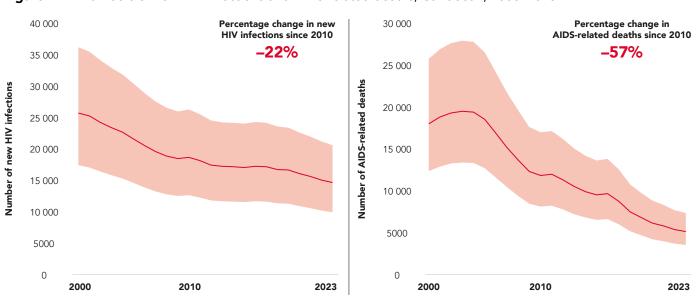
CARIBBEAN

The Caribbean has made substantial progress against HIV since 2010, but there has been little change in the annual number of new HIV infections over the past five years. Numbers of new HIV infections have declined by 22% in the region since 2010 (Figure 11.1).

Almost 90% of new infections in the region in 2023 were in Cuba, the Dominican Republic, Haiti and Jamaica—with Haiti alone accounting for more than one third (38%) of new HIV infections. People from key populations and their sex partners continued to account for 47% of new infections in 2022 (Figure 11.2) (1). Numbers of AIDS-related deaths in the region have fallen by 57% since 2010, but a worrying increase has been reported in Belize, Cuba, Guyana and Suriname.

Numbers of new HIV infections are going down, but not fast enough

Figure 11.1 Numbers of new HIV infections and AIDS-related deaths, Caribbean, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).

1



2023 DATA

- 22% decrease in new HIV infections since 2010
- **57%** decrease in AIDS-related deaths since 2010
- People living with HIV:340 000 [280 000–390 000]
- New HIV infections:
 15 000 [9900–21 000]
- AIDS-related deaths: 5100 [3500–7400]

Testing and treatment cascade (all ages):

- % of people living with HIV who know their status:
 85 [63->98]
- % of people living with HIV who are on treatment:
 70 [52–85]
- % of people living with HIV who have a suppressed viral load: 61 [51–71]

Financing of the HIV response:

Resource availability for HIV:
 US\$ 354 million (domestic resources US\$ 134.4 million, international resources
 US\$ 224 million)

Treatment coverage has continued to expand: 85% [63–>98%] of people living with HIV know their status, 70% [52–85%] of all people living with HIV are on treatment, and 61% [51–71%] of all people living with HIV were virally suppressed in 2023. The percentage of people living with HIV who were on treatment and virally suppressed rose from 79% [59–96%] in 2018 to 87% [64–>98%] in 2023. Treatment coverage was 78% [56–94%] among women aged 15 years and over and 65% [47–80%] among men aged 15 years and over. Late diagnosis of advanced HIV disease (AIDS) remains a significant challenge. Paediatric treatment coverage, at 39% [27–51%], was much lower than adult treatment coverage in 2023.

Eleven of the 17 countries or territories globally validated for eliminating vertical transmission of both HIV and syphilis are in the Caribbean region, 1 showcasing the impact of strong political commitment, personcentred service provision, health system strengthening, public–private collaboration, community engagement, and addressing human rights and gender in health services.

There has been a marked shift towards decriminalization of same-sex relations, led by strong activism across the region. Since 2010, six countries² have decriminalized same-sex sexual intercourse, but it remains criminalized in five countries. Court decisions on the constitutionality of these laws are pending in three countries,³ and various procedural grounds have affected rulings in other countries.⁴ Sex work remains criminalized in 14 of 16 countries, and possession of small amounts of drugs is criminalized in all 16 countries. Belize has repealed the criminalization of HIV transmission, nondisclosure or exposure, but some countries still maintain such counterproductive legal provisions.⁵

¹ Anguilla, Antigua and Barbuda, Belize, Bermuda, Cayman Islands, Cuba, Dominica, Jamaica, Montserrat, Saint Vincent and the Grenadines, Saint Kitts and Nevis.

² Antigua and Barbuda, Barbados, Belize, Dominica, Saint Kitts and Nevis, Trinidad and Tobago.

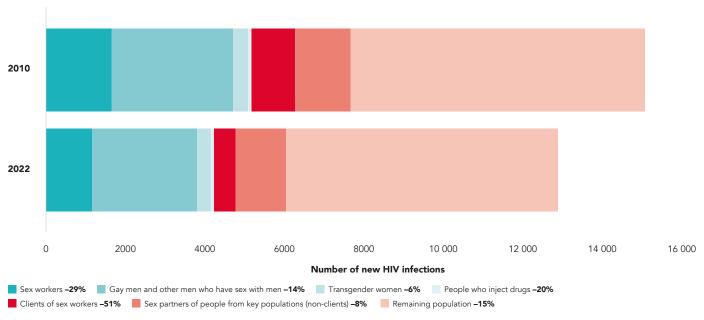
³ Grenada, Saint Lucia, and a decision by the State on an appeal of the 2018 Trinidad and Tobago ruling pending.

