BELIZE NETWORK OF NGOs

JUNE 2020

NATIONAL RECOVERY STRATEGY

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Table of Contents

Abbreviations 3
Executive Summary 5
Introduction 7
The Belize Economy In Crisis 7
National Economic Recovery Strategy 9
Economic Impact of COVID-19 9
Agriculture and Food Security 11
Strengthening the Health System 13
Education 16
Tourism 18
National Crisis Planning and Response 22
Conclusion 23
Annex 1 24

List of Figures:

Figure 1: Belize's GDP Percent Growth Since Independence 8
Figure 2: Agricultural Output 2009 - 2019 11
Figure 3: Belize Health Expenditure as a Percent of Total Public Expenditure 13
Figure 4: Daily New Cases For Select Countries 19

List of Tables

Table 1: Summary of 2020/21 GOB Budget Estimate (BZ$M) 8
Table 2: Leading Causes of Death In 2019 14
Table 3: Belize Education Services Supply 16

ABBREVIATIONS

ACE	Adult and Continuing Education
AIDS	Acquired immunodeficiency syndrome
BAS	Belize Audubon Society
BERT	Belize Emergency Response Team
BNN	Belize Network of NGOs
BTIA	Belize Tourism Industry Association
DtGR	Debt to GDP ratio
EUA	Emergency Use Authorization
F2F	Face to face
GDP	Gross Domestic Product
GOB	Government of Belize
GP	General Practitioner
HIV	Human immunodeficiency virus
IATA	The International Air Transport Association
ICT	Information and communications technologies
IDB	Inter-American Development Bank
IgG	Immunoglobulin G
IgM	Immunoglobulin M
IPC	Infection prevention and control
KHMH	Karl Heusner Memorial Hospital
M	Million
NEMO	National Emergency Management Organization
PAHO	Pan American Health Organization
PCR	Polymerase chain reaction
PGIA	Philip Goldson International Airport
PPE	Personal protective equipment
PSA	Partial Scope Agreement

RNA	Ribonucleic acid
RT-PCR	Reverse transcriptase polymerase chain reaction
SIB	Statistical Institute of Belize
UNCAC	UN Convention against Corruption Act
UNDRR	United Nations Office for Disaster Risk Reduction
USFDA	United States Food and Drug Administration
WHO	World Health Organization

EXECUTIVE SUMMARY

The COVID-19 pandemic has led to a social and economic crisis that has had a major impact on Belize. The initial impact of COVID-19 on the economy and society has been colossal. An undesirable poverty situation has been made worse by a huge increase in unemployment. A major sector of the economy has been hit hard and brought to a standstill. Government finances have collapsed, yet there is an increased need for public response and intervention to address both the pandemic and its effects. The collapse of GOB revenues occurred at precisely the time when some expenditure line items increased exponentially. The unprecedented increase in the rate of joblessness across the country has led to even greater vulnerability among the population. The high degree of vulnerability of Belize has been exposed but this is an opportunity to create a more resilient Belize. This Strategy presents recommendations along several themes that are the result of an economic recovery forum that was held recently by the Belize Network of NGOs (BNN).

It is imperative for the government to reduce costs especially its wage bill. This is the largest expenditure in the national budget, and it cannot be sustained with a severely weakened economy. A new budget should be redrafted to reflect the prevailing reality and geared towards a sustainable recovery. With the tourism industry massively affected, more attention needs to be paid to the agriculture sector both as a part of recovery but also for food security. Belize has several Partial Scope Agreements (PSAs) that need to be vigorously pursued to jump-start an export-led growth in the agriculture sector. Additionally, there is a need to move farmers and producers vertically up the value chain to create more value for their products and enhance their contribution to the economy. Modern technologies such as Geographic Information Systems need to be deployed for smart and climate resilient agriculture.

Belize has so far managed to control the rate of COVID-19 infection and number of cases so there are lessons to be learned and shortcomings to be addressed to prepare for future caseloads. The slow rate of infection currently being experienced is an opportune time to build up COVID-19 stockpiles of equipment and personal protective equipment (PPEs). The capacity of local hospitals to deal with COVID-19 cases also needs to be strengthened and infection, prevention, and control, reinforced. Proper health and safety protocols need to be instituted in all sectors including health and tourism.

The education system should prepare itself with proper guidelines for the eventual reopening of schools. A mixed modality of face to face and virtual learning will be the future of education and all systems to support this must be put in place. This includes investing in information and communications technology (ICT) infrastructure and building the pedagogical capacity of teachers to facilitate online learning and testing.

Similarly, the reopening of the Philip Goldson International Airport (PGIA) to visitors and the country to international tourism must be preceded by the establishment of guidelines for tourism facilities, protocols for visitor entry and stay in the country. Visitors must be required to provide negative SARS-COV-2 test results, and clear and proper measures must be instituted by

the Government of Belize in the event a visitor falls ill to COVID-19. While being an essential part of any protocol for the reopening of the PGIA, testing for SARS-COV-2 cannot be the cornerstone of such a plan. Belizeans must be taught and consequently demanded to comply with well established, preventative public measures. At the same time, tourism facilities and businesses will need to be provided financial relief in order to remain viable until they are able to return to business.

While most of the attention is currently focused on a single disease and the socio-economic damage it is causing, it is important to recall that many underlying vulnerabilities contribute to the severity of the effects being experienced. Belize must move towards a multidisciplinary and integrated approach in planning and responding to hazards, risks, and disasters. This includes addressing the social issues of poverty but also the political issues of corruption and good governance.

