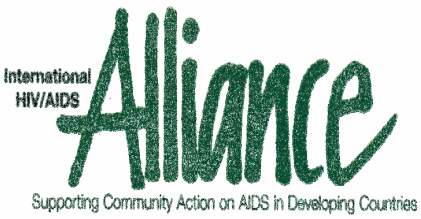
STRENGTHENING THE NATIONAL RESPONSE TO HIV/AIDS IN BELIZE

Final Report



August 2007

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Attachments

- Notes about the National Aids Accounts proposition
- Notes about the Operational Plan proposition
- Notes about the Internal Management Development proposition

Acronyms and Abbreviations

CCMs	Country Coordinating Mechanisms
DAC	District AIDS Commission
GFATM	Global Fund for HIV, TB and Malaria
GIPA	Greater Involvement of People with AIDS
MOH	Ministry of Health
MSM	Men having Sex with Men
NAC	National AIDS Commission
NSP	National Strategic Plan
OPM	Oxford Policy Management
PLWH	Persons Living with HIV

1 Introduction

The National AIDS Response in Belize has undergone rapid change since the first AIDS case was reported in 1986. Institutions and processes to adequately face the challenge have been set up and comprise the National AIDS Commission (NAC), with several subsidiary bodies, and the development of a National AIDS Policy, Plan and communication strategy. The development of a monitoring and evaluation strategy is currently taking place.

While much has been accomplished in a relatively short time frame, the Commission expressed the need for the clarification of roles and responsibilities of the different key actors involved in the Response at the end of 2006. This need was addressed by the project '*Institutional Strengthening of the NAC'*, financed by the Inter-American Development Bank and implemented by Oxford Policy Management in partnership with the International HIV/AIDS Alliance.

The consultation was structured around three phases. During the first phase information was collected through extensive discussions with all actors involved in the National Response. Concerns were voiced about the challenges facing the National Response; strengths and achievements to date were highlighted.

The second phase concentrated on consolidating the results of the first phase into 15 areas where progress was most needed to improve the efficiency and effectiveness of the Response. These were subsequently prioritised. The outcome of the first and second phase of the consultation is documented in the '*Draft Inception Mission Report'*, annexed, which needs to be read in conjunction with this note.

During the third and final phase the 15 prioritised actions were merged into four clusters. These are:

1. Understanding the epidemic

2. The importance of inclusion

3. Resource mobilisation

4. Institutional governance

Each cluster comprises a number of recommendations for follow-up action. Most importantly the Commissioners agreed to these recommendations and committed to undertake the appropriate steps to put them into practice. Mutual understanding and commitment to this agenda for change was brought about through a process of extensive bilateral meetings which culminated in a final meeting between Commissioners and NAC stakeholders. These recommendations are described in more detail in the next section.

2 Four priority clusters for action

2.1 Cluster One – Understanding the epidemic

A National AIDS Response addresses the HIV and AIDS epidemic in the country. Epidemics have different dynamics. They can be generalised or concentrated, a concentrated epidemic may be embedded within a generalised epidemic, prevalence rates may be high or low. The drivers of the epidemic can be diverse and always crystallise in those groups most vulnerable to HIV such as sex workers, prison populations, MSM and youth. Socio-cultural contextual factors such as stigma and discrimination, homophobia and gender inequality provide an environment for the epidemic to thrive. Moreover the characteristics and dynamics of the epidemic may also change over time. For these reasons it is important to continuously invest sufficient effort in understanding the epidemic, its drivers and socio-cultural context, in order to shape the appropriate HIV/AIDS response.

There is at present no shared understanding of the epidemic in Belize. For example, UNAIDS currently estimates that Belize has a prevalence rate of 2.5%, while more recent data from the Ministry of Health's (MOH) PMTCT programme which has a 95% coverage rate may indicate that Belize experiences a lower generalised epidemic. This apparent contradiction demonstrates the urgent need to determine the prevalence rate in the general population. There is also little or no evidence regarding the prevalence rates in high risk groups.

A better understanding of the epidemic allows one to determine the extent to which Belize has a concentrated epidemic or not, which key-populations are its main drivers, and how socio-cultural contextual factors lead to higher risk activities. This is a necessary condition to ensure a comprehensive and effective National Response.

Recommendations

- The MOH regularly shares sero-prevalence data with the NAC so that there's a more accurate and common understanding of the epidemic and that data-gaps are also identified and addressed;

- The MOH in collaboration with the relevant stakeholders establishes the prevalence rates in key-populations;

- The NAC engages in understanding and sharing knowledge of the environmental factors (homophobia, stigma and discrimination, gender inequality) in which the epidemic evolves so that the barriers to reducing vulnerability and accessing services are identified and can be addressed.

