

# The SECRETARIAT e-newsletter

“Giving hope to people living with HIV through dedicated service.”

APR - JUN 2016

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The National AIDS Commission in collaboration with the Ministry of Health joined 18 other countries in the region in observing the **9<sup>th</sup> Annual Regional Testing Day on June 24<sup>th</sup>, 2016** by implementing specific HIV testing activities countrywide from 9am to 3pm at the following location: **Belize City: Scotiabank Albert Street branch; San Ignacio Town: Welcome Center; Dangriga Town: Courts Parking Lot. and at specific locations countrywide.**



Regional Testing Day is a Caribbean initiative spearheaded under the guidance of the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) with key sponsorship from Scotiabank and support from the Caribbean Media Broadcast Partnership on HIV/AIDS (CMBP). This year Belize recognizes Regional Testing Day under the theme: ***Increasing Testing to Create Change!***

This is Belize's 5<sup>th</sup> year as a part of the program and with the National response of ending the HIV/AIDS epidemic by 2030; Regional Testing Day promoted a scale up approach HIV testing efforts in keeping with the objectives of the National Strategic Plan.

Besides targeting the three above mentioned sites on June 24<sup>th</sup>, 2016 for all day testing, activities around the topic of HIV started in mid-May with a variation of events including: educational sessions, media interactions, health fairs, free On-site HIV Testing at work sites around the country and a dynamic social media campaign.

Belize has been a lead entity in the region in the promotion of this event and we continue with renewed efforts given that in 2015 there were 3275 living with HIV/AIDS in Belize. 31,346 HIV tests done were done in 2015, a general scale up in services, and a reduction in the total number of new infections which has led to an HIV prevalence rate of 1.2%, the lowest in years.

**RTD 2016 stats: 1235 tests**

**Belize City: 322; Corozal Town: 134;**

**Dangriga Town: 142;**

**Orange Walk Town: 232; San Ignacio Town: 280;**

**Punta Gorda Town: 21; and Belmopan City: 104**

# France Pledges €1.08 billion to Global Fund

The Government of France announced that they will contribute €1.08 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the three-year period beginning in 2017, demonstrating strong leadership in global health.

France is the second leading donor to the Global Fund, and has consistently played a pioneering role in scientific research, promoting human rights and serving people affected by HIV. The new pledge, which represents a sustained commitment of France's previous support, represents a significant contribution to the Global Fund's three-year replenishment.

"This contribution demonstrates the strong commitment of France in the fight against pandemics and to strengthen health systems, especially in African countries," the announcement said.

France has contributed more than €3.8 billion to the Global Fund since it was established in 2002 to accelerate the end of the epidemics.

"France's leadership is indispensable, in many ways," said Mark Dybul, Executive Director of the Global Fund. "Thanks to France's contribution, the Global Fund is on the right track. Together, we can be the generation that ends AIDS, TB and malaria as epidemics. For good."

Dr. Dybul is attending Solidays, the annual music festival in support of the fight against HIV, to thank the activists, volunteers and supporters who continue to keep AIDS at the forefront of global health.

Every three years, the Global Fund works with donors like France to raise funds to continue the work to fight AIDS, TB and malaria, and to build resilient and sustainable systems for health. Prime Minister Justin Trudeau of Canada announced in May that Canada will host this year's Replenishment Conference in Montreal on 16 September 2016. The Global Fund partnership set a goal for raising US\$13 billion to be invested during the three-year period that begins in 2017.

Based on partner estimates, a US\$13 billion contribution would save up to 8 million lives through programs supported by the Global Fund, avert up to 300 million new infections across the three diseases and lead to broad economic gains of up to US\$290 billion over the coming years and decades.





# BFLA's Youth Awareness Month 2016



Each year, The Belize Family Life Association hosts its Annual Youth Awareness Month, which aims to engage young people in positive activities throughout the summer. These activities are geared towards building life skills through personal development, sports, arts, drama and community service. Events are scheduled to take place in ***Crooked Tree from June 29<sup>th</sup> - July 2<sup>nd</sup>, Belize City and Dangriga from July 3<sup>rd</sup> to 15<sup>th</sup>, Cayo from July 18<sup>th</sup> – 29<sup>th</sup> and all month long in Orange Walk.***

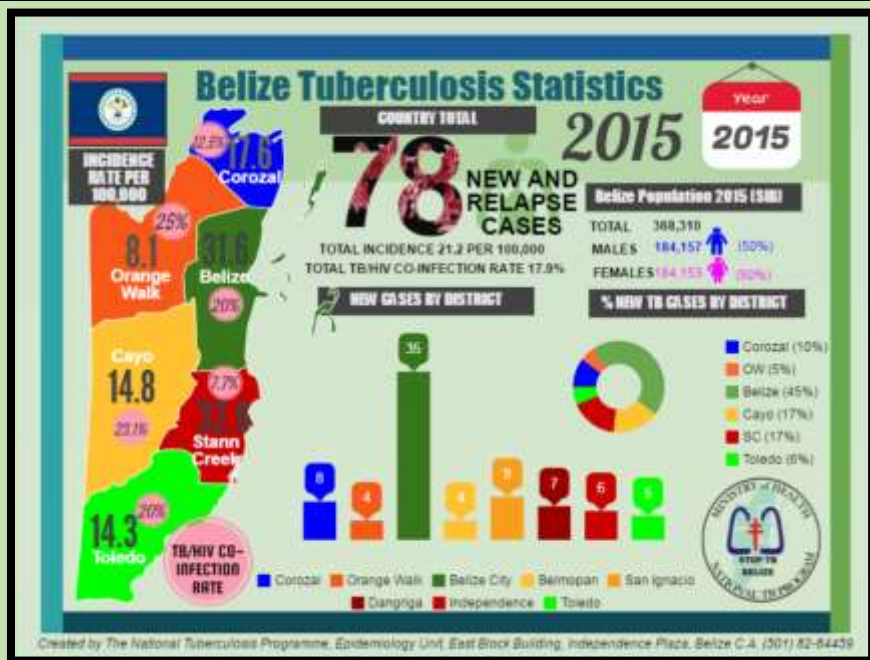
**Major events include:** *Crooked Tree 3 Mile Marathon* – July 2<sup>nd</sup> at 5:00 am - From Crooked Tree Junction (Crooked Tree Village road meets the Philip Goldson Highway) to YAM Building in Crooked Tree Village.



***Belize City Team Relay Triathlon*** – July 3<sup>rd</sup> at 5:00 am  
Pickwick Poolside, BTL Park and surrounding area

***Dangriga Team Relay Triathlon*** – July 3<sup>rd</sup> at 6:00 am  
Starting at 6 Miles Hummingbird Hwy and ending at BTL Princess Royal Park

## BELIZE TUBERCULOSIS STATISTICS 2015



# The BLACK March: LGBT Prospective



The BLACK march or ***Be Loving And Cease Killing*** was organized at NAPA on March 17th, 2016 in Belize City. For the first time, we had, Tikkun Olam, a sex worker advocacy organization, along with three LGBT led community-based groups and organizations: Our Circle, EYBM, BYEC & UniBAM made their presence felt, as all recognize that crime is about citizenry that unites us in our concern about personal security. Crime stats from 2000-2015 shows: 1553 murders, cumulatively over 5 years while there were 672 rapes and 7,541 robberies. The data reveal that violence is a loose social tool that forces people into a state of alert or psychological guard.

Such experience can be called horizontal violence that can be covert or overt in nature. It is perpetuated by whispers, gossiping, name-calling, back-stabbing by community, friends and family, rendering the person to question their ability to assert their concerns in section 3(a) of the constitution.

Horizontal violence can be argued to be an effective social mechanism to protect male social entitlement to a woman's body, but more importantly act as a weapon to erode the human dignity of that person. When we add the LGBT component to it, 7 cases of rape or sexual assault of received reports between 1997-2015, the issue becomes even more complicated.

Adding biblical teachings about homosexuality that perpetuate social prejudice, legal exclusion that does not acknowledge the existence of sexual identity in a positive way, the social & gender politics that men are not supposed to be victims of rape or sexual assault, and the environment becomes layered with informal and formal processes that discourages men from reporting violence.



*From a constitutional prospective section 3(a) offers protections for life, liberty, security of the person, and the protection of the law. 3(c) offers us protection for his family life, his personal privacy, the privacy of his home and other property and recognition of his human dignity.*

What we discovered in practice is a victim of rape will get state intervention and rights defence through a medical exam & making a police report etc. in making a case, but carry the burden of responsibility to deal with the social stigma attached to being a victim of sexual violence.

In an article written by the Guardian of London, in 2011 called "The Rape of Men: The darkest Secret of War, the journalist wrote, "His captors raped him, three times a day, every day for three years. And he wasn't the only one. He watched as man after man was taken and raped. The wounds of one were so grievous that he died in the cell in front of him." Data collected by Lara Stemple, of the University of California's Health and Human Rights Law Project, study revealed that incidents of male sexual violence occurs as a weapon in wartime or political aggression in countries such as Chile, Greece, Croatia, Iran, Kuwait, the former Soviet Union and the former Yugoslavia. 21% of Sri Lankan males who were seen at a London torture treatment centre reported sexual abuse while in detention. In El Salvador, 76% of male political prisoners surveyed in the 1980s described at least one incidence of

sexual torture. A study of 6,000 concentration-camp inmates in Sarajevo found that 80% of men reported having been raped.

So what does this have to do with Belize; structurally, we have a domestic violence unit, but there is no Unit in the Police Department on sexual violence. The Amandala coverage of the Chief Justice speech in 2015 revealed, "In 2013, the conviction rate was pegged at 39 percent in the system. This figure, Benjamin said, was "sullied with only an 8 percent conviction rate for murders," adding discussions of LGBT murder in Belize from 1997-2015, 32 in all for various reasons, high lights an additional structural problem. The state does not acknowledge a crime can be bias-motivated, as such, state system are under no legal obligation to report murder in its police report with any additional characteristic. Furthermore, the Ombudsman office powers in practice are limited to public authorities. It does not investigate discriminatory practices, but mal-administration. The result is that justice is accessible to you if you have the money, time or support. For many LGBT persons, highlighting their sexuality as part of a case is troublesome in Oscar Selgado vs Attorney General, Minister of Defence & Security Service Commission. The justice pointed out in case action 418 of 2003, " ...*Captain Selgado might have put up a formidable sex discrimination case under S: 16 of the Constitution of Belize, even a constitutional motion case, had he owned up to homosexuality.*"

The **BLACK** march, then, became a symbol of opportunity and a short term public relations investment, masking the substantive needs to strengthen our citizens concerns about inadequate accessible redress mechanisms. The lack of state system response to legal marginalisation of its LGBT citizens has helped to amplify the social effects of state systems policing the bodies of its citizens. The policing of female bodies, in particular helps to undermine their economic options in employment, where two-thirds remain outside of the labour force. When state system inadequate investments in promoting jobs for its citizens take place, it must be noted, that women who voluntarily seek sex work are arbitrarily penalized for their work ethic, use of resources earned from sex work by banks, custody rights of children and along with their children in school. The result, is that economic independence is de-legitimatised or discouraged in a way that forces these women to carry the burden alone in giving life to their aspirations. The L.G.B.T socio-economic concerns are inter-related as well, as family, job security, access to education and custody issues are equally marginalized or excluded by current laws that do not acknowledge the current dignity and economic safety-net concerns of couples and individuals alike.

In **Be Loving And Cease Killing**, we would hope that the slogan is about hearts and minds, about human capacity to find peace, understanding and stability in an exclusionary legal environment. We united in the basic premise of the **BLACK March**, we hope, that its core value of Love can be reciprocated. The proof, will be in the practice and social actions that are yet to come.



## An Average Day of our Nurses at Hand In Hand Ministries Outreach Center

**I**t began as what was thought to be a typical Monday. A handful of children and parents were scheduled to come to the center for their tri-monthly blood work. Plans were already made to accompany a child to see the ENT specialist, and to do a hospital visit for two children hospitalized at KMHM: One for respiratory infection and another newly diagnosed and referred to us the week before. This is the day that had been anticipated, but plans quickly changed.

A call came in from the medical team at the paediatric ward requesting our Nurses presence urgently for a case management meeting. Our Nurses quickly made their way to the hospital and gathered with the paediatrician, social worker, medical officer, and intern.

In the first case, they had to make the hard recommendation to have the Department of Human Services remove the child due to medical neglect. After many visits to the home and conversations about the child's declining health and desperate need for medication; after heeding the family to bring the child for medical follow-up and delivering the medication to the home, their efforts yielded little response. The child's immune system was becoming severely depleted and further intervention was required to ensure the child would receive the life-saving medications and medical follow-up.

In the meantime, it also came to our Nurses attention that an HIV-exposed child (a child born to an HIV positive mother, but the diagnosis of child yet undetermined) was also hospitalized. The medical team was not clear if the child needed to be placed on HIV medications and our Nurses clarified to the team where the child was in the diagnosis process and facilitated the child to receive the 3<sup>rd</sup> and final PCR test to determine the child HIV status.

The other case for which our Nurses were summoned to KMHM concerned the child newly diagnosed the week before. While a sister was with the child in the hospital and the step father visited occasionally, the medical team was awaiting for the mom to be present to fully understand the situation and discuss the child's diagnosis. (The Family lives in a village 1.5 hours outside Belize City). The sister indicated that the mother was not doing well herself and kept saying she would be coming the next day, but by now they were waiting over one week. It was decided that someone needed to go for the mother and two other young children in the home whose HIV status was unknown.

The paediatrician turned to Hand in Hand and asked our Nurses to assist with a home visit and assess the situation, and if possible to bring the mom and children. Our Nurses readily agreed.

The sister accompanied the Nurses to the home and they brought both mother and children to the hospital. Upon talking with the mom and receiving a better understanding of the situation, she agreed to allow HIV testing on the younger children. She also agreed to fully inform the step father of the situation and he also consented to be tested.

As the day came to a close, we had received two other phone calls requesting our attention, which could and, was rescheduled for the following day.



**NOTE:** As we progress in the National response to HIV/AIDS, it is important to remember that each life is precious and every case is different and unique. It is a global struggle fought on a national scale...we must all play our part to create the change.



## Building Consensus Around HIV Treatment Cascade Indicators

Belize will launch its third National HIV Strategic Plan (NSP) 2016–2020 entitled ***“The Benefits of Action Versus the Risks of Inaction”***. The plan, which focuses jointly on HIV and TB, sets ambitious goals, targets and interventions to guide the national response to HIV and TB.

A corresponding HIV Monitoring and Evaluation (M&E) Plan will guide and allow stakeholders in the national response to provide oversight and routine performance monitoring of the national response, defined in the NSP.

The new M&E 2016-2020 is currently being developed. On 25 May 2016, USAID | PASCA LMG consultant Dr. Norma Patricia Rivera Scott, facilitated a consensus-building workshop for the HIV M&E plan as a part of the development process.

The workshop introduced participants to the methodology being used. The facilitator shared the new HIV M&E plan elaboration process and findings, including the current M&E plan assessment, main achievements and bottlenecks and recommendations. Furthermore, a working session allowed for participants to review the Pan American Health Organization's recommendations for M&E indicators based on the HIV Treatment Cascade. Participants identified priority indicators for the country and presented their recommendations. In order to finalize a package for the country's indicators, a second presentation focused on key inputs for the operational plan. There was a final discussion on the lessons learned, main drawbacks and key issues to take into account to close prevailing M&E gaps to achieve a fully functional M&E system. Both global and national contexts were taken into consideration and compared to strategic objectives from the NSP 2012-2016.



The consensus-building workshop had been originally conceived as a way of presenting a draft of the HIV and TB M&E Plan 2016–2020. However, during the consultation process it became clear that key stakeholders perceived constraints in both access to information and implementation of a participatory approach for HIV M&E. Therefore, the process was revised and the workshop re-oriented to foster more participation and to encourage local ownership in the development process. The workshop provided the opportunity to share and discuss new global HIV M&E trends, identify how these new targets and indicators can be incorporated in the new plan and identify key elements to ensure successful design and implementation of the new HIV and TB M&E Plan. As a follow-up Dr. Rivera Scott will use the country's feedback in recommending the indicators that are best suited to Belize's epidemiology, resources, current reporting obligations and strategic goals.



**BCCI 96<sup>th</sup> Year** The Belize Chamber of Commerce and Industry (BCCI) commemorated its 96<sup>th</sup> year of serving the business community at our Annual General Meeting on Thursday, April 28<sup>th</sup> in Belize City. The Minister of State for the Ministry of Finance Economic Development, Petroleum, Investment, Trade and Commerce, Hon. Tracy Taegar Panton, honored the BCCI's membership as our Special Guest Speaker and spoke on the goals of the Ministry to increase economic development for the country in partnership with the private sector.

H.E. Daniel Gutierrez, Director of Public/Private Dialogue also gave a presentation on the work of the Economic Development Council and its new developments to work closely with the private sector, including the initiation Public Private Desk at the Office of the Prime Minister. This year was an election year of Executive Council (EC) Members. Mr. Arturo Vasquez, President of the Chamber gave his final address as President of the Chamber and the work that has been done under his presidency with the support of his fellow EC members, the secretariat and the membership. With heartfelt confidence he handed over the role of Presidency to Mr. Nikita Usher who will serve from 2016-2018 along with his 11 EC members.

The BCCI is fueled by its Triple C philosophy: to Champion, Capacitate and Connect its members to a viable business environment. Two key upcoming ventures for the Chamber are the Expo Belize Market Place and the Angel Investment Group.

**Expo Belize Market Place** This year marks our 20<sup>th</sup> anniversary in bringing together businesses from all sectors, countrywide and even at times including our regional and international brothers, at one central location to showcase and trade their products and services to local and international visitors to the expo. The first expo was held in 1996 at the outdoors of the St. John's College (SJC) Gymnasium with the participation of 62 companies and 67 displays. The expo developed and later extended into the SJC Gymnasium. In 2010, the Expo outgrew the SJC Grounds and transformed from showcasing to a market place. The BCCI and its participants were forced to move to a larger centralized venue, the ITVET Grounds on Freetown Road, Belize City. In the past, the Expo has attracted up to 19,000 people and *now* has the participation of almost a 100 companies and over 200 booths displays.

This year's expo will be held on September 3<sup>rd</sup> and 4<sup>th</sup>, 2016 at the ITVET compound. The entrance gates open at 8:00 a.m. and closes at 5:00 p.m. on each day. Entrance tickets will be available for sale at our office closer to the date of the expo. If you have a business, this event is the perfect venue to promote your business, products and/or services. Call us at 223-5330, email: [bcci@belize.org](mailto:bcci@belize.org) or visit our website at [www.belize.org/expo](http://www.belize.org/expo) to reserve your booth space. Come out and show your integrity to the country's distinctive and largest tradeshow, support local Belizean made products and have fun with a variety to eat, drink and be entertained. See you there!!!

## Is Business Angel Investing suitable for you?

Becoming a Business Angel is not an easy decision. There are risks attached, and the investor who does not recognize this and minimize these risks will not make money. It is not a job for the amateur, but needs a high degree of professionalism and skill on both sides. The investor must have the right balance of personal qualities, business acumen and firsthand experience to match the needs of the entrepreneur. Above all, it requires honesty, and a determination to make the partnership work to their mutual advantage. We need Business Angel Investors, patrons who can inject back to the business community and the economy of Belize. These small businesses need your help. If you are an interested in being an Angel Investor, please email us at [bcci@belize.org](mailto:bcci@belize.org) or call us at 223-5330 to receive more information on this programme.

## Angel Investor Programme

In 2015, the Angel Investor Programme was introduced to Belize with the support of Caribbean Export and infodev, a Global Partnership programme in the World Bank Group. The programme provides for another means of access to finance for entrepreneurs. It aims to help entrepreneurs grow and develop their small businesses and contribute to a more sustainable and successful economy. This programme is headed by Business Angels who are affluent individuals and invest their own money in entrepreneurial ventures. The investment also calls for providing ones expertise: specialist technical skills, industry specific knowledge and understanding or more broadly based management experience, to help the business succeed. They invest in people as much as the business propositions. The investment can be at most industry sectors and at all stages of business development.

Angels don't just invest in Equity – they also use Guarantees, Loans and Revenue Sharing as appropriate to meet the funding needs of the companies they support. The BCCI has agreed to take the role of “the enabler” and to provide support in initiating the first Angel Group. The Small Business Development Center (SBDCBelize) and Export Belize under Beltaide will mentor and train entrepreneurs to make a sound and rational business pitch to the investors.







# UNDP-Global Fund (GF) New Funding Model HIV/AIDS and TB Grant 2016-18

The Ministry of Economic Development, on behalf of the country of Belize, was granted US\$3.4 million for HIV/AIDS and TB prevention and mitigation by the Global Fund for 2016-18. This is the first GF grant to include TB interventions to lessen the incidences of all forms of TB and TB-HIV co-infections in key populations. The United Nations Development Programme (UNDP) was again selected to serve as Principal Recipient (PR) under this new funding model grant. Although a new project cycle, the grant is considered transitional, since stakeholders will build efficiently and sustainably upon previously identified good practices in-country and the Latin American and Caribbean regions.

Under this grant, UNDP is handing over to the Ministry essential health equipment, including: two project vehicles for monitoring of TB activities and community outreach; 25 bicycles for community health workers servicing HIV and TB patients in local communities across the country; laptops; Gene Xpert machinery; lab equipment and other health products and consumables.

Remaining funds will be used to strengthen national health systems through infrastructural development and multi-level capacity building for healthcare workers. In addition to health systems strengthening, the grant seeks to promote human rights for all, particularly among key populations most vulnerable to HIV/AIDS and TB. Implementing partners include Ministry of Health, Belize Family Life Association (BFLA), Hand in Hand Ministries (HnH) and Productive Organization for Women in Action (POWA). Together, these organizations will work in Belize City, Cayo and Stann Creek, the three districts with heaviest burden of HIV/AIDS and TB in Belize.

With the launch of the MOH Surveillance Report 2015 and the development of the TB Strategic Plan in 2014, the status of HIV/AIDS and TB continue to raise concerns for family, community and societal development. Much success has been achieved since the first diagnosis of HIV in 1986. Still, as WHO and UNAIDS sounded the call for achievement of the 90:90:90 targets by 2020 and the UN High Level meeting for HIV/AIDS held two weeks ago in New York, there needs to be heightened efforts for innovative, collaborative and strategic planning for the halting and reversal of the two diseases

MOH statistics for 2015 show general population prevalence rate at 1.4%, and MSM prevalence rate at 13.9%. Young women between the ages of 20-24 years and men 40-44 years account for peaks in infection over the last couple years. The TB prevalence rate is estimated at 51 per 100,000 (2012), and incidence is about 120 cases per year (2014). In order to change the trajectory of the diseases, barriers to access to healthcare systems, stigma and discrimination, low adherence rates and risky sexual practices all need to be addressed, and this grant aims to effectively achieve those goals.



UNDP Belize continues its mandate to promote human and national development for all and stands firmly by its commitment to “Empowered Lives. Resilient Nations.” The GF grant in Belize will provide life-saving and life-changing assistance to those affected and infected by HIV/AIDS and TB in Belize.

