

NATIONAL
AIDS COMMISSION



Annual Report

2018

**“Investing for Impact Against
HIV/AIDS & TB
In Belize”**

TABLE OF CONTENT

ITEMS	PAGE
Table of Contents	1
Foreword	2
A Message from the Executive Director	3
The NAC Secretariat	4
National AIDS Commission: Overview	5 - 7
PANCAP Champions for Change	8
National Strategic Plan & Current HIV/AIDS Situation	9 - 11
HIV/TB Strategic Plan (2016-2020)	12
Priority Goals: Key Affected Populations	13
Key Results Area: Prevention - Goal 1	14
Government Civil Society & Multi-Lateral Organization	15
Interventions in Prevention	16 - 18
Key Results Area: Prevention	19 - 20
PANCAP Justice For All Programme	21
Caribbean Public Health Agency Supports NAC	22
Key Results Area - Testing	23
National Testing Day	24
World Aids Day	25
Key Results Area - Treatment	26
AIDS	27 - 28
Key Results Area - Testing	29 - 30
Key Results Area - Treatment	31 - 32
The Way Forward	33 - 34
CSO's Who We Are & What We Do	35 - 45
References	46
ANNEX B - NAC Regional Engagement	47
ANNEX C - National AIDS Commission - Membership	48
ANNEX D - NAC Executive Committee	49
ANNEX E - List of Abbreviations	50 - 51
End of Annual Report	



Foreword



As we embark on the implementation of the new Global Fund Grant under the theme Building Resilience through Innovation and National Accountability we must deepen engagement, collaboration and coordination among key stakeholders in the national response to HIV/AIDS-TB. The National AIDS Commission (NAC) embraces innovation and utilizes human rights principles in the execution of strategic activities to protect the fundamental rights of persons living with HIV/AIDS-TB, key populations and other vulnerable groups. Strategies are evidence-based and focused on UNAIDS goals of ensuring that 90% of all people living with HIV know their HIV status; 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy achieve viral suppression.

A body of evidence-based studies conducted in Belize address factors related to barriers to care and illuminate problems related to stigma and discrimination. A legal environment assessment review has been completed and highlights the need for legislative reform. The NAC in collaboration with the Special Envoy of Belize successfully lobbied, and received Cabinet's approval for us to proceed with the development of Anti-Discrimination Bill. During this process, perusal of related laws will be conducted to identify and eliminate weaknesses and gaps in the current legislative framework, which perpetuate discriminatory practices and policies.

The Government of Belize remains committed to scaling up its investments relating to the diagnosis and treatment of HIV/AIDS-TB. Testament to this commitment is government's increased co-financing commitments for the new Global Fund Grant through additional investments in the coming years of USD\$1.5. million Anti-Retroviral Medications continue to be made available, free of cost to all, and Belize's revised HIV guidelines will now allow a person the right to be placed on treatment upon immediate diagnosis.

To end AIDS by 2030, we must analyze existing services and adapt differentiated service delivery models to include social contracts. The use of Pre-Exposure Prophylaxis (PrEP), HIV Self testing and Assisted Partner Notification (APN), will better meet the needs of the Belizean population. Adopting differentiated service delivery, will also increase the uptake of HIV testing services, improve the delivery of Anti-Retroviral Treatment (ART), and increase adherence and retention rates. Importantly, we can then speak to ending HIV/AIDS when 90% of those on ART achieve viral suppression.

Hon. Laura Tucker-Longsworth OBE.MSN. RN
Chair
National AIDS Commission





A Message from the Executive Director



Greetings,

HIV/AIDS, through its multi-dimensional effects and consequences, has evolved into a major threat to the economic development of Belize. Despite significant improvements in care, treatment and support services, HIV/AIDS continues to be a public health issue. The adult HIV prevalence in Belize currently stands at 1.9% with an estimated 4,500 persons living with HIV/AIDS with an average of 230 new cases per year and an estimated 100 deaths annually. This deadly disease is affecting our Belizean women and men at their most productive years.

In 2018 the continued investments and commitment by the Government of Belize, through the National AIDS Commission, has led to tremendous progress in the National Response:

- o **The National HIV guidelines were revised to fully adopt WHO's Treat All guidelines in its quest to achieve the global target of ending AIDS by 2030. This significant advancement now means that every person will have the right to be placed on Anti-Retroviral Therapy (ART) upon immediate positive diagnosis of HIV.**
- o **The participation of persons affected by HIV/AIDS and Tuberculosis, in the National Response, has been strengthened. There is meaningful representation of persons infected or affected by both diseases on the National AIDS Commission.**
- o **Tuberculosis, which is the leading cause of death, in persons living with HIV, has been integrated into the National Strategic Plan.**
- o **Interventions have focused on the elimination of stigma & discrimination against those infected & affected by HIV/AIDS.**
- o **We have championed the rights of the most marginalized and vulnerable populations, on the conviction that health is a human right for all people, not a privilege for the few.**

But we are not done and the road ahead will not be an easy one. With decreasing funding from our external donors, the gains we have made are at risk of being eroded. If we are to end AIDS by 2030, government, non-governmental organizations, community-based organizations, civil society and other stakeholders must combine resources to address issues such as:

- o **Policy development that addresses a comprehensive program of psychosocial care for HIV/AIDS Patients.**
- o **Ensuring access to basic social services such as education, preventative and curative health services.**
- o **Strengthening the health systems towards universal health coverage, so that all people have access to the services they need, without facing financial hardship.**
- o **Considering social contracting mechanisms from the government as a mechanism for allocating resources to CSOs to provide services.**

Protecting and promoting people's human rights are essential to ensure they can access the health services they need, enabling an effective response to HIV and AIDS. When human rights are protected, fewer people become infected and those living with HIV/AIDS and their families can better cope with HIV/AIDS.

**Enrique Romero, M. Econ & Public Administration
Executive Director
National AIDS Commission**



THE NAC SECRETARIAT

The NAC Secretariat is responsible for facilitating the overall coordination, monitoring and evaluation of the commission and ensures the effective implementation of the National Strategic Plan (NSP).

The NAC Secretariat is governed by the Office of the Prime Minister with its administrative functions overseen by the Ministry of Human Development.
The Secretariat reports to the NAC.

The Secretariat utilizes a multi-sectorial approach in working with key partners, stakeholders, Country Coordinating Mechanism the (GF) Primary Recipient, Ministry Of Health and other agencies in the implementation of the NSP.



MR. ENRIQUE ROMERO - EXECUTIVE DIRECTOR

Provide sound technical advice, strategic direction and advocacy to the Commission in support of the objectives, and goals of the Commission for the strengthening of the national response to the HIV epidemic via planning, policy development and programming.



MR DWIGHT ARNOLD - MONITORING & EVALUATION OFFICER

Implement National M&E Plan, Provide Strategic Information on Program Implementation, Measure Impact of Interventions taken and Produce Progress Reports against appropriate indicators



MR. ARTHUR USHER - COMMUNICATION & PROGRAMS OFFICER

Provide a communication assessment and develop, design, coordinate and support the implementation of the NAC's communication plan in consultation with partner agencies.



MR. KERON CACHO - PROGRAMS COORDINATOR

Plan oversee and coordinate the implementation of the national prevention component in the national response, with a focus addressing the needs of key populations and develop quality assurance measures for Non-Governmental organizations working in the districts.



MS. ADRIANNE ALPUCHE - ADMINISTRATIVE ASSISTANT

Administrative Assistant provides support to executive director and other employees, and office visitors by handling a variety of tasks, including financial reports and filing, in order to ensure that all interactions between the organization and others are positive and productive.

NATIONAL AIDS COMMISSION -OVERVIEW



The National AIDS Commission of Belize

The National AIDS Commission (NAC) was appointed by Cabinet in February 2000; whose mandate is to coordinate, facilitate and monitor the national response to HIV/AIDS. The Commission also has the shared responsibility for Advocacy, Resource Mobilization, the development of Policy and Legislation, and over all monitoring and Evaluation of all interventions and efforts.

By the end of 2020, Belize will have continued to reduce the number of HIV infections; extended the length and quality of life of people with HIV and their families; significantly reduced discrimination against persons vulnerable to HIV; and effectively coordinated a multi-sectorial response which is human rights based and gender responsive.

The NAC is a multisectoral agency comprised of 18 members representing various key stakeholders who play a integral role in the fight against HIV & AIDS. The multisectoral and multifaceted approach utilized by Belize is seen as a best practice in the region in particular since it is responsible directly to the Office of the Prime Minister.

To support the coordination efforts of the NAC, a Secretariat was established. The Secretariat reports to the NAC and is responsible for facilitating the overall coordination, monitoring and evaluation role of the commission and ensures the effective implementation of the National Strategic Plan.

The National AIDS Commission Executive Committee

The NAC has an Executive Committee which is responsible, among other things, for the following:

- *Review grants performance recommendations from the Oversight Committee.
- *Oversee implementation of decisions of the National AIDS Commission.
- *Work with and facilitate the NAC Secretariat to follow up NAC decisions
- *Facilitate to expedite signature of relevant documents relating to the Global Fund and other stakeholders.
- *Mobilize financial and other resources for supporting NAC activities.

NATIONAL AIDS COMMISSION - OVERVIEW



NAC Sub Committees

The Core work of the Commission is carried out by the Sub Committees who are responsible for discussing all decision-making processes and endorsing all strategies and implementations that are taken on by the Commission. The chairperson of each subcommittee is a member of the NAC Executive Committee that is responsible for providing overall guidance to the National AIDS Commission

Care, Treatment & Support Services – This Committee provides an oversight function to uphold the highest standards of quality control in human rights defence, treatment, care and support for persons living with HIV/TB throughout the national response.

In fulfilling its roles and responsibilities the Care, Treatment and Support Committee will be guided by the following values and principles:

- **Human Rights Defence**
 - **Gender Equity**
- **Reduction of Stigma and Discrimination**
 - **Transparency and Accountability**
 - **Sustainability**
- **Three One's Principle**
 - **Universal Access**
- **Promote healthy lives and well-being.**



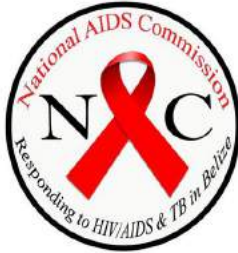
Information, Education & Communication –The committee assesses and supports the development of all efforts toward reduction and mitigation of HIV-based stigma and discrimination, reverse HIV incidence rates and decrease AIDS-related deaths via information, education and communication materials and campaigns.

In fulfilling its roles and responsibilities the Information, Education and Behaviour Change Committee will be guided by the following values and principles:

- o Human Rights Defence
- o Gender Equity
- o Reduction of Stigma and Discrimination
- o Transparency and Accountability
- o Sustainability



NATIONAL AIDS COMMISSION -OVERVIEW



NAC District Committee

The Commission is further supported by the NAC District Committees.

The structure of the District committees is exactly the same as that of the NAC itself. Financial support to the District Committee members is done through the NAC Secretariat who manages a fund known as the Country Coordinating Mechanism Funding Agreement with the Global Fund.

Each District Committee, with support from the NAC Secretariat implements various activities throughout the year including outreach, awareness campaigns, presentations at schools, appearance on talk shows and health fairs. The District Committee members serve on a volunteer basis and do not receive remuneration but support to implement their activities.



PANCAP Champion for Change

In her capacity as Speaker of the House and Parliamentarian the NAC Chair - Hon. Laura Tucker Longworth was appointed by PANCAP as an HIV Champion for Change under the "Champion for Change: Ending AIDS by 2030" initiative. The Champion for Change Initiative (2004) convened in St. Kitts and Nevis brought together multi-stakeholders including parliamentarians, faith leaders, youth, private sector representatives, international partners and PLHIV. It focused mainly on eliminating stigma and discrimination.



Recommendations from a Regional Parliamentarian Forum called for:

Parliamentarians agreed that issues involving the role of stigma and discrimination in perpetuating HIV transmission should be non-partisan and every effort must be made to protect vulnerable populations susceptible to HIV transmission including youths and LGBT.

Parliamentarians advocated for more sensitization of the public about the role that stigma and discrimination plays in the transmission of HIV. Public education tools recommended included using the school curriculum to propagate the anti-discrimination message, community education, leveraging the influence of faith-based leaders, collaborating with parent teacher associations and other groups related to education.

A recommendation was made for intensified oversight by parliamentarians to ensure that health care providers and law enforcement are not discriminating against HIV positive persons and key populations. Parliamentarians advocated for a broad based stakeholder engagement to discuss issues affecting key populations with emphasis on stigma, discrimination and HIV transmission.

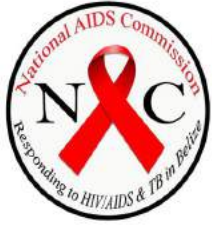
Parliamentarians proposed the creation of a mechanism through which parliamentarians can meet to collaborate and share best practices to further the agenda to end AIDS by 2030. In particular, the establishment of a regional coordinating committee for parliamentarians was recommended. This body would serve to further the discussions and issues raised at the Regional Parliamentarians Forum with the overarching aim of formulating policies and strategies to protect vulnerable groups that can be advocated at the policymaking level.

Further, parliamentarians recommended a workshop for engagement with regional parliamentarians, NGOs, Faith - Based Organizations on the 90-90-90 Targets and strategies to accomplish the end of AIDS by 2030.

Youth also formed a large part of the discussion. It was recommended that countries invest in public awareness campaigns targeted at the youth population on condom use and HIV transmission.



National Strategic Plan & Current HIV/AIDS Situation



Global Fund Grant of USD \$3.4 million:

In 2015 the National AIDS Commission developed its National Strategic Plan for HIV/TB for 2016-2020. This set the basis for the GF Grant of USD \$3.4 million to carry out the necessary work in achieving the goals set therein. This would be supported and supervised by the work set out in the Monitoring & Evaluation Plan 2016-2020

The NSP provided the blueprint for the work that was carried out in the years 2016 and 2017 by our strategic partners and also for the work that will be carried out in the next coming years. It was a work that was carefully thought out, planned and orchestrated by various stakeholders both government and civil society organizations; all of which worked directly in some way fashion or form with those affected by HIV and TB.

