NATIONAL AIDS COMMISSION

ANNUAL REPORT

2016-2017

"Investing for Impact Against HIV/TB in Belize"

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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

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

Foreword

As we re-focus on the work ahead of us, we must take inventory of what works; to confront ongoing social, economic, and structural barriers to prevention; and to prepare for future challenges by maximizing on the tools and advances we have made. If we are to be successful, we must ensure that our interventions are geared towards driving down new HIV cases, in particular among men who have sex with men and young people. We must improve the quality of services offered to our key populations and other vulnerable groups; we must do more to link individuals to care and treatment immediately upon positive diagnosis. More importantly, we must do a better job of ensuring that everyone living with HIV has equal right to quality health care.

As we face the reality that funding for HIV-TB is slowly dwindling, and if we are to meet our national, regional and global goals, it is imperative to garner the efforts of many stakeholders, including government and local health departments, community-based organizations (CBOs), health care providers, Civil Society Organizations and policymakers. If we are to meet UNAIDS 90-90-90 goals,it will be critical for all stakeholders to take action to improve their HIV care and prevention outcomes. As a country we lost PEPFAR funding which lead to the loss of 3 key agencies PASCA, PASMO and CAPACITY. These agencieswere critical in the HIV prevention Programs with their focus on Behaviour Change Communication and Capacity building. The loss of these agencies created the necessary stimulus that have resulted in the formation of new local CSO's and the strengthening of existing ones.

Now more than ever, we must unite all efforts and collectively be innovative and think of new ways to combat the disease utilizing a human rights approach as the foundation of every strategy. It is imperative that we begin to start work toward an independent and sustainable future; a future that may very well be one without or limited external donor support.

In 2014, the Government of Belize committed additional investments exceeding USD $1.8 million to HIV/AIDS-TB as part of its co-financing agreement with the current Global Fund Grant being implemented; this in addition to the annual budget allocations made to the Ministry of Health. The commitment to HIV-related investments is a direct consequence of Government's desire to aim for the achievement of the 90/90/90 targets by 2020 through the following policy intentions:

- **To prioritize a substantive increase in HIV testing and counseling as an effective instrument for preventing new HIV infections;**
- **To prioritize non-threshold HIV treatment and regular CD4- and viral load testing as efficient tools to improve the quality of life of persons with HIV and to reduce HIV viral loads in persons with HIV to undetectable levels, thereby contributing to ending the epidemic in Belize.**

This is testament to the Government of Belize's commitment to grow its investments in the operational and medical supplies costs related to the diagnosis and treatment of TB and Multi-Drug Resistant TB in the firm belief that Belize can achieve, with the support from the Global Fund and our social partners the control and, ultimately the eradication of this communicable disease in the near future.

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

A Message from the Executive Director

Greetings.

Over the past few 15 years tremendous progress has been made in the response to HIV/AIDS and TB in Belize. The epidemiological situation of HIV and TB in Belize has significantly improved, from an adult prevalence rate of 4.0 in 2001 to 1.8 in 2016.

Since 2003 the Belize government has assumed financial responsibility for providing Antiretroviral Therapy (ART) free-of-cost to all persons meeting the specified criteria according to the National Protocols and PAHO guidelines and is now in the process of preparing to roll out and finance its "Treat All" program; which means that every person will have the right to be placed on ART upon immediate positive diagnosis of HIV.

Much of this progress has been as a result of increased investments by the government of Belize, greater involvement of civil society, strengthening of health and community systems, and a more coordinated approach among stakeholders to improve the health and well-being of all persons, including key and vulnerable populations.

However, decreasing resources and heavy dependence on foreign assistance negatively impacts the country's ability to meet UNAIDS 90-90-90 goals by 2020 and the Sustainable Development Goals and any gains made may be eroded and reversed if we do not continue to increase domestic investments.

More resources will be needed to finance, sustain and scale up programmes for prevention, treatment, care, support and human rights. As a national response, emphasis must be placed on efficient use of resources, innovation and resource mobilization. We must work in coordinated efforts to re-energize the HIV prevention approach if we are to achieve an HIV/AIDS Free Generation.

