

# Belize Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 01/01/2012

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**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

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**Describe the process used for NCPI data gathering and validation:**

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

## NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
National Aids Commission	Kathleen Esquivel, Chairperson	A1,A2,A3,A4,A5,A6
National AIDS Programme Ministry of Health	Dr. Marvin Manzanero, Director	A1,A2,A3,A4,A5,A6
National AIDS Commission	Allison Green, Executive Director	
HIV Unit Youth for the Future, Ministry of Youth	Eckert Middleton, Coordinator	A1,A2,A3,A4,A5,A6
National AIDS Commission	Martin Cuellar, Past Executive Director	
National AIDS Commission	Jamin Castillo, Monitoring and Evaluation Officer	
Quality Assurance and Development Services, Ministry of Education	Nelson Longsworth, Director	A1,A2,A3,A4,A5,A6
Northern Regional Hospital	Nurse Veronica Ortega, VCT Nurse	A1,A2,A3,A4,A5,A6
District Committee	Clemente Novelo, Corozal NAC	

## NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
Hand in Hand Ministries	Abel Vargas, Executive Director	B1,B2,B3,B4,B5
Collaborative Network of Persons Living With HIV	Eric Castellanos, Executive Director	B1,B2,B3,B4,B5
Women Issues Network of Belize	Carolyn Reynolds, Director	B1,B2,B3,B4,B5
US Embassy	Carmen Silva, Political and Economic Assistant	B1,B2,B3,B4,B5
United Advocacy Movement in Belize	Caleb Orosco, Executive Director	B1,B2,B3,B4,B5
Belize Red Cross	Lilly Bowman, Director General	B1,B2,B3,B4,B5
Karl Heusner Memorial Hospital	Dr. Pedro Arriaga, Internist	B1,B2,B3,B4,B5
UNFPA	Erica Goldson, Deputy Country Representative	B1,B2,B3,B4,B5
Belize Family Life Association	Joan Burke, Executive Director	B1,B2,B3,B4,B5
YES	Karen Cain, Executive Director	B1,B2,B3,B4,B5
Young Women's Christian Association	Sonia Linares, Director	B1,B2,B3,B4,B5
Go Joven/ Chairperson, Belmopan HIV Committee	Eva Burgos, Director	B1,B2,B3,B4,B5
Productive Organization of Women in Action	Michelle Irving, President	B1,B2,B3,B4,B5
PASMO	Guadalupe Huitron/Keron Cacho, Country Representative	B1,B2,B3,B4,B5
USAID/PASCA	Martha Carillo, Country Representative	B1,B2,B3,B4,B5
UNDP	Maisoon Ibrahim, HIV Project Coordinator	B1,B2,B3,B4,B5

## A.I Strategic plan

### 1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

**IF YES, what is the period covered:** 2012 - 2016

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:** The 2012 Global Progress Response Report indicated that the process of developing the new HIV Strategic Plan for Belize was unanimously described by all the key informants as the most inclusive and participatory in the history of the response in Belize. Informants stated that they felt a sense of ownership and responsibility with the new NSP as they were involved in the process of developing and validating it as the process allowed for greater involvement of key vulnerable populations such as persons living with HIV, men who have sex with men, and sex workers. The process was based on the evidence as data from a multitude of recent assessments as well as the Belize Health Information System was used to guide and inform. The new NSP was also described as being more human rights based and gender responsive. In 2011 the NCPI reported a score of 7 for strategic planning which was an increase of points from 2009.

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** The multisectoral National Aids Commission has responsibility for the development and implementation of the National Strategic Plan. The National AIDS Commission ACT stipulates representation at the highest level from the Ministry of Health, Ministry of Education, Ministry of Tourism, Ministry of Security, Ministry of Labour and the Ministry of Human Development, Social Transformation and Poverty Alleviation. In addition the NAC has established district branches within 5 districts including the island of San Pedro.

**1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?**

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Social Welfare:**

**Included in Strategy:** No

**Earmarked Budget:** No

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Other:** Tourism

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:** Government agencies included in the national strategy receive their funding through the national budget. However, some government agencies that do not have specific national budgets for HIV use funding from other line items in the Ministry budget. Also, in instances where the funds are minimal or non-existent, resources are mobilized through international donors and technical partners such as the Global Fund, UNAIDS, UNDP, PAHO, UNICEF, UNFPA, USAID, UKAID and other partners based in and out of the country.

### **1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

#### **KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

#### **SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

#### **CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** Yes

**HIV and poverty:** No

**Human rights protection:** Yes

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** clients of sex workers, intimate partners of vulnerable persons, males at risk and women in difficult circumstances.

: Yes

**1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?**: Yes

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**1.7. Does the multisectoral strategy or operational plan include:**

**a) Formal programme goals?:** Yes

**b) Clear targets or milestones?:** Yes

**c) Detailed costs for each programmatic area?:** No

**d) An indication of funding sources to support programme implementation?:** No

**e) A monitoring and evaluation framework?:** Yes

**1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:** Moderate involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:**

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:** Key informants were of the opinion that civil society needs to be more proactive in its involvement. Not all civil society organizations that are members of the Commission are able to meaningfully contribute to the process.

**1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:** Yes

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:** Yes, some partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:** In 2012 it was reported that key external partners such as the Principal Recipient for the Global Fund, UNAIDS, USAID and PANCAP were engaged in the process of aligning their plans with the HIV Strategic Plan 2012-2016. However, two years after it is felt that the National AIDS Commission is not fully aware of what some external partners are doing and the NAC is not always informed of activities to ensure that these are a part of the national priorities. In some instances, it was felt that external agencies have their own agenda and that this is not always aligned with the National Strategic Plan.

## **2.1. Has the country integrated HIV in the following specific development plans?**

### **SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** No

**Poverty Reduction Strategy:** No

**National Social Protection Strategic Plan:** No

**Sector-wide approach:** No

**Other [write in]:** Even though the Common Country Assessment/UN Development Assistance Framework includes HIV, it is felt that these are not sufficiently aligned with the current priorities at the national level and thus, are not fully integrated as a part of the national response.

: No

## **2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?**

### **HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** Yes

**HIV impact alleviation (including palliative care for adults and children):** Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:** Yes

**Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:** Yes

**Reduction of stigma and discrimination:** Yes

**Treatment, care, and support (including social protection or other schemes):** Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):** Yes

**Other [write in]:**

: No

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:** No

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:**

**4. Does the country have a plan to strengthen health systems?:** No

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:** During the past two years this has been done through the Policy Analysis and Planning Unit of the Ministry of Health. Through the Belize Health Sector Reform plan there has been increased number of staff in labs and pharmacies. There have also been improvements in the ART distribution system including purchasing of mobile units for testing and the acquisition of CD4 machines. This has also resulted in additional equipment for the Belize Central Medical Laboratory.

**5. Are health facilities providing HIV services integrated with other health services?**

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Few

**b) HIV Counselling & Testing and Tuberculosis:** Few

**c) HIV Counselling & Testing and general outpatient care:**

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Few

**e) ART and Tuberculosis:** None

**f) ART and general outpatient care:** Many

**g) ART and chronic Non-Communicable Diseases:** Many

**h) PMTCT with Antenatal Care/Maternal & Child Health:** Many

**i) Other comments on HIV integration: :**

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area:** One of the most significant achievements reported in the past Global Response Progress Report 2012 was the development of the new HIV Strategic Plan for 2012 - 2016 and its accompanying Operational Plan. During the past two years 2011-2013 there has been an emphasis on conducting greater consultations at different levels of the national response. The NCPI 2012 had indicated that one of the greatest challenges to strategy implementation was greater involvement and consultation with the community-based HIV committees. During the past two years efforts were undertaken to address this gaps as there has been a country-wide consultation with the district committees as well as the involvement of most at risk and vulnerable populations. There has been greater focus on implementing strategies which address stigma and discrimination as well as the need for legislative review. Another focus of the strategic planning has been on prioritizing sustainability and focusing efforts to develop an investment case approach. During the past two efforts there has also been a stronger focus on monitoring and evaluation and on evidence-based planning through the Ministry of Health and the National AIDS Commission with support from key technical partners such as UNAIDS, USAID and the Global Fund Project. This is a major accomplishment since the 2012 NCPI had indicated the challenge to limited

dating and lack of evidence-based planning.

**What challenges remain in this area:** Key informants indicate that one of the challenges continues to be the lack of ownership and a sustained commitment to implementing the National Strategic Plan on the part of all partners involved including government, civil society and international partners. Key implementing partners also indicated that there are still limited human resources, funds and appropriate infrastructure will also pose challenges to the implementation of the strategies if these are not addressed urgently. Another major challenge continues to be the need to utilize existing data to inform planning and conduct further research to gather data on how to plan targeted programs for key vulnerable populations.

## **A.II Political support and leadership**

### **1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

**A. Government ministers:** No

**B. Other high officials at sub-national level:** No

#### **1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** The political support was not described as significant during the past 2 years, however, the passing of the Gender Policy and the Amendment to the Sexual Offences Code are recognized as key accomplishments and show of support even though these were not specifically linked to HIV and vulnerable populations .

#### **2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:** Yes

**IF NO, briefly explain why not and how HIV programmes are being managed::**

##### **2.1. IF YES, does the national multisectoral HIV coordination body:**

**Have terms of reference?:** Yes

**Have active government leadership and participation?:** Yes

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** Mrs. Kathy Esquivel, Chairperson

**Have a defined membership?:** Yes

**IF YES, how many members?:** 23

**Include civil society representatives?:** Yes

**IF YES, how many?:**

**Include people living with HIV?:** Yes

**IF YES, how many?:** 1

**Include the private sector?:** Yes



**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:** Yes

**3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::** This is accomplished to some extent through the coordination of the implementation of the National Strategic Plan and Operational Plan. Civil society and the government sector also work in collaboration as part of the 5 sub-committees of the National AIDS Commission. The local branches of the NAC at the district level also include representatives from both civil society and government which work in coordination to implement prevention and care and support services at the community level. The Ministry of Health works very closely with the private sector to conduct its HIV Testing Campaign. The Private Sector has collaborated with the Ministry of Labour in a project to develop HIV policies for the workplace

**What challenges remain in this area::** Even though some civil society and government entities have made efforts to coordinate at the national and local level during the past 2 years, there continues to be a need for more coordination. Funds are limited and in many instances priorities are lost when agencies take on fund-driven activities rather than strategic ones. Several of the key informants were of the opinion that at the national level it is still a challenge to get the different sectors at the table at the same time when the discussions need to happen.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

**5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

**Capacity-building:** Yes

**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** No

**Technical guidance:** Yes

**Other [write in]:**

: No

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:** Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:** No

**IF YES, name and describe how the policies / laws were amended:**

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::** There are a number of inconsistencies that have been identified in the 2008 revised Legislative Review of the National AIDS Commission. These include inconsistencies in the following areas: Employment, Housing, Equal educational opportunities, Homecare, Public health facilities and services, human rights issues such as the existing discriminatory laws against men who have sex with men, persons living with HIV and sex workers and the criminalization of HIV transmission. The unavailability to Sexual and Reproductive services to young people below the age of consent without parental permission is still a major issue.

**7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2013?: 6**

**Since 2011, what have been key achievements in this area::** Specific Ministries such as the Health and Labour state that they are satisfied with the political support received from their specific Ministers as their budgets have always been approved and the support for the implementation of any programs is always forthcoming. The Ministry of Labour reports that it has received very good support from the Minister for the Workplace Project implemented by this ministry in the form of budgetary allocations and involvement in the steering committee. At the national level the Prime Minister has called on the churches to respect the rights of gays in Belize and established commitments to universal periodic review of human rights. The Ministry of Health reports an expansion of the national lab to initiate viral load testing and support for the establishment of a new care and treatment protocol.

**What challenges remain in this area::** One of the major challenges continues to be limited funding for civil societies which has decreased dramatically since the focus is not longer on social development programs such as HIV and there are competing priorities at the global level. Based on this reality there is a need for more visible support especially from the Prime Minister and other government officials. There is the need to mainstream HIV within the different government ministries and to establish HIV budgets for these line ministries. The NAC is under the Office of the Prime Minister but to date none of the two PMs have done anything significant in support of the national response to HIV in Belize. They felt that there needs to be more public commitment to addressing HIV by high officials. Another challenge identified is the lack of and effective oversight body to monitor government’s performance towards keeping international commitments and agreements. As legislators and policy-makers government leaders have failed to adequately respond to the call of the United Advocacy Movement of Belize which seeks to repeal Section 53 which refers to specific sexual acts between consenting adults as a criminal act. This present law criminalizes sexual activities between men who have sex with men and legitimizes societal and institutional discrimination of this population. There is the need for more public discussion and support of stigma reduction as well as the reintroduction of comprehensive sexual health education in the current life skill curriculum of the Ministry of Education. The government continues to be influenced by evangelical and radical church leaders that oppose sex and sexuality education in schools including the topic of HIV.

### **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** No

**Other specific vulnerable subpopulations [write in]:**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** Even though there are no specific non-discrimination law protecting persons who are vulnerable to HIV, Section 16.2 of the Belize Constitution states that “no person shall be treated in a discriminatory manner by any person or authority”. The revision of the Labour Act 2011 under section 42.1 which relates to unfair dismissal now includes protection from dismissal or the imposition of disciplinary action against workers based on their HIV status. This is the only law that specifically makes reference to non-discrimination in relation to HIV.

