

Response of social security systems to the COVID-19 pandemic in the Americas, assessment of the first year of the emergency:

The case of Belize

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COVID-19
BOOKLETS

9

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PREFACE

Societies created social security systems to protect themselves and their members from hazards that may cause a decrease of their wellbeing. Social security usually protects people during situations faced throughout their life cycle, such as disease, old age or maternity; but also, from events that affect entire countries or regions, as can be the rise of unemployment caused by economic crises or socio-environmental disasters.

It has been more than one century since the foundation of the first american social security systems. None of them had faced an economic crisis like the one caused by the covid-19 pandemic. All of them were faced with the urgent need to protect their populations in most of the insurance branches. During these two years of emergency, Governments have had to protect the health and income of their people during economic paralysis, and a decrease in taxes revenue.

Our continent is a distinctively diverse one regarding income, economic and demographic structures, politics and, particularly interesting for this document, in the development degree of social security and health systems. The heterogeneity of the social security institutions, their coverage range and their operation conditions created different structures, opportunities, alternatives, and courses of action during the emergency. For instance, the existence of risk factors, comorbidities, and pre-existing conditions, combined with health and prevention policies, made some countries more vulnerable to covid-19. The consequence was Government responses and results varied enormously regarding the management of the emer-

gency. We can see there are notable differences in the responses implemented by each country in their attempts to protect their people from the pandemic, depending on their specific pre-existing characteristics.

The range of responses to the emergency varied greatly. In some cases, it included the expansion of coverage, either increasing the number of people covered or the type of benefits. In others it consisted of increasing the level of benefits.

The result has been a series of good practices that can be replicated, guide the future responses of other countries, and shape the preparedness models of social security systems facing risk.

Identifying good practices is the core idea behind the preparation of the compilation *Response of social security systems to the COVID-19 pandemic in the Americas* executed by the research team of the General Secretariat of the Inter-American Conference on Social Security (CISSE). These booklets analyze the economic, socio-demographic and health system situation of countries belonging to the five subregions that make up our membership, as well as the actions taken by the Governments and social security institutions during the first year of the pandemic to protect the health and income of their people. These analyses allow us to identify and share experiences that can strengthen the international response to this global hazard and enable us to anticipate some answers to the question: what did we learn?

The preparation of these documents would not have been possible without the collaboration of both the member institutions of the CISSE and other social security organizations throughout the continent (health and labor ministries, supervising organizations, universities, and research centers, among others) that shared information, reviewed and commented preliminary versions of each of the booklets.

We also had the pleasure of having feedback from our members at the High Level Dialogue Week on the Development of the

Pandemic and the Response of Social Security Institutions, held on-line from the 23 to the 27 of august 2021. We are deeply thankful. We hope these booklets become useful for the general public, experts on the subject and especially for the member institutions of the CISS.

Alvaro Velarca

Secretary-General

Inter-American Conference on Social Security



CONTENTS

EXECUTIVE SUMMARY	12
1. INTRODUCTION	16
2. DEVELOPMENT OF THE PANDEMIC	20
3. GOVERNMENT RESPONSE TO ENSURE ACCESS TO THE BASIC BENEFITS OF SOCIAL SECURITY	26
3.1 Health and rehabilitation services	27
3.2 Sickness benefits for people with COVID-19	31
3.3 Income for the elderly	33
3.4 Benefits for people in COVID-19 vulnerable occupations (accidents at work and occupational diseases)	36
3.5 Benefits for persons with children, or elderly or disabled dependents	37
3.6 Maternity Benefits	38
3.7 Benefits for people with disabilities	39
3.8 Survivor's and death benefits for COVID-19- related deaths	41
3.9 Other Measures	43
4. CONCLUSIONS	50
REFERENCES	54

EXECUTIVE SUMMARY

The COVID-19 crisis had different challenges for governments around the world, therefore responses varied depending on the local situation and capacities of each country. This research analyzes the response of Belize to deal with the COVID-19 pandemic, with particular emphasis on the measures taken by the social security system. This analysis will provide an overview of the different strategies adopted in the studied countries to understand the factors involved in decision-making and, hopefully, learn from the different ways in which the crisis was handled.

The document begins with a summary of Belize's general characteristics, followed by a brief description of the development of the pandemic, including the spread of the virus, quarantine measures, mortality rate, and vaccination. The third section describes the different branches covered by the social security system and the way they responded to COVID-19. Finally, any other program or policy related to the pandemic are described, followed by conclusions.

Most of the indicators, measures, and policies included in this overview were officially announced or directly communicated to the Inter-American Conference on Social Security (ICSS) from March 2020 to September 20, 2021. Pre-pandemic indicators use the latest available data from international organizations or Belize's official databases and reports.¹

¹ We especially thank Ms. Jenna Hoare and her team from the Ministry of Human Development Families & Indigenous Peoples' Affairs for their feedback in reviewing the preliminary version of this booklet. Their comments were most valuable. Also, we thank Mr. Sean Sebastian and Bruce Flowers from the Social Security Board at Belize for their collaboration in providing us with additional information related to the number of beneficiaries and the average amount of the social security benefits.

This document is part of a series of booklets the ICSS has prepared to understand the institutional instruments and policies that member institutions have implemented to keep their people safe through one of the largest health and economic crises the world has experienced in recent decades.



1. INTRODUCTION

Sharing borders with Mexico, Guatemala, and the Caribbean Sea, Belize stands as the only English-speaking country in Central America. According to the United Nations, in 2020, Belize's population was estimated at 397,621 people and the population over 65 years old was 19,913, with a population density of 17,432 people per km² (United Nations, 2019).

In 2020 the country's GDP per capita (PPP current international prices) was USD 6,457.64 (The World Bank, 2021, a). The country has a Human Development Index (HDI) of 0.716, which is considered high but is nonetheless lower than the regional average in Latin America and the Caribbean (0.766). However, the HDI adjusted by inequality drops to 0.554, equating to a 22.6% loss (United Nations Development Programme, 2020).

In 2009, 41.3% of Belizeans were considered poor and 15.8% indigent (extreme poverty²) (Halcrow Group Limited, 2010). The World Bank reported that in 1999, Belize had a GINI index of 53.3 (The World Bank, 2021b). That same year the wealthiest 10% held 42.4% of the national income (The World Bank, 2021c).

² Extreme poverty refers to situations in which the person is not able to meet their basic needs to survive, and whose income does not exceed USD 1.25 per day.

Table 1. Percentage of poverty in Belize by district, 2009

District	Indigent	Poor/not indigent	All poor	Not poor	Total
Corozal	21.4	34.8	56.2	43.8	100
Orange Walk	14.6	28.2	42.8	57.2	100
Belize	6.1	22.7	28.8	71.2	100
Cayo	11.6	29.1	40.6	59.4	100
Stann Creek	18.7	25	43.7	56.3	100
Toledo	49.7	10.7	60.4	39.6	100
Country	15.8	25.5	41.3	58.7	100

Source: Halcrow / NAT, *Belize Country Poverty Assessment*, 2010. Retrieved from http://sib.org.bz/wp-content/uploads/2017/05/Poverty_Assessment_Report_2009.pdf [accessed July 14, 2021].

