National TB, HIV/AIDS & other STIs Programme

Annual Programmatic Report
1. Introduction/Objectives

Ministry of Health’s tuberculosis (TB) and HIV programmes have proactively continued to work as a joint planning programme currently as a joint concept note submitted in early 2015 for joint funding from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM).

However work executed by this joint programming has been impacted with expanded roles within the Epidemiology Unit, so that cross-cutting themes involved with communicable and non-communicable diseases have been undertaken with less human resources in the unit.

The HIV programme continues with its expanded approach to HIV testing, particularly among males given the increase positivity rates among the male population. Another key area that remains weak for the programme is the scaling up of treatment in light of low retention rates in HIV care and poor adherence to anti-retroviral treatment, in some areas of the country more than others. The programme nonetheless continues to strengthen activities, particularly in tandem with proven biomedical interventions as part of a broader prevention strategy and parallel to continued decentralization and integration of HIV services.

The National Tuberculosis Program sought to improve many of its strategies in the management of Tuberculosis cases in Belize, with the most significant challenges seen in the diagnostic capacity with sputum microscopy at the local level. For the most part of 2014, this was further compounded by the unavailability of material to perform PPD skin testing. Another key challenge is overall data collection being limited and inadequate, as well as the improper use of the Belize Health Information System in terms of tuberculosis. At national and regional levels, challenges identified were capacity building, adherence to established protocols and adequate laboratory support.

Both programmes continue towards the overall notion of decentralization and integration of services into and as part of the general healthcare delivery package available within the public health setting. There is vital need for an alliance between the NTP and National HIV program to be strengthened at all levels and more specifically for improvement of the TB/HIV collaborative activities which can be the most challenging in an environ of integration and decentralization. To prevent added work to the health care system, both programmes that were vertical systems will need to be carried out in a different environment so as to lessen the negative impact. Major accomplishments have been achieved for both programmes as evident in this report and in separate statistical reports for both programmes.

In the context of other competing health priorities, it is also important to ensure that the adequate responses are maintained for both programmes as they are streamlined into the broader health systems and ensuring that cross-sectional learning is achieved from the
National Programmes. As we evolve beyond the 2015 agenda, our responses are expected to expand with a vision to ensure adequate impact at all levels; having met MDG target for HIV, work remains for the TB target to be met and to ensure that both programmes remain as key priority areas in the post 2015/SDG agenda.
2. Activities and Achievements

The following major outputs were achieved by the programmes for the calendar year 2014:

- Year 2 of Phase II of the Global Fund Round 9 was completed for the programme with relative success as all targets in the indicators for which we were responsible were met, the overall current country rating is an A for project performance.
- Revision of the 2009 Prevention of Mother to Child Transmission (PMTCT) guidelines was completed with the aim of updating it, in order to ensure that it reflects current international recommendations. This revision has been completed and will be disseminated by early 2015 to all national stakeholders.
- Belize continues to actively participate in the Mesoamerican Project being spearheaded by Instituto Nacional de Enfermedades Respiratorias (INER) to document primary resistance for ARVs in Belize and the region. This has generated a first abstract / poster presentation which was sent to CROI Seattle and has been accepted for presentation in February of 2015.
  - Discussions are underway to look to develop a Drug Resistance Agenda and study with INER to document other forms of resistance to ARVs.
- Timely presentation and submission of the Global AIDS 2014 report was met; Belize was able for the first time to report more indicators than it had in the past, the report also included a National AIDS Spending Account (NASA) segment for 2012 data.
- Completed the Global TB report for Belize with the theme “Reach the three million. A TB test, treatment and cure for all.”
- Celebrated World Tuberculosis day with educational sessions being done via National television and talk shows with Mini Health Fairs across the country.
- Ongoing procurement of Second line anti TB drugs for the treatment of 3 persons diagnosed with MDR- TB with specified DOTS for the treatment of these cases.
- A complete training proposal for health care workers in health care settings on TB infection control.
- Revision of the TB diagnosis and Treatment manual with recommendations from PAHO office in Washington, which is being completed for printing and dissemination in 2015.
- Completion of Belize’s first ever Modes of Transmission study on HIV, this was done with support by PASCA and with technical support from UNAIDS.
- The operational plan of the Regional Coordinating Mechanism of Central America (MCR) was completed with a key addition to this organization’s umbrella – the oversight of the Mesoamerican Malaria Regional Global Fund Proposal.
- Further introduction of more fixed dose combination anti-retrovirals (ARVs) for the adult population.
- A national committee for the execution of a Regional Strategy for Dignity, Health and Positive Prevention (DHPP) through a joint SE-COMISCA and CDC-CAR was set up and a first draft of the strategy has been presented to the NAC.
- Viral load samples were sent to the laboratory in Chetumal for sampling as part of the GF Round 9 project and as an interim process whilst the Belizean viral load machine is set up.
• A ‘Diagnosis in Counseling’ document for the Central American region was produced and sent to the MCR/COMISCA for endorsement, this was completed in the first semester.
• Completed an evaluation of the HIV case based surveillance system for Belize in tandem with CDC and COMISCA
• Further scaled up ARV availability in the private setting to include a major private hospital in Belize and other entities within the public health sector
• Completed a draft situational analysis for Tuberculosis. This eventually served as the lead document for the development of the TB National Strategic Plan – template for the Concept Note Development of the Global Fund. A costing exercise for this TB plan was also completed.
• Completed a first draft proposal for conducting a mapping exercise to do size estimations for most at risk populations, funding is yet to be identified for the conduction of this exercise.
• Negotiations are in place now via the MCR to start the process of regional procurement of ARVs, an initial list of 15 medications have been submitted via the COMISCA sub-committee for procurement
• Belize has submitted its’ segment to Under the Spotlight 2014 report completed through GCTH and PAHO, Belize still continues to access ARVs as one of the lower prices in the region
• The MDG target for HIV has been met in 2014
• The regional HIV plan was presented at the COMISCA meeting held in Belize under the MCR banner
• Through an initiative led by the Programme, the viral load machine has finally been installed at Central Medical Laboratory by Roche and with the exception for some minor details being worked out, the machine is to start being used by early 2015
• Completion of a joint concept note for both TB-HIV for submission to the GFATM, this was done as part of a broader NAC response
**Workshops attended / facilitated by the Programme:**

