

The National AIDS Commission

One Response E-Bulletin



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Long Awaited Behaviour Surveillance Study Launched

Belize's National AIDS Program of the Ministry of Health in conjunction with CDC GAP-CAP presented a technical report, on 14 April 2011, of the advances of the preparatory phase of the Behavioral Surveillance Study (BSS) with the assistance of the Research and Surveillance Division HIV Unit of the Center for Health Studies at the Universidad Del Valle De Guatemala.

This presentation on protocols to key stakeholders of the national response including technical and implementing agencies, was part of the socialization process of the BSS to be implemented in Belize with key populations at higher risk of HIV infection identified as Men Who Have Sex With Men (MSM), Female Sex Workers (FSW) and People living with HIV/AIDS (PLHIV).

The planning process of the BSS on vulnerable populations to HIV and other STI has been divided into three phases:

- A preparatory phase (August 2010 - Mar 2011)
- A data collection/implementation phase (approx. May 2011 - Oct 2011)
- Analysis and dissemination phase (approx. Sept 2011 - Mar 2012)

In the first phase, several activities were conducted with emphasis on the following priority areas:

A. Coordination with national partners that allows for the creation and strengthening of local capacities. Achievements made include:

- Signing of a letter of agreement between the HIV Unit of CES/UVG and the Ministry of Health of Belize, as lead entity responsible for health in Belize
- Identification of common aspects to be coordinated with UNDP as the principal recipient of round 9 of the Global Fund and in which key indicators can be addressed through the BSS
- Presentation of the objectives of the survey to key stakeholders such as UNIBAM, PASMO, BFLA and VCT staff and other members of the NAC and

NAC Secretariat.

B. Protocol elaboration and approval process by the Ethics Committee. The BSS protocol was developed in collaboration with the National AIDS Program of the Ministry of Health and further submitted for ethical review to the CDC Ethics Committee in Atlanta Georgia through Universidad Del Valle and CDC.

Achievements with this process includes:

- BSS protocol of Belize finalized and approved by the Ministry of Health of Belize.
- BSS protocol of Belize, submitted to the UVG Ethics Committee
- The process of submitting the BSS protocol to the CDC Ethics Committee from Atlanta has started

Challenges are:

- To have the protocol approved by July 2011
- Socialize the study protocol with key national stakeholders for approval
- Implement the current study protocol in tandem with estimated timelines

C. Planning process of the qualitative study. A qualitative assessment study to be conducted to review opinions, perceptions and characteristics of the key populations to be studied (MSM, FSW and PLHIV) in the districts of Orange Walk, Belize, Stann Creek and Cayo. This information will assist to guide the decisions in the implementation of the BSS. Tangible achievements included:

- Specific TOR for a consulting firm was completed and socialized regionally
- Qualitative study protocol elaborated and completed
- Contracting process of consultants to undertake study has started

D. Revision and adaptation of the questionnaires on sexual behavior. Major challenges are:

- Initial review of the relevant questionnaires to ensure that key UNGASS indicators are answered (session with MOH, NAC Secretariat, BFLA, UNIBAM, PASMO)
- Relevant changes have been made to the questionnaire for the three populations to be included in the study

E. Study to estimate the size of the key populations at higher risk for HIV. Toward this end, the protocols have been reviewed and endorsed by the National TB, HIV/AIDS and other STIs Programme and the office of the Director of Health Services. Pending are:

- Socialize the protocols to estimate the sizes of these populations with national counterparts

- Planning and actual execution of the study
- Participation of organizations and key members of these populations

F. Laboratory Services. These play a pivotal role in the activities to be carried out in guiding the field work and in the validation processes. A significant achievement includes the completion of diagnostic report of the in country laboratory capacities. Tentative is the procurement of laboratory supplies and equipment in meeting the BSS requirements.

This long awaited BSS study is in line with the Mesoamerican HIV Project and its Public Health Initiative compliments wider regional efforts to integrate development programs. The National AIDS Commission is ecstatic about this study that will greatly assist to better inform Belize's AIDS policies, strategies, and programs for better focused interventions, ameliorated care, support and treatment to PLHIVs and better informed grant proposal developments processes.

