



BELIZE

Fact Sheets on HIV/AIDS Care and Treatment

Updated October 2004



ADULT HIV PREVALENCE	3 X 5 ART TARGET	CURRENT ART COVERAGE (%)
2.4% (2003)	352 (08/10/2004)	34% (08/10/2004)

1. Introduction

In 2003, the WHO developed a comprehensive strategy that outlines how life-long antiretroviral treatment can be provided to 3 million people living with HIV/AIDS in poor countries by the end of 2005. For the Americas, this initiative translates to a goal of providing 600 000 people living with HIV/AIDS with life-long antiretrovirals.

Within this framework, this Care and Treatment Fact Sheet was developed by the HIV/AIDS unit at PAHO/WHO in an effort to collate the most recent country-specific data on the care and treatment of people living with HIV/AIDS. It gathers information on antiretroviral coverage, lines of treatment, and average prices/year, as well as comprehensive information on laboratory diagnostic and human resources capacity, and voluntary counseling and testing. Finally, this fact sheet also includes details on the various agencies and NGOs working in the country on the fight against HIV/AIDS. The goal is for it to be updated each year until at least 2005, specifically to measure the progress in the 3 by 5 initiative, and preferably thereafter to continue to monitor the improved care and treatment of people living with HIV/AIDS.

The information in these fact sheets was compiled by PAHO/WHO, in collaboration with country focal points and national authorities from the Ministries of Health and NGOs. Not unexpectedly, information on all the agreed-upon indicators was not available for each country. However, these Care and Treatment Fact Sheets do contain a wealth of information that will showcase the particular strengths in current existing programs and comparison between countries. The Fact Sheet will also be instrumental in identifying some weaknesses that can be addressed in the future, either by PAHO/WHO or by another agency/NGO.

Clearly, the fact sheets are as good as the information made available to PAHO/WHO HIV/AIDS unit. Therefore, the HIV/AIDS unit would like to encourage program managers as well as national and international experts to communicate additional information to them, in order to maintain and update the Fact Sheets as needed.

For specific information on the prevalence and incidence of HIV/AIDS, behavior, and prevention strategies, please refer to the country-specific Epidemiological Fact Sheet on HIV/AIDS and STIs, compiled and updated by UNAIDS/WHO.

Situation Analysis

Epidemic level and trend, for the year –	1990	1995	2000	2002	2004	2006
Prevalence in adults (%)				2.0 (2001)	2.4 (2003)	
Prevalence in children < 5 years (%)						
Prevalence in children >= 15 and < 20 years (%)						
Prevalence in pregnant women (%)		1				
Gender data and major risk behaviors of HIV/AIDS	1990	1995	2000	2002	2004	2006
Male : female ratio		2.7:1		1.2:1	1.16:1 (2003)	
Mechanism for transmission (%)						
Sexual			NA	NA		
Perinatal			NA	NA		
UDI			NA	NA		
Blood products			NA	NA		