- In tandem with the National AIDS Commission and Universidad de San Carlos from Guatemala, a first Diploma course on M&E was conducted from January to March.
- Conduction of a one day seminar with laboratory personnel that was centered on laboratory diagnosis of sexually transmitted infections and opportunistic infections in HIV + patients.
- A two day session was held with key personnel involved in the HIV care of patients to discuss “Adherence” and forms of improving the retention in care aspects of HIV + patients.
- A 4 member delegation attended a Global fund workshop as work towards the Concept Note was initiated from April.
- The first Ordinary Meeting of the MCR of Central America was held in the first trimester to look at its’ governance structure and also to evaluate the expanding role of the MCR as it would now be looking at malaria and perhaps TB under the GFATM oversight committee role.
- Participation of a joint TB-HIV meeting in Mexico City that gave rise and endorsement to the 90-90-90 initiative and new goal setting for HIV programmes for 2020.
- A training seminar held for staff from Central Health Region on Infection Control in TB settings, this was conducted in tandem with CDC.
- Presented on the topic of PMTCT for HIV and Syphilis at Belize’s pre-medical congress as lead facilitator.
- Presented on a panel discussion that looks at PANCAP Beyond 2015 at PANCAP’s AGM held in Gosier, Guadeloupe.
- Dr. Morey, spent a one week attachment with the National TB programme of El Salvador so as to learn from what is described as a best practice programme in the region.
- Training was conducted for personnel from CML for use and maintenance of the viral load machine, this was conducted after the machine was installed at CML. After installation of the viral load machine at CML, personnel were trained in its use and maintenance.

**Health fairs**

- Multiple activities were held throughout the country and in an attempt to reach certain sectors of the different populations; more non-traditional sites are gradually being incorporated. Some of these key activities included but were not limited to:
  - Participation with the Kidney Association in a health fair in April – 67 HIV rapid tests were done.
  - In conjunction with PASMO, 281 HIV rapid tests were done over 2 days at the National Agriculture and trade Show.
  - Participation in Regional Testing Day – with more than 1,000 HIV rapid tests conducted during the course of the week in June; Belize is one of the countries reporting ongoing success stories around HIV testing.
- Participation in multiple fairs across the country from both TB and HIV.
- Participated with multiple agencies such as Golden Haven Home, Kolbe Foundation, Hand in Hand ministries in TB/HIV work.
3. Financial Analysis

The total approved budget for fiscal year 2014-2015 is $1,460,240.00; this represents a 0.20% decrease in the budget approved as compared to the previous year. Although the budget cut may seem insignificant, the intention to strengthen the HIV prevention activities may be affected should this trend continue thus impacting the significant progress that has been made so far.

