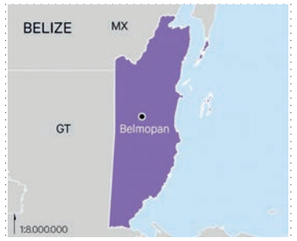
AM

Belize



General data

POPULATION, 2024
417,072

SURFACE KM², 2022
22,970

PHYSICIANS/1000 INH, 2021
N/A

NURSES/1000 INH, 2021-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
115

GDP PER CAPITA (US$), 2023
7,460.00

HEALTH EXPENDITURE PER CAPITA (US$), 2021
310.2

UNIVERSAL HEALTH COVERAGE, 2021
68

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
Ⓑ POLICIES
Ⓒ RESEARCH
Ⓓ USE OF ESSENTIAL MEDICINES
Ⓔ EDUCATION AND TRAINING
Ⓕ PROVISION OF PC

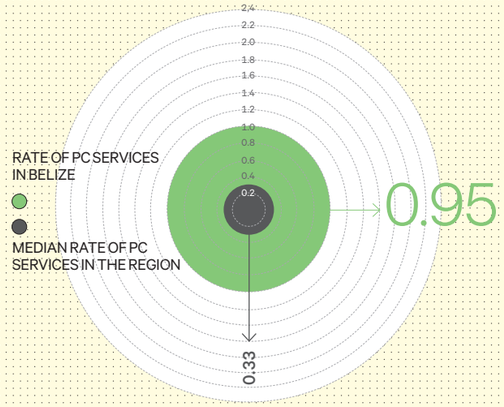
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

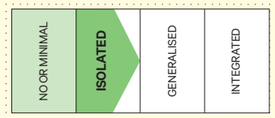
Total number of Specialized PC services: **4**

Rate of PC services per 100,000 inhabitants: **0.95**

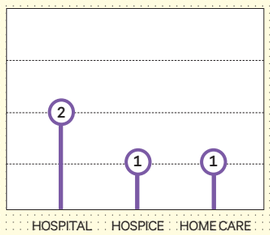
Belize in the context of the region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION	TOTAL NUMBER
1	0

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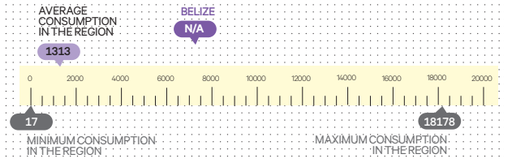
Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **N/A** S-DDD/MILL INHABITANTS/DAY

Belize in the context of the region



Overall availability of essential medicines for pain and PC at the primary level

General availability of immediate-release oral morphine at the primary level

Ⓒ Research

PC-related research articles: **1**

Existence of PC congresses or scientific meetings: **3**

Consultants: Ramon Yacab.

National Association: The Belize Palliative Care Hospice Association.

Data collected: November 2024-June 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/1**

Nursing schools with mandatory PC teaching: **0/1**

Recognition of PC specialty: **3**

Ⓑ Policies

National PC plan or strategy: **3**

Responsible authority for PC in the Ministry of Health: **3**

Inclusion of PC in the basic health package at the primary care level: **1**

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: **1**

Advanced care planning-related policies: **4**

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People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

4

Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).

The Belize Palliative Care Hospice Association is a Non-Governmental Organization (NGO) founded since 2005. It actively serves as an advocate for PC and has been involved in multiple stakeholder meeting. Currently promotes basic PC training and works collaboratively with the Ministry of Health in offering home based PC to residents in Belize City and Belize District. The BHPCA works with other stakeholder in promoting PC initiatives through out Belize.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

1

There is no national policy or guideline on advance care planning.

Belize lacks a national policy on advanced directives planning. However, the Standards of Palliative Care references this topic under Standard 8: End-of-Life Care, stating that patient wishes must be documented, updated as needed, and accessible to all care team members. Additionally, the document provides a definition of advance care planning in its terminology section, describing it as a process for patients to record their end-of-life values and preferences, including their wishes regarding future treatment or its avoidance.

Policies

Ind 3

3.1. There is a current national PC plan, program , policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.

4

The Indicators to monitor and evaluate progress are currently implemented.

Belize has National PC Standards, signed in 2020, which provide guidance for coordinating PC nationally. While the document outlines general standards and definitions, it does not include a detailed action plan for expanding PC or indicators to assess progress. Additionally, the Belize National Plan of Action for NCDs (2013–2023) incorporated PC within its broader strategy to reduce premature mortality from major non-communicable diseases. This plan, developed with the Ministry of Health, PAHO, and INCAP, emphasized cost-effective procurement of medicines and universal health coverage for equitable access to treatment, including PC. Belize offers free essential NCD medicines, with national formulary coverage varying across conditions, the highest for mental health (83%) and the lowest for cancer (15%).

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Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

2

The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

Belize is enhancing primary care services through its National Health Insurance (NHI) as part of Universal Health Coverage (UHC). However, PC is not included at the primary care level, except in Belize City, where a tripartite collaboration between the NHI, Belize Palliative Care Hospice Association, and the Ministry of Health provides home-based PC. There is currently no legislation mandating PC at the primary care level. Outpatient PC is mainly available to oncology patients at Karl Heusner Memorial Hospital, the country's tertiary hospital, through its Oncology Program.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

3

There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).

5.2. The national authority has concrete functions, budget and staff.

2

There are concrete functions but do not have a budget or staff .

