

IAS Educational Fund Symposium

Differentiated HIV Care:

Improving ART Coverage and Viral Suppression in Belize



 29 April 2026



Closing the gaps to reach the UNAIDS 95-95-95 targets

SESSION OBJECTIVE

What We Will Explore

- Key differentiated service delivery approaches
- Strategies to expand ART coverage
- Supporting viral suppression in Belize
- How to improve patient adherence

The 95-95-95 Framework

95%

of people with HIV
know their status

95%

of diagnosed receive
ART

95%

on ART achieve
viral suppression

HIV Landscape in Belize

3955

People living
with HIV

78%

Know their
status

41%

On ART
(of diagnosed)

29%

Virally
suppressed

The Gap We Must Close

Belize is below the UNAIDS 95-95-95 targets at every stage. Differentiated service delivery (DSD) models offer a proven pathway to reach underserved populations, improve retention, and drive viral suppression.

DIFFERENTIATED CARE FOR HIV IN BELIZE

Different needs. Different ways.
One goal: Healthy lives.



- COMMUNITY
- ACCESS
- CHOICE
- RESPECT



FACILITY-BASED CARE
For those who prefer care at health facilities



COMMUNITY & OUTREACH SERVICES
Bringing care closer to you



MULTI-MONTH DISPENSATION
Fewer visits.



FAMILY & COMMUNITY SUPPORT
Empowering communities. Ending stigma.



DIGITAL & REMOTE SUPPORT
Care and support at your fingertips



Person-centered. Community-driven. Evidence-informed. Together, we can end AIDS in Belize.

Differentiated Service Delivery Approaches

Decentralizing ART

Decentralized ART delivery reduce facility burden and improve adherence among stable patients.

Fast-Track Refills

Streamlined visits for stable clients — shorter wait times, higher retention.

Multi-Month Dispensing

3–6 month supply reduces transport barriers and improves continuity of care.

Telemedicine & Digital

Remote consultations and SMS reminders reach rural and mobile populations.

Index Testing

Reaches undiagnosed partners/children through partner notification services.

Key Population Clinics

Tailored services for Key affected populations with reduced stigma barriers.

Improving Adherence

01

Identify Barriers

Assess socioeconomic, psychosocial & structural barriers at point of care

02

Peer Support

Trained peer navigators for counselling, accompaniment & motivation

03

Digital Reminders

SMS/WhatsApp adherence reminders tailored to patient preference

04

Targeted Follow-up

Risk-stratified tracing for missed visits within 48 hours

KEY RECOMMENDATIONS

5 Actions for Belize

1 Scale up multi-month dispensing (MMD) to ≥ 3 months for all stable patients nationally

2 Establish community ART groups in high-burden districts to reduce facility congestion

3 Integrate digital adherence tools (SMS reminders, eTracking) into the national HIV program

4 Strengthen index testing and partner notification to close the first 95 gap

5 Develop tailored DSD models for key populations with stigma-free, confidential services

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Thank You

Q&A —



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Session #3: Closing the gaps to reach the UNAIDS 95-95-95 targets

