GETTING TO ZERO

BELIZE HIV STRATEGIC PLAN
2012 - 2016

EXECUTIVE SUMMARY

The USAID | Program for Strengthening the Central American Response to HIV (USAID | PASCA)is funded by the U. S. Agency for International Development (USAID) under Contract No. GPO-I-00-05-00040-00, beginning in October 1, 2008. It is implemented by Futures Group International, LLC (Futures Group), in collaboration with the Futures Institute. USAID | PASCA is Task Order 4 under the USAID | Health Policy Initiative. This document is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this document do not necessarily reflect the views of USAID or the United States Government.

TABLE OF CONTENTS

Table of Contents 3

Introduction 4

Overview of Gaps and National Priorities 4

Characteristics of the National Strategic Plan 2012-2016 6

The Results Framework of the National Strategic Plan 2012-2016 8

Key Indicators 10

Conclusion: Costing, Monitoring and Evaluation of the NSP 13

Introduction

The Executive Summary of the National Strategic Plan (NSP) is to make it easier for readers to access the most essential information contained in the NSP. The National AIDS Commission anticipates that all partner agencies, Government departments and organizations will use the NSP as a visionary guide to help them align their institutional goals and activities to the overarching goals of the NSP. In planning projects and activities to further our national response, it is important for all partners to recognize that the guiding purpose of the NSP is the development of a unified response that focuses time, resources and energy in an efficient and effective manner. The Specific Goals, Results Framework and Key Indicators included below offer a simple way to gauge how well a particular project is in alignment with the broader goals set forth in the NSP. In addition, this summary includes a general discussion of the NSP, strengths of the response thus far and the priority areas that are specifically addressed throughout the NSP based on identified gaps in the analysis of the national response to date.

Overview of Gaps and National Priorities

In Belize, the highest expenditures in the health sector increasingly occur in the response to non-communicable diseases (NCD), that create a "burden of disease" far greater than HIV/AIDS. This trend requires a more efficient and effective national response to HIV that is built on a mainstreamed sustainable financing scheme. With this in mind, the National AIDS Commission and its partner organizations set out to formulate, through an intensive round of working sessions and consultations, the National Strategic Plan (NSP) 2012-2016. The plan aims to provide reference and guidance to the country's multi-sectoral response to HIV, as well as to function as a tool for the mobilization of domestic and foreign resources.

The analysis within the NSP as a whole establishes that Belize has halted and begun to reverse the spread of HIV within the general population. However, evidence suggests that pockets of continued new infections remain. The document identifies the successes in the prevention of mother-to-child transmission (PMTCT) that we recognize as critical, as well as identifying key vulnerable groups that continue to play a crucial role in the determinants of the epidemic and whose sexual behavior patterns show a continued high level of vulnerability to HIV. Response-frames therefore need to become more evidence-informed in targeting these groups and in designing high impact interventions; this is certainly the case for behavior change communication for young men and women, men who have sex with men, sex workers, incarcerated persons and mobile populations.

Treatment indicators show a mix of achievements and pending improvements. A positive trend in increased ART coverage puts the country on track to achieve the Universal Access goals. More challenging are the performance parameters that are connected to medication options and monitoring drug resistance, short-term survival rates and adherence, as well as matters linked to diagnosis and treatment of other STIs and the detection of Opportunistic Infections (OI). Challenges remain in the roll-out of integrated services within the Continuum of Care (COC) where clinical management should seamlessly connect to medical, nursing care and psycho-social and material support to establish quality of life and well-being for persons infected and/or affected by HIV/AIDS.

