

NATIONAL
AIDS COMMISSION

Annual Report 2019



**“Building Resilience Through
*Innovation and National
Accountability*”**

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Foreword



The Global Economic landscape has changed and so has the HIV funding landscape. Donor funding has been gradually reduced and the limited resources available require more emphasis on value for money, that is funds spent for the greatest impact and in the most efficient way. Countries all over the world are now in a transition phase from Global Fund to Country-led funding of the national response to HIV and AIDS. Belize has made significant progress in gradually increasing its domestic funding and exploring options to diversify funding sources in its quest to treat all and end AIDS by 2030 through differentiated service delivery models. The increased political commitment towards country ownership, efficiency and sustainable financing is reflected in the work of the National AIDS Commission and confirms to the Government of Belize's obligation to the United Nations 2011 Political Declaration on HIV and AIDS under the theme: "Intensifying Our Efforts to Eliminate HIV and AIDS'.

As a multi-sectoral response, we need to re-focus our efforts and interventions so as to accelerate activities in HIV prevention, enable people to know their HIV status, provide antiretroviral therapy and long-term care and support services to all people living with HIV, and put an end to the pervasive HIV-related stigmatization and discrimination.

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



A Message from the Executive Director



Greetings

In 2019, the National AIDS Commission; serving as the Country's Coordinating Mechanism embarked on the oversight of the implementation of the first year of the Global Fund Grant Cycle 2019-2021. This grant is based on the transition readiness assessment workplan as well as updated National Strategic Plans. The grant activities include:

- *Delivery of standardized package of behaviour change and risk reduction outreach activities to men who have sex with men and to transgender people including HIV tests through certified HIV testing trainees from civil society organizations.*
- *Pilot of Social Contracting using grant funds to implement HIV/TB activities.*
- *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.*
- *Capacity building for health care workers in the Standard Operating Procedures for Viral Load Testing.*
- *Set up navigation services to support people living with HIV 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 District Committees.*

The work of the NAC continues to be centered on scaling up and advancing a human rights framework for key populations, building political will through an investment case that demonstrates the national economic cost/benefit of investing in the public-sector response along with systems and collaboration between government and civil society organizations. To this end, the NAC has embarked on the development of comprehensive legislation that seeks to address all forms of discrimination and inequality through an Equal Opportunities Legislation.

While tremendous work, effort and investments have been made in the national response to HIV/AIDS and tuberculosis, HIV/AIDS continues to be public health issue where 2018 data from the Ministry of Health showed an increase in new infections from 223 in 2017 to 254 in 2018. This deadly disease is affecting our Belizean women and men at their most productive years with an average of 105 deaths annually.

Scientific evidence, however, has shown that HIV treatment can extend the lifespan of people living with HIV and effectively prevent HIV transmission. There are also many proven opportunities for HIV prevention beyond medicines, including condom programming, behaviour change, and programmes focusing on key populations. These have clearly demonstrated their capacity to sharply lower rates of new HIV infections. HIV programmes are dramatically strengthened when they are combined with social and structural approaches.

If we are to end the AIDS epidemic, we need to use all the resources available, hold each other accountable for results and make sure that no one is left behind.

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



MS. ANELLIE PAREDES- 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.



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 an 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.

**NAC
SECRETARIAT**

**DISTRICT
COMMITTEE**

**GOB
SUPPORT**

**GLOBAL FUND
SUPPORT**



District Committee 2019

Punta Gorda District Committee

Aug. 2019 - Teen week is an annual event carried out by the Department of Youth Services Punta Gorda Branch. During that week our focus is mainly on Civic Pride, Health and Recycling. The camp consisted of thirty-nine (39) participants this year who participated in the recycling and painting of used tires to make two tire tables, the tables were then presented to the Town Council for placement around the Town. The participants were sensitized about the National AIDS Commission (NAC) and what the NAC is responsible for, within that time; many questions were asked from the young people about discrimination and local health issues such as having access to condoms and finding information on the spread of HIV and common diseases relating to HIV. Brochures were given out and the committee ensured the young people took the time to read and understand the information shared.



June 28th - The National Testing Day activity in Punta Gorda Town is slowly grasping the public's attention, to the point that we can factually state that numerous people look forward to the event. The day started off rather wet and slow but since it was public servants and teachers pay day, citizens slowly made their way over to the Central Park. Surprisingly, we noticed a group of males were the first to be tested, usually over the past years, the females were the first. As the day progressed it was quite visible that the promotions which were on display caught attention and the trend quickly spread across the town; the latter part of the test were done mostly in the morning, this seems to be a typical behaviour of the citizens in Punta Gorda. They will come out after lunch hour. As the day concluded, we managed to meet our day goal which was to increase to numbers of tests within the male population; this amounted to 86 tests total; 45 tests being males and 41 tests being females.

Nov. 29th - We celebrated World AIDS Day 2019 under the theme "Communities Make the Difference. At this event we conducted HIV testing of the general population and included key target populations. The day's activity included support from organizations such as Red Cross, The Vector Control Unit (MOH), NGBUC, 15 days of Women, NDACC, The Department of Youth Services, NHI, Hill Side Clinic, and The Police Department Community Police Unit. Medical care providers, including NHI primary care providers apply standard provider-initiated testing and counselling services. Education and demonstration on condom use was provided.



Dangriga District Committee

On June 28th 2019, the Annual National Testing Day was held in Dangriga at the Habet Parking Lot. This was a new location for testing day as we tried to make this a holistic fair whereby several services can be offered at the same time.



Several NGOs and Governmental Organizations were invited to be a part of this event. Present were representatives from NEMO, Mental Health, HECOPAB, TB-adherence, Youth Services, Nutrition and HIV. Each booth provided a service to the community through education. The highlight of the day was to encourage the general public got tested, but more so targeting the male population as this year's theme reflected "LEAVE NO MAN BEHIND".

At the end of the day, this event was considered to be a success as a total of 111 tests was administered; a total of 57 males and 52 females. Each male person that was tested was given a ticket as a chance to enter raffle while females who were tested was provided with key and cup/ bottle holders.



November 29th - In order to commemorate this year's World AIDS day a week of activities was held throughout the Stann Creek District in order to coincide with this year's theme "Communities Makes the Difference".

Testing was done in Independence as well as in Dangriga. On Monday November 25th booths were posted at Independence Junior College compound from 10am until 3pm where education was done with staff and students of this institution. Going on Tuesday, a student symposium was held at the Stann Creek Ecumenical Junior College, the theme for this event was "HIV in young people and decision making".

At this event guest speeches were done by different Ministry personnel's as it relates to general knowledge on HIV, modes of transmission, prevention and treatment along with statistics in Belize and Stann Creek District topped off with making good decisions as young people. Thereafter, free HIV tests were done and different booths such as Mental Health, TB, HIV, HECOPAB and Nutrition was on display educating the student population. Successively, on Wednesday, the High schools within the Stann Creek District were invited to a student workshop at Southern Regional Hospital. A total of 4 schools participated whereby they sent 2 student representatives; this too was centred on the theme "HIV in young people and decision making". Later on that day, I went on the local media talk show to inform the community of the week's activity and provide education on HIV as well as to promote the annual fair. On Thursday, we visited the various business and Government offices and conduct HIV, diabetes and Hypertensive tests. To wrap up the week's activity the annual fair was held in the Habet or former A&R parking lot on Commerce Street in Dangriga Town. It must be mentioned that it was another successful event. They were several booths and while HIV tests was being done the CHW was also doing diabetes and hypertensive Checks.

Overall, a total of 243 tests were done with no reactive. 92 were males and 151 were females; remarkably majority of the tested population were young people between the ages of 15-19.



Corozal District Committee

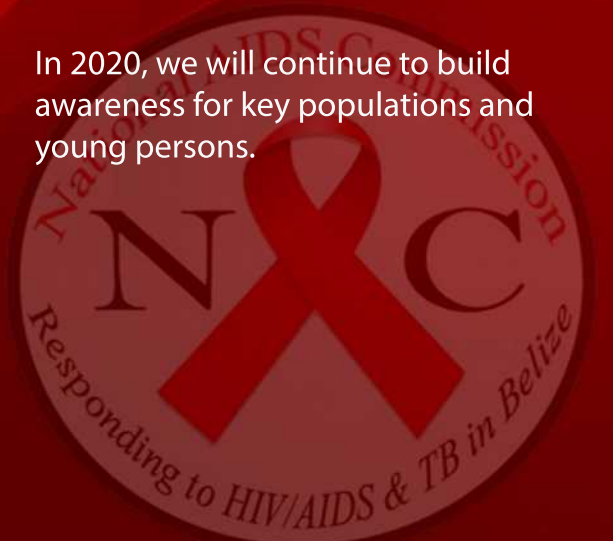
The Corozal District Committee in collaboration with Red Positiva Quintana Roo from Chetumal, Mexico engaged in National Testing Day and World AIDS Day 2019.

For National Testing, a total of 216 persons were tested, of that 96 were males and 120 females. There was no positive case. As an incentive the Corozal district committee gave out raw chicken to anyone who got an HIV test done. This was well received by the community.

On November 29th, the Committee assisted with World AIDS Day. a total of 510 HIV tests were conducted from 25th to 29th November. There were 191 males and 317 females; of this, there was 1 positive case. Again, raw chicken was given away on the final testing day and it was well received.

During this week, the Committee also visited Customs, immigration, Border Management BAHA, Peseros, Las Vegas Casino, Free Zone, Belize Bank, Atlantic Bank, Corozal Town Council, and Brothels. It was a very successful event. Apart from HIV testing, flu shots, MMR and DT were also done.

In 2020, we will continue to build awareness for key populations and young persons.



Orange Walk District Committee

Sep. 2019 - BACK to SCHOOL for children living with HIV and Affected by HIV. Through the efforts of Mrs. Lillian Dominguez forty-two (42) school bags were issued to children infected or affected with HIV. The school bags were filled with School supplies as seen in the photo.



Mayor of Orange Walk recognized Mrs. Dominguez continuous Humanitarian efforts by awarding her the Patriotic Servants award on September 19th, 2019.