There are many ways that you can make a difference. The first step is to ensure that you know your HIV status. Get tested. If you are HIV positive, get into care immediately to take advantage of effective medications. If you are HIV negative, educate yourself about how to stay negative.

Together we will end AIDS.

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

ANNEX D- NAC Executive Committee

NAC Executive Committee

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

- Mrs Laura Tucker-Longsworth- 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: Adrianne 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 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

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 it's 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 Recipiant, 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 counsultation with partner agencies.

MR. KERON CACHO - PROGRAMS COORDINATOR

Plan oversee and coordinate the implementtation of the national prevention component in the natioanl response, with a focus addressing the needs of key populations and develop quality assurance measures for Non-Governmental organizatuions 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 seenas 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

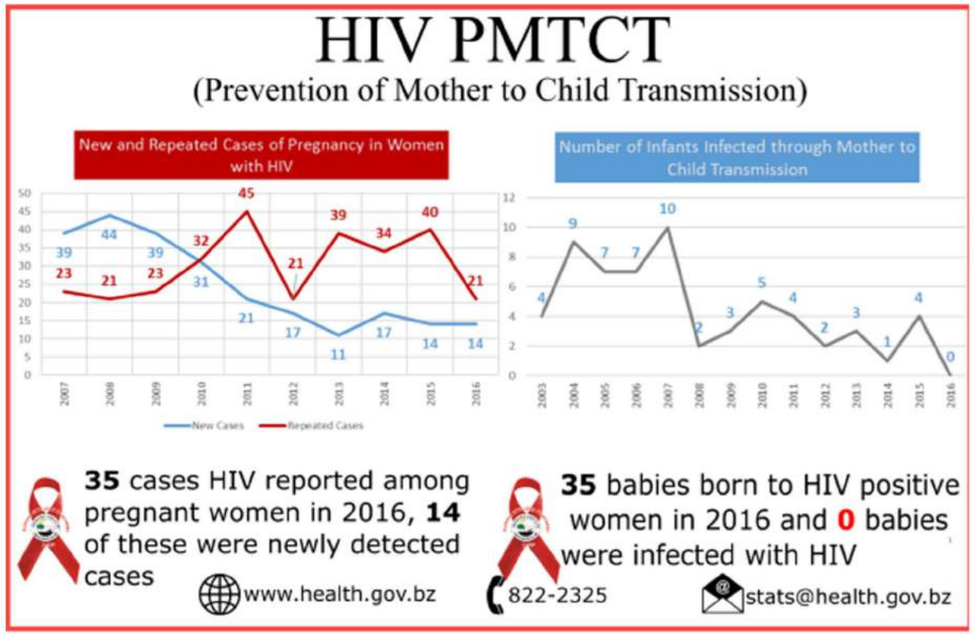
The NAC has an Executive Committee which is responsible, among other things, for the following:

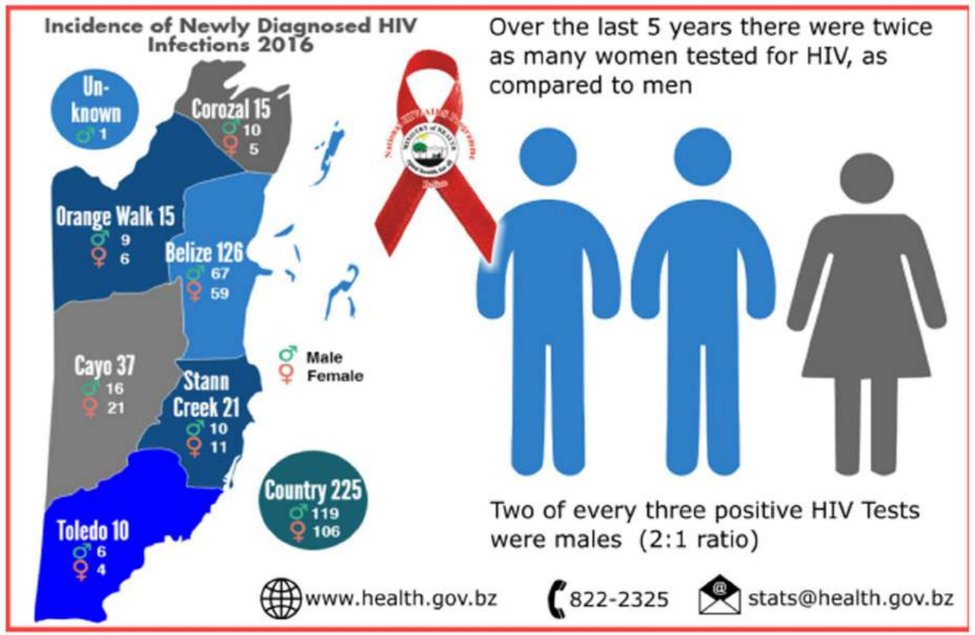
*Review grants performance recommendations from the Oversight Committee.
*Oversee implementation of decisions of the National AIDS Commission.
*Work with and facilitate the NAC Secretariat to follow up NAC decisions
*Facilitate to expedite signature of relevant documents relating to the Global Fund and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

