

COVID-19

Project Title: Strengthening Clinical Management of COVID-19 Patients and Reducing of Risk of COVID-19 Transmission among Health Workers in Belize

Contributing Agency: United Nations Development Programme (UNDP) through the United Nations Office for South-South Cooperation ("UNOSSC")

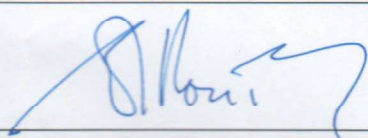
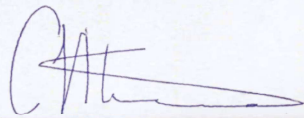
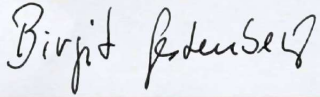
Recipient Agency: Pan American Health Organization

Government Partner: Ministry of Health and Ministry of Foreign Affairs

Project Duration: 1 December 2020 – 31 August 2021

Country Office: Belize

Approved by:

	On behalf of the Government of Belize	On behalf of the Pan American Health Organization (PAHO)	On behalf of the United Nations Resident Coordinator
Signature:			
Name:	Senator the Honourable Eamon Courtenay	Dr. Carissa F. Etienne	Ms. Birgit Gerstenberg
Title:	Minister of Foreign Affairs, Trade and Immigration	Director	Resident Coordinator, Belize
Date:	18 January 2021	20 January 2021	20 January 2021

1. Background

On December 31, 2019 cases of pneumonia of unknown etiology were detected in Wuhan City, Hubei Province of China. After the new virus was identified, the novel Coronavirus was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) on January 30, 2020 and was later declared a pandemic on March 11, 2020.

The country mobilized early in its preparedness and response to COVID-19 in that the national surveillance team was activated on January 23, 2020 to initiate screening of passengers at the international airport on February 2, 2020. With support for training and test kits from the Pan American Health Organization, country capacity to test for COVID-19 was established by February 12, 2020 allowing for testing to support active surveillance.

Belize's first case of Coronavirus diseases (COVID-19) was announced on March 23, 2020. Strict measures, including closure of schools and borders, 90 days of state of emergency with curfew measures and partial then complete lockdown, facilitated rapid diagnosis, contact tracing, quarantine and isolation, effectively interrupting transmission. As a result, between the first diagnosis on March 23, 2020 and the last recovery on May 5, 2020, the country confirmed 18 persons positive for SARS-CoV-2, two of whom died and 16 of whom recovered.

After 53 days without a confirmed case of COVID-19, Belize started a controlled repatriation process to facilitate the return of Belizeans who had been left outside the country when borders closed in March. Since the first group of repatriated nationals on June 5, roughly 1,900 persons have applied to the program and 703 nationals have returned of whom 32 have tested positive for COVID-19 (Aug. 28, 2020). Because repatriated persons remain in mandatory quarantine hotels for 14 days, they have not contributed to community transmission. However, the same cannot be said for persons who enter the country illegally.

On June 30, 2020 Belize's ninety-day state of emergency and curfew ended and restrictions on non-essential movement were lifted. The reopening of the country and the low numbers of confirmed cases found in nationals returning as part of controlled repatriation and those detained for illegal border entry created an impression of low risk. It is believed that cross-country movement, illegal contraband trade with neighboring countries and large gatherings created an environment well-suited for the effective transmission of COVID-19. At first the number of confirmed cases was localized to specific geographic regions but eventually spreading to the rest of the country. As a result, the number of reported cases increased from 48 (July 31, 2020) to 1,007 (August 31), putting a strain on the health system. As of October 16, 2020, there have been: 2,728 confirmed cases, 43 fatalities, 1,626 recovered cases and 1,059 active cases.

2. **Problem**

Belize's public health system consists of four health regions providing:

- first level of care through 51 unstaffed health posts, 39 health centers and 5 polyclinics;
- secondary care delivered through three community hospitals and three regional hospitals; and
- tertiary care available at one public referral hospital.