2019 GOALS

1. Conduct HIV testing for World Aids Day and Regional testing day
2. Assist HIV+ Persons
3. Assist Children affected and infected with HIV

2019 ACTIVITIES ACHIEVED

1. Testing for both World Aids Day and Regional testing day
2. Held a wellness fair for World Aids Day
3. Held a Toy Drive for Children with HIV
4. Assisted HIV+ children with School bags and School Supplies
5. Held a Christmas Party for Children
6. Assisted financially some HIV+ patients

THE WAY FORWARD - 2020 Plan

This present year the OW NAC committee will engage in awareness in schools. We will be more participative in school's awareness activities. Our assistance to Children and Adults affected and infected with HIV will increase. Engage other line ministries to have participation in the Committee and acquire t-shirts for members.

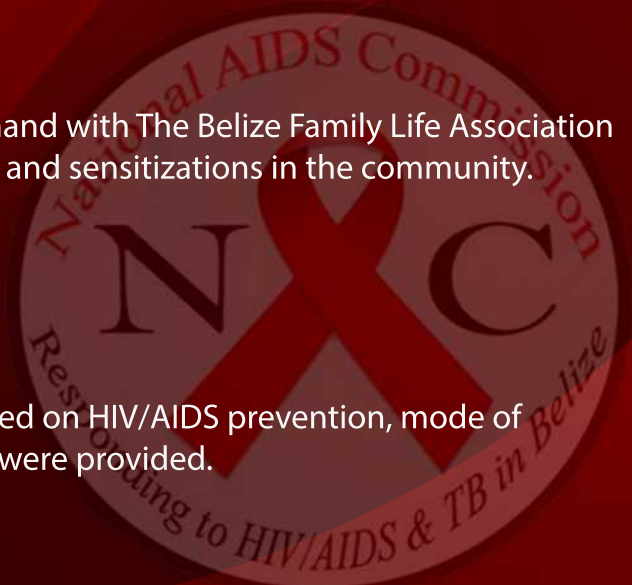
San Ignacio District Committee

The San Ignacio District Committee has been working hand in hand with The Belize Family Life Association San Ignacio Branch (BFLA) to continuously carry out HIV Testing and sensitizations in the community.

The following testing was done:

- 23rd Jun., 49 tests
- 12th Sep. 26 tests
- 23rd Oct. 52 tests

Both male and females were tested and information was provided on HIV/AIDS prevention, mode of transmission, safer sex, pre/post-test counselling and condoms were provided.



Apart from these testing days organized. The San Ignacio District Committee collaborated with several partners to carry out National HIV Testing Day in June and World AIDS Day in November 2019. These events were successful in conducting HIV testing, blood pressure testing, and glucose testing in our community.

San Pedro Island Committee

June 28th, 2019. The National AIDS Commission Island Committee alongside the San Pedro AIDS Commission and the Ministry of Health; planned and executed an all-day Free HIV Testing day at the Central Park on Friday June 28th 2019. The day of testing commenced sharply at 9AM and went through the lunch hour up to 3PM. It was held under the theme, "Leave No Man Behind", the activity was a HUGE success. National HIV Testing Day in San Pedro saw 84 individuals being tested, with a high number of first time participants getting tested. In the end, a total of 51 Men and 33 Women were testing. The age range of participants was from 16 - 60, with the highest number of participants in the range of 25-39. The San Pedro AIDS Commission, which secured some 75+ plates of food, offered to individuals getting tested.



We would like to thank The San Pedro AIDS Commission, Sand Bar, Pineapples Restaurant, Lina Point Overwater, Mimi Burgers, Carmen Eiley, Socorro Vasquez, Wild Mangos, Blue Water Grill, The students of Washington University of Health and Science, The Reef TV / Reef Radio, The San Pedro Sun, Lighthouse Christian Radio Station, Ministry of Health Personnel and Volunteers.



National Strategic Plan &

Current HIV/AIDS Situation



Global Fund Grant of USD \$1.9 million:

In 2015 the National AIDS Commission (NAC) developed its National Strategic Plan (NSP) 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. In 2018, the country saw a reduction in grant funding to USD 1.9 million since it is in transition phase. The grant ended in 2018 for USD \$3.4 million. A new cycle started Jan 1, 2019.

The NSP continues to provide the blueprint for the work that was carried out in the year 2019 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/AIDS 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 2018 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.

This Grant also saw the introduction of the Civil Society Hub (CSO). The CSO Hub is the coordinated effort of civil society organizations in the human rights, HIV/TB response organizations, and key government ministries to reach key vulnerable populations such as Lesbian Gay Bi-sexual Transgender (LGBT), Persons Living with HIV (PLHIV), and youth.

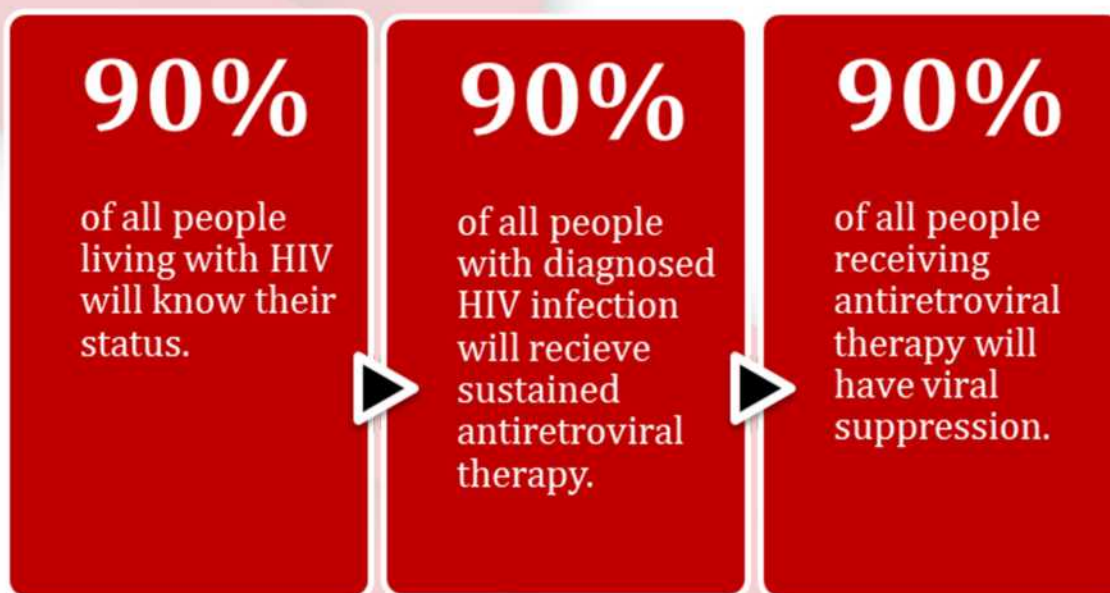
The country is at a critical point in its response to the aforementioned vulnerable populations. It is at a point where there is an urgent need to transition from a response that is dependent on external funding to one that is sustained and financed domestically. This can only be achieved with the coordination and collaboration of sustained governmental and civil societal organizations.

The nongovernmental organization, GOJoven Belize serves as the CSO Hub Coordinator and a sub-recipient that has the responsibility of sub-contracting other organizations working in critical areas such as HIV prevention/care packages, support /linkage to treatment through the Ministry of Health facilities, and legal support where applicable.

Currently, the CSO-Hub organizational membership includes Empower Yourself Belize Movement (EYBM), Belize Trans Colors (BTC), Trans in Action (TIA), Collaborative Network for Person Living with HIV (CNET+), United Advocacy Belize Movement (UNIBAM), Promoting Empowerment Through Awareness for Lesbian and Bisexual Women (PETAL), Belize Family Life Association (BFLA) and Our Circle.

Current HIV Situation in Belize

Striving to achieve the Joint United Nation Development Programme UNAIDS 90-90-90 targets and providing quality care for persons affected by HIV impules the country's HIV/AIDS response. Over the years, there have been notable successes in the response to HIV/AIDS such as increased and free access to testing and treatment, increased partnerships with CSOs and NGOs, among others. However, there are challenges yet to be overcome. Late access to services, which results in late diagnosis and late treatment initiation, combined with lack of adherence still pose significant challenges and lead to increased morbidity and mortality among PLHIV. Belize, Stann Creek and the Cayo districts remain the districts with the highest burden of HIV/AIDS infection. More males of working age group are also being diagnosed. As a result, the Ministry of Health has started to direct its screening efforts at the male population, which is considered a high-risk population. However, it must be highlighted once again that there still exist socioeconomic inequalities, risk behaviors, among other factors which contribute to the ongoing situation in Belize. Work overload in health care facilities and stigma and discrimination also continue to prove deterrents to treatment and care as indicated by a study on 'Barriers to Early Testing and Barriers to Adherence', that was done in 2017.



Through the GF Project for HIV/TB 2019-2021, there is in place a plan for more CSO involvement, aimed to increase the reach of testing services and for timely linkage/referral to care. Continued monitoring, not only by MOH but also by partners involved is needed. Behavioral change approaches need to be evaluated as a mechanism to improve patient adherence and retention. Weaknesses in the system need to be analyzed and new strategies tabled and agreed upon for strengthening all levels of the continuum of care. In summary, in light of the gaps identified, the need for strengthening the multisector (multi-stakeholder) collaboration is vital to propelling the country's HIV response forward.

(Ministry of Health 2018 HIV Statistical Report)

National Strategic Plan & Current HIV/AIDS Situation: Continuation

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



**Strategic
Planning**

National HIV & 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

iii. 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:

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

<i>Goal & Intervention Strategy</i>	<i>Strategic Objective</i>
<p>Goal 1 (priority level) New HIV infections among persons, 15-24 years, account for 13.78% of all new infections in 2018, this shows and increase from 2017.</p> <p>Intervention strategy Intensified comprehensive HIV prevention services targeting all persons 15-24 years of age</p>	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 Role of Communication in ending AIDS



**THE
RISK IS NOT
KNOWING.
GET TESTED.**



One of the biggest components of Prevention is Communication. It is important for us to make every citizen aware of 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.

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.