National Policies

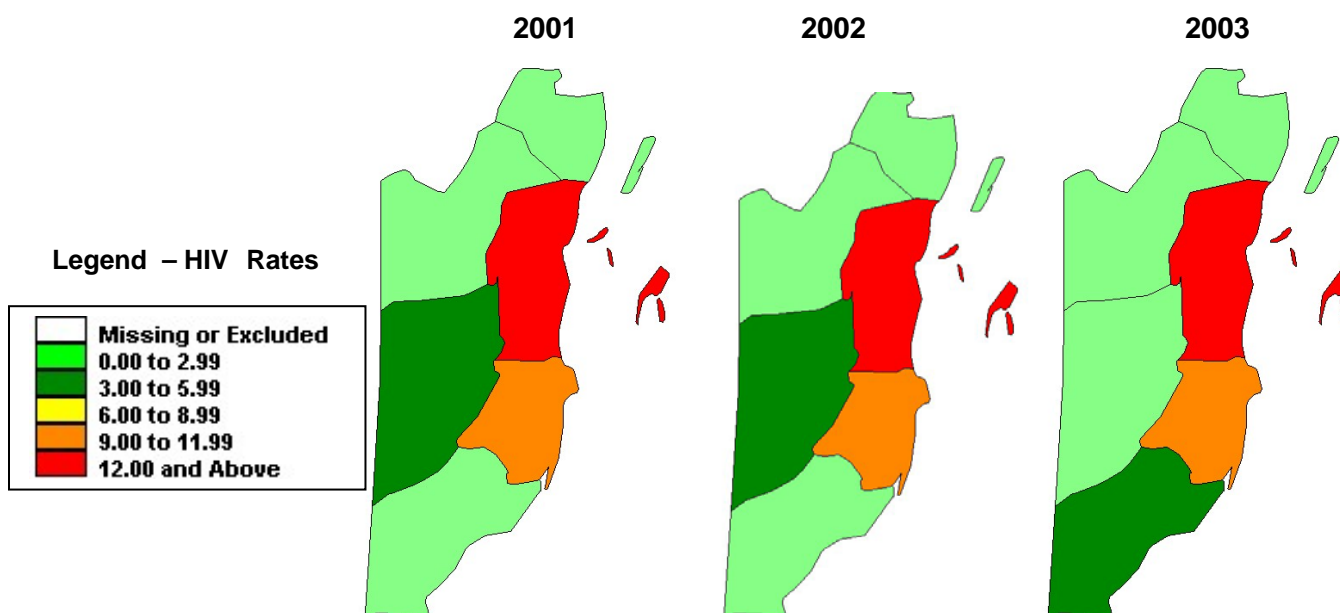
- Is there a national policy on comprehensive ART No X Yes ___ Since when? _____
- Is there a national policy on HIV testing No X Yes ___ Since when? _____

The “Three Ones”

- **Is there ONE agreed HIV/AIDS national framework?** No___ Yes X Dates? Expected to be developed in 2004
Year of last revision: 2004 Title? National Strategic Plan
- **Is there ONE coordinating national authority?** No___ Yes X Since when? 2000
Name? National AIDS Commission (NAC)
- **Is there ONE agreed country level monitoring and evaluation system?** No___ Yes X Since when? Will be implemented as soon as Belize's Global Fund becomes available

Geographic distribution of HIV/AIDS, by major political districts

**Belize HIV Positive Infections by District per 10,000 Inhabitants
2001 – 2003**



SOURCE: National Health Information Surveillance Unit 2004

Demographic and Socio-economic indicators			
	Estimate	Date	Source
Total Population (thousands)	273	2003	CSO, Belize
Life Expectancy at Birth	69.9	2003	CSO, Belize
Under 5 mortality rate (per 1000 children)	17.8	2003	MOH, Belize
Adult mortality rate (per 1000 adults)	Female: 123 Male: 189	2002	WHO
GNI Per Capita (US\$)	2,970	2002	World Bank
% Government Budget Spent on Health Care	8.4%	2003	MOH, Belize
Per Capita Expenditure on Health (US\$)	171	2003	MOH, Belize
% Health Care Budget spent on HIV/AIDS	5%	2003	MOH, Belize

2. Antiretroviral Treatment (ART)

This section contains information about the number of people living with HIV/AIDS who require ART and the number who receive it. "People" refers to all ages and sexes. The data come from several sources, listed below, but primarily from UNAIDS or PAHO, where possible, for consistency reasons. The difference between those people requiring ART and not receiving it is the Treatment Gap, which is also the ART target for achieving universal coverage by 2005. Data on ART regimens, guidelines used, and cost of ART is also found in this section, as well as specific ARVs used and the amount required per year, the sources of which are primarily from the Ministries of Health and local NGOs of each country, unless otherwise specified.