## 38th meeting of the UNAIDS Programme Coordinating Board Opens



The 38th meeting of the UNAIDS Programme Coordinating Board is taking place in Geneva, Switzerland, from 28 to 30 June.

During the opening session, UNAIDS Executive Director Michel Sidibé gave an update on the progress made in the AIDS response and outlined the challenges and opportunities that lie ahead.

Mr Sidibé spoke about the need to properly fund the AIDS response in order to put the world on the Fast-Track to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals. He also stressed the need to provide adequate HIV services to key populations at higher risk in order to leave no one behind.

The thematic segment of the meeting will take place on the last day and will focus on the role of communities in ending AIDS by 2030.

The 38th meeting of the UNAIDS Board is being chaired by Switzerland, with Ghana acting as Vice-Chair and Ecuador as rapporteur.

## Government of Belgium and UNAIDS sign new multi-year funding agreement

The Government of Belgium and UNAIDS have signed a new multi-year funding agreement for 2017–2020. The agreement was formalized on 24 June in Brussels, Belgium, by UNAIDS Executive Director Michel Sidibé and Alexander De Croo, Deputy Prime Minister of Belgium and Minister of Development Cooperation.

The new agreement renews Belgium's contribution to UNAIDS, which remains at €4 million per year until 2020—years that are crucial to achieving the Fast-Track Targets and putting the world on track towards ending the global AIDS epidemic as a public health threat by 2030.



UNAIDS Executive Director Michel Sidibé commended Belgium for its long-standing support to UNAIDS and its political leadership in the global AIDS response. Belgium has been a key partner in the global AIDS response since the beginning of the epidemic and the country is among UNAIDS' strongest allies on issues such as the promotion of human rights in the context of HIV, including sexual and reproductive health and rights.

# Funding fears - Jamaica could lose international grants to fight HIV/AIDS by 2018



With the international financing institution, The Global Fund, set to transition its support from Jamaica come 2018 as a result of the country's middle-income status, some local groups are expressing concern that the gains made in fighting HIV/AIDS in the country will be reversed.

The Global Fund provides financial assistance to support local programmes around the world that are aimed at reducing HIV/AIDS, tuberculosis, and malaria. In 2010, the same year, the World Bank designated Jamaica a middle-income country, the Global Fund gave the island just over US\$40 million to utilise for five years. Last year October, the country was given only US\$15 million, and the funding cycle moved from the usual five years to three years. According to Ivan Cruickshank, chairman for the country-coordinating mechanism for the Global Fund grant, after 2018, funding for Jamaica is not a guarantee.

"Jamaica is one of the countries in what we call a transition process, which means that the Global Fund has identified the country to transition out of support. At the moment, the expectation is that we will transition after this cycle of grant is finished. "There are discussions going on now about whether that will be the case, but, as it stands, we are scheduled for transitioning out of this round of grant in 2018," Cruickshank told **The Sunday Gleaner**.

## SERVING KEY GROUPS ONLY

He said the US\$15 million that has been allocated is going towards only key populations, and other donor agencies are also focusing only on key populations.

These key populations, he said, are people living with HIV, men who sleep with men, those who are transgendered, and sex workers.

Cruickshank said the concern now is that the Government might not be able to finance the ending of the AIDS epidemic when international organisations such as the Global Fund withdraw help from Jamaica.

"We have been assured that some core components will be maintained at a minimum. We know that, so we have what we call a willingness-to-pay commitment from the Government to sustain the treatment programme and so we will not see a decline in the treatment response.

"While that may be the case, we are not as confident as we would have been were we using external resources, because we know those resources are dedicated to the response and cannot be shifted to any other area," said Cruickshank.

In the meantime, Kandasi Levermore executive director of the Jamaica AIDS Support for Life (JASL), believes that Jamaica could easily see a reverse in the gains made in the area of HIV prevention.

"I can tell you for sure that an organisation like JASL cannot afford to lose international support because 99 per cent of the funding that JASL has comes through international partnerships," said Levermore as she noted that the Government usually gets the money and disperses it to civil-society groups.

