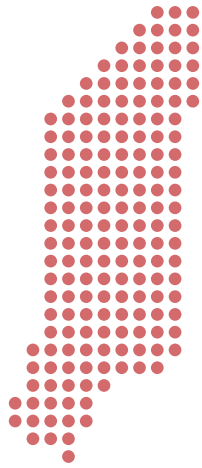


# **NOBODY CAN DISAPPEAR FROM THE FIGHT AGAINST AIDS**



**BELIZE**



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NOBODY is a campaign that unites civil society organisations and experts in Latin America, the Caribbean and the rest of the world to stop the abandonment of the populations that are most vulnerable to HIV/AIDS by their governments and the international funding. The campaign proposes creating a current of global solidarity among countries and social groups to get governments, donor countries and international organisations to fulfil their roles in the fight against AIDS. Because NOBODY can disappear.



THE NOBODY CAMPAIGN IS AN INITIATIVE OF SALUD POR DERECHO,  
WHICH IN BELIZE IS DEVELOPED IN COLLABORATION WITH



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# NOBODY CAN DISAPPEAR

Contrary to what people may think, over half of the people with HIV do not live in the poorest countries, but in countries whose economies have grown considerably in recent years. This growth has led to the withdrawal of international funds to fight AIDS in many of these nations. Belize is a good example of this.

In 2013 the World Bank changed the income classification of Belize to upper middle-income. For this reason, and based on the eligibility criteria of various donor countries and agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and PEPFAR, the country is no longer receiving a large amount of international aid that—in the case of HIV/AIDS—was especially intended for the most vulnerable populations: men who have sex with other men, the transgender population, sex workers, the incarcerated population and youth.

All this happens in parallel with lagging domestic investment in prevention, which is still far from satisfactory, and there are also huge gaps in access to treatment and adherence. In addition, there are still discriminatory human rights laws and policies, which

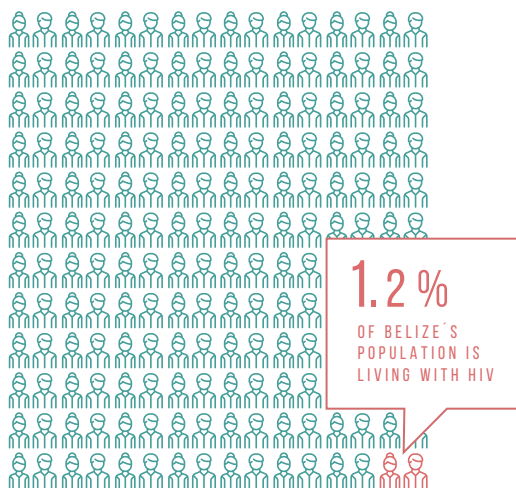
pose barriers to access HIV prevention and treatment for many people in these key populations. In recent years, primarily owing to the work of civil society organizations, there have been several advances in legislation, policies and regulations to promote human rights, but there is still no legal framework to make them effective and to provide the necessary protection for vulnerable groups.

The Belize government has not properly defended the rights of these populations, which is key to the response to HIV. With the new economic situation, the survival of the majority of these civil society organizations is at risk since they receive very few economic resources from the state and are dependent on international funds to be able to provide services and attend to populations neglected by the government.

If human rights are not respected, if the government disappears, if international aid disappears, if civil society disappears... we cannot end AIDS. The end of this pandemic is everyone's responsibility. That's why NOBODY can disappear.

## SOME FIGURES ABOUT THE HIV EPIDEMIC IN BELIZE

Source: UNAIDS



**356,944**  
BELIZE'S  
TOTAL POPULATION  
IN 2018

**4,300**  
PEOPLE LIVING  
WITH HIV IN  
BELIZE

**36 %**  
OF PEOPLE LIVING  
WITH HIV HAVE ACCESS  
TO TREATMENT

## GENERAL SITUATION

In 2016, Belize had the highest HIV prevalence rate among adults in all Latin America (1.8%)<sup>(1)</sup> and the 4th highest in the Caribbean, the second most affected region in the world after Sub-Saharan Africa.<sup>(2)</sup> According to UNAIDS, there are 4,300 persons living with HIV in a country with a population of 356,944 inhabitants.

