

2024 DATA

21% decrease in number of new HIV infections since 2010

62% decrease in number of AIDS-related deaths since 2010

People living with HIV: 340 000 [290 000–400 000]

New HIV infections: 15 000 [9900–21 000]

AIDS-related deaths: 4800 [3300–6900]

Testing and treatment cascade (all ages):

People living with HIV who know their HIV status: 85% [63–>98%]

People living with HIV who are on treatment: 74% [55–89%]

People living with HIV who have a suppressed viral load: 66% [55–76%]

Financing of the HIV response:

Resource availability for HIV: US\$ 3349 million (domestic resources 34%)

CARIBBEAN

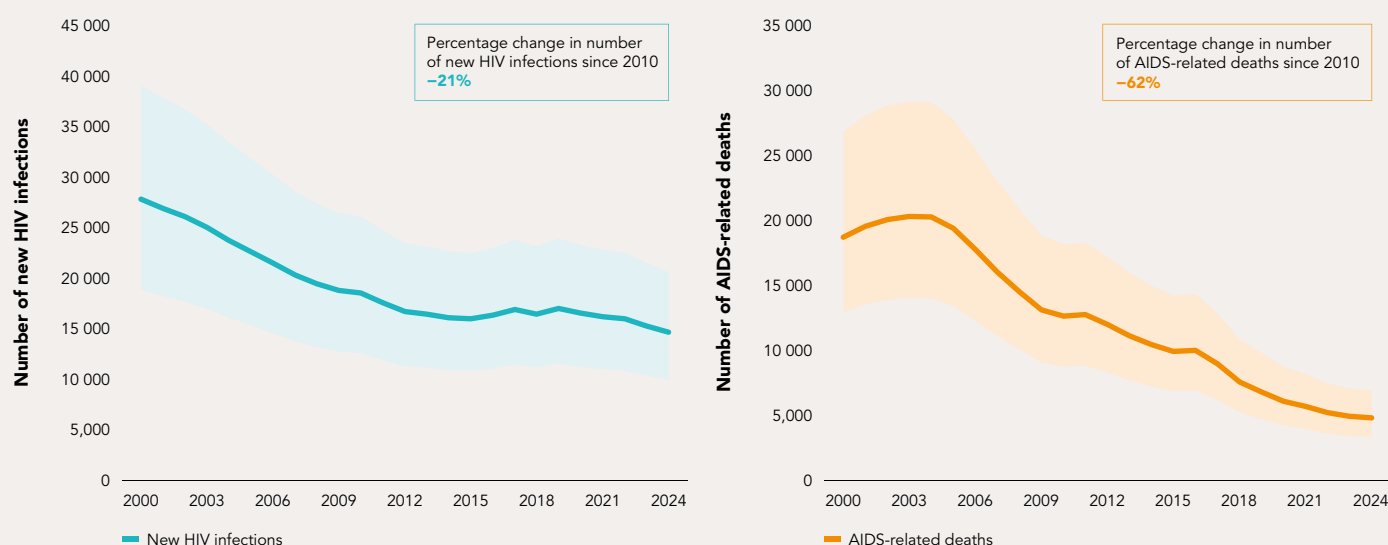
The Caribbean has made substantial progress against HIV since 2010. The annual number of new HIV infections declined by 21% in the region between 2010 and 2024—from 19 000 [13 000–26 000] to 15 000 [9900–21 000] annually (Figure 11.1). Some countries, however, have persistently high incidence rates (Guayana, Surinam) or even a possible resurgence (Belize). Incidence also remains high in Barbados, the Dominican Republic and Haiti.

Four countries (Cuba, Dominican Republic, Haiti, Jamaica) account for almost 90% of all new HIV infections in the region in 2024, with Haiti alone representing 38%. Young people aged 15–24 years accounted for 25% of new infections in the region in 2024, in part due to limited access to youth-friendly prevention services. The number of AIDS-related deaths in the region has fallen by 62% since 2010, mostly due to treatment scale-up.