Belize's Health Care Performance Improvement Keeps on Top of its Continuum of Care Initiative

More than 25 health care personnel and other stakeholders of Belize's HIV response met at the Best Western Belize Biltmore Plaza Hotel on April 7-8, 2011 to further their work in line with the stated objectives of the Continuum of Care (CoC) Initiative lead by USAID/Central America Capacity Project's Country Representative.

This meeting was in response to the meeting of February 16-18, when a similar group of stakeholders and partner organizations from across sectors gathered to assess Belize's current health care system which aim to provide humane, effective, high-quality comprehensive and continuous care to PLHIV and their families. It was in this meeting that it was agreed that a second work session would follow to validate the results of the previous meeting's evaluation and analysis towards the creation of a viable and sustainable framework of HIV programme coordination for the scaling up of the Continuum of Care for PLHIVs in Belize.

A Continuum of Care recognized that people living HIV and their families have certain emotional, social, and physical needs among others. PLHIVs often face the effects of stigma, discrimination, poverty, loss, neglect and desertion. Thus, the purpose of the CoC is to address HIV as a chronic disease and develop systems that create the enabling environment for quality service and care to PLHIV and their families.

As such, the Continuum of Care is defined as follows:

1. A network that links, coordinates and consolidates care, treatment, and support for PLHIV. These services are provided in their homes, in the communities where they live, and in the health facilities that serve them. The network is usually supported by a local CoC Coordination Committee (Coc-CC) that is responsible for facilitating referral linkages and planning.

2. It is also the group of services themselves that together provide comprehensive support to PLHIV and their families. While these services are generally provided by a number of different organizations, the system that links and coordinates them is planned and managed by the Coc-CC whose members include government officials, service providers, non-governmental organizations (NGO) representatives, PLHIV and other stakeholders.

The strategies seeking to improve the quality of integrated and continuous HIV care will be piloted in an area with plans to expand to other districts. The efficacy of these coordination HIV care strategies will also rely on the ability of the HIV response to continuously diagnose its situation and respond with the appropriate interventions in addressing the gaps in service delivery.

Contributing to this positive transformation of health care service culture are the BFLA-lead initiative in training of HIV care for health care providers, using a human rights approach as well as the Belize Red Cross's Home Care Prevention, Care, Treatment and Support. The CoC initiative also provides a great opportunity to create greater synergies between these initiatives toward maximum impact and progress toward Universal Access and the MDGs.

BFLA Facilitates Training of HIV Care Providers using Human Rights Based Approach

While efforts are underway via the Continuum of Care initiative to develop a strategic plan for integrated and continuous HIV care for PLHIV, BFLA has already been hard at work facilitating twice a month educational sessions aimed at community and public health care providers towards the reduction of stigma and discrimination (S&D). This effort acknowledges that reduced S&D especially in the various communities across Belize as much as in the public health sector, will have a very favorable impact on PLHIV community's access to needed health services toward improved health care service delivery and reception.

These educational sessions with the HIV service providers must employ a human rights approach whereby the providers appreciate that HIV care recipients have a right to comprehensive services that recognizes their right to diagnostic testing, adequate care and treatment and psychosocial support.

In recognition of this obstacle in the health care system, BFLA's Director of Clinical Services leading the intervention program comments, "Often times, health care

providers (referring to nurses, doctors, pharmacists, hospital personnel and other health care providers) do not see health care as a human right but merely as a service that is provided by Government. It is an-ah-ha moment for many."

"These educational and interactive sessions," continues Ms. Bulwer, "Provide an opportunity for them to see the link between care and rights as well as to recognize the important role of networking in facilitating the flow of useful information among service providers in addressing the needs especially of adults infected and affected by HIV."

These experiences underpin the importance of establishing an effective referral process within the health care system that examines a multitiered approach of processes at the primary, secondary and tertiary level of care of the patient. This need has been identified under the Continuum of Care (CoC) initiative and should be defined more clearly how it can be addresses more adequately in the further development of the CoC program.

Looking at the eight modules of HIV Prevention, Treatment, Care and Support Training Programme for community based volunteers, is another useful tool to increased knowledge on HIV care commented BFLA's Clinical Services Director.

The educational sessions targeting health care providers highlight the need to harmonize past training session with current developments in optimizing the benefits towards greater awareness and implementation of quality health care to PLHIV. This BFLA-lead initiative is co-sponsored by IPPF, UNFPA and Ministry of Health and will be conducted over a period of two years.

