



HIV/AIDS IN THE CARIBBEAN: A REGIONAL OVERVIEW

PRESENTED AUGUST 21 TO:
ECLAC

CARIBBEAN SUBREGIONAL EXPERT MEETING



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OVERVIEW OF PRESENTATION

- Overview of CCNAPC
- The epidemiology of HIV/AIDS in the Caribbean
- Factors affecting and impacting the epidemic
 - Stigma and discrimination
 - Risky behaviors
 - Caribbean Gender Roles
- What is required to effectively address the issue of HIV/AIDS in the Region.



CCNAPC - WHO ARE WE?

- ◉ CCNAPC was established in 2000.
- ◉ Committed to reducing the spread and mitigating the impact of HIV/AIDS in the Caribbean Region.
- ◉ Our mission is to empower members to build strong national and regional responses to HIV/AIDS, by reinforcing leadership and building programme management capacity through peer collaboration
- ◉ Membership comprises 34 Spanish, French, Dutch and English countries/territories

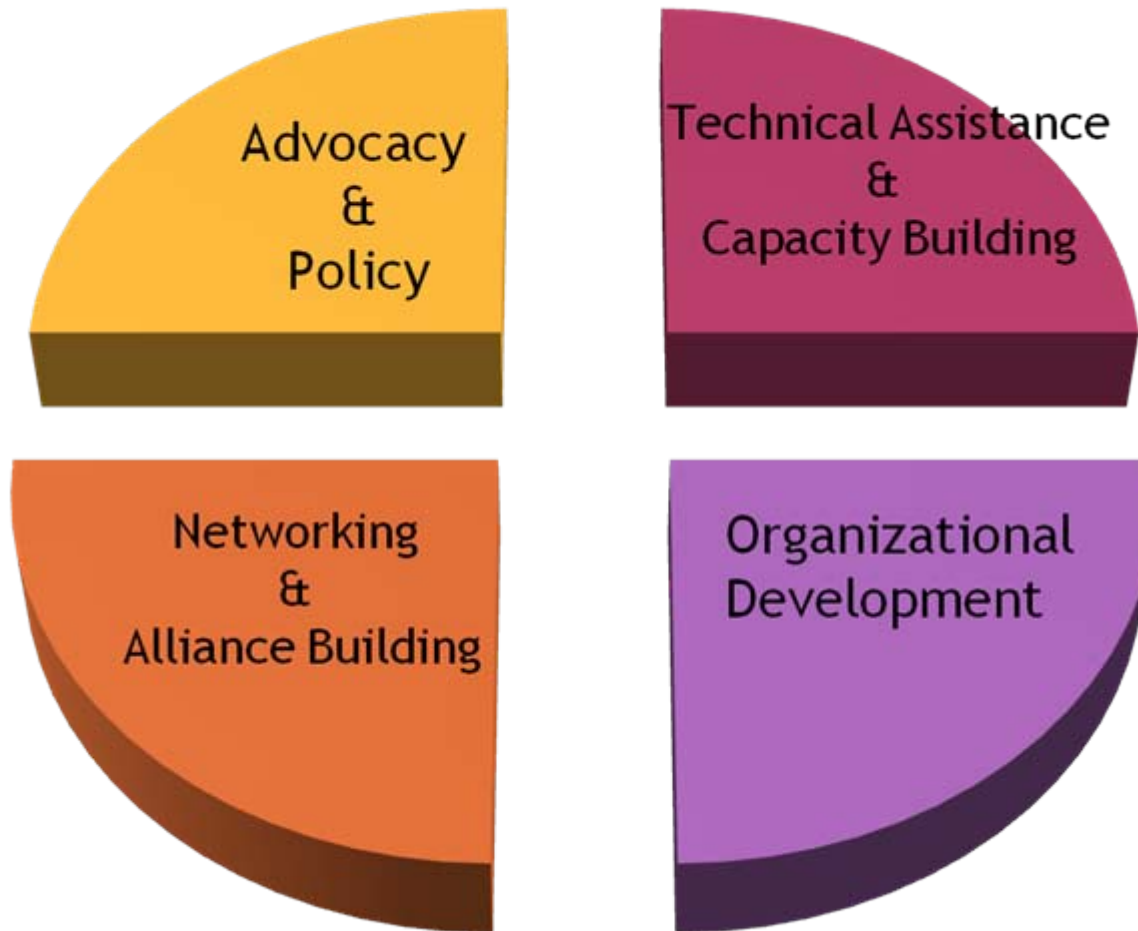


CCNAPC - WHO ARE WE? CONT'D

- ◉ Our membership comprises those individuals actively engaged in directing their country's National HIV/AIDS response i.e. NACs.
- ◉ Our strength is our **DIVERSITY** and our **capacity for information sharing**
- ◉ CCNAPC is uniquely positioned to effect change and achieve innovation in primary prevention, care and treatment and build country capacity to conduct core public health AIDS activities



CCNAPC'S STRATEGIC PRIORITIES



HIV/AIDS IN THE CARIBBEAN IN 2007 - THE FACTS

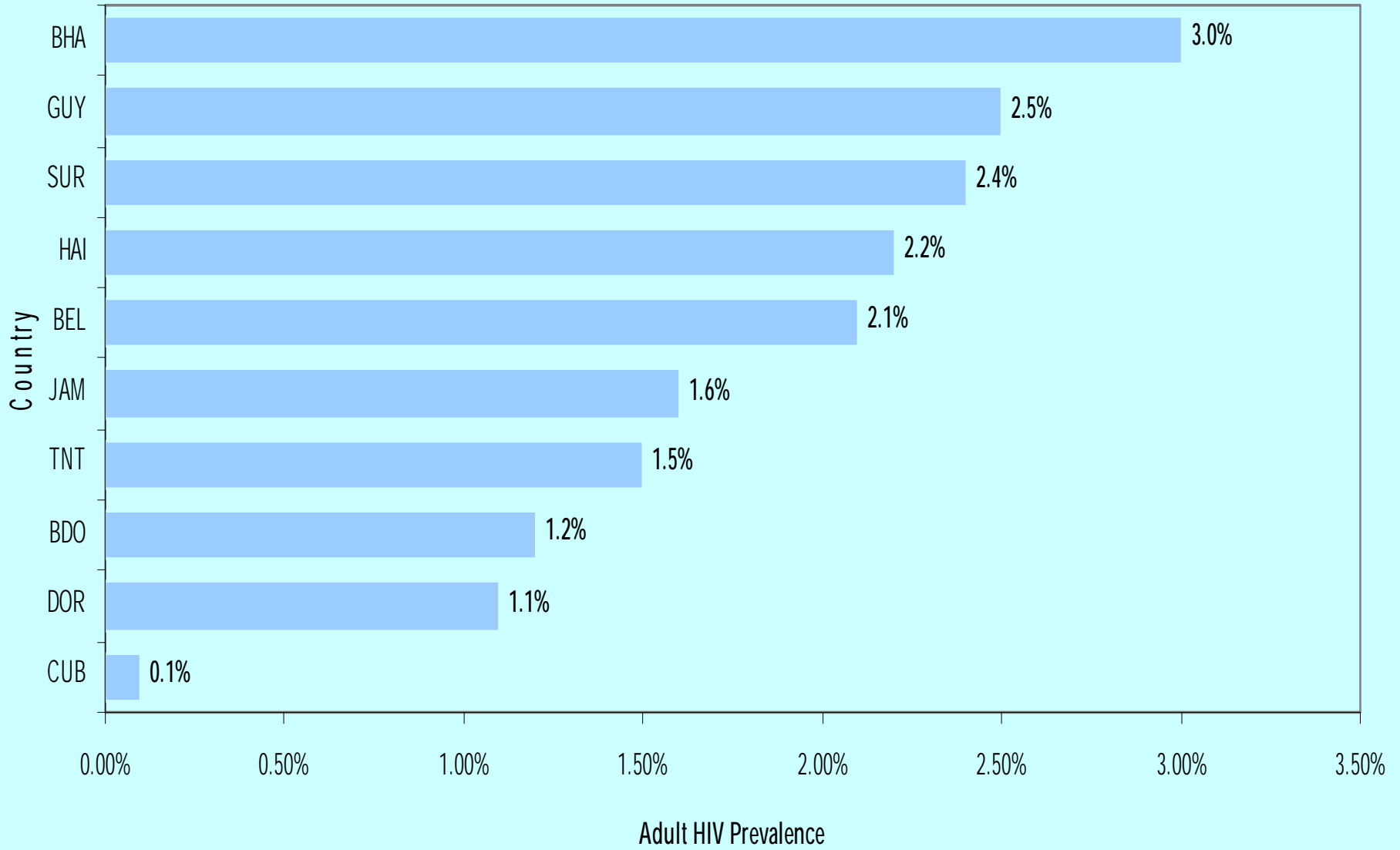
- ◉ 2nd highest HIV prevalence rates in the WORLD
- ◉ Estimated 230,000 living with HIV
- ◉ Overall adult prevalence in the Caribbean is around 1% - varies from country to country
- ◉ The primary mode of transmission is sexual intercourse, mainly heterosexual.

