

D R A F T

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I. STATUS AT A GLANCE

The first case of HIV in Belize was diagnosed in 1986 and since then, there has been a steady and dramatic increase in the rate of infection among Belizeans. This trend is distressing since of the approximately 250,000 inhabitants, two (2) percent is estimated to be infected, causing Belize to be ranked fifth (5) in the Caribbean region and number one (1) in Central America.¹

Belize has a relatively very young population with approximately 86% under the age of forty-five (45).² The 20-49³ age cohort is the most affected by HIV/AIDS, representing approximately twenty-six percent (26%)⁴ of the population. This is also the most productive and reproductive segment of the population. As the epidemic spreads, heterosexual contact has been identified as the primary mode of transmission. The country is currently experience a feminization of the disease, and therefore the Mother to Child Transmission (MTCT) is now a significant source of infection in children below the age of 10 years.

In an effort to address HIV/AIDS issue at the national level, and in order to coordinate and effectively monitor the implementation of the National Strategy, the Government of Belize has established a National AIDS Commission (NAC) under the Ministry of Human Development (MHD). Such action indicates that the country has recognized HIV/AIDS not only as a major public health issue, but also as a social issue with serious implications for the development of the nation.

The commission is comprised of 33 members that represent a wide cross section of governmental, non-governmental and community based organizations countrywide. In general, the multi-sectoral partnership (NAC does not include participation of the private sector and the media) is dedicated to the development of programs and services aimed at controlling and containing the transmission of the virus countrywide. The National Action Plan emphasized the reduction of HIV infections and vulnerability to HIV infections, reducing the impact of HIV/AIDS and improving the detection and reporting of HIV/AIDS while addressing the issue of stigmatization and discrimination.

The multi-sectoral response in Belize has stressed prevention, STI treatment, ongoing public awareness campaign, HIV/AIDS counseling and health education. Behavior change communication strategy has been developed and implemented; however, activities in this area are limited to the Belize Family Life Association (BFLA) and HECOPAB of the Ministry of Health (MOH). Recently BFLA has embarked on an initiative, Popular Opinion Leader (POL) aimed at promoting behavior change among young people. While the Ministry of Health and the BFLA provide free condom,

¹ UNAIDS Estimates, 1997

² Abstract of Statistics, 2001

³ National Health Information, 2002

⁴ Abstract of Statistics, 2001

distribution of condoms and its promotion is primarily done through the commercial sector and the Pan American Social Marketing Organization.

The Ministry of Education Youth and Sports (MOE) is currently promoting HIV/AIDS awareness/education in an attempt to respond to the issue within the education system. Programs are aimed at providing school managers and teachers with the right information that will enable them to address issues of stigmatization and discrimination in schools. HIV/AIDS education/sensitization is provided to primary school principals and teachers all over the country. In addition, HIV/AIDS education is incorporated into the School Health and Physical Education Service (SHAPES) curriculum for primary school students.

Antiretroviral is available in country, and patients are expected to purchase their medications. Recognizing the rapid spread of the epidemic and its detrimental effects on economic development and poverty, the MOH has recently embarked on a process to intensify action against HIV/AIDS through a project entitled “Accelerating Access to HIV/AIDS Treatment and Care for Belizeans Living with HIV/AIDS”. This initiative will strengthen the comprehensive and integrated care offered to Belizeans living with the disease.

The MOH launched the MTCT Project on World AIDS Day 2000. The project is a collaborative effort involving the Pan-American Health Organization (PAHO), the Ministry of Health of the Bahamas and the MOH-Belize through Technical Cooperation Agreements. The MTCT project is fully integrated into the Maternal and Child Health Program (MCHP) and in 2002 has counseled expectant mothers into taking the AIDS test. Antiretroviral, Nevirapine is provided to both the HIV positive pregnant mother and their newborn at the time of delivery. In 2002 there were thirty-nine (39) pregnant mothers who were diagnosed with HIV of a total of 4,414 pregnant mothers tested. Thirty-eight (38) of these mothers gave birth in 2002 and seventy one percent (71%) received antiretrovirals.⁵

Programs and services provided to PLWA are limited. The Alliance Against AIDS (AAA) is the only organization that is currently addressing the needs of this sector.

II. OVERVIEW OF THE HIV/AIDS EPIDEMIC

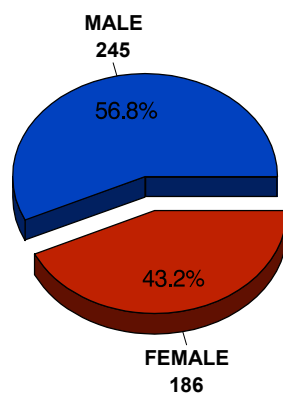
The HIV/AIDS epidemic has claimed a reported 381 lives between 1986-2002, 2,297 acquired HIV and a reported 560 developed AIDS in this same time period resulting in a total of 2,476 Belizeans living with the virus as at the end of 2002.

The prevalence rate of HIV/AIDS for the total population in 2002 was 0.2% (2.03 per 1,000 inhabitants). In 2002, the adult prevalence rate (15-49 years) was 0.33% (3.3 per 1,000 adults); for women (15-49 years) the rate was 0.31% (3.1 per 1,000 women) and for children (0-14 years) living with HIV/AIDS the prevalence rate was 0.04% (4 per 10,000 children).

⁵ National Health Information Surveillance Unit, Ministry of Health, 2002

Between 1986 and 2002, a total of 2,297 HIV infections were reported of which almost 73% (1676 infections) were detected during 1995 to 2002. In the year 2000 there were 226 reported new infections, 330 in 2001 and 431 in 2002. Although the rate of infection shows a decline from 46% between 2000 and 2001 to 30% between 2001 and 2002, the overall rate of increase is still relatively high at more than 35% over the least three years. The ratio male: female of HIV Infections decreased from 2.1:1 in 1996 to 1.2:1 in 2000, 1.4:1 in 2001 and in 2002 was 1.3:1 which indicates a feminization of the epidemic.

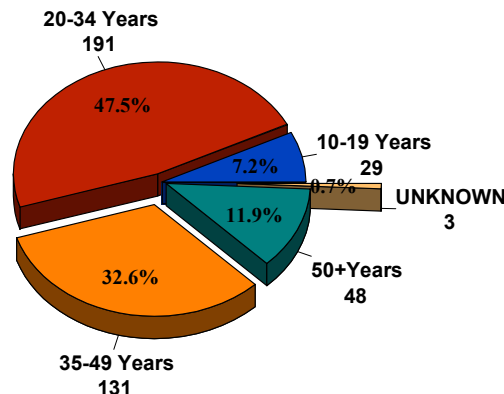
NEW HIV INFECTIONS BY SEX IN PEOPLE TESTED AT CML, BELIZE, DURING JANUARY TO DECEMBER 2002.



SOURCE: CLAB-CML/NHISU

Adults, within the age group 15-49 years, which represents the productive age group and also the reproductive age for females, in 2002, were responsible for 80.7% of the new HIV Infections while children (0-14 years) only represented 7.4% of the new infections.

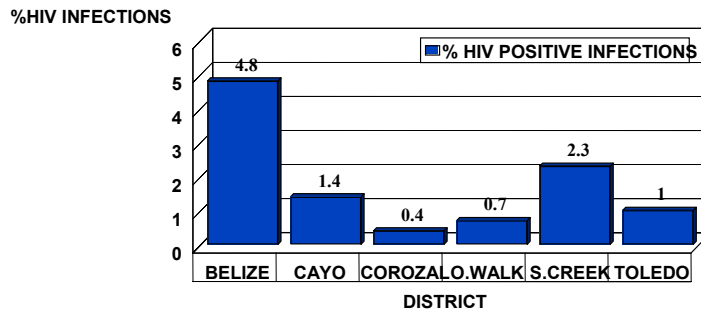
PERCENTAGE OF POSITIVE NEW HIV INFECTIONS BY AGE GROUP FOR ADOLESCENTS & ADULTS TESTED AT CML, BELIZE, DURING JANUARY TO DECEMBER 2002



SOURCE: CLAB-CML/NHISU

The distribution of the seropositivity reported by districts in the period from 1986 to 1997 is similar to that reported for the cases of AIDS, whereby the same three districts (Belize, Stann Creek and Cayo) accumulated 90% of the reported infections; 63.2% in the Belize District, 16.5% in Stann Creek and 10.7% in Cayo. In 2001 these same three districts reported 95.6% of all the new infections with the Belize District reporting 78.1%, 12.5% in Stann Creek District and 5.2% in the Cayo District. This trend continued for 2002 as the same three districts reported 96% of the new infections: Belize District 84.4%, Stann Creek 6.7% and Cayo District 4.9%. In the Belize District 95.6% occurred in residents of Belize City, in the Stann Creek District 79.3% in Dangriga Town and in the Cayo District 57% in Belmopan.

PERCENTAGE OF NEW HIV POSITIVE INFECTIONS BY DISTRICT IN TOTAL NUMBER OF PEOPLE TESTED AT CML, BELIZE, DURING JANUARY TO DECEMBER 2002



SOURCE: CLAB-CML/NHISU

In 2002 the number of positive new HIV Infection by nationality indicated that of the 16 different nationalities tested 99.1% were Belizeans.

There are 560 AIDS Cases that were diagnosed in Belize between 1986 and 2002. In relation to the cumulative cases between 1986 and 1996, 71% were associated with heterosexual transmission, 15% in bisexual men, and 7% in homosexual men, 6% perinatal cases and 2% by blood transfusion. The mode of transmission is difficult to ascertain, as the notification forms are incomplete due to discrimination and stigma. However, it must be clearly noted that the MTCTP, which was initiated at the end of 2001, has effectively reduced the number of perinatal cases. In addition, mechanisms to ensure blood safety have been a priority of the Blood Bank of the MOH.

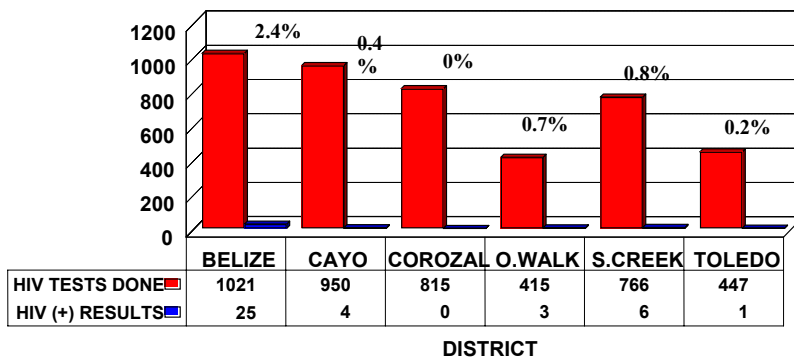
The distribution of AIDS cases by district for the period 1986-1997 shows a strong concentration (83.6% of the cases and approximately 64% of the total population) in 3 districts, Belize District with 52.2%, Stann Creek with 22.1%, and Cayo with 9.3%. In 2001 these same districts reported 83.3% of the AIDS cases and in 2002 this was increased to 92.6% (67%, 15.6% and 10.1% respectively).

In the period 1986-2002 a total of 381 AIDS Deaths were registered in Belize. In relation to mortality due to AIDS in 2000 it was ranked as the 9th leading cause of death in all age groups, however, was ranked 3rd in 20-29, 2nd in 30-39 and 4th in the age group 40-49

years. AIDS occupied the 7th place among the causes of death in the Belize District, 7th in the Stann Creek District and 8th in the Cayo District. In 2002 it was ranked 5th in the 20-29 years age group and 2nd in those 30-39. In the Belize District was ranked 10th and in the Stann Creek District was ranked as the 8th leading cause of death.

In 2001 the MTCTP was not yet extended countrywide, however, a total of 23 pregnant mothers tested positive for HIV, 40% were in the age group 30-39 years and 47.8% were from the Stann Creek District and 43.5% from the Belize District. Only 25% of pregnant mother voluntarily performed the HIV Test. In 2002 the MTCTP was fully integrated into the Maternal and Child Health Program of the MOH countrywide and 70% of pregnant mothers voluntary opted to taking the HIV Screening test. In Corozal and Stann Creek Districts more than 92% of their pregnant mothers took the test. The rate of HIV Positivity for pregnant women in the country during 2002 was 0.9% with the Belize District presenting the highest rate of 2.4%. The Belize District also presented almost 64% of all HIV positive pregnant mothers.

NUMBER AND PERCENTAGE OF PREGNANT WOMEN WHO TESTED POSITIVE FOR HIV IN TOTAL NUMBER TESTED, BY DISTRICT, IN BELIZE, DURING JANUARY TO DECEMBER 2002.

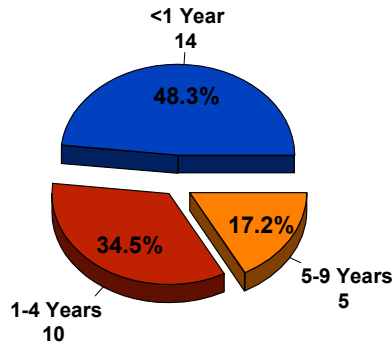


SOURCE: MCH/NHISU

Thirty-eight HIV positive mothers delivered in 2002. Twenty-seven (27) of them received Nevirapine at delivery and 85% of the newborns (including a set of twins) also received this medication. Based on the protocol the HIV results are pending for the children born to HIV positive Mothers.⁶

⁶ Information/data in this section was obtained from the National Health Information Surveillance Unit, Ministry of Health, 2002

PERCENTAGE OF NEW HIV INFECTIONS BY AGE GROUP FOR CHILDREN TESTED AT CML, BELIZE, DURING JANUARY TO DECEMBER 2002.



SOURCE: CLAB-CML/NHISU

The above-mentioned data represent the reported HIV Infections, AIDS Cases and AIDS Deaths. The real magnitude of the epidemic is unknown because of several factors among which are deficiencies in diagnosing and reporting, incomplete reports of the notification forms, hesitancy in including AIDS on death certificates and underreporting in private laboratories. These factors diminish the integrity of the statistics and reduce the quality of the information available for reliable analysis and characterization of the epidemic.

III. NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC

1. National Commitment and action

The NAC is mandated to facilitate, coordinate and monitor the implementation of the National Strategic Plan (NSP) that was developed in 1999. Chaired by the MHD the NAC has representation at the highest level of government, and includes participation from NGOs, religious leaders, CBO, multi-lateral agencies, and people living with HIV/AIDS. Formal private sector participation is yet to be incorporated in the commission.

The NSP 2000-2003 is a centralized guide for program planners and places emphasis on prevention and the integration of comprehensive services for people with HIV/AIDS. Other areas emphasized are attitudes and practices, intersectoral coordination and social services. In order to translate the strategic plan into action, the country has developed a National HIV/AIDS Plan of Action that is implemented by government and other members of the commission.

The NSP entitled “Challenging the HIV/AIDS Epidemic” was elaborated by the National AIDS Task Force (NATF) and over the past three years, was intended to constitute the

guidelines for the formulation of individual, organizational plans and strategies. However, the NAC recognizes that because HIV/AIDS is largely still considered a health phenomenon, a limited amount of collaboration occurred in the implementation of the NSP. In addition, while several actions have been undertaken by various participating agencies such as the economic impact assessment conducted by the Ministry of Economic Development (MED) with support from the UN Theme Group, the advocacy campaign by the MHD and the testing and treatment of opportunistic infections by the MOH, many of the expected results of NSP were not achieved.

The Government's Medium Term Development Plan of 2001 does not make particular planning reference to HIV/AIDS, neither in the context of the impact that the disease could have on the economic development plans and strategies of the country. As this report is being prepared, Belize is in the process of formulating its Poverty Reduction Strategy Papers (PRSP) and has recently completed its UN Common Country Assessment (CCA). The CCA analyzes the situation of HIV/AIDS, based on which it may be assumed that, given its significance within the report, assistance for HIV/AIDS will form an integral part of any future United Nations Development Assistance Framework (UNDAF) for Belize.

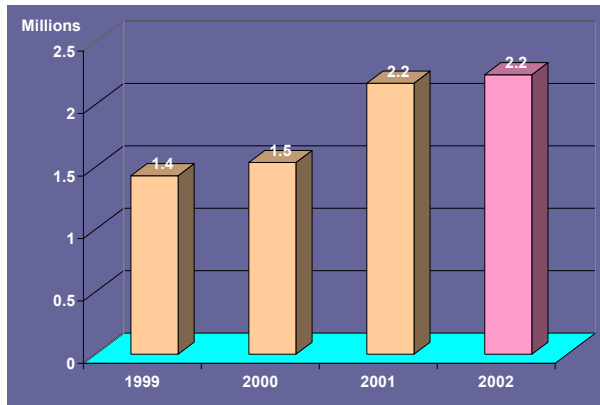
The socio-economic impact study takes into consideration the potential effects on income generation by different economic sectors such as tourism among others as well as by the reduced productive capacity of the human resources, particularly given the comparatively higher rate of infection among the 15 – 44 age group - the most economically active and reproductive segment of the population.

Socially, the study analyzed the economic dependency ratio and the number of single headed households, orphans and homelessness that are being generated; the negative effect on education due to discrimination, capacity of those affected to access and consequently their ability to learn. It also analyzed the impact of HIV/AIDS on the health care system in terms of its technical and organizational capacity to respond and the consequent financial repercussions. While the study has identified specifics in terms of financial expenditure, it has not estimated the impact on other specific aspects such as the level of production or unemployment, among others that can be attributed to the disease. This analysis limits its usefulness in the formulation of specifically targeted strategies, but has provided reasonably indicative guidelines.

Government expenditure on HIV/AIDS has increased by more than 57% between 1999 and 2002. Government bears the brunt of the costs although financial assistance from outside sources has also increased by 85% over the same period⁷.

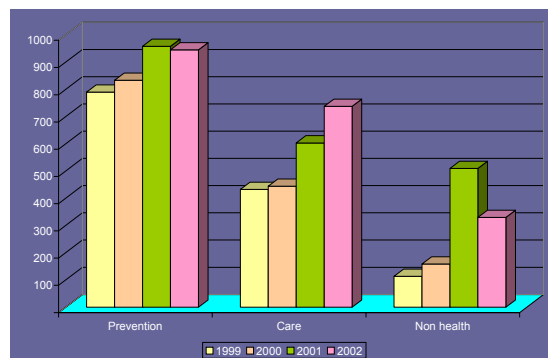
⁷ Belize National Health Account, 2002

Expenditure on HIV/AIDS



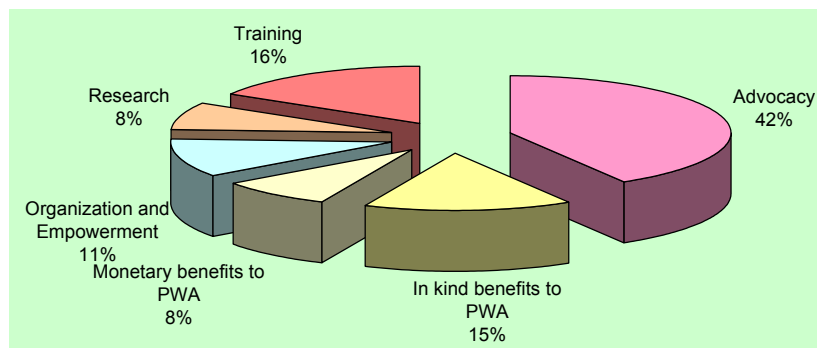
Expenditure on HIV/AIDS is distributed among prevention, care and non-health related activities. The pattern of expenditure between 2001 and 2002 is consistent with an unexplained decline in the number of cases reported for that period. However, this should be considered as an unusual period and will not affect planned expenditure even though the data shows that expenditure for prevention activities also declined.

Expenditure by Component



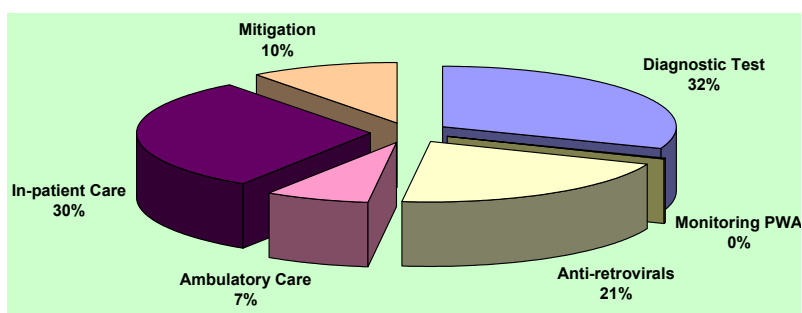
Various organizations engaged in sporadic activities to create public awareness on the threats and realities of the disease in Belize. However, there is a noticeable deficiency in the formulation and implementation of national policies that respond to the education and information needs of specific groups such as the police and the armed forces, commercial sex workers, migrant workers and youth.

Non-health Expenditure



Baseline data is available for migrant workers and youth making it possible to develop policies and implement specific education programs that respond to the intrinsic situation of these sectors. Policies exist and are being implemented to address particular issues such as mother-to-child infection. Other policies such as in the areas of sexual and reproductive health have not been translated into action. Also, existing policies do not clarify, establish or create linkages with other important vulnerable groups such as commercial sex workers and prison inmates. This deficiency creates a vacuum where it is difficult to assess and ensure that public information initiatives undertaken by the various organizations benefit from, and are reacting to a set of broadly accepted policies that make certain that each sector of the population is deliberately targeted.

Care Expenditure



Through close collaboration with NAC, the Theme Group is presently developing a social mobilization strategy in order to provide the context in which education and public information may be developed and its impact evaluated. Also, the recently completed study “Migration and AIDS in Belize has provided the country with pertinent information regarding mobile populations (national, as well as broader crossings) and their behavior. The information from this study is currently being used to develop and to implement a project to partially address the needs among migrant workers, women and adolescents within the agro-industry and Free Trade Zone.

The MOH has also proposed and partially implemented a strategy to accelerate treatment and care for vulnerable groups and persons living with HIV/AIDS. Through these initiatives, these groups will have access to voluntary STI/HIV testing, condoms, education and information. However this does not adequately compensate for the shortage of strategic, integrated and coherent national policies. In addition, the project in its initial stage will offer ARV to women tested positive for the AIDS virus during pregnancy and their partners.

Belize is yet to draft and enact legislation to protect people living with AIDS and vulnerable groups against unfair and inhumane treatment. Currently the country does not have a national AIDS policy, but in 2002 the first phase of a project to develop recommendations for a National AIDS Policy was completed. It is anticipated that by the end of 2003 a first draft will be available.

2. National Programs and Behavior

The following explains the various programs and activities (prevention, care/treatment) offered by agencies responding to the national response during the reporting period.

a. National AIDS Commission

The main objectives of the NAC are to coordinate, facilitate and monitor the implementation of the NSP. The day-to-day activities in the areas of intersectoral coordination, policy development, resource mobilization, advocacy and monitoring and evaluation are under the responsibility of a full time secretariat that is funded by the Government of Belize.

The commission meets every three months and is organized into four sub committees that meet regularly to implement activities outlined in the National Action Plan. These committees advise the commission in the areas such as accelerated access to medication, information, education and communication, policy and legislation as well as support services. Each subcommittee has a chairperson that is to report to the coordinator of the NAC.

b. National AIDS Program - Ministry of Health

The MOH is the major provider of health services in the country. In 2002 the National AIDS Programme (NAP) of the MOH was restructured program to meet the growing demands, and to respond effectively and efficiently to the national HIV/AIDS crisis. Through the MOH's NHISU, national data on HIV/AIDS are collected and analyzed.