2. DEVELOPMENT OF THE PANDEMIC

Preparations to face COVID-19 started early before Belize registered its first case. The Government established a supervising body, the COVID-19 National Oversight Committee (NOC), co-headed by the Prime Minister, Dean Barrow in 2020, and the then leader of the opposition and current Prime Minister, John Briceño (Government of Belize, 2019).³ This committee was responsible for all the decisions on declaring a state of emergency and the strategy to face the pandemic with sanitary and economic measures.⁴

Regarding sanitary measures, since February 2, 2020, Belize started screening international travelers. On March 23, the authorities detected the first positive case in a person who arrived in San Pedro from the United States (Ministry of Health, 2019). On March 25 the NOC declared a state of emergency on that island (Ambergis Caye) (Belize Coast Guard, 2020) in an attempt to contain the spread of contagions by imposing a strict quarantine on the island, where no person was allowed to leave for 72 hours. Potential contagions were investigated by tracing contacts with the first case.

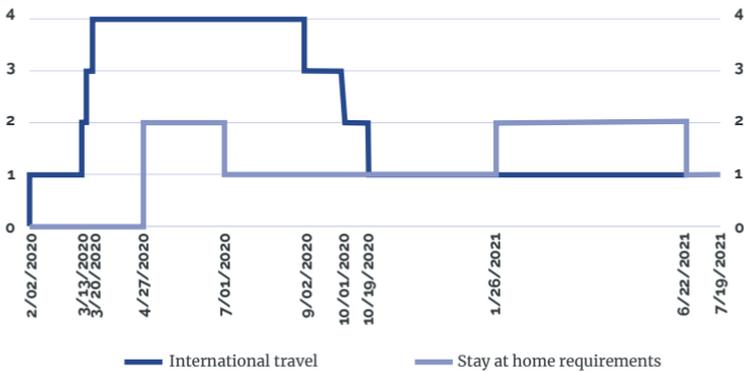
On March 21, Belize closed its borders (land, airports, and sea-ports) (Statistical Institute of Belize, 2020). On March 30, the third case was identified arriving from the US (the second case was a contagion from the first case) and on April 3, authorities imposed a curfew from 20:00 to 05:00 hours. This restriction would last throughout April (United Nations, 2020). On April 4, the first death due to COVID was registered (Palmma, Z., 2021). Since April 27, a mandatory quarantine was

³ Two different Governments managed the COVID-19 pandemic due to the fact that Belize's elections took place on November 11, 2020.

⁴ More details on the economic measures can be found at <https://www.pressoffice.gov.bz/belize-announces-new-measures-in-response-to-covid-19/>.

established, with few exceptions for essential activities (grocery shopping, emergencies, etc.) (Hale, T., 2021). Throughout 2020, the Ministry of Health and Wellness in conjunction with the Ministry of Home Affairs and New Growth Industries enforced quarantine measures (Government of Belize, 2019).

Figure 1. International travel restrictions and stay at home requirements



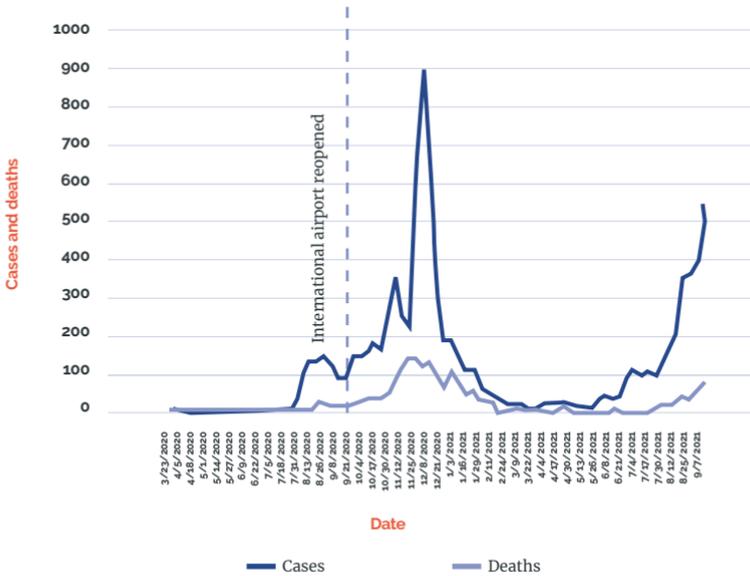
1	Screening arrivals	Recommend not leaving home
2	Quarantine arrivals from some or all regions	Require not leaving home with some exceptions
3	Ban arrivals from some regions	Require not leaving home with minimal exceptions
4	Ban on all regions or total border closure	

Source: Thomas Hale, Noam Angrist, Rafael Goldszmidt, Beatriz Kira, Anna Petherick, Toby Phillips, Samuel Webster, Emily Cameron-Blake, Laura Hallas, Saptarshi Majumdar, and Helen Tatlow. (2021). "A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker)" *Nature Human Behaviour*, retrieved from <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker#data>

Although restrictions and curfews were gradually reduced since May 2020 to reactivate the local economy (Prime Minister Rt. Hon Dean Barrow, 2020), the borders remained closed until October 1st, when the Philip Goldson International Airport reopened for international tourists (Belize.com, 2018). The Government lifted the state of emergency on July 1st (Belize.com, 2020). This decision involved suspending all curfews, business closures, limits on the number of people allowed in gatherings, etc. (Hale, 2021).

At the beginning of the pandemic, Belize managed to contain contagions but the cases gradually increased until a record high toward the end of 2020. With the new year, both contagions and deaths started to decline considerably. The country's testing policy currently requires tests only for people with symptoms and that meet specific criteria (e.g., key workers, admitted to a hospital, people that came in contact with a known case, returned from overseas) (Ritchie, 2020). Rapid testing is offered by the public health system and some private health facilities countrywide. Rapid antigen tests and PCR testing are now available at the Caring Hands Clinics in San Pedro (Ambergris Caye), Placencia, Hopkins, Dangriga, San Ignacio, and Belize City to help comply with the expanded travel requirement from the Center for Disease Control and Prevention of the United States. Anyone can get tested at these facilities at a cost of USD 75 for rapid antigen tests and USD 200, for PCR tests (Caring Hands, 2021). Belize has had 2,829 daily COVID tests per million people (Ritchie, 2020).

Graph 1. 14-day notification rate of reported COVID-19 cases and deaths



Note: cases per 100,000 population and reported deaths per 1,000,000 population.

Source: European Centre for Disease Prevention and Control, 'Data on 14-Day Notification Rate of New COVID-19 Cases and Deaths', 2021, retrieved at <https://www.ecdc.europa.eu/en/publications-data/data-national-14-day-notification-rate-covid-19> accessed September 24, 2021.

On April 1, 2021, Belize received the first 33,600 doses of vaccines through the COVAX initiative (United Nations in Belize, 2021)⁵. On May 12, the second shipment of vaccines arrived with an additional 33,600 doses (PAHO/WHO, 2021). The vaccination plan established the vaccines to be rolled out in phases, prioritizing health care workers and vulnerable people (see Figure 3).