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** The Ministry of Labour represents the mechanism in place to monitor the enforcement of the Labour Act. The revision of the Labour Act is a most recent development and the Ministry of Labour is in the process of socializing this new information among employers and employees. The Women’s Department has the responsibility to monitor the implementation of the Domestic Violence Act and to effectively advocate for its enforcement.

**Briefly comment on the degree to which they are currently implemented::** Even though the Constitution includes a clause on non-discrimination, there is still the need to introduce laws to give this greater functionality. There have been cases in which the Constitution has been used to demonstrate discriminatory actions against persons for example in the case of Maria Roches vs. Wade in which the Catholic Church was found to have discriminated against Ms. Roches when she was dismissed due to her being pregnant out of wed-lock. Presently, the United Advocacy Movement of Belize, a gay rights organization has posed a challenge to the Attorney-General’s Office on the unconstitutionality of Section 53 which includes consensual anal sex among adults as an unnatural crime. The basis of their argument is the unconstitutionality as it relates to discrimination against persons. The ruling was supposed to be passed in July 2013. To date, it has still not been passed.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?:** Yes

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** Yes

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable populations [write in]:** clients of sex workers, discordant couples

: Yes

**Briefly describe the content of these laws, regulations or policies:** The legislative review suggests specific modifications to existing national laws 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. 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 Section 53 - Unnatural Act Law which criminalizes anal sex among consenting adults. This law criminalize same sex relationships, Loitering law which affects sex workers who are "street-walkers" Criminalization of HIV transmission and exposure poses penalties persons who willfully and knowingly infect others with HIV. The law that prohibits provision of sexual and reproductive health information and services to young people to young persons below the age of 18 unless they are accompanied by a parent or guardian The law which relates to consensual sex which states that persons that are 16 years old can consent to sex even though they are unable to access sexual and reproductive health services until the age of 18 The Human Trafficking Prohibition Act always places sex workers at risk for HIV as many times they are treated as criminals rather than as victims The Immigration Act currently requires HIV/AIDS testing as a part of the nationality/permanent residency application process There are specific faith-based schools which prohibit sexual and reproductive health education to young persons especially in regards to discussions on condoms and sexuality There are existing regulations at the prison which prohibit the distribution of condoms among the prison population

**Briefly comment on how they pose barriers:** The above mentioned laws and policies pose barriers to the effective implementation of Prevention and Treatment programmes with vulnerable populations such as MSM, sex workers, young persons, prisoners and migrants because they criminalize certain behaviours of these populations as well as infringes on their right to protection and education.

## **A.IV Prevention**

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:** Yes

**IF YES, what key messages are explicitly promoted?:**

**Delay sexual debut:** Yes

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** No

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** Yes

**Reduce the number of sexual partners:** Yes

**Use clean needles and syringes:** No

**Use condoms consistently:** Yes

**Other [write in]::**

: No

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:** No

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:** Yes

**2.1. Is HIV education part of the curriculum in:**

**Primary schools?:** Yes

**Secondary schools?:** Yes

**Teacher training?:** Yes

**2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) gender-sensitive sexual and reproductive health elements?:** Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:** Yes

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:** Yes

**Briefly describe the content of this policy or strategy::** The main focus of the Round 9 Global Fund Project being implemented in Belize is on key and vulnerable populations. This project includes a 5 year work plan that has been incorporated into the National Strategic Plan 2012 -2016. This strengthens the NSP's focus on these populations and provides specific goals and objectives for addressing their needs. In addition, the HIV Unit of the Youth for the Future has in place a specific strategy to address the needs of out-of-school and at risk youth. The YFF has developed a draft policy which incorporates an HIV component.

**3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?**

**People who inject drugs:**

**Men who have sex with men:** Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

**Sex workers:** Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

**Customers of sex workers:** Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction

and HIV education, Vulnerability reduction (e.g. income generation)

**Prison inmates:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Other populations [write in]:** young men and women at risk, women in difficult circumstances, transgendered, OVC's

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?:** 6

**Since 2011, what have been key achievements in this area?:** One important initiative is the development of a Youth Policy conducted by the Youth for the Future which brought together key agencies working with young persons to develop a policy which also included an HIV component. An important achievement was the introduction of the revised Labour Act 2011 which specifically prohibits dismissal or the imposition of disciplinary action against workers based on the HIV status in addition to protection from dismissal for victims of sexual harassment or pregnancy. In addition the introduction of the updated Gender Policy by Cabinet as well as the Amendment to the Sexual Offences Act which now gender neutralizes sexual violence. Before this, men and boys were not considered victims of rape and other forms of sexual abuse.

**What challenges remain in this area?:** Even though the legislative review of 2008 was very comprehensive, during the past four years the recommendations have not translated into actual law. The legislative review identified a number of existing laws and policies which pose barriers to access to prevention and treatment and care services for vulnerable populations. These need to be addressed through a specific HIV law which will provide a legal framework for the provision of quality services and the protection of vulnerable groups from discrimination. The National HIV Policy, the HIV Policy of the Workplace and the HIV Policy of the Public Service as well as a number of workplace policies developed by different companies do not have a legal framework to make them truly effective. It is the opinion of many of the key informants that a lot more needs to be done at all levels to demonstrate a genuine concern for the protection of human rights as they related to HIV in Belize. The Ministry of Labour identifies commitment on the part of employers and companies as a challenge to the implementation of workplace policies. Even though some companies have been a part of the project they are hesitant to put in place policies that protect persons from screening for employment purposes. This creates a situation in which there is no successful completion of the project at the company level. In addition, respondents indicated that the Ministry of Education has not ratified the HIV Policy as well as the revised HFLE policy. The Council of Churches and the Evangelical Churches in particular continue to strongly oppose the movement to guarantee the rights of all humans including the LGBT population in Belize. The challenge remains one which calls on all key players in the response including decision-makers to make adjustments to the present response which seems to be stagnant.

**4. Has the country identified specific needs for HIV prevention programmes?:** Yes

**IF YES, how were these specific needs determined?:** Through the process of developing the new strategic plan, the National AIDS Commission engaged in an analysis of the situation and response to HIV in Belize. Through the analysis of data from a number of recent studies and assessments, the NAC identified challenges, gaps and opportunities in the area of prevention. The analysis established that Belize has halted and started to reverse the spread of HIV, however pockets of continued new infections remain. The analysis identified the successes in the prevention of mother-to-child transmission critical as well as key vulnerable groups that continue to play a crucial role in the determinants of the epidemic and whose sexual behavioral patterns show a continued high level of vulnerability to HIV. Response-frames therefore need to become more evidence-informed in targeting these groups and in designing high impact interventions that establish impact. This is certainly the case for behavior change communication for young men and women, men who have sex with men, sex workers, incarcerated persons and mobile populations. In each area the analysis provided insight into the situation parameters, the on-going response actions, a deeper root cause analysis (including a Problem Tree) and a mapping of the extracted remaining gaps. Based on these findings the new strategic plan delineates three priority areas that speak to the response dimensions of ending new HIV infections, improving health and well being, and creating an enabling environment for the response.

**IF YES, what are these specific needs? :** Targeted prevention education Fostering an enabling environment Integration of health services Improved monitoring and evaluation Evidence-based planning Elimination of stigma and discrimination

**4.1. To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Economic support e.g. cash transfers:** Agree

**Harm reduction for people who inject drugs:** N/A

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Disagree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Disagree

**Risk reduction for men who have sex with men:** Agree

**Risk reduction for sex workers:** Agree

**Reduction of gender based violence:** Agree

**School-based HIV education for young people:** Agree

**Treatment as prevention:**

**Universal precautions in health care settings:** Agree

**Other [write in]::**

:

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7**

## **A.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes**

**If YES, Briefly identify the elements and what has been prioritized:** This includes the care and treatment manual, provision of second-line ARVs, introduction of viral load testing and compliance training as well as boost programme, counseling program and home-based care training through organizations such as network of persons living with HIV (CNET+) and the Ministry of Human Development, Social Transformation and Poverty Alleviation.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** Expanded counseling, expanded boost programme, increased training in home care, expanded training and implementation of home visits, increased provider initiated treatment, in country viral load, responding immediately providing treatment once they are tested positive

### **1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Strongly agree

**Economic support:** N/A

**Family based care and support:** N/A

**HIV care and support in the workplace (including alternative working arrangements):** Agree

**HIV testing and counselling for people with TB:** Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Agree

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Agree

**Palliative care for children and adults Palliative care for children and adults:** N/A

**Post-delivery ART provision to women:** Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly agree

**Psychosocial support for people living with HIV and their families:** Strongly agree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree



**TB screening for people living with HIV:** Agree

**Treatment of common HIV-related infections:** Agree

**Other [write in]:**

:

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:** Yes

**Please clarify which social and economic support is provided:** Through the Ministry of Human Development, Social Transformation and Poverty Alleviation a social welfare program known as the BOOST program makes special allowances for orphans and vulnerable children with support from the Global Fund Round 9 project. All other support provided to persons living with HIV are provided through the general program of the Human Services Department and there are no specific policies for the provision of these services to PLHIV.

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** No

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:** Yes

**IF YES, for which commodities?:** Condoms distributed by the government are procured through UNFPA while condoms distributed by USAID/PASMO are procured through their main funder in Guatemala. Antiretroviral and testing agents are procured through PAHO and COMISCA, a Central American mechanism.

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area?:** There have been a number of achievements in the area of treatment, care and support over the past two years. These include the continued provision of free antiretroviral medications to all persons who fit the criteria. There is also increase in combination ARV and increased access to CD4 tests and viral load tests in Belize. The Ministry of Health has also started increased provider initiated counseling and testing to be able to reach more persons in the population. There are expanded counseling services provided through the Collaborative Network of Persons Living with HIV as well as the Counseling Center of the Ministry of Human Development and Social Transformation. The establishment of a national Network of Persons Living with HIV is recognized as an achievement as it will provide a mechanism for advocating for monitoring the provision of quality treatment, care and support to PLHIVs and others affected. CNET+ has been very instrumental in advocating for better treatment and care services. Through its home-based care project, CNET+ has been able to reach a significant number of persons living with HIV (600). The NCPI 2012 reported that one of the major challenges was the lack of a comprehensive package of support. CNET+ successfully made some progress in addressing this gap in the provision of psychosocial support to PLHIV and their families during the past 2 years.

**What challenges remain in this area?:** There are still challenges in the area of treatment, care and support in spite of progress made over the past two years. Even though the continued provision of free ARVs is highlighted as an achievement there are still concerns regarding the medications being provided. Some key informants stated that the best treatment options are still not available in country as second-line medications provided in Belize are still seen as first-line in other countries. Adherence continues to be challenge as persons living with HIV do not have access to proper nutrition or due to travel distance are unable to access their medications on time. There is the need for a strategy to address this situation urgently. Several of the key informants were of the opinion that protocols and policies have been developed but are not effectively implemented since the majority of persons needing them are not benefitting. Other challenges identified include violation of rights of persons living with HIV and other vulnerable populations due to lack of confidentiality and discrimination. Due to the lack of an HIV law, there is no protection for these populations resulting in low utilization of public health services available to them. Even though efforts have been made to fill the gap in the provision of treatment and psychosocial care to persons living with HIV, there is still the challenge to reach more persons living with HIV based on the overall number of reported cases in Belize. There is also a need for further strengthening of positive prevention initiatives.

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** No

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** No

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:** 6

**Since 2011, what have been key achievements in this area::** According to the Ministry of Health and Hand in Hand Ministries (NGO providing support to pediatric HIV cases), the majority of orphans and vulnerable children in need of treatment are receiving it. The continued work of the Hand in Hand Ministries which provides treatment, care and support to OVCs is seen as a major accomplishment. The organization has been able to mobilize external funds to continue its work with OVCs and their families. There has also been coordination among other civil society organizations collaborating in addressing the needs of OVCs such as Claret Care and POWA in Dangriga and Cornerstone Foundation in San Ignacio. CNET+ is also collaborating with HHM to provide psychosocial and nutritional support to OVCs.

**What challenges remain in this area::** There are still challenges in addressing the needs of children in poverty stricken areas and children in high risk situations. Studies show that children are exploited and serve as "hustlers" or "income earners" for their families. Another challenge is the identification of the needs of the OVS and ensuring that this is prioritized at the national level. Even though OVCs are included in the new strategic plan, greater focus needs to be provided to this vulnerable group. Limited resources and funds continue to be a challenge in reaching OVCs in smaller communities. There is a need to incorporate social indicators with health indicators because positive children become vulnerable adolescents and a great social burden to society.

## **A.VI Monitoring and evaluation**

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:** Yes

**Briefly describe any challenges in development or implementation::** In 2012 it was reported that the Monitoring and Evaluation plan for the past strategic plan was never implemented due to an absence of a Monitoring and Evaluation Officer at the NAC as well as the fact that the HIV strategic Plan needed to be updated. In 2014 it can be reported that these gaps have been addressed as there is a full time M&E Officer assigned to the NAC. Even though there is an updated M&E plan which is aligned with the NSP, there is still the challenge in the implementation of the M&E Plan that it has not yet been "costed". It was also felt by some partners that they are still not aware of the M&E strategy and are unaware of their role in the M&E system. Another challenge is the lack of understanding and knowledge on the part of implementing partners of the M&E plan and the M&E role of the National AIDS Commission.

**1.1. IF YES, years covered:** 2012 - 2016

**1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:** Yes, some partners

**Briefly describe what the issues are::** Some key informants were of the opinion that there is a lack of ownership of the plan among the key stakeholders. Not all partners in the response have a functioning M&E plan or personnel in charge of M&E in the organization

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address::**

**Behavioural surveys:** Yes

**Evaluation / research studies:** Yes

**HIV Drug resistance surveillance:** No

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** No

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):** Yes

**Guidelines on tools for data collection:** Yes

**3. Is there a budget for implementation of the M&E plan?:** In Progress

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:**

**4. Is there a functional national M&E Unit?:** No

**Briefly describe any obstacles::** The unit presently comprises of only one full-time staff member. Additional funds need to be identified to be able to provide more staff to support the work of implementing the M&E plan of the National AIDS Commission. Another challenge has been the frequent over-turn of staff and the lack of a pool of trained experts in the area of monitoring and evaluation in the country to satisfactorily fill the post of Monitoring and Evaluation Officer.

**4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:** No

**In the National HIV Commission (or equivalent)?:** Yes

**Elsewhere?:** No

**If elsewhere, please specify:**

**4.2. How many and what type of professional staff are working in the national M&E Unit?**

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Monitoring and Evaluation Officer	Full-time	November 2011

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:** No

**Briefly describe the data-sharing mechanisms::**

**What are the major challenges in this area::** The major challenges are the lack of a functional M&E Unit and System at the national level. Even though the Belize Health Information Systems exists, the data is not readily available to inform decision-making. There are limited staff that have the expertise to utilize this information.

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:** Yes

**6. Is there a central national database with HIV- related data?:** No

**IF YES, briefly describe the national database and who manages it.:**

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:** Yes, but only some of the above

**IF YES, but only some of the above, which aspects does it include?:** Only surveillance data is available via the Belize Health Information system

## **6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s)?:** both levels

**7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:** Estimates of Current and Future Needs

**7.2. Is HIV programme coverage being monitored?:** Yes

**(a) IF YES, is coverage monitored by sex (male, female)?:** Yes

**(b) IF YES, is coverage monitored by population groups?:** Yes

**IF YES, for which population groups?:** By age, district, sex

**Briefly explain how this information is used::** The Ministry of health has a data cohort and baseline data for M&E

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:** National, district, regional and local This is done at the district level through the Belize Health Information System. The BHIS is an interactive and dynamic system that gathers data on patients from public health care facilities. Information on these patients can be accessed by doctors wherever the patient seeks medical attention if they move from one district to another.

**Briefly explain how this information is used::** The information is used for planning and evaluation of impact. Epidemiological updates are prepared and disseminated among key partners and stakeholders that utilize the data for reporting, planning and evaluating their programs. Several of the key informants were of the opinion that the information collected by the BHIS is not utilized to its full potential and much of the data is not analyzed and reported.

**8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?:** No

## **9. How are M&E data used?**

**For programme improvement?:** Yes

**In developing / revising the national HIV response?:** Yes

**For resource allocation?:** Yes

**Other [write in]::**

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:** It is used for reporting on international commitments such as the Global Response Progress Report, the Millennium Development Goals Report and Universal Access Report. It has also provided important information for the assessment of the situation of HIV in Belize which has guided the development of the new strategic plan.

## **10. In the last year, was training in M&E conducted**

**At national level?:** Yes

**IF YES, what was the number trained::** 25

**At subnational level?:** No

**IF YES, what was the number trained:**

**At service delivery level including civil society?:** No

**IF YES, how many?:**

**10.1. Were other M&E capacity-building activities conducted other than training?:** No

**IF YES, describe what types of activities:**

**11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:** 6

**Since 2011, what have been key achievements in this area:** In fulfillment of the requirements of the Global Fund Round 9 project approval the National AIDS Commission engaged in a Monitoring and Evaluation Systems Strengthening exercise in 2011 which provided the opportunity to identify challenges and make concrete recommendations. Even though there has not been a functional M&E unit at the National AIDS Commission for most of the past two years, Belize has been able to submit international reports and access data to respond to specific indicators. There is now a full-time Monitoring and Evaluation Officer at the NAC Secretariat. With the support of USAID/PASCA the country has been able to conduct a capacity-building session. The country has engaged in an exercise to develop the National AIDS Spending Accounts 2011-2012, the AIDS Efforts Policy Index tool 2014 and the National Composite Policy Index 2014. In addition the Ministry of Health has engaged in a process to develop Modes of Transmission Model to inform and guide decision making at the national and local level with the support of USAID/PASCA.

**What challenges remain in this area:** Since the last reporting period 2011, Belize has made fair progress in the implementation of its Monitoring and Evaluation Plan and building capacity in the area of M&E. However, even in 2013, there is still no functional monitoring and evaluation system and reports are not being submitted by partners to the NAC. During the past two years the post of Monitoring and Evaluation Officer has been filled by a full time staff there is the need for capacity building of the M&E Officer and other staff members in M&E as there still exists a lack of adequate expertise in M&E at the Secretariat level. One of the challenges identified is the lack of national expertise in the area of monitoring and evaluating HIV programs. At the organizational level monitoring and evaluation is only done as a part of reporting to funders and not as a part of a greater

## **B.I Civil Society involvement**

**1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:** 4

**Comments and examples:** Civil society has invested and contributed extensively, however, the support from government in facilitating the effort of civil society has not been encouraging according to some key civil society respondents. There seems to be a disconnection between the administrative leadership and the actual needs on the ground. They feel that there hasn't

been any significant political commitment. The Office of the Prime Minister has been seen to give minimal to no visible support. They also felt that some civil society organizations are weak and non-assertive in the response to HIV. Civil society has been a fairly active partner in the response especially through advocacy to ensure that Belize has HIV issues and concern as a top priority and to ensure that there are policies and strategy planning focusing on all areas of the epidemic. There are a number of non-governmental and community-based organizations participating in the process but the persons that have the link with the grassroots lack the resources and technical expertise to contribute significantly. Legal and institutional barriers also prohibit these organizations from working with most at risk and vulnerable populations. With the focus being on vulnerable populations and community groups, civil society has had to play a greater role in the response and this has been recognized at the National AIDS Commission level. During the past two years the National AIDS Commission has not made any significant efforts to scale up civil society participation except for the countrywide consultations and formalization of the NAC HIV Committees.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:** 4

**Comments and examples:** In 2011 the NCPI reported that the NAC involved more people in the revision of the NSP and the development of the OP. Civil society was involved in the working group, in the validation and the consensus building sessions. Even though there was involvement from civil society in the strategic planning process the implementation of the strategic plan has not fully involved civil society. Civil society has been included in planning committees and sub-committees of the NAC but it is not felt that they are influential in the decision making process. It was felt by some respondents that some key representatives from civil society organizations have been involved in the process but only to a limited extent. It is felt that sometimes it has been more token than true involvement. There has been more civil society involvement through participation in the Country Coordinating Mechanism for the Global Fund.