Treatment coverage has continued to expand: 85% [63–>98%] of people living with HIV know their HIV status, 74% [55–89%] of people living with HIV are on treatment, and 66% [55–76%] of people on treatment had a suppressed viral load in 2024. Treatment coverage was 79% [59–96%] among women aged 15 years and over but only 71% [52–86%] among men aged 15 years and over.

Numbers of new HIV infections and AIDS-related deaths continue to decline

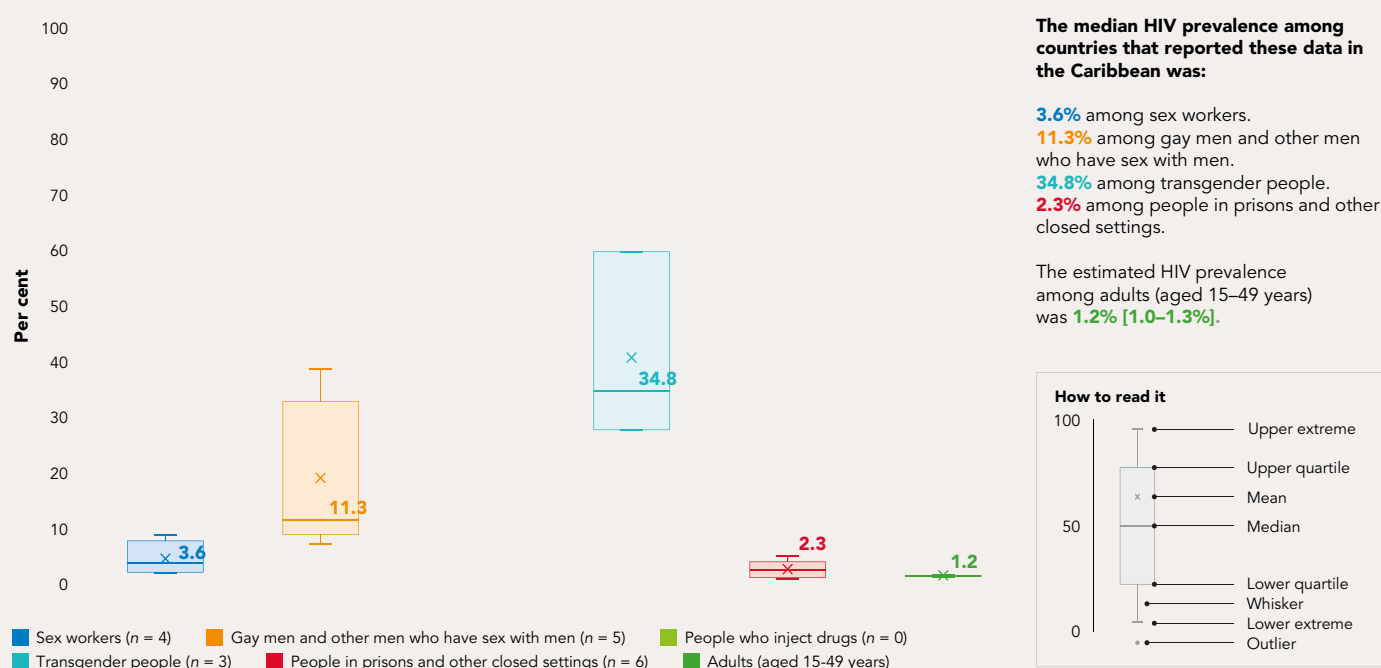
Figure 11.1. Numbers of new HIV infections and AIDS-related deaths, Caribbean, 2000–2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

People at increased risk of HIV still lack access to services

Figure 11.2. HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in the Caribbean, 2020–2024



Note: n = number of countries. Total number of reporting countries = 16. Data presented are from fewer than five reporting countries for sex workers (Dominica, Dominican Republic, Haiti, Jamaica) and transgender people (Cuba, Dominican Republic, Haiti).

