

Scorecard and Outlook Report 2010

Millennium Development Goals

Belize

September 2010

How the Report was Developed

The Belize Scorecard and Outlook Report 2010 is the result of a collaborative effort between national partners and United Nations Country Offices coordinated by the United Nations Development Programme (UNDP). This process commenced in 2008 with the adoption of a co-writing approach led by a Consultant Economist. The Consultant Economist provided overall guidance on the specification, refinement and implementation of a methodology for assessing Belize's progress toward achieving the MDGs and for determining the measures and resources needed to ensure that the targets are reached. This methodology included data collection, expert analysis of trends identified and documented in this Report, the estimation of required national investments to meet the targets by 2015, and the outlook for achieving them. The Lead Consultant also undertook the general writing, editing and preparation of the Report.

To facilitate the co-writing approach a National Assessment Team (NAT) comprised of four Technical Working Groups (TWGs) was formed. Each TWG was supported by a University of Belize Focal Point who worked in tandem with technical counterparts from the government ministries responsible for national planning and for implementation of policies related to the MDGs. The key roles of the Focal Points and counterparts were to identify ongoing interventions, key influencing factors, and additional measures required to achieve the MDGs. In addition, Focal Points organized and facilitated consultations with other national experts and technical persons who could provide data and detailed information for use in the assessment of progress toward a specific MDG. Finally, the NAT drafted inputs to the Scorecard and Outlook Report and reviewed and endorsed analyses prepared by consultants and partners. The UN Country Offices, through the Heads of Agency and technical officers, contributed data and substantive recommendations to improve the quality of the Report.

In keeping with the design, the Scorecard and Outlook preparation process involved training as well as research and analysis in technical areas related to the eight MDGs. Training activities were undertaken in the areas of data collection and analysis; incorporating gender roles in national policies and plans; technical writing and editing. The process benefited also from the involvement of the Statistical Institute of Belize whose technicians reviewed all data and metadata before validating and endorsing them. Specific assistance for quality assurance, including guidelines on the use of metadata and review of work organization and terms of references, was provided by the UNECLAC regional office in Trinidad and Tobago.

The Government of Belize wishes to thank all participants for their effort and diligence in preparing this update of the performance of Belize and in defining a path and outlook for successful achievement of the MDGs by 2015.

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Acronyms

CARICOM	Caribbean Community
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFC	Chlorofluorocarbons
CO2	Carbon Dioxide
CPA	Country Poverty Assessment
CSME	Caribbean Single Market and Economy
DOE	Department of the Environment
EPA	Economic Partnership Agreement
FDI	Foreign Direct Investment
FY	Fiscal Year
GDP	Gross Domestic Product
GHG	Greenhouse gases
GNI	Gross National Income
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IRS	Indoor Residual Spraying
ITBs	Insecticide Treated Bed-nets
IUCN	International Union for Conservation of Nature
KWh	Kilowatt Hours
LIC	Land Information Center
MARP	Most at risk population
MDG	Millennium Development Goal
MEA	Multi-lateral Environmental Agreements
MED	Ministry of Economic Development
MHD	Ministry of Human Development (and Social Transformation)
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MOMS	Midwives and Others with Midwifery Skills
MWRA	Men and women of reproductive
NAP	National AIDS Program
NGO	Non-governmental Organization
ODA	Official Development Assistance
ODP	Ozone Depleting Potential
ODS	Ozone Depleting Substances
PAHO/WHO	Pan American Health Organization/World Health Organization
PPP	Purchasing Power Parity
SIB	Statistical Institute of Belize
SICA	Central American Integration System
STI	Sexually Transmitted Infections
TB	Tuberculosis
TWG	Technical Working Group
UNCRC	United Nations Convention on the Rights of the Child
UNECLAC	United Nations Economic Commission for Latin America and the Caribbean
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund

UNICEF
WB
WTO

United Nations Children's Fund
World Bank
World Trade Organization

INTRODUCTION

In September 2000, on the basis of a sense of shared international responsibility, Belize joined the global agreement to pursue the time-bound Millennium Development Goals (MDGs). Most of the MDGs are set for 2015. They relate to poverty generally and to specifics such as hunger, illiteracy, disease, discrimination against women and environmental degradation. Against the background of the agreed targets and quantitative indicators, this Scorecard and Outlook Report emphasizes the use of empirical evidence to document: (i) the progress that has been achieved to date; and (ii) the prospects for achievement of agreed targets in the light of existing and anticipated policies and programmes. Where achievement has not been adequate, the causes will also be identified.

Belize committed to achieving the eight MDGs. Accordingly, the Scorecard documents achievement under these broad headings as listed:

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

The Scorecard also documents the challenges Belize confronts on the basis of the data presented. It provides summary graphical, tabular and schematic assessments on the indicators associated with each of the goals above and supplementary indicators suggested by policy details along with qualitative analysis to complement the quantitative indicators in the tables presented. Throughout the document, a number of key questions are asked and answered. What is the level of achievement on the overarching poverty reduction goal? Were sufficient persons lifted out of poverty and indigence? What are the important successes to date? Is national commitment part of this success? How does success compare on the other seven goals? What are the main bottlenecks impeding progress on the MDGs? Are there key lessons to be learned from the overall picture? For example, is poverty reduction emerging from redistribution or from development of the capital stock and production system? Are there lessons to be learned about the way the development effort might be recalibrated to address the multifaceted character of the problem through a suitably multidimensional investment effort?

The ongoing impact of the recent and still evolving global financial and economic crisis on Belize and on vast areas of the world emphasizes the importance of the joint responsibilities of the country and the world community. These events emphasize the critical significance of Belize's responsibility to identify the roots of its development challenges and lead the world in providing sound and lasting solutions to its twin problems of development and poverty. Accordingly, the Scorecard assesses the extent to which, the country has led and coordinated efforts to meet the development goals and targets utilizing both national resources and support from international development partners.

With regard to the Outlook, the broad question is whether Belize, with support from its international development partners, is on track to adequately prepare for the final push to the 2015 targets. Given the trends and the programmes in place, it considers the prospects for achieving the MDGs in Belize. Will the required level and structure of investment spending be achieved in order to lift more persons out of poverty and keep them out; or will underinvestment persist, leading to a prognosis that more Belizeans will fall into poverty leaving the country worst off? What are the fiscal considerations and commitments that are necessary to achieve the MDGs? Guided by an assessment of the overall rate of growth of investment needed to achieve a development process that can reduce the poverty rate to 16.8% in 2015, the Outlook goes further to identify the types and timing of national and line ministry investments that are most likely needed, as well as to assesses the likelihood that the targets will be reached.

While recognizing that the underlying development problems are longstanding, this Outlook also takes account of the recession, the process of recovery in the international economy, the likely impact on the country's growth path, and the flow of assistance from development partners. Both the Scorecard and Outlook are designed to provide government and local partners with an empirical record and interpretation of progress on agreed priorities, and to document the actions, opportunities and the challenges involved in getting things right and on track up to 2015 and perhaps beyond. Of some importance, and consistent with guidelines proposed in Devarajan, et al (2002),¹ the Report, in particular the Outlook, is designed to provide broad investment parameters that would guide the actions needed to meet the 2015 targets. In that regard, the Report identifies the financial contributions required of the development partners, including the advanced economy countries, civil society organizations, United Nations agencies, the Inter American Development Bank, the Caribbean Development Bank, and other international development institutions. A forthcoming Needs Assessment and Costing Exercise will include the process of identifying the MDGs where progress can be achieved most expeditiously.

The specific purpose of the Needs Assessment and Costing Exercise is to provide detailed estimates of the set of necessary public policy interventions and investments required to attain the MDGs in Belize and methods of financing them. This process will also include the identification of bottlenecks which impeded progress to achieve the MDGs and will fit with the ongoing national effort to define a development pathway to 2030. It is hoped that stark empirical reporting will highlight data availability and deficiencies even as it lends support to the constituencies that advocate for activity on the MDGs in Belize and abroad.

¹ Devarajan, S., Miller, M.J. and Swanson, E.V. (2002). Goals for Development: History, Prospects and Costs. Human Development Network and Development Data Group, The World Bank.

Report Structure

There are four sections to the report. **Section I** motivates the Scorecard and Outlook with a brief accounting for Belize's achievements and failures "at a glance", especially as related to the persistent increase in general poverty. **Section II** provides a background to the Report. It documents and accounts for the underlying pattern of increase in poverty mainly by the overarching trend of investment or underinvestment in domestic capacity-building to expand access to entrepreneurial, income and consumption opportunity. Primacy is given to the need to view investment in education, health, housing and similar domestic capital forms as more than "social sector" investments. These are also the leading forms of economic investment required to transform the capacity of the population to address the social and economic challenges defining the development problem. A "social sector" interpretation typically leads to significant underinvestment in necessary related capacity-building and ownership. This method is appropriate since, as is clarified by the Target 8a of MDG8, all the MDGs that are linked through the general poverty rate and the need to manage the scale and targeting of investment to reduce or eliminate poverty.

Section III provides the detailed scorecard. **Section IV** documents the outlook for achievement of the targets by 2015, set in the light of the policies, programmes and anticipated financing. Specifically, it documents the current package of commitments and measures to achieve the MDGs, the cost of the package including commitments from domestic and international partners, and the likely impact on relevant MDGs.

This Scorecard and Outlook Report is Belize's second Report on the MDGs and provides updated information and analysis on the country's implementation status for all the MDGs. The analysis conducted in the Outlook includes suggested fiscal considerations, which can inform policies to invest in MDG achievement.

SECTION 1: MDG PROGRESS AT A GLANCE

1.1 The Millennium Development Goals

At the beginning of the new millennium, world leaders made commitments to strengthen a global partnership to improve the lives of the world's poor in the course of one generation, from 1990 to 2015. This partnership was consolidated through the newly established MDGs which are now an integral component of the international development agenda of the United Nations. The agenda includes quantitative targets to improve results in poverty reduction efforts, health, education, gender equality, and the protection of the environment through stronger partnerships between developed and developing countries and amongst developing countries, as well as partnerships with the private sector. The MDGs have become a platform for galvanizing international efforts to reduce poverty and hunger and advance the agenda of human development in all countries.

The MDGs are a set of quantifiable, time-bound goals that articulate the social, economic and environmental advances that are required to achieve substantial gains in human development. Goals 1 to 7 are committed to raising the poor out of poverty and hunger, getting every child into school, empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and other diseases, and ensuring environmental sustainability. Goal 8 explicitly recognizes that eradicating poverty worldwide can only be achieved through international cooperation. The challenges associated with the achievement of the MDGs cut across a vast array of interlinked issues – ranging from gender equality, through health and education, to sustainable development of the environment. The achievement of all the MDGs will result from government policies and the involvement of the private sector, civil society, and the local communities.

Belize is slowly making progress toward integrating the MDGs into national development frameworks by creating MDG-based national, sectoral and local development strategies, and by using the MDGs to guide monitoring efforts. In supporting the country efforts, the United Nations Offices are committed to providing assistance through tracking progress towards the goals, assessing policy dimensions, building awareness, galvanizing public support for action and supporting specific strategies to address key constraints that limit MDG achievement.

1.2 Belize MDG Progress at a Glance

Poverty has been increasing in Belize long before the current global crisis and the country's development strategy has not been sufficiently conducive to economic growth and poverty reduction. In spite of social protection programmes and new initiatives to widen the reach of the Belize safety net², the number of poor people in Belize continues to rise. The current global crisis is likely to have additional negative impacts on the economic and social fabric of the country. This will further strain poverty reduction initiatives and efforts to achieve the MDGs.

² The roll-out of the National Health Insurance Scheme aimed at reaching poor and vulnerable populations in Southside Belize City and Toledo District as well as the expansion of pension benefits to non-contributing elderly males and females from the Belize Social Security Board have contributed to widening the reach of the safety net.

All of the MDGs are linked through the national efforts to reduce poverty and indigence through development. In this regard, Belize must still find and follow the right track to achieve all of the MDGs by 2015.

Poverty and indigence have been increasing in Belize, even in the midst of plenty.

The available evidence indicates that, overall, the main reason is pursuit of an unrealistic and vulnerable debt-led, consumption-promoting and import-intensive growth strategy. **This has also discouraged domestic savings and resulted in underinvestment in the core ingredient of development – the type of domestic capacity-building and ownership required to achieve the MDGs and thus improve the capacity of the national stakeholders to compete for entrepreneurial opportunity, income and consumption opportunity in an increasingly open global trade and financial system.**

Thus, Belize is not on track to achieve the following 4 of the 8 goals by 2015:

- The core poverty and indigence reduction goals expressed in MDG1.
- The education goals expressed in MDG2.
- The gender goals expressed in MDG3.
- The debt management goals of MDG8.

However, all is not bad news. Belize has also done well with its health-related investments. If its current health investment package is refined and improved, it is on track to achieve targets related to the following 3 health-related goals and the environmental goal:

- ✓ Child mortality expressed in MDG4 but with slow progress
- ✓ Maternal health expressed in MDG5 not on track but qualitative improvement
- ✓ Major diseases expressed in MDG6
- ✓ The environmental goals expressed in MDG 7 with respect to which progress is slow.

A summary of MDG achievement as of 2009, and related challenges, is provided in **Table 1.1**. The reference years for the baseline data are indicated where possible. The available evidence suggests that Belize is making progress to achieve four (4) of the 8 time-bound goals by 2015. Moreover, all of the on-track performances relate to the health MDGs and the environment:

MDG1 - ERADICATE POVERTY AND HUNGER³

- The poverty rate increased from 33% in 1995 to 41.3% in 2009 - not on track to achieve the target of 16.8% by 2015.
- The poverty gap fell marginally from 10.9% in 2002 to 10.8% in 2009, representing only insignificant adjustment - not on track to achieve the target of 5.5% by 2015.
- The indigence rate increased from 10.8% in 2002 to 15.8% in 2009 - not on track to achieve the target of 6.7% by 2015.
- The GINI coefficient of inequality increased significantly from 0.4, rounded up in 2002, to 0.42 in 2009 – not on track to support the targeted reduction of the poverty rate to 16.8% by 2015.

³ Data for the poverty indicators are from the Final Report Belize Country Poverty Assessment, 2009, prepared by the Halcrow Group Limited for the Government of Belize and the Caribbean Development Bank, June 10 2010.

MDG2 - ACHIEVE UNIVERSAL PRIMARY EDUCATION

- The net enrolment rate fell from 90.3% in 1992 to 83.7% in 2009 - not on track to achieve the target of 100% by 2015.
- The proportion of students starting Grade 1 who reached the last grade of primary school increased from 87.2% in 2002 to 91.9% in 2009 - not on track to achieve the target of 100% by 2015.

MDG3 - PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

- The ratio of girls to boys in primary school increased from 0.939 in 1995 to 1.01 in 2009, indicating that while the target for girls has been surpassed, there has been slippage with respect to boys. The ratio of girls to boys in secondary school increased from 1.105 in 1995 to 1.13 in 2009, also indicating that while the target for girls has been surpassed, there has been serious slippage with respect to boys. The ratio of females to males in tertiary school increased from 1.49 in 2002 to 1.73 in 2009, again indicating that while the target for females has been surpassed, there are serious lags with respect to males. Belize is not on track to achieve the target of parity by 2015.
- The share of women in non-agricultural wage employment increased from 38.7% in 1995 to 41.7% in 2007 - not on track to achieve the target of 50% by 2015.
- The percentage of women in the Lower House of the Belize Parliament fell from 3.45% of the seats in 1993 to zero in 2009 - not on track to achieve significant improvement by 2015.
- The literacy rate of 15-24 year-olds increased from 70.3% in 1992 to 94.7% in 2006, surpassing the literacy target of 90.6% for 2009 - on track to meet the target of 100% literacy among persons 15-24 years by 2015.

MDG4 – REDUCE CHILD MORTALITY:

- Belize was on track to reduce its under-5 mortality, from 23.7 per 1000 live births in 1990 to 22.5 per 1000 in 2009 –indicating very slow progress towards the target of 8 per 1000 live births by 2015.
- The infant mortality rate increased from 17.6 per 1000 live births in 1990 to 17.9 per 1000 live births in 2009 - not on track to achieve the target of 8 per 1,000 live births by 2015.
- The percentage of children immunized against measles increased from 69% in 1992 to 96.6% in 2009 – on track to achieve the target of 100% by 2015.

MDG5 – IMPROVE MATERNAL HEALTH:

- The Maternal Mortality Rate has increased from 41.7 per 100,000 live births in 1990 to 53.9 per 100,000 in 2009 – not on track to achieve the target of 10.4 per 100,000 live births by 2015.
- The proportion of births attended by skilled personnel increased from 79% in 1995 to 95% in 2008 - on track to achieve the target of 100% by 2015.

MDG6 – COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

- The HIV prevalence among the population 15-24 years was officially established at 0.77% in 2009. No assessment of performance is possible until the next count.
- The incidence of malaria cases per 1,000 persons in the population fell significantly from 49.3 in 1994 to 1.7 per 1,000 persons in 2008 - on track to achieve the target of halting the spread of malaria by 2015.
- The infection rate of tuberculosis fell significantly from 49 cases per 100,000 persons in the population in 1990 to 24.7 cases per 100,000 in 2009 - on track to achieve the target of halting the spread of tuberculosis by 2015.
- The prevalence rate of tuberculosis in the population fell from 78 per 100,000 persons in 1990 to 26.7 per 100,000 cases in 2009 - on track to achieve the target of halting the spread of tuberculosis by 2015.

MDG7 - ENSURE ENVIRONMENTAL SUSTAINABILITY

- The current proportion of the land covered by forest is approximately 58% and the deforestation rate for Belize is approximately 0.6% per year – not on track to halt and reverse the proportion of land covered by forest by 2015.
- The country is poised to meet the implicit target of 100% access to improved water source for both urban and rural communities.
- Per capita emissions have increased more than 4-fold since 1994. It should be noted, however that the country's emission remains negligible when compared to global recorded levels of CO₂.
- Preliminary data on carbon emissions (CFCs) for 2008 indicate consumption of 0.780 metric tons. This figure is 2.92 metric tons, or 78.9%, less than the ceiling awarded to Belize.
- Official data from the SIB indicate that the share of the population with an improved water source increased from 43.6% in 1995 to 76.4% in 2006 – on track to achieve the target of 100% access in 2015. Indeed, alternative estimates suggest that access to safe drinking water nationally grew to 99.5% in 2008, though rural areas lag behind at 90%.
- The share of the population with access to improved sanitation facilities increased from 41% in 1995 to 64% in 2007, and approximately 70% in 2008 –showing slow progress to the goal of 100% by 2015.

MDG8 - DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

- As the economy shifts to greater reliance on the service sector, which is less vulnerable to the type of exogenous price shocks that characterize the traditional specialist exports of goods, Belize's debt service as a percentage of gross exports has recently been falling fairly steadily from 17% in 2006 to 11.4% in 2008, becoming more sustainable in the process.
- The number of telephone landlines has been declining as individuals and households turn to more efficient means of continuous and on-demand cellular or internet communication. Cellular subscribers have been growing rapidly from 6.7 persons per 100 in 2000 to 53.2 per 100 in 2008.
- The number of persons with internet connection has increased slowly, from 6 per 100 in 2000 to only 11 per 100 in 2008. Faster progress is needed to meet the goal of rapid global information sharing and communication that characterises the process of poverty reduction through expansion of opportunity in education, health and efficiency.

Table 1.1: Summary Scorecard - Belize Achievements and Challenges at a Glance					
Goals, Targets and Indicators	Baseline	2009		Target 2015	Progress to 2015
		Target	Achievement		
GOAL 1: ERADICATE EXTREME POVERTY/ HUNGER					
Target 1: Halve, between 1990 and 2015, the proportion of people living below the Belize indigence line					
Population below Poverty Line (%)	33.5 (2002)	30.5	41.3 (2009)	16.8	Not on track; significant challenges to achieve this goal
Poverty Gap Ratio (%)	10.9 (2002)	10.1	10.8 (2009)	5.5	Not on track; no significant change
Target 2: Halve proportion population suffers hunger					
Proportion of population less than minimum dietary consumption (extreme poverty) (%)	10.8 (2002)	10.1	15.8 (2009)	6.7	Not on track
GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION					
Target 3: Ensure complete Primary School					
Net enrolment rate in Primary Education (%)	90.3 (1992)	92	83.7 (2008/09)	100	Not on track
Proportion of pupils entering Grade 1 G1, reaching 8 (%)	87.2 (2000)	93.6	91.9 (2009)	100	Not on track
Literacy rate of 15-24 year-olds (%)	70.3 (1992)	90.6	94.7 (2006)	100	Well on track; surpassed target for 2009
GOAL 3: PROMOTE GENDER EQUALITY AND WOMEN EMPLOYMENT					
Target 4: Eliminate Gender Disparity					
Ratio of girls-boys in Primary Education	0.939 (1995)	0.96.6	1.01 (2009)	100	On track; new challenges to ensure parity for boys
Ratio of girls-boys in Secondary Education	1.105 (1995)	107.1	113 (2009)	100	Not on track; significant challenges emerging for boys
Ratio of girls-boys in Tertiary Education.	1.49 (2002)	148.8	1.73 (2009)	100	Far off track; major problems for males
Share of Women in wage employment in non-agricultural sector (%)	38.7 (1995)		41.7 (2007)	50	Not on track
Proportion seats held by women Nat'l Parliament (%)	3.45 (1993)		0% (2009)		Not on track
GOAL 4: REDUCE CHILD MORTALITY					
Target 5: Reduce by 2/3 <5 yr. mortality rate					
Under 5 mortality rate (per 1,000 live births)	23.7 (1990)	8	22.5 (2009)	8	Slow progress
Infant mortality rate (per 1,000 live births)	17.6 (1990)	17.9	17.9 (2009)	5.9	Not on track
Children immunized against measles (%)	69 (1992)	96.6	96.6 (2009)	100	On track
GOAL 5: IMPROVE MATERNAL HEALTH					
Target 6: Reduce maternal mortality					
Maternal mortality rate (per 100,000 live births)	41.7 (1990)		53.9 (2009)	10.4	Not on track (Qualitative progress)
Skilled birth attendance rate (%)	79 (1995)	97.5	95 (2008)	100	On track
GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER					
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS					
HIV prevalence population 15-24 (%)	None		0.77% (2009)	None	No trend data available
Target 8: By 2015, halt tuberculosis and Malaria					
Incidence of malaria (cases per 1,000 population)	49.3 (1994)		1.7 (2008)		On track (dramatic reduction)
Incidence of tuberculosis (cases per 100,000)	49 (1990)		24.7 (2009)	None	On track
Prevalence rate of tuberculosis (cases per 100,000)	78 (1990)		26.7 (2009)		On track; high degree of vigilance needed

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY					
Target 9: Integrate the principles of sustainability					
Proportion of land area covered by forest	NA	NA	58% (2009)		Not on track; significant policy adjustment needed.
Land area protected to maintain environment	NA	NA	NA		
Carbon dioxide (CO ₂) emissions	2.7	NA	NA		On track – negligible emissions relative to global targets.
Consumption of ozone depleting CFCs	NA	NA	0.780 tons (2009)		On track – ceiling awarded Belize surpassed
GDP per unit of energy use	NA	NA	NA	NA	
Kilowatt hours of consumption	NA	NA	NA	NA	
Kilowatt hours of demand	NA	NA	NA	NA	
Target 10: Halve population without access to water					
Population with access to water source	43.8 (1995)	80.8	76.4 (2006)	100	On Track
Social Investment Fund Data - Urban	43.6 (1995)		99.5 (2008)		On Track
Social Investment Fund Data - Rural	51(1990)		90 (2008)		On Track, with continuous improvement
Target 11: By 2020, to have achieved livelihood improvement. Owners of their own dwelling					
Population with proper sanitation facilities	41 (1995)	94.6	64.4(2007)	100	Slow progress
Proportion of people with access to secure tenure	94.1	95.2	97.3	100	
Population with WC linked to sewage/septic tank					
GOAL 8: DEVELOP A GLOBAL PARTNERSHIP					
Target 15: Deal with debt problem in sustainable manner					
Debt service as % of exports	13.1	11	9.5	8.5	Slow progress
Target 16: Implement strategies for productive youth work					
Unemployment of young people 15-24 years old	21.8	18	15	12	Slow progress
Target 17: Provide access to essential drugs					
Proportion of population with access to essential drugs	NA	NA	NA	100	
Target 18: In cooperation w/private sector new techs					
Teledensity (fixed and mobile lines)					
Mobile	6.7 per 100 (2000)	NA	53.2 per 100 (2008)	NA	
Personal computers density	NA	NA	NA	NA	
Internet connections, dial-up and broadband	6 per 100 (2000)	NA	11 per 100 (2008)	NA	

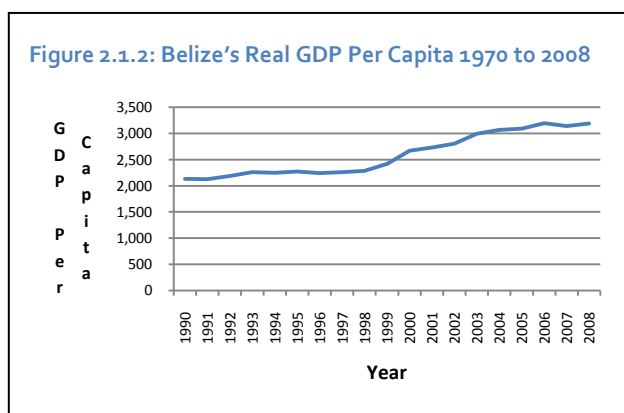
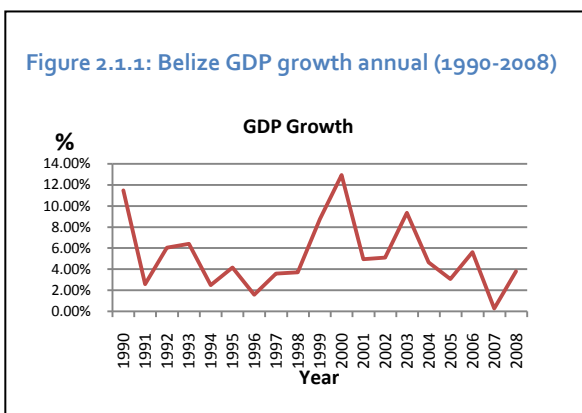
SECTION 2: MACRO-ECONOMY AND POLICY OVERVIEW

The MDGs place poverty reduction and the general improvement of the knowledge and health of the citizen at the centre of the development process. This approach is embedded in the global drive to human development, which has as its logic a change in the concept of development from a focus on the dimension of efficiency to adequate consideration of the additional dimensions of longevity and quality of life and knowledge capacity to address the challenges of life and win freedom and self-esteem.⁴ In this regard, as with any other country, Belize's performance on each of the MDGs is linked to performance on all the others via the macroeconomic performance on poverty reduction in general. Poverty reduction should be based on two pillars of opportunity growth, one which focuses on investment to build individual and national capacity, and the other on the generation of income to facilitate redistributive social transfers that improve knowledge and health. This means that macroeconomic performance on investment and poverty reduction can be set as the general background for the interpretation of performance on the MDGs.

2.1 Economic growth and poverty

In the last two decades, the economic performance of Belize has been irregular (*Figure 2.1.1; Table 2.1*), with high economic growth rates of some 12% at the beginning of the decade that only lasted for the period 1990-1993. Belize then experienced very slow economic growth during 1994-1995, then increasing levels of growth until it reached a promising 12% in the year 2000. This marked the start of an overall downturn, characterized by economic performance averaging 4.5% in the period 2001-2008 and recorded at -1.5% in 2009. The latter downturn reflects the effects of the global slowdown, natural disasters and the decline in the price of oil.

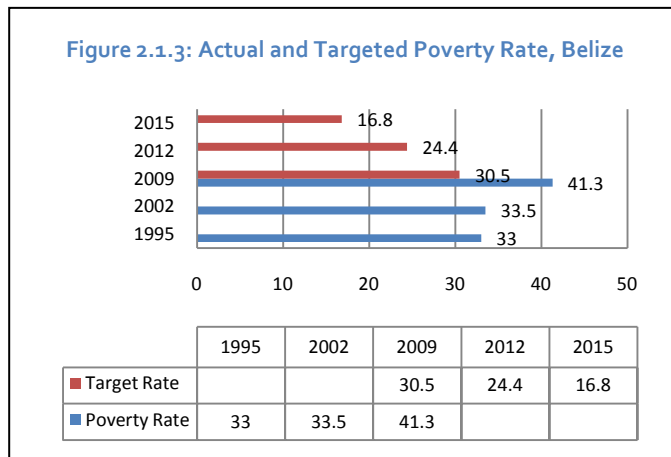
Over 1990 to 2009 real GDP per capita has been increasing in Belize (*Figure 2.1.2; Table 2.1*). This trend is normally associated with a downward movement in the poverty rate. Instead, the percentage of persons living in poverty in Belize increased from 33.5% in 2002 to 41.3% in 2009.⁵



⁴ UNDP (2003). Human Development Report 2003: The Millennium Development Goals, p. 27.

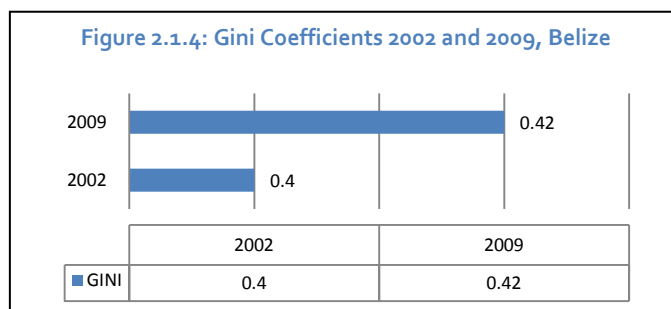
⁵ The Final Report of the Belize Country Poverty Assessment indicates that the rate is 34% but this appears to be the result of rounding up.

