



# ANALYSIS OF THE SITUATION & RESPONSE TO HIV/AIDS IN BELIZE 2011

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POLICY & LEGISLATIVE  
REVIEW

John Hembling, MPH

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## POLICY & LEGISLATIVE INVENTORY

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## ACRONYMS & ABBREVIATIONS

<b>AAA</b>	Alliance Against AIDS
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>BCC</b>	Behavior Change Communication
<b>BCCI</b>	Belize Chamber of Commerce and Industry
<b>BFLA</b>	Belize Family Life Association
<b>BHIS</b>	Belize Health Information System
<b>BRCS</b>	Belize Red Cross Society
<b>CAREC</b>	Caribbean Epidemiology Center
<b>CARISMA</b>	Caribbean Social Marketing Association
<b>CML</b>	Central Medical Laboratory
<b>CSW</b>	Commercial Sex Worker
<b>FSW</b>	Female Sex Worker
<b>GOB</b>	Government of Belize
<b>HFLE</b>	Healthy Family and Life Education
<b>HIV</b>	Human Immunodeficiency Virus
<b>HIVOS</b>	Humanistish Instituut voor Ontwikkelingssamenwerking
<b>IEC</b>	Information Education Communication
<b>KAP</b>	Knowledge, Attitudes, Practices
<b>MARP</b>	Most-At-Risk-Population
<b>MCH</b>	Maternal and Child Health
<b>MOE</b>	Ministry of Education and Youth
<b>MOH</b>	Ministry of Health
<b>MOL</b>	Ministry of Labour
<b>MSM</b>	Men who have Sex with Men
<b>NAC</b>	National AIDS Commission
<b>NASA</b>	National AIDS Spending Assessment
<b>NAWG</b>	National Advocacy Working Group
<b>NCPI</b>	National Composite Policy Index
<b>NGO</b>	Non-Governmental Organization
<b>NSP</b>	National Strategic Plan
<b>OI</b>	Opportunistic Infection
<b>OVC</b>	Orphans and Vulnerable Children
<b>PAHO</b>	Pan American Health Organization
<b>PANCAP</b>	Pan Caribbean Partnership against HIV and AIDS
<b>PASCA</b>	Programa para Fortalecer Repuesta Céntroamericana al SIDA
<b>PAMSO</b>	Pan American Social Marking Organization
<b>PCR</b>	Polymerase Chain Reaction
<b>PITC</b>	Provider Initiated Testing and Counseling
<b>PLWHA</b>	People Living with HIV/AIDS
<b>POWA</b>	Productive Organization for Women in Action

<b>SBS</b>	Sexual Behavior Survey
<b>SRH</b>	Sexual and Reproductive Health
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TWC</b>	Together We Can
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations Population Fund
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNIBAM</b>	United Belize Advocacy Movement
<b>UNICEF</b>	United Nations Child Education Fund
<b>USAID</b>	United States Agency for International Development
<b>UVG</b>	Universidad de Valle - Guatemala
<b>VCT</b>	Voluntary Testing and Counseling
<b>WIN-Belize</b>	Women's Issues Network Belize
<b>YES</b>	Youth Enhancement Services
<b>YFF</b>	Youth For the Future
<b>YWCA</b>	Young Women's Christian Association

## 1 INTRODUCTION

This document is a compilation of the laws and policies that make up the legal framework associated with Belize’s national response to HIV/AIDS. Its primary purpose is to serve as a source of legal and policy information for policy makers and HIV/AIDS program developers and implementers.

The document begins with a brief summary of a 2008/2009 legislative review initiated by the National AIDS Commission (NAC) to identify legislative gaps in the national response to HIV/AIDS. Following this discussion is a table listing key national laws and policies related to health and HIV/AIDS. Finally, the document includes laws and policies directly related to the HIV/AIDS in their totality. Of the laws not directly related to HIV/AIDS, the relevant sections and/or articles are included.

The primary sources of information for this policy inventory are:

- 1) National AIDS Commission Legislative Review and Proposal (2008) compiled by Diana Shaw
- 2) Belize Legal Information Network Online: [www.belize-law.org](http://www.belize-law.org)
- 3) National AIDS Commission Virtual Library: [www.nacbelize.org](http://www.nacbelize.org)

## 2 NATIONAL AIDS COMMISSION LEGISLATIVE REVIEW

The 2006 National HIV/AIDS Policy is the fundamental document framing Belize’s National HIV/AIDS Response. The Policy adopts a human rights and responsibilities perspective and aims to protect the fundamental rights enshrined in the Constitution of Belize, the Universal Declaration of Human Rights, and other international agreements. The policy directs the national response to “respect the fundamental rights and freedoms of all persons regardless of their HIV status”. It provides a basis for the development of a legal and ethical framework to guide the conduct of service providers, public institutions, the private sector, PLWHA, and the general public. While the National HIV Policy stipulates that the rights of all people shall be respected, it lacks a legal framework for enforcement.

Through the Global Fund Round 3 Project entitled “Strengthening of Belize’s Multi-Sectoral Response to HIV/AIDS, Belize’s National AIDS Commission initiated a full legislative review to identify gaps in the national response.<sup>1</sup> This project also developed draft legislation and amendments to address these gaps. The findings and recommendations were presented to key stakeholders who provided input and additional recommendations during a consultation workshop.

The legislative review suggests specific modifications to existing national laws, including the Public Health Act, Labour Act, Social Security Act, Immigration Act, and Criminal Code. Additionally, the review proposes new legislation, such as an Allied Health Care Bill and a Pharmacy Bill, that would require confidential treatment of medical records, prohibit the disclosure of one’s HIV status by Health Care Providers, and impose sanctions for breach of confidentiality.

### People Living With HIV/AIDS

The Legislative Review indicates that there does not exist specific legislative protections against discrimination on the basis of HIV status. In fact, the review asserts that Public Health Act’s current

<sup>1</sup> Shaw, D. (2008). *National AIDS Commission Legislative Review and Proposal*. National AIDS Commission. Belize.

treatment of HIV/AIDS as an infectious disease may actually reinforce stigma and discrimination. The report highlighted that the current laws do not adequately:

- Guarantee the fundamental right of PLWHA to work
- Secure PLWHA's right to medical treatment
- Protect PLWHA from stigma and discrimination
- Guarantee children infected or affected by HIV/AIDS from being denied a place in school because of their status

### **Most-at-Risk-Populations**

Belize's Criminal Code may reinforce stigma and discrimination against marginalized groups, including men who have sex with men and commercial sex workers, making them more vulnerable to HIV/AIDS.

The Code criminalizes:

- "unnatural crimes", which is used to criminalize acts of sodomy
- Procurement of a female to be used as a sex worker
- the operation of a brothel
- the willful transmission of HIV/AIDS

### **Ministry of Health and Health Care Professionals**

Regarding HIV testing, treatment, care and support of PLWHA, legislation governing the Ministry of Health and Health Care Professionals does not adequately:

- Impose an explicit positive duty on health care professionals to protect the confidentiality of medical records and information obtained on PLWHA during treatment, care and support
- Require medical laboratories and clinics handling blood, tissue, and organ samples to be registered
- Provide standardization of care at private medical laboratories or clinics handling blood, tissue, and organs
- Regulate hospices or nursing homes for the care of PLWHA

### **Ministry of Labour**

The Labor Act does not protect the rights of employees from discrimination related to perceived or real HIV status. Current legislation does not:

- Require employers to adopt and implement the National HIV/AIDS Workplace Policy
- Prohibit employers from requiring HIV screenings of employees
- Limit the employer's ability to terminate employment based on medical grounds

### **Immigration**

The Immigration Act currently requires HIV/AIDS testing as a part of the nationality/permanent residency application process.

### **Insurance**

Legislation is lacking that protects PLWHA from being denied coverage by insurance. Additionally the law does not provide adequate guidelines to determine how a change in HIV status will affect one's right to coverage or the extent of coverage.

### 3 SUMMARY OF HIV/AIDS-RELATED LAWS & POLICIES

TYPE	NAME	RELATIONSHIP TO HEALTH or HIV/AIDS
Constitution	Constitution of Belize	The Constitution of Belize is the nation's supreme law. It protects the individual's right to (1) life, liberty, security of the person, and the protection of the law; (2) freedom of conscience, expressions, and assembly; (3) protection of family life, personal privacy, and other property and protection of his human dignity; and (4) protection of property. It protects the individual from arbitrary or unlawful interference with his/her privacy, family home, or correspondence and to unlawful attacks on his/her honor and reputation. It also declares that the individual's private life shall be respected. The Constitution protects an individual from being denied the right to gain a living by work that he freely chooses or accepts.
Law	Belize National AIDS Commission Act No. 6 of 2004	This 2004 Act establishes the Belize National AIDS Commission and charges it with the duty of inter-sectoral coordination and facilitation of the implementation of a national AIDS strategic plan, development of AIDS policies and related legislation, advocacy, and development of mechanisms for monitoring and evaluation.
Law	Belize National AIDS Commission (Amendment) Act 2008	This 2008 Act amends the Belize National AIDS Commission Act (No. 6 of 2004) to re-define the composition of the Commission and to provide for the post of an Executive Director.
Law	Criminal Code Chapter 101	The criminal code creates the criminal offense of recklessly or willfully transmitting HIV/AIDS. Section 53 of the code criminalizes "unnatural crimes", which is used to criminalize acts of anal sex. The Code creates the crime of procuring a female to be used as a sex worker and criminalizes the operation of a brothel.
Law	Labour Act and Subsidiary Acts Chapter 297, 297S	The Labour Act sets the Ministry of Labour as the competent authority over a myriad of labor issues. The Act provides a framework for contracting, wages, benefits, maternity leave, child labor, among others. In relation to HIV and health, it provides that information obtained by labor officers in the course of their duties must be kept confidential. Employers are required to keep records containing personal information on employees. Employers may terminate an oral contract upon giving requisite notice. It also allows for termination of employment on the basis of the employee's sickness or accident. The Act requires that a medical examination be completed prior to finalization of the employment contract.
Law	Medical Practitioners Registration Act and	The Act establishes the Medical Council of Belize, authorizing it to establish a system for the registration of medical practitioners. It also sets the Council as the competent authority



TYPE	NAME	RELATIONSHIP TO HEALTH or HIV/AIDS
	Subsidiary Acts Chapter 318, 318S	to entertain complaints against registered medical practitioners alleging poor standards of practice and of professional ethics. It is authorized to hold disciplinary proceedings against registered medical practitioners.
Law	Medical Services and Institutions Act and Subsidiary Acts Chapter 39, 39S	This Act assigns the director of Health Services as the competent health authority, defines the appointment of a medical officer and designation of medical districts. It stipulates the purpose of hospitals and dispensaries and sets admittance procedures. There is no provision to prevent hospitals, whether public or private, from refusing to treat someone based on HIV status.
Law	National Domestic Violence Act 2007	Domestic Violence Act of 2007 was fully enacted in October 2008, repealing the Domestic Violence Act, Chapter 178 of the Substantive Laws of Belize. The Domestic Violence Act of 2007 empowers the Courts when dealing with domestic violence cases, to increase protection to the applicants. The Act enlarges the categories of people who may apply for Orders against domestic violence. This includes the provision for defacto spouses or persons in visiting relationships to apply to the Court for Orders. The legislation streamlines and provides greater powers to the police in respect of their ability to intervene in domestic violence situations. The Act increases the offences which constitute domestic violence by broadening its definition to include financial abuse. It also includes provisions for the payment of financial compensation to an applicant for any financial loss which arises as a direct result of domestic violence.
Law	Nurses and Midwives Act and Subsidiary Acts Chapter 321, 321S	The Act establishes the Nurses and Midwives Council of Belize, which, among other duties, may set rules regarding the training of nurses and midwives. The Council also can make rules regulating and controlling the conduct of nurses and midwives.
Law	Public Health Act and Subsidiary Acts Chapter 40, 40S	This Act establishes the power of the Director of Health Services to make regulations respecting buildings, lavatories, latrines, burials and cemeteries, drains, water supply, prevention and mitigation of infectious and epidemic diseases, sanitation, and vaccinations. Statutory Instrument 32 of 1987 passed under the Public Health Act classifies HIV as an infectious disease, which may subject a PLWHA to restrictions. The act does not regulate laboratories or the Blood Bank.
Law	Registration of Nursing Home Act Chapter 324	Defines nursing home as a place other than a medical institution caring for persons with sickness, injury, or infirmity. The Minister may make Nursing Home rules. The Act does not specifically address the registration of hospices for PLWHA.
Law	Summary Jurisdiction Offenses Act and Subsidiary Acts Chapter 98, 98S	Section of Section 4 of this Act is used to prosecute women who are found loitering as commercial sex workers. Further sections create the offence of creating, publishing or being in possession of "indecent materials", which could potentially include condoms, education on HIV risk reduction.

TYPE	NAME	RELATIONSHIP TO HEALTH or HIV/AIDS
Law	Social Security Act and Subsidiary Acts Chapter 44, 44S	Section 58 of this Act lists the occupational diseases and conditions from which an employee may make a social security claim to defray treatment costs if contracted on the job. HIV/AIDS is <u>not</u> included on the list, implying that health care providers exposed to HIV as an occupational disease in the course of their employment would not be covered.
<b>NATIONAL PLANS AND POLICIES</b>		
National Plan	National Health Plan 2007-2011	This 5-year plan outlines Belize's national health priorities and presents realistic targets by thematic area. It provides clearly defined and measurable indicators to chart the health system's progress towards those targets. The Plan sets HIV/AIDS as national priority and describes the purpose of the National TB, HIV/AIDS, and other STIs Program and the services it provides.
National Policy	National Policy on HIV/AIDS 2006	This National Policy on HIV/AIDS provides a framework, based on human rights, for the prevention of HIV and the reduction of its impacts. The document lays out specific objectives and strategies for increasing and improving (1) HIV/AIDS/STI knowledge, (2) voluntary counseling and testing, (3) Treatment, Care and Support, (4) Surveillance and Research, (5) Legislation, and (6) Monitoring of the Response.
National Policy	Policy on HIV/AIDS in the World of Work 2006	The objectives of this policy are to: (1) Develop concrete responses at enterprise, community, regional, sectoral, and national levels to deal with prevention, stigma and discrimination, the productivity of workers and businesses, and the care and support of workers infected or affected by HIV/AIDS; (2) Promote processes of dialogue, consultations, negotiations and all forms of co-operation between government, employers and workers and their representatives, occupational health personnel, specialists in HIV/AIDS issues, and all relevant stakeholders; (3) Consult with the social partners in implementing or modifying national laws, policies and programs of action, workplace agreements, policies and plans of action.
National Policy	HIV/AIDS Policy of the Public Service of Belize 2007	The overall purpose of this policy is to promote the health, well-being, and productivity of Public Officers in Belize. The objectives of the policy are: (1) To provide guidelines on Government and Public Officer rights and responsibilities in the context of HIV/AIDS; (2) To develop a concrete response within the Belize Public Service to deal with issues of HIV/AIDS prevention, stigma, and discrimination, the productivity of Public Officers and the care and support of Officers infected or affected by HIV/AIDS; (3) To promote processes of cooperation between government, Public Officers, HIV/AIDS experts, and all relevant stakeholders .