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 A- STATISTICS





Source: Ministry of Health

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:

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

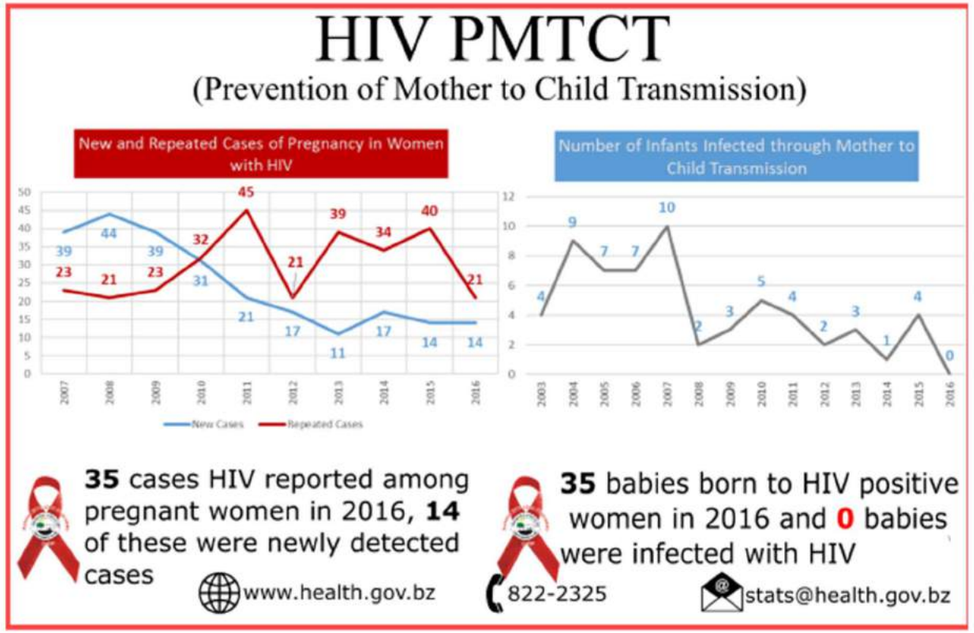
NATIONAL AIDS COMMISSION - OVERVIEW

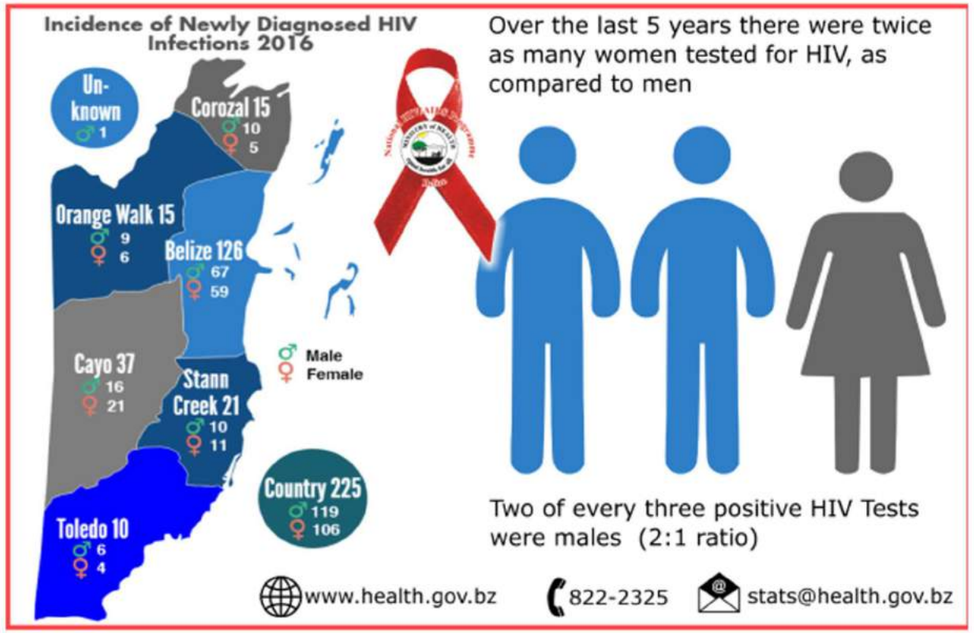
NAC District Committee

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.

ANNEX A- STATISTICS





Source: Ministry of Health

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.

PANCAP Champion for Change

In her capacity as Speaker of the House and Parliamentarian the NAC Chair - Hon. Laura Tucker Longsworth 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 it's 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 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

90%

- of all people living with HIV will know theirstatus

- of all people with diagnosed HIV infection will recieve sustained antiretroviral therapy.

- of all people receiving antiretroviral therapy will have viral suppression.

While the overall HIV prevalence in adults has dropped from 2.1% to 1.4%, 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.

THE WAY FORWARD

2016-2017 has been a very busy year for the NAC. We revised the NAC Act which successfully passed through the House of Representatives for enactment, Section 53 was passed, and we completed the Legal Environment Assessment Review. We revised several of the internal NAC documents such as the Operational work plans, the M&E work plans, and revitalized the district committees to include greater participation with Key populations. Several workshops and forums were held to increase awareness while several consultancies were done not only to get a better understanding of the populations but also to identify gaps and challenges. The work was and is very critical as we are now moving into a transition and sustainability period with an eye to the exit of the Global Fund. This means that we need to seriously begin to look at the ability of the country to continue the fight against HIV, AIDS and TB either on its own or we will need to seek other funders.