The NAP includes a "Comprehensive Plan for ARV Therapy". This program that is in its infancy stage will first provide antiretroviral to pregnant women and their partners who

have tested positive for the AIDS virus. Other areas that are being addressed to ensure that a comprehensive plan for ARV Therapy is offered include⁸:

- ❖ The procurement of ARVs has been completed for 200 Belizeans Living with HIV/AIDS
- ❖ Development of Guidelines for the Clinical Management of HIV/AIDS and a HIV/AIDS Drug Profile Manual
- ❖ Establishment of laboratory support for clinical management utilizing a FACS Count System to determine CD4/CD8/CD3 levels
- ❖ Development of a HIV/AIDS Counselling Manual and presently conducting workshops for key stakeholders and healthcare providers involved in the MTCT, STI/HIV/AIDS and TB Programs
- ❖ First Voluntary Counselling and Testing Centre established and plans include the initiation of the provision of services end April 2003
- ❖ April 2003 marks the start of a pilot study to perform same day HIV Rapid Test Results with emphasis on pre and post test counselling, informed consent and adherence to the highest levels of confidentiality
- ❖ Monitoring of program especially for positive (psychosocial support) and negative clients (behaviour change) and especially Belizeans satisfying criteria for the initiation of ARVT.

In addition the MOH is active in providing public awareness and HIV/AIDS education through campaigns, posters, pamphlets and the mass media, pre & post test counselling, as well as treatment and care. Contact tracing is also a component of the NAP. The establishment of the first VCT Centre will improve and enhance the quality of service that the MOH provides.

c. Ministry of Education

To date, over 1000⁹ teachers have been trained in HIV/AIDS prevention and education. In addition, over 400¹⁰ School Managers from the various denominations and Principals of Primary and Secondary Schools were also targeted for HIV/AIDS sensitization. Although there are no statistics to indicate exactly how many teachers, students and other employees of the MOE are HIV positive, there are indications that the numbers are steadily increasing. The MOE is working towards developing an Educational Sector Policy that will be used to guide its effort in addressing national response.¹¹

The unit within the MOE charged with coordinating the Ministry's response to HIV/AIDS is SHAPES. Through the effort of SHAPES, HIV/AIDS education is integrated into the regular curriculum for primary schools. Efforts are presently underway to integrate HIV/AIDS as a topic into Peer Education Programs in Secondary

⁸ National AIDS Program, Ministry of Health 2003

⁹ Ministry of Health, 2003

¹⁰ Ministry of Education, 2002

¹¹ Ministry of Education, 2002

Schools countrywide, and to provide relevant resource materials to teachers at the primary level¹².

d. Alliance Against AIDS

Alliance against AIDS is an NGO aimed at addressing the needs and concerns of people infected and affected by HIV/AIDS. The organization develops and maintains a system of support for PLWA and their immediate families.

In 1999, the organization launched a computerized HIV/AIDS hotline with trained volunteers providing counselling service. Specific programs are:

- ❖ Continuous education and support services for persons infected and affected by HIV/AIDS.
- ❖ Provide on-going counselling to family members affected by HIV/AIDS.
- ❖ The organization is in the process of developing community-based services for persons infected and affected by HIV/AIDS.
- ❖ Empowering people to better respond to the AIDS epidemic through social mobilization, awareness and education.

e. The Belize Red Cross Society

The Belize Red Cross (BRC) was the first organization to respond to the HIV/AIDS problem in 1986 with a National Awareness Programme targeting primary and secondary schools, BRC volunteers and community groups. HIV/AIDS prevention and training is a key component of all First Aid Training offered by the organization. In general, the programs of the BRC emphasized public awareness campaign, advocacy, strengthening local support mechanism for children who are made vulnerable through AIDS and the promotion of safe blood.

f. Population Services International /Pan American Social Marketing Organization (PSI/PASMO)

PASMO has been working in Belize since 2000 and has worked extensively in the areas of condom distribution, social marketing and the design, implementation and scaling up of behavior change communication campaigns for HIV prevention. The aim is to reduce the risk of HIV transmission and vulnerability of targeted population (men who have sex with men, commercial sex workers, youth, mobile populations-farm workers and uniformed men).

g. Belize Family Life Association (BFLA)

Since 1986, the BFLA an NGO, through its reproductive health program has been at the forefront providing HIV/AIDS education to the Belizean population, especially to the

¹² Ministry of Education, 2002

youth. The organization through its outreach programs and clinics countrywide provides HIV/AIDS information, counseling and condoms to all its clients. All training programs conducted by the organization have a substantial HIV/AIDS prevention component.

As the incidence of HIV increases, BFLA works primarily with at risk youth. The organization has trained sports team members to become peer educators countrywide enabling them to provide accurate information to their fellow team members, as well as other young people with whom they interact on a regular basis. BFLA has collaborated with SHAPES to develop a manual specifically for Peer Counseling.