TYPE	NAME	RELATIONSHIP TO HEALTH or HIV/AIDS
National Policy	Sexual and Reproductive Health Policy 2002	The National SRH Policy lays out a conceptual framework that prioritizes Belizean's abilities to exercise control over their reproductive and sexual lives. It defines sexual health, reproductive health, and SRH services. The policies lays out fundamental principles underlying SRH and commitments of GOB, including (1) sexual and reproductive rights for men, women, and adolescents, (2) sexual and reproductive health care, (3) adolescents, and (4) public information and education.
National Policy	National Gender Policy 2002	The National Gender Policy presents policy commitments according to the five priority policy areas agreed in Belize following its participation in the 1995 Fourth World Conference on Women: (1) health, (2) wealth and employment generation, (3) violence-producing conditions, (4) education and skills training (5) power and decision-making as well as attention to issues of the coordination and implementation of the policy. In terms of HIV/AIDS, the policy covers HIV transmission rates, female vulnerability to HIV/AIDS, and mother to child transmission of HIV. A revised gender policy is currently being considered by Belize's Cabinet.

## 4 COMPILATION OF HIV/AIDS-RELATED LAWS & POLICIES

### 4.1 CONSTITUTION OF BELIZE

#### Part 1 The State and the Constitution

2	This Constitution is the supreme law of Belize and if any other law is inconsistent with this Constitution that other law shall, to the extent of the inconsistency, be void.
3	Whereas every person in Belize is entitled to the fundamental rights and freedoms of the individual, that is to say, the right, whatever his race, place of origin, political opinions, colour, creed or sex, but subject to respect for the rights and freedoms of others and for the public interest, to each and all of the following, namely- <ol style="list-style-type: none"> <li>a. life, liberty, security of the person, and the protection of the law;</li> <li>b. freedom of conscience, of expression and of assembly and association;</li> <li>c. protection for his family life, his personal privacy, the privacy of his home and other property and recognition of his human dignity; and</li> <li>d. protection from arbitrary deprivation of property, the provisions of this Part shall have effect for the purpose of affording protection to those rights and freedoms subject to such limitations of that protection as are contained in those provisions, being limitations designed to ensure that the enjoyment of the said rights and freedoms by any person does not prejudice the rights and freedoms of others or the public interest.</li> </ol>
14	1. A person shall not be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation. The private and family life, the home and the personal correspondence of every person shall be respected.

	<p>2. Nothing contained in or done under the authority of any law shall be held to be inconsistent with or in contravention of this section to the extent that the law in question makes provision of the kind specified in subsection (2) of section 9 of this Constitution.</p>
<p>15</p>	<p>1. No person shall be denied the opportunity to gain his living by work which he freely chooses or accepts, whether by pursuing a profession or occupation or by engaging in a trade or business, or otherwise.</p> <p>2. It shall not be inconsistent with subsection (1) of this section to require, as a condition for embarking upon or continuing work, the payment of professional fees, trade or business licence fees, or similar charges, or the possession of appropriate licences or qualifications.</p> <p>3. Nothing contained in or done under the authority of any law shall be held to be inconsistent with or in contravention of this section to the extent that the law in question makes reasonable provision-</p> <ul style="list-style-type: none"> <li>a. that is required in the interests of defence, public safety, public order, public morality or public health;</li> <li>b. that is required for the purpose of protecting the rights or freedoms of other persons; or</li> <li>c. for the imposition of restrictions on the right to work of any person who is not a citizen of Belize.</li> </ul>
<p>16</p>	<p>1. Subject to the provisions of subsections (4), (5) and (7) of this section, no law shall make any provision that is discriminatory either of itself or in its effect.</p> <p>2. Subject to the provisions of subsections (6), (7) and (8) of this section, no person shall be treated in a discriminatory manner by any person or authority.</p> <p>3. In this section, the expression “discriminatory” means affording different treatment to different persons attributable wholly or mainly to their respective descriptions by sex, race, place of origin, political opinions, colour or creed whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject or are accorded privileges or advantages which are not accorded to persons of another such description.</p> <p>4. Subsection (1) of this section shall not apply to any law so far as that law makes provision-</p> <ul style="list-style-type: none"> <li>a. or the appropriation of public revenues or other public funds;</li> <li>b. with respect to persons who are not citizens of Belize;</li> <li>c. for the application, in the case of persons of any such description as is mentioned in subsection (3) of this section (or of persons connected with such persons), of the law with respect to adoption, marriage, divorce, burial, devolution of property on death or other like matters which is the personal law of persons of that description; or</li> <li>d. whereby persons of any such description as is mentioned in subsection (3) of this section may be subjected to any disability or restriction or may be accorded any privilege or advantage that, having regard to its nature and to special circumstances pertaining to those persons or to persons of any other such description, is reasonably justifiable.</li> </ul> <p>5. Nothing contained in any law shall be held to be inconsistent with or in contravention of subsection (1) of this section to the extent that it makes</p>

	<p>provision with respect to standards or qualifications (not being standards or qualifications specifically relating to sex, race, place of origin, political opinions, colour or creed) to be required of any person who is appointed to or to act in any office or employment.</p> <p>6. Subsection (2) of this section shall not apply to anything which is expressly or by necessary implication authorised to be done by any such provision of law as is referred to in subsection (4) or subsection (5) of this section.</p> <p>7. Nothing contained in or done under the authority of any law shall be held to be inconsistent with or in contravention of this section to the extent that the law in question makes provision whereby persons of any such description as is mentioned in subsection (3) of this section may be subjected to any restriction on the rights and freedoms guaranteed by sections 9, 10, 11, 12 and 13 of this Constitution, being such a restriction as is authorised by section 9(2), paragraph (a), (b) or (h) of section 10(3), section 11(5), section 12(2) or section 13(2), as the case may be.</p> <p>8. Nothing contained in subsection (2) of this section shall affect any discretion relating to the institution, conduct or discontinuance of civil or criminal proceedings in any court that is vested in any person by or under this Constitution or any other law.</p>
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## 4.2 NATIONAL AIDS COMMISSION ACT, 2004

### Part I Short Title and Definitions

1	This Act may be cited as the Belize National AIDS Commission Act, 2004
2	<p>In this Act, unless the context otherwise requires: -</p> <p>“AIDS” means the acquired immune deficiency Syndrome caused by the human immunodeficiency virus;</p> <p>“Commission” means the Belize National AIDS Commission established under section 3;</p> <p>“Executive Chairperson” or “Chairperson” means the Executive Chairperson of the Commission appointed By the Minister under section 3;</p> <p>“Director” means the Director of the Commission Appointed under section 12;</p> <p>“HIV” means the human immunodeficiency virus.</p>

### Part II Establishment, Composition, Objectives and Functions of the Commission

3	<ol style="list-style-type: none"> <li>1. A body to be known as the Belize national AIDS Commission shall be and is hereby established for the purposes of this Act as an autonomous institution governed by the provisions of this Act.</li> <li>2. The Commission may exercise any of the functions entrusted to it by or in accordance with the provisions of this Act or any Regulations made thereunder, and may execute any other duties incidental to, or consequential upon, the performance of its function.</li> <li>3. The Commission shall consist of the following members –             <ol style="list-style-type: none"> <li>a. An Executive Chairperson appointed by the Prime Minister;</li> <li>b. A representative of the Ministry of Health;</li> <li>c. A representative of the Ministry of Human;</li> <li>d. A representative of the Ministry of Education;</li> <li>e. The Labour Commissioner of his representative;</li> <li>f. A representative jointly nominated by the Medical Practitioners</li> </ol> </li> </ol>
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	<p>Association and the Dental Practitioners Associations;</p> <ul style="list-style-type: none"> <li>g. A representative from the nurses association;</li> <li>h. A representatives from the Council of Churches;</li> <li>i. A representative from the opposition party with the largest number of members in the House of Representatives;</li> <li>j. Four representatives from Non-Governmental Organizations involved in HIV/AIDS prevention and interventions;</li> <li>k. A representative from the United Nations team on HIV/AIDS;</li> <li>l. The Chairperson of the National Committee for Families and Children;</li> <li>m. Four representatives from community-based groups involved in HIV/AIDS prevention and intervention;</li> <li>n. A representation from the ministry responsible for youth;</li> <li>o. A representative from the Ministry of Tourism;</li> <li>p. A representative from the private sector nominated by the business community;</li> <li>q. A person living with HIV/AIDS.</li> </ul> <p>4. The members of the Commission referred to in subsection (3) <b>(a), (b), (c), (d), (e) and (l)</b> shall be <b>ex-officio</b> members.</p> <p>5. The members of the Commission referred to in subsection <b>(3) (f), (g), (h), (i), (j) and (k)</b> may be removed from the Commission by the Prime Minister on the recommendation of the organization which, or the person who, nominated their appointment.</p> <p>6. The Prime Minister shall appoint the members of the Commission.</p> <p>7. The Members of the Commission shall elect a Deputy Chairperson from their number.</p>
4	<p>1. The Chairperson shall, subject to subsection (2), preside all meetings of the Commission.</p> <p>2. If the Chairperson is for any cause unable to preside at any meetings of the Commission, the Deputy Chairperson shall preside if present and able to do so, and if the Deputy Chairperson is absent or unable to preside, the members of the Commission present shall elect one of their number to preside.</p>
5	<p>1. The Commission shall be a body corporate having perpetual succession and a common seal and subject to the provisions of this Act, shall have the power to acquire, hold and dispose of moveable and immovable property of whatever kind and to enter into contracts and do all things necessary for the attainment of its objectives and functions.</p> <p>2. The Commission may sue and be sued in its corporate name and shall for all purposes be described by that name.</p> <p>3. Service upon the Commission of any notice, order or other document shall be executed by personally delivering the same or by sending it by registered post addressed to the Chairperson of the Commission at the main office of the Commission.</p>
6	<p>1. The seal of the Commission shall be kept in the custody of the executing Chairperson of the Commission or such member of the Commission as the Commission may approve and may be fixed to instruments pursuant to a decision or a resolution of the Commission in the presence of the Chairperson, and one other member of the Commission duly designated by the Commission</p>

	<p>to act for that purpose.</p> <ol style="list-style-type: none"> <li>2. The seal of the Commission shall be authenticated by the signature of the Chairperson of the Commission and one other member of the Commission designated by the Commission to act for that purpose and such seal shall be judicially and officially noticed.</li> <li>3. All documents, other than those required by law to be under seal, made by, and all decisions of, the Commission may be signified under the hand of the Chairperson or the Director.</li> </ol>
7	<ol style="list-style-type: none"> <li>1. The Commission shall meet at such times as may be necessary or expedient for the transaction of its business, and such meetings shall be held at such places and times and on such days as the Commission may determine.</li> <li>2. The Chairperson or, in the absence of the Chairperson, the Deputy Chairperson, may at all times call a special meeting of the Commission within seven days of a written requisition for that purpose addressed to him by any ten members of the Commission.</li> <li>3. No less than half of the Commission, including the Members referred to in section 3 <b>(a), (b), (c) and (d)</b>, shall constitute a quorum.</li> <li>4. Subject to this Act, the decision of the Commission shall be by the majority of votes and, in addition to an original vote, in any case in which the voting is equal, the Chairperson, or the person presiding at any meeting, shall have a second or casting vote.</li> <li>5. Minutes of every meeting of the Commission shall be kept in proper form by the Director of the Commission and shall be confirmed by the Commission at its next meeting and signed by the Chairperson thereof, or by the person who presided at such meeting.</li> <li>6. The Commission may co-opt any public officer or other person to attend any particular meeting of the Commission for the purpose of assisting or advising the Commission, but no such co-opted person shall have any right to vote.</li> </ol>
8	<ol style="list-style-type: none"> <li>1. The Commission may from time to time appoint Committees to carry out such tasks as the Commission may assign to them.</li> <li>2. Without prejudice to the generality of subsection (1), the Commission may, when establishing Committees:-             <ol style="list-style-type: none"> <li>a. Appoint a member of the Commission to be the Chairperson of the Committee;</li> <li>b. Appoint officials of Government Ministries and Departments, Statutory Bodies, Non-Governmental Organizations and private sector representatives knowledgeable in the issues and matters to be determined by the Committee to be and to form part of the Committee;</li> <li>c. Clearly state in writing the terms of reference of each Committee and the period for which it is appointed.</li> </ol> </li> <li>3. Every such Committee shall, through its chairperson, report its proceedings to the Commission and the decisions and conclusions of the Committee shall be subject to the approval of the Council.</li> <li>4. Meetings of every Committee shall be governed by the same rules as those governing the meetings of the Commission, subject to any special rules that may be made by the Commission in that behalf.</li> </ol>
9	<p>The objectives of the Commission include the following-</p>

	<ul style="list-style-type: none"> <li>a. the inter-sectoral coordination of the implementation of a national AIDS strategic plan, development of policies, mobilization of resources for the purposes of the national AIDS strategic plan, advocacy and development of mechanisms for monitoring and evaluation;</li> <li>b. identifying and adopting in conjunction with other relevant institutions, all such measures and policies that promote safe sexual practices Belize;</li> <li>c. undertaking or commissioning research related to the socio-economic impact of AIDS in Belize;</li> <li>d. facilitating and ensuring that Belize has an adequate supply of professionally trained persons in the medical and social fields capable of delivering treating, counseling and assisting persons infected with AIDS or HIV;</li> <li>e. facilitating the development , establishment and monitoring of broad policy guidelines on public education and awareness programmes that will makes the public perceptive of the impact of AIDS in its social, economic, medical and legal dimensions;</li> <li>f. fostering and maintaining a strong interdependent partnership based on the principle of equal partnership and mutual respect between the Commission, the Government, Non-Governmental Organizations, International Organizations and Statutory Bodies so as to create an enabling multi-sectoral approach for the full participation of such entities in the fight against the spread of AIDS and HIV;</li> <li>g. developing and implementing a national AIDS strategic plan.</li> </ul>
10	<p>The duties and functions of the Commission include, but are not limited to the following –</p> <ul style="list-style-type: none"> <li>a. multi-sectoral coordination, evaluating and monitoring of the national AIDS strategic plan referred to in section 9 (g);</li> <li>b. making submissions to international organizations for and on behalf of Belize, for the supply of financial, technical, medical and pharmaceutical drugs and assistance for use in fighting the spread of AIDS and HIV, and for treating AIDS and HIV patients in Belize;</li> <li>c. liaising with educational institutions, the print, television and radio media and advocating the development of programmes that educate the public on the social, economic, medical and legal impact of AIDS and HIV;</li> <li>d. facilitating the promotion of a cost-effective approach to the acquisition by Belize of pharmaceutical drugs used to treat HIV;</li> <li>e. entering into agreements, memoranda of understanding, contracts and other arrangements with research institutions and other organizations, within and outside Belize, involved in activities related to the prevention and control of AIDS and HIV;</li> <li>f. generally taking all such other lawful measures as it considers fit and proper to assist in carrying out its functions most effectively.</li> </ul>
11	<p>Subject to this Act, the Commission shall have power, for the purpose of attaining its objectives, discharging its duties and performing its functions –</p>



