

# The Current HIV Response in Belize

●  
*Behind every number is a person. Behind every gap is an opportunity. Today we speak for both.*

**Dr. Joshua Canul, MD, MSc.**

Assistant Deputy Director | Ministry of Health & Wellness, Belize



**IAS Educational Fund Symposium**

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# Setting the Stage

*“Belize has the tools. The treatment is available. Prevention exists.  
The question we must answer together — is why people are still dying.”*



## Testing Expanded

~49,615 tests in 2025



## Treatment Available

DTG-based regimens: national standard, with alternatives available.



## Prevention Deployed

PrEP · PEP · HIVST all active



## But Gaps Remain

Outcomes still suboptimal

# Belize HIV Epidemic: Where We Stand (2025)

**~3,955**

People Living with HIV

**~217**

New Diagnoses Reported

**1.17%**

Adult Prevalence (age 15-49)

**MSM**

Concentrated Epidemic

## A CONCENTRATED EPIDEMIC

MSM HIV Prevalence

**11.3%**

vs. 1.17% general population (IBBS 2023–24)

Belize District

**44%**

of all new diagnoses (81 per 100,000 rate)

Stann Creek

**18%**

of new cases (73 per 100,000 rate)

Men account for

**70%**

of HIV-related deaths

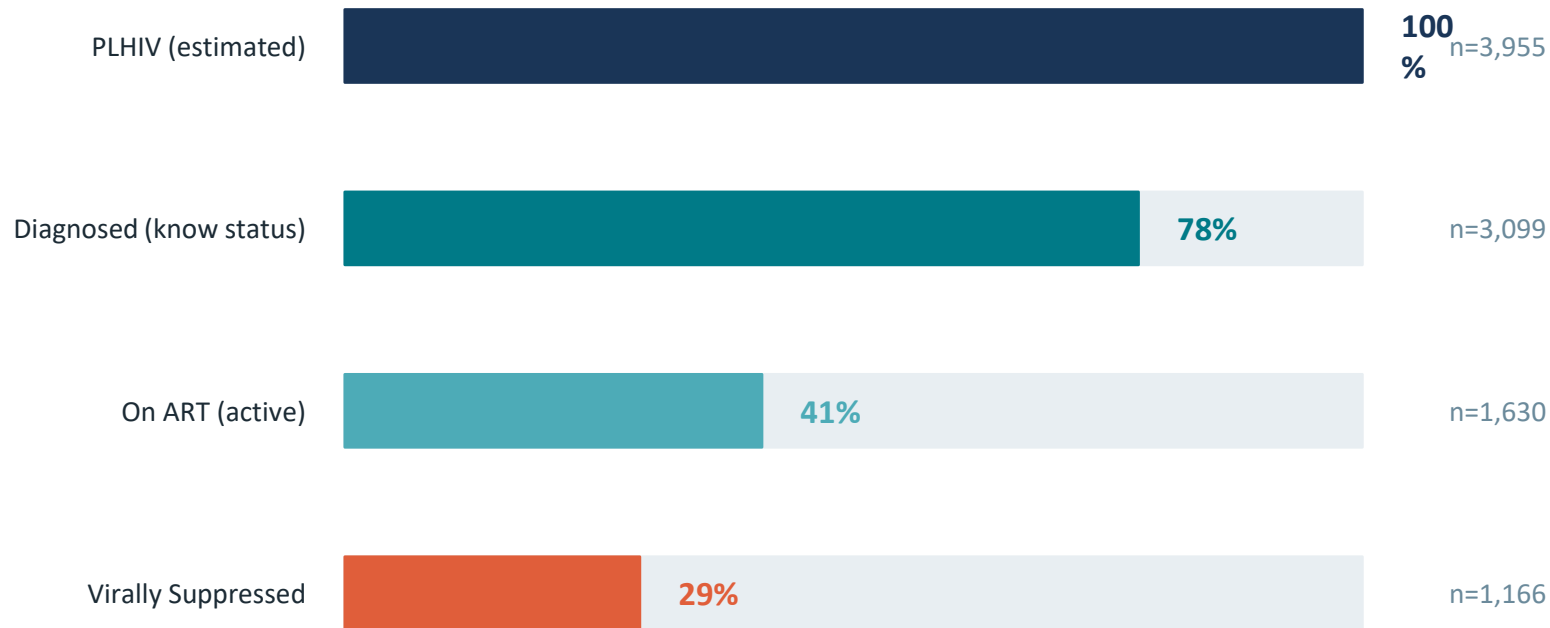
Newly diagnosed cases

**20–49 yrs**

Rank: 1<sup>st</sup> 30-34, 2<sup>nd</sup> 20-24, 3<sup>rd</sup> 25-29

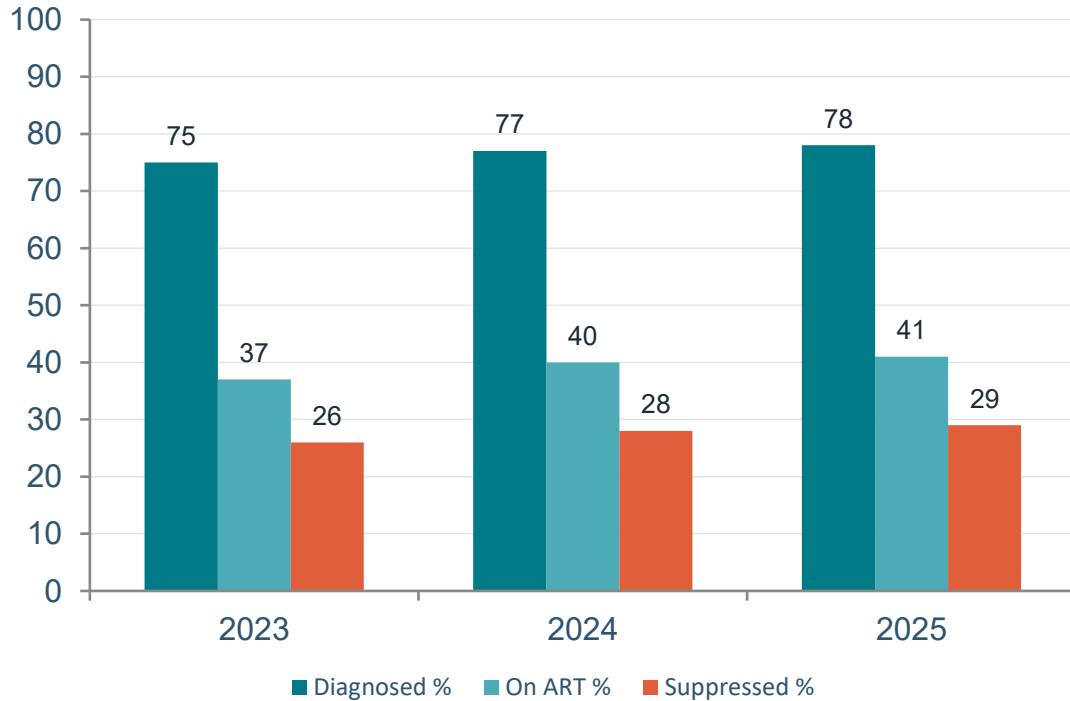