INTRODUCTION

The COVID-19 pandemic has led to a social and economic crisis that has had had a major impact on Belize. An undesirable poverty situation has been made worse by a significant overnight increase in unemployment. A major sector of the economy has been hit hard and brought to a standstill. Government finances have also collapsed yet there is an increased need for public response and intervention to address both the pandemic and its effects. Notwithstanding this new reality, the Belize Network of NGOs (BNN) see this time as an opportunity to repurpose our way of doing business. We cannot go back to business as usual. This crisis compels us to create new opportunities. Recognizing a gap in a comprehensive national response, a BNN Working Group held an economic recovery forum to discuss the challenges being faced and propose solutions and recommendations from their vantage point. The Working Group consisted of representatives of several BNN member agencies, as well as experts who were invited to serve as advisors.

This strategy from the BNN aims to leverage this moment. The high degree of vulnerability of Belize has been exposed but this is an opportunity to create a more resilient Belize. Any recovery post-COVID must address multiple and critical aspects of national life. This Strategy therefore presents recommendations along several themes that are central to the economy and society and its recovery.

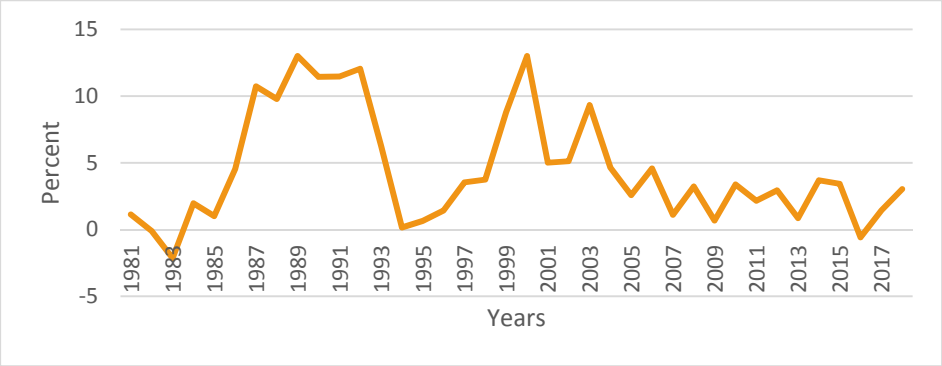
THE BELIZE ECONOMY IN CRISIS

The pre-COVID-19 Belizean economy indicates a small open economy, where public finances substantially depend on a narrow range of taxes, and most of the public spending is overwhelmingly on recurrent expenditures. Belize's Gross Domestic Product (GDP) stood at $3.8 Billion dollars at the time of the Prime Ministers' budget address in March 2020. Tertiary activities – defined to include tourism and government services – contributed some 62% to GDP. Secondary activities, which include manufacturing, processing and generation of electricity and water contributed 14%, and primary activities – including agriculture, fisheries, and forestry – contributed 10%. The remaining 14% was taken up by taxes and subsidies. The Government of Belize was operating under a tight fiscal space which is further constricted by a large public debt (DtGR[1] 91%), a high rate of poverty (41.3%) and a shrinking economy.

Immediately prior to COVID-19, Belize was in the midst of an economic recession, having experienced three consecutive quarters of negative GDP growth. Most recent Statistical Institute of Belize (SIB) data indicate that the last quarter of 2019 shows a 2.8% reduction in GDP. This is part of a larger trend of slow and reduced growth since the early 2000s.

[1] Debt to GDP ratio

FIGURE 1: BELIZE'S GDP PERCENT GROWTH SINCE INDEPENDENCE



SOURCE: WORLD BANK, 2020

The 2020/21 National Budget, and similar to virtually all budgets over the past years, projected a deficit, which is often funded by additional borrowing. Revenues which include all anticipated income from the various types of taxes and proceeds from grants and loans were projected to be $1.2 billion while Expenditures were projected at $1.47 billion leaving a deficit of $232 million.

TABLE 1: SUMMARY OF 2020/21 GOB BUDGET ESTIMATE (BZ$M)

EXPENDITURES		REVENUES	
Personal Emoluments	454	Taxes on Income & Profits	308
Pensions & Ex-Gratia	96	Taxes on Property	6
Goods & Services	253	Taxes on International Trade	168
Subsidies & Current Transfers	184	Taxes on Goods & Services	625
Debt Service - Interest Payments	121	Non-Tax Revenues	99
Amortization	109	Capital Revenue	3
Capital Expenditures	254	Grants	31
TOTAL	1,471	TOTAL	1,240
ESTIMATED BUDGET DEFICIT OF $232 M.			

SOURCE: MINISTRY OF FINANCE, GOVERNMENT OF BELIZE, 2020

For more than two decades, accountability and oversight mechanisms have remained weak and successive government administrations have failed to institute the necessary reforms that would guarantee the real effectiveness of oversight institutions. The Prevention of Corruption Act effected in 1994 is inadequately enforced and the regulations of the Integrity Commission are regularly flouted with impunity. The current administration was recently pressured into signing onto the UN Convention against Corruption (UNCAC) by the Belize National Teacher's Union but any real change as a consequence of this commitment has not yet materialized. Reforms in accountability and transparency for the prevention of corruption are much needed to ensure that public resources are effectively utilized to meet the needs of the citizenry especially in difficult economic times.