In 2016, only 36% of people with HIV in Belize were in antiretroviral therapy (ART).<sup>(3)</sup> Unemployment, travel distance, rural location, distribution inefficiencies and the lack of proper nutritional care all endanger adherence and accessibility to medications. Indeed, adherence to treatment is a fundamental problem, as only 52% of patients continue after the first 12 months of ART.<sup>(3)</sup> In addition, almost half of the patients are diagnosed too late, when HIV infection is in advanced stages, and HIV/TB coinfection has doubled from a prevalence rate of 10.4% in 2001 to 20.7% in 2013.<sup>(4)</sup>

The Ministry of Health Belize carried out a Modes of Transmission Study in 2014<sup>(5)</sup>, whose findings show that populations with the highest prevalence are men who have sex with other men (MSM) and transgender women, with a 13.9% rate. Female sex workers (FSW) have an estimated HIV-prevalence rate of 0.9%. Pregnant women<sup>(4)</sup> and youth from 15 to 24 years old,<sup>(6)</sup> around 0.6%.

## HIV PREVALENCE OUT OF KEY POPULATIONS (PROPORTION OF INDIVIDUALS WITH HIV WITHIN A GROUP)

### BELIZE

Source:  
UNAIDS



## KEY POPULATION'S CONTEXT

Men who have sex with other men, including transgender females, and youth populations are at a higher risk of HIV, due to multiple sociopolitical vulnerabilities and obstacles such as stigma, poverty, violence, discrimination from health professionals and the general population, human rights violations and the lack of legal and legislative protection.

Although Section 3 of the Constitution extends protection for sexual discrimination based on human dignity and equal treatment, current pertinent legislation does not extend this legal protection in any tangible way. Further, data collected on violence and discrimination in crime are discouraging and complicate self-reporting and the prosecution of hate-crimes, which have no definition in law.

Men who have sex with other men and transgender female account for almost 14% prevalence, and close to two-thirds of the expected annual number of HIV cases will be among MSM. In 2012, the Behavioral Surveillance Survey reported that 40% of MSM have suffered discrimination in their lifetime, with verbal (93.0%) and physical (20.3%) abuse being the most common forms.<sup>(4)</sup> In another study conducted in 2013, only 28% of respondents said they

would share their home with a homosexual person, and only 16% agreed that transgender people have the right to legally identify as being of the other sex.<sup>(8)</sup> These widespread societal beliefs create barriers to self-identification of sexual preference and access to health services<sup>(6)</sup>.

Same-sex sexual activity was illegal in Belize until 2016, when the Supreme Court declared Belize's sodomy law (Criminal Code, Section 53) unconstitutional, six years after the United Belize Advocacy Movement (UNIBAM) filed the case and three years after the hearing. The legal challenge is now before the Court of Appeals, where the state filed a partial appeal on the grounds of sex and freedom of expression and the Catholic Church is asking for a total appeal, a process that suggests that the state favors the status quo<sup>(9)</sup>.

In the assessment of the MSM community, the presence of these laws supports and enhances criminalization by excluding socio-economic and civil rights concerns: pension and social security benefits, freedom of movement, right to shelter, or making life-or-death health decisions in cases where a person is HIV positive or terminally ill.



# THE NATIONAL AIDS COMMISSION CONCLUDED THAT THERE IS A NEED TO ADVANCE IN ANTI-DISCRIMINATION LEGISLATION THAT INCLUDES LEGAL RECOGNITION OF TRANSGENDER STATUS AND TO UPDATE CURRENT LEGISLATION

Although the sodomy law has been repealed, there is continued documentation of human rights violations among these populations. The reporting and follow-up practices to identify the violation of rights are weak and often nonexistent. This implies that people's human rights are not protected and that the evidence to advocate for protection of rights and their enforcement is lost. It is important that evidence can be channeled to bodies that can handle and act on reports of violations,<sup>(10)</sup> thus enabling such practices will contribute to the overall growth of a human rights culture in Belize.

