

2012

National TB, HIV/AIDS & other STIs Programmatic Report



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1. Introduction/Objectives

The National HIV/AIDS Programme became a sub-unit of the Epidemiology Unit in August of 2006, when an office was created to deal with these specific entities. Around the same time, the other sexually transmitted infections segment was gradually incorporated into the overall general management of that programme. Tuberculosis, another growing public health entity, was also incorporated into the programme in 2008. The programme is currently staffed with a National Director, a Monitoring and Evaluation officer and a National TB coordinator; all based in Belmopan at Ministry of Health (MOH) headquarters.

The overall responsibility of the programme is a technical advisory one on all issues relevant to TB, HIV & other STIs, as well as spearheading policy formulation in tandem with the Epidemiology Unit and the office of the Director of Health Services. The programme is also responsible for the development of the all norms, standards and management protocols for services (with the facilitation of training and promotions for staff development) that ought to be implemented at the regional and local levels of health care. At the regional level the programme doesn't have an implementing role; however, it performs overlapping functions.. Two key and upcoming responsibilities are the monitoring and evaluation of the response, and leading the national research agenda in areas relevant to these diseases. At the international level, the programme is a key implementing agency for multi and transnational projects being channeled through the multiple funding agencies in both the Caribbean and Central American Regions.

The National Programme had developed an operational plan 2009-2011 based on the template suggested by the Policy Analysis and Planning Unit and with the Health Agenda 2006-2011 and the NAC Strategic Plan 2006-2011 as the basic backdrops.. For the fiscal year 2011/2012 and calendar year 2011, four key outputs were established:

- i. The National TB, HIV/AIDS programme strengthened in its' planning and management capabilities
- ii. Health system strengthened to improve the universal access to prevention, treatment, care and support
- iii. Improved management in access and rational use of medications, diagnostic supplies, and other health commodities
- iv. Improved information and knowledge management

These key outputs were further broken down into more specific component activities to encompass:

- 1) Reorganization of the National HIV/AIDS Programme,
- 2) Capacity building in TB, HIV/AIDS and other STIs for ongoing care at all levels of the health system,
- 3) Advocacy
- 4) Surveillance.

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2. Activities & Achievements

The following major component activities were completed as per our operational plan:

- Belize assumed the Vice-Chair role of the Regional Coordinating Mechanism (RCM) of Central America from the period of March 2011-2012 with elections to be held later on in 2012.
 - A regional proposal for round 10 was submitted to the Global Fund through the Central American region as it pertains to mobile populations; we obtained a Category 3 score. This project proposal is currently awaiting further discussion at the regional level.
 - The RCM met for the first time in Belize (1st ordinary meeting for 2011) on Jan. 19th and 20th at the Radisson Fort George Hotel. The meeting had the representation of all the Central American Program Directors and included the DR Representative and the alternate for Mexico.
 - Belize negotiated and participated in the first meeting, and is now a full voting member of the Grupo de Cooperacion Tecnico-Horizontal (GCTH) which groups all National programmes of Latin America.
- Initial work was started for the preparation of a new TB proposal to the Global Fund based on the recommendations made by the Technical Review Panel of the previous proposal; this was not completed due to the changes in the Global Fund structure and reprogramming of further funding.
 - The National Guidelines for TB were completed and socialized countrywide. Elements of HIV as a co-infection were included, and these guidelines were updated based on the best current international evidence based medicine.
 - Sensitization sessions were held on Provider Initiated testing and Counseling with health care personnel at all different levels. These sessions had participation of personnel from the BDF and UB students.
 - As of February 2011 specific PPD testing along with targeted interventions are now being offered at the Belize Central Prison. This is an initiative being conducted through the prison's health centre, with full support from the TB programme, and is part of the integration and decentralization process.
 - Coordinated along with CHART - training to contribute to further development of the national HRH plans to develop HIV service delivery capacity
 - A 3 day working visit was conducted by CHART/I-TECH in order to look at the current PEPFAR workplan for Belize, and look at relevant areas for ongoing assistance and to re-draft activities that are no longer relevant for Belize

