

## TC Document

### I. Basic Information for TC

▪ Country/Region:	Belize/CID- Isthmus & DR
▪ TC Name:	Improving the Efficiency of the Public Health Expenditure
▪ TC Number:	BL-T1085
▪ Team Leader/Members:	Ignes Tristao, Team Leader (SPH/CME); Denise Salabie (VPC/FMP); John Alexander Corbett Primo (VPC/FMP); Ignacio Barragan (LEG/SGO); Guillermo Lagarda (CID/CID), Alternate Team Leader; Elizabeth Ayala (CID/CBL); Claudia Pévere (SCL/SPH); Alexis Bryant (CID/CBL); and Peggyann Robateau (CID/CBL).
▪ Indicate if: Operational Support, Client Support, or Research & Dissemination	Client Support
▪ If Operational Support TC, give number and name of Operation Supported by the TC:	BL-T1059 and BL-G1002
▪ Date of TC Abstract authorization:	19 May 2017
▪ Beneficiary (countries or entities which are the recipient of the technical assistance):	Ministry of Health of Belize and population of Belize
▪ Executing Agency and contact name	Ministry of Health of Belize
▪ Donors providing funding:	Strategic Development Program for Social Development (SOC)
▪ IDB Funding Requested:	US\$250,000
▪ Local counterpart funding, if any:	US\$40,000
▪ Disbursement period (which includes Execution period):	24 months
▪ Required start date:	July 2017
▪ Types of consultants (firm or individual consultants):	Individuals Firms
▪ Prepared by Unit:	Social Protection & Health
▪ Unit of Disbursement Responsibility:	Country Office Belize
▪ TC Included in Country Strategy (y/n):	TC aligned with Country Strategy
▪ TC included in CPD:	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social policy for equity and productivity, addressing the needs of small and vulnerable countries, institutions for growth and social welfare.

### II. Description of the Associated Loan/Guarantee

- 2.1 This TC is associated with two previous operations, currently under execution: (i) BL-T1059, ATN/OC-14563-BL (US\$405,000), which objective is to analyze the economic and social effects of a tax and commercial reforms; and (ii) BL-G1002, GRT/HE-14756-BL (US\$300,000) and GRT/HE-14757-BL (US\$150,000), which specific objective is to improve maternal, infant, child and reproductive health in terms

of access, usage and quality in the poorest districts of the country through interventions that strengthen primary health care services within the framework of the Mesoamerica Health Facility Initiative.

- 2.2 The operation BL-T1059 opened discussions on how to improve the efficiency of government spending, which led to a sectorial study to analyze the efficiency of public spending in Health and Education.<sup>1</sup> Simultaneously, in the context of meeting the performance targets' indicators of operation BL-G1002, it was necessary to guarantee that health establishments had the critical inputs needed to provide maternal and child care services. Based on this need and the findings of the efficient study (see 3.2), a diagnosis of the public health supply chain management was carried out. The results of the diagnosis study showed opportunities for strengthening Ministry's of Health institutional capacity, which is addressed by this TC, and it will generate positive spillovers to future Bank operations supporting the health sector of Belize.

### **III. Objectives and Justification of the TC**

- 3.1 The objective of the TC is to improve the efficiency and effectiveness of public health supply chain management by strengthening the Ministry of Health's institutional capacity in all components of the logistics cycle.
- 3.2 The efficiency of public spending, as measured by the benefits relative to the resources used, is an important determinant of social development and of sustainable fiscal management. In a recent IDB study (Gustavo Arcia, Efficiency of Public Expenditure in Education and Health in Belize, July 2015), Belize's comparative performance in terms of the efficiency of public spending on health was found to be weak. In the context of the tight fiscal constraints required for debt sustainability<sup>2</sup>, the IDB has been supporting the Government in reviewing and improving the efficiency of the system of taxation (BL-T1059). Given the background, the government of Belize requested support to the Bank to improve the efficiency of government spending, identifying health expenditure as the area in most urgent need of improvement.
- 3.3 In 2013, the country spent around 12.3% of total public expenditures on health. The single largest public health expense, after labor costs, is the cost of medicine and other medical supplies, accounting for around 12% of the total public health budget and almost 16% of public health recurrent costs, which is roughly 1.5% of overall public expenditures. Therefore, an improvement on medicine and medical supplies' expenditures could significantly improve government public spending.
- 3.4 A 2015 diagnostic study of Belize's public health supply chain management<sup>3</sup> identified clear inefficiencies and opportunities for improvement along all four of the major components of a supply chain: product selection, product procurement, product distribution and product use. These results suggest that, with the same level of spending, Belize could improve its health outcomes (like access) by using its resources on health more efficiently.
- 3.5 Among the main findings of the 2015 report are: (i) Selection: the Ministry of Health have a list of drugs and a national formulary, but there is no national drug registration

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<sup>1</sup> Gustavo Arcia, Efficiency of Public Expenditure in Education and Health in Belize, July 2015.

<sup>2</sup> See 2016 Article IV Consultation, International Monetary Fund.