The work done was then monitored and stakeholders carried out surveys and assessments to measure the impact of the work done. One of the key measuring sticks that were utilized was the 2016 HIV/TB Surveillance Report that was done by the Epidemiology Unit from the Ministry of Health which is the document that is utilized in the preparation of the Global AIDS Monitoring (GAM) report completed by the NAC annually.

Current HIV Situation in Belize

In 2015 Belize formulated its third HIV National Strategic Plan (NSP) to span the period 2016-2020 under the theme

“Benefits of Action versus the Risks of Inaction” connecting the HIV response to the national response to Tuberculosis (TB). The NSP also signals that, 30 years after the first case of HIV/AIDS was reported in Belize, the efforts in reducing the number of new HIV infections have not been sufficient to interrupt the epidemic, highlighting the need for a fast-tracking strategy. Evidence emerging from UNAIDS strongly suggests that, if efforts to move toward meeting the ambitious 90-90-90 target over this critical five-year window of opportunity are not intensified, there will be a resurgence of the epidemic with adverse and costly consequences

While the overall HIV prevalence in adults has dropped from the population of men who have sex with men is now the group that records by far the highest HIV prevalence rate (13.9%) while it is expected to generate two thirds of future new HIV infections. Health care seeking behaviour of men who have sex with men is also being negatively impacted by legal and socio-cultural barriers to equitable treatment.

90%

- of all people living with HIV will know their status
- of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
- of all people receiving antiretroviral therapy will have viral suppression.

National Strategic Plan & Current HIV/AIDS Situation

Furthermore, 20% of new HIV infections are expected to result from casual unprotected heterosexual sex, which is a key attribute of sexual activity among many young Belizeans. The youth population reports furthermore a low level of condom use.

Past investments in HIV testing have resulted in increased HIV testing of the general population, but testing levels need to be scaled up and to include key target populations to lead to meaningful changes.

Serious gaps in the provision of HIV treatment and care services require to be filled. Although ARV coverage has moved in the right direction, coverage remains low while mechanisms to engage persons who test HIV-positive in care settings are fragile.

The 12-months ART retention rate is dangerously low (<50%), rendering any required expansion of investments in HIV and HIV-TB treatment ineffective. Collaborative actions within the health system to detect and treat HIV-TB co-infections need to be boosted to fully reduce the burden of TB in persons living with HIV.

Human rights infringements and wide-spread stigma and discrimination of persons vulnerable to or living with HIV negatively impacts choices for healthy living and health care seeking behaviour.

The current assessment provides sufficient indications to focus on the specific key affected populations of men who have sex with men, young persons and persons living with HIV and HIVTB co-infections and to design for these groups a number of scaled-up, high-impact responses.



National HIV and TB Strategic Plan 2016 - 2020



VISION

The national response to HIV and TB in Belize is well poised to reach the 95/95/95 fast-track targets of 2030, while the burden of TB in persons living with HIV will have been eliminated.

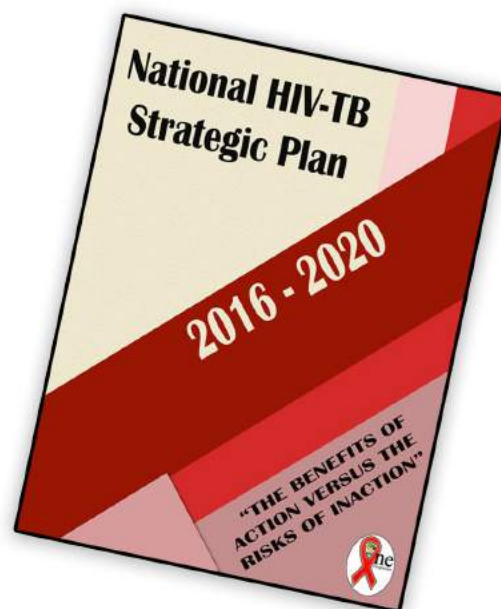
The NSP 2016-2020 is underpinned by a number of normative, strategic and technical guiding principles, which are further broken down into a set of goals, targets and intervention strategies that will move the country to the overall goal of breaking the HIV epidemic by 2030.

NSP 2016-2020 has four Key Results Areas (KRA):

- Prevention
- Testing
- Treatment
- Removing Barriers

Within the above areas the NSP defines two-layers of focus of intervention:

1. High-impact interventions and goals for specific key affected populations, forming the core of the NSP;
2. Peripheral interventions and goals for the general population, complementing the achievement of the core goals;



National HIV and TB Strategic Plan 2016 - 2020



The following matrix provides an overview of the response elements of the NSP:

The Normative Frame

The NSP 2016-2020 takes a human rights-based and child rights-based approach to responding to HIV. The NSP strives specifically to protect the right to good health and health services of vulnerable and most-at-risk girls, boys, women and men and the right to universal access to affordable and proper health care and social security for persons infected with HIV.

The principle of gender equity and equality and non-discrimination requires a response that secures for all persons the right to freedom from discrimination on account of age, race, sex, gender roles, sexual orientation, socio-economic status, geographic location, disability and level of literacy.

The NSP adopts the obligation to enhance the greater involvement of key affected populations. Persons infected and affected by the disease(s) understand their own situation better than anyone else and their personal experiences can help to shape the response to the disease(s).

The delivery of the expected results envisioned in this NSP is embedded in the values of transparency of policy and accountability of implementation towards clients, service providers and domestic and foreign financiers of the HIV response.

The Strategic Frame

The NSP is linked to a higher-level national development plan. The Horizon 2030 development framework suggests strategic investments in primary healthcare and preventive health strategies and envisions the expansion of the National Health Insurance scheme and the system of care points, especially in rural communities. Horizon 2030 also calls for sound health related laws, codes and mechanisms that ensure greater transparency and accountability in the use of human and financial resources.

The NSP is aligned with health sector objectives of the Health Sector Strategic Plan 2014-2024, which aims to halt new HIV and TB infections and to improve health and well-being through broader prevention and health care delivery.

The NSP components that speak to the response to TB, MDRTB and HIV-TB co-infections are directly taken from the 2014 National TB Strategic Plan to ensure alignment of the response to the diseases.

The implementation of the NSP 2016 – 2020 is driven by the acknowledgement of the need for enhanced cost-effectiveness and sustainability. The NSP will differentiate between higher and medium level response impact benefits.

The management of the implementation of the NSP is rooted in the “Three Ones” approach:



ONE National action framework for coordinating the work of all partners



ONE National AIDS coordinating authority with a broad-based multi-sectorial mandate



ONE Agreed National monitoring and evaluation system



Priority Goals:


Key Affected Populations (KAP)

The sense of urgency and opportunity for action is reflected by the assumption made in this NSP that a sufficient reduction of new HIV infections cannot be achieved without a primary focus on a drastic reduction of the horizontal transmission of HIV for the following key affected populations:

i) Men who have sex with men: this sub-population is the largest single contributor to the annual number of new HIV infections and the reduction of that share (65%; 2014) is a “must achieve” and has been incorporated into this NSP by a separate dual goal. The key intervention approach contains a focus on HIV testing for men who have sex with men. It includes outreach and empowerment aspects for members and institutions of the community of men who have sex with men to promote personal decision-making for reduced risky behaviour and for HIV testing as a standard practice. It will also ensure the uptake of HIV testing and care & treatment services.

ii) Young persons: continuously, young persons’ life-cycle development evolves from childhood into adolescents and later into young adulthood. The related changes in social ecology bring new elements, including debut sexuality, group subcultures and peer pressures and market driven consumption patterns. When adequately accompanied and supported at an early stage, young people can get introduced and accustomed to life-based matters, including sexuality and sexual health, HIV, health and testing, and seeking health care services.

Simultaneously, lessons learnt show the limits to the envisioned impact and absorption capacity of HIV prevention activities with key affected populations. As HIV infections will continue to occur in spite of set of ambitious HIV prevention targets, those prevention programs need to be complemented per definition by a large increase in HIV testing. Persons living with HIV need to know they are infected in order to, as a minimum, have a fair and early chance to engage in care and treatment, and to avoid infecting other persons. This NSP assigns high importance to HIV testing in two ways:

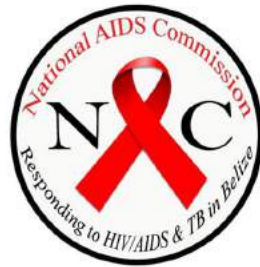
- 
- i. Envisioning a large increase in the uptake of HIV testing among the general population, with a primary focus on males who currently test at half the number of women;
 - ii. Envisioning the consolidation of HIV testing as a mandatory bio-medical component of any standardized HIV intervention package, especially for the identified key affected populations.

Priority Goals:

Key Affected Populations (KAP)

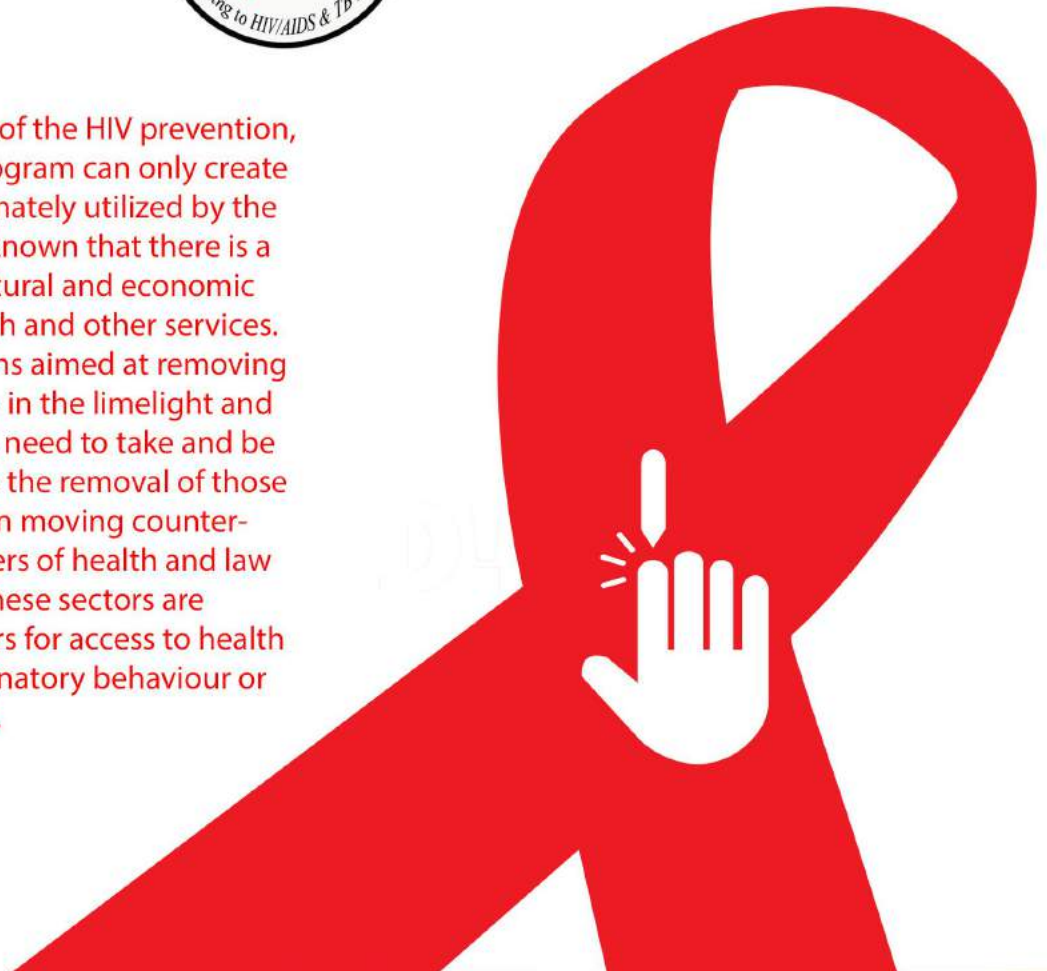
There is no doubt of the need for more persons to test for HIV in order to increase the chances to engage more persons living with HIV in care and treatment arrangements, providing them better options for a long and health life, and ultimately to minimize the potential for infecting others. This NSP however focuses on the response to a critically low ART retention and adherence rate. Consistent, continuous and comprehensive treatment is a “must-achieve” item without which additional investments in HIV testing and the provision of ARV (at either CD4 count > 500 or without any CD4 count threshold) only yield short-term gains and medium-term higher risks of virus mutations and drug resistance. The strategy of this NSP is foremost to ensure that persons living with HIV, who are in care, remain engaged in care and achieve maximum viral suppression. It places thereby a strong focus on making full adherence to ART a reality for children with HIV.

GET



TESTED

The design and offering of any of the HIV prevention, testing or care & treatment program can only create impact if the services are ultimately utilized by the target populations. It is well known that there is a spectrum of legal, socio-cultural and economic barriers to the uptake of health and other services. This NSP recognizes that actions aimed at removing these barriers need to remain in the limelight and that key affected populations need to take and be given a greater involvement in the removal of those barriers. The NSP focuses on moving counter-productive barriers in providers of health and law enforcement services. These sectors are often first-line service providers for access to health and protection from discriminatory behaviour or practices.





Key Results Area (KRA): Prevention

Strategic Objective

Goal & Intervention Strategy

Goal 1 (priority level)

New HIV infections among persons, 15-24 years, account for a maximum of 8% of all new infections.

Intervention strategy

Intensified comprehensive HIV prevention services targeting all persons 15-24 years of age

A minimum of 80% of persons 15-24 years, in-school and out of school, partake in improved HIV prevention activities.

A minimum of 90% of persons 15-24 years, in-school and out of school, are annually reached or actively involved in HIV prevention messages on social media channels

The national condom and lubrication distribution plan is operational and has contributed to a minimum level of 80% in reported use of condom among young persons

National social protection schemes offer effective support to girls and young women, highly at risk for transactional or forced sex.