	<ol style="list-style-type: none"> <li>a. to carry on all activities the carrying on of which appears to be requisite, advantageous or convenient for or in connection with the discharge of its duties and performance of its functions;</li> <li>b. to do anything and to enter into any transaction (whether or not involving expenditure, borrowing, the acquisition of any property or rights ) which in its opinion is calculated to facilitate the proper discharge of its functions or is incidental or conducive thereto.</li> </ol>
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**Part III Appointment of Staff**

12	<ol style="list-style-type: none"> <li>1. The Commission shall appoint and employ, at such remuneration and subject to such terms and conditions as it thinks fit, a suitable qualified Director.</li> <li>2. The director shall report to the Chairperson of the Commission, and shall, subject to the directions of the Chairperson of the Commission, be responsible for the daily operations and management of the affairs of the Commission.</li> <li>3. The Chairperson of the Commission may appoint and employ, with the approval of the Commission, and at such remuneration and subject to such terms and conditions as the Commission thinks fit, such other officers and employees of the Commission as may be necessary for the proper performance of the functions and the attainment of the objectives of the Commission.</li> <li>4. The person who, immediately preceding the commencement of the Act, was the Director of the Commission shall continue in that office as if appointed under subsection (1).</li> </ol>
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13	<ol style="list-style-type: none"> <li>1. Without prejudice to section 12 (2), the Director shall, subject to the general policy directions of the Chairperson of the Commission, be responsible for the administration of the affairs of the Commission, including the organization of staff in accordance with the general terms and conditions of service established by the Commission.</li> <li>2. The Director shall have authority –             <ol style="list-style-type: none"> <li>a. to sign, jointly with the Chairperson, reports balance sheets and other financial statements;</li> <li>b. to enter into negotiable and agreements with any organization, with the approval of the Commission, for the attainment of the Commission’s objectives.</li> </ol> </li> </ol>
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**Part IV Financial Provisions, Accounts and Reports**

14	<p>The revenues of the Commission shall consist of the following –</p> <ol style="list-style-type: none"> <li>a. revenues allocated from the Consolidated Revenue Fund;</li> <li>b. grants or other financial assistance from international, regional or local agencies;</li> <li>c. any other monies lawfully contributed, donated, or bequeathed to the Commission from any source.</li> </ol>
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15	<p>The expenses of the Commission, including the remuneration of the Director and staff, shall be paid out of its annual budget.</p>
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16	<ol style="list-style-type: none"> <li>1. The Director shall, in such form and by such date as may be prescribed by the Financial Secretary, prepare and submit to the Minister of Finance, estimates of revenue and expenditure (including any supplementary estimates) for the Commission in respect of each financial year, and the Minister of Finance shall present the said estimates to the National Assembly with such amendments, if any, as he may consider necessary.</li> </ol>
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	2. Except with the approval of the Minister of Finance, no further sum shall be expended in any financial year other than that provided in the budget relating to such financial year.
17	<ol style="list-style-type: none"> <li>1. The Commission shall keep accounts and other records in relation to its operation and shall prepare annually a statement of accounts in accordance with generally accepted accounting principles.</li> <li>2. The Commission shall open and maintain, at such bank or banks as it may from time to time determine, accounts for the funds of the Commission.</li> <li>3. All accounts of the Commission shall be audited annually by an auditor appointed by the Commission, with the approval of the Minister of Finance.</li> </ol>
18	<ol style="list-style-type: none"> <li>1. Within four months after the end of each financial year, the Commission shall cause to be prepared and shall submit to the Prime Minister – <ol style="list-style-type: none"> <li>a. a statement of its accounts audited in accordance with section 15 (2); and</li> <li>b. a report dealing generally with the proceedings, policies and performances of the Commission during the financial year.</li> </ol> </li> <li>2. The Prime Minister shall cause a copy of such report, within three months of receiving it, together with the annual statement of accounts and the auditor's report thereon, to be tabled in the National Assembly.</li> </ol>
<b>Part V Miscellaneous</b>	
19	<p>No acts done or proceedings taken under this Act shall be questioned or invalidated on the ground –</p> <ol style="list-style-type: none"> <li>a. of the existence of any vacancy in the membership, or of any defect in the constitution, of the Commission; or</li> <li>b. of any omission, defect or irregularity.</li> </ol>
20	<ol style="list-style-type: none"> <li>1. The Commission shall be exempt from the payment of income tax, business tax, property tax and import duty on medical supplies, medical equipment and educational material.</li> <li>2. All instruments executed by or on behalf of the Commission shall be exempt from stamp duty.</li> </ol>
21	<ol style="list-style-type: none"> <li>1. The Prime Minister may make regulations generally for the better carrying out of the objects and purposes of this Act.</li> <li>2. Without prejudice to the generality of the foregoing, such Regulations may provide for all or any of the following: - <ol style="list-style-type: none"> <li>a. the class of activities or services, if any, for which the Commission may charge fees;</li> <li>b. the level of fees to be charged for such services.</li> </ol> </li> </ol>
22	This Act shall come into force on a day to be appointed by the Prime Minister by Order published in the <b><i>Gazette</i></b> .

#### 4.3 NATIONAL AIDS COMMISSION (AMENDMENT) ACT, 2008

1	This Act may be cited as the <b>BELIZE NATIONAL AIDS COMMISSION (AMENDMENT) ACT, 2008</b> , and shall be read and construed as one with the Belize National AIDS Commission Act, which is hereinafter referred to as the principal Act.
2	Section 2 of the principal Act is hereby amended as follows: <ol style="list-style-type: none"> <li>i. by deleting the definition of the expression "Executive Chairperson"</li> </ol>

	<p>or “Chairperson” and its replacement by the following:–  <b>“Chairperson”</b>, means the Non-Executive Chairperson of the Commission appointed by the Prime Minister under section 3;’</p> <p>ii. by deleting the definition of the expression “Director” and its replacement by the following:–  <b>“Executive Director”</b> means the Executive Director appointed by the Commission under section 12.’</p>
3	<p>Section 3 of the principal Act is hereby amended in subsection (3) thereof as follows:–</p> <p>i. in paragraph (a), by substituting the words <b>“a Non-Executive Chairperson”</b> for the words “an Executive Chairperson” occurring therein;</p> <p>ii. by amending paragraph (j) to read as follows:  “(j) a representative nominated by the Leader of the Opposition;”</p> <p>iii. by amending paragraph (k) to read as follows:  “(k) a representative from the United Nations Theme Group on HIV/AIDS to provide technical support, without a right of vote;”</p> <p>iv. by amending paragraph (q) to read as follows:–  “(q) a person representing persons living with HIV/AIDS;”</p> <p>v. by adding the following new paragraph immediately after paragraph (q):  “(r) Executive Director, <i>ex officio</i>, without a right of vote.”</p>
4	<p>Section 6 of the principal Act is hereby amended as follows:–</p> <p>a. in subsection (1), by deleting the word <b>“Executive”</b> occurring therein;</p> <p>b. in subsection (3), by substituting the words <b>“Executive Director”</b> for the word “Director” occurring therein.</p>
5	<p>Section 7 of the principal Act is hereby amended as follows:–</p> <p>a. by repealing subsection (3) and replacing it by the following:–  “(3) One half of the voting members of the Commission shall constitute a quorum.”</p> <p>b. in subsection (5), by substituting the words <b>“Executive Director”</b> for the words “Director of the Commission” occurring therein.</p>
6	<p>Section 12 of the principal Act is hereby repealed and replaced by the following:–</p> <p>12.(1) The Commission shall appoint and employ, at such remuneration and subject to such terms and conditions as it thinks fit, a suitably qualified Executive Director.</p> <p>(2) The Executive Director shall report to the Commission and shall, subject to the directions of the Commission, be responsible for the day-to-day operation and management of the affairs of the Commission.</p> <p>(3) The Commission may appoint and employ, at such remuneration and subject to such terms and conditions as it thinks fit, such other officers and employees of the Commission as may be necessary for the proper performance of the functions and the attainment of the objectives of the Commission.</p> <p>(4) The person who, immediately before the commencement of</p>

	this Act, was the Director of the Commission shall continue as Executive Director as if appointed under subsection (1).”
7	Section 13 of the principal Act is hereby amended as follows:- a. by repealing subsection (1) and replacing it by the following:- (1) Without prejudice to section 12(2), the Executive Director shall, subject to the general policy directions of the Commission, be responsible for the administration of the affairs of the Commission, including the organisation of staff in accordance with the general terms and conditions of service established by the Commission”; b. in subsection (2), by substituting the words “ <b>Executive Director</b> ” for the word “Director” occurring therein.
8	Section 15 of the principal Act is hereby amended by substituting the words “ <b>Executive Director</b> ” for the word “Director” occurring therein.
9	Section 16 of the principal Act is hereby amended in subsection (1) by substituting the words “ <b>The Executive Director shall, subject to the approval of the Commission</b> ” for the words “The Director shall” occurring therein.
10	This Act shall come into force on a day to be appointed by the Prime Minister by Order published in the <i>Gazette</i> .

#### 4.4 LABOUR ACT

53	<ol style="list-style-type: none"> <li>1. Every worker who enters into a contract shall be medically examined at the expense of the employer.</li> <li>2. Wherever practicable the worker shall be medically examined and a medical certificate issued before the attestation of the contract.</li> <li>3. Where it has not been practicable for the worker to be medically examined before the attestation of the contract the Commissioner when attesting the contract shall endorse it to that effect and the worker shall be examined at the earliest opportunity.</li> <li>4. The Commissioner may, by order exempt from the requirement of medical examination workers entering into contracts for- <ol style="list-style-type: none"> <li>a. employment in agricultural undertakings not employing more than such number of workers as may be stated in the order; or</li> <li>b. employment in the vicinity of workers homes- <ol style="list-style-type: none"> <li>i. in agricultural work;</li> <li>ii. in non-agricultural work which the Commissioner is satisfied is not of a dangerous character or likely to be injurious to the health of the workers;</li> </ol> </li> </ol> </li> </ol>
57	<ol style="list-style-type: none"> <li>1. A contract shall be terminated- <ol style="list-style-type: none"> <li>a. by the expiry of the period for which it was made; or</li> <li>b. by the death of the employer or worker before the expiry of the term for which it was made.</li> </ol> </li> <li>2. The termination of a contract by the death of the worker shall be without prejudice to the legal claims of his legal personal representative.</li> <li>3. If the employer is unable to fulfill a contract or if owing to sickness or accident the worker is unable to fulfill the contract, the contract may be terminated with the consent of the Commissioner subject to conditions safeguarding the right of the worker to wages earned, any deferred pay due to him, any compensation due to him in respect of accident or disease, and his right to repatriation.</li> </ol>

#### 4.5 MEDICAL SERVICES AND INSTITUTIONS ACT

23	The primary object of every hospital shall be to provide accommodation and means of rendering medical and surgical aid for such sick persons as may be entitled to receive medical attendance by the terms of any agreement with the Government, and as shall be unable from want of means to procure for themselves professional assistance at their homes, and so far as may be conveniently feasible, accommodation shall also be provided in every hospital for persons able to pay for treatment therein.
24	The following persons shall be eligible for admission into any hospital:- <ol style="list-style-type: none"> <li>a. members of the police department, in accordance with rules and regulations made from time to time by the Minister in accordance with any legislation dealing with such department;</li> <li>b. all sick persons provided with a written order signed by any public officer or other person empowered by virtue of any rule or regulation made under this Act to sign orders of admission in the form given in the First Schedule;</li> <li>c. every person who shall furnish to the satisfaction of an officer designated by the Director of Health Services for that purpose, security for the payment of such hospital dues as may be from time to time determined on by the Minister, such security being given by a personal bond with or without guarantors and with or without a deposit of money as the designated officer may require, and who shall obtain from the designated officer an order for admission in the form as set out in the Second Schedule.</li> </ol>
25	<ol style="list-style-type: none"> <li>1. The mere production of the order for admission as in the forms in the First and Second Schedules, shall not be deemed to entitle the persons to whom they refer to be admitted into the hospital for treatment.</li> <li>2. In every case, the medical officer in charge shall exercise his professional discretion as to the desirability of treating such diseases as the applicant may be suffering from in the hospital, and he shall admit or refuse to admit the person as the case may be.</li> <li>3. Every person, being dissatisfied with the decision of the medical officer in charge, shall have the right of appeal to the Minister.</li> </ol>

#### 4.6 MEDICAL PRACTITIONERS REGISTRATION ACT

3	<ol style="list-style-type: none"> <li>1. For the purposes of this Act, there is hereby established a Council, to be known as the Medical Council of Belize, consisting of- <ol style="list-style-type: none"> <li>a. the Director of Health Services, <i>ex officio</i>;</li> <li>b. two medical practitioners appointed by the Minister;</li> <li>c. one dentist appointed by the Minister; and</li> <li>d. two fully registered medical practitioners or dentists or one of each appointed by the Minister on the advice of the Belize Medical and Dental Association:</li> </ol> </li> </ol> <p>Provided that the persons appointed by the Minister under (b), (c) and (d) shall be of Belizean nationality.</p>
4	<p>The functions of the Council shall be-</p> <ol style="list-style-type: none"> <li>1. to examine all applications for registration of medical practitioners;</li> <li>2. to interview applicants for the purpose of determining their suitability for</li> </ol>

	<p>registration;</p> <ol style="list-style-type: none"> <li>3. to hold examinations where considered necessary by the Council to determine the suitability of the application;</li> <li>4. to entertain complaints against registered medical practitioners alleging poor standards of practice and of professional ethics;</li> <li>5. to hold disciplinary proceedings against registered medical practitioners in accordance with the provisions of this Act;</li> <li>6. to advise the Minister on matters related to the practice of medicine in Belize;</li> <li>7. to do such other things as may be necessary to achieve the objectives of this Act.</li> </ol>
23	<ol style="list-style-type: none"> <li>1. The Minister may, in consultation with the Council, make regulations for the better carrying out of the principles and provisions of this Act.</li> <li>2. Without prejudice to the generality of the foregoing, any such regulations may be made for all or any of the following purposes: <ol style="list-style-type: none"> <li>a. for the good government of the Council and for the proper conduct of its affairs;</li> <li>b. with respect to the fees for registration and the amount of any annual practising or other fees;</li> <li>c. for prescribing in respect of any contravention thereof or failure to comply therewith a penalty on summary conviction not exceeding a fine of five hundred dollars or to imprisonment for a term not exceeding six months, or to both such fine and imprisonment.</li> </ol> </li> </ol>

#### 4.7 MEDICAL SERVICES AND INSTITUTIONS ACT - SUBSIDIARY

32	<p>Notwithstanding the other provisions of these Regulations no charge shall be made in respect of the maintenance or treatment at any medical institution of any person suffering from tuberculosis, venereal disease or malaria or who</p> <ol style="list-style-type: none"> <li>a. was born in Belize, or</li> <li>b. is ordinarily resident in Belize.</li> </ol>
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#### 4.8 NURSES AND MIDWIVES ACT