BRC Home Care, Prevention Care, Treatment and Support

In keeping with its Global Alliance mandate, "To Do More, Do better and Reach Further," the Belize Red Cross conducted a training exercise entitled, Training of Master Trainers Programme HIV prevention, Treatment, Care & Support Training Programme for Community Based Volunteers. As implied in the title of the training, the primary purpose of this initiative was to provide community based workers with the relevant knowledge, attitude, problem solving skills transfer capabilities required to assist and support community based HIV prevention, treatment, care and support to those infected or affected with HIV/AIDS.

More concretely, the objectives of the workshop are to:

1. Increase knowledge of participants surrounding HIV prevention, treatment, care and support.
2. Address attitudes of participants at the personal level and general community

- level surrounding HIV prevention, treatment, care and support interventions.
3. Equip participants with problem solving skills for addressing community specific issues related to community-based HIV management.
 4. Promote the transfer of skills from participants to clients and their family members regarding important information, skills and practical knowledge required for community-based HIV management.

Subsequently, the expected outcomes of the activities of the training should be able to:

1. Educate clients on HIV prevention, treatment, care and support and services available in the community (knowledge).
2. Address personal and community attitudes towards HIV prevention, treatment, care and support through self-reflection and contextualization (Attitudes).
3. Facilitate problem solving at community and individual levels on issues related to HIV in their own lives and the lives of clients/families (Problem-Solving).
4. Impart information and practical skills to clients and families required for community based HIV management (Skills Transfer).

The training is based on eight thoroughly developed modules that include:

Module 1: Basic Facts on HIV and AIDS

Setting the groundwork for understanding ART by exploring the basic facts about HIV and AIDS.

Module 2: Treatment Literacy

Provides an overview of important terms and concepts required to accurately discuss ART with clients and families.

Module 3: Treatment Preparedness

Explores topics necessary to provide CBVs with the knowledge and skills to assist clients and the general community to prepare for comprehensive ART intervention.

Module 4: Adherence

Gives information required to provide CBVs with the knowledge and skills to assist clients to initiate and maintain adherence to ART.

Module 5: Community-based Counseling

Explores topics and provides skills required by CBVs to provide community-based counseling to clients, families, and children on issues regarding HIV, AIDS and ART.

Module 6: Nutrition

Aims to provide CBVs with skills and knowledge regarding how to assist clients and their families to live positively and maintain good nutrition.

Module 7: Palliative Care: Symptom management and end-of-life Care

Provides CBVs with the knowledge and skills to improve the physical quality of life for clients and provide end-of-life care.

Module 8: Caring for Care Givers

Provides CBVs with the knowledge and skills to care for themselves and other caregivers.

Especially in light of resource-scarce communities, volunteers, caregivers, families of people living with HIV and AIDS and PLHIVs themselves are pivotal for the successful management of HIV at the community level through prevention, treatment, care and support efforts. Recognizing this, the training requires participants with little to no medical backgrounds to become effective agents in assisting with the HIV needs and to conduct educational sessions in their respective communities.

The workshop will be duplicated in the future under BRC's HIV Program through regional financial assistance from the Red Cross Regional Representative office. In assessing the responses of the workshop, Project Coordinator, Tashera Swift says, "We have already been receiving positive feedback from the workshop conducted. Volunteers trained in San Ignacio area have been conducting informative sessions with members of their branch and other partners. They have also expressed an interest in the duplication of this training for others to benefit and as soon as the necessary funds are mobilized, we will continue to do so."



Participants gathered at Banana Bank Lodge in Cayo for PCTS Training

Stigmatization of Patients with HIV/AIDS among Doctors and Nurses in Belize

By Dr. Aisha Andrewin and Li-Yin Chien, M.P.H., Sc.D.

Although written in 2007, the study by Dr. Aisha Andrewin and co-author Li-Yin Chien, M.P.H., Sc.D., *on Stigmatization of Patients with HIV/AIDS Among Doctors and Nurses in Belize*, provides interesting baselines to help us set targets for continued reduction of stigma and discrimination in the future.

The below manuscript helps to contextualize stigma of PLHIVs in Belize and hence underpins the importance of the three previous articles aimed at reducing S&D and improving health care service delivery.