Prevalence among sex workers is far lower (0.9%), but still worrying. There has been a reduction in the use of condoms among female sex workers (from 88.3% in 2010 to 56.4% in 2013 according to PASMO's TRaC studies), increasing their risk, as well as their clients.<sup>(6)</sup> This group is also victim to violence and discrimination: 40% of sex workers reported experiencing forced sex at some point in their lives, while 10% experienced violence within the year prior to the study. The prevalence of HIV, STIs, hepatitis B and C, and TB among the incarcerated population could be two to ten times higher than in the general population, according to a 2007 World Health Organization Report. A study in 2005 reported an HIV prevalence rate of 4.9% at the Belize Central Prison<sup>(6)</sup>.

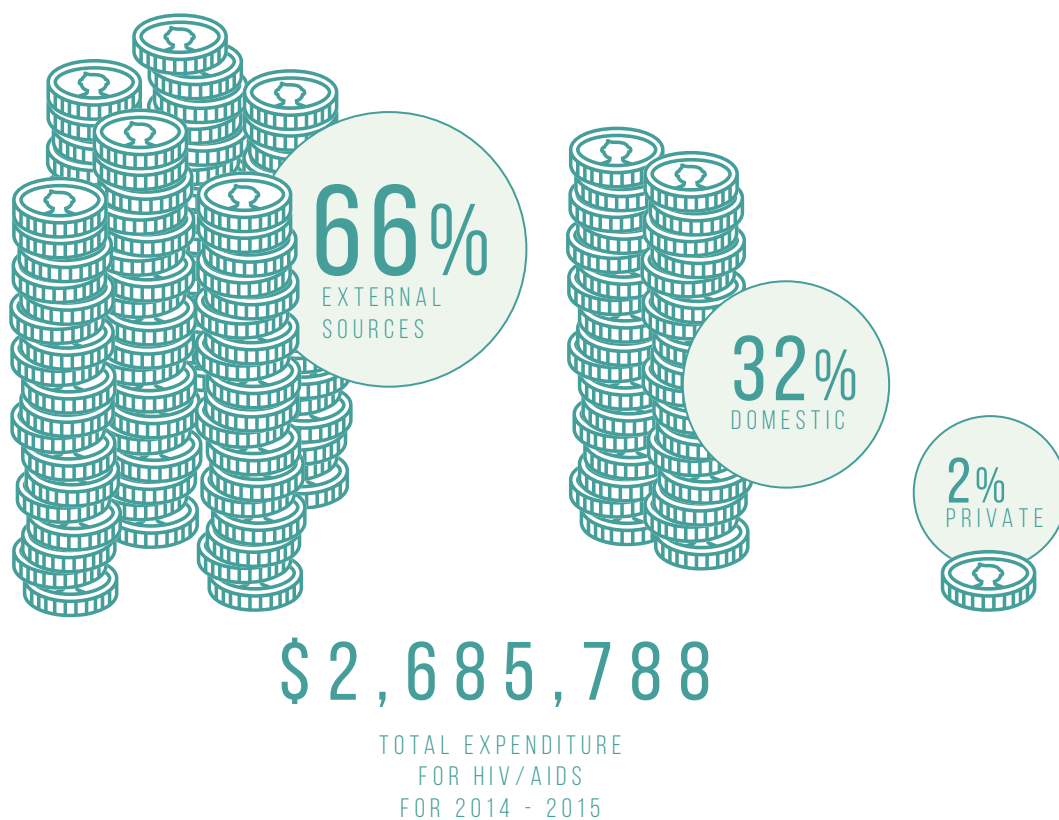
Stigma is recognized as one of the main obstacles to addressing prevention and effectively responding to the epidemic.<sup>(7)</sup> It limits universal access to prevention, treatment, comprehensive care and support for people

living with HIV and the core population. Discrimination also prevents these people from having real access to decent employment, social security, integrated services and—sometimes—even to education. This obviously contributes to the reduction of quality of life and the opportunity to improve socioeconomic conditions.