Source: UNAIDS, AIDS Epidemic Update
CAREC & PAHO (2007)



Adult HIV Prevalence in the 10 Larger Caribbean Countries

UNAIDS/WHO. 2008



HIV/AIDS IN THE CARIBBEAN IN 2007 - THE FACTS

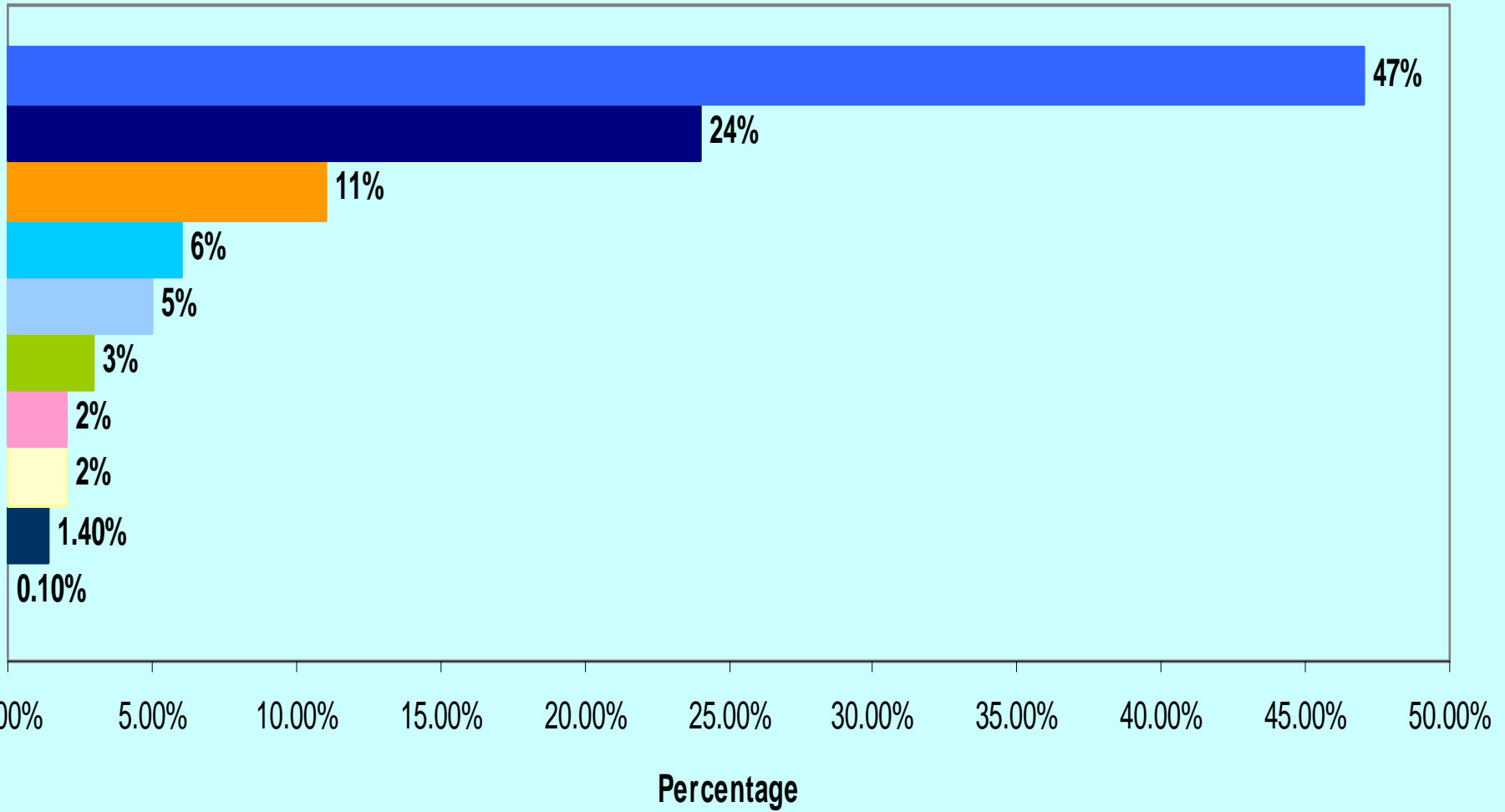
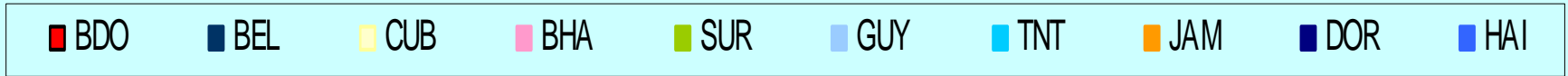
- ◉ Most countries have moved to “generalized epidemic” classification.
- ◉ Estimated 20,000 [15,000-23,000] new infections annually
- ◉ 14,000 persons died from AIDS-related illness.
- ◉ AIDS is the leading cause of death among 25-44 year olds

Source: UNAIDS, AIDS Epidemic Update



Percentage of PLHIV by Country: Ten Larger Caribbean Countries

UNAIDS/WHO 2008



HIV/AIDS IN THE CARIBBEAN IN 2007 - THE FACTS

- ◉ Higher rates of infection among men (2:1)
- ◉ Incidence of infection among women 15-24 years is 3 to 6 times that of men.
- ◉ HIV prevalence rates in young people range from 0.08% to 3.2%.
- ◉ Higher prevalence rates within certain groups (MSM, transactional sex, prisoners)



BEHIND THE DATA

- Surveillance as well as M & E systems are still inadequate in most Caribbean countries
- An 1% prevalence rate does not take into consideration a number of critical factors
 - gender - feminization of the epidemic in some countries
 - poverty and unemployment
 - access to services- rural versus urban
 - sexual orientation
 - sex work

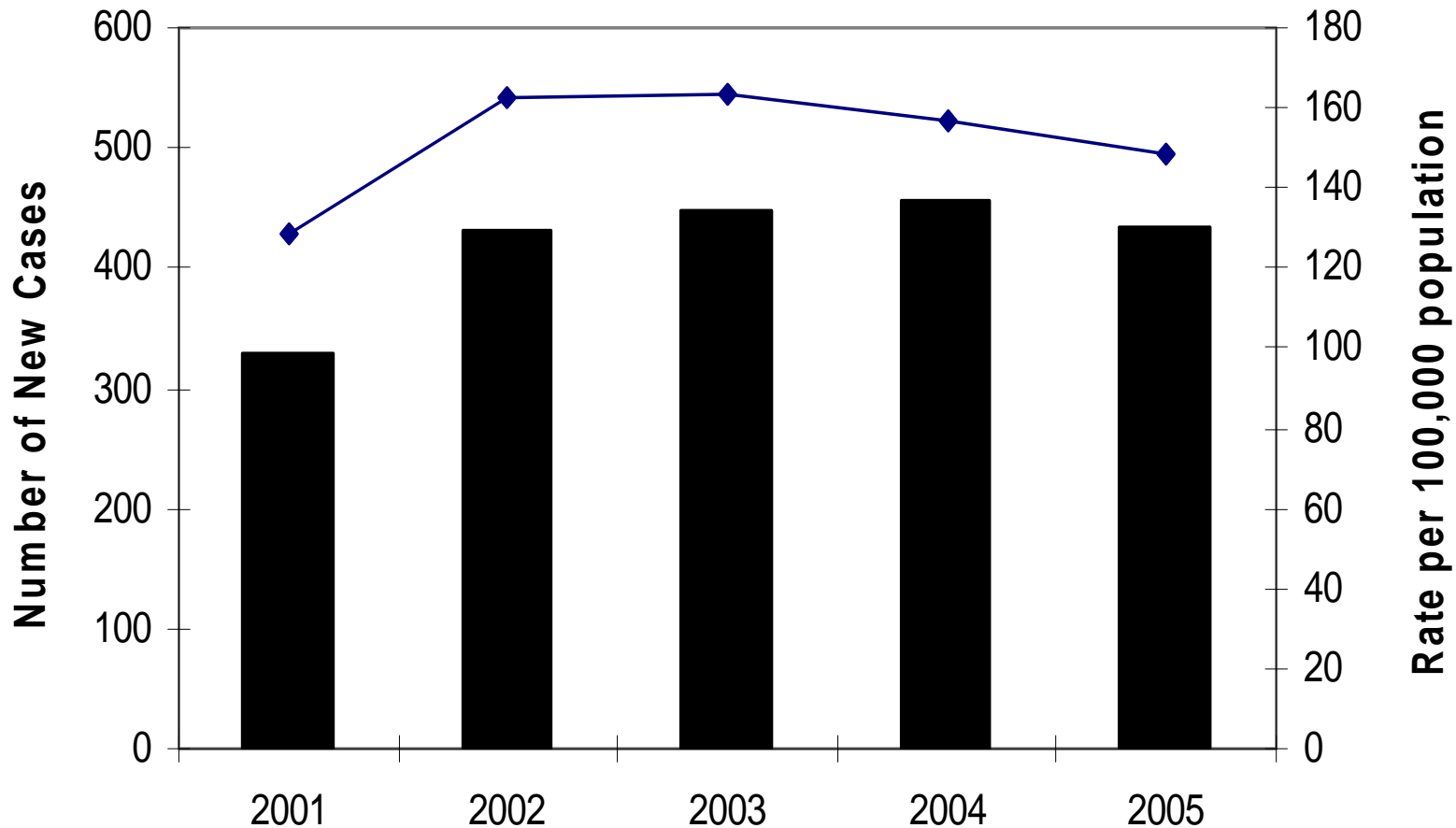


BEHIND THE DATA

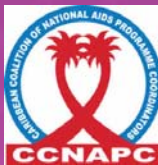
- Legal and cultural barriers result in a sub-culture of “down-low” or hidden bi-sexual behaviors . A 2006 study in Trinidad revealed a 20% HIV prevalence among MSM, 25% of whom regularly also have sex with women. Prevalence is 21% Guyana’s Region 4, 11% - DR
- In most countries there exists a high concentration of the epidemic within specific populations: MSM, sex workers, prisoners, younger women



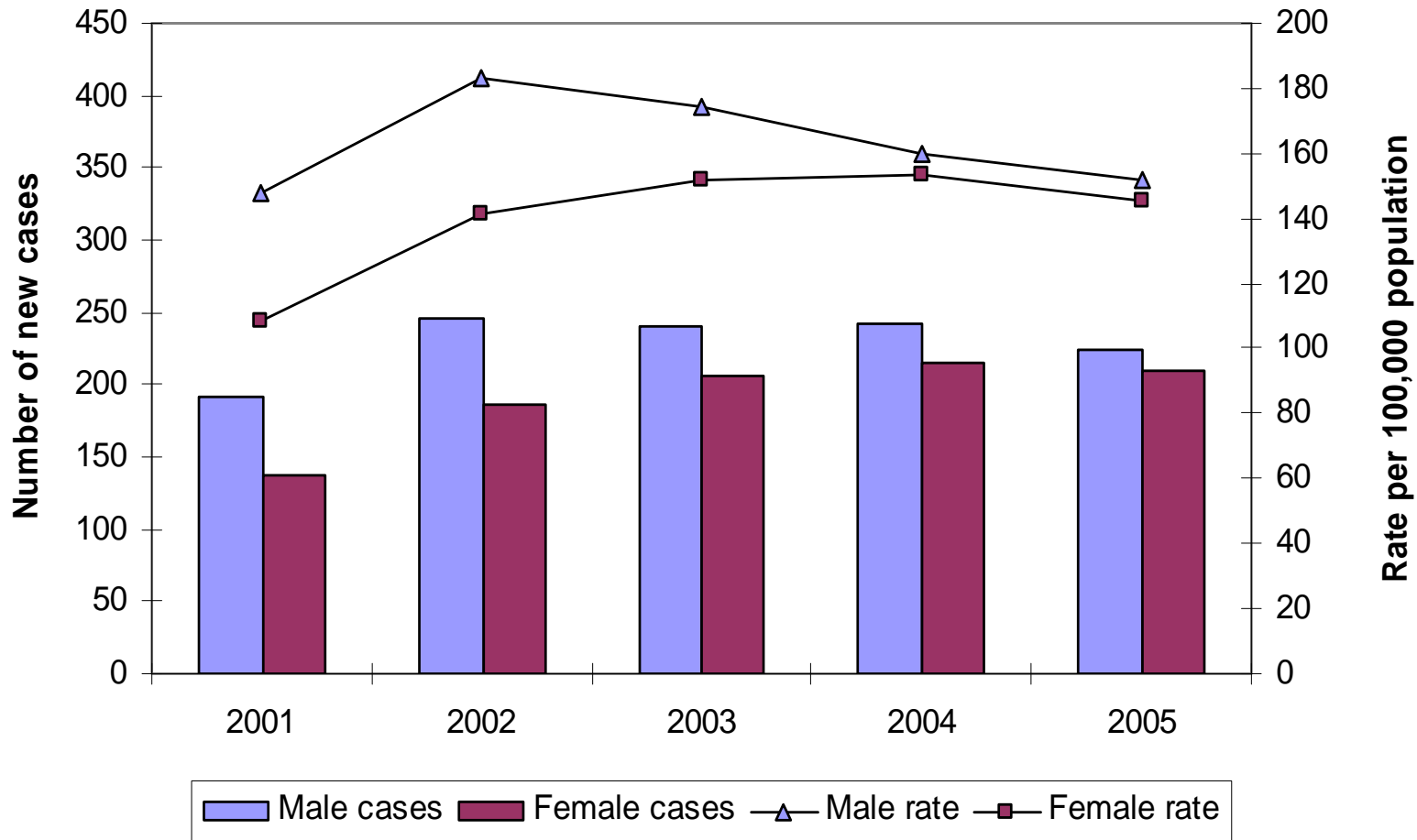
THE NEUTRAL DESCRIPTION NEW CASES & INCIDENCE OF HIV



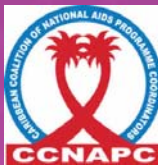
Source: PAHO 2005



LOOKING AT THE DATA BY SEX?