Abstract

This study, conducted from August to September 2007, utilized a population-based survey to investigate stigmatizing attitudes and acts of discrimination against HIV/AIDS patients among doctors and nurses working in public hospitals in Belize. ([To continue reading, please click here](#)).

PASMO/Belize Empowering Youths To Take Responsibility for Sexual Health! contributed by Lara Smith

Since 2007, with support from the Summit Foundation, Population Services International (PSI) the Pan American Social Marketing Organization (PASMO) has been improving the overall reproductive health of young people living in Central America and Mexico through Phase I, II and III of the adolescent reproductive health (ARH) program. To continue these efforts and build upon lessons learned during the first three phases of the ARH program, PSI/PASMO was awarded a 12 month project to implement Phase IV of the program in Belize. Through this program, PSI/PASMO continued to work to improve the reproductive and sexual health of adolescents and youth in Belize addressing the key behavioral determinants needed for youth to adopt safer sexual behaviors. Using a combination of targeted interpersonal communication (IPC), referrals to youth-friendly services and products, and social mobilization, PSI/PASMO reached over 6,000 youth through over 1,200 activities with the information, encouragement and referrals to services they need to live healthier lives.

In Belize, young people who are economically or socially disadvantaged are often neglected by national prevention efforts and face the additional barriers of cost, stigma and fear of going to a clinic. PASMO/Belize reached out to these "youth on the block" with highly personalized messages and, where necessary, health services referrals to Belize Family Life Association as well as other public and private providers. PSI/PASMO through periodic mystery client and exit surveys, PASMO/Belize worked with BFLA to ensure that the reproductive health services to which youth are being referred are youth friendly. Results informed training of personnel and the expansion of youth friendly services at BFLA including

supporting the BFLA Youth Advocacy Movement (YAM) and Youth Centers across the country.

Because of the success of the programme, PASMO/Belize has received an additional one year grant from the SUMMIT foundation to continue implementation of the adolescent sexual health programme until March 2012. Over the next year, PASMO/Belize will also begin to reach out to teachers and management of institutions where there are a high number of at risk youth, such as prisons, vocational centers, and rehabilitation centers. PASMO/Belize will work with these individuals to communicate the importance of safe sexual behavior among youth and acquire their buy-in for increased activities with youth within their institutions. With funds from Summit as well as complementary funding from USAID, PASMO/Belize will develop a Got it? Get it segment with relevant ARH content for a popular radio or television show. Got it? Get it, developed by PSI/Caribbean 4 years ago, is a powerful, youth oriented, Caribbean-flavored branded campaign that has the ultimate goal of empowering Caribbean youth to take responsibility for their sexual health. The campaign also has a popular, interactive website that PASMO/Belize will promote throughout Phase V. Having recently moved to a larger, centrally located office, PASMO/Belize will develop a portion of its office as a safe meeting space where youth can come to access relevant information and hold healthy extracurricular activities and where educators from PASMO/Belize and partner organizations can exchange ideas and offer support to one another.

Quetzal's Alleged Humiliation at Piarco Int'l Airport Highlights need for Investigation and Action

Ironically, on a trip to attend the Global Commission on HIV and Law, Ms. Mia Quetzal a Belizean transsexual from Guinea Grass in Orange Walk District and the Regional Coordinator of the Caribbean Regional Trans in Action, reports an alleged mistreatment on April 11, 2011. The incident took place at the Piarco International Airport in Port of Spain (Trinidad) and stresses the need to better address elements of restrictive legal environments in the Caribbean. Such incidents foster stigma and discrimination highlighting the need to prompt sensitivity programs among uniformed services. Mia Quetzal claims upon checking into immigration, the officer read her passport. Upon noticing "M" for male, the officer asked, "Why does your passport say you are male?" After Quetzal answered that she was male, she was allegedly instructed to stand in one corner for an hour and a half. The report further claims that the officer then informed a female immigration officer and they both kept staring and laughing at Quetzal.

Trinidad Express reported by Joel Julien on April 14, 2011 that Colin Robinson, the spokesman for the Coalition Advocacy for the inclusion of Sexual Orientation of Trinidad and Tobago, described the incident as, "It's an embarrassment to the country. Clearly unprofessional, no need to shame and embarrass people for who they are." Colin added, "My hope is that it will spur the Ministry of National Security to improve sensitivity to other Caricom nationals. Our hope is it is an opportunity for

education for sexual and gender diversity and that the immigration officials appropriate training to deal with the same."

