



**Regional Platform**  
Latin America and Caribbean  
Support, Coordination and Communication



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# Situational analysis of Latin American and Caribbean countries in accordance with the policies of the Global Fund

## Belize

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Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities.

# SITUATIONAL ANALYSIS OF LATIN AMERICAN AND CARIBBEAN COUNTRIES IN ACCORDANCE WITH THE POLICIES OF THE GLOBAL FUND

## Belize

Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities.

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# Introduction



The LAC Regional Platform is one of several initiatives of the Global Fund aimed at improving the coordination of technical assistance and key information to civil society groups at the country level, as well as to offer greater support to CSO at all levels of their processes.

The LAC Platform along with five others located in Asia and the Pacific, Anglophone Africa, Francophone Africa, the Middle East and North Africa and Eastern Europe and Central Asia contribute to the achievement of the overall goal of the Strategic Initiative on Community, Rights and Gender (SI CRG). The objective of the SI CRG is for civil society and communities to participate in an effective way and to contribute in the elaboration, execution and supervision of programs financed by the Global Fund.

The series “Analysis of situations in Latin American and Caribbean countries in accordance with the policies of the Global Fund”, is intended to help communities and other key actors in the regional response to increase their understanding of the processes that the Global Fund is implementing through its financing mechanisms. For this reason, it is particularly important to understand the technical assistance needs of civil society organizations in the context of the sustainability, transition and co-financing policy of the Global Fund, as well as the main elements of the process in 18 countries of the region related to implementation of this policy.

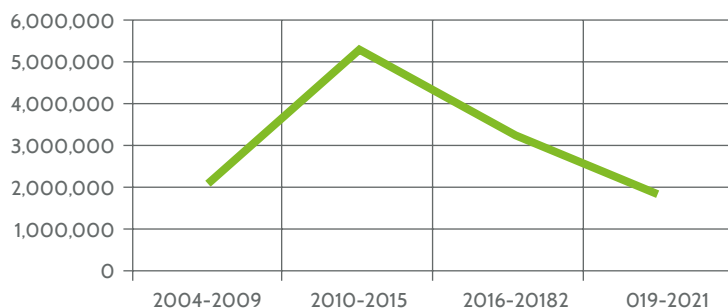
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# 01. Global Fund in Belize

Since 2004 the Global Fund (GF) has contributed significantly to the response to HIV and TB in Belize, approving US\$10.8 million in support up to 2015. To date the country has been approved a total of three (3) GF grants. The first grant of \$2,097,976 approved in 2004 for an implementation period of five (5) years was entitled: “Strengthening of Belize’s Multi-Sectoral Response to HIV/AIDS”. The second approved grant of 5.5 million US dollars in 2009 for another five (5) year period entitled: “Accelerating the Pace: Reaching Marginalized and Vulnerable Populations with Critical Services”, targeted most vulnerable populations including youth, women, orphans and children made vulnerable, persons with HIV, MSM and sex workers. Belize submitted and was approved in 2016 its third grant of \$3,359,024 under the new funding model of the Global Fund. The grant titled: “Investing for Impact Against Tuberculosis and HIV”, presently still active, is a joint HIV and TB grant. In 2017 a decreased allocation of \$1,916,278 for the new grant period 2019-2021 was announced. This marks a significant reduction of 43% from the present grant.

Table 1: Trend of GF Allocations over the years

## GF Allocations



## 02. Belize Global Fund Grant 2015-2018

The present grant is split between HIV (2.5m) and TB (1.5m). The implementation of this new HIV/AIDS and TB grant started in 2016. The overall goals are:

1. To halt the spread of HIV and HIV/TB co-infections among men who have sex with men (MSM) and other males at risk (sexually active men aged 19-49 years) with a focus on the 3 districts with the highest disease burden - Belize City, Stann Creek and Cayo Districts.
2. To effectively detect and cure all forms of TB, multidrug-resistant tuberculosis (MDR-TB) and HIV/TB co-infections.
3. To improve retention of HIV patients on anti-retroviral therapy (ART) and reduce structural barriers like stigma and discrimination, as well as policy provisions; and,
4. To strengthen the overall health system's capacity to manage TB, HIV/TB and MDR-TB with a significant focus on training key aspects of the health system to play their role in the TB response.



## Tuberculosis

The focus of the TB component includes strengthening case finding, training health workers in management of TB cases, and enhancing diagnostic capacity.

## HIV/AIDS

The HIV component focus on: 1.) HIV Prevention, 2.) Removing legal barriers and addressing stigma and discrimination and 3.) Treatment, care and support. The objectives are to increase the percentage of men who have sex with men and other males at risk in the Belize, Stann Creek and Cayo districts who have received an HIV test and know their status and improve the quality of treatment and care services to persons with HIV, and HIV/TB co-infection in Belize.

