



# BELIZE'S VOLUNTARY NATIONAL REVIEW FOR THE SUSTAINABLE DEVELOPMENT GOALS 2017

ERADICATING POVERTY AND PROMOTING PROSPERITY IN A CHANGING WORLD

**1** NO  
POVERTY



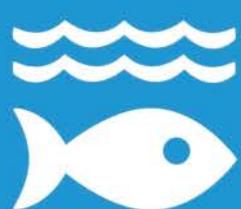
**3** GOOD HEALTH  
AND WELL-BEING



**5** GENDER  
EQUALITY



**14** LIFE  
BELOW WATER



## List of Acronyms

|           |  |
|-----------|--|
| AIDS      | Acquired Immune Deficiency Syndrome  |
| BAHA      | Belize Agriculture Health Authority  |
| BELTRAIDE | Belize Trade and Investment Development Services   |
| BEST      | Belize Enterprise for Sustainable Technology   |
| BFAB      | Belize Fisheries Advisory Board  |
| BOOST     | Building Opportunities for Our Social Transformation   |
| BZ        | Belize   |
| CARICOM   | Caribbean Common Market  |
| CBD       | Convention on Biological Diversity   |
| CEDAW     | Convention on the Elimination of All Forms of Discrimination against Women                             |
| CITES     | Convention on International Trade in Endanger Species of Wild Fauna and Flora                          |
| CPA       | Country Poverty Assessment   |
| CPUE      | Catch Per Unit Effort  |
| CRC       | Convention on the Rights of the Child  |
| CRFM      | Caribbean Regional Fisheries Mechanism   |
| CRPHA     | Caribbean Region Public Health Agency  |
| CSEC      | Commercial Sexual Exploitation of Children   |
| CSF       | Critical Success Factors   |
| CZMAI     | Coastal Zone Management Authority and Institute  |
| EU        | European Union   |
| FiD       | Belize Fisheries Department  |
| FAO       | Food and Agriculture Organization  |
| GDP       | Gross Domestic Product   |
| GOB       | Government of Belize   |
| GPRS      | Growth and Poverty Reduction Strategy  |
| GSDS      | Growth and Sustainable Development Strategy  |
| HIV       | Human Immunodeficiency Virus   |
| HRH       | Human Resources in Health  |
| ICZM      | Integrated Coastal Zone Management Plan  |
| IHR       | International Health Regulation  |
| IMCI      | Integrated Management of Childhood Illnesses   |
| IMF       | International Monetary Fund  |
| LSMS      | Living Standards Measurement Survey  |
| MAFFESDI  | Ministry of Agriculture, Fisheries, Forestry, the Environment, Sustainable Development and Immigration |
| MSY       | Maximum Sustainable Yield  |
| MCE       | Multi-Criteria Evaluation  |
| MDGs      | Millennium Development Goals   |
| MED       | Ministry of Economic Development, Petroleum, Investment, Trade and Commerce                            |
| MICS      | Multi Indicators Cluster Survey  |
| MDPI      | Multi-dimensional Poverty Index  |
| MOH       | Ministry of Health   |
| MSY       | Maximum Sustainable Yield  |
| NC        | Necessary Conditions   |

|           |  |
|-----------|--|
| NHIF      | National Health Insurance Fund                                 |
| NICZM     | National Integrated Coastal Zone Management                    |
| NLUPPF    | National Land Use Policy and Planning Framework                |
| NPAPSP    | National Protected Areas Policy and Systems Plan               |
| NSDS      | National Sustainable Development Strategy                      |
| NSTMP     | National Sustainable Tourism Master Plan                       |
| OAS       | Organization of American States                                |
| OSPESCA   | Organization of Fishing and Aquaculture in Central America     |
| OLDEPESCA | Latin American Organization for Development of Small Fisheries |
| PAHO      | Pan American Health Organization                               |
| PCP       | Primary Care Provider  |
| RFMO      | Regional Fisheries Management Organization                     |
| SD        | Sustainable Development  |
| SDGs      | Sustainable Development Goals                                  |
| SDU       | Sustainable Development Unit                                   |
| SIB       | Statistical Institute of Belize                                |
| SICA      | Central America Integrative System                             |
| SSB       | Social Security Board  |
| UK        | United Kingdom   |
| UN        | United Nations   |
| UNCLOS    | United Nations Convention on the Law of the Sea                |
| UNDP      | United Nations Development Programme                           |
| UNICEF    | United Nations Children's Fund                                 |
| UNFPA     | United Nations Population Fund                                 |
| US        | United States  |
| VNR       | Voluntary National Review                                      |
| WHO       | World Health Organization                                      |



# Belize's Voluntary National Review for the Sustainable Development Goals - 2017

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## 1. OPENING STATEMENT

Horizon 2030 stated the vision for Belize as: “a country of peace and tranquillity, where citizens live in harmony with the natural environment and enjoy a high quality of life”. We articulated our long-term aspiration to be an “energetic, resourceful and independent people looking after our own development in a sustainable way.” Leading up to this 2010 document, the government engaged in comprehensive stakeholder consultations with all sectors of society to embody a spirit of inclusiveness.

The Vision of the Horizon 2030 is built on four sustainable pillars: Democratic Governance; Education; Economic Resilience: Generating resources for long term development; Healthy Citizens and a Healthy Environment. In successive development policies and reports at the national and sector levels, Belize has consistently used the content of this document to build its planning, monitoring and reporting and strategic frameworks for development. At the global level Belize has shared this long-term vision with its multilateral development partners as a basis for joint country action strategies.

The 2015 completion of the MDGs agenda led to the countries of the world committing to pursue another 15 years of development and they set the 2030 Agenda for Sustainable Development that mobilised international efforts towards 17 Sustainable Development Goals (SDGs), “that aims to end all forms of poverty, fight inequalities, and tackle climate change, while ensuring that no one is left behind.”

Belize again continued its commitment to support development. It drafted the national, post 2015 medium-term strategy called the Belize's Growth and Sustainable Development Strategy (GSDS), 2016-2019. This document situates sustainable development at its core, reflecting a whole-system approach, to link economic, social, and environmental policies at the national and sub-national levels.

Work is well underway to craft a comprehensive, inclusive monitoring and evaluation framework (M&E) for the GSDS and to properly ‘socialize’ such a system in the public sector, civil society and the development partners. It has been agreed that the GSDS is to be the conceptual and institutional mechanism through which the articulation of Belize’s quest to implement Agenda 2030 is to be carried out. Both the Ministry responsible for Sustainable Development and the Ministry of Economic Development (MED) have agreed to coordinate activities that support the aforementioned endeavour, and to roll it out nationally.

Recognizing that the value of M&E lies in the reporting of results, and as further proof of its commitment, Belize volunteered to review its progress made towards implementing the 2030 Agenda.

The Government of Belize will continue working towards achieving the SDGs. We embrace the promise of the international community, as proposed under SDG 17 to strengthen the means of implementation and revitalize the global partnership for Sustainable Development. We are grateful for the opportunity that ‘brings together governments, civil society, the private sector, the United Nations system and other actors and mobilizes all available resources’.



# Belize's Voluntary National Review for the Sustainable Development Goals - 2017



## 2. SUMMARY

The process for the development of the Voluntary National Review (VNR) Report used a similar approach to that of the MDGs preparation and built on the momentum created by the process for the formulation of the GSDS. As a final act in this process, a Validation Workshop was held on June 1st, 2017, which included small group sessions to enable clarification and solicitation of comments on the Draft VNR.

Belize's institutional arrangement for implementing and monitoring the GSDS is provided by inter-ministerial committees. Membership in five Technical Committees has been drawn from various government ministries associated with achieving five Critical Success Factors outlined in the GSDS. In partnership with the Sustainable Development Unit (SDU) in the Ministry of Agriculture, Fisheries, Forestry, the Environment, Sustainable Development and Immigration (MAFFESDI), MED is developing a monitoring and evaluation framework which will enable the measurement of the achievement of the GSDS.

The Government of Belize (GOB) has taken ownership of the SDGs. This is evidenced by the Ministry of Finance embarking on an initiative to move towards Program Budgeting in all line ministries to enable the monitoring of individual ministry performance in achieving GSDS and SDG targets and achieving ministry objectives. These goals have been incorporated and mainstreamed in Belize's medium and long term development plans. In addition to the economic, social and environmental dimensions of sustainable development, Belize's Horizon 2030 and GSDS 2016-2019 also integrate elements of cultural and institutional sustainability, peace and good governance.

A significant challenge in achievement of the GSDS and SDG targets is the collection and management of data which is a key component of successful achievement of goals and targets and the ability to make evidence based decisions.

The review process focuses on four (4) of the six (6) goals to be discussed at the HLPF in July 2017, namely:



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## SDG #1 - NO POVERTY

Though there are challenging economic circumstances, Belize has been able to implement innovative programs to reduce poverty in Belize. One such program BOOST is a best practice m

## SDG #3 - GOOD HEALTH

There have been improvements in the delivery of health care and related services since the 2013 MDG Report such as Baby Friendly Hospitals, Exclusive Breastfeeding Rate Up to 6 months of Age increasing from 10% to 33%, growth in vaccination coverage and the successful and effective implementation of the Integrated Management of Childhood Illnesses (IMCI). There is need though for the setting of targets and improvement in the technical expertise available to the national health care system.

## SDG #5 - GENDER EQUALITY

There is a strong legal framework for the achievement of the targets for this SDG, for example, the Revised National Gender Policy (May 2017). However, there is still much work to be done to integrate women into political and business leadership positions.

## SDG #14 - LIFE UNDER WATER

Life under Water: Sustainable fisheries management is within the country's reach. Belizean territorial seas have been divided into 9 fishing areas or managed access zones .The SDG target for the conservation of coastal and marine areas by 2020, is 10% to date, and Belize has 21% under protection with 3% no take zone.



