

# 20 Years of the HIV/AIDS Epidemic in the Caribbean:

## *A Summary*

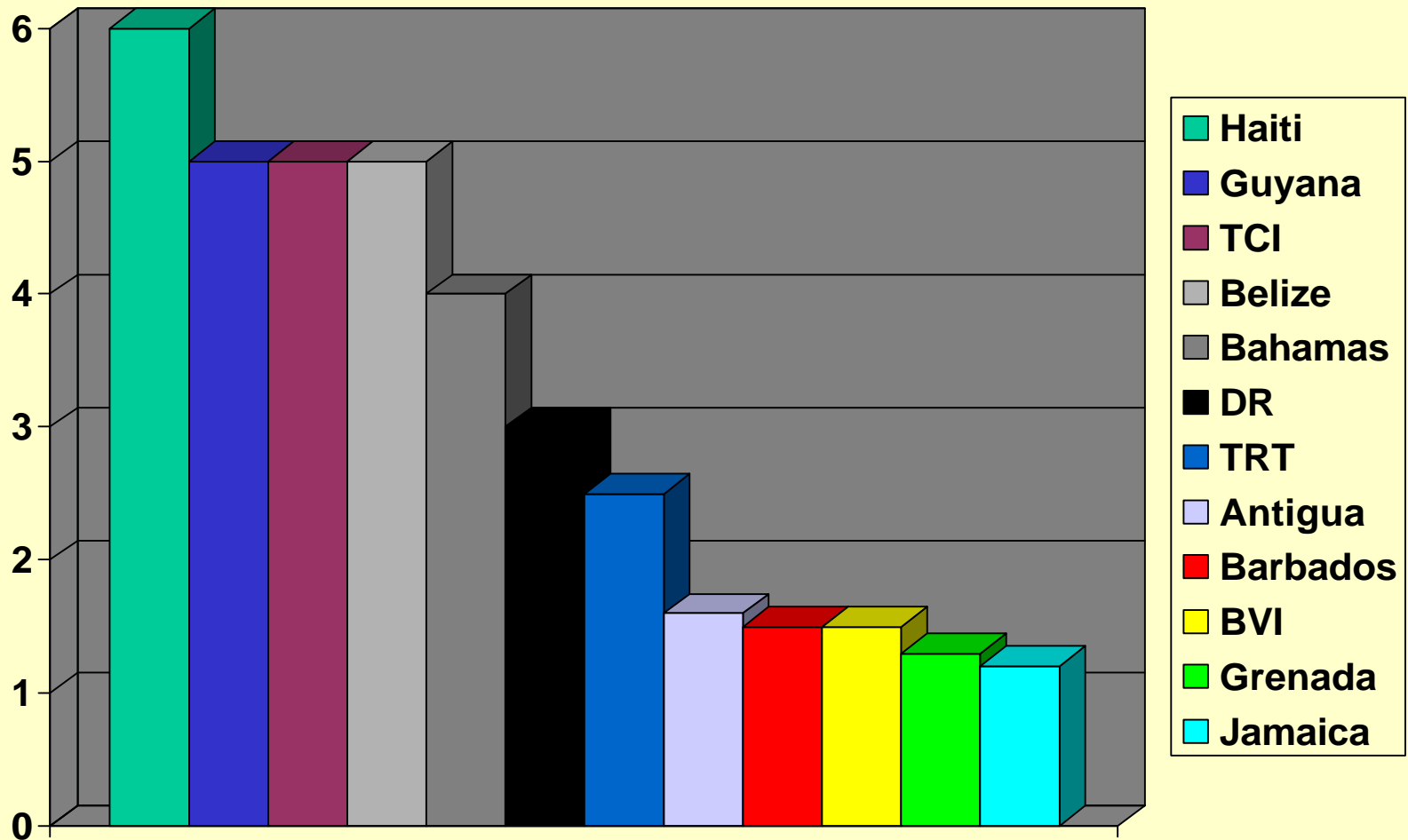
**Dr B. Camara, Medical Epidemiologist  
PAHO/WHO- Head CAREC-SPSTI**



# Estimate of People Living with HIV/AIDS : End of 2001

- Total: close to a half million PLWHA in the Caribbean at the end of 2001
- CAREC Member Countries: 92,000 - **19%** of total cases with a **1.4%** HIV prevalence rate (CAREC & CDC)
- Dominican Republic: 130,000 - **27%** of total cases with a **2.0%** HIV prevalence rate (COPRESIDA/UNAIDS)
- Haiti: 250,000- **52%** of total cases with a **3.13%** HIV prevalence rate (Source: Future Group/UNAIDS)
- Cuba: 3,200 (fast growing epidemic with a 28% increase between 2000 and 2001)- **0.7%** of total cases with a **0.03%** HIV prevalence rate (National AIDS Programme/UNAIDS)

# Caribbean Countries with Adult Prevalence of PLWHA > 1%: 2001



## **HIV/AIDS and Migration in the Caribbean: First Reported AIDS Cases**

- **First reported Caribbean AIDS cases in Haiti, Jamaica, Trinidad & Tobago were among gay men who had had sex with North American gay men in North America or in the Caribbean**
- **This observation is reinforced by the fact that molecular distribution of the HIV has shown that the same Clade B is circulating in both North America and the Caribbean**
- **(Source: MRF, GHESKIO, MOH Barbados, Jamaica and CAREC).**

## **AIDS IN THE CARIBBEAN DIASPORA: THE NEW YORK CITY CASE SCENARIO- NYC Dep. Health**

- **AIDS IN NEW YORK CITY IMMIGRANTS:  
DISTRIBUTION OF CASES BY REGION OF ORIGIN:**
  - **CARIBBEAN: 46%**
  - **LATIN AMERICA: 27%**
  - **E.EUROPE/SOVIET: 17%**
  - **FAR/NEAR EAST: 5%**
  - **AFRICA: 3%**
  - **OTHER: 2%**
- **Source: Office of AIDS Surveillance-New York City Department of Health. March 2000**

## **HIV/AIDS & MIGRATION: Internal Migration: Workers in the Mining Industry in Guyana**

- **At the end of 2001, an HIV Seroprevalence survey conducted by the Centers for Disease Control and Prevention (CDC) among males working in the mining industry has shown a very high HIV prevalence rate of 6%.**
- **This is a population essentially constituted of young males migrating from the costal area to the hinter land to work in the mining industry.**

## **HIV/AIDS & Migration in the Caribbean: The Sugar Cane Workers in the Dominican Republic**

- **HIV seroprevalence increased from 7% in 1991 to 15% in 1997 among Haitian emigrants living and working in the Bateyes (Sugar Cane Industry) in the Dominican Republic.**
- **This low socio-economic strata has no equal access to health care services, is vulnerable and tends to practice unsafe sex.**
- **(Source: COPRESIDA)**

## **HIV/AIDS and MIGRATION**

### **HAITIAN MIGRANTS IN THE BAHAMAS & TCI**

- **At the end of 2001, 25% of AIDS Patients in the Bahamas were non-Bahamian, with a majority of Haitian Migrants.**
- **The same scenario can be described about the HIV/AIDS epidemic in the Turks and Caicos Islands, where, there is a large migrant Haitian population living and working in the Construction and Tourism Sectors.**
- **(source: MOH-Bahamas and TCI Surveillance Systems Evaluation)**

## **HIV/AIDS and Migration in the Caribbean: External Migration-CAREC**

- **Countries/Territories/Counties/Parishes with tourism dependent economies are among the most affected in terms of HIV seroprevalence and reported AIDS incidence:**
    - Bahamas,
    - Barbados,
    - Bermuda,
    - the Dominican Republic,
    - Turks and Caicos,
    - Jamaica (Montego Bay and Kingston)
    - St Maarten/St Martin
    - Tobago
- (SOURCE: CAREC AIDS Situational Analysis)**

## **HIV/AIDS and Migration in the Caribbean: the External Migration- CAREC**

- **In countries mentioned in the previous slide, HIV prevalence and AIDS incidence are very high compared to the rest of the Caribbean countries. The Beach Boys (in Barbados, Tobago) or Janki Panki (in the Dominican Republic) i.e. male sex work and trade to women and men, are a well documented phenomenon.**
- **(SOURCE:COPRESIDA AND CAREC)**

## **HIV/AIDS In The Dominican Republic: 1983-2001 (COPRESIDA)**

- **9,089 reported cases of people living with HIV/AIDS with 66% of them in the age group 25-44**
- **2% HIV prevalence rate among pregnant women, but 5% in La Romana**
- **12.5% HIV prevalence rate among FSW**
- **17% HIV prevalence rate in Tb patients**
- **8.13% HIV prevalence rate among STI patients**
- **15% HIV prevalence rate in populations living in the bateyes**
- **19% HIV prevalence rate in prison populations**

## **HIV/AIDS In The Dominican Republic: 1983-2001 (COPRESIDA)**

- In 1998, an estimated 2.2% of adults living with HIV/AIDS
- In 2005, an estimated 2.4% of adults living with HIV/AIDS
- In 2005, 78,000 people will die of AIDS (214 deaths per day) and Tb incidence will increase by 65% from 5 to 14.5%
- Number of AIDS orphans will increase from **18,580** in 1999 to **38,200** in 2005

## HIV/AIDS In Haiti: 1981-2001

- In 2000, HIV prevalence among pregnant women varied from 2% in les *Nippes* to 13% in the *Nord-Ouest* (Port-de-Paix).
- UNAIDS estimated that at the end of 2001, 6% of the ADULT population in Haiti were living with HIV/AIDS
- At the end of 2001, an estimated 250,000 people living with HIV/AIDS with an estimated 30,000 new HIV infections.
- **300,000** people died of AIDS since its inception with an estimated **163,000 AIDS orphans** left behind by their dead parents

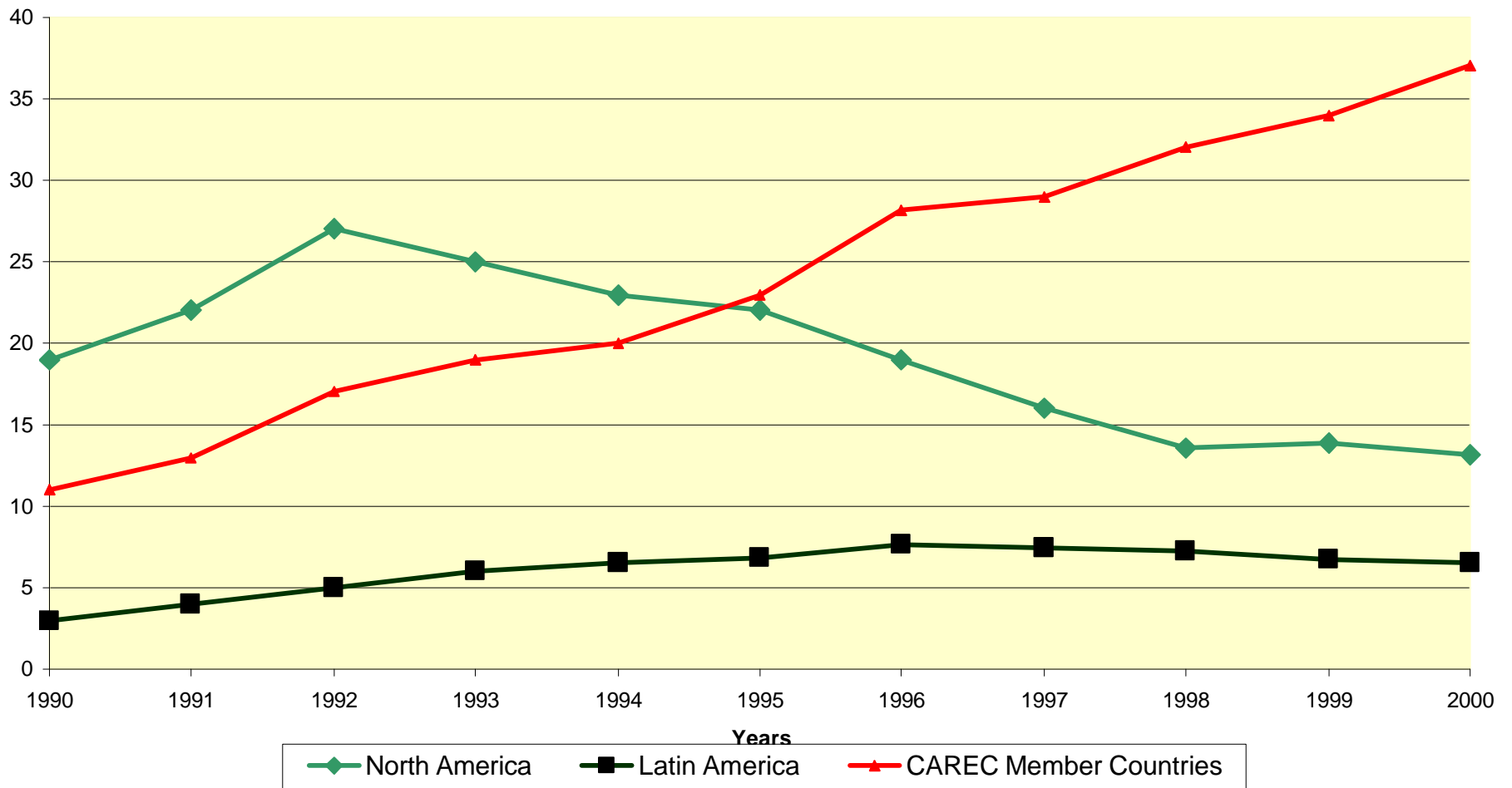
## **HIV/AIDS In Haiti: 1981-2001**

- **75% of reported HIV/AIDS cases are in the 25-50 age bracket, predominantly heterosexual**
- **AIDS is the leading cause of death among children and adults (incl. maternal mortality)**
- **AIDS contributed to the increasing trends of Tuberculosis by 40% and is responsible for 50% of hospital beds occupancy**
- **Among STI and Tb patients, as well as sex workers, HIV prevalence is between 20% and 50%**
- **Denial, poverty, social unrests and political instability have played a major role in the increasing HIV trends**

