

The SECRETARIAT e-newsletter

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

JUL -SEPT 2016

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After applying for and receiving NGO status and incorporation, in 2011 Tikkun Olam Belize became a legally registered and incorporated organization who primarily worked in Orange Walk with migrant women sex workers from neighbouring countries. They also are an anti-trafficking organization which means that they do referrals and work closely with the relative entities and departments to be able to promote information about anti trafficking measures that are happening or where victims can go for help.

Tikkun Olam Belize is a non-governmental organization that advocates for sex workers, their freedom to engage in that choice of revenue earner and their human rights. Elisa Castellanos heads the organization and says that the organization was started in 2006 in Orange Walk because she and her colleagues felt that sex workers needed more information in order to change their behaviours from not using to using condoms. Acknowledging that is not an overnight process and sometimes the factors that affect somebody's ability to use condoms may vary from self-esteem, access to condoms when they go to the clinic, to discrimination. Elisa says it wasn't easy for a sex worker to walk into the clinic and get tested in Orange Walk so they came together with a group of sex workers and decided that they needed to organize ourselves and start moving towards a solution.

Tikkun Olam Belize has recently received funding from a regional network in Latin America and the Caribbean called RedTraSex and which has made it possible for them to establish an office in the Belize City with a small staff of four people. With the RedTraSex funding which is directed through The Global Fund and as a part of a regional project being implemented in Latin America and the Caribbean, they have been able to work not only in Orange Walk but in other communities and with other women including: Mayan sex workers, Garifuna sex workers and now in the city where they reach women who engage in sex work.

One main objective for Tikkun Olam Belize is educating women, going out into the community and speaking with women who engage in sex work whether it be at a nightclub, in a bar or at home. They want to reach out to women, educate them, increase their legal literacy and eventually look at legislative change and how Tikkun Olam Belize as a community based organization can affect those changes for the greater benefit of all. If there is law that needs to be drafted to affect the change needed Tikkun Olam Belize would like to be part of that process because one cannot draft legislation that will affect a certain population without the input, insight, experience and consideration for that population and in this case it's female sex workers.

(REDTRASEX is made up of organizations of female sex workers and / or former sex workers out of fifteen countries including Belize, Chile, Colombia, Peru, Mexico, Honduras and Nicaragua)

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Total outreach interventions for the month of July 2016 including satellite tables, bar visits, sensitization, referrals, group sessions, and interventions for the month of July are as follow:

33 Belizean Sex Workers, 24 Migrant Sex Workers, 14 General public, 14 Potential Clients, 2 Bar Owners, 11 Gatekeepers, 5 Police Officers

Congrats to Tikkum Olam Belize and we wish them all the best in their future activities.



BFLA Receives Donation of a Mobile Trailer

On Thursday September 8th 2016, The Belize Family Life Association received the keys to a trailer home that was donated to the organization by Mr. and Mrs. Dave Smith. The 20 foot camper will be used for mobile outreaches particularly for Pap Smears and other services in rural areas and for outreaches where a private room is unavailable. A handing over ceremony was held at the BFLA Headquarters in Belize City, where staff and other guests were invited to take a tour of the trailer. The Belize Family life Association is very appreciative and would once again like to express sincere gratitude to the Smith Family for their outstanding donation.



Hand-In-Hand Ministries: Progress on the Fowler Community Center



Constructing a building of this magnitude always comes with issues!! Whether it be time frame, financial, weather etc. The FCC is no different, and God has been good to us through the many people that cross our path and give us their support. In spite of the many challenges we face, we continue to make head way. We are now at the stage of pouring the second floor and hopefully with continued support we will be able to at least get the first floor ready to relocate our Preschool, Daycare and Outreach facility for the beginning of 2017. Keep us in mind and help us if you can! We are looking for volunteers during the work week and anyone that is able to assist us financially to complete the building. Our Children need us, and we need your support! Praying God's Blessings be upon you all always!