The National Aids Commission (NAC) started its last legal review in 2017 and concluded that there is a need to advance in anti-discrimination legislation that includes legal recognition of transgender status and to update current legislation that affects the delivery of health services that work with these key populations.

Justice and socio-economic protection for key populations is also needed, as along with a clear prevention strategy with a human rights component in the response to HIV, and a clear communication strategy that targets homophobia, discrimination and violence as experienced by sex workers and the LGBT population. A national health, training, human rights and research framework centered on these key populations must be implemented. This can only be achieved through the advocacy and prevention work of civil society organizations with these key populations. This work has mostly been supported by the international funds that are now being withdrawn. Therefore, civil society organizations will need national support and national operating funds to work for a comprehensive and effective response to HIV that addresses socio-economic needs and their drivers.

SHARE OF EXPENDITURE  
FOR HIV/AIDS  
BELIZE



## THE COUNTRY'S RESPONSE

The Belize Health System is based on a policy of universal access to primary health care and the government remains the main provider of health services, mostly free of charge. The country has worrying trends related to equity in access to care and health spending: it invests around 5.8%,<sup>(12)</sup> less than the PAHO/WHO-recommended 6-7% of GDP. For the 2013-2014 fiscal year, the total expenditure for HIV/AIDS was US \$2,685,788, a year-on-year decrease of 5.3%.<sup>(2)</sup> Furthermore, financing of the national HIV response is still highly dependent on external sources (66%) versus domestic (32%) and private (2%).<sup>(11)</sup>

The government has provided free antiretroviral medications to all people who test positive for HIV since 2003 and treatment guidelines have recently been updated to provide information about the initiation of ART, patient monitoring, treatment for

opportunistic infections (including TB and hepatitis co-infection) and other HIV co-morbidities. The program also continues to expand its therapeutic options, acquiring newer fixed dose combinations to enhance adherence to treatment, although the best treatment options are still not available in the country.<sup>(2)</sup> The low treatment coverage of HIV patients and non-adherence to medication are major gaps in the HIV response. The 2013 NCPI also identified the lack of proper nutritional care, comprehensive laboratory services, viral loads and professional counsellors, as well as the need for hospice and palliative care centers for people living with HIV, along with other challenges in the country.

Progress in prevention, testing and treatment has been continuous in recent years,<sup>(2)</sup> thanks to work with civil society organizations through the National Aids Council, which

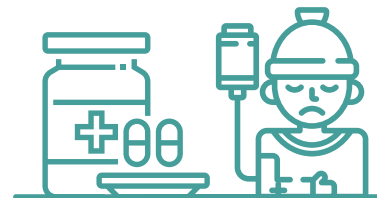
THERE IS STILL NO HIV LEGISLATIVE FRAMEWORK OR RELATED LAWS TO OVERTURN CURRENT BARRIERS TO ACCESS HIV PREVENTION AND TREATMENT



THERE IS A LACK OF INNOVATION AND MONOTONOUS STRATEGIES; NOT ENOUGH DATA COLLECTION—WHICH WOULD HELP TO PLAN TARGETED PROGRAMS FOR KEY POPULATION



THE COUNTRY HAS NOT YET ENGAGED IN A NATIONAL DIALOGUE AND PLANNING PROCESS TO DEVELOP A SUSTAINABILITY PLAN



THE LOW TREATMENT COVERAGE OF HIV PATIENTS AND NON-ADHERENCE TO MEDICATION ARE MAJOR GAPS IN THE HIV RESPONSE

identified challenges and opportunities through the process of developing the new 2016-2020 Strategic Plan.<sup>(6)</sup> In 2015, for example, the government launched a massive testing campaign with satisfactory advances.<sup>(2)</sup> Civil society organizations, however, denounce that there are still big challenges to address urgently, mainly in prevention: almost 90% of investment in 2013-2014 was financed from abroad;<sup>(6)</sup> there is a lack of innovation and monotonous strategies; not enough data collection—which would help to plan targeted programs for key populations<sup>(16)</sup> —; and shortages of human and financial resources. Furthermore, other barriers must be overcome, such as sex education in the classroom, which is affected by threats from religious groups<sup>(2)</sup> and increased prevention initiatives in rural areas and among indigenous groups.<sup>(14)</sup>

Despite legal reviews on discrimination and sexual behaviors representing one way forward, there is still no HIV legislative framework or related laws to overturn current barriers to access HIV prevention and treatment for members of key populations. Policies need to be enforced: policies without laws are ineffective.

Finally, despite the launch of the 2016-2020 Strategic Plan and the upcoming withdrawal of international donors such as The Global Fund, the country has not yet engaged in a national dialogue and planning process to develop a sustainability plan and to discuss the needs for transitioning from external funding to a domestic commitment of resources.<sup>(2)</sup>



POLITICAL SUPPORT NEEDS TO BE VISIBLE AND TRANSLATE INTO NATIONAL BUDGET ALLOCATIONS TO CIVIL SOCIETY ORGANIZATIONS. FINANCIAL SUPPORT SHOULD ALSO COVER THE SALARIES OF PEOPLE WORKING WITH VULNERABLE POPULATIONS AND COMMUNITIES, SINCE TRADITIONALLY MOST OF THE WORK HAS BEEN DONE BY VOLUNTEERS.

## CIVIL SOCIETY'S ROLE AND THE GOVERNMENT'S STATEMENT

Civil society organizations in Belize have been fundamental in responding to AIDS in the country: they are the ones developing—financed almost entirely with money from international aid—the implementation of prevention programs, peer education and stigma and discrimination initiatives with key populations, such as men who have sex with men, sex workers, youth, women (including transgender females) and people living with HIV.

There is a low level of political support of the civil society organizations working with vulnerable populations, especially MSM and sex workers. Despite the fact that civil society representation on the National Aids Council has remained constant over the years,<sup>(2)</sup> and that the 2012-2016 Strategic Plan and its Operational Plan emphasize conducting broader consultations at different levels involving community-based HIV committees and the participation of the most at-risk and vulnerable populations, their recommendations and demands have not always been included in the plans drafted by the government.

In addition, political support needs to be visible and translate into national budget allocations to civil society organizations.

This financial support should also cover the salaries of people working with vulnerable populations and communities, since traditionally most of the work has been done by volunteers. However, it is worrying that while government investments and commitments have been tentatively earmarked to cover the cost of health products (mainly drugs) for testing and treatment, the National Aids Council expects new domestic HIV policies and public investments aimed at improving the national HIV response to focus more on these parameters and less on HIV prevention.<sup>(8)</sup>

Prevention programs, peer education and stigma and discrimination initiatives are not the only lines of work of civil society organizations. They also carry out important advocacy work to defeat legal barriers and discriminative laws among key populations. Thanks to hard work and effort from social organizations, the Sodomy Law was repealed, and during the last three years discussions on LGBT rights in Belize have become a major national debate. Thus, the Gender Policy, the Youth Policy and the Amended Sexual Offences to the Criminal Code (which neutralize gender of rape victims and other issues that were significant barriers to effectively combating HIV) were reviewed and represent recent accomplishments.



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## WHAT'S AT RISK?

The national response to HIV and TB is increasingly competing with the rise in non-communicable diseases for the allocation of domestic public resources, while principal donors (more than 65% of international funding for HIV and the main source of NGO financing) are leaving the country due to Belize's income classification change to upper middle-income.