<sup>3</sup> Jairo Nunez and Nora Quesada, 'Final Report on the assessment of the supply chain for reproductive health, maternal and infant and child health medicines and supplies, November 2015, Mesoamerica Health Initiative.

and so no control over drug entry in the country; (ii) Procurement: no consumption or stocks data are available for procurement purposes, resulting in stockouts (orders or emergency requests) or oversupplies (damages, losses) of products, and geographic allocation inefficiencies; (iii) Distribution: staff are not trained to perform storage and distribution processes leading to inadequate handling of medicines which can reduce their effectiveness and quality; and (iv) Monitoring and Evaluation: no mechanism to monitor and evaluate the logistics of medicines and health supplies, making it hard to control inventories and product expiration losses, and to adjust new procurement processes with inventories.

- 3.6 The American Production and Inventory Control Society<sup>4</sup> defines an effective logistic management system as 'the design, planning, execution, control, and monitoring of supply chain activities with the objective of creating net value, building a competitive infrastructure, leveraging worldwide logistics, synchronizing supply with demand and measuring performance globally". In other words, an effective logistic management system ensures that the right quality product, in the right quantities, and in the right condition is delivered to the right place, at the right time, and for a reasonable cost.
- 3.7 This TC is aligned with IDB's Country Strategy with Belize 2013-2017 (GN-2746) which aims to support the Government of Belize in improving public expenditure efficiency and effectiveness. Similarly, the TC is in accordance with the IDB's Social Protection and Health Division Sector Framework, which emphasizes the importance of promoting greater efficiency in the allocation and use of health resources. In the same way, the it is aligned with the IDB's Strategic Program for Development Financed with Ordinary Capital (OC-SDP) since it strengthen the technical capacity and management of a national government in a small and vulnerable country, and supports its effort to become more effective and efficient in its logistic cycle, which will affect the execution of its social projects in health.. In addition, this TC is aligned with the Update to the Institutional Strategy 2010-2020 (AB-3008), since its main purpose is to improve the efficiency of Belize's Health System, a condition that could boost an inclusive social policy to address the needs of small and vulnerable countries, and lessen social exclusion and inequality. Finally, this TC is tailored to Belize's necessities since it is aligned with Belize Health Sector Strategic Plan 2014-2024 in which two of the seven main objectives for the country is to achieve greater equity, cost effectiveness and efficiency in the allocation of resources, as well as to strengthen the organization and management of health services.

#### **IV. Description of activities/components and budget**

- 4.1 **Component 1. Strengthening Public Health Supply Chain and Quality Improvement Management.** This component will finance the costs of hiring a specialized consultancy firm and consultants to provide technical assistance. Some of the main expected outputs are: (i) a methodology to forecast and procure medical supplies for Belize; (ii) the review and update of current norms; (iii) the design and implementation of maximum and minimum inventory control levels; (iv) the development of protocols, procedures and guidelines for the effective management of inventories to prevent stockouts and oversupplies of products; (v) the training of all relevant health personal in the application of the new developed protocols, procedures and guidelines for the effective management of inventories; (vi) the rationalization and

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<sup>4</sup>The American Production and Inventory Control Society is the leading provider of research, education and certification programs for supply chain excellence, innovation and resilience.

simplification of formats and procedures applied by health personnel by standardizing tools for recording and reporting medicines and supplies data; (vii) the definition of monitoring supply chain indicators to help staff follow up on key performance indicators; (viii) an analysis of possible financial mechanisms for the implementation of a new health services deliverable model; and (ix) quality improvement measurements. The expected result of this component is that the MOH has more efficient, effective and appropriate technical competencies, systems and instruments for forecasting and procuring medical supplies, controlling and managing inventories, and monitoring supply chain performance. Activity (vii) will develop indicators to measure performance, which for instance could include, reduction of stockouts, emergency purchase, damages and losses of products, among others.

**4.2 Component 2. Providing adequate and appropriate storage, safety and computer equipment.** The objective of this component is to finance the procurement of the necessary equipment to implement the improvements, identified by the firm hired by component 1, which could include the following goods<sup>5</sup>: (i) shelves and other storage cabinets and equipment; (ii) fire extinguishers; and (iii) desktop and server's computers, routers and printers to install the Belize Health Information System in needed locations to monitor and manage inventories. The expected result of this component is that the Central Medical Store and other decentralized storage facilities will meet the minimum conditions for operational and safety regulations.

**4.3 Component 3. Appropriate administrative resources for coordination and execution.** This component will finance operational costs of the project execution and auditing. The expected result is the timely execution of procurement, administrative and reporting processes.

**4.4** The TC will be financed with resources from the Strategic Development Program for Social Development (SOC) up to an amount of US\$250,000.00. The fund resources will finance the services of individual consultants/consultant firms, as well as goods (storage and office equipment), stakeholder meetings and local mobilization costs. Counterpart resources up to value of US\$40,000 in kind will finance staff time<sup>6</sup>, office space and administrative materials.

