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EXECUTIVE SUMMARY

**What is advocacy?** Advocacy is the active promotion and defense of an opinion, a cause, a policy and/or a group of people.

**What is this advocacy plan?** This document is an advocacy plan that articulates an initial set of priority advocacy objectives and activities, defined by advocates in Belize, to help end the HIV epidemic in Belize and advance health and rights for all.

In Belize, as of the end of 2017, approximately 4500 people were living with HIV, translating to approximately 1.9% of all adults ages 15-49 in the country.\(^1\) Approximately 200-300 people were becoming newly infected with HIV every year. The HIV epidemic in Belize in concentrated among several key populations, especially gay men and other men who have sex with men (MSM) and also adolescents and young people, people engaged in sex work, people who use drugs, migrants, and people with history of incarceration.

Belize is making progress toward the UNAIDS 95-95-95 fast-track targets for HIV testing, treatment and viral suppression but has a long way to go. Fewer than half of all people at highest risk are testing on an annual basis. Of the 4500 people living with HIV in Belize, only 1400 (31%) were accessing HIV treatment and an unknown subset of these people were achieving viral suppression – an essential indicator of treatment success and inability to transmit the virus. As of 2015, fewer than half of all PLHIV starting on HIV treatment had been documented as continuing treatment and related medical visits on at least an annual basis.

The Belize Ministry of Health is working to expand the hours and quality of health services across all six districts but struggles with limited resources. Total health spending in Belize was 5.6% of the country’s GDP, but this amounted to only about US$ 511 per person as of 2016, with government spending accounting for two thirds of this amount (about US$ 340 per person) and much of the remainder coming from individuals and households as out-of-pocket spending. As a result, the UHC Index for Belize, averaging population coverage rates of 16 essential health services, shows only about 50% coverage as of 2017.

The Government of Belize has set a goal in its National HIV-TB Strategic Plan 2016-2020 that at least 80% of men who have sex with men are annually reached with HIV testing, engagement in care and other HIV interventions but to date, no single program is operating at a scale to reach thousands of gay men (or transgender people, sex workers, people who use drugs, youth, or migrants) with regular HIV and STI testing, screening for mental health and substance use issues, and linkage to care.

The Belize National HIV-TB Strategic Plan 2016-2020 also prioritizes training for health and law enforcement professionals about HIV and TB stigma and discrimination, and these sensitization
efforts are underway. But key populations in Belize still routinely report instances of breaches of confidentiality and stigmatizing and discriminatory treatment in health care settings, and Belize does not yet mandate pre-qualification training for health providers about human rights, requirements for providing confidential and non-discriminatory care, or communications skills to facilitate patient trust, and nor are health providers mandated to receive human rights training as part of continuing professional education and as a condition of renewal of certification or licensure.

For HIV prevention, the health and family life (HFLE) curricula in Belize does not mandate education to young people about sexual orientation or gender identity or about rights to non-stigmatizing sexual health services. Further, there is no mechanism in Belize to enforce systematic implementation of the existing HFLE curriculum and the curriculum faces teacher resistance and non-cooperation from denominational school authorities.

In national laws, Belize made international headlines in 2016 when its High Court held that the country’s criminal code could not constitutionally criminalize consenting same-sex intimacy in private between adults. However, Belize has laws that criminalize people for engaging in sex work or for possessing even small amounts of drugs, and laws that prevent provision of health services to adolescents younger than 18 years of age without parental consent. The Belize criminal code also lists reckless or willful transmission of HIV or AIDS as a criminal offence, a criminalization of behavior that has been shown to have no effect on actually preventing behaviors that might transmit HIV but that places people under threat of criminal prosecution for sexual behavior.

Furthermore, key populations report high rates of interpersonal violence, gender-based violence and sexual violence, along with verbal abuse and social and economic exclusion, including rejections by family and local communities and barriers to employment and education. Expressions of stigmatizing and discriminatory attitudes related to sexual orientation, gender non-conformity, or history of sex work, drug use or incarceration are well documented in broadcast and print media in Belize.

**These challenges can be overcome.** The Belize economy, on a per capita basis, has grown by 10% since 2000 and the country has made important commitments to improving employment, education, gender equality, and access to justice.