NATIONAL ECONOMIC RECOVERY STRATEGY

Economic Impact of COVID-19

The initial impact of COVID-19 on the economy and society has been colossal. Less than two weeks after the reading of the National Budget, the economic meltdown brought on by the pandemic hit Belize. Key metrics that measure budgetary and economic performance are not yet available. However, even when they become available, they may not capture the full extent of the situation on the ground due to the inevitable time lag between when data collection is done and when the findings are officially released. With the closure of all border points of entry, and limits imposed on cross-district travel due to the State of Emergency and the curfew, tourism and ancillary activities came to a standstill. The collapse of the tourism sector has affected the other sectors such as manufacturing and agriculture which serve as a huge domestic market for local products. The closure of the borders and the stay-at-home orders that accompanied the state of emergency reduced domestic economic activity. All of this contributed to a collapse in government's revenue. The COVID-19 pandemic arrived in Belize in the midst of a drought for the second consecutive year; this likely aggravated conditions in key fledgling sectors of the economy. "There is no coin of the realm," said the Prime Minister bluntly.

The collapse of GOB revenues occurred at precisely the time when some expenditure line items increased exponentially. Budgetary allocations to the Ministry of Health increased because COVID-19 related materials and supplies need to be urgently imported and accommodations needed to be found for the Cuban medical brigade and local health professionals. For the Ministry of National Security, there are likely large overtime payments, in addition to spending on a range of recurrent items required to enforce curfews and the closure of the borders. Overall, the initially estimated budget deficit of $232 M will likely widen due to increased expenditures and reduced revenues.

There has been an unprecedented increase in the rate of joblessness across the country. Over 81,000 persons applied for COVID-19 unemployment relief. The unemployment relief was initially targeted at displaced tourism workers but was subsequently expanded to include other persons who became unemployed due to the pandemic. One in five Belizeans in general applied for COVID-19 relief which represents 43% of the national labour force. With businesses countrywide either closing or furloughing their staff, GOB gave a commitment to maintaining the existing size of its workforce. This is an unsustainable commitment considering the drastic reduction in government revenues.

Belize is now faced with a negative confluence of internal and external shocks and pressures. Pre-COVID-19, the debt to GDP ratio was 91%. With the combination of increased borrowing in a shrinking economy, that ratio has now in all likelihood exceeded 100% of GDP. In a small, open economy such as Belize's, this will impose severe constraints on the government's ability to borrow. Foreign exchange in Belize is earned when the country exports its mainly agricultural

and semi-processed goods, via tourism and remittances. All are under varying degrees of threat. Foreign currency is also obtained from loans and grants. Foreign exchange is therefore required to repay loans as well as purchase imports. With the borders closed and no inflows coming from tourism, GOB has had to rely on its reserves to purchase all COVID-19 related imports and other essentials to keep some semblance of economic activity afloat. A recent downgrade by a rating agency[2] highlighted this concern. Increasing money supply in a shrinking economy can lead to classic inflation. Without official intervention, increasing prices or inflation would serve to effectively ration the available supply of goods.

Recommendations

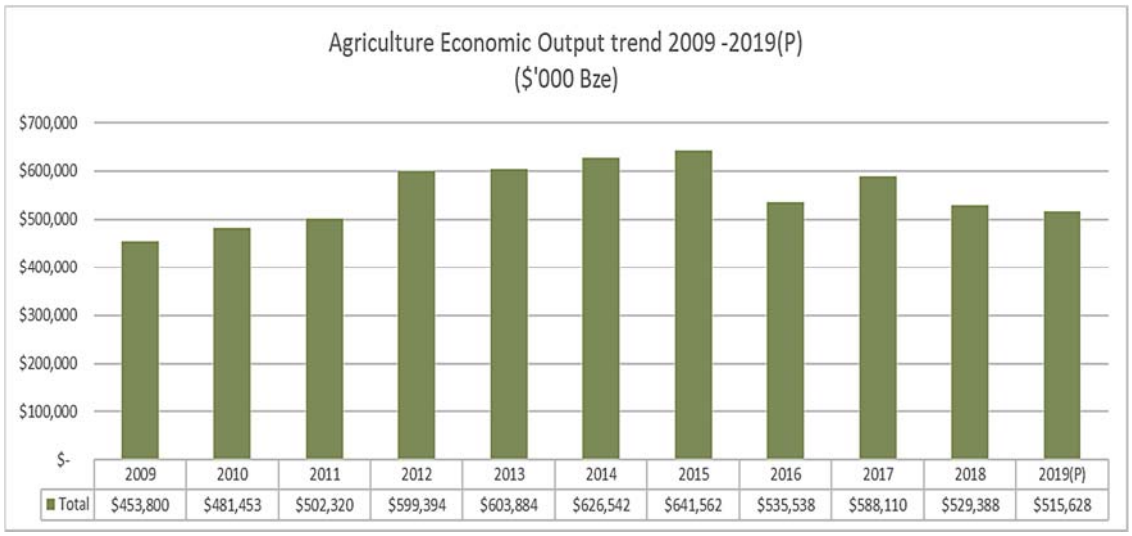
Short-term (1-3 months)	Medium-term (4-12 months)	Long-term (13-24 months)
1. Reorient public policy towards local production. 2. Draft a new National Budget, in consultation with all relevant stakeholders that focuses on recovering the economy and creating new opportunities for prosperity.	3. Cut salaries and wages of public officers to reduce the wage bill. 4. Accelerate the implementation of UNCAC and other accountability oversight mechanisms to ensure transparency in governance.	5. Public officers must begin to contribute towards their pensions and move away from non-contributory pensions. 6. Review the labor laws with a view to incorporate or adapt a furlough approach within a legal framework to better protect both employee and employer. The system or practice of "furlough" does not legally exist in Belize. 7. Insolvency laws for businesses should also be considered to allow businesses affected by such events to obtain a fresh start and regain opportunity for new employment of persons and business opportunities. This would assist in recovery efforts of mitigating increase in unemployment.