**Indicative Budget**

<b>Activity/Component</b>	<b>Description</b>	<b>IDB/Fund Funding (US\$)</b>	<b>Counterpart Funding</b>	<b>Total Funding</b>
1. Technical assistance to the Ministry of Health to Belize to strengthen public health supply chain and quality improvement management.	A firm will be hired to carry out the activities (i), (iii), (iv), (v), (vi) and (vii). Individual consultants will be hired to carry-out the activities (ii), (viii) and (ix).	190,000.00	0.00	190,000.00
2. Selection and purchase of adequate and appropriate storage, safety and computer equipment.	The following goods will be purchased: (i) shelves and other storage cabinets and equipment; (ii) fire extinguishers; and (iii) desktop and server's computers, routers and printers	30,000.00	0.00	30,000.00

<sup>5</sup> Any additional investments in goods necessary to implement further physical improvements derived from the technical assistance provided by component 1 will need to be financed by the government, subject to budget availability. The TC shall not finance more than 30% of its resources in the procurement of goods.

<sup>6</sup> This refer to the dollar value of the amount of time that the Project Management Unit's staff will spend on the execution of this TC. Their time is usually co-financed by MOH resources and donor funds.

3. Appropriate administrative resources, coordination and execution.	A firm will be hired to carry-out auditing reviews. The component also includes small operations costs for office supplies, meetings, and travel costs <sup>7</sup> to local health establishments. Counterpart resources will finance staff time, office space and administrative materials	30,000.00	40,000.00	70,000.00
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4.5 The TC will be supervised by the Social Protection and Health Division, with the support of CBL, which will be the Unit of Disbursement responsibility. There will be a need for transactional budget resources to supervise the execution of this TC.

4.6 Results will be monitored by SPH and CBL, with a frequency of every 3 months, based on quality improvement measurements (4.1.ix) of supply chain indicators (4.1.vii) developed by Component 1.

## V. Executing agency and execution structure

5.1 The executing agency for this technical cooperation will be the Ministry of Health of Belize (MOH). The MOH has a planning unit responsible for the fiduciary execution of projects financed with international cooperation funds, called Project Management Unit (PMU). PMU will be the unit of MOH supporting the execution. PMU has executed the operations GRT/HE-14756-BL y GRT/HE-14757-BL, with satisfactory results.

5.2 The disbursement period will be twenty-four months.

5.3 **Procurement.** The executing agency will follow Bank's procurement policies and procedures.

5.4 **Financial Management Policy and audit arrangements.** Final financial statements of the project, audited by a firm of independent public accountants acceptable to the Bank, are to be submitted to the Bank within 120 days following the last disbursement. The audit will cover the entire project period and will be conducted in accordance with the content and scope established in the Terms of reference agreed with the Bank. For purposes of determining the equivalency of expenditures incurred in local currency of the reimbursement of expenditures chargeable to the TC, the agreed exchange rate shall be the effective exchange rate used to convert the funds denominated in the project's currency to the local currency at the date of disbursement.

## VI. Major issues

6.1 The main risk associated with the execution of this technical cooperation is that the PMU, which often faces many executing projects, could take a long time to carry-on a bidding process to contract a firm to provide technical assistance, resulting in delays in the timely execution of this project. To mitigate this risk, the Bank will provide close technical and fiduciary support to the MOH and to the PMU to avoid any delays.

<sup>7</sup> The TC may finance travel costs of government personnel and local consults.

**VII. Exceptions to Bank policy**

7.1 No exceptions to Bank policy is required.

**VIII. Environmental and Social Strategy**

8.1 This TC has an ESG classification of “C” as it will not have any negative environmental or social impact (see [Filters](#)).

**Required Annexes:**

- [Request from the client](#)
- [Results Matrix](#)
- [Terms of Reference](#)
- [Procurement Plan](#)

## **ANNEX A**

### **BELIZE**

#### **SOCIAL PROTECTION AND HEALTH DIVISION (SCL/SPH)**

#### **REVIEW AND UPDATE OF CURRENT NORMS**

#### **TERMS OF REFERENCE**

##### **I. Background**

- 1.1 Founded in 1959, the Inter-American Development Bank (IDB) is the principal source of financing for economic, social, and institutional development in Latin America and the Caribbean. Provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries.
- 1.2 In 2013, a study found that Belize spent around 12.3% of total public expenditure on health. The efficiency of public spending, as measured by the benefits relative to the resources used, is an important determinant of social development and of sustainable fiscal management. In a recent IDB study (Gustavo Arcia, Efficiency of Public Expenditure in Education and Health in Belize, July 2015), Belize's comparative performance in terms of the efficiency of public spending on health was found to be weak. The single largest public health expense, after labor costs, is the cost of medicine and other medical supplies, accounting for around 12% of the total public health budget and almost 16% of public health recurrent costs. Medicines and other health supplies play an important role in providing quality services, including prevention, diagnosis, healing, and relief. Nevertheless, one of the main findings of the 2015 report states that the Belize Ministry of Health (MOH) have a list of drugs and a national formulary, but there is no national drug registration and so no control over drug entry in the country.
- 1.3 Even though Belize has achieved great efforts in improving maternal and child health, there are still several matters that should be addressed in this matter, mainly those issues related to regulation. Belize has been acquiring and using inputs and medicines for maternal and child health, nevertheless, this process has not been standardized. Likewise, in different conversations established with the MOH it has been expressed its desire of including best practices within the regulation of using medicines for maternal and child health practices.
- 1.4 The importance of having clear and complete standards that should be implemented while supplying medicines for maternal and child issues, have a direct impact on the results observed within these population sectors. Therefore, to achieve better health results it is essential to possess clear written procedures. Improving the execution and quality of maternal and child health services through different components, will have an important impact in strengthening the public health supply chain and quality improvement management.