This means that the poverty rate increased by 7.8 percentage points or, more intuitively, by about 23.3% (*Figure 2.1.3; Table 2.2*). The outturn runs counter to that anticipated by the National Poverty Elimination Action Plan 2007-2010, published in 2007, which projected significant declines in the poverty rate to 30.5% by 2009, 24.4% by 2012 and 16.8% by 2015 (*Figure 2.1.3; Annex 2*).⁶ This rising poverty rate resulted in an increase in the number of Belizeans living in poverty to 142,861 as of 2009.⁷



It is widely acknowledged that both economic growth and inequality play a major role in generating changes in poverty. Indeed, there is little question that growth is essential for poverty reduction (assuming that the distribution of income remains more or less constant and the rate of growth exceeds the rate of population growth) and much evidence points in this direction.⁸ In the case of Belize, the data show that poverty rates have been increasing even though annual GDP growth averaged 4.5% over the period 2001-2008 and per capita GDP has been rising. The suggestion of Bourguignon (2004) that a worsening of inequality tends to increase poverty offers a key to this apparent contradiction. It is noted that, “although poverty reduction is closely correlated to growth in per capita income, this effect appears low in countries where income inequality has been rising”⁹ Data from the Country Poverty Assessment Surveys, 2002 and 2009, confirm that inequality increased in Belize from a rounded up 0.4 in 2002 to 0.42 in 2009 (*Figure 2.1.4; Table 2.2*).

In that regard, consistent with the underlying logic of the MDGs, in Belize the development strategies focused on the rate of growth of investment needed to expand opportunity in infrastructure, education, health and efficiency for the growing population, with an emphasis on private sector leadership. Such an approach would suggest that a positive relationship between GDP or GNI per capita and poverty might result from a fall in the strategic rate and structure of investment and hence the rate of growth of GDP or GNI¹⁰ in poor households and in sectors that employ the poor and vulnerable. Thus, the beneficial real income effects of general growth do not trickle down to the poor, causing an increase in inequality. The data presented in Section 2.2 support this perspective.



⁶ The basis of these projections was not indicated.

⁷ Population estimates are based on the medium variant of the population projections recommended by the Statistical Institute of Belize.

⁸ Deninger, K. and Squire, L. (1996). A New Data Set Measuring Income Inequality. World Bank Economic Review; Ravallion, M. (2002). Externalities in Rural Development. Evidence from China. The World Bank (mimeo).

⁹ Jäntti, M. and Sandström, S. (2005). Trends in Income Inequality: A critical examination of evidence in WIID2. Helsinki, WIDER (mimeo); López, J. H. (2008). Pro-Poor Growth: A review of what we know (and what we don't). Washington DC: The World Bank.

¹⁰ GNI means gross national income.

2.2 Investment, Poverty Reduction and MDGs

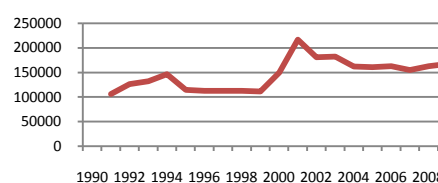
Belize's poverty data point to an investment elasticity of poverty of about -3.84. Each 1% decrease in investment is associated with an increase in poverty of about 3.84%. This suggests that the consistent reduction in real investment since 2000 is the immediate macroeconomic cause of the increase in poverty.

Within the context of international cooperation for development, the macroeconomic data on investment, domestic savings and net exports to finance necessary international inflows suggest that underinvestment in domestic capacity-building is one possible explanation for the inadequate poverty performance observed.¹¹ Investment in domestic capacity backed by domestic savings, as distinct from investment in foreign capital backed by foreign savings, is vital to the growth of average income and (re)distribution of income in favour of the poor and in favour of national ownership in general. Belize's real investment levels have been falling since 2000.

Furthermore, the data point to an investment elasticity of poverty of about -3.84. That is to say, each 1% decrease in investment is associated with an increase in poverty of about 3.84%. Two sources of data motivate this estimate, both related to the likely effect of the recovery of investment and of adopting a policy that will improve investment targeting to the poor, especially through their domestic capital such as education, health and housing. First, every 1% increase in real investment is likely to have a direct effect of lowering the poverty rate by about 2.9%, essentially a reversal of the increase in the poverty rate caused by the fall in the investment rate between 2002 and 2009. In a context of the commitment to achieve the MDGs, it is also assumed that there will be improved targeting of investment and other redistributive measures to emphasize the MDGs, such as through education, health and gender effects, investment will more than reverse the increasing inequality of the period since 2002. The best estimate of the likely effects of such redistribution comes from the case of Jamaica, where the effects of improved investment targeting and supporting redistribution was that each 1% improvement in inequality was associated with a 5.079% fall in the poverty rate.¹² Since these are joint (interactive) dynamic effects, in the absence of a suitable number of observations that allow application of a more powerful decomposition algorithm, we simply take a geometric average of the separate calculations. The result is an estimated investment elasticity of poverty of approximately -3.84.¹³

In that regard, in the two crucial extended periods of poverty increase: (i) 1995 to 2002; and (ii) 2002 to 2009, the process of capital accumulation in Belize was halted as capital formation declined. The level of real investment fell by about 6.4% per annum between 1993 and 1998 then recovered briefly in 1999 and 2000. Since 2000, it has been declining by about 4% per annum (*Table 2.3; Figure 2.2.1*).

Figure 2.2.1: Gross Investments in 'US\$ '000 1990 to 2008



¹¹ See Devarajan, et al, 2002, as referenced above. Also, see Table 1, Annex 1.

¹² For relevant data, see National Report of Jamaica on MILLENNIUM DEVELOPMENT GOALS for the UN Economic and Social Council Annual Ministerial Review, Geneva, July 2009, Planning Institute of Jamaica. Also see the Jamaica Survey of Living Conditions, published annually since 1990. The estimates average the effects of two periods of policy designed to reduce poverty. Between 1992 and 1996, the Jamaican GINI fell from 0.4 to 0.36 as the headcount poverty rate fell from 33.9% to 26.1%. Similarly, between 2004 and 2007, inequality fell from 0.38 to 0.36 while the poverty rate fell from 16.9% to 9.9%.

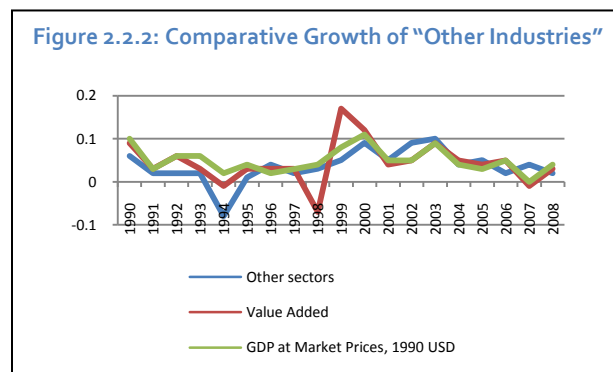
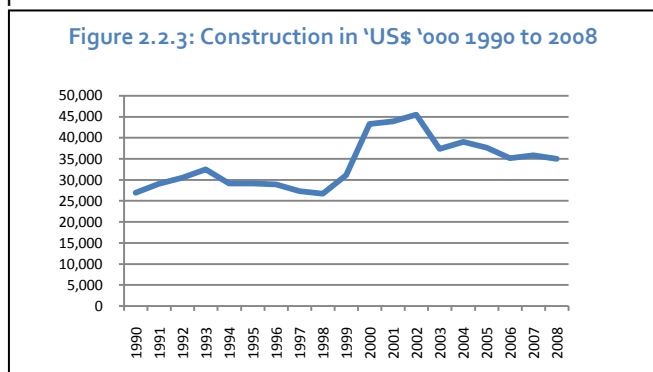
¹³ The arithmetic mean would yield an alternative estimate of -3.99 but this would tend to overstate the rate of poverty reduction.

The generic measures of the standard of living fell correspondingly, providing a mechanism that could drive up the poverty rate. In particular, as the investment rate declined in relevant periods, the rate of growth of GDP per capita fell rapidly.

In 2001, the year preceding the measurement of poverty in 2002, in the context of a precipitous decline in the growth of investment from 45.1% to -16.5%, the rate of growth of GDP per capita fell rapidly from 10.1% to 2.4%; and in the years 2007 and 2008, just before the measurement of poverty in 2009 and following a long period of accelerated decline in the rates of investment, the GDP per capita declined on average, specifically by -0.1% per annum, down from a year of robust positive growth of 3.4% in 2006. Most likely, this fall in the overall standard of living after 2006 was felt heavily by the vulnerable and possibly was picked up by the measure of increased poverty in 2009.

Furthermore, the changing structure of investment worsened conditions for the poor and vulnerable. Investment spending shifted away from sectors that tend to employ the poor and vulnerable and enable their move away from poverty. Construction activity, a major contributor to capital formation and a significant employer of this group, declined in real terms during periods that correspond almost exactly to the periods of poverty increase, assuming some relevant lagged effects. The level of construction activity fell at a rate of 3.8% per annum from 1993 to 1998, with a mild recovery up to 2001, and then fell continuously at a rate of 4% per annum thereafter. This is the same as the rate of decline of gross investment (**Table 2.3; Table 2.4**). **Figure 2.2.2** displays the trends for the construction sector. Construction activity accounts for about 4.3% of value added in Belize (**Table 2.5**).

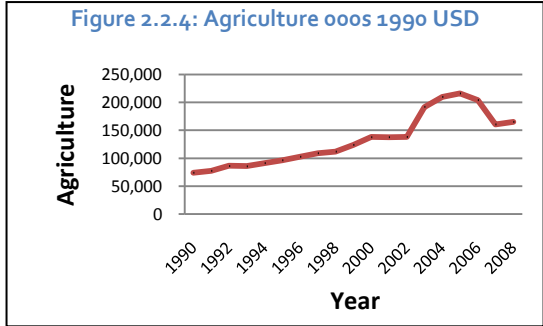
The “other sectors” indicated in **Table 2.4** account for much of the investment in domestic capital, including education, health, housing, as well as general government services and arrangements for good governance. These also experienced overall growth, but it is instructive that during the periods of poverty increase, growth in investment in such capacities was significantly slower than gross value added. More important, in the period 2002 to 2009 there was actual decline in the real investment in many of these key capacities and opportunities. Notwithstanding, some sectors such as health and public infrastructure did in fact grow at the rates required to spur development. On average, since 1993 when the increase of poverty began, the other industries have grown at an annual rate of 3.6%, compared to 4.2% for total value-added by the industrial sectors and 4.7% for the GDP at market prices (**Table 2.6**). **Figure 2.2.3** shows these comparative growth patterns.



A significant reason for the underperformance of these driver sectors was the inadequacy of government capital investment, especially in the forms necessary to lead the restructuring of the economy. **Table 2.7** reports the pattern of real government capital spending since fiscal year 1999/2000, with respect to Education, Health, Human Development, Environment, and Works, which are the leading line ministries responsible for areas that drive MDG achievement. Over the fiscal years 2002/03 to 2008/09, real capital investment by the Ministry of Works increased by 8% and that by the Ministry of Health grew by 6.6%. These forms of investment meet the minimum necessary condition for development, since the real GDP grew at an average of 4.1% per annum over the same period (**Table 2.6**). Despite this, real capital investment by the Ministry of Education declined by 12.1% over the same fiscal years (2002/03 to 2008/09). Furthermore, investment undertaken by the Human Development Ministry declined by 14%, and that by the Ministry of Natural Resources and the Environment fell by 6.9%. The overall effect was that real investment by the line ministries leading implementation of MDG related programmes declined overall by 6.4% during fiscal years 2002/03 to 2008/09. At the same time, the capital spending of other government ministries grew by 3.7%. Thus, total government investment declined by an average annual rate of 1.8% percent, even as real GDP was growing at 4.1%.

The overall evidence clearly indicates underinvestment in the most important forms of domestic capital, a signal that the fundamental conditions of development through national ownership were not being satisfied over the years. Indeed, this is compelling evidence of GDP growth without development and with rising poverty. One reason for this is the tendency to view MDG-related investment in education, information, health and housing, as social sector investments aimed especially at the poor or the vulnerable in society. However, far more than being mere social sector investments, these are perhaps the most important forms of (domestic) economic capital required to provide the social and economic fabric within which markets can foster transformative growth. Specifically, in the face of the frequent, sharp, negative, random price and technology shocks to which the economy is often subject, they embody the main capacities needed by Belize to undertake rapid switches of technique, joint production of commodities and effective utilization of knowledge spillovers from the rest of the world, and to raise routinely the efficiency of utilization of relatively scarce foreign exchange.

The agricultural sector is also a significant employer of the poor and vulnerable. Those who possess too little capital (capacity) to be employable in the knowledge-intensive and service-intensive emerging sector live in



the rural areas and depend on buoyant commodity prices. Often, such persons are recent immigrants from neighbouring countries with little education and with significant health problems. It is likely that the recent decline in agriculture has also served to compound the problems created for these groups by the decline in the construction sector and in overall investments.

Real agricultural output has also been falling steadily since 2005, declining at an average rate of 8% per annum largely as a consequence the negative shocks to global agricultural commodity prices attending the trade liberalization process (**Table 2.4 and Table 2.6**). **Figure 2.2.4** illustrates the trends, which translate to falling profitability or even losses, and slow accumulation of physical and human capacity in the sector.

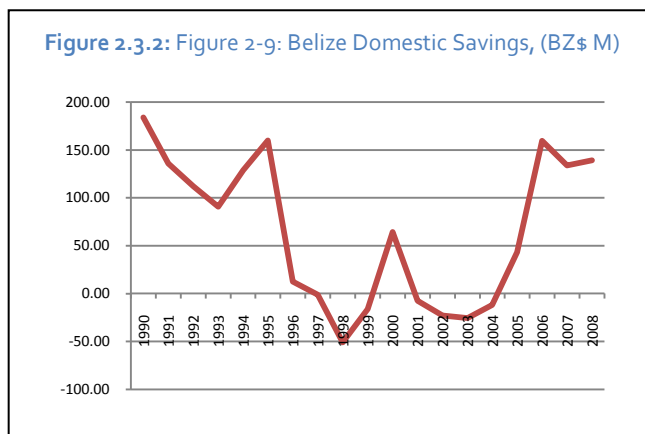
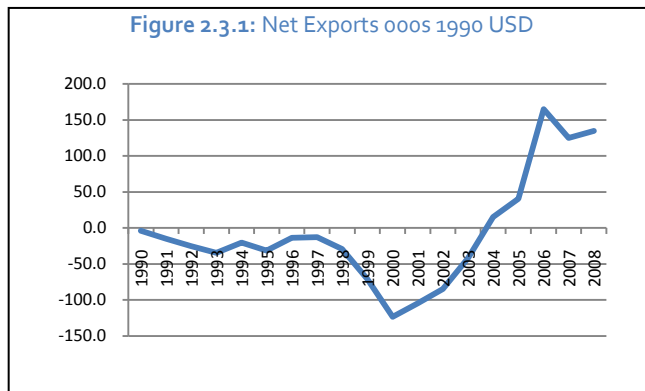
Construction and agriculture are bedrocks of the Belize economy and, in particular, are key sectors employing the poor and vulnerable. Together, they account for more than 25% of total value added, with agriculture accounting for more than 20% and construction accounting for about 4.4% (**Table 2.5**). The agricultural sector is highly susceptible to negative exogenous price shocks and the construction sector to negative shocks of foreign direct investment (FDI). It can therefore be expected that both sectors will be heavily affected by the ongoing financial and economic crisis and anaemic recovery in the global economy, with related consequences for poverty.

2.3 Debt patterns and MDGs

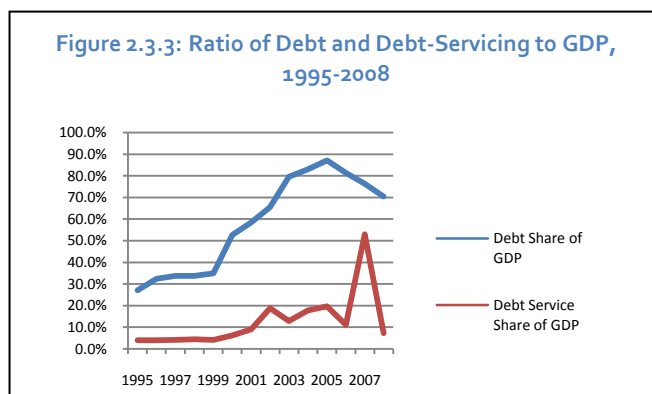
Within the framework of a policy to liberalize and reintegrate Belize into the international production and financial system, there was steadily increasing reliance on ODA and FDI and, most important, on expensive foreign and local commercial debt. Until 2004, the real value of the net exports of goods and services (including tourism) has been increasingly negative, though following an unstable pattern.

After 2004, there occurred what might well be described as a structural break in the relation of exports to imports. Net exports became positive and increased up to 2007, mainly through growth of tourism and mining. The growth of mining reflects the emergence of the oil industry.

Though they remained positive, the downturn of net exports in 2007 reflected the onset of recession in the large economies of the world when the bottom fell out of the commodity markets on which Belize relies (**Figure 2.3.1; Table 2.8**). At the same time, domestic savings have generally been falling rapidly thereby constraining investments in real domestic capital (**Figure 2.3.2; Table 2.9**).

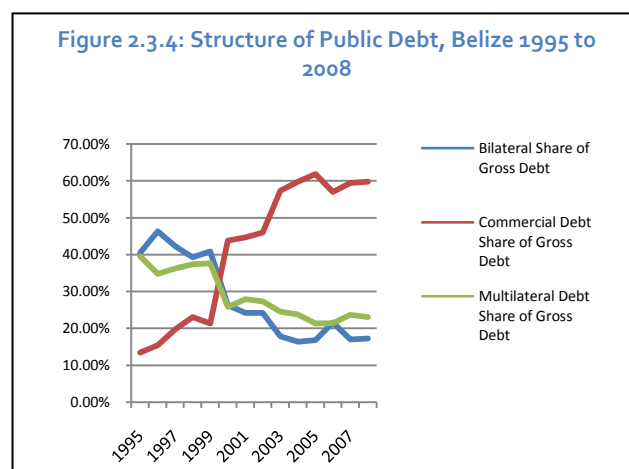


The share of public debt in GDP grew steadily from about 27% in 1995 to 70.3% in 2008, and peaked at 87% in 2005. Since 2000, the share has consistently averaged 73% of GDP (*Table 2.10; Figure 2.3.3*). Moreover, the stock of public debt has grown at a rate of 17.5% per year, compared to 7.1% for nominal GDP. The burden of debt servicing grew even more rapidly at an average rate of about 62.3% since 2000. Notwithstanding efforts in recent years to bring about manageable levels, debt-servicing has averaged about 17.3% of GDP since 2000.



Finger and Mecagni (2007)¹⁴ of the IMF have presented evidence indicating that in the 30 years to 2007, while there is no simple cut-off point defining unsustainable debt practices, “60 percent of sovereign debt crises occurred when debt levels in the year preceding the crisis had been higher than 39 percent of GDP. Moreover, a 50 percent probability of being in a debt crisis is associated with a debt-to-GDP ratio of 80 percent”.

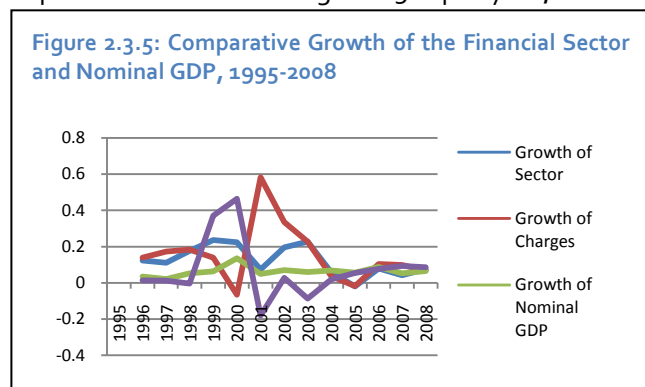
For Belize, a significant contributor to this situation was the increasing reliance on a high ratio of expensive, long term private foreign debt. This is in contrast to a portfolio mix consisting of a low share of expensive short-term public debt and a high share of the low cost, long-term debt of the international development agencies which have associated budget disciplines. The share of expensive commercial debt in total government debt rose from 13.4% in 1995 to 60% in 2008. By contrast, much cheaper bilateral debt fell from 40.5% of the total in 1995 to 17.3% in 2008 and similarly cheap multilateral development debt fell from 40% to 23% over the same period (*Figure 2.3.4; Table 2.11*).



The switch occurred, even though the price of commercial debt (at more than 7% per annum) was consistently more than twice that of the bilateral and multilateral development financing. Correspondingly, the financial sector had several years of relatively risk-free high income premiums, without having to take the risk of innovating with financial instruments that facilitate the development of domestic capital. In nominal terms, the sector grew at an average of 9.2% between 2000 and 2008 while nominal investment grew at only 1.1% and, as we have seen before, real investment fell dramatically. During the same period, financial charges grew at 17.9% per annum (*Figure 2.3.5; Table 2.12*).

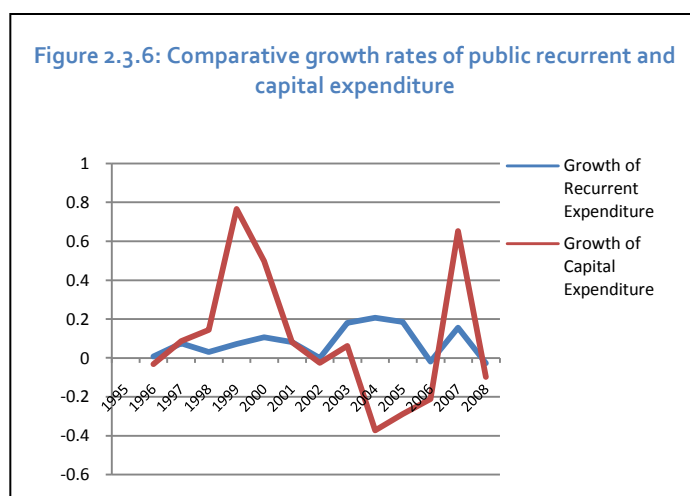
¹⁴ Finger, H. and Mecagni, M. (2007). Debt Sustainability after Restructuring. IMF Survey Magazine: Policy. <http://www.imf.org/external/pubs/ft/survey/so/2007/POL0511A.htm>.

Further, since 2000, the public debt has grown at a rate of 17.5% per year, well above the rate of growth of exports. The latter averaged 8.5% per year, inclusive of two outlier years of 2005 and 2006 when exports increased by 16% and 26%, respectively. These reflect the emergence of the oil industry and expansion of the shrimp sector. Excluding the outlier years, exports grew at an average of 5%, while imports grew faster at 8.9% per year. Further, the growing debt was used primarily to finance an increasing emphasis on consumption-oriented recurrent spending, mainly emoluments and debt service.



Over the period 2001-2008, consumption-oriented recurrent expenditure grew at 9.6%, faster than government spending on capital formation, which grew at 3.2% (**Figure 2.3.6; Table 2.13**). This absorbed as high a share as 81% of the budget in 2008.

However, the crucial observation, consistent with the overall decline in the rate of investment since 2002, is that the government capital spending declined at an average rate of 4.1% since 2001, with three consecutive years of very rapid decline of 37.3% in 2004, 28.9% in 2005 and 21.1% in 2006. Moreover, the joint effect of all trends identified in this background was to crowd out the various forms of public capital spending needed to support the poverty reduction effort through domestic capital formation and the related process of switching techniques. Consequently, sectors such as the specialist export sectors come under pressure through negative price shocks. This crowding out of domestic savings and domestic capital is in substantive contradiction to the MDG agenda generally, and to expectations of the advocates of international cooperation for development, who anticipated a substantial role for domestic savings and the saving rate (Lewis, 1954¹⁵; Devarajan, et al, 2002).



¹⁵ Lewis, W.A. (1954). Economic Development with Unlimited Supplies of Labour. *The Manchester School of Economic and Social Studies*, Vol. 22, May, pp. 139-191.

The main implication of this analysis is that one of the causes of impoverishment was the decline in gross real investment, especially investment in domestic capital, accompanied at the same time by an increase in foreign claims on the output and income produced by the economy. In the absence of a strong programme of rapid domestic capital formation, globalization and integration into the global financial system was not accompanied by adequate measures to improve the absolute and relative capacity of the local community—especially the poor, the vulnerable and the local middle classes—to win opportunity for investment, income and consumption. Put differently, the patterns of growth of GDP per capita have not been particularly good for the poor and vulnerable in Belize. The Scorecard presented in Section III includes an assessment of the extent to which the achievements and failures on MDGs reflect or underscore these macroeconomic patterns.

The increase in the rate of poverty in Belize was only exacerbated by the current global financial and economic crisis. The Belize Country Poverty Assessment indicates that 15.8% of Belizeans are now indigent. This translates to an increase in indigence of 46%, compared to a much lower 23.3% rise in the level of poverty. Furthermore, the severity of poverty has increased since 2002. These figures demonstrate that Belize is far off track in the fight against extreme poverty and hunger and will not meet the targets of this MDG by 2015.

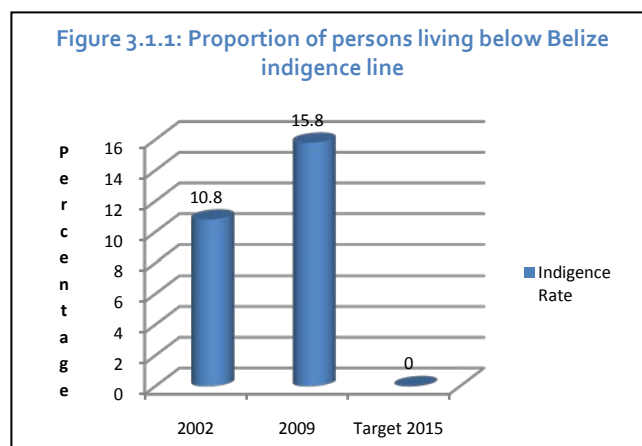
SECTION 3: THE BELIZE MDG SCORECARD

3.1 Goal 1: Eradicate extreme poverty and hunger

3.1.1 Target 1: Halve, between 1990 and 2015, the proportion of people living below the Belize indigence line.

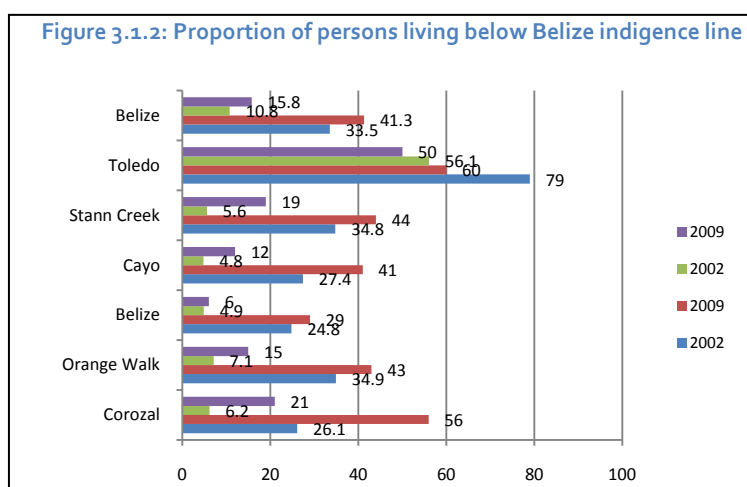
Indicator 1.1: Proportion of people living below the Belize indigence line, 1995, 2002, 2009 (Percentage)

Approximately 15.8% of Belizeans lived in indigent conditions in 2009, up from 10.8% in 2002 (Figure 3.1.1; Table 3.1.1). This represents a 46% increase over the period. As is the case for general poverty, this increase puts Belize well off the path to achieve the MDG by 2015 and is also inconsistent with the expectation of a general reduction in poverty by the National Poverty Elimination Action Plan (2007-2011).



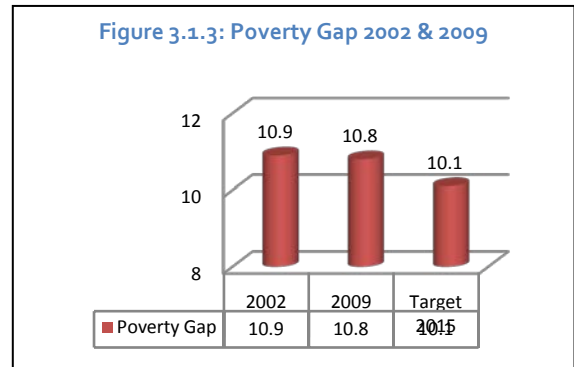
There have been significant changes in the distribution of poverty and indigence by district. Compared to 2002, the poverty rate has risen sharply in the northern districts of Corozal (from 26.1% to 56%), and Orange Walk (from 34.9% to 43%), while the rate has fallen significantly in Toledo (from 79% to 60%) (Figure 3.1.2; Table 3.1.1).

Thus, the districts of Corozal and Orange Walk have now joined Toledo as the focal points of poverty reduction in the country. The change is linked to the vulnerability of export agriculture to large negative exogenous price shocks, combined more recently with the negative demand shocks from the global economic crisis and natural disasters.



Indicator 1.2: Poverty gap ratio

The Belize poverty gap ratio has been estimated at 10.8 for 2009.¹⁶ This means that the typical indigent person consumes at a rate that is about 10.8% below the relevant poverty line. The poverty gap of 10.8 in 2009 represents a decrease from 10.9 in 2002 (*Figure 3.1.3; Table 3.1.2*), but is still well above the gap of 10.1 targeted by the National Poverty Elimination Action Plan 2007-2011.