The NSP 2012-2016 builds on the established paradigm of the “Three Ones” coupled with the concept of multi-sectoral participation in the design, implementation and oversight of the response framework, involving many key organizations of the public sector and civil society. Applying the rights-based approach and using the logical causal pathway framework, the plan identifies a number of critical systemic areas that need urgent attention for the establishment of an enabling environment. A call is being made to effectively focus on the reduction and mitigation of HIV-based stigma and discrimination, at the level of legislation and policies of the state as well as at the level of institution-based service provision and the wider public opinion. The plan calls for a louder voice and a greater involvement of the affected groups in crafting and implementing response mechanisms and holding actors accountable for the implementation of the NSP 2012 – 2016. The plan identifies the need to address three other systemic weaknesses: the national response mechanism is well established but must overcome certain weaknesses and strengthen the community-based responses within the Continuum of Care; comprehensive HIV services need to be integrated and incorporated into existing service delivery structures, to ensure long term sustainability and yield better efficiencies and value for money; and the need to improve the national systems and mechanisms for the generation, compilation, analysis and use of key data and information.

On the basis of the extraction of the pending issues and gaps in the national response, the NSP delineates its three priority areas as follows:

- Ending New HIV-Infections (Prevention)
- Improving Health and Well-being (Treatment, Care and Support)
- Creating an Enabling Environment (Coordination of the National Response)

The three priority areas are provided with specific Strategic Objectives (SO) that provides a scope of content and direction for the sub-areas and each Strategic Objective is accompanied by a set of Expected Results (ER) at outcome or output level. Expected Results enable performance monitoring and the plan therefore includes a rudimentary set of key performance indicators that constitute the foundations for the NSP's monitoring and evaluation plan.

In line with the plan's emphasis on the strategic management of data and information, it assigns high value to the planning of the various layers of monitoring and evaluation of the NSP, including the increase of relevant research. It also emphasizes the embedding of the NSP Monitoring and Evaluation Plan into the National Monitoring and Evaluation System. The National Operational Plan (NOP), which will immediately follow the NSP, will descend to the level of concrete actions in each of the priority areas. It will be focused on the concrete activities, actors and timelines that deliver the output contributing to the achievement of the higher level outcomes. The NOP will also form the instrument that will contribute to a comprehensive costing of the NSP.

The Characteristics of the National Strategic Plan 2012 - 2016

The Vision

By the end of 2016, Belize will have continued to reduce the number of new 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-sectoral response which is human rights based and gender responsive

The Overall Goals

By 2016, Belize has halted and began to reverse the HIV incidence rates among young people, men who have sex with men and sex workers.
By 2016, the AIDS-related deaths, especially among men living with HIV in Belize, will have decreased by 30%.
By 2016 systems will be in place to fully understand the essential features of the epidemic in Belize.
By 2016 Belize will have significantly reduced discrimination against persons vulnerable to HIV.

The Specific Goals

Ending New HIV Infections

1. Reduced risky sexual behaviour and adoption of personal protection plans for those most vulnerable to HIV.
2. At least an average 10 % annual increase in the number of men and women consenting to HIV testing and returning for their results.
3. Annual increases of 10 (ten) % in reported use of condoms and lubricants by persons 15 – 49, MSM and FSW.
4. The delivery of the Comprehensive Sexuality Education Curriculum has an effective coverage of 100 % of boys and girls enrolled in primary education and 60 % of boys and girls enrolled in secondary education.
5. Ensure that all victims of sexual violence are afforded post HIV exposure and anti-pregnancy prophylaxes, sexual infection testing and treatment, legal and psychosocial support.

Improving Health and Wellbeing

6. Increase in the coverage of ART of persons requiring ART based on national treatment guidelines HIV to 85 %.
7. A minimum of 10% annual increase in the number of vulnerable persons, including OVC, utilizing care and support services, including psycho-social support services.

Creating an Enabling Environment

8. All relevant legislation reviewed and revised for concordance with the National HIV Response and the enforcement of non-stigma and non-discrimination principles.
9. A minimal increase of 10 % of annual resources (people, funds and materials) available to civil society organizations to deliver NSP interventions to key at-risk populations.
10. Improved monitoring, evaluation and operational research will have provided accurate population estimates, biological and behavioural prevalence data and in-depth knowledge about determinants of HIV vulnerability among key populations.
11. More government partners (Finance, Tourism, Police, Attorney General) recruited into the national response to enhance mainstreaming of HIV/AIDS