# Belize's Voluntary National Review for the Sustainable Development Goals - 2017



## 3. INTRODUCTION

*Figure 1: Map Showing Belize in Relation to Central America*

Belize has made significant development strides in the past decade. Its long-term development strategy, Horizon 2030, prescribes a pathway to increasing prosperity, eradicating poverty, improving social cohesion, caring for its natural resources, and securing peace and justice for all Belizeans. As a signatory to the United Nations Millennium Development Goal Declaration, the Government of Belize (GOB) committed formally in 2000 to pursuing and achieving the United Nations (UN) Millennium Development Goals (MDGs), a common set of goals and targets to bring all people up to minimum acceptable standards of human development by 2015.

The drafting of the 2013 MDG Report for Belize was supported by the United Nations Development Programme (UNDP) in partnership with a Technical Working Group led by the Ministry of Finance and Economic Development. This process involved the Ministries with responsibilities for Health, Natural Resources, Human Development and Local Government, as well as the United Nations Country Team. The initiative updated Belize's progress on the MDGs, assessing the momentum for a final push to achieve the MDGs by 2015. Belize reconfirmed its commitment to these efforts by signing on to the United Nations Post 2015 Agenda Sustainable Development Goals.



The Belize Framework for Sustainable Development incorporates the Sustainable Development Goals of the Post 2015 Agenda. The framework is a set of interrelated goals and objectives that provide the structure for integrated national development planning in the medium and the long term. It is built within the overarching framework of Horizon 2030.

*Figure 2: Process of Adopting Sustainable Development Goals*



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## 4. METHODOLOGY AND PROCESS FOR PREPARATION OF REVIEW

Building on the momentum created by the process for the formulation of the Growth and Sustainable Development Strategy (GSDS), the same methodology was replicated for the development of the VNR.

A team of consultants was put together by the Belize Enterprise for Sustainable Technology (BEST) to facilitate a consultative process for the drafting of the National Voluntary Review Report. BEST is one of the longer serving non-governmental organizations in Belize, with significant experience in encouraging civil society participation in the formulation of national development agendas. Leading the preparation of the VNR Report was the Sustainable Development Unit of the Ministry of Agriculture, Fisheries, Forestry, the Environment, Sustainable Development and Immigration (MAFFESDI) and the Ministry of Economic Development. Providing direction to the process was the Inter-Ministerial Review Committee (IRC) which included representatives from key line ministries whose mandates coincide with SDG priorities and targets for 2017 VNR Report.

A comprehensive desk review of national plans, policies, strategies and sector documents was conducted to ensure that these key documents were reflected in the analysis. A number of 2016 VNR Reports, as well as SDGs mainstreaming efforts from similar jurisdictions were likewise reviewed.

The SDU introduced the Consultancy Team to all relevant stakeholders from line ministries with implementation oversight, statutory organizations with regulatory responsibilities, academic institutions, civil society organizations and resident representatives from United Nations organizations including UNDP, UNICEF, PAHO-WHO and UNFPA. Expert Interviews were then conducted.

A Validation Workshop was held on June 1st, 2017. Small Group sessions were conducted to obtain clarifications and to solicit comments on the Draft VNR. BEST facilitators acted as rapporteurs. The clarifications were included in the draft report and the revised Final VNR Report was then submitted to the Sustainable Development Unit for approval by Cabinet.



# Belize's Voluntary National Review for the Sustainable Development Goals - 2017



## 5. POLICY AND ENABLING ENVIRONMENT

### a. *Creating Ownership of the Sustainable Development Goals*

The development of Horizon 2030 was an inclusive and highly participatory process designed to capture and consolidate the views of a wide range of Belizeans. Horizon 2030 captured the Vision of “the Belize we want” and outlined a pathway to its achievement. The participation of the public and private sectors, academia, advocacy groups, non-governmental organizations, rural communities, political parties, women, youth and other marginalized groups brought to this design process, a diverse range of views on approaches to the achievement of the long term goals.

The GSDS<sup>1</sup> is the national framework for the operationalization of Horizon 2030. In 2013, the country embarked on processes to develop the Growth and Poverty Reduction Strategy (GPRS) and the National Sustainable Development Strategy (NSDS). These parallel but separate processes were producing similar results, as the two processes were intrinsically linked. Based on this realization the GOB took the decision to merge these processes. Following the decision for the merging of the two frameworks, national functionaries and stakeholder experts elaborated actions ensuring the alignment of framework objectives and the mainstreaming of the principles of sustainable development in what was to become Belize’s principal national planning document. The resulting GSDS 2016-2019, was unprecedented in Belize as all pillars of sustainable development were integrated in this singular planning document.

The institutional arrangements for implementing and monitoring the GSDS involve wide inter-ministerial participation. The membership in the five Technical Committees<sup>2</sup> includes various government ministries associated with achieving the GSDS five Critical Success Factors (CSFs). The membership of the Social Cohesion and Resilience Committee, for example, includes the Ministries of Education, Human Development, Social Transformation and Poverty Alleviation, Health, and Home Affairs.

<sup>1</sup>The GSDS 2016 – 2019 is the first of a series of medium term strategies aimed at achieving the goals set out in Horizon 2030.

<sup>2</sup>There has been agreement, to expand the Technical Committees from four to five to match the separation of the four Critical Success Factors to five. This has not been formally approved at this time

The monitoring and evaluation of the GSDS is driven by the realization that there must be an objective mechanism to measure the successful achievement of the national development objectives. This was a lesson learned from previous iterations of development plans. A Monitoring and Evaluation Framework is being developed. This framework will outline the roles of various institutions in monitoring and evaluating the progress of the GSDS implementation. This will ensure that there exists a connection between the national planning framework and the country's international development commitments. This is Belize's primary step in the localization of the SDGs.

By capturing the SDG indicators as part of a national M&E framework, the SDGs become part of the national plan. Progress towards the SDG targets is also monitored through the monitoring of national goals which fulfil international 2030 Agenda commitments. This is a transformative process where the SDGs are now mainstreamed into the development plans and will be monitored. This is the country's primary step in the localization of the SDGs.

While significant advances have been made in the mainstreaming of the SDG's in national processes through alignment within development plans and strategy integration, the country faces challenges in the localization of the SDG's which restricts its adoption. The success of the SDGs and its implementation is dependent on uptake by the population. A state led approach is inadequate to truly integrate the SDGs. Strong partnerships with private sector and the national civil society organizations are a required condition.



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## b. Incorporating the SDG's into National Frameworks

As a signatory to the United Nations Millennium Development Goal Declaration, the Government of Belize committed formally in 2000 to pursuing and achieving the MDGs, a common set of goals and targets to bring all people up to minimum acceptable standards of human development by 2015. In September 2015, 193 Member States of the United Nations adopted a historic resolution committing themselves to the 2030 Agenda for Sustainable Development containing therein 17 SDGs, 169 targets and 241 indicators.

The GSDS consists of 3 hierachal elements: a statement of the Overall Goal, inspired by the Horizon 2030 Vision; a set of five CSFs for achieving the Overall Goal which is consistent with Horizon 2030 Vision; and a more detailed set of Necessary Conditions (NC), or objectives for actions that are essential to achieving the CSF.

Figure 3: Alignment of Horizon 2030 and SDGs



Another important aspect of the implementation of the GSDS is the adoption of program budgeting as a key mechanism to inform the national allocation of resources. Every subsequent national program will be guided by that program's linkages to the achievement of national SDG priorities and targets. The GSDS provides prioritization criteria which are expected to function as one of the key reference documents to inform national financing priorities. All national programming and financing will therefore be based on the GSDS.

# National Program Budgeting



The Ministry of Finance has embarked on an initiative to move towards Program Budgeting in all line Ministries aimed at monitoring performance and achieving the specific ministry's goals and objectives. This is consistent with the M&E System for the SDGs. The line ministries will align their budgets to sector strategies, actions and outcomes detailed in the GSDS, thereby ensuring no major disruptions to the work of the line ministries and encouraging more efficient and better management. The pilot started with the 2014-2015 Budget Year and results so far indicate a slow but steady adaptation to the concept of establishing, monitoring and reporting on key performance indicators as a means of justification for increases or changes in budgetary allocation.

*Figure 4: GSDS Prioritization Framework*

| 1. Level of Urgency   | 2. Level of Impact  | 3. Availability of Resources   | 4. Net Systemic Contribution  |
|---|---|--|---|
| Degree to which an action is required in order to avoid near-term, system critical disruptions or missed opportunities  | Degree to which an action leads to visible and measurable improvements in quality of life in the medium term  | Extent to which resources (budgetary or external) have already been, or can be committed to the action   | Extent to which an action contributes, over time, to the integrated achievement of the Critical Success Factors                                 |
| High = Failure to implement the action in the near-term is likely to result in serious damage to the current and future prospects of Belize, as reflected in the Critical Success Factors | High = The action will lead to quick, visible, and measureable improvements in quality of life for Belizeans  | High = Funds and human resources are already allocated, can easily be allocated, or can (with high levels of certainty) be mobilized from extra-governmental sources | High = The action contributes to advancing multiple (or even all) Critical Success Factors in the medium and long term                          |
| Medium = The action is desirable in the medium term and delay in implementation significantly increases the risk that objectives will not be met in a timely fashion                      | Medium = The action will have a noticeable and measureable positive effect on quality of life in the medium term, but the effects will be more noticeable in subsequent periods | Medium = Resources are expected to be available for allocation, with lower levels of certainty   | Medium = The action contributes to advancing one or two Critical Success Factors, with little to no trade-off required regarding the other CSFs |
| Low = The action can be postponed at low risk to the current and future prospects of Belize   | Low = The positive effects of the action on quality of life will not be felt or be measurable until after the current planning period   | Low = Political and Economic circumstances make it very difficult to identify and/or allocate resources at this time   | Low = The action advances only one Critical Success Factor, at the expense of progress on (or at the cost of damage to) other CSFs              |

# Success Story



***SDG 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development***

***SDG Target 14.5: By 2020, conserve at least 10.0% of coastal and marine areas, consistent with national and international law and based on the best available scientific information***

***MARINE PROTECTED AREAS – Currently 21.0% of Belize’s national waters are under protection, exceeded the SDG minimum conservation threshold of 10.0%.***

The significance of the GSDS as a national planning tool cannot be overstated. In the first instance, it is built within the framework of the long term planning vision, Horizon 2030. Over the period of the Horizon 2030, there will be several GSDS to coincide with the 15 year timeframe. This also corresponds to the timeframe of the SDGs and offers the opportunity for concerted efforts at monitoring toward national and global targets. The GSDS will set the direction and priority areas for financing of efforts and actions.

