CARIBBEAN

The AIDS epidemic claimed an estimated 24,000 lives in the Caribbean in 2005, making it the leading cause of death among adults aged 15-44 years. A total of 300,000 people are currently living with HIV in the region, including 30,000 people who became infected in 2005.

- Estimated national adult HIV prevalence surpasses 1% in Barbados, Dominican Republic, Jamaica and Suriname, 2% in the Bahamas, Guyana and Trinidad and Tobago, and exceeds 3% in Haiti. In Cuba, on the other hand, prevalence is yet to reach 0.2%.

- The region’s epidemics are driven primarily by heterosexual intercourse, with commercial sex a prominent factor, against a backdrop of severe poverty, high unemployment and gender inequalities.

- The overall share of reported HIV infections attributed to sex between men is approximately 12%, but homophobia and the robust socio-cultural taboos that stigmatize same sex relations mean that the actual proportion could be somewhat larger. Injecting drug use is responsible for a small minority of HIV infections currently; only in Bermuda and Puerto Rico does it contribute significantly to the spread of HIV.

- New HIV infections among women are surpassing those among men. In Trinidad and Tobago HIV infection levels are six times higher among 15-19 year-old females than among boys of the same age. In many countries, sexual activity begins comparatively early—when surveyed, fully one quarter of 15-29 year-old women in Barbados said they had been sexually active by the time they turned 15.

- Haiti’s epidemic, one of the oldest in the world, could be turning a corner. Overall, the percentage of pregnant women testing HIV-positive shrunk by half from 1993 to 2003/2004—from 6.2% to 3.1%. The trend has been most pronounced in urban areas (where HIV prevalence fell from 9.4% in 1993 to 3.7% in 2003/2004), and especially among 15-24 year-olds—which suggests a significant slowing down of new HIV infections could be occurring in the country’s cities. However, Haiti still has the largest number of people living with HIV in the Caribbean.

- In the Dominican Republic HIV infections levels in pregnant women have been declining since the late 1990s, with overall HIV prevalence in pregnant women roughly stable at 1.4%. Low HIV infection levels of 3-4% found among commercial sex workers in Santo Domingo probably reflect efforts to encourage consistent condom use and other safer behaviours among them.

- HIV-infection levels have declined in the Bahamas, amid indications that improved HIV prevention efforts could be responsible for part of that trend.
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- In Barbados, new HIV diagnoses among pregnant women decreased by half between 1999 and 2003 (with prevalence falling from 0.7% to 0.3%). Wider access to antiretroviral treatment cut AIDS deaths by half in 1998-2003, a trend also witnessed in Bermuda in 2000-2002.

- In Jamaica, most HIV infections are occurring in urban areas, with Kingston, St. Andrews and St. James worst-affected. HIV prevalence among pregnant women has remained at 1-2% since the mid-1990s, although recent HIV surveillance at antenatal clinics suggests that prevalence might be declining slightly in parts of the country.

- As in Jamaica, unprotected heterosexual intercourse is the driving factor in the Trinidad and Tobago’s epidemic, where estimated national adult HIV prevalence edged past 3% in 2003.

- Just under 2% of adult Surinamese were living with HIV at the end of 2003. New registered HIV cases have increased three-fold since the mid-1990s, however much of that trend may be due to increased testing.

- Cuba’s epidemic remains by far the smallest in the Caribbean However, new HIV infections are on the rise, and Cuba’s preventive measures appear not to be keeping pace with conditions that favour the spread of HIV, including widening income inequalities and a growing sex industry. At the same time, Cuba’s prevention of mother-to-child transmission programme remains highly effective. All pregnant women are tested for HIV, and those testing positive receive antiretroviral drugs.

- While universal access to treatment is being achieved in Cuba, and coverage is relatively high in the Bahamas and Barbados, access to treatment is poor in three of the worst-affected countries in the Caribbean. About one third of people in need of antiretroviral treatment were receiving it in Trinidad and Tobago in September 2005, as were a mere 12% in Haiti and 10% in the Dominican Republic.

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