HIV: Newly discovered component could lead to more effective drugs

Written by Hannah Nichols

Published: Sunday 14 August 2016

Scientists from the Medical Research Council Laboratory of Molecular Biology in Cambridge and University College London - both in the United Kingdom - have uncovered key components of HIV, which they believe could lead to new approaches for drugs to fight the infection



HIV weakens a person's immune system by destroying important cells that fight disease and infection. Only certain body fluids - blood, semen, rectal fluids, vaginal fluids, and breast milk - from a person who has HIV can transmit HIV.

According to the Centers for Disease Control and Prevention (CDC), an estimated 1.2 million people are living with HIV in the United States. Although there is no cure for HIV infection, improved treatments allow people living with HIV to slow the virus' progression and stay relatively healthy for several years.

HIV is a part of a subtype of viruses called retroviruses, which means that the virus is composed of RNA - instead of normal DNA - and has the unique property of transcribing RNA into DNA after entering a cell.

This retroviral DNA can then integrate into the DNA of the host cell and remain undetected by the immune system. The infected cell can produce virus cells with different RNA genomes, which restarts the infection cycle. This unusual method of infection and replication has made it difficult to develop a vaccine for HIV.

Previously, it was unknown exactly how the virus gets the genetic building blocks it needs to synthesize the DNA to infect the host cell. However, the research team has made new discoveries into this mechanism.

A protein shell known as the capsid surrounds the virus. The researchers found that the capsid contains iris-like pores that open and close like an eye.

The pores can open and close very quickly, enabling them to "suck in" the genetic building blocks called nucleotides that the virus needs to build the DNA to infect the cell, while keeping out any unwanted molecules. This helps to explain why HIV is so successful at evading the immune system.

The discovery, published in the journal *Nature*, was made by examining the atomic structure of the capsid and creating mutant HIV viruses, which allowed the team to see the behavior of the pores.

Dr. Leo James, of the Medical Research Council (MRC) Laboratory of Molecular Biology, says: "We used to think that the capsid came apart as soon as the virus entered a cell but now realize that the capsid protects the virus from our innate immune system. The channels we've discovered explain how the fuel for replication gets into the capsid to allow the viral genome to be made."

To prevent the virus from copying itself and infecting more cells, the scientists developed an inhibitor molecule - hexacarboxybenzene - that can block the capsid pores. The molecule successfully blocks the pores, ensuring that the virus can no longer replicate itself, rendering it non-infectious.

The hexacarboxybenzene molecule is unable to enter human cells, and, therefore, cannot help with any cells that have already been infected with HIV.

However, the researchers indicate the findings could lead to both future drugs that can enter human cells and block the pores from within and greater effectiveness of existing treatments, by altering them to penetrate pores.

Additionally, this new prototype molecule could assist in the development of drugs to treat other retroviruses.

"We have already designed a prototype inhibitor that directly targets the channel. We predict that this feature may be common to other viruses and will be an attractive target for new antiviral drugs, including new treatments for HIV and related viruses."

Dr. David Jacques, MRC Laboratory of Molecular Biology

"This collaborative work between Leo James's laboratory at the MRC Laboratory of Molecular Biology, Cambridge, and Greg Towers at University College London really illustrates the value of taking an interdisciplinary approach to discovery research," says Dr. Tim Cullingford, programme manager for chemical biology at the MRC.

"The combination of atomic-level structural work with virology has enabled them to make a finding that will shape the direction of future work in this area," he concludes.

HIV PUZZLE: WHAT ARE THE FIRST 3 WORDS YOU SEE?





National AIDS Commission Welcomes Section 53 Judgment

The National AIDS Commission (NAC) welcomes the decision delivered by Chief Justice Kenneth Benjamin on August 1, 2016, in which he ordered that *Section 53 of the Criminal Code be amended to include a clause that states that the legislation “shall not apply to consensual sexual acts between adults.”* This constitutes a successful challenge to the constitutionality of the Criminal Code of 1981-Setion 53, which criminalized consensual sexual intercourse between men with punishment of up to ten years of imprisonment.

