



I am very pleased that Belize now has our National Policy on HIV/AIDS.

This document is the result of much consultation and sharing throughout the country, and it represents our collective desire to do what is best in the continuing struggle against HIV and AIDS.

I like to think that this National Policy adopts a human rights and responsibilities approach to the national response to the epidemic, and I am confident that I speak for a very broad cross section of partners and stakeholders when I say that we fully endorse the Guiding Principles, Commitments and Objectives set forth herein.

The many persons who have joined us for meetings and working sessions at the AIDS Commission Secretariat have no doubt seen on our walls the Statement of Belief from the United Nations Development Program which exhorts us all that Behavior Change is a central issue in responding to the HIV/AIDS epidemic. It says: “We believe that individuals and whole communities have the inherent capacity to change attitudes and behaviors. This power must now be recognized, called forth and supported from both within and without.”

As we implement this National Policy and make sure that it remains a living document, I call on all of us to be firm in this belief in positive change so as to reduce and eliminate stigma and discrimination and ensure inclusion and participation of everyone, especially persons living with HIV/AIDS.

Acknowledgement of the committed hard work of so many persons is very much in order, and I therefore on behalf of the Commission thank everyone who helped to bring our National Policy to fruition. We thank in particular our consultant Adele Catzim who put the document together. We also thank the United Nations Development Program and other U.N. Partners as well as the Global Fund for sponsorship of this process. And we acknowledge with gratitude Joan Burke, Kathy Esquivel, Dr. Peter Allen, Ruth Jaramillo and Rodell Beltran Perera who put in great effort as we built consensus for the National Policy.

Once again this National Policy is due to the propitious coming together of very good Persons, Processes, Principles and Pledges – four “p’s” which give us the strength and vitality to move forward with confidence. Let us now put our beliefs and herein stated commitments into action.

Dolores Balderamos Garcia
Executive Chairperson
National AIDS Commission
August 2006

Table of Contents

Foreword	
List of Acronyms	3
1.0 Background	4
2.0 HIV/AIDS Situation	5
3.0 Definitions	7
4.0 Preamble	8
5.0 Guiding Principles	10
6.0 Overall Goal	12
7.0 Objectives and Strategies	12
7.1 Prevention of HIV Transmission	12
7.2 Voluntary HIV Counseling and Testing	16
7.3 Treatment, Care and Support for PLWHA's and Other Vulnerable Populations	18
7.4 Surveillance and Research	22
7.5 Legislation and Legal Issues	23
7.6 Coordination and Monitoring of the National Response	25
8.0 Implementation and Monitoring of the Policy	26

List of Acronyms

AIDS	– Acquired Immuno-Deficiency Syndrome
ART	- Anti-Retroviral Treatment
HIV	- Human Immuno-Deficiency Syndrome
IRB	– Internal Review Board
MDG	– Millennium Development Goals
NAC	- National AIDS Commission
NAP	- National AIDS Program
NATF	- National AIDS Task Force
PEP	– Post Exposure Prophylaxis
PLWHA	- People Living with HIV/AIDS
PMTCT	– Prevention of Mother to Child Transmission
STI	– Sexually Transmitted Infections
UNGASS	– United Nations General Assembly Special Session
VCT	– Voluntary Counseling and Testing

1.0 Background:

When the first AIDS case was diagnosed in Belize in 1986, the Government of Belize established a National HIV/AIDS program (NAP) within the Ministry of Health. Although this Program has remained Belize's largest direct service provider on HIV/AIDS issues, there has been growing national recognition of the need to complement health related services with prevention, social mitigation and policy development programs, which together can achieve a reduction of the HIV/AIDS epidemic in Belize.

The acceptance of the need for a holistic, more comprehensive response to the HIV/AIDS epidemic led to the establishment of a National AIDS Task Force (1997-1998) which evolved into a National AIDS Commission (NAC) in February, 2000.

The National AIDS Commission, initially chaired by the Ministry of Human Development, was tasked with ensuring the effective coordination and monitoring of Belize's National HIV/AIDS response as well as ensuring policy development and advocacy action on HIV/AIDS issues. The NAC's Policy and Legislation Project (Phases I and II) came from this mandate.

In 2002, the National AIDS Commission conducted a review of HIV/AIDS related legislation with a view towards ensuring a human rights-based approach to policy development and legal reform. This review was accompanied by a survey of the perceptions of service providers in relation to HIV/AIDS policy and legal issues. The results of this phase (Phase I) of the HIV/AIDS Policy and Legislation Project formed the basis for the development of a National HIV/AIDS Policy for Belize (Phase II).

In early 2004, the National AIDS Commission became a statutory body making legal its mandate for coordination, monitoring, advocacy action and policy development in relation to HIV/AIDS in Belize. The National AIDS Commission therefore immediately initiated Phase II of its Policy and Legislation Project.

Phase II of this Project included countrywide consultations to get input into a National HIV/AIDS Policy which would reflect the views, concerns and interests of the multi-stakeholders involved in the National HIV/AIDS response. This process stimulated dialogue and in some cases, debate on, some issues on which there were a divergence of views. For the most part, however, this 11-month process, led to consensus building on the following HIV/AIDS issues addressed in this National Policy.

This National HIV/AIDS Policy is a synthesis of these invaluable local contributions with the principles and commitments outlined in the

Constitution of Belize, the Sexual and Reproductive Health Policy, the Gender Policy and the Integrated Early Childhood Development Policy, and the Proposed HIV/AIDS Policy and the World of Work, as well as the International Guidelines on HIV/AIDS and Human Rights, the outcome document of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), and the International Labor Organization (ILO) Code of Practice on HIV/AIDS and the World of Work.

2.0 Overview of the HIV/AIDS Situation:

Although Belize is a small country of approximately 282,000 people, it has an estimated HIV prevalence rate of 2.4%. This places Belize as having the highest per capita HIV prevalence rate in Central America and the third highest in the Caribbean Region. For a country with limited human and financial resource capacity, this epidemic can have potentially devastating effects on national development.

Belize has a generalized epidemic which has spread to each of Belize's six administrative Districts. However, over 80% of all HIV and AIDS cases are reported in the Belize District where just under half of Belize's population reside. The Stann Creek and Cayo Districts consistently report the second and third highest numbers of HIV and AIDS cases countrywide.

In Belize, HIV/AIDS is still perceived by many as a homosexual disease. However, over 70% of all HIV infections in Belize are attributed to heterosexual transmission and only 7% to men who have sex with men.

The male:female ratio in HIV infections has narrowed from a 2.0:1 male:female ratio in 1996 to 1.16:1 in 2003. A 2002 Situational Analysis on HIV/AIDS conducted in the Stann Creek District reported that in that District, there were more women infected than men. The feminization of the HIV/AIDS epidemic in Belize is seen to be consistent with heterosexual contact as the primary mode of HIV transmission countrywide.

Although the epidemic is generalized, people who believe themselves to be in stable relationships to not perceive themselves to be at risk of HIV infection. Therefore condoms continue to be used mostly to prevent pregnancy, rather than to prevent STI and HIV transmission. People, who use other means of contraception, do not report using condoms regularly and consistently with their regular partners.

Almost 80% of all HIV cases are reported for persons in the most productive and reproductive years (20-49). HIV prevention programs targeted at the general public have taken up the largest share of HIV/AIDS resources. Currently, there are efforts to ensure the more effective

targeting of HIV education programs, with one of the most coherent interventions being an HIV/AIDS Workplace Education Program being implemented through the Ministry of Labor. Other HIV/AIDS prevention programs are targeted at children and adolescents who are in and out of school, commercial sex workers and at migrant and mobile populations across the country.

An estimated 6% of all HIV cases are to children under the age of five. A Prevention of Mother to Child Transmission Program (PMTCT) is now fully in place to reduce HIV transmission from mother to child. Across the country, over 80% of mothers who access pre and post natal services, agree to voluntary HIV testing accompanied by pre and post test counseling.

Children who are infected with, or affected by, HIV/AIDS are a high priority for the Ministry of Human Development which is in the process of establishing a program for orphaned and vulnerable children (OVCs). The churches in Belize are also active in responding to the needs of OVCs. Concerns regarding HIV transmission through child sexual abuse exist. Reports of the early initiation of sexual activity (by age 12) and of adolescents of having multiple partners is also a major concern for HIV/AIDS activists. These concerns have been aggravated by increases in HIV positive cases for girl children and adolescents throughout 2003. The National Plan of Action for Children and Adolescents addresses these issues.

In 2002, HIV/AIDS was the seventh leading cause of death in Belize for all ages. One year later, HIV/AIDS became the fourth leading cause of death for all persons in Belize. HIV/AIDS (for 2002 and 2003) was the second leading cause of death and the first cause of death for persons between the ages of 20 to 29 and 30 to 49 years, respectively. This continuing high mortality rate prompted the acquisition and provision of anti-retroviral treatments through the Ministry of Health. These anti-retrovirals are now available free of cost to those who meet the clinical criteria for treatment. The strengthening and expansion of the clinical management of HIV/AIDS across the country is a part of national efforts to reduce the HIV/AIDS mortality rate.

Accompanying the provision of clinical management services is the establishment of Voluntary Counseling and Testing (VCT) Centers across the country. The VCT approach to HIV testing has recorded high rates of success as a majority of those who receive pre and post test counseling agree to test for HIV. To complement the VCT program there is a need to address gaps in psycho-social services and the development and monitoring of codes of ethics related to service provision.

Even with all the HIV/AIDS services now available in Belize, and even with a recorded high level of knowledge about HIV transmission, there still exists high levels of stigma and discrimination towards people who are, or are suspected of being, HIV positive. Social and economic isolation and exclusion of people living with HIV/AIDS (PLWHAs) persists among families, as well as among service providers and the general population.

Although the National HIV/AIDS response is actively addressing stigma and discrimination issues through prevention and social and economic mitigation programs, these lack an adequate policy framework in which to operate, therefore limiting program effectiveness.

This National HIV/AIDS Policy provides a framework to guide PLWHAs, service providers and the general public in understanding the principles and ethical guidelines which form the basis of the National HIV/AIDS Response.

3.0 Definitions:

Client – the person who engages the professional advice or services of another

Confidentiality - the practice of maintaining and protecting any private information whose unauthorized disclosure could be prejudicial to the person on whom the information is based

Continuum of Care – the holistic and coherent sequence or progression of services developed to respond to an illness or social issue

Counseling – professional guidance of the individual or group by utilizing psychological methods especially in collecting and analyzing case histories and personal data

Pre-test counseling – counseling of an individual that takes place before that individual decided to take an HIV test

Post-test counseling – counseling of an individual that takes place after that individual has taken an HIV test

Discrimination – Any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV sero-status or state of health.

Gender Equality – women and men enjoy the same status and have equal conditions for realizing their full human rights and potential to contribute to

national, political, economic, social and cultural development, and to benefit from the results

Gender Equity – the process of being fair to men and women. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field.

Good Governance – having appropriate frameworks and mechanisms to facilitate communication, consultation, and decision-making on economic and social resources within an organization

Informed Consent – compliance in, or approval of, what is being done by another, after being fully notified and advised on the purpose, process and risks involved in that action

HIV Reactive – when an HIV test shows signs of HIV antibodies being present in the blood of the person being tested

HIV Screening – the process of eliminating or excluding persons who are HIV positive

Stigma – a mark of shame or discredit used to brand specific groups of people such as those known to be, or suspected of being, HIV positive

Voluntary HIV Testing – allowing individuals the will or choice to decide, without discrimination or sanction, whether or not they will take an HIV test

4.0 Preamble:

Recalling the guarantees of fundamental rights and freedoms enshrined in the Constitution of Belize;

Recalling the Universal Declaration of Human Rights and other International Conventions and Agreements, which the Government has signed to protect the rights of all individuals;

Recognizing that the HIV/AIDS epidemic is a human security issue which threatens development gains nationally and globally;

Recognizing that for small developing countries, globalization has created new challenges that can be further exacerbated by the HIV/AIDS epidemic;

Recognizing that HIV/AIDS is a development challenge which affects all sectors of society;

Recognizing that HIV/AIDS is an epidemic that has serious social, economic and developmental impacts at all levels of society;

Recognizing that poverty and unequal gender relations contribute to the spread of the HIV/AIDS epidemic; particularly among women, girls, children and other vulnerable groups.

Recognizing that the stigma and the discrimination associated with HIV/AIDS is influenced by social, educational, religious and cultural norms, traditions and practices;

Recognizing that prevention, treatment, care and support are mutually reinforcing elements of a continuum of response to HIV/AIDS;

Affirming that children and adolescents require special consideration for HIV prevention, treatment, care and support programs;

Affirming that throughout the lifespan, women, biologically and socially, are more vulnerable to HIV infection than men;

Affirming that despite the “feminization” of the HIV/AIDS epidemic, there is a need to ensure active men’s participation in the National HIV/AIDS response;

Affirming that there are groups, who, due to their economic, social, environmental, psychological or physical condition, are vulnerable to HIV transmission;

Recognizing that community participation and involvement, including local and religious leaders, PLWHA’s and their families, are key to ensuring an effective HIV/AIDS response;

Acknowledging that programs are underway to address the HIV/AIDS epidemic, and recognizing that commitment to the strengthening of these programs is required to effectively combat the further transmission and spread of HIV;

We the multiple stakeholders, **Undertake**, through this National HIV/AIDS Policy, to:

1. respect the fundamental rights and freedoms of all persons regardless of their HIV status

2. ensure that the national response addresses the commitments set out in the National Poverty Reduction Strategy and Action Plan and Belize's International commitments as stated in the Millennium Development Goals (MDGs) and the United Nations Special Session on HIV/AIDS (UNGASS)
3. ensure that the HIV/AIDS epidemic remain a high priority national development issue, and that people living in poverty, women, children and other vulnerable groups are provided special attention within the National HIV/AIDS response,
4. pursue strategic actions, developed through broad-based, relevant, multi-sectoral community participation and involvement, including PLWHA's and their families, to prevent the spread of HIV/AIDS in Belize,
5. reduce its impact on the individual and the community, and ensure equal access to affordable treatment, care and support for people infected with, and affected by, the HIV/AIDS epidemic.

5.0 Guiding Principles:

The Constitution of Belize and International Human Rights Conventions and agreements which have been signed and ratified by the Government shall provide the framework for the formulation of this HIV/AIDS Policy for Belize. This Policy is therefore founded on the following principles:

Equity in access to Goods and Services – Each individual has a right to accurate and timely information and services to protect himself/herself from the further transmission of HIV/AIDS. Each individual has a right to accessible and affordable prevention, diagnosis, treatment, care and support services aimed at mitigating the impact of the epidemic on the individual his/her family and his/her community.

Non-Discrimination – Each individual has a right to non-discrimination in access to goods, services, or employment, on the basis of their HIV-status or the HIV status of family members.

Individual and Collective Responsibility – All persons have an individual and collective responsibility to actively participate in actions, and engage in behaviors, which prevent the further transmission and spread of HIV/AIDS.

Community Participation and Involvement – The success of a National HIV/AIDS response is predicated upon broad-based, multi-sectoral community participation and involvement.

Partnership Building and Social Dialogue – Social dialogue across all sectors of society, including urban and rural communities, shall remain key to building trust and cooperation between, and among, the multiple partners involved in the National HIV/AIDS Response.

Voluntary HIV Testing – Voluntary HIV testing accompanied by informed consent and pre and post test counseling provides a supportive environment for individuals to know their HIV-status and creates opportunities for adequate care and follow-up services.

Confidentiality– All individuals have a right to privacy and to the protection of personal information. Every effort shall be made to ensure that all systems, mechanisms and procedures for accessing HIV testing, care, treatment and support services respect this right to confidentiality.

Professional Ethics – All those who conduct research, provide testing, treatment, care and/or support services related to HIV/AIDS shall observe professional ethics related to their particular occupations. A strong emphasis on confidentiality and informed consent shall be maintained across professions.

Committed Leadership – strong committed leadership at all levels, and across all sectors of society, is necessary to ensure sustained and effective interventions against the HIV/AIDS epidemic. Ensuring committed leadership of the national HIV/AIDS response shall remain a priority.

Stigma Reduction – Stigma plays a major role in the spread of HIV. Combating stigma shall be highlighted in the development and implementation of all programs and services aimed at reducing the further transmission of HIV.

Evidence Based Planning – Conducting ethical, scientific and participatory research shall contribute significantly to the planning, implementation and monitoring of HIV/AIDS interventions throughout the continuum of the national response.

Integrated Planning – Given the complexity of the HIV/AIDS epidemic, the vicious cycle between HIV/AIDS and poverty and the links between HIV/AIDS and other social, cultural, religious and economic factors, interventions for the prevention and mitigation of HIV/AIDS must take an integrated approach.

Best Interests of the Child – All policies and programs targeting families and children shall aim to serve the child's best interests.

Gender Equity and Equality – The gender dimensions of the HIV/AIDS epidemic are now widely recognized. Equal gender relations and the empowerment of women and their partners, are critical elements of an effective HIV/AIDS response.

Good Governance – Transparency and accountability at all levels is essential to ensuring the effectiveness and efficiency of HIV/AIDS interventions. Every effort shall be made to ensure that good governance mechanisms are established and maintained across sectors.

6.0 Overall Goal:

This National Policy on HIV/AIDS provides a framework, based on human rights, for the prevention of HIV and the reduction of its impacts at all levels of society.

7.0 Specific Objectives and Strategies:

7.1 Prevention of Transmission of HIV/AIDS

An effective HIV/AIDS response is predicated on the prevention of further HIV infection among the population. Because the epidemic in Belize is known to be generalized, prevention efforts must, while putting emphasis on some groups, target every sector of the population. These efforts must also continue to employ strategies that consider the educational levels and multiple social, cultural and religious factors which influence the development of attitudes and behaviors which increase the risk of HIV infection and the stigma and discrimination associated with HIV/AIDS. The participation of multiple stakeholders, including religious and community leaders, PLWHAs and their families is to be strongly encouraged and supported as they play an important role in mobilizing others to act responsibly.

Objectives:

- To create and sustain an increased awareness of HIV/AIDS/STI prevention practices through targeted advocacy, information, education and communication for behavior change programs.
- To ensure that HIV/AIDS/STI education programs are practical, relevant and maintain a focus on dispelling prevalent myths about HIV transmission.

- To prevent the further transmission of HIV/AIDS/STIs through multiple strategies which are age-appropriate, consider literacy and social issues, and respect cultural and religious practices.
- To create and sustain a supportive environment for PLWHA's and their families to be involved in HIV/AIDS/STI prevention programs.

Strategies:

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

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

The Government of Belize will:

- incorporate HIV/AIDS/STI and HIV/AIDS/STI related age-appropriate information into curricular and extracurricular programs targeting children, and youth. These programs shall encourage parent participation and focus on promoting abstinence, delaying

sexual activity, understanding gender relations and developing healthy lifestyles.

- develop and implement HIV/AIDS/STI and HIV/AIDS/STI related information and education programs targeting out-of-school youth and young adults in alternate institutions.
- develop and implement HIV/AIDS/STI and HIV/AIDS/STI related information and education campaigns targeting adults. These shall promote multiple methods of prevention, including, abstinence, fidelity, safer sex practices and the correct and consistent use of condoms.
- develop and implement HIV/AIDS/STI information and education programs that are strategically targeted at high risk and highly vulnerable groups, including women and their partners, people with disabilities, older persons, persons with multiple partners, commercial sex workers, men who have sex with men, migrant, mobile, incarcerated and institutionalized populations in order reduce vulnerabilities.
- develop and implement HIV/AIDS/STI information and education programs that are targeted at survivors of sexual violence to assist in making informed decisions on relevant testing, treatment, care and support services available to him/her. The protocol for dealing with child and adult survivors of sexual violence shall be amended to include the provision of post-exposure prophylaxis treatment for those who access services within the specified time period in which the post-exposure prophylaxis treatment can be effective.
- develop and implement HIV/AIDS/STI communication for behavior change programs that are established and promoted among high risk and highly vulnerable groups, as well as groups who, of their own volition, request such programs.
- develop and implement HIV/AIDS/STI information and education programs that are targeted at pregnant women and families planning a pregnancy so that she/they can make informed decisions regarding the protection of herself/themselves and the child.
- encourage pre-marital counseling programs to incorporate HIV/AIDS/STI and related information and education sessions for their clients.

- encourage and support workplace education and policy initiatives that provide, or promote access to, HIV/AIDS/STI information, education, care and support and communication for behavior change programs for their employees.
- encourage and collaborate with the media to ensure that their programs and reports are sensitive to HIV/AIDS/STI and human rights issues, including a respect for privacy, as a way of reducing stigma and eliminating discrimination related to HIV/AIDS.
- enforce the Broadcasting Act to ensure compliance with the provisions for local programming.
- develop and sustain ongoing public information and awareness on HIV/AIDS/STI and HIV/AIDS/STI related issues, taking into consideration literacy levels, and multiple cultural and religious practices.
- develop programs that encourage and empower PLWHA's to practice preventative HIV transmission methods in order to avoid infecting others and preventing themselves from being further infected.
- make condoms available, accessible and affordable to all sexually active members of the population, including incarcerated populations.
- support community-based information and education initiatives that provide accurate information on HIV/AIDS/STI's and related illnesses.
- provide financial and technical resources for the strengthening of services aimed at the prevention, treatment and consistent documentation of sexually transmitted infections (STIs) cross the country, and that HIV/AIDS information be made available to all those seeking such services.
- screen donated blood and blood products for HIV, observing protocols to ensure pre and post test counseling, confidentiality and informed consent. Only donated blood and blood products that are HIV-negative shall be used for blood transfusions. Proper procedures (based on international guidelines) shall be followed for the disposal of blood and blood products or other bodily fluids that are HIV-positive.

- develop and monitor the use of proper guidelines, (based on international guidelines) for the sterilization and disposal of instruments by personnel, who through their profession, engage in invasive procedures or procedures which come in contact with blood or blood products or other bodily fluids. The use of proper guidelines shall be a condition for the licensing of relevant agencies and businesses.
- have access to resources for acquiring, and monitoring the use of, universal precautions by personnel who, through their profession, come in contact with blood and blood products and/or other bodily fluids, in order to protect them and their clients from the transmission of HIV.
- make readily available and affordable all protective gear to be used by all institutional and home care providers who care for PLWHA's.
- in the case of the possible accidental transmission of HIV to, or from, a health care provider, post-exposure prophylaxis treatment shall be made available to the person(s) exposed.
- provide adequate, mandatory and ongoing training to relevant personnel, who through their profession come in contact with blood and blood products or other bodily fluids, to ensure proper information and knowledge on HIV/AIDS/STI and HIV/AIDS/STI related issues.

7.2 Voluntary HIV Counseling and Testing

Globally, Voluntary HIV Counseling and Testing (VCT) approaches have produced high levels of compliance with, and participation in, HIV/AIDS prevention and mitigation programs. Since establishment of the VCT Center and Sites across the country, similar trends have been noted. This approach respects the human rights of those who seek HIV/AIDS/STI services while promoting the benefits of early diagnosis of HIV infection, and ensuring that adequate follow-up services are provided to those who test positive. Ethics and quality control and monitoring standards employed by VCT programs can enhance the effectiveness of the national HIV/AIDS response.

Objectives:

- To promote the early diagnosis of HIV infection.

- To ensure that all individuals accessing HIV testing services also receive pre and post test counseling.
- To ensure that all testing and counseling programs abide by a common code of practice.

Strategies:

The Government will:

- develop and monitor adherence to national protocols and quality control standards for HIV testing. These protocols and quality control standards shall govern both private and public centers where HIV testing is provided. All HIV testing shall be voluntary and accompanied by written informed consent and pre and post test counseling. Any individual has the right to opt out of an HIV test at whatever point of the testing process.
- in the case of hospitalized and ambulatory patients who are in semi-conscious states or who are mentally impaired and require an HIV test for diagnostic purposes or clinical treatment, counseling shall involve a next of kin, close relative or legal guardian in order to obtain consent before conducting the HIV test.
- only in emergency cases in which the client is unconscious (and has no next of kin, close relative or legal guardian available) and his/her life is dependent on the results of an HIV test, can two medical doctors authorize that the client be tested by HIV.
- conduct confirmatory test(s) on all blood samples which are initially HIV reactive, before communicating a definitive result to the client.
- communicate the result of an HIV test directly to the client. In the case of minors under 16 years, the test result shall be given directly to the parent or guardian. This shall be accompanied by pre and post test counseling for both the minor and the parent or guardian. The in case of the minor, the pre and post test counseling shall be provided in an age-appropriate manner.
- develop a system to ensure that clients' test result and personal health information remain confidential. The existing system will be reviewed with the aim of removing all names from blood specimens sent for initial and confirmatory testing.

- develop and enforce a code of ethics (based on international standards) for all persons conducting HIV tests. This will be signed by relevant personnel and will include an emphasis on pre and post test counseling, informed consent and confidentiality.
- establish a mechanism to record, investigate, recommend and enforce disciplinary measures for all relevant professionals who breach the stipulations outlined in the code of ethics.
- develop protocols to ensure that extensive testing for HIV occurs only during epidemiological surveillance studies and screening of blood and blood products donated for transfusion. All individuals will be thoroughly informed of testing for such purposes and will have the right to opt out of participation. No HIV test shall be conducted without the client's written informed consent and pre and post test counseling.
- monitor approved research involving clinical trials of HIV tests and HIV-related goods. In such cases, individuals must be informed and provide consent for participation in the research program.
- develop and publicize an established list of HIV tests approved for import and use in HIV testing in public and private testing centers. The importation and sale of other brands shall only be allowed with prior written approval by the relevant Government agencies.

7.3 Treatment, Care and Support for PLWHA's and Other Vulnerable Populations

Treatment, care and support for PLWHAs and other vulnerable populations is an integral part of both HIV prevention and mitigation strategies, but remains one of the areas of intervention which requires the most strengthening and "scaling up". Treatment, care and support services are recognized to have a significant positive impact on the empowerment of PLWHAs, their families and other vulnerable populations. These services have also proven, in other countries, to have reduced morbidity and mortality rates, therefore mitigating significant socio-economic impacts at the family, community and national levels. Established standards for quality control and monitoring of care and support services will allow for the maximization of benefits to be derived from such interventions.

Objectives:

- To safeguard the rights of PLWHA's and vulnerable groups

- To provide ongoing counseling and social support services for PLWHAs and vulnerable groups
- To provide adequate treatment and medical care for PLWHA's
- To involve and support communities in the provision of community-based and home care services
- To ensure the availability and affordability of essential drugs to treat opportunistic infections
- To reduce the stigma associated with HIV/AIDS and eliminate HIV-related discrimination
- To promote the concept and practice of living positively with HIV/AIDS
- To monitor efforts towards community mobilization for living positively with HIV/AIDS
- To address consumer protection issues in relation to unapproved, uncertified and/or expired drugs and other products or remedies for HIV/AIDS prevention, treatment and care

Strategies:

The Government will:

- provide accessible, affordable and holistic treatment, care and support services to PLWHA's and vulnerable populations. This includes counseling, clinical management and social welfare services. There shall be no undue isolation or segregation in the provision of treatment, care and support services for PLWHA's in either public or private institutions.
- sustain the prevention of mother-to-child transmission (PMTCT) program as a high national priority. The decision to participate is the right and responsibility of the pregnant woman. PMTCT programs shall ensure the provision of:
 - Counseling for testing using voluntary counseling and testing protocols
 - Access to follow-up care as necessary, including anti-retroviral therapy, further counseling and any social welfare

or support services that are necessary to prevent the mother to child transmission of HIV

- encourage and promote community outreach and home-based care programs to ensure that PLWHA's can, as much as possible, remain close to their families and communities. Special consideration will be given to programs for children infected with, or affected by, HIV/AIDS.
- provide PLWHA's with information on how to live positively while protecting others from becoming infected, and themselves from being further superimposed with the HIV virus.
- develop and enforce a code of ethics and relevant guidelines for institutional and home-care providers who care for PLWHA's.
- upgrade the human and physical infrastructure necessary for the adequate provision of treatment, care and support services of PLWHAs and their families.
- use only approved anti-retrovirals and medications for opportunistic infections. These anti-retrovirals and opportunistic infections medications shall be upgraded as much as possible and made available, easily accessible and affordable to all PLWHA's who choose this course of action. The client will be allowed to give their informed consent to accepting anti-retroviral therapy (ies) only after being thoroughly counseled on the lifetime commitment needed to ensure adherence to the strict regimen that is required.
- enhance national capacity to provide clinical management services, with a focus on monitoring adherence and resistance to anti-retroviral therapy(ies). Training and capacity building programs for all those who provide clinical management services shall be ongoing. The provision of clinical management services shall abide by quality control standards and guidelines developed for that purpose.
- build national capacity for providing counseling and support services for PLWHA's and their families as these services are essential components of empowering the PLWHA to cope with the stresses of HIV/AIDS, live positively and prevent the further transmission of HIV. All counselors shall be certified by an approved expert body and shall abide by a code of ethics developed by this body, to ensure quality control and monitoring of counseling services.

- develop clear criteria for effecting partner notification and contact tracing programs. This is in recognition that individuals are responsible for protecting themselves against HIV infection and for knowing their sero-status. All partner notification and contact tracing programs shall weight the benefits and potential harms of notification. All such programs shall be carried out with sensitivity and respect for privacy, confidentiality and human integrity and shall be effected only after:
 - The HIV-positive person has been thoroughly counseled
 - Counseling of the HIV-positive person has failed to achieve appropriate behavioral changes
 - The HIV-positive person has refused to notify, or consent to the notification of his/her partner(s)
 - A real risk to HIV infection to the partner(s) exist
 - The HIV-positive person is given reasonable advance notice
 - The identity of the HIV-positive person is concealed from the partner(s), if this is possible
 - Follow-up treatment and care is provided to ensure support to those involved, as necessary

- code all death certificates (using international standards) to protect the rights of PLWHA's and their families. The coding shall be completed by the attending physician. A committee shall be established to monitor and sanction compliance with this provision.

- amend the Public Health Act to reflect more relevant protocols for the handling and burial of corpses, considering that a deceased person's HIV status can be unknown .

- develop and enforce consumer protection laws to protect PLWHA's from claims of cures for HIV/AIDS by traditional and faith healers, or other care providers, until such claims are authenticated and approved by relevant agencies recognized internationally as being established for that purpose.

- develop a process and mechanism for sanctioning the false advertisement of cures for HIV/AIDS.

- approve the importation of all modern and traditional drugs used in the treatment of HIV/AIDS and related illnesses, using quality control standards developed by the relevant Government agencies.

- the National Health Insurance Scheme provides coverage for PLWHA's. This shall be stated in an HIV/AIDS policy which includes

a confidential process and clear set of criteria for accessing HIV related services.

- provide insurance coverage for HIV positive service providers who, through the nature of their profession, come in contact with blood and blood products and who can demonstrate that they became HIV infected in the course of performing their duties.
- pursue dialogue with private insurance companies to elaborate a code of practice with a view to ensuring:
 - Respect for the dignity of the private life of the individual
 - The seeking of informed consent with counseling for HIV testing
 - Protection of health-related data and any other confidential information affecting the privacy of the individual
 - The adoption of clear policies concerning coverage of HIV infection and related illnesses
- develop and implement economic empowerment programs for PLWHA's and their families to mitigate vulnerabilities which can lead to the transmission of HIV to others and to the PLWHA's becoming further superimposed with HIV infection.
- develop special "caring of carers" programs for service providers involved in the treatment, care and support of HIV positive clients.

7.4 Surveillance and Research

It is recognized that evidence-based planning must guide the development, implementation and monitoring of the national HIV/AIDS response. Adequate, reliable, accurate and timely data from relevant surveillance systems and research programs, promote efficiency and effectiveness, and allow for the continuous monitoring of the impact of the national response at both the community and national levels.

Objectives

- To strengthen HIV/AIDS/STI surveillance systems
- To strengthen related surveillance systems on HIV co-infection illnesses and on populations vulnerable to HIV infection
- To participate in HIV/AIDS/STI research nationally and internationally

- To establish a system to disseminate scientific information resulting from ethically regulated research on HIV/AIDS/STI issues

Strategies:

The Government will:

- provide financial and technical resources for the strengthening of HIV/AIDS/STI and HIV/AIDS/STI related surveillance systems and structures. This shall include HIV infection cases, AIDS cases, AIDS deaths and related illnesses such as STI's and major co-infection illnesses.
- establish a permanent, multi-sectoral Internal Review Board (IRB) that will use a clear set of criteria, (based on International Guidelines on Ethics and Research), to make decisions regarding research of human use, involving HIV testing or HIV/STI-related behavioral studies. All research proposals shall receive prior written clearance from the IRB before conducting research. Appointment of IRB members shall follow a clear set of criteria.
- formulate a set of social and medical research priorities based on Belize's national HIV/AIDS context and use this to influence resource allocation for research activities.
- develop a process for the documentation and sharing of national best practices, especially those at the community level.
- collaborate with international institutions for the collection and sharing of international best practices with a view to adapting these to the national context.
- create a community-based and participatory forum for the sharing of scientific social and medical research on HIV/AIDS/STI.

7.5 Legislation and Legal Issues

A human rights-oriented policy and legal framework are key to creating an enabling environment for the reduction of stigma and discrimination against PLWHAs, their families and other groups that are vulnerable to HIV infection. Legal protection of the rights of PLWHAs, their families and other vulnerable populations provides a clear recourse for legal action in instances in which their rights, and the rights of those with whom they come in contact, are violated.

Objectives:

- To create a framework for the establishment of legislation with a view toward protecting the rights of all persons against any form of discrimination and injustice related to HIV/AIDS.
- To influence positively, the development of policies and legislation that have an impact on preventing the spread, and mitigating the effects, of HIV/AIDS/STIs.
- To ensure that all existing and any amendments to the laws of Belize or development of new legislation, are consistent with the provisions of this Policy.

Strategies:

The following strategies recognize the rights of the PLWHA, and people seeking HIV/AIDS/STI related services, as follows:

- People living with HIV/AIDS are entitled to all basic needs and all civil, legal and human rights enshrined in International Human Rights Conventions and the Constitution of Belize without discrimination regardless of their HIV-status.
- HIV infection shall not be grounds for discrimination in relation to education, employment, health or any other services. HIV positive individuals shall be allow to work for as long as they are “medically fit” to do so.
- Persons seeking HIV/AIDS information, counseling, treatment or care are entitled to the same rights as any other person accessing health/social services.
- People who, through their professions, come in contact with blood and blood products or other bodily fluids, create occupational risk of contracting HIV
- All persons seeking HIV testing shall have the same right to confidentiality, privacy and informed consent.
- Incarcerated and institutionalized populations who are HIV positive or who wish to find out their HIV status have the same right to HIV/AIDS information, voluntary counseling and testing, prevention, treatment and care services as the rest of the population.

The Government will:

- develop and enforce anti discrimination and protective laws which reduce HIV/AIDS related stigma, eliminate discrimination, and protect the rights of persons regardless of their HIV-status.
- advocate for amendments to, and/or the development of, policies and legislation impacted by the provisions of this policy. Special attention will be given to the Constitution of Belize, the Public Health Act, and the Labor Act and to policies and legislation affecting vulnerable populations.
- establish a process and mechanism for the identification of, and response to, human rights violations related to HIV/AIDS.
- strengthen the legal aid system to provide relevant services, as required, to protect the rights of PLWHAs, their families and other vulnerable populations.

7.6 Coordination, Implementation and Monitoring on the National Response

The effectiveness of a National Response to HIV/AIDS in Belize is predicated on high levels of strong committed leadership at all levels of society complemented by a sustained capacity for local and national level coordination, implementation and monitoring. It is accepted that to have a significant impact on HIV/AIDS reduction and mitigation, the national response must have a holistic vision and employ integrative strategies that allow for synergies to be created with other relevant planning, implementation and monitoring and evaluation processes.

Objectives:

- To ensure sustained, accountable leadership at all levels of the national response.
- To ensure equity in resource allocation and technical support to the national response.
- To enhance community participation and involvement in all HIV/AIDS plans, programs and projects.
- To strengthen and ensure effective coordination, implementation and monitoring of the National HIV/AIDS response.

Strategies:

The Government will:

- engage in ongoing social dialogue and develop programs that strengthen the role of all public, private and civil society organizations to ensure that all stakeholders are, and remain actively involved in the national response.
- mainstream and integrate HIV/AIDS and relevant issues in social and economic policies and programs.
- provide the members and the secretariat of the NAC with the necessary human, financial and technical resources to increase and sustain the planning, programming and monitoring of the national response.
- develop and implement a framework for the mobilization of human, financial and other resources to ensure an effective HIV/AIDS national response.
- develop national and community-based HIV/AIDS monitoring and evaluation systems that include procedures and indicators for the monitoring of programs and resources allocated to the HIV/AIDS multi-sectoral response.

8.0 The Implementation and Monitoring of the Policy

The implementation of this National HIV/AIDS Policy is to be monitored by the National AIDS Commission (NAC). The NAC is a legally established body which has a mandate of inter-sectoral coordination, advocacy, resource mobilization and monitoring and evaluation in relation to the national HIV/AIDS response. The Belize National AIDS Commission Act which provides detailed terms of reference is attached.

The National AIDS Commission will:

- Within six months of the official adoption of the National HIV/AIDS Policy, be required to develop a process for the monitoring and evaluation in compliance with the provisions of this Policy and the National HIV/AIDS Strategic Plans of Action. This process shall include regular reporting to all the members of the NAC.
- The NAC will ensure the regular review and updating of the Policy for continued relevance to the national HIV/AIDS response.