It identifies who are the critical stakeholders in the process and the roles they must play in achieving the goals. In being aligned to the SDGs, and the fact that it is a guide for national planning, the GSDS also allows for the integration of the three pillars of SD (economic, social and environmental) to be mainstreamed in planning processes across the Government system. With the institutional mechanism already in place, the opportunity exists for success in implementing the GSDS and significant progress in achieving the SDGs in Belize.

A few barriers still remain that can slow the process. Among these is that its success is dependent on the availability of human and financial resources. In today's economic environment in Belize, austerity measures have led to reductions in budget allocations to implementing line ministries. To advance its development agenda the GOB must then seek to improve partnerships with financing agencies and the private sector to ensure adequate resourcing of the actions in the plan, while at the same time focus on prioritized areas.

The management of data also remains a challenge requiring intervention. On this front, the Government of Belize has taken initial steps aimed at transforming the existing Statistical Institute of Belize (SIB) to a National Statistical System (NSS). The envisioned system will serve as a coordinating mechanism collection and will collaborate in the compilation and publication of statistical information for all sustainable development related data. The NSS is instrumental in the maintenance of a comprehensive list of national indicators to meet the country's data needs and establish common methodologies and standards. Enabling the functionality of the system are investments in institutional reforms and capacity building, supported in part through partnerships with the Inter-American Development Bank (IDB) and the United Nations System. The NSS is an important opportunity for improving the gaps in data management. Implementation of system development alongside the GSDS roll out provides a pathway for strategic capacity development and system integration.

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## c. Integrating the Three Dimensions

Belize's vision for sustainable development is seen first within its highest tier national planning document, Horizon 2030. The Horizon planning document articulates the goal for sustainable development as being an improved quality of life of Belizeans, and links the attainment of this goal to national prosperity, good governance, investing in human capital and the sustainable utilization of the country's national capital. Belize's GSDS planning cycle presents a phased approach of attaining the broader Horizon vision for the country.

Prior to the development of the GSDS, Belize's medium term development strategies have focused primarily on "economic" development. The plan considers four critical success factors in its elaboration:

- (i) Optimal national income and investment;*
- (ii) Social cohesion and resilience;*
- (iii) Natural, environmental, historical, and cultural assets; and*
- (iv) Governance and Citizen Security.*

Belize's new plan is historical for the nation as, for the first time, the subject of development, has been treated as a comprehensive process involving social and environmental dimensions. The plan recognizes, Belize's environmental dimension as being the foundation on which social and economic development is built, and makes clear that investments in human capital and quality of life drivers allow for innovation and economic growth.

Beyond the plan, mechanisms such as the CEO Caucus allows for integrated decision making among Ministries of Government, while entities such as Belize's Economic Development Council enables public private partnerships in support of the country's development agenda.



# Belize's Voluntary National Review for the Sustainable Development Goals - 2017



## d. Goals and Targets

**1 NO  
POVERTY**



### GOAL #1 NO POVERTY

Belize faces important development challenges, including the protection of its poor and most vulnerable groups, in a context of rising levels of poverty and social exclusion, constrained fiscal space and noted institutional capacity gaps. In confronting these challenges, the Government has implemented a number of programs over time; however, many still remain small, poorly targeted and disparate without the benefit of a coordinated Social Protection System to systematically address the increasingly pressing needs of the poor and vulnerable.

Among Caribbean territories, Belize reported the second highest percentage of its population below the national poverty line at 41.3% (31% of households). A third Country Poverty Assessment (CPA) in 2010 found that previous poverty elimination strategies and action plans (NPESAPs) had not had the desired net positive outcomes on the poverty situation. At the time of the last CPA, the rural poverty rate was around twice as high as that prevailing in urban areas: 43% as against 21% for households; 55% compared with 28% for population. This poverty rate was based on the Living Standards Measurement Survey conducted in 2009, and found the annual general poverty line as being BZ\$3,429.00 (US\$1,714.50) Adult Male Equivalent.

The age distributions of the indigent and poor populations showed few differences, however the distribution of the not poor had a lower proportion of under 15s and higher proportions in the main working ages (25 to 64 years). The implication from this is that children are more prone to poverty as was confirmed by a child poverty rate of 50% which is higher than the overall average of 42% and for any other age group

In 2008, renewed pro-poor social policies focus triggered a series of social policy reforms and targeted initiatives directed at households/individuals below the poverty line were introduced. Underpinning the pro-poor agenda was the fundamental principle of family empowerment and an approach which radically departed from the old ways, i.e. from merely "counting the poor, to making the poor count in the process of development".

The Ministry of Human Development, Social Transformation and Poverty Alleviation, the Government heads this process and launched in 2010, the Building Opportunities for Our Social Transformation (BOOST) scheme. BOOST is a World Bank validated Co-responsibility Cash Transfer programme and the Food Pantry scheme, a subsidized food basket for the working poor that was enabled through a series of institutional reform and the introduction of complementary and modern social policy tools and ICT strategies for better management and more effective delivery of social protection in Belize. Principal among these are:

- ***Design, development and implementation of Belize's national social protection registry called the Single Information System of Beneficiaries (SISB). This facilitates the transparent and objective identification, selection and linking of targeted individuals/families/households to available social safety net schemes;***
- ***Phased introduction of FAMCare (2014), a transactional database for professional social workers which facilitates effective case management and care planning for families interfacing across the depth of the continuum of services in the Ministry. FAMCare represents Belize's first integrated case management system and beyond MHDSTPA, offers significant opportunities for coordination across the social protection system;***
- ***Phased introduction of OpenEMIS (2014), a comprehensive, high-quality Education Management Information System (EMIS) designed to collect and report data on schools, students, teachers and staff. The system was conceived by UNESCO to be a royalty-free system that can be easily customized to meet the specific needs of member countries***

Families seeking assistance interface with government programs at various times of need, and in ways that transcend the artificial silos within which public programs operate. Existing silos make it difficult to address the underlying issues pertaining to the multidimensionality of poverty.

Considering the existing levels of demonstrated political commitment parlayed with the now presence of accompanying system tools, the Ministry and the wider government considers itself well poised to transition from a fragmented and silo approach to one that is more systems based and family-centered for provision of coordinated social safety net services. Consistent with the 'dangerous stream' analogy, investments must be strategic and ensure that while the effects are considered, serious attention is paid to the causes of such effects; to this end, the principal focus of the social protection system is on both protection and promotion strategies.

It should be noted, however, that despite the equivalent of 5.7% of GDP spent on social protection, limited coordinated efforts to address increasing levels of horizontal and vertical inequality, has restricted the effectiveness of these investments.



## Best Practice BOOST



BOOST is a co-responsibility cash transfer (CCT) program which started in late 2010, and has seen remarkable results in a short space of time. The design was influenced by several data driven decisions, such as paying male students a little more than female students, to incentivize males staying in the education system longer (male dropout is significantly higher at both the secondary and tertiary levels). The payments also increase the longer students stay in school, from BZ\$44 a month at the start of primary school, to BZ\$82 (males) and BZ\$75 (females) in the final year of high school. This monthly payment is also unique in CCT program designs.

In an environment where appreciation and use of monitoring and evaluation is still nascent, the program has been evaluated twice: a 2012 World Bank financed process evaluation, and a 2017 UNICEF/UNDP funded impact evaluation. Results have seen 98% of households accessing the formal finance system through credit union accounts through which BOOST payments are made. The program facilitated just over half of these accounts for beneficiaries.



### *1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than US\$1.25 a day*

The last poverty assessment in 2010 found that the household indigent level in the country was 10.4%, which is based on an annual figure of \$2,005.00. These figures will be updated in the planned country poverty assessment scheduled for 2018. The social safety net programmes such as BOOST and Food Pantry have continued to receive consistent levels of funding, and the positive results seen by both will hopefully translate to lower levels of extreme poverty than experienced eight years ago.

## *1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions*

Belize has long recognized that poverty is a multifaceted problem, which requires a multi-sectoral approach, and there are several initiatives that reflect this understanding. The government of Belize has set in place a Social Sector Caucus at both the Ministerial and Chief Executive Officer (CEO) levels involving the Ministry of Health, Ministry of Human Development, Social Transformation and Poverty Alleviation and the Ministry of Education, Youth, Sports and Culture. This has led to better coordination and planning, and ultimately collaboration and implementation in the field between officers of different ministries.

The enhanced methodology due to be employed in the Caribbean Development Bank (CDB) sponsored country poverty assessment will allow Belize to measure poverty using a national multidimensional definition, which is currently being finalized after a draft was developed as part of the Comprehensive Review of the Social Protection System in Belize conducted last year. This follows the methodology of the Oxford Poverty and Human Development Initiative (OPHI).

## *1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable*

In response to the negative trends detected among key social indicators (including an increasing poverty rate), since 2010 the Government of Belize has initiated a number of social policy reforms under the rubric of a Social Policy Based Loan facility from the IDB. The specific aim of the reform was to “improve the capacity to target, coordinate, monitor and evaluate social safety net schemes (Government of Belize, 2014), among others.”