The work for the past 2 years sets the baseline for 2018 which is the final year of this grant of the global fund. Not only will we have to continue the work that we already started and continue to try and accomplish the objectives set out in the grant, but at the same time we now start the new funding request for the Grant that has now reduced funding from USD $3.4 Million to USD $1.9 Million for implementation during the period 2019 to 2021. Not only is funding reduced but it will now have a more specific focus on key populations and vulnerable groups. However, it is imperative that we as a country clearly define Key population and ensure that our young people, Prisons, and young women are included.

We have already begun to work on an Anti-Discrimination Bill. We will significantly increase our communication efforts to ensure that on radio, TV and newspaper and social media we have a sustained and regular presence that is educating the masses on HIV/AIDS and TB.

As we wrap up the final year of this grant and we are putting together the funding request for the new Grant we look forward to a very active year in the response despite the reduced funding. There is much work to be done and it is our hope and focus that as we work on the new proposal we ensure that the attention goes on the populations that need it most while ensuring that sustain our efforts on the other populations as well since studies show that if anyone is forgotten the level of incidence tends to rise. The New grant is for 1.9 Million US Dollars. This is a significant reduction from the $3.4 Million in the last grant but this is because this is a Transition period for the Global Fund where we may be possibly looking at their final year in country. What this means is that the country will have to begin to look at being self-sustainable in the Response against HIV/AIDS and TB or we will have to begin to look at the possibility of getting other funders. This New Grant continues along the lines of the first but not only increases the focus on Key Populations but it also looks keenly at the CSO's being taking on a more significant role in the response.