**3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?:** 4

**b. The national HIV budget?:** 3

**c. The national HIV reports?:** 4

**Comments and examples:** Strategy: Civil society is consulted and participates in the strategic planning process they feel that they are only invited when input is needed from the specific populations they access to for example, men who have sex with men and sex workers. Others stated that their organizations are included in the national strategy especially in this past process. They had an opportunity to submit their plans to be integrated into the operational plan. It is felt by some respondents that civil society is doing a lot to implement key strategies. However, it is uncertain how much it's aligned to the national budget or how much is used for national reports. There is still a lack of capacity among civil society organizations to conduct research and to utilize the data for decision-making. Budget: Most informants stated that they do not receive any funds from the national budget for the implementation of their programmes. The few that receive stated that the amount was minimal and insignificant. The district committees stated that there is no support from the national budget other than what is received through the National AIDS Commission. However, there is value to the technical support and guidance received through the NAC, which receives some funds from the government. Reports: Regarding the national HIV reports, some informants were of the opinion that the work of civil society is always highlighted. Others were of the opinion that the reporting formats do not truly capture the accomplishments or achievements of civil society. Due to the lack of a monitoring and evaluation system, civil society does not submit reports to the National AIDS Commission. Most of the information that is captured from civil society is through the Ministry of Health and the National AIDS Commission for international reports and not necessarily as a part of an established M&E system

**4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?:** 4

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:** 3

**c. Participate in using data for decision-making?: 3**

**Comments and examples::** a. Development of the M&E system: Some key informants indicated that the involvement of civil society representatives in the monitoring and evaluation was at the planning level but that civil society is not significantly consulted on the implementation of the M&E Plan. b. Participation in M&E meetings: Civil society representatives are part of the Monitoring and Evaluation Committee. Some informants were of the opinion that there were no substantial benefits to civil society since the representatives do not report back to the larger civil society network. Some of the respondents indicated that they were encouraged by the recent efforts to build the capacity of key partners in M&E. c. Use of data for decision-making: Civil society collects its own data and does not rely on the M&E system since this is not functional. Organizations working with vulnerable populations were of the opinion that to date the government has not successfully completed any research on key populations such as MSM and sex workers. Efforts have been undertaken to provide data but there is still need for further research.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4**

**Comments and examples::** Membership on the National AIDS Commission is limited for diverse organizations. In accordance with the NAC Act only persons living with HIV and faith-based organizations are official members of the commission. Other organizations and networks of vulnerable groups such as sex workers, men who have sex with men and transgendered are part of sub-committees but the decision-making power is at the Commission level according to some key informants. Some most at risk population representatives indicated that they did not feel that other members of the Commission or the NAC on a whole is supportive of them when they have had to challenge legislation that pose barriers to education prevention and treatment work with their networks

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:**

**a. Adequate financial support to implement its HIV activities?: 3**

**b. Adequate technical support to implement its HIV activities?: 3**

**Comments and examples::** a. Financial support: Civil Society depends primarily on international funders to carry out their projects. Some of them do not have a specific HIV budget and need to use funds from other areas of their budget. For the past two years funders have decreased their support to HIV globally and this has affected civil society globally. The same situation applies in the provision of technical support. Organizations such as UNAIDS are no longer providing the same support in some countries. UNAIDS has closed its office in Belize and key agencies such as USAID/PASCA are in the process of closing off their projects and there is uncertainty regarding continued support in Belize. b. Technical support: In the area of technical support, most of the informants were of the opinion that this has been readily available to civil society organizations. This includes training and capacity-building opportunities in a number of areas such as advocacy, stigma and discrimination, empowerment and behavior change communication among others. There has been primary focus on building capacity of civil society in strategic planning and monitoring and evaluation.

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

**Prevention for key-populations:**

**People living with HIV:** 25-50%

**Men who have sex with men:** >75%

**People who inject drugs:**

**Sex workers:** 25-50%

**Transgender people:** >75%

**Palliative care :**

**Testing and Counselling:**

**Know your Rights/ Legal services:**

**Reduction of Stigma and Discrimination:** >75%

**Clinical services (ART/OI):** <25%

**Home-based care:** <25%

**Programmes for OVC:** 51-75%

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?:** 6

**Since 2011, what have been key achievements in this area::** One of the key achievements between 2012 – 2013 has been greater validation of the work of civil society in particular district committees and the networks of vulnerable populations such as the Collaborative Network of Persons Living with HIV (C-NET+) and the United Belize Advocacy Movement (UNIBAM). Key informants shared that they felt that coordination has improved and that there is more networking among civil society organizations as they collaborate on similar projects and capitalize on limited resources. There is greater representation at the NAC level as civil society organizations sit on key sub-committees while the district committees have been receiving more support from the NAC and other partners. There has been strengthening of district committees to coordinate activities at the community level. The Collaborative Network of Persons Living with HIV has been playing a major role in the provision of psychosocial support to persons living with HIV at the national level as well as conducting key research such as Risk Profile Assessments and the Stigma Index. They have been successful because they do not depend solely on the NAC but seek their own resources and conduct their own advocacy.

**What challenges remain in this area::** Even though there have been key achievements during the past year there have also been some challenges. Some of the key informants also pointed out the low level of political support to some of the civil society organizations working with vulnerable populations such as MSM and sex workers. They stated that due to legal and political barriers the national response couldn't always take a visible stance in support of key populations such as MSM and transgendered persons. They were of the opinion that their support needs to be visible and that the participation needs to be significant. One major challenge continues to be the lack of support for salaries for those involved in work with vulnerable populations since most of the work is done at a voluntary level. Some of the informants also stated that civil society organizations lack training opportunities in areas such as strategic planning, research, policy analysis, monitoring and evaluation and human rights. Human and financial resources continue to be the greatest challenge for civil society organizations that do not receive any funds from the national budget to carry out their work in the country.

## **B.II Political support and leadership**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened::** With the introduction of a national network of persons living with HIV, there is greater involvement of persons living with HIV in the national response. Even though PLHIV are involved more, there is still need for visible support from the government for the network. Key informants stated that there is no financial support especially to organizations that work with vulnerable populations such as men who have sex with men and sex workers. Due to the recent court case in which UNIBAM has challenged the Sodomy Law, the government has refused to discuss the topic of support to these organizations. Some of the key informants feel that government has been selective in its response. There are laws that prohibit organizations that work with sex workers from receiving funds for work on human rights and prevention. Recently, TikunOlam the network of sex workers in Belize was refused service by a banking institution in Belize for this reason.