*The epidemic in Belize is not just concentrated — it is predictable. And predictable means preventable.*

# The HIV Care Cascade — 2025



⚠ Largest attrition: Diagnosis (78%) → Active ART (41%) — a 37-point drop. 1,469 people diagnosed but not on sustained treatment.

# Progress Trend 2023–2025: Incremental, But is it sufficient?



**+3%**

**Diagnosed**

75% → 78%

**+4%**

**On ART**

37% → 41%

**+3%**

**Suppressed**

26% → 29%

*At this pace, Belize will NOT reach 95-95-95 targets this decade without strategic acceleration.*

# The Treatment Gap — The Biggest Bottleneck

41%

of all PLHIV  
on active ART

*Target: 90%*

53%

of diagnosed individuals  
on treatment

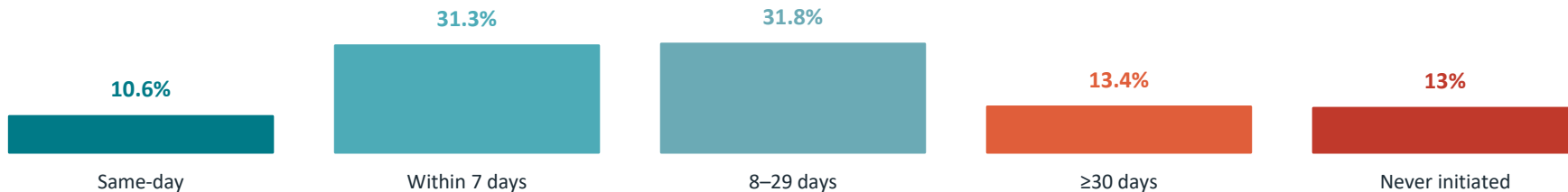
*1,469 diagnosed but not on ART*

23%

treatment  
interruption rate

*481 patients cycled off ART*

## Time to ART Initiation Among 217 Newly Diagnosed (2025)



# Retention & Viral Suppression — The Final Miles

## RETENTION IN CARE



# 23%

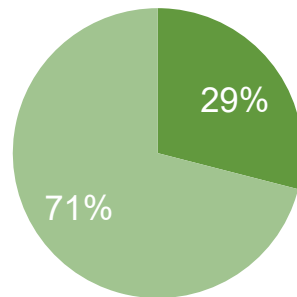
Treatment Interruption Rate

481 patients not retained  
(28+ days past expected ART pick-up)

1,115 patients on Multi-Month Dispensing (3–6 months) —  
reducing clinic burden & supporting adherence

*“Retention is not a clinical issue — it’s a life issue.”*

## VIRAL SUPPRESSION



■ Suppressed 29%   ■ Not Suppressed 71%

**29% of all PLHIV suppressed — target: 86%**

~70–72% suppressed among those on ART  
Only 44% of PLHIV received a viral load test