In March, CVC conducted the Belize Civil Society Forum. CVC collaborated with JASL and the National AIDS Commission (NAC) to engage in discussion with stakeholders to achieve the following outcomes:

1. Establishment of a Civil Society Forum in Belize (replicating the Jamaica model)
2. Develop a Terms of Reference for the Forum and a Strategic Framework for Action.

In June, CVC conducted a Legal Literacy, Shared Incident Database (SID) and Communications training with stakeholders.

Second Joint Regional Dialogue with Parliamentarians, Faith Leaders, Civil Society Leaders, National AIDS Programme Managers & Youth Leaders



The five stakeholder groups – Parliamentarians, Faith Leaders, Civil Society Leaders, National AIDS Programme Managers and Youth Leaders were involved in interactive sessions which allowed them to discuss and propose options on the way forward for each stakeholder group, including areas for collaboration with other stakeholder groups beyond the current Global Fund grant.

The PANCAP Director emphasised that the Dialogue sought to ascertain from stakeholder groups what is needed to develop positive attitudes to diverse social identities, such as men who have sex with men, transgender persons, sex workers, persons who use drugs, migrants and persons with disabilities.

In addition, the five stakeholder groups were involved in identifying strategies for fostering collaboration for ending AIDS, areas for cooperation between stakeholders and support needs for advancing stakeholders' work at the national level.

Participants included Parliamentarians representing Government and Opposition, Members of the Regional Faith Leaders Steering Committee and other selected Faith Leaders, Regional Civil Society Leaders who work with Key Populations, members of the PANCAP Youth Advocacy Steering Committee and National AIDS Programme Managers.

Belize was represented by National AIDS Commission Executive Director Enrique Romero, Parliamentarian Hon. Orlando Habet, youth advocates Kevin Mendez and Diego Grajalez.

The Dialogue provided an update on the implementation of recommendations that emanated from the first Regional Dialogue held in April 2018. Stakeholders also explored personal values and attitudes that may contribute to reinforcing differences or fostering an environment that supports diversity.

Communication Training for Advocacy & Media Engagement



The 2-day workshop utilised interactive approaches including group and plenary discussions, role-plays, storytelling, video and face-to-face presentations. A veteran broadcaster and communications specialist who has been involved in all aspects of broadcast media for over 40 years conducted the training. She included a real-life interview scenario to highlight how to do a professional interview while showcasing the impact of stigma and discrimination on a transgender woman.

In addition, there was extensive use of interactive tools using the online tool Poll Everywhere. First they used Poll Everywhere to: share their expectations on the Expectation Wall online; complete their Self-Assessment forms on their comfort level with media interaction; group work that included them creating their key messages; then practical exercises for delivering their key messages in an elevator speech delivered to their surprise encounter with the Head of GFATM!



Participants all received tips and guidelines on navigating media traps, writing press releases and information on how to plan media conferences, prepare for TV interviews and how to effectively use a microphone.

PANCAP Knowledge Management Share Fair to Focus on Improving Access to HIV Prevention, Treatment, Care and Support by Men and Boys

Belize was represented at PANCAP Knowledge Management Share Fair under the Project: Applying Knowledge Management to Strengthen PANCAP's Coordination Role for the Regional HIV/AIDS Response by National AIDS Commission Executive Director Mr. Enrique Romero.

Participants included over 80 National AIDS Programme (NAP) Managers and Implementing Partners such as civil society organizations that work with people living with HIV and key population groups (including youth).



The Share Fair expanded on the capacity building initiatives implemented by the Project. These include the Knowledge Synthesis and Best Practices Workshop (2016), South-to-South Learning Exchanges to the Dominican Republic and Jamaica (2017-2018), Treat All Message Design Workshop (2017), "Collaborating and Learning towards Treat All" Share Fair (2018), PANCAP webinars, and other ongoing regional knowledge management efforts around 90-90-90 and Treat All.

It provided a space for NAP managers and Civil Society Organization (CSO) representatives to showcase best practices from implementation experiences, discuss critical challenges, and provide recommendations for increasing access to services for men, including men who have sex with men and other key populations in achieving 90-90-90. Access to services by men was a key issue during the Share Fair as the UNAIDS Global AIDS Update 2018 shows that gay men and other men who have sex with men accounted for nearly a quarter of new infections in 2017. The report also highlighted that efforts to reach men and boys, and particularly gay men and other men who have sex with men, are constrained by health services insufficiently tailored to their needs and limited community-based services.

Participants also shared implementation experiences in relation to the provision of Pre-exposure Prophylaxis (PrEP), innovations for reaching and testing key populations, and strategies for sustaining the HIV response.

Third Meeting of the Regional Coordinating Mechanism (RCM) for the Global Fund Projects

The Third Meeting of the Regional Coordinating Mechanism (RCM) for the Global Fund Projects was held at the Marriott Hotel, Georgetown, Co-operative Republic of Guyana from the 25th -26th April 2019. The Chair of the Regional Coordinating Mechanism, Dr. the Honourable Nicolette Henry, Minister of Education, Guyana, chaired the meeting. Belize was represented by the Executive Director of the National AIDS Commission Mr Enrique Romero.

Ms. Curvelle David, Monitoring and Evaluation Officer, Office of the Principal Recipient, CARICOM Secretariat shared a comprehensive and informative presentation. The presentation included a background of the PANCAP Global Fund Project, Programmatic Status of the PANCAP Global Fund Project, Financial Status of the PANCAP Global Fund Project, Status of the PANCAP Global Fund Work Plan Tracking Measures, challenges encountered with Grant Management and an update on the PANCAP/CVC/COIN Global Fund Project.

Mr. Ivan Cruickshank, Executive Director of CVC presented on the CVC/COIN Global Fund grant. It was highlighted that policy change was needed and that it can be strategic. Two legal environment assessments were conducted. As a result of this, legal issues and legal literacy trainings were completed. IEC Materials were also developed. The virtual database for documentation was operational in the OECS, the Bahamas and in most of the Caribbean countries. To date 2638 cases were reported. Paralegal support to help persons along the journey was shared. A question on whether the community paralegals were a part of the process in assessing the database was posited. It was shared that they were only involved once. Mr. Cruickshank continued to share in his presentation that national level advocacy plans were developed. He expounded on the complementarity of the work PANCAP and CVC /COIN had and highlighted the number of pro bono lawyers who were currently on board.

Mr. Dereck Springer shared with the RCM that The Global Fund approved the joint request as a regional grant. It was highlighted that the grant comes into effect on the 1st October 2019 and ends in September 2022. PANCAP/ CVC AND COIN met with the Fund Portfolio Manager and the PR was in the process of completing the detailed budget. The Performance Framework was revised. There will be three (3) milestones as opposed to fourteen (14). UNAIDS was working on the gap analysis and the governments contribution to the financial gap. Additionally, the PR was revising the Grant Manual particularly the financial aspect and the TAG Governance Manual. The oversight body will be with the TAG. The TAG will have representation from all countries. It was hoped that this will be submitted by the end of July, 2019.

It was shared that sustainability must be built into this cycle and it should be the emphasis of the new grant. A video documentary on the best practices and actual activity experiences in the different countries was suggested. The learning journey was also shared and that data should be added to the new grant. Persons with disabilities and shortcomings were also suggested as an addition to the grant.

Reg. Data Analysis, Dissemination & Use Training-May 21-23, 2019

A total of approximately forty-five (45) participants from the National HIV/AIDS Programmes, NGOs and Key Populations networks representing sixteen (16) CARPHA/PANCAP member countries namely, Antigua & Barbuda, Barbados, Belize, Commonwealth of The Bahamas, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts & Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago. Belize was represented by Dr Keisha Westby and Jevan Chavarria from the Ministry of Health, Ms Kylah Ciego from Belize Family Life Association and Enrique Romero from the National AIDS Commission.

The training sessions were highly interactive. They were designed in such a way to optimize interaction and facilitate practical application of DHIS2 and analytical concepts and skills during working sessions utilizing country and agency data.

The workshop methods utilized included:

- **Presentation: Using slides**
- **Live demo: Showing how to do specific functions in CARPHA Regional Data Repository for Health and the CARPHA M&E Forum using real examples.**
- **Practical: Hands-on sessions where participants work on their own instances of DHIS 2 and the use of analytical tools.**
- **Group work: working session to update and finalize country specific CRSF indicator data in the CARPHA Regional Data Repository for Health.**



Key Results Areas (KRA): Testing

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.

Strategic Objective

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 35.42% of all HIV tests performed highlighting the need to develop gender specific health options.
- b. In the age cohort 20-55, 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 study "Population Size Estimates for Men Who Have Sex with Men and Transgender" it shows a total of 596 transgender and 9,891 MSM countrywide. According to the UNAIDS Global AIDS Update 2016 MSM and trans women are estimated to collectively represent one out of every three of all new infections of HIV in the LAC region.

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:

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2. Barriers to Adherence to HIV and TB Continuum of Care in Belize
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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)
9. Population Size Estimates for Men Who Have Sex with Men and Transgender





National Testing Day



Over the last 2 years, Belize has celebrated National Testing Day in partnership with the Ministry of Health countrywide after successfully carrying out Caribbean Regional Testing Day from 2007-2017 under the sponsorship of Scotiabank. Over the last 2 years, National Testing Day has been successfully collaborated by the Ministry of Health and NAC. This is after 10 years (2007-2017) of it being under the sponsorship of Scotiabank. This new approach gave The National AIDS Commission (NAC) the opportunity to develop Public Private Partnerships with various entities locally.

The NAC was able to design and implement a NTD Program to meet specific needs based on statistics with the support from the Ministry of Health.

As we continue to respond to HIV in Belize, the NAC in collaboration with its partners, DigiCell, Department of Youth Services, Atlantic Bank Limited, Chukka Belize, Courts Belize, Creative Marketing, The Belize Chamber of Commerce and Industry and the Ministry of Health (MOH) proudly commemorated the second annual National Testing Day (NTD) on Friday, June 28th, 2019; under the theme: "Leave No Man Behind", with the focus primarily targeting males to come out and get tested.

