

Controlling the HIV Epidemic Summit

Curbing HIV in the Caribbean

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Objectives

- Review the HIV epidemic in the Caribbean
- Assess our response to the HIV epidemic
- Identify the challenges
- Consider what we need to do to better control the epidemic



HIV in the Caribbean - 2016

- ⌘ HIV prevalence – **1.0%** (95% CI **0.9% - 1.1%**)
- ⌘ **49%** decline in incidence between 2001 and 2015
- ⌘ An estimated **310,000** persons living with HIV
- ⌘ **52%** of PLHIV on ARV treatment
- ⌘ The leading cause of death among persons aged 15–44 years (**9,400**).
- ⌘ **18,000** persons newly infected in 2016

Source: UNAIDS Fact sheets 2016 and 2017

HIV Prevalence in the Caribbean

Country	HIV Prevalence
Haiti	1.8%
Jamaica	1.6%
The Bahamas	1.5%
Guyana	1.3%
Suriname	1.2%
Barbados	< 1%
Eastern Caribbean	< 1%
Cuba	< 1%
Caribbean	1%

Assessment of the HIV Epidemic in the Caribbean

- Mixed generalised & concentrated HIV epidemic
- Significant decrease in incidence
- Near elimination of mother to child HIV transmission
- Decline in mortality and morbidity due to AIDS
- Reduction in social impact of HIV

However,

- Too many new HIV infections
- HIV prevalence is high among those most at risk (MSM, SW, Drug users)
- HIV prevalence remains very high among MSM

Significant Challenges Remain

HIV Prevention must improve

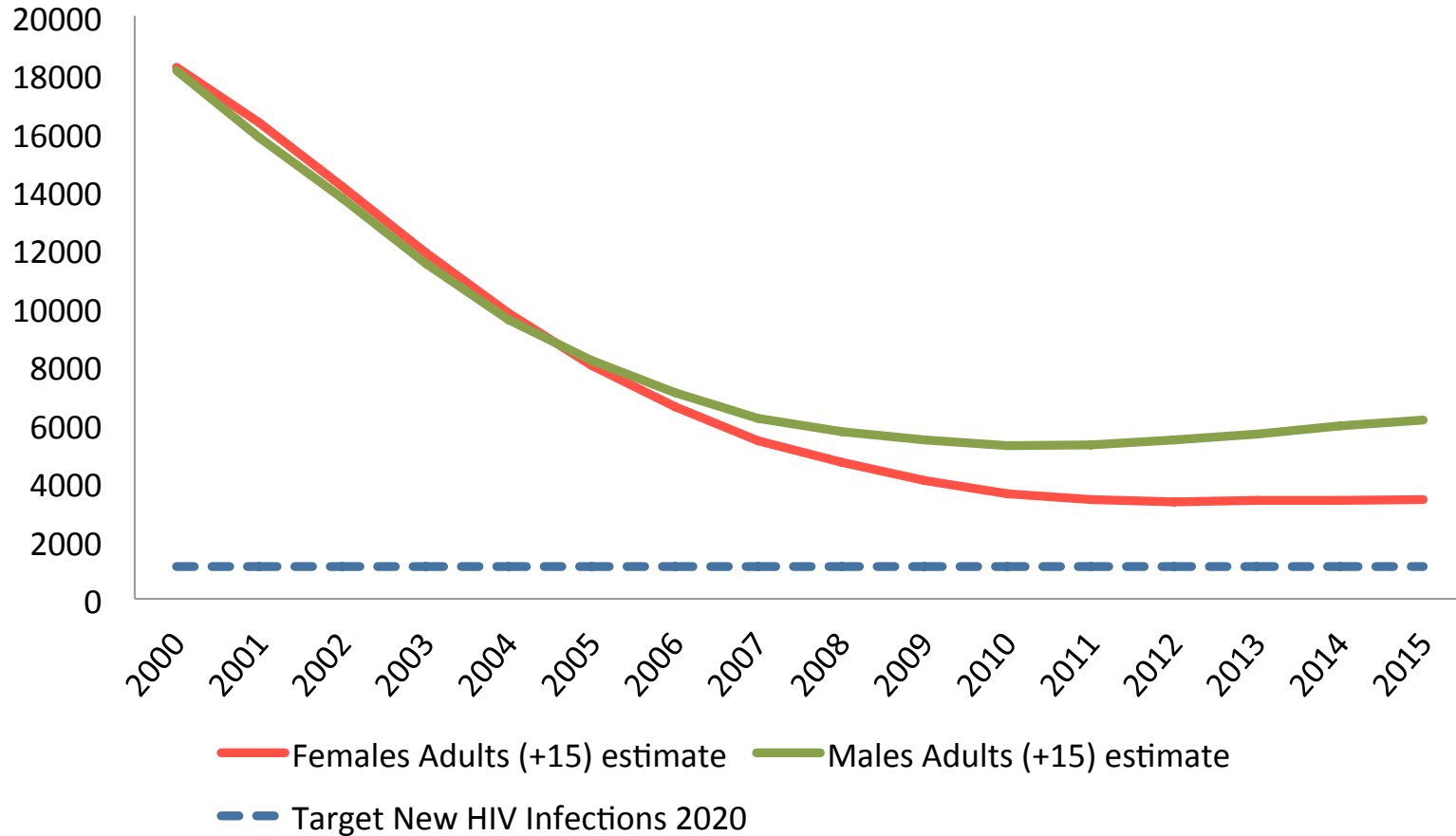
- Too many persons becoming HIV infected
- Too many PLHIV are unaware of their HIV status
- Too many people are unaware that their behaviour puts them at risk of HIV
- Safe sex, life skills education of our youth is inadequate

HIV Treatment must improve

- Our HIV clinics are over-crowded and stressed
- Many patients are not adherent and many drop out
- Improvement needed at every step of the cascade

Stigma & discrimination remains a significant problem

New HIV infections among Adults (15+) in the Caribbean 2000-2015



Source: UNAIDS. Spectrum estimates 2015.

No. of Persons in Caribbean: Living with HIV, Newly Infected and Deaths 2010 - 2016

Year	No. of PLHIV	New HIV infections	No. of Deaths
2010	320,000	11,000	21,000
2016	310,000	18,000	13,000

Estimated 60,000 new HIV infections, 90,000 deaths 2010-2015

Source: UNAIDS HIV Prevention Gaps Report 2016
UNAIDS Fact sheets 2014 and 2017

No. of Persons in Caribbean: Living with HIV, Newly Infected, % on Treatment & Deaths - 2016

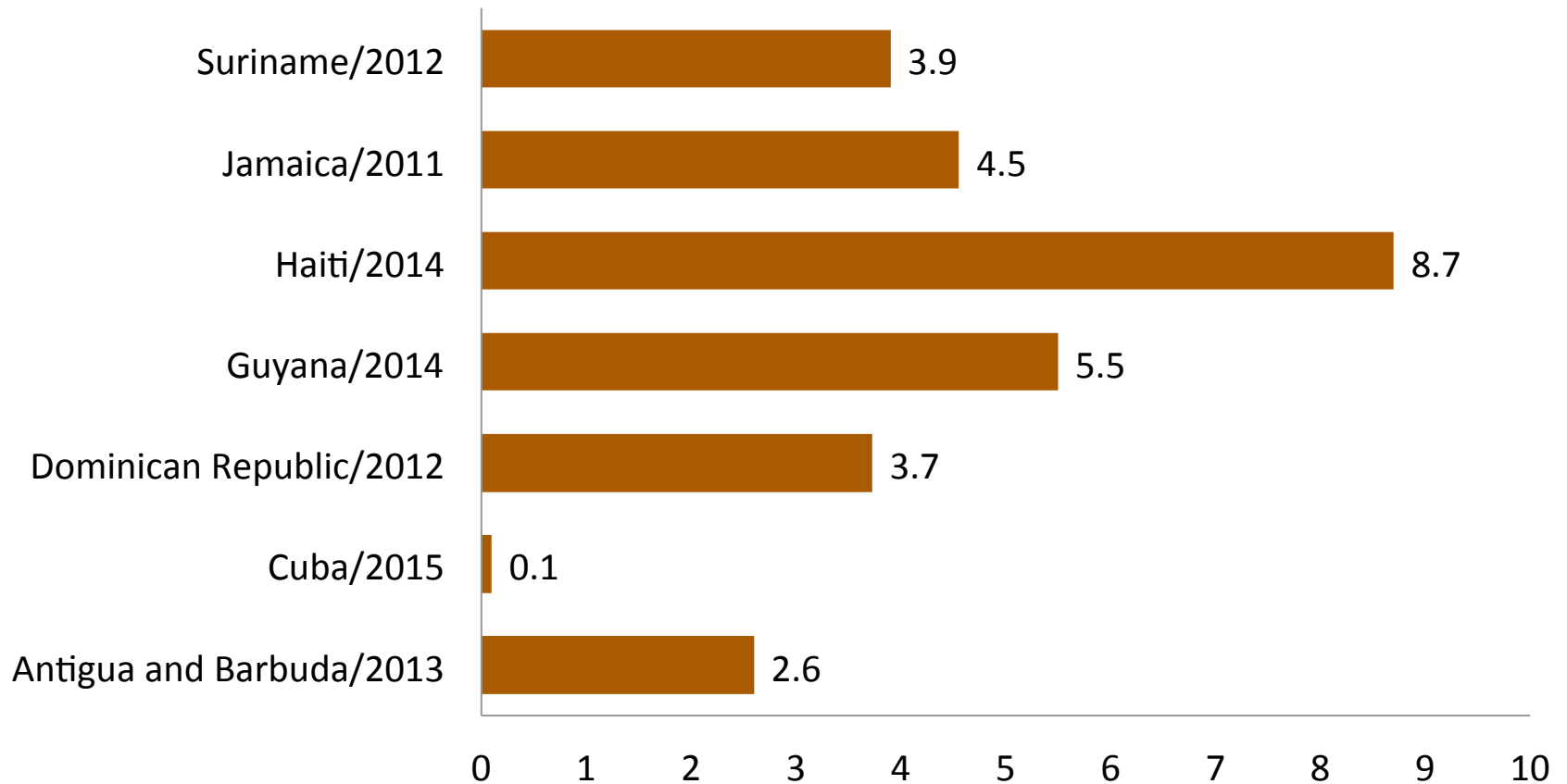
Year	No. of PLHIV	New HIV infections	% of PLHIV on ART	No. of deaths
Haiti	150,000	1410	63%	7280
Dom Rep	67,000	1880	46%	2860
Jamaica	30,000	1598	32%	1170
Cuba	25,000	2914	68%	390
Caribbean	310,000	18,000	50%	13,000

Source: UNAIDS HIV Prevention Gap Report 2016 and Fact Sheet 2017

Proportion of Women living with HIV in Caribbean countries

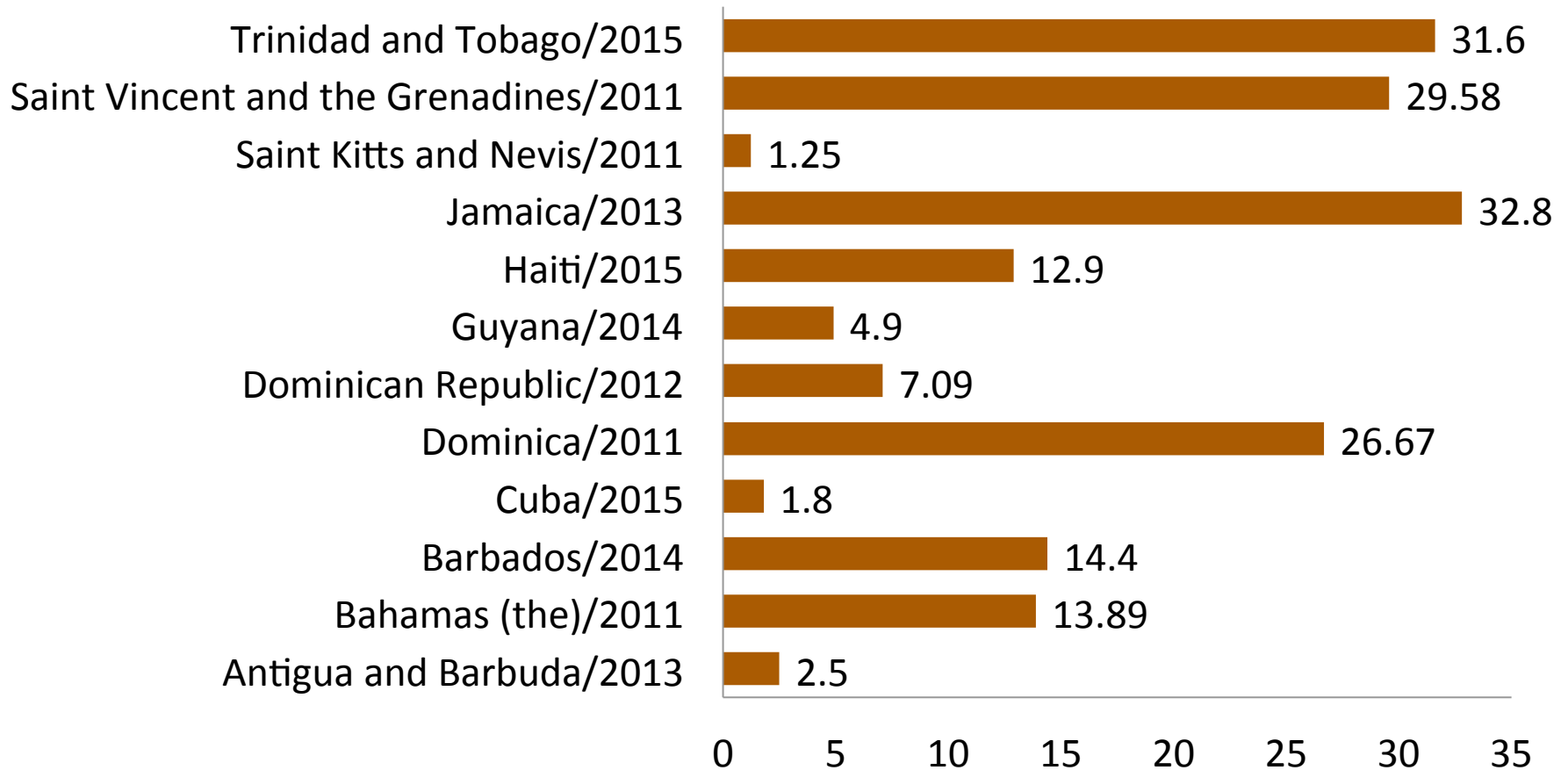
Country	Proportion of women living with HIV
Bahamas	60%
Haiti	60%
Dominican Republic	60%
Guyana	50%
Jamaica	34%
Suriname	31%
Cuba	19%

HIV prevalence among Female SW in the Caribbean 2010-2015



Source: WHO/UNAIDS. GARPR 2011-2016.

HIV prevalence among MSM in the Caribbean 2010-2015



Source: WHO/UNAIDS. GARPR 2011-2016.

HIV Sero-Prevalence among crack cocaine Users

Country	Population	% HIV positive	Year	Reference
St Lucia	Homeless	6.8%	2008-2009	Marcus Day
Trinidad & Tobago	Females in Drug Rehab	20%	1996-2002	Reid 2004
Jamaica	Drug Rehab	4.6%	1992-2002	De la Haye 2004
Jamaica	Homeless	10%	2010	National HIV Program

New HIV infections by modes of transmission in Jamaica 2012 and Dominican Republic 2010

Mode of transmission	Jamaica		Dominican Republic
	Risk data	MOT	
Heterosexual	%	%	%
High risk	67	28.2	16.4
Low risk	20	30.0	46.7
Total	87	58.2	63.1
MSM related			
MSM or GTMSM	10	31.8	33.3
Female partners of MSM	3	7.2	2.8
Total	13	39.0	36.1

Social Vulnerability & Individual Risk Behaviour Drive the HIV Epidemic in the Caribbean

Social Vulnerability:

- **Poverty & Ignorance**
- **Discrimination**
- **Stigmatization**
- **Marginalization**
- **Population mobility**
- **Cultural practices**
- **Gender inequality**
- **Lack of circumcision**
- **STIs**

Risk Behaviour:

- **Unprotected sex**
- **Casual sex**
- **Multiple partners**
- **Transactional sex**
- **Commercial sex**
- **Sex tourism**
- **Homo/bisexuality**
- **Anal sex**
- **Crack/cocaine use**
- **Injecting drug use**

Cultural and social factors

- Gender norms – “macho”, “must have nuff gal”; “must have a man”, “love and trust” paradigm
- Gender inequality – men can lever economic and social power
- Poverty promotes vulnerability
- Physical abuse and violence
- Pervasive sexual imagery in media, music, etc
- Subcultures – dancehall, bling, bashment
- Stigma associated with HIV and homosexuality
- Weak policy environment

Factors driving the HIV epidemic in Caribbean

- High risk behaviour of heterosexual men including:
 - **unprotected sex with sex workers**
 - multiple partners and transactional sex
 - Crack/cocaine use (< 1% in population)
- High HIV rates among MSM due to **unprotected anal intercourse** with multiple partners.
- High rates of **bisexuality** among MSM act as a bridge for HIV to reach the general population.
- Injecting drug use in Puerto Rico, Bermuda
- High rates of **sexually transmitted infections**
- All sexually active persons are at risk because of sexual cultural patterns

Multiple Partners among Heterosexual Men in Jamaica

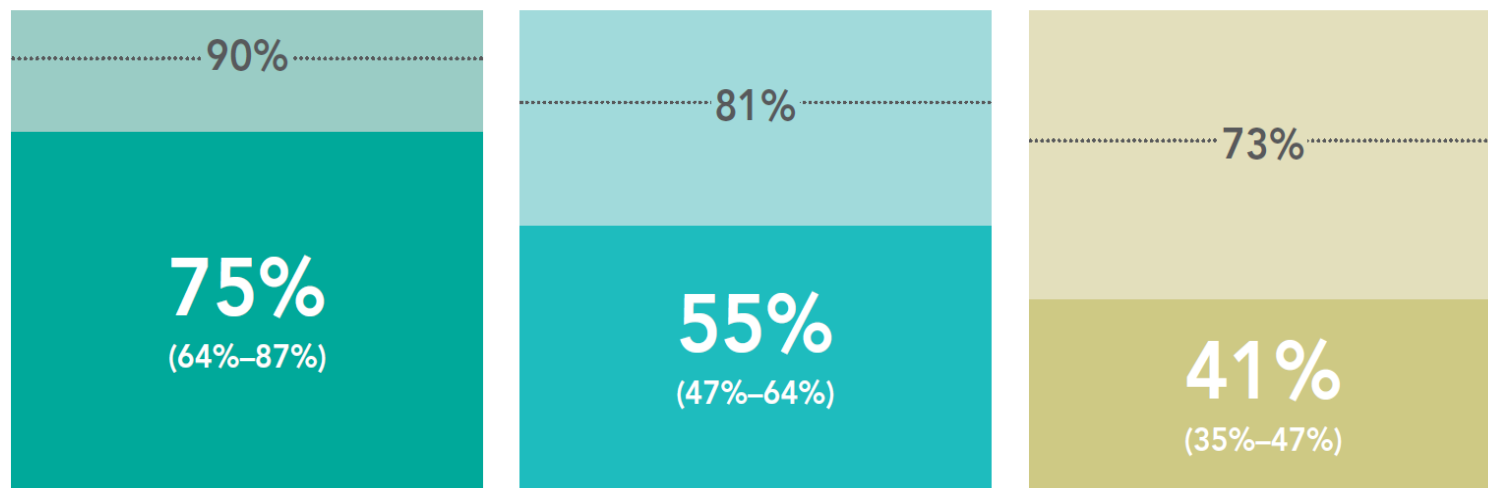
Year	% reporting >1 sex partner in past 12 months	Survey
1985	49%	Chevannes
1992	59%	Figueroa
2000	49%	Ja Lifestyle survey
2004	50%	National KAP
2008	60%	National KAP
2012	48%	National KAP

Transactional Sex in Jamaica

Persons reporting:	
Having commercial sex	4%
Giving or receiving money for sex	20%
Giving or receiving a gift for sex	20%

National KAP Survey 2004

Progress towards the 90–90–90 target, Latin America and the Caribbean, 2015



Percentage of people living with HIV who know their HIV status¹

Percentage of people living with HIV who are on antiretroviral treatment

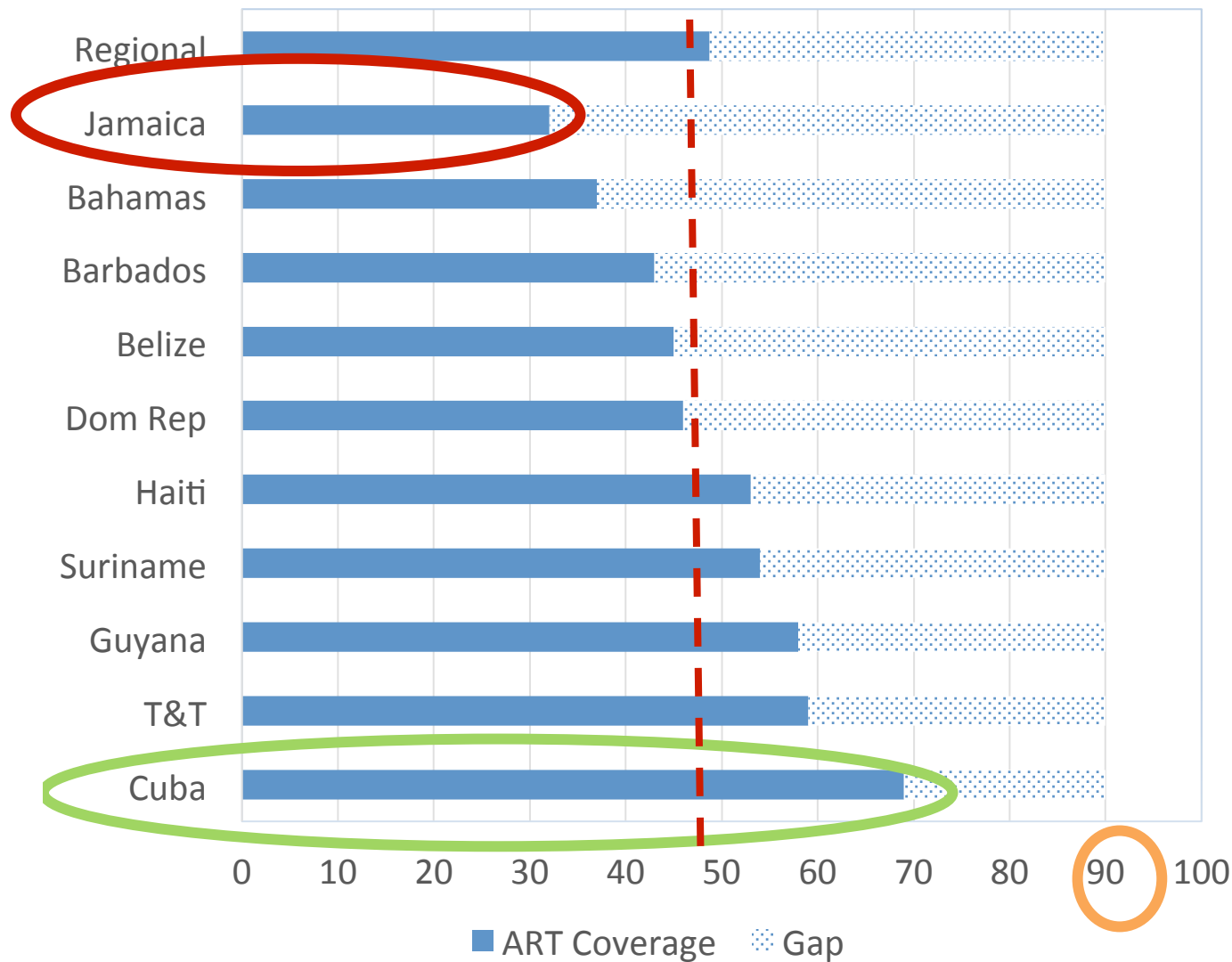
Percentage of people living with HIV who are virally suppressed²

¹ 2015 measure derived from data reported by 15 countries, which accounted for 76% of people living with HIV in the region.

² 2015 measure derived from data reported by 21 countries. Regionally, 77% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.



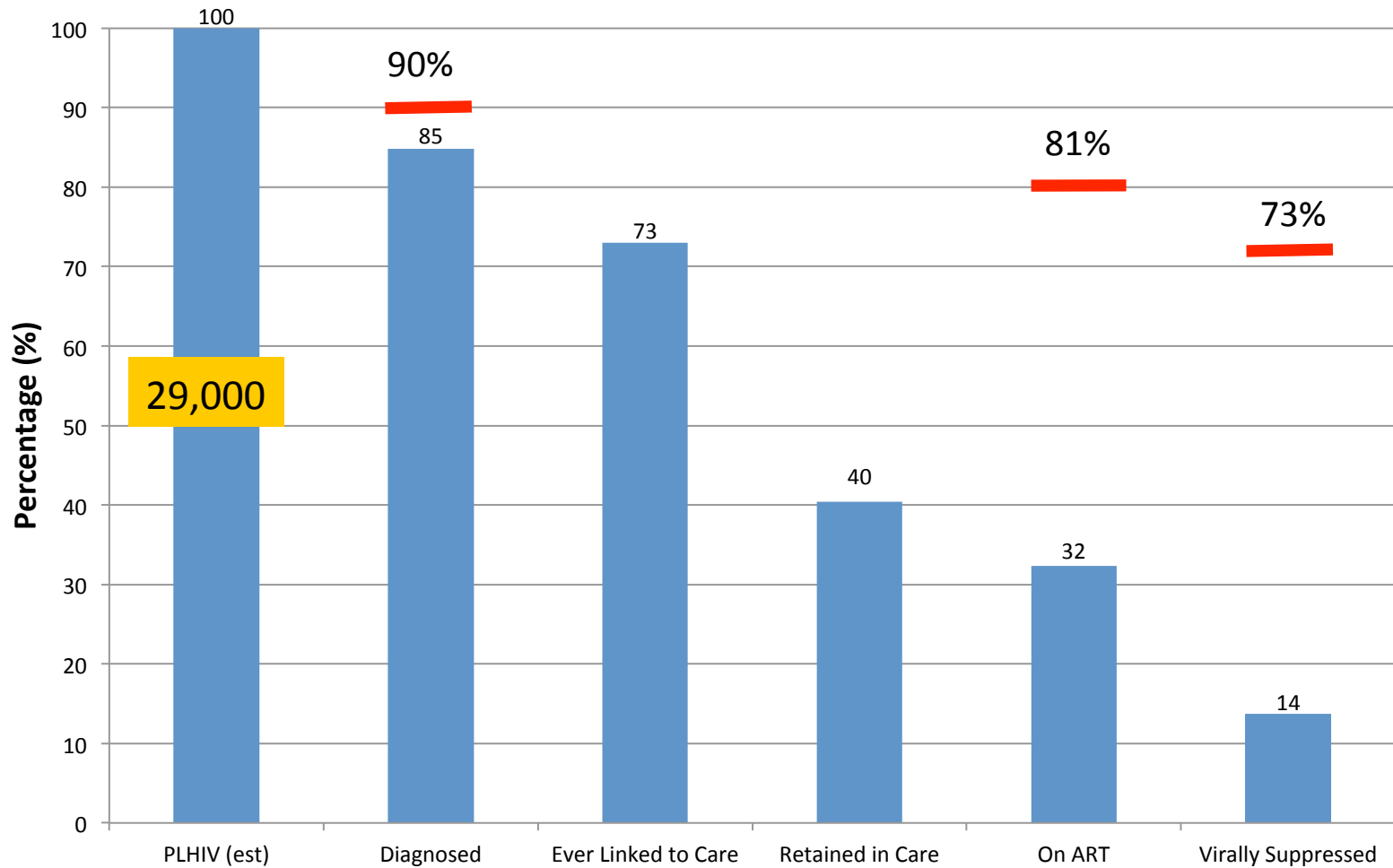
Percentage ART Coverage in the Caribbean in 2015: Towards the first 90



Ref: HIV Prevention Gap Report, UNAIDS 2016- annexes.

Continuum of Care for PLHIV

Jamaica 2015



Challenge of How to Reach those Most at Risk of HIV

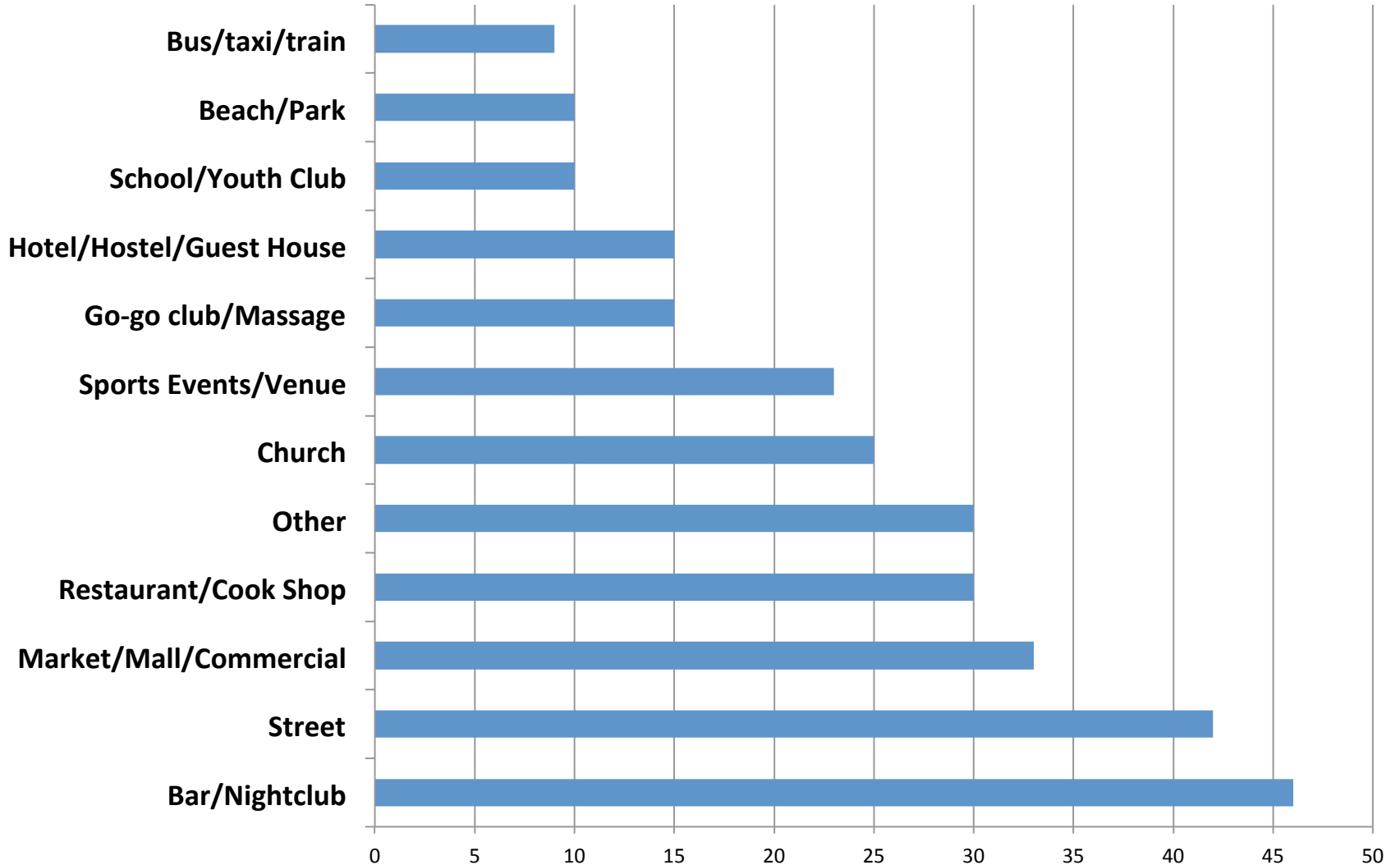
- MSM, GTMSM – many are bisexual
- Sex workers
- High risk heterosexual men
 - Clients of sex workers – 4% of men
 - Multiple sex partners – 50% of men
 - Transactional sex (20% - 40%)
- Drug users: crack/cocaine, injecting
- Youths – out of school
- Sex partners of those most at risk

- How to reach sex workers and persons who are at higher risk of HIV because of multiple sex partners?
- **Use of the PLACE method**