⁵ COVAX is a global initiative for development, manufacturing, and distribution of vaccines for COVID-19.

Although the international airport reopened in October, land borders and seaports remained closed until May 31, 2021, when the NOC decided to reopen them to international tourism only after a 14-month closure (Ministry of Tourism and Diaspora Relations, 2021).

The pandemic greatly affected Belize's economy. In 2020, the combined effects of COVID-19 and drought conditions on agriculture led to one of the largest contractions in Caribbean economies (CEPAL, 2020). The GDP fell -14.3% compared to 2019 and it is expected to grow only 2.7% in 2021 and 6.4% in 2022 (CEPAL, 2021). Until April 2020, tax collection fell just over 50% compared to the previous year and customs revenue also dropped considerably. In April 2020, the Government collected BZD 41.2 million (USD 20.6 million) in business tax, GST and Customs combined, which was not enough to cover its monthly wage bill of BZD 45 million (USD 22.5 million) (Government of Belize, 2020).

3. GOVERNMENT RESPONSE TO ENSURE ACCESS TO THE BASIC BENEFITS OF SOCIAL SECURITY

According to the current legislation, in Belize, registration to the Social Security Board (SSB) is mandatory for all people at birth (Social Security Board Act, 2003). Children receive a registration card that enrolls them in social security records but does not allow them to work until they turn 14. Once they start to work, it is the employer's responsibility to ensure workers and pay the contributions to the SSB. Self-employed persons can get voluntary insurance (Belize Social Security Act Subsidiary Laws, 2003).

The Belizean Social Security covers seven out of the nine branches recognized by the International Labor Office (International Labor Office, [ILO], 2021). Insurance covers sickness, maternity, disablement, employment injury/illness, survivors, and old-age benefits (unemployment and family benefits are not included) (Belize Social Security Act, 2003). Health care services are the competence of the Ministry of Health and Wellness, not the SSB, although in some cases the SSB funds the services, as is the case with the National Health Insurance Fund (Social Security Board, [SSB], 2019).

Belize spent 4.6% of its GDP on social protection in 2015 (latest available data) (ILO, 2021). In April of 2021, it had 161,416 employed persons (compared to 155,950 in April, 2018) (Statistical Institute of Belize, 2021). In 2019, 67.3% of the employed people were actively insured (SSB, 2019).

3.1 Health and rehabilitation services

Regarding health services, there are public and private providers, and both are supervised by the Ministry of Health and Wellness. Government hospitals and clinics provide public services (International Social Security Association, [ISSA], 2019), which are available to all the population (at no direct cost to the individual) and therefore constitute the primary health services in the country (Ministry of Health, 2006). Although public hospitals provide basic medical specialties (internal medicine, surgery, pediatrics, and OB-GYN), specialized services are limited in personnel and equipment (Belize.com, 2019). One of the main challenges for the Belizean health care system is the chronic lack of specialized personnel (Ministry of Health, 2006 and OPS, 2017).⁶ The density of medical doctors (per 10,000 population) was 10.8 (compared to 3.5 in neighboring Guatemala or 44.8 in Trinidad and Tobago) and the density of nursing and midwifery personnel was 23.4 (12.8 in Guatemala and 40.7 in Trinidad and Tobago) (World Health Organization, [WHO], 2021). In 2017, there were 10.36 hospital beds per 10,000 population (WHO, 2021). Additional to the public services, there are at least three private hospitals, one of which is not-for-profit (Belize Medical, 2021 and Wikipedia, 2020).

The World Health Organization (WHO) reported that Belize held a universal health coverage index (SDG 3.8.1 indicator) of 64 (out of 100) in 2017 (WHO, 2021). Since 2001 the country instated the National Health Insurance Fund, created to finance health services under the principles of universality, coverage, and access (SSB, 2019). Belize's domestic general health expenditure is 12.5% of the general Government expenditure in 2018 (1.5% more than in 2017) (WHO, 2020).

Regarding Belizeans' general health conditions before the pandemic, the probability of death from cardiovascular disease, cancer, diabetes, or chronic respiratory disease between age 30 and 70 was 16.5% in 2019 (same as in Guatemala and 17.1% in Trinidad and Tobago).

⁶ In 2005, Belize had 1.2 specialists per 10,000 population in the public sector.

The proportion of the population using a hand-washing facility with soap and water was 90% in 2017 (WHO, 2021).

Belize's strategy to stop the spread of the virus was to screen travelers at an early stage of the pandemic and later on to close borders, establishing mandatory quarantines and curfews, limiting non-essential activities and gatherings, and conducting contact tracing (United Nations, Belize Chamber of Commerce and Industry, 2020 and Ministry of Health, 2019). District hospitals were retrofitted to manage COVID-19 patients and the Karl Heusner Memorial Hospital opened a COVID-19 unit. The two private hospitals that had intensive care units prior to the onset of the pandemic (Northern Medical Specialist Plaza y Belize Health Care Partners Limited) (PAHO, 2021) were also retrofitted to handle complex cases requiring intubation.

In August 2020, the Karl Heusner Memorial Hospital COVID isolation unit reached its maximum capacity (16 available ventilators and nine patients in treatment), and thus a second isolation area was put in place at the retrofitted Accident and Emergency Unit in the same hospital (Lopez, M., 2020). In October, Belize received three additional ventilators as a donation from PAHO/WHO and five oxygen concentrators (PAHO/WHO, 2020). In the same year, the observed case-fatality ratio (the number of deaths divided by the number of confirmed cases) for COVID-19 was 2.1% (Johns Hopkins, 2021).

The country received international assistance like in-kind donations of equipment, vaccines and medical personnel. In March 25 and 26, 2020, Belize welcomed a medical team of 60 doctors arriving from Cuba who came to support the COVID-19 response that joined the Cuban doctors who were already in Belize as part of ongoing collaborations that started 38 years ago (Government of Belize, 2020). International organizations —mainly PAHO/WHO— and their allies have made several donations to the country,⁷ including personal protection

⁷ For more details about the donations, visit: <https://www.paho.org/en/news/6-1-2021-pahowho-belize-donates-30000-nasopharyngeal-swabs-central-medical-laboratory>; <https://www.paho.org/en/news/30-4-2021-pahowho-and-federal-republic-germany-donate-laptops-mifi-devices-and-vaccination>; <https://www.paho.org/en/news/5-1-2021-pahowho-belize-donates-94975-antigen-tests-antigen-controls-and-rapid-diagnostic-test>; <https://www.paho.org/en/news/5-1-2021-pahowho-belize-donates-94975-antigen-tests-antigen-controls-and-rapid-diagnostic-test>; <https://www.paho.org/en/news/5-1-2021-pahowho-belize-donates-94975-antigen-tests-antigen-controls-and-rapid-diagnostic-test>.

equipment, detection tests and materials, ventilators, x-ray equipment, amongst others. Taiwan has also made several in-kind and monetary donations.⁸

Before the COVID-19 crisis, in December 2018, The European Union and the PAHO/WHO signed the Health Sector Support Programme Belize Project. This alliance is a five-year project that aims to strengthen the health system “firstly, through improving the health system and management towards achieving universal health care for all, and secondly, through developing climate-friendly, energy-efficient, and disaster-resilient health facilities” (PAHO, 2021). The 11th European Development Fund finances the 8.8-million-euro project. As the pandemic reached Belize, EUR 500 thousand were reallocated to the emergency response (PAHO, 2020 and PAHO, 2021).