UNAIDS has closed its office in Belize.<sup>(16)</sup> The U.S. government, with its PEPFAR initiative, was the single largest direct bilateral financing source, representing 41% of total external funds, essentially for prevention. Its recent departure has resulted in the closure—among others—of USAID/PASCA (Program for Strengthening the Central American Response to HIV/AIDS), the Capacity Project and PSI-PASMO (Population Services International-Pan American Social Marketing Organization), operational in Belize since 1998 and working with key

populations such as MSM, transgender people and sex workers. The Belize Family Life Association, which was working as part of the Combination Prevention Project, has also been affected.<sup>(2)</sup>

The Global Fund to Fight AIDS, Tuberculosis and Malaria, contributing 31% of external resources, will finish its current project in Belize in 2019. After that, it will only support the country for a transition plan and will leave the country after that.<sup>(18)</sup> Through different NGOs, the Global Fund has been active in Belize since 2004, investing more than \$10 million<sup>(2)</sup> for HIV and TB programs, supporting most at-risk populations with essential prevention and outreach services; the development of a stronger health care workforce; strategies to improve adherence that include nutritional support and specialized counselors; and assistance with fighting stigma and discrimination.<sup>(8)</sup>

# THE WITHDRAWAL OF INTERNATIONAL FUNDING PUTS AT RISK:



THE SCALE-UP THE HIV RESPONSE



THE SURVIVAL OF CIVIL SOCIETY ORGANIZATIONS WHICH PLAY AN ESSENTIAL ROLE IN ADDRESSING THE HIV PANDEMIC FROM A HOLISTIC VISION.



THE INNOVATIVE STRATEGIES FOR TESTING AND TREATMENT FOR REACHING KEY POPULATIONS



THE HUMAN RIGHTS OBSERVATORY, COORDINATED BY UNITED BELIZE ADVOCACY MOVEMENT



THE PROVISION OF TECHNICAL SUPPORT FOR HEALTH PROFESSIONALS AND CIVIL SOCIETY MEMBERS IN AREAS SUCH AS ADVOCACY, STIGMA AND DISCRIMINATION, EMPOWERMENT AND BEHAVIOR CHANGE COMMUNICATION.

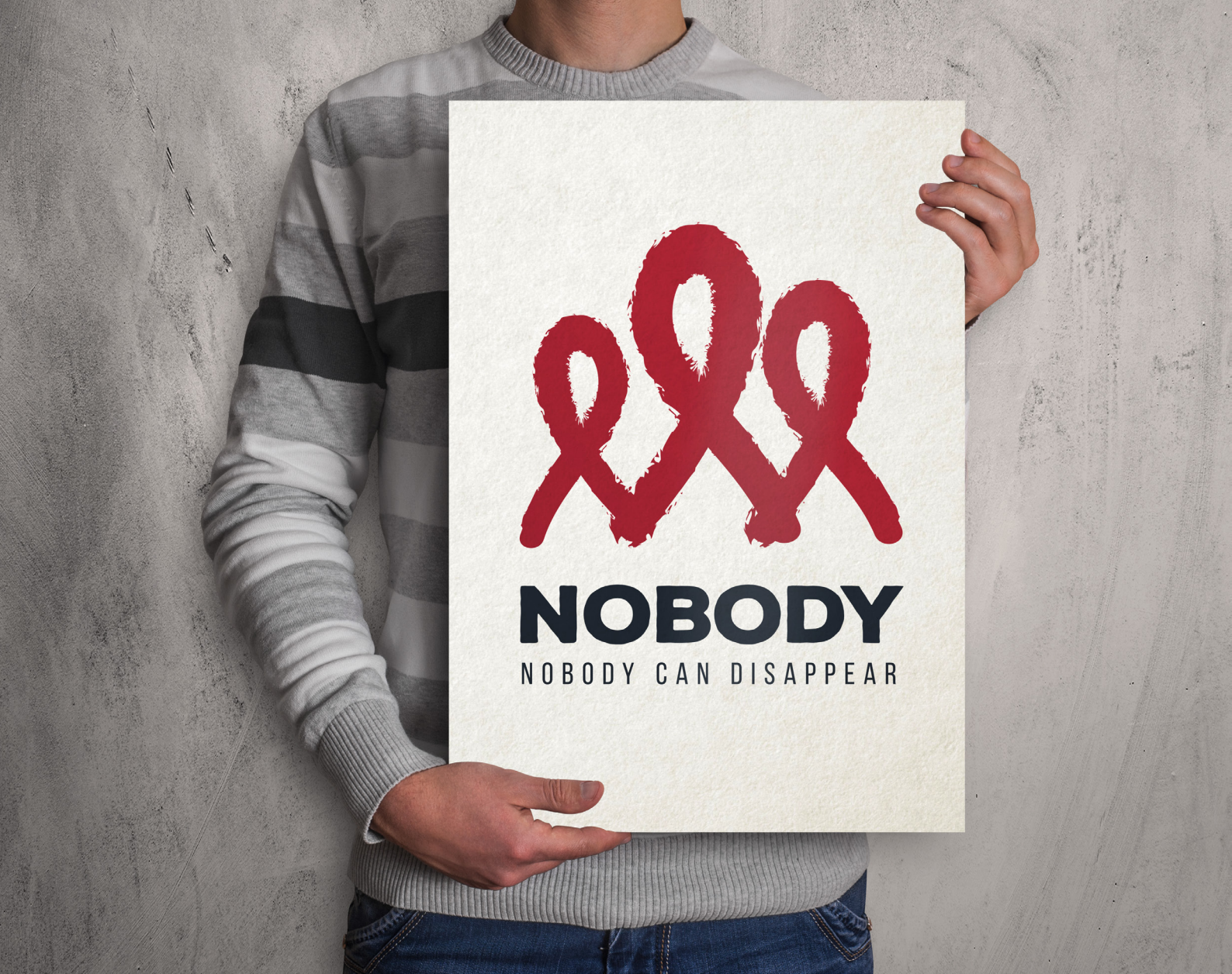
With the Global Fund’s withdrawal, innovative strategies used recently for testing and treatment for reaching key populations could disappear. The same situation applies to the provision of technical support for health professionals and civil society members, which includes training and capacity-building opportunities in several areas such as advocacy, stigma and discrimination, empowerment and behavior change communication. Human rights interventions are also in danger: there is a Human Rights Observatory, coordinated by United Belize Advocacy Movement,<sup>(19)</sup> which now has a lawyer paid by the Global Fund. When the Global Fund leaves, this key service could disappear.