Key Results Area (KRA): Treatment

Goal & Intervention Strategy	Strategic Objective
Goal 8 (peripheral level) Reach 70% case detection, 85% treatment success and 95% HIV testing of TB patients. **Intervention strategy:** Comprehensive management of HIV and HIV-TB coinfection	All patients receive comprehensive management of HIV and HIVTB coinfection as per WHO recommendations for strengthening of TB/HIV collaborative activities

The WHO estimates Belize's TB incidence to be 40 per 100,000. Based on the country's present population, this translates to roughly 140 cases a year. Cumulative data , however, report an average of 100 cases annually which implies that identification, detection and confirmation of an estimated 40 cases of TB is suboptimal. Other factors that combine to make TB of significant concern include:

- intimate association of TB with poverty
- persons living with HIV serving as potential reservoirs and carriers of the disease,
- high level of defaults on treatment (estimated at 20-25%)
- emergence of multi-drug resistant TB regionally as well as in-country,
- dismal treatment success rate (60%)
- high mortality (up to 30%) reported in cases of HIV-TB coinfection,

Comprehensive management of HIV and HIV-TB coinfection would therefore be expected to include the following:

- Strengthening of TB/HIV collaborative activities as per WHO Recommendations (See Appendix 2);
- Reduced burden of TB in people living with HIV and initiate early ART (three I's)
- Reduce burden of HIV in patients with presumptive and diagnosed TB
- Improved supervision and monitoring system for TB control

RELATED CONSULTANCY STUDIES:

1. National HIV Treatment Adherence Strategy
2. Revision of Clinical Management Guidelines for HIV/AIDS
3. TB/HIV Prevention Strategy for MSM and transgender in Belize, Cayo and Stann Creek Districts

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.

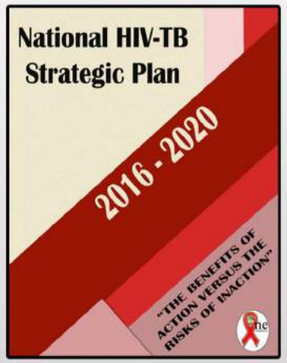
Serious gaps in the provision of HIV treatment and care services require to be filled. Although ARV coverage has moved in the right direction, coverage remains low while mechanisms to engage persons who test HIV-positive in care settings are fragile.

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;

Key Results Area (KRA): Treatment

Goal & Intervention Strategy	Strategic Objective
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	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

Key Results Area (KRA): Treatment

Goal & Intervention Strategy	Strategic Objective
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	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

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:

- **1** ONE National action framework for coordinating the work of all partners
- **1** ONE National AIDS coordinating authority with a broad-based multi-sectorial mandate
- **1** 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.

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): Testing

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.

Strategic Objective

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

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.

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

Goal & Intervention Strategy	Strategic Objective
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

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 an 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,1Pk 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

- 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 Belize was 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.

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

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;

Goal & Intervention Strategy	Strategic Objective
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 HIVTB cases.	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.

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 500cells/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

WORLD AIDS DAY 2017: RED RIBBON SOLIDARITY DAY

On December 1, 2017, the National AIDS Commission in collaboration with the United Nations Development Programme,the Ministry of Health and DigiCell commemorated World AIDS Day under the theme: **"The Right to Health".** There were simultaneous activities held nationwide from 9am to 3pm at the following seven sites: *Corozal Community HospitalCompound, Queen Victoria Park in Orange Walk Town, Battlefield Park in Belize City, In front of Scotia Bank in Belmopan City, the Welcome Centre in San Ignacio Town, in front of COURTS in Dangriga Town and the Central park in Punta Gorda Town. San Pedro Town, held their event on Saturday December 2nd at the Central Park.*

All sites included a showcase of the collaboration and networking that is evident in responding to HIV/AIDS. This included information booths from various partner agencies, give-a-ways, games, and free HIV testing by the Ministry of Health. At this event the National AIDS Commission honoured HIV service providers and advocates with the first ever **"Narciso Franklin Caliz HIV Unsung Hero Award"** in remembrance of Mr. Narciso Caliz, who was an advocat and active member of the National AIDS Commission Punta Gorda District Committee. Six well-deserving nominees received awards in the areas of: Civil Society Service Provision, Advocacy, Youth Advocacy and Health Service Provis ion.