Through its outreach programs the organization continues to explore behavior change strategies, and is working closely with a medical college of Wisconsin, USA to adapt their module entitled Popular Opinion Leader for specific at risk groups.

UN THEME GROUP

The UN Theme Group on HIV/AIDS provides ongoing support to national activities as outlined in the NSP. Through the NAC, the UN Theme Group has established partnerships with key players to expand the national response. Efforts of the UN Theme Group emphasized capacity building for the NAC, development of a national HIV/AIDS policy, resource mobilization and public awareness activities.

IV. MAJOR CHALLENGES FACED AND ACTIONS TAKEN TO ACHIEVE THE GOALS/TARGETS.

A Major challenge faced is the lack of adequate information that will allow for meaningful evaluation of the indicators. For example, information regarding the number of patients appropriately diagnosed, treated and counseled is not available. The country has very little information regarding the number of children made vulnerable through HIV/AIDS. Furthermore, the format used to collect pertinent information regarding an individual who have tested positive for the virus did not provide information regarding the number of children. This situation has now been remedied as of 2002.

If Belize is to achieve the goals and targets established, the country will need to address the data collection and processing needs to ensure that policies can be precise and effective in their implementation. It will also need to strengthen the individual organizational capacities and by extension, that of the NAC to formulate comprehensive policies that address issues of information and education, prevention, treatment and care, and legal protection and to ensure that these are all inclusive in approach but specific in targeting. Implementation procedures and protocols that strengthen coordination and collaboration among stakeholders are essential to increase effectiveness and efficiency.

In planning for the next evaluation period in 2005, it is anticipated that data will be collected from the following source.

Data Collection Plan (2005 reporting)	2003	2004	2005
Household surveys		X	X
Health Facility Surveys		X	X
School-based surveys	X		
Workplace Surveys		X	X
Desk Review	X	X	X

V. Support required from development partners

The issue of capacity is a major challenge for Belize at this time. To undertake many of the activities mentioned in the previous section, Belize will require substantial technical support from its development partners. This assistance is necessary in the first instance to design data collection methods that produce the information required but that are sensitive and respectful of the rights, culture and sentiments of individuals. The previous section mentioned the limitations of the socio-economic impact assessment and the vitality of this information for planning. Specific assistance will be required to develop methods of assessing the impact on human productivity, unemployment and loss of income as well as methods to measure the impact on education and the future implications. It will also require assistance in identifying methods in processing of information.

The current strategic plan does not go far enough in defining clear comprehensive strategies that have the potential to guarantee the successful achievement of the goals. Also, the limited ability of the NAC to mobilize resources and to coordinate implementation of programmes and activities is attributable to deficient capacity and technical constraints. Comprehensive planning techniques will be needed to ensure that activities reflect strategies aimed at attacking HIV/AIDS from all angles as well as enhancing the capacity to coordinate these strategies.

VI. Monitoring and Evaluation Environment

The NHISU of the MOH is responsible for collecting national information as it relates to HIV/AIDS. The Unit operates remote sites at each of the district hospitals countrywide and produces information quarterly and annually. Information collected does not reflect information from the private hospitals and clinics, and therefore result in major under-reporting. In addition, information is limited to the number of reported new cases of HIV and AIDS, and the corresponding gender, age and geographic distribution of these.

According to the NSP, monitoring and evaluation is the responsibility of the NAC through an established committee. So far this outcome has not been achieved. Comprehensive monitoring and evaluation is constrained by the lack of a national M&E plan and the financial and technical support to implement such a plan. Technical assistance will be necessary to formulate the plan and to design and implement a system

to ensure consistent scrutinizing of a number of indicators that will include economic, social and cultural issues as well as those related to policy and legislation and other social issues. Obviously, any system to be established will require human resource and training.

ANNEX 1

Preparation/consultation process for the National Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible in filling out the indicators forms?

a) NAC or equivalent	Yes X	No
b) NAP	Yes	No
c) Others (Please specify)	Yes	No

2) With inputs from:

Ministries:

Education	Yes X	No
Health	Yes X	No
Labour	Yes	No
Foreign Affairs	Yes	No
Others (please specify)	Yes	No

Civil society organizations	Yes X	No
People living with HIV/AIDS	Yes	No
Private sector	Yes	No
UN organizations	Yes X	No
Bilateral	Yes	No
International NGOs	Yes X	No
Others (Please specify)	Yes	No

3) Was the report discussed in a large forum? Yes **No X**

4) Are the survey results stored centrally? **Yes X** No

5) Is data available for public consultation? **Yes X** No

Name/Title: **Nadya Vasquez**
UNICEF Representative
Chair, UN Theme Group

Date: **March 31, 2003**

Signature: _____

**ANNEX 2
NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE**

Strategic plan

1. Has your country developed multisectoral strategies to combat HIV/AIDS?
(Multisectoral strategies should include, but not be limited to, the health, education, labor, and agriculture sectors)

Yes	No X	N/A
Comments: A national strategic plan exists, but the implementation is done by individual sectors, and reflects little to no coordination.		

2. Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)?

Yes	No X	N/A
Comments: HIV/AIDS is integrated into the Common Country Assessment and in the Economic Assessment plan.		

3. Does your country have a functional national multisectoral HIV/AIDS management/coordination body? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes X	No	N/A
Comments: The National AIDS Commission (NAC) is appointed by the Government of Belize and has a membership of six government ministries, five NGOs and seven district AIDS Committees, which meets quarterly. The activities of NAC are coordinated by a secretariat.		

4. Does your country have a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes X	No	N/A
Comments: The National AIDS Commission assumes this role.		

5. Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes	No X	N/A
Comments: Such body does not exist for NGOs or civil society. The NGO response is coordinated through the National AIDS Commission.		

6. Has your country evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes?

Yes X	No	N/A
Comments: The UN Theme Group has supported this study that was coordinated by the Ministry of Economic Development.		

7. Does your country have a strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defence forces?

Yes	No X	N/A
Comments:		

Prevention

1. Does your country have a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS?

Yes	No X	N/A
Comments: A communication and social mobilization strategy is currently being developed to address this issue. This is an UN Theme Group initiative in collaboration with the national AIDS Commission.		

2. Does your country have a policy or strategy promoting reproductive and sexual health education for young people?

Yes X	No	N/A
Comments: A sexual and reproductive health policy has been approved, but not yet translated to action.		

3. Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection? (Such groups include, but are not limited to, IDUs, MSM, sex workers, youth, mobile populations and prison inmates.)

Yes	No X	N/A
Comments:		

4. Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants?

Yes	No X	N/A
Comments: Baseline data is available, and as a result, a project coordinated by Un Theme Group and NAC is currently being developed that will address the issue of migrant workers (national and cross-border workers) women and adolescents within the agro-industry.		

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5. Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to, condoms, sterile needles and HIV tests.)

Yes X	No	N/A
If yes, please list		
Groups: Pregnant women CSW Youths	Commodities: HIV testing Condoms, STI/HIV testing Education Condoms, education	
Comments: There are several interventions that result in increased access to condoms and testing, however due to fragmentation in the implementation of these interventions, impact is not measurable.		

6. Does your country have a policy or strategy to reduce mother-to-child HIV transmission?

Yes X	No	N/A
Comments: The MTCT program is integrated into the Maternal and Child Health Program and is being implemented countrywide.		

Human rights

1. Does your country have laws and regulations that protect against discrimination of people living with HIV/AIDS (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)?

Yes	No X	N/A
Comments: Recommendations for laws and regulations against HIV/AIDS discrimination have been drafted. The recommendations will be form part of a national consultation.		

2. Does your country have laws and regulations that protect against discrimination of groups of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes	No X	N/A
If yes, please list groups:		
Comments:		

3. Does your country have a policy to ensure equal access, for men and women, to prevention and care, with emphasis on vulnerable populations?

Yes	No X	N/A
Comments:		

4. Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee?

Yes	No X	N/A
Comments: The Ministry of Health has recently initiated this process.		

Care and support

1. Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

Yes	No X	N/A
<p>If yes, please list</p> <p>Groups: Commodities:</p>		
<p>Comments:</p>		

2. Does your country have a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups? (HIV/AIDS-related medicines include antiretrovirals and drugs for the prevention and treatment of opportunistic infections and palliative care.)

Yes	No	N/A
<p>If yes, please list</p> <p>Groups: Commodities:</p>		
<p>Comments:</p>		

3. Does your country have a policy or strategy to address the additional needs of orphans and other vulnerable children?

Yes	No <input checked="" type="checkbox"/>	N/A
Comments:		

**ANNEX 4
COUNTRY M&E SHEET**

COUNTRY: Belize **AS OF:** March 31, 2003

1. Existence of national M&E plan

Yes: Years covered:	In progress: Years covered:	No: X
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2. Existence of a national M&E budget

Yes: Amount: Years covered:	In progress: Years covered:	No: X
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3. Amount secured as of today: \$0

4. Existence of an M&E unit for HIV/AIDS within _____

National AIDS Council	Ministry of Health	Elsewhere: _____
Yes: No:	Yes: X No:	X

5. M&E focal point on HIV/AIDS within the government _____

Name: **National AIDS Commission**
Telephone: **501-223-7592**
Email: **Belizenac@btl.net**

6. Existence of information systems: _____

Health Information System

Yes: X National level: X Sub-national*: The National Health Information Surveillance Unit of the Ministry of Health has remote locations at all district hospitals.	No:
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- If yes, please specify the level, i.e., district*

Education Information System

Yes: National level: Sub-national*:	No: X
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** If yes, please specify the level, i.e., district*