⁴ Jamaica, Saint Vincent and the Grenadines.

⁵ Bahamas, Saint Lucia.

People from key populations and their sexual partners account for 47% of new HIV infections in 2022

Figure 11.2 Distribution of new HIV infections and percentage change among adults, the Caribbean, 2010 and 2022



Source: Korenromp EL, Sabin K, Stover J, Brown T, Johnson LF, Martin-Hughes R, et al. New HIV infections among key populations and their partners in 2010 and 2022, by world region: a multisources estimation. J Acquir Immune Defic Syndr. 2024;95(1S):e34–e45.

Restrictions on entry, stay and residence for people living with HIV and mandatory HIV testing for marriage, work and residence exist in several countries. Some countries have introduced protective laws against discrimination based on HIV status,⁶ sexual orientation⁷ or gender identity.⁸

Funding available for HIV programmes in the Caribbean has risen by over 22% since 2021, due mainly to increases in allocations from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and a 15% increase in domestic financing (Figure 11.3). The Caribbean is the region that proportionally relies the most on foreign donations globally, however, with more than 70% of its resources for the response depending on external aid. Most Caribbean countries are classified as upper-middle-income countries and may no longer be eligible for Global Fund resources, but there are significant differences between countries—for example, nearly 100% of the HIV response in Haiti is donor-funded. It is imperative to note that these countries carry high debt levels (2, 3), have seen a reduction in social and health public spending (4, 5) and face economic challenges compounded by political instability (6, 7) and the impact of climate change. These factors have widened inequality, increased poverty (8) and heightened food insecurity (9). Despite these challenges, domestic resources primarily fund HIV prevention programmes for people from key populations in the Caribbean, although donor contributions still account for 42% of funding for these programmes.

The economic pressures underscore the importance of sustained global solidarity and innovative funding strategies to support comprehensive HIV responses in the region.

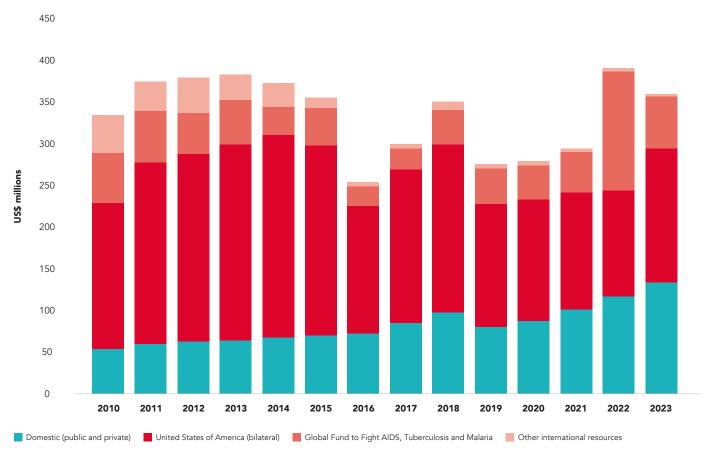
⁶ Bahamas, Barbados, Belize, Cuba, Dominican Republic, Guyana, Saint Lucia, Suriname.

Barbados, Cuba, Saint Lucia.

⁸ Saint Lucia

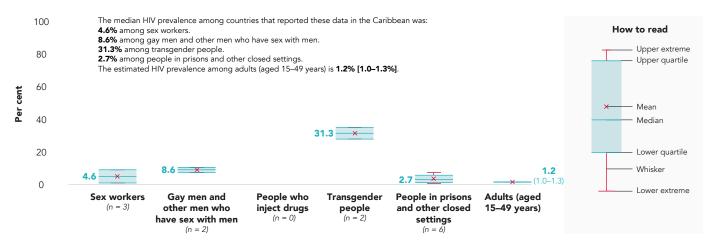
Sustainable resources are needed in the Caribbean

Figure 11.3 Resource availability for HIV, Caribbean, 2010–2023



Source: UNAIDS financial estimates, July, 2024 (http://hivfinancial.unaids.org/hivfinancialdashboards.html).