In seeking to strengthen the national social protection system to better respond to the needs of people, families and children in Belize, the MHDSTPA with financial support from UNICEF and UNDP commissioned a “Comprehensive Review of Belize’s Social Protection System with Policy Recommendations for System Strengthening” in 2016/17. It covered more than 48 social protection programs including social assistance programs, contributory social insurance, labour market measures, social care services and social system subsidies, and reported that “The country’s social protection system benefits from an extremely high level of domestic financing and a modern structure for expenditure budget classification” (ECI, 2017). However, there were also some limitations:



- In general, there is weak information sharing between programmes and across sectors, and cross-sectoral stakeholder involvement is limited.
- The transfer schemes show low coverage rates and don't have redistributive effects.
- Their legal bases are not consolidated and the staff lacks resources for adequate implementation as well as preparedness for shock situations.
- Findings suggested that the expenditure composition could be better fitted to population needs, and that it was necessary to update the country's statistics for evidence-based policymaking.

The review defined a definition of social protection for the country, and made several key recommendations:

- Formalize a social protection strategy that would capture the sector's main priorities and actions, defines roles and responsibilities of the different institutions, and which can also be the basis of legislation pieces to formalize and recognize key entitlements.
- Define a minimum social protection floor (MSPF), which defines a minimum set of services and levels of achievements (within a given timeframe) and eventually benchmarks for implementation performance. This MSPF should immediately be complemented by an M&E framework.
- Explore opportunities for coordination/joint delivery of programs (including joint registration, automatic enrolment in both programmes, etc.)

These recommendations were adopted, and prioritized by the technical committee overseeing the review, and are now in the process of being implemented, starting with the formulation of the social protection strategy.



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*1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance*

The Constitution guarantees specific economic rights, such as the right to property and the right to work. Belize is currently seeking ways to improve access to essential services. The country's Social Investment Fund, specially focuses its investment portfolio on improved access to basic services.

### ***Water and Sanitation:***

Water and sanitation services mostly remain the preserve of the public sector in Belize. Significant advances have been made in the provision of universal access to potable / safe water in Belize; however, the country lags in the provision of universal sanitation services. Projects are underway to improve infrastructure, expand services, replace asbestos pipes and implement wastewater treatment facilities. Belize utilized its opportunity as a MDG Acceleration country to develop policies and legislation for the decentralized management of water resources. 2016 values reflect that 99% of Belize's population uses an improved source of drinking water 99%. These records show that of Belize's recorded 194 formal settlements, 132 were serviced by water boards managing rudimentary water systems supported by piped distribution networks, 16 villages were supplied with water via hand pumps, and 42 villages were serviced by the Belize Water Services Limited. BWSL supply to rural areas is mainly through the extension of its urban systems. The remaining villages without a water system or a hand pump, were equipped with Water harvesting Systems (or Rain catchment systems). In terms of sanitation, 64.6% of the population uses flush toilet while 3% of households countrywide have no toilet facilities. One in ten households (9.7 %) in the Toledo District (registered as the most impoverished region in the country) has no sanitary facility, instead using outdoor areas such as a field to dispose of excreta (MICS, 2015).

### ***Electricity:***

The Belize Electricity Limited (BEL) is the primary distributor of electricity in Belize. In 2016, approximately 541 gigawatts hour of aggregate energy was sold. Its customer base at the time, served 90,635 accounts and 71,989 customers. The national electricity grid connected all major municipalities except for Caye Caulker. The grid uses hydroelectricity, biomass, solar and petroleum as energy sources. The total renewable sources of energy used by the company in 2016, was 57% of total resources (43% hydro, 13 biomass and 1% solar) and it aims to increase the use of renewable to 80% by 2020. 2016 figures suggest near 100% of Belize's population having access to electricity. With most households already having access to the national grid, new programmes are underway, with support from the European Union (EU), providing off grid solutions for those rural communities not currently serviced by the national grid.



## **Telephone and Internet:**

There are few government restrictions on access to the Internet and no reports that the government has prevented or restricted use by the public. However, lack of infrastructure and high costs do limit public access. In 2016, the Public Utilities Commission (PUC) granted license to 25 companies to operate internet services. The delivery of telecom and internet services is vested primarily in the private sector. According to the Global Information Technology Report 2016, a total of 62.3% Belizeans were active mobile data users. 41.59% of the populations had access to and were utilizing the internet.

## **Micro-Financing:**

Belize is an economy comprising mainly MSMEs. In 2012 it was estimated that MSMEs generate over 70% of private sector employment and incomes. BELTRAIDE as the national agency is responsible for MSME policy implementation and coordination. There is an urgent need for restructuring of the organization with the aim of becoming more effective, efficient and relevant to Micro, Small and Medium Sized Enterprises (MSMEs), and financially sustainable. The Government of Belize has expressed its commitment to this transformation.

Belize has in place an extensive legal framework authorizing and providing for incentives for development. These include: The Fiscal Incentives Act, the Export Processing Zone Act, the Commercial Free Zone Act, the International Business Companies Act, the Retired Persons Incentives Act, the Trusts Act, the Offshore Banking Act, and the Gaming Control Act. The Fiscal Incentives SME Program is aimed at smaller enterprises with a minimum of 51% Belizean ownership. The SME Program offers the same benefits of the Regular Program, with the exception of the allowable time-frame for duty exemptions.

The Belize Rural Finance Program's (BRFP) has an overarching goal of contributing to the reduction of poverty and extreme poverty levels of the rural population – men, women and youth. The rural financial servicing programme has national coverage, and targets poor rural households and is administer through the Belize Credit Unions (CUs) League. The BRFP won an IFAD Gender Award in 2015 recognizing innovative approaches to addressing gender inequality.



## *1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters*

Belize's Disaster and risk profile suggests great vulnerability of the country's population to climate related hazards including extreme events. The 2016 Maplecroft exposure index places Belize at a high-risk level for climate change (IMF, 2016). Over the past fifteen years, natural disasters have caused damages equivalent to 25.0%-45.0% of GDP (Figueroa, 2016). The country's disaster profile has inspired the enactment of various national and local disaster risk reduction strategies. In 2013, with support from GFDRR, Belize adopted the first comprehensive national strategy to address the impacts of climate change on social and economic development. The Government of Belize has made a shift toward strategic, proactive investment that crowd in efficiencies and reduces climate and disaster vulnerabilities.



# Belize's Voluntary National Review for the Sustainable Development Goals - 2017

**3** GOOD HEALTH  
AND WELL-BEING



## Goal #3 Good Health and Well Being

While Goal 3 outlines good health and wellbeing as desirable outcomes, health issues are embedded within all other goals. The SDGs health goal includes new indicators and refined targets to follow up on MDGs advancements and gaps. The MDGs ended with accomplishments such as 100% of public sector hospital certified as Baby Friendly Hospitals, Exclusive Breastfeeding Rate Up to six months of Age increasing from 10.0 to 33.0%, maintenance of the high vaccination coverage and reduction in child mortality rate from 10.0 to 14.0%, growth in vaccination coverage and the successful and effective implementation of the Integrated Management of Childhood Illnesses (IMCI). Belize met the Toronto Call to Action target of 39.7 health care professionals per 10,000 population. HIV/AIDS prevalence shows trends of stabilization, access to antiretroviral drugs increased, and mother-to-child HIV transmission rates reduced. Belize was placed at the pre-elimination stage for malaria.

The SDGs met a number of challenges regarding good health and continued investment in health is necessary to contribute to reducing inequality, sustainable and inclusive economic growth, social development, environmental protection, and to the eradication of poverty and hunger, and that gains in health require actions across other Sustainable Development Goals. Neonatal care continues to be a challenge. Human Resources in Health (HRH) needed a boost to ensure that they can respond to emerging health issues. Dependence on health care workers [doctors] through international cooperation coupled with the migration of Belizean health care workers contributed to greater human resources challenges. Barriers to accessing health services such as geographical inaccessibility, economical barrier, limited transportation and lack of confidence in the health system are not easily eliminated. The Ministry of Health re-introduced the provision of contraceptive commodities and increased access to definitive contraception methods through routine and non-routine services. The knowledge on HIV/AIDs transmission among the 15-24 age group was low. Tuberculosis and Dengue remains a concern.

### *3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births*

The Belize Health Sector Strategy 2014-2024 reports a decline in the maternal mortality ratio between the years 2000 to 2012, from 82 to 41.5 per one hundred thousand live births and twice achieved zero maternal deaths in 2011 and 2013. In 2015 the maternal mortality rate increased to 94 maternal deaths per one hundred thousand live births. Output indicators such as prenatal care, childbirth attendance, postnatal care and immediate new-born care among others have improved. Primary health care services are delivered at health facilities in both urban and rural communities or through mobile clinics. The MOH has increased its capacity to better diagnose, care and treat through training amongst doctors and nurses. Clinical standards are monitored and evaluated regularly. Gaps identified are addressed in an implementation plan and monitored on a quarterly basis.

### *3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births*

The MOH (2015) reported an infant mortality rate of 16.8 per 1000 live births increasing by 36% compared to 2014. The MOH view this with concern, and makes it a top priority in the Health Sector Strategy, "While great strides have been made in reduction of infant mortality, there remains an extremely high burden of the perinatal/neonatal mortality component, indicating an issue with quality and coverage of prenatal care (p.25)" among other causes outside of MOH control.

The under-5 mortality rate was measured at 16.5 per 1,000 live births in 2015, so we are already below the target. Earlier, the under-five mortality rate was reduced from 21/1000 live births in the period 2003-2007 to 18.3/1000 in 2008-2012. However, the causes of mortality among children less than one year, as well as those under five have been primarily as a result of hypoxia, birth asphyxia, respiratory conditions, other perinatal conditions, as well as, congenital anomalies.