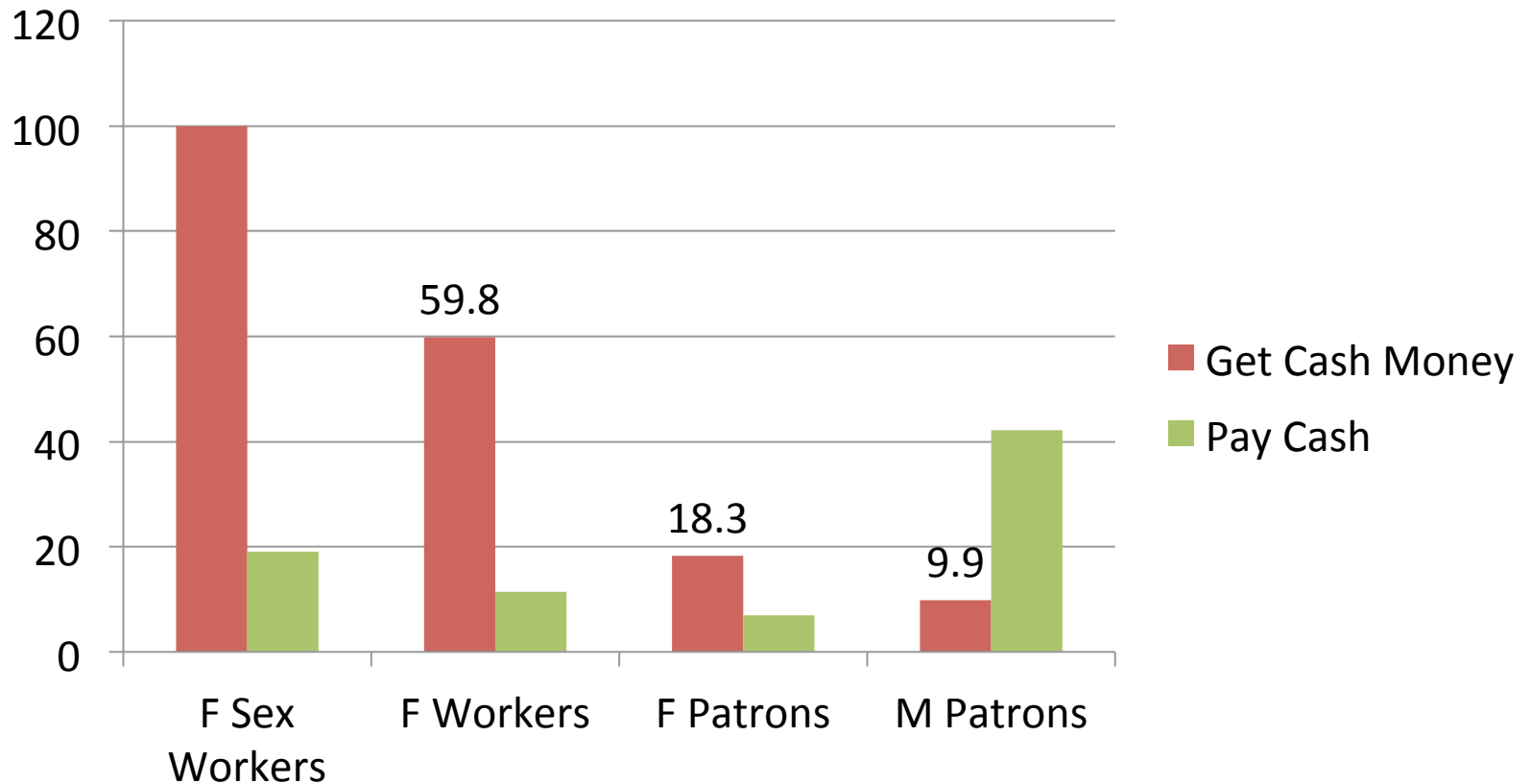
Priorities for Local AIDS Control Efforts (PLACE)

- Method for identifying sites where persons go to meet new sex partners:
 - Phase 1 Intercept interviews
 - Phase 2 Site verification
 - Phase 3 Interview staff and patrons
- Identify sex workers, MSM and heterosexuals at high risk
- Conduct outreach HIV & syphilis testing
- Risk reduction counseling & condom promotion

St James PLACE Sites : Number of Sites by Type of Site 2002



Percent receiving cash for sex in past 3 months and percent paying cash for sex



Prevention Indicators among female sex workers

Indicator	2011
Condom use at last sex with a client	91%
Knowledge of how to prevent HIV (5 questions)	38%
Knowledge of how to prevent HIV omitting one faithful partner option	52%
Reached with prevention program	92%
HIV tested in past 12 months and know result	75%

HIV and STI Test Results among Sex Workers and Patrons – PLACE Survey 2012



Ref. Figueroa, Weir et al 2012

HIV Prevention outreach work has made a difference

HIV prevalence has declined among female sex workers

Year	HIV prevalence
1990	12%
1997	9%
2005	9%
2008	5% (Rural SW)
2012	4.1% (Street 7.9%, other 2.4%)
2014	3.2%

- HIV and STIs are higher among street SWs
- Reported condom use is relatively high yet STIs remain common

Sexually Transmitted Infections among 230 teens 16 – 19 years in inner city Kingston - 2013

Testing positive for STI	Males		Females	
	No.	%	No.	%
No of participants	58		172	
HIV	0		0	
Syphilis	0		0	
Chlamydia trachomatis	17	29%	56	33%
Neisseria gonorrhoea	7	13%	17	7%
Trichomonas vaginalis	1	2%	32	13%
+ ve for one or more STI	18	31%	77	45%

HIV Prevalence among MSM in Jamaica

Year	HIV prevalence	Source
1986	10%	Murphy, Gibbs, Figueroa et al. JAIDS 1988
1995	32.3%	Rossi et al. Unpublished
2007	32.9%	Figueroa, Weir, Jones-Cooper et al. WIMJ 2012
2011	31.4%	Figueroa, Jones Cooper, et al. PLOS One 2015

60% of HIV +ve MSM had not disclosed their status to their sex partner in 2011

Access to HIV services among MSM in Jamaica 2007 & 2011

Service indicator	2007 N = 201	2011 N = 449
Visited Health Centre in the past year	31%	50%*
Was satisfied with care received	82%	84%
Ever had HIV test	58%	79%*
Received HIV result	93%	93%
Had HIV test in past 12 months	33%	58%*
Had seen the HIV risk card	64%	76%*

Ref. Figueroa, Weir et al WIMJ 2013 and PLOS One 2015

Risk Perception of MSM towards getting HIV - 2011

Risk of Getting HIV:

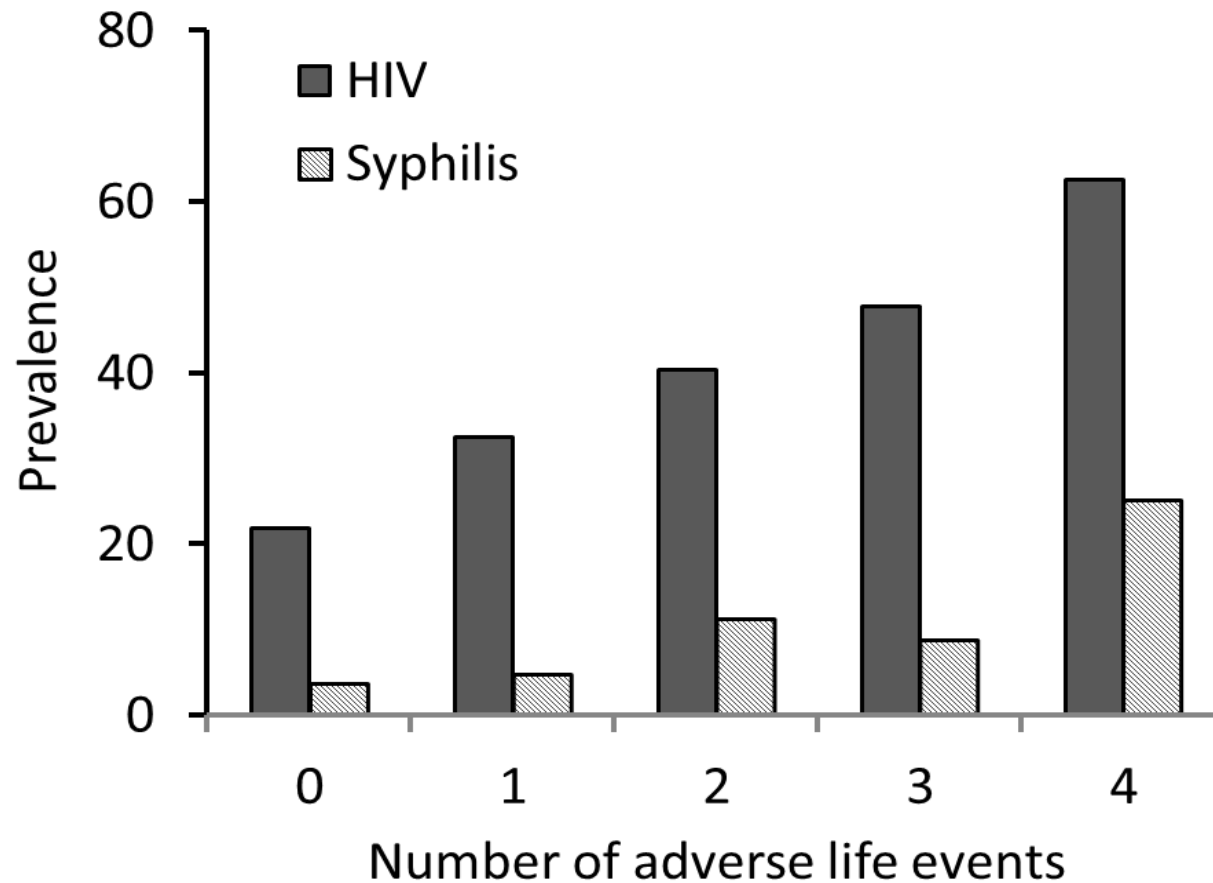
- No chance 18%
- Little chance 40%
- **Little or no chance 58%**

Ref. Figueroa, Weir et al 2012

Social Vulnerability of MSM and HIV

Social factors	% HIV positive	OR (95% CI)
Ever homeless	42.2	1.83 (1.12, 3.00)
Ever in prison/jail	42.0	1.90 (1.23, 2.95)
Victim of physical violence	42.3	1.93 (1.25, 2.97)
Low SES	44.8	2.51 (1.66, 3.80)
Raped	40.3	1.65 (0.98, 2.78)

HIV and Syphilis Prevalence among MSM by Number of Adverse Life Events - 2011



Ref Figueroa JP et al. Understanding the high prevalence of HIV and STI among MSM. PLOS One 2015

HIV prevalence among MSM in Jamaica 2011

	MSM Sub-Group	NO.	% HIV
1	Transgender MSM	17	52.9
2	MSM sex workers	95	41.1
3	All MSM with adverse life event and/or low literacy	257	38.5
4	MSM who are not sex workers	354	28.8
5	All MSM without adverse life events	192	21.9
	Total MSM in survey	449	31.4

HIV incidence among MSM

- 49 MSM participated in both the 2007 and 2011 surveys
- We were able to estimate HIV incidence in this group
- **Annual HIV incidence of 6%**

Reducing HIV Stigma & Discrimination and Affirming Human Rights

Two Landmark legal cases

- 2016 Belize Chief Justice re claim of Caleb Orozco “Buggery” law was unconstitutional
- 2018 Trinidad & Tobago Judge ruled sections 13 & 16 of Sexual Offences Act are unconstitutional, illegal, null, void, invalid and of no effect to the extent that these laws criminalise any acts constituting consensual sexual conduct between adults.”

Conclusions

- Much has been done but far more is needed
- Achieving Universal Access to HIV prevention, treatment and care is a realistic goal
- HIV testing is an important tool towards this end
- Introduce HIV self testing
- Improve the HIV treatment cascade
- Reduce loss to follow-up and improve adherence
- Introduce PreP and improve HIV prevention
- Reduce social vulnerability, stigma & discrimination
- Policy, laws and practice to affirm human rights