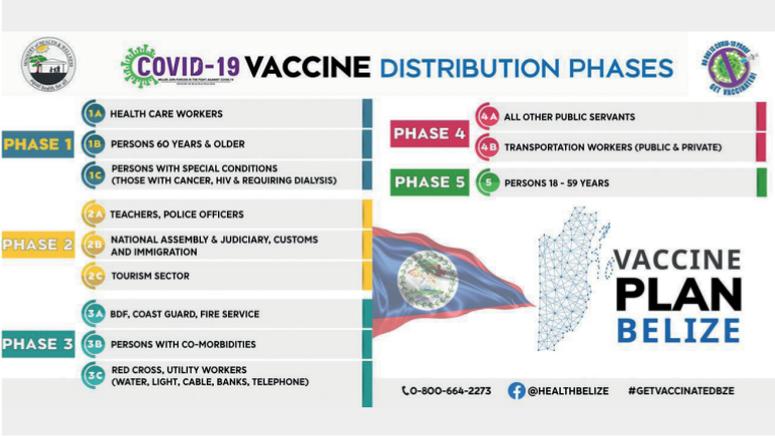
Belize decided to distribute and apply COVID vaccines in a five-phase plan, prioritizing vulnerable populations and healthcare workers.⁹ In March and May, 2021, the country received the first two shipments of vaccines through the COVAX facility (33,600 doses each) (United Nations in Belize, 2021 and PAHO/WHO, 2021), and by March 2, healthcare workers received the first dose.

org/en/news/31-12-2020-pahowho-donates-video-laryngoscope-karl-heusner-memorial-hospital-authority-khmha; <https://www.paho.org/en/news/21-12-2020-pahowho-donates-59030-ppes-belize-red-cross-and-ministry-sustainable-development>; <https://www.paho.org/en/news/14-12-2020-pahowho-belize-donates-additional-medical-devices-ppes-and-food-safety-kits>; <https://www.paho.org/en/news/18-11-2020-pahowho-and-federal-ministry-health-germany-donate-portable-x-ray-machine-karl>; <https://www.paho.org/en/news/10-11-2020-uk-foreign-commonwealth-and-development-office-and-pahowho-donate-additional-items>; <https://www.paho.org/en/news/30-10-2020-united-nations-hands-over-test-kits-personal-protective-equipment-ppe-and-essential>; <https://www.paho.org/en/news/26-10-2020-eu-pahowho-and-moh-expand-covid-19-laboratory-testing-and-support-community-health>; <https://www.paho.org/en/news/6-7-2020-governments-united-kingdom-and-canada-and-pahowho-donate-over-usd271135-ppes-covid-19>.

8 For more details about the donations, visit: <https://www.pressoffice.gov.bz/taiwan-contributes-bz2-million-to-fight-covid-19-in-belize/>; <https://www.pressoffice.gov.bz/republic-of-china-taiwan-donates-face-masks-to-the-ministry-of-health/>; <https://www.pressoffice.gov.bz/ministry-of-health-and-wellness-receives-medical-donation-from-the-embassy-of-the-republic-of-china-taiwan/>; <https://www.pressoffice.gov.bz/minister-of-agriculture-food-security-and-enterprise-tours-western-dairies-facilities-2/>; <https://www.pressoffice.gov.bz/ministry-of-immigration-receives-donation-of-ppe-from-taiwanese-embassy/>.

9 Announced by the Ministry of Health and Wellness of Belize, see <https://www.facebook.com/Belizehealth/photos/26356924300624,89>

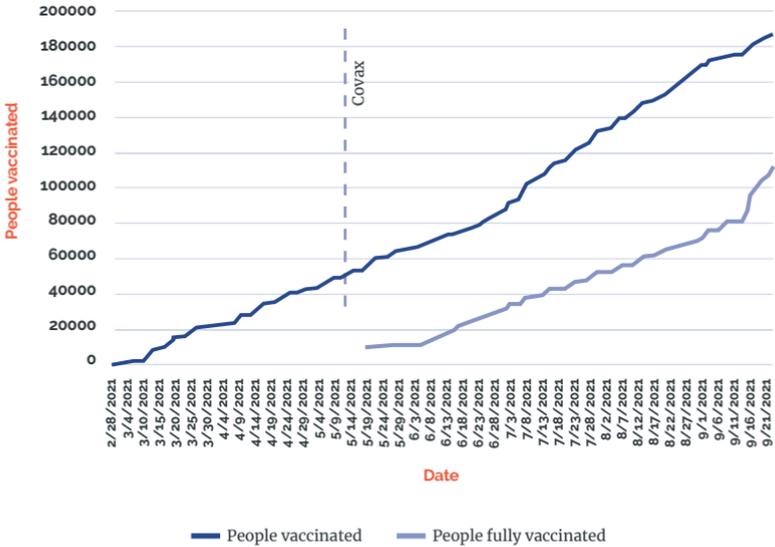
Figure 2. Vaccine distribution phases



Source: Belize Vaccination Rollout Plan (<https://www.facebook.com/Belizehealth/photos/2635692430062489>)

On June 12, 2020, Belize received a donation of 100,000 vaccines from the Mexican Government (Government of Belize, 2021). By the end of September 2021, there were 187,270 people with at least one dose and 111,073 people fully vaccinated.

Graph 2. People vaccinated and fully vaccinated



Source: Mathieu, E., Ritchie, H., Ortiz-Ospina, E. *et al.* (2021). A global database of COVID-19 vaccinations. *Nat Hum Behav* <https://doi.org/10.1038/s41562-021-01122-8>

The Belizean Government has announced they will use the existing mobile medical units to distribute vaccines, reaching the populations in rural areas that do not have a local clinic (Flowers, B., 2021).

3.2 Sickness benefits for people with COVID-19

The Belizean Social Security system offers sickness benefits to insured workers, including some public-sector employees and self-employed persons aged 19 to 60. To receive said benefits, the person "must be aged 14 to 64, be currently employed, and have at least 50 weeks of contributions, including at least five weeks of contributions in the 13 weeks before the incapacity began. They also must provide a medical certificate" (ISSA, 2019). This protection excludes casual workers, per-

sons employed for less than eight hours a week, and military personnel. COVID-19 is not considered an occupational illness, and insurance does not cover it as such, but people who tested positive do receive temporary sickness benefits.

According to the SSB, in 2019, 67% of employees were active contributors (SSB, 2019); however, 75% of the population does not have legal coverage (ILO, 2021).¹⁰ The latest available information reports that in 2019 there were 23,987 persons receiving sickness benefits (SSB, 2019).