##### **II. Consultancy objective(s)**

- 2.1 The general objective of the consultancy is to review current norms related to the management of inputs and medicines used for maternal and child health. The intention is

to update these regulations in accordance with international best practices and the country's necessities. The afore mentioned, with the intention of improving health services and processes implemented for that specific population sector.

### **III. Main activities**

- 3.1 The contractual will review of the regulations regarding maternal and child health with the objective of improving the efficiency of drug registration, and on the same way strengthening the public health supply chain.

### **IV. Reports / Deliverables**

- 4.1 The contractual will be responsible for the presentation of 2 reports, each one corresponding to the assessment of different regulations. The reports should contain the following information:
  - a) Assessment of the current situation of the regulations.
  - b) A proposal to improve the current regulations, according to international best practices and country's necessities.

The MOH will pay the contractual equal payments based on the delivery and validation of the reports.

### **V. Qualifications**

- 5.1 Academic Degree/ Level & Years of Professional Work Experience: A graduate or post-graduate degree in Medicine or other Health related areas. At least 5 years general experience in Health Administration, Primary Health Care or a related field, and previous experience in reviewing health norms and regulations.
- 5.2 Languages: English. Spanish is also desirable
- 5.3 Areas of Expertise: Specific experience in administration and financial management, public sector, and normativity is desired.
- 5.4 Skills: Good communications skills, results oriented and capacity to manage complex situations towards targets/ goals achievement

### **VI. Characteristics of the Consultancy**

- 6.1 Consultancy category and modality: Products and External Services Contractual, Lump Sum.
- 6.2 Contract duration: 4 months
- 6.3 Place(s) of work: External consultancy with three visits to Belize.
- 6.4 Responsible person: The consultancy will be coordinated by Iñez Tristao (SPH/CME)

### **VII. Payment Schedule**

- 7.1 Remuneration will be determined in accordance with Bank regulations and criteria.
- 7.2 MOH will pay the contractual equal payments based on the delivery and validation of the reports to the person responsible for the contract. There will be 2 reports in total.
- 7.3 Candidates must be citizens of one of the IDB member countries.

## **ANNEX A**

### **BELIZE**

#### **SOCIAL PROTECTION AND HEALTH DIVISION (SCL/SPH)**

#### **QUALITY IMPROVEMENT PROJECT MANAGEMENT**

#### **TERMS OF REFERENCE**

##### **I. Background**

- 1.1 Founded in 1959, the Inter-American Development Bank (IDB) is the principal source of financing for economic, social and institutional development in Latin America and the Caribbean. Provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries.
- 1.2 In 2013, a study found that Belize spent around 12.3% of total public expenditure on health. Similarly, in 2015 a diagnostic study of Belize's public health supply chain management identified clear inefficiencies and opportunities for improvement along the major components of the supply chain: product selection, product procurement, product distribution and product use<sup>1</sup>. Likewise, in a recent IDB study (Gustavo Arcia, Efficiency of Public Expenditure in Education and Health in Belize, July 2015), Belize's comparative performance in terms of the efficiency of public spending on health was found to be weak. This situation, opened an opportunity to contribute in ensuring the efficiency and effectiveness of Belize's health supply chain management as a way to ensure social development and sustainable fiscal management.
- 1.3 The Technical Cooperation BL-T1089 will provide technical assistance to improve the efficiency and effectiveness of public health supply chain management by strengthening the Ministry of Health's institutional capacity in all components of the logistics cycle. In this sense, a variety of activities will be implemented along the health supply chain to strengthen its processes and improve the quality management.
- 1.4 To ensure that all the components being implemented will achieve the expected results it is necessary to implement quality measurements. Similarly, as the findings become available, undertaking different assessments will be essential to implement any adjustments to the activities being performed. Therefore, the implementation of routinely evaluations will ensure that the components implemented by the IDB's operations will really impact in strengthening public health supply chain and quality improvement.

##### **II. Consultancy objective(s)**

- 2.1 The general objective of the consultancy is to implement regular evaluations to the components implemented to strengthen public health supply chain and quality improvement management. There will be in total, eight quality improvement evaluations.

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<sup>1</sup> Jairo Nunez and Nora Quesada, 'Final Report on the assessment of the supply chain for reproductive health, maternal and infant and child health medicines and supplies, November 2015, Mesoamerica Health Initiative.

### **III. Main activities**

- 3.1 The project contractual will conduct the evaluations by collecting data in health establishments.