## **B.III Human rights**



**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** No

**Other specific vulnerable subpopulations [write in]::**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**  
No

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::**

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::**

**Briefly comment on the degree to which they are currently implemented::**

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:** Yes

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies::** In regards to young persons accessing sexual and reproductive health services, the law still stipulates that a person 18 and under needs to be accompanied by an adult. Under the unnatural crimes act sodomy and buggery are still consider criminal acts even if it occurs between two consenting adults. With the legal challenge to Section 53, which includes the sodomy law, there has been even greater opposition by certain religious factors to put in place policies and legislations that protect the rights of these sexual minority groups. The court ruling should have been presented in July 2013. To date, it has still not been passed. These limitations continue to affect interventions with men who have sex with men, as this group remains inaccessible due to their fear of stigma and discrimination. Basic human rights legislation on sexual and reproductive health rights, sex work and sexual orientation has not been addressed beyond a national HIV/AIDS policy that is limited and is often not enforced. There is also the law that criminalizes the knowing and willful transmission of HIV and the Prohibition of Human Trafficking Act.

**Briefly comment on how they pose barriers::** Sodomy is punishable and criminal in Belize so MSM and Trans will not go to get an HIV test if they have to disclose how they got infected as well as their sexual orientation. Care and treatment for PLHIV is only provided by the state which has the responsibility to uphold the law so MSM and Trans do not have any trust in the system. There is a high prevalence rate of HIV in the prisons yet there are regulations that do not allow for the distribution of condoms in prisons. Instances of rape as well as consensual non-protective sex occur on a regular basis. Denying that HIV transmission can happen through these means denies the prisoners protection from HIV. Persons refuse to be tested because they are afraid to be found HIV positive and for contact tracing to show that they may have infected others. For sex workers there is also the issue of their immigration status, which undermines their rights and confidence in accessing services. Some public health facilities require that sex workers present a social security card, which they may not have if they are in the country illegally. The present human trafficking laws also contribute to the victimization of sex workers. There needs to be some coordination with immigration to place the vulnerability of these women and their clients as priority. Immigration and police officers as well as bar owners and clients sometimes exploit sex workers. Due to their illegal immigration status they do not seek protection and justice. There is presently a discrepancy in the laws since the age of consent for sex is 16 years and they can get married at the age of 14 with parental consent. There is also a law, which states that young persons under 18 cannot access sexual and reproductive services without a parent or guardian. Young persons are a very vulnerable group to HIV infection in Belize.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:** Yes

**Briefly describe the content of the policy, law or regulation and the populations included.:** There are a number of policies and laws that the Gender Policy, the revised Domestic Violence ACT, the Sexual Harassment Act and the Prohibition of Human Trafficking Law. The passing of the revised Gender Policy was very controversial but it has been introduced as national policy. The Policy addresses the vulnerability of women and girls to HIV. The present Domestic Violence ACT provides

protection for men and women from different forms of domestic violence, which contributes to the vulnerability of women to HIV infection. The amendment to the criminal code in relations to sexual offences has also been hailed as a positive change as now the gender of victims has been neutralized. Before, only women and girls could be considered victims under the old law. The Sexual Harassment law protects women and men from harassment in the workplace. In the past this law has not been effective due to the fear of being fired from their jobs if they reported these cases. However, the revised Labour Law of 2011 now states that no person can be dismissed on the basis of sexual harassment or his or her HIV status.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:** Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::** The National HIV Policy provides the framework for the development of HIV policies in the country. The national policy is human rights based and is founded upon the principles of non-discrimination, respect and dignity of persons. Thus, all the policies that have been developed in Belize are human rights based. The HIV for the place of work is based on the ILO principles, which also highlight a human rights approach. The challenge in Belize is to convert policy to law and to move policies from drafts to official documents.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?:** No

**IF YES, briefly describe this mechanism::**

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** There are no strategies to target specific populations with treatment and care, however, the Prevention of Mother to Child Transmission is prioritized and provides antiretroviral medication to pregnant women and their newborns. The Global Fund Round 9 project also has a specific focus on most-at-risk populations.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:** Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:** Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:** Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included::** The National HIV Policy and the National HIV/AIDS Strategy include the right to access for these populations but there is no legal framework in the country to enforce it.

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:** No

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::**

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** Yes

**IF YES, briefly describe the content of the policy or law::** This is through the National HIV Policy and the HIV Policy for the Workplace, which has provided the framework for the development of workplace policies within different companies. The policy states that screening should not be done for employment purposes. However, there is still no legal framework to enforce these policies.

**10. Does the country have the following human rights monitoring and enforcement mechanisms?**

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:** No

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:** Yes

**IF YES on any of the above questions, describe some examples::** The HIV National Strategic plan incorporates a human rights performance indicator. There is an Office of the Ombudsman as well as a recently revived Human Rights Commission of Belize. In regards to benchmarks these are through international monitoring tools such as the NCPI, MDGs, Universal Access and the CEDAW. These are all international benchmarks and there are no national benchmarks except for the one included in the National HIV Strategy.

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:** Yes

**b. Programmes for members of the judiciary and law enforcement<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** No

**12. Are the following legal support services available in the country?**

**a. Legal aid systems for HIV casework:** No

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:** No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:** Yes

**IF YES, what types of programmes?:**

**Programmes for health care workers:** Yes

**Programmes for the media:** No

**Programmes in the work place:** Yes

**Other [write in]:**

: No

**14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:** 4

**Since 2011, what have been key achievements in this area:** Key civil society informants were of the opinion that the legal review was one step forward but it has not translated into an HIV law due to bureaucracy and “red tape”. However some informants are not of the opinion that there has been no investment done in promoting nor implementing human rights related policies, laws and regulation because there is still no legislation. Key informants were of the opinion that most of the advocacy work that has taken place on human rights has been done at the civil society level. The approval of the revised Gender Policy by government and the amendments to the Criminal Code, which neutralizes gender of victims of rape, has also been hailed as accomplishments in the past two years.

**What challenges remain in this area:** During the past two years there have been a number of challenges in the area of laws, policies and regulations to promote human rights. There are still laws and policies, which pose barriers to access to HIV prevention and treatment services for some vulnerable populations. Even though the legislative review of the National AIDS Commission was conducted in 2008, the recommendations have still not translated into an HIV law. There have been a number of policies developed but yet there is still no legal framework to make these effective and provide the protection necessary for vulnerable groups. The challenge continues to be the enforcement of policies since policies are there but there are no mechanisms in place to enforce them. For example, even though some workplaces have a policy they still require persons to get tested for employment purposes. Some key civil society informants are of the opinion that no matter how much is done in the area of human rights, if there is no legislation to protect vulnerable populations their human rights will never be respected and protected. Policies without laws are ineffective.