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- Updated the National HIV clinical management guidelines in line with International Approved guidelines.
 - The guidelines were completed in November and initial sensitization sessions have been held; this was done with technical support from the University of Washington and CHART. Technical assistance in the development of the guidelines was received from the PAHO HIV Caribbean regional office with financial support from Global Fund round 9.
 - The anti-retroviral treatment options are now being standardized to ensure that first line and second line treatment options mirror the international standards.
 - Total procurement of ARVs is now being done from the different pharmaceutical (FDA and WHO qualified) companies. TB drugs and commodities are also being partially procured from international agencies
- The forecasting exercise for procurement of ARVs was conducted twice with tools as developed by the Clinton Foundation HIV/AIDS Initiative (CHAI), this is now done entirely by the Programme after the withdrawal and decreased technical support from CHAI Caribbean. This has ensured no stock-out of ARV for the fourth year in a row.
- The BHIS HIV/AIDS module is continuously being rolled out to other sites in addition to the VCT sites and this allows for the preparation and generation of all reports with almost total reliance on the BHIS.
 - This includes the tracking and ordering of ARV medications across the country from all health care facilities
 - The tracking of test results and indirectly tracking of the use of supplies and reagents in the health response to HIV (this will eventually include the tracking of condoms)
 - Tuberculosis information is also now being put on the BHIS although this has not gone fully online.
- There is an ongoing incorporation of testing and partner notification at all levels of health care as part of the integration process.
- Advocacy for an adequate storage facility for CMS (part of this being done through the Global Fund Project round 9), and the procurement of equipment slated to happen in phase 1.
- Advocacy for the training of laboratory staff on QMS, QA/QC, GCLP, shipment, procurement, HIV rapid testing, and TB diagnosis
 - A workshop from February 28th - March 4th entitled "Digital PT EQA Program and Dried Tube Specimens Technology for EQA in HIV Serology Training for Laboratory Quality Assurance Coordinators" was held in Barbados with CML representation, and funding from PEPFAR Caribbean office.
 - Mrs. Doreen Herrera represented MOH at the recent Caribbean Cytometry & Analytical Society (CCAS) - CHART-CDC

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Annual Joint Meeting held in Montego Bay, Jamaica from August 21st - 26th; Mrs. Herrera presented on the current situation of HIV in Belize, and shared experiences with other Caribbean counterparts.

- The Global Fund Project round 9 started at the beginning of the calendar year; this proposal will also give support to other entities within the Ministry of Health, namely Central Medical Laboratory (CML), Central Medical Stores (CMS), and the development of the Belize Health Information System (BHIS) via the IT unit.
 - The procurement of two vehicles through the Global Fund Project was completed; the vehicles are currently being used in the conduction of the Behavioral Seroprevalence Survey.
 - Two new CD4 machines have been bought through the Global Fund project. They will be for the Northern and Western Regional hospitals so that by the first trimester of 2012, all regions should be performing their own CD4 testing. This is also part of the integration/decentralization process of HIV health related issues.
- Final logistics were arranged for the initiation of the Mesoamerican Project with Instituto Nacional de Enfermedades Respiratorias (INER) of Mexico; this study seeks to document primary drug resistance to ARVs in the region. The initial samples should be sent in early 2012.
- The Behavioral Seroprevalence Survey (BSS) for men who have sex with men (MSM) and female sex workers (FSWs) was carried out from 2010
 - A Qualitative Study as a first phase of the BSS was drafted and completed in December and this helped to further guide the process of modifying the BSS specific to Belize's context.
 - An exercise to calculate population size estimate for most-at-risk-populations (MARPs) was also started as part of the BSS.
 - The final approval for this study was received from both the ethics committee of both Universidad del Valle de Guatemala (UVG) and CDC Atlanta.
- World TB Day was observed on Thursday, March 24th under the global theme: "On the move against TB: Transforming the fight towards elimination". In Belize, key activities during this week spearheaded by the National TB programme included a National Sensitization Workshop on TB for nurses and doctors.
- The successful completion of the "Know your HIV status" campaign centered on World AIDS day under the theme "Getting to Zero" was carried out countrywide.
- A seven member delegation led by Hon. Minister Pablo Marin represented Belize at the High Level Meeting for HIV/AIDS held

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in New York from June 8th-10th. Key elements and commitments were revisited, ensuring Belize's continued commitment to HIV.