3	<p>There is hereby established a Nurses and Midwives Council for Belize (in this Act referred to as "the Council"), which shall be a body corporate by that name with perpetual succession and a common seal.</p>
5	<ol style="list-style-type: none"> <li>1. The Council may make rules for the following purposes- <ol style="list-style-type: none"> <li>a. for regulating the formation, maintenance and publication of the register;</li> <li>b. for regulating the conditions of admission to the register;</li> <li>c. for regulating the conduct of any examinations which may be prescribed as a condition of admission to the register, and any matter ancillary to or connected with any such examination;</li> <li>d. for regulating and controlling the conduct of nurses and midwives;</li> <li>e. for prescribing the causes for which, the conditions under which, and the manner in which nurses or midwives may be fined, suspended or removed from the register, the procedure for the restoration to the register of nurses or midwives who have been</li> </ol> </li> </ol>

	<p>removed therefrom, and any fee to be payable on such restoration;</p> <ul style="list-style-type: none"> <li>f. for regulating the summoning of meetings of the Council and the proceedings (including quorum) of the Council;</li> <li>g. for enabling the Council to constitute committees and for authorising the delegation to committees of any of the powers of the Council, and for regulating the proceedings (including quorum) of committees;</li> <li>h. generally for making provision with regard to any matters with respect to which the Council considers that provision should be made for the purpose of carrying this Act into effect (including provision with respect to the issue of certificates to nurses or midwives registered under this Act and with respect to the uniform or badge which may be worn by nurses or midwives so registered), and for prescribing anything which under this Act is to be prescribed.</li> </ul> <p>2. Rules under this section shall contain provisions-</p> <ul style="list-style-type: none"> <li>a. requiring as a condition of the admission of any person to the register that that person shall have undergone the training and shall possess the experience prescribed for admission to that part of the register for which application is made;</li> <li>b. requiring that the prescribed training shall be carried out in an institution approved by the Council in that behalf.</li> </ul>
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## 4.9 PUBLIC HEALTH ACT

### Part I Preliminary

3	<ul style="list-style-type: none"> <li>1. The Governor-General may, pursuant to section 107 of the Belize Constitution, appoint a Director of Health Services.</li> <li>2. The Public Services Commission may, pursuant to section 106 of the Belize Constitution, appoint:- <ul style="list-style-type: none"> <li>a. medical officers of health;</li> <li>b. a Principal Health Inspector and such other public health inspectors as may be necessary; and</li> <li>c. such other officers as may be necessary to discharge the functions and duties prescribed by this Act or the regulations.</li> </ul> </li> <li>3. A Medical Officer appointed under the Medical Service and Institutions Act shall be a health officer for Belize; unless provided otherwise under any law.</li> </ul>
4	<ul style="list-style-type: none"> <li>1. The Director of Health Services may from time to time make regulations for the performance by health officers of their duties and for the carrying out of the powers vested in them by this or any other Act dealing with public health or any regulations made thereunder.</li> <li>2. Regulations made under subsection (1) shall be subject to the approval of the Minister.</li> </ul>

### Part V Infectious Disease

67	<ul style="list-style-type: none"> <li>1. In this Part, "infectious disease" means any of the following diseases, namely, acute poliomyelitis, alastrim, anthrax, bubonic plague, cerebro-spinal meningitis, chicken pox, cholera, diphtheria, dysentery, encephalitis lethargica, erysipelas, ophthalmia neonatorum, pneumonia, pulmonary tuberculosis,</li> </ul>
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	<p>rabies, scarlet fever, small-pox, enteric fever, puerperal fever, yellow fever and any other disease which the Director of Health Services with the approval of the Minister may have notified or may notify in the <i>Gazette</i> as being an infectious disease within the meaning of this Act.</p> <p>2. No person shall be liable to any penalty under this Part until thirty days after the first publication of notification in the <i>Gazette</i>.</p>
68	<p>In this Part wherever “dangerous infectious disease” occurs such term shall be construed to mean alastrim, bubonic plague, cholera, diphtheria, small-pox, yellow fever, and any other disease which the Director of Health Services with the approval of the Minister may notify in the <i>Gazette</i> as being a dangerous infectious disease within the meaning of this Part.</p>

#### 4.10 PUBLIC HEALTH ACT - SUBSIDIARY

<p>18 Infectious Disease Order</p>	<ol style="list-style-type: none"> <li>1. This Order may be cited as the <b>INFECTIOUS DISEASE (AIDS) ORDER</b>.</li> <li>2. It is notified that the disease of Acquired Immune Deficiency Syndrome (Aids) is an infectious disease within the meaning of the Public Health Act. (Section 67)</li> </ol>
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## NATIONAL POLICIES

### 4.11 NATIONAL POLICY ON HIV/AIDS

<p><b>4.0</b> <b>Preamble</b></p>	<p><b>Recalling</b> the guarantees of fundamental rights and freedoms enshrined in the Constitution of Belize;</p> <p><b>Recalling</b> the Universal Declaration of Human Rights and other International Conventions and Agreements, which the Government has signed to protect the rights of all individuals;</p> <p><b>Recognizing</b> that the HIV/AIDS epidemic is a human security issue which threatens development gains nationally and globally;</p> <p><b>Recognizing</b> that for small developing countries, globalization has created new challenges that can be further exacerbated by the HIV/AIDS epidemic;</p> <p><b>Recognizing</b> that HIV/AIDS is a development challenge which affects all sectors of society;</p> <p><b>Recognizing</b> that HIV/AIDS is an epidemic that has serious social, economic and developmental impacts at all levels of society;</p> <p><b>Recognizing</b> that poverty and unequal gender relations contribute to the spread of the HIV/AIDS epidemic; particularly among women, girls, children and other vulnerable groups.</p> <p><b>Recognizing</b> that the stigma and the discrimination associated with HIV/AIDS is influenced by social, educational, religious and cultural norms, traditions and practices;</p> <p><b>Recognizing</b> that prevention, treatment, care and support are mutually reinforcing elements of a continuum of response to HIV/AIDS;</p> <p><b>Affirming</b> that children and adolescents require special consideration for HIV prevention, treatment, care and support programs;</p> <p><b>Affirming</b> that throughout the lifespan, women, biologically and socially, are more vulnerable to HIV infection than men;</p> <p><b>Affirming</b> that despite the “feminization” of the HIV/AIDS epidemic, there is a need to ensure active men’s participation in the National HIV/AIDS response;</p> <p><b>Affirming</b> that there are groups, who, due to their economic, social, environmental, psychological or physical condition, are vulnerable to HIV transmission;</p> <p><b>Recognizing</b> that community participation and involvement, including local and religious leaders, PLWHA’s and their families, are key to ensuring an effective HIV/AIDS response;</p> <p><b>Acknowledging</b> that programs are underway to address the HIV/AIDS epidemic, and recognizing that commitment to the strengthening of these programs is required to effectively combat the further transmission and spread of HIV;</p> <p>We the multiple stakeholders, <b>Undertake</b>, through this National HIV/AIDS Policy, to:</p> <ol style="list-style-type: none"> <li>1. Respect the fundamental rights and freedoms of all persons regardless of their HIV status</li> <li>2. Ensure that the national response addresses the commitments set out in the National Poverty Reduction Strategy and Action Plan and Belize’s International commitments as stated in the Millennium Development Goals (MDGs) and the United Nations Special Session on HIV/AIDS (UNGASS)</li> <li>3. Ensure that the HIV/AIDS epidemic remain a high priority national development issue, and that people living in poverty, women, children and other vulnerable</li> </ol>
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	<p>groups are provided special attention within the National HIV/AIDS response,</p> <ol style="list-style-type: none"> <li>4. Pursue strategic actions, developed through broad-based, relevant, multi-sectoral community participation and involvement, including PLWHA's and their families, to prevent the spread of HIV/AIDS in Belize,</li> <li>5. Reduce its impact on the individual and the community, and ensure equal access to affordable treatment, care and support for people infected with, and affected by, the HIV/AIDS epidemic.</li> </ol>
<p><b>5.0 Guiding Principles</b></p>	<p>The Constitution of Belize and International Human Rights Conventions and agreements which have been signed and ratified by the Government shall provide the framework for the formulation of this HIV/AIDS Policy for Belize. This Policy is therefore founded on the following principles:</p> <p><b>Equity in access to Goods and Services</b> – Each individual has a right to accurate and timely information and services to protect himself/herself from the further transmission of HIV/AIDS. Each individual has a right to accessible and affordable prevention, diagnosis, treatment, care and support services aimed at mitigating the impact of the epidemic on the individual his/her family and his/her community.</p> <p><b>Non-Discrimination</b> – Each individual has a right to non-discrimination in access to goods, services, or employment, on the basis of their HIV-status or the HIV status of family members.</p> <p><b>Individual and Collective Responsibility</b> – All persons have an individual and collective responsibility to actively participate in actions, and engage in behaviors, which prevent the further transmission and spread of HIV/AIDS.</p> <p><b>Community Participation and Involvement</b> – The success of a National HIV/AIDS response is predicated upon broad-based, multi-sectoral community participation and involvement.</p> <p><b>Partnership Building and Social Dialogue</b> – Social dialogue across all sectors of society, including urban and rural communities, shall remain key to building trust and cooperation between, and among, the multiple partners involved in the National HIV/AIDS Response.</p> <p><b>Voluntary HIV Testing</b> – Voluntary HIV testing accompanied by informed consent and pre and posttest counseling provides a supportive environment for individuals to know their HIV-status and creates opportunities for adequate care and follow-up services.</p> <p><b>Confidentiality</b>– All individuals have a right to privacy and to the protection of personal information. Every effort shall be made to ensure that all systems, mechanisms and procedures for accessing HIV testing, care, treatment and support services respect this right to confidentiality.</p> <p><b>Professional Ethics</b> – All those who conduct research, provide testing, treatment, care and/or support services related to HIV/AIDS shall observe professional ethics related to their particular occupations. A strong emphasis on confidentiality and</p>

	<p>informed consent shall be maintained across professions.</p> <p><b>Committed Leadership</b> – strong committed leadership at all levels, and across all sectors of society, is necessary to ensure sustained and effective interventions against the HIV/AIDS epidemic. Ensuring committed leadership of the national HIV/AIDS response shall remain a priority.</p> <p><b>Stigma Reduction</b> – Stigma plays a major role in the spread of HIV. Combating stigma shall be highlighted in the development and implementation of all programs and services aimed at reducing the further transmission of HIV.</p> <p><b>Evidence Based Planning</b> – Conducting ethical, scientific and participatory research shall contribute significantly to the planning, implementation and monitoring of HIV/AIDS interventions throughout the continuum of the national response.</p> <p><b>Integrated Planning</b> – Given the complexity of the HIV/AIDS epidemic, the vicious cycle between HIV/AIDS and poverty and the links between HIV/AIDS and other social, cultural, religious and economic factors, interventions for the prevention and mitigation of HIV/AIDS must take an integrated approach.</p> <p><b>Best Interests of the Child</b> – All policies and programs targeting families and children shall aim to serve the child’s best interests.</p> <p><b>Gender Equity and Equality</b> – The gender dimensions of the HIV/AIDS epidemic are now widely recognized. Equal gender relations and the empowerment of women and their partners, are critical elements of an effective HIV/AIDS response.</p> <p><b>Good Governance</b> – Transparency and accountability at all levels is essential to ensuring the effectiveness and efficiency of HIV/AIDS interventions. Every effort shall be made to ensure that good governance mechanisms are established and maintained across sectors.</p>
<p><b>6.0 Overall Goal</b></p>	<p>This National Policy on HIV/AIDS provides a framework, based on human rights, for the prevention of HIV and the reduction of its impacts at all levels of society.</p>
<p><b>7.0 Specific Objectives &amp; Strategies</b></p>	
<p>7.1 Prevention of Transmission of HIV/AIDS</p>	<p>An effective HIV/AIDS response is predicated on the prevention of further HIV infection among the population. Because the epidemic in Belize is known to be generalized, prevention efforts must, while putting emphasis on some groups, target every sector of the population. These efforts must also continue to employ strategies that consider the educational levels and multiple social, cultural and religious factors which influence the development of attitudes and behaviors which increase the risk of HIV infection and the stigma and discrimination associated with HIV/AIDS. The participation of multiple stakeholders, including religious and community leaders, PLWHAs and their families is to be strongly encouraged and supported as they play an important role in mobilizing others to act responsibly.</p> <p><b>Objectives:</b> To create and sustain an increased awareness of HIV/AIDS/STI prevention practices through targeted advocacy, information, education and communication for behavior</p>

change programs.

To ensure that HIV/AIDS/STI education programs are practical, relevant and maintain a focus on dispelling prevalent myths about HIV transmission.

To prevent the further transmission of HIV/AIDS/STIs through multiple strategies which are age-appropriate, consider literacy and social issues, and respect cultural and religious practices.

To create and sustain a supportive environment for PLWHA's and their families to be involved in HIV/AIDS/STI prevention programs.

**Strategies:**

HIV/AIDS prevention strategies are premised on the notion that every individual has a right to be informed of the following:

- The Human Immunodeficiency Virus (HIV), is an STI that causes AIDS
- The definitions and differences between HIV infection, AIDS and HIV related illnesses, including other STI's
- The modes of transmission of HIV and associated risk factors
- The linkages between HIV/AIDS/STI's and other related social and economic issues which create vulnerability
- The means of preventing the transmission and further spread of HIV
- The clinical symptoms and signs of HIV infection and its related illnesses
- The services, including prevention, treatment, care and support programs available to those who are interested in knowing their HIV-status or are infected, and affected by HIV/AIDS/STI's
- The process, procedures and locations for accessing the above services
- The legal, medical and ethical frameworks and guidelines developed to ensure non-discrimination and the reduction of stigma associated with HIV/AIDS
- The epidemiological situation in the country with regard to HIV/AIDS/STI cases and HIV/AIDS related illnesses
- The social and economic impact of the HIV/AIDS epidemic at all levels of society
- Other information as may become available in the fight to combat the epidemic

The Government of Belize will:

- Incorporate HIV/AIDS/STI and HIV/AIDS/STI related age-appropriate information into curricular and extracurricular programs targeting children, and youth. These programs shall encourage parent participation and focus on promoting abstinence, delaying sexual activity, understanding gender relations and developing healthy lifestyles.
- Develop and implement HIV/AIDS/STI and HIV/AIDS/STI related information and education programs targeting out-of-school youth and young adults in alternate institutions.
- Develop and implement HIV/AIDS/STI and HIV/AIDS/STI related information and education campaigns targeting adults. These shall promote multiple methods of prevention, including, abstinence, fidelity, safer sex practices and

the correct and consistent use of condoms.