The events were set up by members of the NAC District Committees and MoH, in (8) different locations. These events included Media appearances, Health Education booths and testing. A total of 1,308 persons got tested country wide, of this 661 (50.54%) were females tested; there were 0 newly diagnosed positive case. The remaining 647 (49.46%) were males of which 1 male person between the age 50-55 were a newly diagnosed positive case. The majority of males and females that got tested were from ages 15 to 55.

National Testing Day June 28th, 2019 9am - 3pm

"Leave No Man Behind"

Every Male tested will receive a raffle ticket for a chance to win one of the following:

- 1st Prize: Win a Samsung J6 Phone from Digi
- 2nd & 3rd Prize: a Gift Certificate from Chukka
- 4th & 5th Prize: a Male Grooming Kit from Courts

Sponsors: COURTS, Digi, CHUKKA, Atlantic Bank, Ministry of Health, Belize Chamber of Commerce and Industry, Department of Youth Services, Creative Marketing, Chukka Belize, and others.



To encourage the Belizean citizens to come out and get tested DIGI sponsored a Samsung J6, Chukka Belize sponsored two (2) certificates for cave tubing, zip lining and ATV adventure and Courts Belize sponsored two (2) male grooming kits, which were all raffled. Apart from those raffles, we gave away cup koozies and key rings were as a token to anyone who got tested.

As part of UNAIDS target 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; the NAC remains focused in achieving this.



WORLD AIDS DAY

The 31st Anniversary of World AIDS Day was marked on 1 December 2019 under the international World AIDS Day theme: **“Communities Make the Difference”**.

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 in a new approach for World AIDS Day 2019 (WAD) activities. A Wellness Day was planned nationwide focusing on overall health. The activities included HIV testing, blood pressure and glucose testing, BIM, Rapid Urine Analysis, a free yoga session and education on Mental Health, which became a huge part of this year’s activities. As part of our sustainable development and collaboration we partnered with several public private entities which includes: The Ministry of Health, DIGI, Belize Diabetes Association, Kidney Association of Belize, Mind Health Connect Belize, Om Shanti Belize Yoga & Wellness Center, Ministry of Labour, Local Government & Rural Development, Belize Family Life Association, Department of Youth Services, Bowen & Bowen Ltd. and The Belize Chamber of Commerce and Industry.



The NAC in collaboration with The Ministry of Health coordinated a testing day in eight (8) locations countrywide. The general public and the media were invited to attend the event, which had updated HIV/AIDS information sharing. A total of 1,761 persons got tested country wide, of this 966 (54.86%) were females tested; there was one newly diagnosed positive case a female between age 35-39. The remaining 795 (45.14%) were males of which two (2) male persons between the age 20-24 and one (1) over 60 years were newly diagnosed positive cases. The majority of males and females that got tested were from ages 15 to 55.

World AIDS Day 2019 was a success with the public/private partnerships.



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 HIVTB cases.

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

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 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



☒ 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 program: 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.

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, 118 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, 118 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 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*

ANTI-DISCRIMINATION BILL

The Chair of the National AIDS Commission, Hon. Laura Tucker-Longsworth, would like to acknowledge and express her gratitude to the Special Envoy for Women and Children, Mrs. Kim Simplis Barrow, and Chief Executive Officer in the Ministry of Human Development, Social Transformation and Poverty Alleviation, Ms. Judith Alpuche, for the collaboration, support and commitment to a mutually beneficial working relationship with a clearly defined vision and purpose that led to the development of an Equal Opportunities Bill for Belize.

The Chair also extends her sincere gratitude to the NAC Secretariat staff and the dedicated members of the Anti-Discrimination Steering Committee, which was established to provide direct guidance and technical support to the legal consultant in the drafting of the Equal Opportunities Bill. The many hours of work dedicated to this Bill was overwhelming and highly appreciated and valued.

Since the start of the new millennium, the National AIDS Commission and its partners have been in discussion regarding the development of an Anti-discrimination Bill. During the past 20 years, quantitative and qualitative studies including at least 3 legal environment assessments, studies on barriers to early testing and adherence and Persons Living with HIV Stigma Index have provided the evidence-based data necessary to start the process.



In January of 2019, the National AIDS Commission; led by the Chair, Hon. Laura Tucker-Longsworth in close collaboration with Mrs Kim Simplis Barrow and the Office of the Special Envoy lead this process with the establishment of an Anti-Discrimination Steering Committee whose membership comprises representation from:

- **Ministry of Human Development Social Transformation and Poverty Alleviation**
- **Attorney General's Ministry**
- **Ministry of Health**
- **Ministry of Labor**
- **Human Rights Commission of Belize**
- **Ombudsman Office**
- **National AIDS Commission**
- **Office of the Special Envoy**
- **Civil Society**

The Committee is chaired by Mr. Randall Sheppard, Senior Crown Council, Legislative Drafting; in the Attorney General's Ministry met on a monthly basis to discuss the road map. The Committee also engaged the legal consultant in virtual meetings and provided the necessary logistical and technical support.

The Committee through the National AIDS Commission, as part of its resource mobilization strategy, solicited financial assistance and those were provided by the Human Dignity Trust to cover expenses relating to public consultations and communication campaign as well as for a rapporteur to document the entire process. The Human Dignity Trust also contracted the services of Attorney, Rashad Brathwaite, who worked directly with the Belize team and Attorneys, Karen Dalton and Michelle Daley, to provide remote assistance. PANCAP allowed the Committee to use the CARICOM Model Anti-Discrimination Bill as the basis for the Belize Anti-Discrimination Bill.

In February 2019, the Anti-Discrimination Steering Committee drafted the Cabinet Note which was submitted to Cabinet for drafting approval.

The purpose of the Cabinet paper was:

To seek Cabinet's approval to proceed with the drafting of an Anti-Discrimination Act using the PANCAP Model Anti-Discrimination bill; and to seek Cabinet's approval for the Government to undertake a concerted effort to identify and eliminate any and all weaknesses and gaps in the current legislative framework which perpetuate discriminatory practices and policies.

RECOMMENDATIONS OF THE CABINET PAPER:

The Cabinet is respectfully requested to approve the drafting of the following by the Attorney General's Ministry:

- 1. A comprehensive Anti-Discrimination Bill using the PANCAP Model Anti-Discrimination Bill with the addition race, religion, national origin, sex, sexual orientation, age, health status or other grounds against discrimination.*
- 2. Consequential amendments to any other Law, that is discriminatory and is not in compliance with Sect 16 (1), (2), and (3) of the Constitution of Belize.*

In February 2019 Cabinet approved the note for drafting

In August 2019 the legal consultant Rashad Brahtwaite arrived in Belize and held meetings with key stakeholders including Ministry of Labour, National Council on Ageing, Belize Assembly of Persons with Diverse Abilities (BAPDA), Ombudsman Office, National Committee for Families and Children, Attorney General's Ministry, CEO Judith Alpuche, Ministry of Health, and Civil Society Representatives. The information gathered during these meetings and the desk review previously conducted by the legal consultant formed part of the first draft of the Bill.

Mr. Brahtwaite returned to Belize again to conduct another round of meetings with other key stakeholders including the Belize National Indigenous Council, Belize Council of Churches, Chief Education Officer and her team, members from the National Trade Union Congress of Belize, Human Rights Commission of Belize, and the National Evangelical Association of Belize.

During meetings with the Anti-discrimination Steering Committee, the legal consultant proposed that the Anti-Discrimination Bill be referred to as the Equal Opportunities Bill since the purpose of the Bill was equality and equitable treatment.

The information gathered from the desk reviews done by the legal consultant and the stakeholder consultations held with key groups in August and November led to the development of the first draft of the Equal Opportunities Bill.

Public Consultations were held in January of 2020, and stakeholder consultations continued into February and March.



Monitoring and Evaluation

The National Strategic Plan for the country of Belize can be broken down into 8 strategic goals. These goals can be further broken down into specific objectives.

The goals are as follows:

1. *Prevention specifically of the new incidents of HIV in people 18 -24*
2. *Prevention specifically of new infections in Men who sleep with Men*
3. *Testing – so that 90% of the infected population can know their status*
4. *Treatment – 90% of those on treatment remain on treatment*
5. *Removal of Barriers- reduction of discrimination in the provision of health care services*
6. *Treatment – 90% of those living with HIV are linked to and retained in HIV Treatment & Care*
7. *Treatment- 50% of HIV/TB care is delivered thru community based health services*
8. *70% case detection, 85% treatment success, 95% HIV testing of TB Patients*

If you notice all goals have one significant thing in common they are all measurable. This is critical because if we can measure then we can know if we are being successful or not in meeting our goals. This is where monitoring and evaluation comes in. Many times this field is looked at critically because it is seen as a policing mechanism and therefore widespread support is normally hard to come by. However, monitoring and evaluation is much more than just a policing mechanism. Let us take a closer look at what it actually is.

Monitoring and Evaluation (M&E) is used to assess the performance of a project, in our specific case we want to assess the performance of us attaining our goals set out under the National Strategic Plan. The goal is to improve current and future management of outputs, outcomes and their impact. Monitoring is a continuous assessment of programmes based on early detailed information on the progress or delay of the ongoing activities. An evaluation is an examination concerning the relevance, effectiveness, efficiency and impact of activities in the light of the specific objectives. The idea in evaluating projects is to isolate errors in order to avoid repeating them and to underline and promote the successful mechanisms for current and future projects.

An important goal of evaluation is to provide recommendations and lessons to the project managers and implementation teams that have worked on the projects and for the ones that will implement and work on similar projects.

Evaluations are also indirectly a means to report to the donor and or government about the activities being implemented. It is a means to verify that the donated funds are being well managed and transparently spent. The evaluators are supposed to check and analyse the budget lines and to report the findings in their work. M&E is also useful in it enables the donors such as Global Fund and the Government to know whether the funds provided are well utilised in purchasing drugs, equipments and funding programs in the fight against HIV/Aids and TB.

In the case of Belize and HIV, Monitoring and evaluation processes are managed by NAC, MOH and UNDP who is currently the Grant Manager. The credibility and objectivity of monitoring and evaluation reports depend very much on the independence of the evaluators. Their expertise and independence is of major importance for the process to be successful.