The Results Framework of the HIV National Strategic Plan 2012 – 2016: Priority Areas, Principal Strategies, Strategic Objectives and Expected Results

<table>
<tr><td colspan="5">Priority Area 1
Ending New HIV Infections</td></tr>
<tr><td colspan="5">Principal Strategies
• Design cutting-edge, evidence-informed interventions for sexual behaviour change, especially among identified vulnerable groups.
• Reduce barriers to wide-spread HIV-testing in key affected populations.
• Establish systems to produce and sustain a national profile of transmission to guide prevention interventions.
• Implement socialization programs to mitigate negative cultural norms that increase the risk of HIV transmission such as those that facilitate gender-based violence.</td></tr>
<tr><td colspan="5">Strategic Objective 1.1
To revolutionize and engender evidence-based and targeted social and behaviour change programmes</td></tr>
<tr><td>Expected Result 1.1.1
Age appropriate health and family life education programmes delivered in all education institutions.</td><td>Expected Result 1.1.2
Targeted Social and Behaviour Change initiatives targeting high risk sexual behaviour among young people 15 – 29, MSM, SW, prisoners, persons with disabilities, migrants and persons with HIV delivered.</td><td>Expected Result 1.1.3
Safe-sex negotiation skills strengthened, particularly among girls and women</td><td>Expected Result 1.1.4
Increased number of HIV prevention initiatives that focus on greater involvement of males in the HIV response</td><td>Expected Result 1.1.5
Culture of tolerance and respect for gender equity. Men demonstrate responsibility for all facets of their sexual behaviours.</td></tr>
<tr><td colspan="5">Strategic Objective 1.2
To achieve universal access to testing and counseling services for key affected populations (MSM, SW, pregnant women, young people and incarcerated populations via targeted PITC and VCT.</td></tr>
<tr><td colspan="2">Expected Result 1.2.1
Increased number of persons most vulnerable to HIV who know their status for HIV and other STIs.</td><td colspan="3">Expected Result 1.2.2
Zero new HIV infections in children under 5 years old</td></tr>
</table>

<table>
<tr><td>Priority Area 2
Improving Health and Wellbeing</td></tr>
<tr><td>Principal Strategies
• Improve access to quality HIV treatment, care and support services.
• Improve overall parameters of clinical management of care and treatment services for HIV, other STIs and OIs (including TB).
• Implement treatment education initiatives for people with HIV and those most vulnerable to HIV infection.</td></tr>
<tr><td>Strategic Objective 2.1
To guarantee equitable universal access to effective HIV treatment, care and support services.</td></tr>
</table>

Expected Result 2.1.1	Expected Result 2.1.2	Expected Result 2.1.3	Expected Result 2.1.4	Expected Result 2.1.5
Persons in need of ART have access to simplified and optimal treatment regimens.	Increased access to diagnostic services for HIV testing, CD4 counts, viral load testing and monitoring of other STIs and OIs.	Integrated nutritional guidelines and support for persons with HIV.	Improved capacity of health facilities to provide effective and integrated service delivery.	Reduced cost of HIV treatment through efficiency gains.

Strategic Objective 2.2
To ensure effective clinical management of HIV, other STIs and opportunistic infections (including TB/HIV co-infections).

Expected Result 2.2.1	Expected Result 2.2.2	Expected Result 2.2.3
Strengthened capacity to implement TB/ HIV collaborative activities.	Improved diagnosis and treatment of other STIs and opportunistic infections in persons with HIV.	Improved clinical management of HIV across the continuum of care.

Strategic Objective 2.3
To improve access to and uptake of comprehensive information, education and communication initiatives for persons with or affected by HIV

Expected Result 2.3.1	Expected Result 2.3.2	Expected Result 2.3.3
Persons with HIV educated about clinical management of HIV, drug regimens, support and adherence strategies.	Persons with HIV empowered to drive the agenda forward toward better health, security and dignity.	CBOs effectively demanding and delivering HIV prevention, treatment, care and support within the framework of the Continuum of Care.