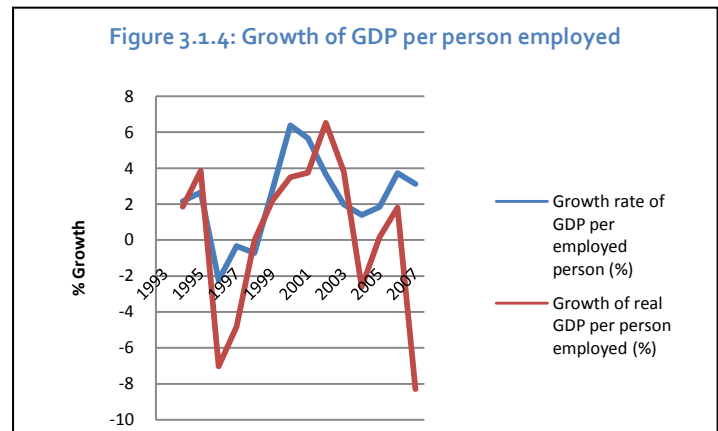


Indicator 1.3: Share of poorest quintile in national consumption

Households in the poorest quintile accounted for 9.4% of total consumption spending in 2009. The wealthiest quintile consumed approximately four times that amount, accounting for 37.7% of total consumption. The more general GINI measure of inequality indicates that the inequality levels increased over the period since 2002. The estimate for 2009 was 0.42, significantly higher than 0.4 for 2002.

Indicator 1.4: Growth rate of GDP per person employed

The data on GDP per worker provide clear support for the observed trend in general poverty and indigence. These are graphed summarily in *Figure 3.1.4* and specified in detail in *Table 3.1.3*. The data show that the rate of growth of GDP per worker, measured at market prices (US\$), has trended downward, though with some irregularity, since 2000. More important, since 2002, the period of dramatic increase in poverty, the rate of growth of real GDP per worker, which is to say labour productivity growth, fell even more dramatically.

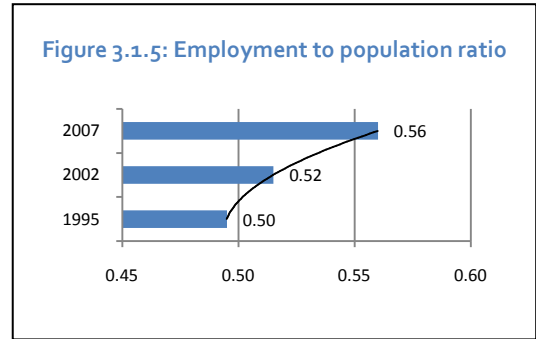


The data are consistent with the above indications that the rate of investment generally, and investment in domestic capital in particular, declined significantly over the same period. Under such conditions, the observed increase in poverty was the most likely outcome in the absence of a radical programme of income redistribution. Importantly, no targets were set for this indicator in the National Poverty Elimination Strategy, so only an intuitive interpretation of performance is possible against the actual trends in poverty and investment. This also signals that the MDGs play an inadequate role in wider medium-term macroeconomic planning.

¹⁶ It is worth indicating here that, as indicated in the annexed metadata, the poverty gap measures the average intensity of poverty (or of indigence) as the average distance at which persons consume below the poverty line (or the indigence line in those cases), taken as a proportion (or percentage) of the poverty line (indigence line). The mean is computed over the population as a whole, so that persons who consume above the poverty line (indigence line) are scored as having a gap of zero.

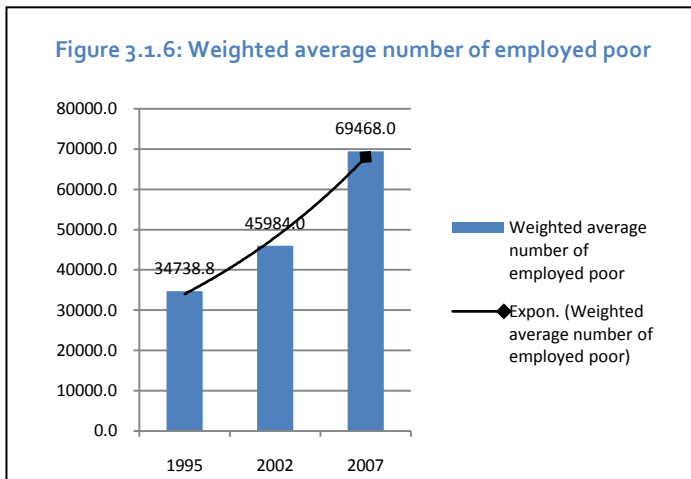
Indicator 1.5: Employment-to-population ratio

The employment ratio was also increasing, from 0.495 in 1995 to 0.515 in 2002, rising further to 0.56 in 2007 (**Figure 3.1.5; Table 3.1.3**). The growth of the poverty rate (and of the indigence rate) over the same period signals that the new jobs being created might have been very low-end jobs which yielded incomes that are not adequate to lift the families of those earners above the Belize poverty and indigence lines.



Indicator 1.6: Proportion of employed people living below \$1 (PPP) per day

In the absence of credible data related to purchasing power parity, Belize has opted to report on the general poverty or headcount rate, defined by the percentage of employed persons living below the poverty line defined in the Country Poverty Assessment Survey. Based on that data, Belize is far off track from a credible path to poverty reduction among the employed by 2015. Rather than falling,



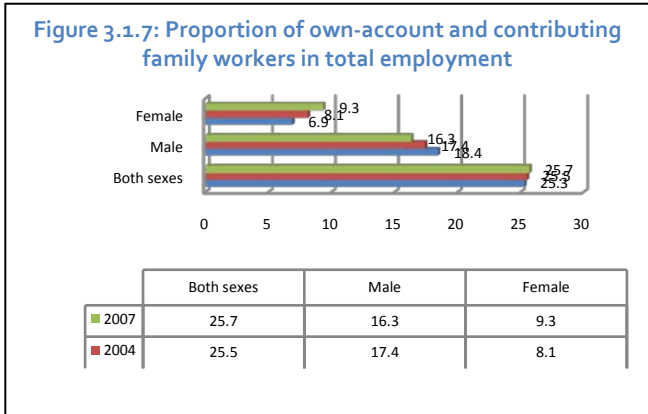
the number of poor employed in Belize has grown considerably since 1995 with the rate of poverty. The poverty rate increased from an estimated 33% in 1995 to 33.5% in 2002 and to 41.3% in 2009. Correspondingly, weighted by the numbers in the working population and the labour force, the average number of working poor increased from 34,739 in 1995 to 45,984 in 2002 and then to 69,468 in 2007, assuming the poverty rate of 41.3% is applicable to the latter

year (**Figure 3.1.6; Table 3.1.4**). On this basis, rather than reducing the number of employed poor, Belize is moving in the direction of increasing poverty of the employed poor. This again suggests that, in a context of growing international competition, the capacity-building process is not adequately equipping Belizeans with increasing capacity to win employment opportunity at incomes above the poverty rate.

The National Poverty Elimination Action Plan, 2007-2010, published in 2007, had anticipated a significant and steady *decline* in the poverty rate to 30.5% by 2009, 24.4% by 2012 and 16.8% by 2015 (See **Annex 2**). Since general poverty reduction provides the broad guidelines for the pool of macroeconomic strategies to achieve the MDGs, these figures indicate the need for a major revision in the entire national poverty reduction strategy if the Belize MDGs are to be achieved by 2015.

Indicator 1.7: Proportion of own-account and contributing family workers in total employment

The Belize labour market consists of a significant pool of subsistence and, hence, under-employed workers involved in own-account work and unpaid assistance in typically small family enterprises. The share of such workers in total employment has actually drifted very slowly upwards, since 1995, indicating that the economy has not accumulated domestic and international capital at a rate sufficient to embrace the labour force fully in the capitalist market economy. Indeed, increasing subsistence living is one of the common trends accompanying a pattern of under-investment in relevant capital, whether domestic or foreign. Importantly, the rising rate of subsistence employment has been largely on account of rising female participation as subsistence workers. While the share of subsistence males working in the country has drifted downward, from 18.4% in 1995 to 16.3% in 2007, the share of female subsistence workers has increased comparatively faster, from 6.9% of the employed pool in 1995 to 9.3% in 2007 (Figure 3.1.7; Table 3.1.5).



Considering the dominant role of females in provisioning the home and managing the core problems of poverty on a daily basis and in the absence of major programmes to adequately capitalize on self-employment efforts, this indicator is to be treated as an opportunity to review policies and strategies that would enable the creation and expansion of economic spaces that allow for greater participation of women in the labour force. This indicator also signals the need to assess opportunities for skills development required to increase the productivity of those who remain under-employed in the labour force.

3.1.2 Measures Required to Achieve Goal 1

Belize is substantially off track to achieve MDG1 and while there are ongoing national interventions that are likely to increase the chance of achieving the MDG targets, there are considerable fiscal constraints that will influence the drive to reduce poverty by 16.6% in 2015. The national efforts for poverty reduction should now focus on expanding capital expenditure, growing domestic capital and generating employment to target the poor in the poverty stricken areas of the country. Efforts to achieve this MDG should also take into account the need for a migration policy that harnesses the productive and intellectual capacity of migrants who can build and strengthen Belize’s domestic capital.

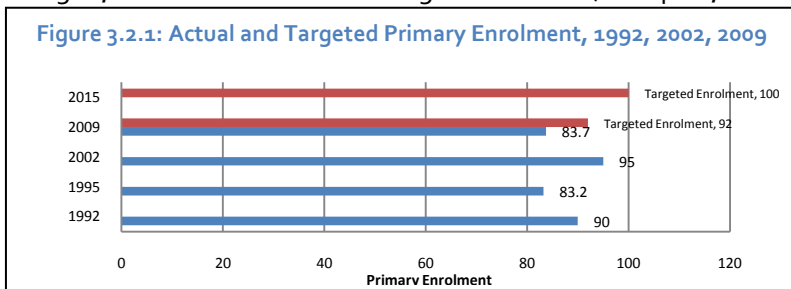
Poverty reduction efforts will therefore need to directly target the new poor at the same time that government is expanding programmes to grow domestic capital formation. In view of the increase in poverty by 7.8 percentage points, these programmes should directly target vulnerable population groups through expanded social assistance programmes. Improved targeting of the poor for education subsidies and grants to cover the cost of higher education is also crucial if the country is to grow and diversify its skills base. Support for entrepreneurship and housing at affordable costs are also essential to lift many out of poverty.

3.2 Goal 2: Achieve universal primary education

3.2.1 Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicator 2.1: Net enrolment ratio in primary education

Primary Education in Belize is mandatory for all children ages 5- 14 years. While no tuition fees are charged, there are other increasing direct costs (transport, school uniform and school books)¹⁷ that



families must meet for enrolment of their children in both government and government aided institutions. As indicated in the National Poverty Elimination Action Plan of 2007, government's

commitment was to achieve a rate of 92% net enrolment by 2009, on the way to 100% by 2015. Net enrolment is defined as the percentage of children in the age group 5 to 12 years who are enrolled and attending primary school. The trend shows that while the number of 5 to 12 year olds enrolled in primary schools has increased steadily over the years, the "net" enrolment of this age group in primary schools has been on the decline. Primary net enrolment fell from 90% to 83.2% between 1992 and 1995, but increased again to 95% in 2001/02 and has been declining over the past 7 years to 83.7% in 2008/09 (**Figure 3.2.1; Table 3.2.1**). This apparent contradiction of trends reveals that investment to increase access to primary education has not been able to keep pace with a growing population. The declining enrolment may likely indicate that while the number of children in this age group is growing, many are not enrolled in the primary school system. Further analyses on the effect of migrant populations on the primary education sector need to be conducted.

Other key factors explaining declining primary attendance and increasing primary dropout rates are the inadequacies in the processes to sustain quality education (particularly at the primary level), the high proportion of untrained teachers, especially at the early grades, and the absence of role-models who can motivate young boys to stay in school. At the level of the home, contributory factors are the high and rising numbers of female-headed households,¹⁸ poverty, and low parental capacity to provide the structure and information needed to establish and maintain effective discipline and support the building of life skills.

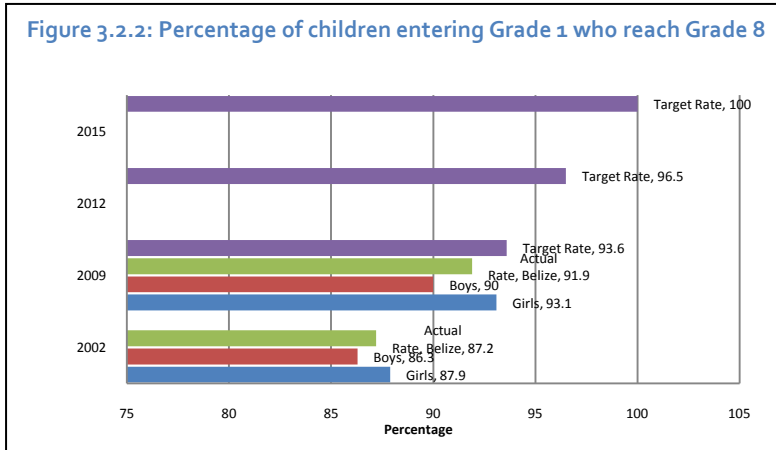
Given these factors and resultant slippage in primary net enrolment rates, Belize is not poised to achieve the target rate of 100% primary net enrolment by 2015.

¹⁷ International Institute for Education and Planning, Poverty and Education. Servaas van der Berg. Education policy series 10. ISBN:978-92-803-1322-2, page 22.

¹⁸ Typically, female-headed households are single parent households, which are also relatively large.

Indicator 2.2: Proportion of pupils starting Grade 1 who reach last grade of primary (Grade 8)

As shown in **Figure 3.2.2**, the expected completion rate is up overall and the expected completion rate for girls is virtually on track. A critical indication of improvement in the living conditions of the poor and vulnerable is the progress being made to ensure that children entering primary school



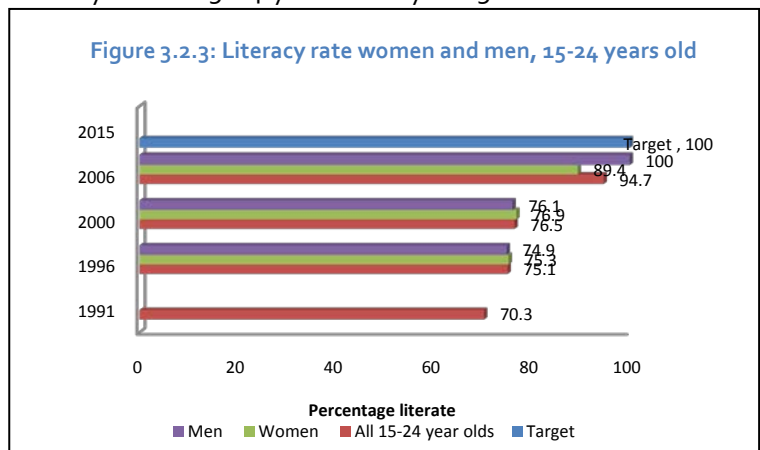
complete the full eight years of schooling. For Belize, the proportion of pupils who start Grade 1 and are expected to reach the last grade of primary school (Grade 8) increased steadily in the last 7 years, from 87.2% in 2002 to 91.9% in 2009. This performance has fallen short of the national target of 93.6% set for 2009.

The deficit is an indication that even though the Ministry of Education receives 20% of government revenue after debt payments, the investment has been inadequate to ensure full participation of all children in school that would set the country on track to achieve the goal of 100% in 2015 (**Table 3.2.2**). The completion rate for girls has outpaced that for boys in each year.

Additionally, in 2009, the gap between girls and boys was higher than in 2002, indicating that the girls are leaving the boys behind in terms of the rate of survival up to Grade 8. The rate for girls is very close to the targeted rate for the nation.

Indicator 2.3 - Literacy rate of 15-24 year-olds, women and men

Belize committed to achieving 100% literacy for all 15-24 year olds by 2015 and the intermediate target rate for 2009 was set at 90.6% (**Annex 2**). The literacy goal has been achieved for males but not yet for females. Defining as literate all persons who have completed at least 7 years of formal primary education, the literacy rate grew in the inter-census decade from 70.3% in 1991 to 76.5% in 2000. By 2006, it was 94.7%, well above the target rate of 90.6% and clearly on track to meet the goal of 100% by 2015 (**Figure 3.2.3**). At 100% literacy, men had already achieved the target by 2006 and women were at 89.4%, just at the rate targeted for 2009.



These data indicate that Belize has met and surpassed its literacy targets. The central problems of poverty related to literacy, however, are not merely the remaining pockets of illiteracy but may much more likely be the question of preparedness to compete for higher quality jobs as the economy evolves. The literacy rate may be a very low baseline indicator and the country will need to re-consider the related targets to better align them with the skills needed for poverty reduction. Some of this will become evident from the gender data presented for MDG3.

The present high and increasing trend in the literacy rate reflects the need to improve the quality of education and ultimately to achieve the goals of reducing both the current levels of poverty and the transmission of inter-generational poverty. The decline in enrolment at the primary level of 16.3% in 2009, and a concurrent incompleteness rate of 8.1% in 2009, if unchecked, could cause a *decline in this upward trend in the literacy rate* in the future. From a monitoring perspective, trends in enrolment, completion of the last grade of primary school (Grade 8), and the literacy rate require the tracking of inter-temporal changes of these three indicators at the district level. Such tracking should aim to: *a) assess progress in view of the national target; and b) evaluate the six districts to determine their progress; i.e. those that are improving, those that may be declining and those that may remain static.* This would allow for fine-tuning of geographical targeting and improving the efficiency of spending at the local level. It would also provide for an inter-temporal, district-wide comparison in order to assess progress of these three targets through to 2015, and would help to ensure their attainment.

3.2.2 Current Interventions Directed Toward Achievement of this Goal

Belize has met and surpassed its literacy target but is not on track to achieve the overall education goal in MDG2 by 2015. There are a number of interventions currently under implementation that will likely contribute to steering further progress in this goal.

Quality School Initiative

The Quality School Initiative (QSI) is an effort currently being piloted in 5 schools on the Southside of Belize City as well as in 5 schools in the Toledo District. This initiative fosters collaboration and partnership among teachers, students, parents, staff, principals and other administrators. The QSI curriculum is geared towards building student knowledge, strengths, and critical thinking skills, and to developing positive attitudes.

Nutrition Programmes

In the absence of a national school nutrition programme, small-scale school feeding programmes are being funded by various denominations, non-governmental organizations (NGOs) and private individuals and entities. Currently, government provides limited funding for nutrition programmes; these require scaling up of all resources to have meaningful impact.

Adopt a School

The “Adopt a School” programme provides an avenue for the private sector to contribute to the enhancement of the school learning and social environments with benefits to both teacher and students. The “Adopt a School” programme provides creative ways by which various organizations can provide small-scale support that could positively impact achievement of this MDG. These interventions should be specifically targeted towards schools that are in disadvantaged neighbourhoods and rural areas. It should be noted that, in general, educational programmes require financial support other than government funding and that the private sector is a key stakeholder in ensuring success in meeting the MDG2 target.

3.2.3 Measures Required To Achieve Goal 2

Effective delivery of education in Belize is imperative in order to reach this MDG. The Ministry of Education will need to be proactive but it will also need to be supported as it addresses the challenges in the system to spur gains in learning achievements. Some crucial considerations should include improving the physical infrastructure of education facilities, ensuring an adequate supply of skilled teachers who are suitably trained and sufficiently motivated to deliver relevant and engaging curricula to students. In order to support school enrolment and retention, the Ministry of Education will also need to assess the adaptation of non-academic measures including social protection programmes such as support to school feeding programmes, encouragement for effective parent and community engagement, enforcement of parental accountability laws, adoption of relevant and response curriculum, and promotion of safe, healthy and supportive learning environments in the primary schools. To ensure significant and consistent gains in student enrolment and attendance and in teacher quality and retention, it will be necessary to invest in effective supervision and monitoring arrangements in the education system, improve governance and tracking mechanisms, ensure clarity in roles and responsibilities and maintain synergies in the use of resources and capacities.

The Ministry will also need to assess key factors to explain the declining primary school attendance rates such as the high cost of education (particularly with regard to fees and related expenses), inadequacies in the quality and relevance of education (particularly at the primary level), the high proportion of female compared to male teachers (especially at the early grades) and the absence of role-models to motivate students, especially males, to stay in school. There is also need to strengthen the school-home connection for the child and parent. Aggregated data for two consecutive years¹⁹ indicate that the attrition rate at the primary school level is cause for serious concern. Further, statistical research and analysis is required to determine the extent to which this situation persists as well as the underlying contributing factors and strategies to be implemented to reduce its occurrence.

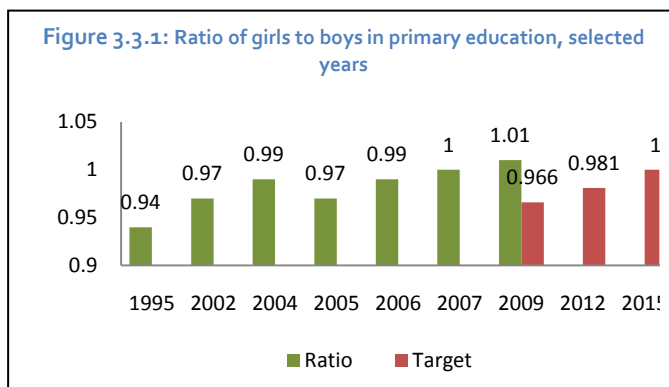
¹⁹ Education Statistics Digest 07-08, Ministry of Education

3.3 Goal 3: Promote gender equality and empower women

3.3.1 Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator 3.1 - Ratio of girls to boys in primary, secondary and tertiary education

The ratio of girls to boys in primary education shows that the proportion of girls relative to boys has increased. This reflects a positive achievement for girls. In 1995, the ratio of girls to boys in primary education was 0.939. By 2002, the ratio was up to 0.97 and at year end in 2009 it has been reported at 1.01 (**Figure 3.3.1**). *In other words, for every 100 boys in school there are 101 girls enrolled.*



The fact that girls are now outnumbering boys in primary school suggests two things. First, the focus on girls has been successful and must be maintained. Second, there is now a need to focus on educational policies and strategies that would help reach full parity with boys and girls at the primary school level. However, one in every twenty boys and one in every twenty girls do not attend primary school. It will therefore be important for the education sector to thoroughly review and understand the root causes of this imbalance, and address these urgently. Beyond the issue of parity there is also need to focus on the overall participation of children of high school age who are not attending school. In 2006, the Multiple Indicator Cluster Survey (MICS) reported that merely 58.7% of children who are of secondary school age are attending secondary school and of the remaining 41.3%, approximately 14.9% are in primary school. The remaining 26.4% are out of school.

A recent national conference²⁰ with primary school principals and stakeholders in education found that much of the explanation for the male to female school enrolment disparity point to socialization patterns. There are expectations and encouragement for boy's behaviour which are different from that for girls and are generally not conducive to their success in school. The consultation also informed that some actions by parents favour boys dropping out of school to seek early entrance into the work force. "Male privileging²¹" is also seen as an issue in raising boys with the effect that they are left ill-prepared and unfit for the school environment²².

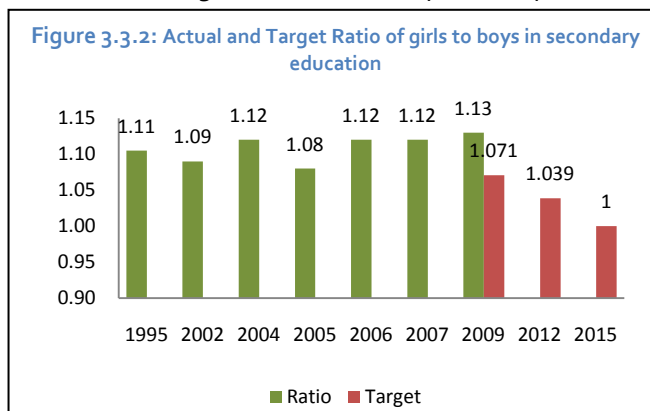
²⁰ The Unspoken Gender Dimension: Boys and Education Conference, UNICEF 2007

²¹ Male Privileging is a situation where boys are allowed seemingly more social freedom in the home than girls. This is described in the UNICEF Boys and Education Conference Report, 2007

²² *ibid*

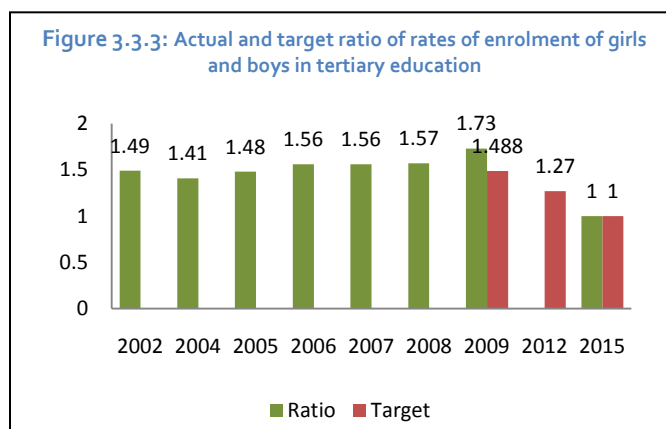
In agricultural communities, the labour of boys is considered more valuable than that of girls and, while boys are likely to drop out of school to work on farms, girls are more likely to complete their schooling. This national conference further noted that many in the Belize education system are critical of the suitability of the teaching methodologies and curricula as a means to address the current lack of parity in education.

The need for corrective interventions is even more evident in the case of secondary education. Here, the target of parity of attendance rates between girls and boys was also achieved and surpassed by 2002.



The ratio of girls to boys was 1.105 in 1995, reached 1.087 in 2002, and has now risen to 1.13 in 2009 (**Figure 3.3.2**). Thus, while Belize has been exceedingly successful in bringing girls fully into secondary education, it is notable that the small gender gap previously evident in primary school has widened considerably at the secondary school level. This widening gap indicates a need to sustain and improve upon the gains made for girls, while introducing efforts to ensure that boys are not left behind. With a sufficient medium term lag, such disparity would normally play a significant role in the level of poverty. Consequently, it is important to understand the root causes of this gender imbalance and urgently develop relevant interventions targeting boys.

The same pattern of imbalance is repeated in tertiary education. Belize has done well to encourage girls to take up available tertiary places as the basis for ensuring improved capacity to win opportunities for entrepreneurship, income and consumption, but the country has faced challenges in achieving and sustaining parity between boys and girls. The relative enrolment rate of eligible girls to boys increased dramatically from 1.488 in 2002 to 1.73 in 2009 (**Figure 3.3.3**). Increased investment in tertiary education in an increasingly globalized world will be important in developing the capacity to compete for high-quality, high-paying jobs and business opportunities in the local and international market place.



The results partly reflect the widening of gaps starting at the earlier primary and secondary levels, and most fundamentally, in the early childhood phases of education.

However, there is clearly a need to rethink strategies for and approaches to investment in relevant capacity development for both males and females. This includes curriculum revision and skills development for competency and confidence-building in the pursuit of any chosen career.

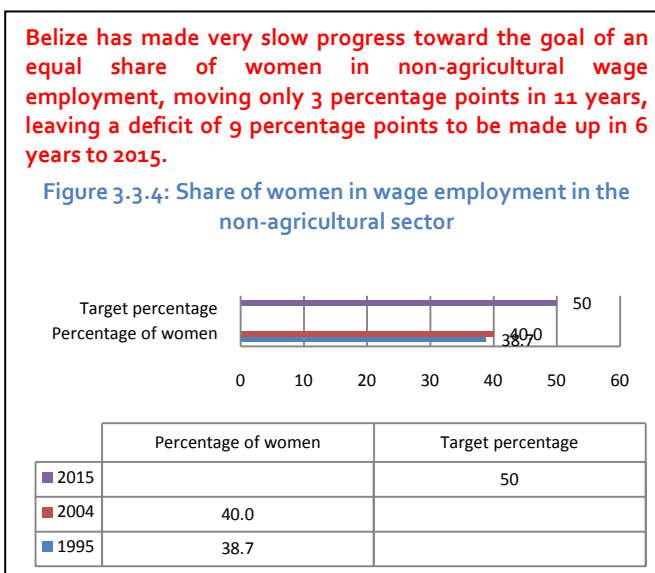
It should be noted that the indicator on parity in education does not touch on the issue of educational quality. Some argue that girls and boys upon completion of schools are not satisfactorily equipped with the skills and capacities needed to make them productive members of the workforce. On a related note, the statistics do not capture the extent of the (reportedly common) practice of “social promotion”; that is, promoting failing children to a higher grade in primary school in order to keep them with their cohorts.

It is notable and significant that Belize had been successful in achieving, the indicator on gender parity in primary and secondary education. However, gender parity in education is closely linked to poverty reduction and should be given great attention. The fact that girls are in Belize are doing well in school is a cause for celebration. At the same time however, it cannot be emphasized enough that it is gender parity that is important, not the success of one sex or the other. As such, the parity gap that can be seen at all levels of the education system at present must be addressed.

Indicator 3.2 - Share of women in wage employment in the non-agricultural sector.

Women who are not yet in the labour force, or not yet in the non-agricultural sector, represent a considerable resource that can be deployed into non-agricultural employment, as the basis for exploiting available development opportunity. Yet, Belize has made only very slow progress toward the goal of an equal share of women in non-agricultural wage employment. Since 1995, i.e., over 11 years to 2007, the share has moved only 3 percentage points, from 38.7% to 41.7%, with a 9 percentage point deficit to be made up by 2015 (*Table 3.3.1*). Despite increased participation of females in education, there is still slow movement in women’s participation in the formal workforce.

The slow progress is another manifestation of the under-investment in the type of capacity needed to absorb women from current paid agricultural employment or in the subsistence sector of the self-employed into forms of employment in which they use adequate levels of capital. This indicator takes into account women’s active and leading roles in other critical areas of employment such as in the health sector, NGO management, and education. While women tend to have a strong presence in these sectors it still remains that more men than women are likely to access higher paying jobs including those outside of the agriculture sector. Belize is currently implementing its national census which will provide additional information on women’s employment in the non-agriculture sector. Community-based infrastructure development, accessible and relevant education, health, housing and the general capacity-building support to produce and commercialize intellectual property are all crucial to advance achievement in this MDG.



Indicator 3.3 - Proportion of seats held by women in national parliament

The National Poverty Elimination Strategy (2007-2011), strives to support gender equality and women's empowerment as a "principle of good governance." Investment of resources, both human and financial, in good governance arrangements is a fundamental indicator when it comes to investment in national capacities, albeit an indicator which tends to show a certain time lag. In turn, the preparedness of women to participate in political processes on par with men is a fundamental indicator of the adequacy of such investment. This indicator is not simply a measure of how many women and men are involved in governing; it goes beyond this and speaks of representation and equality in national decision-making, and equity in national development.