Figure 11.4 HIV prevalence among people from key populations compared with adults (aged 15-49 years), reporting countries in the Caribbean, 2019–2023



Source: Global AIDS Monitoring, 2020–2024; UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/). Note: n = number of countries. Total number of reporting countries = 16.

The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that an estimate is precise, while wide bounds indicate greater uncertainty regarding the estimate.

Table 11.1 Reported estimated size of key populations, Caribbean, 2019–2023

Country	National adult population (aged 15–49 years) for 2023 or relevant year	Sex workers	Sex workers as percentage of adult population (aged 15-49 years)	Gay men and other men who have sex with men	Gay men and other men who have sex with men as percentage of adult population (aged 15–49 years)	People who inject drugs	People who inject drugs as percentage of adult population (aged 15–49 years)	Transgender people	Transgender people as percentage of adult population (aged 15–49 years)	People in prisons and other closed settings	People in prisons and other closed settings as percentage of adult population (aged 15–49 years)
Bahamas	224 000									1500	0.65%
Dominican Republic	5 874 000										
Haiti	6 367 000	87 600		48 900				3200		11 900	0.19%
Saint Kitts and Nevis	25 000									200	0.77%
Saint Lucia	148 000									500	0.33%
Trinidad and Tobago	704 000									3400	0.48%
Estimated regional me proportion as percent population (aged 15-4	age of adult		1.78%		2.49%		0.17%		0.24%		-

National population size estimate Local population size estimate Insufficient data No data

Global AIDS Monitoring, 2020–2024 (https://aidsinfo.unaids.org/).

Spectrum DemProj module, 2024.
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Guide for updating Spectrum HIV estimates, UNAIDS 2024 (https://hivtools.unaids.org/hiv-estimates-training-material-en/).

Estimates shown are government-provided estimates reported for 2019–2023. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (https://kpatlas.unaids.org/), academic publications and institutional documents. Notes:

The regions covered by the local population size estimates are as follows: Haiti: Cap-Haitien, Carrefour, Cayes, Gonaives, Hinche, Jacmel, Ouanaminthe, Pétiion-Ville, Saint-Marc

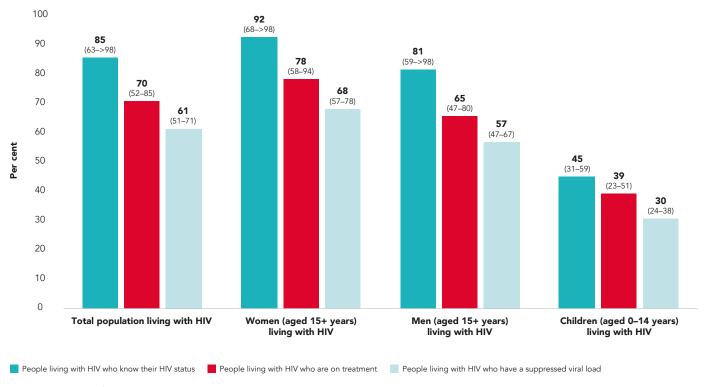
Source:

Note on methodology
The estimated size of key populations refers to reported values through Global AIDS Monitoring since 2019 only. A comprehensive review of the data was conducted during these reporting rounds and therefore estimates should not be compared with data presented in previous UNAIDS reports. As a result of this process, the estimates reported can be categorized as follows: "National population size estimate" refers to estimates that are empirically derived using one of the following methods: multiplier, capture-recapture, mapping/enumeration, network scale up method (NSUM) or population-based survey, or respondent-driven sampling-successive sampling (RDS-SS). Estimates had to be national or a combination of multiple sites with a clear

approach to extrapolating to a national estimate.
"Local population size estimate" refers to estimates that are empirically derived using one of the before mentioned methods but only for a subnational group of sites that are insufficient for

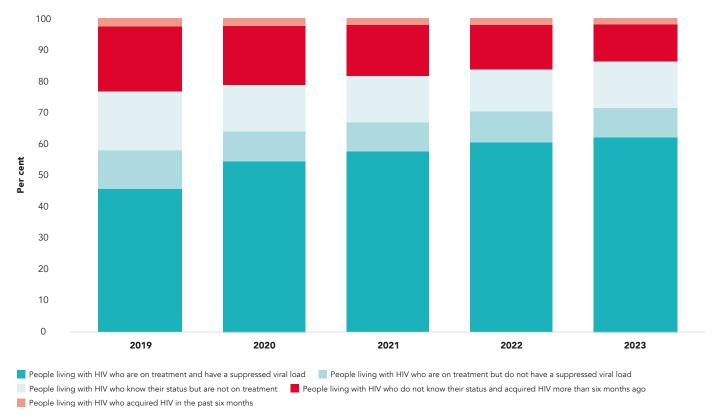
national extrapolation.
"Insufficient data" refers to estimates derived from expert opinions, Delphi, wisdom of the crowds, programmatic results or registry, regional benchmarks or unknown methods. Estimates may or may not be national.

