78.6	82.6	88.6*	100

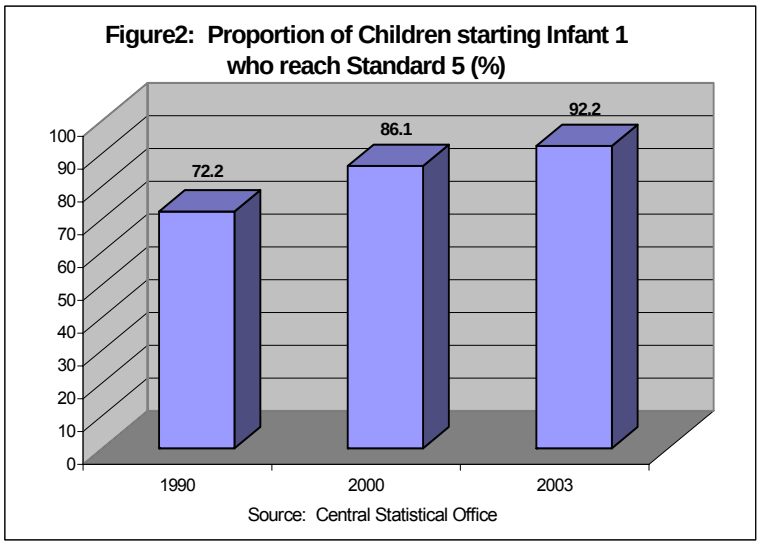
Source:CSO

* 2004 CSO data

STATUS AND TRENDS

Primary education in Belize is generally managed through a church state partnership in which the government finances 100% of teachers' salaries, and contributes to infrastructure and maintenance of school facilities. This approach is intended to ensure availability, access and affordability to all children between the ages of 5 and 14 and for whom primary education is mandatory.

Primary net enrolment rate indicates that during the 2002 – 2003 school year, 90.3% of students between the ages of 5 and 12 were enrolled of which 91.2% were females, and 89.4% males. The non-enrolled population represents approximately 5000 children aged 5-12 years. In addition to the enrolment of children in the primary school age group (5-12 years), a substantial number of students (7,685) outside this age range are enrolled in primary school. This is 12.8% of total enrolment (3.3% under 5 years, 9.5% aged over 12 years). Of primary school students aged over 12 years enrolled in 2003, 57% were male.



The proportion of children reaching Grade 5 for the purposes of this report represents the survival rate, that is, children who complete Standard 5. This clarification is necessary since the MDG indicator uses the term "Grade" which might not be equivalent to "Standard". Also, in the Belizean case, children must complete eight years of primary schooling starting at Infant 1 through to Standard 6. The survival rate has increase steadily and in 2003 92.2% of children completed Standard 5. This indicates that of those children who entered school at the Infant I level in 1994; more than 92 of every 100 of them reached Standard 5. This does not suggest that the pupils reached grade 5 within the prescribed 7 years, but that they did so eventually.

There has been a small but steady decline in repetition rates over the decade, for both males and females. Male students (with a repetition rate of 11.1%) in 2003 are consistently more likely to repeat a grade than are female students (8.4%).

Dropout figures are low (≤ 1%) and subject to variation. Male and female dropout rates do not seem to have varied significantly. However, inaccuracies in the dropout data submitted may mean that this statistic does not provide a complete or correct picture of dropouts at the primary level, and that there may be under-reporting of a poorly-defined population.

CHALLENGES

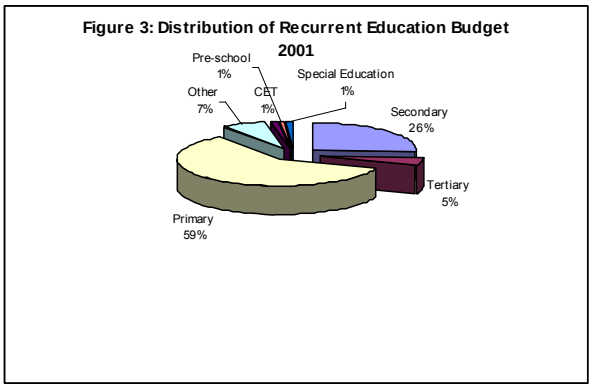
While Belize is poised to meet Target 3 of the MDGs by 2015, the challenge will be in ensuring that slippage does not occur. In this regard, a significant challenge will be continued access given the increasing cost of education and the economic challenges families face. Based on the LSMS, the mean cost to the families of primary schooling was US$222 per student per year. Among poor households, a significant portion of this was spent on transportation and meals and other non-educational expenses.

Another challenge to the education sector lies in ensuring that the level of investments in education results in greater levels achievement and higher quality outputs. The secondary school entrance criterion is the Primary School Examination (PSE). In 2003, just 45.4% of candidates scored above 50% average of English, Mathematics and Science, representing 56% urban, 38% rural. In 2002, repeaters accounted for more than 8% of the school primary student population costing government US$2.0m per year and parents US$1.1m[10].

In addition, targeted effort will be necessary to ensure that boys attain higher levels of education accomplishment. Statistics are indicating that boys are lagging behind in overall performance and in participation in secondary and tertiary education.

Given the higher levels of poverty recorded in the rural areas and the link that has been established between poverty and education, the quality of education in those regions of the country will require significant improvement, particularly as it relates to the percentage of trained teachers and the practice of multi-grade schools. For the 2003 school year, 53.0% of primary school teachers were trained and 43.3% were fully trained. More trained teachers are deployed to urban areas (59.2%) in comparison to rural regions of the country (46.9%).

SUPPORTIVE ENVIRONMENT



The larger part of the education budget is allocated to primary education (59%). Over the last five years government has approved a 10-year education sector strategy, added new schools, additional classrooms and increased access to teacher training. It has also strengthened pre-school services aimed at providing early stimulation and enhancing performance at primary school, and re-established a student support system to reduce truancy.

[10] Minelva Johnson (2004) The True Cost of Education, paper presented at the Education Summit

The government has consistently met the 20/20 requirements in education by allocating at least 20% of the national recurrent budget to the education sector. Its commitment to primary education is reflected in the allocation of the majority of the education budget to this component. Priorities in primary education include decentralization to improve efficiency, strengthening management and organization, provision of text books free of cost to families, improve teacher training and the rationalization of the distribution of trained teachers.

ASSESSMENT OF CAPACITY TO TRACK MDG 2

Belize is capable of adequate and reliable tracking of goal 2 and all indications are that the targets are within reach. There are other challenges in primary education that are more relevant to Belize such as the primary completion rate which measures the percentage of children who start Grade 1 and reach Grade 6 in the prescribed eight years. In 2003, only 40.2% or 2 of 5 children completed school without repeating or dropping out along the way. In addition to the current targets and indicators, Belize needs to at least double the percentage of children that complete primary education in the prescribed 8 years.

Another relevant target for Belize may be to increase by 50% the percentage of students that sit and pass the PSE. This is an important qualitative indicator that to a large extent has implications for both student and teacher performance and one which seems to be a formidable challenge to the primary education system.

Most education data is collected through surveys in schools and are processed on an annual basis. Data collection and publication has generally improved over the years. More has to be done to collect reliable and periodic data on literacy and statistical analysis needs improvement in order that policies can accurately address the problems in the system. Analysis that compares levels of teacher training and student performance and access to text books and student performance, etc. may shed some light and assist in determining the cause of low performance on the PSE.

Capacity to track MDG 2												
Indicator	**Data Gathering**			**Quality of data**			**Stat. Analysis**			**Use in Policy**		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Net enrolment rate in Primary Education	✓				✓			✓			✓	
Proportion of students starting grade 1 who complete grade 5	✓				✓			✓			✓	
Literacy rate of 15 to 24 year olds			✓			✓			✓			✓

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

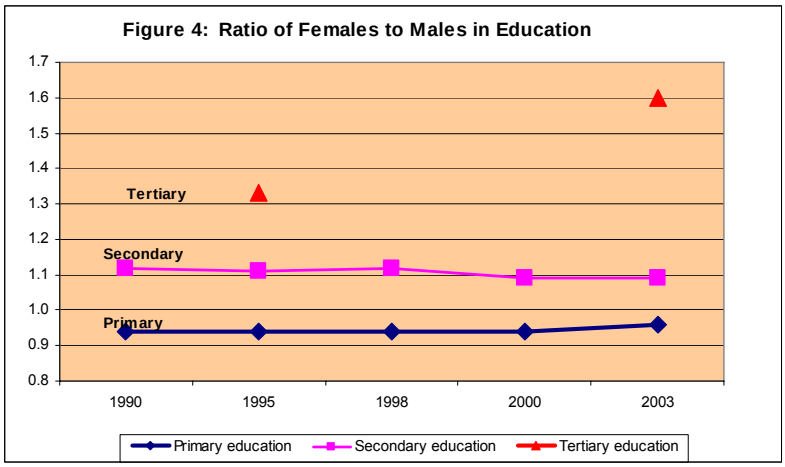
TARGET 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.