This event was one of the highlights of the day and provided a much needed burst of spirit for those who otherwise would go under the radar for their consistent and dynamic work in the field. The awardees were: *Mr Kenrick Gonzales (Youth Advocacy Award), Nurse Margaret Bradley (Health Service Provision), Nurse Tomasa Heredia (Health Service Provision), Mrs. Adi Cawich (Advocacy), Mr Felix Ayuso (Advocacy), and Hand-In-Hand Ministries (CSO service Provision).*

As a second major component of the program, the NAC invited five youth artists to create one-of-a-kind pieces of art on-site. The artists, who were limited to painting a piece surrounding the World AIDS Day theme and only had access to red, black and white paints; painted their pieces live during the ongoing activities. The pieces were donated to partner agencies for permanent display and recognition for the artists. The artists were: *Ms Briheda Haylock, Ms. Kenisha Gooding, Mr. Marvin Vernon, Ms Rosemarie Vergo and Mr. Uriel Cowo.*

World AIDS Day 2017 was a dynamic all-inclusive program and with the public/private partnership with DigiCell we were able to surpass the national testing numbers and bring a greater social awareness to multiple communities. The success of this activity proves that there is a strong collaboration among partners which has led to a greater sense of public awareness and that there is a need for more dynamic and innovative programming in order to reach the most affected populations.

Government, Civil Society and Multi-Lateral Organization

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

Goal & Intervention Strategy	Strategic Objective
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	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.

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

Goal 3 in the HIV Strategic Plan looks at testing. Testing is a critical component as it actually provides for a measuring stick by which we can gauge how successful our prevention program is. However, Testing is only as good as our ability to actually get people out to come and take the test. This has been a huge hurdle for different reasons ranging from a fear of Knowing one's status right up to fear of Stigma and Discrimination.

Regional Testing Day

The biggest contributor to the Testing Plan is our NAC Member Ministry of Health. They provide a number of voluntary counselling and testing centres in ALL Districts as well as in San Pedro. These testing centres are separate and apart from the Private facilities. The National AIDS Commission has also prepared user-friendly brochures complete with the location and contact information for all the centres. The Brochures have been distributed countrywide through all our committees and partners as well as on our Facebook page.

Annually we have two major testing events; Regional Testing Day in June and World AIDS Day in December. To Increase our testing success, we do not focus just on one day. Instead, in the weeks leading up to the big testing day we would visit different work places and offer testing to employees; in particular male-dominated work sites including Belize Electricity Limited, Bowen and Bowen Limited and Citrus Products of Belize Ltd in the Stann Creek District. *The Belize National AIDS Commission was presented with the 10th Anniversary Regional Testing Day Innovative Outreach Award for their contribution to the Regional Testing Day on HIV initiative as it celebrates its 10th Anniversary in 2017.*

On a quarterly basis the District committees and other members of the NAC also have regular Intervention activities that include testing. We lost the support of PASMO but the NAC programs department along with Ministry of Health has picked up the slack with a focus on our key populations and to that end one of the activities included a testing of the Prison Population for HIV and TB.

Successful testing is not only based on getting people out but also once they are getting tested how we handle the interaction. To that end we ensured that there was specific training for the MOH staff not only in being MSM friendly but also how to be sensitive to the population in general to avoid stigma and discrimination. The training is now being revised with an eye to involving ALL staff of the facilities and not just those that may have direct contact with the populations.

A collaboration has been made with the Belize Defence Force in light of the fact that they no longer have the support of the Department of Defence from USA. In that regard we are going to see how we can incorporate them into the Program activities under the funding from the Prevention Strategy. As part of Regional Testing Day great efforts have been made in getting our uniformed men and women to get tested and we have seen great results from the Police Force, the BDF and the Coast Guard who have welcomed our initiative. The NAC's outreach activity has also reached the Belize Central Prison where routine HIV testing is done along with counselling.

Key Results Areas (KRA): Testing

Goal & Intervention Strategy	Strategic Objective
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

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

Caribbean Public Health Agency
CARPHA

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.