Differences between monitoring and evaluation

The common ground for monitoring and evaluation is that they are both management tools. For monitoring, data and information collection for tracking progress according to the National Strategic Plans are gathered periodically. Monitoring is a short term assessment and does not take into consideration the outcomes and impact unlike the evaluation process which also assesses the outcomes and the longer term impact. This impact assessment occurs sometimes after the end of a project, even though it is rare because of its cost and of the difficulty to determine whether the project is responsible of the observed results. Evaluation is a systematic and objective examination which is conducted on monthly, yearly basis, unlike Monitoring which is continuous assessment providing stakeholders with early information. Monitoring checks on all the activities on the last [implementation stage] unlike Evaluation which entails information on whether the donated funds are well managed and that they are transparently spent.

Importance

Although evaluations are often retrospective, their purpose is essentially forward looking. Evaluation applies the lessons and recommendations to decisions about current and future programmes. Evaluations can also be used to promote new concepts for new grants, get support from governments, raise funds from public or private institutions and inform the general public on the different activities.

Performance measurement

The credibility of findings and assessments depends to a large extent on the manner in which monitoring and evaluation is conducted. To assess performance, it is necessary to select, before the implementation of the project, indicators which will permit the measurement of targeted outputs and outcomes. An outcome indicator has two components: the baseline which is the situation before the programme or project begins, and the target which is the expected situation at the end of the project. An output indicator that does not have any baseline as the purpose of the output is to introduce something that does not exist yet.

Indicators

By virtue of our unique geographic position as well as the different funders and affiliations. There are several different indicators that we track and report on.

National Strategic Plan Indicators

Global Fund Indicators

Carpha Caribbean/Regional Indicators

There is of course a lot of overlapping among the different sets but there is also a work in progress to find a common ground if you will of all the indicators and mappings.

A full report will be done on the indicators outlining them in detail as to what they are what they track and why as well as to how the country performed in regards to the indicators and the impact of those findings not only on the program but also for the country.

NAC Peer Navigator Program

The NAC Peer Navigator's Program started in 2018. A peer navigator is defined as an HIV champion, friend, sounding board, health educator, and facilitator for health care, guide, coach, advocate, case-finder and community resource. A peer navigator identifies barriers in accessing prevention, care and treatment services and is a connector to health care staff or services who can address barriers. He/she may be an HIV-positive, medication-adherent role model who shares experiences and membership with the populations with which he/she works, or may be a suitable officer with the desired skill set.

Peer navigators are full-time (funding permitted) workers and depending on their qualifications and experience, their work may include most or all of the following responsibilities:

- ☒ Outreach
- ☒ HIV education and risk reduction
- ☒ Condom promotion and access
- ☒ HIV counselling and testing
- ☒ Linkage of client to clinical and social services
- ☒ On-going follow up and support to newly diagnosed HIV-positive clients
- ☒ Navigation of health services for newly diagnosed HIV-positive clients
- ☒ Adherence motivation
- ☒ Identification of barriers to care and skill building to address barriers
- ☒ Patient empowerment
- ☒ Referral to support groups



The objectives of a peer navigator are:

- ☒ **To provide prevention services in risk reduction and counselling, testing and adherence.**
- ☒ **To effectively link newly diagnosed HIV-positive clients with HIV/AIDS clinical services**
- ☒ **To improve continuity of care**
- ☒ **To increase retention rates among people living with HIV (PLHIV), especially key populations.**
- ☒ **To improve quality of life**
- ☒ **To improve health outcomes**

The NAC in collaboration with United Nations Development Programme (UNDP) conducted trainings in July and October under the theme, 'Strengthening Adherence to PLHIV by Enhancing Peer Navigator's Knowledge on HIV and TB Literacy and HIV; TB Prevention, Treatment and Care' to ensure the Peer Navigators received the necessary training needed to be successful. Currently, there are three (3) Peer Navigator posts but only two are filled. They are located in the Belize District, Cayo District, and Stann Creek District. The Ministry of Health's Annual HIV Statistical Report indicates these are the districts with the highest numbers of HIV infections.

NAC Peer Navigator Program

The program had some challenges within the year. Here are a few outlined:

- ☒ The program got underway until May 2019
- ☒ Change of Peer Navigators in all locations in October 2019
- ☒ Poor reporting / None submitted
- ☒ Stann Creek currently has no representative
- ☒ Clients are hesitant to share information because of fearing a breach of confidentiality

A few successes include:

- ☒ The second set of Peer Navigator is doing a great job
- ☒ The Peer Navigators completely knows their area and has assisted many HIV clients
- ☒ Reporting is consistent for the last quarter in 2019
- ☒ Clients are getting attention needed
- ☒ Clients lost to adherence are getting counselling and has started medication
- ☒ Clients who cannot travel to access medication are receiving services and medication
- ☒ Clients are encouraged to do consistent testing (CD4, viral load)
- ☒ Clients are motivated to get tested



The NAC continues to monitor the Peer Navigators and will ensure the Stann Creek District has a new representative for 2020. We would like to see the program roll out in all districts; however, we see where we can continue to improve in the current three districts. We are determined to ensure all our clients are getting the services and medication they need to live a long and healthy life.



CSO-HUB



What is the CSO- Hub?

* The CSO Hub is the coordinated effort of civil society organizations in the human rights, HIV/TB response to collaborate among each other and with key government ministries, to reach key populations such as Lesbian Gay Bi-sexual Transgender (LGBT), Persons Living with HIV (PLHIV), and youth.

* The country is now at a critical point in its response as it transitions from a response dependent on external funding to one that is sustained and financed domestically. This response therefore requires sustained government and civil society organizations' coordination and collaboration.

* In the CSO Hub model, GOJoven Belize was selected to be the coordinating entity that will serve as the link between the Ministry of Health (and other Ministries) and Civil Society Organizations (CSOs) as well the coordinator of the CSO Hub response.

GOJoven Belize will serve as a sub-recipient which has the responsibility for sub-contracting other organizations working in key areas of the response such as: HIV prevention and care packages, Support/linkage to treatment through the Ministry of Health facilities and legal support due to violation of Human Rights.

Currently, the CSO-Hub organizational membership includes Empower Yourself Belize Movement (EYBM), Belize Trans Colors (BTC), Trans in Action (TIA), Collaborative Network for Person Living with HIV (CNET+), United Advocacy Belize Movement (UNIBAM), Promoting Empowerment Through Awareness for Lesbian and Bisexual Women (PETAL), Belize Family Life Association (BFLA) and Our Circle.



CSO- HUB Global Fund Activity Update - Quarter 1 : January –March 2019

* On March 7, 2019, GOBelize hosted its first CSO- Hub Meeting at the Our Circle Resource Center. The objective was to inform CSO- Hub members with a program update in reference to the indicators of the 2019 global fund grant activities (Q1)

* On March 19- 21, 2019, GOBelize and other CSO-Hub members participated in a three-day workshop at Belize Best Western Biltmore hosted by CVC and the National AIDS Commission. The objective of the meeting was to formulate the goals, mission and principle values of the CSO-Hub. The information gathered will be collated by CVC and shared with the CSO-Hub.

* On March 22, 2019, after consultation with TIA Belize, EYMB, UNIBAM, BTC and NAC .The HIV/TB prevention package for Trans was submitted to UNDP. This defined package includes: pre/post counselling, HIV test, STI Screening, blood pressure test, TB Screening, body mass index and condoms.

CSO- Hub Secretariat Coordination

- ☒ The CSO –Hub Secretariat (GOBelize) employed two new personnel
- ☒ A computer server has been installed to accommodate the installation of the Mistry of Health’s BHIS.
- ☒ Participated in a GF Program report training facilitated by UNDP
- ☒ GOBelize crafted several programmatic tools to assist in the coordination of and documentation of Global fund grant activities. These tools included an activity summary report, activity request form and M&E tools
- ☒ Coordination Meetings with MoH for CSO HIV Testing and training

Challenges:

- ☒ Fund transferal
- ☒ Clarity of CSO-Hub Coordinator Role
- ☒ The use of the reporting mechanism tools
- ☒ Procurement of Strips

Steps taken to mitigate: application for accreditation from licensing unit, procurement of Items. HIV certification training for CSO-HUB members. Memorandum of Understanding (MoU) drafted to articulate clear expectations from both entities

- ☒ Communication challenges

Steps taken to mitigate: development of a monthly bulletin, increase meeting sessions to clarify mis-communication, proper documentation of agreements

- ☒ Low capacity in written documentation of activities

Steps: creating easy to follow reporting templates and mentorship processes

- ☒ Reconciliation of Funds from CSO HUB members

Steps: under discussion

Next Step - Quarter 2 Implementation

- ☒ Key pop HIV testing (MSM(212)/Trans(20)
- ☒ PHIV support group sessions
- ☒ Community mapping for DOTS
- ☒ Capacity building sessions
- ☒ HIV testing certification
- ☒ Use of BHIS
- ☒ Sensitization Session
- ☒ Community engagement

Objective 1: Delivery of standardized package of HIV/TB testing and screening, BCC and Risk Reduction outreach activities to MSM, TGs and young men at risk

The CSO-Hub has been able to successfully deliver 212 MSM and 20 transwomen with a standardized package of HIV/TB testing and screening, and BCC risk reduction outreach activities. MSM package included glucose, weight, pressure, BCC, Pre & Post, TB screening, and HIV test.

Table of Package Delivery

Organization	MSM	Trans	Young men	Total	Reactive test
EYBM	212	-	-	212	3
BTC	-	20	-	20	0
Total	212	20		232	3

The organizations responsible for these services and sessions were Empower Yourself Belize Movement (MSM), Belize Trans Colors (Trans), and GOJoven Belize (young men). These service deliveries occurred in two of the three heavily burdened areas with incidence of HIV, Belize and the Cayo Districts; particularly, in Belize City, San Pedro Town, San Ignacio Town, Kolbe Foundation, Icon Call Center, Belize Tourism Village, ITVET and several private households. Thus far, these activities have led to the detection of three new HIV reactive. The CSO Hub followed this up by linking it to services provided by the Ministry of Health's social workers and counsellors.