The overall presence of Belizean women at the national decision-making level is low. It is notable that Belize has not shown significant progress in this area; in fact, some regression is evident. In 1993, 3.45% of the seats in the Lower House of the Belize Parliament were held by women. Whilst this improved to 6.9% in 1998, there has been persistent regression since. As of 2003, only one seat was held by a woman and by 2008 there were none (*Figure 3.3.5*). At the sub-national level, the story is somewhat better, yet similar.

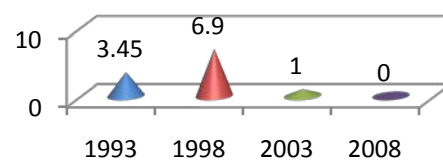
About 32 per cent of elected village council members and two out of nine mayors are women. Per the constitution, mayoral candidates are voted for separately from candidates or councillor so that these two positions reflect poll results and not appointments. It is important to understand that in Belize women are active, vocal and visible in many parts of public life.

Efforts to improve the level of women's participation in politics involved a first "Women in Politics Project" (WIPProject). The project was a flagship initiative for the National Women's Commission of Belize and was also a first for the Caribbean region. It is designed to build a critical mass of women who want to serve as political leaders and provides them with theoretical and practical training in several areas of politics, including Voter Education, Parliamentary Procedures, The Belize National Gender Policy, and Running a Political Campaign.

The former Deputy Prime Minister of Barbados, Dame Billie Miller was the guest speaker at the first WIP Graduation ceremony held on March 24, 2010, where 47 women graduated after 15 weeks of intense training. Dame Billie said, "Young women have been exposed to leading edge political realities. It is quite an accomplishment and unlike anything of its kind that I have encountered."

The "Women in Politics Project" (WIPProject) was launched on October 22, 2009 with 53 women of all ethnicity, ages and educational qualification.

Figure 3.3.5: Percentage of seats held by women in the lower house of the Belize Parliament



They are actively involved in leading and managing large portions of the NGO/CBO²³ sector and frequently use this medium to advocate for change. They are represented in significant numbers at the technical level and the mid-management level in the public sector and in the private sector. Of the sixteen Chief Executive Officers in Government, six (6) are females. Women are often the main drivers of church and community groups. In light of this, their relative absence from the political process suggests that there is room for improvement in terms of their representation at the highest level of national decision making. One implication of their absence at this level is that some sectors, typically those that are led by women, do not have as strong a voice as their numbers suggest. It is imperative that more women are represented in the national government to directly influence positive change and eliminate gender disparity at all levels.

The commitment embedded in the Millennium Declaration is that, by 2015, Belize would make consistent and continuous improvement in the relative capacity of women to access opportunities to serve as constituency representatives. In order for this to happen, some of the root causes of women's absence from political leadership roles will need to be addressed. It is evident that women at the national level are not only far less likely to be voted into office, but are also far less likely to enter into public life. Anecdotal evidence and interviews with women suggest that cultural norms and traditional perceptions of the role of women predominates, and as such, women continue to work "behind the scenes", without stepping forward for election, and without being asked.

3.3.2 Current Interventions Directed Toward Achieving this Goal

Data to guide specific interventions and a proactive policy framework for women's empowerment is crucial to support Belize's achievement of this MDG. Currently, the National Women's Commission is using the 2010 census to collect data on national perceptions of women's role in public life.

This information will further enhance the work of the Commission and influence policy direction for greater participation of women in public life. There is also an innovative and proactive initiative to train women in leadership and politics and thus prepare them for entrance into electoral politics. Also, several instruments that directly impact women's status and well-being in Belize such as the Prevention of Sexual Harassment Act and the Families and Children Act are currently under review to ensure further inclusion of women's rights and entitlements in development policy and planning. The Belize National Gender Policy is newly revised.

There is reason to be optimistic with regards to Belize's progress in this this MDG, despite the statistics. The benefits from the continued successes of girls in school will become evident in the longer term, as more educated women, particularly those who have completed tertiary level education, will likely enter the work force. Additionally, the presence of significant female leadership in the NGO sector and community-based organizations is evidence that public spaces for women leaders continue to be created. The challenge, however, will be to bring greater visibility to their presence and to promote their active participation in electoral politics.

²³ Community-based Organizations.

A number of NGOs, including Belize Enterprise for Sustainable Technology (BEST) and the Women's Issues Network (WIN) Belize are engaged in income generation and vocational training for young women since greater economic empowerment is likely to positively influence women's participation in national politics.

3.3.3 Measures Required to Achieve Goal 3

Belize will not achieve this goal by 2015. The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in its recommendations to Belize's 3rd and 4th periodic report (July 2007) cautioned that the country would need to fast track women's political leadership by putting in "special temporary measures" for women's political representation at the highest parliamentary level. To date, this has not yet occurred though the next reporting period is July 2011. It is unlikely that there will be any change in women's national political representation at this time.

In order to reverse the adverse effects of poverty on women, special attention must be given to adopting strategies that improve their social, financial and political position in the home and in the public domain. There will also be a need to recognize the geographic disparity that influences women's access to education. While girls outnumber boys in secondary and tertiary level education, special attention needs to be given to rural women and girls who are often constrained from completing their education because of cultural norms which enable them to drop out of school at an early age to start families. Additionally, women and girls living in rural areas are less likely to benefit from education and employment since resources tend to target those living in urban centres. All girls and women must be supported to access at least secondary level education in order to build independence and empowerment. Lack of education among women will undoubtedly contribute to increase in poverty among this group, placing them at a further disadvantage in the traditional labour market and in a weak position to undertake viable self-employment.

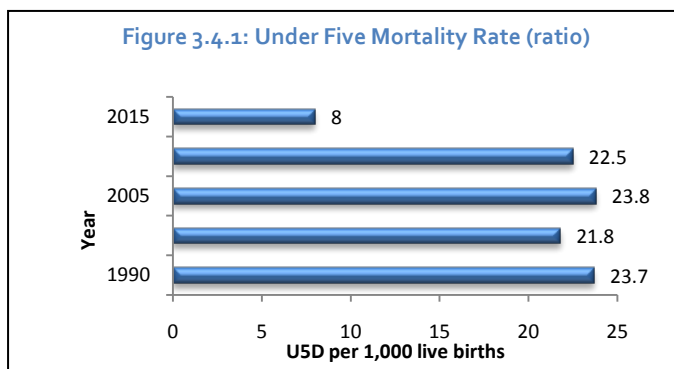
Women's work must also be valued more. Despite equalling and surpassing males in education at secondary and tertiary levels, women continue to be underpaid, even as they experience low participation in economic activity and have inequitable access to means of production. The data in **Table 3.3.2** demonstrate this for Belize since they show that a higher percentage of females receive the lowest level of wages. It is also notable that the mean wage for females is lower, and that a smaller percentage of women receive income in the highest bracket. There is also a need to create more space for female participation in the special areas in the non-agricultural areas of the workforce such as in the legal, medical, business management, law enforcement, tourism, and natural resource management arenas which are male dominated. Mechanisms must be established to facilitate calls from CEDAW to increase women's economic participation to allow for a higher percentage and greater numbers of women in the labour force. Furthermore, women's participation in the formal and informal labour force must be valued as a legitimate national development strategy in order to improve overall national productivity.

3.4 Goal 4: Reduce child mortality

3.4.1 Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicator 4.1 - Under-five mortality rate

In Belize, the under-five mortality rate (U5MR) for 1990 was 23.7²⁴ per 1000 live births and in 2009, the rate decreased to 22.5²⁵ per 1,000 live births (**Figure 3.4.1; Table 3.4.1**). In 2008, a Ministry of Health U5MR projection exercise showed that if this trend was to continue MDG4 would be achieved in the year 2049.²⁶ In Latin America and the Caribbean, the under-five mortality rate fell by 56% between 1990 and 2008, at a weighted annual average rate of 4.5%. Latin America and the Caribbean reported the highest rate of reduction of all regions worldwide that classify their progress toward achieving the MDG target as “on track”. Comparing the under-five mortality rate for Belize in the years 1990 and 2009, there has been no significant change. In 2009, 47% of the total under - five deaths occurred in the neonatal period; globally this percentage is 37%.²⁷ By region, the highest under-five mortality rates are in southern Belize. In 2002, this area also had the highest rates of poverty and indigence and this remained the situation in 2009.²⁸



Indicator 4.2 - Infant mortality rate

The infant mortality rate (IMR) is a useful indicator of a country's level of health or development, and is a component of the *physical* quality of life index.²⁹ The average annual rate of reduction during the period 1990-2007 is 2.9%. For Belize the infant mortality rate for 1990 was 17.6³⁰ and for 2009, 17.9³¹ per 1,000 live births (**Table 3.4.2**). The IMR in 2009 when compared to 1990 has increased by 1.1%. The IMR in the Latin America and Caribbean Region fell from 44 per 1,000 in 1990 to 22 per 1,000 in 2007.³² The main causes of death are those related to the neonatal period.³³ In 2009, 59.3% of the total infant deaths occurred during this period.

²⁴ The Ministry of Health Belize, made an adjustment to its under five mortality rate for the year 1990 utilizing a backward projection methodology whereby rates reported during the period 1992 to 2008 were utilized in estimating the actual rate for that year.

²⁵ Ministry of Health Preliminary Administrative Report, 2009

²⁶ Ministry of Health. Maternal and Neonatal Mortality review, 2008

²⁷ Child Health Epidemiology Reference Group (CHERG) estimates of the percent distribution of under-five deaths by cause available in the WHO, World Health Report 2005; estimates of total under-five deaths for the year 2006 based on the work of the UNICEF/WHO/World Bank/UN Population Division Child Mortality Estimation Group (available in the forthcoming The State of the World's Children 2008).

²⁸ Belize Poverty Report 2002, Central Statistical Office, Belize.

²⁹ Morris, Morris David (January 1980), "The Physical Quality of Life Index (PQLI)", *Development Digest* 1: 95–109

³⁰ State of the World's Children 2009, UNICEF.

³¹ Health Statistics of Belize 2004-2008, Ministry of Health and PAHO/WHO.

³² Some caution should be exercised in the interpretation of these rates because of the small numbers in the population and in the observed cases.

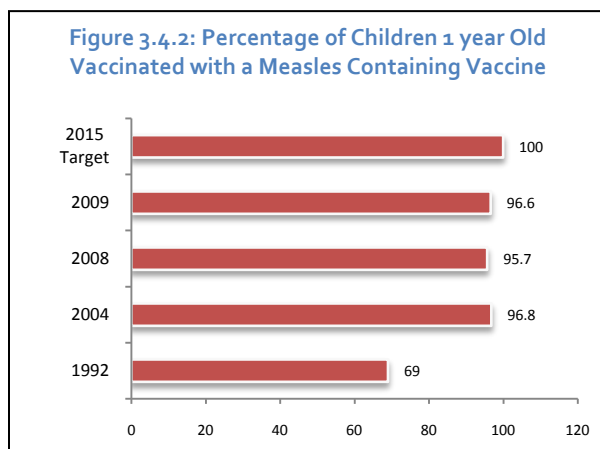
³³ The neonatal period is the period from birth, 27 completed days after birth.

Nutrition is one of the leading contributors to infant mortality rate. Further, among the basic and underlying causes of under-nutrition are the environmental, economic, and socio-political contextual factors, with poverty having a central role.³⁴ Poverty in Belize increased from 33.5% in 2002 to 41.3% in 2009, and it is expected that this increase in poverty would have impacted negatively on child health. Nutrition is a desperately neglected aspect of maternal, newborn, and child health.³⁵ Notably, the exclusive breastfeeding rate up to 6 months of age for Belize was 10% in 2006.³⁶ The stunting rates among children under five years of age have shown very slow progress in reduction from 18%³⁷ in 2002 to 17.6%³⁸ in 2006. Stunting, severe wasting, and intrauterine growth restriction are among the most important problems affecting with the health and wellbeing of women and children.³⁹

Indicator 4.3 – Proportion of 1 year-old children immunized against measles

Despite the high migration rate from neighbouring countries into Belize, measles vaccination coverage for children who are one year-old has been achieved and maintained to the minimum accepted standard of 95%. In 1992, vaccination coverage was only 69%. However, by 2004, coverage increased to 96.8%, above the goal of 96.6% set for 2009 (**Table 3.4.3; Figure 3.4.3**). The Belize national vaccination schedule provides antigens against eleven vaccine preventable diseases. Vaccines are provided to the target population at health facilities and during mobile clinics.

The private sector provides around 30% of the vaccines (Belize District) through facilities procuring services for the national health insurance. The success of this vaccination programme has meant that Belize is now within 4 percentage points of the 2015 target of 100% measles vaccination coverage, a performance that is in correspondence with the commitment of the Government of Belize to ensure 100% of vaccines and logistics every year.



The expanded programme on immunization includes a surveillance system through which immune preventable diseases are monitored. Immune preventable diseases have not been the causes of death in children under five in the last 9 years.

There have been progress in some process indicators addressing the under five mortality rate, such as, high prenatal care coverage (87%), high skilled birth attendant rate (97%), high vaccination coverage and (>95%), maintenance of mobile clinics (every six to eight weeks).

³⁴ The Lancet, Volume 371, Issue 9608, Pages 243 - 260, 19 January 2008.

³⁵ The Lancet, Volume 371, Issue 9608, Page 179, 19 January 2008.

³⁶ Multiple Indicator Cluster Survey, UNICEF, 2006.

³⁷ Belize Country Poverty Assessment, Statistical Institute of Belize, 2002.

³⁸ Multiple Indicator Cluster Survey, UNICEF, 2006.

³⁹ The Lancet, Volume 371, Issue 9608, Page 179, 19 January 2008.

The policies that contribute to reducing under-five deaths are the Sexual and Reproductive Health Policy (2002), Food and Nutrition Security Policy (1996), the Breast Feeding Policy (1996), Companion at Birth Policy (2009), Quality Improvement for Maternal and Neonatal Care Policy (2009), the Family and Children Act and the Public Health Act. Furthermore, the current initiatives implemented to increase child survival are: the expanded programme on immunizations; the Baby Friendly Hospital Initiative; the growth promotion programme at community level; the integrated management of childhood illnesses; and nutrition related interventions, e.g., food fortification, micronutrients supplementation, de-worming and distribution of vitamin A, and information, education and counselling services.

Analysis of contributing factors to under-five deaths, as identified through household surveys and the health surveillance system, indicates that behavioural factors are of great concern. These behavioural concerns include low rate of attendance at early antenatal care (23%),² with the ideal being 60% during first trimester, low exclusive breastfeeding rate (10.2% first six months in 2006), timely complimentary feeding rate (44%), frequency of complimentary feeding rate (36.8%), adequately fed infants (22.5%), home management of diarrhoea (9.3%), and water treatment (19.9%).¹¹

Responses to under-nutrition in children should be broadened to embrace the resources of the health system, including human, financing, and stewardship. Shortage of human resources in health particularly nurses (1.4 per 1,000 population) is significant when compared to other countries, e.g., Finland, 14.7 per 1,000;⁴⁰ Canada, 9.9 per 1,000; USA, 8.1 per 1,000; Bahamas, 2.6 per 1,000; and Caribbean Community (CARICOM) countries, 1.2 per 1,000 population.¹⁶ In Belize about 14% of nursing professionals are placed in the primary health care level at a ratio of 0.2 nurses per 1,000 population.

Even though neonatal deaths represent 47.0% of all under-five deaths, and 59.3% of all infant deaths, there is no neonatologist in the country, and the tertiary care services for neonates are insufficient with respect to infrastructure, human resources, and medical equipment. The existing safety networks do not address sufficiently the behavioural aspects leading to an increase in morbidity and mortality among children, particularly in the most critical period of life (0-35 months). Safety nets should be developed so that they are culturally sensitive and rights-based.

3.4.2 Measures Required to Achieve Goal 4

In order for Belize to achieve MDG4 more investment is required to increase the ratio of nursing professionals per 1,000 persons in the population, especially at the primary health care level. This investment should also ensure the availability of sub specialists, in particular neonatologists, at the tertiary level and the creation of a neonatal intensive care unit with capacity for an increased number of patients and the associated qualified nursing and medical staff required for this level of care. The Ministry of Health recognizes that substantially greater efforts are needed at the institutional and community levels, with adequate social sector investment initiatives and benefits targeting those with the most needs.

⁴⁰ Nurse Labour and Education Markets in the English speaking CARICOM –Issues and Options for Reform, World Bank, 2006

A conditional cash transfer (CCT) programme targeting children 0-35 months including the perinatal period (during pregnancy, child birth, and post natal period) should be implemented since CCT's provide cash payments to poor households (consumption quintiles 1 and 2) that meet certain behavioural requirements/conditionality related to children's health and nutrition. Over 30 countries have some form of CCT programme and evidence shows that where nutrition interventions are low, there is significant potential for CCTs to play a great role in reducing under-nutrition by encouraging groups at high risk to use an effective nutrition service. Uptake of CCTs is also likely to improve quality of health services.

There is also a need to maintain compliance with the national vaccination schedule. The primary objective of the vaccination programme is protection of children against vaccine preventable diseases. A vaccination survey carried out in 2009 showed that approximately 20% of the target population received their vaccines at the scheduled time.

Public health surveillance and data is crucial to inform health promoting strategies and programmes and so there is need to improve the surveillance system for under-five deaths to determine high risk areas to focus interventions. Strengthening the public health surveillance system will enable the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding health related issues for use in public health action to reduce morbidity and mortality among these vulnerable populations.

3.5 Goal 5: Improve maternal health

3.5.1 Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

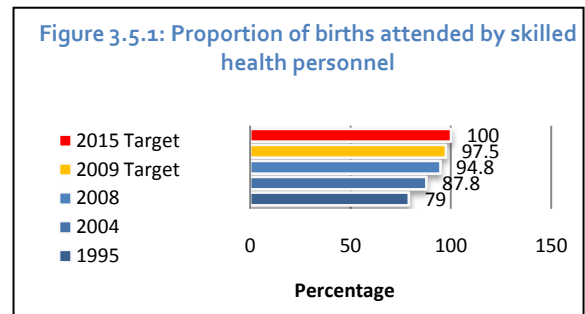
Indicator 5.1 - Maternal mortality ratio

Belize has made qualitative progress in regards to maternal mortality ratio (MMR). The causes of death have moved from direct obstetric complications, such as postpartum haemorrhage and eclampsia, to indirect obstetric causes, such as heart disease, HIV, among others. The MMR for the period 2005-2009 (82.1) is almost twice the MMR reported in 1990 (41.7). By the year 2009 it had decreased to 53.9 per 100,000 live births, slightly above the MMR for the year 1990 (**Table 3.5.1**). In the year 2005, the MMR for Belize was 134.1, which is higher than countries such as Mexico with 60 and Barbados with 16 per 100,000 live births; but lower than Jamaica with 170, Guatemala with 290, and Guyana with 470 per 100,000 live births.

Analysis of available data shows that the Latin American and Caribbean region has reduced MMR from 180 in 1990 to 130 in 2005, at a rate of 3.3% per year. Furthermore, in lower middle income countries the MMR fell from 210 in 1990 to 180 in 2005, at a rate of 2% per year. Belize will be challenged to meet this target as one maternal death in Belize per year represents 1.5 times the MDG to be reached by 2015.

Indicator 5.2 - Proportion of births attended by skilled health personnel

Skilled attendance⁴¹ implies access to a more comprehensive level of obstetric and neonatal care in the event of complications that may require medical/surgical or paediatric interventions. From a baseline of 79% in 1995, the skilled attendance birth rate has increased to 88% in 2004, then to 95.8% in 2006⁴² and to 95% in 2008 (**Figure 3.5.1**). The achievement in 2008 was within 2 percentage points of the 2009 target of 97.5% and 5 percentage points from the 2015 target.



Indicator 5.3 - Contraceptive prevalence rate

Overall, in Belize there has been a significant reduction in the contraceptive use prevalence rate from 56% in 1999⁴³ to 34.3% in 2006.³⁴ By comparison, in Latin America and the Caribbean, the most recent data from surveys indicate that use of family planning among men and women of reproductive age (MWRA) in the most populous countries varies from 18 percent in Haiti to 70 percent in Cuba. Cuba, Colombia, and Brazil have the highest prevalence rates in the region (well over 60 percent); Guatemala and Haiti, the lowest (less than 30 percent). The regional median prevalence rate for Latin America and the Caribbean is 53 percent.⁴⁴

Differences in contraceptive use prevalence rates are observed between women in urban and rural areas (38.8 percent compared to 29.4 percent). Contraceptive use prevalence rate is highest in Belize District at 47.5 percent and lowest in Toledo at 23.4 percent. Adolescents are far less likely to use contraceptives than older women. No more than 12 percent of women aged 15-19 currently use a method of contraception compared to 32.4 and 48.6 percent of 20-24 and 25-29 year olds, respectively. The percentage of women using any method of contraception in Mayan households is very low (15.4 percent).

Contraceptive methods are provided in both private and public sector facilities. The Ministry of Health has recently introduced the provision of contraceptive methods (2008) as one of the interventions to improve maternal and child health. Moreover, the Sexual and Reproductive Health Policy places emphasis on more male involvement in sexual and reproductive issues, including family planning.⁴⁵ Contraception use is part of the wider family planning agenda to protect the health of women and children. Family planning programmes that support increased use of modern contraceptives can affect the number of maternal deaths.⁴⁶ The most direct effect comes from the reduction in the number of births that occur as contraceptive use increases.

⁴¹ WHO defines a skilled attendant as "an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns."

⁴² Multiple Indicator Cluster Survey (2006)

⁴³ Belize Family Health Survey, Central Statistical Office, 1999

⁴⁴ MICS, 2006

⁴⁵ Ministry of Health, National Sexual and Reproductive Health Policy, 2002.

⁴⁶ USAID (2005). How Contraceptive Use Affects Maternal Mortality.

Increasing contraceptive use may also have indirect benefits that reduce the average risk of mortality associated with each birth as a result of a change in the distribution of births toward fewer at-risk births, including among women with underlying medical problems.

Indicator 5.4 - Adolescent birth rate

In Belize, one in every four persons is an adolescent.⁴⁷ Further, in the period 2004-2008, an average of 1,467 adolescents gave birth every year,⁴⁸ amounting to about 20% of the total live births.⁴⁹ In 2001, the adolescent birth rate was 88.5, followed by an increase in 2004 with 99 decreasing to 78 births per 1,000 female adolescent 15-19 years in 2008 (**Table 3.5.2**). The risk of dying from pregnancy-related causes is much higher for adolescents than for older women. The United Nations Committee on the Rights of the Child (UNCRC) is deeply concerned that in Belize persons less than 18 years are not allowed to have any medical counselling including counselling on reproductive health without parental consent. One of the recommendations given is to ensure access to reproductive health services for all adolescents.⁵⁰ Legislative restrictions persist regarding opportunity for adolescents to access sexual and reproductive health services.

Indicator 5.5 - Antenatal care coverage (at least one visit)

Antenatal care coverage is an indicator of access and use of health care during pregnancy. Screening for health and socioeconomic conditions is likely to decrease the possibility of specific adverse pregnancy outcomes, providing therapeutic interventions known to be effective; and educating pregnant women about planning for safe birth, emergencies during pregnancy, and how to deal with them. Belize has made progress since 2004, when 91.3% of women received antenatal care at least once from skilled professionals. This improved to 93.1% in 2005, 94% in 2006⁵¹ and then to 98% in 2008 (**Table 3.5.3**). Belize is on track to achieve the goal of 100% coverage by 2015.

Indicator 5.6 - Unmet need for family planning

The unmet need for family planning is 31.2%¹¹. Unmet needs for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. It can impact maternal mortality and morbidity by reducing unwanted/untimed pregnancies.

Similar to the contraceptive use prevalence rate, this indicator is a reflection of access to appropriate family planning methods and services. The SRH Policy highlights the need for access to comprehensive SRH services including contraceptive services. These services are currently provided by health facilities within the public and private sectors and by the Belize Family Life Association. Moreover, emphasis is being placed on information education and communication strategies targeting high risk women to contribute to a further reduction in Maternal Mortality.⁵²

⁴⁷ Midyear estimate of population for Belize year 2008, Statistical Institute of Belize.

⁴⁸ MOH, Belize Administrative Reports, 2004-2008.

⁴⁹ Ibid.

⁵⁰ Considerations and recommendations from the UN Committee on the rights of the child in the GOB Report presented early 2005.

⁵¹ MICS 2006.

⁵² Maternal Child Health Programme Plan of Action, 2009

The current policies that seek to improve the process indicators related to MMR are: the Sexual and Reproductive Health Policy (2006), the Breastfeeding Policy (1996), the Companion at Birth Policy (2009), and the Quality Improvement of Maternal and Neonatal Care Policy (2009). The interventions targeting women during the preconception period, pregnancy, child birth, and the postnatal period are making pregnancy safer through its pillars of adequate pregnancy spacing, prenatal care, skilled birth attendance, clean and safe delivery, and postnatal care.

The major challenge for Belize is the full implementation of the Sexual and Reproductive Health Policy. Improving the quality and access to reproductive health service can contribute to more significant reduction of adolescent birth rate and the maternal mortality rate, and can increase the coverage rate and the quality of prenatal care, skilled birth attendance and adequate pregnancy spacing. The sexual and reproductive health services should also target the male population because of existing gender inequities, which are having a negative impact on the MMR and its process indicators. Adolescent sexual and reproductive health services also represent a substantial challenge, considering that more than half of the population is below 25 years of age.

3.5.2 Measures Required to Achieve Goal 5

The public health services offered to the population to reduce the MMR are mainly directed to women during obstetric events. However, the existing human resources at primary health care level needs to be increased beyond 0.2 nurses per 1,000 persons in the population to widen the services to non-obstetric female clientele and to males. In addition, investment is required to build the institutional capacity to provide these services at all entry points using a life cycle approach.

Considering the high net enrolment in primary schools and students attending other educational institutions, it is imperative to have effective and efficient implementation of the health and family life education curriculum in schools with clear articulation of sexual and reproductive health education to this captive audience. There is also need for increased advocacy for adolescents to access quality information and other sexual and reproductive health services without parental consent, as well as to increase women's equitable access to safe contraceptive commodities of their choice that are subsidized in line with their needs.

3.6 Goal 6: Combat HIV/AIDS, malaria and other diseases

3.6.1 Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Significant progress has been made in combating malaria and, to a lesser extent, tuberculosis and HIV/AIDS. Challenges confronting the national efforts to achieve the targets are mainly as a result of perceived stigma and discrimination, particularly in the case of HIV and AIDS. Moreover, data gaps as it relates to most-at-risk populations (MARPs) hamper monitoring of any progress made. Efforts are currently being made to estimate the population sizes of the MARPs, which would be essential in better characterising the epidemic and ultimately informing appropriate actions/interventions. Along with the many social and economic challenges faced by the country, Belize has been experiencing an HIV/AIDS epidemic that has gradually posed serious challenges to the health care system.

The 2009 Annual Surveillance Report of the Ministry of Health indicated that a total of 5,045 HIV infection cases have been reported since the first case was diagnosed in 1986. In 2009, the total number of newly diagnosed HIV Infections was 365, indicating a relative decrease of 14% of newly diagnosed HIV infections when compared with 2008 data (425 cases).

In 2009, there were 7,018 pregnancies in the country. A total of 6,310 (89.9%) females received an HIV test and a total of 60 women were documented as positive; of these, 35 (58.3%) were newly documented as positive and 25 (41.7%) females were known as HIV patients who became pregnant during that year. Twenty-six (26) pregnant women with HIV were amongst the age group 15-24 giving an overall prevalence rate of 0.77% in this age group (this same figure is used as a proxy indicator for overall country prevalence).⁵³ Forty-eight (48) babies out of 52 deliveries received prophylaxis at the time of delivery. There were 3 documented cases of vertical transmission in 2009 (5.7%), a slight increase in the transmission rate of 4.6% observed in 2008.

Indicator 6.1 - HIV prevalence among population aged 15-24 years

The HIV prevalence among the population aged 15-24 years is 0.77%. This impact indicator assesses the progress of countries towards reducing HIV infection and will be used as reference to measure any progress towards a target. By definition, this indicator covers the prevalence rate amongst the antenatal clinic attendees ages 15-24 and this is considered the best random sample for HIV prevalence and an indicator of recent trends in HIV incidence and risk behaviour. Belize calculated this indicator for the first time in 2009 from data collected at antenatal clinics countrywide.

The prevalence reported here is lower than the overall prevalence rate the country had reported in previous years and suggests that there may be concentrated pockets/groups that may be fuelling the epidemic. As more data becomes available, especially amongst the most at risk groups, more specific interventions will be made for these groups.

Indicator 6.2 - Condom use at last high-risk sex

In 2009, the number of young people aged 15-24 reporting the use of condoms the last time they had sex with a non-regular partner was 71.7%.⁵⁴ The country is reporting this indicator for the first time, which measures the progress towards preventing exposure to HIV through unprotected sex with non-regular partners.²

The figure reported for condom use seems relatively high but it must be acknowledged that consistent use rather than occasional use is more effective in curtailing the HIV epidemic and this indicator does not address consistent use. The high percentage reported suggests that the prevention strategies and widespread messages regarding condom use set forth by the Ministry of Health and multiple stakeholders is being heeded although no study exists to look at the impact of these prevention messages. On the other hand, the use of the female condom is not as widespread as that of the male condom and this remains a concern within the Ministry of Health.

⁵³ Ministry of Health, Unpublished data from the Epidemiology Unit, 2009.

⁵⁴ Sexual Behavior Survey (SBS) 2009

There is a national condom distribution plan implemented by governmental and non-governmental agencies that contribute to meeting the demand for and facilitating access to condoms among potential users. Support from the Global Fund Project Round 3 promoted more widespread condom use than in previous years. The Government continues to distribute free condoms through all its public health facilities in an effort to curtail the transmission of HIV/AIDS and other sexually transmitted infections.