Indicators	1990	2000	2003	2015
Ratio of girls to boys in primary education	93.5	94.3	95.9	100
Ratio of girls to boys in secondary education	112.0	108.6	108.7	100
Ratio of girls to boys in tertiary education	n.a.	133.3*	159.5	100
Ratio of literate women to men 15 – 24 year olds	99.0	100**	100.7	100
Share of women in wage employment in non-agriculture sector	37***	38.1	39.2	n.a.
Proportion of seats held by women in National Parliament	5.4	6.8	7***	n.a.

Source: CSO
* 1995 CSO data
**UNICEF SOWC 2005
*** UNDP HDR, 2003

Status and Trends

According to the National Gender Policy women's comparatively less favorable situation is demonstrated by …



"their greater presence in less well-paid jobs, their greater domestic responsibilities and associated domestic consumption, the greater burden this imposes upon them within low-income households, their continuing additional roles in the care of children and older family dependents, and their substantially greater representation in single-parent households". [11]

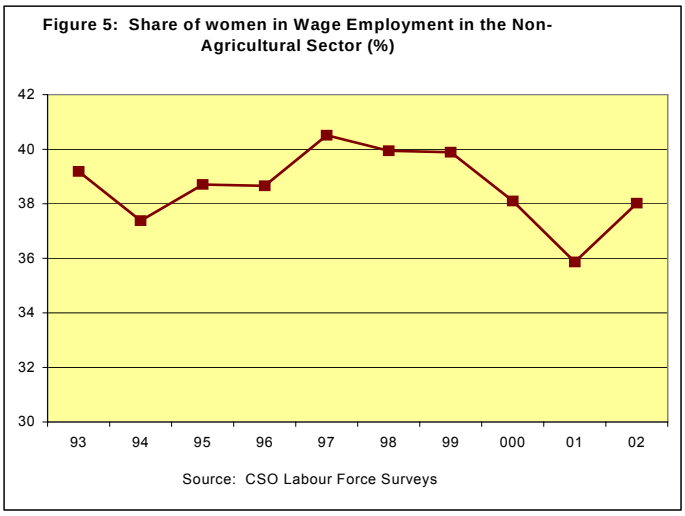
Analysis done by UNICEF (2004) contends that the MDG indicators chosen to measure gender disparity presume that achieving gender equality in education automatically leads to improved equity in participation, economic empowerment and well-being. Although this may be a necessary prerequisite, it is obviously, not sufficient, as is evident from women's participation rate in education compared to their participation in the labour force.

The analysis goes on to say that the fact that the female to male ratio is below unity for Primary Education reflects the male repetition rate, such that females enter Secondary Education at a marginally earlier age than do males and have a higher participation and completion rate, that result in the higher ratio for females in Secondary Education.

The 2002 Poverty Assessment Report notes that there is no gender disparity in poverty levels (33.9% of males and 33.2% of females being categorized as poor). However, it notes that

[11] National Women's Commission (2002a), p 41.

male-headed households are more likely to be poor than are female-headed households (25.5% and 21.8% respectively).



According to the 2000 Census, males comprise 65% of the employed population, with little difference in earnings levels for employed men and women. According to the 2003 Labor Force Survey[12], women in Belize have:

- approximately half the male rate of labor force participation (41.9% female, 78.4% male);
- half the male level of employment (men constitute 68% of the employed labor force compared to 32% females);
- more than double the male rate of unemployment (20.7% female, 8.6% male);
- more than double (8.7%) the male rate (3.3%) of long-term unemployment (greater than 12 months)

The fact that men participate more and dominate positions of power is despite women's higher levels of education. The 2001 Labor Force Survey showed that among the employed, 36.5% of women and 23.1% of men had at least a high school education.

Belize has not done systematic data collection and analysis of adult literacy, and information generated since the mid 1990s when a literacy survey was done is based on Standard Five completion. However based on available data there appears to be no gender disparity in relation to this indicator. Any disparity that may exist in this regard may slightly favor females. For 2000, the female: male ratio (15-24 year olds) was estimated to be 1.01.

CHALLENGES

While it can be said that Belize has achieved this goal relative to the education indicators, it is lagging far behind in relation to women's economic and political empowerment. According to the 2002 National Gender Policy, "Despite better educational qualifications, women continue to be denied equal opportunities in employment: in recruitment, promotion, salary rates and employment benefits. Short of adopting gender employment quotas or implementing affirmative action provisions, there is a need to closely monitor employer practices and enforce equality of treatment in the labor market". [13]

Men continue to dominate key positions of power and decision making in all sectors, particularly in parliament. While there have been efforts to address the situation in the public sector, the issue is not being debated in the private domain and limited numbers of non-government women's advocates means that the process is going to be slow.

The emerging perception that men are at risk threatens women's positions as increased attention is focused on improving boys circumstances as it relates to education, unemployment and crime and violence.

[12] www.cso.gov.bz/stats_labour_force.html
[13] Belize National Gender Policy May 2002, Prepared for the National Women's Commission

SUPPORTIVE ENVIRONMENT

The National Gender Policy is a notable advance; however its implementation needs to be more systematic and speedy if Belize is to approach these targets by 2015.

Belize ratified the CEDAW convention in 1990 and has ratified several ILO Conventions intended to give redress to the women's opportunities of economic empowerment. Included among these are the Equal Remuneration for Men and Women for Work of Equal Value (June 2000); Maternity Protection (March 2000); Discrimination with Respect to Employment and Occupation (June 2000); Equal Opportunities and Equal Treatment for Men and Women Workers with Family Responsibilities (June 2000).

Additionally, the Women's Department has taken steps to mainstream gender into management positions, conduct gender-based analysis of national budgets and promote the analysis of policies within a gender framework. An increasing number of women have been appointed to senior positions in government and non-government advocates have also increased efforts at the community level to promote and defend the rights of women in the home and in the workplace.

ASSESSMENT OF CAPACITY TO TRACK MDG 3

Goal 3 and the targets will continue to be relevant to Belize. However to adequately track this goal relying on gender disparity in education as an indication of women's participation in the labor market is necessary but not sufficient since as was previously mentioned, this assumes that women achieve greater equity the higher their participation in education. Belize should also include as an indicator alongside ratio of girls to boys in education, women's participation in the paid labor force in general and the levels of unemployment. The greater role that women play as heads of households (32%) and the fact that women tend to work primarily to respond to family commitments demands that this issue is given greater weight in the monitoring of progress towards gender quality and empowerment of women.

For the purposes of tracking MDG 3, data collection in the education sector is generally strong and the quality is fairly good. However, this data requires strengthening and better analysis to ensure that it results in effective policy development. Presentation of the statistics is mostly descriptive and as such has limited ability to contribute to effective policy making.

Capacity to track MDG 3												
Indicator	**Data Gathering**			**Quality of data**			**Stat. Analysis**			**Use in Policy**		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Ratio of boys to girls in primary education	✓				✓				✓			✓
Ratio of boys to girls in secondary education	✓				✓				✓			✓
Ratio of boys to girls in tertiary education	✓				✓				✓			✓
Ratio of literate women to men 15 – 24 year olds			✓			✓			✓		✓	
Share of women to men in wage employment in non-agriculture sector	✓			✓				✓			✓	
Proportion of seats held by women in National Parliament			✓			✓			✓			✓

GOAL 4: REDUCE CHILD MORTALITY

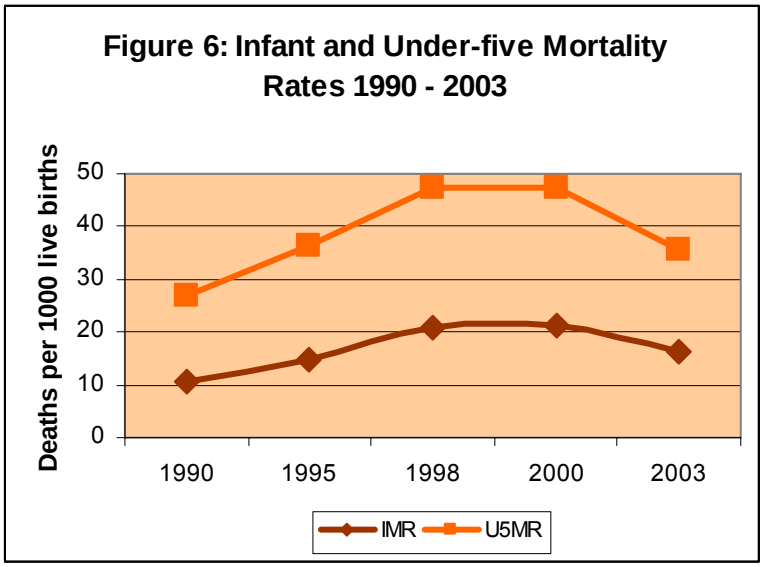
TARGET 5: Reduce by two-thirds, between 1990 & 2015, the under-five mortality rate

Indicator	1990	2000	2003	2015
Under-five mortality rate	19.4**	26.0	17.8	5.5[14]
Infant mortality rate	10.6	21.2	17.1	3.5
Proportion of 1 year old children immunized against measles	85.0*	92.0	95.8	100

Source: CSO
* UNICEF SOWC 2004
** 1989 data, National Health Planning System, 1990 – 1994

Status and Trends

The under-five mortality ratio (U5MR) measures the probability of survival between birth and five years of age, expressed per 1,000 live births, and is widely recognized as a critical indicator of the well-being of children.