The cash sickness benefit is "80% of the insured's average weekly covered earnings in the 13 weeks before the incapacity began. It is paid from the first day of incapacity for up to 156 days; thereafter, 60% of average weekly covered earnings is paid for an additional 78 days. After 234 days, a disability pension may be paid at the discretion of a medical board. The maximum weekly earnings used to calculate benefits are USD 220¹¹ (increasing to USD 240 on January 6, 2020, and to USD 260 on January 4, 2021¹²). The minimum weekly sickness benefit is USD 22 for the first 156 days, and USD 16.5 for the remaining 78 days" (ISSA, 2019).

With the onset of the COVID-19 crisis, measures were taken to provide sickness benefits to unemployed persons who were actively insured but lost their job due to the pandemic and later became sick with COVID-19. This was done through the SSB benefits regulation amendment (Statutory Instrument No. 34 of 2020), signed on March 27, 2020, which was in effect for a period of three months (Rubio, M., 2020). Also, the SSB established guidelines for doctors with COVID-related incapacity days. The guidelines recommend periods ranging from seven days for suspected cases, up to 28 days (or more depending on the patient's condition) for confirmed cases who test positive after the first fourteen days (Social Security Board, Ministry of Health & National Health Insurance, 2020).

¹⁰ Data corresponds to 2009.

¹¹ Belizean currency is pegged to US dollars at a rate of 2:1. See <https://www.centralbank.org.bz/currency>

¹² The last increase scheduled for January 4st, 2021, was deferred due to the pandemic.

Table 2. Recommended days of work incapacity based on case definition

Case definition	Suspected/probable or contact	Confirmed case with symptoms	Confirmed and asymptomatic case	Confirmed, symptomatic or testing positive after 14 days	Confirmed case testing negative or asymptomatic after 14 days	Confirmed case with symptoms or complications after 28 days
ICD-10 code	U07.2 COVID-19 Virus not Identified or U07.1 COVID-19 for Isolation	U07.1 COVID-19	U07.1 COVID-19	U07.1 COVID-19	U07.1 COVID-19	U07.1 COVID-19
Recommended days of incapacity or isolation	7 days	Additional 7 days (14 days total)	Additional 3-7 days, return to work thereafter	Additional 10 to 14 days	Return to work applying strict IPC measures and self-monitoring	Further days are extended based on patient condition, evolution and clinical findings.

Source: Social Security Board, Ministry of Health, and National Health Insurance, 'Guidelines for the Number of Sick Days Prescribed for Insured Persons with Suspected or Confirmed COVID-19'. Benefits Policy & Programs, 2020.

3.3 Income for the elderly

In Belize, social security protects the income of the elderly over 60 years of age. There are contributive (social security) and non-contributive (social assistance) pensions and grants. To be eligible for the latter, it is necessary to qualify as 'needy'. In 2011, 64% of the Belizean workforce were active contributors (ILO, 2021).

The requirements to receive a social security old-age pension are to be employed (including certain public-sector employees and self-employed) between the ages of 19 and 60. "Voluntary coverage (old-age benefits, survivor benefits, and the funeral grant only) is available for residents of Belize younger than 65 who cease to be employed, have paid at least 150 contributions as an employee, and have not previously received an old-age or disability pension. Casual workers, persons employed for less than eight hours a week, military personnel, employees aged 65 or older, and old-age pensioners aged 60

to 64 who return to work are excluded from this benefit" (ISSA, 2019). To receive the contributive early pension, the person must be aged 60 with at least 500 weeks of paid or credited contributions, including at least 150 weeks of paid contributions. "The maximum weekly earnings used to calculate contributions are USD 210 (increasing to USD 240 on January 6, 2020, and with an additional increase to USD 260 on January 4, 2021).¹³

The total contribution rate (employers and employees) in Belize is 9% since January 6, 2020 (with a planned increase to 10% as of January 4, 2021)¹⁴ or 7% for voluntary coverage" (ISSA, 2019). "Old-age pensioners aged 60 to 64 who resume employment and employees aged 65 or older do not pay any contributions." (ISSA, 2019).

The old-age social pension (Non-Contributory Pension Program) is available for needy Belizeans (means tested) and permanent residents who received the old-age pension before January 12, 2019. "Beneficiaries must be age 67 (men) or age 65 (women) and assessed as needy. Since January 2019, only one member of a family receives the pension" (ISSA, 2019). In this program, beneficiaries receive a monthly transfer of USD 50 (ISSA, 2019), equivalent to 15.5% of the minimum wage. It covers 35.4% of the population above the age requirement of the program (ILO, 2021).

In Belize, 49.9% of the population over the legal retirement age receives a retirement pension (SDG 13.1 Indicator) (ILO, 2021). 67% of men and 44.5% of women have legal coverage through the contributive system, and 33% of the men and 55.5% of the women have access to non-contributory pensions. The last available data indicates that in 2019, 8,282 persons received a contributive pension or grant and 1,575 received a non-contributory pension (SSB, 2019).

The old-age pension (Retirement Pension, social insurance) "is 30% of the insured's average weekly covered earnings plus 2% of average weekly covered earnings for every 50 weeks of contributions

¹³ The last increase scheduled for January 4, 2021 was deferred due to the pandemic.

¹⁴ The contribution rate was programmed to increase from 9% to 10% but this last increase scheduled for January 4, 2021 was deferred due to the pandemic.

exceeding 500 weeks, up to 750 weeks, and 1% for every 50 weeks of contributions exceeding 750 weeks. The average weekly covered earnings are based on the insured's best three years of earnings. The maximum weekly earnings used to calculate benefits are USD 220 (increasing to USD 240 on January 6, 2020, and to USD 260 on January 4, 2021).¹⁵ The minimum weekly old-age pension is USD 23.5. The maximum weekly old-age pension is 60% of the insured's average weekly covered earnings" (ISSA, 2019).

The Retirement Grant is available for people aged 60 with at least 26 weeks of paid contributions that do not meet the contribution requirements for a social insurance old-age pension. "The grant consists of a lump sum of six times the insured's average weekly covered earnings, or 2.5 times the insured's total covered earnings divided by the number of weeks of contributions, whichever is greater, paid for every 50 weeks of paid or credited contributions. The average weekly covered earnings are based on the insured's best three years of earnings. The minimum old-age grant is USD 400" (ISSA, 2019).

The sSB reported that in 2019, 8,282 people received contributory retirement benefits (SSB, 2019).

No COVID-response strategies targeting the elderly have been identified. However, the sSB implemented an advance payment of contributor pensions (retirement, invalidity, survivors', disablement, and death). The payment of the periods from March 16 to April 12 and from April 13 to May 10 were both paid out as of April 2 and the one-month advance payment was deducted from future payments (Rubio, M., 2020 and sSB, 2020). sSB reported that 7,582 persons received an advance retirement pension payment.¹⁶ It is important to note that this is not an additional transfer but rather a strategy to cope with the closure of the sSB offices at the onset of the pandemic.

Although it does not directly target the elderly, an emergency social program called BCCAT (see section F) prioritizes poor households with elderly members (along with people with disabilities, preg-

¹⁵ The last increase scheduled for January 4, 2021 was deferred due to the pandemic.

¹⁶ Reported by the sSB upon direct request.

nant women, or children) (Ministry of Human Development Belize, [MHDB], 2020).