## **HIV/AIDS in CAREC Member Countries: 1982-2001**

- **End of 2001 a cumulative total of 20,309 AIDS cases were reported. Taking into account the level of underreporting that year, it is estimated that since the inception of the epidemic, 33,000 cases of AIDS occurred in CMCs.**
- **For 2001 alone, Jamaica reported close to 1000 AIDS cases**
- **St Vincent and the Grenadines has reported an increase of 42% of cases between 2000 and 2001 and this increase was 14% in Trinidad and Tobago.**
- (CAREC database)

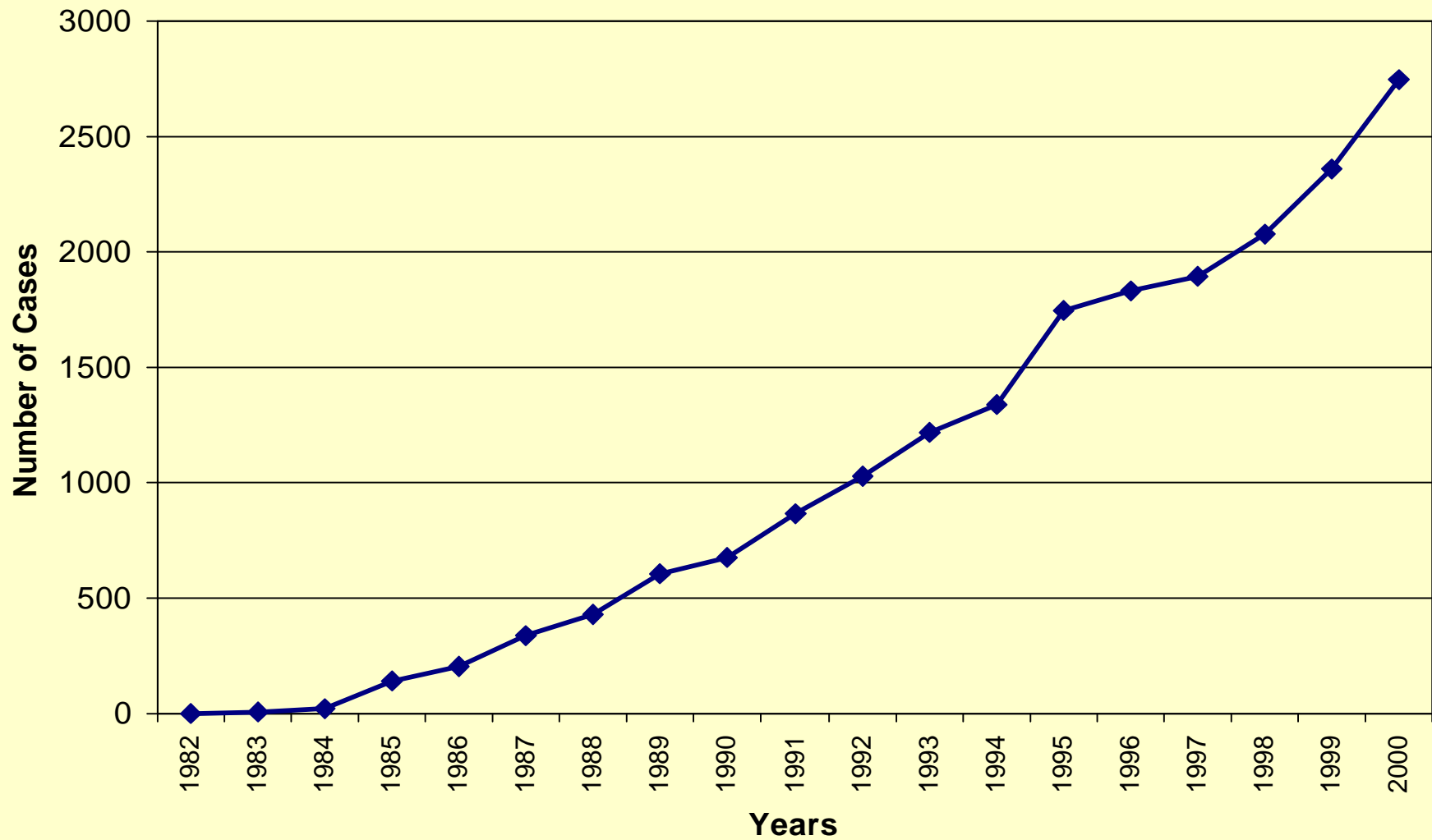
## Reported AIDS Cases : Annual Incidence per 100,000 Population and Region



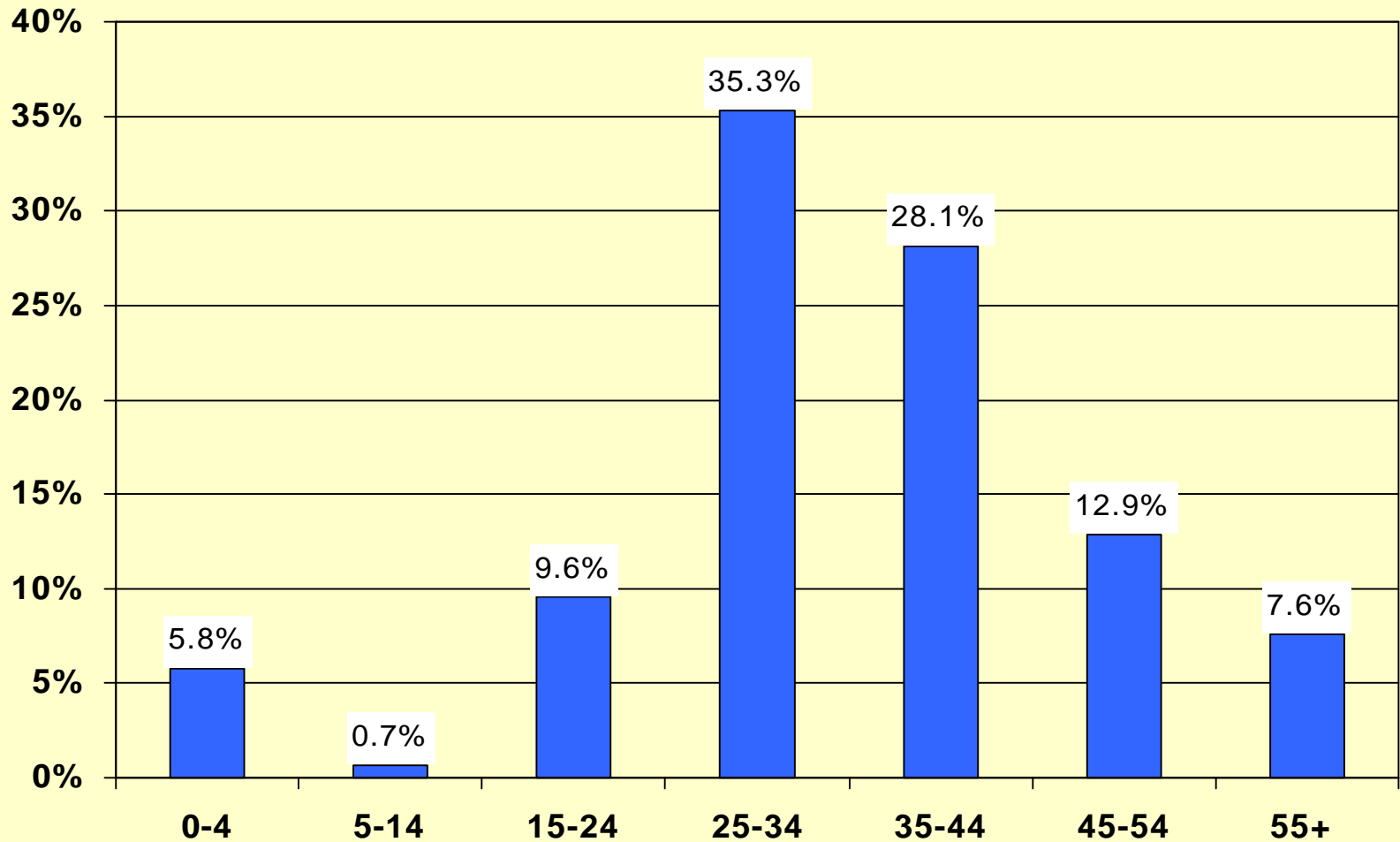
## **AIDS Annual Incidence: 2001**

- **At the end of 2001, the annual incidence per 100,000 population is estimated at 44 in CAREC Member Countries.**
- **This annual incidence in CMCs was 28 per 100,000 in 1998.**
- **That observation leads to the conclusion that between 1998 and 2001, there was a 36% increase in terms of AIDS incidence per 100,000 population.**
- (CAREC database)