Indicator 6.3 - Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

This indicator essentially tests the knowledge of young people with respect to the sexual transmission of HIV in the context that correct knowledge encourages the adoption of behaviours that reduce the risk of HIV transmission. In 2009, 47% of young people correctly identified ways of preventing the sexual transmission of HIV. The country is reporting this indicator for the first time and this information will be used as a reference in further assessments.

Improved information, education and communication on prevention of HIV are among the outcomes of the national HIV strategic plan implemented by national stakeholders, governmental and non-governmental. Additionally, the Ministry of Education has also incorporated HIV information in its primary school curricula in order to further expand inclusion of HIV prevention education in the secondary school curricula. The current proposal submitted to the Global Fund in Round 9 includes adequate strategies to be implemented for the out-of-school youth who are very likely to be an underserved population in the national response to the HIV epidemic.

3.6.2 Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicator 6.5 - Proportion of population with advanced HIV infection with access to antiretroviral drugs

This is a Universal Access Indicator to which countries had committed to achieving in 2010. The coverage rate at the end of 2007 was estimated for the first time at 48.7%⁵⁵, and it was constructed utilizing the Spectrum toolkit provided by UNAIDS⁵⁶ along with programme data from the Epidemiology Unit. The country started free anti-retroviral treatment in 2003 and its coverage has been gradually increasing from 48.7% in 2007 to 50% in 2008, and to 62% at the end of 2009.⁵⁷

Based on data provided in the Global MDG Report for 2008, Belize fell under the reported average in the Latin American and Caribbean region, which was 62%. The marked improvement in the coverage rate in 2009 indicates that the current strategies that promote improved adherence and improved care and treatment are gradually having a positive impact.

⁵⁵ Ministry of Health. HIV AIDS Epidemiological Profile. 2007.

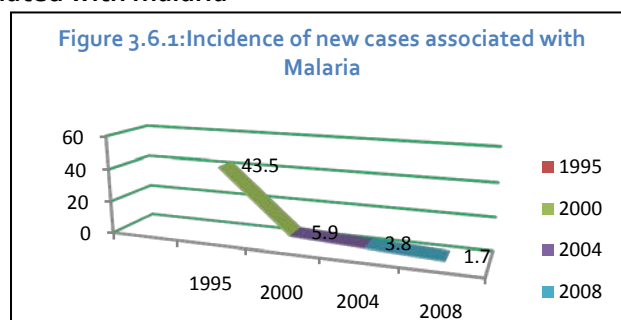
⁵⁶ The Joint United Nations Programme on HIV/AIDS.

⁵⁷ Ministry of Health, Unpublished data from the Epidemiology Unit, 2009.

3.6.3 Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator 6.6 - Incidence and death rates associated with malaria

There has been significant progress in reducing the incidence rate of malaria infection in Belize. After reporting 49.3 cases per 1,000 in 1994, the incidence rate went from 43.5 per 1,000 population in 1995 to 5.9 in 2000 (1,486 positive cases), 3.8 in 2004, and 1.7 in 2008 (540 positive cases) (Table 3.6.1; Figure 3.6.1).



In line with the trend and reported incidence, it can be stated that Belize is among the nine countries in the region experiencing a greater than 50% decrease in new cases from 2000 to 2008.⁵⁸ This is associated with implementation of an intense malaria prevention and control programme in the country.⁵⁹

Plasmodium vivax is by far the predominant type of infection reported, accounting for over 95% of the cases.⁶⁰ Since 2007, there has been no case of *P. falciparum*, which reduces the possibility of deaths related to this illness.

Since the report of one case of death associated with Malaria in each of the following years, 1997, 2003, 2004 and 2006, there have been no more reported cases of death due to Malaria. Much of the progress reported was the result of early detection and rapid laboratory confirmation of cases, which were then provided a 14-day semi-supervised treatment, combined with focused management in the form of consistent indoor residual spraying in the most positive localities.

As a country, Belize has kept an Annual Blood Examination Rate (ABER) between 6.14% and 8.6% with 7.9% in the year 2008. Districts with high transmission of malaria register an ABER in a range of 17% to 27%. The Slide Positivity Rate (SPR)⁶¹, a surrogate measure of the incidence of malaria, has been reduced from 6.1% in 2004 to 2.1% in 2008, moving the country from the Control phase to the Pre-elimination phase of the disease.⁶² In summary, Belize has achieved a reduction of 63.2% in the number of malaria positive cases reported from 2000 to 2008 which exceeds the expected target of 50% for 2010. Available data are showing a further reduction in the number of malaria cases for year 2009, bringing the overall reduction to approximately 82%. Since there have been no malaria-related death in the last three years, the target for this indicator is likely to be achieved by 2015.

⁵⁸ The nine countries are Argentina, Belize, El Salvador, Guatemala, Guyana, Mexico, Nicaragua, Paraguay and Suriname.

⁵⁹ World Malaria Report 2009, WHO page 40, Chapter 4. Impact of Malaria Control.

⁶⁰ Environmental Health and Vector Control, Health Statistics of Belize 2004 – 2008, Ministry of Health, June 2009, page 50, Table 9.1, Section 9.

⁶¹ The slide positivity rate (SPR) is defined as the number of laboratory-confirmed malaria cases per 100 suspected cases examined.

⁶² World Malaria Report 2009, WHO page 47, Chapter 5. Elimination of Malaria

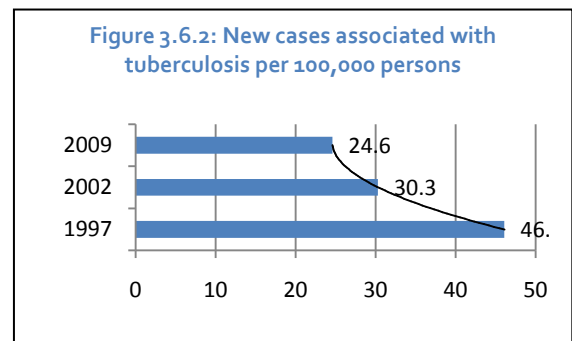
Indicator 6.8 - Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

In the year 2001, 18.4% of the reported Malaria cases were children under-5 years of age, with variations over time. In the year 2007, the proportion was maintained with 18.1% but, in 2008, this percentage dropped to 15.2%. Since 2001, all identified cases of children under-5 years have received the 14 days semi-supervised treatment (Cloroquine/Primaquine combination chemotherapy) as per the Radical Anti-malaria Treatment schedule approved by the Ministry of Health.

Indicator 6.9 - Incidence, prevalence and death rates associated with tuberculosis (TB)

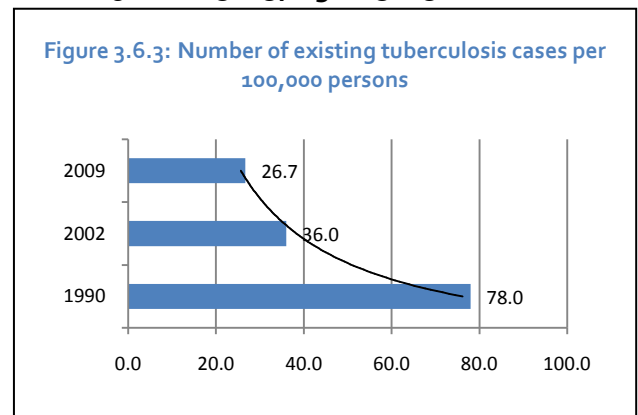
Globally, tuberculosis is an infectious disease which is showing an increasing trend alongside the rate of HIV infections although this co-infection trend has not been observed in Belize. When compared with data presented in the Global MDG Report (2008), the situation in Belize shows a trend similar to those documented in the Latin American and Caribbean region, though the results in Belize are actually below the average for the region. Since 1990, the prevalence and incidence rates have been declining in Belize.

As with malaria, the Ministry of Health's investment to control chronic diseases has shown marked gains. The incidence rate for tuberculosis was 49.0 per 100,000 persons in 1990, followed by a significant decrease to 30.3 per 100,000 in 2003 and 18 per 100,000 in 2007. Presently, the incidence rate stands at 24.6 for 100,000 for 2009 (Table 3.6.2; Figure 3.6.2).



Major progress was made in lowering the prevalence rate of 78 per 100,000 in 1990, to 46.1 per 100,000 in 1997 and a remarkable 26.7 per 100,000 in 2009 (Table 3.6.3; Figure 3.6.3). The successes

associated with reducing the incidence and prevalence of this disease in the country are attributable to the allocation of human resources to coordinate the management of the tuberculosis programme and to implement a decentralized framework for the delivery of related services in the administrative health regions. The first steps in strengthening the programme was the incorporation of the National TB Coordinator, the introduction of



fixed dose combinations (FDC) drugs, the indication of culture for all new cases, whether they are sputum positive or negative, and drug sensibility testing (DST) for all cases.

The Ministry of Health has improved clinical management of this disease through the procurement of fixed dose combinations of first and second line drugs for patients with multi-drug resistance. Further adaptation of additional streamlining processes, such as standardizing and updating of the national TB guidelines and improving collection of reliable data, have contributed to the dramatic reduction of TB in Belize. However, these gains are likely to be negatively influenced if the availability of required medications is inconsistent and if there is inadequate allocation of human resources to ensure successful administration of treatment and care for patients. There is also need for continued community awareness and vigilance which could be supported through community-based organizations. It is to be noted that there is currently no established partnerships with the Ministry of Health and any community-based organization at this time.

3.6.4 Measures Required to Achieve Goal 6

The HIV/AIDS epidemic in Belize is still considered to be a generalized epidemic although new evidence is suggesting that some concentrated groups may be fuelling the epidemic. In order to address this area of the disease it is imperative that all interventions match the scale of the epidemic not only from the health sector but from all sectors of society, including faith and community-based organizations.

This prevention strategy is an important component of Belize's efforts to ensure that it meets the targets/goals set for 2015. Investments in this sector should therefore improve focus on the primary health care and prevention aspects of the HIV/AIDS along with the related curative aspects. Significant gains in the national response to HIV/AIDS have been made possible through the establishment of a National HIV/AIDS programme as a separate entity within the Epidemiology Unit. This Unit now benefits from improved capacity, in the form of enhanced access to support services for monitoring and evaluation within the National Programme. In addition, technical support from within the Ministry of Health has increased vigilance in responding to the disease, particularly through ongoing efforts to decentralize HIV/AIDS services in the country, provision of consistent supplies of anti-retroviral medications in the last three years, regular availability and access to free condoms in public facilities, and an expansion of testing and counselling services throughout the country. The continuous availability of second line antiretroviral drugs for both the adult and paediatric populations has boosted the progress made in combating the spread and impact of HIV/AIDS.

The presence of a comprehensive and fully operational Health Information System (Belize Health Information System) facilitates the Epidemiology Unit to better link patient electronic records nationally to maintain consistency in record keeping. It is important to note the trends established, because of their influence on programme mitigation, which can reflect whether the services available are adequate to meet the current health needs of those infected and affected by the diseases. Belize has gradually been making improvements in ensuring that those affected and/or infected by HIV are reached by equitable health care that is accessible to all. The political commitment to address the halting and reversing of HIV/AIDS has been maintained, so Belize can meet the MDG target for Goal 6, as it pertains to HIV/AIDS.

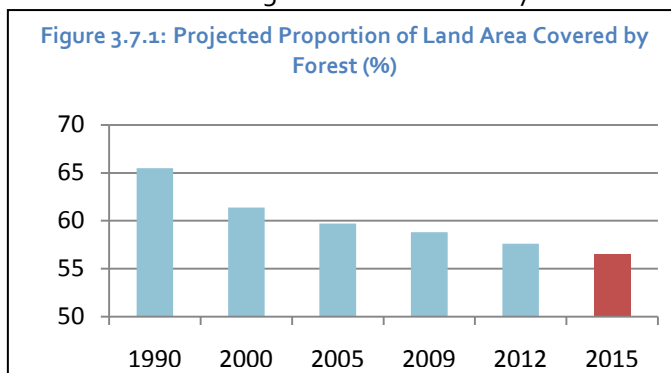
Belize is also on track to meet the target set for TB. While the overall number of TB cases has shown an endemic pattern, it has been stable, varying between 85 and 100 new cases per year. By comparison, with the onset of the HIV epidemic, Latin America and the Caribbean reported an increase in the number of TB. The major areas that have been affected in Belize continue to have the same number of cases annually and this situation calls for a more active stance in the fight against TB, by actively seeking out and attending to cases in the community. An energetic effort must be made to increase the awareness and participation of other members of our society, since the root causes of TB lie in the conditions of those who are more socioeconomically challenged and experience immune system suppression. The Belize, Stann Creek and Toledo districts have the greatest numbers of cases diagnosed on a yearly basis, closely following the footprints of the HIV epidemic.

The effort to curb and decrease the number of cases points to adherence as being the fundamental aspect for successful treatment and thus the introduction of fixed dose combination (FDC) by the national programme is expected to positively impact the adherence component of the programme. With gradual but deliberate overall improvement of the programme, Belize is on target towards achieving the MDG6 goal as it pertains to the TB component.

3.7 Goal 7 Ensure environmental sustainability

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Early assessments of Belize’s forest / vegetation / land use cover and change were carried out by a number of researchers, starting in 1959 (Wright *et al.*, 1959).⁶³ With the emergence of satellite imaging and remote sensing techniques, a large number of studies were undertaken.⁶⁴ Of these, only the 2010 study by Meerman, *et al.*,⁶⁵ measured the change in forest cover for Belize between c.1990, c.2000 and c.2005. This study estimates the land cover at just over 67% in 1990, falling to 58% in 2009, and shows that the annual deforestation rate for Belize approximates 0.6%, in the range (0.42-0.72%). This is a very low rate deforestation rate when compared with global patterns. If it is assumed that the deforestation rate has stabilized, then one can project that by 2015 Belize will lose 1.8% of existing forest cover. This is illustrated in **Figure 3.7.1**.



⁶³ Wright, A.C.S., D.H. Romney, R.H. Arbuckle & D.E. Vial, 1959. Land in British Honduras: Report of the British Honduras Land Use Survey Team. Colonial Research Publication No. 24. Her Majesty's Stationary Office, London.

⁶⁴ See Metadata.

⁶⁵ Meerman J. C., J. Hewson, J. Epting & M. Steiniger, 2010. Forest Cover and Change in Belize circa 1990 – 2000 – 2005. Center for Applied Biodiversity Science, Arlington, VA, USA. Draft manuscript 12 pp.

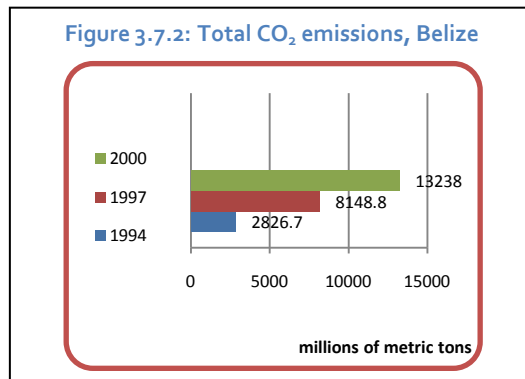
Belize has policy and legislative instruments in place to combat the decline in forest cover, including being signature to the UN Framework Convention on Climate Change (UNFCCC). This convention includes credits for reduced deforestation, and requires countries to precisely monitor deforestation in order to prepare reference scenarios and monitor Green House Gas (GHG) emissions (UNFCCC, 2008)⁶⁶. The main challenge for Belize lies in ensuring better coordination, management and enforcement of its policies. The policy and legislative instruments are fragmented and, therefore, limit the development of robust monitoring frameworks and objective and impartial enforcement of regulations. Without needed coherence and synchronization of policies, government will likely be faced with the challenge of reconciling economic progress and environmental sustainability objectives and may make concessions at the detriment of forest conservation. With this understanding, the Government of Belize has embarked on a process of harmonization and synchronization of existing legal frameworks and instruments.

As part of its development planning, it is recommended that the Government of Belize consider the increasing strain on Belize’s forest resources due to increasing population growth and high poverty rates in neighbouring countries and the possible effects these can have on Belize’s “empty” and available land. The high poverty rate in the country can also put an additional burden on its natural resource base, as people seek other livelihood opportunities.

Indicator 7.2 CO₂ emissions, total, per capita and per \$1 GDP (PPP)

Belize is classified as a Non-Annex 1 country and, therefore, is not obligated to set and meet greenhouse gas emissions quota. Nonetheless, there is recognition that with continued growth in industrial sectors the country can embark on voluntary mitigation strategies to reduce emissions.

Belize’s CO₂ emissions have been rising in tandem with its economic growth. Communications to the UNFCCC have documented a near 3-fold increase from 2,827 million metric tons of emissions in 1994 to 8,149 million metric tons in 1997. The latest recorded figures indicate a further increase to



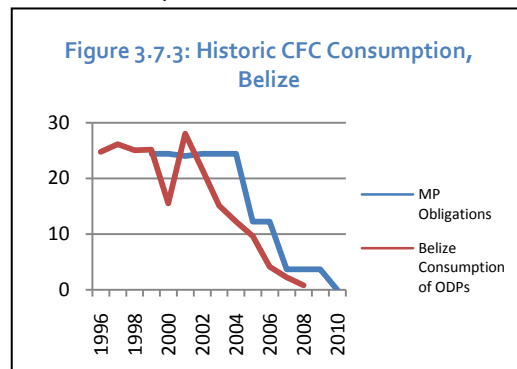
13,238 million metric tons by 2000 (**Figure 3.7.2**). Similarly, per capita emissions have increased more than 4-fold since 1994 (**Figure 3.7.3**). These growing emission levels should serve to alert the national government about the importance of considering CO₂ emissions in sector planning and development as well as in the use of appropriate technologies to offset or reduce future emissions. On the other hand, the country’s emissions remain negligible when compared to global recorded levels, which average 379 parts per million.⁶⁷ Moreover, the GHG inventory shows decreasing emissions in certain sectors, particularly electricity generation, as the country continues to pursue the use of renewable energy sources.

⁶⁶ UNFCCC, 2008, Report of the Conf. of the Parties on its 13th Session (Bali, Dec. 2007) Add Part Two: Action taken by the Conference of the Parties at its thirteenth session, FCCC/CP/2007/6/Add.1.

⁶⁷ Global mean concentration of CO₂ in 2005 was around 379 parts per million (Human Development Report 2007/2008, Fighting Climate Change: human solidarity in a divided world).

Indicator 7.3 Consumption of Ozone Depleting Substances

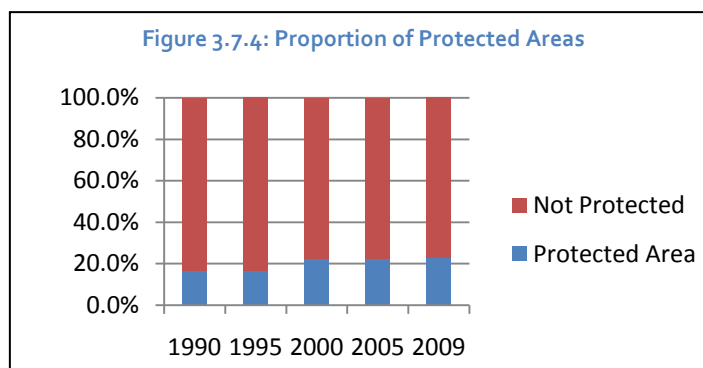
Belize acceded to the Vienna Convention for the Protection of the Ozone Layer and the Montreal Protocol on Substances that Deplete the Ozone Layer on June 6th, 1997. It subsequently acceded to the London and Copenhagen Amendments on January 9th, 1998. The country does not produce any Ozone Depleting Substances (ODS) and all its consumption is met through imports. All chlorofluorocarbons (CFCs) used in Belize are confined to the servicing of refrigeration and air conditioning equipment. **Figure 3.7.4** illustrates the historical trends in CFC consumption, relative to its obligations under the Montreal Protocol.



The list of ODS for which controls were agreed, along with their respective ozone depleting potential, are set out in Annex A of the Montreal Protocol. The calculated baseline consumption for Annex A CFCs was initially set to 24.4 ozone depleting potential (ODP) metric tons in 2002 by Decision XVI/27 of the Meeting of Parties. In 2008, the expected Annex A CFC consumption for Belize was 3.7 metric tons, as agreed with the Executive Committee of the Multilateral Fund. This Agreement is the same for 2009. Belize’s preliminary Annex A CFC data for 2008 indicates consumption to 0.780 metric tons—2.92 metric tons or 78.9% less than the ceiling awarded to Belize. **Table 3.7.1** shows national progress towards phasing out of ODS and demonstrates that Belize is well-positioned to completely phase out ODS by 2015.

Indicator 7.6: Proportion of Terrestrial and Marine Areas Protected

Belize has policy and legislative instruments in place to designate and manage protected areas. Nonetheless, the absence of an official Protected Areas Systems poses a major challenge to biodiversity management. To this end, a Protected Areas Policy and Systems Plan was prepared in 2005, but is yet to be implemented. The lack of a formal protected area system prevents rationalization of the existing protected areas, which in turn are currently managed by a highly fragmented regime, with 3 government agencies having management mandates and responsibilities that are not always well demarcated. Overall, the formal implementation of the Protected Areas Systems Plan is essential for the long-term maintenance and sustainable management of Belize’s protected areas.



Aided by the existing policy and legislative instruments, Belize has a number of declared protected areas and has long promoted a policy of having large areas of its national territory under some form of protected status. All national protected areas are defined by statutory instruments, and mapped according to their legal status (Marine Reserve, National Park, Wildlife Sanctuary, Forest Reserve). The Belize National

Protected Area System Framework consists of three different Government Ministries that have mandates for the creation and management of national protected areas within Belize.

These are the Forest Department, the Fisheries Department and the National Institute of Culture and History/Institute of Archaeology. Most of the protected areas are co-managed by NGO's or community-based organizations. There are also private lands under protection. While Belize's protected areas coverage is often cited at around 40%, this figure applies to terrestrial protected areas only. As early as 1990, Belize had large areas under some form of conservation, but the bulk of those were forest reserves set aside strictly for the extraction of timber. As the overall conservation awareness increased during the 1990s, more traditional (non-extractive) protected areas were declared. This was largely at the expense of Forest Reserves and did little to change the overall percentage of protected areas in Belize. The percentage then grew after the addition of marine protected areas.

The growth of the protected area coverage came more or less to a halt after 2000 (**Figure 3.7.5**). Analysis of protected areas in 2005 by Meerman (2005)⁶⁸ indicated that even at that time, more than half of the protected areas were actually extractive reserves managed specifically for the harvesting of natural resources. Whereas in 1990 extractive reserves were strictly forest reserves, they now include marine reserves as well. There is also a large component of private reserves within the National Protected Areas "System".

Designation of marine protected areas is one of the most important conservation tools available to Belize to ensure the conservation of the marine environment. As with the terrestrial protected areas, their designation contributes towards global goals and standards laid out under the Convention on Biological Diversity.⁶⁹ The Fisheries Department has the mandate to sustainably manage and develop Belize's fishing sector. Marine Reserves established through the Fisheries Department have clearly defined zones that allow extractive and non-extractive use, and conservation protection, with use designed mainly to promote sustainable fishing, tourism, research and education. The marine protected areas and protected spawning aggregation sites are spread across Belize's portion of the Mesoamerican Barrier Reef System, which spans the north and south of the country and covers a range of ecosystems.

Indicator 7.7 (incorporating Indicator 7.4)

Proportion of species threatened with extinction incorporating Proportion of fish stocks within safe biological limits

Apart from threatening a country's economic sustainability and its ability to provide food security for the population, a deteriorating environment is also a threat to global environmental health and biodiversity. Belize is generally perceived as a country with a high biodiversity, both terrestrial and marine. The value of this biodiversity is often difficult to measure, but direct economic benefits can accrue,

Figure 3.7.5: Selected Indicators of Fish Stock Levels

	Proportion of fish stocks within safe biological limits	Proportion of species threatened with extinction
1984	Decreasing	43
2000	Decreasing	
2005	Decreasing	127
2009	Decreasing	139
% chg.	Decreasing	
Period	Annual	25 yr
Description	See Metadata	Species locally listed as threatened. See metadata
Source	See Metadata	

⁶⁸ Meerman, J. (2005). National Protected Areas System Analysis: Protected Area Categories. National protected Areas Policy and Systems Plan. NPAPSP Office, Belize.

⁶⁹ Status of Protected Areas in Belize, 2009 – Draft Report.

such as from commercial exploitation of various species, or through tourism growth or from indirect benefits such as environmental services and leisure.

Belize maintains a Biodiversity and Environmental Resource Data System for Belize <http://www.biodiversity.bz>, which currently contains data for over 100,000 specimens. The data are generally too widely scattered geographically to allow for a national analysis of biodiversity levels. Although species occurring in Belize are listed in the IUCN Red-Data listings, no official Belize red-data list following IUCN standards exists. Even so, lists have been compiled to indicate species of conservation concern and increasingly, attention is being paid to the population status of individual species (*Figure 3.7.6*). This is particularly so where those species are commercial or of touristic value.

Overall, the biodiversity indicators⁷⁰ demonstrate that whilst the National Protected Areas System is considered to be generally fulfilling its role of maintaining representative ecosystems, watershed functionality and other environmental services, it is significantly challenged in the role of biodiversity protection for those species targeted for extraction (particularly commercial fish species, game species, and Xate). With respect to commercial marine species, better information is available. The evidence from 1950 to 2000 show a fairly steady production of Lobster and a peak in Conch production in the early 1970s, with a declining trend thereafter. The evidence also suggests that the fish harvest was unsustainable and heading toward depletion (outside biologically sustainable limits).

By contrast, lobster stocks seem to be managed sustainably (i.e., within biologically sustainable limits), although annual production fluctuates. Recent figures for conch also seem to suggest that after the decline in the latter half of the 1970s, the stock is now being managed sustainably. Whilst exact records of species population status is only available (even to a certain degree) for selected commercial marine species (lobster, conch and “fish”), the growing list of species of conservation concern is an indication of the increasing proportion of species that are threatened with extinction nationally. Additional data are available from a recent study which took account of how protected area managers assessed the performance of the species under their care. The overall trend seems to be a decline of commercial species and of biodiversity in general. Certain species are now considered to be under very high risk of local extinction. These include the Scarlet Macaw, the White-lipped Peccary, the Ocellated Turkey and the Goliath Grouper. For others, the risk level is considered “high” and includes a large number of economically viable fish species. The increasing human footprint within Belize and the spread of unsustainable agriculture, are putting external pressures on the terrestrial protected areas, a trend which is exacerbated by the limited understanding in stakeholder communities of the important role these areas play in future water security.

There are a few positive exceptions to these negative trends. Stocks of lobster and conch, highly valuable components of Belize’s biodiversity, have experienced heavy declines in the past, as a result of their commercial exploitation. These species now seem to be managed in such a way that their exploitation appears to be sustainable. The Nassau Grouper, another economically important species, now shows slow recovery after years of rapid population decline to near extinction. This reflects dramatic protection

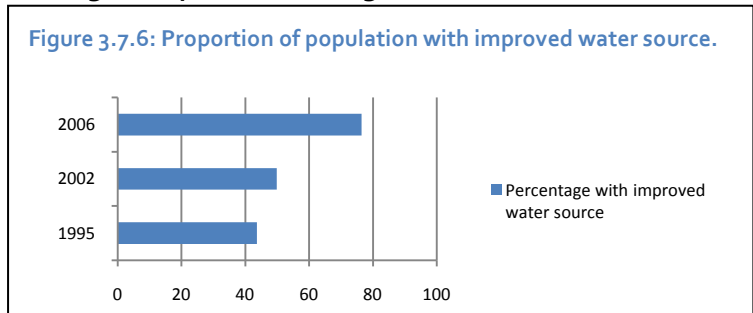
⁷⁰ Status of Protected Areas 2009 Report cites use of a modified version of the biophysical assessment protocols from the MBRS Manual for the Rapid Evaluation of Management Effectiveness in Marine Protected Areas of Mesoamerica (PROARCA, 2004) for the marine environment, with additional indicators. A similar series of biodiversity indicators were also selected and assessed per terrestrial protected area.

measures that were implemented. The species main spawning and aggregation sites (SPAGS) are now protected. It is of note, however, that the stock of Nassau Grouper is still well below safe biological limits. A complicating factor is the influence of the number of fishermen which reflects the fishing effort. The number of licensed fishermen has steadily increased since 2004. This growing pressure on the fish stock will make sustainable management more complicated.

3.7.1 Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator 7.8 Proportion of population using an improved drinking water source

This indicator measures the proportion of people with access to safe drinking water as the percentage of people using improved drinking water sources or delivery points. Safe drinking water is a basic necessity for good health and survival.



Belize has an abundant supply of surface and groundwater resources and is unlikely to experience supply shortages in the near future.⁷¹ However, processing and delivery of the water to users is still a substantial challenge, as is the monitoring of its quality and distribution to the population. Nevertheless, the available evidence all show that the national investment to bring potable water to all communities has succeeded in increasing the share of the population with an improved water source. Official data from the SIB indicate that the share of the population with an improved water source increased from 43.6% in 1995 to 76.4% in 2006 (*Table 3.7.2; Figure 3.7.7*). This puts the country on track to achieving the target of 100% by 2015. Alternative estimates from the Social Investment Fund, the leading entity responsible for the construction of rudimentary water systems, suggest that access to safe drinking water nationally has grown substantially to 99.5% in 2008⁷². Such data suggest that the country has already achieved the overall goal of 95% access by 2009. These data also suggest that in rural areas, 90% of the population had access to potable water in 2008, indicating a differential that needs to be addressed by policy makers. Historically, those who are unserved are primarily subsistence farming households.