Source: PAHO 2005



HIV/AIDS IN THE CARIBBEAN IN 2007 - PROGRESS

- ◉ Stabilization of the epidemic
- ◉ Expanded access to antiretroviral therapy lead to a reduction in AIDS related deaths.
- ◉ 30,000 persons were receiving (ARV)
- ◉ Great strides made in prevention of mother-to-child transmission (PMTCT) and
- ◉ Blood safety



CULTURAL AND LIFESTYLE ISSUES AFFECTING HIV/AIDS

- Stigma and discrimination affects:
 - Prevention Efforts e.g.- stereotyping (who is at risk), getting tested
 - Treatment - accessing treatment
 - Care and Support
- Risky sexual behavior
 - Behavior norms
 - Age of sexual debut
 - Cross generational interactions
- Caribbean gender roles
 - Women vs. Men



HIV/AIDS IN THE CARIBBEAN IN 2007 - OUR MEN

“Caribbean gender roles are also contributing to the spread of HIV. By contrast, social forces and peer pressure on boys encourages them to exhibit their masculinity through undertaking risky behaviors. The current model of masculinity requires boys to prove their gender identity through actions that emphasize the physical and hyper-masculine. These include early sexual debut, having multiple partners, a reluctance to use condoms and a high consumption of alcohol.



HIV/AIDS IN THE CARIBBEAN IN 2007 - OUR MEN

Academic success, in contrast to physical success, has tended to become seen as feminine such that boys who do achieve in academic pursuits are at risk of being considered 'suspect' by their peers and of becoming the subject of gender taboos. This includes boys who show a preference for reading, who report receiving homophobic criticism."

Plummer, D. (2007), Has learning become taboo and is risk-taking compulsory for Caribbean boys? Researching the relationship between masculinities, education and HIV, UWI St Augustine.



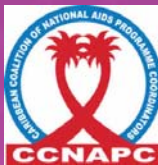
HIV/AIDS IN THE CARIBBEAN IN 2007 - OUR MEN

Males are subject to comprehensive social pressures to conform to gender roles, and the male roles that relate to sexual risk-taking are directly implicated in the epidemiology of HIV.