## Reported AIDS Cases in CAREC Member Countries- Annual Incidence:1982-2000

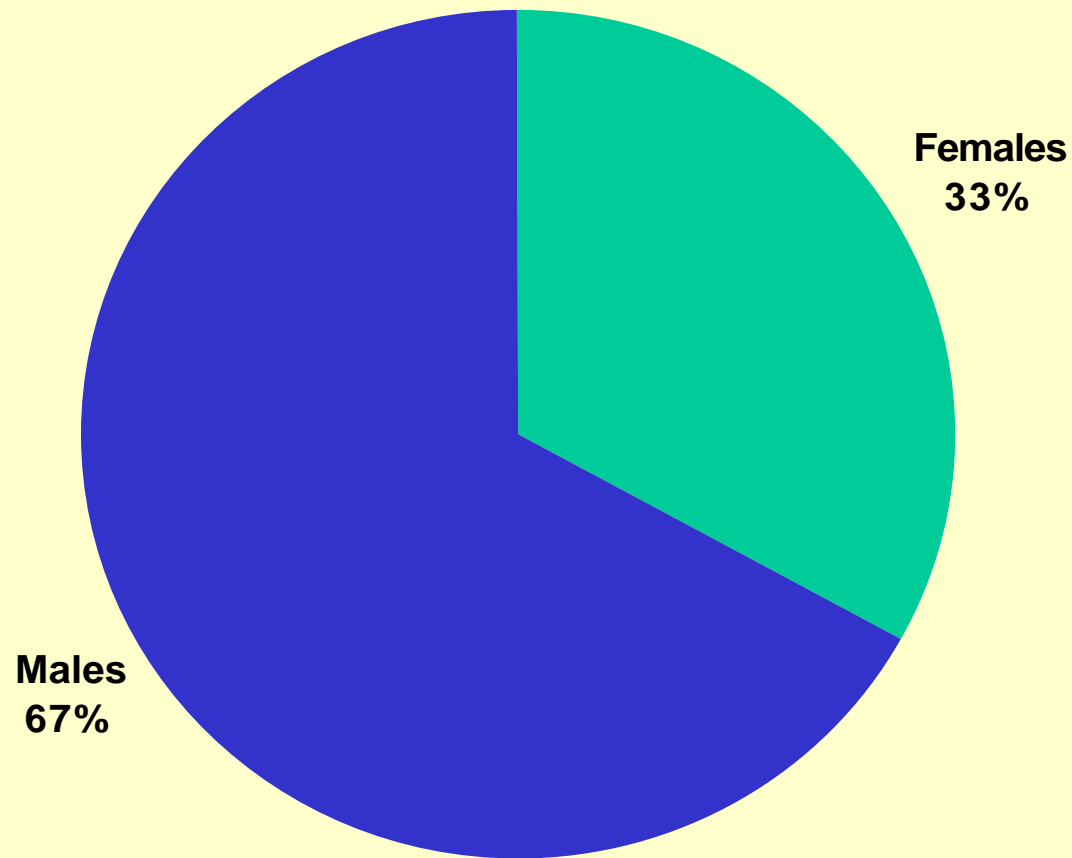


## Age Group Distribution of Reported AIDS Cases in CMCs: 1982-2000

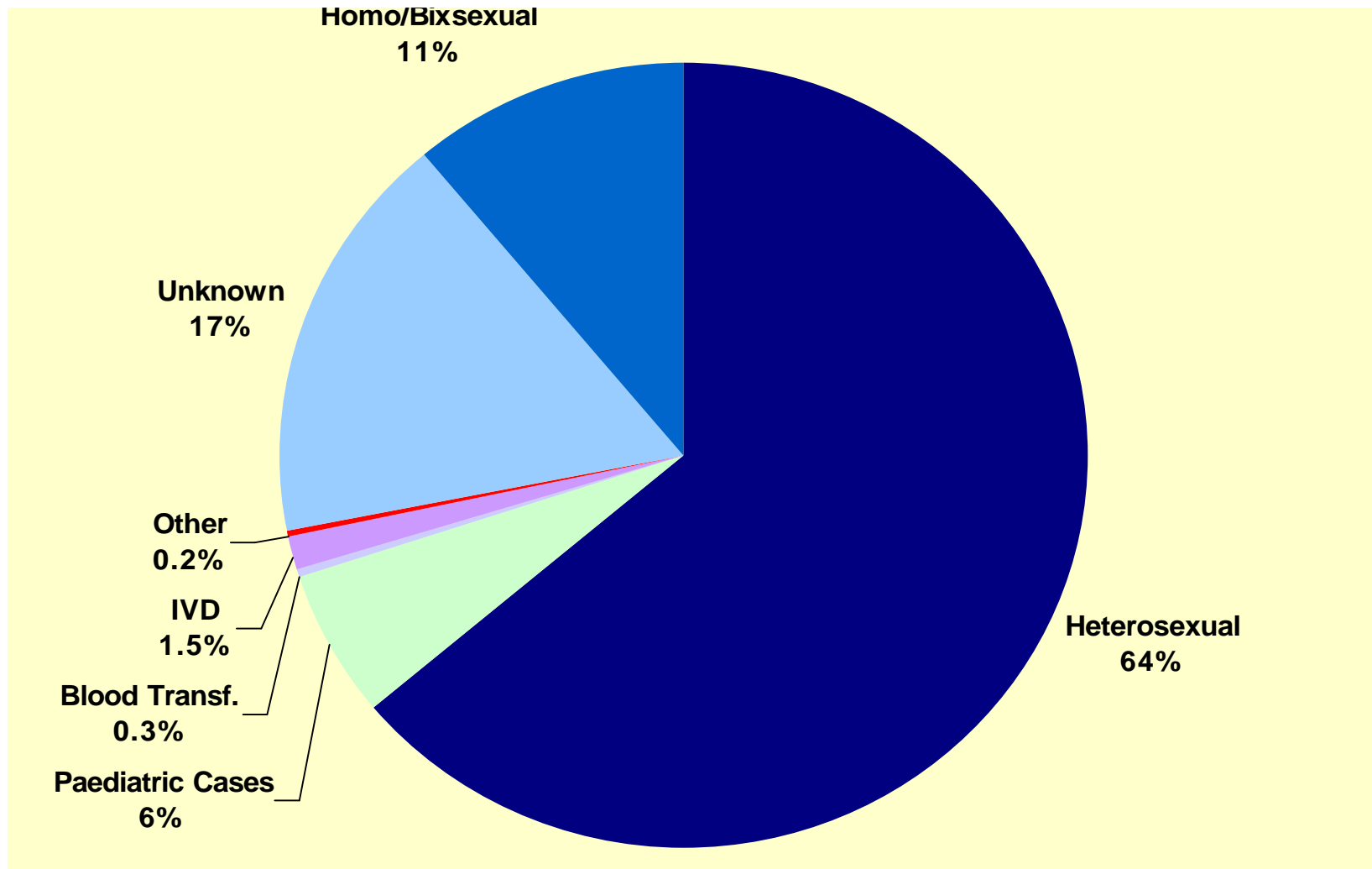


## Gender Distribution - Reported Adult AIDS Cases in CMC: 1982 - 2000

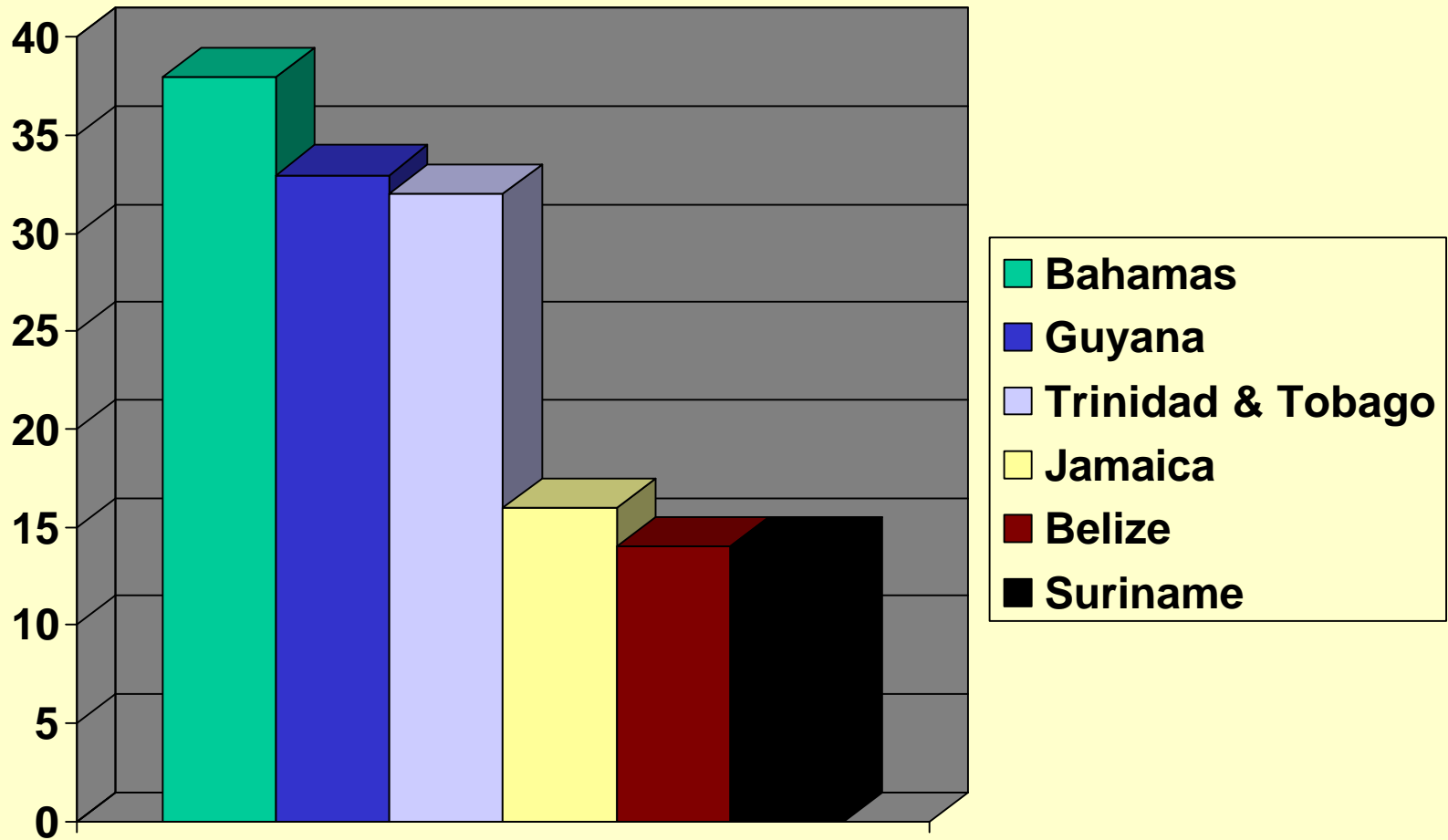
M/F Sex Ratio = 2 : 1



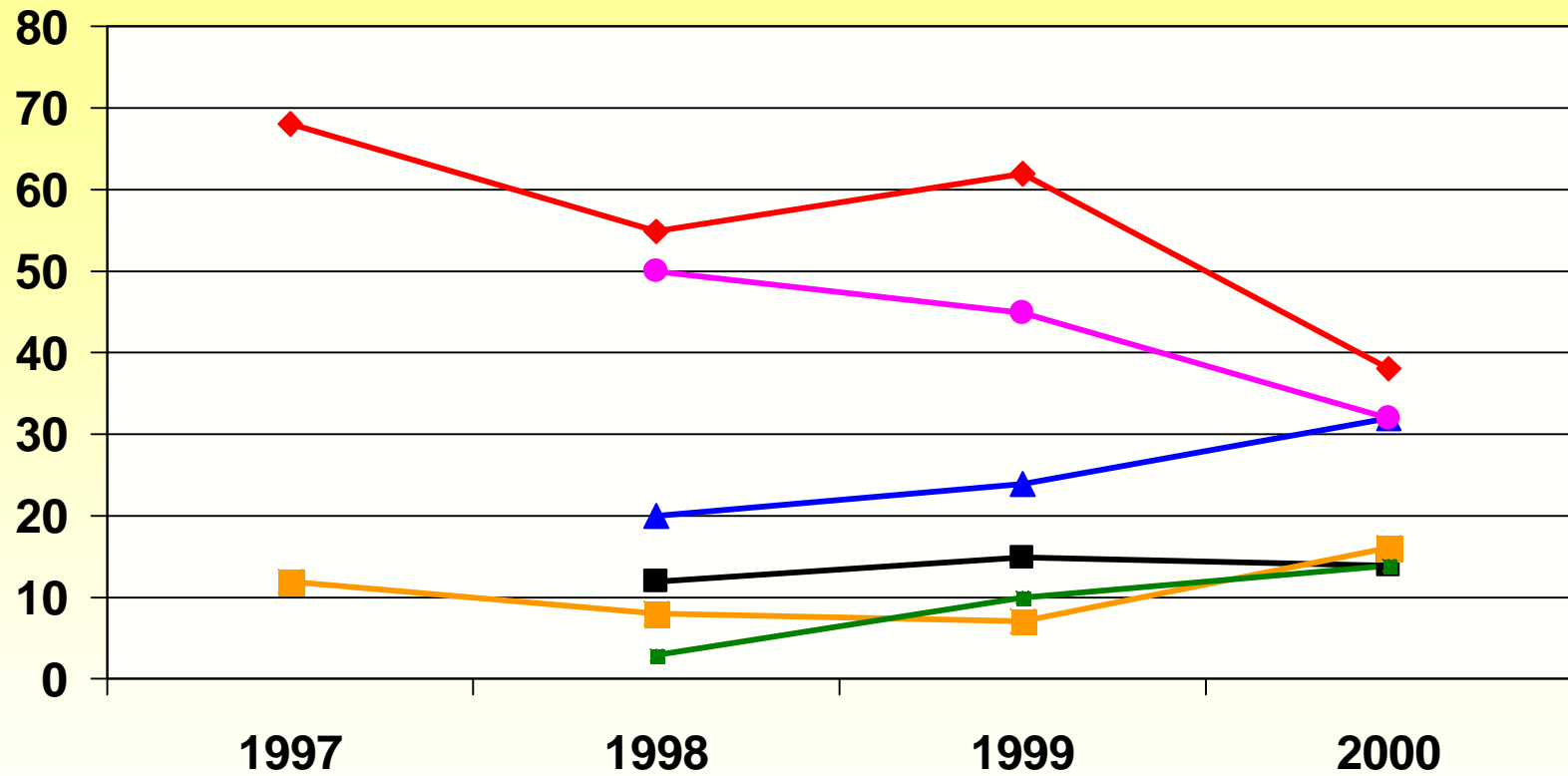
# Categories of Transmission in Reported AIDS Cases in CMC: 1982 - 2000



# HIV Prevalence Rate Among TB Patients: CAREC Six Priority TB Countries: 2000



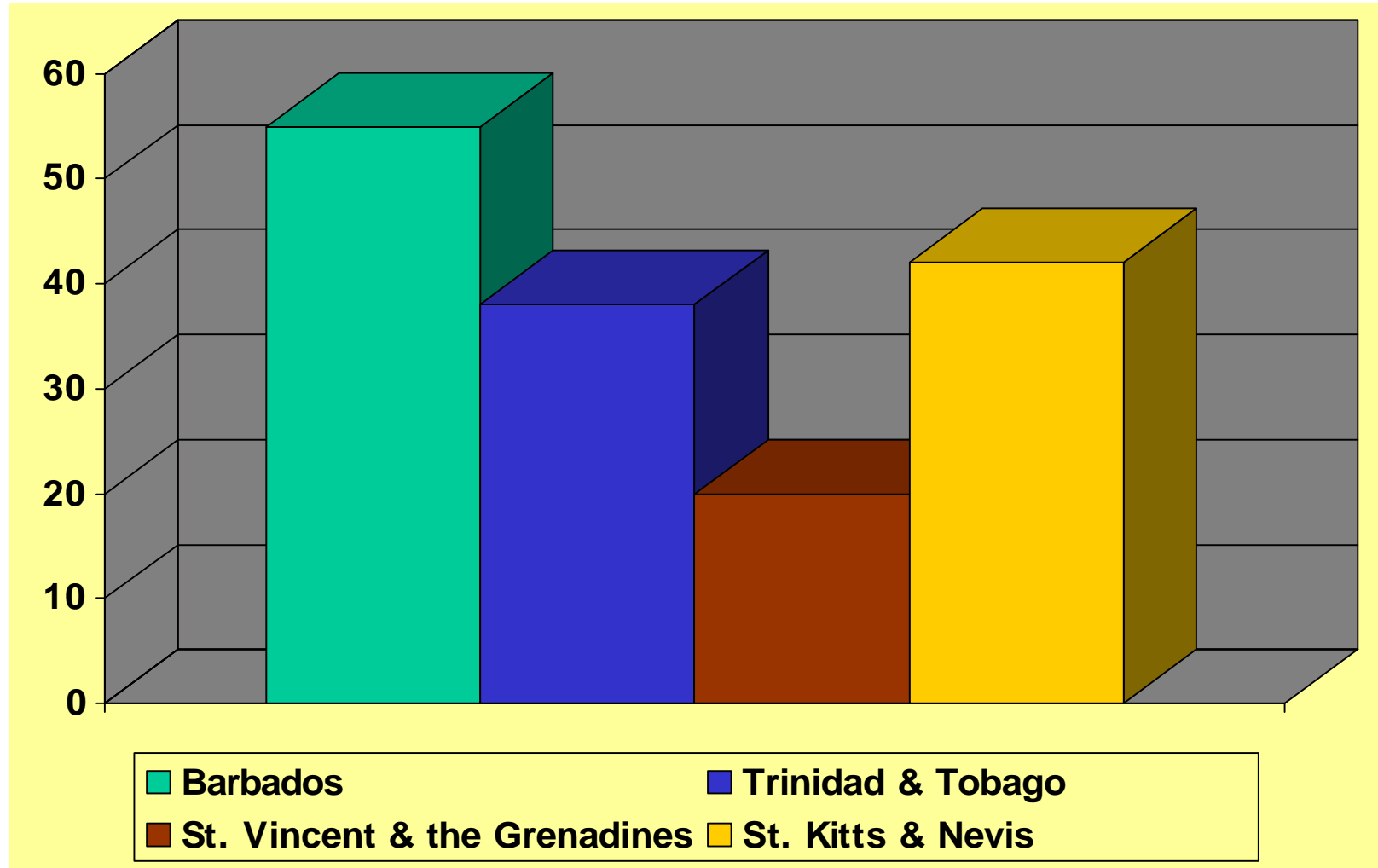
# HIV Trends among TB Patients: 1997 – 2000 (percentage)