Taking into consideration the ongoing withdrawal of international funding donors and current sociopolitical barriers in Belize, the risks of a step back in the fight against AIDS is very high, especially for key populations. The survival of civil society

organizations, which play an essential role in addressing the HIV pandemic from a holistic vision, is in danger, which may constitute one of the biggest risk factors to achieve the 90-90-90 targets and the end of HIV/AIDS pandemic in a society that respects human rights.

It is not likely that new international donors will start to support the country. Regrettably, the 2016-2020 National Strategy Plan does not include a provision to scale-up the HIV response although it does recognize the need for the Belizean state and social partners to develop financing mechanisms that enhance the sustainability of the HIV and TB response in the longer term. However, there is no formal commitment from the government about features of HIV response will continue when international aid disappears, or whether there will be an increase in the national budget to compensate for international funding withdrawal from Belize.





## **THE DEMANDS OF BELIZE'S CIVIL SOCIETY**

Ending the HIV/AIDS pandemic is a shared responsibility of all actors and countries. All of them have to fulfill their role: the government of Belize must comply with the right of all its citizens to health and human rights and do everything possible to provide an effective response to the epidemic. For their part, international donors can not abandon the people who now depend on their support based solely on macroeconomic criteria.



# BELIZEAN CIVIL SOCIETY AND THE NOBODY CAMPAIGN ASK THE GOVERNMENT OF BELIZE



## THE PROTECTION OF EVERYONE'S HUMAN RIGHTS

**Legislation that protects all citizens' human rights without excluding any population and that guarantees all people access to health and medicines**

- 1** To amend HIV-related legislation to remove legal barriers to the provision of health services by providers and that prohibit community organizations from working with the most at-risk and vulnerable populations.
- 2** To develop an anti-stigma code of conduct related to the fair treatment of members of key vulnerable populations and a related institutional campaign.
- 3** To advance considerations for exceptions to the current legal standard for minimum age of consent for medical access for HIV.
- 4** To set up and manage systems for monitoring and reporting cases of rights violations (discrimination, gender-based violence, violations of medical confidentiality and denial of health-care services) and discrimination for referral to the Ombudsman and relevant UN bodies to ensure prosecution.
- 5** Legal recognition of transgender status
- 6** Strengthen redress mechanisms and improve human rights strategy.