[2] Moody's Investor Service - https://www.moodys.com/research/Moodys-downgrades-Belizes-ratings-to-Caa1-changes-outlook-to-negative--PR_423874

Agriculture and Food Security

Agriculture remains an important sector in Belize's economy and is slowly evolving away from traditional commodities. The traditional industries such as citrus, sugar and bananas are on a decline; however, some new industries are emerging. Poultry production alone, for instance, contributed more to overall economic output than sugar and bananas and contributed three times more than citrus production. The importance of agriculture to Belize's economy and food security is evidenced by the trade surplus of $70.4 million in food exports in 2019.

FIGURE 2: AGRICULTURAL OUTPUT 2009 - 2019[3]



The agricultural sector is under sustained pressure by natural hazards which is being further compounded by the effects of COVID-19. Farmers experienced a devastating drought just last year which led to direct losses of approximately $76.8 million in production value. Grains, vegetables, livestock and sugar were severely affected with the greatest loss being experienced with grains at approximately $28.8 million. Not only was there an absolute loss of production in 2019 but a lag effect will be felt in reinvestment activities and thereby production at least for the next 2 years[4]. The effects of COVID-19 have further led to a severe market contraction for agricultural products both in the domestic and international markets. Access by farmers to the limited domestic market is further constrained by access and transportation issues due to the health measures imposed.

The most affected group of farmers are producers of poultry, dairy cattle, shrimp, livestock, vegetables, grains, pulses and traditional exports (sugarcane, citrus, banana). Livestock, dairy and vegetable sectors have experienced 50% or more market contraction. Export of shrimp has experienced a loss of approximately $3.2 million due to the loss of markets. Poultry farmers have had to carry out depopulation measures of their stock to reduce costs to their operations

[3] Ministry of Food and Agriculture, 2019.
[4] Ibid.

while dairy farmers have had to dump over 359,000 pounds of milk due to lack of market. Meanwhile, livestock farmers are being doubly pressured from a loss of market access to Guatemala and Mexico and from rising costs of maintaining unsold stock[5].

Recommendations

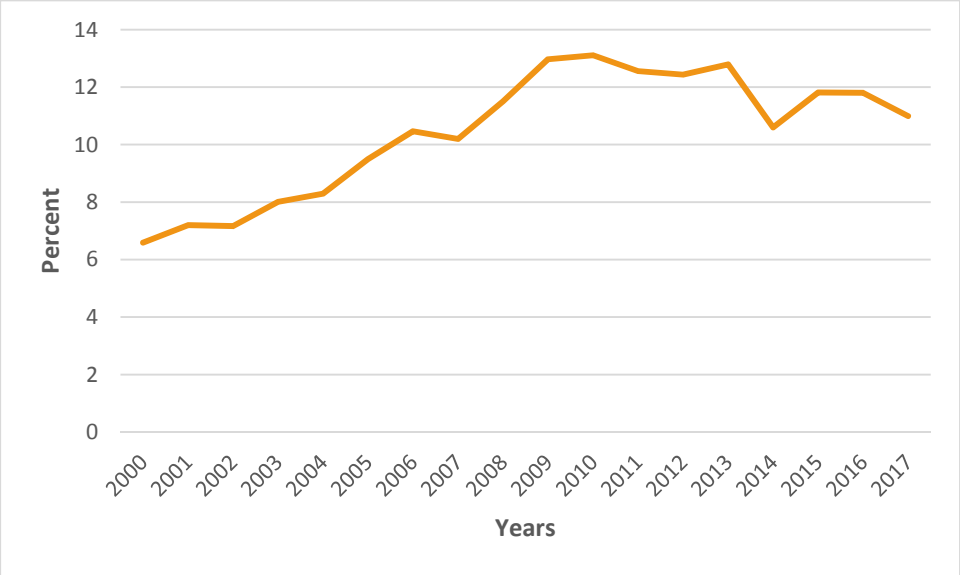
Short-term (1-3 months)	Medium-term (4-12 months)	Long-term (13-24 months)
1. Decrease post-harvest losses and improve market accessibility/penetration by building up storage and marketing and distribution systems. 2. Develop a marketing strategy promoting the consumption of Belizean made products such as an "Eat Local" campaign.	3. Vigorously pursue the implementation of existing trade agreements with CARICOM, PSA Guatemala, PSA Mexico, PSA Taiwan to regain access to markets for export-led agricultural products. 4. Establish a Climate Resilience & Climate Smart Disaster Relief Fund for farmers to ensure that production capacity is not lost or reduced significantly. 5. Develop stronger capacity for agro-processing & value adding processes for targeted products in order to integrate farmers into the value chain and command better prices and higher revenues. 6. Promote the development of alternative crops which can be grown in a sustainable system – such as coconut, cocoa and vanilla – by reaching out for support to multilateral players such as the IDB, the Green Climate Fund and impact investors.	7. Reform the tax regime in order to remove taxes and duties on agricultural production inputs. 8. Integrate digitization and precision agriculture in production systems through the use of Geographic Information Systems and soil mapping.

[5] Ministry of Food and Agriculture, 2019.