Eight night-time outreach activities were performed, of which EYBM did four (4) and four (4) by BTC within the Belize and Cayo Districts. These sessions provided the organization with an opportunity to reach MSMs and Trans to provide both sexual reproductive health education and recruitment for HIV testing services. Both organizations performed these night-time activities in San Ignacio, Belize City, and San Pedro Town and have reached thirty-five (35) individuals who were also allowed to build a network amongst themselves.

Key Learning:

- More one on one interaction with individuals has to further build confidence and behavior change and the initiatives for testing.
- Individuals within a key population tend to take friends to support them in making the initiative to test. However, the entities (EYBM and BTC) have specific targets and can influence key populations not to get their test if their friend does not take them too.
- Need to procure condoms and lubricants because the HUB did not procure funds to buy and has no agreement with MOH for them to supply the HUB, so it is urgent to establish an agreement with MoH or identify funds to purchase condoms and lubes.
- A stronger strategy to reach individuals in the southern districts by the HUB.
- Improve reporting mechanisms to ensure that successes and barriers can be documented and mitigated to improve our quality of service delivery.

Objective 2: Training to improve reporting of stigma and discrimination both within and outside the health, education, immigration, housing and police

UniBAM facilitated two workshops to improve reporting of stigma and discrimination both within and outside the health, education, immigration, housing, and police ministries addressing violence, advocating for disaggregation of data within the police department, and in MOH /BHIS systems. A total of 32 persons collectively participated in the two workshops. There is an evident need to build their capacity in understanding data analysis and how it can be used to support strategies aligned to the gaps found in the country's research studies.

Objective 3: Sensitization and Capacity Building

GOBelize facilitated four sessions with the 2019 new training cohorts and the Belmopan Police Training School on November 2-3, 2019. The 207 individuals participated in the session that focused on HIV/TB information, Human Rights and Stigma, and Discrimination.

GOBelize also collaborated with the Belize Chamber of Commerce to educate and discuss the HIV Workplace Policy. This training provided the opportunity to inform its participants on the following topics: HIV epidemiological data, TB 101, HIV workplace policy, and a testimonial from a person living with HIV. This participatory list included representatives from Belize Biltmore hotel, BEL, Atlantic Bank, Travelers Liquors, BNE, Chukka, Labour Department, and Belize Chamber of Commerce and Industry, a total of 18 participants.



Belize Trans Colors hosted four capacity-building workshops. These sessions hosted in Belize City; however, the 51 participants were from the six districts.

The following are a list of topics that have been covered during the workshop: Human Rights Establishing a Personal Development HIV 101, TB, Emotional Intelligence and Community Needs Assessment.



EYBM also performed a half-day session for parents of LGBT community members in June 2019. This session provided an arena for the parents to share some of their challenges as parents of LGBT individuals. It was an emotional and powerful session as many of the participants, given their cultural beliefs, are struggling to accept the choices of their children as it pertains to their sexual orientation parents who have supported their children were able to share their challenges in hopes of providing some form of support to those parents who were struggling.

GOBelize commenced its series of sensitization sessions with the University of Belize. Thirty-six (36) Social Work students in Belize participated in this sensitization session on stigma and discrimination and barriers to adherence to HIV medical services. The Co-facilitator of this session was Ms. Zahnia Canul of Trans in Action (TIA Belize), who shared the adverse challenges her community faces as a result of stigma and discrimination. Ms.Zahnia was commended for the excellent presentation, and students expressed that it had been the first time they had met and interacted with a transwoman. The experience allowed them the opportunity to acknowledge that as much as they have been taught in theory that as a service provider, they should be objective; some still had their values and biases interfere with their actions. Students shared that it was a great experience to have been able to acknowledge it.

Objective 5: Support Group Session

To improving adherence levels and the lives of PLHIV, the CSO Hub is tasked to coordinated Peer HIV/TB support group meetings once every two months. These support groups would include topics such as HIV/TB 101, mental health/wellness, condom negotiation, family or guardian support, MOH services and locations, and personal will to live well.

Up to date, the CSO Hub has accomplished six (6) support group sessions that were held in the Belize and Cayo District locations. The Support Group Session in Cayo was facilitated in teamwork with San Ignacio Ministry of Health's Social Worker with a total of 10 PLHIV participants. Session two was held in Belize District, ten participants at the Kolbe Foundation. The third session was held in collaboration with C-Net+, where 10 PHIV participated in the support group session. Overall we had thirty (30) PLHIV who benefited from a series of capacity sessions that included: Self-Care Practices, Personal Values, Adherence, Human Rights, Personal Development Goals, Nutrition, and Co-Infection TB/HIV.



In spite of the benefits of retention in care, it is challenging for the health care facilities to keep all patients in HIV-care. Studies in HIV have shown a loss to follow-up from HIV care. Adherence in public facilities, where patients do not receive the extra support (e.g., provision of transport and meals on follow-up visit dates), needed to close some gap of adherence. High quality of comprehensive care for PLHIV is offered only through the funding of international agencies. Ministry needs to ensure that funding is aligned to meeting some of the gaps identified in Dr.Petra's report.

Further amplifying by the on "test and treat" policy, positive diagnosed HIV persons receive prompt treatment regardless of their clinical stage or CD4 cell count since patients are likely not very ill during ART initiation. Such patients may not perceive themselves to be at risk of the complications of HIV, and it may, therefore, be more challenging to retain them in care until their immune function has worsened, and they present complications. We assessed the incidence of and the factors associated with loss to follow-up from HIV care among adult patients enrolled at public facilities. It was found that the factors were related to socioeconomic, stigma, and self-stigma. The findings through our interactions also indicated that some patients had to move a long distance from home to the health facility for ART refill. It is common for patients to miss clinical appointments due to financial reasons. A patient-reported that, "So, one time I asked her (sister) to support me with some money for me to catch a bus to go to the clinic, she started to throw insults at me; and said you should tell your men who infected you to give you money so you can go." Stigma and discrimination continue to be barriers to self-seeking behaviors.

Objective 6: DOTs Intervention

Direct Observation Therapy (DOTS) interventions provided by surrogate fellows in six(6) rural communities in Cayo and Stann Creek districts was a vital activity within the first year of the Global Fund/UNDP grant. The commitment was to offer a package of tests within six (6) communities reaching 1,500 unique individuals to build the capacity of surrogates amongst the communities.

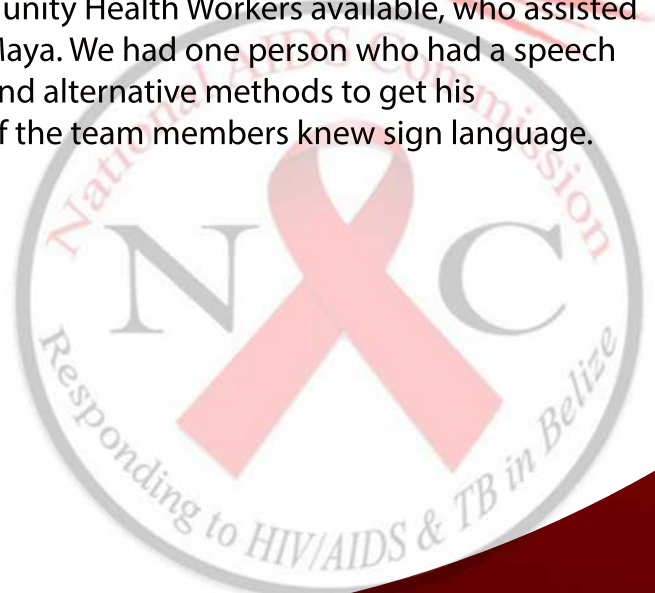
However, there were a series of challenges, firstly we had to get our tester certified, and we also had to have the entity certified as an organization granted outreach testing; secondly, we were to secure the testing material from the Ministry of Health such as testing strips. The Hub Coordinator (GOBelize) was asked to submit an email with the quantity of rapid HIV testing strips that were going to be needed to carry out the year's activity, including the DOTS. The total amount of testing materials requested in the emailed on April 11th, 2019, was 2000. (Annex 1).

We were unable to receive the necessary testing materials. In total, we received fifty (50) on September 18th, 2019 and (100) rapid test and 30 SD Bio line on November 25th, 2019. Out of the 2000 strips requested in different ways, we only received 150 rapid tests and a 30-bio line rapid tests totaling to 180 test kits. We were unable to secure the materials from the Ministry of Health and UNDP supported by the procurement of rapid tests from the neighboring country Mexico (Chetumal) for the activities to be accomplished. However, the purchase initiated the first week in December and received the 2000 testing kits on 13th December 2019. The Hub deliver the package service to the communities in the south to 300 individuals during the week of 17th -20th.

The Direct Observation Therapy (DOTS) was carried out from the 17th to 20 December 2019, in Trio, Bella Vista, Red Bank, and Independence Village. The certified testers on board were Allen Botes, Abner Recinos, Eva Burgos, Gloria Avila, Keron Cacho, and Mandy Pandey, all GOBelize staff and members of the association. In each village, we had the support of the Community Health Workers and youth leaders.



Language: Each Team had a Spanish speaker, and if it was Maya, we had the support of the Community Health Workers available, who assisted with Ketchi and Mopan Maya. We had one person who had a speech impediment, and we found alternative methods to get his demographics, as none of the team members knew sign language.



