

AIDS in the Caribbean

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Regional Overview

The most recent estimates [and ranges] for HIV in the Caribbean, reported by the Joint United Nations Programme on AIDS (UNAIDS) and the World Health Organization, are presented in the table below.

Parameter	2006	2004
Adults & children living with HIV	250 000 [190 000-320 000]	240 000 [180 000-300 000]
Women living with HIV	120 000 [85 000-160 000]	110 000 [80 000-150 000]
Incident HIV infections	27 000 [20 000-41 000]	25 000 [19 000-35 000]
Deaths due to AIDS	19 000 [14 000-25 000]	21 000 [15 000-28 000]

The Caribbean is the second-most affected region in the world: estimated national HIV prevalence ranges from above 1% in Barbados, Dominican Republic, Jamaica, and Suriname; 2% in Guyana, and Trinidad and Tobago; and over 3% in Haiti and the Bahamas. Cuba represents an exception to the rule, with HIV prevalence below 0.1%. Unfortunately, due to resource constraints and reluctance among public officials to acknowledge and address local HIV epidemics, the epidemiology of HIV in the region is not adequately characterized.

Set in the context of harsh gender inequalities, heterosexual intercourse seems to be the primary mode of transmission, (accounting for 75% of reported AIDS cases to date) and commercial sex plays a significant role. Sex between men is another major mode of transmission (accounting for approximately 12% of all infections), but vehement social taboos and stigma against homosexuality may generate underreporting in this group. Injecting drug use only plays a significant role in Bermuda and Puerto Rico.

Profile of the Epidemic

Haiti's epidemic is showing promising signs of improvement in urban areas. The percentage of pregnant women testing positive for HIV decreased by two thirds between 1993 and 2004 (from 9.4% to 3.3%). The changes among semi-urban and rural women, however, are less resounding: sentinel sites show only a slight decrease over the same period of time (3.5% to 2.6%). Economic dependence on men appears to be a main risk factor for HIV infection among impoverished women in rural areas. Reported changes in behaviour provide an incomplete picture: while abstinence and fidelity have reportedly increased, age at sexual debut and condom use have both

decreased among young men and women. In addition, mortality from AIDS is likely a contributing factor to the decreased HIV prevalence.

HIV infection levels in the Dominican Republic, the Bahamas, Bermuda, and Barbados are declining. Effective prevention efforts and responses to HIV/AIDS appear to be yielding results. HIV prevalence in pregnant women has been declining since the late 1990s in the Dominican Republic, and now appears to be roughly stable at 1.4%. In addition, surveys among sex workers reveal condom use is high (87% used a condom at last sex, 76% reported always using a condom). Declines in AIDS deaths are attributed to improved clinical management and treatment of AIDS in the Bahamas (at least 30% were receiving appropriate clinical management through community clinics in 2003), and to wider access of antiretroviral treatment in Bermuda and Barbados (both countries witnessed AIDS deaths decrease by 50% within recent years).

Reported condom use is increasing in Jamaica. In surveys over the past decade, 75% of men reported using a condom at last sex with a casual partner. The percentage of women reporting the same has doubled between 1992-2000. HIV prevalence among pregnant women has remained between 1-2% over the past decade, but recent surveillance data suggest that figure might be declining in some parishes.

Guyana and Suriname are facing serious epidemics. In Guyana, AIDS is now the leading cause of death for people aged 25-44 years. HIV prevalence has been recorded at 17% for men and women attending sexually transmitted infection clinics (2005). More information is needed to understand the scenario outside of urban areas. In Suriname, high infection rates among men who have sex with men (7% in a 2005 study) and both male and female sex workers (33% and 21%, respectively, in separate 2005 studies) indicate the central role that sex between men and commercial sex work play in the country's epidemic.

Treatment access and coverage varies across the region. Cuba is achieving free universal treatment access and coverage in the Bahamas and Barbados is relatively high. Guyana's antiretroviral therapy programme had reached more than half the persons in need by mid-2006. However, only about 38% of people requiring antiretroviral treatment in Trinidad and Tobago were receiving it; that figure drops to 20% in Haiti, and only 17% in the Dominican Republic.

This information has been compiled from the *AIDS Epidemic Update: December 2005*, and updated from the *AIDS Epidemic Update: December 2006* and the *2006 Report on the Global AIDS Epidemic*. For more information, please visit the UNAIDS website: www.unaids.org.