Strengthening the Health System

Belize's health sector has been consistently underfunded over the years. The WHO/PAHO standard benchmark to achieve universal health coverage requires a public sector investment in health of at least 6% of GDP. While there has been a gradual increase over the last 20 years, government health spending as a percentage of GDP remain miniscule ranging from 2.0% of GDP to 3.8% of GDP in 2017[6]. Since 2010, however, health expenditure as a percentage of the total national budget has been on a declining trend, from a high of 13% in 2010 to 10% in 2017[7] (Figure 3). This has led to shortages of equipment, medicine, supplies and human resources which limit the capacity of the health system to respond to pandemics or major disasters.

FIGURE 3: BELIZE HEALTH EXPENDITURE AS A PERCENT OF TOTAL PUBLIC EXPENDITURE[8]



There is a large segment of Belize's population with underlying health conditions which makes them vulnerable to the debilitating effects of COVID-19. The main cause of mortality among Belizeans for the last 10 years are mainly non-communicable or lifestyle diseases. Heart disease, cancer and diabetes were the leading cause of death in 2019. There were 205 HIV cases detected in 2019 and, at least for the last five years, there appears to be a declining trend in rate of infection[9]. HIV/AIDS remains in the top 10 causes of death for Belizeans.

[6] See https://apps.who.int/nha/database/country_profile/Index/en. Accessed 20th June, 2020.
[7] Ibid.
[8] WHO, Global Health Expenditure, 2020.
[9] Epidemiology Unit, Ministry of Health, 2020.

TABLE 2: LEADING CAUSES OF DEATH IN 2019[10]

	Total	%
Total	**1,949**	100.0
1. Diseases of heart	263	13.5
2. Malignant neoplasms	247	12.7
3. Diabetes mellitus	160	8.2
4. Unintentional injuries	149	7.6
5. Assault (homicide)	142	7.3
6. Cerebrovascular diseases	124	6.4
7. Human immunodeficiency virus (HIV) disease	91	4.7
8. Influenza and pneumonia	79	4.1
9. Certain conditions originating in the perinatal period	70	3.6
10. Essential hypertension and hypertensive renal disease	65	3.3

The primary health care level remains a critical part of the health response to COVID-19. The screening for COVID-19 at the primary care level as an entry has been very effective so far in Belize's health response. There should be clear referral guidelines for more specialized services that would help with preventing the overwhelming of the health system. As most cases of COVID-19 are likely to be mild or moderate, the regional hospitals need to be prepared to meet and respond to surges in cases. Avoiding COVID-19 cases is not feasible and an eventual increase in cases should be expected. Key strategies for managing COVID-19 center on testing, isolation/quarantine, and contact tracing with VERY short turnaround time.

Recommendations

Short-term (1-3 months)	Medium-term (4-12 months)	Long-term (13-24 months)
1. Establish a multi-sectoral group to analyze the current national response to identify lessons learned and gaps and move to address the shortcomings. 2. Identify and institute measures to protect vulnerable groups such as the elderly, immunocompromised, diabetics, dialysis patients, and those with other underlying conditions. 3. Establish a centralized procurement and storage of emergency stockpile and increase stock of COVID-19	7. Strengthen regional hospital capacity and operational planning response by developing standardized response guidelines, improving communication/ support from management. 8. Institute infection prevention and control (IPC) as a way of life at all health facilities and establish proper triage systems. Re-enforcement of training of all personnel on IPC is necessary. 9. Increase the use of telemedicine by developing the necessary equipment	11. Integrate the delivery of health services into the community to support the delivery of services under financially constrained circumstances. 12. Redesign health facilities to not only be climate resilient but also better set up to deal with COVID-19 type pandemics/epidemics (patient flows, infection control, ventilation) for the long term. 13. Provide back-up testing equipment and machines and invest in larger machines that can process

[10] Epidemiology Unit, Ministry of Health, 2020.

supplies including PPEs with proper inventory mechanisms established. This must be based on projections on potential surge estimates. 4. Carry out a vaccination campaign for Influenza, and outreach campaign for Dengue and other diseases to prevent multiple and simultaneous waves of diseases. 5. Conduct more health campaigns and advertisements teaching people about proper ways for mitigation protocols (face masks, social distancing, sanitation, etc.). The mitigation protocols need to be widely shared among the public and front line personnel and reminders given as often as possible. Continuous and effective reminders are needed for changes in behaviour to occur. 6. Strengthen epidemiologic surveillance and response including human resources capacity, laboratory capacity, public/private health services coordination, capacity for testing and contact tracing, and quarantine facilities.	and infrastructure accompanied by guidelines and training. 10. Develop mental health support mechanisms for health services staff and personnel and strengthen mental health services for the public in general.	more tests at one time. Testing also needs to be decentralized so Regional Hospitals can do testing as well.

Education

Belize has a total of 630 educational facilities with the majority being classified as government-aided schools. As can be expected, there is a greater supply of primary and secondary schools compared to tertiary level schools given the large population of younger age cohorts. These schools are found in both rural and urban areas with varying levels of capacity and resources. There is a persistent disparity between urban and rural schools in terms of having trained teachers and adequate resources at every level of the education system. There are currently 6,049 teachers in the education system and there remains a significant shortage of trained teachers in Belize schools from pre-school to secondary.