## POLITICAL AND ECONOMIC SUPPORT FOR SOCIAL ORGANIZATIONS

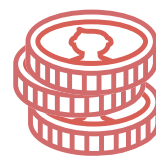
**Specific political and economic support for civil society organizations so that they can continue to carry out their work and provide prevention and care services to the most vulnerable populations, where the government does not reach.**

- 7** To allocate, within the national budget, funding to all civil society organizations that work in response to HIV to guarantee that they continue their advocacy work and prevention and treatment services with the most vulnerable sections of the population.
- 8** To develop a national health program, training and research strategy on key populations.
- 9** There is participation in consultative structures, thus its recommendations must be reflected in government actions.

## A POLICY FOR FIGHTING AIDS THAT DOES NOT LEAVE ANYONE OUT

**Specific interventions for the most vulnerable populations and assurance that no one is left out in the fight against AIDS.**

- 10** To develop legislation that includes transgender people and sex workers in the national HIV response, who have access to all aspects of the response: testing, prevention, counselling and treatment
- 11** To develop a national health program, training and research strategy on key populations.
- 12** To implement a national human rights plan for key populations.

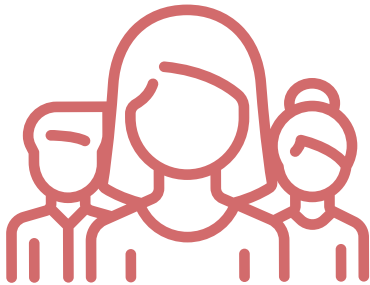


## LARGER BUDGET

- 13** Increase in the National AIDS Spending Accounts (NASA) and AIDS-related spending with the populations most affected by and most vulnerable to HIV (MSM, sex workers, transgender, ethnic women and youth)
- 14** Increase the health budget to ensure the services funded by international donors thus far.



# THE BELIZIAN CIVIL SOCIETY AND THE NOBODY CAMPAIGN REQUEST THE DONOR COUNTRIES AND ORGANISATIONS LIKE THE GLOBAL FUND AGAINST AIDS, TUBERCULOSIS AND MALARIA



### THAT THEY SUPPORT CIVIL SOCIETY AS THE DRIVER OF CHANGE

The creation by the World Fund of a line of specific funding to cover the advocacy work by civil society in the countries it is no longer supporting economically. This is the only way to ensure governments make long-term commitments to AIDS and their citizens' health.



### THAT NOBODY DISAPPEAR

A change in the resource allocation policies that are abandoning the most vulnerable populations of middle-income countries and putting the power of ending the AIDS pandemic in the future and everything that has been achieved to date at risk.



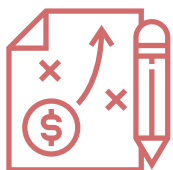
### FOR COHERENT ASSISTANCE

An Official Development Assistance policy that is updated for the new realities and in line with the Sustainable Development Goals: that does not focus on the obsolete concept of "reducing poverty" but rather social justice, inequity and international solidarity.



### FOR A SAFETY NET

The creation of a "Safety Net" to immediately palliate the consequences of the closing of services in countries where international aid has recently been withdrawn without any guarantee that the government will take up the fight against AIDS in full.



### FOR RESPONSIBLE EXITS

A protocol of action prior to an exit as a donor to a country which ensures the government will assume its responsibility and respect the human rights of the entire population, guaranteeing healthcare for all citizens and particularly the most vulnerable who are living with HIV. Prevention and treatment for all groups must be guaranteed without any exclusions.





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If you want to know more about the campaign  
and all the international organizations that support it, visit the website  
[nobodycandisappear.org](http://nobodycandisappear.org)

If you want to join the Nobody campaign from any part of the world  
[www.nobodycandisappear.org/#joinus](http://www.nobodycandisappear.org/#joinus)  
or writing to Nobody campaign coordinator.