- The following training / staff development opportunities for Ministry of Health staff were held / negotiated through the National HIV/AIDS Programme:
 - Three representatives from the Ministry of Health attended the “Strengthening STI Diagnosis” workshop - sponsored by the CDC Central America/Global AIDS Program office.
 - Training of Trainers workshop on Stigma & Discrimination sponsored by CHART.
 - Data Analysis workshop was held as part of PANCAP's Global Fund current grant in an effort to strengthen sub-recipients' regional capacity in M & E; this workshop was sponsored in part by CHRC. A representative from the Epidemiology Unit attended.
 - Two-day workshop held in San Salvador with financial support of COMISCA under the title: "Taller Subregional Sobre Desarrollo De Competencias del Recursos Humanos, Integrando la Atención del VIH en Los Sistemas de Salud Basados en Atención Primaria”
 - A team represented the Ministry of Health at a 3 day workshop held in San Salvador with the support of COMISCA - "Standardization of Essential Elements of Sustainable HIV case based surveillance”.
 - Joint TB/HIV activities planning workshop sponsored by PAHO
 - Participation in the Caribbean HIV conference 2011 held in the Bahamas as part of an official Belize delegation.

- The following documents received key input from the Programme:
 - The Universal Access report was submitted on time; this was done almost entirely by the Programme
 - The "Employers Guide to HIV/AIDS" which was spearheaded by the Ministry of Labour
 - The Global TB report
 - The NASA report for HIV spending
 - The documentation of HIV in the prison setting as a best practice in the region; spearheaded by PANCAP
 - The Regional Condom Model Policy as applicable to Belize.
 - The Latin American and Caribbean Consultation processes on Universal Access and in preparation for the UN HIV summit held in June
 - Technical support to the development of the Sexual and Reproductive Health Plans and Policy Review
 - Technical support to the Non-Communicable Disease processes and work-plan
 - Reviewed and worked in tandem with UB for their submission of research proposal to estimate prevalence of HIV in drug users

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- A new HIV prevalence estimate exercise and new methodologies for calculating modes of transmission was completed. Training was received with the new Spectrum and EPP workbooks and these were submitted to the UNAIDS regional office.
- Training of the M&E officer in both basic and advanced M&E skills.
 - M&E officer completed the Intermediate level of the Field Epidemiology Training Programme (FETP) through a partial scholarship from the CDC Central American office and with support from the programme.
 - M&E officer received training on Impact Evaluation through technical cooperation by the Mexican Government and a follow-up workshop through sponsorship from Caribbean Health and Research Council.
 - Full participation for the MESS workshop under the auspices of Global Fund.
- Reviewed and adapted elements of the HIV case based surveillance plan for Belize
- Completion and submission of the fiscal year budget for 2012-2013 cognizant of the new and upcoming budgetary constraints
- A signatory agreement with PEPFAR for the PFIP 2010-2014 for continuing implementation now into year 2 of that implementation plan was signed for Belize
- A MOU was signed with Trinity Global Foundation, a Canadian based NGO for the ongoing donation of ARVs for use by the National Programme.
- Introduction of a social network page for World AIDS Day.



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3. Financial Analysis

The government assigned and approved \$1,488,745.00, under cost centre 19178, to the National Programme for fiscal year 2011-2012; an actual increase of 27.8% over last year's budget. This is something that we consider positive given the budgetary cuts made across many departments and ministries.

This budget is further separated into 5 line items. The breakdown as to monies spent up until February 20th is outlined in the table below:

Item & description	Approved budget	Encumbrance	Expenditure
Personal emoluments	\$260,245.00	0	\$181,506.00
Travel & subsistence	\$26,600.00	\$690.00	\$15,750.00
Materials & supplies	\$740,500.00	\$14,312.00	\$455,721.00
Operating costs	\$426,000.00	\$2,204.00	\$230,303.00
Maintenance costs	\$35,400.00	\$2,962.00	\$24,042.00
TOTAL	\$1,488,745.00	\$20,167.00	\$907,322.00

The current expenditure today is thus 60.9% with a pending disbursement for the second procurement of anti retroviral drugs (line item “Materials & supplies”) slated for later this month; this would bring the total HIV execution of funds to almost a 100% by the end of this fiscal year.

The Global Fund for round 9 got underway this calendar year and becomes one of the biggest financial contributors to the National programme in certain line items.

In 2011, we also received donated medications that amounted to a total of \$249,736.00 from different sources.



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4. Challenges

The major challenge for the programme has been its' human resource component. Two key players in the TB component of the programme left in 2011. One was the head nurse in charge of the Chest Clinic, who was the recipient of a scholarship to further his studies in Taiwan. The other the National TB programme coordinator, who was also granted a one year study leave. Both of these unexpectedly vacated positions left us with major setbacks to deal with in the TB component of the programme.