3.4 Benefits for people in COVID-19 vulnerable occupations (accidents at work and occupational diseases)

The SSB provides accident and occupational diseases insurance to the public and private sector employees, including old-age pensioners who return to work, and self-employed persons aged 19 to 60 (casual workers, persons employed for less than eight hours a week, and military personnel are excluded) (ISSA, 2019). The person must be assessed with a work injury or occupational disease, which are specified by law and COVID-19 is not included, and therefore not covered.¹⁷ "The Social Security Board covers the cost of medical care, including rehabilitation and treatment abroad if recommended by a medical doctor." (ISSA, 2019)

The temporary disability benefit (Employment Injury Benefit) "is 80% of the insured's average weekly covered earnings in the four weeks before the disability began. It is paid from the first day of incapacity for up to 156 days; thereafter, 60% of average weekly covered earnings may be paid for up to an additional 91 days (Provisional Disablement Benefit). The minimum weekly earnings used to calculate benefits are USD 27.5. The maximum weekly earnings used to calculate benefits are USD 220 (increasing to USD 240 on January 6, 2020, and to USD 260 on January 4, 2021)" (ISSA, 2019).¹⁸

The permanent disability pension (Disablement Pension) for an assessed degree of disability of at least 25%, is 60% of "the insured's average weekly covered earnings in the four weeks before the disability began multiplied by the assessed degree of disability" (ISSA, 2019). The minimum weekly permanent disability pension is USD 23.5. If the insured is assessed with a total (100%) disability and requires the constant attendance of others to perform daily functions, they are

¹⁷ Reported by the SSB upon direct request.

¹⁸ The last increase scheduled for January 4, 2021 was deferred due to the pandemic.

eligible for a constant-attendance allowance of 25% of the permanent disability pension. "A medical board assesses and periodically reviews the degree of disability" (ISSA, 2019).

If the assessed degree of disability is less than 25%, a disability grant (Disablement Grant) is paid. This amount is a lump sum of the insured's average weekly covered earnings in the four weeks before the disability began multiplied by the assessed degree of disability multiplied by 260.

An estimated 88.3% of the Belizean workforce had legal coverage for accidents and occupational disease insurance in 2015 (ILO, 2021). In 2019, 1,457 people received accident benefits and 595 disablement benefits (pensions and grants) (SSB, 2019). To face the COVID crisis, the SSB advanced the payment of one month of contributor pensions, and 475 persons receiving disablement pensions were benefited from this measure.¹⁹

3.5 Benefits for persons with children, elderly or disabled dependents

Belizean social security does not provide any family benefits, either for children, dependent elderly, or disabled persons. However, as the pandemic reached the country, an emergency non-contributory monetary transfer program was created to aid families with low income that were not receiving support from any other social program. The program prioritized households with pregnant women, children, elderly persons, and persons living with a physical disability (MHDB, 2020 and Government of Belize, 2019). The program was called Belize COVID-19 Cash Transfer (BCCAT) and consisted of bi-monthly cash transfers for six months from January to June 2021.

The Ministry of Human Development, Social Transformation and Poverty Alleviation (later Ministry of Human Development, Families and Indigenous Peoples' Affairs) manages the program. The Ministry

¹⁹ Reported by the SSB upon direct request.

determines the amount to be given to each family, which depends on the number of members in the household that belong to any of the priority groups. This component was later restructured to a fixed amount of BZD 150 (USD 75) per household. Payments of BZD 150 (USD 75) per month were paid on a bimonthly basis, i.e., households received two months-worth of monthly payments over a six-month period. The program was planned to reach 10,500 households out of 30,000 applications that were approved for the emergency COVID Food Assistance Program, based on the eligibility criteria for that program out of a total of 60,000 applications received (MHDB, 2020). In 2009 31% of Belizean households were considered poor (Halcrow / NAT, 2010). If this proportion remained the same a decade later, in 2019 there would be approximately 30,000 poor households.²⁰ The Ministry of Human Development, (MHD) is responsible for the household selection and poverty screening.

Also, an additional transfer for the households already receiving the Building Opportunities for Our Social Transformation (BOOST) social assistance (non-contributory) program was implemented. This program also targets poor households. All the current beneficiaries received a temporary increase in their cash transfers for a period of six months (see section j). In the next eight months, the World Bank continued to pay beneficiaries the regular benefit amount. Both cash transfers, BCCAT and the increase to the BOOST program were funded with USD 12.4 million received from the World Bank.

3.6 Maternity Benefits²¹

The SSB maternity allowance covers women between the ages of 14 to 64 (legal working age) that "have at least 50 weeks of paid contributions; and have at least 25 weeks of paid or credited contributions in the 39 weeks before the seven weeks preceding the expected date of childbirth or before the date the claim is made (whichever is later), including

²⁰ Calculation based on the total number of households reported in SSB's Statistical Abstract 2019.

²¹ Unless otherwise is stated, the source of this section is ISSA.

at least 20 weeks of paid contributions. The cash benefit is 80% of the insured's average weekly covered earnings in the 39 weeks before the start of the benefit. It is paid for up to 14 weeks, beginning seven weeks before the expected date of childbirth or the day on which the benefit was claimed. The benefit is paid in two equal parts: one for the period before childbirth, one for the period after childbirth. The maximum weekly earnings used to calculate benefits are USD 220 (increasing to USD 240 on January 6, 2020, and to USD 260 on January 4, 2021).²² The minimum weekly maternity benefit is USD 22" (ISSA, 2019).

Under the sss maternity scheme there is also a maternity grant paid to insured women or men for their wife or common-law wife. "The insured must be aged 14 to 64 and have at least 50 weeks of paid contributions, including at least 25 weeks in the 50 weeks before the expected date of childbirth. Only one grant is paid, a lump sum of USD 150 per child" (ISSA, 2019).

The last available data indicates that in 2019, 4,564 people were receiving maternity benefits (1,422 allowances and 3,142 grants) (SSB, 2019). Belize has reported 103 COVID-positive pregnant women, two of whom died (OPS/OMS, 2021).

No COVID-response strategies targeting maternity have been identified. However, BCCAT prioritizes poor households with pregnant women and children (along with poor households with dependent elderly and people with disabilities) (MHDB, 2020).

3.7 Benefits for people with disabilities²³

In Belize, social security provides contributive insurance for persons with a disability to work. To receive the Invalidity pension, the person "must be younger than age 60; be assessed with a permanent incapacity for work; and have at least 150 weeks of paid contributions since 1981, at least 250 weeks of paid or credited contributions in the five consecutive years before the year in which the disability began,

²² The last increase scheduled for January 4, 2021 was deferred due to the pandemic.

²³ Unless otherwise is stated, the source of this section is ISSA.

or at least five weeks of paid or credited contributions in the 13 weeks immediately before the week in which the disability began. Contributions are credited for each complete contributory week the insured received sickness, maternity, and temporary or permanent total (100%) disability work injury benefits. A medical board assesses the degree of disability" (ISSA, 2019).