The Hon. Micheal Kirby, in his Caribbean Dialogue Speech in April, at the UNDP Law Commission, stated, "The disrespect allegedly shown to her should be drawn to notice by UNDP so that it can be investigated and rectified by this country."

As UNIBAM's Executive President reminds us, the Mia Quetzal experience highlights the importance of investigating gender based discrimination and the need to continuously engage uniform populations in gender sensitive programs as well as continue to strengthen national and multilateral ties in the region that recognizes and respects human dignity.



Mia Quetzal

A Pertinent Reflection from the Caribbean Regional Dialogue (Delivered by the Hon. Micheal Kirby)

Despite the great strides in our rapidly evolving technological world, the law may not as quickly reflect advances made in our social sciences. The Hon. Micheal Kirby AC CMG, of the Global Commission on HIV and The Law, eloquently provides an intriguing connection between HIV and the Law and offers solid strategies in the proposed Caribbean Action Plan. This resonating speech is in culmination of the Caribbean Regional Dialogue on HIV and The Law on 12-13

April 2011, and is made available below for our enlightened reflection on the Caribbean AIDS Response below:

A CRITICAL MOMENT

The Economist of 2 April 2011 reminds us that the week of this regional dialogue in the Caribbean coincides exactly with the sesqui-centenary of the beginning of the Civil War in the United States of America: ([Please click here for further read](#))

JOINT MEDIA RELEASE

Partnership for Assistance in Belize strengthened through a Memorandum of Understanding of the Peace Corps Belize and the United Nations Development Programme

May 6, 2011, Belize) - The partnership of cooperation for assistance to Belize was today fortified through the signing of a Memorandum of Understanding (MOU) between the [Peace Corps](#) Belize and the [United Nations Development Programme](#) (UNDP). Peace Corps Country Director Nina Hernandez and Francisco Roquette, UNDP Assistant Resident Representative, held a cordial meeting and signed the MOU on Friday May 6th in Belmopan. The commitment was consolidated for the first Peace Corps Response Volunteer to contribute to the implementation of the HIV/AIDS Programme of the UNDP Country Office, starting in June 2011.

The Peace Corps Response Volunteer will support with inputs to the monitoring and evaluation of the Global Fund Round 9 Grant Project "Accelerating the Pace: Reaching Marginalized and Vulnerable Populations with Critical Services", of which the UNDP is principal recipient. The overall goal of the project is to "Halt the spread of HIV with a special emphasis on young people 15-24" in Belize. It proposes to address key gaps in the national response to HIV/AIDS, and focus specifically on the most at-risk groups in the two most affected districts, Belize and Stann Creek. This project is structured with both an HIV and a Health Systems Strengthening (HSS) component.

The Response Volunteer is initially supporting the HIV/AIDS Programme for a period of six months, but both organizations have expressed commitment and hope for a long and cooperative partnership, in any areas of mutual interest as regards the continued development of Belize.

This agreement is of particular significance, since the Peace Corps is commemorating 50 years of promoting peace and friendship around the world in 2011. The Peace Corps traces its roots and mission to 1961, when then Senator John F. Kennedy challenged students at the University of Michigan to serve their country in the cause of peace by living and working in developing countries. From that inspiration grew an agency of the United States Government devoted to world

peace and friendship. Since that time, more than 200,000 Peace Corps Volunteers have served in 139 host countries to work on issues ranging from AIDS education to Youth Development and Small Business Development.

UNDP is the United Nation's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. It works in close collaboration with the Government, and other national and international development stakeholders. UNDP commenced its work in 1982 in Belize; it supports the government and communities to advance their own solutions to the challenges of development and to progress towards the Belize Millennium Development Goals.

- Ends -



Dear Partners,

I sincerely hope that you enjoyed this edition of One Response E-bulletin and we continue to look forward to your editorial material for inclusion of our subsequent issues of this e-bulletin. Join me in welcoming our many new partners who are now receiving our electronic bulletins. Finally, please remember to keep submitting your information for the National Calendar of Events which will be available shortly.

With best regards,

Sincerely,

Elio Cabanas
NAC Secretariat Communications Officer
National AIDS Commission