*“The science works — we need to catch up.”*

# Mortality & The Power of U=U



## HIV Mortality 2025

**67** Confirmed HIV-related deaths

**16.1** Deaths per 100,000 population

**#8** Leading cause of death nationally

**70%** of deaths among men (30–49 yrs)

*“Every death is a signal of missed opportunity.”*

# U = U

Undetectable = Untransmittable

- Viral suppression = zero sexual transmission risk
- Individual benefit: longer, healthier life
- Public health: breaks transmission chains
- DTG regimens optimized for rapid suppression
- Only 29% of PLHIV suppressed — urgency is NOW

*“U=U only works if U is sustained.”*

# Prevention: Gains Made, Gaps Remaining

## HIV Testing & HIVST



- 49,615 tests conducted in 2025
- Positivity: 1.1% → 1.3% (2023–2025)
- HIVST launched 2026: improved access
- 17% of PLHIV still undiagnosed
- Linkage post-HIVST remains critical

## PrEP & PEP



- 181 PrEP users (97 new, 47 continuous)
- MSM: 121 users — strongest uptake
- Only 25% retained at year-end
- 138 PEP initiations (87 nPEP / 51 oPEP)
- Prevention = sustained use, not just access

## PMTCT — A Success Story



- 33 pregnant women living with HIV
- 34 HIV-exposed newborns: ALL negative
- ZERO vertical transmission cases
- 67% maternal viral suppression at delivery
- 33% unsuppressed — must improve antenatal linkage

# Key Populations & Youth: Reaching the Unreached

## MEN WHO HAVE SEX WITH MEN (MSM)



# 11.3%

HIV prevalence among MSM (IBBS 2023–24)

*vs. 1.17% general adult population — nearly 10x higher burden*

- 121 MSM accessed PrEP — program’s strongest reach
- CSOs expanded community testing & peer navigation
- Stigma, fear, criminalization remain access barriers

*“Testing for MSM is not optional — it is foundational.”*

- Rights-based, targeted services are non-negotiable

## YOUTH & ADOLESCENTS



**8 adolescents (10–19 yrs) newly diagnosed in 2025**

33 new cases among young adults aged 20–24

### Consent barriers

Legal hurdles limit access to HIV services

### Stigma & fear

Deters help-seeking among adolescents

### Limited youth-friendly services

Few safe spaces for confidential care

### School-based education gaps

Prevention must start before risk begins

*“Access delayed is prevention denied.”*

# Differentiated Service Delivery: Putting the Client First

*DSD redesigns HIV services around the patient's life — not the clinic's convenience. It improves retention, reduces loss to follow-up, and is cost-effective.*

## MULTI-MONTH DISPENSING (MMD)



# 1,115

patients on 3–6 month dispensing

- Fewer clinic visits = fewer barriers
- Frees staff for higher-need patients
- Aligned with stable HIV patient criteria
- Proven to improve viral suppression



### Fast-Track Refill Clinics

Stable patients refill ART with minimal wait.

Saves time, reduces stigma.



### Community ART Groups

Small peer groups collect ART for each other monthly. Builds support networks & shared accountability.



### Flexible & Extended Hours

Evening and weekend clinic options for working adults who cannot attend during standard hours.



### Integrated Care Pathways

HIV care co-located with mental health, TB, NCD, and SRH services — one visit, whole-person care.

*“Convenience improves retention. But only sustained support — psychosocial, financial, community — keeps people in care.”*

# 5 Recommendations for Accelerating Belize's HIV Response

01

## Close the Treatment Gap

Mandate ART initiation ASAP; if possible same-day ART in all districts. Fix linkage from private labs & community testing. Target 1,469 diagnosed but not on treatment.

02

## Strengthen Retention & Re-engagement

Scale MMD beyond 1,115 patients. Integrate psychosocial & mental health support.

03

## Expand Viral Load Monitoring

Only 44% of PLHIV tested in 2025. Universal VL monitoring is essential for clinical decisions and epidemic control.

04

## Scale Targeted Prevention for Key Populations

Intensify PrEP for Men and their sexual partners. Retain 75% who drop off. Expand community-based HIVST & linkage. Fund rights-based services.

05

## Invest in Youth-Centered HIV Services

Provide Robust reproductive and sexual health education in schools. Remove consent barriers. Integrate HIV in school curricula. Fund youth-friendly, confidential services before risk begins.

**We have the science.  
We have the tools.  
Belize now needs the will, the resources,  
and the community to finish the work.**

*Every person on treatment is a life saved. Every person suppressed is a chain of transmission broken.*

*Belize's story is not yet written. Let us write it together — toward 95-95-95 and beyond.*

**[Your Name Here]**

Assistant Deputy Director | Ministry of Health & Wellness, Belize

Thank you · Questions & Discussion Welcome



**IAS 2026  
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Ministry of Health & Wellness  
Belize City, Belize