Persons 15-24 years of age remain on the radar as a key affected population. Nested within the relatively large group is an overall adolescent birth rate of 65.4% signalling a high percentage of unprotected sex; this age group reports a 15-20% share in the total annual number of new HIV infections. The objective that a minimum of 80% of persons 15-24 years, in-school and out-of-school, consistently and periodically partake in HIV prevention outreach activities including HIV testing and sexuality education

RELATED CONSULTANCY STUDIES:

1. An Analysis of the Barriers to Early Testing for HIV and TB
2. Barriers to Adherence to HIV and TB Continuum of Care in Belize
3. Blueprint for the provision of Comprehensive Care to Gay Men and other Men who have Sex with Men in Belize
4. PANCAP's Anti Stigma and Discrimination Toolkit Training
5. National AIDS Spending Assessment (NASA) and National Health Accounts (NHA)



Government, Civil Society and Multi-Lateral Organization Interventions in Prevention

People ages 15-24 whether in school or not are one of our key affected populations. Through the Health and Family Life Education (HFLE) used in Primary Schools and the Positive Youth Development Program (PYDP) used in the high schools the children are taught proper sexual reproductive health. All schools both at the primary, secondary and tertiary level must incorporate some kind of Sexual Reproductive Health Component. The reason for this is clear as part of the Prevention model the information must be readily available and taught, children must be made aware of what Sexually Transmitted Diseases are out there and how to prevent transmission and also how to treat if they become infected.

The NAC District committees, as part of their outreach, also go into the schools and do educational sessions. The District Committee are also able to focus on out of school youth and this is done by holding quarterly health fairs and also by doing targeted interventions in areas where young and at risk young adults are known to hang out.

NAC civil society members also work towards the education of our young people. Belize Family Life Association (BFLA), GO Belize and The Productive Organization for Women in Action (POWA) also focus on the out of school youth. Innovative methods are utilized such as the ChitChat Help Line service that provides weekly info on all sexual health related topics- this is an innovative attempt to reach the young people by communicating with them through the means that they access most: Social media and texting.

There is also BIGG CHATZ that was aired on Love TV and More FM. This interactive show is hosted by youths for youths and in touches on various topics that affects the youth of today and it focus on a lot more than just sexual reproductive health.

In 2016 the National AIDS Commission launched the NAC APP called 'Infections' which is an interactive, fun and educational game which allows the players to learn more about HIV while having fun collecting prizes and moving to new levels. This was placed in the google store for free download to android devices.

The NAC Secretariat has engaged UNICEF Country Representative Dr Susan Kasedde to collaborate in the implementation of an already existing National HIV Prevention Strategy for Adolescent and Youth previously completed by a consultant. This implementation will also seek the collaboration of the Office of the Special Envoy for Women and Children in Belize.

The National AIDS Commission Secretariat worked closely with Ministry of Education's Quality Assurance and Development Services Unit in reviewing the sexual reproductive health thematic area of the HFLE curriculum so as to make some improvements and ensure it is age-appropriate.

International consultant Sarah Insanally developed the TB/HIV Prevention Strategy for MSM and Transgender Women to be utilized in the Belize, Cayo and Stann Creek Districts specifically targeting MSM

Government, Civil Society and Multi-Lateral Organization Interventions in Prevention

and TRANS population and this consultancy included a condom and lubrication distribution strategy. A Programs Coordinator was hired in this regard to implement the recommendations that were highlighted in the particular consultancy in the three districts with the highest disease burden.

To date, we have implemented the following activities based on the document:

- 1. Implementation of stigma and discrimination Session for Key stakeholders, administrators, media, health care personnel, and law enforcers in Belize, Cayo and the Stan Creek Districts**
- 2. HIV Prevention Program sessions were done in the three HIV high burdened districts 60 people attended the trainings.**
- 3. New key population organizations were invited to be a part of key decision-making processes as it pertains to the revision of reports on Barriers to Adherence and the Condom Distribution Strategy.**
- 4. Creation and airing of the TB\HIV co-infection ad. This was done in four languages (English, Creole, Spanish and Garifuna)**
- 5. Provision of HIV services which included Sexual Health, Counselling and Testing to key population specifically the Prison.**
- 6. Creation of five new Informational Pamphlets (NAC, HIV, TB, Human Rights, testing locations). They were distributed to Key Population Organizations and the wider NAC Membership.**

The Role of the Church in ending AIDS

We recognize that the church also plays a role in reaching the youth and we have begun dialogue with the Belize Council of Churches who want to have a more meaningful role in the National Response. In February of 2017 the president of the Belize Council of Churches and the president of the Belize Association of Evangelical Churches attended a faith leadership forum in Trinidad that looked specifically at the role of the church in the HIV Response. To that end they have committed to host a similar forum here in Belize geared towards calling on all faith leaders in country to come together with a common goal to address the epidemic in the country. This forum is scheduled to be held in the first quarter of 2018 Focused on Establishing the foundations of a Network of Religious Leaders interconnected with national focal groups to achieve a more consolidated approach to ending AIDS with a mechanism for effective communication and dissemination of information;



Government, Civil Society and Multi-Lateral Organization Interventions in Prevention



The Role of Communication in ending AIDS

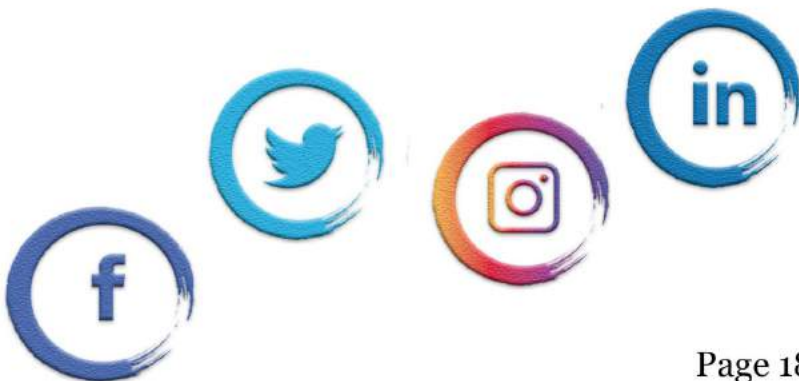
One of the biggest components of Prevention is Communication. It is important for us to make every citizen aware of the HIV/AIDS and TB. The National AIDS Commission through a consultancy developed its Communications Strategy and Communications tool kit. The aim of the toolkit is to help the Secretariat to improve efficiency and effectiveness through internal and external communication processes. This strategy serves as a guiding document for communication by the NAC Secretariat on behalf of the entire NAC. The Communication Strategy comprises three key components:

- *Stakeholder coordination,
- * Public information & education (PIE) and
- * Monitoring & evaluation (M&E).

This toolkit supports three main goals of the communications strategy: increasing stakeholder engagement, increasing information sharing and increasing branding identity. To this end, this toolkit equips the Secretariat with:

- * Promoting the NAC
- * Interacting with the media
- * Producing its own media
- * Strengthening internal communications
- * Directing new business opportunities
- * Engaging stakeholders

The National AIDS Commission Secretariat has been maximizing on the use of social media to get across important messages to key groups and the population in general. This was complemented with the revamping of the NAC website for it to be more user friendly and easily accessible





Key Results Area (KRA): Prevention

Strategic Objective

Studies and surveillance data have generated an increased in-depth knowledge of the sub-population of men who have sex with men

A minimum of 80% of men who have sex with men are annually reached through HIV interventions that focus on increased HIV testing and subsequent engagement in care.

The national HIV prevention plan, including condom and lubricant programming, is operational and has contributed to a minimum level of 80% in reported use of condom among men who have sex with men.

Targeted HIV intervention strategies for men who have sex with men have secured the full involvement of that key population in their design and implementation.

Goal & Intervention Strategy

Goal 2 (priority level)

New HIV infections among men who have sex with men account for a maximum of 30% of all new infections.

Intervention Strategy: scaled-up comprehensive HIV prevention services for men who have sex with men

Data suggest that HIV epidemic is concentrated in the population of men who have sex with men, as it records the highest HIV prevalence of any sub-population and the biggest share in total annual new HIV infections. For this reason, the NSP 2016 – 2020 regards this group a key population and has adopted a related priority goal.

The intervention strategy has a number of attributes:

- HIV interventions with men who have sex with men focus on increased HIV testing and subsequent engagement in treatment and care; although desired behaviour change is not the immediate expected result, interventions will include HIV risk reduction aspects, which facilitates increase testing among men who have sex with men;
- Coverage has to be above 80% and interventions will align with an effective national condom and lubrication distribution policy and plan;
- Access to additional and adequate testing opportunities for men who have sex with men must be created;
- Empowerment of leadership and institutional capacities within the community of men who have sex with men is a key component to enhance full ownership of the design, delivery and oversight of interventions for and with men who have sex with men, including those who remain invisible.
- Interventions must be reinforced by effective nation-wide anti-stigma and discrimination programs (see strategy 5).

RELATED CONSULTANCY STUDIES:

1. An Analysis of the Barriers to Early Testing for HIV and TB
2. Barriers to Adherence to HIV and TB Continuum of Care in Belize
3. Blueprint for the provision of Comprehensive Care to Gay Men and other Men who have Sex with Men in Belize
4. PANCAP's Anti Stigma and Discrimination Toolkit Training
5. National AIDS Spending Assessment (NASA) and National Health Accounts
6. Population Size Estimates
7. TB/HIV Prevention Strategy for MSM and transgender in Belize, Cayo and Stann Creek Districts
8. The Situation of Trans Gender Persons in Belize

Key Results Area (KRA): Prevention

Goal 2 Looks at Prevention Strategies in the national HIV Response. Prevention looks at all the different activities and or interventions that can be carried out in country to PREVENT People from contracting the virus.

Key Population Representation on the NAC- The very first step that the NAC has taken then was to ensure that the Key Population had representation not only on the NAC but also that each subcommittee included them as well. This was to ensure that they can have a voice in the decision-making processes in the response that would affect them. The Executive Director of UNIBAM is the current vice chair of the Policy and Legislation Subcommittee.

Caribbean Vulnerable Communities Coalition collaboration with NAC



NAC partnered with Caribbean Vulnerable Communities Coalition (CVC)- a regional a coalition of community leaders and non-governmental agencies that are advocates and service providers, working with and on behalf of Caribbean populations who are especially vulnerable to HIV infection or often forgotten in access to treatment and healthcare programmes. The partnership included CVC providing training to the stakeholders both Civil Society Organizations (CSOs) and members of the LGBT community on Legal Literacy and Advocacy.

This activity is part of a three (3) year regional project titled: Challenging Stigma and Discrimination to Improve Access to and Quality of HIV Services in the Caribbean. The project is being implemented in eight (8) countries in the region including Belize by CVC and partners through support from the Global Fund to Fight AIDS, Malaria and Tuberculosis in the Caribbean.

The objectives of the training included:

- Legal Literacy: Build the capacity of members of the various key populations to identify and address discrimination and to contribute to increasing community participation in decision making in national HIV responses.
- Advocacy Planning: Review and assess agency specific advocacy plans to assess relevance in response to changing circumstances and conditions for KPs;
- Develop national advocacy plans using data (both quantitative and qualitative) to inform advocacy and make arguments that support policy proposals to help make advocacy efforts more viable including the development of effective advocacy messages for target audiences. The outputs of the national advocacy plan will be fed into the regional KP advocacy plan to inform regional advocacy actions.

This was a critical training geared towards making the community not only aware of what are their constitutional rights but giving them the capacity to be able to better express themselves.

Stigma and Discrimination pamphlets and videos were created, aired/distributed. This will set the basis for the 2018 campaign of Stigma and Discrimination FREE Safe zones that will be created. This campaign will be done in conjunction with the business communities, which are represented on the NAC through the Chamber of Commerce and Industry.



PANCAP Justice For All Programme



Dr. Edward Greene, UN Special Envoy with Members of the Cabinet led by Hon Wilfred Erlington (second from right), Dereck Springer PANCAP Director and Dr. Paloma Mohamed, Justice for All consultant.

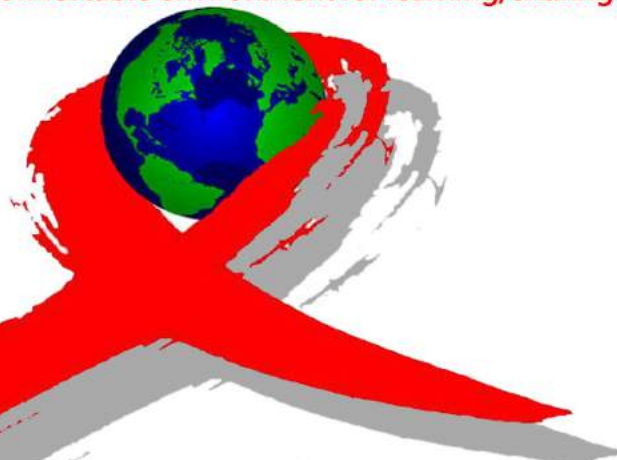
The PANCAP Justice for all Program Model was shared with the Civil Society Organizations and Faith Based Organizations (FBO). The aim of the Justice for All programme is to promote activities which eliminate stigma and discrimination against people living with HIV and to uphold the human rights and dignity of all. It is more specifically intended to achieve one of the goals of the United Nations High Level Meeting Political Declaration (2011) to eliminate stigma and discrimination against people living with HIV by 2015 and to uphold the human rights and dignity of all.

In addition, there was a specific forum that was held with the Faith Based Organizations in regards to not only the critical role of the church in the response but also to look at the best practices of other FBOs in the region developed two signal documents: The PANCAP Declaration Against Stigma and Discrimination and the Justice For All Roadmap.