### **IV. Reports / Deliverables**

- 4.1 The project management contractual will be responsible for the presentation of 8 reports, detailing the compliance with the products:
  - a) Measure QIF indicators at facility level
  - b) Support Quality Improvement Teams
  - c) Assist the health regions in the development and monitoring of their monthly improvement plans
  - d) Report bottle necks and provide recommendations for improvement
  - e) Health facilities supervised on a monthly basis and reports [includes electronic data collection] submitted
  - f) Progress reports detailing the development of the project, activities undertaken, lessons learned, recommendations and conclusions

MOH will pay the contractual equal payments based on monthly reports to the person responsible for the contract. There will be eight reports.

### **V. Qualifications**

- 5.1 Academic Degree/ Level & Years of Professional Work Experience: Bachelor-level university degree in health or administrative/managerial sciences. A post-graduate degree in these areas is an asset. At least 3 years general experience in Health Administration, Primary Health Care or a related field.
- 5.2 Languages: English. Spanish is also desirable
- 5.3 Areas of Expertise: Specific experience in administration and financial management, public sector, and results-based planning and monitoring is desired
- 5.4 Skills: Good communications skills, results oriented and capacity to manage complex situations towards targets/ goals achievement

### **VI. Characteristics of the Consultancy**

- 6.1 Consultancy category and modality: Products and External Services Contractual, Lump Sum.
- 6.2 Contract duration: 20 months
- 6.3 Place(s) of work: External consultancy in Belize.
- 6.4 Responsible person: The consultancy will be supervised by MOH.

### **VII. Payment Schedule**

- 7.1 Remuneration will be determined in accordance with Bank regulations and criteria.
- 7.2 MOH will pay the contractual equal payments based on the delivery of monthly reports to the person responsible for the contract. There will be 8 reports in total.
- 7.3 Candidates must be citizens of one of the IDB member countries.

## **ANNEX A**

### **BELIZE**

#### **SOCIAL PROTECTION AND HEALTH DIVISION (SCL/SPH)**

#### **ANALYSIS OF POSSIBLE FINANCIAL MECHANISMS FOR THE IMPLEMENTATION OF A NEW HEALTH SERVICES DELIVERABLE MODEL**

#### **TERMS OF REFERENCE**

##### **I. Background**

- 1.1 Founded in 1959, the Inter-American Development Bank (IDB) is the principal source of financing for economic, social and institutional development in Latin America and the Caribbean. Provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries.
- 1.2 In 2016, the Government of Belize, through the Ministry of Health (MOH), decided to strengthen its capacities to offer the population better opportunities for the full enjoyment of the human right to the protection of their health. The National Government has recognized that health is the most important public good for its population, and also states that health is an indispensable element to achieve higher levels of economic productivity<sup>1</sup>.
- 1.3 During the last few years the MOH has implemented a sectoral reform to strengthen some health facilities. In this context, is that the National Government has requested the Bank technical assistance for the formulation of a new National Health Services Deliverable Model, emphasizing the creation of possible financial mechanisms and quality improvement measurements that could be implemented. The intention of the MOH is that this new National Health Services Deliverable Model will provide a framework for the development of the National Health System and for the full implementation of the Health Sectoral Plan.
- 1.4 The MOH has stated that in terms of the possible financial mechanisms that are seeking to be implemented within the new National Health Services Deliverable Model, these ones should praise that the funding function secure the availability of financial resources, to establish correct financial incentives for service providers to ensure that all individuals have access to public health services and to effective individual health care. Similarly, the MOH has stated that within this new Health Services Deliverable Model it is essential to ensure technical quality in the development of processes, procedures, health care interventions and their products, as well as improve the quality perceived by the user on the services received considering a dignified treatment<sup>2</sup>.
- 1.5 In the same way, by ensuring, both, efficient financial mechanisms, and quality improvement measurements within the new National Health Services Deliverable Model it is being seek the strengthening of the MOH's public health supply chain and quality management. The

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<sup>1</sup> Ministry of Health of Belize, "General Proposal within the framework of the Mesoamerican Health Initiative-National Health Model of Belize", December 2016.

<sup>2</sup> Ibid.

afore mentioned, because both mechanisms will impact in obtaining a health service more efficient, with better usage of its resources, and accomplish to reduce roles duplicity.

## **II. Consultancy objective(s)**

- 2.1 The general objective of the consultancy is to finalize the conceptual framework of Belize National Health Model, by performing an analysis of possible financial mechanisms to implement the Model. The assessment should include the definition of roles and responsibilities of the various actors in the MOH's structure, from the central office to community level.

## **III. Main activities**

- 3.1 The contractual will review the current public finance structure, as well as the current health finance structure, identify and analyze alternative financial mechanisms that could be used to finance the new National Health Services Deliverable Model.