Although Infant Mortality has fluctuated over the last five years it has been on the decline over the last two decades, from a high of 62 per 1000 live births in 1980 to 17.1 in 2003. In the case of Under-five mortality, this has reduced from 43 in 1991 to 17.8 in 2003.

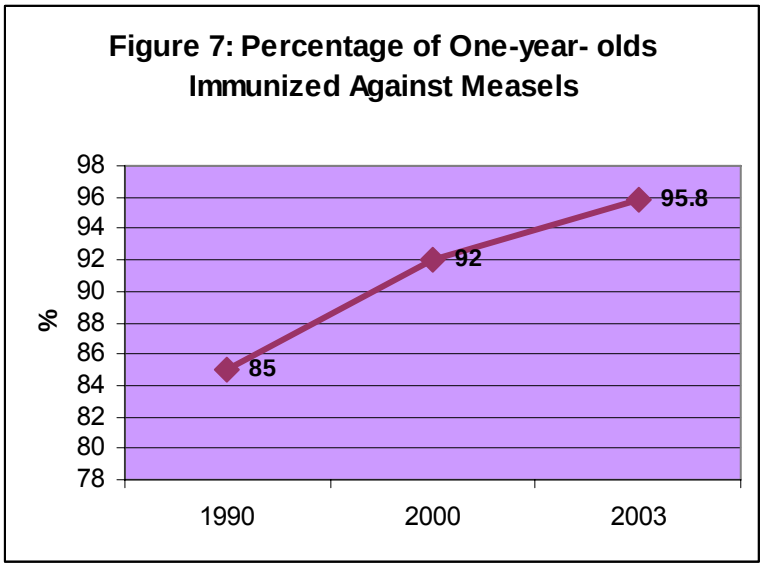
The leading cause of infant mortality during 1999 – 2003 was conditions originating in the perinatal period which accounted for 60% of infant mortality. Of all the deaths among neonates due to conditions originating in the perinatal period, fetal immaturity accounted for 24.5% in the majority of cases. During this same period (1999 – 2003) the leading cause of infant morbidity was Acute Respiratory Infections. However it is important to note that the conditions that women and children suffer are largely as a result of poverty, lack of access to basic services and domestic violence.

The highest proportion of deaths represented by the Under-five mortality rate between 1999 and 2003[15] was due to communicable diseases (24.3%) followed by external causes of injury, including transport accidents (11%), followed by accidental drowning (9.5%). Hospitalization of children in this group during the 1999 – 2003 period was primarily due to acute respiratory infections (ARI), intestinal infections, bronchitis, chronic and unspecified emphysema and asthma among others.

Over the last five years there has been an increase in the number of child deaths due to accidents and "neglect", to the point that it warranted a study in 2003. While it was difficult to arrive at conclusions on whether these deaths could be categorized one way or the other since

[14] Belize's targets for 2015 for both under-five mortality rate and infant mortality rate may need to be adjusted from the 2/3 reductions targeted by the United Nations as the rates for Belize are already extremely low
[15] Rapid Assessment " Mother and Child's Nutrition", 2004 conducted by Dr. Hugo Amigo

accidents can be attributed to neglect, researchers found that this is an emerging issue confronting Belize.



Lower and declining rates of child mortality mask the disparities that exist among the various regions of the country. Provisional figures for 2002[16] showed that of the six districts, four had higher than the national average (19.7) and IMR ranged from 11.9 in the Toledo District to 23.0 in the Cayo District.

Belize has also made considerable advances in its immunization coverage of infants. The measles coverage rate was 95.8% by 2003, and systems are being further improved for monitoring vaccination of infants in rural and remote areas. 2002 and 2003 were marked by zero incidences of immuno-preventable diseases. There have been no reported cases of measles since 1991, poliomyelitis since 1981 and tetanus since 1997. The immunization schedule includes 10 antigens that are provided by a single multiple vaccine that controls immuno-preventable diseases.

Challenges

- Maintain current downward trends in child mortality indicators;
- Improve access and quality of mobile services available to families especially in rural communities;
- Reduce the cost of treatment to families especially in vulnerable areas of the country;
- Invest in human resource capacity at the community level in an effort to strengthen local response capabilities;
- Improve the working conditions of health care workers particularly in vulnerable areas;
- Increase public access to information and education on child mortality, the causes and how to prevent them;
- Improve availability and quality of program intended to improve maternal and child nutrition in both urban and rural areas;
- Develop quality public education program to address child deaths due to accidents and neglect;
- Additionally the system of recording infant deaths will need to improve since there seem to be conflict over the reliability of the information based on what is perceived to be improper registration of infant deaths;
- The establishment of baby-friendly hospitals;
- Integrated management of childhood diseases.

SUPPORTIVE ENVIRONMENT

Various policies and program contribute to the decline in child mortality in Belize. The government has undertaken the Health Sector Reform project and has strengthened the national health network from various angles. Infrastructure and human capital developments

[16] Health of Belize 2003, Ministry of Health

have been undertaken at all levels of the system. This has included decentralization of services to hospitals and primary-health care clinics as well as an increase in the number of professional health care workers available to both urban and rural communities through a technical support agreement with the governments of Cuba and Nigeria.

There has been an increase in the number of government and non-government supported school feeding program to address the issue of child nutrition; however this will not be sufficient to curb the perceived growing problem of malnutrition and obesity.

The Health Sector Reform Project introduced in 1999 is intended to increase transparency, quality, efficiency and efficacy in the health care system.

The National Health Insurance (NHI) program was introduced as a pilot project on the south side of the Belize City and as a sub-component of the Health Sector Reform Project aimed at providing financial sustainability through the identification of other sources of funding besides government's consolidated revenue. Through the program, families can access primary and a limited package of secondary health care services from government and non-government providers; a strategy intended to elevate government to a regulatory position eventually. Plans are to expand the program to other parts of the country.

ASSESSMENT OF CAPACITY TO TRACK MDG 4

Monitoring of MDG 4 can be improved through better collection and consistency of data that facilitates trend analysis. Child mortality indicators provide reliable information that allows for some forecasting on growth and performance later in life and therefore are vital for policy development. There is some skepticism as to the reliability of data because of what has been described as under reporting and improper recording of infant deaths. Important for these indicators is the disaggregation of data to facilitate targeting. Better analysis and integration in policy formulation is necessary to enhance the overall process of poverty reduction and human development.

Capacity to track MDG 4												
Indicator	**Data Gathering**			**Quality of data**			**Stat. Analysis**			**Use in Policy**		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Under five mortality rate			✓			✓			✓			✓
Infant mortality rate			✓			✓			✓			✓
Proportion of 1 year old children immunized against measles		✓			✓			✓			✓	

GOAL 5: IMPROVE MATERNAL HEALTH

TARGET 6: Reduce the maternal mortality ratio by 75% between 1990 and 2015

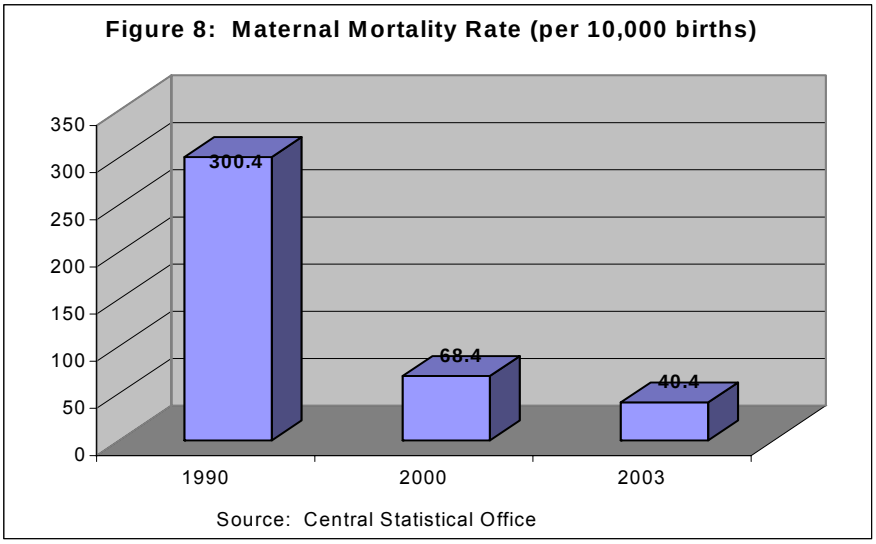
Indicators	1990	2000	2003	2015
Maternal mortality ratio	300.4	68.4	37.3	75
Proportion of births attended by skilled health personnel	76.9	83.8	97.0*	100

Source: CSO
*Ministry of Health data

STATUS AND TRENDS

Belize's Maternal Mortality Rate was calculated at 40.4 per 100,000 live births in 2003. This is less than the regional average (Latin America and the Caribbean) of 190, and similar to the global average of 40 deaths of women from pregnancy-related causes per 100,000 live births. [17] However, it is important to emphasize the fluctuating nature of the data in Belize, due to small actual numbers: Belize averages less than 8,000 live births each year, therefore one maternal death increases the MMR significantly. For example, a 40.4 per 100,000 deaths represented 3 maternal deaths for 2003. Furthermore as with IMR the national average masks disparities among the district. Although the country average was 40.4 in 2003, it was as high as 134.4 in Toledo.