TABLE 3: BELIZE EDUCATION SERVICES SUPPLY[11]

	Pre-School	Primary	Secondary	ACE	Vocational	Junior Colleges	University
Government	39	58	17	3	6	2	0
Government Aided	142	202	29	6	0	9	1
Private/Special Assistance	46	51	16	2	0	0	1
Total	**227**	**311**	**62**	**11**	**6**	**11**	**2**

Approximately 105,621 Belizean students have been emptied from their classrooms with a return to normalcy very uncertain. Over the last 5 years, enrollment at all levels in Belize appear to be stable but with a clear increase in university enrolment. The largest number of student enrolment is at the primary and secondary levels. These students have had to complete the 2020 school year at home, and it is uncertain when they will be able to return to their classrooms. The Ministry of Education is currently finalizing guidelines for the reopening of schools.

Distance learning via technology is a largely untested approach in Belize. Most Belizean households do not have adequate ICT technology to be able to take advantage of virtual learning. This includes not having computers or internet connections at home. The lack of familiarity with virtual learning and limited capacity of students and staff to work with such technology is a major obstacle for a transition to virtual learning. There is also the disparity in access to the internet between urban and rural areas. The majority of teachers do not have the requisite pedagogical training for virtual lesson planning and instruction. Nonetheless, the future of education in Belize will likely be a mix of virtual and face to face (F2F) modalities. Preparations for this transition are currently underway.

[11] Abstract of Education Statistics 2018-2019, Ministry of Education.

Recommendations

Short-term (1-3 months)	Medium-term (4-12 months)	Long-term (13-24 months)
1. Develop a phased approach to reopening schools following the guidelines stipulated by the Ministry of Education.	2. Establish staggered schedules to accommodate social distancing protocols and create small cohorts of students (in line with size of classrooms). 3. Implement a mixed modality of instruction using online, F2F and blended format. This of course can only be done with investment in accessible ICT technology and data and voice services that are accessible to students in both urban and rural areas. 4. Incorporate the needs of students with special needs into the delivery of education services post-COVID-19.	5. Provide teacher training to build pedagogical capacity for online instruction (planning and delivery) and testing. 6. Ensure that new education measures implemented take into consideration the hurricane season and other possible pandemics in the future.

Tourism

Tourism plays an unparalleled role in Belize's economic health. Without its recovery, the national economy will be severely undermined. Belize's tourism sector has witnessed impressive growth in recent years with overnight tourist arrivals registering double digit annual growth rates from 2015 to 2018, and a modest increase (2.8%) in 2019. The total contribution, when including indirect and induced effects, was estimated at around 41.3% of GDP. The sector provided direct employment to 13.4% of the labor force, rising to 37.3% of total employment with the inclusion of jobs that are indirectly supported by the tourism activities. With travel earnings contributing around 40 percent of total exports in 2018, up from 32 percent in 2008, tourism was also the largest earner of foreign exchange[12]. The economic loss being endured from the shutdown of the industry by COVID-19 is immense.

The tourism industry and its subsectors have been severely hit by the effects of COVID-19. The number of visitors to Belize has been reduced to zero. The cruise sector has been severely affected in the short term and the outlook for medium and long-term recovery is uncertain, especially with the difficulties of social distancing inherent in the tendering process. Local airlines are very dependent on traffic generated by international arrivals, particularly from the hub at PGIA. The capital-intensive nature of the airline industry necessitates heavy leveraging, and this has left them vulnerable to sudden and prolonged downturns being brought on by the pandemic. Hotels have gone from the highest occupancy level of the year in mid-March 2020 to a zero-revenue situation. Tour operators and tour guides are now unemployed. The local market offers few opportunities as traditionally locals do not employ tour services. Restaurants are in a similar situation as hotels, the difference being that those restaurants targeting both tourists and locals have experienced a less severe drop in revenues.

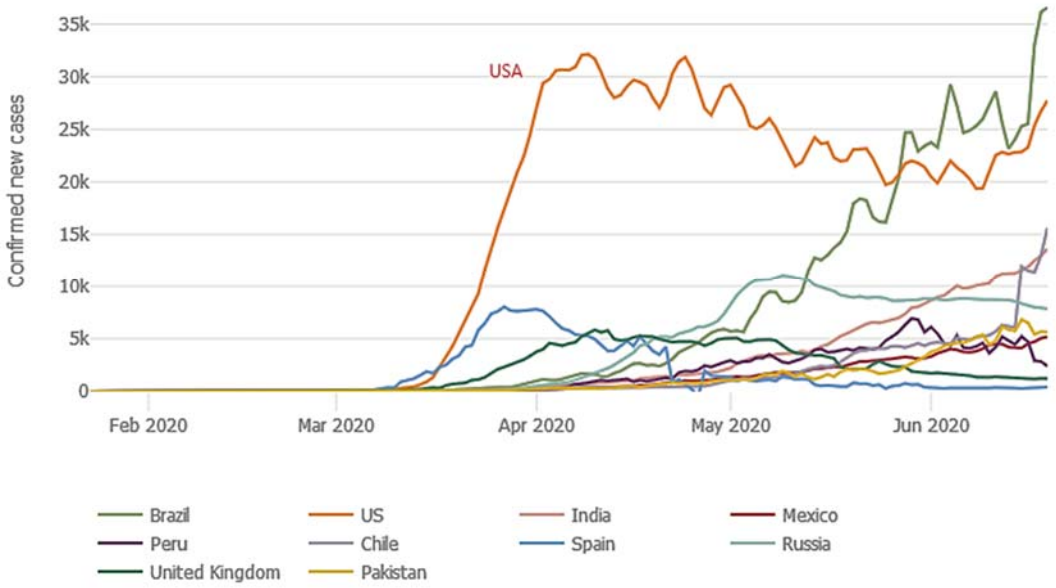
Belize's largest tourism market is experiencing the worst effects of COVID-19 and the resumption of full-scale tourism depends on events beyond Belize's control. The International Air Transport Association (IATA) estimates that global air travel will not return to 2019 levels until 2023. There are many reasons for this. For Belize at least, the undeniable COVID-19 crisis of massive spikes and deaths in the United States[13], which is its largest tourism market, casts doubt in how soon tourism can begin to return to robust levels. There is no vaccine to be expected for COVID-19 in the short term and reliable rapid tests are still more of a hope than reality. While the exact number of visitors cannot be predicted, it is almost certain that the pool of potential visitors to Belize over the next several years will be substantially smaller than 2019.