THE WAY FORWARD: ACHIEVING A SUSTAINABLE AIDS RESPONSE

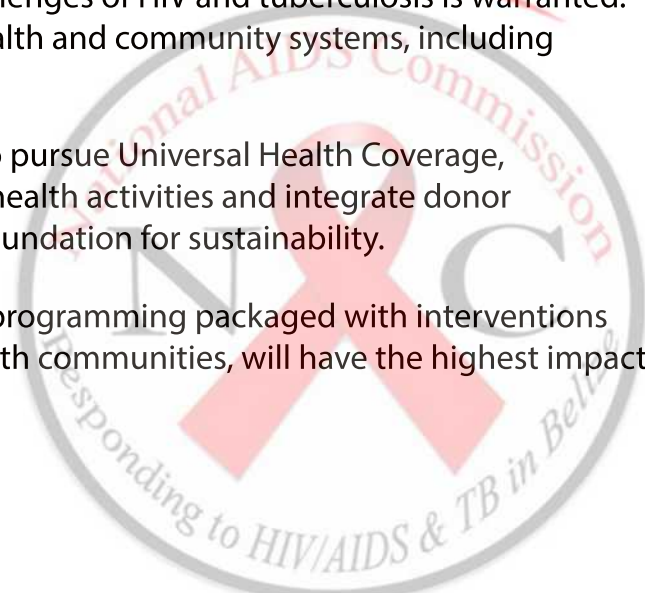
Ending AIDS by 2030 as a public health threat is a Sustainable Development Goal. Bringing the epidemic under control is also a prerequisite for the long-term sustainability of the AIDS response results. Failure to achieve that goal will keep increasing both the budgetary demands and the social and human toll of the AIDS epidemic well into the future. The recent increase in new infections is threatening the gains we have achieved so far and we have not been able to tip the AIDS epidemic into a decisive decline as has been hoped. Mobilizing domestic resources to meet the HIV response challenges, achieve Universal Health Coverage and reach the Sustainable Development Goals is a task for all countries, regardless of their income level, disease burden and level of socioeconomic development.

The Government of Belize continues to provide the political will that is needed for increased domestic investments in key population programmes, community-led services and human right programmes in an effort to “leave no one behind.”

Ending the AIDS epidemic as a public health threat by 2030 can only be achieved if we continue to embed human rights and equity principles in our national response. Four key areas have been identified as critical to the National Response to HIV/AIDS and Tuberculosis:

- **Maintaining Political Commitment-** as a country we need to continue to increase domestic resources and adopt policy and other changes to accelerate sustainable AIDS response results in achieving UNAIDS 95-95-95 goals by 2030; which means ENDING AIDS.
- **Investing for impact through robust National Strategic Plans:** Effective decision-making and innovative strategies need to be developed so that proper resources are allocated for maximum impact. Our activities and interventions must be done through differentiated care for key populations, women, adolescents, children, and families, if we are to improve efficiency, adherence and retention improving health outcomes, reducing cost, and freeing up human resources to ‘treat all’ in pursuit of 90-90-90 targets.
- **Delivery for sustained results:** Accelerate quality implementation of fully-funded HIV programmes, including human rights and gender programmes, that address the dual challenges of HIV and tuberculosis is warranted. These programmes should be delivered through strengthened health and community systems, including social contracting; and
- **Engaging now for long-term sustainability:** We must continue to pursue Universal Health Coverage, multisectoral financing of HIV, human rights, social enablers and health activities and integrate donor financing within government-led fiduciary systems to build the foundation for sustainability.

An investment approach which combines effective and efficient programming packaged with interventions that address barriers to access to care, delivered in partnership with communities, will have the highest impact.



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:

1. The "I choose HPV" test project was implemented between the period January to July 2019. A total of 533 women were tested. Ninety-four women tested positive resulting to a positivity rate of 18%. Eighty percent of the women who tested positive received follow up and treatment where appropriate. One (1) squamous cell carcinoma was detected, the patient was referred and has received treatment. Draft HPV guidelines were developed, 5 providers were trained in the use of the care HPV machine and capacity building in HPV testing and follow-up using draft algorithms was done with 10 providers.

2. June 22 2019, BFLA launched its new logo at the 34th Annual General Meeting. The logo represents the openness of BFLA as a services provider catering to all persons regardless of age, gender identity and sexual orientation among others. The open-heart image represents our passion and love for the work of providing services and under the mantra "We Empower All". The mantra is a true reflection of the Association's open policy to providing services, education and advocacy for all.

3. The Association contributed to the professional development of educators and health care professionals with the aim of strengthening comprehensive sexuality education delivery and strengthening the health system's response to victims of Gender-Based violence respectively. BFLA was lead facilitating organization for the Ministry of Education's Continuous Professional Development Training for Health and Family Life Education instructors. A master trainer 3 days training was facilitated on "Approaches for Effective Sexuality Education". The training was completed by 35 educators who then retrained a total of 430 teachers across the country. BFLA participated in the Strengthening Health Systems' Response to Gender Based Violence training of trainers provided by PAHO, John Hopkins University and other partners. The Association committed to conducting an in-country training which was done in September. A total of 17 service providers from health, police department and social sector participated.

CSOs - Who we are & what we do

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.



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:

We continue to focus on the infected HIV child in the country, by providing nutritional assistance for 50 of our children, through the UNDP/Global Fund. In spite of the many challenges we face, most of children continue to thrive and their quality of lives improves.

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.



What we do:

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

CSOs - Who we are & what we do

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

Sexuality Training - This was a four-day comprehensive training that introduced participants of the LGBT community to concepts related to human sexuality including sexual orientation, gender identity, expression and sexual characteristics. This training included follow-up sessions to assess participants' grasp and/or practice of the concepts learnt in the training. The target amount was a maximum of 20 members of the LGBT community in Belize with all members across the spectrum of the LGBT community. This human sexuality training helped to reduce biases, misconceptions, discriminatory behaviour and even confusion manifested within the LGBT community in Belize as it relates to sexual orientation, gender identity, expression and sexual characteristics. The expectation was that at least 20 members of the LGBT community in Belize who participated in this training would not only enhance their personal understanding of SOGIESC but would be able to impart their knowledge to the wider LGBT community as well as their families so that issues of discrimination and stigma associated with SOGIESC can also be reduced. PETAL targeted at least 5 lesbians, gays, bisexuals, transgender and gender non-conforming individuals from across the country through an invitation to the LGBT organizations who target specific sub-groups of the LGBT community in Belize. This therefore, provided an opportunity for strengthened collaborative effort among the LGBT organizations in Belize and by extension strengthen the national movement under COC PRIDE. This training can also function as a training of trainers that would also give the participants the opportunity to not only gain more knowledge about sexuality but be able to impart that knowledge to others in their organization and in the LGBT community.



Couple's Wellness Retreat- In meeting with many women from the LGBTQ+ community, it has been identified that one of the recurrent themes for many of the couples is that they do not get sufficient alone time with their partners. Many of the couples have cited that they often become irritable or distant from their partners because they feel that they have lost touch with the person that they first met or fell in love with. They also discussed the desire to be better able to communicate with their partners and feel heard and respected. For many of these couples separation is not an option, because though the laws of the land have not declared or legalized them in marital union, many of them see themselves as fully committed to the partners that they are with. In light of these and many other issues that have been cited in our "conversations" and identified need by our volunteer counselor PETAL proposes that we celebrate and assist five couples that have shown tremendous support and dedication to the organization, as well as a commitment to wanting to utilize the services that the organization offers to empower themselves and renew their commitment to each other.

CSOs - Who we are & what we do

(Peer Empowerment Life/Livelihood Skills) PELS - These trainings will provide 15-20 participants each with basic skills in woodwork, jewellery making and painting so that they can utilize these skills in not only their personal lives to improve their quality of life but also to equip them with marketable skills that can gain them either employment or income generation opportunities.

Woodworking skills – This was a 12-week course with all day sessions on Saturdays, guided by a skilled female carpenter, where participants expanded their knowledge and skills introduced in basic carpentry in 2018. This course allowed participants to hone carpentry skills to make their products marketable. Participants were able to make items from wood such as napkin holders that they can then sell and earn income at the PRIDE market. The act of actually creating something and “perfecting” it and then put it on display for sale and to actually get it sold gave the women the motivation to want to continue doing the work even at their own expense. This income revenue did not only make these participants feel empowered but how to achieve some type of financial stability positive and creative expression of their skills, expertise and products in a safe environment that allows for the showcasing and celebration of LGBT talent in a variety of products and services.



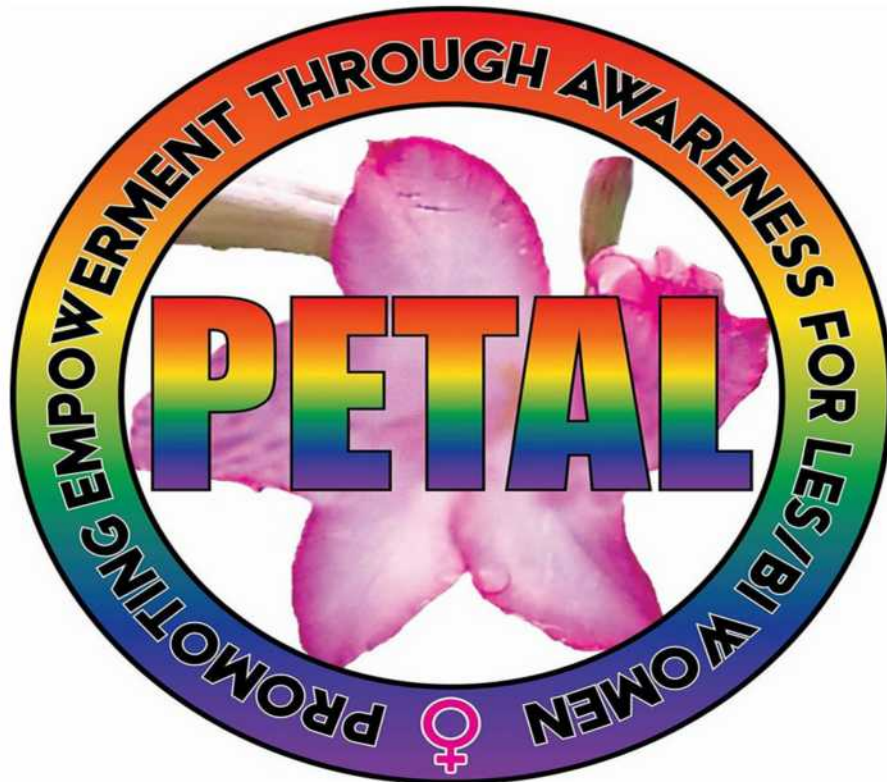
Women’s Forum - This event is the third annual national forum on the social, economic and gender justice of women in Belize with a particular focus on lesbian and bisexual women. This was a gathering of women leaders, advocates and citizens to discuss cultural and social norms associated with the female body from SOGIE perspectives. The event was held on the International Women’s Day (March 8th) and provided a historical, policy and contextual knowledge sharing opportunities for women, girls and men and boys who champion gender equity. Participants are from all parts of the country in this activity that is a major part of national activities for Women’s Month in Belize.