More than 10 non-governmental organizations are involved in advocacy related to HIV. These include three organizations of people living with HIV (CNET+, REDCA+ and Y+) and several others advocating for the health and rights of key populations living with and at risk for HIV and AIDS, including Empower Yourself Belize Movement (EYBM), Our Circle, PETAL, POWA, Trans in Action, and the United Belize Advocacy Movement (UNIBAM). Their work includes:

- Support for the National AIDS Commission and other government agencies in collaborative program design and planning, decision making, service implementation and monitoring and evaluation.
- Education and mobilization of key populations and allied constituencies to be visible and vocal about their needs for health and rights.
Advocacy meetings with health facilities, schools, employers, law enforcement, prosecutors and police to build awareness about key laws and policies related to HIV and human rights.

Advocacy to document and intervene in cases where people experience barriers to care or other human rights violations, including the work by EYBAM, PETAL and UNIBAM with the regional human rights observatory and shared incident reporting database to help people document and seek redress for human rights violations.

Further advocacy can help Belize to reach its 95-95-95 targets for HIV testing, treatment and viral suppression and broader national goals for health, economic opportunity, education, gender equality and human rights for all. Civil society advocates have an important role in:

- Articulating the needs of key populations for services such as HIV, STI and TB screening, access to HIV treatment, PrEP and PEP, and services for mental health and addictions;
- Building political support for stronger policies and programs for health, including through organizing coalitions of service providers, educators, employers, faith leaders, and media in all six districts of Belize; and
- Use coalitions, media and public pressure to hold institutions and leaders -- including heads of government agencies, legislators, service providers, educators, employers, and faith leaders -- accountable to stated national goals of ending the HIV epidemic and attaining all Sustainable Development Goals.

Given this potential for stronger HIV-related advocacy, more than 10 Belize organizations met during 2017 and 2018 with the support of the Caribbean Vulnerable Communities Coalition (CVC) to discuss HIV-related advocacy needs in Belize. At those meetings, participants developed an initial set of priority HIV advocacy strategies and activities described in this plan.

This advocacy plan:

(i) summarizes HIV-related advocacy needs in Belize, including laws, policies and other barriers for key populations in accessing HIV-related services and broader rights;

(ii) describes an initial set of advocacy strategies and activities focusing on improving laws, policies and accountability of all stakeholders to national goals and commitments for health and rights.

This plan defines three strategic objectives:

1. **Advocate for the enactment and enforcement of laws, policies and other protocols** to increase uptake of HIV-related services and reduce stigma and discrimination, with a focus on:
   - Advocating for enforcement of competency and quality standards in health services;
   - Advocating for accessible sexual health services for key populations in all regions of Belize;
   - Advocating for Universal Health Coverage (UHC) in Belize to include improved funding for health services, improved procurement and supply management (PSM) of HIV-related medicine and supplies, and increased evening hours for health services to increase access for key populations.
2. **Strengthen advocacy capacity** of implementing partners to plan, coordinate and implement advocacy activities.

3. **Monitor and evaluate implementation** of activities under this plan to inform further advocacy work in Belize.

The outcomes of this advocacy plan will be:

1. **Advocates for PLHIV and other key populations** will be supported to monitor health facilities and document instances of incompetent or poor-quality care, and meet regularly with the National AIDS Commission and other Ministry of Health officials to review service quality and accessibility and assess needs for improved trainings and enforcement of competency and quality standards;

2. **Advocates for sexual and reproductive health and rights (SRHR)** will be supported to champion policies and funding for accessible SRHR services for key populations;

3. **Advocates for Universal Health Coverage (UHC)** will be supported to review and advocate for needs related to HIV, including funding specific to services for key populations, needs for procurement and supply management (PSM) of specific HIV supplies (including self-administered HIV test kits, HIV PrEP and PEP, and treatments specific to HIV+ children), and needs to ensure non-discriminatory care.

4. **All advocates** will be supported for regular national meetings and trainings to improve advocacy coordination and capacity related to HIV, SRHR, UHC and achievement of broader Sustainable Development Goals;

5. **All advocates** will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Belize.

**Methodology for Development of This Advocacy Plan**

The development of this advocacy plan was informed by intensive and extensive national consultations and stakeholder meetings across ministries, government and quasi agencies, as well as civil society partners.

1. A 2 day workshop was held in 2017 in Belize City with government and civil society leaders. At that workshop, participants (i) reviewed gaps and opportunities for HIV-related advocacy and (ii) developed a priority set of advocacy activities to be implemented in Belize.

2. A validation meeting was held in 2018 to review the draft advocacy priorities and discuss and agree key activities to be undertaken and by which agency.

3. This advocacy plan was then drafted in May 2019 and circulated to country stakeholders for review and input, and then was finalized. CVC then provided funding for advocacy activities in this plan through the CVC/COIN Caribbean Civil Society project entitled “Challenging
Stigma and Discrimination to Improve Access to and Quality of HIV Services in the Caribbean.”
BACKGROUND SITUATION ASSESSMENT

HIV AND THE HEALTH OF KEY POPULATIONS

In Belize, as of the end of 2017, approximately 4500 people were living with HIV, translating to approximately 1.9% of all adults ages 15-49 in the country. Approximately 200-300 people were becoming newly infected with HIV every year.

The HIV epidemic in Belize is concentrated among several key populations. The Belize National AIDS Commission estimates that gay men and other men who have sex with men (MSM) account for the largest share of the HIV epidemic, with approximately 1500 men living with HIV and two-thirds of all new HIV infections (thus 150-200 men newly infected) each year. The remaining third of all new HIV infections (50-100 people each year) are through unprotected heterosexual sex among young men and women, with HIV vulnerability higher among key populations such as people engaged in sex work, people who use drugs, migrants, or people with history of incarceration.

A portion of the new HIV infections in Belize may be happening among adolescents. High adolescent birth rates in Belize reflect high levels of early and unprotected sexual activity among adolescents and research suggests the average age of sexual debut for males and females 15-19 years is 16.4 years. Among key populations, a 2018 population size estimation study of MSM and transgender women in Belize and previous bio-behavioural survey in 2012 found that half of the MSM and transgender women interviewed reporting becoming sexually active before the age of 16.

Key populations at high risk for HIV in Belize are also at high risk for other sexually transmitted infections (STIs) such as gonorrhoea, chlamydia, and syphilis. Approximately 3000 people contract an STI other than HIV each year in Belize, and a disproportionate burden falls on key populations. The combined HIV-TB disease burden is also relatively high; approximately 1 in 5 persons diagnosed with TB is also HIV positive and plays a substantial role in HIV mortality in Belize. As in the rest of the Caribbean, populations at high risk for HIV in Belize are also likely to have needs related to behavioural health, including issues of depression and substance use that correlate closely with minority stress and economic and social marginalization.

ACCESSIBILITY AND QUALITY OF HIV-RELATED SERVICES

Belize is making progress toward the UNAIDS 95-95-95 fast-track targets for HIV testing, treatment and viral suppression. Research suggests key populations in Belize are generally aware of HIV testing and have some access to HIV testing. For people testing HIV-positive, health referrals and services are in place to offer people HIV treatment.

However, Belize has a long way to go to achieve the 95-95-95 HIV targets. Fewer than half of all people at highest risk, including gay men, transgender people, and sex workers, are testing on an annual basis. Self-administered HIV test kits are generally not available in Belize and community-
led and community-based HIV testing is limited. Of the 4500 people living with HIV in Belize, only 1400 (31%) were accessing HIV treatment and an unknown subset of these people were achieving viral suppression – an essential indicator of treatment success and inability to transmit the virus. Health systems and community organizations in Belize have limited capacity to follow up with every HIV-positive patient to ensure retention in care and to provide the range of services and supports that would help people to succeed in HIV treatment and avoid transmitting the virus on to others. The result is that as of 2015, fewer than half of all PLHIV starting on HIV treatment had been documented as continuing treatment and related medical visits on at least an annual basis.

The Belize Ministry of Health is working to expand the hours and locations of health services across all six districts but struggles with limited resources. Total health spending in Belize was 5.6% of the country’s GDP, but this amounted to only about US$ 511 per person as of 2016, with government spending accounting for two thirds of this amount (about US$ 340 per person) and much of the remainder coming from individuals and households as out-of-pocket spending. Furthermore, although Belize is categorized by the World Bank as an “upper middle income country”, approximately 16,000 people in the Belize population are living in multi-dimensional poverty with another 35,000 people at risk, and thus over 50,000 people in Belize may have limited resources for transportation and costs related to health services. As a result, the UHC Index for Belize, averaging population coverage rates of 16 essential health services, shows only about 50% coverage as of 2017.

The Belize Ministry of Health is also struggling to ensure that people living with HIV and other key populations have access to confidential non-discriminatory care. In general, people’s access to routine health services such as STI screening and treatment or mental health and addictions counselling is only at centralized facilities where key populations report potential breaches of confidentiality, potential for stigma and discrimination, and limited hours of access. For example, a recent study among MSM found that a third of MSM interviewed reported that they avoided seeking health services due to concerns about confidentiality, a third had personally experienced a breach of confidentiality, and 7% of respondents reported having had health services denied to them because of their sexual orientation.

Regarding HIV prevention, awareness about HIV prevention and condom use might be low among key populations; for example, a population size estimation study published in 2018 showed that fewer than half of MSM interviewed knew that anal sex, and specifically unprotected receptive anal sex, carried the greatest risk of HIV transmission. PrEP – the daily pill that can protect HIV-negative people from HIV -- is not yet provided by the Belize health system, and therefore very few people at risk for HIV are likely accessing this intervention.

The World Health Organization has published guidelines and program implementation tools that define the package of services for each key population affected by HIV, including for gay men and other men who have sex with men (MSM), transgender and gender non-conforming people, sex workers, youth, migrants and mobile populations, incarcerated persons and people who use drugs.
For example, for sex workers or young gay men, the World Health Organization defines a combination of interventions that should be made available by health systems, which include comprehensive sex education, screening and services for mental health and addictions, STI screening and treatment, and access to HIV treatment, PrEP and PEP. The WHO also provides guidance for making services accessible, acceptable, and affordable, including involvement of clients in service design and peer-based implementation, provision of services in community settings, trainings of health service providers to reduce stigma and discrimination in health settings, and sensitization of law enforcement, social welfare agencies, and other public services to reduce barriers to care.

Reports from PANCAP and other organizations indicate that key populations in the Caribbean are not being reached with these combinations of interventions.24 25 For example:

- The Government of Belize has set a goal in its National HIV-TB Strategic Plan 2016-2020 that at least 80% of men who have sex with men are annually reached with HIV testing, engagement in care and other HIV interventions but to date, no single program is operating at a scale to reach thousands of gay men (or transgender people, sex workers, people who use drugs, youth, or migrants) with regular HIV and STI testing, screening for mental health and substance use issues, and linkage to care.
- The Belize National HIV-TB Strategic Plan 2016-2020 prioritizes training for health and law enforcement professional about HIV and TB stigma and discrimination, and these sensitization efforts are underway. But Belize does not yet mandate pre-qualification training for health providers about human rights, requirements for providing confidential and non-discriminatory care, or communications skills to facilitate patient trust, and nor are health providers mandated to receive human rights training as part of continuing professional education and as a condition of renewal of certification or licensure.26
- The Belize National HIV-TB Strategic Plan 2016-2020 prioritizes establishment of an independently managed complaints mechanism for the reporting of violations of medical confidentiality and/or denial or unavailability of health-care services. These complaint and grievance mechanisms are established, including a shared incident database run by CVC, but these mechanisms are yet not well publicized at health facilities and therefore not widely used.27
- The health and family life (HFLE) curricula in Belize does not mandate education to young people about sexual orientation or gender identity or about rights to non-stigmatizing sexual health services.28 Further, there is no mechanism in Belize to enforce systematic implementation of the existing HFLE curriculum and the curriculum faces teacher resistance and non-cooperation from denominational school authorities.29

**SOCIAL, ECONOMIC AND LEGAL CONTEXTS OF THE HIV RESPONSE**

Progress in Belize in ending HIV and improving the health of key populations is heavily influenced by contexts of poverty, lack of education, gender-based discrimination and violence, and lack of recourse to legal protection and justice.
As a signatory to the 2030 Sustainable Development Goals (SDGs), the Government of Belize has endorsed goals of reducing poverty and exclusion from work and housing (SDG1), reducing disparities in access to education (SDG4), reducing gender inequality and gender-based violence (SDG5 and SDG16), reducing political and social exclusion (SDG10), and increasing access to legal services and justice (SDG16).

Belize has made progress since 2000 on several of these human development issues. The country’s economy, on a per capita basis, has grown by 10% and there have been increases in indicators such as average numbers of schooling, life expectancy and the country’s overall human development index (HDI). Belize has a national gender policy (NGP), updated in 2013, which promotes gender empowerment and mainstreaming across all issues including HIV and sexual and reproductive (SRH) health.

However, Belize lags behind most other Caribbean and Latin American countries in measures of overall human development and equality of income, education and life expectancy. Belize had an inequality-adjusted HDI score of .55 in 2017, which was only 93% of the average for all Latin American and Caribbean countries and 86% of the average for high-income countries.

Belize has a robust public dialogue underway about human rights, played out in broadcast and print media as people discuss laws and societal obligations related to work, education, housing, health care, gender roles and gender equality, drug use, immigration, and legal justice. This public discussion may be gradually changing public awareness and attitudes, including tolerance and non-discrimination related to key populations.

But key populations in Belize continue to report extensive social and economic exclusion, including rejections by family and local communities and barriers to employment and education. Expressions of stigmatizing and discriminatory attitudes related to sexual orientation, gender non-conformity, or history of sex work, drug use or incarceration are well documented in broadcast and print media in Belize. Recent research among gay men and transgender women, both key populations at risk for HIV, showed that more than one in five people had family members who would not speak with them and friends who had rejected them because of their sexual orientation or gender identity.

Key populations also report high rates of interpersonal violence, gender-based violence and sexual violence. In reporting of human rights violations to the CVC Shared Incident Database, over 40% of 180 reported incidents involved physical violence. Recent research among gay men and transgender women in Belize show that about half report past physical violence from a partner and experience of verbal abuse due to sexual orientation or gender identity. These statistics align with the rates of verbal abuse and violence experienced by key populations elsewhere in the Caribbean.

Belize also continues to have several laws and policies in place that impede efforts to prevent and treat HIV among key populations and violate international human rights agreements and standards.
Belize made international headlines in 2016 when its High Court held that the country’s criminal code could not constitutionally criminalize consenting same-sex intimacy in private between adults. However, Belize has laws that criminalize people for engaging in sex work or for possessing even small amounts of drugs, and laws that prevent provision of health services to adolescents younger than 18 years of age without parental consent. The Belize criminal code also lists reckless or willful transmission of HIV or AIDS as a criminal offence, a criminalization of behavior that has been shown to have no effect on actually preventing behaviors that might transmit HIV but that places people under threat of criminal prosecution for sexual behavior.

In terms of recourse for human rights violations, legal aid services in Belize are underfunded and overwhelmed by demand. This means that persons living with HIV and other key populations may be unable to access legal assistance to address discrimination or violence, obtain assistance regarding health care, employment, and housing access, or meet basic legal needs such as the drafting of a will.

Further, advocates for people’s health and human rights face a context of slow or limited accountability, in which strong laws and policies are simply not enforced by employers, educators, health providers, police or government agencies. Belize scores poorly compared many other Latin American and Caribbean countries in general indices of government accountability, including international measures of rule of law, perceptions of corruption, and enforceability of contracts.

**CURRENT HIV-RELATED ADVOCACY IN BELIZE**

More than 10 non-governmental organizations are involved in advocacy related to HIV. These include three organizations of people living with HIV (CNET+, REDCA+ and Y+) and several others advocating for the health and rights of key populations living with and at risk for HIV and AIDS, including Empower Yourself Belize Movement (EYBM), Our Circle, PETAL, POWA, Trans in Action, and the United Belize Advocacy Movement (UNIBAM).

These organizations generally work with each other and within broader coalitions in Belize advocating for gender equality, sexual and reproductive health and rights, legal justice, and government accountability. Broad categories of advocacy currently happening in Belize include:

- Support for the National AIDS Commission and other government agencies in collaborative program design and planning, decision making, service implementation and monitoring and evaluation.
- Education and mobilization of key populations and allied constituencies to be visible and vocal about their needs for health and rights.
- Advocacy meetings with health facilities, schools, employers, law enforcement, prosecutors and police to build awareness about key laws and policies related to HIV and human rights.
- Advocacy to document and intervene in cases where people experience barriers to care or other human rights violations. For example, EYBAM, PETAL and UNIBAM have been working with CVC in the development of a human rights observatory and shared incident reporting database.
to help people document and seek redress for human rights violations. A total of 180 cases have been recorded and responded to through this database as of April 2019.

However, these HIV advocacy organizations in Belize have limited capacity. Many of them have limited human resources, with either no full-time staff or only one or two people paid for the work. Most are based in Belize City without a strong organizing or advocacy presence in all six districts of Belize. Organizational budgets are typically less than US$ 25,000 per year and consist of small short-term project funding. This tends to mean that organizational leaders are focused on day-to-day services along with official meetings and calls, and a struggle to keep each of their organizations afloat. It also means that advocates are forced into competition with each other, and also do not have the dedicated time for intensive policy work, coalition building, cultivation of media, or sustained expert engagement in high-level government policy and program discussions or legislative negotiations, votes or decisions.

There is a need and opportunity to invest in advocacy at a greater scale. Advocacy is, at its essence, about communications and influence, aimed at not only creating and defining obligations but also holding those in power to be accountable to those obligations. Advocates have a crucial role in society by creating and leveraging accountability between stakeholders, such as accountability between branches of government or between government and civil society.

The following is an advocacy plan that can support advocates to conduct focused policy work, develop collective advocacy strategies, organize coalitions, and work to hold institutions and leaders accountable to national goals for ending the HIV epidemic and promoting health and rights for all.
**ADVOCACY IMPLEMENTATION PLAN**

**PURPOSE OF PLAN**

This advocacy plan articulates an initial set of priority advocacy objectives and activities, defined by advocates in Belize, to help end to the HIV epidemic in Belize and advance health and rights for all.

**STRATEGIC OBJECTIVES**

This plan defines three strategic objectives:

1. **Advocate for the enactment and enforcement of laws, policies and other protocols** to increase uptake of HIV-related services and reduce stigma and discrimination, with a focus on:
   - Advocating for enforcement of competency and quality standards in health services;
   - Advocating for accessible sexual health services for key populations in all regions of Belize;
   - Advocating for Universal Health Coverage (UHC) in Belize to include improved funding for health services, improved procurement and supply management (PSM) of HIV-related medicine and supplies, and increased evening hours for health services to increase access for key populations.
2. **Strengthen advocacy capacity** of implementing partners to plan, coordinate and implement advocacy activities.
3. **Monitor and evaluate implementation** of activities under this plan to inform further advocacy work in Belize.

The intended outcomes of this advocacy plan are:

1. **Advocates for PLHIV and other key populations** will be supported to monitor health facilities and document instances of incompetent or poor-quality care, and meet regularly with the National AIDS Commission and other Ministry of Health officials to review service quality and accessibility and assess needs for improved trainings and enforcement of competency and quality standards;
2. **Advocates for sexual and reproductive health and rights (SRHR)** will be supported to champion policies and funding for accessible SRHR services for key populations;
3. **Advocates for Universal Health Coverage (UHC)** will be supported to review and advocate for needs related to HIV, including funding specific to services for key populations, needs for procurement and supply management (PSM) of specific HIV supplies (including self-administered HIV test kits, HIV PrEP and PEP, and treatments specific to HIV+ children), and needs to ensure non-discriminatory care.
4. **All advocates** will be supported for regular national meetings and trainings to improve advocacy coordination and capacity related to HIV, SRHR, UHC and achievement of broader Sustainable Development Goals;
5. **All advocates** will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Belize.
## Advocacy Implementation Matrix

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Activity</th>
<th>Output</th>
<th>Responsible Agency</th>
<th>Partners</th>
<th>Timeline</th>
</tr>
</thead>
</table>
| 1. Advocate for the enactment and enforcement of laws, policies and other protocols to reduce stigma and discrimination and increase uptake of HIV-related services | 1.1 Advocate for enforcement of competency and quality standards in health services to achieve 95-95-95 HIV fast track targets for key populations | 1.1.1 Document key population patient perspectives on quality and accessibility of care  
1.1.2 Meet with Ministry of Health and health providers to review patient experience of quality and accessibility of care and related competency and quality standards for health providers.  
1.1.3 Conduct training for health providers about competency standards and quality standards in health care services  
1.1.4 Engage PLHIV and key populations in monitoring health facilities to document competency and quality of services.  
1.1.5 Meet regularly with Ministry of Health to provide updates about quality and accessibility and assess needs for improved trainings and enforcement of competency and quality standards. | NAC Belize | CNET+, EYBM, Our Circle, PETAL, POWA, REDCA+, Trans in Action, Y+, UNIBAM | July-December 2019 |
|                      | 1.2 Advocate for policies and funding to ensure accessible sexual and reproductive health and rights (SRHR) services for key populations in all regions of Belize | 1.1.6 Assess SRHR barriers in law and practice for key populations, including for gay men, transgender people, and adolescents.  
1.1.7 Draft a cabinet note on the need for legislative reforms to advance anti-discrimination and streamline health services  
1.1.8 Support an SRHR advocacy coalition to champion policies and funding for accessible SRHR services for key populations  
1.1.9 Engage parliamentarians for visible support. | NAC Belize | CNET+, EYBM, Our Circle, PETAL, POWA, REDCA+, Trans in Action, Y+, UNIBAM | July-December 2019 |
<p>|                      | 1.3 Advocate for the enactment and enforcement of legislation and | 1.1.10 Assess and document HIV-related needs for UHC, including needs for funding specific to services for key populations, needs for procurement | NAC Belize | Health provider associations, HIV | July-December 2019 |</p>
<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVE</th>
<th>ACTIVITY</th>
<th>OUTPUT</th>
<th>RESPONSIBLE AGENCY</th>
<th>PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Strengthen the capacities of implementing partners to plan, coordinate and implement advocacy initiatives</td>
<td>policies to achieve Universal Health Coverage (UHC) in all regions of Belize, including through improved funding for health services, improved procurement and supply management (PSM) of HIV-related medicine and supplies, and increased evening hours for health services to increase access for key populations.</td>
<td>and supply management (PSM) of specific HIV supplies (including self-administered HIV test kits, HIV PrEP and PEP, and treatments specific to HIV+ children), and needs to ensure non-discriminatory care.</td>
<td>NAC Belize</td>
<td>All advocacy partners</td>
<td>July-December 2019</td>
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<td></td>
<td>2.1 Support capacity of advocates to implement Advocacy Plan activities</td>
<td>2.1.1 Organize regular advocate coalition meetings to reinforce advocate collaboration and knowledge</td>
<td>NAC Belize</td>
<td>All advocacy partners</td>
<td>July-December 2019</td>
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<tr>
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<td>2.1.2 Organize trainings of advocates about media, to increase capacity to convey clear unified messages</td>
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<td></td>
<td></td>
<td>2.1.3 Organize trainings of advocates about technical policy analyses that generate evidence, describe evidence-based arguments, and articulate proposals for change.</td>
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<tr>
<td>3. Monitor and evaluate implementation of the Advocacy Plan to inform further advocacy work in Belize</td>
<td>3.1 Document implementation of Advocacy Plan activities</td>
<td>3.1.1 Convene all advocacy partners to collectively report and reflect on implementation of Advocacy Plan activities</td>
<td>NAC Belize</td>
<td>All advocacy partners</td>
<td>July-December 2019</td>
</tr>
</tbody>
</table>
MANAGEMENT OF THE PLAN

Effective implementation means that the plan has to be properly managed. Therefore, the coordination of partners and implementation activities must be synergized and cohesive being led by one managing partner.

This managing partner/secretariat will be Belize Civil Society HUB

IMPLEMENTING PARTNERS AND ALLIES

Below is an initial list of partners and allies who will be involved in implementing this advocacy plan.

<table>
<thead>
<tr>
<th>Partners/Ally</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAC Belize</td>
<td>Government</td>
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<tr>
<td>CNET+</td>
<td>NGO</td>
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<tr>
<td>EYBA</td>
<td>NGO</td>
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<tr>
<td>Our Circle</td>
<td>NGO</td>
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<td>PETAL</td>
<td>NGO</td>
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<td>POWA</td>
<td>NGO</td>
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<tr>
<td>REDCA+</td>
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<td>Trans in Action</td>
<td>NGO</td>
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ENDNOTES

1 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.
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