We also adopted PANCAP's anti-stigma and discrimination toolkit on **CREATING AN ENABLING ENVIRONMENT FOR KEY POPULATIONS AFFECTED BY HIV AND TB IN BELIZE** and conducted sensitization training sessions for health care providers, hospital and health education administrators, journalists and law enforcement officers. The overall goal of the training was to:

To create an enabling environment by sensitizing and training personnel in key sectors to address stigma and discrimination while providing quality support and care services to key populations affected by HIV. Specific Objectives of the training included:

- To provide an overview of what Stigma and Discrimination is and how it affects key populations
- To provide opportunities for self-reflection on the role of each sector in addressing stigma and discrimination against key populations
- To share experiences and provide opportunities for learning and identifying strategies for addressing stigma and discrimination in each of the sectors
- To provide a safe and comfortable environment for learning, sharing and growth



Caribbean Public Health Agency (CARPHA) Supports NAC



The NAC also participated in a Monitoring & Evaluation Regional indicator training. This was a critical training that looked at regional indicators and how we could successfully map and collect data on the populations here in country. This training was provided by the Caribbean Public Health Agency (CARPHA). The main objectives of the training included the following:

- Review the Belize CRSF Readiness to Report Survey response;
- Review the Belize GAM Report;
- Review the Belize NSP;
- Conduct a review of existing regional data collection & reporting forms and mechanisms;
- Collect data for the CRSF indicators, and;
- Draft Strategic Information Action Plan.

A Strategic Information Action Plan was developed which documents the steps to be taken to strengthen data management and regional monitoring and reporting to ensure the availability of high quality data on the Caribbean Regional Strategic Framework on HIV 2014-2018, with special focus on Key Population and Stigma & Discrimination data. This Action Plan will be used to increase the availability and quality of strategic information for health as a part of the national response to HIV/AIDS, with the long-term goal of improving the effectiveness of MOH activities.

Situational Analysis Transgender Women in Belize

A situational analysis was done on transgender women in Belize. The primary purpose of this report on the situation of the transgender population in Belize was to analyse the socio-economic, health, legal and policy situation of the trans population and to identify the country's challenges in fulfilling their rights. The analysis sought to identify gaps and opportunities and to formulate recommendations that can guide key decision-makers and programme planners working with the transgender population in Belize.

Key Results Areas (KRA): Testing

Strategic Objective

Goal & Intervention Strategy

Goal 3 (priority level)

90% of persons with HIV (including men who have sex with men and are living with HIV) know their HIV status

Intervention strategy: increased targeted HIV testing opportunities for the general and specific key affected populations

Adoption of a National HIV Testing Plan, that integrates HIV testing into general health screening, includes WHO 2015 recommendations for trained lay persons to administer rapid tests and contains projections and implementation plans that are based on the 2020 targets.

The establishment of an adequate number of HIV testing facilities, which are friendly to men who have sex with men.

All medical care providers, including NHI primary care providers, apply standard provider-initiated testing and counselling services.

It has been clearly established that key affected and vulnerable populations require prioritized responses; likewise, there must be a parallel strategy to increase HIV testing so that 90% of persons infected with HIV know their status. To achieve this, there are three main considerations:

- a. Data show that males experience low uptake of health services, including STI diagnosis, initiation of HIV treatment and HIV testing. Although HIV testing has seen slight increases annually, males account only for 34% of all HIV tests performed highlighting the need to develop gender specific health options.
- b. In the age cohort 30-65, more males contract HIV infections. These men test less and also show lower health care seeking behaviour indicating a need for targeted intervention;
- c. In the absence of a clear population size estimate for the group of men who have sex with men, and in combination with the indication that a substantial part of that group does not self-identify, WHO 2015 recommendations for community HIV testing by trained lay providers must be applied to achieve sufficient testing coverage among males.

The intervention strategy will have a number of attributes:

- ☑ Formalization of current and proposed testing interventions in national HIV testing policy paper;
- ☑ Increased provider-initiated testing and counselling, including its standard incorporation into the health care package of the National Health Insurance scheme;
- ☑ Community-based testing campaigns with training of lay providers;
- ☑ HIV-testing as an integral component of overall health testing, including for dominant NCDs;

RELATED CONSULTANCY STUDIES:

1. An Analysis of the Barriers to Early Testing for HIV and TB
2. Barriers to Adherence to HIV and TB Continuum of Care in Belize
3. Blueprint for the provision of Comprehensive Care to Gay Men and other Men who have Sex with Men in Belize
4. PANCAP's Anti Stigma and Discrimination Toolkit Training
5. Population Size Estimates
6. TB/HIV Prevention Strategy for MSM and transgender in Belize, Cayo and Stann Creek Districts
7. The Situation of Trans Gender Persons in Belize
8. National AIDS Spending Assessment (NASA) and National Health Accounts (NHA)



National Testing Day

Over the last 7 years, Belize has participated in the Caribbean Regional Testing Day initiative led by the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) and sponsored by Scotiabank. In 2017, the region celebrated the 10th anniversary of Regional HIV Testing Day (RTD), with a goal of reaching 100,000 people tested throughout the Caribbean over the 10 years of the initiative. As projected the RTD initiative was successful and the program surpassed its 100,000 test target; this placed the region on track to meet the UNAIDS targets which lead to ending AIDS by 2030.

In light the success of the RTD initiative, Scotiabank has decided not to continue their sponsorship of the program. While this places a void in the country's annual testing activities, it also provides the country the opportunity to design and implement its own Belize-centric program to meet our specific needs. Since 2014 Belize has also implemented an On-Site testing program (bringing HIV testing to specific male dominated job sites) six weeks prior to RTD and within key businesses nationwide to meet the specific needs of our population. On Friday March 26th, 2017 at Regional Testing Day Awards Ceremony and Media Launch in Bridgetown Barbados, Belize received the 10th Anniversary Regional Testing Day Innovative Outreach Award for the On-site testing program which is viewed as a best practice within the region.

With the present situation (loss of Scotiabank funding) and the global initiative to create national ownership of country's HIV responses, it is imperative on the country to take on the full responsibility of funding the testing initiative. With this in mind, the NAC has renamed RTD, National Testing Day (NTD). As we continue to respond to HIV in Belize, the NAC in collaboration with its partners, DigiCell and the Ministry of Health (MOH) proudly commemorated the first annual National Testing Day (NTD) on Friday, June 29th, 2018; under the theme: "Achieving 90-90-90 by 2020"



By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

In order to achieve the first target, National Testing Day was organized through partnership with the Ministry of Health and the National AIDS Commission. The events were set up by focal points persons of the HIV program, in the different districts. These events included Media appearances, Health Education booths and testing. A total of 1,753 persons got tested country wide, of this 858 (48.95%) were females tested; there was 1 newly diagnosed positive case. The remaining 895 (51.05%) were males of which 3 were newly diagnosed positive cases. The majority of males and females that got tested were from ages 15 to 54 for the first time there was a higher number of males than females tested.



WORLD AIDS DAY

The 30th Anniversary of World AIDS Day was marked on 1 December 2018 under the international World AIDS Day theme: **“Know Your Status”**.

The first case of the Human Immunodeficiency Virus (HIV), in Belize was discovered in 1986, and since then over 5,000 cases has been reported. With the highest adult HIV prevalence rates in Central America (1.9%) and the fourth highest in the Caribbean, and more than 4000 people living with HIV, the epidemic is still a major concern for Belize. Also AIDS is the leading cause of death in the 15-49 population as young people have a high rate of HIV transmission, due to lack of HIV prevention education, Behavioural Change Communication, negative stigma and socio-economic circumstances, causing continued risky sexual behaviours.

With a population of approx. 377,029 people of which approx. 4500 people are living with HIV all of differing age, sex, economic status, religion, and culture. In order for us to address this issue, we must address the social systems that support people living with HIV; but it is also important to ensure that these systems are accessible to this population.



Presently, the ratio of women to men who are infected with HIV/AIDS 1:1, having risen from 1:4 in just over five years, estimates show that more than one in every ten children in Belize is vulnerable, as a result of his/her own exposure or a family member’s exposure to HIV/AIDS. With 34% of the population currently under the age of 15, the effects of social ills and unequal access to services reverberate throughout the society – and are likely to have serious consequences far into the future. As we continue to develop programs and projects to address the HIV/AIDS issues affecting our country; it is imperative that we make a conscious effort to design long term, sustainable programs for the present PLHIV population as the figures show that the majority of our energies are being placed in preventative programs.

As we move towards achieving our goal of a multi-sectorial approach to ending the epidemic by 2020 and realizing the 90-90-90 strategy, it is important to not forget those who are most affected by the epidemic and that meeting their needs now will affect the results of meeting the nation’s goals in the future.

The NAC engaged all its partners and supporters in its annual World AIDS Day (WAD) activities. It was our hope that the 2018 WAD activities will set the stage and standard for a coordinated approach to fighting HIV/AIDS discrimination, stigma and misunderstanding about the infection.

The NAC coordinated the respective members nationwide to ensure a smooth and coordinated activity. The general public and the media were invited to attend the event, which had updated HIV/AIDS information sharing. The WAD activities were organized nationally and these were built on lessons learned from our national testing activities and continue the outreach promoting “Know Your Status”.

A presentation was done of care food hampers to agencies that work with Persons Living with HIV/AIDS (PLWHA) for distribution to members of their population. The food hampers was donated by other private sector partners and presented countrywide to PLWHA.

World AIDS Day 2018 was a success with the public/private partnership with Grace Kennedy Belize Ltd. Santiago Castillo Ltd, Human Development and Princess Hotel & Casino.



Key Results Areas (KRA): Treatment

Goal & Intervention Strategy

Goal 4 (priority level)

90% of persons living with HIV, who are on ART, remain on ART.

Intervention strategy: Improved and more comprehensive management of ART in HIV and HIV/TB cases.

Recently, Belize has made progress in its ability to engage persons living with HIV into care and subsequent ART. As part of that progress, Belize has decreased the CD4 count threshold for ART initiation from 350 to 500 cells/mm³ with consideration being given to the “test and treat” strategy. However, retention in care and the related adherence to treatment are low with the MoH data reporting 46% adherence to ART for women and 49% for men. Additional investments in testing and engaging more persons into the required care and treatment will only deliver longer term benefits when people remain compliant and viral suppression is achieved. Therefore, for the NSP the successful retention of persons living with HIV engaged in the care and adherent to ART and treatment is a top priority.

The intervention strategy has a number of attributes:

- ☒ Strengthened ARV Procurement and Supply Management (PSM) to avert stock outs and reduce costs of ART;
- ☒ Expanded continuum of care for children and adolescents living with HIV;
- ☒ Comprehensive case management of persons living with HIV and HIV-TB, including full routine monitoring (CD4 and viral load testing)
- ☒ Forging new domestic partnerships for the management of HIV treatment, care and support
- ☒ Full involvement of persons living with HIV in the monitoring and reporting of the quality of care and treatment services;

RELATED CONSULTANCY STUDIES:

1. National HIV Treatment Adherence Strategy
2. PANCAP's Anti Stigma and Discrimination Toolkit Training
3. TB/HIV Prevention Strategy for MSM and transgender in Belize, Cayo and Stann Creek Districts
4. National AIDS Spending Assessment (NASA) and National Health Accounts (NHA)
5. TB and migrant workers

Strategic Objective

Belize is integrated into the regional supply chain of HIV-related medical products, while improved Procurement and Supply Management has reduced ARV procurement costs and has contributed to multi-year zero ARV stock outs

The expansion of the continuum of care for children and adolescents living with HIV is enhanced through new partnerships with NHI and the community-health system

The clinical management of all cases of persons on ART includes consistent routine CD4 and Viral Load testing

The involvement of representatives of all operational organizations of persons living with HIV in the process flows for monitoring and reporting of the quality of care and treatment services.

The expansion of existing social protection schemes from state and civil society actors, covering vital support needs of 90% of eligible persons living with HIV, including 100% of children living with HIV.





AIDS

- ☒ Scaling-up of the social and economic support safety net for persons living with HIV and HIV-TB, especially children and adolescents;
- ☒ Removal of socio-cultural barriers to achieving full and durable uptake of HIV and TB treatment services

Goal 4 focuses on Treatment in the National Response to HIV. This encompasses far more than simply ensuring that the medications are readily available. It looks at Procurement processes with an eye to stock outs and best practices in regards to affordable sourcing. It looks at ensuring the proper medications are available for example children need to be on different ARV from Adults. It also looks at the fact that there are different lines of treatment based on the resistance that a patient may develop.

Consultancy Studies to Support treatment interventions.

Dr Yira Ibarra, an international consultant was responsible for developing the Adherence Strategy The provision of HIV and AIDS treatment is considered the most impacting intervention available for this pandemic, along with care and prevention. Research indicates that the adequate administration, proper prescription, and the use of antiretroviral treatment (ART) in the population of people living with HIV (PLHIV) may be the greatest intervention on HIV. It is estimated that the intensive implementation of preventative treatment over the course of 20 years could dramatically decrease the spread of HIV and AIDS globally, causing a decline in HIV incidence.

Adherence to antiretroviral (ARV) therapy is recognized as one of the biggest challenges of healthcare programs for people living with HIV and AIDS (PLHIV). Non-adherence is known as the “Achilles heel” of ARV therapy, the greatest flaw in the treatment process.

Health systems and service providers must ensure the provision of quality treatment for people living with HIV and AIDS by establishing an efficient mechanism that provides support methods for adherence. Improving adherence requires an approach that combines individual, micro, and macro methodical interventions to facilitate health promotion, prevention, attention and care, while keeping an emphasis on establishing systems that will provide services with a holistic approach to the problem

Epidemiological & Cost Modelling

A consultancy entitled Epidemiological and Cost Modelling for Sustainable HIV/AIDS Finance Planning in Belizewas also done in the latter part of 2017 by Dr. Juan Vesga. This looked at what is the cost to the country if no interventions were done as compared to how the cost is affected when different interventions are implemented. as well as what are the cost of said interventions per person. This was done to complement the National AIDS Spending Assessment which also looks at the entire spending package of the country as a whole across all sectors in the fight against HIV.