The child immunization rate, however, fell below the 95.0% mark in 2016. Previously, it maintained an average of 95.0% from 2010-2015. The main causes of the reduction of the vaccination coverage is the insufficient number of health professionals at primary care facilities combined with insufficient transportation means; approximately 60% of the children receive their vaccines through outreach sessions.



### *3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases*

2016 statistics suggests that communicable diseases were directly linked to 20% of deaths in Belize, with a third of those deaths being among HIV/AIDS patients. The country has responded with a national policy for Communicable Disease surveillance and investments in improving the national communicable Disease surveillance system. Major modification to the communicable disease surveillance system for Belize involves the expansion of syndromic surveillance to include additional syndromes. The expanded surveillance of syndromes also allows for inclusion of data collected by nursing staff in health centres improving the coverage, timeliness and representativeness of the surveillance system. This modification also aims to improve early outbreak detection capabilities for timelier public health intervention. As a result of the health sector reform, the electronic medical record system called the Belize Health Information System (BHIS) was implemented in 2008 which included an HIV-specific module.

Advanced HIV infection is one of the leading causes of death among the rate of infection is high among females 20-24 years and females 60-64 years in 2015. By the end of 2016, the HIV prevalence rate was at 1.5%. The 2016 figure reflects a 0.1% increase from the previously recorded 1.4% recorded in the previous 3 consecutive years (2013-2015). For 2016 there was a greater volume of HIV testing done among persons 15 to 39 years. Though there is an increase of HIV testing in both sexes, there is a continued short fall in established target of increasing HIV testing in the male population. Patterns have shown greater HIV testing in the female population, at a ratio of 0.5 to 0.6 M:1F. There is also a similar pattern showing higher rates of men dying from AIDS related complications among the affected. The 2011 Sexual Behaviour Survey reported 13.85% prevalence rate within the men having sex with men (MSM) population. Intervention in the mother to child transmission program and other preventative programs led to improvement in reducing HIV prevalence.

The Government of Belize with the support of social partners currently implement a preventative public health HIV/AIDS programme aimed at decreasing the risk and impact of STI/HIV/AIDS through the delivery of efficient and effective HIV/AIDS services in Belize. The programme promotes voluntary counselling and testing, access to ARV Therapy and medications for Opportunistic Infections for Belizeans Living with HIV/AIDS and monitoring and evaluation for sustainability and quality of care.



Tuberculosis and Malaria are highly endemic in Belize. Malaria incidence was 0.01 per 1,000 population in 2016. Reporting only 22 local cases of Malaria in 2013, Belize is making remarkable progress toward national malaria elimination in advance of the 2020 goal set for the region. No deaths due to malaria have been reported since 2006. Such improvement can be attributed to active surveillance and community based interventions (elimination of breeding sites, increased distribution of bed nets, and improved detection through clinical finding and laboratory testing at health facilities and by community volunteers), intersectoral cooperation, and cross-border collaboration with Guatemala and Mexico. Priority is given to preventive interventions, early detection, care and treatment. Belize is at the pre-elimination stage for malaria.

In 2016, Tuberculosis incidence was 0.32 per 1,000 population. In place is a National Tuberculosis which includes a strategy for public education, improved diagnosis; dual phase treatment regimens (initial (intensive) phase lasting 2 months/ continuation phase usually lasting 4-6 months improved surveillance tied to the National Health Information and Surveillance Unit and Contact Tracing.

*Target: 3.4 by 2030 reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being*

Belize continues to undergo an epidemiological transition in which NCDs have become increasingly prominent in the disease profile and have been increasing in their share of the disease burden for well over a decade. Since 2007 the leading cause of mortality are heart disease and diabetes and its complications. In response, the Ministry of Health in partnership with the Pan American Health organization launched the Belize National Plan of Action for the Prevention and Control of Non-Communicable Diseases (NCDs) 2013-2023 in 2014.

In line with the Plan of Action, the MOH has increased its interventions to address community prevention programs for non communicable diseases. Government has invested in increased recruitment and coverage of Community Health Workers and Health Education Officer who conduct health education messages and intervention in homes and schools in the rural and urban communities. Additionally, the National Health Insurance Scheme provides for the routine screening for non-communication diseases such as diabetes hypertension, heart related conditions, and asthma.

There have been improved primary and secondary care services for those diagnosed with related conditions to assist and ensure patients are guided and managed from becoming a tertiary level case. Clinical standards are developed to better assist clinical staff with the management of patients suffering with these conditions. Annual audits of selected patient charts are conducted to ensure quality care are given to patient according to protocol.



It is estimated that approximately 8% of adults in Belize are likely to be affected by mental disorders, including psychotic disorders, depression, anxiety disorders, and substance abuse (World Mental Health Survey, 2004). In 2004 the Government of Belize adopted a national Mental Health Policy. Belize Mental Health Program provides services to mental health patients with limited coordination and collaboration with other agencies such as the National Drug Abuse and Control Council, government ministries including the Ministries of Human Development; however mental health service in Belize continues to be equated with institutional psychiatric care and care for the severely mentally disabled. The presence of psychiatric institution seems to be the only important service, for the treatment of mental disorders. While this kind of care is important and attention is given to it, mental health services also include the treatment of less severe mental health problems, the prevention of psychological problems, and promotion of mental health through public mental health services and education.

The national system has been supported by installation of psychiatric nurses, as part of a community-based psychiatric program; provide ongoing counselling to survivors of gender-based violence and child abuse, as well as pre- and post-test counselling for HIV as well as through the works of a Mental Health Association and a Mental Health Consumer Association. The consumer association in 2005 advocated successfully for new psychotropic drugs to be added to the national drug formulary.

It should be noted that the Government of Belize, Ministry of health has elaborated a Mental Health Program Strategic Plan which is expected to direct further improvement to the system of care.

### *3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*

The National Drug Abuse Control Council (NDACC), the Ministry of Health and the Ministry of Education have been conducting drug use prevention programs in schools and local communities. The MOH also makes note of patient family history and substance abuse through BHIS. Quality clinical audits are conducted on patient records to ensure clinicians are documenting and gathering critical information on drug use. Surveillance on the use of tobacco and alcohol is being done among school aged children to better monitor intervention measures in schools and communities. The MOH has developed draft tobacco legislation and has strengthened the monitoring of narcotics abuse in collaboration with the Police Department.

However, the country lacks adequate treatment centers and programs for those requiring addiction rehabilitation. Standards are yet to be developed for operating centers. There is also the need for better community policing to effectively eliminate the sale of alcohol to minors. Packaging and labelling of tobacco products requires effective monitoring by the competent authority.



### *3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents*

In collaboration with the Ministry of Transport and Works, MOH has developed a committee to look at issues surrounding road transport accidents. This body has been focusing on improved traffic standards and safety measures to reduce fatalities from road transport accident. In 2013, the Government implemented the Road Safety Project, which looks at standards and safety measures as it relates drivers on highways and roads. Highway patrols are stationed on the highways to better monitor road safety practices amongst drivers. Road rehabilitation are currently being done and supported by the Government of Belize to improve the road conditions. Death rate due to road traffic injuries over the last five years average 23.1 deaths per 100,000 population, with the highest rate reported in 2016 (28.0 per 100,000 population). Most fatality occurs from reckless driving due to alcohol drinking and cell phone use being a major suspected reason. Medical response services are available through BERT and the MOH, to quickly respond to road transport accidents. The ministry improved trauma rooms at KHMH and equipped ICU and specialist doctor to respond to critical patients suffering from road transport accidents.

### *3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes*

While basic sexual and reproductive health care is free in Belize and available in all public hospitals countrywide, it is only accessible to those above the age of 16. The maternal and child health care program of the Ministry of Health supports community intervention programs aiding families with voluntary family planning and preventative measures.

The adolescent birth rate (aged 10-14 years) over the last five years has been slowly declining. Belize now averages 74 per 1000 adolescent 15-19 years (MICS5, 2015). Non state actors are also very active in the targeting young people in sexual and reproductive health. School-based programs exist in Belize, which highlight prevention and curative measures as it relates to safe sexual practices within the context of a Health and Family Life Education curriculum at the primary school level and Positive Youth Development (PYD) curriculum at secondary school level. There are however, barriers to implementation of these curricula in schools managed by faith based organisations.



### **3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all**

The introduction of the National Health Insurance scheme in 2001 was intended to make universal health care available to the population without any financial barriers. This model was implemented in a limited geographic and population area. At present the scheme services a population of 120,000 (33% of the total population). A key challenge, limiting programme coverage is that the plan is that the NHI continues to be funded by general revenue and sustainability and financing mechanisms have not been finalized.

Social Security Board (SSB) administers the National Health Insurance Fund (NHIF) on Behalf of the Government of Belize. It instructs the NHIF to purchase services agreed upon by the ministry underscoring performance principles of productivity, efficiency, and effectiveness. 90% of the NHIF is utilized in the purchasing of primary healthcare contractual services. The National Health Insurance pilot did not include service fees; however, the roll-out introduced co-payments were in Southside Belize City and Northern Belize, but not in the Southern Health Region where the highest levels of poverty is recorded. Nominal fees are applied in hospitals and clinics for imaging and laboratory tests and similar fees are charged for inpatient services, including deliveries. However, essential medicines and vaccines are free. Vaccinations are facilitated through regional hospitals and community health centres. In 2015 the percentage of children age 24-35 months who received all vaccinations recommended in the national immunization schedule by their first birthday (measles by second birthday) stood at 77.5%. 5% of children ages 24-35 months are not vaccinated.

There exists a growing private health insurance and private investment in health.