Priority Area 3
Creating an Enabling Environment

Principal Strategies

- Improve access to law and legal services
- Reduce and mitigate the impact of stigma and discrimination
- Reduce legal or policy barriers to equal opportunities and universal access
- Systematic mainstreaming of a high quality HIV response in sector plans to enhance a sustainable response
- Strengthen the HIV/AIDS surveillance, compilation and processing of data, disaggregated for sub-populations.
- Conducting further research in relation to the characteristics of the epidemic and the effectiveness of the response.

Strategic Objective 3.1
To mobilize communities around and improve access to HIV related legal services to reduce the stigma and discrimination associated with HIV and vulnerable groups

Expected Result 3.1.1	Expected Result 3.1.2	Expected Result 3.1.3	Expected Result 3.1.4
Improved knowledge on rights and laws in the context of discrimination based on HIV status, gender, and/or sexual orientation.	Improved access to legal support (including women, girls, care-givers, OVC, SW, MSM and survivors of gender based violence).	Human rights training institutionalized for key professional service providers including educators and school administrators.	Networks of people with HIV and community-based groups are delivering stigma and discrimination reduction programmes.

Strategic Objective 3.2 To reduce legal and policy barriers in order to achieve Universal Access.		
Expected Result 3.2.1 Laws, policies and regulatory frameworks that are discriminatory to MSM, SW, young persons and persons with HIV are removed, repealed or replaced by new anti-discrimination legislation.	Expected Result 3.2.2 Mechanism for reporting violations of the right to equal access to services clearly described in policy and legislative frameworks.	Expected Result 3.2.3 Workplace policies and programmes have expanded into the formal and informal employment sectors.

Strategic Objective 3.3 To develop and apply new management approaches for improved efficiency and effectiveness of a sustainable national HIV response			
Expected Result 3.3.1 HIV programmes are routinely monitored and evaluated through a key performance indicator system to ensure optimal programme effectiveness and efficiency.	Expected Result 3.3.2 Equitable distribution of qualified health personnel to effectively deliver on the mainstreaming of HIV services in the health care system.	Expected Result 3.3.3 HIV response resources needs are being stabilized and are predominantly being provided through the national sectoral budgets.	Expected Result 3.3.4 HIV services are integrated into existing administrative, legal and social protection machineries in order to promote access to affordable and cost-effective prevention, treatment, care and support.

Strategic Objective 3.4 To strengthen the strategic information management capacities of the national HIV response.		
Expected Result 3.5.1 Second generation surveillance, synthesis studies and operational research for outcome and impact monitoring. .	Expected Result 3.5.2 Expanded use of national health and non-health programme monitoring mechanisms.	Expected Result 3.5.3 Strategic information on key populations to inform programming and policy development

The Key Indicators of the NSP 2012 - 2016

The table below displays the key indicators, by priority area, of the NSP 2012 – 2016. Some are indicators at the impact level, while others are at the outcome or output level. The National M&E Plan will further articulate the indicator framework and will incorporate all output and process indicators that will be deducted from the NOP.

No.	**Priority Area / Strategic Objective**	**Indicator**	
		Impact	**Outcome/ Output**
1	Priority Area 1 Ending New HIV Infections	Percentage of young women and men aged 15-24 who are HIV-infected	
		Percentage of most-at-risk persons who are HIV-infected	

1.1	To increase the uptake of early ante-natal care by all pregnant women and their families	Percentage of infants born to HIV-infected mothers who are infected.	Percentage of pregnant women who were tested for HIV and know their results
			Percent of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission
1.2	To achieve universal access to testing and counseling services for HIV and other STIs.		Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results
			Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their result
1.3	To revolutionize and engender targeted behavioural change programmes		Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15
			Percentage of men reporting the use of a condom the last time they had anal sex with a male partner
			Percentage of female and male sex workers who report the use of a condom with their affective clients
			Percentage of women and men aged 15-49 who have had sexual intercourse with > 1 partner in the last 12 months
			Percentage of women and men aged 15-49 who had more than one sexual partner in the last 12 months reporting use of a condom during their last sexual intercourse
			Number of free male condoms distributed to end-users in last 12 months
			Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
			Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
			Number and percentage of enterprises implementing an HIV workplace program