- Develop and implement HIV/AIDS/STI information and education programs that are strategically targeted at high risk and highly vulnerable groups, including women and their partners, people with disabilities, older persons, persons with multiple partners, commercial sex workers, men who have sex with men, migrant, mobile, incarcerated and institutionalized populations in order reduce vulnerabilities.
- Develop and implement HIV/AIDS/STI information and education programs that are targeted at survivors of sexual violence to assist in making informed decisions on relevant testing, treatment, care and support services available to him/her. The protocol for dealing with child and adult survivors of sexual violence shall be amended to include the provision of post-exposure prophylaxis treatment for those who access services within the specified time period in which the post-exposure prophylaxis treatment can be effective.
- Develop and implement HIV/AIDS/STI communication for behavior change programs that are established and promoted among high risk and highly vulnerable groups, as well as groups who, of their own volition, request such programs.
- Develop and implement HIV/AIDS/STI information and education programs that are targeted at pregnant women and families planning a pregnancy so that she/they can make informed decisions regarding the protection of herself/themselves and the child.
- Encourage pre-marital counseling programs to incorporate HIV/AIDS/STI and related information and education sessions for their clients.
- Encourage and support workplace education and policy initiatives that provide, or promote access to, HIV/AIDS/STI information, education, care and support and communication for behavior change programs for their employees.
- Encourage and collaborate with the media to ensure that their programs and reports are sensitive to HIV/AIDS/STI and human rights issues, including a respect for privacy, as a way of reducing stigma and eliminating discrimination related to HIV/AIDS.
- Enforce the Broadcasting Act to ensure compliance with the provisions for local programming.
- Develop and sustain ongoing public information and awareness on HIV/AIDS/STI and HIV/AIDS/STI related issues, taking into consideration literacy levels, and multiple cultural and religious practices.
- Develop programs that encourage and empower PLWHA's to practice preventative HIV transmission methods in order to avoid infecting others and preventing themselves from being further infected.
- Make condoms available, accessible and affordable to all sexually active members of the population, including incarcerated populations.
- Support community-based information and education initiatives that provide accurate information on HIV/AIDS/STI's and related illnesses.
- Provide financial and technical resources for the strengthening of services aimed at the prevention, treatment and consistent documentation of sexually transmitted infections (STIs) cross the country, and that HIV/AIDS information

	<p>be made available to all those seeking such services.</p> <ul style="list-style-type: none"> <li>• Screen donated blood and blood products for HIV, observing protocols to ensure pre and posttest counseling, confidentiality and informed consent. Only donated blood and blood products that are HIV-negative shall be used for blood transfusions. Proper procedures (based on international guidelines) shall be followed for the disposal of blood and blood products or other bodily fluids that are HIV-positive.</li> <li>• Develop and monitor the use of proper guidelines, (based on international guidelines) for the sterilization and disposal of instruments by personnel, who through their profession, engage in invasive procedures or procedures which come in contact with blood or blood products or other bodily fluids. The use of proper guidelines shall be a condition for the licensing of relevant agencies and businesses.</li> <li>• Have access to resources for acquiring, and monitoring the use of, universal precautions by personnel who, through their profession, come in contact with blood and blood products and/or other bodily fluids, in order to protect them and their clients from the transmission of HIV.</li> <li>• Make readily available and affordable all protective gear to be used by all institutional and home care providers who care for PLWHA's.</li> <li>• In the case of the possible accidental transmission of HIV to, or from, a health care provider, post-exposure prophylaxis treatment shall be made available to the person(s) exposed.</li> <li>• Provide adequate, mandatory and ongoing training to relevant personnel, who through their profession come in contact with blood and blood products or other bodily fluids, to ensure proper information and knowledge on HIV/AIDS/STI and HIV/AIDS/STI related issues.</li> </ul>
<p>7.2 Voluntary Counseling and Testing</p>	<p>Globally, Voluntary HIV Counseling and Testing (VCT) approaches have produced high levels of compliance with, and participation in, HIV/AIDS prevention and mitigation programs. Since establishment of the VCT Center and Sites across the country, similar trends have been noted. This approach respects the human rights of those who seek HIV/AIDS/STI services while promoting the benefits of early diagnosis of HIV infection, and ensuring that adequate follow-up services are provided to those who test positive. Ethics and quality control and monitoring standards employed by VCT programs can enhance the effectiveness of the national HIV/AIDS response.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• To promote the early diagnosis of HIV infection.</li> <li>• To ensure that all individuals accessing HIV testing services also receive pre and posttest counseling.</li> <li>• To ensure that all testing and counseling programs abide by a common code of practice.</li> </ul> <p><b>Strategies:</b> The Government will:</p> <ul style="list-style-type: none"> <li>• Develop and monitor adherence to national protocols and quality control standards for HIV testing. These protocols and quality control standards shall</li> </ul>

	<p>govern both private and public centers where HIV testing is provided. All HIV testing shall be voluntary and accompanied by written informed consent and pre and post test counseling. Any individual has the right to opt out of an HIV test at whatever point of the testing process.</p> <ul style="list-style-type: none"> <li>• In the case of hospitalized and ambulatory patients who are in semi-conscious states or who are mentally impaired and require an HIV test for diagnostic purposes or clinical treatment, counseling shall involve a next of kin, close relative or legal guardian in order to obtain consent before conducting the HIV test.</li> <li>• Only in emergency cases in which the client is unconscious (and has no next of kin, close relative or legal guardian available) and his/her life is dependent on the results of an HIV test, can two medical doctors authorize that the client be tested by HIV.</li> <li>• Conduct confirmatory test(s) on all blood samples which are initially HIV reactive, before communicating a definitive result to the client.</li> <li>• Communicate the result of an HIV test directly to the client. In the case of minors under 16 years, the test result shall be given directly to the parent or guardian. This shall be accompanied by pre and post test counseling for both the minor and the parent or guardian. The in case of the minor, the pre and post test counseling shall be provided in an age-appropriate manner.</li> <li>• Develop a system to ensure that clients' test result and personal health information remain confidential. The existing system will be reviewed with the aim of removing all names from blood specimens sent for initial and confirmatory testing.</li> <li>• Develop and enforce a code of ethics (based on international standards) for all persons conducting HIV tests. This will be signed by relevant personnel and will include an emphasis on pre and post test counseling, informed consent and confidentiality.</li> <li>• Establish a mechanism to record, investigate, recommend and enforce disciplinary measures for all relevant professionals who breach the stipulations outlined in the code of ethics.</li> <li>• Develop protocols to ensure that extensive testing for HIV occurs only during epidemiological surveillance studies and screening of blood and blood products donated for transfusion. All individuals will be thoroughly informed of testing for such purposes and will have the right to opt out of participation. No HIV test shall be conducted without the client's written informed consent and pre and post test counseling.</li> <li>• Monitor approved research involving clinical trials of HIV tests and HIV-related goods. In such cases, individuals must be informed and provide consent for participation in the research program.</li> <li>• Develop and publicize an established list of HIV tests approved for import and use in HIV testing in public and private testing centers. The importation and sale of other brands shall only be allowed</li> </ul>
<p>7.3 Treatment, Care, Support for PLWHA's</p>	<p>Treatment, care and support for PLWHAs and other vulnerable populations is an integral part of both HIV prevention and mitigation strategies, but remains one of the areas of intervention which requires the most strengthening and "scaling up". Treatment, care and support services are recognized to have a significant positive</p>

and Other Vulnerable Populations	<p>impact on the empowerment of PLWHAs, their families and other vulnerable populations. These services have also proven, in other countries, to have reduced morbidity and mortality rates, therefore mitigating significant socio-economic impacts at the family, community and national levels. Established standards for quality control and monitoring of care and support services will allow for the maximization of benefits to be derived from such interventions.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• To safeguard the rights of PLWHA's and vulnerable groups</li> <li>• To provide ongoing counseling and social support services for PLWHAs and vulnerable groups</li> <li>• To provide adequate treatment and medical care for PLWHA's</li> <li>• To involve and support communities in the provision of community-based and home care services</li> <li>• To ensure the availability and affordability of essential drugs to treat opportunistic infections</li> <li>• To reduce the stigma associated with HIV/AIDS and eliminate HIV-related discrimination</li> <li>• To promote the concept and practice of living positively with HIV/AIDS</li> <li>• To monitor efforts towards community mobilization for living positively with HIV/AIDS</li> <li>• To address consumer protection issues in relation to unapproved, uncertified and/or expired drugs and other products or remedies for HIV/AIDS prevention, treatment and care</li> </ul> <p><b>Strategies:</b></p> <p>The Government will:</p> <ul style="list-style-type: none"> <li>• Provide accessible, affordable and holistic treatment, care and support services to PLWHA's and vulnerable populations. This includes counseling, clinical management and social welfare services. There shall be no undue isolation or segregation in the provision of treatment, care and support services for PLWHA's in either public or private institutions.</li> <li>• Sustain the prevention of mother-to-child transmission (PMTCT) program as a high national priority. The decision to participate is the right and responsibility of the pregnant woman. PMTCT programs shall ensure the provision of: <ul style="list-style-type: none"> <li>○ Counseling for testing using voluntary counseling and testing protocols</li> <li>○ Access to follow-up care as necessary, including anti-retroviral therapy, further counseling and any social welfare or support services that are necessary to prevent the mother to child transmission of HIV</li> </ul> </li> <li>• Encourage and promote community outreach and home-based care programs to ensure that PLWHA's can, as much as possible, remain close to their families and communities. Special consideration will be given to programs for children infected with, or affected by, HIV/AIDS.</li> <li>• Provide PLWHA's with information on how to live positively while protecting others from becoming infected, and themselves from being further superimposed with the HIV virus.</li> <li>• Develop and enforce a code of ethics and relevant guidelines for institutional and home-care providers who care for PLWHA's.</li> <li>• Upgrade the human and physical infrastructure necessary for the adequate</li> </ul>
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provision of treatment, care and support services of PLWHAs and their families.

- Use only approved anti-retrovirals and medications for opportunistic infections. These anti-retrovirals and opportunistic infections medications shall be upgraded as much as possible and made available, easily accessible and affordable to all PLWHA's who choose this course of action. The client will be allowed to give their informed consent to accepting anti-retroviral therapy(ies) only after being thoroughly counseled on the lifetime commitment needed to ensure adherence to the strict regimen that is required.
- Enhance national capacity to provide clinical management services, with a focus on monitoring adherence and resistance to anti-retroviral therapy(ies). Training and capacity building programs for all those who provide clinical management services shall be ongoing. The provision of clinical management services shall abide by quality control standards and guidelines developed for that purpose.
- Build national capacity for providing counseling and support services for PLWHA's and their families as these services are essential components of empowering the PLWHA to cope with the stresses of HIV/AIDS, live positively and prevent the further transmission of HIV. All counselors shall be certified by an approved expert body and shall abide by a code of ethics developed by this body, to ensure quality control and monitoring of counseling services.
- Develop clear criteria for effecting partner notification and contact tracing programs. This is in recognition that individuals are responsible for protecting themselves against HIV infection and for knowing their sero-status. All partner notification and contact tracing programs shall weight the benefits and potential harms of notification. All such programs shall be carried out with sensitivity and respect for privacy, confidentiality and human integrity and shall be effected only after:
  - The HIV-positive person has been thoroughly counseled
  - Counseling of the HIV-positive person has failed to achieve appropriate behavioral changes
  - The HIV-positive person has refused to notify, or consent to the notification of his/her partner(s)
  - A real risk to HIV infection to the partner(s) exist
  - The HIV-positive person is given reasonable advance notice
  - The identity of the HIV-positive person is concealed from the partner(s), if this is possible
  - Follow-up treatment and care is provided to ensure support to those involved, as necessary
- Code all death certificates (using international standards) to protect the rights of PLWHA's and their families. The coding shall be completed by the attending physician. A committee shall be established to monitor and sanction compliance with this provision.
- Amend the Public Health Act to reflect more relevant protocols for the handling and burial of corpses, considering that a deceased person's HIV status can be unknown.
- Develop and enforce consumer protection laws to protect PLWHA's from

	<p>claims of cures for HIV/AIDS by traditional and faith healers, or other care providers, until such claims are authenticated and approved by relevant agencies recognized internationally as being established for that purpose.</p> <ul style="list-style-type: none"> <li>• Develop a process and mechanism for sanctioning the false advertisement of cures for HIV/AIDS.</li> <li>• Approve the importation of all modern and traditional drugs used in the treatment of HIV/AIDS and related illnesses, using quality control standards developed by the relevant Government agencies.</li> <li>• The National Health Insurance Scheme provides coverage for PLWHA's. This shall be stated in an HIV/AIDS policy which includes a confidential process and clear set of criteria for accessing HIV related services.</li> <li>• Provide insurance coverage for HIV positive service providers who, through the nature of their profession, come in contact with blood and blood products and who can demonstrate that they became HIV infected in the course of performing their duties.</li> <li>• Pursue dialogue with private insurance companies to elaborate a code of practice with a view to ensuring:             <ul style="list-style-type: none"> <li>○ Respect for the dignity of the private life of the individual</li> <li>○ The seeking of informed consent with counseling for HIV testing</li> <li>○ Protection of health-related data and any other confidential information affecting the privacy of the individuals</li> <li>○ The adoption of clear policies concerning coverage of HIV infection and related illnesses</li> </ul> </li> <li>• Develop and implement economic empowerment programs for PLWHA's and their families to mitigate vulnerabilities which can lead to the transmission of HIV to others and to the PLWHA's becoming further superimposed with HIV infection.</li> <li>• Develop special "caring of carers" programs for service providers involved in the treatment, care and support of HIV positive clients.</li> </ul>
<p>7.4 Surveillance and Research</p>	<p>It is recognized that evidence-based planning must guide the development, implementation and monitoring of the national HIV/AIDS response. Adequate, reliable, accurate and timely data from relevant surveillance systems and research programs, promote efficiency and effectiveness, and allow for the continuous monitoring of the impact of the national response at both the community and national levels.</p> <p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• To strengthen HIV/AIDS/STI surveillance systems</li> <li>• To strengthen related surveillance systems on HIV co-infection illnesses and on populations vulnerable to HIV infection</li> <li>• To participate in HIV/AIDS/STI research nationally and internationally</li> <li>• To establish a system to disseminate scientific information resulting from ethically regulated research on HIV/AIDS/STI issues</li> </ul> <p><b>Strategies:</b></p> <p>The Government will:</p> <ul style="list-style-type: none"> <li>• Provide financial and technical resources for the strengthening of HIV/AIDS/STI and HIV/AIDS/STI related surveillance systems and structures. This shall include HIV infection cases, AIDS cases, AIDS deaths and related illnesses such</li> </ul>