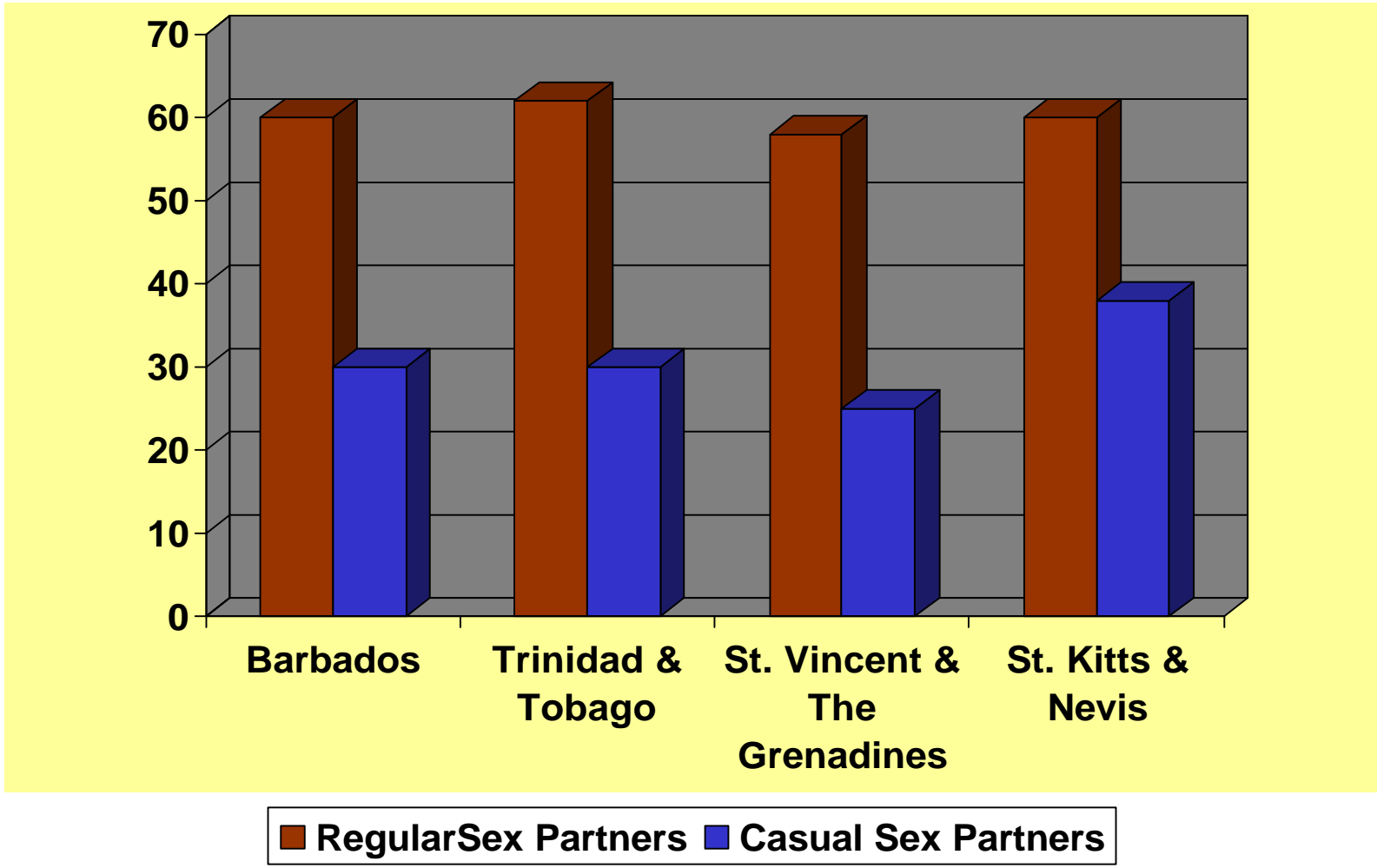
## Sexual Health Survey among students in St Maarten- 2001

- 1200 High School Students (13-18 years old) were interviewed and results showed that:
  - 42% were sexually active
  - 60% report having used condom at last sexual intercourse
  - 18% have had 4 or more life time sex partners
  - 34% had one or more sex partners during the past three months
- (Source: Ministry Of Health- National AIDS Programme)

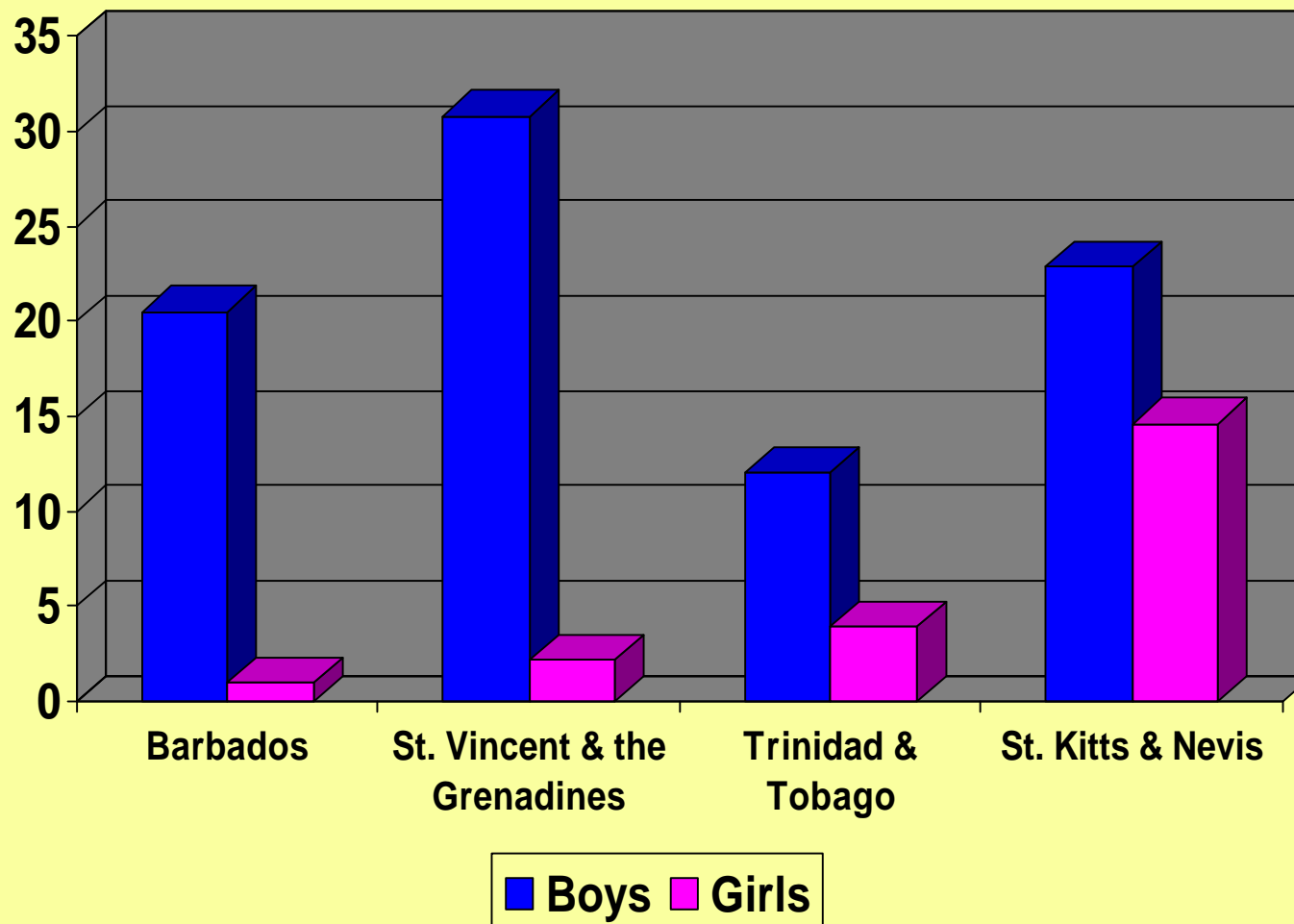
# Sexually Active Teenagers: Four CMC's Report (PSI – 2002)



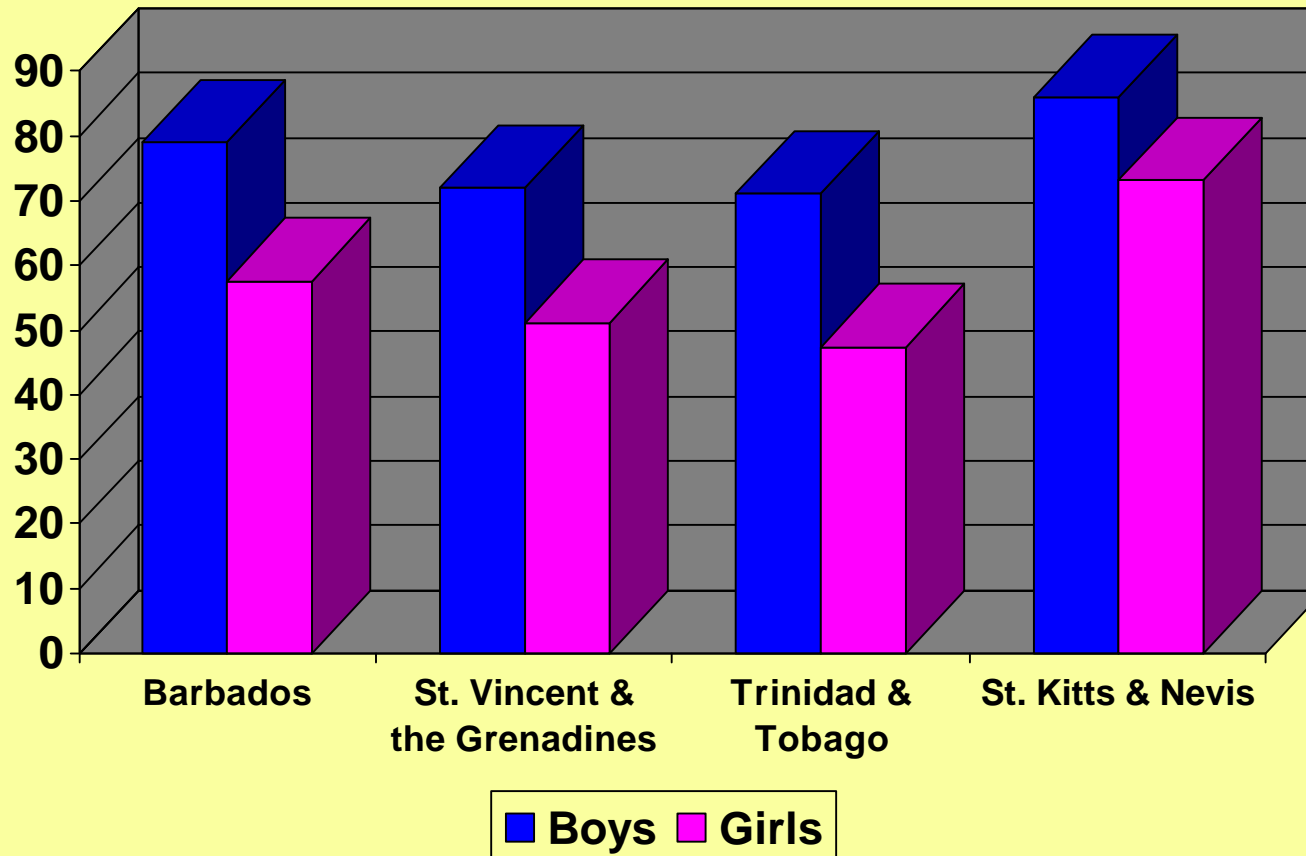
## Sexually Active Persons with Regular and Casual Partners: Four CMC's Report (PSI 2002)



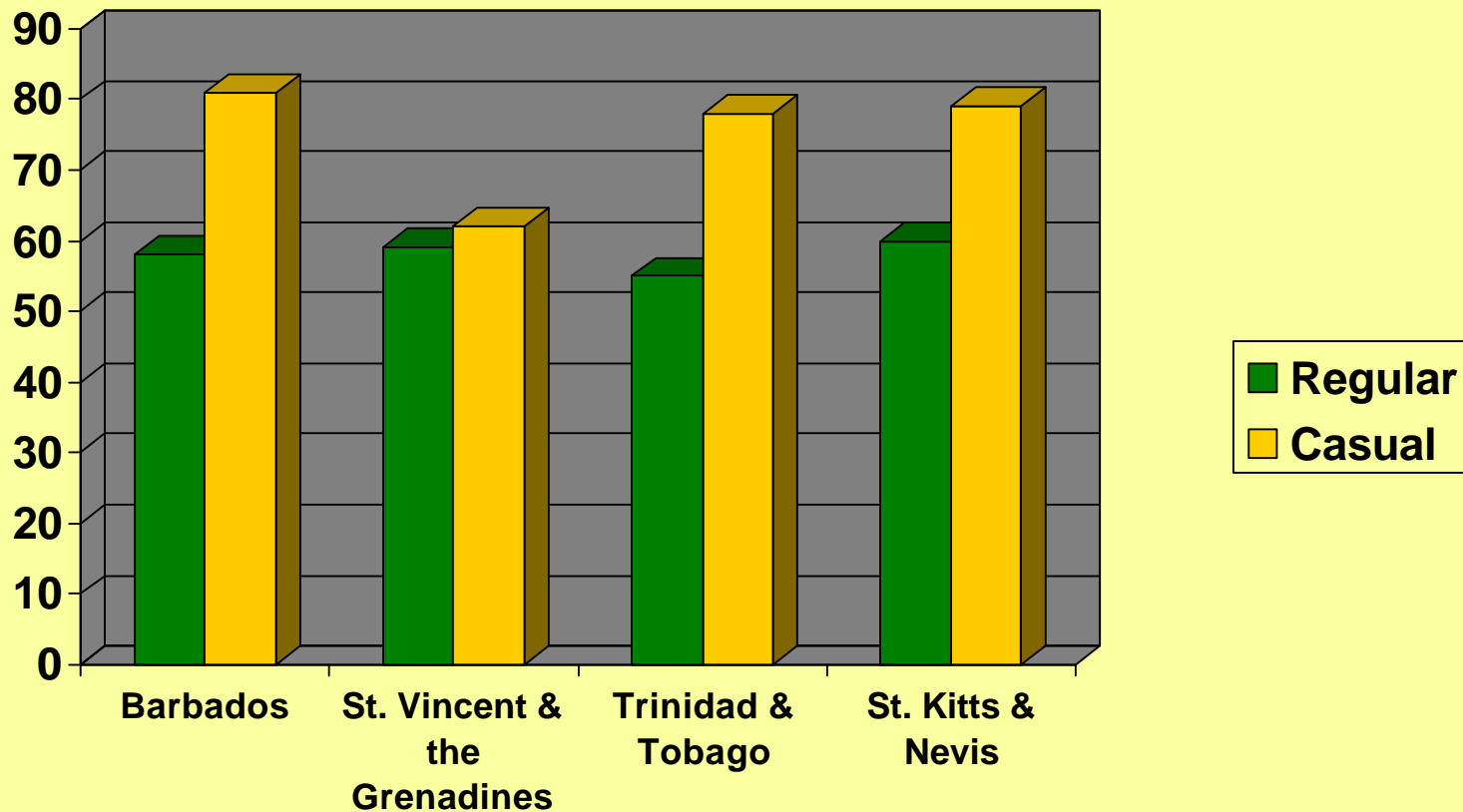
## Sexually Active Youth less than 11 Years (PSI 2002)



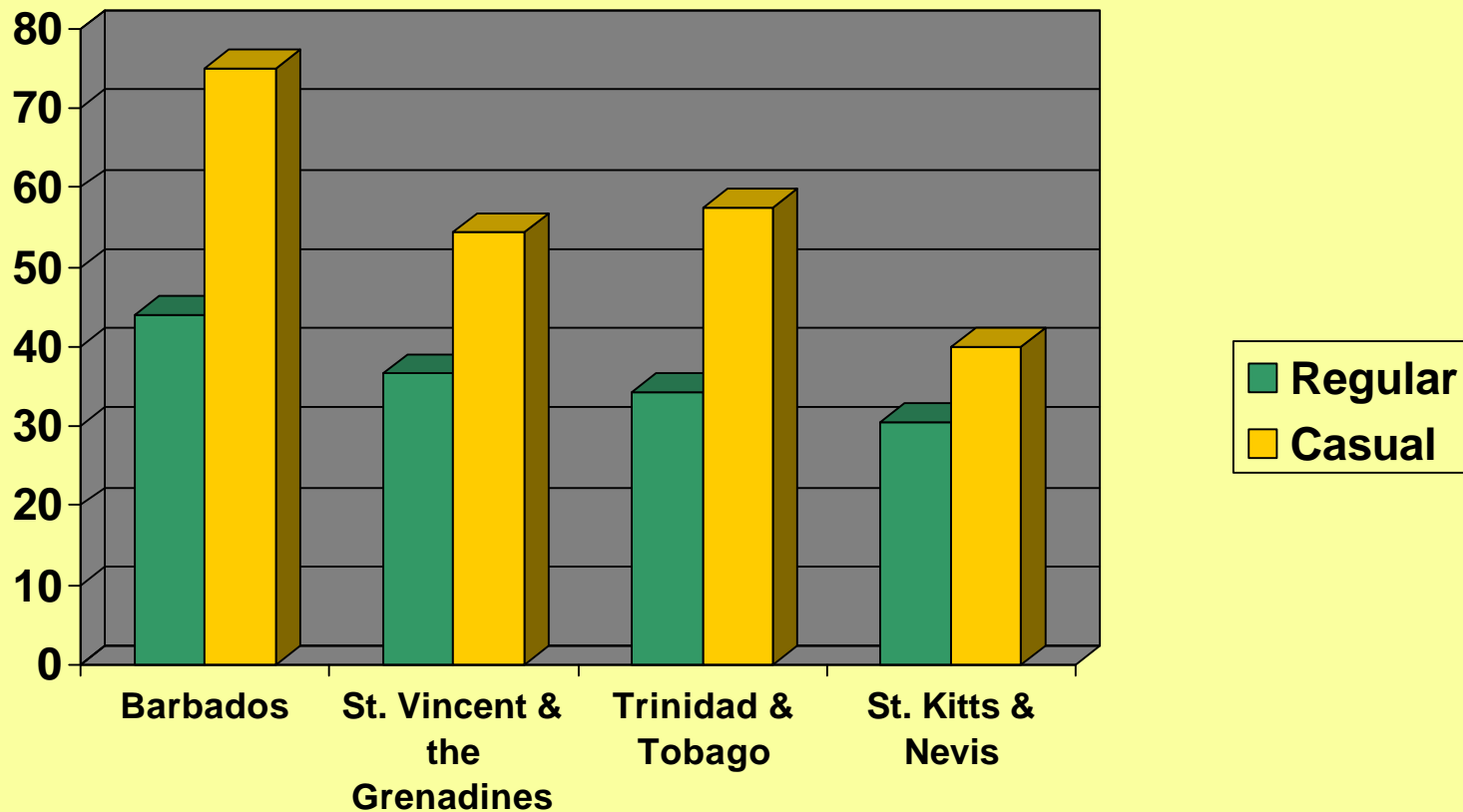
## Sexually Active Youth at 15 years Old (PSI 2002)



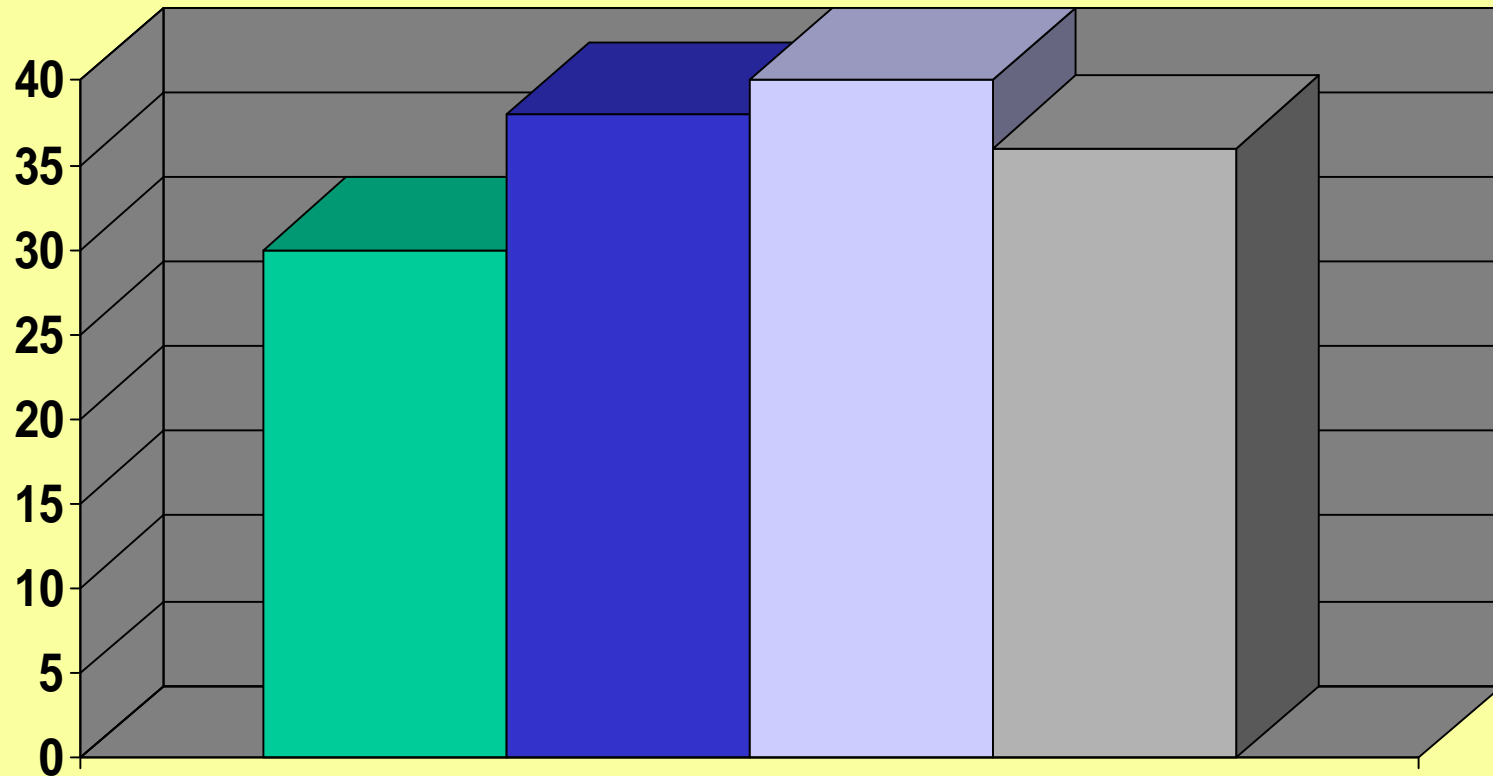
## Condom Use at last Sexual Intercourse with Regular & Casual partners (PSI 2002)



# Always “Condom Use” during sexual intercourse with Regular and Casual Partners (PSI 2002)



## AIDS Perception among youth Seriousness of aids (PSI 2002)



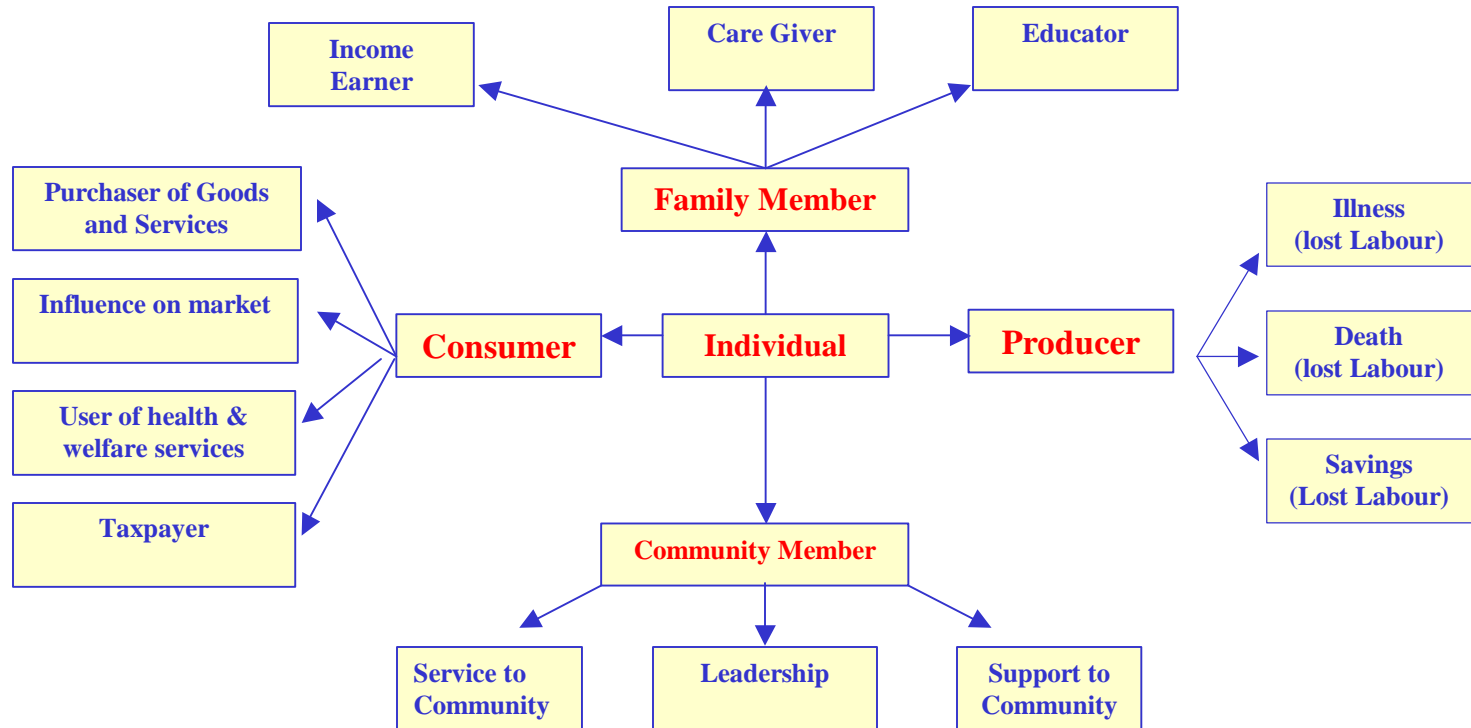
■ Barbados

■ St. Vincent & the Grenadines

■ Trinidad & Tobago

■ St. Kitts & Nevis

# Why focus on the epidemic: Impact on Individuals and Households



## Macroeconomic Impact on Key Variables in 2005 on Key Variables (low case scenario)

Impact Variables	Trinidad & Tobago	Jamaica
Gross Domestic Product	-4%	-6%
Savings	-10%	-24%
Investment	-16%	-17%
Employment in Agriculture	-4%	-5%
Employment in Manufacturing	-5%	-4%
Employment in Services	-7%	-8%
Labour Supply	-5%	-7%
HIV/AIDS Expenditure	+25%	+35%

# Factors Driving the Epidemic

## **Social, Cultural, Behavioural**

- **Dysfunctional gender relations**
- **Early initiation of sexual activity and Limited life-skills for sex education**
- **Cultural and religious taboos**
- **Stigmatisation of people with HIV & Lack of Human Rights Approach to HIV**
- **Insufficient condom use and monogamy**
- **Commercial sex work due to poverty**
- **Discriminatory policies & lack of equity**
- **Substance abuse: alcohol, crack and cocaine => risky behaviour**

# Factors Driving the Epidemic

## Economic & Development

- Poverty, inequitable income distribution
- Limited skills and poor socialisation
- Internal and External Migration
- Rapid urbanisation and ghetto formation
- Limited genuine multi-sectoral response

# Factors Driving the Epidemic

## Bio-medical, Ethical and Access to Care

- **Equity issues: Limited access to care for some populations**
- **Limited standards and systems of care and support for PLWHA**
- **Attitude of health workers towards PLWHA and lack of use of health promotion approaches**
- **Limited legal and ethical frameworks for issues surrounding living with HIV**

# 20 Years of the HIV/AIDS Epidemic in the Caribbean

Some Examples and Success Stories To Be Replicated

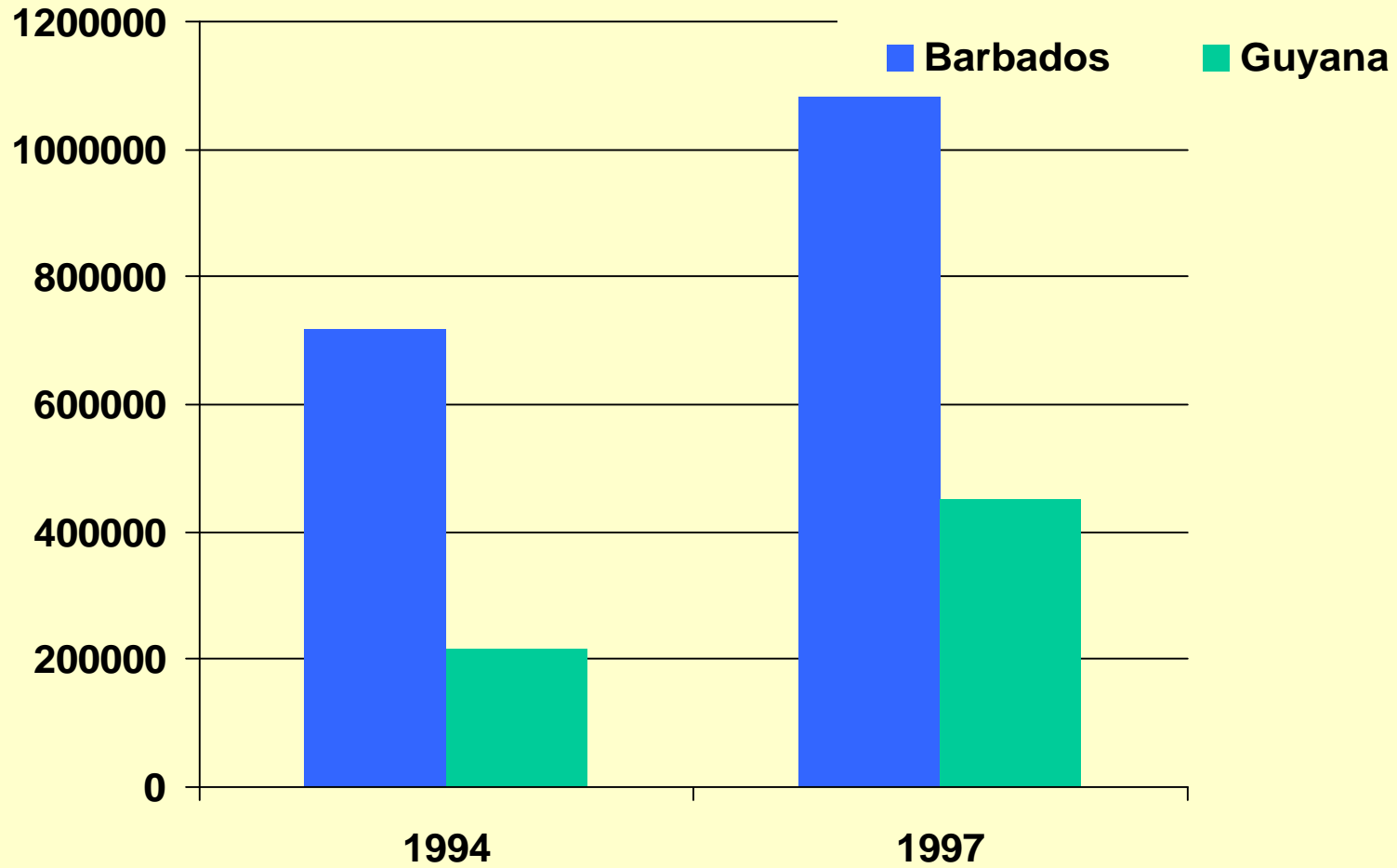


## **AIDS Response Under Direct Leadership of the President or the Prime Minister**

- **To achieve a real Expanded Response to the HIV/AIDS Epidemic, some good examples have been implemented with the National AIDS Programmes being under the Leadership of or directly influenced by the President or the Prime Minister:**

**Bahamas, St Kitts and Nevis, Barbados, Trinidad and Tobago, Haiti, Dominican Republic, Suriname, Antigua and Barbuda, and Belize**

## Increasing Condom Sales and Distribution in Barbados and Guyana



## **HIV/AIDS in Haiti: 1981-2000**

- **Comparison between 1994 and 2000:**
  - **Male condom sales (Kapote Pante) increased from 4 million in 1994 to 11 million in 2000**
- **Comparison between 1997 and 2000:**
  - **Female Condom sales (Reyalite) increased from 14,073 in 1997 to 37,854 in 2000**

**(Source: PSI-Haiti)**

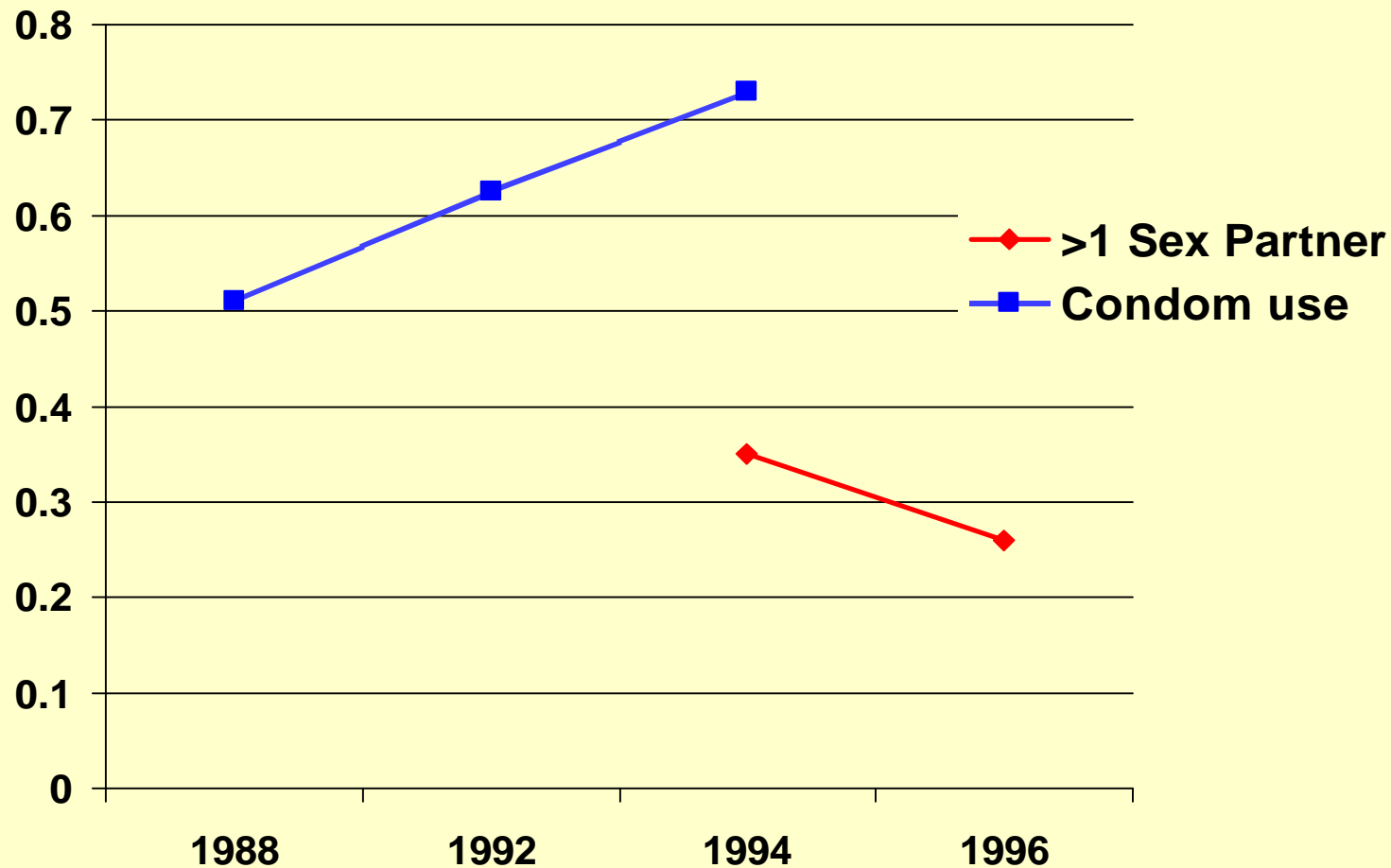
## **HIV/AIDS in the Dominican Republic**

- **Comparison between 1996 and 1999 surveys among female sex workers**
  - **Among Female Sex Workers, 78% reported a change in their sexual behaviors to prevent HIV/STI**
  - **95% reported negotiating condom use with clients**
  - **20% reported having reduced number of sex partners**
    - **(COPRESIDA-2000)**

## **HIV/AIDS in Guyana: Female Sex Workers**

- **Comparison between 1997 and 2000 survey among Female Sex Workers has shown that:**
  - 45% of FSW showed their condoms to interviewers.
  - “Always use” condom with clients rose by 19% between 1997 and 2000 and
  - “Always use” of condom with regular partner increased by 25% between 1997 and 2000.
- **(Source: Red Thread, MOH and CAREC)**