2.2 Custer Two – The importance of inclusion

A good understanding of the epidemic will inevitably show how key populations contribute to its dynamics. Needs of key-populations are known to be highly socio-culturally specific and therefore require country specific analysis to be determined. However, in a high stigma environment such as in Belize, HIV and AIDS related needs of Persons Living with HIV (PLWH) and key-populations are not evidently observable nor understood.

Key-populations are for these reasons the only source of reliable information to identify their own needs, understand what factors lead to greater vulnerability and determine how prevention, treatment and care interventions are best structured and delivered so that they reach those most in

need. Their inclusion in a NAC driven policy process regarding priority areas for action and resource allocation is the only route to a comprehensive and effective response.

In order to shape the AIDS response, and in accordance with the GIPA (Greater Involvement of People with AIDS) principle, they must be involved in its development.

Recommendations

- The Chair in one of its key roles advocates for those most vulnerable to and stigmatised by HIV – women, MSM, sex workers, prisoners, the youth, mobile populations;

- The NAC prioritises and supports the development of PLWH, sex worker and MSM networks (for example, PASMO is well placed to support the development of and host the sex-worker network);

- The NAC supports through capacity building and financial assistance PLWH and representatives of key-populations to fully engage in the relevant sub-committees in the NAC;

- The Secretariat facilitates the engagement of all stakeholders, such as service providers and District AIDS Commission (DAC), to participate in relevant sub-committees and the decision-making processes of the Commission.

2.3 Cluster Three – Resource Mobilisation

The universal constraint to rolling out a scaled-up response to HIV is that of available resources. International political commitment to reversing the HIV epidemic has led to dramatic increases in the availability of donor funding for the fight against HIV. The Global Fund for AIDS, TB and Malaria (GFATM) remains one of the most dynamic and flexible funders for National AIDS Responses. Recent changes in how the GFATM disburses funds provide additional leverages to accessing funding to support the National AIDS Response of Belize. These allow for all areas of the National AIDS Response to be fully funded for a minimum of 5 and up to 11 years, including funding to develop and support sex worker, MSM, women's and young peoples' networks.

On top of this, for the next GFATM proposal cycle Country Coordinating Mechanisms (CCMs) can directly submit their operational plan for funding as long as it is technically sound, comprehensive, inclusive and costed.

The development of an operational plan to fight HIV in Belize is therefore a necessary condition to act upon this new GFATM funding mechanism. However, the implementation of the recommendations in cluster One and Two – contributing to the plan being comprehensive and inclusive – are equally necessary to ensure that the operational plan meets the GFATM quality standards to be accepted for direct funding.

Lastly, in addition to providing funding for a comprehensive scaled up response to HIV, the GFATM is a key source for resources to scale up the provision of TB and malaria services which may be of direct interest to the Ministry of Health.

The logic demonstrated above does not only apply to the GFATM. An operational plan clearly spells out the priority areas of intervention, the actors involved in implementation, the corresponding budgetary needs, as well as funding and programmatic gaps. National AIDS Accounts are a complementary tool to ensure continuous financial monitoring of the operational plan. An operational plan and AIDS Accounts (further discussed in Section 4) provide a strong evidence base for a resource mobilisation strategy.

Therefore a costed operational plan will be highly instrumental in tapping into any international, regional and national funding opportunities other than the GFATM. These include but are not limited to USAID, DfID, CIDA, specialised institutions of the UN Theme Group, PANCAP and national actors involved in the fight against AIDS in Belize.

Recommendations:

- The NAC develops through an inclusive and consultative process a costed, technically sound and comprehensive national operational plan. Working with all service providers and stakeholders it identifies gaps in the National AIDS Response – programmatic areas of prevention, treatment and care through addressing the following questions:
  - What are we doing that we need to do more of?
  - What are we doing that needs to be adapted?
  - What aren't we doing that still needs to be done?
  - Who and what still needs funding?
- Develop National AIDS Accounts;
- The Ministry of Health presents to the NAC/CCM a proposal to include the scale up of technically sound TB and malaria components in the next GFATM proposal;
- Seek advice from the GFATM and the International HIV/AIDS Alliance on the grant re-negotiation so that challenges related to the current GFATM modalities can be addressed.

2.4 Cluster Four – Institutional Governance

Historically Ministries of Health, internationally and regionally, set up programmes to control the epidemic. However, it soon became apparent that HIV was a developmental crisis and therefore required the involvement of a wide variety of public and private sectors as well as civil society organisations. This understanding is underscored in Belize's National Strategic Plan which is in line with the UNAIDS Three Ones principle – one national AIDS coordinating body, one national plan and one national M&E framework.

The understanding that the epidemic requires a multi-sectoral approach has led to adaptive change in the institutional framework underpinning the Response in Belize. A crucial moment in this institutional development was the establishment through an Act of Parliament of a National AIDS Commission under the Office of the Prime Minister.