The Cost Modelling Study provided the following:

- 1) Recreated the dynamics of HIV transmission and historic trends of surveillance and interventions in the context of Belize.
- 2) Produced projections for the current HIV epidemic of Belize under current conditions of interventions and simulate the following intervention scenarios until a time horizon of 2025:
 - a. Roll out of test and treat.
 - b. Increase passive population testing to reach all the population once every 24 months and roll-out test and treat.
 - c. Roll out test and treat and increase passive screening to test every young female (15-25 years) once a year.
 - d. Roll out test and treat and install non-clinical testing and community reach to test young female and MARPs at least once a year.
 - e. Reach 90-90-90 goals by 2025.
- 3) Estimate the total number of HIV infections averted and DALYs averted with the proposed scenarios.
- 4) Calculate the global costs incurred from the payer's perspective in the national HIV/AIDS programme, both in the baseline scenario and with each of the interventions proposed.
- 5) Estimate the cost effectiveness of each of the scenarios in terms of incremental cost effectiveness ratios: cost per HIV infection averted, and cost per DALY averted.



Nutritional Support to Children infected and affected by HIV/AIDS- Hand in Hand Ministries

Provision of Nutritional Support Packages were made available to support Children Living with HIV by Hand in Hand Ministries. Hand in Hand Ministries is currently the only NGO providing psychosocial support to Children Living with HIV in Belize. It is the first and only facility of its type in Belize to use a holistic approach in the care of these children. Package of services includes: case management for ARV adherence, CD4 and viral load test, weight and height check and monthly nutritional package support.

The package includes: 5 Lbs Rice, 5 lbs Red Beans, 5 lbs White Sugar, 5 lbs Flour, 1 Pk Hot Dog Sausage, 1 18 oz Corn Flakes, 2 Tins Chicken Sausage, 1 Pk kg Soap Powder, 1, 3 piece Irish Spring Soap, 1 bottle multi vitamins, 1 bottle vapor rub, 5 Pedialite, 1 18 oz. Jar Peanut Butter, 2 Large Tins of Evaporated Milk, 1 Dozen Eggs, 2 Lbs Potatoes, 1 Gallon Clorox, 1 Small Chicken (6 Change), 1 bottle Rubbing Alcohol, 1 toothpaste, 5 Ensure, 2Lbs Powder Milk, 1 Litre 1-2-3 Oil, 2 18 Oz Oats, 2Lbs Onion, 1 Litre Flash, 1 box Happy Cow cheese, 1 bottle 500ml Detol, 1 cough syrup

Key Results Area (KRA): Testing

Strategic Objective

Goal & Intervention Strategy

Goal 5 (priority level)

Reported discrimination in the provision of HIV-related health care services has moved toward "zero discrimination".

Intervention strategy: Intensified and well monitored anti-stigma and discrimination programs in the health and allied health sector.

The removal of legal barriers in the public domain that oppose the principle of universal access to treatment and services.

The establishment of an independently managed complaints mechanism for the reporting of violations of medical confidentiality and/or denial or unavailability of health-care services.

Sensitization and attitude changing programs on HIV & TB-related anti-stigma & discrimination provided to all health and law enforcement professionals as well as all policy- and opinion makers

Polls, surveys and studies over the past 5 years have reported high levels of stigma and discrimination, experienced predominantly by members of sexual minorities. Stigma and discrimination is pervasive and exists in a broad spectrum of both private and public settings. Sexually diverse persons may refuse or delay medical care and attention because of shame, stigma and fear of disapproval and discrimination by health-care providers. Therefore, a successful intervention must attract and engage target populations -- especially males. Considering that health conditions and sexual behaviour are often linked to the legal domain, there is a pressing argument to target the law enforcement sector as well.

The intervention strategy has a number of attributes:

- ☒ *The removal of legal or policy provisions in the public domain that violate the right to freedom from discrimination on the basis of age, race, sex, gender roles, sexual orientation, socioeconomic status, geographic location, disability and level of literacy;*
- ☒ *Empowerment of civil society organizations for monitoring, documenting and reporting on human rights violations, especially discrimination in the public domains of health and law enforcement;*
- ☒ *Solid and resilient organizations of key affected and vulnerable populations, able to engage in advocacy and oversee implementation of anti-stigma and discrimination policies and codes of conduct in the different public sectors;*
- ☒ *Sensitized health and law enforcement professionals, most relevant to key populations and their health-seeking behaviour, and public policy and opinion makers on anti-stigma and discrimination concepts and practices.*

RELATED CONSULTANCY STUDIES:

1. End of Line Survey of Patient Satisfaction and Ministry of Health Utilization: Institutional Strengthening to set up and manage systems for monitoring of, and reporting on quality of service and compliance via client exit surveys
2. Legal Environmental Assessment Review
3. PANCAP's Anti Stigma and Discrimination Toolkit Training
4. TB/HIV Prevention Strategy for MSM and transgender in Belize, Cayo and Stann Creek Districts
5. The Situation of Trans Gender Persons in Belize



Goal 5 in the response looks at Removing Legal Barriers, specifically barriers that prevent people from accessing care. However, it is not only the removal of the barriers but also to provide a formal recourse and complaint board to address the different violations.

To this end a Legal Review consultancy was done by consultant Jennifer Chan. This consultancy looked at relevant policies, legal and research documents including those that impact key and vulnerable populations. This was done with a view to identifying gaps and weaknesses in the current legal, regulatory and policy frameworks for HIV prevention, AIDS treatment and care and impact mitigation. There were quite a few recommendations and the suggestions are being reviewed by the line ministries that are directly affected to see what changes if any can and will be made. Many Policies were already being revised and the end result will be a Cabinet Paper suggesting some changes to the Laws of Belize under the guidance of the Attorney General's Ministry.

We conducted a Legal Literacy Training facilitated by attorney Leslie Mendez through CVC. This was done specifically for but not limited to Key Populations with an eye to educating them on what are the rights and how to properly go about getting legal recourse and placing complaints. This training had two components Advocacy and Legal Literacy. Advocacy focused on agency/country specific advocacy plans and developing a National Advocacy Plan, making arguments that support policy proposals to help make advocacy efforts more viable. The other component focused on building knowledge of Legal Literacy and of laws that affect key and vulnerable populations. Enabling key populations to provide valuable information for informing advocacy efforts and contribute to increased community participation in seeking access to justice. Increasing the capacity of key populations to identify rights violations, report and document violations using the Shared Incident Database (SID) and seek redress mechanisms.

Human Rights Observatories

Two human rights observatories were established. One at UNIBAM and one at the Human Rights Commission of Belize. They were staffed by attorneys who were to monitor cases related to Key Populations access to justice, with specific focus on cases of violence, abuse and discrimination. Provide legal services and file complaints to the Ombudsman's office, where applicable, or seek appropriate legal recourse. Raising awareness on discriminatory laws and procedures and advocate for access to legal rights and fair trials based on a human rights-based approach for survivors of violence with associated judicial and political bodies.

We collaborated with our regional partners CVC to gain access to the Shared Incidence Database which allows us to document violations in a central regional database and also allows us to keep track of incidents that are happening with our regional partners.

Stigma and Discrimination Programs were held specifically with media personnel as well as health and law enforcement officials. This was done using the PANCAP Anti Stigma & Discrimination Toolkit. The programs were held in Belize, Cayo and Stann Creek District.

The NAC promoted the enabling of existing health facilities to provide KAP friendly spaces in Belize, Stann Creek and Cayo districts. This included the rehabilitation of Ministry of Health facilities ensuring needs identified by the clients during the NAC consultation. The identified needs by the clients during the NAC consultation were air conditioners, chairs, paint, signs, and television. The budget line covered the costs of the strengthening of three add-on MSM-friendly integrated health services in existing facilities, one in each priority district described in the Concept Note (Belize, Cayo, and Stann Creek). The intent of the intervention is to strengthen existing health facilities one in each district to provide improved services to the MSM community, not to set up "stand-alone" or "isolated" MSM Friendly services unconnected to the current health system.

Key Results Area (KRA): Treatment

Goal & Intervention Strategy

Goal 6 (peripheral level)

90% of persons living with HIV are linked to and retained in HIV treatment and care.

Intervention strategy: improving ARV coverage

Strategic Objective

A minimum of 95% of persons testing positive for HIV are engaged in HIV care within 1 month after knowing their test result.

The health system is using the Resource Needs Model to project the future cost and absorptive capacity of treatment of HIV

Although ARV treatment data over the period 2008 – 2011 show a historic trend in the correct direction, there are no conclusive data on ARV coverage rate. However, achievement of ambitious targets appears to be within reach. Paediatric cases are successfully but predominantly managed by an NGO with a non-consolidated funding situation. Efforts to provide nutritional support to persons living with HIV are growing and are being anchored in the nascent national social protection network, but an expanded and more structural approach is required.

There are number of constraints that obstruct a required well-planned expansion of ARV coverage:

- ☒ ***Objective and/or perceived fear of stigma and discrimination among persons with HIV, including men who have sex with men;***
- ☒ ***Data systems are not yet fully in place to facilitate sound projections of demand and associated multi-year costs.***

The intervention strategy has a number of attributes:

- ☒ ***Connected to increasing HIV testing coverage (see strategy 2 & 3)***
- ☒ ***Bridging the gap in the continuum between HIV testing and engagement in formal care***
- ☒ ***Strengthening technical modelling and projection to estimate required treatment absorption and financial capacity for expansion of threshold and coverage of persons living with HIV on ARV***

Goal 6 looks at treatment as well but with an eye to adherence. If the client is able to adhere to his treatment schedule they can potentially end up with undetectable viral loads. This treatment also comes at a cost and both the National AIDS Spending Assessment and the Cost modelling exercise played a key role in this process. As we embrace the Treat All process which looks at once a person has been detected to have HIV they are immediately placed on ARV regardless of the CD4 count this means that we need to procure more ARV's. NAC Member Ministry of Health has been annually increasing the amounts they order of ARV to subsequently meet this demand. The costing models have been key in estimating the funds that will be needed to make this a success.

RELATED CONSULTANCY STUDIES:

1. Barriers to Adherence to HIV and TB Continuum of Care in Belize
2. TB/HIV Prevention Strategy for MSM and transgender in Belize, Cayo and Stann Creek Districts



Key Results Area (KRA): Treatment

Goal & Intervention Strategy

Goal 7 (peripheral level) 50% of HIV and HIV-TB services are delivered via community level health services

Intervention strategy:

Sector-wide program for technical capacity development at all levels of the health system

Strategic Objective

The efficiency and effectiveness of services to persons living with HIV or HIV-TB co-infection have improved dramatically.

All relevant professionals in the health sector are adequately equipped for the management of HIV and TB cases.

Community-based health care is formally well acknowledged within the national policy on primary health care, but the complementary partnership between the community and the national health system has not yet fully utilized the potential for improved integrated health outcomes for HIV and TB response efforts. The potential lies in the mobilization of the community health system that has nation-wide coverage of rural areas. With additional up-front investments in the expansion of skills, knowledge and retention of Community Health Workers as well as facility-based health professionals, efficiency and effectiveness gains can be achieved in the community-level prevention, control and treatment of HIV and HIV-TB.

Goal 7 looks at the work done in regards to the coinfection of HIV/TB and how effective we have been in dealing with this combination of illnesses. The NAC member Ministry of Health has a TB unit that has worked on revising all the TB manuals and this has been done in conjunction with countrywide training that brought all the hospital workers up to speed on how to handle HIV/TB coinfection. All HIV patients are now tested for TB and all TB patients are conversely tested for HIV.

Tuberculosis

A TB referral card system was also put in place so that when Civil Society Organizations or other Health officials came in contact with HIV patients they can fill out the card and refer them immediately to the chest clinic so they can get screened for TB.

Two Gene Expert Machines were purchased to assist with the detection of the various strains of TB. This was done in tandem with the purchasing of several pieces of lab equipment to facilitate both testing of HIV and TB and the different MOH facilities.

Bicycles were provided for Community Health workers to be able to move around in the villages and do their door to door visits with patients ensuring treatment and adherence to care.

In addition, stipends were provided to the TB patients as a form of social assistance. The reason for this is because there are many dynamics are involved in adherence and having something to eat in order to be able to take meds is a critical component.

RELATED CONSULTANCY STUDIES:

1. TB/HIV Prevention Strategy for MSM and transgender in Belize, Cayo and Stann Creek Districts

THE WAY FORWARD

One of the greatest achievements for 2018 and as a result of the evidence-based information available and in keeping the World Health Organization Guidelines, the Ministry of Health completed the revision of its HIV Guidelines and is now in the process of rolling out and financing its 'Treat All' Program which means that once a person is diagnosed as positive, he/she will be immediately placed on treatment.

Despite a substantial decrease in current funding and the eventual cessation of funding from the Global Fund, there is much work that needs to be done. The new National Strategic Plan for HIV/AIDS and TB must re-focus national attention on responding to the domestic HIV/AIDS-Tb situation. The epidemiological data continues to indicate a need for scaled up and sustained efforts in prevention (including improving acceptance and use of data e.g. yield analysis for targeting/efficiency), implementation of Treat All, and efforts to improve adherence especially for men who have sex with men, transgender persons and men at risk in the age group 15-49.

If we are to end AIDS by 2030, through efforts of key implementing agencies and the support of key partners such as the Global Fund and Civil Society Organizations, core activities in the implementation of the National Strategic Plan must include:

1. Intensified comprehensive HIV prevention services targeting all persons 15-24 years of age and scale-up comprehensive HIV prevention services for men who have sex with men through initiatives implemented through the Belize Family Life Association and other community organizations.
2. Increased targeted HIV testing opportunities for the general and specific key affected populations through the Ministry of Health's facilities across the country, Regional Testing Day and collaborations with organizations such as the Belize Family Life Association.
3. Intensified and improved comprehensive management of HIV and HIV-TB cases and improved ARV coverage.
4. Increased efforts to address stigma and discrimination in the health and allied health sector with increased community-level health services; increased advocacy and dialogue for the introduction of a non-discrimination law through the support of PANCAP.
5. Increased number of key population organizations involved at the National AIDS Commission level
6. Increased TB Prevention and Care program including improved case detection, diagnosis and TB treatment.
7. Improvements in diagnostic capacity resulting in increased TB screening of patients, especially among those that have been previously lost-to-follow up.
8. Increased community TB care delivery with a special focus on key populations with the support of TB/HIV Adherence Counsellors trained to provide services to key populations such as MSM and transgender persons.
9. Strengthened TB-HIV collaborative actions including surveillance, capacity building and collaboration at community and facility levels
10. Promotion and protection of Human Rights and Gender Equality.

Belize must now look at innovative financing which as defined by the World Bank is 'financing that helps generate additional development funds, enhance the efficiency of financial flows or make financial flows more results-oriented.' This must be done by mobilizing resources outside traditional donor assistance, and complimenting traditional financing through involvement of the private sector and differentiated service delivery models.

THE WAY FORWARD

2018 saw the culmination of a Global Fund Grant 3-year grant totalling USD\$3.4 million. The grant entitled 'Investing for Impact against Tuberculosis and HIV' covered the period 2016-2018 and focused on delivering a package of comprehensive prevention services to key populations, promoting an enabling environment, improving case detection and treatment rates of TB and MDR-TB.

Simultaneously in 2018 the National AIDS Commission also prepared and submitted its funding request to the Global Fund for the new funding cycle covering the 3-year period 2019-2021. The new funding request entitled 'Building Resilience Through Innovation and National Accountability' was approved in the sum of USD \$1.9 million resulting in a 43% decrease in funds as compared to the previous grant year. This current grant focuses on the following:

- *the delivery of standardized package of Behavior Change and Risk Reduction outreach activities to men who have sex with men (MSM) and to Transgender people, including HIV testing through certified HIV testing trainees from the civil society organizations (CSOs).*
- *Pilot of "social contracting", using grant funds, to implement HIV and TB services.*
- *Capacity building of the Ministry of Health as a potential future Principal Recipient of Global Fund funding; and of the CSO hub in five functional areas to strengthen and sustain the national response.*
- *Training of trainer's sessions for key population groups and CSO hub on Human Rights and medical ethics related to HIV and TB and gender-based violence.*
- *Set up navigation services to support people living with HIV (PLHIV) navigate the health services and support PLHIV to keep them enrolled in treatment services, with adherence counsellors at health facilities, peer navigators for key populations and national AIDS Commission (NAC) district committees.*
- *Delivery of nutritional support to children living with HIV and to TB patients in difficult socio-economic situations.*
- *Procurement of GeneXpert kits to increase testing in screening of possible cases of MDR-TB.*
- *Adaptation of the "Creating an Enabling Environment Training Guide" for new key sectors; subsequent training and assessment of the effectiveness of the training.*
- *Support to the implementation of advocacy plan for enactment of the non-discrimination legislation and other relevant legislation including consultation sessions.*
- *Training to improve reporting of stigma and discrimination; and collection of data.*

The funding request submitted was evidence-based as funds from the previous grant were used to support various important studies that informed the national response and provided information critical to the new funding request. Some of the most important studies conducted included the Population Size Estimates for Men who have sex with men and transgender women, Barriers to Early Testing and Adherence and an Epidemiological Cost Modelling Exercise. Part of the Funding Request Process involved the Country Coordinating Mechanism (National AIDS Commission) undertaking an inclusive and transparent process for the selection of a new Principal Recipient. The process culminated with the United Nations Development Programme being recommended as the Principal Recipient for one more grant cycle with a Capacity Development Plan which would see the Project Management Unit in the Ministry of Health being the new Principal Recipient post 2019-2021 Global Fund Grant.

CSOs - Who we are & what we do

Belize Family Life Association (BFLA)



Who we are:

BFLA is a non-profit, non-governmental organization in Belize that empowers all through the promotion of Sexual and Reproductive Health and Rights. We help fulfil the sexual and reproductive rights of all people in Belize by simultaneously offering services, educating and informing; and, advocating for sexual and reproductive health and rights.

What we do:

We empower all, to make better and more informed choices on their sexual and reproductive health. BFLA provides quality education and confidential services to a cross section of the society including youth, women, and men.

Accomplishments:

In 2018, BFLA did training in Comprehensive Sexuality Education in High Schools in the Orange Walk, Belize and Stann Creek Districts.

Through the Youth Advocacy Movement and partnership with other Civil Society Groups, many other out-of-school youth were trained in CSE.

BFLA represented the Civil Society Organizations on the Technical Working Group for the development of the Adolescent Health Strategy of Belize using the Accelerated Action for the Health of Adolescents Toolkit and used it as a platform to ensure the integration of comprehensive sexuality education.

BFLA Youth Advocacy Movement have been a great support to register youth to the U-Report platform through UNICEF.

The Association reach over 9,000 persons with SRH services, over 6,000 young people with comprehensive sexuality education sessions for the year 2018.



Hand In Hand Ministries

Who we are:

On the surface, it looks like we build and repair homes, provide medical care and educate children and young adults. But it goes beyond that, way beyond that. We are about connecting people – not through cell phones – but by working side by side with people, who don't look the same, talk the same or have the same amount of stuff. We're about crossing boundaries, and building compassion in one another by swinging a hammer, or blowing bubbles or clogging at Front Porch Pickin. We're about recognizing and addressing needs – but we're also about seeing resilience, beauty, and ingenuity, where others only see poverty. We're about celebrating that which is good in all of us.

CSOs - Who we are & what we do

What we do:

We seek to build community one person, one family at a time. Our ongoing programs provide access to quality education, safe housing and health care. Our immersion trips encourage individuals to deepen their perspective and realize their potential impact locally, regionally and globally.

Accomplishments:

After establishing itself in Belize in 2002 and providing services through its various programs, 2017 marked a great milestone as it celebrated its 15 years of service to the people of Belize. Programs like: The Building for Change Program where families are assisted through housing, the Scholarship Assistance Program where students are assisted in completing their High School Education, the Outreach Program where children are assisted through our Day-care, Preschool and our outreach program that caters to children marginalized by poverty and disease, namely HIV/AIDS country wide.

Now in 2018 we celebrate a huge milestone! A new Building to work from in one of the most vulnerable neighbourhoods. The building is named The Fowler Community Center, after the founder and cofounder, Wayne Richard Fowler, who lost his battle to cancer and Fr. Joseph Fowler, a retired priest in Louisville, Kentucky, still impacting many lives! The new offices are located at one and a half miles on the George Price Highway, Belize City, Belize.

While Hand in Hand's presence in Belize has produced positive measurable results, the underlying effects of our efforts are so much greater than the numbers. The people we touch are provided with knowledge, medication, and nutritious meals. They also receive hope - hope for a better future for themselves, their families and their country.

1. 300th house in September
2. Recognized as "gold standard" for HIV/AIDS care for children by Global Fund
3. 85% of known HIV positive children in the entire country of Belize district are served by Hand in Hand Outreach Services



Promoting Empowerment Through Awareness for Les/Bi Women (PETAL)

Who we are:

PETAL's aim is to empower women particularly Les/Bi women increasing their knowledge of a wide cross section of issues that impact them directly and indirectly. PETAL was officially incorporated on December 29, 2015 as a not-for-profit, non-governmental organization. PETAL's work, however, has spanned six years beginning in 2011 with several events held called "conversations" that have brought women together to discuss issues that impact them. Topics that have been covered in these conversations include cervical cancer, sexually transmitted infections, gender-based violence, healthy relationships, psycho-social support for women and legal issues impacting women in Belize among others. These events have been open primarily to women who identify as lesbian or bisexual women but PETAL's work is intended to benefit any woman who wishes to participate in our activities.

CSOs - Who we are & what we do

What we do:

Achieving social, economic and gender justice for all women in Belize especially Les/Bi women through advocacy and empowerment.

Accomplishments:

PETAL was the first organization in Belize to access funding to collect stories on human rights violations through the Shared Incident Database. Our organization collected well over a hundred stories across the country within a two year span. The stories ranged from employment discrimination to unlawful eviction, sexual abused. Since we had a community paralegal at our disposal we were able to established redress for some of the cases.

Under COC Netherlands we were able to do a Lessons Learn documentary capturing the work we have been doing over the years. It also featured the impact we have made with our beneficiaries (les/bi women) along with support for PETAL and the work we're doing from Special Envoy and CEO J. Alpuche.

Aside from our signature "Conversations" PETAL hosted its Annual Women's Forum entitled: "Exploring the Benefits of Social Security for Women: Past, Present and Future". This was done in collaboration with RET International.

Our Coordinator, M. Simone Hill, represented the LGBT Coalition at the Universal Periodic Review and also presented. This was held in Geneva in October.

Also our organization was excited and honoured to host the Caribbean Women's Sexuality and Diversity Conference which brought around 60 women from mainly across the Caribbean. The theme was "Building the Case: Strengthening Caribbean LBT Research for Advocacy. This was held from October 4-8, 2018 PETAL also hosted the LBQ Regional Needs Assessment Meeting in October, 2018.



Empower Yourself Belize Movement (EYBM)

Who we are:

Empower Yourself Belize Movement is dedicated to cultivating a safe environment for and defending the rights of youths age 13-30 of all sexual orientations, gender identities and gender expressions; persons living with HIV/AIDS; and lesbian, gay, bisexual and transgender people.

What we do:

EYBM is a community health-based organization that addresses and promotes the sexual rights and well-being of vulnerable populations. EYBM also raises awareness of the challenges, discrimination and injustices faced by these communities in society through collaborating with, supporting, promoting and monitoring other organizations and stakeholders.

CSOs - Who we are & what we do

Accomplishments:

In 2018, sessions were held to inform participants of the definition and differences between the concepts of sex, gender and sexuality. Participants were then asked to identify where they got their earliest lessons and messages about gender, sex and sexuality and how this impacted them.

This portion of the workshop ended with participants engaged in a sexuality myths and fact interactive activities.

EYBM celebrated PRIDE 2018 to commemorate the Section 53 ruling and the subsequent strengthening of their advocacy within the varying communities and partnerships.

United Belize Advocacy Movement (UNIBAM)



Who we are:

UNIBAM is the oldest and only LGBT led policy and advocacy non-governmental organization in Belize. Its broad theme of focus is health and human rights. Its mission is to be an Advocacy Organization that uses rights-base approaches to reduce stigma and discrimination.

What we do:

An LGBT led policy and advocacy organization that provides investigation, documentation and civil rights enforcement services for marginalized communities in Belize using a transnational and national framework to address systemic rights violations of Belizeans trying to access state services

Accomplishments:

Transnational Strategy:

UniBam provided technical support to write a National LGBT Coalition report that was submitted to the Universal Periodic Review 3rd Cycle.

UniBam wrote a stakeholder's report for the International Covenant on Civil and Political Rights.

UniBam lobbied the Ministry of Foreign Affairs to co-sponsor an LGBT resolutions at the OAS in June 2018.

UniBam supported the ICJ Public education campaign on ICJ.

UniBam supported 21 legal cases in the system that included marginalised women, LGBT. Twelve cases are on-going as they are 3 or 4 years old. It carried out close to 200 consultations and follow-up through its Human Rights Observatory.

UniBam conducted Pride Events.

UniBam conducted Economic Empowerment of LGBT persons.



CSOs - Who we are & what we do

Go Joven Belize Alumni Association



Who we are:

GOJoven is a pioneer in youth leadership development and mobilization. The GOJoven model is youth-led, local, diverse, and inclusive. Since 2004, GOJoven has been building the capacity of young leaders and organizations to create positive change in Adolescent Sexual and Reproductive Health (ASRH) programs, policies, and services in Belize, Honduras, Guatemala, and Quintana Roo, Mexico.

What we do:

GOJoven Belize Alumni Association will be a sustainable, leading and proactive organization for the empowerment of young leaders in sexual reproductive health and environmental consciousness for a healthier Belize.

Accomplishments:

Training of Trainers: GOBelize conducted a 4-day capacity-building training for eleven persons living with HIV. The participants, who disclosed their statuses before the workshop, are currently involved in networking to support other PLHIV, as volunteers. The training took place at Hode's Place in San Ignacio Town from the 3rd to the 6th of October 2018. The training focused on the following topics, personal development and networking; Stigma and discrimination, barriers related to HIV/AIDS/TB and health access, personal growth, facilitating skills and understanding the importance of a support group. The training had a mixed methodology using own experiences, and group discussion that encouraged participants to remain engaged and their opinions acknowledged. The training was conducted in collaboration with the San Ignacio Hospital. Facilitators were: Edna Cano, GOBelize Alumni, Emma Gabriel Mckoy, Gemma Catzim, Nurse Cherry Velasquez, and Dra. Yudenia Marin all assigned to the San Ignacio Hospital. Participants developed an action plan that would provide them with the necessary tools to strengthen their support system for PLHIV, and a fundraising plan was also prepared for the group to generate income. The participants for this workshop were from rural communities in the Cayo District, namely Duckrun 1, Los Tambos, Arenal and Esperanza Villages and the Urban communities namely Benque Viejo, San Ignacio, and Santa Elena Town.

GOBelize Conducts Countrywide Focus Groups in August 2018

GOBelize in collaboration with National Committees for Families and Children (NCFC), UNICEF and UNFPA conducted a countrywide focus group on Child Marriage and Early Union (CMEU). The goal was to strengthen the understanding of what are the drivers of CMEU, determine the young person's knowledge on legislation related to CMEU and to identify who conducts child marriages in Belize. The focus group piloted with approximately 80 young people ages 14-22 male and female identified as living in a CMEU. Alumni and Board Members that supported GOBelize in recruiting and conducting the focus groups countrywide included: Errol Longsworth, Nekeisha Lima and Imer Patt for the Corozal District, Diego Luis Grajalez for the Orange Walk District, Elmer Cornejo for San Pedro Town, Belize District, Edna Cano and Kelsie Ciego for the Stann Creek District, Juan Caal for the Toledo District and Eva Burgos for the Belize and Cayo District.



CSOs - Who we are & what we do

Accomplishments:

Our Circle's team launched its **Demographic Portrait of LGBT Families in Belize!** Survey. This survey is a part of three prong project geared towards the strengthening of social systems which exist in Belize, as it relates to the LGBT community in Belize.

Since 2013, Our Circle has been working to improve the quality of life and access to opportunity for LGBT persons and families of LGBT persons ensuring a socially inclusive Belize. One of our biggest learning points so far is that, effective policy making requires a sound evidence base.

This means getting the experiences and the way of life directly from the people who are affected by the policies. This survey aims to develop a better understanding of the LGBT-led families in Belize and produce basic demographic information to support the claims of exclusivity within the legal, political and social atmosphere in Belize.



Collaborative Network for Persons Living with HIV (C-NET+)

Who we are:

was initiated by a group of Persons Living with HIV (PLHIV) with the aim to improve the quality of their peers, through the assistance of REDCA, the Central American Network of Persons Living with HIV. C-NET hopes to accomplish this through various activities which share information pertinent to PLHIV, education and communication. C-NET aims to propel and develop its members' individual capabilities while promoting a mutual respect for their Human Rights. C-NET + was formed in July of 2011 with the aim of contributing to improving the Quality of life of people with HIV in the country and to engage more actively in the national and regional response to HIV-AIDS. Seven people founded the network, which was constituted as the first organization of and for the people with HIV in Belize.

What we do:

We improve the quality of life of all persons living with HIV and key populations made more vulnerable to HIV in Belize by promoting positive health, dignity and prevention, (2) Human Rights, (4) effective legislation, (3) monitoring universal access and (4) Advocating for the greater and more meaningful (5) involvement of persons with HIV and key populations in decision making processes at all levels."

Accomplishments:

National AIDS Programme Civil Society Meeting July 2018, Radisson Fort George Hotel and Marina.

The NAP/ CSO Meeting was a joint effort was made possible by Caribbean Vulnerable Communities Coalition (CVC) Regional Global Fund grant in collaboration with The Collaborative Network of Persons living with HIV (CNET+). This meeting Brought civil Society organization, Government agencies and UNDP. The meeting aimed at a Strengthening Linkages throughout the treatment cascade. Sustainably enhanced coordination environment among players. Increased availability and use of information for decision making at all levels. Greater harmonisation of interventions in line with national policies. Reduced duplication of efforts and reporting across various players. Quality of and access to care for communities improved. Dissemination of promising practices, ideas that work, and innovative solutions to address KPs and their needs for NAPS to draw on. Standard monitoring and evaluation framework that can be used by community members to help measure quality and quantity of services, and to measure and evaluate the impact of community-based care. It is important to highlight that this meeting allowed for Civil Society Organizations to speak openly about collaboration and moving forward as the country transitions to a sustainable HIV Response.

CSOs - Who we are & what we do

Health Fairs:

Community health fairs offer the opportunity to get basic screenings for free or for a minimum cost. Screenings such as HIV, blood pressure checks, glucose, and cholesterol blood tests offer both positive health feedback and identify at-risk individuals. It also gives the opportunity to share SRH information with the public. Health fairs are a real community effort. During these health fairs, we had support from ten Alumni that demonstrated the continuous support to GOBelize.

Health Fair in San Pedro, Belize District held on April 6, 2018, organized in collaboration with the Department of Youth Services (DYS). Fifty (50) individuals reached with SRH, condom and HIV education.

Health Fair conducted, and Free HIV counselling and testing was offered to staff at Office Gurus a call center in San Ignacio Town, Cayo District. Forty-five young adults (30M) :(15F) and five senior staff reached with HIV education and testing. The event was organized by GOBelize in collaboration with the Ministry of Health and the National AIDS Commission and funding from UNDP.

Health Fair for National HIV Testing Day held on June 29, 2018, hosted in collaboration with the National AIDS Commission and Ministry Of Health in Belmopan City, Cayo District. One hundred and twenty one (121) tests administered along with pre-post counselling.

Health Fair held on the date October 4, 2018, hosted by the Ministry of Public Service in Belmopan City. Alisha Solis and Nekeisha Lima, both members of the GOBelize Board, supported the organization by putting up the satellite table and sharing information about GOBelize. Two hundred (200) individuals visited the table.

Health Fair took place on November 14 at Belmopan Comprehensive High School grounds in Collaboration with the Ministry of Education for the entire student body. The high school has a population of approximately 800 students which 300 visited the GOBelize booth. GOBelize has disseminated promotional items, such as T-shirts, bottle openers, pencils, pens that are given out at the health fairs. GOBelize used promotional item



Our Circle

Who we are:

Our Circle is an LGBT centered organization creating positive change through the efforts of the community and it's allies. Our Circle is a community-led initiative committed to awareness and empowerment of the Lesbian, Gay, Bisexual & Transgender (LGBT) community through active outreach and participation, in order to initiate affirmative change in the Belizean society.

What we do:

"OC aims to reflect equality and equity within the diversity of the LGBT community by encouraging active participation from the community in achieving a solid, safe support system for the LGBT community and families in Belize."



CSOs - Who we are & what we do

World Aids Conference 2018 July 20 – 28 Amsterdam, The Netherlands

Diego Grajalez Director of C-NET+ participated in the world Aids Conference 2018 as a Delegate of the Global Network of Young Persons Living with HIV (Y+Network) where he serves as a board member. At Conference there was Erika Castellanos Director of Programs at GATE Global Action for Trans Equality and Kim Simplis Borrow Special Envoy for Women and Children. The Objectives of the World Aids conference 2018 looked at the following:

- *Convene the world's experts to advance knowledge about HIV, present new research findings, and promote and enhance global scientific and community collaborations in synergy with other health and development sectors.*
- *Promote human rights based and evidence-informed HIV responses that are tailored to the needs of particularly vulnerable communities, including people living with HIV, displaced populations, men who have sex with men, people in closed settings, people who use drugs, sex workers, transgender people, women and girls and young people.*
- *Activate and galvanize political commitment and accountability among governments, donors, private sector and civil society for an inclusive, sustainable and adequately financed, multi-sectoral, integrated response to HIV and associated co-infections and comorbidities.*
- *Address gaps in and highlight the critical role of HIV prevention, in particular among young people in all their diversity and its integration in a range of health care settings.*
- *Spotlight the state of the epidemic and the HIV response in Eastern Europe and Central Asia with a focus on investments, structural determinants and services.*

Caribbean Regional Network of Persons Living with HIV (CRN+) Monitoring and Capacity Building Visit 28-30 July 2018

Mr. Tyrone Ellis Vice Chair of CRN+ Visited C-NET+ and EYBM as part of their initiative to provide continuous technical support for capacity building and institutional strengthening with network reps from all 7 target countries - to build a stronger unified voice of PLHIV advocates in the Caribbean (focused areas: governance, communication, S&D, Advocacy, leadership and improving partnerships with NAPS).

The visit aimed at addressing capacity building gaps- focused in areas of governance, communication, Advocacy, leadership and improving partnerships with NAPS. CRN+ is also looking to support both Organizations to conduct small advocacy activities with a focus on GIPA.

During the Visit there was also meeting with the National Aids Commission to discuss how we can improve where needed the working relationships greater for inclusion of PLHIV in the National Programme.



CSOs - Who we are & what we do

Cornerstone Foundation



Who we are:

Cornerstone Foundation is a community development organization dedicated to improving the lives of youth and adults in San Ignacio and Santa Elena, Belize. We are committed to offering programs that empower individuals and better our community through education, awareness and support.

What we do:

Rooted in humanitarian principles, Cornerstone Foundation focuses heavily on solving key issues that greatly impact our community. Our programs are developed with the goal to improve the lives of children and adults through empowerment and support. We advocate for the rights of women and children and we help individuals and families find the resources they need to better their situation. Critical to our success, Cornerstone has worked with hundreds of volunteers and organizations locally and from around the world to offer the following programs to the people of San Ignacio and Santa Elena.

Accomplishments:

Youth

1. Provide basic education and outreach on sexual and reproductive health, with an emphasis on eliminating discrimination.
2. Peer education to assist youth in teaching other youth
3. Assist schools through teaching in the classrooms and teaching extracurricular activities such as art/music and tutoring
4. Teach gardening to our children in the Feeding Program
5. Through the Rise Program we partner with the government of Belize to assist our youths(dropouts of school) through the SCAIS, JOB PREPAREDNESS and CALS programs. We have since the program started in 2017 educated and empowered over 50 young people for 2018.

Relief & Aid

1. Ensure basic human rights are met for children, elderly, disabled, and terminally ill
2. Feeding program – 93 kids receive a midday meal from Monday to Friday.

HIV/AIDS

1. Basic education with emphasis on eliminating discrimination (including presentations, outreach). Presentations were made at Sacred Heart High School by class in February 2018 and March 2018.
2. Home care training and support to people living with HIV/AIDS. This was on going for 2018 and continues in 2019. Over 20 people benefitted in 2018.
3. Be an established and reliable resource in the community concerning HIV/AIDS issues and information. Various health fairs were held throughout the year in urban and rural communities, concluding with World Aids day.



CSOs - Who we are & what we do

4. We continue to do humanitarian work in assisting our clients with groceries, counseling, care and love. 20 clients have been benefitting from this program in 2018 through a grant from UNDP.

Women

1. Basic education, outreach, and events with an emphasis on women's rights and gender awareness.
2. Skills training

Disabilities

1. Train professional teachers how to provide assistance to disabled as needed.
2. Educate and empower families of disabled children and assist in tutoring disabled children.
3. Provide therapy services when resources are available.

Productive Organization for Women In Action (POWA)



Who we are:

"Protecting ourselves, our families and our communities." Working in unity to educate and advocate for women's personal and economic empowerment and gender equity. Empowering people to use their creativity to reach their potential. Eliminating all forms of violence and promoting the well-being and upliftment of our community.

Accomplishments:

POWA worked with HIV positive children and families focuses on Stann Creek and Toledo districts. With majority of the clients in Dangriga, and other dotted across villages in the two districts. Stigma and Discrimination continues to be a barrier to full inclusion, and acceptance. Issues of disclose still remain especially as it relates to young women entering into serious relationship. Early pregnancy, sexual and reproductive care and access still remain a barrier. The target group was HIV Positive Children ages 0 – 18, Total 15 - Stann Creek and Toledo District.

The activities included:

- Psychosocial support
 - (a) Case management including holistic rap around services for children and parents, tailored to individual family needs. Referral to service including literacy, aftercare, empowerment programs, and other relevant program available in client's area.
 - (b) Adherence support including transportation support and liaison with medical service provider.
 - (c) Support parents and family to address issues such as positive discipline.

• Nutrition Support

Monthly distribution of food packages. Encourage discussion on the importance of proper nutrition.

An intervention was held to ensure that children in all schools in the Stann Creek District receive HIV information in a holistic manner that includes thematic area that directly relates to the issue of HIV some of which are rooted gender inequality and Human Rights violations. The target group was primary school children – Standard 4, 5, 6 all schools in Dangriga. It accumulated to 698 males and females.

One Hundred and thirty (130) young persons trained in Human Rights.

- Human Rights instruments • GBV
- Belize constitution • HIV and Human Rights
- Gender 101

CSOs - Who we are & what we do



Belize Youth Empowerment for Change (BYEC)

Who we are:

BYEC was founded in December 2013, post World Youth Forum in Bali Indonesia, whereby young persons congregated from all across the continent and discussed issues affecting the development of youth. With representation in the forum by one of our founding members, BYEC began to take shape with the knowledge and skills gathered and shared this with other like-minded youth.

Youth led in all aspects, BYEC has advanced the rights of youth aiming to reduce inequalities across sectors and empower youth to solve the toughest problems in Belize. With increasing momentum, BYEC aims for even greater impact working in the most hard to reach communities.

What we do:

BYEC engages and mobilizes youth and partners to identify issues affecting urban and rural communities in Belize and implement innovative strategies, and access funding and human resources to target and reduce inequalities while respecting diversity and promoting human rights.

Accomplishments:

The Belize Youth Empowerment for Change, a youth-led and youth oriented organization, with the support of partners has facilitated interventions to improve the quality of life of young people in particular LGBT Youth in Belize.

1. Training to Strengthen Advocacy Skills of LGBT+ Youth in Belize:

Fifteen LGBT Youth participated in this two-day session aimed to develop the capacity to act as agents of social change and to support youth participation in advocacy, policy dialogues and community mobilisation. In addition, through this session BYEC intended to mobilise Belizean LGBT Youth to advocate for policy changes and community mobilisation in support of eliminating stigma and discrimination towards LGBT persons. One of the key outcomes of this session was the strategic development of BYEC's Pride 2018 Program.

LGBT youth presenting strategies to mobilise population

1. LGBT+ Youth Wellness Retreat:

Fifteen LGBT+ Youth participated in the first of its kind four-day wellness retreat targeted to LGBT+ Youth in Belize. This retreat was hosted in partnership with Caracol, a community based youth development and arts organization operating in Belize and Guatemala to contribute to social transformation, and COC Netherlands. The Wellness Retreat aimed to build leadership and community through guided interactive activities that focus on creativity, community building, problem solving, collaboration and self-confidence building. The workshops focused on leadership through discussions on gender diversity, interpersonal relationships, social justice, and LGBTQ rights. Guided facilitators used methodologies that allow participants to explore new topics and learn valuable leadership skills to take back to their home, school, work, and community. The camp was hosted at The Tropical Education Center of The Belize Zoo whereby the attendees accessed a night tour at the Belize Zoo and cave tubing at Jaguar Paw; stimulating healthy living practices and encourage greater care and respect for natural resources.

REFERENCES

BLZ_C_UNDP Final HIV-TB Budget Activities

Ministry of Health 2016 HIV Statistical Report.

National HIV-TB Strategic Plan 2016-2020- "The Benefits of Action versus the Risks of Inaction"

National AIDS Commission District Committee Reports

National AIDS Commission quarterly newsletters

National AIDS Commission end of year review newsletter.

National AIDS Commission Activity Reports

PANCAP- <https://pancap.org/?s=communique>

PANCAP's Anti Stigma and Discrimination Toolkit- https://pancap.org/pc/pcc/media/pancap_document/hiv_antistigma_toolkit_educators.pdf

UNAIDS 90-90-90-An ambitious treatment target to help end the AIDS epidemic.