## Decreasing Number of Sexual Partners and Increasing Condom use in Jamaica among 15 - 49 age group

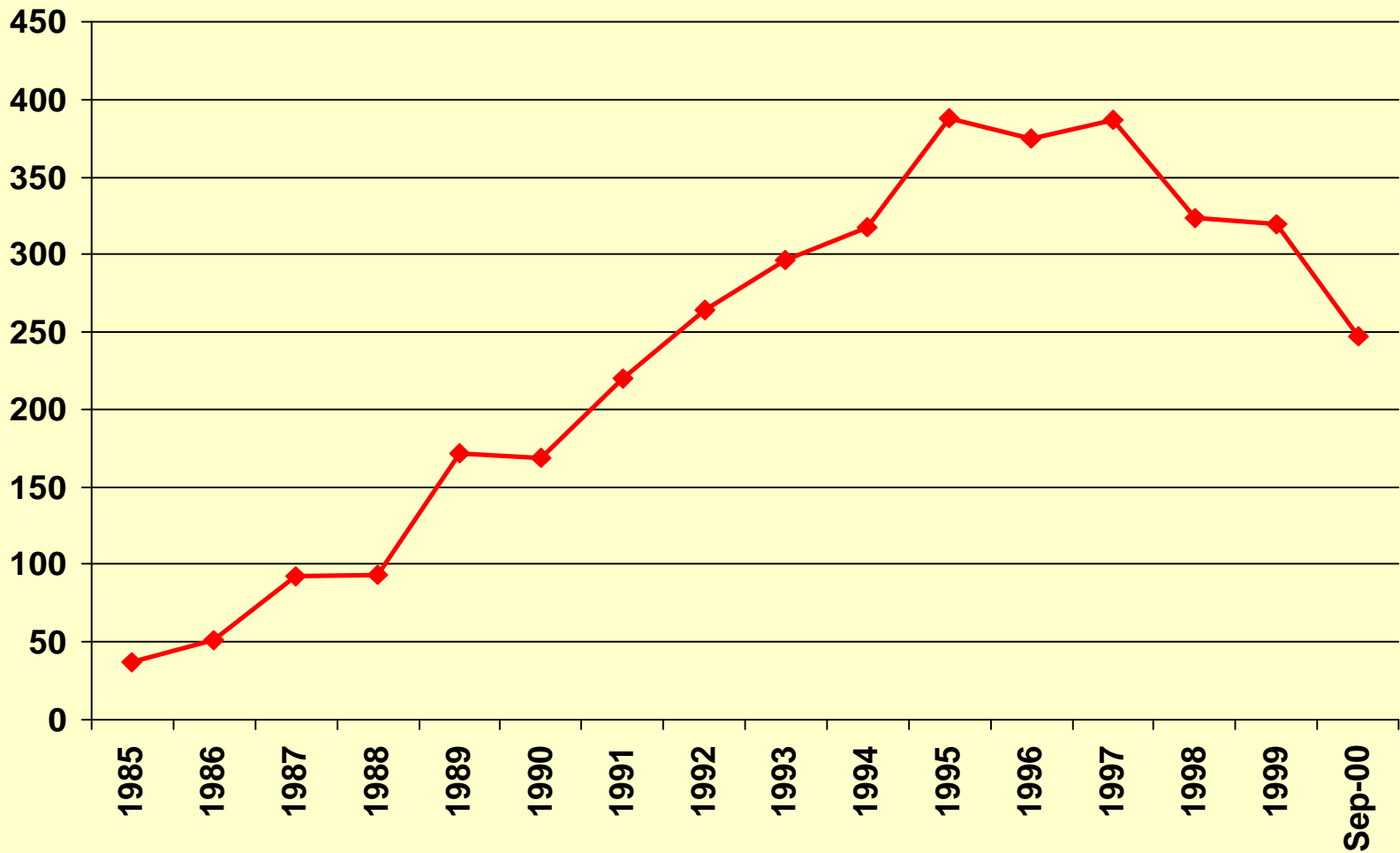


## **Blood Safety in the CAREC MEMBER COUNTRIES**

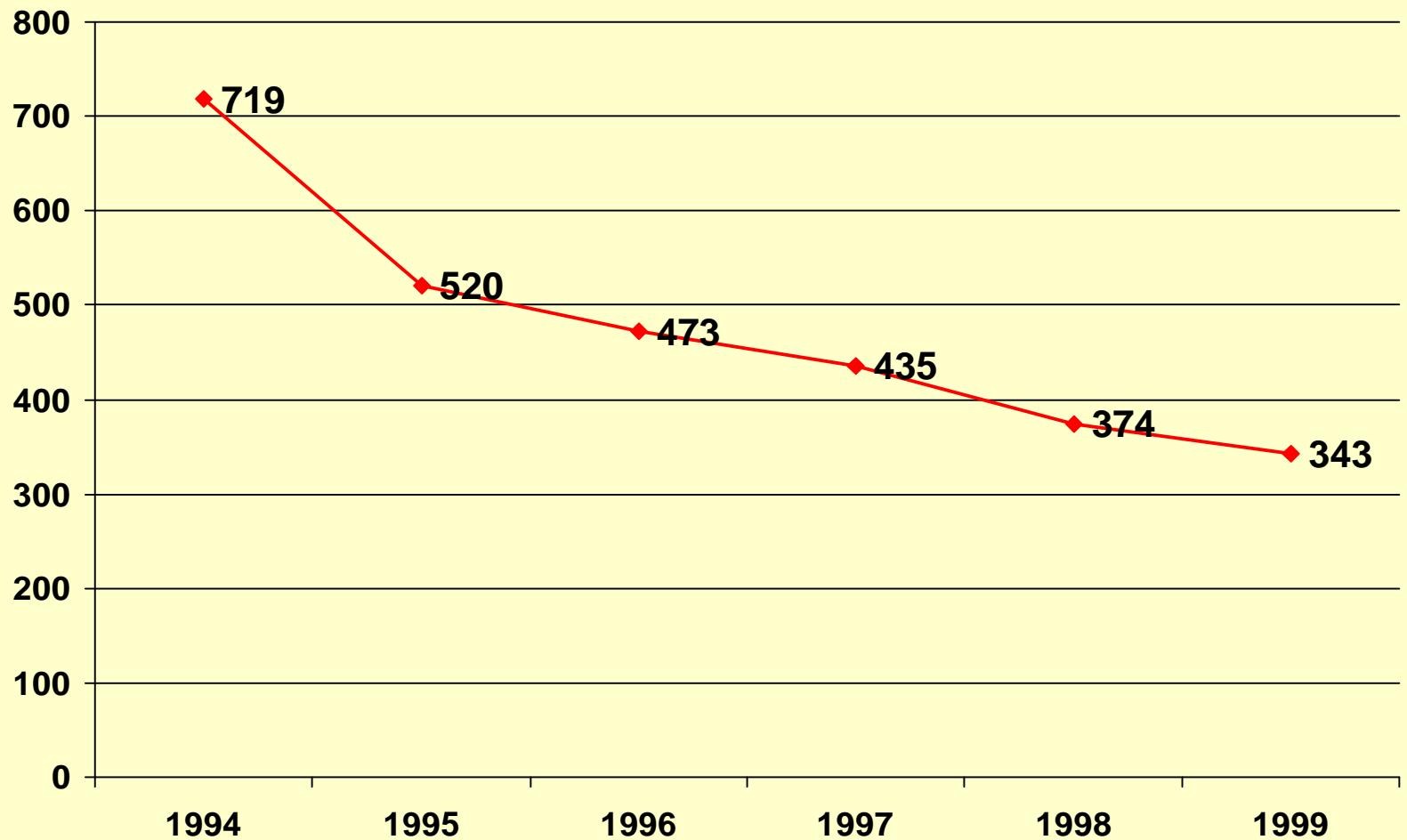
**In CAREC Member Countries, HIV Transmission Through Blood Transfusion is under Control. It needs to be sustained.**

**In 2000, Suriname achieved the ZERO HIV TRANSMISSION THROUGH BLOOD with A Drastic Decline In Infectious Diseases Trends Among Blood Donors**

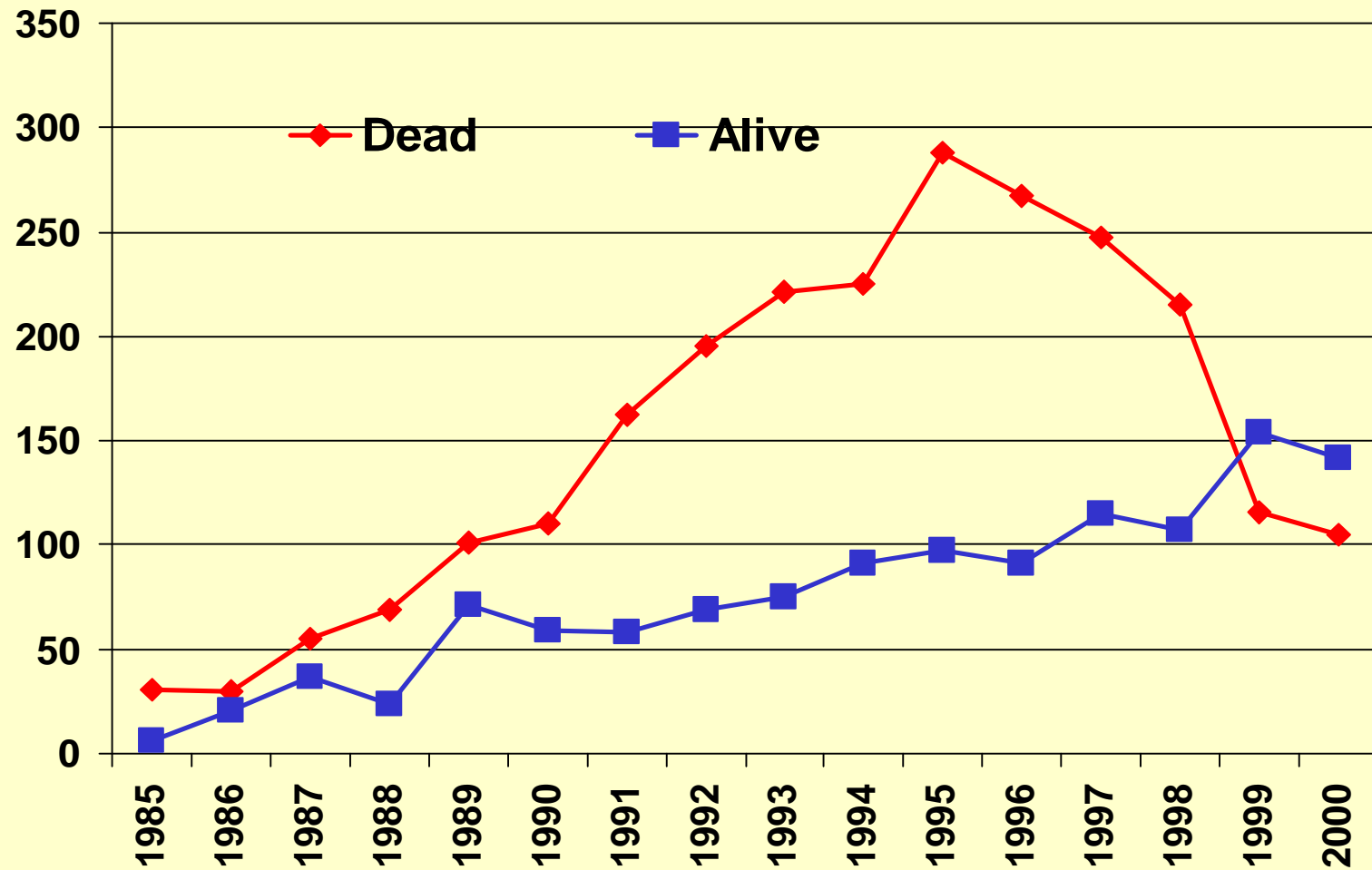
## Declining Reported AIDS Cases in the Bahamas 1985 - September 2000



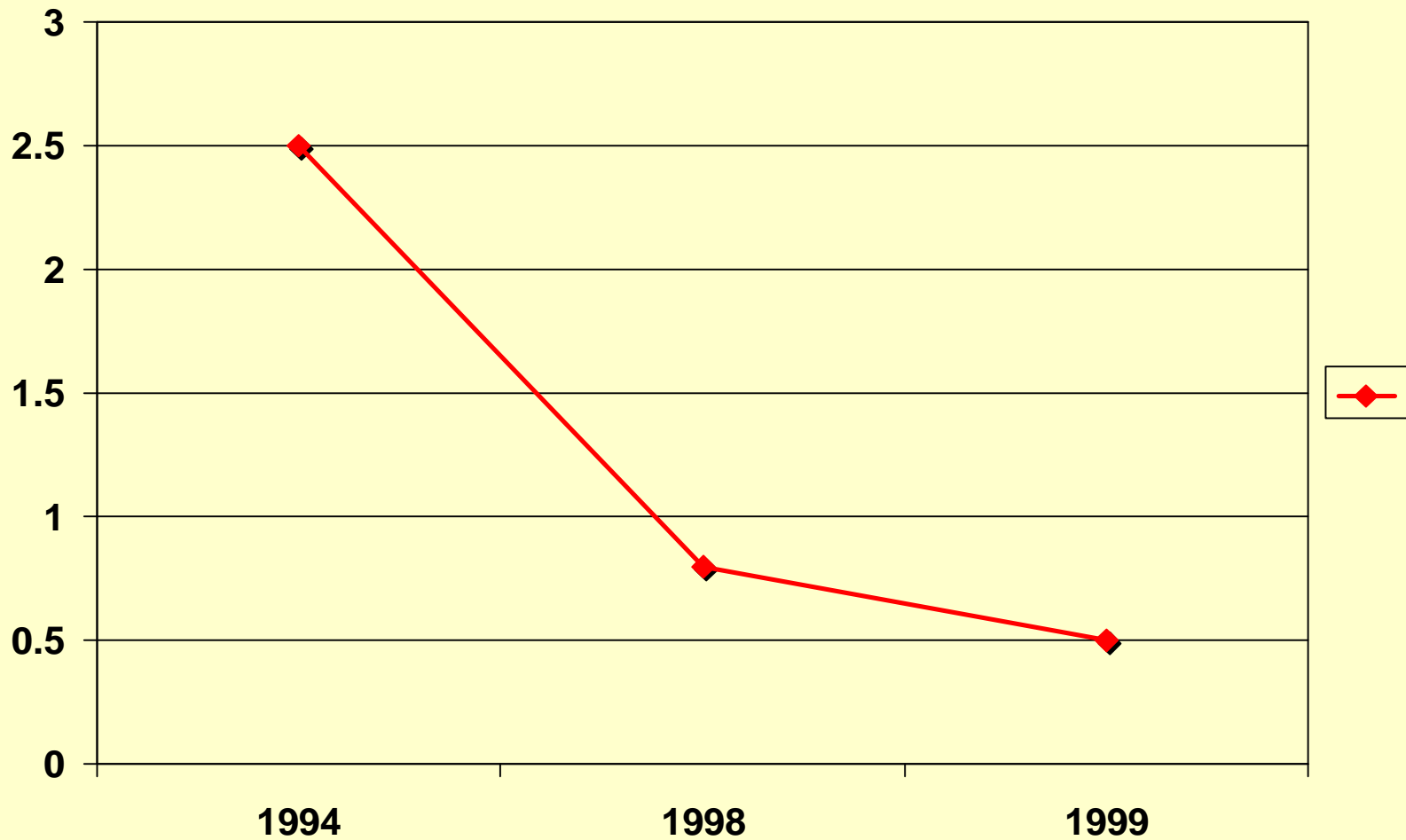
## Declining New HIV Infections Reported Annually in the Bahamas: 1994-1999