In Belize rapid change with respect to both the understanding of the epidemic and the subsequent changes in the institutional framework has taken place in a relatively short period of time. It has been recognised that the creation of the multi-sectoral National AIDS Commission and its subsidiary bodies is an important achievement. However, this rapid process of institutional change has also led to some stakeholders being unclear about their roles and responsibilities.

A smooth functioning of all institutional bodies is a necessary condition for the efficient implementation of the Response. The recommendations for change outlined below aim to clarify these roles and responsibilities and have been formulated through an intensive consultative process involving all stakeholders.

Recommendations

- The Chair of the Commission is relieved of its executive commitments to the Secretariat in order to eradicate anomalous duties;
- The Executive and non-Executive responsibilities of the Commission and the Secretariat are strictly separated, treating the National AIDS Commission as a Board of Directors;
- The Chair of the Commission develops a Guide which reflects the recommended non-Executive role of the Chair and the Commission as well as the relationship between the NAC and the Secretariat;
- The Secretariat develops on behalf of the Commission an induction package for newly appointed Commissioners, including a description of their role and responsibilities;
- The sub-committees, involving the largest number of stakeholders possible, function as dynamic platforms for technical discussion. The sub-committees prepare recommendations for decision making by the Commission;
- The Office of the Prime Minister is made the administrative and political "home" of the NAC;
- The Commission specifies the required products and services from the Secretariat in terms of outputs and outcomes and not in terms of inputs;
- The Secretariat develops its own annual work plan for approval by the Commission;
- The Secretariat develops its own operational manual which addresses internal management systems and staff development.

The implementation of these recommendations will lead to precisely defined roles and responsibilities, the essence of which is outlined below.

Office of the Prime Minister

- The Office of the Prime Minister provides political support at the highest level nationally and internationally;
- The Office of the Prime Minister provides budget and personnel related administrative support to the Commission. The Commission is administratively accountable to the Office of the Prime Minister.

Chair of the Commission

- Advocates for the efficient implementation of the National Strategic Plan (NSP);
- Serves as spokesperson of the Commission;
- Reports on the business of the Commission to the Office of the Prime Minister;
- Presides over all the meetings of the Commission;
- Serves the Commission;

- Strives for transparency in decision making, to promote trust and collaboration through the Commission;
- Helps the Commission make decisions in a timely and participatory manner to fulfil its mandate.

National AIDS Commission

- Coordinates and oversees the National Response as outlined in the NSP;
- Promotes inter-sectoral collaboration;
- Ensures meaningful representation of people living with HIV and representatives of key-populations;
- Ensures inclusion of all actors and groups key to the enhanced; National Response;
- Guide the delivery of the NSP anchored in the Three Ones principles: one coordinating body, one national strategic plan, and one monitoring and evaluation framework.

Sub-committees

- The sub-committees are mandated by the Commission to hold the necessary technical discussions and subsequently present recommendations for decision making;
- The sub-committees ensure full inclusion of all relevant stakeholders, particularly PLWH and other vulnerable groups.

District AIDS Committees

- The District AIDS Committees support the delivery of the operational plan at district and regional level.