The country is poised to meet the implicit target of 100% access to improved water source for both urban and rural communities but this will require a robust regime of maintenance and upkeep of existing systems to avoid loss of past gains. To ensure that full coverage is reached, the rural communities will require targeted investments. This is especially true of the Belize and Toledo Districts. Consistent with Belize's commitment to Multilateral Environmental Agreements (MEAs) and the MDGs, the government has acknowledged the need to safeguard the country's water resources so that it can meet its development targets. Belize has undertaken the drafting of a

⁷¹ <http://www.fao.org/nr/water/aquastat/countries/belize/index.stm>

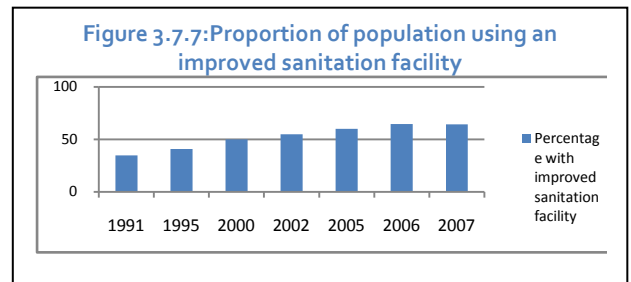
⁷² Social Investment Fund

National Integrated Water Resources Act aimed at ensuring water resource management and protection.

This Act takes account of the current free market economy, the increased demand for freshwater as the population increases, the unregulated abstraction of surface and groundwater, extreme hydro-meteorological events, and the increasing threats to Belize's water resources. The passage of the proposed Act along with the continued heightened efforts to increase access to potable water nationally will put the country well on the way to achieving the implicit target of 100% by 2015.

Indicator 7.9 Proportion of population using an improved sanitation facility

Progress has also been made in increasing access to improved sanitation facilities though not at the rapid pace as potable water coverage. In fact, access to improved sanitation lags considerably behind that of potable water. Access to sanitation services in Belize consists of a mix of pit latrines (primarily in rural settings), and septic tanks and sewerage systems in three urban areas, namely Belize City, Belmopan and San Pedro Town.



In 1995, only 41% of the population had access to improved sanitation facilities (*Table 3.7.3; Figure 3.7.8*). By 2007, this share increased to 64% of the population (mostly urban dwellings) had sanitation connected to a sewer system or septic tanks.

The 2008 Labour Force Survey further disaggregated this data and so provided a more accurate picture of the sector (*Table 3.7.4*). In effect as much as 30% of Belizeans, mostly rural dwellers, rely on systems classified as inadequate. The achievement is well-below the goal of 94.6% set for 2009. This deficit in the use of improved sanitation facilities is substantial and will require a concerted effort to achieve the implicit goal of 100% by 2015.

3.7.2 Measures Required to Achieve Goal 7

Where forest cover is concerned, Belize will need to rationalize policies and regulations against the backdrop of the country's development agenda and at the same time increase non-state participation in environmental management initiatives as a strategy for reversing loss of forest cover and the resources contained therein. As main beneficiaries, communities should also be involved in the processes guiding resource mobilization. However, significant capacities must be developed beyond public education and these should allow for the sharing of responsibilities and authority with local government, community-based organizations, private sector and vulnerable groups to manage and monitor the country's resources.

In the adoption of this approach, the major challenge of community buy-in persists as communities continue to associate conservation efforts with foregoing their short-term economic gains despite their awareness of the regulations and the importance of conservation. It should be noted that

several non-government and private sector organizations participate with the government in the monitoring and co-management of forest and their natural resources.

Belize is a signatory to various Multilateral Environmental Agreements (MEA), including Kyoto, and as a response has established a number of national legislative instruments that support the conservation of forested areas. These include, but are not limited to, the National Lands Act (1992), the Lands Utilization Act (1981), the Environmental Protection Act (1992), the Forest Act (1980 – 1990), the Wild Life Protection Act (1980 – 1990), and the National Parks Systems Act (1980 – 1990). Many Protected Areas exist both for complete protection and for extractive use. However, to strengthen these areas biodiversity should be brought to the forefront.

A Protected Areas Plan and Policy has been prepared and accepted by Government but is not being implemented in a coordinated manner. Belize also continues to benefit from several regional and global programmes and projects that include capacity and awareness building at the national and local levels to improve effectiveness in the management of protected areas and the environment.

Based on the increasing number of documented declines, Belize does not appear to be poised to achieve its MDG7 targets with respect to biological diversity conservation and is making slow progress to achieve this goal. The Government needs to reconcile economic progress and environmental sustainability objectives to maintain the health of the environment. Belize has policy and legislative instruments in place to combat the decline in biodiversity and this would further require better coordination, management and enforcement among national implementing bodies. These legislative instruments need to be implemented in a concerted manner to improve development and application of robust monitoring frameworks and maintain impartial enforcement of all regulations. Belize would also need to address the issues of species extraction, especially regarding those species that are directly affected by cross-border movements over which the Belize Government has limited control and legislative impact.

Belize will also need to rationalize policies and regulations while at the same time increase community participation in environmental management initiatives as one of the main strategies to reverse loss of resources. This strategy should include increased public education and sharing of responsibilities and authority with local government, community based organizations, private sector and vulnerable groups in the management and monitoring of the country's resources.

To increase their involvement and buy-in, it will be important to convince communities, especially those in vulnerable ecosystems, that sustainable practices can generate economic and health benefits. Initiatives that target users, such as fishermen and communities on the periphery of protected areas, should be continued. Currently, a significant portion of monitoring and sustainability initiatives are driven by external funding and technical support which may be dwindling. Belize will have to invest more of its own resources to ensure long-term sustainability of many of the initiatives.

3.8 Goal 8: Develop a global partnership for development

In the context of an effort to reintegrate into the global trade and financial system, Belize is only just coming to grips with the meaning, scope and responsibilities embedded in this commitment, with specific regard to the core rules of economic development and the type of transparent, accountable, inclusive and responsive government that can win local consensus and international budgetary support to achieve it.

3.8.1 Target 8a: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

For Belize and other developing countries, this important aspect of MDG Commitment aims at reducing poverty through good governance and national development, as well as active efforts to develop national structures and processes that will integrate with an open rules-based international trade and financial system. As a young nation, the country is slowly integrating the scope and meaning of this commitment, even in terms of the related economic development aspects. For example, there is a low but increasing level of awareness among stakeholders that the commitment involves, *inter alia*, building the type of representative democracy that can bring on-board all national and international stakeholders to confront and take responsibility at all levels for three core challenges: (i) the necessary switch to domestic-capital-intensive sectors when the traditional sectors experience negative price shocks that reduce profitability and viability; (ii) the redevelopment of a financial sector that can lead efficient local and international response to the conditions under which a policy-motivated switch can occur; and (iii) the control of overall consumption per capita to facilitate accumulation. This should occur even as the consumption rate of the poor and the middle classes rises to facilitate both poverty reduction and development.

Belize has not yet put in place the transparent, accountable, participatory and responsive sector-wide programming and expenditure arrangements to facilitate budgetary support from the international partners. Arrangements are still primarily designed for incremental (yearly) budgeting. Project and programme budgeting are only now being piloted. Information for routine decision-making still flows slowly and is primarily demand driven.

As part of the efforts to create an open rules-based trading system, Belize became a member of the World Trade Organization (WTO) in 1995 which is the premier trade rule-making body. The country joined the English speaking regional trade grouping of CARICOM in May 1971. In 2006, CARICOM advanced its integration process with the implementing of the CARICOM Single Market aspect of the CARICOM Single Market and Economy (CSME). It is through this arrangement that Belize has made the most progress in global trade integration. As a CARICOM member, the country has been party to various trading arrangements.

These include access to preferential markets (LOME I-IV and Cotonou Agreement) and measures for reciprocal trading agreements (e.g., CARICOM-Venezuela and the proposed CARICOM-Canada).⁷³ Through CARICOM, Belize launched formal negotiations with Canada in 2010 for a trade and development agreement.

The trade component of the Cotonou Agreement was replaced with the reciprocal Economic Partnership Agreement (EPA), provisionally effective December 2008. CARICOM was the first region to complete the EPA with the Europeans. This represents the first comprehensive reciprocal trading arrangement with a developed partner. One of the EPA objectives is to further the integration of small economies, like Belize, into the global economy.

Belize signed the Belize-Guatemala Partial Scope Agreement in 2006; the agreement became effective in 2010 following ratification by both countries. There have also been discussions on formalizing trading relations with Mexico with emphasis on the Yucatan region. Belize is often viewed as the natural link between CARICOM and Central America and in fact is a Member of the Central American Integration System (SICA) since 2000. SICA has been pushing for the resumption of the CARICOM-Central America trade negotiations that were launched in 2008 and Belize sees both Guatemala and Central America as an export market outlet for a range of non-traditional agricultural products currently not being supplied to any other market. The Agreement with Guatemala is also seen as an opportunity to formalize a large part of the informal trade that occurs between the two countries.

The Ministry of Foreign Affairs takes the lead for promoting the integration of Belize into the global trading system. This is done as a collaborative effort with other public sector agencies and the private sector. The capacity to effect and enact trade policies as well as the ability to take advantage of the access to the global trading system needs to be improved through investments in the appropriate financial, human, institutional and technical resources to propel Belize into full and equitable integration into the global economy.

The concept of Aid for Trade was formally embraced by the WTO at the WTO Hong Kong Ministerial Conference in 2005. However, the CARICOM response has been slow in reacting to this concept, and Belize has in the past reflected that attitude as well. Nonetheless, the potential opportunities offered by Aid for Trade has not been lost as the country, in conjunction with the IADB, embarked on its Aid for Trade Strategy. It is anticipated that as such the strategy would especially address supply side constraints and maximize private sector competitiveness. Furthermore, it will enable the identification of the flow of funds and allow for improved dialogue with donors toward harnessing the resulting mechanism to better address export capacity.

3.8.2 Target 8b: Address the special needs of the least developed countries

Linked to the lag in Belize's economic transformation noted earlier, the process of providing tariff and quota-free access to imports in Belize has been extremely slow. The country's fiscal revenues remain highly dependent on tariffs (32.8% for fiscal year 2005/2006 budget estimates⁷⁴), so that a rapid tariff reduction process would be damaging to efforts to finance poverty reduction programmes in which the government is the main donor. This continued high reliance on import tariff duties for government revenues continue to be a challenge in light of the rapid trade liberalization that would occur under the EPA. In fact, this traditional revenue base will be eroded in light of the plethora of trade liberalization arrangements to which Belize is committed. The government is therefore pressed to seek to alternative means of generating revenue. Technical assistance will be required to enable the reform of its tax base and development of alternative revenue measures.

3.8.3 Target 8c: Address the special needs of landlocked developing countries and Small Island Developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

In the context of a shared responsibility for managing worldwide economic and social development, and to improve leadership of the national and international community on the national agenda, Government has only just begun to reshape the conception of its special needs in relation to the core challenges of economic development. It is being increasingly recognized that it is now necessary for Belize to develop a framework of technical and sectoral switching (or restructuring) of policies that address repeated negative price shocks that destroy the profitability and viability of specialist exports, such as agriculture and preference-based export-substitution manufacturing.

These require democratisation and international cooperation to:

- Build up necessary capacity and policy to switch to domestic-capital-intensive sectors that rely heavily on national intellectual property. Much of the required capacity will take the form of improved education, health and housing with significant potential for economic application in the current global environment.
- Develop a domestic financial sector that can lead to efficient local and international responses to the conditions under which a policy-motivated switch can occur.
- Adopt new budgetary and procurement processes using international best practices that facilitate the switch, drawing on support from both the domestic and international communities.

It is necessary to increase domestic savings while keeping overall consumption per capita to rates below the average productivity of the domestic consumer supplies sector. This pattern has to be maintained even as the consumption rate of the poor and the middle classes rises to boost domestic demand and facilitate poverty reduction and development. Achieving this requires a democratised policy-based framework that allows the representatives of labour and business to share actively with government in decision-making about how development is to proceed, and the roles of each party. This will in turn strengthen the capacity of government to lead the process.

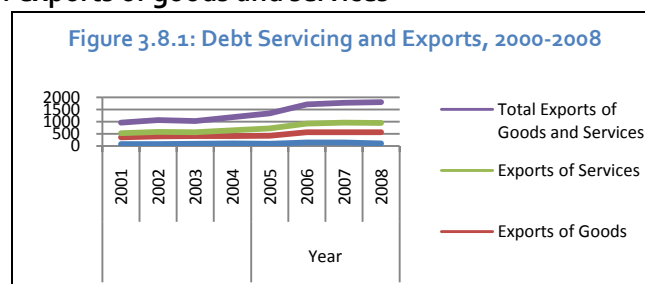
⁷⁴ Budget Estimates for FY 2005/2006

3.8.4 Target 8d: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Government has now begun the necessary process of restructuring its debt stock, following a policy of shifting to cheaper long term multilateral and bilateral debt and moving to reduce the overall debt stock and debt service as a share of the GDP and budget, with a view to reducing the debt service ratio to less than 60% of the budget over the medium term. In that context, it is actively seeking to win more generous official bilateral and multilateral debt, as well as more generous ODA, for poverty reduction.

Indicator 8.12 Debt service as a percentage of exports of goods and services

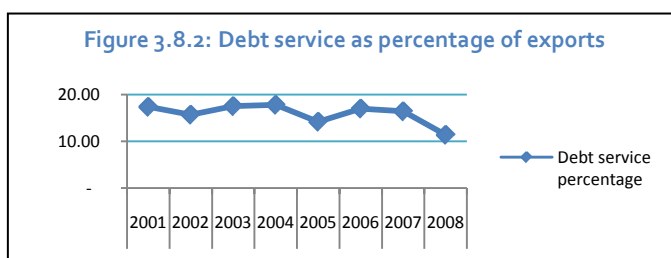
Gross debt service has drifted upwards only slowly since 2000, and is now trending downwards since 2006/2007, especially as a result of necessary changes in debt policy and the structure of debt in the past two years. Over the same period, exports of goods and services have been growing relatively faster than the debt stock, though they have stagnated somewhat in recent years in the light of changes in the trade regime and the more recent effects of the global slowdown.



The exports of services, mainly tourism, have also grown relatively faster than the exports of goods, reflecting restructuring towards a more viable and sustainable export flow, in as much as the flow of tourism services is less vulnerable to the type of exogenous price shocks that characterize the traditional specialist exports of goods (*Figure 3.8.1*).

As a result, Belize's debt service as a percentage of gross exports, which has been fluctuating around 16.6% since 2001, has recently been falling fairly steadily from 17% in 2006 to 11.4% in 2008, becoming more sustainable in the process (*Figure 3.8.2*).

At the same time, the increase in poverty appears to be linked to the tendency to generate the increasing exports through



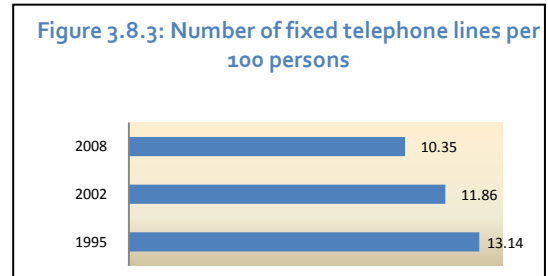
techniques that are import intensive, resulting in a more than compensating increase in the flow of income abroad as either factor income payments or direct payments for imports.

Belize is making rapid progress with information sharing and communication through cellular technology. It is the process of rapid global information sharing and communication through the internet that will best facilitate the rapid and widespread production and diffusion of domestic capital in vast areas of the world and bring sufficiently large numbers of the traditional underclass improved opportunity for entrepreneurship, income and consumption.

3.8.5 Target 8f: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

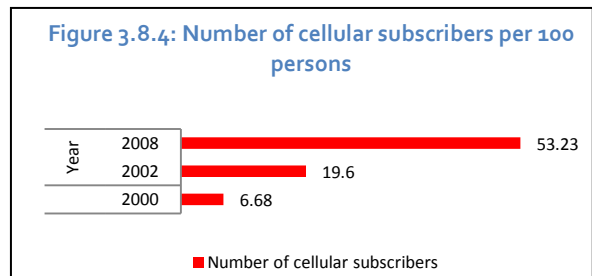
Indicator 8.14 Telephone lines per 100 population

Under the pressure of technological obsolescence, the number of telephone landlines has been declining slowly as individuals and households turn to more efficient means of continuous and on-demand cellular or internet communication. Only 10 of every 100 persons use these systems today (*Figure 3.8.3*).



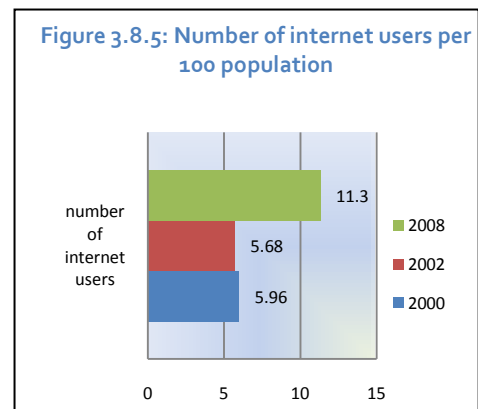
Indicator 8.15 Cellular subscribers per 100 population

Cellular subscribers have been growing rapidly from 6.7 persons per 100 in 2000 to 53.2 per 100 in 2008, as new effective technologies takes hold especially among the young (*Figure 3.8.4*).



Indicator 8.16 Internet users per 100 population

The number of persons with internet connection has increased slowly, from 6 per 100 in 2000 to only 11.3 per 100 in 2008 (*Figure 3.8.5*). This slow pace represents a high and rising *de facto* cost of communication and information sharing with the world, set in a context of a small country with low capacity to produce original knowledge. This is precisely the opposite of what is needed to stimulate sustainable development and reduce poverty, since it effectively denies the population the rapid access to, and sharing of, the knowledge and training needed to fuse and transform the local knowledge-base and thereby develop and employ intellectual property commercially. It is the process of rapid global information sharing and communication that characterises the rapid and widespread growth and diffusion of domestic capital in vast areas of the world and brings sufficiently large numbers of the traditional underclass improved opportunity for entrepreneurship, income and consumption.



3.8.6 Measures Required to Achieve Goal 8

Belize is presently making slow progress as it pertains to Trade Policy and Development. However, the EPA roadmap sets out certain obligations that, if achieved, can set the country on track to developing further an open, rules-based, and predictable, non-discriminatory trading system by 2015. The CARIFORUM-EC Economic Partnership Agreement is a comprehensive agreement covering trade in Goods and Services, Investment, Competition Policy, Intellectual Property, Transparency in Public Procurement, Environment and Social Issues, and Personal Data Protection, among other issues.

Development is an overarching theme throughout the Agreement, which speaks to the scope and coverage of support. Another central tenet in the EPA is the pursuit of the strengthening of regional integration, not only among CARICOM, but the wider CARIFORUM, which includes the Dominican Republic. The EPA does not merely represent a compilation of commitments and obligations, rather it encompasses a series of measures aimed at supporting and promoting sustained growth, enhancing Belize's role in the international community, facilitating structural transformation, including the modernization of our regulatory and legal institutions allowing for the adjustment of Caribbean economies. With respect to the Aid for Trade platform, Belize expects to have a strategy that focuses on supply-side capacity constraints and address resource mobilization efforts in trade facilitation measures and private sector competitiveness by 2015. The strategy would have a plan of action that would be fluid enough to allow producers and service providers to become export ready and, therefore, to set the private sector on track to achieving the targets set out for trade.

SECTION 4: THE OUTLOOK FOR ACHIEVING THE MDGS BY 2015

From the perspective of the available evidence, the outlook for achievement of the MDGs by 2015 is that Belize is off track on many of the targets. Considering that the trend to increasing poverty was established before the present global economic crisis, the number of persons living in poverty is expected to increase in 2010 and beyond unless appropriate and fairly substantial national and international action is taken to boost the national economy.

The central macroeconomic questions of the Outlook are these:

- What is the rate of economic growth and the scale of the outstanding necessary investment required for such economic growth to reduce the poverty rate to 16.8% in 6 years?
- What is the average outlook for investment by MDG?
- What is the outlook for necessary leadership by the Ministry of Economic Development and the Ministry of Finance?

Assuming exponential growth, the estimate for the required rate of growth of investment is 5% per annum. The MDGs are the key to necessary domestic capital investment, so the above questions also imply the need to shed light on the *prospects that domestic capital can correspondingly grow even faster than 5%*, through:

- Faster growth of government capital spending?
- Faster growth of the core MDG-promoting sectors producing education, health, good governance, environmental protection and social services?

It was agreed with the Ministry of Economic Development that a reasonable target for such faster growth is 6.6%. In this light, the financing requirements and prospects for achieving the specific MDGs are described in these respects.

4.1 Scaling the Outstanding Investment Challenge of Macroeconomic Growth for Poverty Reduction

Table 4.1.1 presents the estimates of required and projected government capital and gross capital expenditures, which are premised on the IMF's baseline scenario for capital accumulation through 2014. The rate for 2014 is assumed to apply to 2015. The data for Belize point to a investment elasticity of poverty of about -3.84. *That is, subject to relevant targeting, each 1% increase in real investment can reduce poverty by about 3.84%. The poverty rate of 41.3% (2009) is currently 24.5 percentage points above the desired rate of 16.8% by 2015.* However, if investment is also restructured to emphasize investment in domestic capital that target the poor and vulnerable, then it is reasonable to argue that the direct investment effects plus the redistributive effects will tend to lead to an exponential path of poverty reduction, since inequality will also be substantially reduced. However, considering that only the preparatory phase of such an intervention can be completed before the fiscal year 2010/11, Belize essentially has a five-year period, beginning in early 2011, over which to recalibrate, finance, initiate and implement an updated poverty reduction programme on this basis. Assuming such an optimistic start of the programme cycle, achievement of the goal of poverty reduction to 16.8% by 2015 in turn implies a required rate of poverty reduction of about 18% per year.⁷⁵

⁷⁵ This is calculated as $\log(41.3/16.8)$ divided by 5. A less optimistic assumption about the start of the project cycle would increase the required annual rate of poverty reduction.

On the basis of the investment elasticity of poverty of -3.84 as estimated above, the economy would have to generate a 5% increase in real investment each year, approximately, over a 5-year period, in order to cut the poverty rate exponentially from 41.3% to 16.8% by end year 2015. In its baseline scenario, the IMF projected that gross capital formation in Belize would be about US\$192.3 in fiscal year 2009/10. The IMF also projected a decline of investment to US\$174.7 by the end of fiscal year 2010/11. However, the outturn was approximately US\$167.5 in fiscal year 2008/09, in 1990 dollars as measured by the UNStats Office.⁷⁶ Assuming this baseline, in order to achieve the poverty reduction target, gross real capital formation would have to grow to US\$175.9 in fiscal year 2009/10 and to US\$184.7 million in fiscal year 2010/11, and thereafter at a rate of 5% per year to US\$235.7 million in fiscal year 2015/16. For development and poverty reduction, investment in domestic capital, hence in the MDGs such as education and health, would have to grow faster. As indicated above, a target of 6.6% annual growth has been assumed as reasonable for such investments.

Even with concerted action on well-targeted investment, Belize will be severely challenged and will likely miss the targets partly because investment tends to reduce poverty with a significant lag, and partly because the long trend and persistence of a high and growing poverty rate indicates that the problem is structural, and not simply cyclical, linked to the current global crisis. Where investment is heavily weighted in favour of imported capital, it is inherently vulnerable to negative, exogenous input price shocks coupled with inadequate technology for the current growth environment. This is in addition to the core problem of vulnerability to negative movements in output prices and negative demand shocks by the specialist export sectors. These specialist sectors rely heavily on foreign direct investment and buoyant prices in foreign commodity markets in order to be viable. Each of these three shocks (*financial economic crisis, exogenous input prices, and negative movement in output prices*) can independently derail governments attempt at a substantive investment programme.

Perhaps the more important pragmatic reason to hold the view that targets are likely to be missed is that the IMF's baseline projections suggest that capital formation will only be US\$192.3 million in 2009 (*which represents a decrease to 80% of the IMF's estimated 2008 value*) and could be expected to decline further to US\$167.9 million in 2011. There would only be an increase thereafter at a rate of 2.5% per year or less, to US\$181.8 million by 2015. Correspondingly, based on the IMF growth factors, leadership through government capital spending is expected to be US\$34.4 million in 2009, declining to US\$30.03 million by 2011 and then increasing at 2.5% or less per year to US\$32.5 million in 2015. However, the IMF projection of US\$192.3 of spending for 2009 appears to have been missed, as the Statistical Institute of Belize has reported on its website (<http://www.statisticsbelize.org.bz>) that actual performance declined by about 4% in 2009. It is therefore assumed for this Outlook Report that the baseline United Nations Statistics Division report of US\$167.5 is an upper bound of the real gross capital formation in 2009. On this basis, and judged against the IMF baseline scenarios, Belize could expect to experience a deficit of about US\$194.2 million in required gross capital formation to achieve the poverty target by fiscal year 2015/16. However, there is one basic structural condition under which the country can be relatively confident of its prospects for reducing poverty to the targeted rate of 16.8% by 2015.

⁷⁶ These estimates are in 1990 US dollars. For the source data, see http://unstats.un.org/unsd/economic_main.htm.

This is to design an investment programme such that, for every 1% increase in investment (*assuming a target of 5% growth of investment overall*), there is a greater than 1% increase in the domestic capital component, suitably targeted to the various groups of the poor and vulnerable in the economy, by targeting the relevant MDGs. Domestic capital investment is vulnerable only to the negative price shocks associated with the imported inputs necessary for its development, since it can be expected to adopt and adapt flexibly to any technological shocks associated with the inputs imported for its production.

Government provides a significant share of its leadership of the development and poverty reduction process through its spending on education, health, environment and the other forms of domestic capital investment targeted by the MDGs. In that regard, the successes scored by the Ministry of Health in its drive to achieve MDG₄, 5, and 6, serve as a type of best practice for the estimates. Thus, considering that for development the rate of investment in such domestic capital must exceed the rate of growth of gross capital formation, and based on consultations with officials at the Ministry of Economic Development, **Table 4.1.1** and **Table 4.1.2**, which present estimates of the investment gap by ministry, assume a 6.6% rate of growth for real government capital spending. This corresponds to the positive growth rate of capital achieved by the Ministry of Health in order to score the successes documented in the scorecards for MDG₄, 5 and 6. The higher rate for government spending reflects the additional assumption that all government capital expenditure is primarily targeted such that it produces infrastructure, education and other leading forms of domestic capital. In order to bring the poverty rate to 16.8% on an accelerated basis, real government capital spending aimed at leading the investment process would have to grow to a value of US\$48.9 million in 2010 and by approximately 6.6% per year thereafter to US\$67.3 million in 2015. Further, by the IMF projections, government spending capacity would be insufficient to address this need, as it leaves an overall deficit of US\$170.5 million in Belize capital spending over the period from 2009 to 2015 (**Table 4.1.1**). Corresponding to this is expected that the deficit on required spending on the MDGs will be about US\$85.2 million in 1990 prices (**Table 4.1.2**). This deficit would have to be addressed through the process of international cooperation for poverty reduction, with particular emphasis on the ensuring that the spending on the MDGs can take place.

4.2 Outlook for MDG Investment to Address Deficits

Given available data, the estimates of the investment gap are based on the assumption of an average growth rate of capital spending of 6.6% per annum by the relevant ministries with mandates that directly influence the MDGs. Estimates are presented in **Table 4.1.2**. It is understood however, that to achieve success such an allocation is not likely to be independently optimal. The estimates must, therefore, be refined using data available from other domains. Optimally, the allocations of investment initiatives will rest on two additional necessary initiatives:

- Facilitated dialogue among sector stakeholders and ministries to determine the trade-offs needed to ensure that each ministry can get the necessary share of the gross investment identified. Here, it is particularly relevant to consider a big push in primary, secondary and tertiary education. This would help to lift technical capacity in all other ministries and thus in relation to all MDGs, in the medium and long term.
- A programme of project-focused needs assessment and costing, designed to identify and target all investments to the relevant beneficiaries or the appropriate scales.

From a functional standpoint and in line with best international practice, the facilitator of such dialogue would normally be the Ministry of Economic Development, working in partnership with the Ministry of Finance to bring long term vision and financing to the achievement of the MDGs through the development process.

4.3 Outlook through the Capital Expenditures of the Ministry of Education (MDGs 2, 3)

The present high and increasing trend in the literacy rate should represent a reflection of improving education and ultimately help to achieve the goals of reducing both the current levels of poverty and the transmission of inter-generational poverty. Notably, a 16.3% decline in enrolment at the primary level in 2009 and a concurrent reduction in completion rate of 8.1% in 2009, if unchecked, could cause a *decline in the literacy rate*. From a monitoring perspective, trends in the rates of enrolment, completion of the last grade of primary (Grade 8), and literacy require the tracking of inter-temporal changes of two indicators at the district level. The first indicator would *a) assess progress in view of the national target*; the second would *b) evaluate the six districts to determine their progress, those that may be declining and those that may remain static*. This latter would allow for fine-tuning of geographical targeting and for improving the efficiency of spending at this district/community level. Such continual assessment would also allow for an inter-temporal, district-wise comparison in order to assess progress through to 2015 of the three key MDG2 targets and ensure their attainment.

Delivery of education in Belize is affected by many challenges. These include the need for improved physical infrastructure and facilities, for adequate supply of trained and sufficiently motivated teachers and for a curriculum that is relevant and engaging. The Government of Belize has been making significant efforts to address these issues, but due to the inertia of the system gains in learning achievements will be slow. If the country is to make significant and consistent gains in student enrolment and attendance, and in retention of effective teachers it will be necessary to invest in supervision and monitoring arrangements within the education system, in improved governance and tracking mechanisms, in clarifying roles and responsibilities of all stakeholders and in realizing synergies in allocation and use of resources and capacities.

Given the increase in social challenges being experienced in the homes, schools and communities, achievement of the MDG targets for Goals 2 and 3 will require reformulation of strategic interventions and close monitoring to ensure their full achievement by 2015. In this regard, the formulation of strategies and programmes at the district level requires the involvement of key development stakeholders and the active involvement of the NGO sector to provide advances in the area of literacy and primary education.

Furthermore, it is estimated that, a general effort to achieve MDG2 and 3 through the efforts of the Ministry of Education will require at least a significant recovery of real Ministry capital expenditure from an estimated US\$2.2 million in 2009 to US\$ 2.5 million by 2011 and then to US\$3.2 million in 2015 (**Table 4.1.2**), all defined in 1990 dollars. However, the projections that are based on the IMF capital growth factors suggest that capital expenditure by the Ministry of Education will tend to decline from an estimated real US\$1.65 million in 2009 to real US\$1.44 million in 2011, and that the Ministry capital expenditure will only recover to real US\$1.6 million in 2015.