Furthermore, the number of maternal deaths may be underestimated due to problems with data collection. However, detection of maternal deaths occurring outside hospitals has improved through mobile services and active searches, community intervention and surveillance that have increased and data collection has improved. All reported cases are investigated. The significant decline between 1990 and 2003 can be attributed to the almost 30% increase in the number of births attended by skilled health personnel, and improved surveillance, among other factors.



During 2003:

- only 14% of women accessed pre-natal care during their first trimester
- 85% of women obtained pre-natal care at some stage of the pregnancy (with an average of 5.7 visits per person)
- pre-natal care visits varied from 8.0 in Belize District to 4.2 in Toledo District
- an estimated 26% of women who tested their hemoglobin level during pregnancy were anemic;

[17] UNICEF (2003), pp 130-133. In this table, Belize's rate is stated as being 14 (2000).

For post-natal care, coverage is just one-third of the pre-natal care coverage, at 29% (in 2003, there were 6616 women using pre-natal care compared to 2191 using post-natal care).

If Belize is to reduce it's Maternal Mortality Rate by 75% between 1990 and 2015 to meet the MDG target this would represent a rate by 2015 of 75, double the 2003 rate which has been reduced to 40.4. Nevertheless, this rate is still subject to annual variation.

CHALLENGES

Belize's main challenges will be to:

- While maternal health is a priority in the provision of health care services, there are considerable differences in the quality of perinatal services based on geographic area and economic circumstance;

- Ensure adequate levels of education and awareness at the rural level, particularly because almost 25% of births occur outside the hospitals. Even though the statistics show that a significant portion of births that occur outside of hospitals are attended by skilled personnel, some births, mostly in rural areas are still attended by unskilled family members and friends;

- Improve access to sexual and reproductive health services including contraceptives and family planning education services in impoverished areas as a strategy to reduce maternal deaths;

- Improve registration and pay particular attention to classification of maternal deaths to improve reliability of information

- Improve pregnant mothers' access and participation in ante-natal and post-natal clinics

SUPPORTIVE ENVIRONMENT

To address the deficiencies in data collection and registration, the MCH Unit is currently piloting new monitoring records for infants and mothers countrywide at village-level. These provide a cumulative record of (for the child) vaccination history, breastfeeding practice, Vitamin A treatment, and nutritional status, and (for the mother) details from the first pre-natal visit, monitoring of key health indicators, and post-natal visits, as well as data on place and outcome of delivery.

The roll out of the NHI to other vulnerable parts of the country, the modernization of the health system and the strengthening of the network of services will serve to increase availability and to improve the quality of health care. Non-government agencies have also increased their outreach programs to address issues of reproductive health education for in and out-of-school youth.

The increase in the number of skilled birth attendants country wide has contributed to the reduction in maternal mortality. Approximately 25% of births occur outside hospitals therefore the policy of partnership and networking with traditional birth attendants (TBA) that provide services to rural communities contributes to the potential of achieving MDG 5.

ASSESSMENT OF CAPACITY TO TRACK MDG 5

Gathering reliable data on maternal mortality is a challenge and clear policy guidelines and protocols on the treatment of this indicator is necessary. Data tends to fluctuate, and while the low absolute numbers of births and the impact that one maternal death has on the indicator is understood there is also a need to standardize collection and processing of data for reliability and consistency purposes. Proportion of births attended by skilled births attendants is high and should result in and be reflected in lower MMR. However, the poor analysis of this indicator does not allow for any robust conclusion on the relationship between declining Maternal Mortality Rate and proportion of births attended by skilled personal because information on the cause of maternal deaths is scant.

In reporting on this indicator Belize should take care to report on proportion of births attended by unskilled birth attendants directly rather than residually to facilitate the linkages between this indicator and Maternal Mortality Rate which seems unclear. Data also needs to be presented by district to detect disparities.

Capacity to track MDG 5												
Indicator	**Data Gathering**			**Quality of data**			**Stat. Analysis**			**Use in Policy**		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Maternal mortality ratio			✓			✓			✓			✓
Proportion of births attended by skilled health personnel		✓			✓				✓			✓

GOAL 6: COMBAT HIV/AIDS MALARIA AND OTHER DISEASES

TARGET 7 Have halted by 2015, and begun to reverse, the spread of HIV/AIDS

Indicators	1990	2000	2003	2015
HIV prevalence among 15-24 year old pregnant women	n.a.	0.58*	0.55	0.28
Contraceptive prevalence rate	46.1	56.1	56	n.a.
Condom use rate of contraceptive prevalence rate	n.a.	n.a.	n.a.	n.a.
Proportion of children orphaned by HIV/AIDS in school (number)	100	100	100	100
Proportion of children orphaned by HIV/AIDS in school (%)	100	100	100	100

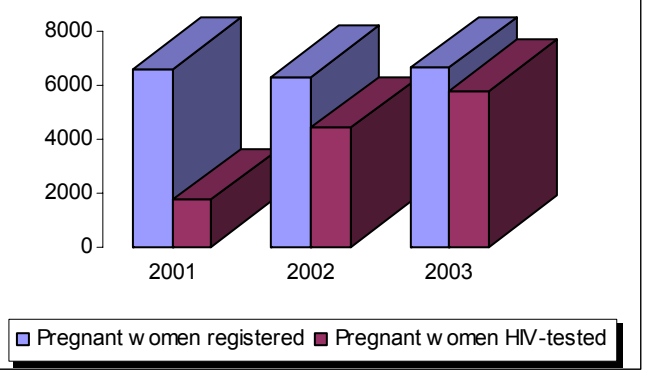
Source:
UNICEF, UNAIDS, USAID: Children on the Brink 2004

STATUS AND TRENDS

Belize's current HIV prevalence rate is 2%: the highest in Central America and the fifth highest in the Caribbean, with notable features including that:

- the male to female ratio of HIV cases has now reached 1:1 [18]
- the increasing infection patterns are strongest for 15-29 year old females, and for 30-49 year old males
- in 2002, AIDS was the leading cause of death among women of childbearing age (15-45 years)
- Belize District has a disproportionately high share of HIV and AIDS cases. [19]

Figure 9: Coverage of HIV Testing in Pregnant Women, 2001-03



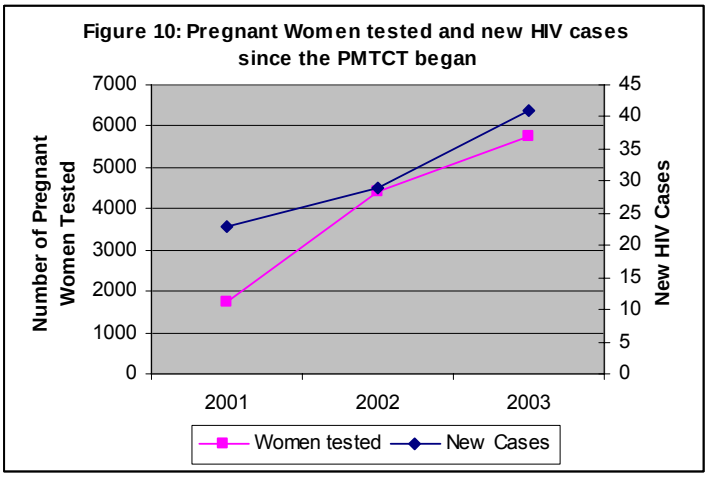
During 2002 – 2003, while the incidence of HIV infections continued to increase, the rate of increase slowed to 3.7% compared to 30.2% between 2001 and 2002. The 15-49 years age group is most affected. Prevalence among this group was 2.84 per 1,000 population in 2002 and increased to 3.22 per 1,000 in 2003.

Mother-to-child transmission (MTCT) of the virus is the most significant source of infection in children below the age of 10 years, who account for 6% of all HIV cases and 4% of AIDS cases. Therefore, strategies to prevent and/or mitigate MTCT have become essential. These involve:

- promotion of voluntary HIV testing by all pregnant women and their partners
- provision of anti-retroviral to women (and their newborn) who test positive
- provision of milk substitutes to prevent further mother-to-child transmission due to breastfeeding.

[18] This may reflect the improved testing of pregnant women rather than a higher rate for women than for men. (Catzim (2003), p 23). However, it warrants noting that, as far back as 1994, it was reported that "since 1991, women have been contracting HIV at a faster rate than men" (Government of Belize (1994), p 27).
[19] MoH HIV/AIDS Surveillance in Belize (quarterly reports), and Catzim (2003).

These strategies are carried out through the Prevention of Mother-To-Child Transmission (PMTCT) Project conducted by MoH since 2001. The first objective of the project is to ensure that all women attending antenatal care be screened for HIV. By end 2003, coverage of 90% had been achieved. It seems that this testing program, is contributing to a decline in both the incidence and prevalence since 2001.



The testing program has led to successful interventions and reduced prevalence. For example, there were 50 births in 2003 from HIV-positive women, of which 49 were live births. Of those 50 women, 44 received antiretroviral treatment within one hour (protocol is 48 hours before delivery) of delivery and, of the 49 newborn infants of HIV-positive mothers, all received treatment within 72 hours of birth. This has saved the lives of some of the infants.