Visitor motivation under COVID-19 will be an important consideration for destination management and marketing. The reopening of the PGIA does not automatically mean that international airlines will resume service. Similarly, the reactivation of airlines flying to Belize does not automatically mean that visitors will be on board. The underlying driver of the

[12] Chow, J. 2019. Tourism In Belize: Ensuring Sustained Growth. IMF Working Paper.
[13] See https://coronavirus.jhu.edu/data/new-cases. Accessed 6th June, 2020.

reluctance to travel now is psychological. It is the fear of contracting the virus on a crowded airplane, fear of low quality medical care should it be needed at the final destination, fear of being quarantined in a strange place, and fear of all the additional hassles in crossing borders that were already daunting due to security protocols. It is these assurances that Belize must provide in order to ensure that the tourism industry recovers in an orderly and sustained manner.

FIGURE 4: DAILY NEW CASES FOR SELECT COUNTRIES[14]



Recommendations

Short- to medium term (1-12 months)	Ongoing and Long-term (13-24 months)
1. Develop a national marketing strategy ("Go Big or Go Home") that will provide a clear and strong value proposition with the psychosocial well-being of the visitor as a critical element. Belize needs to separate from the pack to manage to attract a larger share of a radically reduced global tourism market. The value proposition Belize puts out to the market should be an offer that tourists find extremely attractive. 2. Actively promote domestic tourism (domestic tourism campaigns). 3. Integrate the digitization of tourism to create and promote virtual immersive experiences. Tourism attractions and businesses would be featured in stories as a way to keep potential tourists interested	17. Maintain government assistance relief via financial instruments such as tax relief, loans, guarantees and grants to safeguard business survival. 18. Belizeans must be taught and, consequently, demanded to comply with well established, preventative public measures. While being an essential part of any protocol for the reopening of the PGIA, testing for SARS-COV-2 cannot be the cornerstone of such a plan.

[14] John's Hopkins University Corona Virus Resource Center, 2020.

to visit Belize as soon as safely possible. 4. Establish paperless documentation entry at the border (customs and immigration forms). Also have health survey completed online before arrival via an online platform. 5. Establish proper guidelines for hotels and transportation of visitors with training and enforcement of mitigation measures (social distancing, masks, sanitation, etc.). All hotel and transportation must be pre-planned and with certified personnel. 6. Mandate enhanced sanitation protocols in tourism services aimed at the restoration of traveler confidence. 7. Provide government assistance relief via financial instruments such as tax relief, loans, guarantees and grants to safeguard business survival. 8. The opening of PGIA before peak tourist season will be more manageable, as less people will arrive, and will allow for procedures and protocols to be tested. 9. With PCR testing becoming more widely available (especially in the US), it is strongly recommended that visitors arrive with PCR test (taken within 72 hrs.) for quick processing and health screening on arrival.[15] 10. Implement quick and efficient health screening on arrival at PGIA (temperature checks, testing, health surveys). 11. Ensure that contact tracing systems (apps) are in place, tested and fully functional, with visitors required to use them. 12. Have designated lines at the airport for those with test results and others for those who need to be tested. 13. When visitors are tested locally, they should be allowed to go to their hotel and remain in defined areas. Once PCR test confirmed as negative for COVID-19, they would be allowed to move around freely while following established health and safety protocols. 14. Establish clearly defined protocols for visitors who become sick while in country and communicate this broadly to all stakeholders and visitors. For example, a telephone/hotline communicated through the Belize Tourism Board for notifying health officials about a tourist or tourism employee who becomes symptomatic for COVID-19; and clearly defined protocols for how resorts are to handle someone who	

[15] For a well-researched critique on testing for SARS-COV-2 as a cornerstone for the reopening of the PGIA, see Annex 1.

becomes symptomatic or needs medical treatment. 15. Establish one designated medical facility for suspected COVID-19 infected tourists, to be communicated clearly. 16. Establish laboratory facilities at the PGIA to enable faster processing of tests and with enough human resources and more testing supplies sourced for testing visitors.	

National Crisis Planning and Response

The COVID-19 pandemic, the largest health crisis that Belize has ever faced, meets the United Nations Office for Disaster Risk Reduction (UNDRR) definition of a disaster as it has caused serious disruption to the functioning of Belizean society through the interactions of the pandemic with conditions of exposure, vulnerability and capacity. This health-related disaster is accompanied by significant social and economic impacts. COVID-19 can also be described as a biological slow-onset disaster, as compared to other disaster types associated with earthquakes, storms, floods, and so on. COVID-19, as with other slow-onset disasters, has the following characteristics – it exhibits an undefined temporal extension, affects vulnerable populations in different parts of the world, and has diffuse and widespread impacts in time and space. It is therefore important to us to understand pandemics in the context of disaster management as this allows us to examine its disaster-risk related components – hazard, exposure, vulnerability. It is then possible to determine appropriate risk management options to either COVID-19 or other hazards which may present themselves in the next few months. It is important to note the omnipresent risks of hurricanes and tropical storms during this time. This will further complicate and challenge disaster management if the country has to face the dual risks of the natural hazard and the pandemic.