We recognize the extraordinary efforts, personal sacrifices, and perseverance of Mr. Caleb Orozco and UNIBAM, which culminated in the landmark decision to amend Section 53 of the Criminal Code. Chief Justice Benjamin agreed that Section 53 violated his right to dignity, privacy, and his rights to sexual expression. Mr. Orozco is a dedicated member of the NAC, and brings his vast expertise to the NAC’s Policy and Legislation Committee. We also acknowledge and congratulate Mr. Orozco’s dynamic legal team, who took the position that Mr. Orozco and members of the LGBT community were being deprived of their right to “equality before the law and equal protection of the law.” His legal team was lead by Senior Counsels Lisa Shoman of Belize and Westlin James of the UWI Rights Advocacy Project (U-RAP), and other Belizean and regional attorneys who have been involved this legal challenge since 2010.



The Government of Belize (GOB) received a US\$3.4 million grant from the Global Fund to address HIV/AIDS/TB in Belize. Apart from this, GOB is contributing US\$1.8 million in addition to the projected

budget allocations. The investment reflects Government’s desire to achieve the UNAIDS 90/90/90 targets by 2020: *90 percent of persons with HIV will know their status; 90 percent of those diagnosed with HIV will be on treatment; 90 percent of those on treatment will have suppressed viral loads.* Module seven (Removing Legal Barriers), will support the creation of legal and policy frameworks in matters related to human rights of vulnerable groups. Amendment of Section 53 of the Criminal Code will play a significant role for the NAC. It provides additional support and opportunity to achieve national and international targets on HIV/AIDS/TB reduction. The Amendment will also foster the creation of an environment to reduce stigma and discrimination and increase equitable access to healthcare services for key populations and other vulnerable groups in Belize.

The NAC’s National Strategic Plan 2016-2020 highlights the need to narrow the intervention’s focus to Men Who Have Sex with Men. While the overall HIV prevalence in adults has dropped from 2.1% to 1.4%, the population of men who have sex with men is now the group that records by far the highest HIV prevalence rate (13.9%). In 2015, 239 new infections were reported; an increase from 226 in 2014 which highlights the need for urgent tailored interventions in particular for key affected populations and other vulnerable groups and individuals. Criminalization and stigmatization create barriers and restrict access to healthcare services necessary to reduce HIV transmission and treat HIV infections.

“It will be impossible to end the epidemic without bringing HIV treatment to all who need it utilizing a human rights based approach.”

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Putting condoms on the Fast-Track as an efficient and cost-effective HIV prevention method

The UNAIDS *Prevention gap report* shows that HIV prevention efforts must be reinvigorated if the world is to stay on the Fast-Track to ending the AIDS epidemic by 2030. To achieve the global Fast-Track Target of reducing the number of new HIV infections to fewer than 500 000 by 2020, more political commitment and increased investment in HIV prevention, including condom promotion, are needed.

In 2015, an estimated 1.9 million [1.7 million–2.2 million] adults aged 15 years and over were newly infected with HIV—the vast majority through sexual transmission—and an estimated 500 million people acquired chlamydia, gonorrhoea, syphilis or trichomoniasis. Every year, more than 200 million women have unmet needs for contraception, leading to approximately 80 million unintended pregnancies. Condoms effectively prevent all of these.

Male and female condoms are highly effective and the most widely available prevention tool, even in resource-poor settings, for people at risk of HIV infection, other sexually transmitted infections and unintended pregnancies. Condoms are inexpensive, cost-effective and easy to store and transport, their use does not require assistance of medical or health-care personnel and they can be utilized by anyone who is sexually active. A recent global modelling analysis estimated that condoms have averted up to 45 million new HIV infections since the onset of the HIV epidemic. For many young people worldwide, condoms remain the only realistic option to protect themselves.