### **3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination**

The Government of Belize has established a robust national framework for the management of hazardous chemical and the control of the release of pollution substances into the environment. Belize's Environmental Protection Act of 2002 established the Department of Environment whose primary roles include the prevention and control pollution by co-ordinating all activities relating to the discharge of wastes into the environment. Belize has managed to preserve its natural environment more effectively than many of its neighbours in Latin America and the Caribbean. However, the country does face pollution challenges, most of which are consequences of development projects and a growing population. Pollution data in Belize is currently inadequate.

For this target to be met, data collection systems will need to track these indicators. Also, multi sectorial collaboration will need to establish guidelines so that illnesses and deaths resulting from chemicals and contaminants could be identified.



*3.A Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.*

This is an area that requires better implementation and collaboration between local and international partners. However, the Ministry of Health through PAHO has specific suppliers of vaccine and related products. The Ministry of Health also recently developed a Drug Inspectorate Unit to monitor pharmaceutical and manufacturing activities in Belize. Through the Licensing and Accreditation Unit, standards and practices are monitored in all pharmacies nationwide. Importers are now required to obtain a license from the Ministry of Health. This process requests that all suppliers in Belize provide the MOH with Good Manufacturing Practices Certificate for each pharmaceutical to be imported. Through BELIPO, patent rights for pharmaceuticals are being monitored. This is an area which requires stronger partnership and support at the highest levels.



### *3.C Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States*

The Government of Belize is committed to the health and wellbeing of the people of Belize. The MOH's budget in 2015 has increased to approximately 6.0% of GDP. Personnel emoluments and medical supplies consume a large share of the budgetary allocation. It has been mandated that the funds be utilized as follows: 5.0% for staff performance incentives, to be granted at the discretion of regional management teams; 10.0% for staff development (training, workshops, conferences, and seminars); and 85.0% for capital investments.

Belize supports a Primary Health Care-based health system, composed of a core set of functional and structural elements that guarantee universal coverage and access to services that are acceptable to the population and that are equity-enhancing. There is continuous investment in improving health facilities. However, human resource availability remains a major concern although there has been some recruitment of relevant specialist doctors at the secondary and primary care levels there exist a serious shortage of certain specialties such as (physiotherapist, biomedical technicians, X-Ray technician, and ultrasound -no- graphers etc.) that severely restrict the quality and quantity of services being provided.



### *3. D Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks*

The Epidemiology Unit, Ministry of Health, is responsible for Epidemiological Surveillance which corresponds to a process of continuous evaluation of the health situation. The Epidemiology Unit monitors emerging and re-emerging conditions and spearheads the national response mechanism. Belize currently conducts regional reporting to PAHO. The MOH implements ongoing Field Epidemiological Training Programs to equipped first line responders to manage outbreak response. Supporting the surveillance work of the Epidemiology Unit is the Central Medical Laboratory who receives and processes samples 24/7 in the event of an outbreak. Belize Agriculture Health Authority and the MOH have signed a collaborative agreement confirm lab samples. These two entities share epidemiological data especially for zoonotic and food borne conditions. PAHO and the Caribbean Region Public Health Agency (CARPHA) conduct training on infection control, preventative measures and monitoring of communicable diseases. They also ensure that personal protective gears are used. The MOH recently revised its International Health Regulation (IHR) Strategic Plan for Belize 2017.

# Belize's Voluntary National Review for the Sustainable Development Goals - 2017

**5** GENDER EQUALITY



## Goal # 5: Achieve Gender Equality and Empower All Women and Girls

Gender Equality is an important goal to achieve in order to ensure improved social conditions in Belize. This goal features nine targets. By the end of the MDGs, there were many achievements to report. Gender issues became more obvious in the public discourse and at the policy level. Gender mainstreaming efforts were intensified. Women became more visible in the political arena as well, though a small number continue to hold parliamentary positions (MDG's scorecard). A national gender information database was implemented to monitor the National Gender Policy (NGP) 2013 making some sex-disaggregated data available for evidence-based decision making. Parity at the primary school level was almost attained.

Despite gains, there were challenges. The effort to ensure that gender parity in primary schools revealed that boys were evidently being left behind; consequently, the Ministry of Education committed to ensuring that access to education must be made available to both males and females. This commitment will cover the primary level, all the way to the secondary and tertiary levels. Women unemployment remained high. Social expectations for women to remain at home, performing unpaid domestic and childrearing duties continue to be influencing factors. Even when women worked out of the home, they often had to revert to their traditional roles at the end of the work day. Social and cultural barriers impede women from participating in party politics at the highest levels resulting in underrepresentation in the House of Assembly. Adding to these challenges, there is still a lack of sex-disaggregated data for many sectors (UNDP, 2013).

SDG Goal #5 is a continuation of efforts from the MDG to achieve gender equality and empower all women and girls.

## *5.1 End all forms of discrimination against all women and girls everywhere*

Despite transitioning from the MDGs to the SDGs with these lingering challenges, Belize is poised to meet these nine targets and to eliminate barriers. The SDGs meets a strong legal framework in place to promote, enforce and monitor equality and non-discrimination based on sex.

Belize has consistently kept gender issues at the forefront through public education activities nationwide. Belize is a signatory to several major international conventions such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Beijing Declaration and Platform for Action (1994), the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women-Belem do Para and several International Labor Conventions. In Belize, anyone under the age of 18 is a child; therefore, the Convention on the Rights of the Child (CRC) is also relevant. Over the years, policies and regulations such as the Revised National Gender Policy 2013 have been reformulated to ensure that they are in alignment with the goals and objectives of these international instruments. The NGP outlines the response to a variety of gender-based violence including, but not limited to: sexual abuse, sexual harassment, domestic violence and commercial sex work. It also highlights the need to address violence-producing and detrimental conditions such as child abandonment and neglect (Huggins & Baksh, 2016). A Gender Information Database was developed to track the implementation of the NGP (Women's Commission, 2012).

The Ministry of Human Development ensures that national programming and budget allocations corresponds with the existing legal framework. These conventions, action plans, policies and protocols are currently used to guide the work of key ministries and national agencies tasked with promoting women's rights and gender equality.

While there is a strong legislative infrastructure, there are many associated challenges. There is little monitoring and evaluation of the implementation of the legal framework. Many of the practices promoting inequality and disenfranchisement are cultural constructs. Laws alone cannot enable change.

## *5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation*

Belize has also worked tirelessly to eliminate all forms of violence, including trafficking and other types of exploitation against women and girls in the public and private spheres. Gender-based violence is a real concern in Belize. Though statistics on the magnitude of the problem is currently under-reported, the proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous year is real.

There have been several responses aimed at eliminating gender-based violence in Belize and children, adolescents and youth are recognized as important agents of change which underlines the necessity of investing in them and protecting them from violence and coercion with a view to addressing multidimensional deprivations, ending intergenerational poverty, harnessing the demographic dividend and empowering them to build a more prosperous future. Protocols for Sexual Violence have been adopted and disseminated by the Women's Department to a wide range of institutions to establish uniform policies and procedures to respond to sexual violence while the Domestic Violence Protocol for Police Officers has been revised to include a Complaint Mechanism linked to the Office of the Ombudsman. The Criminal Code has been revised several times to cover a wider range of sexual offences and to guarantee children greater protection. Legislative modifications addressing gender-based violence such as the Trafficking in Persons Prohibition Act (2012) and the Commercial Sexual Exploitation of Children (CSEC) Prohibition Act were made. The Domestic Violence Act, revised in 2007, permits greater castigatory measures for those who practice physical, sexual, emotional, psychological and financial abuse. The Act describes a spouse either as a married or unmarried spouse, recognizing customary practices such as common law marriage or de facto spouses. Furthermore, it makes provisions for court orders to be issued to protect the spouse and/or children as well as financial compensation for the victim for specific reasons..

Most recent, the National Gender-Based Violence Plan of Action 2017-2020 was presented to Cabinet in January 2017. It was designed to incorporate the SDGs, international conventions and action plans to eradicate all forms of gender-based violence in Belize. While, there is no shortage of policies, action plans and initiative to reduce violence in all its forms, there are various associated challenges. A lack of enforcement of the law is a problem. Limited access to justice contributes to the problem. While a Legal Aid program exists, it is not free. Victims of gender-based violence often abandon the cases because of lengthy trial periods. Protection measures are often short-term as service providers and law enforcement lack the resources to provide long-term support. The language barrier limits access for non-English speaking victims to protection services.

### **5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation**

Target 5.3 is a new target which seeks to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation will require greater level of input. Currently, the Marriage Act prohibits marriage under the age of 14. Persons between the ages of 16 to 18, wishing to enter a union or marriage with someone else, must obtain parental consent. In terms of the proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, there are no known cases in Belize. The cases of early marriage are generally among the Mestizo and Maya in the Cayo and Toledo districts indicating that these practices are tied to cultural ideas. Being that this practice is outlawed, there is limited empirical evidence of its occurrence.

## *5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate*

Goal 5.4 highlights the need to recognize and value unpaid care and domestic work and to improve public services, infrastructure and social protection policies. It also advocates for shared responsibility within the household and the family. According to the SIB, Belizeans who perform domestic and care work, spend approximately eight hours daily doing so. While we can show that as early as 2001, legislative amendments were made to place a value on unpaid domestic labor, including child-rearing, there has been little effort to respond to this issue. In 2001, legislative measures were taken so that upon the dissolution of a spousal relationship, assets could be distributed correspondingly, therefore providing some level of protection for spouses who labor at home. In 2012, Statutory Instrument #55 declared an increase in the Domestic Workers minimum wage from BZ\$3.10 to BZ\$3.30 per hour. The National Gender Policy highlights the need to place economic value on domestic work but there has been no move towards doing so. There is no mechanism in place to ensure that employers and/or households are complying with the domestic workers minimum wage regulations. Overall, there has been very little attention on this issue.