"Our funding situation is not going to improve from international sources, because again, if you are upper-middle income, why do I need to pay for your people to access certain services?" added Levermore.

Jamaica just recently adopted a political declaration on HIV/AIDS to fast-track efforts to fight against HIV and to end the AIDS epidemic by 2030. But Levermore believes it will be difficult for Jamaica to reach this target given its financial constraints.

"Civil societies are now looking at their own transition plan. We are praying that it (Global Fund) doesn't go. We are advocating that it doesn't go," said Levermore.

## REASON FOR MERGE

The reduction in donor funding was one of the main reasons for the merging of the country's National Family Planning Board (NFPB) and the National HIV/STI Unit in 2013 to create a single authority for sexual reproductive health.

Director of Health Promotion at the NFPB Andrea Campbell told reporters during a **Gleaner** Editors' Forum last October that funding constraints have resulted in a cutback on activities.

At that time, the NFPB was able to employ only 100 outreach workers, although there was a need for 800.



## Some of Jamaica's gains in the fight against HIV/AIDS

At the end of December 2015:

- Mother-to-child transmission was less than 2%.
- Among sex workers, the HIV prevalence was 2.9% down from over 14% in the 1990s.
- Between 1989 and 1996 the HIV prevalence among antenatal women increased from 0.14% to 1.96%
- The prevalence has declined over the last 15 years, with the 2013 and 2014 prevalence rates remaining at 1% and below.
- The number of reported paediatric AIDS cases (0-nine years old) has declined from 61 cases in 2004 to 10 in 2014.
- Eight paediatric AIDS deaths were reported in 2014, compared to 34 in 2004. This represents a 76% decrease in the number of paediatric AIDS deaths over this period.



## **THE STAIN OF HIV STIGMA & DISCRIMINATION**

Stigma and discrimination play significant roles in the development and maintenance of the HIV epidemic. It is well documented that people living with HIV and AIDS experience stigma and discrimination on an ongoing basis. This impact goes beyond individuals infected with HIV to reach broadly into society, both disrupting the functioning of communities and complicating prevention and treatment of HIV. HIV/AIDS stigma and discrimination are violations of human rights and undermine public health efforts to tackle HIV and AIDS.

Stigma refers to the beliefs and attitudes that deeply discredit a person or group because of an association - either affected by or infected with HIV. This leads to discrimination—actions or omissions that harm or deny services or entitlements to stigmatised individuals.

Stigma and discrimination are particularly harsh for populations that are already socially excluded or have unequal status in society. These groups often experience stigma and discrimination based on several markers (e.g. related to gender, sexuality, drug use, ethnicity, etc.)—also called multi-layered stigma. Women and children, for example, are more prone than men to abandonment and violence as a result of their HIV status or association with the disease. Men who have sex with men, in-jecting drug users, sex workers and prisoners often face greater discrimination when diagnosed with HIV. At the same time, these are the people with the fewest resources to cope with the consequences.

The 2030 Sustainable Development Agenda pledges to leave no one behind. This includes people infected or affected by HIV/AIDS.

We need to recognize that human rights apply to all people everywhere. We should make special efforts to end the discrimination that threatens the wellbeing, health and even the lives of people with HIV/AIDS & TB, and to target them with programmes that will enable them to undertake a greater role in society.

Fear of stigmatisation and discrimination discourages people from seeking information on HIV and AIDS, coming forward for counselling and testing, disclosing their status or accessing AIDS services. In our efforts to achieve Universal Access to services, we must reduce universal stigma and discrimination.

The National AIDS Commission takes this opportunity to remind the general public that HIV stigma and discrimination is also an epidemic. Don't judge people...love them.



The National AIDS Commission, thanks all its partners and the District Committees for their continued support, guidance and dedication in responding to HIV/AIDS in Belize. We realize the challenges and know that without your contributions at all levels we could not accomplish the country's needs. Keep up the Great work!



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**UPCOMING EVENTS: WORLD AIDS DAY 2016...DECEMBER 1st**