## **IV. Reports / Deliverables**

- 4.1 The project management contractual will be responsible for the presentation of one report, including the following components:
  - a) An in-depth analysis of the existence financial mechanisms and its implementation
  - b) Proposal of the process of resources collection
  - c) Proposal of the allocation of resources mechanisms with results-based financing
  - d) Proposal of payment mechanisms that stimulate quality and productivity

## **V. Qualifications**

- 5.1 Academic Degree/ Level & Years of Professional Work Experience: Bachelor-level university degree in health or administrative/managerial sciences. A post-graduate degree in these areas is an asset. At least 3 years general experience in Health Administration, Primary Health Care or a related field.
- 5.2 Languages: English. Spanish is also desirable
- 5.3 Areas of Expertise: Specific experience in administration and financial management, public sector, and results-based planning and monitoring is desired.
- 5.4 Skills: Good communications skills, results oriented and capacity to manage complex situations towards targets/ goals achievement.

## **VI. Characteristics of the Consultancy**

- 6.1 Consultancy category and modality: External Services Contractual, Lump Sum.
- 6.2 Contract duration: 4 months
- 6.3 Place(s) of work: External consultancy and 3 visits to Belize. The Lump Sum amount includes travelling costs.

6.4 Responsible person: The consultancy will be supervised by MOH.

**VII. Payment Schedule**

7.1 Remuneration will be determined in accordance with Bank regulations and criteria.

7.2 MOH will pay the contractual based on the delivery and approval of the report.

7.3 Candidates must be citizens of one of the IDB member countries.

## **ANNEX A**

### **BELIZE**

#### **SOCIAL PROTECTION AND HEALTH DIVISION (SCL/SPH)**

#### **STRENGTHENING OF PUBLIC HEALTH SUPPLY CHAIN AND QUALITY MANAGEMENT**

#### **TERMS OF REFERENCE**

##### **I. Background**

- 1.1 Founded in 1959, the Inter-American Development Bank (IDB) is the principal source of financing for economic, social, and institutional development in Latin America and the Caribbean. Provides loans, grants, guarantees, policy advice and technical assistance to the public and private sectors of its borrowing countries.
- 1.2 The American Production and Inventory Control Society defines an effective logistic management system as 'the design, planning, execution, control, and monitoring of supply chain activities with the objective of creating net value, building a competitive infrastructure, leveraging worldwide logistics, synchronizing supply with demand and measuring performance globally". In other words, an effective logistic management system ensures that the right quality product, in the right quantities, and in the right condition is delivered to the right place, at the right time, and for a reasonable cost.
- 1.3 In 2015, a diagnostic study of Belize's public health supply chain management identified clear inefficiencies and opportunities for improvement along the major components of the supply chain: product selection, product procurement, product distribution and product use<sup>1</sup>. Likewise, in a recent IDB study (Gustavo Arcia, Efficiency of Public Expenditure in Education and Health in Belize, July 2015), Belize's comparative performance in terms of the efficiency of public spending on health was found to be weak. Since the Belize Ministry of Health (MOH) greatly impacts on the health logistic cycle, the IDB will provide technical assistance in order to strengthen the public health supply chain and quality management.
- 1.4 The cycle of logistics supply chain management can be divided into 6 stages: i) inputs selection, ii) quantification of needs and purchase scheduling, iii) inputs acquisitions or purchase, iv) inventory storage and control, v) distribution, and vi) rational use of medicines. All these stages should feed among them and feed an information system that allows to manage the supply chain in an adequate and efficient way. In addition, these steps should be taken in an environment that considers the legal framework of national policies, organizational and human resources management structures, monitoring and evaluation mechanisms and quality control.
- 1.5 The importance of streamlining the different processes within the logistics supply chain management will impact in processes such as forecasting and procuring medical supplies, controlling, and managing inventories, monitoring supply chain management, and achieving

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<sup>1</sup> Jairo Nunez and Nora Quesada, 'Final Report on the assessment of the supply chain for reproductive health, maternal and infant and child health medicines and supplies, November 2015, Mesoamerica Health Initiative.

an efficient coordination and execution operation. All of the aforementioned processes, have been stated as essential factors for achieving better results within Belize health sector.

## **II. Consultancy objective(s)**

- 2.1 The general objective of the consultancy is to hire a firm to impact different processes along the public health supply chain, and to strengthen MOH's capacity and technical competencies, systems and instruments for forecasting and procuring medical supplies, controlling and managing inventories, and monitoring supply chain performance.

## **III. Main activities**

- 3.1 The main activities are:

- (i) Develop a methodology to forecast and procure medical supplies for Belize;
- (ii) Design and implementation of maximum and minimum inventory control levels;
- (iii) Develop of protocols, procedures and guidelines for the effective management of inventories to prevent stockouts and oversupplies of products;
- (iv) Train all relevant health personal in the application of the new developed protocols, procedures and guidelines for the effective management of inventories;
- (v) Rationalize and simplify formats and procedures applied by health personnel by standardizing tools for recording and reporting medicines and supplies data;
- (vi) Define monitoring supply chain indicators to help staff follow up on key performance indicators; and
- (vii) Provide technical assistance to the MOH during the implementation of all the improvements mentioned above.