The COVID-19 disaster poses a major challenge to standard emergency responses. Belize's National Emergency Management Organization (NEMO) is geared primarily to respond to natural hazards (hurricanes, tropical storms and floods) and is consequently ill-prepared to respond to the pandemic. The typical four phases which are utilized (preparedness, response, recovery and mitigation) are linear but the response and recovery phases for COVID-19 are essentially non-linear. Natural hazards such as hurricanes occur within a limited period of time, but pandemics come in waves over a protracted period. The nature of COVID-19 is now challenging NEMO and the national emergency management system to address their operational methods and the way it implements emergency management, recovery and business continuity. Normal emergency events are linear and occur within a short time period but the COVID-19 crisis is prolonged and is anything but linear. Instead, it will be protracted with several ongoing waves expected. A new non-linear approach to emergency response is therefore needed which will allow the country to maintain flexibility in addressing the COVID-19 disaster using a continuous and comprehensive method to address each new wave.

Recommendations

Short-term (1-3 months)	Medium-term (4-12 months)	Long-term (13-24 months)
1. Move towards an integrated approach and multi-sectoral planning to pandemics.	2. Integrate local communities into emergency response and strengthen community-level preparedness and response	3. Carry out a national risk and vulnerability assessment using a multidisciplinary approach[16]. 4. Establish risk

[16] For an example of a national risk assessment see - https://post.parliament.uk/research-briefings/post-pb-0031/

		communication strategies to promote a national approach and response.

CONCLUSION

Belize is faced with an unprecedented crisis. The COVID-19 pandemic has demonstrated clearly how vulnerable Belize's economy and society is to serious external shocks. The government and country must first seek to avert a total collapse of the economy and accompanying fiscal crisis while at the same time invest in key aspects of the economy to build resilience to future shocks which are going to come. By taking this opportunity to institutionalize lessons learned and address gaps in the economy and health sector especially, Belize will be in a better position to ensure that development gains achieved so far are not lost as a result of this pandemic.

ANNEX 1

ROLE OF SARS-COV-2 TESTING AS AN INTEGRAL COMPONENT OF A PROTOCOL FOR THE "SAFE" OPENING OF THE PGIA

Kent Novelo M.D.

Any protocol for the reopening of the PGIA should have as one of its major objectives, minimizing the risk of reintroduction of SARS-CoV-2 to Belize. Testing passengers for this virus should be an integral part of a multi-pronged approach. Ideally, such a test should meet the criteria of being rapid, inexpensive, accurate and practical. Unfortunately, no such test currently exists.

The current "gold standard" for diagnosing a person with the virus is RT-PCR (reverse transcriptase polymerase chain reaction) which seeks to detect the presence of the virus' genetic material (RNA) (1). The accuracy of this test is best understood when discussed within the context of its specificity and sensitivity. Specificity is the ability of a test to detect the true negatives and sensitivity is the ability to detect the true positives. RT-PCR for SARS-COV-2, even when done under optimum circumstances, is highly specific (95%) but only moderately sensitive (70%) (2). In other words, out of a group of 100 persons who do not have the virus, it will correctly determine the true negative status in 95. On the other hand, out of a group of 100 persons who do have the virus, it will only detect 70 of them while missing the other 30 who are also positive for the virus. The inconveniences of the time required to process and the cost of this type of test are issues that must also be considered.

Much is being said about "rapid tests." The adjective "rapid" skews (favourably) the general populace's opinion of these types of tests without taking into consideration the scientific and practical purposes of these tests.

There are 2 general types of rapid tests. One detects viral antigens (components of the exterior part of the virus) and the other detects antibodies (the protein that an individual's immune system produces in an effort to neutralize the virus) (3). In March 2020, the USFDA allowed manufacturers to promote these serological tests but they were not required to have full USFDA approval. Currently, more than 70 tests are available under this policy. Thirteen tests have been authorized under an Emergency Use Authorization (EUA) (4).

Precisely because it's a novel Corona virus, much is unknown about it. This uncertainty factor also applies to an attempt to correlate a positive rapid test that determines the presence of a viral antigen and the person's stage of disease and/or recovery, and the person's infective and immunological status (5). Any such attempt is merely empirical at this point.

The rapid tests that seek antibodies may not detect active infection as it takes the immune system some time to develop such antibodies. As a result it may produce false negatives even though there is an active infection. The usefulness of this type of test is more applicable in epidemiological studies to determine what proportion of a given population has been exposed

to SARS-COV-2. Even the presence of these "protective" antibodies in an individual cannot be translated to complete nor long term protection against reinfection as much is unknown about the novel Corona virus (6). Tests for Immunoglobulin G (IgG) and Immunoglobulin M (IgM) antibodies against SARS-COV-2 have a sensitivity of just 30% during the first week of infection rising to 91% during the third week (7).

This is precisely why the WHO has spoken against the notion of "immunity passports" and "risk free certificates" as it fears, justifiably so, that these "passes" could increase the risk of COVID-19 because of a relaxation of public health measures and standard procedures (8).

While being an essential part of any protocol for the reopening of the PGIA, testing for SARS-COV-2 cannot be the cornerstone of such a plan. Belizeans must be taught and consequently, demanded to comply with well established, preventative public measures. GOB must also be held responsible for bolstering, instead of weakening, our current health system to face the next wave of COVID-19, that we will inevitably face when PGIA reopens.

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