	<p>as STI's and major co-infection illnesses.</p> <ul style="list-style-type: none"> <li>• Establish a permanent, multi-sectoral Internal Review Board (IRB) that will use a clear set of criteria, (based on International Guidelines on Ethics and Research), to make decisions regarding research of human use, involving HIV testing or HIV/STI-related behavioral studies. All research proposals shall receive prior written clearance from the IRB before conducting research. Appointment of IRB members shall follow a clear set of criteria.</li> <li>• Formulate a set of social and medical research priorities based on Belize's national HIV/AIDS context and use this to influence resource allocation for research activities.</li> <li>• Develop a process for the documentation and sharing of national best practices, especially those at the community level.</li> <li>• Collaborate with international institutions for the collection and sharing of international best practices with a view to adapting these to the national context.</li> <li>• Create a community-based and participatory forum for the sharing of scientific social and medical research on HIV/AIDS/STI.</li> </ul>
<p>7.5 Legislation and Legal Issues</p>	<p>A human rights-oriented policy and legal framework are key to creating an enabling environment for the reduction of stigma and discrimination against PLWHAs, their families and other groups that are vulnerable to HIV infection. Legal protection of the rights of PLWHAs, their families and other vulnerable populations provides a clear recourse for legal action in instances in which their rights, and the rights of those with whom they come in contact, are violated</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• To create a framework for the establishment of legislation with a view toward protecting the rights of all persons against any form of discrimination and injustice related to HIV/AIDS.</li> <li>• To influence positively, the development of policies and legislation that have an impact on preventing the spread, and mitigating the effects, of HIV/AIDS/STIs.</li> <li>• To ensure that all existing and any amendments to the laws of Belize or development of new legislation, are consistent with the provisions of this Policy.</li> </ul> <p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• The following strategies recognize the rights of the PLWHA, and people seeking HIV/AIDS/STI related services, as follows:</li> <li>• People living with HIV/AIDS are entitled to all basic needs and all civil, legal and human rights enshrined in International Human Rights Conventions and the Constitution of Belize without discrimination regardless of their HIV-status.</li> <li>• HIV infection shall not be grounds for discrimination in relation to education, employment, health or any other services. HIV positive individuals shall be allow to work for as long as they are "medically fit" to do so.</li> <li>• Persons seeking HIV/AIDS information, counseling, treatment or care are entitled to the same rights as any other person accessing health/social services.</li> <li>• People who, through their professions, come in contact with blood and blood products or other bodily fluids, create occupational risk of contracting HIV</li> </ul>

	<ul style="list-style-type: none"> <li>• All persons seeking HIV testing shall have the same right to confidentiality, privacy and informed consent.</li> <li>• Incarcerated and institutionalized populations who are HIV positive or who wish to find out their HIV status have the same right to HIV/AIDS information, voluntary counseling and testing, prevention, treatment and care services as the rest of the population.</li> </ul> <p>The Government will:</p> <ul style="list-style-type: none"> <li>• Develop and enforce anti-discrimination and protective laws which reduce HIV/AIDS related stigma, eliminate discrimination, and protect the rights of persons regardless of their HIV-status.</li> <li>• Advocate for amendments to, and/or the development of, policies and legislation impacted by the provisions of this policy. Special attention will be given to the Constitution of Belize, the Public Health Act, and the Labor Act and to policies and legislation affecting vulnerable populations.</li> <li>• Establish a process and mechanism for the identification of, and response to, human rights violations related to HIV/AIDS.</li> <li>• Strengthen the legal aid system to provide relevant services, as required, to protect the rights of PLWHAs, their families and other vulnerable populations.</li> </ul>
<p>7.6 Coordination, Implementation, &amp; Monitoring on the National Response</p>	<p>The effectiveness of a National Response to HIV/AIDS in Belize is predicated on high levels of strong committed leadership at all levels of society complemented by a sustained capacity for local and national level coordination, implementation and monitoring. It is accepted that to have a significant impact on HIV/AIDS reduction and mitigation, the national response must have a holistic vision and employ integrative strategies that allow for synergies to be created with other relevant planning, implementation and monitoring and evaluation processes.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• To ensure sustained, accountable leadership at all levels of the national response.</li> <li>• To ensure equity in resource allocation and technical support to the national response.</li> <li>• To enhance community participation and involvement in all HIV/AIDS plans, programs and projects.</li> <li>• To strengthen and ensure effective coordination, implementation and monitoring of the National HIV/AIDS response.</li> </ul> <p><b>Strategies:</b></p> <p>The Government will:</p> <ul style="list-style-type: none"> <li>• Engage in ongoing social dialogue and develop programs that strengthen the role of all public, private and civil society organizations to ensure that all stakeholders are, and remain actively involved in the national response.</li> <li>• Mainstream and integrate HIV/AIDS and relevant issues in social and economic policies and programs.</li> <li>• Provide the members and the secretariat of the NAC with the necessary human, financial and technical resources to increase and sustain the planning, programming and monitoring of the national response.</li> <li>• Develop and implement a framework for the mobilization of human, financial and other resources to ensure an effective HIV/AIDS national response.</li> </ul>

	<ul style="list-style-type: none"> <li>Develop national and community-based HIV/AIDS monitoring and evaluation systems that include procedures and indicators for the monitoring of programs and resources allocated to the HIV/AIDS multi-sectoral response.</li> </ul>
<b>8.0 Implementation &amp; Monitoring of the Policy</b>	<p>The implementation of this National HIV/AIDS Policy is to be monitored by the National AIDS Commission (NAC). The NAC is a legally established body which has a mandate of inter-sectoral coordination, advocacy, resource mobilization and monitoring and evaluation in relation to the national HIV/AIDS response. The Belize National AIDS Commission Act which provides detailed terms of reference is attached.</p> <p>The National AIDS Commission will:</p> <ul style="list-style-type: none"> <li>Within six months of the official adoption of the National HIV/AIDS Policy, be required to develop a process for the monitoring and evaluation in compliance with the provisions of this Policy and the National HIV/AIDS Strategic Plans of Action. This process shall include regular reporting to all the members of the NAC.</li> <li>The NAC will ensure the regular review and updating of the Policy for continued relevance to the national HIV/AIDS response.</li> </ul>

## 4.12 POLICY ON HIV/AIDS IN THE WORLD OF WORK

<b>2.0 Objectives</b>	<p>This Policy establishes a set of guidelines to protect the health as well as the earning power of workers, and the productivity of Belizean business and industry in the face of the challenge presented by the HIV/AIDS epidemic. Specifically, the objectives of this policy are to:</p> <ol style="list-style-type: none"> <li>Develop concrete responses at enterprise, community, regional, sectoral and national levels to deal with issues of HIV prevention, stigma and discrimination, the productivity of workers and businesses, and the care and support of workers infected or affected by HIV/AIDS;</li> <li>Promote processes of dialogue, consultations, negotiations and all forms of co-operation between government, employers and workers and their representatives, occupational health personnel, specialists in HIV/AIDS issues, and all relevant stakeholders (which may include community-based and non-governmental organizations [NGOs]);</li> <li>Give effect to its contents in consultation with the social partners in:                     <ul style="list-style-type: none"> <li>National laws, policies and programmes of action,</li> <li>Workplace/enterprise agreements, and</li> <li>Workplace policies and plans of action.</li> </ul> </li> </ol>
<b>3.0 Scope</b>	<p>This Policy on HIV/AIDS in the World of Work applies to:</p> <ol style="list-style-type: none"> <li>All employers and workers (including applicants for work) in the public and private sectors; and,</li> <li>The formal and informal economy.</li> </ol>
<b>4.0 Key Principles</b>	<p>The social partners formulating this policy endorse the following as key principles that should guide action regarding workplace policies, programme and activities:</p>
4.1 Social Dialogue	<p>The development and implementation of an HIV/AIDS policy and programme in Belize should be based on dialogue, co-operation and trust between employers and workers and their representatives and with government, where appropriate. Persons living with HIV/AIDS should be active participants in the process. The</p>

	successful implementation of an HIV/AIDS policy and programme should be based on co-operation and trust between employers, workers and representatives and government, where appropriate, with the active involvement of workers infected and affect by HIV/AIDS and other important stakeholders.
4.2 Involvement of people living with HIV/AIDS	The policy is built upon the principle of the full involvement of people in Belize living with HIV/AIDS (PLWHA). Involvement should include workplace policy and programme development. It should also include the involvement of PLWHA in the workplace without stigma or discrimination
4.3 Involvement of informal economy workers/self-employed workers	The tripartite partners in Belize should endeavour to involve, protect and assist self-employed workers, those within micro- and small-businesses or in the informal economy and those employed as migrant workers. Special efforts should be made to ensure their participation and inclusion in anti-HIV/AIDS measures making efforts to reach those for whom such factors as culture, language or religion might otherwise function as a barrier to behavioural change.
4.4 Good Governance	The implementation of initiatives in the world of work to eradicate HIV/AIDS should be carried out by the Belizean Government, employers and employees based on principles of good governance. Good Governance contemplates democratic, participatory and inclusive means of decision-making for issues related to HIV/AIDS and the workplace. It also includes transparency of decision-making and spending. Broad inclusion should be encouraged.
4.5 Recognition of HIV/AIDS as a workplace issue	HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the Belizean workplace to protect the workforce and because the workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic.
4.6 Non-discrimination	HIV/AIDS is not transmitted when proper precautions are taken. When AIDS is properly treated, it does not have to prevent an individual from earning a living. As a result, no sort of discrimination or stigmatization of workers with the virus or full blown AIDS should be permitted. On the contrary, Belize should endeavour to promote a positive and supportive workplace environment for individuals infected and affected by HIV or AIDS.
4.7 Gender Equality	Similarly, unequal treatment of either male or female workers affected by HIV/AIDS is not to be tolerated in Belize. Women are more likely to become infected and more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural or economic reasons. Corrective behavioural change measures should be promoted with emphasis placed, wherever necessary, on correction of conditions placing women at greater risk.
4.8 Healthy work environment	Owners of business and industry, the Belizean Government as an employer, as well as workers should share a responsibility to ensure that the work environment is healthy. This should include maximizing the safety of workers from contamination with the HIV virus (e.g. needle sticks, blood transmission). Government should endeavour to ensure that workers and owners achieve and maintain a healthy work environment and observe the provisions of the

	Occupational Health and Safety Act.
4.9 No screening for purposes of exclusion from employment or work processes	Belize employers (both private and governmental) should not violate individual human rights by attempting to use HIV screening for purposes of exclusion from employment or work processes. Alternative strategies should be used.
4.10 Confidentiality	Mandatory reporting of HIV/AIDS cases to the Ministry of Health is a requirement for health workers in Belize. At the same time, the confidentiality of Belizeans' health status is of great importance and consistent with Belize's constitutional protection of human rights and the ILO Codes of Practice on the protection of workers' personal data. Periodical review and adjustment of procedures should be undertaken to improve confidentiality measures.
4.11 Continuation of employment relationship	HIV infection is not to be a cause for termination of employment; it is a violation of human rights and should be treated as a legal offence. Strategies should be devised and implemented which deal flexibly with workers and which do not unduly affect the ability of the private sector to profit and progress.
4.12 Prevention	The practice of Belize's Ministry of Health which is to place adequate emphasis upon preventive health measures should be endorsed by all partners co-operating on the HIV/AIDS in the World of Work initiative. At present, AIDS has no cure, but it is preventable. Adequate effort is therefore required to use the workplace as one of the important sites for enacting appropriate preventive measures, targeted to suit national conditions and provided in culturally sensitive ways.
4.13 Care and Support	Finally, Belize endorses a responsibility for including adequate measures for the care and support of individuals who are HIV+ or affected by full-blown AIDS. The responsibility should be shared by the tripartite partners and other key stakeholders including family members of those infected or affected.

#### 4.13 HIV/AIDS POLICY OF THE PUBLIC SERVICE OF BELIZE

<b>2.0 Purpose of this Policy</b>	The overall purpose of this policy is to promote the health, well-being and productivity of Public Officers by developing and implementing effective HIV/AIDS sustainable prevention, care and control programs; and eliminating stigma and discrimination on the basis of real and perceived HIV status.
<b>3.0 Objectives</b>	<p>This Policy establishes a set of guidelines to protect the health and welfare of Public Officers in the face of the challenge presented by the HIV/AIDS epidemic. Specifically, the objectives of this policy are:</p> <ul style="list-style-type: none"> <li>• To provide guidelines on employer (Government) and employee (Public Officer) rights and responsibilities in the context of HIV/AIDS</li> <li>• To develop concrete responses within the Belize Public Service to deal with issues of HIV/AIDS prevention, stigma and discrimination, the productivity of Public Officers, and the care and support of Officers infected or affected by HIV/AIDS</li> <li>• To promote processes of cooperation between government, Public</li> </ul>

	Officers, HIV/AIDS experts and all relevant stakeholders such as community-based and non-governmental organizations
<b>4.0 Scope</b>	This policy applies to <b>all</b> agencies of the Public Service, such as Ministries, Offices, Departments, and Units including: <ul style="list-style-type: none"> <li>• All Managers and Supervisors in the Public Service</li> <li>• All Junior Officers in the Public Service</li> <li>• All applicants for employment in the Public Service</li> </ul>
<b>5.0 Key Principles</b>	The general principles of this policy are derived from provisions of the Constitution of Belize (1981), Universal Declaration of Human Rights Charter (1948), the International Labor Organization (ILO), Code of Practice on HIV/AIDS and the World of Work (2001), the National Policy on HIV/AIDS (2006) and the National HIV/AIDS Workplace Policy (2006).
5.1 Equal Rights & Obligations	Public Officers are entitled to the same rights and employment obligations irrespective of their HIV/AIDS status; and Public Officers with HIV/AIDS are to be treated with compassion and understanding. HIV infection is not to be a cause for termination of employment as it is a violation of human rights.
5.2 Protection against Discrimination	Public Officers living with HIV/AIDS are to be protected against stigmatization and discrimination in the Belize Public Service. Such discrimination is contrary to internationally agreed human rights as per the Universal Declaration of Human Rights UN Charter 1948.
5.3 Recognition of HIV/AIDS as a Workplace Issue	"HIV/AIDS is also a workplace issue, and should be treated like any other serious illness/condition in the Belizean workplace to protect the workforce". ( <i>National HIV/AIDS 5 Workplace Policy, 2006, Article 4.5, p.6</i> ) The Belize Public Service has a role to play in the wider struggle to limit the spread and effects of the epidemic.
5.4 Voluntary Testing for HIV	The Belize Public Service is not to carry out mandatory pre-employment HIV testing as part of the assessment of fitness to work. Also, no mandatory HIV testing is to be carried out as part of periodic examination of Public Officers. Voluntary testing for HIV/AIDS shall be encouraged with appropriate pre and post-test counseling services made available and accessible.
5.5 Confidentiality	Information about the HIV status of a Public Officer shall be treated confidentially by the Physician and such information shall not be divulged to others without the consent of the Public Officer concerned. A Public Officer is not obliged to inform the employer regarding his/her HIV/AIDS status except where the Officer feels that sharing such information with a supervisor would be helpful.
5.6 Information, Education & Communication	Public Officers are to have access to complete and updated information and educational programs on HIV/AIDS as well as support services and referrals. Information, education and communication are effective in empowering people to take control of their own behavior and control exposure to HIV.
5.7 Prevention	"At present, AIDS has no cure, but it is preventable. Adequate effort is therefore required to use the workplace as one of the important sites for enacting appropriate preventive measures, targeted to suit national conditions and provided in culturally sensitive ways." ( <i>National HIV/AIDS Workplace Policy, 2006, Article 4.12, p.8</i> )
5.8 Care and Support	"Belize endorses a responsibility for including adequate measures for the care and support of individuals who are HIV+ or affected by full-blown AIDS". ( <i>National HIV/AIDS Workplace Policy, 2006, Article 4.13, p.8</i> )



	The responsibility should be shared by the Belize Public Service and other key stakeholders including family members of those infected or affected.
5.9 Gender Equality	“Women are more likely to become infected and more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural or economic reasons. Corrective behavioral change measures should be promoted with emphasis placed, wherever necessary, on correction of conditions placing women at greater risk.” ( <i>National HIV/AIDS Workplace Policy, 2006, Article 4.7, p.7</i> )
<b>6.0</b> <b>The Role of Key Players</b>	The HIV/AIDS epidemic is no longer only a health issue, but rather a development concern. Belize has adapted a multi-sectoral approach to its response to HIV/AIDS. It is therefore imperative that the HIV/AIDS response is made everybody’s responsibility. The diverse roles of stakeholders are derived from their mandates and key functions.

#### 4.14 SEXUAL AND REPRODUCTIVE HEALTH POLICY, 2002

<b>4.0</b> <b>Principles</b>	<ol style="list-style-type: none"> <li>1. All individuals should be able to enjoy all human rights and fundamental freedoms. Achieving social equity and justice is a priority objective of the Government of Belize, in particular for girls and women, indigenous and other disadvantaged groups.</li> <li>2. National development can only be achieved with the full and equal participation of women in public and private decision-making, and their access to equal opportunities in all aspects of social and economic activity.</li> <li>3. Mainstreaming a gender perspective in all policies, programs and activities is essential to the achievement of the goals of gender equity, social integration, social justice, and sustainable economic development. The relations between men and women must be based on mutual respect and shared rights and responsibilities.</li> <li>4. Population policies and family planning programs must uphold the principles of voluntary and informed choice, response to unmet needs, and should not impose coercive measures that violate the fundamental human rights and religious freedom of women and men.</li> <li>5. Transparency, accountability and good governance in all public, private and international institutions, in the budgetary process as well as the delivery of services, should be emphasized at all levels.</li> <li>6. Research must be conducted at all stages by gender and user perspectives. Research should be carried out in strict conformity with international and national accepted legal, ethical and technical standards for biomedical research. It must also be conducted with the participation of rural and urban communities and relevant institutions at all levels of the research and development process.</li> <li>7. Partnerships with civil society are considered an integral element of government policy and program and program planning, implementation, monitoring and evaluation.</li> <li>8. Health and education are factors of development. These must be dealt with as part of the inter-related social, economic, and poverty eradication efforts and are vital for the unleashing of human potential and securing peace and development for all.</li> <li>9. The Government of Belize places high priority over the health of all Belizean</li> </ol>
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	<p>citizens and legal residents. Within this context sexual and reproductive health is seen as an important component.</p> <ol style="list-style-type: none"> <li>10. Improving people’s health is inseparably linked to a safe, friendly caring and human environment.</li> <li>11. Healthy sexual and reproductive life, beyond the focus on demographics and family planning, is a prerequisite of socioeconomic progress and sustainable development.</li> <li>12. Sexual and reproductive health and rights are an integral part of development.</li> <li>13. Education is fundamental to improving health, productivity, individual empowerment, quality of life, sustainable development, and respect for human rights. It must allow our people to develop values for healthy living, fostering self-esteem and a sense of social responsibility. Study and work must be creatively linked.</li> <li>14. Public information and education are essential to attaining sustained improvements in sexual and reproductive health. Preventive health care, rather than reliance on costly curative care, largely depends on empowering people to manage their own health based on reliable information. Education efforts must therefore also enable men and women to become aware of, and exercise their rights in this area.</li> <li>15. The father, as an integral part of the family, should participate in all family matters including prenatal care and counseling, participation during labor, and particularly in the care of adolescents and late-parity women.</li> <li>16. Human rights recognize the right of women to control all aspects of their health, particularly their own fertility which is basic to their empowerment.</li> <li>17. Women’s empowerment is essential to achieving gender equality and sustainable development. Investments in girls and young women are therefore critical to achieving priority socioeconomic development objectives.</li> <li>18. Discrimination against women and children begins at the earliest stages of life and must be addressed from then onwards.</li> <li>19. Young people’s participation and integration in society requires that they be enabled to manage their sexual and reproductive lives in an informed way. Through education and services that meet their developmental needs.</li> <li>20. In all actions concerning children, the best interests of the child are a primary consideration and guiding principle of those responsible for his or her education and guidance. The responsibilities, rights and duties of parents or legal guardians must be taken into account in the development of sexual and reproductive health information, education, and services to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the child’s exercise of his/her rights.</li> </ol>
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**5.0 Commitments**

<p>5.1 General Commitments</p>	<ol style="list-style-type: none"> <li>1. The Sexual and Reproductive Health Policy will be implemented within the framework of the interrelated commitments made in national laws and international agreements to people-centered sustainable development and human rights. These include the Convention on the Elimination of All Forms of Discrimination Against Women, the United Nations Conference on Environment and Development, the Convention on the Rights of the Child, World Summit Goals for Children, the Vienna Declaration and the Program of Action of the World Summit on Social Development, and the Program of Action</li> </ol>
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	<p>of the International Conference on Population and Development.</p> <ol style="list-style-type: none"> <li>2. In the implementation of agreements, ensure an integrated and inter-sectoral approach, cutting across traditional sectoral boundaries so as to protect and promote health for all through economic and social development, taking into account the health dimensions of policies and budgets in all sectors, and recognizing the interrelationships between populations, environment, development, and social exclusion eradication.</li> <li>3. Eradicate poverty through people-centered social, human development, education and employment policies that recognize health as a developmental factor, based on a multi-sectoral, gender sensitive approach, and on cultural and ethnic perspectives in order to achieve equitable health for all.</li> <li>4. Ensure universal and equal access to quality based education. These include completion of primary, secondary or vocational schools, or receiving skills training, regardless of family income, closing gender gaps in primary and secondary education, with particular attention to girls and women.</li> </ol>
<p>5.2 Specific Commitments</p>	<p><b>Sexual and reproductive rights for men, women and adolescents</b></p> <ol style="list-style-type: none"> <li>1. Secure and incorporate into national legislation the right to the enjoyment of the highest attainment standard of social, physical and mental health throughout the life span, including the area of sexual and reproductive health, on the basis of equality between men and women, and boys and girls.</li> <li>2. Reform laws and strengthen institutions to enable men and women, on the basis of equality, to take responsibility for and exercise their sexual and reproductive rights, including in the area of sexual and reproductive health, and eliminate coercive or discriminatory laws and practices, including those related to HIV/AIDS and STIs.</li> <li>3. Procure equitable representation of men and women in all sectors and</li> <li>4. levels of national and international policy-making, including participation in the political process, employment, income-generating activities, education, health, science and technology-and take positive steps to promote and increase the number of women at all levels of the health care system and the health professions, including science and research, based on non-discriminatory professional standards to achieve equality at the earliest possible date.</li> <li>5. Ensure responsible, informed, free contraceptive choice and consent by providing complete and accurate information on a full range of methods and medical options, including the potential benefits and side-effects, that enables individuals and couples to make voluntary informed decisions on matters related to sexual and reproductive health, (family planning, prevention of mother to child transmission of HIV/AIDS and STIs).</li> <li>6. Ensure Universal access to comprehensive sexual and reproductive health information and services/methods appropriate for women, men and adolescents.</li> <li>7. Strengthen and reorient wholesome health education including sexual and reproductive health (to be provided in schools and health services, including the primary health care programs), by qualifying personnel so as to meet the physical and mental health needs of men, women, girls and boys.</li> <li>8. Encourage men to access sexual and reproductive health counseling and care.</li> <li>9. Ensure that all health services and providers conform to human rights, ethical,</li> </ol>

professional and gender-sensitive standards in the delivery of health services, including family planning, STIs, HIV/AIDS and other related reproductive health services.

10. Access to family life development will be made available to the population with a focus on our adolescents.
11. Eliminate discrimination against HIV/AIDS infected individuals, including practices of employers that request proof of no HIV infection or denial of employment or dismissal of HIV infected people.
12. Develop and implement programs to discourage early sexual activity and pregnant.
13. Strict enforcement of laws concerning the minimum legal age of consent and the minimum age of marriage.
14. Promote responsibility and equal partnerships between men and women, for the equal sharing of rights and responsibilities in all areas of public and private life, including family life and sexual and reproductive behavior, through laws, policy reforms and changes in social-cultural patterns.
15. Encourage and support men to share equally in child rearing and child support, household and family responsibilities, family planning practices and other reforms and measures, to enable parents to combine work responsibilities with family obligations, including parental leave.
16. Establish the necessary conditions and procedures to encourage victims of violence to report violations of their rights and provide them with full and equal access to the mechanisms of protection and justice, and to just and effective remedies, including through the provision of low-cost or free legal assistance for those living in poverty.
17. Ensure that the human rights of women, including their sexual and reproductive rights, are fully respected and protected, and enable women to realize these rights.
18. Eliminate discrimination against women on the grounds of motherhood and their role in procreation, including practices by employers that require proof of contraceptive use, or denial of employment or dismissal based on pregnancy, maternity leave, or breast-feeding.
19. Review laws containing punitive measures prohibiting the accessing of counseling and mental health services for those who have undergone abortion. In no case should abortions be promoted as a family planning method.
20. Ensure access to quality comprehensive health care for women who have undergone abortions, including past abortion attention and family planning counseling.
21. Include more women in essential leadership positions in health sector and other related public bodies, with an integral target of a percentage of appointees being women.
22. Amend, enact and strictly enforce legislation and take preventive measures to protect children, women, youth and elderly from all forms of violence and sexual abuse, including rape.
23. Develop age-appropriate, safe and confidential programs for medical, social, psychological, rehabilitation and support to assist girls and boys who are subjected to violence and sexual abuse including rape.

**Sexual and reproductive health care**

1. Develop a comprehensive national strategy to ensure universal access to all individuals and couples of appropriate ages throughout the life cycle to high quality, affordable sexual and reproductive health service, including STI management at the primary level, cervical and prostate cancer screening, evidenced based advice for reproductive services, and the improving of maternal and obstetric services.
2. Ensure that all persons have access to quality, comprehensive, and gender and age specific reproductive health services, encourage the participation of men in sexual and reproductive health services through a National Health Service package. Support integral sexual and reproductive health education and services for young people with parental support and guidance that stresses the responsibility of males and females for their own sexuality and fertility.
3. Design and implement gender—impact assessments using qualitative and quantitative data disaggregated by sex, age, other demographic criteria and socioeconomic variables.
4. Develop goals and time frames for improving women’s health and for planning, implementing, monitoring and evaluating programs.
5. Ensure accurate information and access to the widest possible range of safe and effective family planning methods appropriate to the individual’s age, parity, family size preference, and other factors, including information on health risk and benefits to enable men and women to exercise free and informed choice.
6. Implement programs to address the nutritional needs of pregnant women aimed at preventing and eliminating iron deficiency anemia by 50 per cent by the end of the year 2002.
7. Reduce iron deficiency and anemia and implement supplementation of Folic Acid programs for adolescent girls and women of childbearing age.
8. Reduce maternal mortality and morbidity by strengthening integrated safe motherhood programs, increasing investments in human resources, infrastructure and transportation.
9. Provide access to safe motherhood services as part of integrated reproductive health in the context of primary and secondary health care to all of the population, and especially to disadvantages groups. Family planning programs should be included.
10. Give highest priority to women with reproductive risk factors or with difficult pregnancies through improves access to enhanced family planning information and services.
11. Develop mechanisms to evaluate progress in reducing maternal and neonatal mortality and morbidity to ensure and improve quality of life.
12. Develop or/and strengthen programs to provide information, early detection and treatment services for women and men on cancers of breast, cervix, prostate gland and infections and other conditions of the reproductive tract.
13. Provide information, counseling and care on the prevention of sexually transmitted infections, including HIV/AIDS and its implications with emphasis on mother to child HIV transmissions.
14. Provide family planning services and promotion of longer intervals between births.

15. Provide compassionate counseling and reliable information for women who have unwanted pregnancies.
16. Design and implement a referral network of services for conditions related to family planning, pregnancy, delivery and abortion complications, infertility, reproductive tract infections, sexually transmitted infections and HIV/AIDS, and cancers of the reproductive system, including breast, cervical and prostate cancer.
17. Provide rehabilitation and support programs for victims of family violence and sexual abuse, including confidential counseling and mental health care.

#### **Adolescents**

1. Protect and promote the rights of adolescents in and out of school to appropriate sexual and reproductive health information and services in order to reduce the number of adolescent pregnancies.
2. Eliminate discrimination against young pregnant women and provide support to adolescent programs that assist teenage parents to develop parenting skills, encourage personal development and assist teenage mothers and fathers to remain in, or return to school or access vocational training.
3. Develop integrated service, information and educational programs for adolescents that address belonging relationships, fulfilling adolescent growth and development, adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, sexually transmitted infections and HIV/AIDS.
4. Discourage regulatory and social barriers and define the legal conditions that will facilitate the access to productive health information and services for adolescents.
5. Safeguard the rights of adolescents of privacy, confidentiality, respect and informed consent regarding sexual and reproductive health information and services with the support and guidance of their parents in line with *Convention on the Rights of the Child*.
6. Support non-governmental youth organizations and schools in order to strengthen their involvement in the design, implementation and evaluation of sexual and reproductive health programs and policies that concern them, including teenage pregnancy, sexuality education, sexually transmitted infections, and HIV/AIDS.
7. Involve and train all who are in a position to provide counseling and guidance to adolescents concerning sexuality. These include parents, principles, teachers, community members, and health care providers.
8. Reorient health education and services, particularly primary health care, to meet the needs of adolescents, young expectant mothers, fathers, and their offspring.
9. Provide counseling on gender relations, violence and sexual abuse, sexual reproductive health and responsible behavior, and sexuality education and information for the prevention of sexual transmitted infections and HIV/AIDS during adolescence.
10. Provide confidential, social and mental health services for adolescents who have experienced any form of gender based violence and for the prevention and treatment of sexual abuse and incest.

11. Ensure that the programs and attitudes of health care providers do not restrict access of adolescents to the services and information they need.