ART surveillance						
	31/7/ 2003	Source	8/10/ 2004	Source	2005	Source
1 Estimated # of people living with HIV/AIDS	5,000	MOH	5,300	MOH		
2 Estimated # of people requiring ART **	474	MOH	530	MOH		
** Previous estimate is done by: Applying the 20% standard to the # of PLWHI (#1 in table) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>						
Or by using other method of estimating? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Specify <u>10% of PLWHA</u>						
% female (# females requiring ART / total people requiring ART x 100)	35%	MOH	45%	MOH		
% < age 5 (# under 5 requiring ART / total people requiring ART x 100)	10%	MOH	12%	MOH		
3 Estimated # of people receiving ART	32	MOH	178	MOH		
% female (# females receiving ART / total people receiving ART x 100)	28%	MOH	48%	MOH		
% < age 5 (# < 5 receiving ART / total people receiving ART x 100)	9%	MOH	11%	MOH		
4 Estimated Treatment Gap (2 – 3)	442	MOH	352	MOH		
5 % ART coverage (3 / 2 x 100)	6.8%	MOH	33.6%	MOH		
6 % of health districts that have at least one ART outlet (# of health districts with at least one ART outlet / total # of health districts x 100)			100%	MOH		
7 Mortality rate among ART users (# deaths of ART users / total population x 100,000)			54.8	MOH		
8 % hospital bed occupancy by People infected by HIV/AIDS for a given month (# hospital beds occupied by PLWHA for a given month / # hospital beds occupied for the same month x 100)						

ATR, plans and regimens

- **Are ART treatment protocols in use?** No ___ Yes X Since when? _____
Name? Guidelines for the Clinical Management of HIV/AIDS”, developed in Belize 2003
- **Have revisions been made to the protocols?** No X Yes ___ When? _____
- **Do the criteria for determining ARV needs include:**
 - CD4 count No ___ Yes X
 - Viral Load No X Yes ___
 - Opportunistic Infections No ___ Yes X

Specify treatment regimens:

- First line regimen for adults: Zidovudine 300mg, Lamivudine 150mg and Nevirapine 200mg or Zidovudine 300mg, Lamivudine 150mg and Indinavir 400mg
- Alternative regimen for adults: Stavudine
First line regimen for new borns: Nevirapine 2mg/kg within 72 hours after birth
- Alternative regimen for new borns: _____
- First line regimen for children: Zidovudine 90-180mg/m/6hr, Lamivudine 4mg/kg/day, Nevirapine 4mg/kg/day
- Alternative regimen for children: unavailable
- First line regimen for other special groups (like PMTCT) Nevirapine single dose of 200mg tab, orally at onset of labour

¿ What is the average cost or first line ARV regime per person / per year in US dollars?

Regimen	2000	2002	2004	2006
First line regimen for adults in the public sector			\$200.00	
Alternative line regimen for adults in the public sector				
First line regimen for adults in the private sector			\$225.00	
Alternative line regimen for adults in the private sector				

- **Is there a system in place to register adverse reactions involving the use of ARV?**
At the national level: No ___ Yes X Since when? 2003 or institutional. No ___ Yes ___ Since when? _____
- **Is there a system in place to register drug resistance involving the use of ARV?**
At the national level: No X Yes ___ Since when? _____ or institutional. No X Yes ___ Since when? _____
- **Does the Government purchase Generic ARVs?**
No ___ Yes X Since when? 2003 From what pharmaceutical companies? CIPLA, India and Aurobindo, India

- **State what % of ART delivery is covered by MOH, other ministries, NGOs, etc.**

	2000	2002	2004	2006
Ministry of Health			100%	
Other ministries				
NGOs				

	2000	2002	2004	2006
Specify the number of NGOs offering ARV treatment in your country?			0	

ARV Selection, Prices & Amount purchased									
Antiretrovirals used				Price/unit (US\$)			Number of units purchased for the year *		
Generic name	Product name	Strength	Unit used **	2003	2004	2005	2003	2004	2005
Zidovudine	Duovir	300mg	Tablet					215,000	
Lamivudine		150mg							
Nevirapine	Nevirapine	200mg	Tablet					150,000	
Indinavir	Crixivan	400mg	Tablet					110,000	
Indinavir	Indinavir	400mg	Capsule						
Zidovudine	Zidovir	50mg/5ml 100ml	Suspension					12,000	
Lamivudine	Lamivir	50mg/5ml 100ml	Suspension					1,200	
Nevirapine	Nevimune	50mg/5ml 100ml	Suspension					1,200	

* "Purchased" refers to the # of units actually purchased for the people in treatment for that particular year.

** Specify unit as tablet, capsule, ampoule, bottle, etc.

3. Laboratory capacity and funding for procurement

For HIV/AIDS to be properly diagnosed and treated at the appropriate time, laboratories need to have access to the right tests at the best price. This section describes the diagnostic and follow-up tests available to the country and the number of tests required for the given year. This section also considers the coverage of laboratories throughout the country, the monitoring and surveillance systems in place, as well as the source of financing for procuring ARV and diagnostic tests.

HIV diagnostic/follow-up tests, Prices & Amount purchased							
Tests used		Price/test (US\$)			Number of tests required for the year		
Type	Diagnostic product	2003	2004	2005	2003	2004	2005
Screening tests							
	Abbot Determine		\$2.75			20,000	
	Elisa		\$4.00			8,000	
Confirmation tests							
	MedMira		\$5.00			600	
	HIVScan		\$2.50			600	
Follow-up	CD4 Count		\$24.00			3000	

Laboratory services for HIV diagnostics

	2000	2002	2004	2006
% of health districts that have at least one laboratory service for HIV diagnosis (# of health districts with at least one lab service / total # of health districts x 100)			100%	

• **Is there a system for quality control of laboratory services?**

At the national level: No ___ Yes X Since when? 2003 or institutional. No ___ Yes ___ Since when? _____

• **Is there a system in place for conducting external evaluations of the quality of laboratory services?**

At the national level: No ___ Yes X Since when? 2003 or institutional. No ___ Yes ___ Since when? _____

Financing and procurement for ARV and diagnostic tests

• **What is the principal source of financing for ARV purchase??** (i.e. through national budget, global fund, out of pocket, bilateral or private donors, etc.) National AIDS Programme/ Ministry of Health Budget. Also contemplated in Global Fund for the 2nd through the 5th year.

• **What is the principal source for financing HIV diagnostic supplies?** (i.e. through national budget, global fund, out of pocket, bilateral or private donors, etc.) National AIDS Programme/ Ministry of Health Budget. Also contemplated in Global Fund for the 2nd through the 5th year

• **Is ART procurement done primarily through a**

- centralized procurement mechanism (at **national** or provincial level) No ___ Yes X
- or decentralized procurement mechanism (at institutional level) No ___ Yes ___

• **How is price solicitation for ARVs obtained?**

- Through national tender No ___ Yes X
- Through international tender No ___ Yes ___
- From a limited number of local/international suppliers, No ___ Yes ___
- Through negotiation with supplier? No ___ Yes ___
- Other? _____

• **Are HIV/AIDS medicines required to be registered by the national regulatory authority?**

No ___ Yes X Since when? 2003

• **Are the HIV medicines under patent protection in the country?** No X Yes ___ Since when? _____

• **Are ARVs subject to quality control testing prior to product use?** No X Yes ___ Since when? _____

4. Voluntary Counseling and Testing, Prevention of Mother to Child Transmission programs, and joint HIV/AIDS and TB/STI programs

Although Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) programs fall partly under prevention activities, they also fall under the "Care and Treatment" component, since their testing sites provide an interface between the diagnosis and the follow-up activities. TB and STI programs are also important entry points for Care and Treatment, given the high co-morbidity of TB and HIV/AIDS as well as other STIs and HIV/AIDS. This section therefore describes the coverage of VCT, PMTCT, and TB/STI services as well as the quality and comprehensiveness of such programs.