The pension for people with at least 500 weeks of contributions "is 30% of the insured's average weekly covered earnings plus 2% of average weekly covered earnings for every 50 weeks of contributions exceeding 500 weeks, up to 750 weeks, and 1% for every 50 weeks of contributions exceeding 750 weeks. With less than 500 weeks of contributions, the pension is 25% of the insured's average weekly earnings. Average weekly covered earnings are based on the insured's best three years of earnings. The maximum weekly earnings used to calculate benefits are USD 220 (increasing to USD 240 on January 6, 2020, and to USD 260 on January 4, 2021).²⁴ The minimum weekly disability pension is USD 23.5. The maximum weekly disability pension is 60% of the insured's average weekly covered earnings" (ISSA, 2019).

Social security also provides an Invalidity grant for people "younger than age 60, who are assessed with a disability that has lasted at least 26 consecutive weeks and have at least 26 weeks of paid contributions but do not meet the contribution requirements for the disability pension" (ISSA, 2019). The grant is "a lump sum of six times the insured's average weekly covered earnings, or 2.5 times the insured's total covered earnings divided by the number of weeks of contributions, whichever is greater. It is paid for every 50 weeks of paid or credited contributions. It is also based on the insured's best three years of earnings, and the minimum disability grant is USD 400" (ISSA, 2019).

The last available data indicates that, in 2019, 552 persons were receiving an invalidity pension or grant (SSB, 2019).

No COVID-response strategies targeting the disabled have been identified. However, BCCAT prioritizes poor households with people

²⁴ The last increase scheduled for January 4, 2021 was deferred due to the pandemic.

with disabilities (along with poor households with dependent elderly, pregnant women, or children) (MHDB, 2020). Also, to face the COVID crisis, the SSB advanced the payment of one month of contributor pensions, and 540 persons receiving invalidity pensions benefited from this measure.²⁵

3.8 Survivor's and death benefits for COVID-19-related deaths²⁶

The Belizean social security also provides insurance in case of death. When the workplace accident results in the death of the worker, their survivors receive Death benefits if "the deceased received or was entitled to receive a social insurance old-age or disability pension at the time of death" (ISSA, 2019). The weekly rate of death benefit payable to each beneficiary shall be a proportion of 60% of the relevant person's average insurable earnings, two-thirds for the widow or widower; two-fifths, in the case of a child over fourteen years, who at the date of the person's death was permanently incapable of self-support; one-fourth, in the case of any other child (Belize Social Security Act, 2003).

As for the survivor's pension, "eligible survivors include a widow aged 50 or older (at any age if assessed with a disability) or a disabled dependent widower who was married to the deceased for at least three years; a pregnant widow or widow caring for the deceased's child(ren); a partner who lived with the deceased for at least five consecutive years; orphans younger than age 18 (age 21 if a full-time student; no limit if disabled); and, if there are no other survivors, dependent parents aged 55 or older" (ISSA, 2019).

The spouse's pension is "66.7% of the social insurance old-age or disability pension the deceased received or was entitled to receive. [...] 25% of the social insurance old-age or disability pension the deceased received or was entitled to receive is paid to each eligible orphan; 40% to an orphan with a disability. The dependent parent's pension is 40% of the social insurance old-age or disability pension the deceased re-

²⁵ Reported by the SSB upon direct request.

²⁶ Unless otherwise is stated, the source of this section is ISSA.

ceived or was entitled to receive. It is paid to an eligible dependent parent. The minimum weekly survivor pension is USD 23.5 and is split among eligible survivors. The maximum combined survivor benefit is 100% of the pension the deceased received or was entitled to receive" (ISSA, 2019)

If the deceased had at least 26 weeks of paid contributions but did not meet the contribution requirements for a social insurance old-age or disability pension, their eligible survivors (same criteria as the survivor pension) receive a survivor grant. That is: "a lump sum of six times the deceased's average weekly covered earnings, or 2.5 times the deceased's total covered earnings divided by the number of weeks of contributions, whichever is greater, is paid for every 50 weeks of paid or credited contributions. Average weekly covered earnings are based on the deceased's best three years of earnings. The minimum survivor grant is USD 400" (ISSA, 2019).

All "survivor benefits may be paid in addition to old-age or disability benefits" (ISSA, 2019).

Additionally, there is a funeral grant for the family of the insured if they die or for the insured if an eligible family member dies. To claim it, the deceased person "must have at least 50 weeks of paid contributions; or at least 150 weeks of paid contributions for the funeral of a spouse or dependent child younger than age 18 (age 21 if a full-time student)" (ISSA, 2019). USD 750 is paid for the insured's death; USD 500 in case of death of a spouse; and USD 250 in case of death of a dependent child.

In 2019, 3,359 persons received survivor benefits (pension or grant), 986 funeral grants and 245 death benefits (SSB, 2019).

To face the COVID crisis, the SSB advanced the payment of one month of contributor pensions and 136 persons receiving death benefits and 2,035 receiving survivor's pensions benefited from this measure.²⁷

²⁷ Reported by the SSB upon direct request.

3.9 Other measures

3.9.1 Unemployment

Belizean social security does not offer unemployment insurance. However, as a response to the pandemic, authorities implemented new social programs and extended benefits to aid those who lost their job. The Unemployment Relief Program (URP) managed by the Ministry of Works and Transport is an emergency non-contributory social program to provide a minimum income for workers who lost their jobs or income because of COVID-19. The program also assists the long term unemployed persons (Rubio, M., 2020 and Economic Oversight Team, n.d.). Eligible beneficiaries are employed or self-employed persons who lost their job as a direct result of the impact of COVID-19, particularly the tourism sector, that was greatly affected by the health crisis, or people who were already unemployed at the onset of the pandemic. The cash transfer was USD 75 every two weeks for recently unemployed persons and USD 50 every two weeks for the long term unemployed for a 12-week/3-month period (Government of Belize, 2021 and Gentilini, U., 2020). The minimum wage in Belize is USD 1.65 (BZD 3.3) per hour and has remained unchanged since 2012. For a 45-hour week, workers earn around USD 320, which is considerably more than the maximum amount the URP provides.

The program had two phases. The first was managed by the SSB in the period between April and September 2020. During that time the Board processed 45,145 transactions (payments): 23,681 bank transactions, 13,105 top-up cards, 8,359 Credit Unions.²⁸ By June 5, 2020, the Economic Oversight Team (National Oversight Committee) had approved a total of 44,552 applications, which then passed to the Central Information Technology Office for be referred to the SSB for payment. Of these, approximately 45% were recently laid off persons, 24% were self-employed persons who lost their job, and 31% applied as long-term unemployed persons.

²⁸ Reported by the SSB upon direct request.

The program was extended, and a second phase started in August 2020 and closed in October 2020. The National Bank of Belize managed the program. At closure, 67,555 applications had been received and 42,890 were approved and sent to the National Bank for payment (Government of Belize, 2020). Of the approved applications, 23,818 were from laid off persons and 18,757 were self-employed persons, almost evenly divided between men and women (Government of Belize, 2020).

In 2018, unemployment in Belize was 9.4% (5.6% among males and 14.9% among females), that is, around 16,136 persons before the crisis (Statistical Institute of Belize, 2019). This number rose to 11.2% in April 2021 (7% among males and 17.4% among females) (Statistical Institute of Belize, 2021). On June 5, 2020 31% of the 44,552 applications to the URP corresponded to long term unemployed, which is roughly 13,800 people.