## *5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.*

The MDGs established a target to increase the number of women in the Cabinet, the Senate and the State Boards to 30.0%. However, Belize has not achieved this goal. Nevertheless, several initiatives were implemented and continue to have varying levels of success. Direct appointments to Ministerial positions were made to ensure the participation of women at the highest level. Since 2009, the Women's Commission has been training women for political careers through their Women in Politics Programme. As a result, a small number of women have been running for national, municipal and village council elections though less than half of them have won seats (Peebles, 2012). The Commonwealth Secretariat visited Belize in August of 2017 to chart a way forward in this regard.

Not much has been done to increase the number of women in managerial positions. Though Belizean women outnumber men by three to one at the tertiary level of education, men far outnumber women in managerial positions (UNDP, 2013). Since the transition from the MDGs to the SDGs this continues to be the case. While the public sector employs large number of women, males dominate most of the middle and upper management positions. Women in the private sector fare off a little better with 20.0% of them holding management professional and technical positions (UNWOMEN, 2016).

While there have been some gains, the challenges to bring more women into political life and to take on managerial positions may be rooted in cultural barriers. While cultural beliefs and values can exclude women from political participation, there are structural barriers as well. In 2012, women in parliament amounted to 3.2% this increased to 6.5% in 2015. It is evident that little progress is being made. While the Women in Politics is a best practice, it has not generated the level of interest necessary for women to participate in national politics. Civil society needs to be more involved in the areas of advocacy, legislative changes and empowerment. Multi-sectoral support is needed to implement programs geared towards women participation in politics and management at all levels of governance. The next opportunity for women to be more visible in political life and to hold parliamentary positions will be in 2020. However at the municipal level, this opportunity will be in 2018

### *5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences*

Belize is well underway to achieving universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development (ICPD), ICPD Beyond 2014 and the Beijing Platform for Action. Much has been done to ensure that women not only access reproductive health care services, but that they also make their own decisions regarding sexual relations and family planning. MDG #5 sought to improve maternal health and strategizes how to improve women's access to reproductive health services.

Maternal Health and Sexual and Reproductive Health (SRH) policies were revisited with the intent to protect sexual and reproductive rights and health in Belize. These policies commit to protecting sexual and reproductive health rights and access to information and services. Measures have been taken to increase access to sexual and reproductive rights information and services with emphasis on rural areas. There has been improved training for health professionals in the hospital setting as well as to community-based health workers.



Sexual and reproductive rights are not being disregarded in Belize; however, there are several issues that limit access and adequate service provision. These have been pointed out in Goal #3: Good Health and Wellbeing. They are summarized here for emphasis. While basic sexual and reproductive health services are free, girls under the age of 16 cannot access sexual and reproductive health care without adult consent. Pregnant women tend to seek health-care in advanced stages of pregnancy. Family planning and preventative services are offered to rural communities but insufficient awareness and education is being done to let women know they are available. Promotion of these services is often word-of-mouth. There is a lack of public education and awareness of sexual and reproductive rights in rural communities where a strong patriarchal culture exists. Faith-based schools prohibit the discussion of many topics related to sexual and reproductive health limiting collaboration with health service providers and agencies to reach that critical in-school population. Discrimination of pregnant women is common; in faith-based institutions it is customary practice to expel female students who become pregnant. The Public Service Regulations (2014) Article 197(1) (h) suggests that study leave can be terminated or suspended "if the public officer, who is a woman, becomes pregnant". In 2011, amendments to the Labour Laws were passed which included prohibiting employers to terminate a woman's employment on the basis of pregnancy or related complications in an effort to provide protection for women.

### *5.7 Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.*

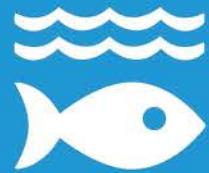
There is also need to undertake reforms to give women equal rights to economic resources, as well as, access to ownership and control over land and other forms of property, financial services, inheritance and natural resources. While no new data exists on the number of women as agricultural land holders, we know that in 2003, only 8.0% of women were agricultural landholders (FAO, 2005). Clearly, this is a topic that will require greater attention.

The Constitution of Belize guarantees all Belizeans ownership of property, including land, no matter their gender, race or religion. As early as 2002, the National Gender Policy highlighted the importance of women's access to land, equipment and credit, establishing indicators such as the percentage of property owned or accessible by women (land, houses, livestock), across income groups and the percentage of women/men who have received land titles under land reform schemes (National Gender Policy, 2002). There is recognition that women own less land, fewer businesses and have less access to credit. Women's ownership of productive resources means that they could improve their standard of living and alleviate poverty through enhanced income and food security.



# Belize's Voluntary National Review for the Sustainable Development Goals - 2017

**14** LIFE  
BELOW WATER



## Goal # 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Belize's commitment to achieving Goal 14 must be highlighted. The Horizon 2030 speaks of a future where, "the natural environment is valued and protected as the basis for all economic activity and therefore development planning is based on the principles of environmental sustainability."

It is particularly important as Belize has a natural resource based economy that contributes immensely in reducing poverty and hunger while creating employment essentially "Eradicating poverty and promoting prosperity in a changing world".



## *MDGs to SDGs – Setting the policy and institutional platform for sustainable marine resource management*

At the end of the MDG era, Belize's MDG Scorecard reported a general trend of increasing fishery production and associated marine management efforts. Since the introduction of the Fisheries Regulations (1977), the Belize Fisheries Department (FiD) has been actively regulating marine resources and main commercial species such as the Caribbean Spiny lobster and Queen Conch. Up until the reporting period for MDGs, the industry was characterized as small-scale artisanal fishing using low fishing technology and small fishing vessels that employed nearly 3,000 fishermen originating from coastal communities. Fisheries management measures include: the designation of marine protected areas, fully protected species, open/close fishing seasons, size limits, gear restrictions, etc. In 2011, in an effort to move away from being an open access fishery, the then Belize Fisheries Advisory Board (BFAB) and Cabinet authorized the use of Managed Access (a rights based approach) at two pilot sites to determine viability and impact (UNDP, 2013). Due to its success, Belize has now nationally rolled out managed access through the designation of nine (9) fishing zones.



## *National Framework Supporting SDG 14*

Government agencies, mainly the Fisheries Department, the Department of Environment, the Coastal Zone Management Authority and Institute, the National Protected Areas Secretariat (NPAS) and the Belize National Climate Change Office have contributed to a sound national framework for supporting SDG 14. Over the last decade, the Government of Belize has embarked on a number of policy and legislative revisions. The development of the National Protected Areas Policy and Systems Plan under the NPAS has strengthened the framework for the establishment of a functional and representative network of terrestrial and marine protected areas.

This is geared towards species conservation as well as maintaining the integrity of certain critical habitats of the country (14 of the 98 Protected Areas are Marine Protected Areas). Sector specific regulations, plans, strategies and policies have also provided the operational direction for sustainability of oceans/marine resources. These includes but are not limited to: the Fisheries Act, National Sustainable Tourism Master Plan (NSTMP), the National Land Use Policy and Planning Framework (NLUPP), the National Environmental Action Plan (NEAP), the National Environmental Policy and Strategy, the Environmental Protection Act, the Sustainable Chemical Management Action Plan, the National Protected Areas Policy and Systems Plan (NPAPSP), the Mangrove Regulations, the National Climate Change Policy and the National Biodiversity Strategy and Action Plan. It is noteworthy that the country has also initiated the process to develop a National Water Master Plan to guide the regulatory actions in the 2011 Integrated Water Resource Management Act.



### *External Framework Supporting SDG 14*

Efforts undertaken over the last decade have set the platform for the SDG period, meeting the country with a strong policy and institutional framework. The stage is set for the FiD to advance its efforts for sustainable fisheries management into 2030. Aiding national policies, strategies, programs and projects is Belize's signing of several global, multi-lateral and regional conventions and agreements concerning fisheries management and marine conservation. These have guided and required that Belize comply with these commitments hence, adopting policies, regulations and programs which focus on sustainable and innovative fisheries management, biodiversity conservation and ecosystems management. A summary of the most significant agreements is summarized here.

*Table 1. International agreements supporting the framework for accomplishing SDG 14*

| Global Treaties  | Multi-lateral Agreements  | Regional Agreement  |
|--|---|---|
| UN Convention on the Law of the Sea (1982)   | Convention on Biological Diversity (CBD, 1992)  | Convention for the Protection and Conservation of Sea Turtles (IAC, 1996)   |
| FAO Agreement to Promote Compliance with International Conservation and Management Measures by Fishing Vessels on the High Seas (1993) | Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES, 1972)                     | Convention for the Protection and Development of the Marine Environment of the Wider Caribbean Region (Cartagena, 1983) |
| UN Fish Stocks Agreement (1995)  | Convention on Wetlands of International Importance (RAMSAR, 1971)   | Caribbean Community (CARICOM), the Revised Treaty of Chaguaramas (2001)   |
|  | Convention Concerning the Protection of the World Cultural and Natural Heritage (World Heritage Convention, 1972) |   |

Belize is a part of various regional organizations and fisheries bodies that focus on the wise use and management of the Caribbean region's marine and aquatic resources. These include: the Caribbean Regional Fisheries Mechanism (CRFM Agreement) which entered into force in 2002; OSPESCA and OLDEPESCA both SICA initiatives, established in 1991; International Commission for the Conservation of Atlantic Tunas (ICCAT), Inter-American Tropical Tuna Commission (IATTC) and the Western Central Atlantic Fishery Commission (WECAFC).