Ordinarily, 232 inpatient beds are available at secondary level and 138 inpatient beds are at tertiary level through the Karl Heusner Memorial Hospital (KHHM), the national referral hospital. As the country prepared to respond to COVID-19, it was determined that hospital capacity could be expanded to include an additional 155 beds at secondary level. The KHHM, which is the only public hospital that offers intensive care and critical care services, with five ICU beds, six critical care beds for COVID-19 with the possibility to expand to 12 additional beds. Hospitals generally report an occupancy rate of 61.2% overall and 73% at KHHM. Furthermore, the health system is powered by a workforce consisting of approximately 243 doctors and 451 nurses working in six districts (Belize Epidemic Needs Analysis, 2020). According to the Statistical Institute of Belize, this translated to roughly 25.9 healthcare professionals per 10,000 population (2018).

It is known that a well-rounded approach, engaging all the components of a health system, is needed to effectively respond to COVID-19. Strategic responses to the pandemic have been primarily aimed at disrupting the chain of transmission and preventing the collapse of hospitals. The Belize Ministry of Health (MoH) has attempted to interrupt the spread of infection through preventive measures such as physical distancing, early detection and isolation of cases with testing, contact tracing and quarantine. Persons confirmed with COVID-19 are interviewed for close and secondary contacts, who are then tested and quarantined. Based on recent MoH data, 76% of 1,478 persons who were confirmed positive for COVID-19 were tested as a part of contact tracing (September 14). In order to enforce preventive measures, several statutory instruments have been enacted to maintain physical distancing, quarantine, isolation and use of masks. MoH has also launched a public education campaign aimed at informing people of risk of infection so they can take action to lower risk.

A second approach to COVID-19 preparedness and response has been to prevent overcrowded hospitals and overworked staff, factors that can increase the risk of medical errors and cross contamination. The country has had to:

- refurbish and sometimes repurpose existing unused or underused infrastructure into triage stations and isolation areas

- establish protocols for hospital referral of COVID-19 patients from first level of care facilities
- recruit retired staff and postpone the retirement of 58 personnel as well as reduce the internship of 3 newly returned medical doctors in order to address workforce shortages
- reshuffle existing staff to areas of higher impact and integrate a team of 64 health care workers from the Cuban Brigade
- increase critical care equipment and infrastructure
- ration personal protective equipment (PPE) in order to prevent acute shortages
- cancel elective procedures and ambulatory services

Belize's preparedness and response to COVID-19 imply financial resources at a time when the Statistical Institute of Belize is reporting a decrease of \$169.9 million or 23.5% of GDP in the second quarter (April to June) of 2020, Belize's fifth consecutive quarter without economic growth. As the situation has been worsened by restrictions introduced in response to COVID-19, the Government of Belize (GoB) has implemented social protective measures such as a food assistance program accessed by 23,913 households or 91,052 persons and an unemployment program that received 81,052 applicants with direct benefit reported for 44,552 recipients. To fund these programmes, the GoB has announced almost US\$30 million in loans from the International Development Bank (US\$18.2 million) and the Caribbean Development Bank (US\$15 million).

Trying to balance preparedness response actions including continuity of essential services while simultaneously managing case surges in localized "hotspots" within the economic reality has been a challenge for the country. It has meant disruption of normal operations, implementation of dual systems of care for persons with COVID-19 related illness and persons without COVID-19 complaints and shifting of resources away from "routine care" towards "COVID care". For example, health regions were asked to implement cost-saving measures.

Current projections show that this wave is expected to last roughly 25 weeks, flatlining towards the end of January 2021 and affecting 60% or roughly 244,000 persons. Given what is known about the behavior of COVID-19 globally, it can be extrapolated from this projection that roughly 49,000 persons (20%) may acquire moderate to severe illness requiring hospitalization. To avoid catastrophic outcomes, it is, therefore, crucial that the country be supported to strengthen testing, clinical management of COVID-19 patients and reduce risk of transmission among health workers.

3. **Goal:**

To support the implementation of the COVID-19 India Support Program -Belize Plan (Annex A) for the continued strengthening of Belize's response capacity in health facilities through the procurement of necessary medical equipment, testing kits and Personal Protective

Equipment (PPEs) aimed at saving lives among COVID-19 infected patients while reducing the risk of infection among health care workers.