Aside from the URP, the SSB benefits regulations were amended (Statutory Instrument No. 34 of 2020, signed on March 27, 2020), to provide sickness benefits to unemployed persons who were actively insured but lost their job due to the pandemic and later became sick with COVID-19. The amendment was in effect for a period of three months (Rubio, M., 2020). The SSB also provided financial assistance to the Government of Belize committing USD 2.5 million toward the national effort to provide relief to those most affected by the COVID-19 pandemic (SSB, 2020).

3.9.2 Assistance for employers

The Government of Belize and the SSB also implemented additional measures to aid employers to face the crisis. These were:

1. Two-month Waiver for Employers' Contribution Payment. The employers are only required to file a Statement of Contributions for the months of March (due April 14, 2020) and April (due May 14, 2020). Thereafter, employers can opt to make payments with no penalties or arrange a payment plan (Rubio, M., 2020, SSB, 2020 and Gentilini, U., 2020).

2. Micro, Small and Medium Enterprises (MSME) Support Program. This program offers “financial relief to businesses to help safeguard and promote employee retention, as well as assist MSMEs as they transition and adapt to the economic challenges presented by the COVID-19” (Government of Belize, n.d.).

The program includes grants to micro-enterprises, with a fixed sum of USD 1,250 each; USD 3.5 million towards “wage subsidies to promote employee retention on the condition that these businesses keep their employees’ Social Security contributions current” (Government of Belize, n.d.); USD 2.5 million towards a “soft-loan component limited to approved small- and medium-sized enterprises to assist with working capital in preparation for reopening and accelerating production” (Government of Belize, 2020).

3.9.3 Poverty

The greatest effort to assist in facing the pandemic and its effects on the economy was through social programs targeting the poor. In addition to the BCCAT program, the Belizean Government implemented adjustments to the Building Opportunities for Our Social Transformation (BOOST) program. This was a preexisting conditional cash transfer program that would give up to USD 246 to eligible beneficiaries. This was one of the largest monetary transfers in the region and covered 2.6% of the Belizean population (Rubio, 2020). BOOST is managed by the MHD and in the wake of the pandemic it suffered a horizontal expansion to add new beneficiaries —although it was planned to reach 9,911 it only reached 6,125 (Gentilini, 2020).

The BOOST program also suffered a six-month temporary vertical expansion with an additional transfer for all the already registered families in the program. They received the supplementary transfer for a period of 14 months, which was financed with the funds Belize received from the World Bank (MHDB, 2020).

The government also implemented a Food Basket for the people who tested positive⁶⁸ and the ongoing Food Pantry Program was adjusted to continue to reach its beneficiaries despite de quarantine. Originally, this program delivered meals under the National School Feeding Program, and with the schools' closure at the beginning of the pandemic, the meals and nutritional support continued to be delivered as take-away (Rubio, M., 2020). UNICEF supported the program donating 1000 nutrition hampers (UNICEF, 2020). Also, the Food Pantry Program eliminated the minimal paid amount as a response of the crisis. (Dunkley-Malcom, J., 2020).

In January 2021, the COVID-19 Food Assistance Program and the Grocery Bag Program (previously known as Pantry) merged into a single Food Assistance Program (Government of Belize, 2021). The goal was to facilitate and simplify administrative processes and logistics to support the population (Rubio, 2020). Food assistance programs reached 39,129 households (Gentilini, 2020).

In April 2020, Prime Minister Dean Barrow announced that people who was currently getting food assistance would migrate the boost program (Dunkley-Malcolm, J., 2020). This decision implied that they would receive a cash transfer instead of in-kind assistance and that they would receive the benefit for a longer period. The Government also took measures regarding utilities: a reduction on water, electricity and internet services' costs, and an order was issued to suspend disconnections due to nonpayment (Rubio, 2020).

3.9.4 Other ssb measures

Finally, the ssb implemented measures, including three policies and four directives as a response to COVID-19, mainly aimed at facilitating and digitalizing administrative processes, which are worth mentioning. Firstly, the existing regulation on coverage of the Sickness Benefit for COVID-19 suspected cases requiring isolation/quarantine was reinforced, and there were over 2,932 beneficiaries for isolation up to June 6, 2021.

The three new policies the SSB introduced were an interim waiver for the prescribed isolation time to submit Benefit Claims (Policy No. 1 of 2020); extending the Sickness Benefit to cover workers who became unemployed due to the economic impact of COVID-19 (Policy No. 2 of 2020), and Prescribed Time to submit Benefit Claims (Policy No. 4 of 2020). The four new directives were Directive No. 2 of 2020, introducing electronic or dropbox submission of document and evidence to determine the right to benefits; Directive No. 3 of 2020, an extension of time to pay contributions of March and April 2020; Directive No. 4 of 2020, Executive Management Committee Communique, COVID-19 SSB Response – Update; Directive No. 5 of 2020, temporary waiver of witness declaration for in-country pensioner's Life Declaration forms.

4. CONCLUSIONS

Belize is a relatively small country with an economy that highly depends on international tourism and a relatively weak healthcare system. It is not a surprise that the strategy to face the COVID-19 pandemic was based on two guidelines: reducing the spread and maintaining the population's economic wellbeing afloat. Regarding the former, borders were closely monitored, later closed for several months, and once the international airport reopened in October 2020, the country maintained a strict screening of visitors. The internal emergency state was declared and curfews, quarantines, business, and schools closure, and limited number of people gatherings were enforced.

A COVID-19 unit was created at the Karl Heusner Memorial Hospital to face health complications. The hospital added a specialized new area when it reached its maximum capacity in November 2020. Local hospitals were retrofitted, and the SSB Benefit Regulation was amended to extend sickness coverage to people who lost their jobs and later became ill.

To counteract the economic impact of COVID-19, emergency social programs were implemented—namely BCCAT, URP and adjustments and extensions to BOOST—to aid the needy or those who lost their source of income due to the pandemic, particularly the tourism sector. These cash transfer programs aimed to cover the population that was not protected by the existing social security systems, i.e., poor informal workers and unemployed persons. International financial institutions provided funding for these programs.

Among the many lessons COVID-19 has left us, it is important to ponder on the following in the case of Belize. The lack of domestic fis-

cal space to implement shock-responsive social protection programs led to debt in an already indebted country.

Adjustments like simplifying and facilitating administrative and logistics processes allowed reaching more people faster and more efficiently. For instance, Belize quickly transformed in-kind food assistance into a monetary transfer so that people would be able to buy their own food. With this measure, authorities and institutions were able to focus on reaching more people rather than on the logistics of delivering the in-kind assistance door to door. Access to bank services was previously promoted by BOOST (largest cash transfer program in the country) and this was key to making the in-kind to cash transfer transition possible (World Bank, 2012).

It is also fundamental to design strategies that reach the most isolated (usually rural) population that might not have access to medical services or, if they do, the facilities and resources of these services are usually not well suited to face a sanitary crisis such as COVID-19. In this case, Belize is contemplating using preexisting mobile medical units to assist vaccination in rural areas.

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