Up until February 23rd, the total amount of monies spent are reflected below and this accounts for 48.3% of the total budgetary allocation. However, there are still three major procurement to be completed before the closure of the fiscal year, 1) ARV procurement at an estimated $200,000.00, 2) TB drug procurement – estimated $85,000.00 and 3) Condoms & lubricants – estimated at about $50,000.00. Aside from this, the programme helps in the procurement of laboratory supplies, particularly as the final phases to start viral load testing are being set in place now.

<table>
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<th>Approved budget</th>
<th>Encumbrance</th>
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<td><strong>TOTAL</strong></td>
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During this fiscal year, the programme was recipient of partial funds from the Global Fund round 9, Year 4 current country grant and this funding concludes at the end of 2015 but the earmarked resources from this fund are being taken up by government’s funds beyond 2015. Belize however, is applying for further funding under the new funding model of the Global Fund but the programme isn’t expected to be the recipient of major sources of funding as it is expected that these would be more for Civil Society.

The programme is not a direct recipient of any direct funds but does get technical assistance from entities in the region such as USAID, PASCA (PEPFAR), PAHO, UNAIDS and other international agencies. The technical assistance came in differing forms, such as in writing up the Concept Note for the Global Fund, in the development of the TB strategic and costing plans and via workshops that officers attend to enhance programme management and overall policy development. To note here is that Belize is currently placed under Central America PEPFAR and is no longer in the Caribbean region.

The programme to date maintains only one other project, with INER from Mexico, a Mesoamerican Project that seeks to document
primary and acquired resistance to ARVs, Belize will continue with this project at no cost to the programme in 2015.

In the context of funding and other parallel projects, no further increase is expected to be done in 2015 nor is any project expected to start that would bring alternative sources of funding. In light of decreasing funding however, the Programme has been rather strategic and methodic in ensuring that the key objectives to continue to scale up have been met and have been surpassed as our indicators highlight. More testing and more ARVs are being procured despite getting less funding and the strategic lines of action will have to continue to be enforced towards proven intervention strategies.

In strict financial times, the programme continues to move forward and aims to take full ownership of the Strategic Investment Framework present in both the Central American and Caribbean regions.
4. Challenges

Major challenges that the overall programmes face and will continue to face are: a) the human resource element and b) how to scale up the response in light of other competing health priorities within an increasing financial challenge.

In terms of the human resource element, this is evident at both the regional/district and national/headquarter level. In the process of integration and decentralization, for example, in both the Toledo and Corozal districts the absence of an HIV focal point created difficulties in carrying out specific activities. Both districts for example showed a slight increase in number of new cases when compared to 2013. For most of 2014 there was no focal point and there is still no focal point in the Stann Creek district and interestingly enough, this district is the only one with a higher ratio of females vs. males in terms of HIV positive rates. Finally the Belize district continued to have higher HIV rates with an unexpected turnover of staff which hasn’t allowed for a smooth running of the major VCT site in the country. The same challenges are prevalent in the TB programme where public health nurses have to do multiple other activities compromising the DOTS elements of the programme which is starting to show a negative impact with the low cure rates reported in the last couple of years. At headquarters, officers were tasked with multiple other activities within the Epidemiology Unit so that in point of fact, the response was diluted and off late ad hoc, particularly in a year when relevant weaknesses were clearly showcased when we had to respond to influenza, Chikungunya and even Ebola at different times and with different levels of responsibility.

Other sexually transmitted infections other than HIV are also seen with relative low relevance and follow up with patients highlighted a key weakness of the health system. There is scant follow up of contacts, while partner notification remains a weak area in the overall STI element of the programme.

Ownership of TB and HIV remained a relative concern at the regional level and from a decentralized point of view. Although both TB and HIV have been traditionally managed from a central, vertical level, there is a sense of disassociation from what needs to happen on the ground level versus what the policy makers are pushing for. So while there is a strong advocacy for full integration of HIV and TB within the primary care setting, this was not readily met by primary care facilities nor were patients willing to access services through the normal delivery and package of services.