WHAT IS NEEDED IN THE FIGHT AGAINST HIV/AIDS

HIGHLY ACTIVE HIV PREVENTION



WHAT IS NEEDED

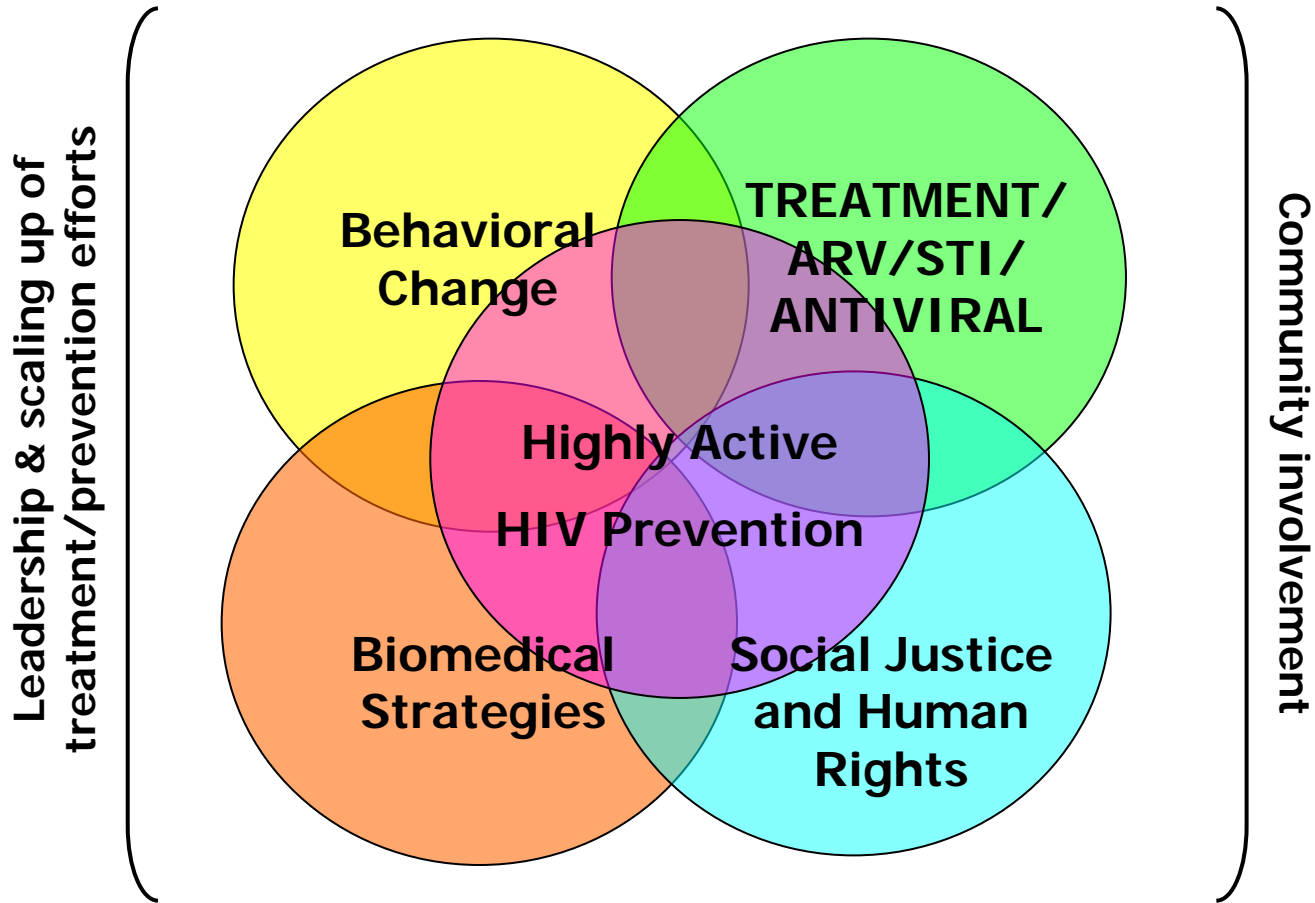
- ◉ Advocacy and support by political and civic leaders
- ◉ Policies to facilitate effective strategic planning - MARPs
- ◉ Integration of HIV services in overall health services
- ◉ Evidence based programme development
- ◉ Targeted prevention strategies - HIV+ as well as the general population
- ◉ Involvement of CBO and CSO organizations in the National Response



WHAT IS NEEDED - CONT'D

- ◉ Improvement in condom social marketing methodology
- ◉ Comprehensive support for PLWHIV (quality of life)
- ◉ Strategies to address stigma and discriminatory attitudes
- ◉ Tertiary care and psychological support
- ◉ Strengthening of health care systems
- ◉ Research/studies/ data on vulnerable groups

Combination Prevention



FOUR PREVENTION OPPORTUNITIES

UNEXPOSED

EXPOSED
(precoital/coital)

EXPOSED
(postcoital)

INFECTED

Behavioral,
Structural

Circumcision
Condoms

Vaccines
ART PrEP
Microbicides

Vaccines
ART PEP

Treatment Of HIV
& Behavioral

YEARS

HOURS

72h

YEARS

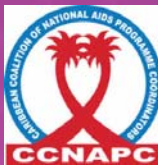
IN SUMMARY

- Like the countries that make up the Caribbean region, HIV is complex and diverse in its transmission and its impact on the lives of people
- Strides have been made in differing degrees and in differing areas by countries
- We have to continue to improve our systems capturing both our challenges and successes.
- Success lies in our ability to effectively communicate, share information, best practices and resources
- Eradicate barriers that make prevention, treatment and care illusive for some of our citizenry - MARPS



HOW CCNAPC CAN PLAY A PART

- ◉ Advocacy and coalition building
- ◉ Provide a gateway to the NAP through our members the NACs
- ◉ Repository of information on the National Programmes (database) which can facilitate:
 - Resource allocation
 - Provision of technical assistance and capacity building





THANK YOU