#### **Public information and education**

1. Raise awareness of and discourage the important role of the media in educating people about the causes and effects of gender based violence, in eliminating degrading and violent portrayals, and in stimulating public debate about the topic.
2. Involve entertainment and mass media more effectively in mobilizing public awareness on gender sensitivity and sexual and reproductive health and rights issues.
3. Mobilize public opinion and launch public education campaigns in support of sexual and reproductive health with emphasis on safe motherhood, antenatal care, safe delivery, caring of newborn and family planning, male responsibility, gender equality/equity, responsible sexual behavior, the prevention of child abuse, gender-based violence, sexually transmitted infections and HIV/AIDS, teenage pregnancy, and the early prevention, detection and treatment of breast, cervical, prostate and other cancers of the reproductive system.
4. Provide information centers on sexual and reproductive health issues for adults, parents and adolescents.
5. Develop gender and culturally-sensitive information, education and communication plans to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction.
6. Provide information, education and counseling on human sexuality, sexual and reproductive health, and responsible parenthood, including the effective prevention of sexually transmitted infections and HIV.
7. Develop educational programs to engage men's support for maternal health and safe motherhood.
8. Promote public education on the benefits of breast-feeding and ensure that hospitals/clinics be mother and baby friendly and encourage community participation in breast-feeding support programs.
9. Support efforts to increase women's awareness of their rights, including the areas of sexuality and reproduction, and strengthen women's groups and their efforts to launch national campaigns on these issues.
10. Introduce education about population issues, health and nutrition information, including sexual and reproductive health, family planning, STIs and HIV/AIDS prevention, and gender equality and equity in primary school and through all levels of formal and non-formal education.
11. Remove regulatory and social barriers and define legal conditions to facilitate the teaching of sexual and reproductive health education within the formal school system.
12. Promote programs directed at the education of parents, and involve parents and community leaders in population education, to ensure their acceptance and better support the maturation of their children in the areas of sexual behavior and reproductive health.

#### **Implementation**

	<ol style="list-style-type: none"> <li>1. The Ministry of Health will take the lead role in the monitoring and the implementation of the commitments in this policy and will engage in timely assessments/evaluation of the benefits and worthiness of the services provided.</li> <li>2. The Ministry of Finance will make budgetary allocations available to the Ministries of Education, Health and Human Development, Women and Civil Society and Youth to ensure proper implementation of the Reproductive Health Policy.</li> <li>3. The Ministry of Health and relevant associations will research how sexuality, age, and gender differentials in different cultural settings affect health, particularly on: discrimination and violence against women; male attitudes; risk taking behavior regarding sexually transmitted infections, HIV/AIDS, reproductive tract infections and unplanned pregnancies; the determinants and consequences of induced abortion; cancers; and the provision and utilization of existing services, technologies; and treatment.</li> <li>4. The Ministry of Health and the Ministry of Finance will establish mechanisms to monitor the impact of ongoing reform processes (e.g. health education) and the impact of structural adjustment measures on the reproductive health of Belizeans.</li> <li>5. The Ministries of Health, Education, Youth and Human Development, Women and Civil Society will provide training for health care providers on adolescent's needs and perspectives in the area of sexual and reproductive health, including on the need to respect their right to privacy, confidentiality, and informed consent and to avoid judgmental attitudes.</li> <li>6. The Ministry of Health and Human Development, Women and Civil Society will provide training for health care providers to recognize and care for adolescents and those of all ages who have experienced any forms of violence especially domestic violence and sexual abuse.</li> <li>7. The Ministry of Health will ensure that Traditional Birth Attendants are trained, monitored and certified by the Ministry of Health and re-certified every five years to enable them to practice their profession competently.</li> </ol>
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#### 4.15 NATIONAL GENDER POLICY, 2002

<p><b>4.1 Health</b></p>	<p>A number of advances have been achieved in the health system in recent years, including improved local access to health services, reductions in mortality rates and fertility rates, and increases in infant vaccination rates. The introduction of iron and vitamin A supplementation programs and pap smear testing and cervical cancer screening are expected to produce further marked improvements in health standards.</p> <p>Nevertheless, a number of problems persist, including those with a dimension of gender disparity. The growth retardation of children is more likely to affect boys, women have rapidly overtaken men in becoming the victims of HIV, factors associated with the termination of a pregnancy are the leading cause of hospitalization of women of child-bearing age, and women are more likely to suffer from food insecurity exacerbated by low income.</p>
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Significantly, the recent introduction of a pilot National Health Insurance Scheme is also expected to enable major advances to be made in access to, the affordability of, and the widespread provision of a range of health services.

### **Reproductive health**

The reproductive health of the population of child-bearing age is clearly of central importance. Reproductive health problems are the leading causes of morbidity and mortality for women in that age group (15-44 years). Cervical cancer is the primary cause of death in such women, is intimately associated with a sexually transmitted viral infection, and is preventable. Abortion related factors are the leading cause of hospitalization among females of child-bearing age. For men, prostate cancer is the third most common cancer, and can be cured if detected early. Teenage pregnancy is declining but remains high. Total fertility rates are also declining but remain high by regional standards. A high fertility rate is strongly linked to high morbidity and mortality of both mother and child. Contraception usage appears to be increasingly used as a birth control means, but reportedly is not so widespread as a means of preventing the spread of STI and HIV infections, which are rising at an alarming rate.

27. The draft National Reproductive Health Policy shall be urgently adopted and accompanied by an implementation strategy.
28. Principal quantitative indicators of reproductive health shall be formulated and regularly monitored by MoH.
29. Recognizing the poorer use made by men of sexual and reproductive health services, measures will be adopted to promote male use of such services.
30. Universal access to family planning will be ensured by the removal of legal, clinical and regulatory obstacles to information and access to contraceptive methods.
31. Traditional Birth Attendants (TBAs) shall be trained, monitored and certified by MoH, and re-certified every five years, to enable them to practice their profession competently.

### **Teenage fertility rates**

Although teenage pregnancy rates have declined (in fact, the rate for 15-19 year olds declined by 31% between 1991 and 1999: more than any other age group) they remain high. At the same time, there has been a decline in teenage marriage, although a substantial increase in teenagers in visiting relationships and a marked lowering of the age of first sexual union. Together, this means an increase in teenage sexual activity and decrease in teenage pregnancy, which suggests the success of public awareness efforts to promote 'safe sex' and use of contraception. However, this also suggests that any relaxation in public awareness campaigns and school-based education on reproductive health may result in a substantial increase in teenage pregnancies.

32. Public education campaigns – including school-based – on reproductive health shall be maintained *at least* at current levels.
33. School-based information on reproductive health will appropriately promote acceptance of the merits of delaying the age of first sexual union, as well as

encourage self-confidence and self-esteem to minimize the resort to sexual activity in order to 'prove' oneself.

34. Given that young males continue to be less knowledgeable of contraceptive methods than young females, specific targeting of information to them needs to be developed, along with an improved awareness of their responsibilities in such consequences of sexual activity as pregnancy, child care, STIs and HIV.

#### **Cervical cancer screening and pap smear testing**

Recognizing the importance of investing resources and efforts into the early detection of preventable diseases, MoH has adopted standardized reporting on pap smear testing within public and private health centers, and is presently increasing testing coverage at least ten-fold on recent rates. Material on cervical cancer screening has also recently been prepared for both health workers and the public.

35. The MoH will ensure that the target of 400 pap smear tests per month is met by mid-2003, and maintained.

#### **Male screening program**

The reluctance of or resistance by Belizean men to make proper use of health services has been a particular problem. Men have proved difficult to specifically cater to in the promotion of safe sex practices and in their attendance at clinics for regular health checks and screening across a range of areas, including blood pressure, STIs and prostate cancer. Prostate cancer only affects a small number of Belizean men, but early detection can result in prevention. It is the third most common cancer in men.

36. Locally-targeted campaigns will promote the importance to men of regular health checks and of early detection of communicable diseases, including STIs and HIV.
37. The MoH shall review the possible need for changes in the design and presentation of health centers and mobile clinics, to the extent that they may be viewed as more amenable to male access.
38. Measures will be taken to address continuing concerns about a lack of absolute confidentiality in medical services, especially to the extent that this may hinder routine use of primary health care.
39. A public awareness campaign will be adopted, targeted to men, which aims to promote wider acceptance of preventative health care and regular checkups in dealing with a range of health issues, including the promotion of positive role models and the positive roles to be played by men in ensuring healthy families.

#### **The prevention of unwanted pregnancies**

Apart from related efforts in promoting responsible sexual practices, many pregnancies continue to be unplanned (25%, according to the 1999 FHS): either 'mistimed' or 'unwanted'. Since 1991, there has been a decline in the rate of unwanted pregnancies to 10%, and this should continue to decline as

reproductive health education continues and access to family planning methods improves. Nevertheless, abortion-related reasons continue to be the single most prevalent reason for the hospitalization of women of child-bearing age in Belize. (It is important to note the “difference between an unwanted pregnancy and an unwanted child. Very few Belizean mothers would suggest that their children are unwanted.” (Jagdeo (1993), p 56))

Belize averages 600 abortions each year (700 in 2000, the most recent year data are available). The abortion rate is approximately 8% of the combined pregnancy (terminated and live birth) rate, and thus represents a very high proportion of ‘unwanted’ pregnancies. These are procedures initiated in private GP surgeries and ‘completed’ within the public hospital system. The number of women who don’t enter the hospitals, or who seek treatment outside Belize, is not known. The share of teenage females seeking terminations is lower than many would estimate, at 15% of the total, compared to that age group comprising around 19% of live births. The abortion rate rises with the age group. This reflects the fact that, as age increases, the rate of ‘mistimed’ pregnancies decreases and the rate of ‘unwanted’ pregnancies increases.

The number of pregnant women who terminate their pregnancy is a matter of serious concern, both in comparative and absolute terms, especially in view of the provisions of the *Criminal Code Act* and of associated health risks. A woman who procures an abortion or miscarriage is liable to a term of life in prison, and a person who causes such abortion or miscarriage may be sentenced to 14 years in prison. (*Criminal Code Act* (S 111)) Many Belizean women are presently vulnerable to life sentences, which can hardly be considered to be acting as a disincentive, but is forcing them to submit to unsafe procedures. A major problem for many women with an unwanted pregnancy – especially those who may decide to terminate their pregnancy – is that present laws and social attitudes mean that she will often make such critical decisions without the benefit of informed counseling and support services. In order to overcome such barriers, all available measures should be legal and safe, and advisory services objective, confidential and comprehensive. In the absence of such conditions, Belize presently suffers from an alarmingly high rate of (viz. most, if not all) abortions outside of the formal and safe public health system. Proper counseling of options, whilst making access to all options safe and legal, would clearly also produce a reduction in the current rate of resort to pregnancy terminations.

40. Women who have an unwanted pregnancy shall be afforded access to confidential and compassionate counseling and reliable information on all options which they have available to them, as a means of enabling a woman to make a fully-informed decision free of imposed options.
41. Counseling, information and services shall be provided for women who encounter complications during pregnancy, and which result in the loss of the fetus, including services in the event of post-operative complications.
42. In consultation with relevant stakeholders, GOB will begin the process of reviewing all laws containing punitive measures against women who have procured illegal abortions.

43. Statistics collated through the National Health Information System will seek to make a distinction between miscarriages and induced abortions.

#### **HIV transmission rates**

In the 15 years from the first known case of HIV in Belize to December 2001, there have been 451 cases of acquired immunodeficiency syndrome (AIDS) and 1866 diagnoses of HIV. During 2001, a further 72 people were diagnosed with AIDS and another 310 contracted HIV. The main mode of transmission is heterosexual sexual contact (71%), followed by bisexual or homosexual contact (22%). It is understood that the number of HIV-positive Belizeans who remain undetected may exceed the number that have been diagnosed, which indicates the enormity of the HIV 'epidemic'. Factors contributing to the rise in HIV/AIDS cases are attributed to promiscuous behavior by both sexes, but particularly men, lack of knowledge of the ways in which HIV is transmitted, failure to take preventative action (even among people who know that they are at risk), initiation of sexual activity at an early age, and cultural practices which put women at risk. Despite public awareness efforts, barely 30% of people who have heard of HIV/AIDS perceive themselves as being at risk of contracting the virus. Of those who consider themselves at some risk only a small minority are actually using condoms.

44. A clear and transparent protocol will be developed and adopted for the administration of antiretrovirals, including with attention to a person's lack of affordability.
45. Current efforts to raise public awareness of HIV/AIDS and to promote safe sex practices by both men and women will be maintained at a growing level consistent with the growth in the virus.
46. HIV education initiatives will include awareness-raising of the risks of unprotected sexual contact, particularly other than through penis-vagina intercourse.
47. The effective implementation of the national HIV/AIDS protocol will be an immediate priority.
48. Discrimination against HIV-positive people will be addressed by the elimination of employer practices that deny employment to, or lead to the dismissal of, people who are HIV positive.

#### **Female vulnerability to HIV/AIDS**

The male: female HIV ratio was 1:9 in 1996, 1:6 in 1998 and 1:2 in 2000. For 2001, it was approximately 1:1 (females being more than 40% of all new cases). It is likely that, by 2002, women are contracting HIV at a faster rate than men. Indications are that this is due to HIV positive men continuing to have unprotected sex with multiple female partners.

49. The recent criminalization of the knowing and willful transmission of HIV will be forcefully applied and breaches prosecuted (the sooner a successful prosecution occurs, the sooner a strong message will be sent to the target population).
50. Current efforts to empower women in negotiating safe sex will be

maintained, and promoted as a primary right of women to protect themselves.

#### **Mother-to-child HIV transmission**

Perhaps the most alarming aspect of HIV in Belize is the growth in mother-to-child transmission (MCT). This is clearly impacted by the growth in female HIV rates. HIV testing is presently a voluntary part of prenatal testing. Of 600 women tested at Cleopatra White Health Centre in 1994, 0.8% tested HIV positive; of 500 women tested at Matron Roberts Health Centre in 1996, 2.5% tested positive; and of 500 women tested at Port Loyola Health Centre in 1998, 4.8% tested positive. MCT occurs at a rate of 25-35% without intervention. The MCH Unit introduced an MCT prevention program in December 2000, which aims to reduce HIV transmission via antiretrovirals (nevirapine) and promotion of alternative feeding methods. An increasing proportion of HIV-positive women are single mothers, and this compounds the nature of the problem and its effective treatment. Another serious impediment is inadequate early detection and a failure to detect in many pregnant women who elect not to be tested. (It is not certain whether women choose not to be tested because they believe they are not at risk, or that they may suspect that they are at risk but don't wish to know. The latter is considered indefensible, given the potential consequences when the infant is born.) Early experience within the MCT prevention program is that there is a very high voluntary screening rate by pregnant women afforded appropriate counseling and advice (eg. around 98% in Stann Creek district): the achievement of such voluntary rates at a national level would avoid the need to consider mandatory screening. Nevertheless, there is an obligation to maximize the detection of cases of MCT to ensure early and appropriate interventions.

51. The Mother to Child Prevention of HIV Transmission program will be maintained at necessary levels, and 'best practice' within districts promoted within the program.
52. HIV testing shall be a standardised routine procedure within health centers, in order to institute early interventions of antiretrovirals, counseling, the promotion of safe sex practices and information on safe infant feeding.
53. District-level screening rates of pregnant women will be monitored, with a view to achieving full national compliance by end-2003.
54. There will be expanded training of health workers in counseling on Mother to Child HIV Transmission.
55. Antiretrovirals will be provided to all HIV-positive women for the benefit of both the woman and the infant.
56. The MCH Unit will institute routine infant testing beyond the 10-month mark, given that the child has a 30% chance of a subsequent infection status.