4. Objectives

- A. To strengthen response capacity of the health system to COVID-19 through the provision of key medical equipment and test kits,
- B. To reduce the risk of infection among health workers by securing the provision of adequate Personal Protection Equipment (PPEs),
- C. To increase awareness on the prevention, response and recovery from COVID-19 among vulnerable urban and rural populations in Belize.

5. Approaches

- **National ownership and leadership:** This project is aligned to the priority needs defined by the Ministry of Health and Ministry of Foreign Affairs in the proposal by the Ministry of Foreign Affairs (Annex B) and the letter of endorsement from the Government (Annex C). Updated needs are defined in the Ministry of Health's COVID-19 India Support Program- Belize Plan (Annex A) with additional items to include the development and dissemination of risk communication materials in the different languages used in Belize.
- **A focus on the vulnerable and underprivileged:** The beneficiaries include urban and rural population, including indigenous groups.
- **Sustainability:** This project will contribute to the overall health systems strengthening and the provision of essential health services.
- **South-South cooperation:** Technical support and capacity building for the Belize health system and the mechanism to promote and implement for further collaboration with Government of the Republic of India and Small Islands Developing States (SIDS) as Belize.
- **Partner visibility:** This will be integrated throughout the implementation process highlighting the contribution of the Government of the Republic of India through public press releases and media engagements with the inclusion of logos and signage.
- **Equality and horizontality:** In 2019 Belize's estimated mid-year population hovered around 408,487ⁱ multi-ethnic inhabitants composed primarily of the Mestizo (52.9%), Creole (25.9%), Maya (11.3%), Garifuna (6.1%) and other groups including East Indians (3.9%), Mennonites (3.6%), Caucasians (1.2%) and Asians (1%).ⁱⁱ Because of

ⁱ Statistical Institute of Belize, Postcensal National Population Estimates (2000 to 2019)

ⁱⁱ Statistical Institute of Belize (2010) Population & Housing Census, https://sib.org.bz/wp-content/uploads/2017/05/Census_Report_2010.pdf

predominance of some ethnic groups in areas where community transmission is high, language-specific public health messages is being proposed as a way of reaching vulnerable populations. Similarly, in Belize men and pregnant women have been more affected by COVID-19 and have more severe outcomes, which underscores a need to create gender specific Communication messages. Lastly, persons over the age of 60 are considered at higher risk for severe COVID-19 even though the prevalence of infections is highest in persons between the age of 24 and 44. For this reason, it is important to develop age specific information products.

- ***Development of local capacity:*** The country has recognized the urgency of developing capacity for medical waste management and is procuring autoclaves through different projects, one of which involves capacity building. The current project will, therefore, complement initiatives that are focused on training on medical waste management.

6. Methodology

- A. The Ministry of Health will submit to PAHO/WHO the required quantities and specification of equipment, supplies and test kits. PAHO/WHO will confirm in writing to the Ministry of Health for concurrence prior to proceeding with procurement.
- B. PAHO/WHO will create a requisition for the items available in the WHO COVID-19 Global Supply Portal and/or through the PAHO/WHO procurement mechanisms, to source suppliers and develop a price estimate. Being purchasing mechanisms that source medical equipment, supplies, and medicines at global level, they ensure the provider selected will be the one with the most reasonable price, quality of items procured, guarantee, and delivery time for the items.
- C. The price estimate will be shared with the Project Focal Points of the Ministry of Health (MOH) and the Ministry of Foreign Affairs for concurrence.
- D. PAHO/WHO will approve the requisition with the supplier and coordinate the shipment of equipment and supplies to Belize with the Ministry of Health as the consignee.
- E. PAHO/WHO, in partnership with the MOH, will develop targeted risk communication strategies and products in five languages spoken in Belize.
- F. Final list of items being procured by PAHO/WHO along with specifications agreed between Government of Belize and PAHO/WHO will be shared with UNOSSC. Total cost of equipment, supplies, any activities under the Project, inclusive of direct and indirect costs will not exceed the approved Budget of US\$ 1 Million under India-UN Fund.