Cross cutting issues such as those related to procurement, pharmacy and laboratory services also affected the timely execution of activities within all elements of the programme. In terms of TB only sputum testing was available and in the current context, this is far from being the ideal in terms of timely interventions. The STI elements were also missing at the laboratory setting, so syndromic treatment continued to be the hallmark of STI management. Indeed, the next scale in HIV testing centers around performing viral load testing, an element that is currently incomplete at the laboratory level. Parallel to this was lack of adequate counseling, psychological
and nutritional aspects that these patients faced on a day to day basis; services that the Ministry of Health is for now unable to fully accomplish.

The financial element will remain a cardinal challenge, particularly in light of competing health priorities and when budgetary cuts are being recommended. In essence, we are expected to do more with less funds so that it is now imperative for the programmes to do more targeted intervention and more realistic goal setting if the adequate targets are to be achieved. Both programmes must also capitalize on what has been garnered as successes as vertical programmes and enhance the primary care elements, the challenge being how to merge and integrate fully into the primary care setting without setting off other weaker health elements. As funding is expected to decrease from both internal and external budget – the strategic framework approach crafted by the National HIV programme must be instituted with a sense of urgency so as to be able to anchor an adequate and sustained response.

Adequate policy structures to strengthen the programmes are being established but enforcing those policies remain a key challenge across all levels. In addition, monitoring and evaluation of standards and policies remains a weak area and this needs to be strengthened at all levels.
5. Recommendations

Both programmes will have to be more strategic in their funding of known prevention strategies and with decreasing funds, it perhaps best be tailored if proven biological interventions are the ones capitalized on. Joint planning for both TB and HIV activities is warranted given the cross cutting themes to both, particularly in terms of adherence and adequate medical follow-up.

The further integration and decentralization must continue and in an adequate scaled up fashion so that the lessons learnt, particularly in HIV can transcend to other vertical programmes but that these permeate across the health system. There are many setbacks that warrant further attention in the issue of integration and these must be resolved as both programme advance further. Training for the human resource element remains of paramount importance, particularly as new topics come up in HIV and with the evolving issues of TB. Training packages however, must be tailored for all levels of the health care system and must include the wider community, particularly in terms of prevention and must take a strategic marketing approach in order to have a greater impact.

Improving laboratory capacity is also key, particularly for the adequate identification and management of TB cases as well as sexually transmitted infections as the management of the latter is still done by syndromic diagnosis. In the case of TB, the use of newer diagnostic technologies and culture is warranted, particularly as Belize has identified cases of MDR-TB and due to the relative difficulty in testing for TB in HIV patients. The laboratory must now also make full use of the viral load machine that has been installed, particularly as viral load testing may eventually replace CD4 testing given its’ sensitivity and specificity.

There must be greater cooperation and planning amongst programmes as there are many cross-sectional issues with entities such as the Nutrition and Pharmacy Department as well as HECOPAB. Better planning and policy direction in common areas to all these technical entities must be done in a routine fashion, particularly given that there are many competing priorities with lesser funds.

The Programme must also lead in tandem with the Epidemiology Unit, an adequate research agenda for all entities, particularly in terms of TB and other chronic diseases. STIs have also been linked to HIV re-infection cases and the ongoing issue of the best biological interventions for Belize remain a gray area that is often times guided by regional responses that may not be in the context of / for Belize. The ongoing study under the Mesoamerican Project seeking to document primary and acquired resistance will ultimately guide policy decisions but they represent a vital piece in getting to know Belize’s epidemic further. The passive surveillance data also suggests concentrated pockets of the epidemic, these must be further studied beyond the 2012 BSS studies.

Finally, adequate monitoring and evaluation of the programme, particularly in terms of data collection via the Belize Health Information System, remains key. Adequate decision making and policy direction can only capitalize from having the data on hand and on a timely fashion. Data analysis needs to go beyond the traditional means of collecting data but needs to be done in a proactive fashion with the socialization of such data to all relevant stakeholders.
6. Conclusions

Much work has been done in both programmes but much remains to be done. The adequate and full merger of all elements in the programme need to go beyond the name and translate into the activities that will have a greater impact on all diseases. Significant progress continues to be made in the HIV element of the programme and the continued success can perhaps be sustained with core biological interventions thus also impacting long term sustainability of the programme. The same level of influence, attention and success must be translated to the other STIs in order to maintain the successes in HIV.

TB also remains critical to any public health sphere and must also garner the attention that HIV has had, after all, there are many lessons learnt that can be learnt from TB.

All in all, all elements must be properly integrated and further decentralized into all levels of the health care system, for the better interest of those infected/affected by these diseases but also thinking in the long term of the sustainability element attached to it.