### *A New Fisheries Act and Policy – Integration, Modernization and Participatory Approach*

Belize's framework for sustainable fisheries management has proven to be effective; however, this can be further enhanced by updating the Fisheries Act. The current act limits innovation, restricts prosecution (low fines and penalties) and cannot be adapted to changing conditions. In 2012, the FiD embarked on revising the Fisheries Act to reflect more robust fisheries management measures. It was also aligned to meet compliance with international conventions. It allows for the strengthening of multi-species management, stakeholder participation and integration of the social and economic dimensions of sustainable development. The modernization of the Fisheries Act and supporting regulations will directly contribute to accomplishing Target 14.2, 14.2, 14.7, 14.B and 14.C all of which integrates programs that intend to promote added value to the fishery sector, new markets for non-traditional species, increasing economic benefits, non-traditional fishery employment. It also promotes natural resource-based tourism.

## Building on Success

Belize has a well-established institutional and policy framework for the conservation and sustainable use of marine resources. Belize is at the forefront as it relates to innovative programs and projects in fisheries and marine ecosystems management.

One aspect of fisheries management that can benefit from the adoption of a new Fisheries Bill is the continued engagement of stakeholders with interest in fisheries management and conservation of important ecosystems. Participation and empowerment of stakeholders has become a common language at the Fisheries Department. Consequently, there is improved cooperation and coordination between the FiD and its partners, conservation NGOs, community based organizations, co-managers of marine protected areas, fisher folk and the wider public.

Another success in sustainable fisheries management is the recently piloted managed access program that directly contributes to targets 14.2, 14.7 and 14.B. This program started in 2016. It is a rights-based approach to fisheries management allowing fishers full access to traditional fishing areas. The fisheries waters of Belize have been divided into nine fishing areas or managed access zones.

To facilitate managed access, there has been an improvement in the licensing system and monitoring of artisanal fishing vessels. Belize has also adopted the Voluntary Guidelines for Securing Sustainable Small-Scale Fisheries in the Context of Food Security and Poverty Eradication developed in 2015 by FAO. The guidelines are the first internationally agreed instrument dedicated entirely to the immensely important - but until now often neglected – small-scale fisheries sector.

In 2014, the Fisheries Department implemented the Adaptive Management Framework for key commercial fish species, as well as, corresponding management plans for Queen Conch and the Caribbean Spiny Lobster. These plans set annual quotas as a management tool to control the over-harvesting of these species and ensure economic viability for fisher folk.

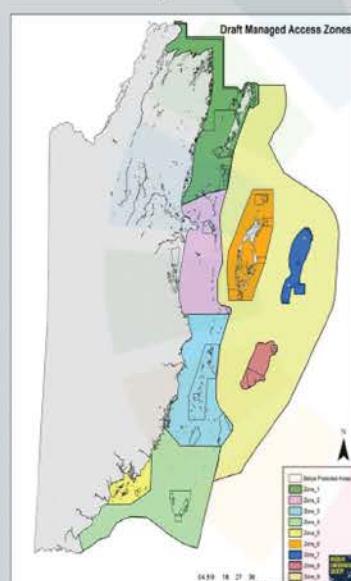


Figure 5: Proposed Managed Access Zones (Source FiD)



Finally, the National Integrated Coastal Zone Management (ICZM) Plan was finalized and endorsed in 2016. The Plan recommends actions that will ensure sustainable coastal resource use by balancing conservation ideals with the economic and social needs of Belize. The plan presents an “Informed management scenario, balancing conservation and development, based on assessments of use, value, ecosystems, socio-ecological vulnerability and resilience, socio-economic vulnerability, ecosystem adaptation”. The implementation of this plan is fully supported by the public. It should be noted, however, that the CZMAI, established as a Statutory Authority under the Coastal Zone Management Act in 1988, has no mandate for implementation. It relies on respective government agencies and NGOs to mainstream and implement plan.

Perhaps the greatest success for Belize under SDG 14 is the surpassing of Target 14.5 which proposes by 2020, to conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available scientific information. This target has been surpassed. The establishment of the Turneffe Atoll Marine Reserve in 2012 and the expansion of Hol Chan Marine Reserve in 2015 raised the proportion of national waters under protection to 21.0%. This did not only contribute to surpassing target 14.5 but also the Aichi target under the Convention of Biological Diversity (CBD).

## *Opportunities for Improvements to Sustainable Fisheries and Marine Resource Management*

Despite the successes and the enabling environment created by the legal and institutional framework currently in place, Belize recognizes the need for urgent actions to meet SDG 14. Improving on efforts underway requires behavioural change on the part of both state and non-state actors. The VNR process demonstrates that there are opportunities for improvement in the following areas:

- *Improved cooperation and collaboration among governmental entities and between Government and non-state actors;*
- *Improvement in data management for science based decision making;*
- *Improvement in enforcement and compliance of laws;*
- *Integration of social and economic dimensions into marine resource management; and*
- *Improvement in program budgeting for SDG 14.*

The FiD which is the main government department with responsibilities to ensure success of SDG 14, embarked on an ambitious campaign to conserve and sustainably use the oceans, seas and marine resources for sustainable development. This process had broad stakeholder consultations and culminated in the drafting of the set of voluntary commitments stated in Table 2 which are to be presented at the 2017 Oceans Conference in New York.

*Table 2: Voluntary commitments proposed by the Fisheries Department to meet targets under SDG 14*

| Voluntary Commitments  | SDG 14 Targets |
|--|----------------|
| > By 2018, enact and implement the new Fisheries Bill.   | 14.4 and 14.C  |
| <ul style="list-style-type: none"> <li>&gt; Promote the implementation of small scale fisheries guidelines.</li> <li>&gt; By 2020, commit to collaborate and cooperate with all relevant national agencies to access markets and develop new fisheries products in support of long-term tenureship to traditional and future fishers.</li> <li>&gt; By 2020, adopt the “Fish right, Eat right” certification program</li> <li>&gt; By 2020, increase economic benefits by promoting value added products, improving efficiency within the supply and value chains and seeking higher value markets for the fisheries sector.</li> <li>&gt; By 2020, implement best practices for sustainable seaweed aquaculture as supplemental income for fishers that include smart sighting, sustainability standards and provides ecosystem services that is incorporated into a policy framework for Belize.</li> <li>&gt; By 2020, establish sustainable catch limits for the Caribbean Spiny Lobster.</li> </ul> | 14.7 and 14 B  |
| <ul style="list-style-type: none"> <li>&gt; By 2020, develop and implement the National Fisheries Policy.</li> <li>&gt; By 2020, develop and implement fisheries management plans/ adaptive management plans for main commercial species such as conch, lobster and fin fish.</li> </ul>   | 14.4           |
| <ul style="list-style-type: none"> <li>&gt; By 2021, implement the Integrated Coastal Zone Management Plan by Government agencies, developers and relevant stakeholders.</li> </ul>  | 14.2           |
| <ul style="list-style-type: none"> <li>&gt; By 2018, complete the national expansion of replenishment zones of 10% of coastal and marine areas.</li> </ul>   | 14.2 and 14.5  |

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## e. Institutional Mechanisms

The institutional mechanisms have been defined and Table 3 below reflects the assigned responsibilities for each implementing unit.

*Table 3: Institutional Mechanism for Implementation of the GSDS and SDG*

| Policy and Planning Unit of MEDP  | Cooperation between PPU & SDU   | Sustainable Development Unit   |
|---|---|--|
| <ul style="list-style-type: none"><li>- Coordinating the implementation of the GSDS</li><li>- Entrench a strong monitoring and evaluation culture within the public service</li></ul> | <ul style="list-style-type: none"><li>- Mainstream the sustainable development approach into planning and implementation of development strategies</li><li>- Eliminate duplication of effort in the monitoring of the GSDS</li><li>- Monitoring and reporting progress of the SDGs and their targets.</li></ul> | <ul style="list-style-type: none"><li>- Proposed focal point for SDGs</li><li>- Promoting the sustainable development agenda into the work of line ministries and other public-sector entities</li><li>- Reporting on the SDGs at international forums</li></ul> |



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## 6. MEANS OF IMPLEMENTATION

As a pilot country, Belize is being supported by UN agencies to commence implementation of the SDGs. A number of initiatives have been completed. At this point, the coordinating mechanism has been established although dialogue on how to minimize duplication of efforts are underway.

*The following structure will coordinate the implementation:*

- *MED is the implementing agency for the Horizon 2030 long-term strategy.*
- *MED ensures national and sectoral policies, plans and strategies integrate the principles outlined in the GSDS medium-term strategy.*
- *The Office of the Prime Minister and Cabinet has approved and authorized the GSDS.*
- *MED coordinates the implementation of the GSDS, in line with its overall planning function.*
- *The CEO Caucus will have general oversight of implementation and policy advice*
- *A set of inter-ministerial Technical Committees will support the process and report to the CEO Caucus.*
- *Work groups called “Working Tables” chaired by representatives of the SIB will develop and maintain adequate data to support the process.*  
*These groups report to the Technical Committees.*

A Resource Mobilization Strategy for the implementation of the GSDS and the SDGs has been completed.

Figure 6: Resource Mobilization Strategy



# Belize's Voluntary National Review for the Sustainable Development Goals - 2017



## 7. NEXT STEPS

As a pilot country, Belize is being supported by UN agencies to commence implementation of the SDGs. A number of initiatives have been completed. At this point, the coordinating mechanism has been established although dialogue on how to minimize duplication of efforts are underway.

- Strengthen the institutional capacity of the SDU and MED to better coordinate the national sustainable development agenda;
- Improve inter and intra ministerial collaboration and cooperation to build greater national awareness, knowledge and synergies for implementation;
- Accelerate the integration of the sustainable development agenda into the policies and programs of all line ministries;
- Improve the technical capacities for data management and analysis across the public sector;
- Localize the SDGs to ensure that the achievement of the goals and targets become a truly national endeavor rather than a public sector driven set of commitments;
- Build capacity to use program budgeting as a mechanism to measure the impact of budget allocations on the country's SDGs and targets; and
- Improve its access to international cooperation to assist in the financing of critical implementation infrastructure.