The matters of roles and responsibilities within the wider response is, in our opinion, not that clear and at times still gives rise to ongoing concerns that can sway the focus from the overall objectives. We firmly believe however, that much work has been done in this regard, even though challenges still remain to be overcome. This issue of roles and responsibilities is also evident within the Ministry of Health's structure. It gives the impression that the different management teams still prefer to manage the HIV component as a separate entity. The programme's main role has been highlighted before but due to levels of resistance that we find within each region, we have had at times to become an implementing entity, along with the routine role of monitoring and evaluation that are key components to any activity. This lack of real ownership of the response at has been noted at all three levels of health care, and impacts all of the activities.

A challenge that has perhaps been evolving as of 2009 is the data verification process. The programme has been very active in the data input into the BHIS, but having this data in an electronic format, along with the growing list of users now gives us an added task of on site data verification. This was an initial challenge as staff was not ready for this change. However, while progress has been made and we are now into our second full year of data gathering from the BHIS, we will have an added human resource task of analyzing the wealth of information now available via the BHIS. Additionally, while data is available, it's quality is also not the sole responsibility of the National Programme but rather of the management teams within the regions, and aimed for specific actions to be taken regionally.

The economic crisis had an impact on other members of the National response, thereby, generating an indirect impact on the programme, albeit not a direct impact since we had a small increase in our actual budget. Nevertheless, the certain level of folding and setbacks that other partners have had has caused the Ministry of Health on a whole have to provide a greater amount of services , utilizing same number of human resources.

Politically there are many opportunities for Belize to play a more assertive role within the regional Caribbean and Central American responses, via the numerous agencies that participate in the HIV field. However, the human resource constraints have prevented the programme from participating in key forums where decision making processes are being undertaken.

The operational work plan for the Ministry of Health ended in December 2011. No effort has been made for the preparation of a new document for the ensuing years, despite the fact that we have called for its initiation.

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Finally, we have competing priorities, including three major projects, each one practically requiring it's own human resources for carrying out specific tasks. The projects are the Mesoamerican Project; the Behavioral Seroprevalence Survey, and the Global Fund Project; all with key activities to provide vital information for our epidemic. We have managed , however, we have sacrificed activities within the HIV component and eventually these have also affected the implementation of TB and other sexually transmitted infections element of the programme.



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5. Recommendations

The programme is at a critical point and can represent a vital roadmap in regards to the lessons learnt as we have moved gradually in this process of decentralization and integration into the overarching health channels. With a clearer and more assertive re-definition of roles and responsibilities, the progress we have made could be looked as best practice in how to move through a real and true process of integration; a process that is very much needed in health especially in light of the many constricting priorities.

Further support is required in the successful completion of the three projects highlighted. Key data can be gathered from them and should they be successful, key intervention strategies will need to be revisited in order to address the ongoing and new issues with Belize's epidemic. These three projects represent cardinal events that will provide vital information about the epidemic and its different phases in Belize and will provide us with key information in reference to the most at risk populations. These results should guide any further and future planning and lead to future targeted prevention strategies and interventions. In a growing environment of competing priorities, it is evident that we need to have more targeted approaches and continue the shift in planning, policy development and economic investment based on results. Being able to analyze the data in its entirety will also allow us to look at the true impact of the interventions thus far implemented by the National Programme.

A gray area continues to be that of analyzing the current country data available through the BHIS so it will be imperative for adequate resources to be invested here as the data would lead to better results based management and the specific planning processes would, in essence, be more targeted. The process of monitoring data quality and completeness is ongoing as regional management teams have still not internalized that data and data quality is their responsibility.



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6. Conclusion

The National Programme continues to evolve with the epidemic and the growing dynamics of the many factors related to HIV. This becomes particularly more relevant with the competing priorities within the public health sector. The current studies being conducted with most at risk populations will provide key information that should allow for targeted intervention and will influence new programmatic and policy directions for HIV; particularly in an era of dwindling funds from international donors and increasing internal economic pressures.

HIV is considered a chronic disease and adequate programmatic and economic components needs to be properly addressed as more and more patients are being put on medication, such that HIV is now a competing health priority alongside diabetes, hypertension and obesity – all chronic, preventable diseases. With such a scenario, it becomes imperative to continue to highlight HIV as a priority area within public health, and growing evidence as we get to better know our epidemic, should chart the way forward from now onwards.