The greater vulnerability of girls and women to HIV and AIDS is impacting children in Belize. The number of children reported to be orphans of the disease is increasing and many more are at risk. According to UNICEF (2004, p.10) "recent data found that children are less likely to be poor if they are living with their mother than with their father". As more women are infected with AIDS a larger number of children are at risk of becoming economically vulnerable orphans. While children generally have access to basic services, the ability of the country to respond to the psychosocial needs of children and their care givers is extremely limited and many children cope on their own, suffering stigma and discrimination for having a parent die of AIDS.

CHALLENGES

If Belize is to approach the Targets of MDG 6, it will need to implement educational programs and campaigns that are effective in changing people's attitudes and behavior towards HIV/AIDS. While many claim to know of the disease and how it is transmitted, unfortunately this has not translated into meaningful behavior modifications. The fact that the rate of reported infection is higher among females, challenges Belize to effectively target girls and young women for attitude and behavior changes. Statistics shows that girls are becoming sexually active at younger ages. The strategy will necessarily have to include encouraging girls to delay sexual activity and to be self-reliant in protecting themselves as well as developing effective targeting strategies to reach girls and adolescents in non-formal settings.

A significant source of the Belizean HIV and AIDS problem lies in the level of stigma and discrimination which is considered to be the most notable deterrent to voluntary testing and the accessing of treatment for those who are infected.

The fear of being stigmatized and discriminated against is perhaps as prevalent as actual levels of stigmatization and discrimination. This will require empowerment of infected persons as they are encouraged to come forward to receive treatment and to assist in the process of education of the community. Added to this is the need for adequate policies and legislation to protect infected persons from discriminatory employment practices and workplace treatment.

Capacity development and increase in the human resources capable of caring for infected persons is a priority. Few persons are willing and capable of providing comprehensive care and treatment for persons infected and PLWHAs.

Additional efforts will be necessary to ensure that the MTCT program is fully integrated within the Maternal and Child Health Program, and that it receives adequate funding within the regular MoH budget. The 90% rate of screening pregnant women refers to women accessing pre-natal services. Extrapolating from 2003 data on live births suggests that perhaps as many as 1800-2000 pregnant women are not being tested per annum.

Increase the pool of specialists that provide counseling and psychosocial support to families affected by HIV and AIDS is also of high priority.

SUPPORTIVE ENVIRONMENT

Following the establishment of the National AIDS Commission in 2000, the national response to HIV/AIDS has been better coordinated. Since that time, district-based HIV/AIDS Committees have been established countrywide. More recently, the National AIDS Commission has been made a statutory authority under the auspices of the Prime Minister's.

Over the last five years, Belize has benefited from significant external assistance and participates in several regional and global initiatives including access to the Global Fund, UNAIDS funding and technical assistance.

Given the scarcity of human and financial resources, a strategic decision has been made to focus the limited resources which do exist on prevention activities. The major AIDS prevention strategies in use are: education and information program (in schools, in collaboration with other groups, by way of mass media campaigns), voluntary counseling and testing (VCT) and condom distribution. Recently, addressing HIV and AIDS among the youth has been integrated into the Health and Family Life Education (HFLE) policy and strategy to be implemented in all secondary schools and

The availability of free testing through voluntary counselling and testing centres around the country and treatment for infected persons is a notable advance since in the early stages of detection in Belize when treatment was limited and expensive.

TARGET 8: By 2015, halt and have begun to reverse the incidence of malaria and other major diseases

Indicators	1990	2000	2003	2015
Death rate associated with malaria	0.00	0.00	0.00	n.a.
Death rate associated with tuberculosis	n.a.	5.9	6.2	n.a.
Prevalence of malaria (per 100,000 population)	n.a.	5.9	4.8	n.a.
Prevalence of tuberculosis (per 100,000 population)	n.a.	18*	32.2	n.a.
Proportion of tuberculosis cases cured under DOTS	n.a.	78*	66**	n.a.
Proportion of tuberculosis cases detected under DOTS	n.a.	126*	117**	n.a.

Source: MOH
*UNDP HDR, 2003
**UNDP, HDR 2004 (2001 data)

STATUS AND TRENDS

There has been an overall decline in the incidence of communicable diseases for Belize. During 2002 and 2003 there were no reported incidences of any immuno-preventable diseases. Information rate of Malaria and Tuberculosis is not produced by the Ministry of Health and information that is available corresponds to incidences only. Incidence of Malaria has been declining since 1997 from 1,745.2 per 100,000 population to 424.4 in 2002. There was a small increase in 2003 to 480.

There has been no reported case of Malaria deaths for 25 years however deaths as a result of tuberculosis is being perpetuated by the increased incidence of AIDS since it is one of the opportunistic infections. Newly diagnosed cases increased progressively, reaching a peak in 2002 and declined by 37.6% in 2003. It is felt that this decline is directly as a result of improvement of the diagnostic capability of the system whereby the number of false positives was reduced to the minimum.

Belize faces new public health challenges with respect to non-communicable diseases. Non-communicable diseases such as diabetes and external injuries due to road traffic accidents have become the leading causes of morbidity and mortality. Analysis shows that conditions such as Hypertensive, Cerebro-vascular and Ischemic heart diseases are on the rise. Hypertensive diseases (8.7%) were the leading cause of death in 2003 followed by ARI and heart disease.

CHALLENGES

Reduction in stigma and discrimination and the empowerment of PLWHA will increase the number of persons suffering with opportunities infections, such as tuberculosis, to seek treatment.

While anti-retroviral drugs and medicines that fight opportunistic infections are available free of direct cost at public pharmacies, many Belizeans still travel across the borders in search of cheaper drugs and alternatives. Cheaper medicine and availability on a wider scale will increase people's access to affordable treatment.

The national health system is faced with the challenge of effectively educating the Belizean society on the importance of good nutrition. It is safe to say that over the years the Belizean diet has deteriorated to the level where individuals and families opt for more processed and fast food

that are having devastating consequences. The number of children suffering from chronic diabetes, hypertension and obesity is steadily increasing.

Amidst the current economic crisis government is challenged to find a way to increase the level and quality of sporting activities and facilities in and out of school to encourage the community to become more active and reverse the trend of sedentary life styles that are accompanied by increase in accessibility to cable television and computer games.

SUPPORTIVE ENVIRONMENT

Improved surveillance capacity has improved early detection and treatment of some diseases and has resulted in reduced mortality and morbidity. The incidence of tuberculosis declined in 2003 while the detection and treatment due to Directly Observable Treatment Short course (DOTS) has increased.

The health sector reform and other initiatives already mentioned have increased the capacity of the national health system to respond to needs for treatment.

ASSESSMENT OF CAPACITY TO TRACK MDG 6

Goal 6 remains extremely relevant to Belize given the situation with HIV and AIDS. Also the surveillance mechanisms are becoming more proficient in the collection and analysis of HIV and AIDS information. However since the first case was detected in 1986, more progress should have been made in the monitoring of this disease. Data particularly of the 1990s is very scarce. Although it has been stated that there is difficulty in accessing information from private health agencies, little has been done to oblige this sector to record and report HIV/AIDS and other statistics. As long as this situation persists data will continue to be unreliable. The level of statistical analysis of information that is available has shown notable improvement and is fairly good.

Information, particularly on the prevalence of malaria and tuberculosis require some attention and are important in the context of HIV and AIDS. On the other hand given the epidemiological transition that is occurring in Belize with respect to the increase in the incidence and prevalence of other major non-communicable diseases, Belize should include these indicators in the monitoring of target 8 of Goal 6.

Capacity to track MDG 6												
Indicator	**Data Gathering**			**Quality of data**			**Stat. Analysis**			**Use in Policy**		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
HIV prevalence rate among 15-24 year old pregnant women		✓				✓		✓				✓
Contraceptive prevalence rate			✓			✓			✓			✓
Number of children orphaned by AIDS			✓			✓			✓			✓
Prevalence of death rates associated with Malaria	✓			✓			✓					✓
Prevalence of death rates associated with tuberculosis			✓			✓			✓			✓

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

Indicators*	1990	2000	2003	2015
Proportion of land area covered by forest	74.7	59.1	n.a.	n.a.
Land area protected to maintain biological diversity	30.4**	41.5	44.0*	n.a.
Carbon dioxide emissions	1.6	3.3	2.7	n.a.
Consumption of ozone depleting CFS	20	28	28	n.a.
GDP per unit of energy use (Metric tons)	1.7	3.3	n.a.	n.a.

Source: Environmental Statistics for Belize, 2004 (CSO, PACT)
UNDP HDR, 2003
**1995 Data

STATUS AND TRENDS

A deteriorating environment apart from threatening a country's economic sustainability and its ability to provide food security and safe drinking water for the population is also a threat to global environmental health and bio-diversity. For many years Belize was able to maintain a significant portion of its land mass in forest (69% as at 2002), a figure which doubles most developing countries' forest area and is greater than the average for the Latin America and Caribbean Region. However, based on the statistics the forest area appears to be declining at a rapid rate. The statistics are showing that in just ten years, the percentage of land mass covered by forest reduced by 15% from 74.7% to 59.1%. Timber production alone increased by 86% between 2000 and 2002 due to the intensive harvest of pine trees that were affected by the worst pine beetle infestation the country has ever experienced.