This will result in a substantial deficit of capital spending in all years and an overall Ministry capital expenditure deficit of US\$8.1 million over the period 2009 to 2015. On this basis, there will be significant underinvestment in education, which will place achievement of MDG2 and 3 at significant risk.

The education sector undertakes the main forms of capital investments required to establish national problem-solving and innovative knowledge capacity, both of which are required to adjust the structure of the economy under current global conditions of economic competition. It would therefore be necessary to undertake an initial big push at the secondary and tertiary levels, even given the achievements of the MDGs as specified, with a significant part of that push addressing the capacity of the Ministry to lead the education and knowledge development process. So, failure to achieve a capital growth rate of 6.6% is likely to place the entire national development programme at risk of being unsustainable. Given this added risk, the outlook for achievement of MDG2 and 3, and indeed all the other MDGs, is not strong when account is taken of the existing projections of national budgetary capacity. This includes current agreements for capital contributions by the international financial institutions. Thus, it is likely that prospects for achieving MDG2 and 3 will require a significant recalibration of the national budget based on additional contributions, especially from the international development partners.

4.4 Outlook through the Capital Expenditures of the Ministry of Health - MDGs 4, 5, 6

MDG4 and 5 will not be achieved by 2015 without a meaningful investment in the health budget. Indicators under MDG4 demonstrate very slow progress (33% of indicators are on track), and slow progress in MDG5 (50% of indicators are on track). On the other hand, MDG6 is on track, though heavily dependent on foreign funding. These MDG's have shared interventions that are cross-sectional within health. MDGs4 and 5 share specific interventions and the general platform of skills of these MDGs are also shared with MDG6. The Ministry of Health recognizes that efforts targeting the under-5 age group need to be strengthened at the institutional and community levels. Considering the projected capital spending and the state of the current projects targeting this problem, the expectation is that the strengthening efforts will continue, but will be somewhat below the rate required to address the problems if some programme revamping does not take place. Indeed, as a basis for adequate resource allocation, it would be necessary to undertake a thorough needs assessment of the Ministry of Health, and indeed most or all other MDG line ministries.

In Belize, interventions to reduce child mortality and improve maternal health emphasize making pregnancy safer, having access to skilled birth attendants, postnatal care, promotion of child growth and development at health facilities at community level, expanded programmes on immunization, and provision of counselling and contraceptive methods. Investment in these interventions was supported by an increase in the budget for the Ministry of Health by 33.8% for the period 2004-2008. This also reflected an increase of the MOH budget as a percentage of the GOB budget from 9.57 to 10.5% over the period and as a percentage of the GDP from 2.5% to 3.4%. There was also substantial investment in the form of technical cooperation with other countries.

Despite the budgetary increase and the technical cooperation, however, there are still gaps in the number of healthcare providers at all levels. The quality of health care services is fragile and will require greater investment. There is need to invest in the organizational structure of the provision of services, for example, by ensuring that all units and departments have or share updated protocols, norms and standards, and by ensuring that there is a monitoring and evaluation system to guide the sustainability of quality health services. It is necessary to fill the gaps in human resources, particularly the ratio of nurses per population, in both primary and secondary care and, at the same time, emphasise the critical route for maternal and child health services (midwives, rural health nurses, and public health nurses) and the primary and secondary primary care component. There is also need to strengthen the surveillance system related to these MDGs, with a focus on a rights-based approach that includes community empowerment and participation.

A significant factor is that the level and quality of services delivered will also rely on the capacity of individuals to pay for services received, including that from the private sector. In that regard, some of the progress documented might reflect the fact that under the health sector reform process, the national health insurance scheme was created as a mechanism for MOH transition from being the most important provider of health services to also having some regulatory function.

Significant problems have attended monitoring of progress on HIV. Based on the actual definitions of the indicators, the country had not been collecting data disaggregated by age groups and so is unable to report adequately on progress made. For example, the Indicator 6.1 measures the prevalence amongst the antenatal clinic attendees' ages 15-24 which can be considered the best random sample for HIV prevalence and is a better indicator of recent trends in HIV incidence and risk behaviour. Nonetheless, government recognizes that the key MDG6 indicators are important impact indicators used to measure the progress countries may have gained toward reducing HIV infection. It is expected that from now onwards and with the use of the Belize Health Information System this indicator will be monitored routinely.

Notwithstanding the increase in healthcare investment over the last decade, it is estimated that achievement of the goals of MDG4, 5, and 6, in the context of the reduction in the general rate of poverty requires a further increase in real capital expenditure by the Ministry of Health. This increase should move from an estimated US\$2.1 million in 2009 to US\$ 2.4 million by 2011 and then to US\$3.1 million in 2015 (**Table 4.1.2**). Projections based on the IMF capital growth factors suggest, however, that capital expenditure by the Ministry of Health will tend to decline from an estimated US\$1.6 million in 2009 to US\$1.38 million in 2011, and will only recover the level of US\$1.5 million in 2015.

This leads to an expected deficit of US\$7.8 million of healthcare development expenditures over the period. While substantial in the context of the national budget, this deficit is relatively small when placed in the context of international capacity, even given the competition for scarce global development resources. It can be addressed through adequately crafted international cooperation to achieve MDGs 4, 5, and 6.

4.5 Outlook through the Capital Expenditures of the Ministry of Human Development and Social Transformation (MHDST) – MDG3

The outlook for gender equity is not very bright in Belize. Consistent with the evidence presented, it appears that, in general, women continue to be more adversely affected by the incidence of poverty because of their weak psychological, financial and political position. There is some consensus that, despite equalling and surpassing males in education at primary, secondary and tertiary levels, women continue to be underpaid and experience low participation in economic activity and inequitable access to productive resources. Women are also disproportionately affected negatively by gender-based violence even as they have increasingly become the primary breadwinners in the home. Increasingly, males are experiencing a higher rate of unemployment and incarceration. Even though efforts are being made to include women at higher levels in non-agricultural employment, the sector in which they predominate is education, mostly as teachers and administrators. The Legal, Medical, Business, Law Enforcement, Tourism and Natural Resource Management Industries continue to be male dominated.

There is an important trend, occurring at the district level, especially in the southern districts, where the young rural females, traditionally confined to the home as child bearers with responsibility for domestic duties, have been enrolling in secondary and tertiary education in increasing and significant numbers. They are also becoming more “political” in their participation in university life and community advocacy, and are seeking professional positions in many fields. This will likely result in a move away from the rural areas to the towns and cities as these young women seek professional employment outside agriculture. To facilitate these adjustments towards gender equity, the Ministry of Human Development (MHDST) will have to undertake adequate supporting investments. The monitoring of the CEDAW ratified by Belize continues to improve. CEDAW is now the primary instrument to safeguard the implementation of temporary special measures that support women standing for election and the provision of political and transformational leadership training. Notwithstanding, improvements are needed in terms of development of capacity to monitor using appropriate instruments and surveys. Additionally, deliberate efforts are needed to create and maintain opportunities which give women greater visibility in public spaces and in positions of leadership. It is also necessary to increase efforts to build national awareness of gender inequality in electoral politics, especially highlighting that this condition continues to prevail in Belize.

Overcoming the existing structural issues can improve the level of investment in the capacity of women to actively participate in electoral politics and hold seats in parliament. The data provided in **Table 4.1.2** also indicate weak prospects for the achievement of MDG3, where such prospects are defined only in the framework of the projected capacity of the MHDST to make the capital investments needed to reduce the poverty rate to 16.8% by 2015. In 1990 dollars, the estimated investment requirements for MHDST leadership on MDG3 are for an increase in the Ministry’s real capital expenditure from US\$0.232 million in 2009 to US\$0.264 million by 2011 and then to US\$0.341 million by 2015 (**Table 4.1.2**). By contrast, the IMF capital growth factors imply that MHDST capital investment is projected to decline in real terms from an estimated US\$0.174 million in 2009 to US\$0.152 million in 2011, and will not recover to the required levels. In fact, the projected 2015 level is only to US\$0.165 million. Further, in its pursuit of MDG3 set for 2015, the MHDST will face a deficit in necessary investment spending after 2011 and an overall Ministry capital expenditure deficit of US\$0.86 million over the period 2009 to 2015.

Given the complexity of the challenges of achieving gender equity the projected underinvestment suggests that the outlook for achieving MDG3 is bleak to moderate at best, unless there is a significant change in the investment and targeting prospects of the MHDST. It should also be observed that the necessary investment by the MHDST will have to focus heavily on job-readiness skills and should also target the sexes differently, depending on the indicator considered. In fact, gender-based development problems have a strong economic component and can easily threaten achievement of all the other MDGs, including MDG4, 5 and 6 (despite the strong efforts to address maternal problems in the last decade expended by the Ministry of Health). The risks of failure are substantial if these challenges are compounded by the shortage of funds to undertake necessary investment and to grow such investment at the minimum necessary rate of 6.6%.

4.6 Infrastructural Investments by the Ministry of Works

The Ministry of Works undertakes a considerable amount of the investment in infrastructure required to support successful implementation of the initiatives of all the line ministries managing the pursuit of the MDGs. Among these infrastructure investments are access roads and bridges, schools, hospitals and clinics, housing programmes, and facilities for ports and industrial parks that support the development of industry. The data provided in **Table 4.1.2** indicate that, on the projected budget of the Government of Belize, the Ministry of Works is unlikely to make the capital investments needed to support the MDG line ministries. To support poverty reduction at a rate of 5.1% per annum to 2015, it is estimated that the required infrastructure investments of the Ministry of Works should increase from US\$11.16 million in 2009 to US\$16.37 million in 2015, expressed in 1990 dollars. On the other hand, the IMF capital growth factors lend to a projected decline in MOW capital investment from an estimated US\$8.37 million in 2009 to US\$7.31 million in 2011 expressed in 1990 dollars and will only recover to US\$7.92 million in 2015. Thus, relative to the requirements to achieve the MDG, the Ministry of Works will face a deficit in necessary investment spending after 2011 and an overall US\$41.5 million deficit over the 2009 to 2015 period.

4.7 Investment by Ministry of Natural Resources and Environment

Government is well aware that there are still significant national challenges to be confronted in reversing the process of deforestation and loss of biodiversity in Belize require commitment of substantial resources, in bringing rural communities up to the urban sanitation and water standards, in preventing undue deterioration in the national position on emissions, given the four-fold increase in emissions since 1994. Thus, overall, the country's ability to introduce and deploy necessary human and material resources to the pursuit of MDG7 will also depend on the ability to finance the adjustment agenda. The projections in **Table 4.2** indicate that, to achieve MDG7, the Ministry responsible for the environment will need to lead the policy and implementation process by undertaking capital spending of US\$1.7 million on relevant human and material resource projects in 2010, and increase this annually to US\$2 million by 2012, and then to US\$2.4 million by 2015. On the other hand, the evidence available from the IMF forecast factors is that spending capacity is below these requirements. A deficit of US\$6.19 million is projected over the period. If not filled, it is likely that MDG7 cannot be achieved and several other poverty reduction targets will also not be met. However, the Ministry of Finance has assured that the government will be able to draw on commitments from its international development partners to meet the financing deficit. This bodes well for achievement of MDG7.

Even if the financing is available, however, the prospects are still only moderate that Belize would achieve its targets under MDG7. Many obstacles to be overcome relate to the required policy stance of joint decision-making, in the context of a variety of pressures associated with the country's development agenda. Weak capacity in many non-state stakeholders, and a tight capacity constraint in the public sector, will pose a significant challenge to goal achievement. It is recognized, for example, that while several non-government and private sector organizations participate in the monitoring and co-management of forest and their natural resources, the Government of Belize will need to invest considerably in the resources and methods designed to optimize involvement of the local communities in the environmental policy process, alongside the rest of the non-state sector.

In many cases, the shared decision and implementation process will require substantial investment in human resources and other complementary capital in these communities and even in the rest of the non-state sector. As cautioned by the Ministry of Finance, this will prove difficult in a context in which relevant skills and capacity are in short supply even in the public sector. Given the problem of weak capacity of many partners, it will also prove difficult to win consensus about the relevant policies that could adequately associate the intent to conserve with relevant programming and implementation efforts. These constraints will bind tightly partly because a big-push appears to be necessary to ensure success by 2015.

4.8 Ministry of Economic Development Leadership for MDG Achievement

Set in the context of its wider mandate to define the development path and programming of Belize so that the Ministry of Finance can rationalize its pursuit of necessary development financing, the Ministry of Economic Development (MED) has the immediate responsibility of outlining the path to poverty reduction in pursuit of the MDGs. In that regard, the Ministry considers the target of 6.6% to be a reasonable necessary minimum rate of growth of investment, given the existing conditions in the economy and the objective of expanding opportunities in a way that would root achievement of the MDGs in the national development process. Further, the Ministry of Finance has agreed to the MED target and has committed that, through partnership with the international development partners, the required resources will be identified. Its caveat is that the financial resources committed will have to be programmed adequately to solve the core human resource problems hindering implementation of projects in Belize. Even given the financial resources, the stakeholders cannot be sanguine about the availability of the necessary complementary human resources to implement programmes adequately.

Given the general need to rely on multiple data domains (including the political data domain) in order to define the final configuration of the development effort, strong leadership by the MED is required to allocate the 6.6% growth path among Ministries. Assuming adequate resources are available, the MED is committed to facilitating the introduction of a sector-wide approach to the allocation of resources among Ministries, so as to attain the optimal path to achievement of the MDGs.

Guided by the scale of the investment challenge to reduce the poverty rate to 16.8%, it has been estimated that MED capacity building for leadership of planning and coordination requires growth in investment expenditure by the Ministry from US\$5.6 million in 2009 to US\$6.3 million by 2011 and to US\$8.2 million by 2015, all in 1990 equivalents (**Table 4.1.2**). Projections using the IMF capital estimates and growth factors suggest, on the other hand, that MED investments will tend to decline from US\$4.2 million in 2009 to US\$3.64 million in 2011. The projections also suggest that MED capital expenditures will not recover to the required levels, and instead will only be US\$3.94 million in 2015. Thus, in its efforts to recalibrate and lead implementation of the national poverty elimination plan, the MED will face an overall capital expenditure deficit of US\$20.7 million over the period 2009 to 2015. Even if the will to lead exists, significant budgetary problems are likely to imply that Belize will face considerable challenges in defining sound development solutions and programmes that will result in the achievement of the MDGs. Belize would therefore need strong international cooperation under national leadership to mitigate these challenges and to facilitate achievement of commitments by 2015. It is to such cooperation and leadership that the Ministry of Finance has given its commitment, which bodes well for Belize's achievement of the MDGs by 2015.

ANNEX 1

Year	GDP at Constant Prices (US\$ M) 1990	Growth of GDP	GDP per capita	GNI per capita	Savings	Gross Capital formation (000)	Fixed Capital formation (000)	Net exports	Population ('000)
1990	405.5	11.47%	2,136	2,082	-54,448	106,000	105,400	-3,800	189.8
1991	415.9	2.58%	2,127	2,077	-54,455	125,900	121,200	-14,994	195.5
1992	441.0	6.03%	2,188	2,139	-76,061	132,300	126,600	-25,179	201.5
1993	469.3	6.41%	2,259	2,071	-74,724	146,700	145,600	-34,570	207.7
1994	480.9	2.49%	2,247	2,155	-79,322	114,200	108,900	-20,569	214
1995	500.8	4.14%	2,274	2,187	-76,810	112,500	117,900	-31,636	220.3
1996	508.8	1.59%	2,246	2,023	-76,060	112,200	109,800	-13,886	226.6
1997	527.1	3.59%	2,264	2,050	-79,121	112,600	109,200	-12,967	232.8
1998	546.6	3.70%	2,286	1,982	-80,946	111,000	107,300	-29,341	239.1
1999	594.3	8.74%	2,423	2,170	-78,279	149,500	146,900	-71,079	245.3
2000	671.1	12.92%	2,668	2,461	-83,285	216,900	192,300	-123,393	251.5
2001	704.2	4.94%	2,733	2,471	-88,564	181,200	180,300	-104,932	257.7
2002	740.1	5.09%	2,805	2,554	-100,647	182,100	170,600	-84,787	263.9
2003	809.2	9.34%	2,997	2,705	-105,789	162,400	146,700	-41,647	270
2004	846.7	4.63%	3,066	2,697	-104,604	160,900	138,800	15,277	276.2
2005	872.7	3.07%	3,092	2,746	-108,842	162,800	150,000	40,409	282.3
2006	921.8	5.63%	3,196	2,841	-103,109	155,100	148,700	164,635	288.4
2007	924.4	0.28%	3,138	2,799	-115,412	163,000	156,100	124,623	294.5
2008	959.3	3.78%	3,191	2,847	-120,041	167,500	165,000	134,411	300.6

Source: Computed from UNStats Data, http://unstats.un.org/unsd/economic_main.htm

Districts	Poverty Rate (%)		Change		GINI Coefficient	
	2002	2009	percentage points	%	2002	2009
Corozal	26.1	56	29.9	114.6%	0.4	0.39
Orange Walk	34.9	43	8.1	23.2%	0.2	0.36
Belize	24.8	29	4.2	16.9%	0.6	0.41
Cayo	27.4	41	13.6	49.6%	0.3	0.41
Stann Creek	34.8	44	9.2	26.4%	0.3	0.41
Toledo	79	60	-19	-24.1%	0.2	0.46
Belize	33.5	41.3	7.8	23.3%	0.4	0.42

Source: Final Report Country Poverty Assessment 2009, Belize

Year	GDP per capita	Growth of GDP per Capita	Gross National Income per capita	Growth of Gross National Income per Capita	Gross Capital Formation (000)	Growth of Gross Capital Formation
1990	2,136	8.3%	2,082	7.7%	106,000	-5.9%
1991	2,127	-0.4%	2,077	-0.2%	125,900	18.8%
1992	2,188	2.9%	2,139	3.0%	132,300	5.1%
1993	2,259	3.2%	2,071	-3.2%	146,700	10.9%
1994	2,247	-0.5%	2,155	4.1%	114,200	-22.2%
1995	2,274	1.2%	2,187	1.5%	112,500	-1.5%
1996	2,246	-1.2%	2,023	-7.5%	112,200	-0.3%
1997	2,264	0.8%	2,050	1.3%	112,600	0.4%
1998	2,286	1.0%	1,982	-3.3%	111,000	-1.4%
1999	2,423	6.0%	2,170	9.5%	149,500	34.7%
2000	2,668	10.1%	2,461	13.4%	216,900	45.1%
2001	2,733	2.4%	2,471	0.4%	181,200	-16.5%
2002	2,805	2.6%	2,554	3.4%	182,100	0.5%
2003	2,997	6.8%	2,705	5.9%	162,400	-10.8%
2004	3,066	2.3%	2,697	-0.3%	160,900	-0.9%
2005	3,092	0.8%	2,746	1.8%	162,800	1.2%
2006	3,196	3.4%	2,841	3.5%	155,100	-4.7%
2007	3,138	-1.8%	2,799	-1.5%	163,000	5.1%
2008	3,191	1.7%	2,847	1.7%	167,500	2.8%

Source: Computed from UNStats Data, http://unstats.un.org/unsd/economic_main.htm

Year	Agriculture	Mining	Manufacturing	Construction	Tourism	Transportation	Other sectors
1990	73,650	63,300	53,050	26,900	63,500	37,000	90,600
1991	77,084	65,678	52,996	29,020	62,457	40,242	92,500
1992	86,194	73,006	56,781	30,478	66,281	46,829	94,145
1993	85,493	76,098	56,241	32,466	68,830	51,460	96,544
1994	91,099	77,643	62,189	29,153	71,843	50,431	89,196
1995	96,004	80,058	64,893	29,153	73,987	54,033	90,321
1996	102,300	81,987	65,434	28,888	72,654	56,401	94,159
1997	109,000	85,397	68,212	27,321	76,480	59,636	95,680
1998	111,600	26,571	-	26,694	83,104	62,760	99,018
1999	123,700	89,376	69,847	31,134	91,253	69,901	104,600
2000	137,900	106,600	85,919	43,253	102,300	79,106	114,700
2001	137,500	106,400	85,374	43,828	110,900	88,422	120,600
2002	138,200	108,000	86,628	45,447	115,000	98,408	132,600
2003	191,900	110,000	86,192	37,350	119,400	106,800	147,200
2004	210,200	119,000	96,816	39,022	121,300	112,100	152,900
2005	216,400	119,600	98,014	37,611	127,700	122,100	160,600
2006	204,500	161,300	132,600	35,156	131,200	129,500	163,300
2007	160,700	164,300	132,800	35,783	131,800	142,800	169,900
2008	165,400	175,600	144,100	34,947	134,700	149,900	173,500

Source: Computed from UNStats Data, http://unstats.un.org/unsd/economic_main.htm

Year	Agriculture	Mining	Manufacturing	Construction	Tourism	Transport	Others	Total
1990	0.18	0.16	0.13	0.07	0.16	0.09	0.22	1
1991	0.19	0.16	0.13	0.07	0.15	0.1	0.22	1
1992	0.2	0.16	0.13	0.07	0.15	0.1	0.21	1
1993	0.18	0.16	0.12	0.07	0.15	0.11	0.21	1
1994	0.19	0.16	0.13	0.06	0.15	0.11	0.19	1
1995	0.19	0.16	0.13	0.06	0.15	0.11	0.18	1
1996	0.2	0.16	0.13	0.06	0.14	0.11	0.19	1
1997	0.21	0.16	0.13	0.05	0.15	0.11	0.18	1
1998	0.2	0.06	-	0.07	0.2	0.15	0.24	1
1999	0.21	0.15	0.12	0.05	0.16	0.12	0.18	1
2000	0.21	0.16	0.13	0.06	0.15	0.12	0.17	1
2001	0.2	0.15	0.12	0.06	0.16	0.13	0.17	1
2002	0.19	0.15	0.12	0.06	0.16	0.14	0.18	1
2003	0.24	0.14	0.11	0.05	0.15	0.13	0.18	1
2004	0.25	0.14	0.11	0.05	0.14	0.13	0.18	1
2005	0.25	0.14	0.11	0.04	0.14	0.14	0.18	1
2006	0.22	0.17	0.14	0.04	0.14	0.14	0.17	1
2007	0.17	0.18	0.14	0.04	0.14	0.15	0.18	1
2008	0.17	0.18	0.15	0.04	0.14	0.15	0.18	1

Source: Computed from UNStats Data, http://unstats.un.org/unsd/economic_main.htm

Table 2.6: Annual Growth Rates by Industrial Sector, 1990 to 2008

Year	Agriculture	Mining	Manufacturing	Construction	Tourism	Transport	Other sectors	Value Added	GDP at Market Prices, 1990 USD
1990	0.1	0.1	0.09	0.09	0.12	0.11	0.06	0.09	0.1
1991	0.04	0.04	0	0.07	-0.02	0.08	0.02	0.03	0.03
1992	0.11	0.1	0.07	0.05	0.06	0.14	0.02	0.06	0.06
1993	-0.01	0.04	-0.01	0.06	0.04	0.09	0.02	0.03	0.06
1994	0.06	0.02	0.1	-0.11	0.04	-0.02	-0.08	-0.01	0.02
1995	0.05	0.03	0.04	0	0.03	0.07	0.01	0.03	0.04
1996	0.06	0.02	0.01	-0.01	-0.02	0.04	0.04	0.03	0.02
1997	0.06	0.04	0.04	-0.06	0.05	0.05	0.02	0.03	0.03
1998	0.02	-2.21		-0.02	0.08	0.05	0.03	-0.07	0.04
1999	0.1	0.7		0.14	0.09	0.1	0.05	0.17	0.08
2000	0.1	0.16	0.19	0.28	0.11	0.12	0.09	0.12	0.11
2001	0	0	-0.01	0.01	0.08	0.11	0.05	0.04	0.05
2002	0.01	0.01	0.01	0.04	0.04	0.1	0.09	0.05	0.05
2003	0.28	0.02	-0.01	-0.22	0.04	0.08	0.1	0.09	0.09
2004	0.09	0.08	0.11	0.04	0.02	0.05	0.04	0.05	0.04
2005	0.03	0.01	0.01	-0.04	0.05	0.08	0.05	0.04	0.03
2006	-0.06	0.26	0.26	-0.07	0.03	0.06	0.02	0.05	0.05
2007	-0.27	0.02	0	0.02	0	0.09	0.04	-0.01	0
2008	0.03	0.06	0.08	-0.02	0.02	0.05	0.02	0.03	0.04

Source: Computed from UNStats Data, http://unstats.un.org/unsd/economic_main.htm

Table 2.7: Government of Belize Capital Budget Expenditure by Ministry / Office, Million US\$, 1990 prices

Ministry	FY 99/00	FY 00/01	FY 01/02	FY 02/03	FY 03/04	FY 04/05	FY 05/06	FY 06/07	FY 07/08	FY 08/09	Average Growth 2000 to 2009	Average Growth 2002 to 2009
Education	3.85	7.68	8.04	8.02	6.52	9.13	9.77	7.98	5.38	2.06		
% growth		99.50%	4.80%	-0.20%	-18.80%	40.00%	7.10%	-18.40%	-32.50%	-61.70%	2.20%	-12.10%
Human Development	1.31	0.96	0.81	0.93	0.8	0.34	0.28	0.23	0.22	0.22		
% growth		-26.80%	-15.50%	14.70%	-13.70%	-57.10%	-18.40%	-17.00%	-6.70%	0.60%	-15.60%	-14.00%
Health	1.13	2.17	1.89	2.24	2.65	2.33	2.07	2.81	4.22	1.97		
% growth		92.40%	-13.00%	18.60%	18.20%	-12.10%	-11.20%	35.80%	50.10%	-53.20%	14.00%	6.60%
Environment	2.04	2.15	3.54	3.68	1.86	1.91	1.87	2.7	2.09	1.56		
% growth		5.00%	65.20%	3.80%	-49.60%	3.20%	-2.50%	44.70%	-22.80%	-25.20%	2.40%	-6.90%
Works	12.91	18.2	14.47	20.03	15.68	12.64	4.18	4.9	9.93	10.47		
% growth		41.00%	-20.50%	38.40%	-21.70%	-19.40%	-66.90%	17.20%	102.90%	5.40%	8.50%	8.00%
All MDG Line	21.23	31.21	29.41	34.94	27	26.38	18.14	19.06	21.61	16.03		
% growth		47.00%	-5.80%	18.80%	-22.70%	-2.30%	-31.20%	5.10%	13.40%	-25.80%	-0.40%	-6.40%
All Other	37.6	39.2	27.14	28.41	27.34	20.49	12.48	18.15	22.66	26.99		
% growth		4.30%	-30.80%	4.70%	-3.80%	-25.10%	-39.10%	45.50%	24.90%	19.10%	0.00%	3.70%

Source: Ministry of Finance, Belize

Year	Exports of Goods and Services (US\$ M)	Imports of Goods and Services (US\$M)	Net Exports (US\$M)
1990	244.6	248.4	-3.8
1991	264.0	279.0	-15.0
1992	328.4	353.6	-25.2
1993	281.2	315.8	-34.6
1994	266.6	287.2	-20.6
1995	246.6	278.2	-31.6
1996	249.5	263.4	-13.9
1997	282.4	295.3	-13.0
1998	296.8	326.1	-29.3
1999	335.3	406.4	-71.1
2000	364.6	488.0	-123.4
2001	379.2	484.1	-104.9
2002	412.0	496.8	-84.8
2003	465.7	507.3	-41.6
2004	484.7	469.5	15.3
2005	541.1	500.7	40.4
2006	667.7	503.1	164.6
2007	626.1	501.5	124.6
2008	650.9	516.5	134.4

Source: Computed from UNStats Data, http://unstats.un.org/unsd/economic_main.htm

Year	Income Deflator	GNI Constant (1990 Prices)	Consumption (1990 prices)	Domestic Savings
1990	1.00	790.5	606.6	183.90
1991	1.14	741.9	606.1	135.81
1992	1.20	759.4	647.3	112.17
1993	1.21	800.0	709.1	90.87
1994	1.17	909.0	780.2	128.79
1995	1.10	1021.6	861.9	159.74
1996	1.36	851.3	838.9	12.45
1997	1.38	859.7	860.8	-1.15
1998	1.39	861.1	911.9	-50.87
1999	1.37	958.1	974.1	-16.08
2000	1.38	1116.0	1051.5	64.47
2001	1.39	1140.1	1147.5	-7.37
2002	1.40	1212.3	1235.1	-22.78
2003	1.42	1253.0	1278.5	-25.48
2004	1.47	1263.1	1275.1	-11.95
2005	1.52	1307.5	1264.3	43.20
2006	1.57	1375.3	1215.7	159.55
2007	1.62	1407.4	1273.6	133.76
2008	1.70	1436.4	1297.2	139.11

Source: Computed from UNStats Data, http://unstats.un.org/unsd/economic_main.htm

Year	Disbursed Outstanding Debt (US\$ mn)	Growth of Debt	Total Debt servicing (US\$ mn)	Growth of Debt Servicing	GDP at market prices (US \$mn)	Debt Share of GDP	Debt Service Share of GDP	Rate of Growth of GDP
1995	167.2		25.2		620.05	27.00%	4.10%	
1996	207.3	24.00%	25.7	1.90%	641.25	32.30%	4.00%	3.40%
1997	220.1	6.20%	27.6	7.70%	654.2	33.60%	4.20%	2.00%
1998	231.6	5.20%	30.6	10.80%	688.85	33.60%	4.40%	5.30%
1999	254.5	9.90%	30.3	-0.80%	732.6	34.70%	4.10%	6.40%
2000	437.9	72.00%	51.3	68.90%	832.05	52.60%	6.20%	13.60%
2001	508.3	16.10%	79.1	54.20%	871.85	58.30%	9.10%	4.80%
2002	610.9	20.20%	174.9	121.20%	932.7	65.50%	18.80%	7.00%
2003	786.2	28.70%	127.7	-27.00%	988.2	79.60%	12.90%	6.00%
2004	875.9	11.40%	187.2	46.60%	1056.3	82.90%	17.70%	6.90%
2005	970.5	10.80%	218.7	16.90%	1114.85	87.10%	19.60%	5.50%
2006	985.7	1.60%	134.3	-38.60%	1213.1	81.30%	11.10%	8.80%
2007	972.7	-1.30%	676.2	403.50%	1276.75	76.20%	53.00%	5.20%
2008	955.6	-1.80%	97.9	-85.50%	1358.7	70.30%	7.20%	6.40%
Average 1995-2008		15.60%		44.60%		60.60%	13.30%	6.30%
Average since 2000		17.50%		62.30%		72.60%	17.30%	7.10%