7. Main Activities

- A. Procurement of equipment and supplies
- B. Preparation of distribution plans of medical equipment, test kits and PPEs
- C. Formal hand-over of the medical equipment, test kits and Personal Protective Equipment (PPE) to the Ministry of Health
- D. Development of Risk Communication materials and products in five languages (Spanish, English, low German, Kechi/Mayan, Garifuna). Belize has a diverse population with people of various ethnicities as indicated in the “Equality and horizontality” section of the Approaches above. It is therefore important to have risk communication material and messages on COVID-19 in the various languages of to reach the diverse populations throughout Belize. The communication material in the different languages will be developed in keeping with the Belize Risk Communication Strategy and Community Engagement Strategy (Annex D).
- A. Monitoring and reporting on the implementation of the project.

8. Management Arrangements

This project will be implemented by PAHO/WHO.

PAHO/WHO will be responsible for the following activities:

- A. Development, review and submission of project document.
- B. Sharing of existing technical specifications based on WHO and PAHO recommendations for consideration by the Ministry of Health.
- C. Providing price estimates and identification of suppliers/vendors.
- D. Procurement of the tests, supplies and equipment, including shipment to Belize
- E. In collaboration with the MOH, development of Risk Communication strategies and products in five languages (Spanish, English, low German, Kechi/Mayan, Garifuna)
- F. Financial and narrative reporting for project, including monthly progress updates of 2-3 bullet points through e-mail
- G. Upon project completion, PAHO/WHO will prepare a report for submission to the Contributing Agency.

The **Ministry of Health** and the **Ministry of Foreign Affairs** will be responsible for the following activities:

- A. Assistance with the preparation and submission of the project documents

- B. Timely submission of technical specification of the supplies, including PPEs and equipment and quantity of each item and providing written concurrence before procurement
- C. With the MOH being the consignee for the equipment and supplies that will be purchased, timely facilitation of customs clearance and transportation to the MOH warehouse
- D. Distribution of test kits, Personal Protective Equipment and medical equipment
- E. Submission of distribution list and distribution report to be included in the project reports prepared by PAHO/WHO
- F. Installation of the equipment
- G. Maintenance of the equipment
- H. Dissemination of risk communication messages

A **Project Steering Committee (PSC)** will be convened to provide oversight to the project's activities at the country level. It may hold meetings in person, virtually, or through submission of written inputs. It will make decisions by consensus. It will meet at least quarterly and convene when situations require its attention.

It will be composed of representatives from the following agencies and organizations:

- A. Ministry of Health
- B. Ministry of Foreign Affairs
- C. UN Office of the Resident Coordinator
- D. Pan American Health Organization/World Health Organization
- E. Representative of the Government of India

The Project Steering Committee will be responsible for the following:

- A. Monitoring overall project implementation, reviewing reports, visiting projects, overseeing progress and challenges, and making recommendations;
- B. Approving substantive revisions to the workplan if required and no-costs extensions under one year;
- C. Participating in launching ceremonies, closing ceremonies, and public activities of the project.

9. Monitoring and Evaluation

The PAHO/WHO, Belize Country Office, COVID-19 Management team will monitor the Project implementation to ensure compliance and the effective use of the resources for the success of this initiative. PAHO/WHO will provide quarterly financial reports and regular

narrative updates (monthly bullet points and one progress report) to UNOSSC with the representatives nominated by the High Commission of India responsible for Belize.

Monitoring Framework:

OUTPUT 1: Tests, supplies and equipment for COVID-19 response in Belize		
Activity 1	Procurement of equipment and supplies	Start Date: Dec 2020 End Date: Aug 2021
Purpose	To strengthen response capacity of the health system to COVID-19 in in Belize through the provision of key medical equipment and test kits	
Description	<ol style="list-style-type: none"> 1. Review of technical specifications 2. Procurement of test kits, equipment and supplies 3. Formal hand-over of the medical equipment and test kits to the Ministry of Health 	
Indicator	Means of Verification	Date of Assessment
Equipment, supplies, and test kits handed over to Ministry of Health	Donation letters	Aug 2021
OUTPUT 2: Personal Protective Equipment provided to health workers in Belize		
Activity 1	Personal Protective Equipment distributed for protection of frontline health care workers	Start Date: Dec 2020 End Date: Aug 2021
Purpose	To reduce the risk of infection among health workers by securing the provision of adequate Personal Protection Equipment.	
Description	<ol style="list-style-type: none"> 1. Review of technical specifications of PPEs 2. Procurement of PPEs (N95 masks) 3. Formal hand-over of PPEs to the Ministry of Health 	
Indicator	Means of Verification	Date of Assessment
Number of PPEs handed over	Donation letters	Aug 2021
OUTPUT 3: Risk communication products and messages disseminated to target populations		
Activity 1	Audio-visual and print materials developed and disseminated to target audience	Start Date: Dec 2020 End Date: Aug 2021
Purpose	To increase awareness on the prevention and recovery from COVID-19 among rural and urban vulnerable population/communities	
Description	<ol style="list-style-type: none"> 1. Identification of target audience and needs 2. Development of risk communication strategies and key messages 3. Dissemination of risk communication messages using various media 4. 	
Indicator	Means of Verification	Date of Assessment

Risk communication products disseminated	Documentation of reach through focus groups	Aug 2021
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10. Public Visibility

Communications and visibility will be achieved through the following activities:

- A. A Press Release will be issued to announce the signing of the India-UN Development Partnership Fund as the donor, through the United Nations Office for South-South Cooperation, and PAHO/WHO as the implementing partner. The release will also include the total funds approved and its intended purpose which is to procure equipment and supplies to assist in the COVID-19 response. This will be published in the print and non-print media.
- B. Public handing-over ceremonies will be conducted, and the India-UN Development Partnership Fund's contribution will be recognized. This will be published in the print and non-print media.

All efforts would be made by the Ministry of Health to acknowledge the contribution from the Government of India on appropriate occasions. For any major national event organized by the project arrangements would be made to ensure the participation of the High Commission of India responsible for Belize at the highest level as possible. The High Commission of India would be kept regularly informed by the Ministry of Health on the progress of the project. Support of India would be mentioned in all publicity materials related to the project. Government of India logo, India-UN Development Partnership Fund Logo, UNOSSC logo will be included where relevant. Except as provided in paragraphs A and B, above, or as otherwise agreed to in writing by all the concerned parties, no party shall issue any press release or promotional material, hold any press conference, or make any public announcement in relation to this project or to the existence or terms thereof, without the prior written consent of the other party.

Deliverables and Estimated Budget Breakdown

Equipment and Supplies (as per specifications and conditions provided by the MoH)	Quantity	Unit Cost (USD)	Total Cost (USD)
Medical Waste Management – Autoclave	2	100,000.00	200,000.00
Medical Waste Management – Transport Trolley	2	3,500.00	7,000.00
Medical Treatment Trolley – Emergency Medication Cart	12	1,500.00	18,000.00
PCR Testing kits	318	60.00	19,080.00
Patient beds	60	3,500.00	210,000.00
Patient monitors	20	6,500.00	130,000.00
EKG machine	7	6,500.00	45,500.00
Suction machine	10	650.00	6,500.00
Incubators	15	7,000.00	105,000.00
Delivery beds	10	6,000.00	60,000.00
N95 Mask	11,000	6.00	66,000.00
Risk Communication in five languages (Spanish, English, low German, Kechi/Mayan, Garifuna)- include development, translation, production, distribution			23,378.68
Human Resources, Operations and Logistics Visibility costs HR: Project Manager: 25% x 9 months= \$6,250.00 Communication Consultant: 25 % x 9 months= \$4,650.00 General Operating expenses, Logistics & Visibility: \$6,000.00			16,900.00
Sub-total: direct costs			907,358.68
Program Support Costs (PSC) (7% of total direct cost) PAHO/WHO			63,515.11
PAHO Total			970,873.79
UNDP/UNOSSC General Management Support (GMS) (3%)			29,126.21
Grand Total			1,000,000.00

Annex 4: Detailed Procurement List and Technical Specifications

N.B.: Price fluctuations. The COVID-19 pandemic has greatly increased the demand for the supplies mentioned in this proposal. At the same time, severe delays in shipment and delivery processes are

occurring globally due to lockdowns and cancellation of commercial and cargo flights in many countries. This generates constant price fluctuations among suppliers. The final number of items to be procured as a result of this proposal will be determined by applying PAHO's procurement policies, guidelines and procedures. The items and amounts that may be purchased will be adjusted to the amounts determined for procurement as above.