## **IV. Reports / Deliverables**

- 4.1 The contractual will be responsible for the presentation of 4 reports, which should include:
- a) The development of methodologies to procure and forecast medical supplies, in this one should be included the proposal for the design of inventory controls.
  - b) The developing of different guidelines for effective management of inventories as well as rationalization and simplification of formats and procedures for reporting medicines supplies data.
  - c) The process and results of the training relevant health personnel in the application of the new protocols and guidelines.
  - d) The development of performance indicators, which will be added to the MOH dashboard.

Payments will be made based on the delivery and validation of the reports.

## **V. Qualifications**

- 5.1 The consultant firm should possess broad experience and wide recognition in public policy matters in Latin America. Additionally, the firm should have practical experience in public procurement, evaluation, and public supply chain management. The work performed by the firm should be implemented in English and Spanish. Finally, the firm should have more than 5 relevant experience years in the fields mentioned before, with a solid execution capacity of field work and in the production of reports.

## **VI. Characteristics of the Consultancy**

- 6.1 Consultancy category and modality: Consulting Firm
- 6.2 Contract duration: 12 months
- 6.3 Place(s) of work: External consultancy with travel to Belize. The value of the contract includes all costs incurred with travel.
- 6.4 Responsible person: The consultancy will be coordinated by MOH.

## **VII. Payment Schedule**

- 7.1 Remuneration will be determined in accordance with Bank regulations and criteria.
- 7.2 Candidates must be citizens of one of the IDB member countries.

## ACQUISITIONS PLAN BE-T1085

Country: Belize      Project Number: BE-T1085      Executing Agency (EA): Ministry of Health of Belize  
 Project Name: Improving the Efficiency of the Public Health Expenditure

Limit amount for acquisitions' ex post review:      Goods and services (amount in U\$): 30,000.00      Consultancies (amount in U\$): 190,000.00      Other s

Item No.	Acquisitions descriptions (1)	Acquisition Estimated Cost (US\$)	Acquisition Method <sup>(2)</sup>	Review of acquisitions (Ex ante-Ex Post) (3)	Source of financing and percentage		Estimated date of the Procurement Notice or the Commencement of the	Technical Review of the JEP (4)	Comments
					IDB %	Local / Other %			
	<b>Component 1: Strengthening Public Health Supply Chain and Quality Improvement Management</b>								
	<b>Consulting- Individuals</b>								
1	Individual consultant for the review and update of current norms.	\$ 20,000.00	CQIN	Ex Ante	100	0	Sep-17	YES	
2	Individual consultants for quality measurements (2 consultantst)	\$ 60,000.00	CQIN	Ex Ante	100	0	Jul-17	YES	
3	Individual consultant to analyze alternative financial mechanisms for the implementation of a new health services deliverable model	\$ 20,000.00	CQIN	Ex Ante	100	0	Aug-17	YES	
	<b>Consulting- Firm</b>								
4	Consultant firm to strengthen the public health supply chain management	\$ 90,000.00	SBQC	Ex Ante	100	0	Aug-17	YES	
	<b>Subtotal Component 1</b>	<b>\$ 190,000.00</b>							
	<b>Component 2: Providing adequate and appropriate storage, safety and computer equipment</b>								
	<b>Goods and services</b>								
5	Storage and safety equipment	\$ 15,000.00	PC	Ex Post	100	0	Oct-17	NO	

6	Computer equipment	\$ 15,000.00	PC	Ex Post	100	0	Oct-17	NO	
<b>Subtotal Component 2</b>		<b>\$ 30,000.00</b>							
<b>Component 3. Appropriate administrative resources for coordination and execution</b>									
<b>Services other than consulting</b>									
7	Administrative and operational expenses related to the implementation of components 1 and 2.	\$ 60,000.00	PC	Ex Post	33.34	66.66	17-Aug	NO	
<b>Consulting- Firm</b>									
8	Auditing	\$ 10,000.00	SBQC	Ex Post	100		17-Aug	NO	
<b>Subtotal Component 3</b>		<b>\$ 70,000.00</b>							
<b>Total</b>		<b>\$ 290,000.00</b>	<b>Prepared by: Ignez Tristao</b>			<b>Date: May 23rd 2017</b>			
<sup>(1)</sup> Grouping of procurement of a similar nature such as computer equipment, furniture, publications, passages, is recommended. If there are groups of similar individual									
<sup>(2)</sup> <b>Goods and Works:</b> PT: Public Tender; PC: Price Comparison; DC: Direct Contracting.									
<sup>(2)</sup> <b>Consulting firms:</b> SCQ: Selection Based on the Consultants' Qualifications; SBQC: Selection Based on Quality and Cost; SBLC: Selection Based on the Lowest									
<sup>(2)</sup> <b>Individual Consultants:</b> CQIN: Selection based on the Comparison of Qualifications Individual Consultants; DS: Direct Selection.									
<sup>(3)</sup> <b>Ex ante/ ex post review.</b> In general, depending on the institutional capacity and the level of risk associated with procurement, the standard modality is ex post									
<sup>(4)</sup> <b>Technical review:</b> This column will be used by the JEP to define "critical" or "complex" acquisitions that require the ex ante review of the terms of reference,									