Table 2: Distribution of Budget by modules - 2015-2018 GF Grant

### AMOUNT ALLOCATED (USD)

Programme Management	922,279	27.2 %
TB Care and Prevention	927,209	27.3 %
Treatment, Care and Support	362,682	10.7 %
Removing Legal Barriers to Access	338,294	10.0 %
Prevention programmes for MSM and TG	331,772	9.8 %
Health Systems Strengthening (HSS) - Health Information systems and M&E	403,764	11.9 %
MDR-TB	51,375	1.5 %
Prevention programmes for other vulnerable populations	32,015	0.9 %
TB/HIV	15,989	0.5 %
HSS - Procurement supply chain management	6,250	0.2 %



## 03. The situation of Belize and the Transition, Sustainability and Co-financing Policy of the GF

In accordance with the 2016 Transition, Sustainability and Co-Financing policy (TSCP) of the Global Fund, Belize which is now classified as an Upper-Middle Income (UMI) country by the World Bank is ineligible to receive further funding for Tuberculosis as its disease burden is considered low or moderate. The country, however, remains eligible to receive funding for its HIV programme. It's important to highlight that the overall Global Fund financial support has been reduced by 43% for the 2019–2021 allocation period, which includes its final TB allocation. Thus, the country has completed and submitted its GF Transition Funding Request for HIV/AIDS and TB which is presently under review by the Technical Review Panel of the Global Fund.



# 04. Communities, Rights and Gender

Has an assessment of the legal environment been conducted to assist in the reform of policies and practices that violate the rights of the people affected?\*

**TB**

**VIH**

No

Yes

Has a disease-focused gender assessment been conducted to determine gender barriers and help alleviate inequalities

No

No

Has the National AIDS Programme defined and prioritized vulnerable and neglected populations in order to eliminate barriers to access essential services?

No

Yes

Are there national networks or groups for people affected by diseases that actively advocates for a person-centered response?

No

Yes

\* A review of the wider legal framework for creating an enabling environment to end HIV/AIDS has been ongoing since 2014.





The legal review recommends changes to the legal system to address stigma and discrimination and uphold the rights of vulnerable groups in six key areas: (1) the Constitution, (2) public health and social service including the Public Health Act and the Medical Services Institutions Act, (3) law enforcement including the criminal code and the Immigration Act, (4) labour and business, (4) education, and (6) housing.

Because of the political nature of these recommendations, the report is still under review by relevant government authorities and has not been approved and finalized.<sup>1</sup> To date, the report and recommendations have been submitted to the Attorney General's Office and are presently under review.



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<sup>1</sup> Belize Transition Readiness Assessment, Feb. 2018.



# 05. The Situation of Civil Society Organizations

The National AIDS Commission of Belize (NAC) was established in the year 2000 to serve as the lead national authority of the national response to HIV and enshrined in the NAC Act No. 6 of 2004. The NAC is a multisectoral body comprised of high level representatives of governmental, non-governmental (civil society), private and international organizations. The National AIDS Commission also serves as the Country Coordinating Mechanism for the Global Fund (CCM). Since its inception, the NAC composition has always included civil society organizations. Most recently, with the focus of the response on key populations the National AIDS Commission is actively engaging the participation of organizations representing key populations. Even though most of these smaller organizations do not sit as members of the NAC/CCM, with the exception of C-NET+ and UNIBAM, they have been playing an integral role in the response to HIV in Belize.<sup>2</sup>

The Transition Readiness Assessments (TRA) found that CSOs are actively engaged in the national HIV response through prevention, care and treatment, and/or the removal of legal barriers. However, several challenges were also identified. These include: limited resources, lack of social contracting mechanisms with the

<sup>2</sup> Transition and Sustainability of CSOs in the HIV and TB Response in Belize, LAC Regional Platform/Via Libre Peru, 2017.



government and private sector, limited meaningful participation in decision-making processes at the national level and inadequate organizational capacity especially for the smaller organizations and community groups working with key populations.

Due to limited resources and lack of domestic financial support, most of the CSO are dependent on external funding. This results in fragmented efforts and initiatives that are sometimes funds-driven. This results in competition for limited resources and inability to significantly capitalize on the sector's potential to impact the situation of HIV in the country. There are no social contracting mechanisms between CSO and the government and subventions provided by the government to CSO are very limited and mostly to larger CSO. The TRA also found that many of the smaller CSOs indicated that they lack training in specific areas such as strategic planning, research, policy analysis, and evaluation and human rights. This limits their capacity to effectively manage their organizations and make a significant contribution at the national level. In addition, meaningful participation and representation is also affected due to non-existence of systematic consultation with or report to their constituencies particularly due to lack of a communication and coordinating mechanism at the CSO level. This lack of mechanism also results in a process of selection of representatives that is not fully consultative.

Organizations such as the Caribbean Vulnerable Communities (CVC) and COC Netherlands have been instrumental in working with CSO organizations particularly those working with key populations to build cohesion and strengthen organizational capacity.



# 06. Access to Technical Assistance

There hasn't been any official study to determine CSOs access to technical assistance (TA).

However, as mentioned previously, CSOs have been benefitting from technical support from external partners such as COC Netherlands, CVC, and LAC Regional Platform among others. This support has sought to build the capacity of the organizations to carry out their ability to make more meaningful contributions in the areas of HIV and human rights. Two organizations that have specifically provided technical assistance to enhance the capacity of CSO to meaningful participate in Global Fund processes are: GNP+ and the LAC Regional Platform of the Communities, Rights and Gender initiative of the Global Fund. In 2016 GNP+ provided technical support to build the capacity of key populations to enhance their participation in Global Fund Processes. This included increasing their knowledge of the Global Fund, the country grants and the role of CSOs in the Country. The methodology was a successful one, which served to replicate the session in the Dominican Republic. In 2017 the LAC Regional Platform piloted a social dialogues with CSO methodology in 3 countries. One of these countries was Belize for the Caribbean region. The opportunity provided an opportunity for CSO in Belize to forge a joint vision and development a plan of action to address risks and opportunities identified within the context of transition and sustainability.



# 07. Challenges for the transition

Though classified as an Upper Middle Income country by the World Bank, Belize is still confronted with the realities of huge pockets of poverty. This contributes to poor health conditions, unemployment, gender-based violence, low education and other socioeconomic inequities, which increase susceptibility to HIV and TB especially for the most marginalized groups. Although Belize has the 3rd highest per capita income in Central America, the average income figure masks a huge income disparity between the rich and poor, and a key government objective remains reducing poverty and inequality with the help of international donors. In 2018 the Prime Minister of Belize announced a total debt of 3.5 billion dollars accounting for approximately 93% of the GDP of the country marking a grave economic crisis.<sup>3</sup> This remains a critical macroeconomic challenge to sustaining the response to HIV and TB in Belize.

With the support of the Global Fund a Transition Readiness Assessment was completed in 2017-18 resulting in the identification of transition risks and opportunities, which served to guide the development of the country's Transition Work Plan. The TRA and TWP then served to guide the country in the development of its GF Funding Request 2019-2021. Three key risks identified by the TRA include:

- A policy of fiscal consolidation on account of recent debt settlements is resulting in budget cuts across government ministries. With reduced external donor

<sup>3</sup> Prime Minister Dean Barrow Budget Speech 2018.



financing, the gap in the HIV/TB response is likely to grow without a substantial effort to raise domestic funds. The TB programme is particularly vulnerable to transition as total costs of the TB programme amount to less than US \$1 million, but as of 2016, 98% of these funds came from external donors (though these figures have been called into question by some stakeholders). The results of the 2013–2014 National AIDS Spending Accounts assessment showed that over 65% of overall HIV expenditures were financed by external sources but public health care expenditures as a percentage of GDP remained at less than 6% between 2011 and 2016, and there was no budgetary allocation within the national health budget to support civil society participation in the HIV or TB responses.

- Belize is somewhat off track to meet the UNAIDS 90-90-90 goals due to gaps across the cascade of HIV service delivery. As of the end of 2016, 57% of PLHIV knew their status, 56% of PLHIV who knew their status were on treatment, and 38% of PLHIV on treatment were virally suppressed. Donor funding, primarily from the Global Fund and U.S. government agencies (which has already transitioned out of Belize), has supported key investments across the continuum of care to accelerate progress toward the 90-90-90 goals by 2020, especially prevention, outreach, and testing by civil society; linkage from testing to treatment services for PLHIV; and human resources to support adherence to treatment. However, the primary gap in service delivery is the delay in officially adopting and systematically implementing Treat All, which Belize has committed to doing as part of its commitment to achieving the 90-90-90 goals. Without donor support and pressure, progress may stall if key systems investments are not made now.
- Sociocultural norms and religious values pose a significant challenge to the HIV/AIDS response and stigma and discrimination against key populations (particularly MSM and transgender women) significantly impedes uptake of HIV and TB services. In 2016 Belize became the first former British colony in the Caribbean to strike down the colonial-era sodomy law. While this is an important legal victory, stigma and tensions around same-sex relationships have been somewhat heightened by the ongoing court case. Donor support to remove sociocultural barriers has included an extensive analysis of the legal and political environment of the HIV/AIDS response through a consultant; the establishment of a Human Rights Observatory, with two part-time attorneys working at United Belize Advocacy Movement (UNIBAM) and the Human Rights Commission of Belize; sensitization training of public sector employees including health care providers; and mass media campaigns. Support for these types of interventions is threatened by transition.

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<sup>4</sup> Belize Transition Readiness Assessment, Feb. 2018.



# 08. Milestones for the transition

- Development of the National Strategic Plan for HIV and TB, 2016-2020.
- Development of the National Tuberculosis Strategic Plan 2019-2022.
- Social Dialogues with CSO on the Transition and Sustainability of the HIV and TB response held in 2017.
- Transition Readiness Assessment and development of Transition Work Plan, 2017-2018.
- Development and submission of 2019-2021 Global Fund Request, 2018.
- The approval of the Belize Funding Request 2019-2021 for Grantmaking by the Global Fund Technical Review Panel.





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