The promotion of consistent use of condoms is a critical component of HIV combination prevention. Condom utilization complements all other HIV prevention methods, including a reduction in the number of sexual partners, voluntary medical male circumcision, pre-exposure prophylaxis (PrEP) and treatment as prevention for serodiscordant couples.

Despite increased use of condoms over the past two decades, studies show that reported use of condoms during a person's most recent sexual encounter with a non-regular partner ranged from 80% in some countries to less than 30% in others. There is an urgent need for countries to strengthen demand for and supply of condoms and water-based lubricant. Countries agreed in the 2016 Political Declaration on Ending AIDS to increase the annual availability of condoms in low- and middle-income countries to 20 billion by 2020.

Many countries have not yet set ambitious condom distribution and use targets and condoms are suboptimally programmed, with gaps in demand creation and supply. Few condom programmes adequately address the barriers that hinder access and the use of condoms by young people, in particular adolescent girls and young women, gay men and other men who have sex with men and sex workers. In many countries, condoms are

not easily available to young people in schools or anywhere outside health facilities. In some contexts, sex workers have unprotected sex with their clients, as carrying condoms is criminalized and used as evidence by the police to harass or prove involvement in sex work. Some programmes only provide a handful of condoms to each sex worker at each visit, but sex workers may have many more clients than condoms supplied. There is also insufficient access to lubricants—less than 25% of men who have sex with men in 165 countries have easy access to free lubricant, and many sex workers, too, desire but lack access to lubricants. Most countries do not plan for the provision of lubricants in their national strategic plans and condom programmes.

International funding for condom procurement in sub-Saharan Africa has stagnated in recent years, and domestic funding has not sufficiently increased. Funding for condom distribution and promotion has even declined. In 2015, there was an estimated gap of more than 3 billion condoms in sub-Saharan Africa against a total need of 6 billion.

To be successful, comprehensive condom programming must address components such as leadership and coordination, supply and commodity security, demand, access and promotion of utilization, and technical and logistic support. It is critical for governments to create an enabling environment among policy-makers and service providers so that users will be made aware of their risks, feel free to demand and access male and female condoms and have the knowledge to use them correctly and consistently. Young people and key populations are strong allies in the promotion of access to condoms. At the last International AIDS Conference in Durban, South Africa, for example, South African youth demonstrated for access to condoms and other sexual and reproductive health services and commodities such as sanitary pads.

Effective condom promotion should be tailored for people at increased risk of HIV and other sexually transmitted infections and/or unintended pregnancy, including young people, sex workers and their clients, injecting drug users and gay men and other men who have sex with men. Many young women and girls, especially those in long-term relationships and sex workers, do not have the power to negotiate the use of condoms, as men are often resistant to their use. Condoms should also be made available in prisons and other closed settings and in humanitarian crisis situations.

There also needs to be a greater leverage of social networks, social media and new technologies to promote condom use and improved focusing. The UNFPA's CONDOMIZE! Campaign to destigmatize and promote condom use is being rolled out in nine countries, led by national governments, with two more national rollouts planned for 2016. The campaign actively involves young people as ambassadors, bloggers and peer educators. In the United States of America, condoms are increasingly promoted and freely distributed in schools in order to address health matters such as unintended teenage pregnancies, sexually transmitted infections and HIV. Cities such as New York and Washington, DC, have established targeted free condom distribution to reach key populations and people at higher risk. In France, condom distribution machines have been placed in schools and the South African Department of Education is in the process of revising its policies in order to allow condom promotion and distribution in schools.

In Zimbabwe, the government has supported large-scale condom distribution through social marketing and free distribution channels. In 2014, 104 million male condoms were distributed in Zimbabwe, one of the highest numbers in the world. Increases in condom use are credited as being one of the reasons that new HIV infections were halved for adults from 2009 to 2015. The South African government has funded a nationwide female condom distribution programme with over 300 distribution sites. In Brazil, public health officials have developed one of the largest condom distribution and promotion campaigns in the world. Despite some objections, the Brazilian government has remained steadfast in its commitment to sharing medically accurate information regarding the benefits of condom use.