## Result Matrix

### Outcomes

**Outcome:** [1 Strengthening Public Health Supply Chain and Quality Improvement](#)

Indicators	Flags*	Unit of Measur	Baseline	Baseline Year	Means of verification	2017	2018	2019	EOP	
1.1 Methodologies and strategies to be implemented		Reports	0.00	2017		P	1.00	1.00	0.00	2.00
	P(a)					0.00	0.00	0.00		
	A					0.00				

RF - Contribution

### Outputs: Annual Physical and Financial Progress

#### 1 Improve the efficiency and effectiveness of public health supply chain management

Outputs	Fund Indicator	Unit of Measure	Baseline	Baseline Year	Means of Verification	Physical Progress				
						2017	2018	2019	EOP	
1.1 Current norms for maternal and child health	Other(SOC)	Report	0	2017	Report elaborated by an individual	P	0	1	0	1
						P(a)	0	0	0	0
						A	0			0
1.2 Quality and inputs availability measurements	Other(SOC)	Report	0	2017	Reports of routine measurements	P	2	3	3	8
						P(a)	0	0	0	0
						A	0			0
1.3 Financial mechanisms for the new health services	Other(SOC)	Report	0	2017	Report on the analysis of possible financing mechanisms	P	1	0	0	1
						P(a)	0	0	0	0
						A	0			0
1.4 Strategies designed	Other(SOC)	Strategies (#)	0	2017	Reports delivered by a consultant	P	1	1	0	2
						P(a)	0	0	0	0
						A				

#### 2 Providing adequate and appropriate storage, safety and computer equipment

Outputs	Fund Indicator	Unit of Measure	Baseline	Baseline Year	Means of Verification	Physical Progress				
						2017	2018	2019	EOP	
2.1 Project implementation unit established	Other(SOC)	PIUs (#)	0	2017	Purchase of fire extinguishers	P	0	1	0	1
						P(a)	0	0	0	0

Please note that the Overall Stage represents the stage of the operation at the time of this report's publication, which might not necessarily match the stage of the operation during the PMR Cycle to which the report pertains.

2.2 Project implementation unit established	Other(SOC)	PIUs (#)	0	2017	Purchase of desktop and serv	<b>A</b>	0			0
						<b>P</b>	0	1	0	1
						<b>P(a)</b>	0	0	0	0
						<b>A</b>	0			0
<b>3 Coordination and execution of the project</b>						<b>Physical Progress</b>				
<b>Outputs</b>	<b>Fund Indicator</b>	<b>Unit of Measure</b>	<b>Baseline</b>	<b>Baseline Year</b>	<b>Means of Verification</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>EOP</b>	
3.1 Supervision reports completed	Other(SOC)	Reports (#)	0	2017	Reports of the resources impl	<b>P</b>	1	2	1	4
						<b>P(a)</b>	0	0	0	0
						<b>A</b>	0			0
3.2 Supervision reports completed	Other(SOC)	Reports (#)	0	2017	Reports provided by auditing f	<b>P</b>	0	0	1	1
						<b>P(a)</b>	0	0	0	0
						<b>A</b>	0			0

**Other Cost**

**Total Cost**



Please note that the Overall Stage represents the stage of the operation at the time of this report's publication, which might not necessarily match the stage of the operation during the PMR Cycle to which the report pertains.



Financial Progress					Theme	Flags
	2017	2018	2019	EOP		
P	20000	0	0	20000	Health	
P(a)	0	0	0	0		
A	0			0		
P	20000	20000	20000	60000	Health	
P(a)	0	0	0	0		
A	0			0		
P	20000	0	0	20000	Health	
P(a)	0	0	0	0		
A	0			0		
P	18000	72000	0	90000	Social Development	
P(a)	0	0	0	0		
A	0			0		
Financial Progress					Theme	Flags
	2017	2018	2019	EOP		
P	0	15000	0	15000	Institutional Development	
P(a)	0	0	0	0		

Please note that the Overall Stage represents the stage of the operation at the time of this report's publication, which might not necessarily match the stage of the operation during the PMR Cycle to which the report pertains.

<b>A</b>	0			0		
<b>P</b>	0	15000	0	15000	Institutional Development	
<b>P(a)</b>	0	0	0	0		
<b>A</b>	0			0		
<b>Financial Progress</b>						
	2017	2018	2019	EOP	<b>Theme</b>	<b>Flags</b>
<b>P</b>	4000	12000	4000	20000	Social Development	
<b>P(a)</b>	0	0	0	0		
<b>A</b>	0			0		
<b>P</b>	0	0	10000	10000	Social Development	
<b>P(a)</b>	0	0	0	0		
<b>A</b>	0			0		

	2017	2018	2019	Total Cost
<b>P</b>	\$82,000.00	\$134,000.00	\$34,000.00	\$250,000.00
<b>P(a)</b>				
<b>A</b>				

Please note that the Overall Stage represents the stage of the operation at the time of this report's publication, which might not necessarily match the stage of the operation during the PMR Cycle to which the report pertains.