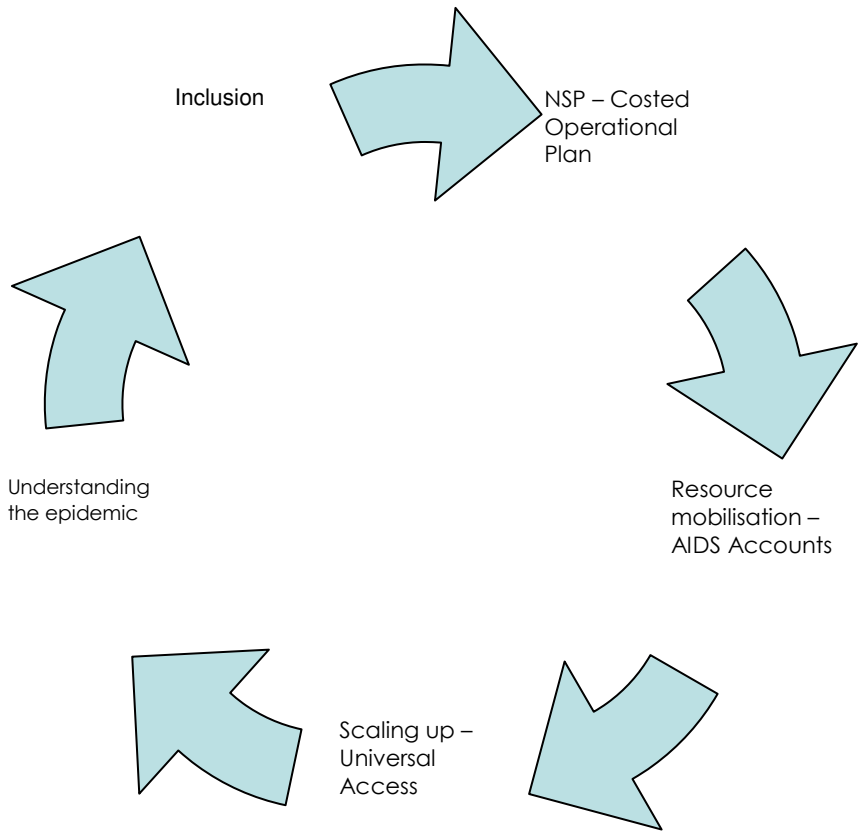
Secretariat

- Responsible for the coordination of the development of the NSP and subsequent costed operational plan;
- Facilitates and guides the implementation of the operational plan;
- Monitors and evaluates the implementation of the operational plan and provides regular progress reports;
- Supports the effective functioning of the sub-committees;
- Keeps the Commission abreast of the dynamics of the epidemic to facilitate evidence based decision-making and to guide the most effective allocation of resources;
- Implements the resource mobilisation strategy of the Commission.

3 The Virtuous Circle

It is important to underscore the inter-relationship between the four priority clusters for action. The starting point of the virtuous circle is a clear understanding of the epidemic, its dynamics and drivers. The elaboration of an effective National Strategic Plan and subsequent development of an operational plan can only be achieved through the meaningful inclusion of the identified key-populations such as PLWH, MSM, sex workers, prison and mobile populations and youth. A costed operational plan that is technically sound, comprehensive in that it addresses all facets of the epidemic and has been developed through a process inclusive of the key-populations is a powerful tool for resource mobilisation. For example, a costed operational plan can directly be submitted to the GFATM for funding. Additional resources allow for the scale up of the National Response in Belize. Sufficient resources need to be allocated to continuously monitor the dynamics of the epidemic, so that any observed changes in the dynamics and drivers of the epidemic can lead to a meaningful adaptation of the current operational plan.

The virtuous circle can only function effectively if underpinned by a well-functioning institutional structure. This requires that the different levels within the NAC comply with the essence of their roles and responsibilities. The implementation of the recommendations made within the four clusters for priority action is a necessary condition for a successful virtuous circle.



4 Framework for Action

In order to take forward the recommendations made in the four cluster areas, they will have to be fed into the Commissioners' agenda for priority follow-up. The Commission needs to make decisions on the strategy for implementation of the recommendations. Key roles should be assigned to the stakeholders; the Secretariat will be mandated to carry out specific duties regarding these decisions.

However the short to medium term agenda of the Commission must also be guided by the overarching framework for action, which consists of a costed operational plan, a monitoring and evaluation plan and AIDS accounts:

- An operational plan explicitly describes who does what, when, and how much resources are to be devoted to different activities. Elaborated through an inclusive consultative process it is an indispensable tool for a comprehensive response that also seeks to avoid overlap in action while allowing for the identification of programmatic gaps in the Response.

- A monitoring and evaluation framework allows tracking and assessing programmatic progress in the Response.

- AIDS Accounts are focused on the financial flows devoted to the Response.

Specific notes on how an operational plan and AIDS Accounts can be developed have been elaborated and provide a basis for follow-up action. A monitoring and evaluation framework is already under development.

Annex A Draft Inception mission report – March 2007

STRENGTHENING THE NATIONAL RESPONSE TO HIV/AIDS IN BELIZE, RFP NO. IDB482-684/06

A project funded by the InterAmerican Development Bank

Draft Inception mission report – March 2007

Oxford Policy Management / The International HIV/AIDS Alliance, March 2007

1 Introduction

The inception mission took place from March 24th to 31st. It was carried out by Mike Jones, team leader and Caroline Halmshaw, Ozzie Warwick and Tomas Lievens. In line with the terms of reference of this assignment, the following objectives have been pursued during the inception mission:

- A review with the NAC, the NAC secretariat and other key stakeholders of the institutional structure of the NAC, including objectives, rules and procedures, operational framework, roles and responsibilities, financial and human resources in order to identify challenges and opportunities for improvement especially regarding coordination, monitoring and evaluation and accounting systems;

- Analysis of the NAC capacity to implement current and planned interventions under the National Response to HIV/AIDS.

- Analyse the extent and coherence of donor support to HIV/AIDS initiatives in Belize, especially in the context of harmonisation around the GFATM Three Ones principles.

Data and information has been collected through some limited desk-top study before the mission, but mainly through a large number of expert interviews carried out at the NAC Secretariat with a diverse set of stakeholders in the national Aids response in Belize[1].
Very instrumental in gaining insight was a participatory workshop with NAC members and key players of civil society that took place Thursday March 29th. A list of participants, the agenda as well as an outline of some results of four break-out workgroups are equally attached.
The remaining of this report succinctly describes those issues that are likely going to shape the agenda of change the NAC and its Secretariat have embarked on. These issues have been proposed by the different stakeholders met, which include numerous NAC members, the Chair and its Secretariat.

[1] A full list of people met is attached.

2 Main issues pertaining to the AIDS response in Belize

2.1 Understanding of the epidemic

There is a need for increased quantitative and qualitative data about the status of the epidemic, as currently this is lacking and there is disagreement about prevalence rates between key actors. There is generally lack of information on key populations who are crucial to the dynamics of the epidemic in most other Caribbean and Central American countries and it would be unique if this isn't the case for Belize. Exploring migration issues is also critical to understanding the epidemic in Belize, as yet there is little data on mobile and migrant populations. The above evidence is needed to be confident that the national strategy is prioritising the most effective response for the country.

Recommendations/Options

Decisions need to be made about carrying out a socio- cultural (Behaviour and Sero-prevalence Survey or Knowledge Attitude and Behaviour Practices) assessment and economic impact assessment. It will be very important to get the methodology right for work with key populations as too often poor methodology leads to low response rates and lack of reliable data. Leadership for this work should be within the Ministry of Health.

2.2 Appraisal of the plan

The National Strategic Plan is comprehensive and underpinned by a strong human rights approach. The three priority areas are: harmonisation, prevention and mitigation. Access to treatment comes under the section on mitigation. Interviewees met during the Inception mission stated that the process for developing the plan was inclusive, involving a range of government and non-government organisations. However when key stakeholders were asked whether their own organisational plans were built upon the national plan there was a mixed response, including a number of organisations whose own plans do not reflect the national plan. The Current plan has not been costed. The Secretariat felt that the sectoral plans should be developed and it is the sectoral plans that should be costed instead of the National Plan. One gap in the plan is that it did not clearly identify leading organisations for the different components of the Plan.

Recommendations/Options

Lead organisations for specific components of the National Strategic Plan should be identified in the short run. The development of sectoral plans should be accelerated and also be costed. The Commission[2] should lead a process whereby organisations can categorically state how their work contributes to the NSP.

[2] It became apparent during the Inception mission that stakeholders often refer to the "NAC" and the "NAC Secretariat" as two identical entities. In order to avoid confusion of this sort, in the remaining of this report we'll use 'Commission' to refer to the National AIDS Commission and 'Secretariat' to designate its secretariat.

2.3 Leadership and governance

Adequacy of the statutory provision for the NAC

The HIV response in Belize is supported by legislation. Firstly, the National AIDS Commission, the main body to coordinate the response, is enshrined in the NAC Act No. 6 of 2004. The Act provides for the following:

- Establishment, composition, objectives and Functions of the Commission;
- Appointment of Staff;
- Financial provisions, accounts and reports.

However, like most pieces of legislation, the challenge is in implementation. Our observations reveal that there is a gap between what is provided for in the Act and what is realised at the ground level. Based on the Act, the Commission (and its Secretariat) fall under the Office of the Prime Minister. However, it has been regularly indicated by interviewees that the Office of the PM rather passively monitors the implementation of the Act. Whether this is a due to a lack of capacity or to low political priority is less clear.

Another observation is that the Act does not spell out clearly the roll of the Secretariat and whilst it spoke much of the Chair of the Commission, it did not provide clear guidelines of the role of the Technical Director heading the Secretariat.

Recommendations/Options
Review the Office of the PM's position on monitoring the implementation of the Act. In terms of operationalising the Act, Clause 21 (1)[3] would have to be put in force with the support of the Secretariat.

The role of the Chair

Sitting at the head of the response is the Chair of the NAC, which is a political appointment. This is consistent with other NACs in the Caribbean region as well as in countries across Africa and Asia.

However, what makes Belize particularly different is that the Chair has an executive rôle and that the current chairperson was an active politician who held a ministerial post in a recent Government. Therefore in addition to powers associated with a Chair, the Chair of the Belize NAC also has managerial authority within the NAC Secretariat. In other models this authority lies with the Technical Director.

In addition, contributing to some confusion amongst many interviewees is not the fact that the position of Chair is politically appointed, which is wholly appropriate, but rather the appointment of an active politician.

Recommendations/Options

The current design of the role of the Chair, which can be historically explained, should be revisited to draw a clear distinction between executive authority (which should lie with the Secretariat) and strategic leadership within the Commission and a mandate for representation outside the Commission (which should lie with the Chair).

[3] "The Prime Minister may make Regulations generally for the better carrying out of the objects and purposes of this Act."

Decision making and executive structures

The distinction between the functions of the Secretariat, the Commission, the Executive Committee[4] and the different Commission sub-committees is not always clear. The current structure leads to confusion about who is responsible for making decisions in the NAC and on what. This leads to a sense that the Secretariat is making decisions when it shouldn't be.

Partly due to the lack of clarity about roles and in some cases under-capacity of the sub-committees, the Secretariat has become a channel for bringing new issues to the Executive Committee or sub-committees. This has given the impression that the Secretariat is treading on other's turf and pushing agendas when it isn't its role to do this

Recommendations/Options

Align the mandates of the different decision making and executive structures, their membership requirements (number of members, periodicity of meetings, workload), their hierarchical relationships and their reporting modalities, while focusing on priorities in order to maximise the feasibility and sustainability of the new institutional arrangements.

One option would be to simplify the decision making structure by having the Executive Committee responsible for the major part of this function across the work of the Commission, including overseeing the CCM decision making processes. The Secretariat should also be entitled to make decisions, and consensus should be sought on what decisions should be the exclusive mandate of the Commission, and which lie within the purview of the Secretariat. However, the main decision making body could be the Executive Committee, which receives recommendations from the sub-committees. There needs to be an agreed process for raising issues at the different levels of the NAC, which includes how issues which rightly sit with one sub-committee can be raised by another or the Secretariat. One option would be for all issues requiring policy or resource decisions to be presented to the appropriate sub-committee regardless of their origin, who would then sponsor (or not) the issue through its passage through to the NAC.

Planning support processes

Since the finalisation of the NSP, the Secretariat has been trying to oversee the development of sectoral plans. Also there is no operational plan. This is particularly crucial as an operational plan clearly identifies roles, responsibilities and resources in the implementation of the plan, and provides a monitoring mechanism. Indeed the Secretariat has indicated that stakeholders may not be happy to continue detailed engagement with the planning processes since they may feel that they have been exercised by quite some of them already. However, it appears that the process is not finalised as the key products of planning (sectoral and operational plans) are not in place.

The Secretariat publishes neither Annual plan nor Annual report. Consequently, the Commission has no view on the activities the Secretariat plans to carry out, nor can the Commission hold the Secretariat accountable for gaps between an Annual Activity Plan and Report,

Recommendations/Options

Consider developing an operational plan and sectoral plans of the NSP, as well as an Annual Activity Plan and ex-post report for the Secretariat.

[4] The members of the Executive Committee are the Chair and the presidents of the sub-committees.

Competencies and rôles of the Secretariat

The relationship between the Secretariat and the Commission might seem paradoxical. On the one hand the Secretariat is to be the operational arm of the Commission and its actions should be strictly mandated by the Commission. On the other hand, it has been said that the Commission in many instances has not exercised strong leadership and direction over the Secretariat. The latter has then a tendency to become proactive and engage in activities which are then seen as being outside its mandate, and possibly occupying territory which should be the preserve of the Commission. It will not be easy to reconcile this anomaly, inherent in the role of the Secretariat. This is a very common phenomenon in settings where there is both an executive and a policy arm of an enterprise, beyond the AIDS sector and Belize.

A related issue is whether the Secretariat should engage in implementing activities such as workshops, capacity building, etc. This might seem outside its mandate if the Act were to be very strictly interpreted. However, the Secretariat might be tempted to engage in activities itself after having encountered a degree of inertia among the actors that might be expected to take up certain activities.

The Secretariat may usefully assist the Commission in establishing an overview of how the activities carried out by the Commission members and other partners and stakeholders contribute (or not) towards achieving the objectives in the National Plan. It has been raised that because the Secretariat tends to be involved in a multitude of activities, its function of providing an overview of the current status of the AIDS response, pointing out where activities of partners overlap as well as areas where no one is active, tends to be weakly implemented.

Another issue pertaining to the rôle of the Secretariat, is whether it can, or cannot, question or challenge decisions made by Commissioners in their area of expertise or interest. This issue is again not as simple as it might appear. Strictly speaking, Commissioners are responsible for carrying out activities contrived to promote the objectives of the National Plan. They are also to report back to the Commission on the activities they have carried out. As such, the Commission can judge whether their actions are consistent with the National Plan and it seems straightforward that the Secretariat cannot interfere with Commission members' activities.

However, in areas where the Commission lacks aptitude, the Secretariat might feel that its duty is to proactively engage with Commissioners when it comes to important decisions that affect the national AIDS response. Whilst this course of action is strictly speaking beyond the Secretariat's mandate, it could be defended by a particular actual state of affairs.

Further the rôle of the Chair as both NAC chair and executive adds to uncertainty about what is Secretariat and what is NAC. The chair is both Commissioner and executive, which confuses the territorial distinction between the NAC and Secretariat. Are decisions those of the Secretariat or of a leading Commissioner?

Another issue pertains to the communication by the Secretariat, particularly when it is linked with the Commission's decision making process, where after decisions are made communicating the decisions becomes a second challenge. Lack of effective communication leads to mistrust and suspicion. Less important but an equally prominent cause of frustration, is the way in which communication regarding NAC related activities is sometimes handled, including its timeliness and transparency. This includes invitations for events, the distribution of information from international partners to all stakeholders and the distribution of internal information.

Recommendations/Options

A better understanding by the Commissioners and the Secretariat of the theoretical rôles and responsibilities of the Commission, individual Commission members and the Secretariat, as well of the modalities regarding the interaction between these actors, is a necessary first step towards reconciling potential conflict innate in their relationships. It will also be necessary to seek agreement about new rôles, responsibilities and modalities of. Respect for newly agreed rôles and responsibilities, based on a full understanding and consideration by all partners involved, will greatly contribute towards a better functioning system. Lastly, in such an environment, it will be easier to deliberate about the desirability of some actors going beyond their formal mandates, when this would be required by particular circumstances.

Clarifying the rôle of the chair will also contribute to managing this difficulty.

Competences and rôles of the Commissioners

Visible leadership of the Commission is currently concentrated in a few individuals and organisations. At one level the Commission lacks the wherewithal to ensure that the Secretariat works directly and unambiguously for them, and on the other there is a subset of the Commission which determines the profile and visible effectiveness of the Commission. There is a lack of insight among some, maybe the majority of Commissioners about their rôle, and more importantly potential rôle, as Commissioners. The spectrum of AIDS skills represented on the Commission as well as the HIV experience limits the opportunity to secure authority and credibility of the Commissioners. The width of the spectrum also militates against a sense of belonging and a sense of unity. There is also a degree of uncertainty about the level of comfort that some Commissioners have with marginalised groups such as PLHA/SW/MSM. The UN thematic working group's rôle needs to be clarified and agreed,

Recommendations/Options

Map the current capacities of the existing Commissioners (which it is understood are mixed and diverse). It may be of value to identify specific competences and gaps. Non-HIV specific skills of the Commissioners, for example, marketing and media capacities should be valued. There should be a thorough induction programme for all and especially all new Commissioners which includes a sensitisation programme. The terms of reference for the responsibilities of the Commission exist in the plan/law but need to be translated into specific expectations by the Commissioners. Equally, newly appointed members need to be given a platform to explore what they can bring to the Commission. Organisations represented on the Commission should develop plans and monitor their implementation within their own organisation/sector as part of contribution to the national plan. This will help to create a corporate memory around the rôle of the organisation in contributing to the National Response. There should be dialogue between the Commission and the organisations represented on the Commission on information, decisions and guidelines of relevance and interest to the organisation. There should also be feedback from the organisation to the Commission in terms of progress made by the organisation against the organisation/sector plan. Lastly, organisations represented on the Commission should provide leadership on HIV & AIDS within their own organisation/sector – such as organising sensitisation awareness, stigma & discrimination reduction policies & programmes leading to workplace policy.

Rôle and function of the sub-committees

Currently, the sub-committees do not meet regularly. This may be interpreted as reflecting an apparent lack of commitment to them, or at least that the sub-committees are not perceived to add sufficient value to the NAC in compensation for the time which needs to be invested in them. The rapid turnover of members adds to instability. Some sub-committees seem too large which makes

it particularly difficult to bring members together on a regular basis. Lastly, it seems that there is not always expert representation on the specific area of interest to the sub-committees.

Recommendations/Options
The sub-committees have an important function for bringing technical expertise to the Commission, including from the UN technical agencies represented on the sub-committees, and for raising new technical issues that are brought to the Executive Committee or Commission. They should not be decision making bodies but rather should discuss issues and make recommendations, organise activities on issues (for promoting), call and organise regular meetings with the support of the Secretariat. The Secretariat can also support in the preparation of the sub-committees' agenda, taking notes and ensuring proper circulation. However these tasks would have to be agreed upon between the members of the Committee, the Secretariat and the Commission.

To foster leadership and ownership the communication channels between the sub-committees and the rest of the Commission needs to be actively managed by the Secretariat.

A clear understanding of their rôles and functions, terms of reference and modus operandi, relationship with the Commission and Secretariat and sub-committee member commitments (also in time) need to be developed. The terms of reference and modus operandi of the sub-committees might be included in a revised version of the Belize National AIDS Commission Act.

Rôle and functioning of the District AIDS Commissions

The level of functionality of the District AIDS Commissions varies: some are functioning well; others are not perceptibly working effectively. It is also not clear whether they are mini NAC, with the same type of functions, or rather (non-governmental) institutions geared towards implementation. They face significant challenges as even those which are functioning are not effectively connected to the NAC. Representation on the District AIDS Commissions is voluntary and in the main are carried out by people who have other commitments so prioritisation and finding time for the District AIDS Commission is problematic. Neither the Secretariat nor the Districts have negotiated their rôles and functions with any degree of clarity or unambiguity. In some cases there is a lack of agreement and clarity about the relationship with other district level services, such as the Ministry of Health. All lack basic administrative infrastructure.

Recommendations/Options
Ideally there should be more detailed analysis of why some District AIDS Committees are working effectively and some less so. The Commission should facilitate capacity building of the Districts AIDS Commissions, according to different needs and on a continuing basis. A part or full-time staff member based in district offices and carrying out functions similar to the National Secretariat would be highly beneficial to the smooth functioning of these bodies. Ideally, the rôle and functions of the District AIDS Commissions address:

- Mobilising community leadership;
- Identifying district needs to develop and implement district plans;
- Coordinating the implementation of the plan at the district level, with as a priority linked to the national strategy, the need for all districts having programmes addressing stigma and discrimination;
- Providing information/championing the work to the NAC on progress against plans (perhaps Chairs may sit on the NAC Executive Committee?)
- Ensure the availability of training to District AIDS Commissioners and other community organisations in the district

Relationship between the Ministry of Health and the Commission/Secretariat

Processes and procedures to guide ways for working together lack transparency and synergy.
There is a lack of consensus or agreed parameters for leading specific technical or political areas.
Territorial occupancy is not clear.
The manifestation of governmental leadership/political commitment is not strongly evident.
Recommendation/Options
Conflict resolution training may help the process; more likely to be of value is a negotiated mechanism to allocate responsibility (and accountability) to the MoH as compared with the NAC Secretariat. Particularly important is a more effective mechanism to ensure that information and intellectual resources applied to current activities and projects is shared.

Institutional attachment of the Commission

The administrative status of the NAC Secretariat is presently opaque. Whilst a Departmental "home" exists, there are governance and probity issues which need to be clarified. There needs to be a clearer audit trail, more transparent HR support and more robust appraisal, grievance and disciplinary relationships with an established government entity.

Recommendations/Options

It seems that the Office of the Prime Minister has insufficient capacity to fully exercise an administrative supervisory rôle. The MoH would add to confusion (see above) about rôles and relationships. Therefore, the Ministry of Human Development seems the most opportune "home" for administrative supervision. This requires the NAC to have a reporting relationship with the MoHD in matters of governance, resource management and probity.

M & E

Belize currently has a draft M&E Plan. However, it appears that there isn't an integrated M&E system in place.

Recommendations/Options
The draft M&E plan needs to be finalised, support from the CHRC should be requested to enable that national level indicators are in line with regional level as well as Global. The plan should reflect an integrative approach and monitoring its implementation should be with an M&E office within the Secretariat.

2.4 AIDS Accounts

There are actually no HIV/AIDS Accounts in Belize, other than the (non-specific) share of the MoH/OPM accounts which are represented by HIV/AIDS activities. General knowledge on budgets and expenditures on AIDS is frail. Detailed, disaggregated evidence at both operational and strategic levels, according to population group, intervention area, geographical area, is virtually absent. Since the basic financial information on AIDS expenditure is lacking, it is unclear to what degree the national AIDS response is effectively being put in practice according to the National Plan. There is poor information to make value-for-money decisions about investments in a resource-constrained environment.

Recommendations/Options
Putting in place AIDS Accounts is no small matter and should not lightly be embarked on. Methodologically, two approaches can be distinguished. The first is commonly referred to as

HIV/AIDS Accounts and developed by SIDALAC (Regional AIDS Initiative for Latin America and the Caribbean). This approach has been applied in Belize in 2003, but not repeated, because there has reportedly been no capacity building at the national level to do so. A second approach is referred to as National Health Accounts, HIV/AIDS sub analysis. PHRplus has initiated this methodology, which builds on the NHA approach. The (SIDALAC) AIDS Accounts and the (PHRplus) NHA HIV/AIDS sub analysis approach do not differ significantly and yield at least the same type of results[5].

The Ministry of Health is presently setting up the first NHA and preliminary results are available. As such, it would make most sense that this initiative is extended to carry out a NHA HIV/AIDS sub analysis, which follows similar processes to the NHA.

[5] Susna, De et al (2004) Methodological guidelines for conducting a National Health Accounts Sub analysis for HIV/AIDS, PHRplus

3 Next Steps

This draft inception report links the initial diagnostic outcomes (based on painstaking but semi-structured encounters with a wide variety of stake holders) with tentative recommendations regarding some issues that have been raised as important to the quality of the AIDS response in Belize. Both the quality of the diagnostic analysis and the recommendations for improvement need refinement and better understanding. This report is but a first step in a process of change for the better.

The next activity that might catalyse a period of accelerated change is a meeting of the NAC and wider stakeholders that will look into the priorities and high-impact activities for making the Commission, the Secretariat, the Commission members and stakeholders more effective in contributing to the fight against HIV/AIDS in Belize. Issues that will be looked into might partially or fully be drawn from the list described in Section 2 of this report, since this list has been compiled from the evidence gathered from interviews with the same actors. This meeting is scheduled end of April, 2007, but a precise date is yet to be confirmed.

During this meeting, it will also be decided what the priorities are for the technical external expertise that our team could bring to specific aspects of the AIDS response in Belize. This will then be the basis for some intensive technical assistance, which is scheduled to take place in the second half of July, 2007.