Agriculture is the most extensive form of land use and increased by 77% between 1996 and 1998, occurring at a rate of 9% per annum. At this rate, it is estimated that by 2025, all suitable agricultural lands will be under cultivation.[20]

A major source of the country's environmental problem lies in liquid and solid waste quantity and inadequate disposal. While urban areas have some waste disposal systems in place, rural areas are left completely unchecked. Average solid waste per capita in urban areas increased by 100% between 1997 and 2003 and tonnage of solid waste produced by Cruise Ships calling to Belizean ports increased from 88 tons in 1999 to 1,592 tons in 2003.

According to a 2000 study[21] Belize is a net sink of greenhouse gasses, absorbing twice as much as it emits, with the largest proportion resulting from land use change and forestry representing 58% of total emissions (1994 statistics).

Belize is home to some of the most important coastal resources, including the largest coral reef system in the Western Hemisphere. Risks from pollutants, habitat destruction, tourism and natural events threaten the sustainability of resources. Belize has also established Marine Protected areas (13%) and has enacted legislation to protect its coastal and marine resources. The protected areas system comprises national parks, nature reserves, wildlife sanctuaries, natural monuments, forest reserves, marine reserves, archaeological sites and archaeological reserves, as well as private reserves, strategic biological corridors and scenic landscapes of geomorphic significance.

[20] Environmental Statistics for Belize, 2004, pg. 24)
[21] Environmental Statistics for Belize, 2004 (pg. 135)

There are regular reports of encroachment on protected areas each year and even while some areas are protected, timber extraction and agriculture activities are still occurring on a wide scale.

That Belize will fully achieve the integration of environmental policies to ensure sustainability of environmental resources will lie in the actual enforcement of policies and legislation. Because of the nature of its resources and their impact on global systems, Belize's environment is under scrutiny and there are several pieces of legislation and environmental policies on the books that support the achievement of the MDG targets. However, these are scattered across several government ministries and agencies and lack serious enforcement.

CHALLENGES

Belize will have to conduct policy and legislative review to catalogue environmental regulations and policies with a view to ensuring better coordination, management and enforcement. The fact that these are fragmented, limits the development of robust monitoring frameworks and objective and impartial enforcement of regulations.

Governments are all faced with the challenge of reconciling economic progress and environmental sustainability objectives and often make concessions at the detriment of the environment. Belize will need to rationalize policies and regulations and at the same time increase community participation in environmental management initiatives as one of the main strategies for reversing loss of resources. This cannot be limited to increased public education but also to sharing the responsibilities and authority with local government, community based organizations, private sector and vulnerable groups in the monitoring of the country's resources.

To increase community involvement and buy-in, a major challenge will be to convince the community, especially in vulnerable areas that sustainable practices can generate economic and health benefits. Several initiatives have targeted users such as fishermen and communities on the periphery of protected areas. However, while the majority is aware of the regulations and the importance of conservation, much apply these lessons since they may imply foregoing short term economic gains of not doing so.

Currently, a significant portion of monitoring and sustainability initiatives are driven by external funding and technical support. Belize will have to invest more of its own resources to ensure long term sustainability of many of the initiatives.

The rapid increase in tourism, especially cruise tourism, and tourism development on the offshore cayes, pose a serious threat to the environment. Immediate steps are necessary to ensure that these developments take place within a framework of environmental safety, protection, sustainability and that the economic benefits that are derived from this industry are re-invested in stricter monitoring and enforcement.

SUPPORTIVE ENVIRONMENT

Belize is a signatory to various international protocols including Kyoto, and have established the National Lands Act (1992), the Lands Utilization Act (1981), the Environmental Protection Act (1992), the Housing and Town Planning Act (1980 – 1990), the Forest Act (1980 – 1990), the Wild Life Protection Act (1980 – 1990), and the National Parks Systems Act (1980 – 1990) and the Private Forest Conservation Act.

Several non-government organizations participate with government in the monitoring and co-management of natural resources. 12% of forest reserves are held and managed by private sector interests.

A Protected Areas Policy is currently in its final drafting stages and should address some of the threats that exist as well as outline clear strategies for sustainable use and management of the natural resources.

Belize has benefited from several regional and global programs and projects that include capacity and awareness building at the national and local levels to increase community participation in the management of protected areas and the environment.

TARGET 10: Halve, by 2015, the proportion of people without sustainable access to improved water source

Indicators	1990	2000	2003	2015
Proportion of population with access to improved water source (total)	71	80.8	n.a.	100

* 1991 Census data, **2000 Census data,

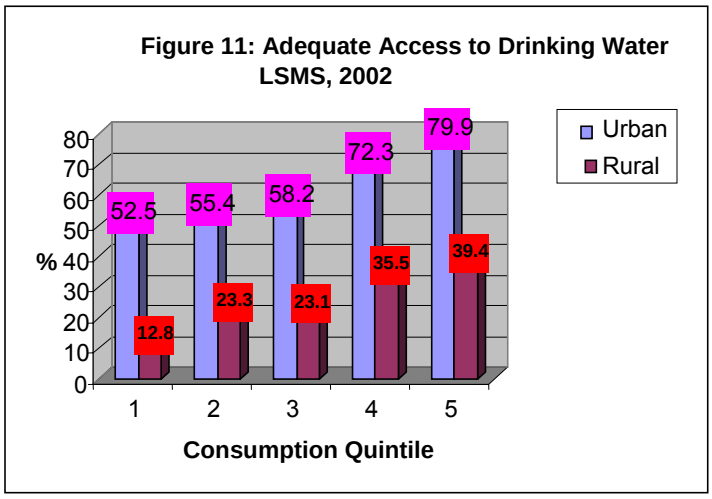
STATUS AND TRENDS

Belize has the highest per capita availability of freshwater in the Central American region. Access to safe/improved drinking water is an indicator used internationally to assess the capacity of the population to prevent water-borne diseases. Data on safe water in Belize has fluctuated significantly due to changes in interpretation and definition and therefore needs to be interpreted with caution. Government reports state that, by 1999, safe water coverage reached 91% of Belizeans (82% in rural areas). [22]

Similarly, and more recently, the 2002 Poverty Assessment Report (PAR) says that

> "water piped into dwelling (public or private) and purified water was considered as the only safe sources of drinking water", and concludes that only 49.8% of households countrywide (67.9% urban and 26.9% rural) have "adequate access to drinking water". [23]

However, the definition used by the PAR varies significantly from the definition of "Improved Water Source" which recognizes piped, secure wells, secure vats, public taps and boreholes as improved sources and rejects bottled water as an improved source. An increasing number of Belizeans rely on bottled water for drinking purposes. Based on the MDG indicator and classifications used in the 2000 Census, in 2002 approximately 80% of the population had access to improved sources of water.



[22] As reported in the Periodic Report, p 51.
[23] NHDAC (2004).

According to that report Belizeans were accessing water from such improved sources as:

- private sources piped into dwelling (3.9%), 27.3 % private sources not piped into dwelling (27.3%), piped public sources (26.0%), public stand pipe (4.2%).

Water quality monitoring was re-instituted in 1999, accompanied by treatment of water pumps which tested positive for Coliform. There has also been a reduction in numbers of hand water pumps as rudimentary water supply systems have been constructed. A number of hand pumps are maintained in the event of emergencies such as hurricanes. [24]

The majority of Belizeans hold legal entitlement to land which they occupy:

- 94.1% have security of tenure (freehold or leasehold occupancy, rental, or occupy land owned by a family member)
- in Toledo, the poorest district, 71.1% have security of tenure
- and among the poorest ethnic group 69.4% have such security.

CHALLENGES

In monitoring this indicator some consensus is needed as to what the standard terminologies and their definitions will be to measure people's access to water and the quality. Some reports refer to safe water source, others refer to clean water, adequate access and now MDG 7 is measuring improved water source. Based on this indicator, 80% of Belizeans had access to improved sources.

The privatization of water to an externally owned monopoly company that supplies piped water in urban and most rural communities limits government's capacity to respond to the need for sustainable access to improved drinking source, particularly in rural areas. Although this might not be the most cost-effective option due to the remoteness of some communities, sustainability of access during the dry season is also a concern. People in some rural communities complain that during the dry season water from wells and vats run out and even rivers and streams tend to dry-up.

The cost of water is prohibitive for many families in urban areas who often rely on illegal tapping or purchase water from neighbors where public pumps are unavailable. The social safety nets will have to include programs to subsidize the cost of access to urban poor.

SUPPORTIVE ENVIRONMENT

Prior to 2003 there was no comprehensive legislation that regulated water. The Water Act of 2003 provides the framework for the regulation of water and sewage services and provides protection of water sources, use and licensing of supply. A National Water Commission was established in 2004 with responsibility for the formulation of a "National Integrated Water Resource Management Policy and Plan" that would include recommendations for a legislation that provides for the sustainable management of water resource.

[24] As reported in the Periodic Report, p 51.

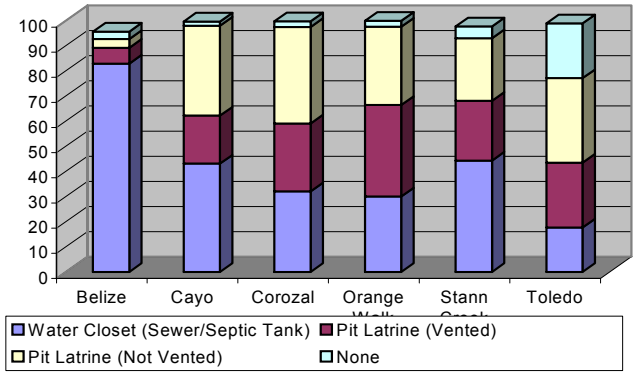
TARGET 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicators	1990	2000	2003	2015
Proportion of urban population with access to improved sanitation	86.1	85.3**	93.4***	100
Proportion of people with access to secure tenure	75*	89**	94.1	100

* 1991 Census data, **2000 Census data, *** 2002 LSMS

STATUS AND TRENDS

Figure 12: Type of Domestic Sanitation by District



Source: CSO (2001a)

Based on existing information, Belize is in a favorable position to achieve 100% coverage of urban population with access to improved sanitation by 2015.

This MDG indicator considers as improved sanitation, sewerage, septic tanks, poor flush latrines and covered and uncovered latrines as long as they are not public. Fifty five percent (54.8%) of Belizean households have water closets (68.1% urban, 25.8% rural). Pit latrines are the most common source in rural areas where 65.2% have either a VIP or non ventilated pit latrines. It is noteworthy that at least 3.5% of households do not have access to any type of sanitation facility, including 2.2% of urban population.

Access to secure land tenure is a high priority for most Belizeans and efforts have been made to ensure that each Belizean has access to housing through various public and private initiatives to promote home ownership. Secure tenure refers to a dwelling either owned, on hire purchase (mortgage), rented/leased, and free access by agreement. Squatting on land or occupying land 'with permission' is the practice for 2.5% and 1.0% of Belizeans, respectively.

Among the Maya for whom only 69% are reported to possess secure tenure, landlessness was one of the main reasons given during the focus group discussions on people's perception of their poverty.

CHALLENGES

The challenges for Belize will be to ensure that adequate coverage also exists at the rural level and to address the situation of households that have no facilities with a matter of urgency.

Security of tenure among the Mayan population requires aggressive action that takes into consideration the economic realities of rural Toledo to ensure that security of tenure is a viable economic opportunity for the poorest ethnic group in the country.

Increasing cost of housing has led to an increase in multi-family living arrangements, where many young people are remaining at home with partners and children. Although it is reported that approximately 8,000 new homes have been constructed over the last 5 years, many remain unoccupied due to high costs and distance from essential services.

SUPPORTIVE ENVIRONMENT

Several government and externally supported projects such as by CARE, UNICEF, UNHCR and others have assisted in providing families with improved sanitation facilities. This assistance included training of community members on construction and maintenance of facilities to ensure long term access.

Additionally recent efforts through the Ministry of Natural Resources seek to include households in community development and land use planning through a process of consultations that could result in increased access to sanitation facilities and security of tenure.

ASSESSMENT OF CAPACITY TO TRACK GOAL 7

Data on the proportion of land area covered by forest is based on studies done by researchers and not on systematic data gathering conducted to monitor forest coverage by the relevant national authorities. Land protected to maintain biodiversity is more readily available and analyzed for use in policy development. Data gathering on water is particularly weak due to lack of consistency in terminology and definition. Some clarification is also necessary in the case of access to sanitation.

Capacity to track MDG 7												
Indicator	**Data Gathering**			**Quality of data**			**Stat. Analysis**			**Use in Policy**		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Proportion of land area covered by forest			✓		✓			✓				✓
Land protected to maintain bio-diversity	✓			✓				✓			✓	
Proportion of population with sustainable access to improved water source		✓			✓			✓			✓	
Proportion of population with access to improved sanitation		✓			✓			✓			✓	
Proportion of population with access to security of tenure		✓			✓				✓			✓

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

TARGET 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make development sustainable in the long run

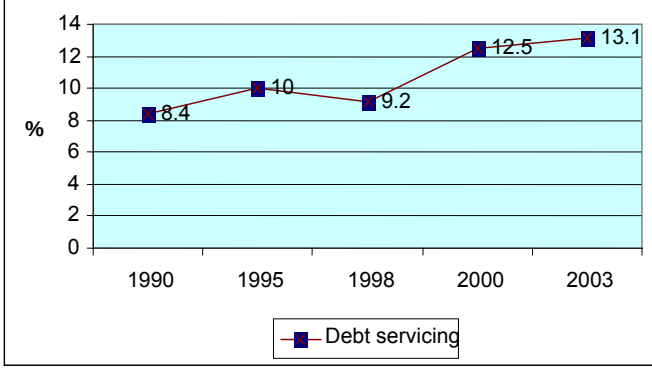
Indicator	1990	2000	2003	2015
Debt service as a % of exports of goods and services	8.4	12.5	13.1	n.a.

Source: Central Statistical Office

STATUS AND TRENDS

Government's expansionary macro-economic and social infrastructure development policies of the 1990s are manifesting themselves today in high levels of external debt, weak debt servicing capacity, imprudent fiscal management and vulnerable public sector revenue base in addition to three successive down-grading by Standard and Poor which noted that "altogether, the country's financing needs of more than US$200 million are dangerously high compared with the available official reserves of just above US$70 million". [25]

Figure 13: Debt servicing as a percentage of export of goods and services



There has been a significant increase in the level of publicly guaranteed debt especially of the state-owned Development Finance Corporation (DFC) which incurred external commercial borrowing that increased publicly guaranteed debt to above 80% of GDP between 2002 and 2003.

Between 1999 and 2003, Belize experienced favorable, but unstable, economic growth that peaked in 2000 to above 12%, but declined to between 4% and 5% between 2001 and 2002. Economic slowdown was attributed to "a contraction in some economic sub-sectors as a result of two natural disasters in rapid succession, declining export prices, and the impact of the September 11 terrorist attacks on tourism and other activities". [26] Renewed growth in agricultural output, increased tourism arrivals and receipts and an expansion of the fishing sector caused growth rates to recover quickly.

Nevertheless, recent IMF consultations concluded that "…the underlying macroeconomic position remained worrisome. The fiscal and external current account imbalances remained at unsustainable levels… while public and publicly guaranteed external debt… reached 92 percent of GDP". [27] It also noted that:

> "Belize is among the most vulnerable middle-income countries to the potential effects of a loss in preferential market access on exports. Notwithstanding the recent diversification in current account receipts, Belize's exports are dominated by sugar and bananas, which in turn are highly dependent on preferential access to the EU and U.S. markets."

[25] From Standard & Poors' report published 31 August 2004, cited in Amandala, 5 September 2004, p 10.
[26] Government of Belize website (www.belize.gov.bz)
[27] IMF (2004), p 4.

It goes on to estimate that "a 40% reduction in Belize's preference margin would cause export revenue to drop by 10-12 percent". [28]

CHALLENGES

Belize faces a series of serious challenges in the context of debt contraction and servicing, two of the main ones being restoration of credit worthiness and access to foreign exchange to service external debt requirements.

The impact of globalization on trade by small vulnerable economies such as Belize will further weaken debt situations as preferential arrangements are eroded. Meeting debt obligations in the context of current account and balance of payments deficits brought on by reduced trade receipts is fast becoming a reality that Belize will have to grapple with.

Reducing the fiscal deficit while maintaining adequate levels of social investment to avoid further increases in poverty and social decline in an already tense environment, is another of the difficult situations that government will confront in the short run.

SUPPORTIVE ENVIRONMENT

Government has committed to ensuring that the fiscal deficit does not exceed 5% of GDP and to finance high-cost commercial debt with long-term concessionary loans. It has established the National Economic Council (NEC) to broaden the technical support and participation of the private sector and NGO community in the development of strategies to bring the current crisis under control.

[28] ibid, p.18.

TARGET 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

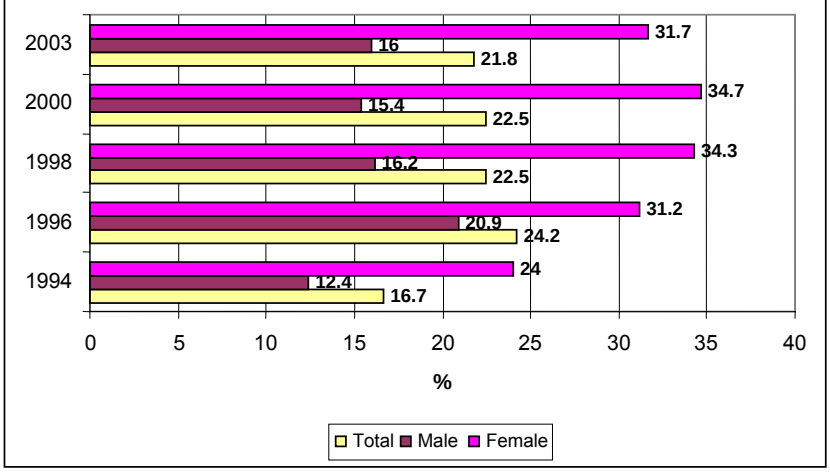
Indicator	1990	2000	2003	2015
Unemployment rate of young people aged 15 – 24 years	16.1	22.5	21.8	n.a.

Source CSO

STATUS AND TRENDS

Youth unemployment has been steadily increasing. According to the Labor Force Surveys, youth unemployment has increased since 1993, and was around 20% in 2002 compared to 16% in 1993. Female youth unemployment has consistently doubled the male youth unemployment rate. Even worse, the labor force participation rates for young males is consistently double that for young females, which suggests that high unemployment rates for young women is discouraging large numbers of them to remain outside of the labor force.

Figure 14:Employment rates by sex (1994 - 2003)



1.2% of government's recurrent budget is allocated to technical and vocational training that prepares youth for employment. However, significant resources ($42m) have been allocated to infrastructure development to develop centers for employment training around the country.

CHALLENGES

- Belize has to review its mandatory school age and the minimum employment age with a view to reconcile them. While it recognizes the mandatory school age to be 5 – 16 years, the minimum employment age is 14 years;
- Increase the quality of employment training not only to enhance the level of skills but also to create a culture of entrepreneurship among children and young people;
- Make available micro-credit to enterprising youth coupled with well managed technical assistance to increase viability of youth owned enterprises;
- Identify new opportunities for youth in rural areas by promoting the development of industries in marginalized communities;
- Vocational training needs to be presented as an attractive, viable option for young people rather than as the alternative to formal secondary schooling.

SUPPORTIVE ENVIRONMENT

In addition to the improvement of the Technical Education System is the development of a new National Apprenticeship Program (NAP) to be managed by a National Training Council (NTC). The NAP is being developed based on a bipartite relationship between Government and the private sector, for apprenticeships for those aged 16 years and over. The program is to include an incentive package for business participation and a high standard accreditation process. In addition, for children aged 14-15 years, a Junior Apprenticeship Program is being explored.

Government has committed to extending the Labor Market Exchange Project and to the establishment of a Labor Market Information System. A new youth enterprise development program has been established to provide entrepreneurship training and seed capital for youth economic empowerment.

TARGET 17: In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

Indicators	1990	2000	2003	2015
Proportion of population with access to affordable essential drugs on a sustainable basis	n.a.	80-94*	n.a.	100

Source: UNDP HDR, 2003 (1999 data)

STATUS AND TRENDS

The proportion of the population with access to affordable, essential drugs on a sustainable basis, refers to the percentage of the population that has access to a minimum of at least 20 of the most essential drugs and access is defined as continuous availability and affordability at public, private and other outlets within one hour walking distance from the population. Essential drugs are those that satisfy the health care needs of the majority of the population.

On the basis of this indicator, while most persons in urban areas would have continuous access to some essential drugs a significant proportion of the rural population would not have continuous access to 20 of the most essential drugs from either public or private facilities even if they could afford it.

The national health facilities provide basic drugs free of cost. During the LSMS, 54.6% of persons that reported ill over a 30 day reporting period purchased medication. Among the urban population, 70.4% of persons that reported ill, sought medical care and 56.6% bought medication, while 65.5% of rural reported illnesses sought medical care and 52.1% bought medicines.

Among the poorest 20% of the population 61% bought drugs compared to 87% among the richest 20%. Assuming that the rich suffers less illnesses based on other information that has been provided on nutritional status, etc., it is not unreasonable to conclude that affordability is an issue as well. The LSMS also states that 90% of those that bought medication did so in Belize while the remaining 10% travelled abroad to purchase drugs.

CHALLENGES

- Increase access to affordable drugs countrywide and pay particular attention to the needs of rural population and the poor;

- Improve surveillance of this indicator to ensure adequate analysis and subsequent policies and strategies are developed to achieve target 17.

SUPPORTIVE ENVIRONMENT

The roll out of the NHI should increase accessibility and affordability of drugs, particularly in rural areas.

TARGET 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicators	1990	2000	2003	2015
Telephone lines and cellular subscriptions per 100 population	92	149	51.3*	n.a.
Personal computers in use per 100 population	n.a.	82	16.7*	n.a.

Source: CSO
* 2004 data

STATUS AND TRENDS

A growing number of households have access to telecommunication services and computers. Telephone land lines are available to most urban households, however services in rural areas are limited and most villages are serviced through community fixed cells. A growing number of individuals are communicating by cellular phones. Through collaboration with the private sector, government embarked on an initiative to bring computers and internet services to all primary and secondary schools in the country.

CHALLENGES

Belize might have the most expensive telecommunications services in the Central American region and among the highest in the Caribbean and although competition should have reduced the cost to consumers, services are provided by a monopoly company. This provides little guarantee that the costs will reduce in the short run.

Giving Belize a fighting chance at successfully surviving globalization and regional integration will require significant improvement in science and technology training and retraining at all levels. Current approaches do not go far enough to ensure competitiveness.

Strengthening of the regulatory framework to protect the interests of both consumers and investors remains a daunting task but one that must be tackled with urgency in this sector if the focus will shift to capacity building which will require additional investment and consumer confidence.

SUPPORTIVE ENVIRONMENT

The private sector is actively involved in the development of the technology sector by introducing computer technology and internet services to schools and some rural communities.

Telephone services are available to most communities and the network is constantly being expanded and improved to ensure that each household can have access to private lines based on affordability.

The establishment of the Public Utilities Commission (PUC) to regulate utilities is an advance but one that still requires strengthening and confidence building measures to garner community support.

CAPACITY TO TRACK MDG 8

Targets 15 to 18 are relevant to Belize, whereas 12 to 14 apply to OECD countries. Paucity of data affects the ability to adequately track goal 8. The quality of debt service as a percentage of exports need to be strengthened since debt servicing might not adequately reflect other publicly guaranteed debt besides the DFC's.

Capacity to track MDG 8												
Indicator	**Data Gathering**			**Quality of data**			**Stat. Analysis**			**Use in Policy**		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Debt service as a % of exports of goods and services	✓			✓					✓			✓
Unemployment rate of young people ages 15 – 24 year old	✓			✓					✓			✓
Proportion of population with access to affordable essential drugs			✓			✓			✓			✓
Telephone lines and cellular subscriptions per 1000 population		✓			✓				✓			✓
Personal computers in use per 1000 population		✓			✓				✓			✓

APPENDIX A

Goals and Targets	Will Goal be Achieved			Status of Supportive Environment		
Extreme Poverty Halve the number of persons living in poverty; and	Probably	Potentially	**Unlikely**	Strong	Fair	**Weak**
Eradicate extreme poverty	Probably	Potentially	**Unlikely**	Strong	**Fair**	Weak
Primary Education Completion of full course of primary education by girls and boys	**Probably**	Potentially	Unlikely	**Strong**	Fair	Weak
Gender Equality Eliminate gender disparity in education and empower women	**Probably**	Potentially	Unlikely	Strong	**Fair**	Weak
Child Mortality Reduce infant and under-five mortality by two-thirds	Probably	**Potentially**	Unlikely	Strong	**Fair**	Weak
Maternal Health Reduce Maternal Mortality rate by three-fourths	Probably	**Potentially**	Unlikely	Strong	**Fair**	Weak
HIV/AIDS Halt and reverse HIV/AIDS	Probably	Potentially	**Unlikely**	Strong	**Fair**	Weak
Halt and begun to reverse the incidence of malaria and other major diseases	Probably	**Potentially**	Unlikely	Strong	**Fair**	Weak
Environmental Sustainability Integrate principles of sustainable development into policies and programs	Probably	**Potentially**	Unlikely	Strong	**Fair**	Weak
Halve proportion of people without access to improved water source	**Probably**	Potentially	Unlikely	**Strong**	Fair	Weak
Achieve significant improvement in the lives of slum dwellers	Probably	**Potentially**	Unlikely	Strong	**Fair**	Weak
Global Partnerships Deal comprehensively with the debt problem	Probably	Potentially	**Unlikely**	Strong	Fair	**Weak**
Develop and implement strategies for decent and productive work for youth	Probably	Potentially	**Unlikely**	Strong	**Fair**	Weak
Provide continued access to affordable, essential drugs	Probably	**Potentially**	Unlikely	Strong	**Fair**	Weak
Make available benefits of new technologies, especially information and communication	Probably	**Potentially**	Unlikely	Strong	**Fair**	Weak

LIST OF ACRONYMS

ARI	Acute Respiratory Infection
CET	Center for Employment Training
CSO	Central Statistical Office
DOTS	Directly Observable Treatment Short Course
GDP	Gross Domestic Product
HDR	Human Development Report
ILO	International Labour Organization
IMF	International Monetary Fund
IMR	Infant Mortality Rate
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MoH	Ministry of Health
MMR	Maternal Mortality Rate
MND	Ministry of National Development
NAP	National Apprenticeship Program
NCFC	National Committee for Families and Children
NGO	Non-governmental Organization
NHDAC	National Human Development Advisory Committee
NHI	National Health Insurance
NHISU	National Health Information & Surveillance Unit
PAHO	Pan-American Health Organization
PAR	Poverty Assessment Report
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother To Child Transmission
PSE	Primary School Examination
SEU	Special Education Unit
SIC	Social Indicators Committee
SICA	Central America Integration System
STI	Sexually Transmitted Infection
U5MR	Under-Five Mortality Rate
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing Centre
WFFC	World Fit for Children
WHO	World Health Organization