PETAL was the lead organization hosting this forum in collaboration with other women’s agencies such as the Productive Organization for Women in Action, EmergentCorp, Women’s Department, the Ministry of Human Development, Social Transformation and Poverty Alleviation and the National Women’s Commission. The theme was “Our Bodies Our Minds Our Selves: the age of consent dilemma.” This event examined social and cultural norms that have shaped discriminatory legislation, policies and procedures that have negatively impacted women and girls, especially les/bi women. It engaged presenters and participants in knowledge sharing and transfer for improved, non-discriminatory legislation, policy and practice.



CSOs - Who we are & what we do

GBV Advocacy & Outreach - Outreach activities on the 25th of each month will be conducted to raise awareness of gender based violence (GBV), with an objective to increase public understanding of the broad scope of gender based violence beyond domestic violence and the role each person can play in an ongoing campaign dubbed Call to Action for timely transparent responses to GBV, begun in 2018 under RET International and taken up for sustainability by PETAL in 2019. PETAL is the lead organization hosting various outreach activities in collaboration with other agencies such as Productive Organization for Women in Action , Emergent Corp, the Ministry of Human Development, Social Transformation and Poverty Alleviation and the National Women’s Commission. These actions was carried out as a part of the UN global call to ‘Orange the Day’ on the 25th of each month. The activities occurred in the urban municipalities of Belize of which there are nine (9). Ten outreach activity was conducted to raise awareness around GBV.



CSOs - Who we are & what we do

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.

Accomplishments:

1. 212 HIV tested with MSM community
2. 8 LGBTIQ advocates were certified on advocacy and Human Rights
3. Engagement and sensitization workshop with stakeholders and government agencies

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

CSOs - Who we are & what we do

Accomplishments:

CSO HUB coordinating meeting

Civil society meeting on Civil Society Hub with Caribbean Vulnerable populations. The goal was to look at structure, strategy and resource mobilization needs of civil society.



Development Finance Corporation Meeting on inclusive financing

We discuss gender issues, and the legal barriers to borrowing and accessing financial institutions as an LGBT Belizean, we discuss the marginalization of women in the banking system like sex workers and the need to find solutions to reduce the practice of marginalization. It was a rare meeting in the financial sector that included LGBT issues.



European Proposal Writing CSO Session

While EU grants are tough to acquire, it was equally important to engage the system to acquire knowledge of process and strategy. While we learn a bit of the experience of other CSO accessing funds, it was an opportunity for intro section about the value of investment in the effort.



CSOs - Who we are & what we do

Human Rights Workshop supported by global fund resources

We worked to examine police brutality, misogyny and homophobia in the police department. We explored issues of violence women experienced, including rape and the capacity issues of make officers to manage crime cases that rely on the skills of female officers to be managed in the department. We explored the complicity of rights holders in their mistreatment and solutions.



Hate Crime Form

We organized LGBT folks from the community to attend and participate in the questions of violence and increase their understanding of a hate crime provision in Belize. This is the result of facilitating introduction to our international partners Human Dignity Trust in London in 2018.



Developing a National Human Rights Plan of Action

Two years in the making our national human rights plan of action is intersectional and seeking to mainstream the issues of protection and rights enforcement. No other CSO agency has led the way in unifying such a plan. It was the first time in UniBam history that we were able to work with other CSO's to get this done.



CSOs - Who we are & what we do

PRIDE Festival

It was designed to highlight the productive side of the LGBT population in Belize, in the area of small craft and services. We had as well a foam party the night and a large audience to open the day. It was the first time the community has an open event and agreed collectively to open it to the public. We are working to incorporate an association of LGBTI micro enterprises and have supported three persons in generating income as LGBTI entrepreneurs.



Caribbean vulnerable Communities Media Advocacy

Filming around HIV was done in Belize by our partners at CVC. The goal was to look at health issues and how affected communities are mobilizing around affecting health outcomes. The host was UNIBAM Executive Director, while colleagues from Our Circle, TIA Belize, C.N.E.T participated to make their contribution. The segment will be aired on regional Caribbean Television.



CSOs - Who we are & what we do

Go Joven Belize Alumini 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:

Health Fair at Kolbe Foundation - GOBelize was extended an invitation to facilitate at Kolbe Foundation's third annual Health fair on the 16th May 2019. GOBelize in turn went to Kolbe foundation to facilitate on topics about Sexual Reproductive Health (SRH) to prisoners.

On the 24th -28th of June, four (4) GOBelize's fellows were invited to attend a **one-week certification course** on HIV Pre-Post counselling at University of West Indies open campus, Belize City, funded by UNDP. This certification was to build to capacity of participants to become certified HIV testers which will be approved by the Ministry of Health (MOH).

Four GOBelize fellows were invited to a capacity building on **Glucose and Blood pressure training** at Belize institute of management (BIM) on the 6th August, funded by CSO Hub. This training was to enhance the capacity of individuals to be able to perform glucose and blood pressure testing along with HIV testing as a whole package.

On the 24th July, GOBelize supported 4H, a skills training institution, in facilitating a **session on Sexual Reproductive Health (SRH)** to around forty (40) teenagers from around the country. The sessions were specifically on male/female anatomy, hygiene, and self-esteem.

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.



CSOs - Who we are & what we do

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."

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."

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.

CSOs - Who we are & what we do

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.

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).
2. Home care training and support to people living with HIV/AIDS. This was on going for 2018 and continued in 2019.
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.
4. We continue to do humanitarian work in assisting our clients with groceries, counseling, care and love.

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.



CSOs - Who we are & what we do

What we do:

POWA runs after-school programmes for vulnerable children, literacy and school completion programmes for women, an HIV prevention and stigma and discrimination reduction programme, and conducts extensive work on empowerment of women and girls.

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.

REFERENCES

BLZ_C_UNDP Final HIV-TB Budget Activities

Barriers to Early Testing and Barriers to Adherence

Ministry of Health 2018 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 Activity Reports

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



ANNEX B- NAC REGIONAL ENGAGEMENT

- 1. *Second Joint Regional Dialogue with Parliamentarians, Faith Leaders, Civil Society Leaders, National AIDS Programme Managers & Youth Leaders***
- 2. *Communication Training for Advocacy & Media Engagement***
- 3. *PANCAP Knowledge Management Share Fair to Focus on Improving Access to HIV Prevention, Treatment, Care and Support by Men and Boys.***
- 4. *PANCAP Third Meeting of the Regional Coordinating Mechanism (RCM) for the Global Fund Projects***
- 5. *PANCAP 7th Annual NAP Managers & Stakeholders Meeting***
- 6. *CARPHA'S Reg. Data Analysis, Dissemination & Use Training-May 21-23, 2019***
- 7. *REDCA+ XVIII Regional Meeting***
- 8. *REDCA+ Regional Project Grant QRC-H-SISCA***
- 9. *UNAIDS, USAID & PEPFAR Regional Training Workshop on National AIDS Spending Assessment - NASA***
- 10. *GATE & APTN Multi-Region Consultation on the Integration of Trans People in Global Fund Processes***

ANNEX C- National AIDS Commission - Membership

No.	Member	Name	Sector
1	Chairperson	Laura Longworth	Government
2	Representative from Ministry of Health	Dr Francis Morey	Government
3	Representative from Ministry of Human Development	Taheera Usher	Government
4	Representative from Ministry of Education	Dr. Candy Armstrong	Government
5	Representative from Ministry of Labour	Alfaro Muy	Government
6	Representative nominated by the Leader of the Opposition	Phyllis Cayetano	Government
7	Representative from the Attorney General's Ministry/Foreign Affairs	Randall Sheppard	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. Noreen Jack (PAHO)	No voting rights
18	Multi-lateral	Dr. Nyresse Castro (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:

- * **Hon. 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**
- * **Renata Samuels- 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

Communications & Programs Officer: Anellie Paredes

Office Manager: Adrienne Alpuche

ANNEX E- List of Abbreviations

APTN- Asia-Pacific Transgender Network

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

GATE- Global Action for Trans Equality*

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

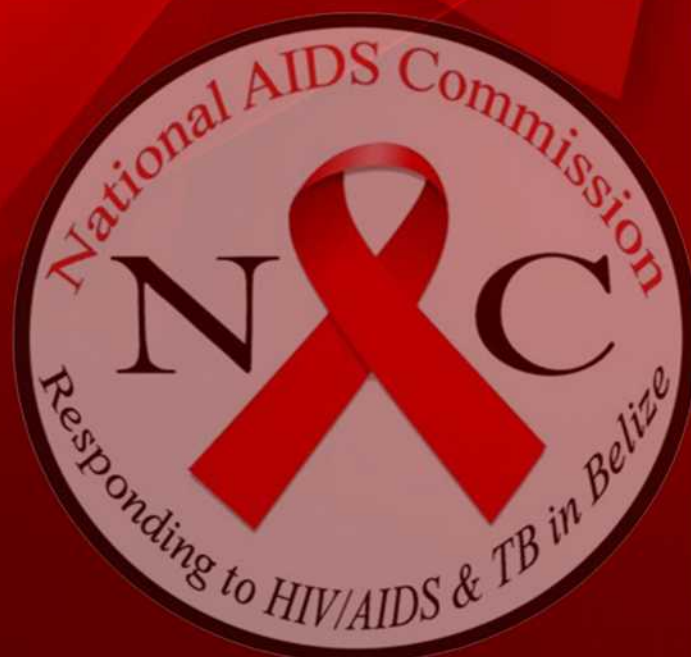
MoH- Ministry of Health

MSM- Men who have sex with men

NAC- National AIDS Commission

NCD- Non- Communicable Disease

NGO- Non- Government Organizations



NATIONAL
AIDS COMMISSION