Voluntary Counseling and Testing (VCT) in the public sector						
	31/7/ 2003	Source	31/7/ 2004	Source	2005	Source
% of health services (primary, secondary, or tertiary) that offer VCT services out of all health services that should provide VCT services. (# of health services (primary, secondary, or tertiary) that offer VCT services / total # health services that should provide VCT services x 100)						
% of health districts with at least one functioning VCT service (# of health districts with at least one functioning VCT service / total # of health districts x 100)			100%	MOH		
# clients who used VCT services in public sector during the given year			1,000	MOH		
% female clients (# women attending VCT services in public sector / total # clients of the public VCT services x 100)			40%	MOH		
# clients who used VCT services in NGO sector during the given year			None	MOH		
% female clients (# women attending VCT services in NGO sector / total # clients of the NGO VCT services x 100)						
% of persons who return for their results (# of persons who return for results / total # of tests done at VCT services x 100)			95%	MOH		
% of persons who receive post-test counseling (# of persons who come for post-test counseling / total # of tests done at VCT services x 100)			95%	MOH		
% of positive HIV tests at VCT services (# of tests at VCT services with positive results / total # of tests done at VCT services x 100)			6%	MOH		

VCT framework and country strategies

- **Is VCT part of the Primary Health care package?**
No ___ Yes X Since when? 2003
- **Is VCT integrated into a global health network that includes medical, social and emotional supports?**
No ___ Yes X, with medical aspect begin the strongest. Since when? 2003
- **Is there a system for quality management system for VCT activities?**
No X Yes ___ Since when? _____
- **Is there an operational strategy for identifying barriers to VCT?**
No X Yes ___ Since when? _____

Prevention of Mother to Child Transmission (PMTCT) services in the public sector

	31/7/ 2003	Source	31/7/ 2004	Source	2005	Source
% of health services that provide PMTCT services of those that should provide PMTCT services (# of health services that provide PMTCT services / total # of health services that should provide PMTCT services x 100)	100%	MOH				
# of women who used PMTCT services during the given year	6614	MOH				
% of women tested for HIV at PMTCT services (# of women tested for HIV / # of women who used PMTCT services x 100)	88%	MOH				
% of women tested who tested positive for HIV (# of women tested at PMTCT who tested positive for HIV / # of women tested for HIV who used PMTCT services x 100)	0.92%	MOH				
% of babies born of HIV+ mothers with a confirmed diagnosis of HIV (# of babies born of HIV+ mothers with confirmed HIV status / # of babies born of HIV + mothers x 100)						

PMTCT programs

- **Are there protocols/guidelines used for PMTCT services?** No ___ Yes X Since when? 2001
- **Is there a national plan for PMTCT services?** No ___ Yes X Since when? 2001

Tuberculosis, Sexually Transmitted Infections, and HIV/AIDS services in the public sector

	31/7/ 2003	Source	31/7/ 2004	Source	2005	Source
% of health services that diagnose and treat TB and offer concurrent VCT services for HIV/AIDS (# of health services that offer TB diagnosis and treatment and concurrent VCT services / total # of health services that treat and diagnose TB x 100)	100%	MOH	100%	MOH		
% of health services that offer STI treatment services and offer concurrent VCT services for HIV/AIDS (# of health services that offer STI diagnosis and treatment services and concurrent VCT services / total # of health services that treat and diagnose TB x 100)	100%	MOH	100%	MOH		

5. Trained Human Resources

The presence of sufficient trained human resources in all aspects of HIV/AIDS care and treatment is essential in the fight against HIV/AIDS. This section describes the coverage of trained health care workers, certification and accreditation mechanisms, and the existence of guidelines for supervising staff.