The Ministry of Health and Wellness in Belize is headed by the Director of Public Health and Wellness, who oversees various health initiatives, including those related to Non-Communicable Diseases (NCDs). The director is supported by technical advisors specializing in NCDs. However, the Ministry lacks a dedicated unit or department solely focused on PC. This specific services are mainly provided through collaborations with organizations such as the Belize Hospice Palliative Care Foundation, which offers holistic care to patients with life-threatening diseases across Belize. Although concrete functions for PC exist, these services do not have a designated budget or staff within the Ministry.

AM Belize

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

3

At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.

The Belize Hospice Palliative Care Association organizes training sessions and symposiums on PC, including Spiritual Palliative Care Training for volunteers and Primary Care Palliative Care Training for physicians, in collaboration with the Ministry of Health and PAHO. These initiatives aim to improve the delivery of PC services. Additionally, the Belize Medical and Dental Association (BMDA) accredits monthly PAHO ECHO Caribbean sessions, which are virtual meetings designed to enhance healthcare professionals' PC skills. The BMDA also integrates PC topics into its annual national conference, fostering knowledge exchange and professional development in the field.

Ind 7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Palliative care research in Belize is limited, with only two peer-reviewed articles on the subject, reflecting the country's low level of research output in this area. The scarcity of publications is primarily attributed to the limited human resources available for PC research.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

N/A

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Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

Most medications listed in the WHO Essential Medicines List are included in the National Drug Formulary of Belize, making them available across the primary, secondary, and tertiary levels of the healthcare system. Morphine, an essential medicine for pain management, is available in urban towns but faces limited access in rural areas due to social determinants. According to a report by the Health Caribbean Coalition, the Belize National Plan of Action for NCDs (2013-2023), developed with PAHO and INCAP, promotes equitable access to treatment and PC through cost-effective procurement mechanisms and universal health coverage. Belize provides free essential NCD medicines, though the national formulary includes them unevenly.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Fair: Between 10% to 30%.

Immediate-release morphine is available in suspension form (10 mg/5 ml) in Belize, primarily prescribed at secondary and tertiary hospitals. However, at the primary care level, whether in urban or rural areas, opioids, including immediate-release morphine, are seldom prescribed. The availability and usage of morphine at the primary care level is limited, likely influenced by factors such as healthcare infrastructure, prescribing practices, and the specific needs of patients.

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Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)

0/1

11.2. The proportion of medical schools with OPTIONAL teaching in PC.

0/1

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).

0/1

11.4. The proportion of nursing schools with OPTIONAL teaching in PC.

1/1

As of 2024, Belize has one national medical school, which does not include PC in its undergraduate curriculum. Prior to its establishment, medical studies were undertaken in Latin American countries such as Mexico, Guatemala, and the Caribbean, where PC education depends on each institution's curriculum. Similarly, in Belize, the University of Belize offers nursing education, but PC is not part of the mandatory undergraduate curriculum. Instead, it is available as an elective rotation in collaboration with the Belize Palliative Care Hospice Association, providing nursing students with practical experience in palliative care.

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognised by the competent authority in the country.

3

There is no process on specialization for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).

In Belize, there are no local specialty courses in PC; therefore, physicians must pursue studies abroad. Upon completion, their foreign qualifications are submitted to the Medical Council of Belize for recognition, allowing them to practice PC in the country. These qualifications are considered a specialty or Master's degree. Physicians working in PC programs are typically general practitioners (GPs) who are assigned the role of PC physician through collaborations with organizations like the Belize Hospice Palliative Care Association. While basic PC training is available, it is not formally recognized as a specialty within Belize's national healthcare system.

AM Belize

Provision of PC / Specialized Services

Ind 13

13.1. There is a system of Specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.

2

Isolated provision: Exists but only in some geographic areas.

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.

2

Ad hoc/ in some parts of the country.

13.3. Free-standing HOSPICES (including hospices with inpatient beds).

1

Not at all.

13.4. HOME CARE teams (Specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

1

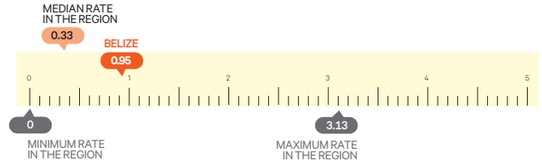
Not at all.

13.5. Total number of Specialized PC services or teams in the country.

4

PC services in Belize are delivered through a mix of public institutions and NGO-supported initiatives across several districts. In Belize City, the Karl Heusner Memorial Hospital offers both outpatient and inpatient services. Its oncology unit promotes early PC integration, focusing on symptom management and advanced care planning. The hospital also provides emergency and inpatient care for patients needing pain relief or end-of-life support, particularly for those without adequate social support. Collaboration between the BPCHA, the Ministry of Health, and National Health Insurance enables free home-based PC across Belize District, with a team composed of a physician, nurse, social worker, and chaplain. In the Cayo District, branches of the Belize Cancer Society in Belmopan and San Ignacio provide volunteer-based home PC, primarily for oncology patients. In Orange Walk, the Cancer Support Group delivers symptom relief through community-based volunteers. In Placencia (Stann Creek), Blissful Sage Hospice, an NGO, offers hospice care for terminal cancer patients.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of Specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.

1

No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Number of pediatric Specialized PC services or teams in the country.

0

PPC TEAMS

There are no specialized PC services for pediatric patients in Belize. Pediatric patients requiring PC are typically managed by general practitioners, nurses, or pediatricians at the community level. These healthcare providers deliver care with the limited resources available, addressing the needs of pediatric patients as part of the general healthcare services rather than through specialized PC.