Figure 11.5 HIV testing and treatment cascade, by age and sex, Caribbean, 2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Figure 11.6 Distribution of people living with HIV by recent infection, knowledge of status, treatment and viral load suppression, adults (aged 15+ years), Caribbean, 2019–2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Table 11.2 Laws and policies scorecard, Caribbean, 2024

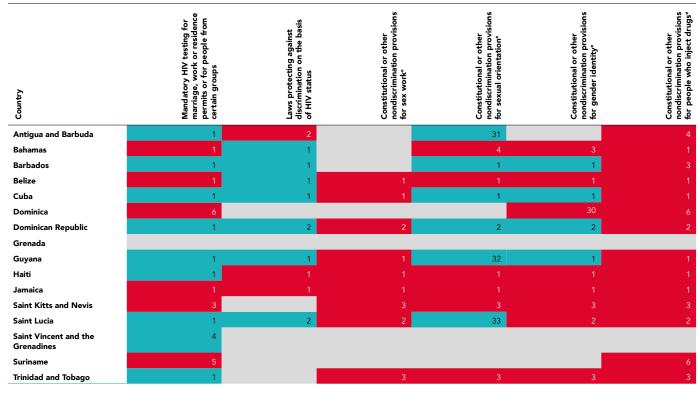
Yes, for adolescents aged 12 years or younger

Not addressed in laws or policy

Data not available

Country	Criminalization of transgender people*	Criminalization of sex work ^b	Criminalization of same-sex sexual acts in private	Criminalization of possession of small amounts of drugs ^ć	Laws criminalizing HIV nondisclosure, exposure or transmission ^d	Laws or policies restricting the entry, stay and residence of people living with HIV	Parental or guardian consent for adolescents to access HIV testing
Antigua and Barbuda	4		16		2	7	4
Bahamas	3		3		1	7	3
Barbados	3		1		3	7	4
Belize	8		1		1	7	23
Cuba	1	11	1		22	7	24
Dominica	4	12	30	25	22	7	6
Dominican Republic	1	13	1		1	7	3
Grenada		14	17	26	22	7	
Guyana	1	15	18		22	7	1
Haiti	1	1	1		1	7	1
Jamaica	1		1		1	7	1
Saint Kitts and Nevis	3		19	27	3	7	3
Saint Lucia	2				2	7	3
Saint Vincent and the Grenadines		4	20	28	22	7	
Suriname	6		17		6	7	5
Trinidad and Tobago	3	3	21	29	2	7	3







- Criminalization of transgender people refers to laws that criminalize people based on their gender identity or expresssion, such as laws against cross-dressing or impersonating the
- h Criminalization of sex work refers to criminalization of any aspect of sex work, including buying sexual services, selling sexual services, ancillary activities associated with buying or selling sexual services, and profiting from organizing or managing sex work.
- Criminalization of possession of small amounts of drugs refers to the criminalization of possession of any quantity of drugs, including possession of a quantity of drugs sufficient
- only for personal use. A country is considered to criminalize possession of small amounts of drugs even if marijuana has been decriminalized.
 HIV nondisclosure, exposure or transmission may be explicitly criminalized in an HIV-specific law or within a law that covers a broader range of communicable diseases and mentions HIV. d They may also be criminalized under a law that covers a broader range of communicable diseases but does not specifically mention HIV. Laws may limit criminalization to cases of actual and intentional transmission. This refers to cases where a person knows their HIV-positive status, acts with the intention to transmit HIV and does in fact transmit it, in line with the UNDP 2021 Guidance for Prosecutors on HIV-related Criminal Cases. Some countries do not have a law specifically criminalizing HIV nondisclosure, exposure or transmission but the general law has been used to prosecute cases in the past 10 years.
- Constitutional or legislative protections against discrimination refer to whether gender identity or sexual orientation is specified as a protected attribute or whether courts or government

have legally recognized that gender identity/sexual orientation/involvement in sex work/involvement in drug use or possession are protected under another attribute.

This figure does not capture where key populations may be de facto criminalized through the misuse of other laws, such as vagrancy or public morality laws, or the use of the above laws for different populations, e.g. transgender people may be targeted using laws criminalizing same-sex sexual activity, or gay men and other men who have sex with men may be targeted using HIV

Source

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