11. Project Activities Work plan by Month DEC 2020-AUG 2021

Activities	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	July 2021	Aug 2021
Preparation, approval of project document and allocation of funds	X								
Procurement of equipment and supplies		X	X	X	X	X	X	X	
Handing over ceremony				X	X	X	X	X	X
Distribute Personal Protective Equipment and install equipment				X	X	X	X	X	X
Communications and Visibility									
Press Releases	X			X		X			X
Development of risk communication strategies	X	X	X						
Dissemination of risk communication messages			X	X	X	X	X	X	X
Monthly Reports		X	X	X	X	X	X	X	X
Final Report									X

NB: The project duration is from December 2020 to August 2021. However, all efforts will be made to complete implementation of procurement items by July 2021. This is heavily dependent on the receipt of the funds by the implementing partner and the procurement process period which may take a much longer lead time than anticipated.

12. Risk Management

The COVID-19 pandemic has increased risks that can impact on the implementation of this project. These include price fluctuation, price increases, global shortages, delays in shipment and the increase cost of shipment. Severe delays in shipment and delivery processes are occurring globally due to closure of borders, limited options for commercial and cargo flights in many countries. PAHO/WHO has enhanced the supply logistics for procurement through the PAHO Strategic Fund with better coordination between suppliers and shipping companies globally to reduce these risks. PAHO/WHO procurement policies, guidelines and procedures, will be used to procure so that the provider selected will be the one with the most reasonable price, quality of items, guarantee, and delivery time for the items requested. The quantities of items will be guided by the overall cost based on the total funds as per Section 11, above. Another risk to consider relates to the timing of the start of this project which will include the holiday period in December 2020. Early identification and clarity as to specifications of the items to be procured prior to the implementation of this project will provide for the mitigation of these risks.

13. Reporting

As per the UN to UN Contribution Agreement

Narrative Reporting:

PAHO/WHO will document receipt of procured items by the Ministry of Health through the donation letters, a copy of which will be shared with UNDP.

The PAHO/WHO will provide the Contributing Agency with a narrative report on the progress of the Activities on a regular basis, as set out below:

- A. Monthly updates of 2-3 bullet points by email will be provided to the focal point at UNOSSC, the Fund Manager and Secretariat during the implementation of the projects.
- B. A 6-month narrative progress report shall be prepared by the Project Coordinator and sent to the Contributing Agency.
- C. After full implementation of the fund, PAHO/WHO will prepare a final narrative report for submission to the Contributing Agency within three months of the end date of the Project.

Financial Reporting:

The PAHO/WHO will provide UNOSSC with the following financial reports, prepared in accordance with PAHO's financial regulations, rules, policies, procedures, and administrative instructions and using PAHO's standard reporting format:

- A. Quarterly interim financial reports to be submitted within one month of the end date of the quarter;

B. A final certified financial statement is to be submitted within ninety (90) days of termination or expiration of this Agreement

14. Legal Content

All Intellectual Property Rights related to the Project belongs to PAHO/WHO. The UNOSSC and the Government, will enjoy a perpetual, royalty-free, non-exclusive and non-transferable license.

PAHO/WHO will notify the UNOSSC when all activities have been completed and upon submission of the final financial report, any unspent balance will be returned to the UNOSSC, unless otherwise agreed in writing by the two Agencies.

15. Annexes

Annex A: COVID-19 India Support Program -Belize Plan

Annex B: Belize COVID-19 Response Plan proposal date June 18, 2020 submitted by the Ministry of Foreign Affairs

Annex C: Letter of endorsement by the Government to UN RC Belize dated October 27, 2020

Annex D: Belize Risk Communication and Community Engagement Strategy for COVID-19, June 9, 2020 with update December 3, 2020