**15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:** 4

**Since 2011, what have been key achievements in this area:** Key civil society informants were of the opinion that the legal review was one step forward but it has not translated into an HIV law due to bureaucracy and “red tape”. However some informants are of the opinion that there has been no investment done in promoting nor implementing human rights related policies, laws and regulation because there is still no legislation. Most of the advocacy work that has taken place on human rights has been done at the civil society level. The approval of the revised Gender Policy by government and the amendments to the Criminal Code, which neutralizes gender of victims of rape, has also been hailed as accomplishments in the past two years. Even though a ruling has not been passed on the Orozco vs the Attorney General’s Office in the challenge to Section 53, which includes the Sodomy Law, the case provided an opportunity for open discourse on the topic of the rights of the LGBT community in Belize. The topic has been discussed widely in the media, social media, educational institutions and the community at large. Even though, many of the discussions have been in opposition to the rights of the LGBT population, it has also provided the opportunity for human rights activists and others to express their support.

**What challenges remain in this area:** The key informants identified more challenges than achievements in this area. Some informants were of the opinion that the Government is still not ready to discuss human rights in a sincere manner and to commit to ensuring that legislation that are discriminatory against certain populations are addressed for example the

Unnatural Acts Law which makes reference to the Sodomy law. UNIBAM, the United Belize Advocacy Movement posed a legal challenge to the Attorney General's Office seeking the repeal of Section 53 as it relates to consensual sex between adults on the basis of its unconstitutionality in relation to discrimination. Even though the case has been heard there has been no ruling. The majority of civil society informants were of the opinion that both civil society and government have an important role to place in ensuring that policies, laws and regulations are put in place to promote and protect human rights.

## **B.IV Prevention**

**1. Has the country identified the specific needs for HIV prevention programmes?:** Yes

**IF YES, how were these specific needs determined?:** This has been through the process of developing the new NSP, which provided an opportunity to assess the present situation and response to HIV and identify challenges and gaps.

**IF YES, what are these specific needs? :** - Prioritizing targeted interventions with most at risk populations - Continued intervention through primary prevention initiatives - Scaling up of testing and counseling - Continued strengthening of PMTCT program - Advocating for sexual health and sexuality education for in-school and out of school youth

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Agree

**Harm reduction for people who inject drugs:** N/A

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Disagree

**Risk reduction for men who have sex with men:** Disagree

**Risk reduction for sex workers:** Agree

**School-based HIV education for young people:** Disagree

**Universal precautions in health care settings:** Agree

**Other [write in]:**

:

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 6**

**Since 2011, what have been key achievements in this area:** During the past two years there has been continued implementation of prevention programs by both civil society and government. Organizations at the national and district level have continued to implement IEC, BCC, peer education and stigma and discrimination initiatives with key populations such as men who have sex with men, sex workers, young persons, women, men, the uniformed services and persons living with HIV. The key informants stated that there is more support for provision of prevention services in the area of training, education, human rights and sexual transmitted infections through the involvement of entities such as the US Embassy, USAID/PASMO among others. The introduction of a Youth Policy and a revised Gender Policy are also key achievements. The key informants also were of the opinion that there is increase of availability of free or affordably-priced condoms while there has been increase of public awareness and media campaign on condoms in the media.

**What challenges remain in this area:** Key civil society informants identified a number of challenges that were encountered during the past two years in the area of prevention. They are of the opinion that there is still a need for targeted interventions with key populations. Another major challenge is the situation of church managed schools, which do not allow the Health and Family Life Education curriculum to be taught in its entirety. There is still need for increased secondary prevention for PLHIV, which impacts the percentage of new infections directly. Some of the informants stated that strategies remain monotonous and lacking innovation and there is not enough data and a lack of policies to truly make prevention strategies effective. There is a need to increase prevention initiatives in the rural areas and among the indigenous groups. In particular there is a need to link HIV and poverty-alleviation in the most affected areas of the city and country. There is also the challenge of lack of human and financial resources to sustain prevention programs.

## **B.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes**

**IF YES, Briefly identify the elements and what has been prioritized:** As part of the process of developing the new National Strategic Plan the essential elements of a comprehensive package of HIV treatment, care and support were identified. However, the focus continues to be on the provision of treatment and care while the prioritization of social support continues to be lacking. The Ministry of Health has also conducted its needs assessment process.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** There has been an increase in the types of ARVs available to persons who need them. There are more second-line medication for adults and children. There are more CD4 tests available in country and some viral load testing is being provided. Treatment of opportunistic infections has been expanded while the Ministry of Health has developed treatment guidelines.

**1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Strongly agree

**HIV care and support in the workplace (including alternative working arrangements):** Agree

**HIV testing and counselling for people with TB:** Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Agree

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Strongly agree

**Post-delivery ART provision to women:** Strongly agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:** Agree

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:**

**Treatment of common HIV-related infections:** Agree

**Other [write in]:**

:

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area:** There have been some achievements accomplished in the area of treatment, care and support over the past two years. The Ministry of Health has continued to provide antiretroviral therapy free of cost to all persons that fit the criteria and there has been the introduction of new ARVs, pediatric treatment and more availability of CD4 tests. Distribution of ARVs has been scaled-up at the district level and in some districts pharmacies are open at night, which makes it convenient for persons that can't access their medications during the day or are reluctant due to fear of stigma and discrimination. Another achievement has been that there is a greater focus on addressing issues of stigma and discrimination in the health care system. Initiatives such as the USAID/Capacity Project have been focused on improving performance indicators as well as the infrastructure in regards to quality of service being offered. There has been increased training of staff and monitoring of performance at the different health facilities. Another achievement has been the revision of the treatment guidelines and the updating of the national TB guidelines to reflect HIV as a component. The post-exposure protocols now include non-occupational exposure such as sexual assault and the MOH has also started increased provider initiated counseling and testing.

**What challenges remain in this area:** Even though there have been many achievements in the area of treatment, care and support there are still challenges which remain and need to be addressed. These include challenges in the area of testing since specialized diagnostic testing like viral loads and genotype resistance test are still not available in country. In regards to ARVs second and third line medication are still not available to all those persons that need it and second-line medication that is available is considered first-line in other countries. Most of the key informants indicated that one of the greatest challenges is the lack of psychosocial support and nutritional care. Adherence to medications and monitoring of cases continues to be a challenge for the Ministry of Health. The key informants interviewed stated that government needs to work closer with civil society to address these gaps. Civil society organizations providing services in the area of treatment, care and support have also encountered funding challenges as a number of key agencies have been forced to close their centers or downscale their



services. Persons interviewed also felt that services are too centralized in Belize City and there is the need to expand to the districts where some persons are unable to cover expenses for travel or are uncomfortable seeking services in the city. Another challenge identified is the implementation of protocols and policies, which have been developed. For example, some key informants were of the opinion that even though there is a protocol for occupational and non-occupational exposure to HIV, the prophylaxis is not readily available to persons that need it.

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No**

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No**

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No**

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:**

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**