Source: Ministry of Finance; Central Bank of Belize

Year	Disbursed Outstanding Debt (US\$ mn)	Bilateral Disbursed Outstanding Debt (US\$ mn)	Bilateral Share of Gross Debt	Commercial Bank Disbursed Outstanding Debt (US\$ mn)	Commercial Debt Share of Gross Debt	Multilateral Disbursed Outstanding Debt (US\$ mn)	Multilateral Debt Share of Gross Debt
1995	167.2	67.7	40.50%	22.4	13.40%	66	39.50%
1996	207.3	96.1	46.30%	31.9	15.40%	71.9	34.70%
1997	220.1	92.9	42.20%	43.4	19.70%	79.8	36.20%
1998	231.6	91	39.30%	53.4	23.00%	86.4	37.30%
1999	254.5	103.9	40.80%	54.1	21.30%	95.8	37.60%
2000	437.9	115	26.30%	191.7	43.80%	113.2	25.80%
2001	508.3	122.8	24.20%	226.6	44.60%	141.8	27.90%
2002	610.9	147.8	24.20%	280.2	45.90%	166.7	27.30%
2003	786.2	141.1	17.90%	450.2	57.30%	192.5	24.50%
2004	875.9	144	16.40%	523.1	59.70%	207.2	23.70%
2005	970.5	163.2	16.80%	599.5	61.80%	207.1	21.30%
2006	985.7	213.2	21.60%	561	56.90%	211.4	21.40%
2007	972.7	165.8	17.00%	577.6	59.40%	229.4	23.60%
2008	955.6	165.6	17.30%	570.3	59.70%	219.8	23.00%

Source: Ministry of Finance; Central Bank of Belize

Year	Financial Sector Output, Current prices (Bz\$ mn)	Growth of Financial Sector	Less Financial services indirectly measured	Growth of Charges	GDP at Market Prices	Growth of Nominal GDP	Gross Capital Formation (Current BZ\$)	Growth of Nominal Capital Formation
1995	46.8		21		\$620.05		257800000	
1996	52.6	12.40%	23.9	13.80%	\$641.25	3.40%	261100000	1.30%
1997	58.4	11.00%	28	17.20%	\$654.20	2.00%	264000000	1.10%
1998	68.7	17.60%	33.1	18.20%	\$688.85	5.30%	262800000	-0.50%
1999	84.9	23.60%	37.7	13.90%	\$732.60	6.40%	360300000	37.10%
2000	103.8	22.30%	35.2	-6.60%	\$832.05	13.60%	527700000	46.50%
2001	111.5	7.40%	55.7	58.20%	\$871.85	4.80%	432200000	-18.10%
2002	133.3	19.60%	74.4	33.60%	\$932.70	7.00%	444500000	2.80%
2003	163.6	22.70%	91.3	22.70%	\$988.20	6.00%	405900000	-8.70%
2004	173.1	5.80%	94.6	3.60%	\$1,056.30	6.90%	413600000	1.90%
2005	169.7	-2.00%	92.9	-1.80%	\$1,114.85	5.50%	435800000	5.40%
2006	183.1	7.90%	102.5	10.30%	\$1,213.10	8.80%	469500000	7.70%
2007	190.9	4.30%	112.5	9.80%	\$1,276.75	5.20%	513155270	9.30%
2008	205.3	7.50%	120.2	6.80%	\$1,358.70	6.40%	557777467	8.70%
Average 1995-2008		12.30%		15.40%		6.30%		7.30%
Average 2000-2008		9.20%		17.90%		6.30%		1.10%

Source: Ministry of Finance; Central Bank of Belize; Source: UNStats, http://unstats.un.org/unsd/economic_main.htm

Table 2.13: Structure and Growth of Government Spending, 1995 to 2008

Year	Disbursed Outstanding Debt (US\$ mn)	Total Debt servicing (US\$ mn)	Recurrent Expenditure (US\$ mn)	Growth of Recurrent Expenditure	Capital Expenditure (US\$ mn)	Growth of Capital Expenditure	Total GOB Budget (US\$ mn)	Recurrent Share of Budget	Debt Service as Share of Budget
1995	167.2391	\$25.18	\$116.50		\$38.90		\$155.40	75.00%	16.20%
1996	207.3136	\$25.66	\$117.35	0.70%	\$37.65	-3.21%	\$155.00	75.70%	16.60%
1997	220.1277	\$27.62	\$126.10	7.50%	\$40.90	8.63%	\$167.00	75.50%	16.50%
1998	231.6293	\$30.60	\$130.00	3.10%	\$46.80	14.43%	\$176.80	73.50%	17.30%
1999	254.5184	\$30.34	\$139.40	7.20%	\$82.65	76.60%	\$222.05	62.80%	13.70%
2000	437.8842	\$51.25	\$154.20	10.60%	\$123.75	49.73%	\$277.95	55.50%	18.40%
2001	508.3206	\$79.06	\$166.85	8.20%	\$133.70	8.04%	\$300.55	55.50%	26.30%
2002	610.8956	\$174.92	\$166.70	-0.10%	\$130.15	-2.66%	\$296.85	56.20%	58.90%
2003	786.1951	\$127.69	\$196.50	17.90%	\$138.20	6.19%	\$334.70	58.70%	38.10%
2004	875.9232	\$187.15	\$237.05	20.60%	\$86.60	-37.34%	\$323.65	73.20%	57.80%
2005	970.4834	\$218.72	\$280.60	18.40%	\$61.55	-28.93%	\$342.15	82.00%	63.90%
2006	985.6601	\$134.29	\$275.40	-1.90%	\$48.55	-21.12%	\$323.95	85.00%	41.50%
2007	972.7	\$676.20	\$318.05	15.50%	\$80.20	65.19%	\$398.25	79.90%	169.80%
2008	955.6	\$97.90	\$309.45	-2.70%	\$72.25	-9.91%	\$381.70	81.10%	25.60%
Average 2001-2008				9.70%		-4.10%		73.70%	65.10%

Source: Ministry of Finance; Central Bank of Belize; Source: UNStats, http://unstats.un.org/unsd/economic_main.htm

Table 3.1.1: Poverty and Indigence, by District

Districts	Poverty Rate (%)		Change		Indigence rate (%)		Change in Indigence	
	2002	2009	percentage points	%	2002	2009	percentage points	%
Corozal	26.1	56	29.9	114.6%	6.2	21	14.8	239%
Orange Walk	34.9	43	8.1	23.2%	7.1	15	7.9	111%
Belize	24.8	29	4.2	16.9%	4.9	6	1.1	22%
Cayo	27.4	41	13.6	49.6%	4.8	12	7.2	150%
Stann Creek	34.8	44	9.2	26.4%	5.6	19	13.4	239%
Toledo	79	60	-19	-24.1%	56.1	50	-6.1	-11%
Belize	33.5	41.3	7.8	23.3%	10.8	15.8	5.0	46%

Source: Final Report Country Poverty Assessment 2009, Belize

Table 3.1.2: The Poverty Gap in Belize and its Districts

District	2002	2009	Change
Corozal	7	13.9	6.9
Orange Walk	9.3	10.8	1.5
Belize District	6.2	7.1	0.9
Cayo District	6.6	9.7	3.1
Stann Creek	8.6	12.4	3.8
Toledo	44.4	19.8	-24.6
Belize	10.9	10.8	-0.1

Source: Final Report Country Poverty Assessment 2009, Belize

Table 3.1.3: Growth of GDP per person employed

Year	Total Population	Population 14 years and over	Employed Labour Force	Unemployed Labour Force	Persons Not in the Labour Force	Employment to-population ratio	GDP at market prices (US\$ mn)	Deflator	GDP per employed person (US\$)	Real GDP per person employed US\$ 1990	Growth rate of GDP per employed person (%)	Growth of real GDP per person employed
1993	203,530	120,030	62,085	6,775	51,170	0.517	560.9	1.1304824	4673	7991.62		
1994	210,150	122,235	62,430	6,145	53,660	0.511	583.5	1.1483255	4773.59	8139.22	2.15	1.85
1995	215,480	126,405	62,570	8,925	54,910	0.495	619.4	1.171204	4900.12	8452.26	2.65	3.85
1996	221,120	134,475	65,025	10,425	59,025	0.484	644.15	1.260437	4790.11	7859.33	-2.25	-7.02
1997	228,695	137,505	70,680	10,260	56,565	0.514	656.45	1.241589	4774.01	7480.44	-0.34	-4.82
1998	236,975	145,895	73,345	12,250	60,300	0.503	691.45	1.260448	4739.37	7479.37	-0.73	-0.01
1999	243,390	150,355	77,755	11,455	61,145	0.517	732.35	1.232256	4870.81	7643.45	2.77	2.19
2000	249,339	154,802	81,812	10,008	62,982	0.528	802	1.239407	5181.47	7910.38	6.38	3.49
2001	255,288	159,248	85,869	8,561	64,818	0.539	871.85	1.237277	5474.79	8206.13	5.66	3.74
2002	262,663	164,352	84,720	9,452	70,180	0.515	932.7	1.259472	5675.01	8741.13	3.66	6.52
2003	271,061	170,752	89,222	13,215	68,315	0.523	988.2	1.220438	5787.34	9075.22	1.98	3.82
2004	281,115	180,030	95,911	12,580	71,539	0.533	1056.3	1.246257	5867.36	8837.13	1.38	-2.62
2005	289,875	186,576	98,589	12,197	75,790	0.528	1114.85	1.277392	5975.31	8852.46	1.84	0.17
2006	299,766	195,718	102,234	10,573	82,912	0.522	1213.1	1.316592	6198.2	9012.6	3.73	1.81
2007	309,760	199,761	111,835	10,423	77,501	0.56	1276.75	1.381236	6391.39	8265.33	3.12	-8.29

Source: Statistical Institute of Belize; UNStats

Table 3.1.4: Estimates of the working poor in Belize, 1995, 2002, 2009

Year	1995	2002	2009
Population 14 and over	126,405	164,352	199,761
Labour Force	62,570	84,720	111,835
Poverty rate	0.33	0.335	0.413
Working poor (upper bound)	41713.65	55057.92	82501.3

Working poor (lower bound)	20648.1	28381.2	46187.9
Weighted average number of employed poor	34738.8	45984.03	69468.0

Source: Estimated from SIB data

	1994	1995	1997	1998	2004	2005	2006	2007
Total employed	62455	62571	70659	72493	95903	98589	102238	111865
Male	43569	43745	49248	50077	63470	64877	67911	72397
Female	18886	18826	21411	22416	32433	33712	34327	39468
Own account + family workers	14806	15851	19327	18239	24503	23213	25398	28722
Male	10521	11537	13822	12839	16707	15966	17634	18264
Female	4285	4314	5505	5400	7796	7247	7764	10458
Ratio								
Total	23.7	25.3	27.4	25.2	25.5	23.5	24.8	25.7
Male	16.8	18.4	19.6	17.7	17.4	16.2	17.2	16.3
Female	6.9	6.9	7.8	7.4	8.1	7.4	7.6	9.3

Source: SIB

Year	Proportion of pupils starting grade 1 who reach last grade of primary		
	Total	Boys	Girls
2001	89.25	87.6	90.76
2002	87.2	86.3	87.9
2003	88.57	86.92	90.09
2004	88.39	NA	NA
2005	87.75	NA	NA
2006	90.9	89.4	91.7
2007	91.9	90.5	93.2
2008	92.9	92.3	93.5
2009	91.9	90	93.1

Source: Education Statistical Digest of Belize, MoE

Year	Percentage of employees in non-agricultural wage employment who are women (%)
1994	37.8
1995	38.7
1997	40.7
1998	40.5
2004	40.0
2005	41.3
2006	39.8
2007	41.7

Source: Labour Force survey, SIB

Income Brackets	Males	Females
< \$600	22.3	29.6
\$600 to \$1,199	33.1	30.1
\$1,200 to \$1,799	12.7	13.2
\$1,800 to \$2,399	4.2	4.3
\$2,400 to \$2,879	2	2.4
\$2,500+	4.2	2.7
Not Stated	21.5	17.7
Mean	\$990	\$908
Median	\$768	\$710
Mode	\$673	\$665

Source: Abstract of Statistics, 2007

Year	Deaths of children before reaching the age of five per 1,000 live births
1990	23.7
1991	19.1
1992	17.8
1993	22.0
1994	24.1
1995	21.8
2004	19.0
2005	23.5

2006	24.8
2007	20.5
2008	17.0
2009	22.5

Source: Epidemiology Unit, MoH

Table 3.4.2: Infant mortality rate	
Deaths of children before reaching the age of one per 1,000 live births	
Year	Deaths
1990	17.6
1991	14.3
1992	11.5
1993	19.3
1994	19.4
1995	14.9
2004	14.7
2005	18.4
2006	19.6
2007	17.2
2008	12.0
2009	17.9

Source: Epidemiology Unit, MoH

Table 3.4.3: Proportion of one year-old children immunised against measles	
Year	%
1990	86.0
1991	76.0
1992	69.0
2004	96.8
2005	95.3
2006	99.6
2007	95.5
2008	95.7

Source: Epidemiology Unit, MoH

Table 3.5.1: Maternal deaths per 100,000 live births	
Year	Deaths
1990	41.7
1991	45.8
1992	39.5
1993	154.8
1994	118.9
2004	63.9
2005	134.1
2006	41.8
2007	85.3
2008	42.5
2009	53.9

Source: Epidemiology Unit, MoH

Table 3.5.2: Births to women 15-19 years old) per 1,000 women	
Year	Births
2001	88.5
2002	83.2
2003	79.1
2004	94.1
2005	87.5
2006	82.0
2007	77.1
2008	78.0

Source: Epidemiology Unit, MoH

Table 3.5.3: Antenatal care coverage (at least one visit) Percentage of women who received antenatal care during pregnancy from skilled health personnel	
Year	%
2004	91.3
2005	93.1
2006	96.1
2007	82.1

2008	97.8
2009	94.0

Source: Epidemiology Unit, MoH

Table 3.6.1: Incidence associated with malaria - Number of new cases per 1,000 population

Year	Number of cases
1990	16.1
1991	15.6
1992	26.1
1993	42.3
1994	49.3
1995	43.5
2000	5.9
2004	3.8
2005	5.3
2006	2.8
2007	2.7
2008	1.7

Source: Epidemiology Unit, MoH

Table 3.6.2: Incidence of tuberculosis

Year	Number of new cases per 100,000 population
1990	49
1997	46.1
1998	52
1999	41.6
2000	50.8
2001	43.9
2002	45.6
2003	30.3
2004	25.1
2005	30.8
2006	27.2
2007	18.0
2008	25.8
2009	24.7

Source: Epidemiology Unit, MoH

Table 3.6.3: Prevalence of tuberculosis

Year	Number of existing cases per 100,000 population
1990	78
1997	46.1
1998	52.0
1999	41.6
2000	50.8
2001	52.5
2002	53.2
2003	32.2
2004	32.2
2005	36.3
2006	30.2
2007	20.2
2008	27.3
2009	26.7

Source: Epidemiology Unit, MoH

Table 3.7.1: Historical Consumption, ODP tonnes

Substance	2000	2001	2002	2003	2004	2005	2006	2007	2008
CFC-11	0	0.77	0.54	0	0	0	0	0	0
CFC-12	14.6	27.07	21.11	14.37	12.2	9.6	3.6	2.24	0.78

CFC-115 (R502x51.2%)	0	0.21		0	0	0	0.5	0	0
Total Annex A: ODP (tonnes)	14.6	28.05	21.65	14.37	12.2	9.6	4.1	2.24	0.78
Protocol Limits	24.4	24.4	24.4	24.4	24.4	12.2	12.2	3.66	3.66
Carbon tetrachloride (BII)	0	0	0	0	0	0	0	0	0
Methyl Chloroform (BIII)	0	0	0	0	0	0	0	0	0

Source: Terminal Phase-out Management Plan, 2008 Annual Implementation Report. Department of Environment National Ozone Unit.

Year	%
1991	31.3
1995	43.6
2000	46.8
2002	49.8
2005	72
2006	76.4
2007	73

Source: Statistical Institute of Belize (SIB)

Year	%
1991	34.8
1995	41
2000	49.9
2002	54.8
2005	60
2006	64.6
2007	64.4

Source: Statistical Institute of Belize (SIB)

	Percent	Cumulative Percent
W.C. linked to sewer system	17.2	17.2
W.C. linked to septic tank	47.2	64.4
Pit latrine, ventilated and elevated	9.7	74.1
Pit latrine ventilated and not elevated	7.7	81.8
Pit latrine, ventilated compost	1.9	83.8
Pit latrine, not ventilated	14	97.8
Other	1.2	99
None	0.9	99.9
DK/NS	0.1	100
Total	100	

Source: SIB Labour Force Survey

Item	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY15/16	Overall Deficit
Required Gross Capital Growth Factor for General Poverty Reduction	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
Required MDG Growth Factor for Inequality and Poverty Reduction	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
IMF Projected Gross Capital Growth Factor (baseline scenario)		0.91	0.96	1.018	1.013	1.025	1.025	
Required Gross Capital Formation (US\$ millions, 1990)	175.90	184.69	193.93	203.62	213.80	224.50	235.72	
IMF Projected Gross Capital Formation (US\$ millions, 1990)	192.3	174.76	167.85	170.86	173.05	177.37	181.81	
Projected Deficit of Gross Capital Formation (US\$ millions, 1990)	16.37	-9.94	-26.08	-32.76	-40.76	-47.12	-53.91	-194.20
Required Government Capital Expenditure (US\$ millions, 1990)	45.85	48.88	52.11	55.55	59.21	63.12	67.29	
IMF Projected Government Capital Expenditure (US\$ millions, 1990)	34.40	31.27	30.03	30.57	30.96	31.73	32.53	
Projected Deficit in Government Capital Spending (US\$ millions, 1990)	(11.45)	(17.61)	(22.08)	(24.98)	(28.25)	(31.39)	(34.76)	-170.5

Source: Computed

Ministry Focus of MDG	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	Overall Deficit
Required Education Capital Expenditure (US\$ 1990)	2.2	2.3	2.5	2.7	2.8	3.0	3.2	
Projected Education Capital Expenditure (US\$ 1990)	1.6	1.5	1.4	1.5	1.5	1.5	1.6	
Projected Deficit Education Capital Expenditure (US\$ 1990)	-0.55	-0.84	-1.06	-1.20	-1.35	-1.50	-1.67	-8.18
Required Health Capital Expenditure (US\$ 1990)	2.1	2.2	2.4	2.5	2.7	2.9	3.1	
Projected Health Capital Expenditure (US\$ 1990)	1.6	1.4	1.4	1.4	1.4	1.5	1.5	

Table 4.1.2: Required and projected capital formation to reduce general poverty to 16.8% by 2015, unadjusted.								
Ministry Focus of MDG	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	Overall Deficit
Projected Deficit Health Capital Expenditure (US\$ 1990)	-0.53	-0.81	-1.01	-1.15	-1.30	-1.44	-1.59	-7.82
Required Human Development Capital Expenditure (US\$ 1990)	0.2	0.2	0.3	0.3	0.3	0.3	0.3	
Projected Human Development Capital Expenditure (US\$ 1990)	0.2	0.2	0.2	0.2	0.2	0.2	0.2	
Projected Deficit Human Development Capital Expenditure (US\$ 1990)	-0.06	-0.09	-0.11	-0.13	-0.14	-0.16	-0.18	-0.86
Required Environment Capital Expenditure (US\$ 1990)	1.7	1.8	1.9	2.0	2.1	2.3	2.4	
Projected Environment Capital Expenditure (US\$ 1990)	1.2	1.1	1.1	1.1	1.1	1.2	1.2	
Projected Deficit Environment Capital Expenditure (US\$ 1990)	-0.42	-0.64	-0.80	-0.91	-1.02	-1.14	-1.26	-6.19
Required Economic Development Capital Expenditure (US\$ 1990)	5.6	5.9	6.3	6.7	7.2	7.7	8.2	
Projected Economic Development Capital Expenditure (US\$ 1990)	4.2	3.8	3.6	3.7	3.8	3.8	3.9	
Projected Deficit Economic Development Capital Expenditure (US\$ 1990)	-1.39	-2.14	-2.68	-3.03	-3.43	-3.81	-4.22	-20.7
Required Works (Infrastructure) Capital Expenditure (US\$ 1990)	11.16	11.89	12.68	13.52	14.41	15.36	16.37	
Projected Works (Infrastructure) Capital Expenditure (US\$ 1990)	8.37	7.61	7.31	7.44	7.53	7.72	7.92	
Projected Deficit Works (Infrastructure) Capital Expenditure (US\$ 1990)	-2.79	-4.29	-5.37	-6.08	-6.87	-7.64	-8.46	-41.5
Required Government Capital	45.85	48.88	52.11	55.55	59.21	63.12	67.29	
Projected Government Capital	34.40	31.27	30.03	30.57	30.96	31.73	32.53	
Projected Deficit Government Capital	(11.45)	(17.61)	(22.08)	(24.98)	(28.25)	(31.39)	(34.76)	-170.5

Source: Computed

ANNEX 2

ANNEX 2: BELIZE MDG TARGETS (National Poverty Elimination Action Plan 2007-2011)									
Indicators	Goals, Targets and Indicators	Baseline	2009	2012	2015	%chg.	Period	Description	Source
	GOAL 1: Eradicate Extreme Poverty/Hunger								
	Target 1: Halve Proportion. Income < \$1/day								
Indicator 1	Population below Poverty Line	33.5	30.5	24.4	16.8	16.7	3 yr	Percentage of population below poverty line	SIB
Indicator 2	Poverty Ratio Gap	11.1	10.1	8	5.5	5.6	3 yr	Poverty Gap	SIB
	Target 2: Halve proportion population suffers hunger								
Indicator 3	Prevalence underweight children < 5 yrs.	7.3	6.5	4.9	3	4.3		Annual Percentage of the population under 5 underweight	Ministry of Health
Indicator 4	Prop. of population less than minimum dietary cons. (extreme poverty)	10.8	10.1	8.6	6.7	4.1		Annual Percentage of the population below minimal diet, or extreme poverty	Ministry of Health
	GOAL 2: Achieve universal primary education								
	Target 3: Ensure complete Primary School								
Indicator 5	Net enrolment rate in Primary Education	90.3	92	95.6	100	9.7		Annual Enrollment rate in Primary Education	Ministry of Education
Indicator 6	Proportion of pupils entering Grade 1 G1, reach 5	92.2	93.6	96.5	100	7.8		Annual Proportion of pupils reaching grade 5 from G.1	Ministry of Education
Indicator 7	Literacy rate of 15-24 year-olds	88.6	90.6	94.8	100	11.4	3 yr.	Adult literacy rate in 15-24 years old	Ministry of Education
Indicator 8	Adult literacy							Annual Percentage of adult literacy	SIB
Indicator 9	Net enrolment rate in Secondary Education							Annual Enrollment rate in Secondary Education	Ministry of Education
	GOAL 3: Promote gender equality and women employment.								
	Target 4: Eliminate Gender Disparity								
Indicator 10	Ratio of girls-boys in Primary Education	95.9	96.6	98.1	100	4.1		Annual Rate of girls/boys enrolled in Primary School	Ministry of Education
Indicator 11	Ratio of girls-boys in Secondary Education	108.7	107.1	103.9	100	8.7		Annual Rate of girls/boys enrolled in Secondary School	Ministry of Education
Indicator 12	Ratio of girls-boys in Tertiary Education.	159.5	148.8	127	100	59.5	Annual	Rate of girls/boys enrolled in Tertiary School	Ministry of Education
Indicator 13	Ratio of literate women-men 15-24 yrs	100.7	100.6	100.3	100	0.7	3 yr.	Rate of literate women/men 15-24 years old	SIB, Ministry of Education
Indicator 14	Share of Women in wage employment	39.2				50	Annual	Percentage of women at work	SIB, Ministry of Labour
Indicator 15	Proportion seats held by women Nat'l Parliament					7	tbd		
Indicator 16	Women employed in non agriculture jobs			tbd		50	Annual	Percentage of Women employed in non-agriculture jobs	SIB, Ministry of Labour
	GOAL 4: Reduce Child Mortality								
	Target 5: Reduce by 2/3 <5 yr. mortality rate								
Indicator 17	Under 5 mortality rate	19.5	17	11.8	5.5	14	Annual	Mortality rate for children under < 5 yr	Ministry of Health
Indicator 18	Infant mortality rate	16.2	13.9	9.3	3.5	12.7	Annual	Infant mortality rate	Ministry of Health
Indicator 19	Children Immunized against measles	95.8	96.6	98.1	100	4.2	Annual	Number of children immunized against measles	Ministry of Health
	GOAL 5: Improve Maternal Health								
	Target 6: Reduce maternal mortality								
Indicator 20	Maternal mortality rate	37.3					Annual	Maternal mortality rate	Ministry of Health
Indicator 21	Proportion of births attended	97	97.5	98.6	100	3	Annual	Percentage of births attended by trained personnel	Ministry of Health
	GOAL 6: Combat HIV/AIDS, Malaria and Other								

	Target 7: Have halted by 2015 and begun to reverse								
Indicator 22	HIV prevalence				tbd	tbd	Annual	HIV prevalence	Ministry of Health
Indicator 23	HIV prevalence in women					tbd	Annual	HIV prevalence in women	Ministry of Health
Indicator 24	HIV prevalence among 15-24 yr. pregnant women	0.6	0.5	0.4	0.3	0.3	Annual	Ministry of Health	
Indicator 25	Number of children orphaned by HIV		tbd	tbd	tbd	tbd	Annual	Number of children orphaned by HIV	Ministry of Health
Indicator 26	Orphan HIV children at school		tbd	tbd	tbd	tbd	Annual	Number of children orphaned by HIV attending school	Ministry of Health
Indicator 27	Contraceptive prevalence	56.1	56			tbd	3 yr.	Number of people using contraceptives as birth control alternative.	Ministry of Health, SIB
Indicator 28	Condom use as contraceptive prevalence	tbd	tbd.	tbd.	tbd.	tbd.	3 yr.	Number of people using condom as contraceptive	Ministry of Health, SIB
	Target 8: By 2015, halt tuberculosis and Malaria								
Indicator 29	Death rate associated with malaria	0				tbd	0	Annual	Malaria death rate
Indicator 30	Death rate associated with tuberculosis	6.2				tbd		Annual	Tuberculosis death rate
Indicator 31	Prevalence rate of malaria	4.8				tbd		Annual	Malaria prevalence in the country
Indicator 32	Prevalence rate of tuberculosis	32.3				tbd		Annual	Tuberculosis prevalence in the country
Indicator 33	Proportion of tuberculosis cases cure.DOTS	66				tbd		Annual	Proportion of TB cases cured by DOTS
Indicator 34	Proportion of tuberculosis cases detected. DOTS	117				tbd		Annual	Proportion of TB cases detected by DOTS
Indicator 35	Population immunized against TB					tbd		Annual	Percentage of population vaccinated against TB
	GOAL 7: Ensure Environmental Sustainability								
	Target 9: Integrate the principles of sustainability								
Indicator 36	Proportion of land area covered by forest	59.1				tbd		3 yr	Land area covered by forest
Indicator 37	Land area protected to maintain environment	44				tbd		Annual	Forest area coverage
Indicator 38	Carbon dioxide (CO2) emissions	2.7				tbd		3 yr	CO2 emissions is cubic tons/square km
Indicator 39	Consumption of ozone depleting CFS	28				tbd		3 yr	Consumption of Ozone depleting CFS
Indicator 40	GDP per unit of energy use					tbd	tbd	3 yr	
Indicator 41	KWh consumption							Annual	Kilowatts /hour consumed for the District
Indicator 42	KWh demand							Annual	Kilowatts /hour demand by district
	Target 10: Halve population without access to water								
Indicator 43	Population with access to water source		80.8	90	95	100		Annual	Population with access to Belize Water Works,
	Target 11: By 2020, to have achieved livelihood improvement. Owners of their own dwelling SIB								
Indicator 44	Population with proper sanitation facilities	93.4	94.6	97	100	6.6		Annual	Better trend,long period
Indicator 45	Proportion of people with access to secure tenure	94.1	95.2	97.3	100	5.9		Annual	Better trend,long period
Indicator 46	Population with WC linked to sewage/septic tank							Annual	Population with WC linked to municipal sewage system or septic tank
	GOAL 8: Develop a Global Partnership								
	Target 15: Deal with debt problem in sustainable manner								
Indicator 47	Debt service as % of exports	13.1	11	9.5	8.5			Annual	Ministry of Finance

	Target 16: Implement strategies productive youth work								
Indicator 48	Unemployment of young people 15-24 years old	21.8	18	15	12		3 yr.	Number of people 15-24 years unemployed.	SIB, Ministry of Labour
	Target 17: Provide access to essential drugs								
Indicator 49	Ind 1: Prop.of pop. w/ access to essential drugs			tbd	100		3 yr	Number of people with access to essential drugs	Ministry of Health, SIB
	Target 18: In cooperation w/private sector new techs								
Indicator 50	Teledensity (fixed and mobile lines)	16.7				tbd	Annual	Number of lines per 100 inhabitants	BTL
Indicator 51	Personal computers density	16.7	33.3				Annual	Number of personal computers per 100 inhabitants	SIB
Indicator 52	Internet connections, dial-up and broadband						Annual	Number of Internet connections, all kind.	BTL