Human Resource capacity						
	31/7/ 2003	Source	31/7/ 2004	Source	2005	Source
# of Doctors who participated in ART training, during the given year	16	MOH	20	MOH		
# of Nurses who participated in ART training, during the given year	10	MOH	15	MOH		
# of other health workers who participated in ART training, during the given year	5	MOH	5	MOH		
% of health care workers trained in ART (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	5%	MOH	6%	MOH		
# of Doctors who participated in VCT training, during the given year	0	MOH	0	MOH		
# of Nurses who participated in VCT training, during the given year	56	MOH	48	MOH		
# of other health workers / community members who participated in VCT training, during the given year	8	MOH	12	MOH		
% of health care workers trained in VCT (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	8%	MOH	9%	MOH		
# of Doctors who participated in PMTCT training, during the given year	5	MOH	5	MOH		
# of Nurses who participated in PMTCT training, during the given year	20	MOH	25	MOH		
# of other health workers who participated in PMTCT training, during the given year	5	MOH	5	MOH		
% of health care workers trained in PMTCT (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	4.5%	MOH	5%	MOH		

Human Resource capacity, continued						
	31/7/ 2003	Source	31/7/ 2004	Source	2005	Source
# of laboratory workers who participated in laboratory training for HIV diagnosis testing and/or follow-up, during the given year	2	MOH	5	MOH		
# of health care workers (doctors, nurses, other health care workers) who participated in stigmatization reduction strategies training, during the given year	25	MOH	21	MOH		
% of health care workers who participated in stigma reduction strategies training (# of doctors, nurses, health care workers trained in stigma reduction training [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	4%	MOH	3%	MOH		
# of health care workers (doctors, nurses, social workers, other health care workers) who participated in training for psycho-social support services, during the given year	56	MOH	48	MOH		
# of community members (PLWHA, family of PLWHA, other community members) who participated in training for offering psycho-social support services, during the given year	50	MOH	60	MOH		

Human resources

- **Is there a national accreditation process for training institutions and programs in HIV/AIDS.**
No Yes Since when? _____
- **Is there a certification process for HIV/AIDS training providers?**
No Yes Since when? _____
- **Is there a certification process for HIV/AIDS training participants?**
No Yes Since when? _____
- **Are there national standards for evaluating the competence of health workers involved in scaling up ART?**
No Yes Since when? _____
- **Is there a National Plan for ART, VCT, PMTCT training?**
No Yes: Since when? 2003

Data sources

Data presented in this Fact Sheet on Care and Treatment of People Living with HIV/AIDS comes from several sources, primarily in the country, but also globally. This section contains a list of the more relevant sources used to prepare the Fact Sheet. If applicable, it also lists websites where additional information on HIV/AIDS can be found, however, the information found on these sites could change or may be incomplete, so due consideration must be taken.

- CARICOM Secretariat and the Pan American Health Organization Country Questionnaire Belize- FEB 1, 2004
- Results: HIV/AIDS. UNDP <http://www.undp.org/hiv/docs/results.pdf>
- Global Fund to fight AIDS, TB, and Malaria: <http://www.theglobalfund.org/search/portfolio.aspx?lang=en&countryID=BEL>
- UNAIDS National Responses: <http://www.unaids.org/nationalresponse/result.asp>
- UNAIDS/WHO Epidemiological Fact Sheets for HIV and STIs: 2002 update.
- HIV/AIDS Surveillance, The Epidemiology Unit, Ministry of Health
- Ministry of Health, Belize
- National Strategic Plan for HIV/AIDS epidemic,2000-2003.
- HIV/AIDS Surveillance in Belize: QUARTERLY REPORT January – March 2001. Ministry of Health, Belize
- Releve Epidemiologique Hebdomadaire, No 50, 2001, p 393.

Contact information

For more information on care and treatment of people living with HIV/AIDS in this country, please contact the HIV/AIDS unit at the Pan American Health Organization, by phone at (202) 974-3842 or by email at sida@paho.org.