Putting condoms on the Fast-Track and achieving 90% condom use by people at risk who are having sex with a non-regular partner would avert an additional 3.4 million new HIV infections by 2020 and would also have a significant impact on preventing other sexually transmitted infections and unintended pregnancies.

Launch of BelizeInfo: A National Policy Monitoring Tool

The Ministry of Human Development, Social Transformation and Poverty Alleviation (MHDSTPA) hosted a media breakfast on Tuesday, 27th of September, 2016 at 7:15am at Our Lady of Guadalupe Mercy Centre in Belize City to launch BelizeInfo, a national policy monitoring tool.

MHDSTPA has invested heavily in Information, Communication and Technology (ICT) for Social Protection over recent years, especially through the Community Action for Public Safety Project (CAPS). This includes designing and implementing an online case management tool, FAMCare, which is being used for the Ministry's core responsibilities such as child protection and juvenile justice, as well as broader



GOB aims such as a Belize Active Labour Market Information System (BALMIS)1. In addition, through CAPS and with ongoing support from the InfoSegura project2, has developed BelizeInfo – a national policy monitoring tool to strengthen monitoring and evaluation in the country at all levels – project, sector, thematic, national strategic plans (e.g. Growth and Sustainable Development Strategy), and against international commitments such as the Sustainable Development Goals (SDGs).

BelizeInfo is a two-tier management information system that disseminates data in a structured manner, enabling users to easily analyse and visualise data, and export this in many formats. The two-tier approach allows Policy and Planning Units in Government to access data through a secure website (called Inter-Agency Public Safety Management Information System - IPSMIS) and allows the general public to access through a second website, called BelizeInfo.

BelizeInfo currently has over 65,000 data values across a range of sectors and themes, and is a publicly available resource, so that academia, NGOs, the media and the general public will all have access to the same data and plans, so they can use the website to inform, analyse and educate - and ultimately monitor Belize's development against the country's plans and targets.

A SNAPSHOT OF THE GLOBAL FUND HIV / TB GRANT 2016-2018

Investing for Impact against TB & HIV in Belize A Global Fund 2016-18 Grant

Project Goals & Objectives

G1: To halt the spread of HIV and HIV-TB co-infections among MSM and other males at risk (sexually active men ages 19-49 years) with a focus on Belize, Stann Creek and Cayo districts.

Obj. 1: To double the rate of MSMs, other males at risk and other vulnerable populations who are tested for HIV and know their status by the end of 2018.

G2: To effectively detect and cure all forms of TB, MDR-TB, and TB-HIV co-infections.

Obj. 2: To increase to 85% the rate of TB patients tested, diagnosed and treated.



PROJECT BUDGET (USD)= 3,451,271.03

YEAR 1 (2016)	YEAR 2 (2017)	YEAR 3 (2018)
1,501,736.71	1,018,504.15	931,030.03

Project Indicators

1. Percentage of MSM that have received an HIV test during the reporting period and know their results

2. Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results

3. Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV

4. Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses

5. Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (and/or treatment completed) among all new TB cases registered for treatment during a specified period.

6. Percentage of bacteriologically confirmed TB cases successfully treated (and/or treatment completed) among the bacteriologically confirmed TB cases registered during a specified period.

7. Percentage of TB-patients who were screened for TB in care or other treatment settings.

8. MDR-TB-1: Percentage of previously treated TB patients receiving 1ST (bacteriologically positive cases only).

9. MDR-TB-2: Number of bacteriologically confirmed, drug resistant TB cases (MDR-TB and/or PMO-TB) notified.

SRs and Budgets (YEAR 1)

SRs (Named in the Grant)	Budget (USD) (\$681,201,736.71)
MOH	\$755,987
BFLA	\$38,752
Hand in Hand	\$99,276
UNDP	\$525,726
TBD	\$66,750
OTHER	\$15,245.71



10 Project Modules & Interventions Investing for Impact against TB & HIV in Belize

Module 1:

Prevention programs for MSM and Trans
Budget (USD): Y1= 145,254; Y2= 182,276;
Y3= 189,790; Total= 517,320

Intervention 1:

Behaviour change as a part of programs for MSM and Trans
HIV testing & counseling as a part of programs for MSM & Trans
Condoms as a part of programs for MSM & Trans
Other interventions for MSM & Trans

Module 2:

Prevention programs for other vulnerable populations
Budget (USD): Y1= 0; Y2= 12,750
Y3= 12,750; Total= 25,515

Intervention 2:

Behaviour change as a part of programs for vulnerable populations.

Module 3:

Treatment, Care and Support
Budget (USD): Y1= 144,291;
Y2= 122,391; Y3= 187,391; Total= 574,073

Intervention 3:

Treatment adherence
Other interventions for treatment

Module 4:

TB Care and Prevention
Budget (USD): Y1= 585,999
Y2= 216,777; Y3= 217,873
Total= 1,020,649

Intervention 4:

Case detection and diagnosis
Treatment
Community TB care delivery
Engaging all care providers
Key affected population

Module 5:

TB/HIV
Budget (USD): Y1= 8,510; Y2= 2,900
Y3= 2,900; Total= 14,310

Intervention 5:

Engaging all care providers
TB/HIV collaborative interventions

Module 6:

MDR-TB
Budget (USD): Y1= 30,775; Y2= 10,475
Y3= 10,475; Total= 51,725

Intervention 6:

Case detection and diagnosis:
MDR-TB

Module 7:

Removing Legal Barriers to Access
Budget (USD): Y1= 160,590; Y2= 187,640
Y3= 95,896; Total= 444,126

Intervention 7:

Training on rights for officials, health workers and police
Community-based monitoring of legal rights
Policy advocacy on legal rights
Legal and Policy environment assessment and law reform
Other

Module 8:

HIS - Health Information Systems and MCE
Budget (USD): Y1= 285,422;
Y2= 50,218; Y3= 85,500;
Total= 421,140

Intervention 8:

Routine reporting
Analysis, review and transparency
Administrative and finance data sources
Surveys

Module 9:

HIS - Procurement Supply Chain Management
Budget (USD): Y1= 6,250; Y2= 0
Y3= 0; Total= 6,250

Intervention 9:

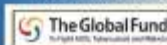
Operationalization of procurement and supply chain management system

Module 10:

Program Management
Budget (USD): Y1= 296,638;
Y2= 393,062; Y3= 290,639
Total= 980,339

Intervention 10:

Grant management
Policy, planning, coordination and management



COMING SOON.....



This year, in observation of World AIDS DAY 2016, the National AIDS Commission, in collaboration with Hand in Hand Ministries invite you to **“Unite for the Children”** an HIV/AIDS fundraising event that will feature musical entertainment by local popular steel bands and artist. The event which is to be held at the House of Culture in Belize City, is scheduled for **Friday November 25th, 2016 from 7:00 pm to midnight.**

Hand In Hand Ministries, a partner in the National AIDS Commission of Belize, is a religious international human services organization that provides services to underprivileged children, specifically those abandoned and disabled. Hand-In-Hand Ministries is one of the few Non-profit organizations in Belize directly addressing the needs of the HIV affected and infected Belizean children. It is estimated that Hand-In-Hand Ministries effectively cares for, and directly impacts approximately 89 HIV affected and infected children in Belize. In addition to providing basic needs (food, etc.) the program provides psychological care, and HIV medications to the infected children.

All proceeds from the event will go to Hand in Hand Ministries for the provision of critical services to HIV infected and affected children of Belize. With the public’s help we are hoping to successfully reach our target of **BZD \$30,000.00.** Tickets are on sale at the NAC Secretariat’s Office, our partners and Hand-In-Hand Ministries.

Please contact the National AIDS Commission at 223-7592 or 223-7594 to pledge your support or for additional information regarding the fundraising event.



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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