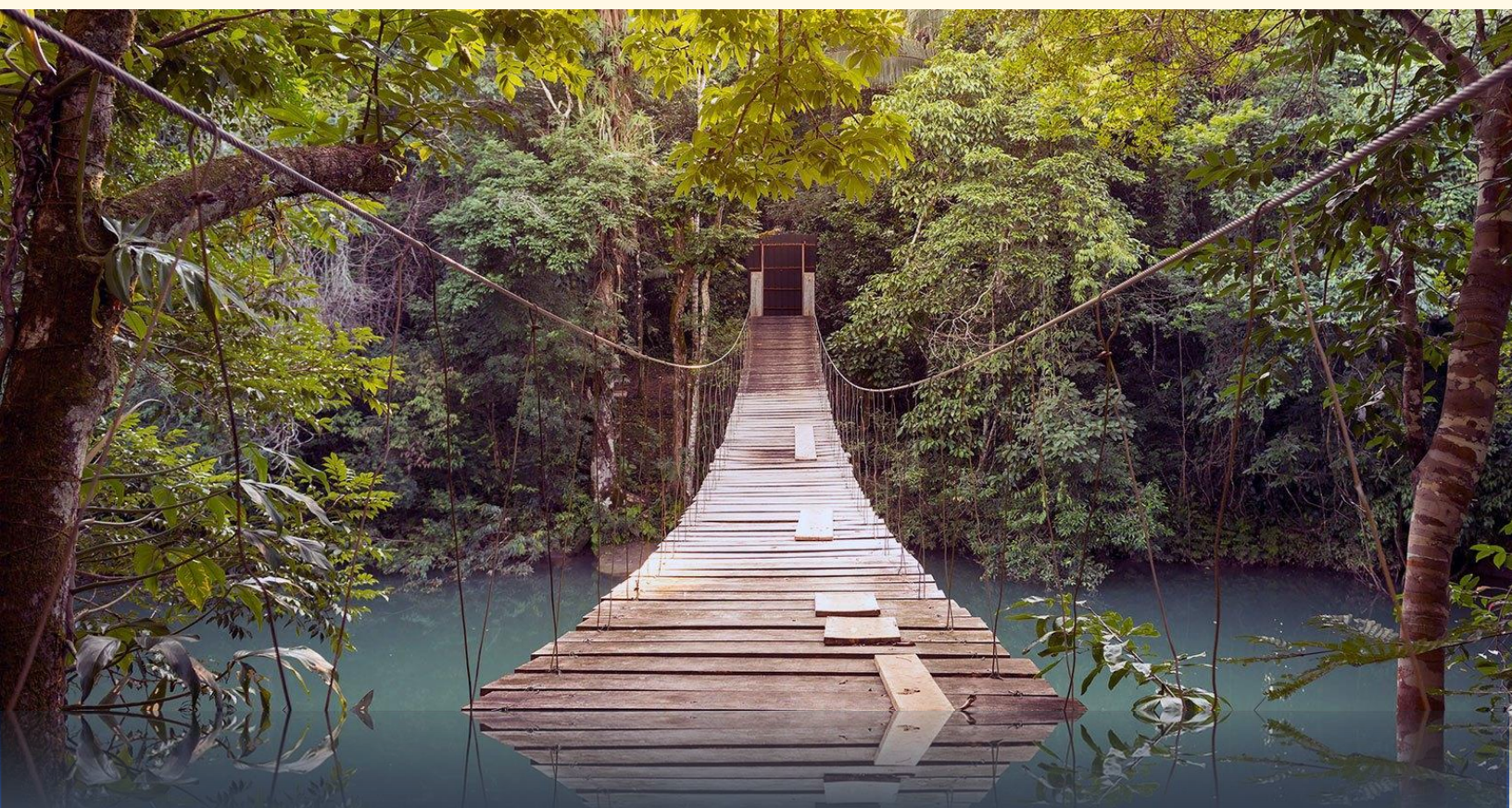


UNITED NATIONS DEVELOPMENT PROGRAMME



UNDP and the Global Fund in Belize

CASE
STUDY

January 2023

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Introduction



Belize is a small English-speaking country in Central America with nearly 430,000 people and high rates of poverty and inequality. The country has the highest HIV prevalence in Latin America, with a concentrated prevalence among key populations, including men who have sex with men (MSM) and transgender populations. Progress has been uneven in the HIV response, and the number of tests taken and people on antiretrovirals (ARVs) is increasing. In addition, over the last decade, and the number of infections and number of deaths have also increased. Moreover, achievement toward the 95-95-95 Joint United Nations Programme on HIV and AIDS (UNAIDS) target is off track. According to UNAIDS 2022 data,¹ 91 percent of people living with HIV know their status, 48 percent are on antiretroviral treatment (ART) and 29 percent are virally suppressed. In 2021, there were 73 cases of tuberculosis (TB) identified, which is a decrease from 92 cases identified in 2020.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has financed HIV programmes in Belize since 2004 and tuberculosis (TB) programmes from 2016 to 2021.² The United Nations Development Programme (UNDP) served as the Principal Recipient (PR) from 2011 to 2021. HIV programming has focused on improving linkages to and retention in care by providing a comprehensive prevention package to key populations, including awareness raising of HIV transmission, condoms, lubricants, testing and counselling, as well as interventions to promote an enabling environment, including activities to reduce stigma and discrimination and promote gender equality.

Capacity development is key to the long-term success and sustainability of programmes and is central to UNDP's mandate when serving as interim PR for Global Fund grants. UNDP's approach focuses on building national capacities in a set of core functional areas— programme, financial, procurement and supply chain management and monitoring and evaluation – to allow a national entity to assume the PR role when appropriate. UNDP also supports efforts to promote an enabling environment for key populations to access health services; a main pillar of UNDP support was closely cooperating with the Belize Government and civil society stakeholders to achieve this goal. In January 2022, UNDP transferred the PR role to the Belize Social Security Board (SSB).

¹ https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf (p.257)

² [Global Fund eligibility criteria](#) consider disease burden and income classification. The TB burden was classified as high during 2016–2021 and not high for the years outside this period.

This case study reflects some of the key achievements and gaps observed from the implementation of Global Fund HIV and Tuberculosis (TB) grants by UNDP in Belize from 2011 to 2021.

Based on a desk review of key documents and stakeholder interviews, the case study describes UNDP's HIV, TB and COVID-19 response programmes, capacity development activities, and recommendations for maintaining progress against HIV and TB in Belize.



UNDP and the Global Fund

UNDP's partnership with the Global Fund, in line with UNDP's HIV and Health Strategy 2022–2025: Connecting the Dots – Towards a more equitable, healthier and sustainable future³ and previous strategies,⁴ makes a vital contribution to UNDP's Strategic Plan 2022–2025,⁵ the 2030 Agenda for Sustainable Development⁶ and the pledge to leave no one behind. When requested, UNDP acts as interim Principal Recipient (PR), working with national partners and the Global Fund to ensure management, implementation and oversight of Global Fund grants while strengthening health institutions and systems for national entities to assume the PR role over time.

³ UNDP. 2022. Connecting the Dots – Towards a more equitable, healthier and sustainable future. www.undp.org/publications/connecting-dots-towards-more-equitable-healthier-and-sustainable-future-undp-hiv-and-health-strategy-2022-2025

⁴ UNDP. 2019. HIV, Health and Development Strategy 2016–2021: Connecting the Dots www.undp.org/publications/hiv-health-and-development-strategy-2016-2021

⁵ UNDP Strategy Plan 2022–2025. https://strategicplan.undp.org/?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=CjwKCAjwi8iXBhBeEiwAKbUofXw0IhxzIS9Bz8BYOTpzl8LeyNdWL7qCbhGyeX3uB9rpJERzTQseKhoCvaYQAvD_BwE

⁶ United Nations. Department of Economic and Social Affairs. Sustainable Development. Transforming our world: the 2030 Agenda for Sustainable Development. <https://sdgs.un.org/2030agenda>

UNDP and the Global Fund have established a strong partnership to defeat the HIV, TB and malaria epidemics while building resilient and sustainable systems for health. Since 2003, UNDP has implemented Global Fund grants in 67 countries and managed an average of 7–12 percent of the Global Fund’s total resources each year. Together, the Global Fund and UNDP have worked with national partners to save over 7.3 million lives.

UNDP’s partnership with the Global Fund focuses on three areas:

- supporting the effective implementation of Global Fund grants in countries facing complex emergencies, sanctions and significant capacity constraints.
- strengthening the capacity of national partners to take over the management of Global Fund grants and to build resilient and sustainable systems for health, and
- leveraging UNDP’s policy expertise and strategic partnerships to promote effective governance, human rights, gender equality and other measures to increase equitable access to health services.

Background



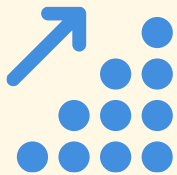
Belize is bordered by Mexico to the north, Guatemala to the west and south, and the Caribbean Sea to the east. Since gaining independence from the United Kingdom in 1981, the country has built an economy driven by tourism and exports of marine products, citrus, sugar and bananas to reach the third highest per capita income in Central America.

Nevertheless, Belize has high rates of poverty and income inequality.⁷ The COVID-19 pandemic devastated the country’s economy by further reducing tourism demand and further damaged the agricultural sector that was already hard-hit by drought in 2019. Belize experienced a deep recession in 2020, with unemployment reaching 13.7 percent. In July 2021, as inflation of 4.9 percent further eroded wages, the World Bank reclassified Belize from an upper-middle income to lower-middle income country.

⁷ [Gini index - Belize | Data \(worldbank.org\)](https://data.worldbank.org/ineq/bj)



As the pandemic wanes, economic recovery in Belize has been gradual but promising. Real gross domestic product (GDP) grew by almost 10 percent in 2021 and is projected to grow by 6.5 percent in 2022, led by a rebound in the construction, retail, wholesale trade, transport, communication, and tourism sectors. In January 2022, the unemployment rate declined to 9.2 percent, and, in the second half of 2021,⁸ imports and exports grew by 44.5 percent and 23.8 percent, respectively.⁹ Belize returned to upper-middle income status as of July 2021.



Overview of Belize health system and epidemiological trends

Belize's National HIV, sexually transmitted infections (STIs), viral hepatitis (VH) and TB Strategy 2021–2025 aims to *accelerate the progress towards the end of HIV, STIs, VH and TB as public health threats in Belize by 2030* and builds on previous plans and achievements. It is guided by the principle of providing high-quality, integrated, and decentralized services to all Belizeans through people-centred, evidence-based interventions, with a focus on human rights and social justice for all.



The Belize health system comprises primary-, secondary-, and tertiary-level health facilities¹⁰ organized in four health regions: Northern, Central, Western, and Southern. Each region is headed by regional health managers who work with Deputy Regional Managers and regional teams to provide individual and population-based services. In 2017, Belize had 422 doctors, or 1.1 doctors per 1,000 people, which is well below the Latin America and Caribbean average of 2 doctors per 1,000 people. The Human Resource Assessment conducted in 2016–2017 showed low specialist-population density that can significantly impact health outcomes.

⁸ IMF. Op. cit.

⁹ [Statistical Institute of Belize \(sib.org.bz\)](http://sib.org.bz)

¹⁰ Belize Funding Request to the Global Fund, submitted April 2022.



HIV epidemiology and trends

Belize reported its first case of AIDS in 1986. While the country has made significant strides in epidemic control since then, it has the highest HIV prevalence rate (1.1 percent, UNAIDS Estimates 2021)¹¹ in Latin America and the fourth highest rate in the Caribbean.

Consistent with regional trends, Belize has a concentrated epidemic among men who have sex with men and transgender women, who constitute the main key affected populations. According to UNAIDS 2022 data,¹² 91 percent of people living with HIV know their status, 48 percent are on antiretroviral treatment (ART) and 29 percent are virally suppressed.

However, more recent, and reliable epidemiological data are needed. The last Integrated Biomedical and Behavioural Survey (IBBS) on HIV prevalence study was conducted in 2012. It found that there was a 13.9 percent HIV prevalence among men who have sex with men. The HIV prevalence among the transgender population is unknown since this population was neither included nor disaggregated in past surveys. The country has planned a 2022 Biomedical and Behavioural Survey to update these data. According to the 2018 Modes of Transmission Study, two out of three new HIV infections are expected to be among men who have sex with men.



Tuberculosis epidemiology

TB – the world’s deadliest infectious disease – has had a devastating health, social and economic impact on people around the world. In 2021, Belize recorded 73 new TB cases, (22 female, 51 male). People aged 15– 54 years were the most affected, following the same trend in previous years. The districts most affected were Belize, Cayo and Stann Creek.¹³ This represents a slight downward trend in TB cases, from 2018 (110 cases), to 2019 (100 cases) and to 2020 (92 cases).

The TB treatment success rate declined in 2018 (66/99, 67 percent) compared to 2017 (83/117, 71%). The average treatment success rate for the 2015–2018 period is 66 percent. Comparatively, the TB/HIV treatment success rate is lower and declined from 64 percent in 2017 to 48 percent in 2018.¹⁴ More men are infected annually with TB and HIV and have greater mortality than their female counterparts (Modes of Transmission Study, 2018).

¹¹ UNAIDS. Belize. www.unaids.org/en/regionscountries/countries/belize

¹² https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf (p.257)

¹³ Government of Belize Press Office. 2022. World Tuberculosis Day 2022. www.pressoffice.gov.bz/world-tuberculosis-day-2022

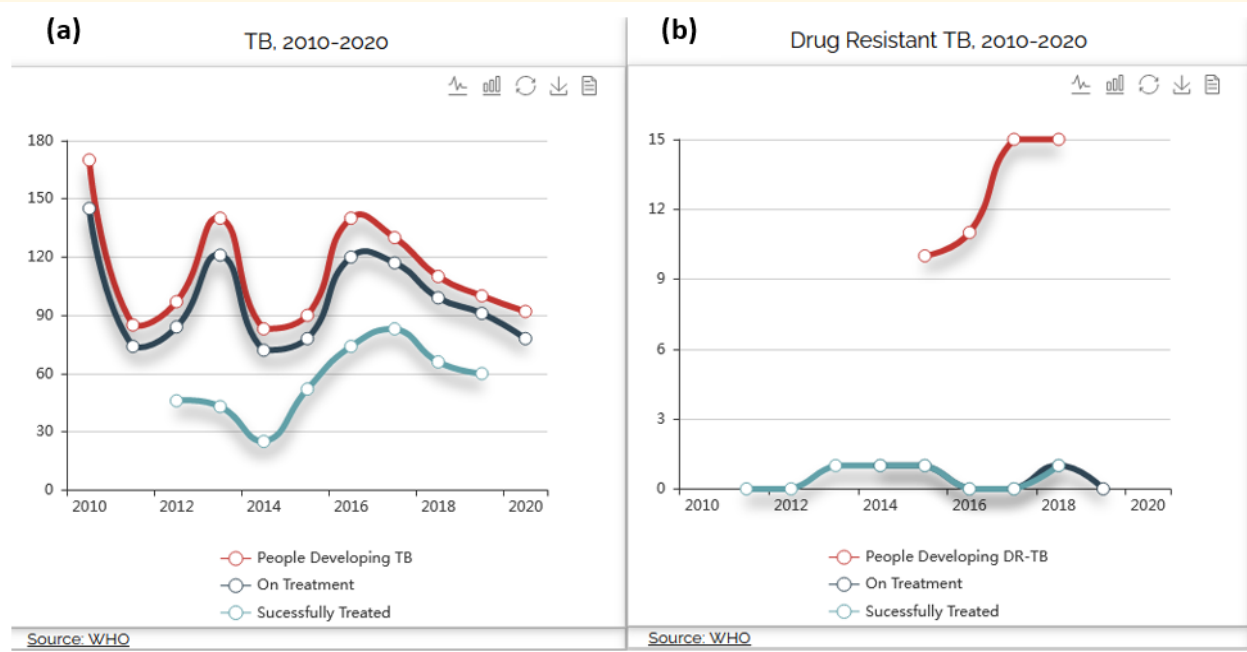


Figure 1. TB cases, on treatment and successfully treated, 2010–2020 (a); Drug-resistant TB cases, on treatment and successfully treated ,2010–2020 (b)

The impact of COVID-19



As noted by Peter Sands, Executive Director of the Global Fund, in a September 2021 results report,¹⁵ “COVID-19 has been the most significant setback in the fight against HIV, TB and malaria, that we have encountered in the two decades since the Global Fund was established.” To illustrate this impact in numbers, globally, HIV testing fell by 22 percent in 2020 compared to 2019, delaying treatment and contributing to ongoing transmission of the virus. TB results were even more grim, because the resources traditionally allocated to TB, including isolation wards, diagnostic kits, and medical specialists, were redirected to support the pandemic response.

On 22 March 2020, the first COVID-19 case was diagnosed in Belize. In response, the Government convened a COVID-19 Task Force, and the country developed its COVID-19 Response and Preparedness Plan. As of April 2022, Belize reported 57,497 infections and 676 deaths.¹⁶ The pandemic resulted in a national lockdown that disrupted access to testing services and treatment at facility-based locations.

¹⁵ The Global Fund. 2021. Twenty Years of Impact. Results Report 2021. www.theglobalfund.org/media/11304/corporate_2021resultsreport_report_en.pdf

¹⁶ Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). COVID-19 Dashboard. www.arcgis.com/apps/dashboards/bda7594740fd40299423467b48e9ecf6

The Global Fund in Belize

Belize has been a recipient of Global Fund grants since 2004 (table 1).

Table 1. Summary of Global Fund grants in Belize, 2004–2022

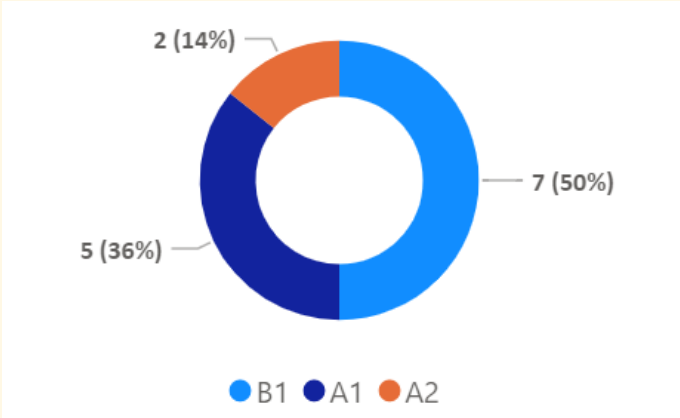
Dates	Grant Name	Principal Recipient	Sub-Recipients	Amount (US\$)	Grant Goal
1 October 2004 – 31 October 2009	Strengthening of Belize's Multi-Sectoral Response to HIV/AIDS	Belize Enterprise for Sustainable Technology	Information not available	\$2,097,976	Information not available
1 December 2010 – 31 December 2015	Accelerating the Pace: Reaching Marginalized and Vulnerable Populations with Critical Services	UNDP	1. Ministry of Health and Wellness (MOHW) 2. Ministry of Education, Youth and Sports 3. Ministry of Human Development 4. Belize Family Life Association (BFLA) 5. Belize Red Cross Society (BRC) 6. Hand in Hand Ministries (HiH), 7. CNET+	\$5,372,683	Halve the spread of HIV in Belize, with a special emphasis on the most at-risk populations and young people aged 15–24.
1 January 2016 – 31 December 2018	Investing for Impact Against Tuberculosis and HIV	UNDP	1. MOHW 2. BFLA 3. CSO Hub 4. HiH	\$3,359,024	1. Double the rate of MSM and other vulnerable populations who are tested for HIV and know their status by the end of 2018. 2. Increase the rate of TB patients tested, diagnosed, and treated to 85%.
1 January 2019 – 31 December 2021	Building Resilience through Innovation and National Accountability for the HIV/TB Response in Belize	UNDP	1. MOHW 2. BFLA 3. CSO Hub 4. HiH	\$2,671,094*	Expand the national HIV/TB response by fostering relationships with civil society and building capacities of key partners.
1 January 2022 – 31 December 2024		Social Security Board	1. MOHW 2. BFLA 3. CSO Hub 4. HiH	\$2,915,666	Optimize prevention, treatment, and care services for KPs and vulnerable groups, and PLHIV.

Note: * Includes US\$526,486 in Global Fund COVID-19 Response Mechanism funds

The Global Fund has been allocating financial resources to Belize for the provision of HIV prevention and care services since 2004 and for TB from 2016 to 2021.¹⁷ In line with Global Fund eligibility criteria, as an upper middle-income country, Belize’s grants focus on providing a comprehensive package of disease prevention services for key populations, strengthening the health system, and removing human rights- and gender-related barriers.

From 2012 to 2021, UNDP-managed grants performed well overall, as reflected in Figure 2. Comprehensive prevention programmes, including HIV testing, to reach key populations (key populations) (e.g. men who have sex with men and sex workers) consistently achieved or exceeded their target (98–120 percent of target achieved). The number of people living with HIV (PLHIV) receiving antiretroviral therapy (ART) also met the targets, notwithstanding the last few years for which the COVID-19 pandemic had a negative impact (see “Impact of COVID-19” section). TB performance indicators fared well, with 76–120 percent of the target achieved for case notification and 82–111 percent of the target achieved for treatment. However, multi-drug resistant TB (MDR-TB) continues to be a challenge: 0–50 percent of the target achieved for MDR-TB case notification, and 0–20 percent of the target began treatment. This can be attributed to challenges in finding the missing cases.

Figure 2. Global Fund grant ratings, average coverage indicator performance, 2012–2021



Note: A1: Exceeding expectations A2: Meeting expectations B1: Satisfactory

¹⁷ Belize was not eligible for tuberculosis funding outside of this period due to the level of the disease burden, in line with the Global Fund’s Eligibility Policy.



Legal and policy environment for key populations

Stigma and discrimination can undermine efforts to fight HIV and TB. In 2013 and 2019, Belize implemented a Stigma Index, which surveyed nearly 500 individuals in three districts to measure attitudes and behaviours toward key populations and people living with HIV, with the objective of using these data as an advocacy tool for the rights of people living with HIV.

Comparing the 2013 and 2019 Stigma Indexes (table 2) reveals that discriminatory attitudes toward people living with HIV declined but are nevertheless still of major concern: 44 percent of respondents reported feeling afraid of bad treatment from health workers because of their HIV status; and while only 2 percent reported outright denial of services, 15–20 percent reported health workers either gossiping about their HIV status and/or informing third parties without their consent. Stigma toward people living with HIV who are men who have sex with men and transgender women continues to discourage health-seeking behaviour and limits access to and uptake of HIV and non-HIV health services.



While greater efforts are needed, and no formal evaluations have been completed, Global Fund programmes may have contributed to an overall stigma reduction by contributing to awareness raising among enforcement personnel, healthcare providers and the judiciary. UNDP facilitated ongoing training for health workers to raise awareness on working with key populations, provided small grants to civil society for advocacy and outreach, and supported efforts to strengthen the community monitoring of human rights violations.

Table 2. The 2013 and 2019 Stigma Index		
Discrimination	2013	2019
Excluded from social gatherings	33.1% (165)	8.8% (44)
Excluded from religious gatherings	15.8% (78)	4.2% (21)
Excluded from family activities	34% (170)	14.7% (73)

A win for human rights: Overturning Section 53 of the Belize Criminal Code

The criminalization of consensual same-sex sexual activity in Belize was a legacy of British colonial rule. Section 53 of Belize’s Criminal Code criminalized “carnal intercourse against the order of nature”, which included consensual, same-sex sexual activity between adults in private. In 2010, Caleb Orozco, a Belizean gay man, filed a challenge to Section 53 in the Supreme Court of Belize. With support from Human Dignity Trust and other partners, on 10 August 2016, the Court ruled in favour of Mr Orozco, finding that Section 53 was unconstitutional and thereby decriminalizing consensual same-sex activity between adults in private. The decision was later upheld in a 2019 ruling following an appeal.



Table 3. UNAIDS seven key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses

The Global Fund’s ‘Removing Legal Barriers’ module was introduced in 2012 and explicitly called on countries to include programming in several key areas reflected in Table 3 based on UNAIDS seven key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses.¹⁸

In Belize, under the UNDP-managed Global Fund grants, activities to remove human rights barriers included the following interventions.

In 2017, UNDP, the National AIDS Council (NAC) and civil society organizations (CSOs)

conducted a comprehensive legal environment assessment (LEA). Using the LEA as a guide, UNDP also helped establish a Human Rights Observatory with funds from the Global Fund New Funding Model 2 NFM2 grant (1 January 2016 – 31 December 2018) that same year. The Observatory was staffed by two part-time lawyers: one based in the United Belize Advocacy Movement (UNIBAM) office who led the fielding, filing and following up on complaints from the men who have sex with men community, and one based at the Human Rights Commission of Belize. These experts were engaged to support the community to document violations, whose reports fed into a regional shared incidence database for the Caribbean and Central America. Developed by the Caribbean Vulnerable Communities Coalition (CVC), it is the Caribbean’s first online database, which enabled to set up a standard system for capturing, collating and reporting human rights violations in the region. The overall goal of the database is to strengthen evidence-based advocacy for more just policies and programmes in the Caribbean’s HIV response.

To complement this work at the country level, from 1 October 2016 to 30 September 2018, UNDP served as the PR for a Global Fund regional programme covering eight Caribbean countries,¹⁹ including Belize,²⁰ and activities consisted of training for key population leaders in legal literacy, provision of pro-bono lawyers, improvement of documentation of human rights violations and development of a legal literacy manual. Led by CVC and El Centro de Orientación e Investigación Integral (COIN), the grant aimed to

¹⁸ UNAIDS. 2022. Guidance Note 2012. Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. [Key Human Rights Programmes en May2012 0.pdf \(unaids.org\)](#)

¹⁹ Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, and Trinidad and Tobago.

²⁰ UNDP. CVC/COIN Caribbean Regional HIV Project.

www.undp-capacitydevelopment-health.org/en/results/regional-grants/cvccoin-caribbean-regional-hiv-project

reduce and remove stigma and discrimination to improve access to and uptake of HIV services for those who bear the highest burden of HIV infection in the region. UNDP provided support as interim PR for the Global Fund grant, and following the implementation of a transition plan, effective 1 October 2018, handed over the PR role to CVC.



“One of the best things that UNDP did was to advocate for, and support the implementation of, the Global Fund- financed removing legal barriers programmes. UNDP laid the foundational work for mainstreaming interventions to reach key populations. There is much more to do in this area, and going forward, UNDP has an important role to play in the facilitation of political dialogue, serving as an arbitrator between government and civil society, and facilitating further resource mobilization.”

*- Caleb Orozco, Executive Director,
United Belize Advocacy Movement (UNIBAM) and
chief litigant in Orozco v. Attorney General of Belize*



The Equal Opportunity Bill

Drawing from the Pan Caribbean Partnership Against HIV and AIDS (PANCAP) anti-discrimination bill, the Equal Opportunities Bill, the first of its kind in Belize, sets out the proposed characteristics that should be protected under Belize law, including sexual orientation, gender identity, HIV positive status and lawful sexual activity. In 2019, the NAC established an anti-discrimination steering committee including a broad range of stakeholders: the Ombudsman, the Attorney General, MOHW, the Human Rights Commission, the Special Envoy for Women and Children, and CSOs. As of the last draft, 22 protected characteristics are included. In 2020, the NAC established numerous public consultations country-wide, with the intention of introducing a bill in November 2020 in different districts. The Attorney General has recommended additional advocacy and awareness-raising measures among parliamentarians and cabinet ministers before presenting the Bill to Cabinet for approval so that it can be submitted for review by Parliament. A roadmap was developed and will be updated under the NAC leadership.



“With funds from the Global Fund and facilitation by UNDP, the 2017 Legal Environment Assessment opened the door for the cultivation of relationships on sensitive topics. This has contributed to the support we have received for the Equal Opportunities Bill.”

- **Enrique Romero, Executive Director, National AIDS Council**

“Having UNDP implement Global Fund prevention and rights-enabling programs has been very helpful. The legitimacy that the United Nations has to talk about these issues has been of critical importance in Belize.”



- **Carmen Gonzalez, Fund Portfolio Manager for Belize, Global Fund**



HIV prevention programmes

As an upper middle-income country,²¹ in line with Global Fund guidelines, Belize has been required to focus all of its funding request on maintaining or scaling-up interventions for key and vulnerable populations. Belize Family Life Association (BFLA) and CSO Hub are the two main partners in Belize responsible for providing prevention services to men who have sex with men and sex workers. The interventions included:

- behaviour change communication outreach activities were conducted at targeted business establishments, community fairs, large employers, group settings and social gatherings.
- condoms were distributed through mobile clinics, and the use of a condom distribution squad during celebrations.
- dual testing for HIV and syphilis was made available to key populations.
- social media platforms were used to provide information on HIV and AIDS.
- comprehensive sexuality education training was provided to key populations.
- special events were supported, such as drag queen competitions and agricultural and trade shows for condom distribution and rapid testing.
- self-esteem and empowerment group counselling sessions were conducted by a professional counsellor to promote increased condom negotiation and use.
- information, education and communication materials targeting key populations, including men who have sex with men, transgender women and female sex workers were developed and distributed.
- accompaniment services for HIV testing were provided; and

²¹ The economy of Belize was severely affected by the COVID-19 pandemic in 2020 and moved to the lower-middle-income group. In 2021, economic growth rebounded, led by tourist-related activities and investments, bringing Belize back to its prior classification as an upper-middle-income country.

<https://blogs.worldbank.org/opendata/new-world-bank-country-classifications-income-level-2022-2023>

- family group sessions for HIV awareness and prevention were conducted by a counsellor with families of people living with HIV and home-cared individuals.

During UNDP's tenure as PR from 2010 to 2021, 7,517 HIV tests were administered to men who have sex with men, and 1,517 to sex workers. In total, 164,324 people were reached with an HIV test.

Over the years, it became clear that an integrated approach to service provision beyond HIV testing was necessary. BFLA integrated additional services, including testing for other STIs and blood pressure screening, to provide more comprehensive care.

The CSO Hub employed various strategies to increase HIV testing among men who have sex with men, most notably outreach activities that target small groups of approximately five people at a time. In 2019, under the CSO Hub, Empower Yourself Belize Movement (EYBM) was primarily responsible for men who have sex with men testing. In 2020, additional CSOs were allotted targets, namely OurCircle, Belize Youth Empowerment for Change (BYEC), and direct implementation by GOBelize, which expanded the reach of the CSO Hub. Educators employed under the CSO Hub already have wide networks of various sub populations of men who have sex with men; some specialize in downlow men, others openly gay, and others a mixture of both. Referrals from friends of friends and organizations are how men who have sex with men are typically recruited for testing. Educators and men who have sex with men then engage in one-on-one discussions via WhatsApp, texting and other messaging platforms, followed by activities with persons who have agreed to testing at private locations. Others who are not comfortable with the group setting have requested one-on-one testing at private homes or in public settings such as parks.



“What the Global Fund did for the Belize Family Life Association (BFLA) was to increase access to HIV screening services. Global Fund allowed us to create a more enabling and supporting environment for men who have sex with men to improve trust between us and the populations we serve, thereby increasing access to services.”

- Joan Burke, Executive Director, BFLA





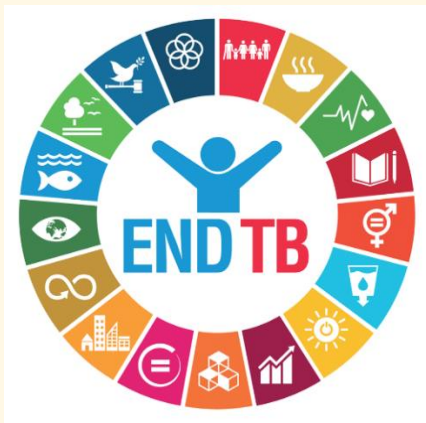
“Twelve years ago, my husband was diagnosed with HIV but refused to get treatment and passed away shortly after his diagnosis. I am living [with] HIV and am on treatment and doing well. Programmes provided through the CSO Hub have taught me my value and my rights, and have allowed me to grow personally and spiritually, and have more confidence to make more informed choices that impact my health and rights, including ensuring [that] I stay on treatment. If I cannot go to the hospital to pick up treatment, the CSO Hub will deliver treatment to my house. I have told my peers about the programme, and I encourage them to seek help if they need it.”

- *CSO Hub beneficiary*



Tuberculosis prevention programmes

The first Global Fund grant in Belize including a TB component was allocated from 2016 to 2018 in response to the low 2016 treatment success rate, with only 37 percent of cases cured.²² There are currently eight health facilities in Belize providing TB testing and treatment,²³ and TB patients are consistently screened for and offered HIV testing. Global Fund resources financed GeneXpert machines, training for healthcare workers, guidelines, diagnostic reagents, and associated equipment. This equipment has supported Belize to further decentralize its testing, including for COVID-19, drug-resistant TB (DR-TB) and MDR-TB, as well as to carry out viral load studies in people living with HIV. Global Fund resources have contributed to a significantly improved TB case detection rate and linkages to treatment and care. As of 2021, Belize is reporting a treatment success rate of 81.5 percent.



“Thanks to financing from the Global Fund and management by UNDP, Belize has been able to scale up TB diagnosis and treatment over the last few years. However, there has historically been underinvestment in TB, which doesn’t have the same level of championship as HIV. The investment has not been sufficient; more needs to be done, including implementing innovative approaches to outreach and finding missing cases.”

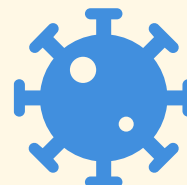
- *Dr. Manzanero, Director of Health Services,
Ministry of Health and Wellness, Belize.*

²² United Nations Development Programme. (2017, October). Belize TB/HIV Status for Global Fund. Presentation for National AIDS Commission Meeting, Belize City, Belize.

²³ Global Fund for HIV, TB and Malaria. (2017). Belize Spot Check 2017 – TB Community Services Letter to UNDP.

The impact of COVID-19

In Belize, the impact of COVID-19 has manifested in several ways, chief among them the redirection of already limited human resources, including nurses, doctors and other clinical staff from the HIV and TB programmes to urgently support COVID-19 response. Notably, as of December 2021, compared to the previous year, there was a reduction in the number of people living with HIV on antiretroviral treatment after 12 months, which can partly be explained by the unwillingness of some people living with HIV to travel to clinics due to fear of COVID-19. As of December 2021, 56 percent of people living with HIV were still on treatment 12 months after initiation, thus not reaching the 80 percent target. To address this challenge, MOHW started multi-month antiretroviral dispensing and the CSO Hub provided home delivery of medications in certain instances. Moreover, linked to the low adherence to treatment rate, only 29 percent of people living with HIV were virally suppressed as of 2022. Testing for viral load was also negatively impacted by COVID-19. This was because Belize only had two GeneXpert Machines in early 2021, which were used almost exclusively for COVID-19 testing. During Q4 2021, UNDP and the Pan American Health Organization procured additional GeneXpert machines that increased and decentralized HIV, TB and COVID-19 testing.



In response to COVID-19, the Global Fund allocated funds through its COVID-19 Response Mechanism to help countries mitigate the impact of COVID-19 on HIV, TB and malaria programmes, and initiate urgent improvements in health and community systems. In Belize, the Global Fund allocated \$526,000 to support several critical interventions, including the procurement of three GeneXpert Machines and test kits to facilitate molecular testing and the decentralization of COVID-19 testing services. The machines also support the decentralization of TB and HIV viral load testing at all treatment sites. Personal protective equipment, intensive care unit medication, and interventions to promote human rights and vaccinations were also funded.



“We were so grateful that UNDP’s robust procurement architecture allowed for the rapid procurement of much needed health products to respond to the COVID-19 pandemic. In particular, the GeneXpert machines are a game changer for the country. UNDP and the Global Fund were also agile in supporting a last-minute reprogramming request for the HIV programme to allow for the use of savings to procure HIV/syphilis combination kits.”

**- Dr. Morey, Deputy Director, Health Services,
Ministry of Health and Wellness, Belize**



Capacity Development

UNDP defines capacity development as the process that allows individuals, organizations and societies obtain, strengthen, and maintain the capabilities to set and achieve their own development objectives over time. Capacity development is fundamentally about unlocking transformative change: change that is generated, guided, and sustained by those whom it is meant to benefit. Capacity development can help to strengthen national systems and procedures for health services and improve programme implementation for better health outcomes.

As part of its role as interim PR for Global Fund grants, UNDP integrates capacity development support to national governments, CSOs and stakeholders to strengthen the overall health system and to ultimately transition the PR role to a national entity, or after external financing has ended.

Guided by the following key principles, UNDP provides end-to-end support to its implementing partners throughout its time as PR during grant implementation and after the grant has transitioned to a national entity.

- *Programme transition planning*: It is critical that a transition plan be designed early and in a staggered process to allow for grant management responsibilities to move from UNDP to the national entities, developing capacity where required during this time.
- *Working in partnership*: A transition plan is jointly owned and managed by both the national entity and UNDP. Both organizations have important responsibilities to ensure a successful and sustainable handover of the grant management role.

In Belize, UNDP provided tailored support, based on a consultative process, to the MOHW,²⁴ CSOs and SSB, the incoming PR. UNDP Belize provided this support drawing on the global and regional experience and expertise of the UNDP-Global Fund Partnership Team and the HIV and Health Group, in a range of areas including programme and Sub-recipient management, financial management, monitoring and evaluation, procurement and supply chain management, and promoting human rights and gender equality.



Support to the Ministry of Health and Wellness

The most recent capacity development plan, developed in 2018 for the 2019–2021 grant, focuses on strengthening national systems for health, particularly the systems supporting the following functional capacities and activities:

- Financial management and systems, including risk management: The MOHW's Epidemiological Unit shadowed the UNDP Belize Programme Management Unit (PMU) during the preparation of the Progress Update and Disbursement Request and asset management to ensure transparency and accountability.

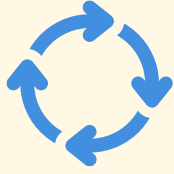
²⁴ Based on the initial expectation that MOHW would become the PR.

- Monitoring and evaluation (M&E): UNDP facilitated joint UNDP-MOH M&E verification visits and training on data triangulation and data analysis.
- Programmatic and institutional arrangements, including Sub-Recipient (SR) Management: The PMU provided peer training to SSB colleagues and developed operational manuals for implementation of Global Fund grants.
- Procurement and Supply Management: Training was provided on the Guide to Global Fund Policies and Procurement and Supply Management of Health Products and how to adequately forecast and quantify health and non-health product needs exercises.
- *Enabling environment*: UNDP provided policy advice, guidance, and facilitation to:
 - increase the participation of communities and people, particularly those infected and directly affected by HIV and TB, in the development of proposals.
 - support public health interventions that address social and gender inequalities, as well as behaviour practices that help spread HIV.
 - eliminate stigma and discrimination against those infected and affected by HIV, especially for women, children, and key populations, including men who have sex with men, transgender people, and men at risk; and
- *Data management*: UNDP facilitated training for CSOs on using the Belize Health Information System (BHIS) and worked with the MOHW and grant SRs to establish memoranda of understanding and the requirements regarding data sharing in SR agreements. This aimed to ensure the inclusion of CSO data in the national database and promote a more comprehensive assessment of the HIV treatment cascade (tests completed, incidence, prevalence, linkages to and retention in care). While the use of the BHIS is mandatory, insufficient hardware and communication challenges in hard-to-reach communities continue to limit data reliability. Under the 2022–2024 Global Fund grant, SSB will support BHIS expansion to include data on additional populations including female sex workers and pregnant women.

“UNDP was very helpful in supporting MOHW with the writing of grant proposals, helping us to develop workplans; and in particular in the areas of M&E, UNDP trained us on Global Fund reporting requirements and provided tools, templates and resources, which allowed us to strengthen data collection and verification efforts. While progress has been made, we are well aware of the remaining challenges in data reliability, accuracy and completeness, and will focus efforts on these areas going forward.”



- **Dr. Morey, Deputy Director, Health Services,
Ministry of Health and Wellness, Belize**



Support to civil society organizations

Much of the support provided to the MOHW above was also provided to CSOs. Many CSOs cited UNDP's support to M&E, including the development and implementation of programme verifications and good practices for data collection, reporting and analysis, as particularly useful. CSOs mentioned that UNDP's support to proposal development was very useful, including the identification of priority programme areas, and review of draft budgets and performance frameworks. They also noted the value of UNDP's support for advocacy and the implementation of programmes to reduce or remove human rights barriers to accessing health services, such as the Human Rights Observatory and training for faith-based and community stakeholders on the importance of integrating rights and gender-sensitive programmes.

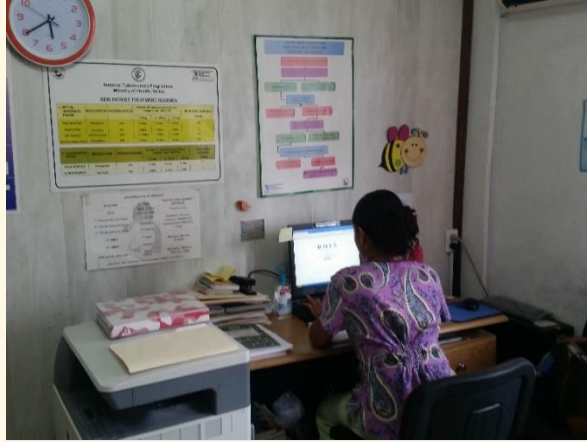
As part of the small grants programme included in the 2016–2018 grant, CSOs benefited from a process of submitting proposals to UNDP. This process enabled them to develop skills in resource mobilization, including strategic thinking, identification of problem statements, activities to address them and intended outcomes, as well as budget preparation. For example, UNIBAM received funds to produce advertisements that explained the importance of family support in reducing discrimination, and one that explains Section 53 decriminalizing same-sex relationships. Other CSOs received funds to lead community consultations, update or review their organizational operational manuals, develop TB and HIV awareness information to promote among key populations, and develop and staff a helpline for Belizeans to access information on sexual and reproductive health. Finally, some CSOs mentioned UNDP's contribution to promoting the meaningful engagement of key populations in the Country Coordinating Mechanism (CCM).

While capacity-building efforts have been well received, there is a risk that progress is being reversed. Critical knowledge and skills gained by individual staff may not always be embedded in the organization as a whole and risks being lost when individuals leave the organization. Hence, CSOs felt that UNDP could play an important role in supporting the new PR and SRs in continuous capacity development and active monitoring.



“UNDP played a huge role in ensuring that the voice of civil society organization was taken into consideration. When we started out, it was only MOHW that was leading activities; UNDP empowered CSOs to have a stronger and more meaningful voice in the Country Coordinating Mechanism and in decisions related to Global Fund processes.”

- **Eva Burgos, Executive Director, CSO Hub**



“In 2013, UNDP PMU staff helped us advocate for Global Fund financing by providing support to the development of the Global Fund funding request. Global Fund funding has provided nutritional support and care packages to children. Without this funding, many of the children would not have survived.”

- Abel Vargas, Executive Director, Hand in Hand Ministries



Support to the Social Security Board, incoming Principal Recipient

In line with UNDP’s interim PR role to hand over the PR role to national stakeholders, in April 2021, the Global Fund determined that SSB met the minimum capacity to assume the PR role in Belize starting on 1 January 2022. To support the transition, UNDP and SSB held several consultations to develop a transition plan with prioritized areas for support. Using guidance²⁵ developed from supporting several countries, UNDP and SSB agreed on a set of concrete and time-bound activities to be implemented in 2021–2022.



These activities included a few working sessions between the UNDP Belize PMU, UNDP Health Implementation Support Team colleagues, and the SSB. The support focused on training and knowledge sharing in the following areas:

²⁵ UNDP-Global Fund and Health Implementation. Guidance Manual.
<https://undphealthimplementation.org/functional-areas/capacity-development/transition/>

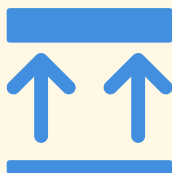
UNDP provided the following induction training and material on:

- programme and financial management, including progress update and disbursement request reporting.
- fiduciary controls, oversight, and the internal audit system.
- SR management, including planning, based on programmatic data and lessons learned.
- procurement and supply chain management.
- Monitoring and evaluation (M&E), including the development of an M&E Plan, Global Fund tools and requirement procedures such as reporting on and measuring programmatic components.



“While we were aware that Global Fund requirements were extensive, the level of responsibility to be a Global Fund PR is an eye opener. UNDP-led orientations in the core grant management functional areas and inputs into key grant documents were very helpful. Ongoing support and refresher trainings are an important part of our learning experience as we start this new role.”

- Ruth Jaramillo, acting Programme Manager, Global Fund grant, SSB



Sustainability

In line with the Global Fund’s Sustainability, Transition and Co-Financing Policy,²⁶ UNDP is committed to working with national stakeholders to strengthen their capacities and enable the sustainable transition of programmes to national entities. UNDP leverages tools and frameworks to help governments establish transition plans, with measurable milestones and concrete timelines, to ensure a tailored and gradual transition to the PR role.

One key pillar of UNDP support is social contracting, the process for allocating domestic resources to CSOs to deliver health services. In 2019, UNDP, UNAIDS and the Global Fund convened 80 delegates from 34 countries, including the MOHW and CSO Hub from Belize, for a consultation²⁷ on the role of social contracting in expanding health services for key and vulnerable populations. A forum was also set up to share good practices, lessons learned and practical strategies for improving social contracting mechanisms

²⁶ The Global Fund. Sustainability, Transition & Co-Financing. www.theglobalfund.org/en/sustainability-transition-and-co-financing

²⁷ UNDP Europe and Central Asia. From the heart of Europe to the Silk Road in Central Asia, we help people build better lives. www.eurasia.undp.org/library/hiv_aids/Social-Contracting-Global-Consultation.html

from countries at different stages of implementation. UNDP also shared resources from other country experiences with stakeholders in Belize, including a case study on the process and outcomes of implementing a social contracting mechanism in Panama²⁸ and guidance for NGO social contracting mechanisms.²⁹

In February 2020, the National AIDS Commission Belize completed the *Opportunities for Advancing Social Contracting in Belize* Assessment, which showed that no legal barrier exists for implementing social contracting. The assessment recommends that Belize uses Global Fund resources to pilot a social contracting mechanism and include a budget line item under a ministry's programme.

With technical support from UNDP, the NAC developed a social contracting roadmap. As part of the SSB grant, it is expected that the NAC, MOHW and CSOs—with support from technical partners, including UNDP, where needed—will work together to advance the implementation of a social contracting mechanism in Belize.

²⁸ UNDP. Expanding Community-Based HIV & TB Services for Key Populations through Social Contracting in Panama. Case Study. www.undp.org/sites/g/files/zskgke326/files/migration/pa/UNDP-PA-SC-VIH-2021-ENG.pdf. UNDP was the PR for the HIV/TB grants in Panama from 2015 to 2021. As of July 2021, Panama has been a high-income country and is no longer eligible for Global Fund financing.

²⁹ UNDP Europe and Centra Asia. 2019. Guidance for NGO social contracting mechanisms. www.undp.org/eurasia/publications/guidance-ngo-social-contracting-mechanisms

Conclusion

As interim PR for Global Fund grants in Belize, UNDP supported Belize in achieving several milestones in its fight against HIV and TB. More people are on HIV treatment, and strides have been made in promoting an enabling environment and reducing stigma and discrimination. Diagnostics have improved: more people have been trained to administer HIV tests and counselling, and procurement of GeneXpert machines has resulted in faster and wider coverage of TB diagnoses. But maintaining progress against these two diseases requires sustained, focused, and coordinated efforts between the Belize Government, CSOs and donors.

While more people are accessing HIV testing and treatment, COVID-19 and weak political commitment, coordination and oversight risk reversing progress. Increased prevention and testing among men who have sex with men from 2020 to 2021 indicate that COVID-19 risk mitigation measures, including multi-month dispensing, deployment of more adherence counsellors and strategic outreach to lost-to-follow-up patients, were effective and should be sustained. Nevertheless, treatment adherence remains inconsistent. In 2021, only 56 percent of the target of people living with HIV on treatment after 12 months was achieved. Reaching this target will require improving conditions for adherence.

Second, delivering comprehensive prevention-based packages for key populations must remain high on the policy agenda at the MOHW, including at the civil society and community levels. A concerted effort in continuing to combat stigma and discrimination and removing other human rights and gender-related barriers is essential.

Third, data gaps and effective data use remain challenges. Belize should complete the Biomedical and Behavioural Survey study to better understand the epidemiological profile of key populations, including of transgender populations, where data are particularly limited. CSOs should consistently and correctly use the BHIS to inform policy and programming design.

Fourth, while Belize is currently ineligible for TB funding from the Global Fund, the Belize government should prioritize TB prevention, diagnosis, and treatment, including for MDR-TB. Despite an increased use of GeneXpert machines, TB treatment coverage continues to decline in Belize. The effect of COVID-19 on treatment coverage, whether by reducing access to health facilities or reducing disease transmission due to restricted mobility, should be researched further.

Finally, Belize should prioritize sustainable domestic financing for its HIV and TB response, including by utilizing social contracting and working with CSOs to strengthen health service delivery.

As described throughout this case study, progress has been made in the fight against HIV and TB in Belize. UNDP remains committed to supporting Belize as it transitions to a government PR, and beyond, in line with the Sustainable Development Goals, its capacity-building mandate, and the commitment to leave no one behind.

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