ANNEX B- NAC REGIONAL ENGAGEMENT

1. Caribbean Faith Leaders Consultation.
2. Caribbean Regional Strategic Framework on HIV & AIDS M&E Framework.
3. CARPHA's Data Repository Training.
4. CARPHA's Monitoring and Evaluation Regional Capacity Strengthening.
5. CCM Evolution Workshop
6. Knowledge 4 Health Project
7. Knowledge Synthesis Workshop for National AIDS Programme Managers.
8. National AIDS Programme Managers and Coordinator's Meeting
9. PANCAP'S "Caribbean Regional Consultation of Key Populations and Religious Leaders on the Right to Health and Wellbeing for All"
10. PANCAP'S "Caribbean Strategy Meeting on Domestic and Innovative Financing for HIV, Tuberculosis and Malaria
11. PANCAP's Champions for Change.
12. PANCAP's Data for decision making workshop.
13. PANCAP's Executive Board
14. PANCAP's High Level Advocacy
15. PANCAP's Parliamentarian's Forum
16. PANCAP's "Regional Advocacy Strategy and Five-Year Plan"
17. PANCAP's Regional Coordinating Mechanism (RCM)
18. PANCAP'S "Treat All Regional Message Development"
19. PANCAP's Youth Forum
20. Red Ribbon Award for Outstanding Community Leadership on AIDS
21. REDCA+ regional meeting.
22. Regional Civil Society Forum
23. Regional Meeting on HIV Service Delivery Model.
24. Regional Testing Day Award Ceremony.
25. Third Latin American and Caribbean Forum on Sustainability of the HIV Response.
26. United Nations High Level Meeting on ending AIDS.



ANNEX C- National AIDS Commission - Membership

No.	Member	Name	Sector
1	Chairperson	Laura Longsworth	Government
2	Representative from Ministry of Health	Dr Francis Morey	Government
3	Representative from Ministry of Human Development	Cynthia Williams	Government
4	Representative from Ministry of Education	Dr. Candy Armstrong	Government
5	Representative from Ministry of Labour	Aida Reyes	Government
6	Representative nominated by the Leader of the Opposition	Phyllis Cayetano	Government
7	Representative from the Attorney General's Ministry/Foreign Affairs	Albert Edwards	Government
8	Chair of the National Committee for Families and Children (Civil Society)	Margaret Nicholas	Civil Society
9	Representative from Human Rights Commission (Civil Society)(Vice Chairman National Aids Commission)	Leo Bradley Jr	Civil Society
10	Person representing persons living with HIV/AIDS	Diego Grajalez	Civil Society
11	Representative responsible for MSM/ LGBT/SW/IDU	Caleb Orozco	Civil Society
12	Representative responsible for Youth/ Women/Children	Eva Burgos	Civil Society
13	TB Representative	Dr. Keisha Westby	Civil Society
14	Representative from the private sector nominated by the business community	Christopher Pech	Private Sector
15	Representative from faith based organizations.	Canon Leroy Flowers	Faith Based Organizations
16	Executive Director	Enrique Romero	Ex-officio
17	Bi-lateral	Dr. Deysi Mendez (PAHO)	No voting rights
18	Multi-lateral	Allison Green (UNDP)	No voting rights
TOTAL MEMBERSHIP			18
VOTING MEMBERS (Gov- 7; CSO-6; FBO-1; PS-1)			15

ANNEX D- NAC Executive Committee

NAC Executive Committee

The National AIDS Commission Executive Committee is comprised of the following individuals:

- > *Mrs Laura Tucker-Longworth- Chairperson (appointed by the Prime Minister)*
- > *Leo Bradley Jr- Vice- Chairperson- President of the Human Rights Commission of Belize*
- > *Dr Francis Morey- Representative from the Ministry of Health National AIDS Programme*
- > *Darrell Spencer (Nurses Association of Belize)- Chairperson of the Care, Treatment & Support Services subcommittee*
- > *Albert Edwards (Attorney General's Ministry)- Chairperson of the Policy & Legislation Subcommittee*
- > *Eva Burgos (Executive Director of GoBelize)- Chairperson of the Information, Education and Communications Subcommittee.*
- > *Dylan Williams (National Committee for Families & Children)- Chairperson of the Monitoring & Evaluation Subcommittee.*
- > *Enrique Romero- ex officio member*

NAC Secretariat

Executive Director: Enrique Romero

Monitoring & Evaluation Officer: Dwight Arnold

Communication Officer: Arthur Usher

Programs Coordinator: Keron Cacho

Office Manager: Adrienne Alpuche

ANNEX E- List of Abbreviations

ARV- Anti retroviral

ART- Anti retroviral therapy

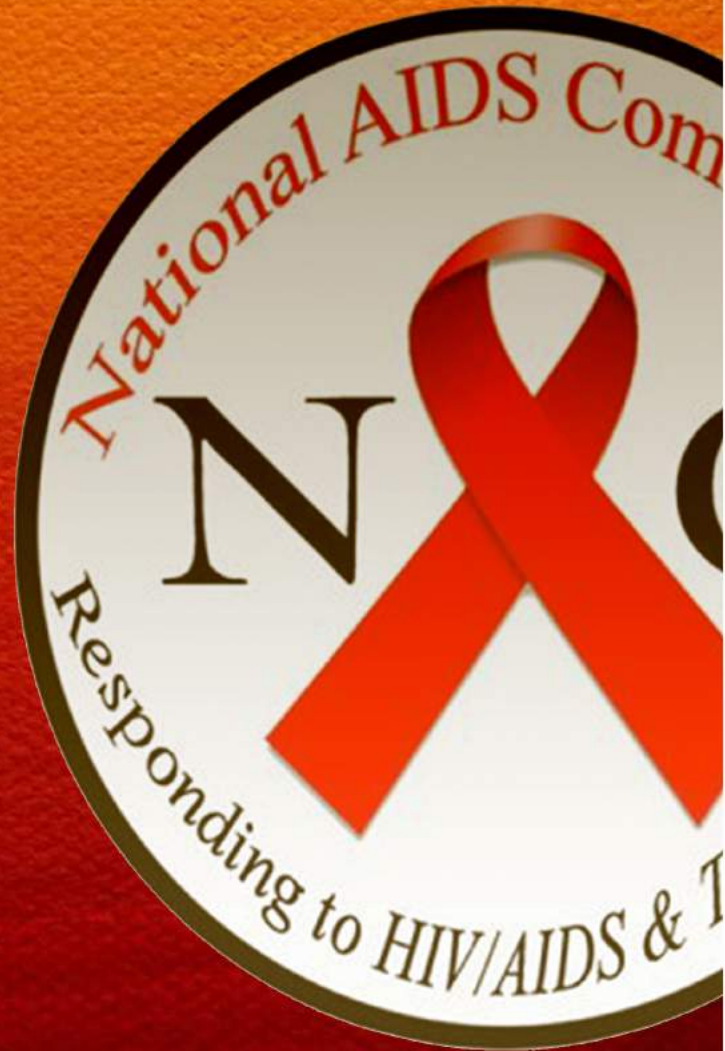
BFLA- Belize Family Life Association

CARPHA- Caribbean Public Health Agency

CD4- Cluster of Differentiation 4

CNET+-Collaborative Network of Persons Living with HIV

CRSF- Caribbean Regional Strategic Framework



ANNEX E- List of Abbreviations

CSO- Civil Society Organization

CVC- Caribbean Vulnerable Communities Coalition

DALY- Disability Adjusted Life Years

FBO- Faith-Based Organization

GAM- Global AIDS Monitoring

GFATM- Global Fund to fight AIDS, Tuberculosis and Malaria

HFLE-Health and Family Life Education

HiH- Hand In Hand Ministries

HIV- Human Immunodeficiency Virus

IEC- Information, Education and Communication

JFA- Justice For All

KP-Key Populations

KRA- Key Results Area

LGBT- Lesbian, Gay, Bisexual and Transgender

M&E- Monitoring and Evaluation

MDRTB- Multi Drug Resistant Tuberculosis

MOE-Ministry of Education

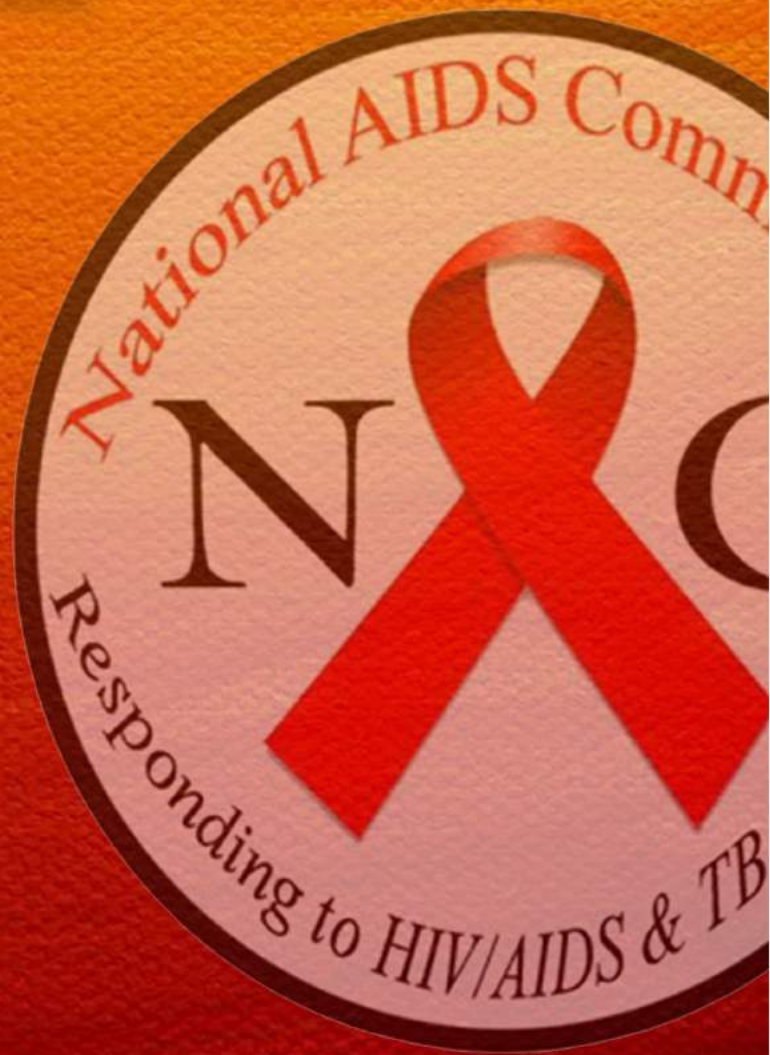
MoH- Ministry of Health

MSM- Men who have sex with men

NAC- National AIDS Commission

NCD- Non- Communicable Disease

NGO- Non- Government Organizations



ANNEX E- List of Abbreviations

NSP- National Strategic Plan

PAHO- Pan American Health Organization

PANCAP- Pan Caribbean Partnership Against HIV/AIDS

PASCA- Program to Strengthen the HIV Response in Central America

PASMO- Pan American Social Marketing Organization

PEPFAR- President's Emergency Plan for AIDS Relief

PLHIV- People Living with HIV/AIDS

POWA- Productive Organization of Women in Action

PYDP- Positive Youth Development Programme

SID- Shared Incidence Database

STI- Sexually Transmitted Infections

TB- Tuberculosis

UNAIDS- Joint United Nations Programme on HIV/AIDS

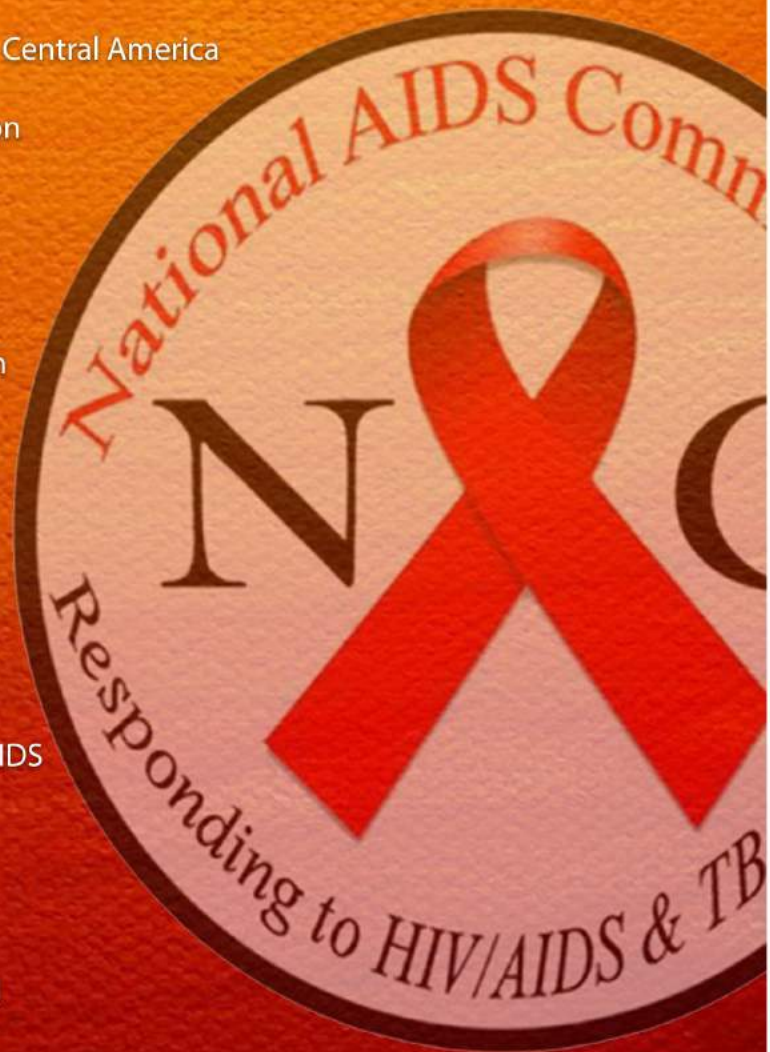
UNDP- United National Development Programme

UNIBAM- United Belize Advocacy Movement

UNICEF- United Nation's Children's Emergency Fund

VCT- Voluntary Counselling and Testing

WHO- World Health Organization



NATIONAL
AIDS COMMISSION