No.	**Priority Area / Strategic Objective**	**Indicator**	
		Impact	**Outcome/ Output**
2	Priority Area 2 Improving Health and Wellbeing	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	
2.1	To guarantee equitable universal access to effective HIV services.		Percent of adults and children with advanced HIV infection receiving ART
			Number and percentage of people starting antiretroviral therapy who picked up all prescribed

			antiretroviral drugs on time
2.2	To ensure effective clinical management of opportunistic infections, including TB/HIV infections	Percentage of newly registered TB patients who are HIV positive	Percentage of persons with HIV on ART, tested for an opportunistic infection and treated if necessary
2.3	To improve access to and uptake of comprehensive information and support services for persons living with or affected by HIV/AIDS.		Current school attendance among orphans and among non-orphans aged 10-14
			Percentage and number of OVC (0-17) whose households received free basic external support in caring for the child

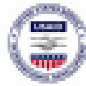
No.	**Priority Area / Strategic Objective**	**Indicator**	
		Impact	**Outcome/ Output**
3	Priority Area 3 Creating an Enabling Environment		
3.1	To reduce legal and policy barriers in order to achieve Universal Access.		Percentage of laws, polices or legislation discriminating or fostering stigma and discrimination toward most vulnerable populations that have been removed or repealed.
			National Composite Policy Index
3.2	To reduce the stigma and discrimination associated with HIV and vulnerable groups.		Percentage of persons 15-49 expressing accepting attitudes towards persons with HIV
3.3	To develop and apply new management approaches for improved efficiency and effectiveness of a sustainable national HIV response		Percentage of oversight, review and planning activities in M&E plan completed, over a twelve month period
			Trend of the annual HIV resource needs gap
			Number of CSOs involved in National Response with consolidated budget and staffing levels
3.4	To promote a gender-sensitive response to HIV		Percentage of victims of sexual abuse who are tested for HIV and other STIs and who are treated if necessary.
3.5	To strengthen the strategic information management capacities of the national HIV response.		Percentage of HIV information reports required in National M&E Plan completed over a twelve month period
			Performance of the HIV national research agenda
			Behavioral and sero-prevalence data on critical groups available

Conclusion: Costing, Monitoring and Evaluation of the NSP

The national response to HIV/AIDS as defined in the NSP 2012 – 2016 and the NOP 2012-2016 has been costed on the basis of the Resource Needs Model; this exercise took place as part of the larger strategic planning process. The Resource Needs Model calculates the total resources required to implement HIV/AIDS interventions on a national level and is primarily used for national strategic planning efforts. The model and methodology are very flexible, and can be adapted for use in countries with concentrated or generalized epidemics, and for a range of responses. The NAC and its partners have worked with local consultants to determine our Resource Needs Model and then to cost the Operational Plan that accompanies our NSP.

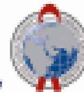
The NAC is responsible for the monitoring of the implementation of the NSP 2012 – 2016 and will receive technical guidance and support from the Sub-Committee for Monitoring and Evaluation and the relevant staff of the Secretariat. The Sub-Committee, with the support of the Secretariat, will manage and safeguard a calendar and schedule of activities that will result in the comprehensive compilation of progress monitoring data, adopted in the Indicator Framework of the National HIV Monitoring and Evaluation Plan, which is the guide and tool for the monitoring and evaluation of the NSP. The composition of the Sub-Committee and any ad-hoc platforms will mirror the multi-sectoral stakeholder-ship of the national response.

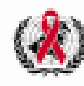
The Commission will receive and examine the reported progress and constraints on a semi-annual basis. Progress monitoring reports to the Commission, its assessments and recommendations, and any reports from surveys, studies and research, will serve as input into the schedule of documented period reviews. These reviews can result in adaptations to the NSP and/or NOP.



USAID
FROM THE AMERICAN PEOPLE

PASCA
Program for Strengthening the Central American Response to HIV





UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS