Tourism & HIV/AIDS in Belize:

Building Capacity in the Tourism Sector

Background Studies Report:
For Discussion Purposes Only

Blackstone Corporation
Resource Management Consultants Inc.

February 7, 2008

Blackstone Corporation
Resource Management and Tourism Consultants Inc.

February 18, 2008

Ms. Marie Gaarder, Project Officer
Inter-American Development Bank
1300 New York Ave. NW
Washington, D.C.

Ms. Caroline Clark, Representative
IADB
Belize City, Belize

Dear Ms. Gaarder and Ms. Clark:

RE: Phase I Report – "Tourism and HIV/AIDS: Capacity Building in the Tourism Sector in Belize"

We are pleased to submit herein our Phase I report for the above-noted project.

We look forward to hearing your comments, and those of the "Tourism HIV/AIDS Management Team" and other stakeholders in Belize, and to continuing with development of the strategy.

Should you have any questions, please contact the undersigned.

Sincerely,

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EXECUTIVE SUMMARY

HIV/AIDS is a serious problem for Belize. With a population of approximately 270,000, it has the unwanted distinction of having the highest HIV infection rate (2.5% of the working age population)[1] in Central America, and the third highest in the Caribbean. Its incidence rate is also sixth highest of any country outside Africa.[2] Only 25% to 30% of Belize's population has been tested. While it is difficult to extrapolate these numbers to the population as a whole, given the fact that the characteristics of the sampled group were not able to be identified and may not be representative of the broader population, they are extremely high, and may indicate that the incidence of HIV/AIDS is much higher than the 2.4-2.5% figure. It is of significance to note that based on the experiences of other countries, once the HIV prevalence rate exceeds 4-5% it has been found to escalate rapidly[3].

The Inter-American Development (IADB) and Belize's National AIDS Commission (NAC) are supporting Belize's tourism sector to take a strong part in addressing the country's HIV/AIDS epidemic. To this end, Blackstone Corporation Resource Management and Tourism Consultants Inc. has been engaged to assist the tourism industry to:

- Form a committed *Tourism and HIV/AIDS Coalition* to spearhead and coordinate action;
- Prepare and adopt a "Tourism Sector HIV/AIDS Strategy" that will define specific goals and actions to be promoted for implementation in businesses across the sector, following from the National HIV/AIDS Strategy; and
- Develop a monitoring and evaluation program to enable tracking of results and adaptation of the strategy if/as required.

This Phase I report provides the results of fieldwork undertaken by the consulting team in November-December of 2007. The work has involved consultations with some 70 Belize-based tourism and other stakeholders, and subsequent research regarding lessons learned from other jurisdictions. The report also includes a draft/preliminary framework for action for review by tourism stakeholders. Phase II will include further consultations, development of the final strategic plan and identification of potential funding sources to assist with implementation.

Some work is already underway to curb the epidemic. The Government of Belize has recognized the gravity of the HIV/AIDS situation in the country, and has, in recent years, taken several direct actions. A National AIDS Commission (NAC) has been established and a National Policy (2005) and a *Strategic Plan for a Multi-Sectoral National Response to HIV/AIDS (2006-2011*) have been prepared. Several international and Belizean NGOs are working at the front lines, providing support services for people living with HIV/AIDS (PLWA) and enacting education and awareness-building initiatives. The Belize Chamber of Commerce and Industry (whose membership does not include the majority of the tourism industry) announced formation of a Business Coalition to fight HIV/AIDS in November 2007.

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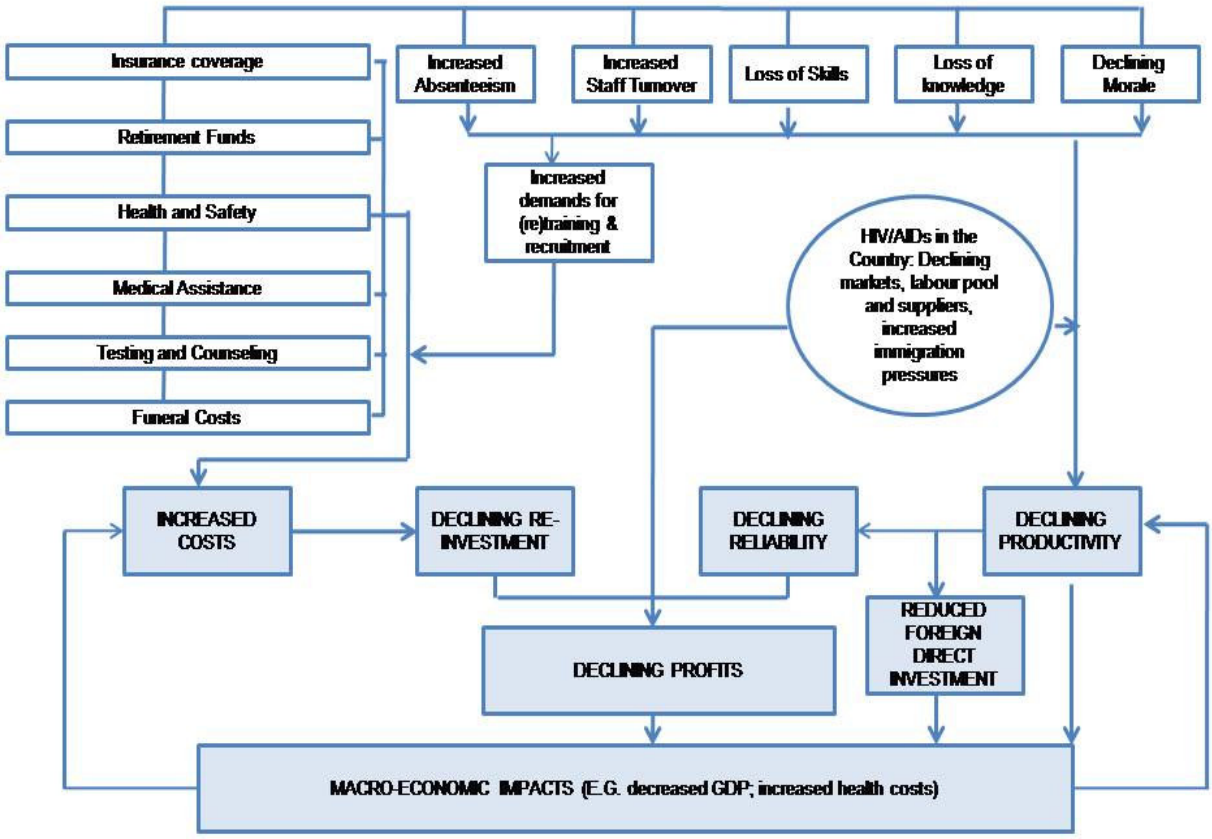
1 Joint United Nation Program on HIV/AIDS (UNAIDS) estimates an adult (15-49 years) HIV prevalence rate of 2.5, although given the problems related to the collection of detailed data it is recognized that the rate could be higher. http://www.unaids.org/en/Regions_Countries/Countries/belize.asp

2 DFID, WHO/PAHO, GFATM, UNAIDS Secretariat & World Bank. HIV AIDS in the Caribbean: A Multi-Organization Review (November, 2005) p. 5

3 Joint UN Programme on HIV/AIDS et al, 2000.

Among the lessons learned from other jurisdictions is that a high incidence of HIV/AIDS can hold serious consequences for a country's economy and for its private sector, as depicted on Figure ES-1 following:

FIGURE ES-1:
IMPACTS OF HIV/AIDS IN THE WORKPLACE



Source: Adapted from: PCBC AND ILO

The tourism industry has a direct stake and an important role to play in addressing the serious HIV/AIDS issue in Belize, as summarized below:

- **Tourism is Belize's most important industry and is the single largest employer**, reportedly accounting for approximately one in every four jobs. HIV/AIDS-associated impacts such as those shown on the figure are bound to adversely affect the industry:

- **Direct labour force impacts can be expected**. Most cases of HIV/AIDS are people of working age: 50% of new cases are among youths; 70% of all cases are within the 15-44 age group. Despite the availability of first level treatment provided by the government, there is an 85% fatality rate, and AIDS is the leading cause of death in persons 15-44. Productivity losses are looming;

- **The spread of the disease is exacerbated by a highly migratory population in Belize.** The mobile nature of tourists and of the seasonal tourism labour force could further

exacerbate the situation: Tourism, by its very nature, exposes the resident tourism labour force to that segment of tourists who engage in high risk practices associated with alcohol, drugs and risky sexual behaviour. Action needs to be taken among the tourism workforce and to ensure safe interactions between Belizeans and visitors, through extensive and direct awareness-building and education efforts for both locals and tourists;

- **Sex tourism is a reality in today's world:** Continuing concerted action is required to address this issue, particularly in light of the conditions of poverty that exist in Belize. Interviews with stakeholders indicate disturbing trends with regard to children and young women becoming involved in such activities;

- **Impacts of a "no action/status quo" scenario could potentially have serious consequences for the tourism industry:** As an industry that relies heavily on image and branding, the HIV/AIDS situation can potentially erupt into serious negative publicity. If the industry is well-informed, up-to-date and directly involved in activities that address the issues, it will be better equipped to deal with any such eventualities in an educated way;

- **Corporate Social Responsibility (CSR) means better business:** Today's consumers are becoming increasingly sophisticated and are looking for demonstrations of CSR from their product and service providers.

Following consulting team meetings held with the Belize Tourism Industry Association and the Belize Tourist Board (BTB), Belize's pre-eminent umbrella tourism sector organizations, their **leaders indicated their intents to form a senior-level HIV/AIDS management team to oversee implementation of a tourism HIV/AIDS strategy.** A first meeting of the Management Team was attended by the consulting team in early December, 2007, including:

- National AIDS Commission (NAC): The Ambassador and the Director of Monitoring and Evaluation;
- Belize Tourism Board (BTB): Director of Tourism; and
- Belize Tourism Industry Association (BTIA): Executive Director.

Participation of the most senior representatives of the industry represents a very positive first step towards realization of a tourism sector strategy to deal with HIV/AIDS in Belize. In order to fully engage the tourism industry around the country in the battle against HIV/AIDS, the Tourism and HIV/AIDS Management Team, through the Belize Tourism Industry Association, has indicated its intention to identify core tourism industry volunteers to assume leadership roles in each District of the country. It is anticipated that this task is currently under way and will be largely completed by early spring of 2008. This represents an excellent first step towards stimulating and institutionalizing long-term involvement of the industry at the grassroots level.

Considerable time was spent on identifying work being done elsewhere that would be of use to Belize's tourism sector. Among others, there is a wealth of tools and a significant body of knowledge that have evolved regarding approaches to private sector involvement in the battle against HIV/AIDS. Some of this knowledge will be invaluable to Belize's tourism sector as it moves forward. **There are a number of particularly important lessons learned** that can be of use as the Belize tourism sector moves forward with its Tourism and HIV/AIDS Coalition, including the following:

- Some of the most important tools have been developed by the Global Business Council on HIV/AIDS, which, based on its extensive experience, has identified four main areas of intervention under which various programmes can be devised (See Figure ES-2, below):

Figure ES-2: Global Business Council
Best Practice AIDS Standard (BPAS) Baseline Tool Framework

Broad Areas of Corporate Engagement based on Business Aids Methodology ™ (*BAM*)	*BPAS* Categories for Detailed Assessment of Corporate Engagement	Definitions
I. Workplace & Employee Engagement	1. Non-discrimination	Development and adoption of a Corporate HIV/AIDS policy
	2. Prevention, Education & Behaviour Change;	Prevention and education programs;
	3. Testing and Counseling	Programs that enable people to determine their HIV status and support to deal with the outcome
	4. Care, Support and Treatment	Access to treatment, support & care
II. Core Competency	5. Product and Service Donation	Donations by companies of products, services and expertise
	6. Business Associates and Supply Chain Engagement	Extending policies and programs to suppliers and business associates
III. Community	7. Community & Government Partnerships	Collaboration between business and the public sector, NGOs;
	8. Corporate Philanthropy	Philanthropic donations
IV. Advocacy and Leadership	9. Advocacy and leadership	Business leaders promoting change and taking leadership role in fight against HIV/AIDS;
	10. Monitoring and Evaluation	Documentation and reporting on outcomes of programs.

Source: Global Business Coalition on HIV/AIDS. Booz Allen Hamilton. The State of Business and HIV/AIDS (2006) A Baseline Report. p.19.

- The Constella Futures Group is worthy of mention for its development of workplace policy development and anti-stigma tools and its HIV/AIDS-related experience in the Caribbean and Central America with the private sector;

- Adoption of a workplace policy is a crucial component as, by institutionalizing protection of the rights of workers, it provides the employee with the security needed to promote testing. It has proven to help to break down barriers of discrimination and stigma. Processes that have been employed to date have also often involved expenditures of a great deal of time. The International Labour Organization (ILO) program, for example, is very heavy in time investment for companies. As indicated by stakeholders from Belize, Jamaica and Mexico, it did not generate high participation. The Constella Futures Group's "Workplace Policy Builder" (WPB) is about to be used with the tourism industry in Jamaica and Barbados and has already been used in Mexico. It enables workplace policies to be developed in a more cost and time effective manner (assuming that a company's leadership is able to attend a

two to three-day workshop and they are open to the possibility of such a workplace policy in the first place). A survey of businesses and their attitudes and current perspectives on HIV/AIDS is a useful starting point and should be undertaken in Belize;
- Efforts should "start at home" and focus on a company's own employees and the immediate community;
- Peer to peer education is invaluable. At the beginning, senior level peer examples can make a huge difference;
- The inclusion of PLWA in the workplace education process is important and particularly effective in bringing home the reality and humanity of the issue;
- The public sector cannot battle this disease by itself. It needs help from the private sector and NGOs;
- Consequences of inaction are dire, in economic and human terms;
- Fears regarding negative tourist responses to HIV/AIDS education appear to be unfounded, although it would be useful to undertake primary research/surveys with tourists;
- There are many sources of possible networking and funding, which will be explored in the next phase of this project;
- Jamaica's Tourism Product Development Corporation's HIV/AIDS Workplace Policy and SANDALS Montego Bay programme represent the most successful examples of the tourism public and private sectors' implementation of tourism-related HIV/AIDS strategies, at the national and business levels. **Both of these entities have indicated their desire and interest in providing any assistance to Belize's tourism sector that they can by sharing their experience.**

Figure ES-3 on the following page graphically depicts a three-phased preliminary action framework recommended by the consulting team based on the findings to date and building on lessons learned from other jurisdictions. These phases consist of:

- **Phase I - Development of the Coalition's Management Structure:** This Phase is underway and almost completed;

- **Phase II - Development of the Tourism HIV/AIDS Strategy:** This Phase will be undertaken in consultation with the tourism sector, assisted by the consulting team over the next few months. Included is a recommended baseline survey; and

- **Phase III- Strategy Implementation:** This Phase should begin immediately following completion of Phase II.

Each of the suggested tasks is described in the body of this report. As far as next steps are concerned, it is anticipated that this Background Studies Report will be circulated/made available by the Coalition management group to the stakeholders via its intranet/web vehicles, direct e mails, and other means. It is recommended that the Tourism Management Team develop an information package based on the findings of this study, to begin to educate their constituency and that the baseline survey be undertaken as soon as possible,

Further consultations will be initiated in early spring of 2008 (ideally April), towards the goals of:

- developing the vision statement and targets and refining the strategy for action with the tourism industry;
- identifying potential funding sources for implementation;
- assisting the Management Team regarding its legal status and various options.

FIGURE ES-3: Preliminary Strategic Framework

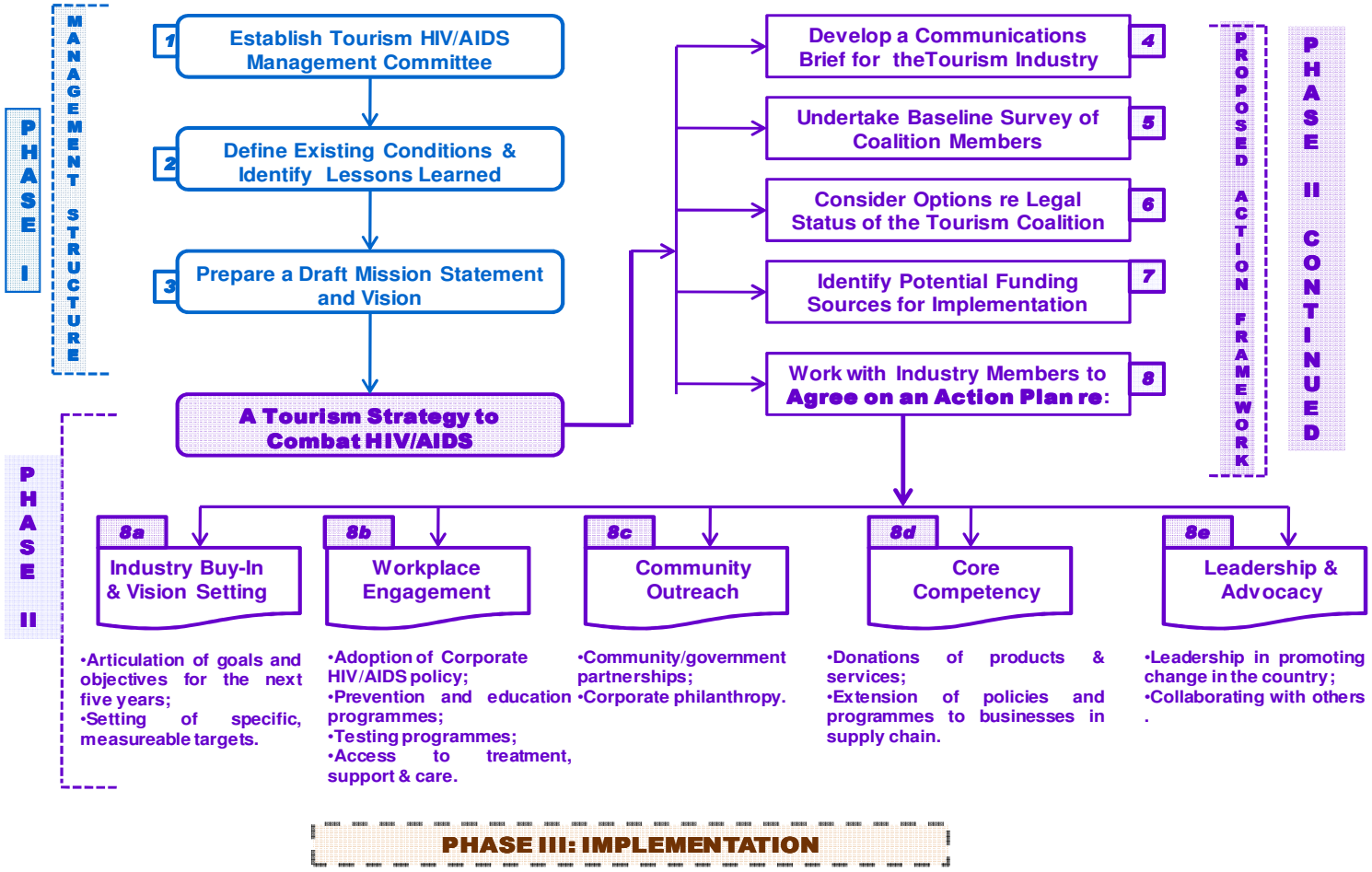


TABLE OF CONTENTS

EXECUTIVE SUMMARY

1.0 INTRODUCTION

1.1 Context & Problem Definition 1
1.2 Project Objectives 1
1.3 Methodology 1

2.0 NATIONAL SITUATIONAL ANALYSIS

2.1 Epidemiological Situation/ HIV/AIDS Prevalence 5
2.2 Constraints and Bottlenecks Affecting Successful Management of HIV/AIDS Epidemic 8

3.0 HIV/AIDS AND TOURISM IN BELIZE: LINKAGES AND IMPACTS

3.1 Linkages and Impacts of HIV/AIDS on the Tourism Industry 11
3.2 Impact of Tourism Activities on the HIV/AIDS Situation 14
3.3 Opportunities for Action 15

4.0 LESSONS LEARNED FROM OTHER JURISDICTIONS

4.1 National Response to Date 18
4.2 International Agencies/Programmes 18
4.3 NGOs in Belize 19
4.4 Private Sector Response 20

5.0 PRELIMINARY STRATEGY FRAMEWORK

5.1 Private Sector Impetus for Involvement 23
5.2 Lessons Learned from Global Business Response 23
5.3 Lessons Learned from the Caribbean Response to HIV/AIDS: Public and Private Sectors 30
5.4 Summary of Lessons Learned 38

6.0 NEXT STEPS: A PRELIMINARY STRATEGIC FRAMEWORK FOR ACTION

6.1 The Case for Establishment of an HIV/AIDS Tourism Coalition and Development of a Preliminary Framework for Action 40
6.2 Next Steps 50

ANNEX A: LIST OF CONTACTS
ANNEX B: REFERENCES
ANNEX C: SUGGESTED DRAFT WORKSHOP AGENDA TOPICS (TENTATIVE APRIL 2008

1.0 INTRODUCTION

1.1 Context and Problem Definition

Blackstone Resource Management and Tourism Consultants Inc. was retained by the Inter-American Development Bank (IADB) in 2007 to evaluate the issues and linkages between the HIV/AIDS epidemic in Belize and the tourism sector, and to develop a strategy for the tourism industry to participate directly in initiatives to combat the problem.

Belize, with a population of approximately 270,000, has the unwanted distinction of having the highest HIV infection rate (2.5% of the working age population)[4] in Central America, and the third highest in the Caribbean. To address the human immunodeficiency virus-acquired immune deficiency syndrome (HIV/AIDS) issue, the Government of Belize (GOB) established a National AIDS Commission (NAC) under the Office of the Prime Minister. A *National Strategy for HIV/AIDS* has been developed to coordinate multi-sectoral strategies to prevent the disease, promote healthy sexual behaviours, reduce discrimination against People Living with AIDS (PLWA), and reduce the incidence of an epidemic. Its focuses are on prevention, comprehensive services to PLWA and on campaigns targeting attitudes and practices, inter-sectoral coordination and social services.

The battle against HIV/AIDS is a difficult one. Notwithstanding on-going efforts of the government and various NGOs and other agencies, the social exclusion of PLWA is severe. Stigma and discrimination against PLWA and their families are not uncommon. While testing is offered, it is estimated by the NAC that only some 25-30% of the population has been tested, due to a perceived lack of confidentiality of test results and fear of discrimination, among others. Despite awareness-building campaigns, it appears that awareness among much of the population is low. For example, discrimination and avoidance of PLWA is exacerbated by beliefs that HIV/AIDS can be contracted by casual contact. It is also reported that some believe the disease is simply a chronic condition that can be managed with medication, and therefore need not be treated as seriously as it should be.

Tourism is Belize's most important industry and is the single largest employer, reportedly accounting for approximately one in every four jobs. The sector is also the largest contributor to economic growth and directly accounts directly for 18% of total Gross Domestic Product (GDP) and 25% of total foreign exchange earnings. As tourism is linked economically with many other sectors (e.g., agriculture, entertainment, transport, construction, etc.), the industry's overall impact, taking into consideration its indirect impacts on these sectors, is an estimated 23% of GDP. In the wake of international forces of change over which Belize has little or no control (e.g., trade liberalization, deregulation, loss of once-guaranteed agricultural quotas), it is difficult to envisage the imminent emergence of any other productive sector in which Belize can potentially achieve the competitive advantage and economic growth potential which the tourism industry offers. It is all-important to the country's future.

Given its importance, the tourism sector requires specific attention as it deals with the HIV/AIDS problem. The first and most important criterion of a tourist for selecting a tourism

[4] Joint United Nation Program on HIV/AIDS (UNAIDS) estimates an adult (15-49 years) HIV prevalence rate of 2.5, although given the problems related to the collection of detailed data it is recognized that the rate could be higher. http://www.unaids.org/en/Regions_Countries/Countries/belize.asp

destination is safety. Special efforts are required to ensure, on the one hand, that HIV/AIDS does not have an adverse impact on the tourism industry, and on the other, that tourism industry managers deal with the problems surrounding the disease in a direct, coordinated, concerted and informed manner, in regard to their employees, their tourism clients and the population as a whole. Impacts on the labour force, among others, stand to be serious if the epidemic is not attacked head on in the immediate future.

The tourism industry has an important role to play in addressing the serious HIV/AIDS issue in Belize. The tourism sector (both the public and private sector components) has a responsibility to work within the framework of the Government's *National Action Plan* to combat HIV/AIDS, in order to, for example:

- ensure that its employees and clients are made aware of the risks involved in participating in unsafe activities and how such activities are contributing to the spread of HIV/AIDS in Belize;
- reduce risky behaviours among tourism workers and industry clients;
- reduce employment-related discrimination against persons living with HIV/AIDS;
- address the incidence of sex tourism as a risk factor in both the increase in HIV/AIDS and the sexual exploitation of women and children; and
- engage in outreach and educational activities among the general population.

1.2 Project Objectives

The overall goal of the project has been to examine the existing situation and develop a tourism-targeted strategy that will help to:

- identify the issues and linkages between HIV/AIDS and tourism-related activities;

- minimize the potentially adverse impacts of HIV/AIDS on the sector, given potential labour force decline and other effects that an unchecked epidemic can create; and

- develop social responsibility and identify specific actions that the tourism industry can enact to improve its longer-term sustainability and economic stability, while providing direct support for the national action program and other related initiatives.

Specific objectives of the project are to:

- review the role of the tourism sector in the context of current efforts to address HIV/AIDS;

- analyze the socio-economic implications for the tourism industry of a serious, and worsening, HIV/AIDS problem in Belize;

- identify and consult with key stakeholders (i.e., government, private sector, NGOs, health care professionals, citizens – including PLWA) to better understand issues, establish "who's doing what", identify levels of awareness, concern, and willingness to act; and

- identify human resource (HRD)/capacity/institutional/information and other bottlenecks and weaknesses that could adversely affect implementation of a strategy.

The strategy is to include provisions for improving policies and the legal framework to combat HIV/AIDS and discrimination against people living with AIDS (PLWA), an overall cost-benefit

analysis for strategy implementation, step-by-step initiatives, measurable indicators, roles and responsibilities and identification of potential funding sources for implementation.

Indicators of a successful outcome will include:

- consensus/widespread support for the strategy, including endorsement as a non-partisan issue by government and full adoption by key industry associations such as the Belize Tourism Board (BTB), Belize Tourism Industry Association (BTIA), and Belize Hotel Association (BHA);

- creation of a high-level "Tourism-HIV/AIDS Coalition" to continue dialogue and play a leading role in implementation of the strategy;

- identification and enrolment of key stakeholders who can positively influence and contribute to resolution of the issues; and

- identification of possible funding sources for strategy implementation.

1.3 Methodology

The methodology for the study has been focused on a highly participatory stakeholder consultation process to identify existing conditions and develop a strategy that will be vital, inclusive and widely supported.

The project was designed to be carried out in two components, with tasks as summarized below:

Component I: Diagnostic and Consultation

This component has included:

- A stakeholder consultation process;
- Identification of existing conditions and issues;
- Identification of lessons learned from other jurisdictions;
- Analysis of the linkages between HIV/AIDS and tourism;
- Preparation of strategy framework; and
- Preparation of background studies report.

Component II: Strategy Preparation

A "Tourism and HIV/AIDS Strategy" will be developed during a second fieldwork session in Belize, building on the background analysis and preliminary framework prepared during Component I.

A second round of consultations will be carried out, to include working sessions with the coordination team and other stakeholders (e.g., Tourism-HIV/AIDS Working Group; Chamber of Commerce in Ambergris; etc.). A final strategy will be prepared based on the results of the consultations.

1.3.1 Work to Date: Component I

During November and December, 2007, some 70 stakeholders were interviewed in Belize. In addition, several other tourism stakeholders attended meetings (e.g., BTIA Board meeting in Belize

City; BTIA meeting in Placentia) at which the consulting team made presentations. Interviewed stakeholders included the following, among others (see contact list attached as Annex A):

- NAC representatives;
- Government departments (e.g., health; labour; tourism);
- Tourism industry representatives in Belize City, San Ignacio, Dangriga, Placentia, Hopkins;
- BTIA Board; and
- Several NGOs working in HIV/AIDS field.

In January and early February, 2008, the consulting team undertook a review of lessons learned from other jurisdictions, which included extensive review of existing data/reports, as well as discussions with HIV/AIDS and tourism stakeholders in the Caribbean region and Mexico. There is a wealth of information and human resource capacity and knowledge into which Belize's tourism sector can tap.

A very strong level of interest in the subject under discussion was observed among all of the stakeholders who were consulted. As an indication of the interest and levels of concern that exist, the consultants were able to draw together **a high-level coordination team** that has indicated their commitment to working together to develop a tourism industry coalition to address the issues. This core team is comprised of: the director of the National AIDS Commission (Ms. Dolores Balderamos Garcia); the director of the Belize Tourism Board (Ms. Tracy Panton); the Executive Director of the BTIA (Mr. Andrew Godoy); and the Monitoring and Evaluation Officer of the NAC (Dr. Jose Lopez).

The present report provides a summary of the work undertaken for the first phase of the study process.

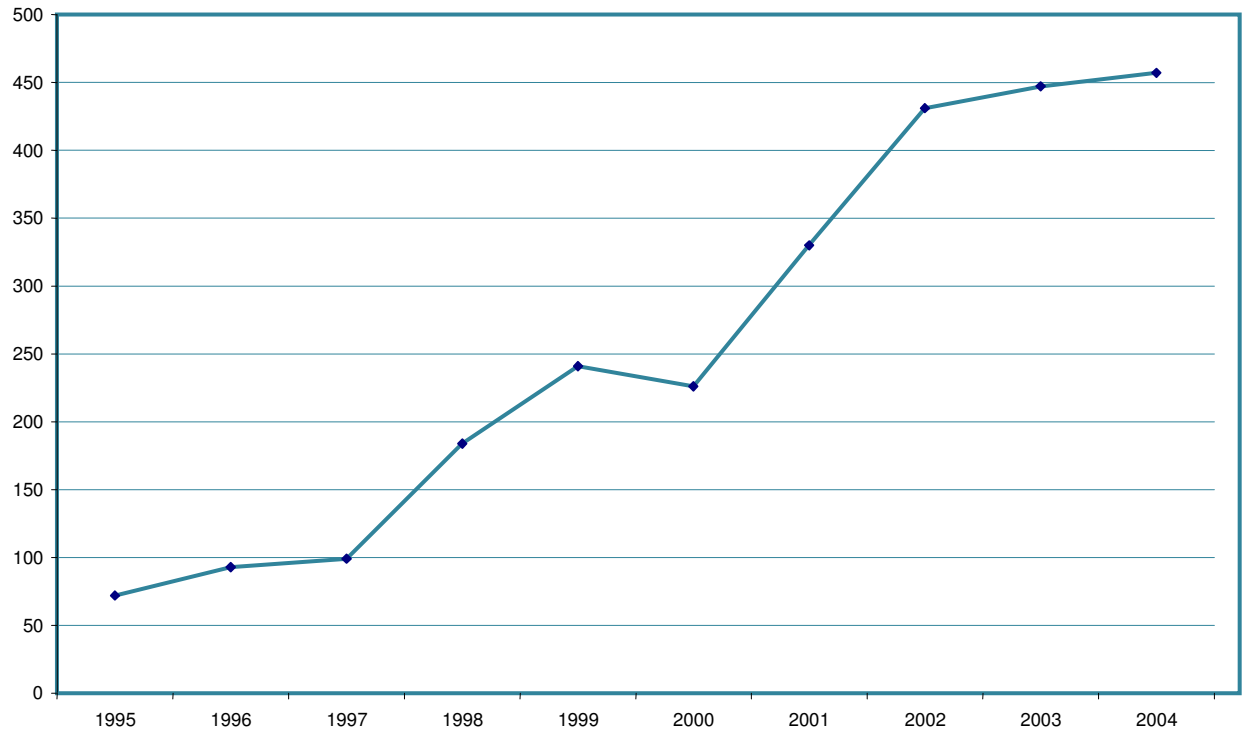
2.0 NATIONAL SITUATIONAL ANALYSIS

2.1 Epidemiological Situation/HIV/AIDS Prevalence

Belize has the highest adult HIV/AIDS infection rate in Latin America, at 2.5% as of 2006 (compared with the average for the region of 0.5%), and the third highest in the Caribbean (which has a regional average of 1.0%). It has the sixth highest incidence of any country outside Africa.[5] Bordering countries have reported much lower rates, including Honduras (1.5%), Mexico (0.3%) and Guatemala (0.9%)[6]. The Caribbean region is second only to sub-Saharan Africa in its rate of HIV.

Data available since 1995, compiled by the Belize Health Information System at the Ministry of Health, indicates that Belize has been experiencing a dramatic escalation in reported cases of HIV, as illustrated in Figure 1 below.

Figure 1:
Number of HIV Infections Reported by the Central Medical Laboratory, 1995-2004



[5] DFID, WHO/PAHO, GFATM, UNAIDS Secretariat & World Bank. HIV AIDS in the Caribbean: A Multi-Organization Review (November, 2005) p. 5
[6] Avert.org

By 2007, 277 new HIV infections were reported up to June. Extrapolation of these numbers to December would indicate some 554 new cases for the year, illustrating **continuing escalation of reported cases**. As of mid-2007, there were a reported 4,270 persons reported to be living with HIV/AIDS in Belize, 822 of whom are AIDS cases.

While some have suggested that the spike in reported new cases (possibly 25% more new cases reported in 2007 than 2006) is likely due to the fact that more people are getting tested in the past year, a review of the Ministry of Health testing statistics for the months January-June indicates that in fact far *fewer* people were tested in the first half of 2007 (4870) than in 2006 (5305). Further, it is of interest to note that of the 5305 tested through the first half of the year in 2006, 201 (3.8%) tested positive, while over the same time period in 2007, of the 4870 tested 229 (4.7%) were positive.

While it is difficult to extrapolate these numbers to the population as a whole, given the fact that the characteristics of the sampled group were not able to be identified and may not be representative of the broader population, they are extremely high, and **may indicate that the incidence of HIV/AIDS is much higher than the 2.4-2.5% figure reported for the adult population as reported in the reports of the NAC and the UN** (see references in Annex). Interviews with some key informants indicate a widely held belief that the "official" numbers cited are much lower than what may exist in reality, as noted by a NAC representative who stated:

> "New numbers that will be released will show that the numbers if HIV/AIDS infections are declining, but this is not true. There is a new way of reporting [at the UN] that may indicate this, but the reality is that our new numbers show an expansion of cases."

A representative of the Alliance Against AIDS also expressed the view that "we are not at a level of some 4,000 cases…we are at least double and even triple that rate."

It is of real significance to note that **once the HIV prevalence rate exceeds 4-5% it escalates rapidly[7].** Given that the majority of the country's population has not been tested, it is possible that the rate in Belize is actually approaching this level. Certainly, many stakeholders commented that they have recently come into direct personal contact with PLWAs for the first time, whether it is neighbours, co-workers, friends, or friends of friends. The disease is beginning to touch people, personally.

Total deaths from AIDS are reported to be 724, although this number may be higher as anecdotal evidence suggests that many deaths may not officially recorded as AIDS-related due to the stigma attached to the disease and the citing of other causes of death. Whatever the actual numbers are, the officially recorded fatality rate of 85% is already a high percentage, despite the availability of anti-retroviral (ARV) treatment[8].

As reported by the NAC, conclusions about transmission are difficult to make in Belize, given the lack of detailed information. Heterosexual sex has been reported to be associated with 47.5% of cases for the period 1998-2000, followed by homosexual activity (9.2%). The fact that in 42.6% of

[7] Joint UN Programme on HIV/AIDS et al, 2000.
[8] NAC, "Strategic Plan for a Multi-Sectoral National Response to HIV/AIDS in Belize (2006-2011)", 2006.

cases the mode of transmission was reported to be "unknown" is only one indication of the serious gaps in the data[9].

2.1.1 Geographic Factors

Geographically, it can be noted that all areas of Belize are affected by the epidemic, although the proportions vary widely. Statistics based on 2004 figures indicate that 88.2% the cases were located in Belize City, followed by Stann Creek (5.7%), Cayo (4.1%) and Orange Walk (1.3%), with less than 1% in Corozol and Toledo.

The following table illustrates the testing statistics reported by the Ministry of Health January-June in 2006 and 2007, by region:

Table 1: MoH HIV Testing Statistics: January through June[10]

	2006			2007		
District	**Tested**	**Positive**	**Prevalence**	**Tested**	**Positive**	**Prevalence**
Corozol	62	2	3.2	152	4	2.6
Orange Walk	358	1	0.3	298	8	2.7
Belize	3913	168	4.3	3467	183	5.3
Cayo	351	8	2.3	655	9	1.4
Stann Creek	581	22	3.8	231	24	10.4
Toledo	40	0	0	67	1	1.5
TOTALS	**5,305**	**201**	**3.8%**	**4,870**	**229**	**4.7%**

Review of these figures indicates the high prevalence in Belize City and region, and possibly also the availability of, and awareness regarding, testing facilities. Corozol, Cayo and Toledo have been successful at increasing the number of individuals that are getting tested, while participation in testing has declined in Orange Walk, Belize and particularly Stann Creek. In Stann Creek, while 40% fewer tests were conducted in the first half of 2007 compared with 2006, more positive results (10.4%) were identified.

2.1.2 Demographic and Gender Characteristics of HIV/AIDS in Belize

In the year 2000, the ninth leading cause of death in Belize was AIDS-related illness. The age group 15-49 years, which represents the main working age and reproductive age group, is that most affected. By 2004, HIV/AIDS had become the third leading cause of death within the population, and first among the 30-49 year old group. It had also become the first cause of death due to preventable illness among 20-29 year olds.

HIV/AIDS is very much a heterosexual illness in Belize, with some 50% of cases among women. The disease is increasingly affecting women and girls. Of particular concern is that in the age group 10-29, many more females than men are infected. In the group over 30, many more men than women are infected, leading the Cornerstone NGO to put forward the question of "whether older men might be infecting our young women and girls with the disease"[11]. Indeed, data from among Voluntary Counselling and Testing (VCT) attendees in Belize indicated **the prevalence of**

[9] Ibid, p. 14
[10] Summary table compiled
[11] Cornerstone Foundation, AIDS Link publication, Issue 5, July August 2007.

HIV among men 40 and older to be as high as 12.5%[12] Interviewed government agencies and NGOs dealing with women's issues, among others, widely agreed that many women live under difficult conditions in Belize, dominated by men and unable to insist on the use of condoms or assert their rights in other ways with regard to sexual activities.

2.1.3 Vulnerable Populations

With regard to vulnerable populations, or those who are particularly susceptible with regard to contracting HIV/AIDS, Belize has several. Those living in poverty are at risk, and this group represents some 33% of the population[13]. Others identified by NAC include: mobile and migrant populations; commercial sex workers (CSWs); youth; men who have sex with men (MSMs); members of the uniformed services; and incarcerated populations[14].

The issue of youth infection is a serious concern. In 2004, 22% of new infections were among 15-24 year olds. Poverty, child abuse and early sexual activity contribute to their vulnerability, particularly among young women[15].

The Central American HIV/AIDs Prevention Program (PASCA) found CSWs in Central American cities and ports to be at high risk of acquiring and transmitting HIV. In Belize, data from the Ministry of Health's Voluntary Counselling and Testing Program (VCT) shows that CSW activity is a major factor contributing to the epidemic, although precise baseline data is not available[16].

Discussions with stakeholders indicate that many others within the broader population can also be considered vulnerable, given the facts that promiscuity and multiple partners are so common and that so many people are untested. It was also noted by several people that HIV "is a problem of all classes". As noted by one individual:

> "Many of those who can afford it are going out of the country to be tested. Others are getting tested at private facilities, so the results are not included among the official statistics."

The same trend was observed by key informants in Jamaica where confidentiality is also an issue.

2.2 Constraints and Bottlenecks Affecting Successful Management of HIV/AIDS Epidemic

The very high incidence of HIV/AIDS in Belize, and the difficulties associated with combating it, is attributed to many complex and inter-related factors. Following from the discussion presented above, these factors include the following:

- cultural mores, norms and behaviours, such as acceptance with regard to multiple sexual partners;
- population mobility, including open immigration, seasonal workers and emigration;
- high levels of poverty;
- low levels of awareness (e.g., perception by some that HIV/AIDS is a homosexual disease; assumption that it is merely a chronic illness that can be treated in perpetuity; belief that "it can't happen to me because I am in a monogamous situation"; etc);

[12] NAC, Strategic Plan for a Multi-Sectoral National Response to HIV/AIDS in Belize (2006-2011), 2006.
[13] Kairi Consultants et al, "Poverty Assessment Report for 2002", 2004
[14] "Strategic Plan for a Multi-Sectoral National Response to HIV/AIDS in Belize (2006-2011)", 2006.NAC, ibid
[15] ibid
[16] ibid

- a young population (60% under the age of 25), which is the demographic sector with the highest infection rate;
- discrimination and stigma attached to the disease, which inhibits access to the available Voluntary Counselling and Testing (VCT) programs, treatment, care and support;
- lack of a confidential/trusted system for testing and recording of test results;
- low level of testing, attributable to many of the factors noted above;
- the role and influence of the Catholic Church with regard to attitudes and practice in the areas of sexual and reproductive health and limitations placed upon sex education in the classroom;
- lack of baseline data that properly characterizes the infection rates, modes of transmission, and levels of awareness; significant resources will need to be mobilized in support of such baseline and subsequent studies if Belize is to effectively monitor its response;
- limited capacity in government, and lack of integrated activity among agencies;
- lack of facilities and support services, especially in rural areas.

A representative of the Pan-American Health Organization (PAHO) noted the "huge **lack of human resources**", along with the "big gap in the provision of support services to PLWAs in addition to the basic ARV treatment". It was noted that tourism industry has the potential to be of great service in this regard (e.g. through the provision of leftover food by hotels).

With regard to the **lack of testing**, some have suggested that it should be made mandatory, given the severe nature of the disease, its long incubation period, cultural conditions, etc., while others suggest that such testing should at least be integrated with other testing procedures to allow people to get their results in a less "visible" testing situation. A local restaurant manager noted:

> "Testing should be mandatory. Lots of illnesses involve mandatory testing, inoculations…so why not deal with AIDS the same way?"

The **confidentiality of test results** is a serious barrier mentioned frequently by stakeholders:

> "We need an education process for the doctors, nurses and medical staff. They need to understand better the need for confidentiality."

> "People think they system cannot be trusted and I agree with them. I was at a cocktail party and I heard some of the medical people discussing the names of people they had tested who were positive."

All of the interviewed stakeholders noted the **need for not only awareness-building but of detailed education in the schools and among workers**. There are many myths and erroneous notions about the nature of HIV/AIDS, as illustrated by the following types of comments:

> "HIV/AIDS is seen as a "Belize City issue". People out here in Cayo don't think it is an issue for them. We need to establish that it is a broader issue affecting all of us."

> "[Our resort staff] people from the village aren't interested in discussing this issue. They think it is a problem for Belize City. They say "these things can't happen in our village."

School education is stressed by all as an obvious need, given the continuing spread of HIV/AIDS among youth. While sex education is now mandatory in the schools, limited programming is reportedly in place in place, supported by some of the NGOs. One NGO representative noted that teachers are ill-prepared to address the need, and that they were constantly approaching the NGO for advice. It is widely reported that the Catholic Church (which encompasses over 50% of the population) is an impediment to provision of sex education and promotion of the use of condoms.

Broader education of the public is also seen as a need, despite the awareness-building efforts that have already been carried out, involving posters, media messages, and other efforts. As one business person noted:

> "We need to get the message out to the *unconverted.* We need better ways to communicate with those who are clearly not getting the message. We have too many "forums" and "meetings" attended by the same people…this is not what we need. We need to figure out how to get to the informal sector…do things like make training mandatory for tour guide licensing. We don't have enough sincere commitment to this issue…like assigning junior people to be an organization's "HIV contact person". WE need a full frontal attack all the time in all sectors."

Legislation and human rights issues were also discussed as a problem by some stakeholders. Associated with the stigma and discrimination issue, it is reported that there is no law in place to prevent someone from being dismissed from their employment due to HIV/AIDS, as employers do not need to provide any reason for dismissal.

In the final analysis, what many report to be most needed is perhaps that most difficult to achieve, and that is **massive behavioural change** with regard to promiscuity/infidelity/multiple partners, participation in risky activities, fear of testing, and discrimination. As one professional noted:

> "Behavioural change is not being addressed. There have been no changes despite the messages that are being disseminated. I am glad to hear the tourism industry wants to get involved. The "higher ups" have been hiding their heads and pretending this doesn't happen.

Gender issues exist with regard to the HIV/AIDS situation in Belize, and are widely recognized as being part of the problem. Women and girls are often treated poorly at home, and a macho culture predominates. Women end up in situations where they are not expected to say "no", and NGs report that they are unable to effectively negotiate with men with regard to safe sex practices.

The **lack of good baseline data** is also a big problem, as it impedes management of the situation. Some comments were:

> "This needs to be addressed through the various government agencies. They need to go out and get the evidence so people will be convinced [about the severity of the situation]."

> "I think the problem is largely a local population problem. Our guests are international. But I don't have enough information. What is driving up our rates [of infection]?"

3.0 HIV/AIDS AND TOURISM IN BELIZE: LINKAGES AND IMPACTS

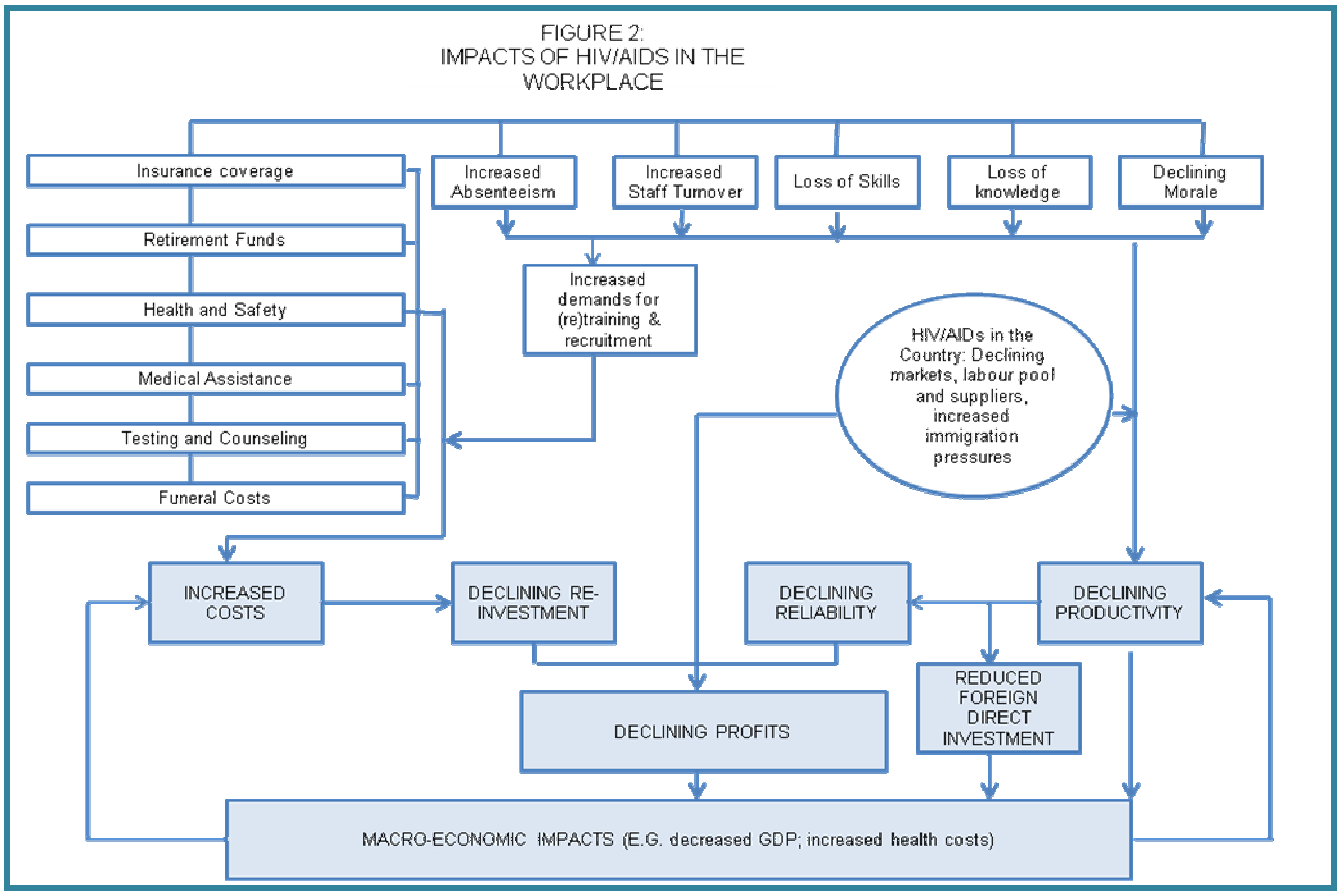
The relationship between tourism and HIV/AIDS is a complex and multi-dimensional one, whereby, on the one hand, the disease stands to have serious, negative impacts on Belize's tourism industry if its incidence rates are not reduced and, on the other, the tourism sector itself can have either have a negative or positive impact on the rate of HIV/AIDS in Belize, depending on its actions.

These are important linkages to understand, as they not only underscore the urgency of national action to combat the disease, but they also begin to reveal the ways in which the tourism sector can contribute to the battle against HIV/AIDS.

3.1 Linkages and Impacts of HIV/AIDS on the Tourism Industry in Belize

As shown on Figure 2, below, analyses by the ILO and such private sector groups as the Pan Caribbean Business Coalition (PCBC) have found that the cumulative effects of HIV/AIDs on national economies include lower budgets for economic development, a declining tax base, a depleted institutional capacity and reduced competitiveness to attract foreign direct investment:

FIGURE 2:
IMPACTS OF HIV/AIDS IN THE WORKPLACE



Impacts on the labour force have also affected private sectors around the world through, among others: lower company earnings, lower productivity associated with absenteeism, and reduced markets arising from declines in disposable income within the labour force arising from illness. In the longer term, labour force impacts have been found, in some cases, to shrink the size of markets

for business, especially for commodities beyond the basic necessities of food, housing and energy, and to reduce the financial and human resources available for production and investment. The ultimate effect has been reduced economic growth.[17] **These impacts on businesses and on governments interact with each other to create a serious, cumulative, vicious circle of reduced economic strength in both the public and private sectors.**

Where the disease has had most time to progress (e.g. sub-Saharan Africa, Haiti), detailed baseline studies has been undertaken regarding the disease's economic impact. In the ILO publication, HIV/AIDS and Work: Global Estimates, Impact and Response[18], it is estimated that by 2010, assuming continuation of current trends, 17 countries (16 African countries plus Haiti) will have lost more than 10% of their labour force, and five of them, more than 20%.

The World Bank estimates that HIV/AIDS could reduce national income growth by up to one-third in countries with adult prevalence rates of 10%.[19], underscoring the importance of taking action before such extreme impacts are realized. A study conducted by business has recently projected that HIV/AIDS will reduce growth potential of GDP for Brazil, Russia, India and China, a group of countries that, together, account for 8% of global GDP and whose economies are important to the other countries of the world.[20]

One of the largest asset management companies in the world[21] has undertaken an assessment of HIV/AIDS impact and has found that:

> "In our view, there is sufficient evidence to suggest that the presence of HIV/AIDS in the workplace adversely affects company profit margins. When wage costs are a significant portion of a company's overall cost structure, the impact of HIV/AIDS on profitability can be substantial."

The World Bank warns that continued increases of HIV's prevalence in the Caribbean will adversely affect economic growth, imposing a negative impact on agriculture, tourism, finance and trade and that the labor market in the region will be dealt a shock because of deaths from AIDS. It cites the Prime Minister of St. Kitts and Nevis as having maintained that that the epidemic threatens to cripple the labor force. The World Bank further warns that "what happened in Africa in less than two decades could now happen in the Caribbean if action is not taken while the epidemic is in the early stages."[22]

A study by the Health Economics Unit at the University of the West Indies (UWI) projected that, by 2005, **more than six per cent of Jamaica's gross domestic product (GDP) would be lost as a result of HIV/AIDS.**[23] A special survey funded by USAID and MSD (Merck Sharp & Dohme), showed that the actual number of people with HIV in the workplace in Jamaica is likely to be four to eight times larger than official records and that most HIV-positive employees are either unaware of their status, or conceal it from their employers for fear of reprisal and even termination of their jobs.[24]

[17] Health Canada. Enhancing Canadian Business Involvement in Global Response to HIV/AIDS. (2002).
[18] Revised edition International Labour Office. 2004
[19] Health Canada. Enhancing Canadian Business Involvement in Global Response to HIV/AIDS. (2002).
[20] UBS & F&C Asset Management. HIV/AIDS Beyond Africa: Managing the Financial Impacts (2005).
[21] F&C Asset Management and the UBS Group. HIV/AIDS Beyond Africa: Managing the Financial Impacts.(May, 2005) p.5.
[22] See also World Bank. HIV/AIDS in the Caribbean: Issues and Options, March 2001, p.xii.
[23] Address to the JEF Council on HIV/AIDS. http://www.capital-credit.com/downloads/speeches/chairmansJEFaddress20-9-06.pdf
[24] www.jamaicaobserver.com/news

In 2006, The Foreign Affairs and Foreign Trade Minister of Barbados indicated that "**HIV/AIDS in the Caribbean poses the single greatest threat to region's security"** and that:

> "for as long as HIV/AIDS is seen as a purely public health crisis, its increasing effects elsewhere are being overlooked – namely the threat posed to the stability of economies and labor forces of the Caribbean as people living with the disease are forced to take much time off or even stop working all together due to illness."[25]

As to identification of specific, quantifiable impacts of the HIV/AIDS situation on the tourism sector in Belize to date, there is no baseline data to document the situation. Of the tourism industry operators interviewed in late 2007, none reported that they were aware of any HIV/AIDS cases among their staff and none have had to deal with the issue directly at their place of business. However, anecdotal evidence that emerged during the consultation process for the present study indicated that **serious concern is growing among tourism stakeholders**, and recognition of the need for action was voiced by virtually all of those who were interviewed. It was of interest that three operators noted they had very recently heard stories that brought the HIV/AIDS situation to their close attention, such as those following:

> "We have not had to deal with AIDS among our own employees yet. Even so, I am very aware of it. We have adopted a Workplace Policy and we discuss HIV/AIDS regularly with our staff. Maybe because we discuss it so often, one of my long-term employees felt she could come and talk to me about a member of her family who had just received a positive diagnosis."

> "I am trying to address this issue at our hotel. NAC has contacted the private sector and we have assigned the issue to our human resources officer, although we haven't done anything specific yet. Our housekeeper's sister has it, so I am hearing about it."

> "I haven't directly run into this issue myself [in the business], but it is actually on my mind right now because my wife's best friend just told her yesterday that she is HIV-positive…and my doctor told me that he recently tested fourteen pregnant women and nine were HIV positive."

To assess the future impacts of what can be expected if the HIV/AIDS epidemic is allowed to escalate unchecked, it is clear from observation of the trends of the past few years in Belize, and from the review of what has happened elsewhere, that **a "do nothing" scenario will be extremely adverse for the tourism industry in Belize, and the country as a whole**. Clearly **the labour force stands to be severely affected by the growing AIDS crisis**, particularly as tourism is the largest employer in Belize. Of the approximately 122,500 persons employed in Belize as of September 2007[26], some 13,000 are working in tourism. Impacts can be expected to be particularly severe in Belize, where the population is small and because the industry stakeholders reported that **there is already a labour shortage**. All of the operators noted that they are having trouble finding suitable workers and keeping them once they are trained. As noted above, most cases of HIV/AIDS in Belize are among people of working age (e.g., 50% of new cases are among youths; 70% of all cases are within the 15-44 age group). Despite the availability of first level treatment, which is provided free by the government, there is an 85% fatality rate, and AIDS is the leading cause of death in persons 15-44. It has also been reported that the HIV/AIDS epidemic in Belize is becoming increasingly feminized, which is of relevance to tourism as most of the labour force is female. Labour force-related productivity losses are looming for businesses if

[25] www.kaisernetwork.org/Daily_reports/rep_index.cfm?DR_ID=40092
[26] Statistical Institute of Belize, web press release

the epidemic proceeds unchecked. The HIV/AIDS situation can be expected to have other negative impacts on the tourism industry, such as with regard to employer/employee relations and human rights of workers. It was reported by stakeholders that some employers have recently been asking employees to reveal their status to management. Legislation reviews are reportedly underway, to develop laws that will protect people and make it illegal for employers to request status reports.

It should be noted that, thus far, studies of HIV/AIDS' impacts on tourism have not demonstrated that tourists have rejected a tourism destination because of HIV/AIDS prevalence (although considerably more baseline/tourism survey work would need to be undertaken to determine with more certainty whether there are links between knowledge of the disease's prevalence and tourists' decision-making).

With respect to the impacts of a "do nothing" scenario on the macro-economic situation in Belize, the country stands to suffer severe impacts, and could reasonably be expected to see decreased GDP as businesses falter, income taxes decline, healthcare costs mount, and the investment climate is affected. To the question: "Who will potentially be affected by a continuing escalation of the HIV/AIDS epidemic in Belize?" the answer is *everyone*. **The epidemic must be confronted at all levels (e.g., from education and prevention, through to full support for PLWAs) by the full range of multi-sectoral stakeholders.**

3.2 Impacts of Tourism Activities on HIV/AIDS Situation

The primary impacts that the tourism industry can have on the incidence of HIV/AIDS have tended to be the following:

- **Tourists placing tourism employees at greater risk of infection**: Tourists often engage in more risky behaviour than when they are at home, including sexual promiscuity, unsafe sex and/or increased alcohol/drug use and abuse. Tourism employees, particularly those with direct tourist contact (dive shops, bars, restaurants, tour guides, taxi drivers, informal retail) and including those who may have migrated from their homes to tourism destinations for seasonal tourism employment, are at greater risk of engaging in sex with tourists and contracting the disease. International studies have shown that there are higher levels of HIV/AIDS incidence in tourism destinations (see Lessons Learned section). Employees may also encounter body fluids which may be HIV-infected in guest rooms and/or have to deal with injured guests and co-workers.[27]

- **Employees placing tourists at greater risk:** Sex tourism is often seen as a factor that contributes to the spread of HIV/AIDS. A recently published book entitled Caribbean Pleasure Industry: Tourism, Sexuality, and HIV/AIDS in the Dominican Republic [28] is the largest known study of male sex workers in the Caribbean and how their bisexual behavior impacts the spread of HIV. **The book's findings link HIV's spread with poverty and tourism** based on interviews with 298 bisexually behaving men over the course of three years. The author found that many men were unemployed from rural areas and immigrated to tourism areas. Very few identify themselves as sex workers, and most had other income from tourism. He found that most of these bisexually behaving men did not come forth or avail themselves of prevention programs because, in Latin American culture, homosexuality is so stigmatized that men who engage in homosexual sex for money cannot speak out without becoming social pariahs. He found that many of them were married, but did not use condoms or tell their wives about the

[27] THETA
[28] Padilla. M. Caribbean Pleasure Industry: Tourism, Sexuality and HIV/AIDS in the Dominican Republicu. (2007)

prostitution or homosexual behavior. The book advocates highest prioritization by the tourism industry of HIV prevention and the addressing of the sex tourism and HIV/AIDS problem.

A young person employed at one of the adventure lodges noted that the sex trade is linked to poverty and that:

> "Promiscuity is the way we're brought up. Kids as young as 10 years old are having sex…Belize is losing its moral standards…My friends go to the clubs and then they wonder after, "did I get AIDS"? …If you don't have more than one woman, you're not macho."

While there is no data to document that tourism is a significant contributor to the escalation of Belize's HIV/AIDS epidemic, there are some obvious links that need to be recognized and further studied in this regard. As noted by the Pan Caribbean Business Coalition on HIV/AIDS:

> "…the potential spread of the disease can increase in light of the free movement of people…and the increasing number of regional tourists and business travelers – thus posing a significant regional threat to all sectors – public and private. Extra regional visitors for tourism or business also exacerbate the potential spread of AIDS".[29]

Sex tourism is a reality in today's world. Interviews with stakeholders indicate that it is occurring with some frequency in Belize, with anecdotal comments such as the following:

> "There are a lot of "non-hotels" opening up around Belize City, like on Coney [sp?] Drive…they are catering to the cruise industry…the sex tourism aspect is reportedly growing. I have serious questions about why these operations are receiving licenses."

> "Here [in San Pedro] you would not believe the numbers of tourists who come here for sex. There are at lest 30 guys here…"Reef Rats"…who work in groups and pick up the women in the bars. It is surprising how many older women are participating in this."

> "The sex tourism stuff is always amazing to me…women coming here looking for Rasta boys. Those guys feel like they are stallions out there. The education of workers is really needed, especially in the food and beverage and diving industries where they are interacting so closely with the visitors and the workers don't care about anything. The hotel employees are more stable people…these workers are more responsible."

One prominent NGO spokesperson noted that sexual harassment and abuse of young women and girls is a serious problem within the Belizean population and that not enough action is being taken to deal with the situation. Lax laws and poor enforcement of what laws there are may be creating an environment where sex tourism can more readily occur. While prostitution is illegal in Belize City, there are a number of well-known brothels just outside the city limits. It was reported that even some police in uniform are participating in these types of activities, and although a report was submitted to the authorities by the NGO no action was taken. A second NGO also noted this problem, and stated that: "We need to make police more accountable and responsible."

As cruise tourism has massively grown in Belize over the past several years, so have concerns about illicit sex tourism arising from this phenomenon. As Belize has the highest percentage of disembarking cruise passengers in the Caribbean, at 85%, most of who travel beyond the port's

[29] Caribbean Association of Industry and Commerce, 2007

tourism village[30], there are many opportunities for visitor/local interaction. One representative noted the following:

> "We [Tourism Village at the Belize City Port] have been working with the Red Cross and are adopting the "Faces" campaign to put up posters around the village to warn people that HIV/AIDS can affect anyone who engages in risky behaviors, that you should protect yourself and get across the point that you cannot tell if a person is infected by just looking at them. The cruise industry is very diverse. Each ship has its own culture. We do not get involved on board [with any educational activities, etc.] No flyers are distributed or lectures offered on shore. Solicitation does occur outside the gate…we monitor this with the tourism police and this is stepped on immediately. [With regard to a tourism HIV/AIDS coalition] we are on board for whatever needs to be done."

A representative of the Tourism Police noted:

> "Yes, people do come off the ships and go to the joints out at "8 miles"…out the northern highway. This is the red light district."

A youth services representative noted:

> "Commercial sexual activity *is* an issue, and cruise tourism is contributing. Pedophiles take advantage of these cruises. We know that some kids had pagers providing contact from taxi drivers. Now the principal must be notified and parents must pick them up. But sometimes the parents are involved. We need legislation in place to make people do the right things."

Several disturbing anecdotal stories emerged during the present study with regard to children becoming involved in a variety of sex tourism activity. In some cases it was reported that parents are sometimes involved in selling the sexual services of their own children, in one case even taking a child out on a boat to meet cruise ships. An illicit network referred to locally as "hit me on the hip" was reported by both government and NGO representatives, whereby some taxi operators reputedly offer clients a binder of children's photos and contact a selected child at school via cell phone. One government tourism representative noted that the problem has existed, and that schools have put policies in place to stop cell phone calls to children.

3.3 Opportunities for Action by Tourism Sector

Clearly, the tourism industry has the ability to address and minimize these kinds of negative linkages through many means, not the least of which would be employee education. In this way, the industry can have a positive impact on the incidence of the disease. (See Section 5, Lessons Learned).

In view of the extremely unwanted impacts associated with continued escalation of the epidemic, **the HIV/AIDS situation in Belize demands immediate, targeted and coordinated action by public and private sector stakeholders in the tourism sector**. The internalization and full commitment of the sector will complement, support and strengthen the multi-sectoral strategy already established by the NAC, which is necessary for the good of the country and the sustainability of the industry.

[30] Center for Ecotourism and Sustainable Development, "Cruise Tourism in Belize", 2006

While the current situation is serious, there are grounds for some optimism, as opportunities do exist for action:

- **HIV/AIDS is a preventable disease**: Its expansion across the population could be arrested with education and behavioral change. Other jurisdictions have made strides in this direction;

- **The tourism sector is well positioned to play a vital role**: As a major employer, it can engage workers in comprehensive education programs and deliver messages on an on-going basis to a captive audience. The two interviewed businesses that have already been involved in enacting such comprehensive programs related to HIV/AIDS awareness and prevention have provided good examples of how such programming can work. The industry also has strong skills to offer with regard to marketing and promotion, media relations and other important areas that can facilitate action regarding the issue at hand;

- **Opportunities for partnerships exist**: Partnerships will be important for combating AIDS in Belize, where human resource capacity is low and overlapping services and programs will strain already stressed organizations. Belizeans are already working in partnership on this issue, and a number of organizations are in place that can further cooperate on many levels. NGOs have indicated a strong willingness to act in partnership with government agencies and business to address the needs;

- **The tourism industry has indicated a very, very strong commitment to action:** Virtually all of the interviewed stakeholders, and particularly the BTIA Executive Director and Board, have strongly articulated their commitment to the development of a strategy for the sector, and the initiation of action.

A preliminary framework for action is discussed in a later report section.

4.0 COMBATING HIV/AIDS: WHO'S DOING WHAT?

4.1 National Response to Date

In view of the fact that the epidemic is both a threat to the health of Belize's population and to the country's long-term development goals, the Government of Belize recognizes that urgent and dramatic action is required if the spread of HIV/AIDS is to be attenuated. Several actions have been undertaken to date. At the international and regional levels Belize has been working with other agencies/initiatives such as CARICOM, the Pan-Caribbean Partnership against HIV/AIDS and the UN General Assembly Special Session Declaration of Commitment on HIV/AIDS, and the Millennium Development Goals. The principles of UNAIDS "Three Ones" have been adopted, with regard to:

- establishment of one comprehensive national framework to provide the basis for coordinating work of all partners involved in the national response;
- establishment of one national AIDS coordinating body;
- development of one agreed-to national monitoring and evaluation (M&E) system.

The National AIDS Commission (NAC) was created in 2000, and placed under the Office of the Prime Minister in 2004, mandated by Cabinet to facilitate, coordinate and monitor the prevention and control of HIV/AIDS in Belize. A National Policy was prepared, focused on the protection of rights of PLWAs, followed by a Strategic Plan that outlines priorities for action. These priorities include the development of sectoral policies, including the tourism sector.

The Ministry of Health (MOH) is the main provider of health services in Belize. In 2004 the MOH announced government's commitment to offer free antiretroviral (ARV) medications and Voluntary Counselling and Testing (VCT) services. As outlined in the National Strategy, these services are constrained in that they:

- are largely centralized in Belize District and offered primarily through the public system;
- face resource shortages with regard to human resources, facilities, referral systems, and financial resources to fully meet the needs;
- face negative effects of stigma and discrimination on clients by both staff and the public, resulting in underutilization of services, especially ARV drug therapy;
- face concerns with regard to confidentiality and quality of service.

As noted above, the Ministry of Labour has worked to encourage businesses to adopt Workforce Policies, although much of their work has been geared to unions, which are not really playing a role in tourism in Belize. The ministry indicated that they would very much like to work closely with the tourism industry, although their efforts to date to work with individual businesses have not been successful in most cases.

4.2 International Agencies/Programs

There are a number of international agencies/programs involved in the broader HIV/AIDS issue in Belize, including the Global Fund, UN, ILO, PAHO, IDB and others, which deal with areas such as prevention, education, awareness-building, treatment and support for PLWAs, and other areas. None of the initiatives that are on-going were noted to have a direct intersect with tourism.

A major initiative was launched by the *Global Fund to Fight Aids, Tuberculosis and Malaria* in 2001, to run for 5 years. The grant program was designed to contribute to prevention and provision of support to PLWA. While the program has met some of its target goals, such as the establishment of Voluntary Counselling and Testing (VCT) sites and provision of antiretroviral (ARV) therapy to pregnant women and others, its overall goals to reduce the infection rate from 2.0% (in 2001) to 1% in year 5 (2005/2006), and reduce the annual infection rate from 400 (2001) to 50, has not been accomplished.

4.3 NGOs in Belize

Several non-governmental organizations are working diligently in Belize on various front-line activities related to the HIV/AIDS epidemic, although they are all reportedly under strain, under-funded and unable to meet the demand for their services.

The Alliance Against AIDS is one of the only NGOs devoted exclusively to the HIV/AIDS issue, working on information gathering and dissemination and provision of support for psycho-social aspects for PLWAs and their families. A senior representative noted the following:

> "We need to look more closely at the risk-taking behaviors that exist [among both locals and tourists] and develop prevention strategies…like prevention messages at all the borders about the risks, offered in an open and sincere way that will not deter visitors, only make them more aware of risks. We need a plan of action that will include little messages all over the place…in restaurants and hotels. The message should be one of *caring* for people. We need to focus on how to get the messages out to the different cultural and ethnic groups here, to put things in a context that each understands and can relate to. Tourism needs to play a role here…they are the hospitality industry…they are providers of service…the massage should be about caring for clients."

The Hand in Hand organization in Belize City, for example, operates a clinic, daycare and kitchen for children living with AIDS, among other activities such as home visits to PLWAs. Workers noted that they would welcome help from the tourism industry, such as with regard to networking with tourists to provide donations and/or volunteer services, and to determine a way to receive food from hotels. It was noted that:

> "The hotels say they cannot give food because of international standards that are in place… legal ramifications that might be involved….but surely they could find ways to provide breads and buns and other things that get left over?"

The Belize Family Life Association has been very active, particularly with young people and their interface with HIV/AIDS and STI's. It has done considerable awareness-building, have provided voluntary testing and counselling and provide some support to young people who test positive for the disease. It works with commercial sex workers (CSW) around the country, trying to promote the use of condoms, and is the Global Fund's distribution arm for condoms.

The Cornerstone Foundation in San Ignacio carries out many important activities related to HIV/AIDS outreach, including volunteer programs in the schools, distribution of condoms, and

publication of the AIDS Link newsletter. They are also working with the Red Ribbon Adventures tourism company in Texas, with regard to volunteer tourism aimed at attracting people who want to assist them with the HIV/AIDS issues.

B.E.S.T. manages the funding going to the National AIDS Commission.

4.4 Private Sector Response

Generally, the tourism sector in Belize has not internalized the HIV/AIDS issue to date, although some individual businesses have undertaken initiatives on their own. Some representatives of the sector admitted that the HIV/AIDS issue is one that the industry has been somewhat fearful to address, for some obvious reasons. As one person noted: "We have some concerns regarding the impact of words like "epidemic"…we don't want to reduce our bookings."

While there has been some reticence among the stakeholders, the impacts associated with a "do nothing" or a "status quo" scenario are increasingly being recognized as having the potential to cause very serious consequences for the industry in the foreseeable future. In addition to inevitable labour force impacts, an expanding HIV/AIDS epidemic could potentially erupt into serious negative publicity that would be disastrous for an industry such as tourism, which relies heavily on image and branding. If the industry is well-informed, up-to-date and directly involved in activities that address the issues in a proactive way, it will be better equipped to deal with any such eventualities in an educated and informed way.

It is also of relevance to note that in today's business world, corporate social responsibility (CSR) is important. Today's consumers, including tourists, are becoming increasingly sophisticated, and are looking for demonstrations of CSR from their product and service providers. Businesses are also seeing the positive results to the "bottom line" with regard to the implementation of CSR and environmental management policies. Becoming directly and visibly involved in addressing the HIV/AIDS epidemic is a corporate responsibility for the Belizean tourism industry.

In recent months the business community in Belize has begun to assertively move forward to work with national authorities and others to combat the HIV/AIDS epidemic. A business coalition has been established by the Belize Chamber of Commerce and Industry in 2007. Asked about the impetus for the coalition, a senior representative commented as follows:

> "The numbers [regarding HIV/AIDS rates in Belize] hit you in the face…Number one in Central America! As a business person, this really hit me. We try to ignore it but we cannot. We need to plan for it. We cannot be afraid. We need to get out there with messages, and they cannot be all negative. We need to apply a combination of approaches. We got started because one member of the Chamber of Commerce became sensitized to the issues, and then NAC started promoting to us. We got involved with the Pan Caribbean Business Coalition for HIV/AIDS and learned more. It has taken us a year to develop the coalition. Tourism people are starting to get involved. Tourism can't *not* be involved."

The Ministry of Labour reported that they have tried to engage the tourism industry in the past, such as with regard to implementation of the government's "Workplace Policy for HIV/AIDS" in places of business, but success has been limited. As was noted:

> "We tried working with several hotels in San Pedro and elsewhere, but only one stayed fully on board and participated throughout. In another case (in Cayo), the manager was very

> much committed, but the staff from the local village did not want to participate. We tried to do a baseline survey, but again the staff did not want to participate."

Interviews with some of the resort managers indicated that while they are very interested and want to do something, they are often so busy they cannot participate. In San Pedro it was noted that they are now busy on a year-round basis, and have trouble freeing up staff to travel to meetings and other activities that usually take place on the mainland. One resort operator noted:

> "We know the situation is desperate. We wanted to participate with the Workplace Policy initiative but it became a great inconvenience to set up the thing. The process lasted too long for us to sustain it, with questionnaires, workshops, meetings…we need to do our work. Questionnaires should be done face-to-face, not these emails. The Labour Department tried hard, but we need a better process. We haven't done training here yet…we are not sure how to start. Maybe we can do the food and beverage group first, then the other departments."

Another operator in Dandriga who also undertook to implement the ILO's prescribed workplace policy noted that:

> "Every day I talk to the guys and girls. We've had several workshops and the staff came. You find out if you're positive. We won't fire you….Staff have had family members, so they are well aware…although some say "I never go out, so I'm safe", [even though their spouses may have multiple partners]."

With regard to the overall minimal involvement of the tourism sector to date, it was noted by one business person in the BTIA that they have perhaps not been well enough informed about various meetings and other initiatives related to the problem by the organizations involved. It was further stated that they would like to be fully informed and want to be included more strongly in the future.

It was noted by the NAC that they would welcome additional participation of the public sector from the highest levels, including senior members of the Belize Tourism Board (BTB) and Ministry of Tourism, as well as from leaders within the private sector.

The results of the consultation process carried out for the present study has clearly indicated uniformly strong interest among tourism sector representatives in becoming much more directly involved, including those in both the public and the private sectors. Interest at the board level of the Belize Tourism Industry Association (BTIA) was particularly strong and encouraging. As stated by the Executive Director: "We are not just *interested*…we are more than interested…we are firmly committed to doing something." Another person noted the following:

> "The BTIA has a membership of some 600 persons. We would *all* want to do something and be at the forefront of this. We *will* be present as a serious partner. We have a BTYIA forum on the web and can use this for action."

The Tourism Village employs some 3,000 people on days when 5 or 6 ships are in port. As a major employer, this organization could have a very important impact with regard to the education of large numbers of people who interact directly with very large numbers of tourists. A senior representative has indicated firm support for any such initiatives.

Individual tourism businesses are responding to the issue in a wide range of different ways. The interviewed businesses managers can be seen to fall along a continuum ranging from those who

are highly knowledgeable, committed and actively engaged to those who are inactive. In between the two extremes are others who expressed a strong interest in being actively engaged, but face constraints such as a lack of time/resources, staff that are unwilling to participate, and lack of information/tools to work with their employees. At the "active" end of the scale, some anecdotes were as follows:

> "Our organization has full medical testing, including HIV testing, with full confidentiality between the employee and the physician. We added to our workplace policy the provision that a PLWA will not lose any position, job status or medical coverage. We went even further to state that any other person who reveals another's positive status will themselves be terminated."
>
> "Our business is fully engaged in education and prevention activities among the staff. We keep large boxes of condoms in the business office washroom and people are free to take what they want. "

One hotelier noted that it would be hosting the Christmas Ball to raise funds for children with HIV/AIDS, and that they had sold all of the tickets. She noted that their hotel keeps free condoms at the bar. As she also teaches at a tourism college, she indicated great interest in having HIV/AIDS awareness building people come in.

Given the strong interest expressed by the sector, the time is ideal for development of a **Tourism and HIV/AIDS Coalition**, a strategy for the sector, and an action plan that will define activities. It is recommended that the Coalition work hand-in-hand with the business coalition developed by the Chamber of Industry and Commerce, which has gone through such a process over the past year.

5.0 LESSONS LEARNED FROM GLOBAL AND REGIONAL EXPERIENCE

As Belize's tourism sector moves towards development of a strategic action plan to combat HIV/AIDS, there are valuable lessons from other jurisdictions' public and private sectors, including the tourism private sector, that provide valuable lessons learned.

5.1 Private Sector Impetus for Involvement

There is strong evidence that private sector involvement in the battle against HIV/AIDS is critical. One of the key findings of a prominent study related to the intersection of HIV/AIDS and the private sector is that:

> "..in developing countries, especially where the HIV/AIDS epidemic is well advanced and the resources of the public sector and civil society are limited, **business involvement is absolutely crucial for a successful response to HIV/AIDS.** Where many or all segments of the population, including professionals and skilled workers, are affected, no player acting alone can mount a successful response."[31]

In an annual survey conducted by the World Economic Forum covering 11,000 businesses in 117 countries, 46% of companies worldwide expect AIDS to have an impact on their operations in the next five years (a 9% increase over the previous year).[32] In the WEF survey, 16% judged AIDS to be a serious business threat. Moreover**, 67% of businesses surveyed in the Caribbean expected some impact of HIV and AIDS on their companies in the next five years.**[33]

Horace Peterkin, Manager of Montego Bay's Sandals Resort, has implemented what is perhaps the best and most well known example of an HIV/AIDS action plan for employees in a Caribbean tourism business to date (see description later in this section). The Sandals programme is known to be highly successful and widely touted as best practice. Mr. Peterkin assessed the benefits/costs of their initiative as follows:

> "A few years ago, we got one case…a star employee…When I did research, I realized the disease would affect my employees and that it would be in our self-interest to do something. What has it cost? Not a lot of money. The cost was time, but it has been time well spent."[34]

5.2 Lessons Learned from the Global Business Responses to HIV/AIDS

The "Business Coalition Model" to combat HIV/AIDS is growing rapidly worldwide. While there have been some individual companies that have tried in isolation to initiate various activities related to HIV/AIDS, a "business coalition model" has been evolving rapidly around the world. Business coalitions can refer to sectoral associations (e.g., mining, tourism, agriculture), chambers of commerce, labour unions, employer federations and/or other groups of companies that form themselves into a group to address HIV/AIDS.

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[31] Health Canada. Enhancing Canadian Business Involvement in Global Response to HIV/AIDS. (2002).
[32] World Economic Forum. Business coalitions Tackling AIDS: A Worldwide Review. (January, 2008) p. 12.
[33] UNAIDS. Action Against AIDS in the Workplace: Latin America and the Caribbean Region. p. 1 (see: http://data.unaids.org/ Publications/IRC-pub06/jc0876-partnershipmenu_lac_en.pdf) referring to: 2004-2005 World Economic Forum report *Business and HIV/AIDS: Commitment and Action*
[34] Telephone Discussion with H. Peterkin, January 30th, 2008.

As of January 2008, it is reported that there are one global, four regional, and 47 national business coalitions that have formed to combat HIV/AIDS, the majority of which are less than five years old[35]. At the regional Caribbean level, the Pan Caribbean Business Coalition (PCBC) was formed to combat HIV/AIDS in 2005 (see below).

As elaborated later in this Section, USAID (via the Constella Futures Group) and DFID (through International HIV Alliance) have been supporting business coalition formation in the Caribbean (Jamaica, Barbados, Guyana) and Central America (Mexico, Guatemala).

Best practices already exist to guide the work of HIV business and tourism coalitions/groups and can be adapted to the Belize tourism sector's circumstances. These include the following:

1. Global Business Coalition on HIV/AIDS (GBC):

Founded in 2001 by 17 members, the GBC now includes over 220 international companies committed to combating the AIDS epidemic[36]. The GBC's contributions are directly relevant, providing tools and services of value to the Belize tourism sector:

- **The State of Business and HIV/AIDS (2006) A Baseline Report[37]:** Lessons learned through development of this baseline study highlight, among others, that "companies should focus on "getting it right for employees first" and "starting at home". Achieving staff buy-in and engaging in involvement in community initiatives should be a first priority. Such advice provides a good place to start for Belize's tourism industry participants;

- **Business AIDS Methodology (*BAM*):** BAM is a tool to facilitate business HIV strategy development in four areas: the workplace; community; core competency; and advocacy/leadership (see figure on following page). These four areas should be fundamental to any strategy;

- **Best Practice AIDS Standard (*BPAS*)**: BPAS a self-assessment tool that allows a company to confidentially monitor its HIV/AIDS response and progress, based on the four main areas of engagement (BAM) and on **ten areas of HIV/AIDS action plan activity** within the four BAM areas, as shown on the Table 2, following:

[35] World Economic Forum. Business coalitions Tackling AIDS: A Worldwide Review. (January, 2008) Executive Summary.

[36] See www.businessfightsaids.org/live/about/history.php

[37] Global Business Coalition on HIV/AIDS. Booz Allen Hamilton. The State of Business and HIV/AIDS (2006) A Baseline Report. Download at: http://www.boozallen.com/media/file/State_of_Business_and_HIVAIDS_2006_v2.pdf

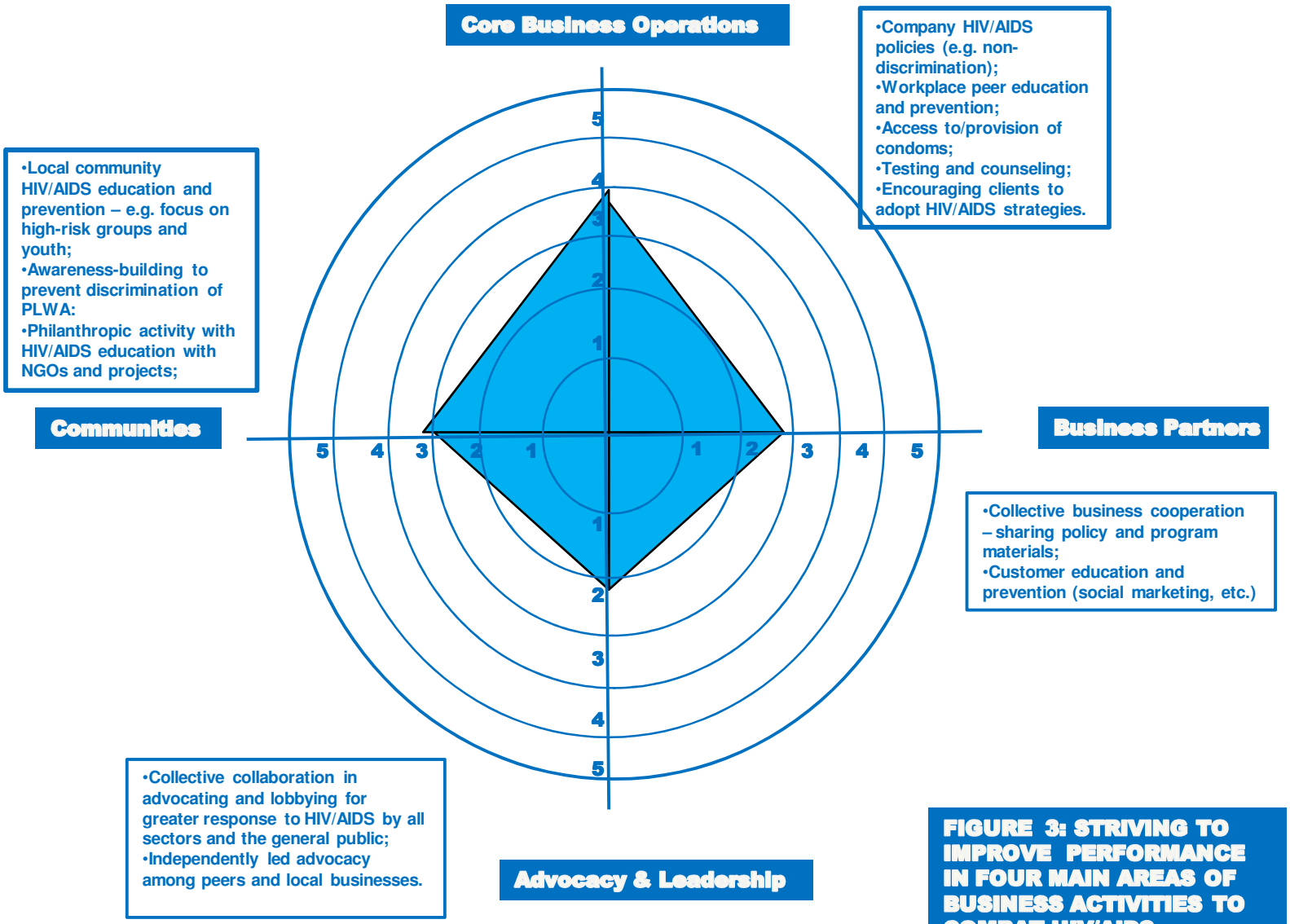

FIGURE 3: STRIVING TO IMPROVE PERFORMANCE IN FOUR MAIN AREAS OF BUSINESS ACTIVITIES TO COMBAT HIV/AIDS

Table 2: Global Business Council Best Practice AIDS Standard (BPAS) Baseline Tool Framework		
Broad Areas of Corporate Engagement based on Business Aids Methodology ™ (*BAM*)	***BPAS* Categories for Detailed Assessment of Corporate Engagement**	**Definitions**
I. Workplace & Employee Engagement	**1. Non-discrimination**	**Development and adoption of a Corporate HIV/AIDS policy**
	2. Prevention, Education & Behaviour Change;	**Prevention and education programs;**
	3. Testing and Counseling	**Programs that enable people to determine their HIV status and support to deal with the outcome**
	4. Care, Support and Treatment	**Access to treatment, support & care**
II. Core Competency	**5. Product and Service Donation**	**Donations by companies of products, services and expertise**
	6. Business Associates and Supply Chain Engagement	**Extending policies and programs to suppliers and business associates**
III. Community	**7. Community & Government Partnerships**	**Collaboration between business and the public sector, NGOs;**
	8. Corporate Philanthropy	**Philanthropic donations**
IV. Advocacy and Leadership	**9. Advocacy and leadership**	**Business leaders promoting change and taking leadership role in fight against HIV/AIDS;**
	10. Monitoring and Evaluation	**Documentation and reporting on outcomes of programs.**
Source: Global Business Coalition on HIV/AIDS. Booz Allen Hamilton. The State of Business and HIV/AIDS (2006) A Baseline Report. p.19.		

The following types of activities provide a logical framework for action for Belize's tourism HIV/AIDS coalition and its members.

- **National Connections Program (NCP):** Through the GBC, the National Connection*s* Programme builds on the work of the World Bank, the World Economic Forum (WEF), USAID and UNAIDS, who have been assisting the establishment of National Business Coalitions on HIV/AIDS. The NCP supports coalitions that meet the following "Guidelines for Building Business Coalitions":

  - Are membership based with direct representation from companies of both multinational and national companies;
  - Have a dedicated Secretariat, and are a legally registered entity in-country;
  - Have a clear work-plan with measurable goals and a sustainable financing model (business plan);
  - Demonstrate accountability and transparency; and
  - Demonstrate commitment in the fight against HIV/AIDS.

The NCP may be a potential source of support that will be pursued in the next phase of this study.

- **Travel and Tourism Dialogue Group:** It was announced in November, 2007 that the Global Business Coalition is spearheading an effort to mobilize and coordinate the travel and tourism industry's response to HIV/AID. As the GBC Executive Director noted:

> "We need the travel and tourism industry to be a highly active part of the fight…. "In addition to its ability to touch millions of people, it has the resources and expertise to have a direct impact on behavior change. Travel and tourism companies also have a unique ability to reach people at the right time and place to prevent new infections from happening."

In early 2008, the GBC tourism committee members are to agree on a framework and priority activities for cooperation, likely in the three strategic areas of: joint awareness and prevention projects; sharing resources to enhance workplace and community programs; and innovative financing mechanisms.[38]

2. **Constella Futures and International HIV/AIDS Alliance Tools and Software**

As a result of support from USAID, DFID and others, some key tools/manuals/software and facilitated processes have been developed and successfully applied to assist the private sector to organize business councils and guide companies to develop action plans. Currently these tools (which are also available in Spanish) are being used in Barbados, Jamaica, Guatemala and Mexico. The Constella Futures Group and International HIV Alliance, who are the authors of these tools, are supporting the private sector. Of particular interest are the following:

- **Workplace Policy Builder (WPS) for HIV/AIDS**, including software, a facilitators' guide, hundreds of sample workplace policies, and a "training the trainers" manual/methodology. This tool enables workplace policies to be developed and adapted to meet the particular circumstances of a company. It assists a company to evaluate the costs that the HIV/AIDS disease can impose on a company, and the costs/benefits of addressing it. According to a representative of Constella Futures, a workplace policy can be drafted over a period of as little as three days if the right people (i.e., senior management with human resources personnel and employee representatives) attend a workshop and are committed. While adoption may depend on the internal approvals processes of a company, policy formulation and adoption need not take excessive time, or slow momentum on other internal HIV/AIDS activities. Trainers from within the local NGO community can be trained to facilitate the workshops over time;

- **AIDS Impact Model for Business (AIM-B)[39]:** AIM-B is an economic and demographic model designed to help companies analyze how HIV/AIDS is affecting their business and how it will affect them in the future. The model can help to develop estimates of prevalence of HIV and AIDS within a workforce, and project how it will develop over the next decades. It can also model how the costs of health care and benefits will be affected over the coming years;

[38] http://www.businessfightsaids.org/live/media/news/article.php?id=560

[39] For an on-line interactive introduction to AIM-B, see http://www.futuresgroup.com/aim/printerversion.cfm

- **Mejores Practicas: VIH/SIDA en el Lugar de Trabajo Mexicano (2006) (Best Practices: HIV/AIDS in the Mexican Workplace):** This tool, whose development was assisted by Constella Futures, documents lessons learned by CONAES, the Mexican Business Council for HIV/AIDS and includes chapters on: how to communicate policies to your employees; how to maintain confidentiality; how to educate your workforce; and how to support employees with their health and medical needs;

- **Understanding and Challenging HIV/AIDS Stigma: Toolkit for Action:** Developed by the International HIV/AIDS Alliance, this 45-page document provides various approaches to overcoming stigma;

3. **World Economic Forum: Business Coalitions Tackling AIDS: A Worldwide Review (January 2008)[40]:** This comprehensive resource document has analyzed HIV/AIDS business coalitions around the world and provides a number of findings relevant to Belize, including the following:

- **Funding:** National business coalitions receive funding from their members and from donor agencies. The IDB, World Bank, DFID, USAID, GTZ and UNAIDs are among potential donor sources;

- **Services of a Coalition to Its Members:** Most groups offer their members the following:
  - Material/information for workplace programmes and education, including draft workplace policies;
  - Workplace "toolkits" to assist individual companies to undertake self-assessments and to formulate their own Workplace Policies and to implement other activities such as the ten listed on the Table above;
  - Training, ranging from executive briefings to staff training at all levels, peer educator training and training of trainers;
  - Advocacy opportunities (e.g. to support lobbying campaigns aimed at government).
  - Accreditation: In some places (e.g. Thailand) companies are awarded ratings (level 1, 2, etc.,) based on an assessment of their activities related to workplace policy implementation, training, etc.

- **Organizational Structure:** Most coalitions consist of a board of directors, a steering committee and technical committees, if required. Some coalitions' boards of directors include the National AIDS Committee and NGOs;

- **Sustainability Keys are to:**

  - Engage all relevant stakeholders upfront regarding the intent of the HIV/AIDS initiative and the business case for doing so;
  - Ensure continued engagement with company members;
  - Be flexible and continue to adapt to changing needs;
  - Actively seek to build in-house business skills and expertise that can then be passed on to membership.

[40] World Economic Forum. Business Coalitions Tackling AIDS: A Worlwide Review (January, 2008). See: http://data.unaids.org/pub/Report/2008/20070124_business_coalitions_tackling_aids_en.pdf

4. **HIV/AIDS Handbook for South African *Tourism and Hospitality Companies*[41]:** This 60-page manual targets individual large or small companies interested in developing their own strategy and provides an extremely user-friendly approach under the following headings:

   - Tools for managing your overall HIV/AIDS strategy (writing/getting buy-in for a strategy);
   - Tools for preventing spread of HIVAIDS (peer education; condom dissemination, etc.)
   - Tools for HIV/AIDS treatment, care and support (counseling; medical support, etc.);
   - HIV/AIDS monitoring and evaluation tools;
   - Tools for educating guests about HIV/AIDS.

5. **The Challenge of HIV/AIDS in the Workplace: A Guide for *the Hospitality Industry*[42]:** This 44-page guide focuses in large part on employment policies, education and support in the immediate workplace and is highly practical, addressing, among others, daily in-house practices that can help to protect employee safety. Its recommendations are many, but fall generally under the following:

   - Create an HIV Policy for your business (see example following, compiled from various examples):

EXAMPLE OF A COMPANY POLICY

SUBJECT: AIDS INFORMATION AND

EMPLOYEE RESPONSIBILITY

POLICY

To deal appropriately and humanely with persons infected with Human Immunodeficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS).
To prevent or minimize exposure of employees, their families and guests to HIV infection through educational programmes and proactive preventative measures.

PROCEDURES

HIV/AIDS testing will not be part of the pre/post employment screening procedure. However, testing is encouraged and efforts will be made to make confidential testing available to all employees.

An employee infected with AIDS will be treated like any other individual with disability in regards to job applications, hiring, advancement, discharge, compensation, training or other terms, conditions or privileges of employment.

An employee who is HIV infected is not required to inform the employer. However, if they choose to do so, each case will be treated with strictest confidence and privacy.
Employees are encouraged to seek assistance from established community support groups for medical treatment and counseling services. Information about these resources can be requested confidentially through the Training or Personnel Departments.

[41] THETA Tourism, Hospitality and Sport Education and Training Authority/Government of S. Africa Department of Health. HIF/AIDS Handbook for South African tourism and hospitality companies. (2003). See: http://www.theta .org.za/downloads/HIV_AIDS_HANDBOOK.pdf

[42] International Hotel and Restaurant Association & UNAIDS. The Challenge of HIV/AIDS in the Workplace: A Guide for the Hospitality Industry (1999). See: http://www.ih-ra.com/marketplace/unaids_manual.pdf

An HIV infected employee will be allowed to continue working provided that they can meet the business's acceptable work performance standards, and medical authorities indicate that their condition and presence at work pose no threats to themselves or other employees.

Reasonable accommodations will be made for employees with HIV/AIDS unless it would impose an undue hardship on the business.

The hotel will provide ongoing educational and training programmes on the subject of HIV/AIDS for the benefit of all employees. Being educated will help prevent the spread of AIDS, pacify employee fears and concerns resulting from being misinformed and encourage appropriate health practices.

Attendance at all HIV/AIDS related educational programmes is mandatory for all employees at all levels whenever possible.

- Provide Prevention Education to your Staff, i.e.:

  - Provide basic information on HIV/AIDS;
  - Discuss and promote prevention methods;
  - Promote safety consciousness.
  - Make "reasonable" accommodation for employees with HIV;
  - Treat HIV like other life-threatening diseases;
  - Respect confidentiality and medical information;
  - Do not make HIF testing compulsory.

6. **ILO Code of Practice on HIV/AIDS and the World of Work**: The International Labour Organisation has provided a number of conventions and recommendations setting minimum standards of basic labour rights in the workplace[43], among them:

   - Recognition of HIV/AIDS as a workplace issue;
   - Non-Discrimination;
   - Gender Equality;
   - Healthy work environment;
   - Social dialogue;
   - Non-screening for purposes of exclusion from work or work processes;
   - Confidentiality;
   - Continuation of employment relationship;
   - Prevention;
   - Care and support.
   - Have Fair Employment Practices:
   - Comply with existing laws;
   - Consider fitness to work on an individual basis;

5.3 Lessons Learned from the *Caribbean* Response to HIV/AIDS: Public and Private Sectors

5.3.1 Overview of the *Caribbean Regional* Response

[43] Belize's Ministry of Labour undertook a multi-year effort to induce private sector entities to adopt HIV/AIDs workplace policies.

The Caribbean regional public sector response to HIV/AIDS has not been as successful as hoped. The importance of private sector involvement in the battle against HIV/AIDS is underscored by the difficulties encountered by the public sector in its efforts:

- **The Pan-Caribbean Partnership on HIV/AIDS (PANCAP)** is the overarching, coordinating Caribbean Programme for combating HIV/AIDS. Formed in 2001 under the leadership of CARICOM (but including some non-CARICOM countries), PANCAP developed a Caribbean Regional Strategic Framework – CRSF (2002-2006)[44] "to promote a strengthened, effective and coordinated regional response and to support multi-sectoral HIV/AIDS programmes at the national level."[45] Among the concern featured in the Strategy was **mobility and tourism,** as it noted that**:**

  > "Flows of migrants in the Caribbean include sex workers, tourists, business travelers, petty traders, casual laborers and others….An important feature of heavily touristed areas and highly mobile populations is the increased presence of a commercial sex industry…It is linked to tourism in the islands…"[46]

  While it has raised $40 million from donors to raise regional awareness and sustain its operations, PANCAP has not been as successful as would be desired. As a Caribbean-wide review of the status of HIV/AIDS commissioned by several prominent donors concluded in late 2005[47]:

  > "…most member countries do not perceive the value-added of PANCAP, thereby diminishing its authority and credibility. A number of reasons account for the less than satisfactory performance of PANCAP to date. Staff shortages and a lack of technical and program management skills have thwarted fulfilling core functions of providing leadership, being proactive and ensuring a collective vision, and especially responding to requests of national programs. It has been a successful fundraiser for itself but not for member countries...PANCAP must ensure that political pronouncements by Heads of State translate into a supportive national environment that reaches lower political levels."

A separate, European Community evaluator of PANCAP's CRSF[48] has similarly observed that regional goals may not be translating into sufficient action at the local governmental level:

> "The relevance of the CRSF has however [been] varied…The new CRSF and subsequent dialogue with CARICOM member states and international donors will be important for the EC to identify clear gaps in the HIV/AIDS response for its future support. **The new CRSF may also function as a new incentive to translate political commitment into concrete actions…"**

Region-wide, the Caribbean private sector response has been slow to evolve. Both the World Economic Forum report "Business and HIV/AIDS: Commitment and Action" and a UNAIDS report suggest that:

[44] A new CRSF is shortly to be released for 2007-2011.
[45] Pan-Caribbean Partnership on HIV/AIDS. Caribbean Regional Strategic Framework for HIV/AIDS 2002-2006. (2002).
[46] Ibid. p.7.
[47] DFID, WHO/PAHO, GFATM, UNAIDS Secretariat & World Bank. HIV AIDS in the Caribbean: A Multi-Organization Review (November, 2005) p.16.
[48] "ECORYS Netherlands. (for EC). Strengthening the institutional response to HIV/AIDS/STI in the Caribbean (SIRHASC) Project No. 8 ACP TPS 018 Final report for the second external evaluation" (2007) p.19.

> "…despite seeming awareness about the possible future implications of the epidemic, the private sector response to HIV and AIDS in Latin America and the Caribbean has tended to lag behind that in other parts of the world. Only 17% of respondents in Latin America and 12% in the Caribbean have conducted quantitative AIDS risk assessments. Seventy-five per cent of respondents in Latin America and 62% in the Caribbean do not have an AIDS policy.[49]

Several Caribbean sources who are actively involved in encouraging tourism private sector involvement have remarked on the reluctance of the industry, with comments such as the following:

> "No tourism people would show up [to HIV/AIDS seminars in a prominent Caribbean country]. Finally, they changed the name of the seminar to "Wellness" and 100 senior business leaders turned up."

> "Some hotels are doing something but most aren't seeing it as a big deal, as a problem. HIV hasn't started showing up yet."

> "The tourism industry is a laggard in getting involved in HIV. The industry is very fearful of getting involved at all. There are pockets of interest."

An interesting study[50] in the Dominican Republic, although somewhat dated, included a survey of tourists regarding their attitudes towards the disease. Study findings included the following:

- Tourists did not consider HIV/AIDS to be a determining factor for selection of their destination;
- Some 43% of tourists responded favourably to information campaigns being evident related to HIV/AIDS, indicating it **demonstrated that the country was in control of the situation**;
- A further 46% responded neutrally, indicating that exposure to such information did not have an impact one way or the other on their vacation choice;
- Those having most favourable attitudes towards education tended to be those with more at-risk vacation practices.

There are, however, some positive p*rivate sector* initiatives emerging at the regional level that are of relevance to Belize. In 2005, the **Pan Caribbean Business Coalition on HIV/AIDS (PCBC**) was formed under the auspices of the Caribbean Association of Industry and Commerce (CAIC) and the Caribbean Employers Union to address the economic impacts of HIV/AIDS across the Caribbean. Since then, the PCBC has prepared a succinct and elegant **Medium Term Plan**[51] which sets out the economic rationale for private sector involvement in the battle against HIV/AIDs, along with specific goals, objectives, strategies, and an accompanying log frame and budget. It is noteworthy that **the currently serving President of the Belize Chamber of Commerce and Industry (BCCI) has recently assumed a leadership role on this wider Caribbean PCBC Steering Committee**. Specific objectives of the PCBC's Medium Term Plan, which could provide guidance to Belize's tourism industry, include the following:

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[49] ILO Action Against HIV/AIDs in the Workplace: Latin America and Caribbean Region. andUNAIDS. Action Against AIDS in the Workplace: Latin America and the Caribbean Region. p. 2 (see: http://data.unaids.org/ Publications/IRC-pub06/jc0876-partnershipmenu_lac_en.pdf) referring to: 2004-2005 World Economic Forum report *Business and HIV/AIDS: Commitment and Action*

[50] Forsythe, Steven. Protecting Paradise: HIV/AIDS in the Dominican Republic (1998).

[51] CAIC and CEC. Pan Caribbean Business Coalition of HIV/AIDS Medium Term Plan for Achieving the Goals of the Memorandum of Understanding (2005). See: belize.org/media/caicmediumtermplan.pdf

- Make all workplaces HIV-friendly such that persons know their status and are supported to continue to work while being treated;
- Institute a Caribbean Workplace Policy that is adopted by a majority of the Caribbean's small and medium enterprises;
- Expand the network of the PCBC through formation of national-level HIV/AIDS business coalitions;
- Develop and disseminate Caribbean-oriented private sector HIV/AIDs toolkits;
- Reduce discrimination by insurance companies towards PLWA:
- Develop public-private sector partnerships.

Since the PCBC's creation, there have been only a few business coalitions formed in the Region (e.g., Jamaica, Guyana, Suriname, Belize).

The **Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP**) is also of note. The Digicel Group, a major Caribbean mobile operator, announced an alliance to connect Digicel mobile phone customers to local HIV/AIDS resources, enabling customers across the region (including Belize) to receive information on their mobile phones about local HIV/AIDS clinics, testing centers and other resources. The Ford Foundation and the Elton John AIDS Foundation provide additional financial support to underwrite production of campaign materials and informational resources.

5.3.2 *Country-Level* Responses by Government and the Private Sector in the Region

While *National Government* responses to HIV/AIDS have met with difficulty, there are some success stories. The major donor review of the Caribbean's HIV/AIDS response has observed that while most countries (including Belize) have set up National Aids Commissions, most have also placed highest priority on health ministry/sector strengthening and interventions. As a result, a multi-sectoral involvement and response of line ministries and civil society has been quite limited. Therefore, "the potential of civil society to make an important contribution to prevention and mitigation has not been realized."[52]

One of the bright spots of public sector initiative is found in the tourism sector. As briefly described below, followed by a case study on the following page, **Jamaica's Tourism Product Development Company (TPDCO)**, the tourism product development arm of government, appears to have been one of the few governmental tourism entities in the Caribbean taking major action**:**

- In mid-2007, TPDCO launched the **"**Tourism Sector HIV/AIDS Workplace Policy", which was approved by Cabinet and is intended to: reduce the transmission of HIV; manage and mitigate the impact of the disease in the workplace; improve access to prevention, knowledge and skills, treatment, care and support of workers living with and affected by HIV and AIDS; and reduce stigma and discrimination toward any worker known or perceived to have HIV/AIDS;

- Between 2003-2007 over 3,000 persons, including hotel workers, contract carriage operators and water sports operators, were targeted through monthly regional sensitization sessions facilitated by TPDCO;

[52] DFID, WHO/PAHO, GFATM, UNAIDS Secretariat & World Bank. HIV AIDS in the Caribbean: A Multi-Organization Review (November, 2005) p.9.

- Twenty-three condom machines were installed under the auspices of TPDCO in 20 hotels island-wide and on site interventions among target groups, such as attractions, craft vendors, contract carriage operators. Some 136 tourism personnel were trained as peer educators/trainers. It is useful to note that the highest incidences of HIV/AIDS have been found to be concentrated in the areas most popular for tourists (e.g., Montego Bay). These incidences have been linked to the growth of sex tourism, which has increased the rate of transmission in the already vulnerable and high-risk group of Commercial Sex Workers (CSWs)[53];

JAMAICA TOURISM PRODUCT DEVELOPMENT COMPANY (TPDCO)[54]

HISTORY:

TPCDO is the product development and licensing arm of the Government's of Jamaica's Ministry of Tourism. While a draft Tourism Workplace Policy was endorsed in 2004 by the Jamaica Hotel and Tourism Association (JHTA), it was not until mid-2007 that the Ministry of Tourism formally adopted its "Tourism Sector HIV/AIDS Workplace Policy,[55] Among others, it mandates that TPDCO, on behalf of the Ministry, "will ensure coherence and involvement of all relevant stakeholders including all its agencies as well as associations in the Tourism sector, by acting as the main facilitator and coordinator of all strategies and programmes for the sector." It requires that the Ministry warrant that "any benefits…will be no less favourable to tourism sector employees with HIV/AIDS, than it is to those with any other serious illness… (5.1.1) and that "all private sector associations and employers [will] implement suitable policies, educate and train their workforces and abide by the policy (5.2.).

According to TPDCO's Director, the motivation for creation of a tourism-specific workplace policy was the National AIDS Commission policy which required that a number of its major Ministries within Government (Tourism, Education, Labour, Local Government, National Secretariat), adopt and implement a Workplace Policy for themselves and their constituencies because of their far reaching impacts, In addition, she noted that the five main resort areas have the highest rate of infection and that "the employees are so important to these areas that we needed to protect them."

Through support from the World Bank dating back to 2003, TPDCO has been involved in achieving a number of other HIV/AIDS goals, including the installing of free condom machines, and public awareness building of its constituencies. New funding is now beginning with the International HIV/AIDs Alliance to go into individual tourism entities to help them develop and activate a workplace policy. The "Workplace Policy Builder", developed by the Constella Futures Group (see above) will be used. As far as education is concerned, right now it's not mandatory, but next year under the Health and Safety Act, it will be, for all line ministries.

OBSERVATIONS AND RESULTS:

TPDCO's efforts have been driven by World Bank funding which is just coming to an end, and by certain milestones that were expected to come out of the funding. The process of working with the tourism industry, which began in 2003, has not been easy:

> "It was a huge challenge but in 2003 we had our first condom machine in a hotel. For hotels it was a "no no". We had to do P.R. and eventually got buy-in to accept the machines (although most were put in the staff rooms, not in public areas)….We have HIV/AIDS awareness training for hotel staff. It used to be that we had to beg them to attend, but now, we're begged fro the courses. We do VCT. We have peer-to-peer training."

[53] UNDP. "Caribbean HIV/AIDS Profile" (See: http://www.bb.undp.org/index.php?page=caribbean-hiv-aids-profile)
[54] Telephone Conversation with Ms.Sheryll Lewis, TPDCO., February 5, 2008, who was involved in the Ministry of Tourism's response to HIV/AIDS since the beginning.
[55] Jamaica Ministry of Tourism, Entertainment and Culture. Tourism Sector HIV/AIDS Workplace Policy. (March 2007)

> "Sandals Montego Bay has really done a lot. It took our policy and created its own. No other property is doing much yet. But they're finding more people who have the virus."

As far as what works and doesn't, the TPDCO representative noted that:

> "We need to get the top echelons of tourism properties' buy-in now to implement the policy. So we've targeted 50 entities and will be having workshops at all levels of the company, including one for the general manager and management staff. "
>
> "For peer education and training, it's powerful to have someone who's living with HIV/AIDS and who is part of the tourism industry to speak to his/her peers about it."
>
> "We have to get to taxi drivers/the informal sector. We license them, so once per year we have seminars with them. We've added an HIV/AIDS component. We have to respect them, and give them material. If they want testing we help them. We have a watersports seminar and will have HIV/AIDS education and testing for diving staff/others [who are highly exposed to the disease].

The overall tepid assessment (with a few notable exceptions) of the capacity to date of Caribbean national or regional governments to address the disease on their own further underscores the importance of private sector involvement, as discussed earlier in this section. It is encouraging to note that t**here are some exciting business responses at the national and local levels.**

Belize's Chamber of Commerce is showing leadership in the fight against HIV/AIDS. Its President, a leader of the Pan Caribbean Business Coalition, announced in December 2007 formation of the **Belize Business Coalition on HIV/AIDS** under the PCBC umbrella and the coalition is currently developing its action plan. It represents a potentially important partner for the tourism sector as it moves forward to develop its plan. **The BTIA together with BTB** has created a steering committee to work towards a tourism HIV/AIDS strategy and implementation.

Jamaica's private sector also provides a useful example of progress:

- **Jamaica Business Council on HIV/AIDS (JaBCHA)**: In 2006, nineteen private sector Jamaican companies, including tourism entities and representing some of the most powerful business people on the island, launched the **Jamaica Business Council on HIV/AIDS (JaBCHA)** and committed to combat HIV/AIDS stigma and discrimination in the workplace. The business council is now focusing on improving HIV-specific policies in the workplace, promoting education programs, encouraging and facilitating more testing, and taking measures to address stigma associated with the disease. USAID's Health Policy Initiative supported creation of JaBCHA (and continues to help business coalition formation elsewhere, such as Mexico);

- Jamaica's private **tourism** sector (and Barbados'), with a grant from DFID, and through the International HIV/AIDS Alliance, is benefiting from a process consisting of four components:

  - a best practice model for responsible tourism intervention targeting both the formal and informal tourism industry components;
  - institutional strengthening of tourism players and local NGOs through training and workplace policy development;
  - funding of sub-projects promoting public-private sector partnerships.

- documenting of lessons learned.

- As noted above, SANDALS Montego Bay, through the groundbreaking efforts of its Manager, Horace Peterkin (past President of the Jamaica Hotel and Tourism Association) has become the best practice yardstick for the tourism industry. There does not appear to be any better model of what is possible, as summarized in the following case study:

SANDALS MONTEGO BAY CASE STUDY: DEVELOPMENT AND IMPLEMENTATION OF AN HIV POLICY AND WORKPLAN AS REPORTED SEPARATELY BY THE MANAGER AND THE ENVIRONMENTAL HEALTH AND SAFETY REPRESENTATIVE[56]

HISTORY:

"A few years ago, one of my star employees got HIV. I was mortified and started a primitive policy to protect the guy. (There were phobias at home and he could have been hurt.) The policy ensured that he wouldn't be terminated and we funded treatment and kept him on the job. Two years later, TPDCO asked for help to develop a national tourism policy. [As President of the JHTA] I really thought we needed one because no one really had any idea…It took us two years to finalize the wording for the national tourism workplace policy document because nationally, tourism leaders were sensitive to the wording, because they were afraid it would affect business. In 2005, our Sandals Montego Bay property signed a policy committing to compliance." (Horace Peterkin, Manager)

"I [Lisa Simpson] chair our hotel's Environmental Health and Safety Committee. Horace came to me and asked me and my Nurse to assist with creation of a Workplace Policy, using the TPDCO's as an example…Why did I do it? I love to learn, so I looked on the net. I phoned a behavioural change person and I also saw for myself a PLWA. I saw the need. First, I got one person from each hotel department to volunteer to be on the committee. We certified them [through a Ministry of Health/TDDCO programme] as peer councilors. We have the Red Cross, Jamaica AIDS Support for Life and other NGOs as outsourcing partners, to help any employees who contract AIDs…

We have People Living with AIDS [PLWA] as part of our group and pay them to come talk to our people. They have been discriminated against and have not livelihood. We have days when we have them come with their crafts and we invite them to sell to our employees and customers, and to the cruise ship guests who come to us.

We have 350 employees. We provide on-site VCT that we help to sensitize and test our employees. My nurse does presentations and workshops on transmission. I have toolkits on health and safety and AIDS and I'll put information about it in our newsletters. We have condom demonstrations. We maintain contact with those from our staff who have been infected [and can't work any longer]. We help her. Soon we'll have an "adopt a child" programme. We're going to teach other properties our policy. The policy and our activities are oriented to our staff, not our tourists. I think eventually, yes, we'll extend it to guests…At our first testing we got 80 people plus we have 20 p0eer councilors who are certified each year (and tested). We only do it [testing] during the day, but we need to do it at night for our night shift [there have been requests]. We have condom machines for the employees. It's used heavily. We've had tourists give us condoms.
(Lisa Simpson, Environmental Health and Safety).

OBSERVATIONS AND RESULTS:

[56] Source: Telephone Discussions with Representatives of Constella Futures Jamaica, H. Peterkin, Manager, SANDALS Montego Bay, and Lisa Simpson, Manager, Environmental Health and Safety, SANDALS, Montego Bay.

You do need a policy to set the framework for the sector and the company. It needs to be backed by government. Then you have a programme, which is the "nitty gritty". In our company, each department has a certified peer HIV/AIDS councilor. They get paid while they're on the training course. We have daily/weekly programmes whereby, for example, HIV/AIDS must be discussed at least once per week at department briefings. Our property must have, and does, a life skills seminar focusing on HIV/AIDS which we offer to our employees. Every internal newsletter must address HIF/AIDS. Every new employee must, as part of his five day training, go through a two hour training on HIF/AIDS, what it is, what its impacts are, and how to prevent it. Now our employees from top to bottom know about it. We have condom machines in the staff areas and they really get used. Employees publicly talk about it and put on plays an dramas about it.

When I did research I realized the disease would affect our employees and that it was in our self-interest to do it. What did it cost? Not a lot of money. We did get one other case of a contract employee [but otherwise, no one else so far]. The cost was time, but it was well spent.

Our trained people become ambassadors in their churches, families and communities.

Mo Bay has the highest incidence of HIV/AIDS in the country. A lot of people from the country are afraid to get tested in their small communities so they come to the [anonymity] of Montego Bay, which drives up the statistics.

When you get your peer councilors, make sure it's voluntary. If they don't want to do it, it doesn't work.

Having PLWA to our property is really important. We pay them to come…Also, our nurses do presentations on diabetes, cancer, etc., and we use this time to educate them about HIV/AIDS."

Our policy dictates confidentiality. Our Manager gets up at meetings and tells our employees "Listen, we don't discriminate, we won't fire you…" We do not ask anyone who has been tested at our property what the results were. We don't know their status. We know that our anti-stigma efforts are working. When you train people you do pre and post-questionnaire interviews and so we know there is change.

In [another Caribbean country], they were in denial. No tourism people would show up at a workshop about HIV/AIDS so they had to call it "wellness". They invited me to talk. Over 100 business leaders came and I spoke for 1 and a half hours and not one person left. I spoke from experience and from my heart. I took them through my journey, through our adoption of the policy and our programmes."

[Are other tourism companies getting on board?] Yes and no. Some are but most aren't seeing it as a big deal. It hasn't started showing up. Plus, some think there is a cure…More and more people are realizing the impact it can have. It's an epidemic. When it was said that one in every 15 have it people were shocked. It affects our workplace. Our Prime Minister did the test with his wife on National AIDS day so it's getting put on the front burner.

[How do you protect your most vulnerable employees – e.g. the dive shop; taxi drivers, bar staff etc?] We have a sexual harassment policy. It's taken very seriously. There is no fraternization with the guests allowed."

Overall, here's the process:

STEP 1: Get commitment form the top management. You absolutely need this;
STEP 2: Find the person who is your "go-to" person, and them develop and oversee the plan for you. If there's no Environmental Health and Safety person, get the nurse to be responsible. The person has to feel passionate about it;
STEP 3: Create an HIV/AIDS Committee and train volunteers from each department.

We've been asked to attend workshops in different countries to share our experience. I went to Barbados to help DFID and the International HIV/AIlliance with its project to get the private sector involved. We'd be happy to come and share my experience with Belize's tourism sector. Just let me know when…."

5.4 Summary of Lessons Learned of Relevance to Belize

There are a number of particularly important lessons learned that can be of use as the Belize tourism sector moves forward with its Tourism and HIV/AIDS Coalition:

- There is a wealth of tools and information on which to base future action;
- There are four main areas of intervention under which various programmes can be devised;
- Workplace policies are important/essential frameworks for action and need not take copious amounts of time to formulate;
- A survey of businesses and their attitudes and current perspectives on HIV/AIDS is a useful starting point;
- Efforts should "start at home" and focus on a company's own employees and the immediate community;
- Peer to peer education is invaluable. At the beginning, senior level peer examples can make a huge difference;
- The public sector cannot battle this disease by itself. It needs help from the private sector and non-profits;
- Consequences of inaction are dire, in economic and human terms;
- Fears regarding tourists' responses to HIV/AIDS education appear to be unfounded, although it would be useful to undertake primary research/surveys with tourists;
- There are many sources of possible networking and funding, which will be explored in the next phase of this project.

Workplace Education or HIV Workplace Policy: Which Comes First?

Tourism stakeholders generally had a jaundiced view of the ILO-funded initiative to induce private sector companies to adopt a workplace policy. A great deal of time and money were spent with few companies actually signing up.

Other stakeholders consulted as to lessons learned were asked about the importance of a workplace policy, given that it seems to have slowed down momentum in getting companies to do the many different types of activities that are needed. As a Jamaica contact noted (and as was confirmed by a Mexico-based contact):

> "Company people tended to be exposed to the workplace policy with little background about why. **Policy should be the end result rather than the start**. Policies tend to become pieces of paper without implementation. Many people talked about the time consumed getting the policy done and then the CEO cancels it [because he/she wasn't on board]…Advocacy and senior level peer to peer discussions…One senior business representative was phenomenal in taking the lead. He was fantastic talking to other business people. Peer education happens at all levels. The area he made an impact was putting on the front page. He was tested along with his whole staff and it was on the front page of the newspaper… [Before you do the policy] it's very important to do research on companies…what the company wants, its perceptions and attitudes…"[57]
>
> "We have seen something very similar in Jamaica. The ILO program is very heavy in time investment for the companies. They have had about 10 companies (or so) go through their entire process and all have very good policies to my understanding, but keeping them

[57] Conversation with K. Francis McLure, Constella Futures, Jamaica.

involved and engaged in the process was a struggle. Workplace Policy Builder (WPB) lets a company invest much less time. Our program implementation at Constella has been to train local NGOs or consultants in WPB and working with the private sector so that they can sell their services to the companies when those companies are ready to write a policy. They then work with the companies to help them write the company HIV workplace policy and do the organizational work such as sitting down with the HR professionals to identify what policies are in place already and what themes the company wants to put in their HIV policy. As a result of training the external locals, the skills are retained in country and for the most part, never lost. (In addition, the NGO representatives can help the companies come up with specific workplace education campaigns.)

Senior management must be on board with the writing and implementation of the policy because once it is written it has to be approved by all levels, including human resources, legal, etc. In Mexico, we started out with the senior management and showed them why addressing HIV in the workplace is so important and then we showed them how they could do it, i.e. write a policy and implement a program in their workplace. Some of the companies we have worked with have jumped right in and written a very extensive policy, however, others have not, but they do take one step to write a confidentiality policy or a minimal HIV policy. **Having some kind of written policy that addresses HIV and/or confidentiality, discrimination or similar issue is better than having no policy at all. If you can get a company to write a "primitive" policy they are more likely to expand upon it in the future.** Writing and implementation of the policies has been at different stages for each company.[58]

Another Mexican-based source stressed the importance of a workplace policy, however, primitive or developed, because without it, individual interventions/actions are unsustainable, particularly if a particular advocate of action leaves. A policy is long-term and creates a framework for employees to feel safe and protected. Without it, people will be afraid to be tested because they have no job protection.

[58] Conversation with E. Mallas, Constella Futures.

6.0 NEXT STEPS: A PRELIMINARY STRATEGIC FRAMEWORK FOR ACTION

6.1 The Case for Establishment of an HIV/AIDS Tourism Coalition and Development of a Preliminary Framework for Action

The leadership of Belize's tourism sector, including both industry and government, has indicated that a tourism sector coalition against HIV/AIDS is timely and necessary. Such an initiative will undoubtedly inspire and spur other groups to work in partnership to combat the disease under the umbrella of the National HIV/AIDS Strategy. Given the complex and pervasive nature of the disease, a multi-sectoral, multi-faceted approach is urgently needed.

As previous sections of the report have shown, there are compelling reasons for the tourism sector of Belize's participation:

- **The industry is the country's single largest employer, and also draws on a large supply chain**. Thus, its influence in reaching its employees and their families can be of considerable importance in the battle against HIV/AIDS.

- **Labour shortages are likely to increase.** Tourism operations cannot afford to lose large numbers of working age people to HIV/AIDS if the disease continues to spread unchecked. Losses in productivity, coupled with increased costs for health care, pension pay-outs, training, etc., will lead to profit losses;

- Tourists are concerned about **safety and security** above all else when they travel. Tourism is an industry based strongly on image and branding. Increasing HIV/AIDS rates could result in negative publicity and a deterrence of visitation;

- **Sex tourism should be addressed** as a related issue, and messages developed to indicate Belize's intolerance for illicit activities, particularly with respect to any such activity involving children;

- Development of **a tourism-driven response** to the HIV/AIDS issue in Belize represents an excellent opportunity for an authentic and needed demonstration of corporate social responsibility. Participation in combating this issue makes good business sense and is the right thing to do.

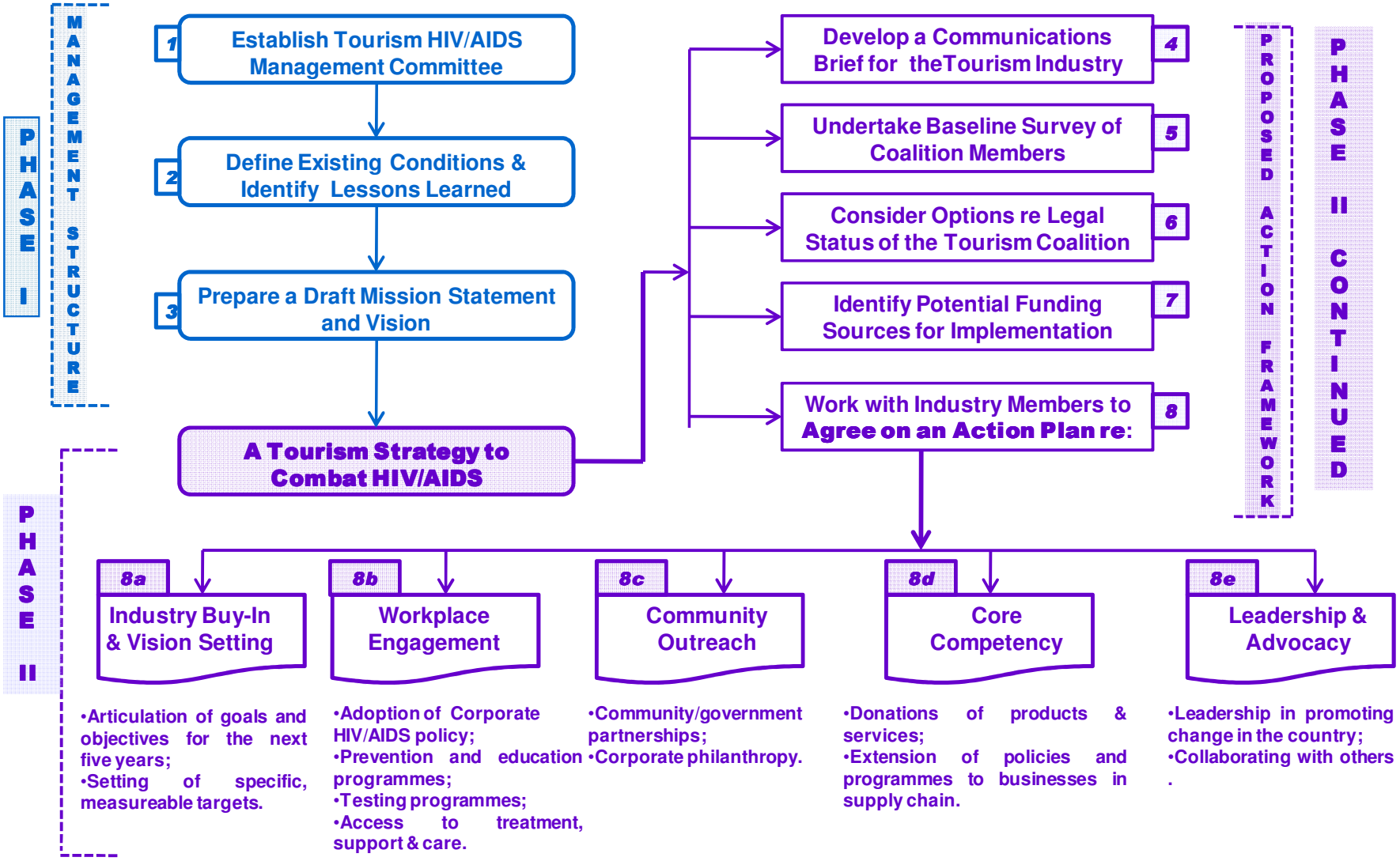
That the leaders of Belize's tourism industry have emphatically indicated a desire to move forward demonstrates recognition of these imperatives for action.

6.2 Immediate Steps: A Proposed Strategic Action Framework for the Tourism Industry

Figure 4, following, graphically depicts a three-phased preliminary action framework, consisting of:

- **Phase I - Development of the Coalition's Management Structure:** This Phase is underway and almost completed:
- **Phase II - Development of the Tourism HIV/AIDS Strategy:** This Phase will be undertaken in consultation with the tourism sector, assisted by the consulting team over the next few months;
- **Phase III- Strategy Implementation:** This Phase should begin immediately following completion of Phase II.

FIGURE 4: Preliminary Strategic Framework



Each of the numbered tasks described in the Figure are briefly described below:

PHASE I: DEVELOPMENT OF THE MANAGEMENT STRUCTURE

Task 1: Establish Tourism HIV/AIDS Management Committee/Organizational Structure [Task largely completed]

A **Tourism and HIV/AIDS Coalition, headed by a strong management team,** is required to lead and coordinate action, particularly in light of two key factors/lessons learned[59]:

1) Long-term sustainable responses can only be achieved if all the stakeholders (i.e., managers, staff, shareholders) associated with tourism can be convinced that a serious problem exists and that there is a real business rationale for action, related to impacts associated with loss of productivity and increased costs, leading to declining profits. A committed and knowledgeable leadership is vitally important;

2) A clear understanding of the specific impacts of HIV/AIDS on a company and of the context in which these occur (e.g., mode of transmission) is a critical factor in the development of effective and appropriate policy and program responses.

In December 2007, at the end of Phase I field work, leadership from within the tourism sector established a senior-level HIV/AIDS management team. The group currently consists of:

- National AIDS Commission (NAC): The Ambassador;
- Belize Tourism Board (BTB): Director of Tourism;
- Belize Tourism Industry Association (BTIA): Executive Director;

Participation of the most senior representatives of the industry represents a very positive first step towards realization of a tourism sector strategy to deal with HIV/AIDS in Belize.

In order to fully engage the tourism industry around the country in the battle against HIV/AIDS, the Tourism and HIV/AIDS Management Team, through the Belize Tourism Industry Association, has indicated its intention to identify core tourism industry volunteers to assume leadership roles in each District of the country. It is anticipated that this task is under way currently and will be largely completed by early spring of 2008. This step is an excellent step towards stimulating and institutionalizing long-term involvement of the industry at the grassroots level.

As a tourism-related HIV/AIDS strategy is implemented, it may be that the management team is expanded to include key national and/or international NGO/other public/private sector partners.

Task 2: Define Existing Conditions and Identify Lessons Learned [Task largely completed]

The current report has been intended to characterize current conditions, to provide a strong informational/educational base. In order to avoid "reinventing the wheel", and to facilitate networking opportunities in the future, the current report has also reviewed lessons learned from other jurisdictions and groups.

Task 3: Prepare a Draft Mission Statement, Vision & Plan to Enrol Tourism Industry

[59] Daly, Section 2

The Coalition leadership will need to draft a preliminary mission statement that can be refined by its membership, and that will articulate core goal(s): A potential start would be the following:

> "To work with our private and public sector tourism constituencies reduce the incidence of HIV/AIDS in Belize by:
>
> - combating stigma and discrimination in our workplaces;
> - educating our members and promote information exchange across the industry;
> - engaging our members to adopt policies and carry out activities to assist in the fight against HIV/AIDS; and
> - fostering partnerships with others".

- A vision, setting out targets regarding where the Coalition wants to be in five years;

- A plan, including a communications plan, to recruit/enrol industry members to participate.

As engagement of tourism industry members occurs, the mission statement and vision can and will be further shaped and clarified (see Phase II.).

PHASE II: DEVELOPMENT OF THE ACTION STRATEGY

It is important that tourism industry members be integrally involved in the development of the strategy in order to gain stakeholder buy-in and ownership. Direct involvement will also ensure that the strategy is responsive to stakeholders' realities and that the processes/components/activities are endorsed by the range of stakeholders who will participate. Strategic actions should be **simple and concise** to reduce discouragement that can arise with an overly complicated process. As Section 5, Lessons Learned, has indicated, there are already tested tools and processes that can be drawn on to make the process straightforward and successful.

During the upcoming phase of work with the consulting team, the framework/components of a Strategy will be evolved with tourism management team members and District leaders, in order to develop a rough draft of a strategy that can then be shared, adapted and refined with the broader tourism stakeholder group.

It is assumed that the BTIA will play the leading role in the development and implementation of the strategy.

Task 4: Develop a Communications Brief to Circulate to All BTIA/Tourism Industry Members (as the start of a long-term communications process)

It is recommended that members of the BTIA/the broadest possible constituency of the tourism industry be informed of the decision of the leadership of the industry to develop its own strategy to combat HIV/AIDS, and be provided with a series of consecutive messages and information modules describing:

- Facts about HIV/AIDS in Belize and how it affects the country as a whole, and the tourism industry specifically;

- The reasons underlying the decision of the tourism industry to develop its own strategy, in partnership with others, stressing, in particular the showing of corporate social responsibility (CSR) on the part of the industry, and the economic and human imperatives;
- The types of activities that will likely be a part of the strategy;
- The process that will be taken to involve the tourism industry in developing the strategy together;
- The intention to identify funding to support the strategy.

This first set of communications should be part of a long-term, on-going process of information sharing and dialogue among the leadership and tourism industry members. Fortunately, much of the tourism constituency of Belize is linked by a sophisticated Intranet communication tool that can be used to facilitate on-going engagement. In addition, the tourism industry has highly honed marketing and communications skills that can be drawn upon to complete this on-going task.

Task 5: Undertake a Baseline Survey of Coalition Members

Phase I of the current study process has included interviews with a sample of stakeholders in several Districts of Belize, all of whom expressed interest in the subject of HIV/AIDS. These interviews indicated that tourism businesses in Belize fall along a continuum of involvement in the HIV/AIDS issue from "no involvement at all to date" to "fully committed and already active in many areas". Examples from other jurisdictions also indicate that motivations and responses to action among businesses are highly variable, depending upon the personal knowledge and commitment of management, experiences regarding HIV/AIDS to date, and many other factors. In order to better document the situation in Belize, it is recommended that a brief survey of all of the BTIA members be carried out via the BTIA website/intranet, to create and baseline and to determine:

- what is being done/not done by the tourism sector with respect to management of the disease; what has motivated action by those who are engaged; what is impeding action by others;
- do people think that the HIV/AIDS situation is/will be affecting their business directly?
- levels of knowledge/gaps in information that exist;
- level of interest in the objectives of the Coalition;
- what businesses need in order to move forward; and
- willingness of businesses to be active members of the Tourism and HIV/AIDS Coalition and to sign a pledge committing to such participation.[60]

The questionnaire, which should be accompanied by baseline information on HIV/AIDS in Belize and its relevance to the tourism industry, can be designed to elicit "yes" or "no" answers that can be collated, such as the following:

SAMPLE QUESTIONS FOR STAKEHOLDER SURVEY:	Yes	No	N/A
1. Does your company have any stand-alone policies addressing life-threatening illnesses or disabilities in the workplace?			
1. Does your company have any stand-alone policies specifically addressing HIV/AIDS in the workplace?			
2a, Do your worksites train managers on HIV/AIDS-specific policies?			
2. Does your company offer any HIV/education to employees?			

[60] An example of a self-assessment survey is included in the 2007 USAID report "Workplace HIV/AIDS Initiatives", December 2007

3a. Does this HIV/AIDS education address occupational issues such as myths vs. realities of transmission risks in a workplace setting?			
3. Does your company offer health-related educational materials, classes or activities for employees' families?			
4a. Do they address HIV/AIDS?			
4. Does your company offer, participate in or encourage philanthropic activities, such as charitable grants, donations, volunteerism, fundraising drives or other?			
5a. If Yes, are any of these related to HIV/AIDS?			
5. Does your company screen employment applicants for medical purposes?			
6a. Do you screen for HIV/AIDS?			
6b. What is the purpose of screening for HIV/AIDS? Check all that apply:			
- Included in broader health-related screening			
- To promote employee awareness of HIV status			
- As part of health benefits assessment			
- Other			
6. If a job applicant discloses an HIV-positive status will your company decline to hire on that basis?			
7. If an employee is HIV-positive, does your company have a policy of keeping that information confidential?			
7a. Is there a system in place for reporting violations of this confidentiality?			
8. Do you think the HIV/AIDS epidemic in Belize can potentially affect your business in any direct way if he epidemic continues to expand?			
Check any that may apply: - Decline in labour pool availability - Loss of productivity of existing employees - Increased costs for health care, pensions, training staff - Visitors possibly being deterred from coming - Other_____ Specify:_____			
9. Do you think the tourism industry as a whole should be directly involved in working on the HIV/AIDS issues, such as forming a Coalition and developing a strategy?			
10. Is your company willing to participate directly in activities such as:			
- Education of your employees and their families about HIV/AIDS in the workplace			
- Development of policy to protect workers against discrimination, job loss, etc. in the workplace			
- Community outreach activities, such as working with youth groups to educate youth about HIV/AIDS			
- Contributions based on your core businesses, such as donations of food to food banks or similar			
- Contributions/grants/leadership/philanthropic activities			
- Education of visitors about risky behaviour			
- Signing a pledge to work with a tourism industry coalition on HIV/AIDS issues			
- Other_____			
11. Do you have the information you need to address HIV/AIDS education in your workplace?			
12a. What do you need to assist you?			
- Written material			
- Trainers to come in and work with our management & staff			
- Other:_____			

The information gained from the survey will help the Coalition leadership to understand where on along a continuum of concern and awareness its members are currently positioned, and will provide helpful data to design an HIV/AIDS strategy that will maximize the impacts of the tourism sector's efforts. The survey can identify which stakeholders are already involved, who can potentially be mobilized to work with others to provide training and share information.

Task 6: Consider Options Regarding the Legal Status of the Coalition

The Coalition will be assisted by the Consulting Team in the upcoming Phase to consider the question as to whether it should become a legal entity. As Section 5, Lessons Learned, has shown, other business coalitions are able to receive funding from international sources (e.g. Global Business Council), if they fulfil a number of criteria, among them, their existence as a legal entity.

Task 7: Identify Potential Funding Sources for Implementation

As part of the Consulting Team's work in Phase II, potential funding source will be identified and contacted regarding the possibility of sourcing funds to support implementation of a tourism HIV/AIDs strategy. During Phase I work associated with "Lessons Learned' various groups who are doing work with the private sector in other countries have indicated their willingness to assist with this task. Groups such as the Global Business Council, International HIV/AIDS Alliance, DFID, USAID, Clinton Foundation, Inter American Development Bank, etc., who are all supporting efforts related to HIV/AIDS will be contacted.

Task 8: Work with Industry Members to Agree on a Preliminary Action Plan

Table 2, Best Practice AIDS Standard (BPAS) of the Global Business Council, described in Section 5, provides a proven framework for development of a private sector strategy to combat HIV/AIDs and has been drawn upon (although a fifth component has been added – see (a) below) to develop a concise and simple Preliminary Action Plan for the Belize tourism industry. There are five main areas of action that are recommended:

a) Industry Buy-in and Vision-Setting

Building on analysis of the response of the baseline survey, the Management Team, through its District leadership, should endeavour to obtain commitments from its industry constituents to participate in implementation of a strategy to combat HIV/AIDS. This could take the form of a "pledge sheet" which commits the signators to consider participation in programmes and activities related to the four remaining areas of endeavour described below:

b) Workplace and Employee Engagement

The tourism industry can have a significant, positive impact on reducing the incidence of HIV/AIDS by instituting **protection of employees and their families** with regard to HIV/AIDS prevention and elimination of discrimination in the workplace. Specific actions should include the following, among others:

- **Establishment of a workplace policy**:

Adoption of a workplace policy is a crucial component as, by institutionalizing protection of the rights of workers, it provides the employee with the security needed to promote testing. It has proven to help to break down barriers of discrimination and stigma. Processes that have been employed to date have also often involved expenditures of a great deal of time. The International Labour Organization (ILO) program, for example, is very heavy in time investment for companies, and as indicated by stakeholders from Belize, Jamaica and Mexico, it did not meet with great

success. The Constella Futures Group's "Workplace Policy Builder" (WPB) is about to be used with the tourism industry in Jamaica and Barbados and has already been used in Mexico. It enables workplace policies to be developed in a more cost- and time-effective manner (assuming that a company's leadership is able to attend a two to three-day workshop and they are open to the possibility of such a workplace policy in the first place). A software program is available for free[61] download, which guides a company through a policy development process that can be tailored to their individual needs.

It is recommended that the WPB be considered for implementation in Belize. This would entail the training of local NGOs or consultants in the country (by the NAC or other, with funding as will need to be identified) to provide services to companies when they are ready to write a policy. As a result of training the external locals, the skills are retained in the country and available on an on-going basis. It is proposed that one of the Consulting Team's tasks in Phase II be to investigate options for introduction of the model on a trial basis. It should also be noted that the Sandals representative from Jamaica who has already overseen implementation of the policy in his hotel over the past 3 years and who has shared his experience with the private sectors of Jamaica and Barbados, has indicated his willingness to come to Belize to share his experience.

Once trained, NGOs can also assist companies with their internal education programs, as described below, which should be enacted whether or not policies are in place to avoid long delays and inactivity. Indeed, some recommend that the education initiatives should come *before* any policy development takes place, to make sure people are well informed and therefore more likely to support adoption of workplace policies. Education campaigns and policy develop can take place concurrently. A representative of a consulting group working with HIV/AIDS business people in Jamaica has noted:

> "Senior management must be on board because [policy] has to be approved at all levels, including human resources, legal, etc…Some of the companies we have worked with have jumped right in and written a very extensive policy, however others have not but have taken one step to write a confidentiality policy or a minimal HIV policy. Having some kind of written policy that that addresses HIV…is better than having no policy at all. If you can get a company to write a "primitive" policy they are more likely to expand upon it in the future."[62]

- **Design of staff training and education/Information programmes**:

Education can potentially include a variety of different approaches, including formal presentations, videos, information brochures, manuals, and other options. As noted above, many businesses may not know where to start, and the services of a trained NGO/consultant may be required to assist their efforts. Ultimately, each business's program should be led by a "champion" who will be trained to direct it and make it work. This person can coordinate on-going educational activities, act as a repository for information, and potentially offer some level of counselling.

NGOs such as the BFLA and Cornerstone Foundation, for example, have indicated their willingness to work with the businesses to assist in educational programming, and facilitate training and education sessions for employees. Information needs to be provided in locally relevant and accessible ways (i.e., in the context of local culture, in local languages/dialects, etc.), and on-going discussions need to take place in a sustained, iterative, on-going manner to de-sensitize the issues among the staff. Education should also include gender disaggregated activities, so women and men can speak out and ask questions in a setting that is comfortable for them. Education needs to

[61] <www.constellagroup.com/international-development/resources/software.php>
[62] Personal communication: Constella Futures, January 30, 2008.

focus on: prevention, which will involve working to change entrenched attitudes and behaviours; non-discrimination against PLWAs; testing and counselling; and issues related to care, treatment and support for PLWAs.

- **Prevention methods:** e.g., provision of free condoms in workplace)

Organizations such as BFLA have been administering the Global Fund Condom Distribution Plan, which supplies condoms to workplaces but is reportedly about to end. This type of programme could be activated by businesses to supply free condoms in discrete places within staff work areas. Some businesses are already carrying out this activity. Hotels in some other jurisdictions are supplying condoms in hotel rooms, although this practice is controversial in Belize;

- **Testing, counselling and support services:**

Serious questions exist in many Belizeans' minds about the confidentiality of the public sector testing systems, and this is believed to be a major impediment to testing. Businesses may be able to establish in-house testing programmes whereby, for example, everyone in the business is encouraged to be tested, with medical personnel brought in from another jurisdiction to avoid stigma associated with getting tested and promote confidentiality of results.

Options for counselling can be examined. HIV/AIDS officers can be appointed to act as coordination points for information and activities of the business and the Coalition.

Interviews have suggested that as HIV/AIDS continue to spread in Belize, employees and/or their family members will increasingly need a range of support services. While the government is supplying first level treatment at this time, support services for PLWAs are lacking (e.g., counselling; meals for those living in poverty; transport to medical facilities; etc.).

It is proposed that the focus of the workplace program should be **framed within a "Family Wellness" context**, whereby educational initiatives for HIV/AIDS are dealt with in combination with other health and well-being information related to such things as sexually-transmitted diseases, family planning, nutrition, women's rights and other topics. While the primary focus of the education initiatives should clearly be on the HIV/AIDS issues, provision of educational initiatives within a broader context will encourage discussions on a number of related and underlying issues that must be considered if changes in attitudes and behaviours are to be realized. Also, as noted by several stakeholders, HIV/AIDS is such a sensitive subject that it is difficult to get people to participate in discussions. A broader programming focus may be able to make discussions and participation more palatable. As one business operator noted, there is a need to link employee education program to people's home life:

> "That is where the issues lie…at home, not at work. We need to make the issue more community-based to have success. I think it will succeed if we take a broader "well-being" focus and do not make it all about AIDS, which scares a lot of people off. When we first tried to get a group together the men would not participate because they felt it was a thing of interest to gay men. We need to get away from these types of ideas and focus on better community health."

It was also noted that:

> "… in the macho culture that characterizes much of Belize men tend to shy away from meetings about AIDS because they see it as a "gay" issue. We need to get them into a situation where they can discuss the issues and learn the facts."

c) Community Outreach

In addition to working within their businesses, with staff and their families, tourism industry stakeholders have skills and expertise that can be employed to develop community outreach activities related to combating AIDS. Some examples may include the following, among others that should be discussed among the Coalition members:

- **Support to PLWA**:

It was often noted during the interview process that there is a big gap in Belize related to the provision of support service for PLWAs. ARV drugs, for example, can only be effective for a patient if they are taken in conjunction with three meals a day. Many people reportedly are not able to meet this need. One stakeholder noted, for example, that the Mercy Kitchen is operated by the Sisters of Mercy for the elderly in need, but that such operations could potentially be expanded to offer food to PLWA;

- **Development of partnerships/supply chain engagement:**

Collaborations between businesses and other organizations (e.g., other businesses; NGOs; public sector) are vital to fully address the range of issues that exist. Tourism businesses are also involved with many other suppliers, and many opportunities likely exist to extend their activities related to HIV/AIDS prevention/support services, etc.;

- **Youth projects:**

Given the youth infection rates, additional efforts are required in Belize to educate young people. Projects with the schools, colleges, youth groups, boys-and-girls clubs, sports clubs and other such organizations may be a good match for businesses;

d) Core Business Activities

- **Donations:**

Tourism businesses may be in a position to donate products and services. NGOs and the NAC, for example, often noted that PLWA are often people who are living in poverty and are not able to obtain the three meals per day that are required for ARV treatment to be effective. Donations of food would be very helpful in this regard, and hotels and food/beverage establishments may be able to find ways to provide assistance.

- **Visitor Education and Awareness Building:**

While there are differences of opinion about how to address the issue of communications with tourists, and some fear around it, this issue should receive further discussion. It is suggested here that there is a need to inform visitors that Belize is well informed about the HIV/AIDS issue and takes it seriously. While useful messages can be delivered in a relatively light manner (e.g., posters at tourism sites, such as the posters that have been developed through the Red Cross program), many destinations are electing to take a stronger approach with regard to sex tourism (e.g., Cost Rica; Brazil) by disseminating information stating clearly that certain behaviours will not be tolerated and violators will be prosecuted to the extent of the law, particularly sexual activities involving minors.

e) Advocacy and Leadership

Business leaders should step forward and take leading roles in the fight against AIDS through media announcements, participation in events, website links, monitoring and evaluation of activities, employee activity awards.

6.2 Next Steps

It is anticipated that this Background Studies Report will be circulated/made available by the Coalition management group to the stakeholders via its intranet/web vehicles, direct e mails, and other means. It is recommended that the baseline survey be undertaken as soon as possible, and that the Tourism Management Team develop an information package based on the findings of this study, to begin to educate their constituency.

Further consultations will be initiated in early spring of 2008 (ideally April, to encourage full participation of the stakeholders following tourism's high season), towards the goals of:

- developing the vision statement and targets and refining the strategy for action with the tourism industry;
- identifying potential funding sources for implementation;
- assisting the Management Team regarding its legal status and various options.

ANNEX A: LIST OF CONTACTS

IADB	Marie Gaarder, Washington, D.C. Caroline Clark, Representative, Belize Harold Arzu, Belize
Alliance Against AIDS (AAA)	Rodel Beltran
Ambergris Caye Chamber of Commerce	Tom Vidrine, President
Aguada Hotel (Cayo)	Shalue Butcher, Owner
Atlantic Bank	Pedro Perez Jr., Business Development Manager
Belize City Chamber of Commerce	Emile Mena, President Bernadette Ellis
Belize Family Life Association	Mrs. Burke
Belize Hotel Association	Donna Bradley
Belize Tourism Board	Tracy Panton, Director Anthony Mahler Romy Haylock
Belize Tourism Industry Association	12 member board meeting Andrew Godoy, Executive Director Hannah Cowell, Vice-President Dionne Chamberlaine, BTIA Board Sectretary & Youth Entrepreneur Services Rosella Zaharah Melicia Vanega
BEST	Dennis Jones
Caves Branch Resort (Cayo)	Ian Anderson, Owner Larry Vanega
Chaa Creek Resorts (Cayo)	Peter Tonti, San Ignacio office manager
Labour Department	Hertha Gentle-Barber
Centre for Social Research, University of Toronto	Prof. Peter Newman
Citrus Growers Association	Ian Rosado
Constella Futures Group	Kathy Francis Maclure (Jamaica)

	Mirka Negroni (Mexico)
Cornerstone Foundation (Cayo)	Rita Defour, General Manager Pamela Van Deusen, International Development officer
Banyon Bay Resort (San Pedro)	Gary Skigorski, Manager
ECPAT-USA	Amaya Renobales
Doctor (Hopkins)	Rich Krieg
Fort Street Tourist Village	James Nisbet, Director
Haiti HIV/AIDS Clinic	Dr. Gabe Rebick
Hamanasi resort (Hopkins)	Jan Niel, Guest Services Manager
Hand in Hand Ministries (NGO)	Nadia Armstrong, Director Sister Chris Mark Thessing
Help for Progress (Cayo)	Elias Awe
International HIV/AIDS Alliance (Trinidad)	Wame Jallow
Jamaica Business Coalition for HIV/AIDS	Patricia Donald
Jamaica Tourism Product Development Company (TPDCO)	Sheryll Lewis
Maya Airlines (Placencia)	Jeanne Gabriel
Mexican HIV/AIDS NGO	Dr. Martin Cuellar
National AIDS Commission	Ambassador Dolores Balderamos Garcia Jose Lopez Alyssa Noble Ruth Jaramillo
Naturalight (Dandriga)	Therese Rath
PAHO	Sandra Jones
Pelican Resort (Dandriga)	Alice Bowman
Public Health Department	Dr. Manzanero
Radisson Hotel, (Belize City)	Jim Scott

Ramon's Village (San Pedro)	Einer Gomez
Reef Village Resort (San Pedro)	Jules Escalante
Sandals Resort, Jamaica	Horace Peterkin Lisa Simpson
San Ignacio Resort Hotel (Cayo)	Mariam Roberson
Mayor, San Pedro	Elsa Paz
HIV Officer, San Pedro	Felix Ayuso
Sunbreeze Hotel, San Pedro	Julia Edwards, Manager
Blue Water Grill, San Pedro	Ozzie Palmer, F&B Manager
Tourism Police	Sgt. Yvonne Casimiro
University of Toronto, Faculty of Social Work, Centre for Applied Social Research	Dr. Peter Newman
UNFPA (Belize)	Sandra Paradez
Villa Boscardi (Belize City)	Francoise Lays
Women's Department Min. of Human Development	Silva Humes

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ANNEX C:

SUGGESTED DRAFT WORKSHOP AGENDA TOPICS (TENTATIVE FOR APRIL 2008)

Attendance: Blackstone Corp. Consultants; NAC/BTIA/BTB Coalition Management Team; invited tourism stakeholders to be identified by Coalition management team (e.g., hotel/resort industry managers; food and beverage managers; taxi association/other tourism transport representatives; tour operators; tour guides; dive managers; possible NGO partners; etc.).

NOTE: Discussion should be carried out to identify whether outside experts can be brought in to participate in the workshop (e.g., manager of Sandals in Jamaica), to bring forward good "lessons learned" and inspire the participants about why action by the industry is required, how/what action works effectively, costs involved with such actions vs. potential costs of inaction, etc..

POSSIBLE AGENDA:

1. **NAC and Consultants**: Overview of HIV/AIDS situation in Belize today; **debunking the myths;** and linkages with tourism sector: **Why tourism needs to internalize this issue** and be involved in direct action;
2. **Consultants:** Some lessons learned from other jurisdictions that may of relevance for Belize;
3. **Coalition Management Group (NAC;BTIA;BTB):** Why Coalition came about; commitment to action/mission/vision; membership; activity to date; ideas about how the Coalition should be organized; possible sources of funding; coordination needed with other agencies in Belize (e.g., business coalition; NGOs; international agencies; government agencies; others);
4. **Consultants:** Overview of Strategy Framework/Recommended Components:
5. **Breakout Groups:** Attendees can be divided into groups to discuss the key questions and provide their inputs as to development of the "Tourism and HIV/AIDS Strategy" . Key questions to be discussed may include, for example:

    - Should tourism players/industry participants be directly involved in the fight against HIV/AIDS? Why? How committed are the industry leaders? Is there broad agreement and commitment that this is important for the industry, or are there issues and concerns about taking such direct action?
    - What should the strategy be about/where can tourism best apply its efforts?
        - **Workplace and employee engagement:** what opportunities exist for action/what kinds of things can be done in the business (e.g., education programming; family participation; testing facilitation; anti-discrimination policies; condom availability; other)? What have people tried to date, with what results? What barriers and constraints exist? How can barriers be overcome?
        - **Core competency/business activities:** Product/service donations possibilities? Supply chain engagement and partnerships? Extending policies and programs to others?

- **Community Outreach:** What partnerships are possible (e.g., food provision to NGOs working in support of PLWAs)? School initiatives? Events?
- **Education of Tourists:** Should tourism industry be involved in communications to visitors about HIV/AIDS, sex tourism, activities involving minors, etc.? If so, how/what/by whom?
- **Advocacy and leadership:** How can business leaders promote change and take leadership role in the fight against HIV/AIDS? How can businesses monitor progress and work together to share information?