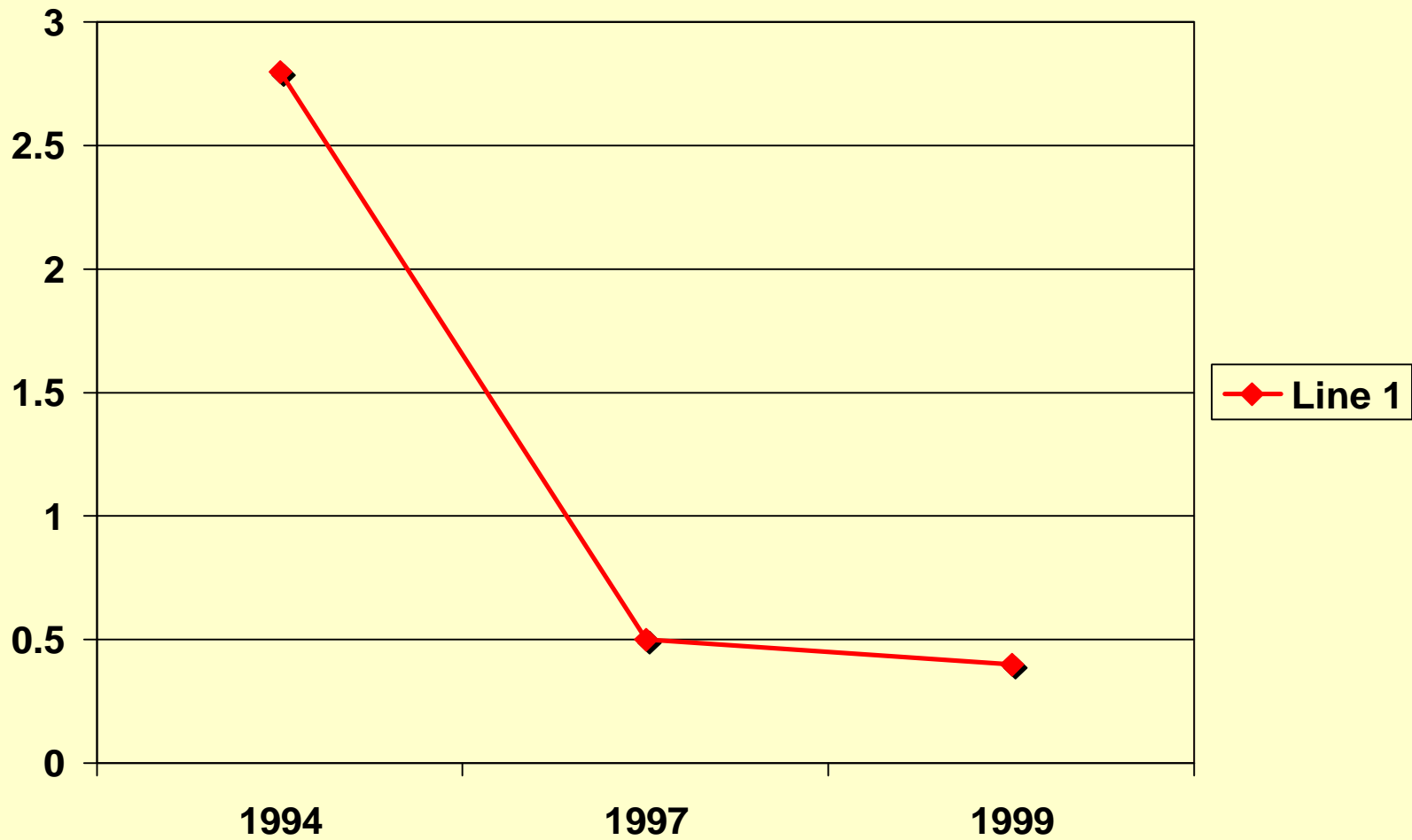
## AIDS by Year Alive or Dead in Bahamas Declining death rate 1985 - September 2000



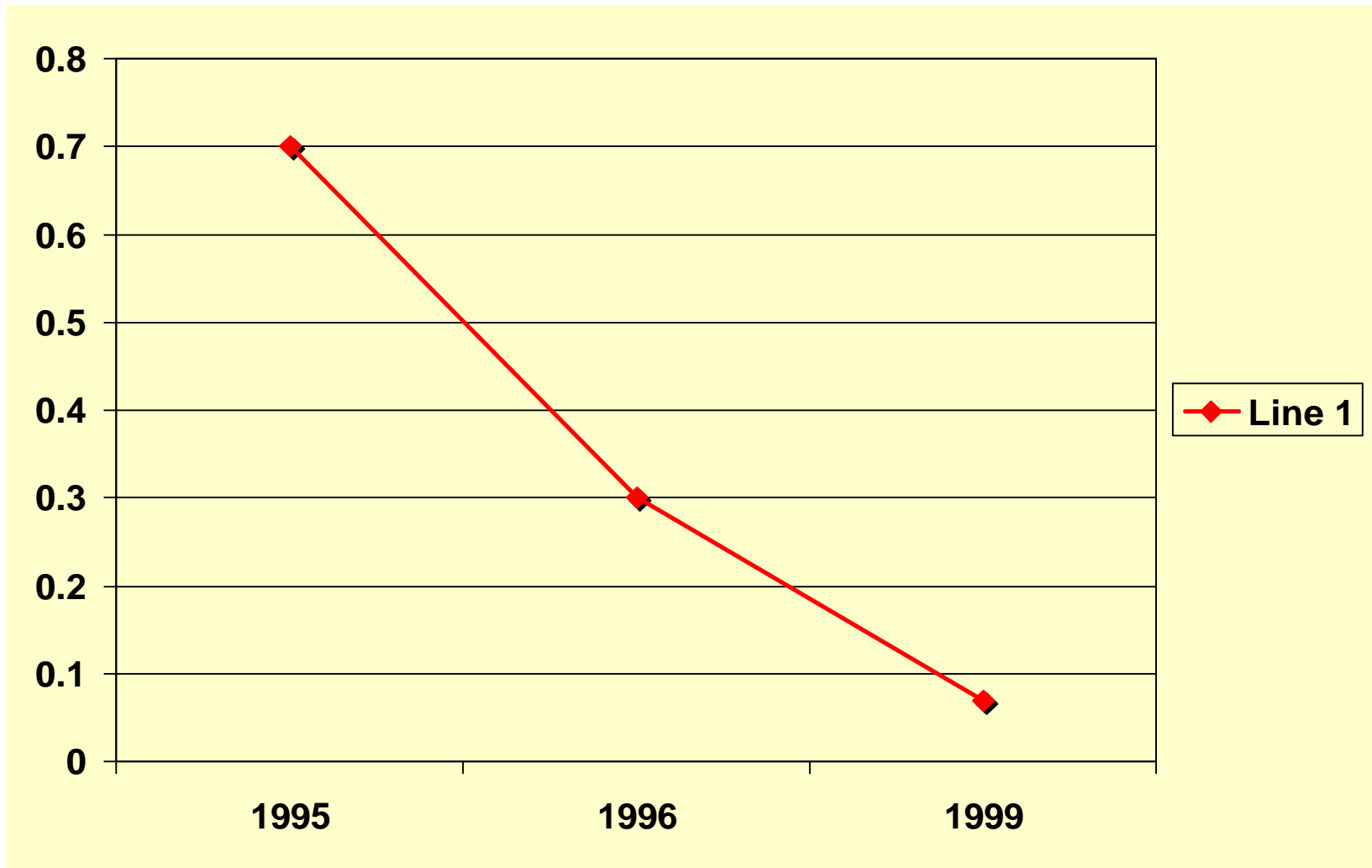
## Declining Trends of AIDS Deaths In Infants (0-1 year) in the Bahamas: 1994-1999



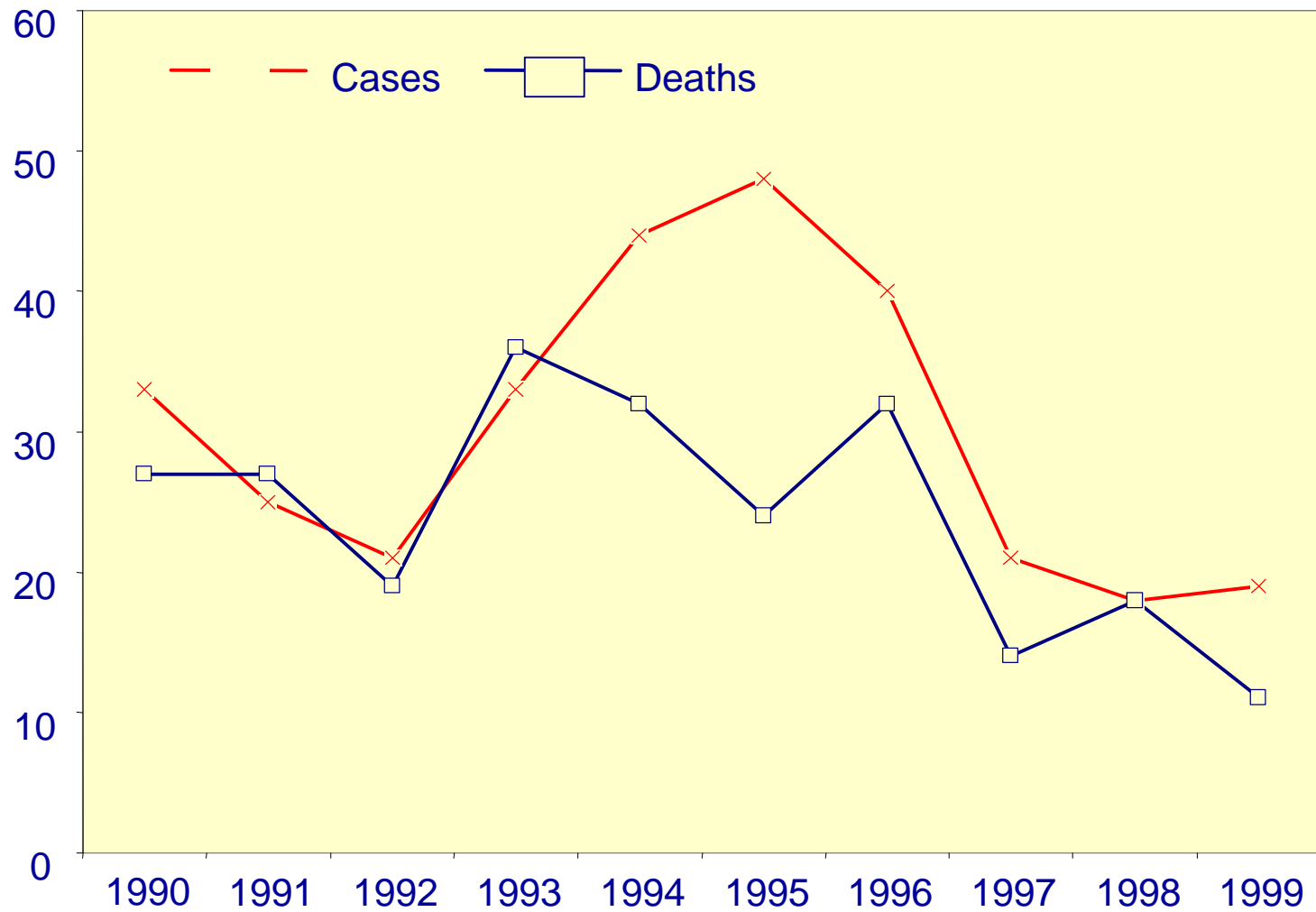
## Declining Trends of AIDS Deaths In Children (1-4years Old) in the Bahamas: 1994-1999



## Declining Trends of AIDS Deaths In Children (5-9 years old) in the Bahamas: 1995-1999



## Declining AIDS Incidence and Deaths in Bermuda: 1990-1999



## **The Caribbean Guiding Principles in Responding to the HIV/AIDS Epidemic: No 1**

- **“Any proposed response to the epidemic will not be effective if care and treatment of HIV infected individuals and reduction of stigma are not seen as a core element of that response.”**

*(CAREC HIV/AIDS Strategic Plan 2001-2005)*

## The Caribbean Guiding Principle No II

- The Caribbean must take ownership of its HIV/AIDS problem --- the Highest Office (Prime Minister or President) in any given country must play the leadership role in the battle against the epidemic.
- HIV/AIDS is a development problem which requires an Expanded Response. Therefore, there is a need to actively involve all sectors of the Caribbean Nations
- The scale of investment to respond must match the dimension the problem: we cannot use a fly to pull an elephant up a hill

*(CAREC HIV/AIDS Strategic Plan 2001-2005)*

## **The Caribbean Guiding Principle No III**

The HIV/AIDS epidemic does have special behavioural, social, cultural, and economic dimensions.

**However it would be wrong to assume that it is somehow beyond our capacity to control this epidemic.**

*(CAREC HIV/AIDS Strategic Plan 2001-2005)*

# Conclusion

- In the Western Hemisphere, the Caribbean is the region the most affected by HIV/AIDS, taking its toll among Young Adults, Women and Children with no signs of peaking, putting economic, social and human development at risk
- Complex mosaic of behavioural, socio-cultural, economic and equity issues driving it within a globalised world which does not protect small economies and small nations.
- We have sufficient knowledge to reverse the tide and we need to act together in the spirit of the Pan Caribbeanism/Americanism.
- Success was achieved in controlling Measles and eliminating wild Polio, success can be achieved in controlling the HIV/AIDS epidemic. This success can be accomplished through the commitment of all to the Caribbean regional public health integration.

***(CAREC HIV/AIDS Strategic Plan 2001-2005)***

# **Caribbean Health Vision**

**Safe, Happy, Healthy,  
More Productive People,  
Living in Harmony within a Cleaner  
and a  
Greener Environment**