Source: Global AIDS Monitoring 2021–2025 (<https://aidsinfo.unaids.org/>); UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

Paediatric treatment coverage remains significantly lower than adult treatment coverage: 45% [31–58%] of children living with HIV know their HIV status, 36% [25–47%] are on treatment and only 29% [23–36%] have a suppressed viral load.

Key populations are disproportionately affected by HIV compared with adults in the general population (where prevalence is approximately 1.2%). HIV prevalence among gay men and other men who have sex with men exceeds 10% in four of the five reporting countries in the region, and is more than 25% in two of these countries (Cuba and Jamaica). Transgender people face HIV prevalence rates as high as 60%.

Eleven of the 18 countries or territories globally validated for eliminating vertical transmission of HIV and/or syphilis are in the Caribbean,¹ demonstrating the region's strong maternal health programme.

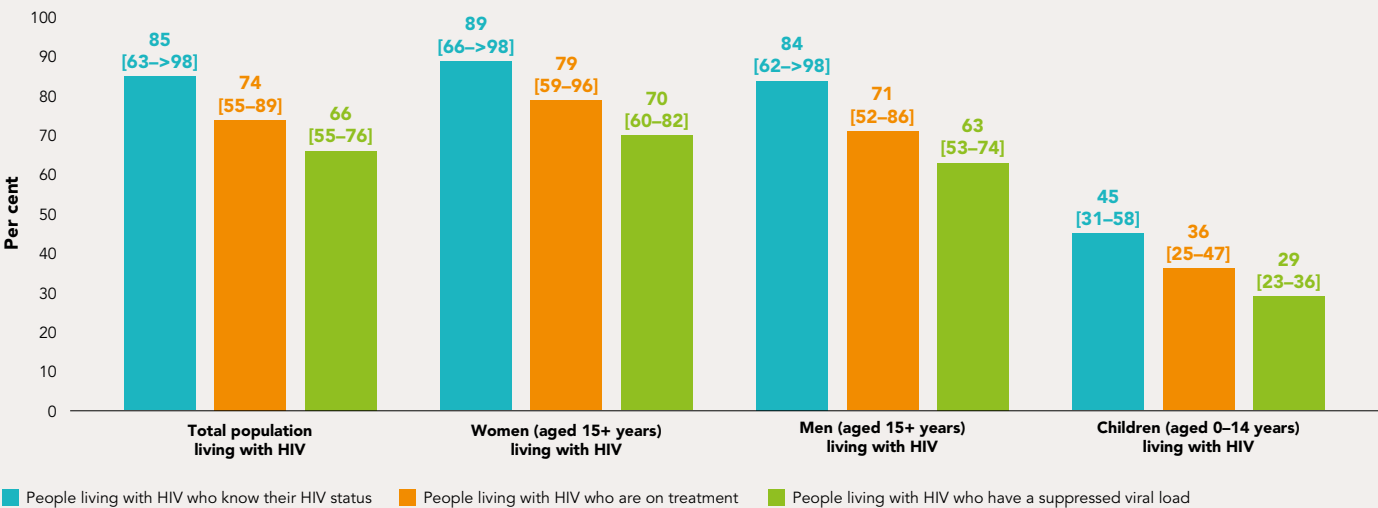
There has been a marked shift towards decriminalization of same-sex sexual relations, led by strong activism across the region. Since 2010, five countries² have decriminalized same-sex sexual intercourse, but it remains criminalized in six countries,³ including Trinidad and Tobago, which criminalized same-sex sexual relations in 2025 (1). Sex work remains criminalized in 14 of 16 countries. Possession of small amounts of drugs is criminalized in all 16 countries. Belize has repealed the criminalization of HIV transmission, nondisclosure or exposure, but six countries still maintain such counterproductive legal provisions.

1 Cuba (2015); Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, Saint Kitts and Nevis (2017); Dominica (2020); Belize (2023); Jamaica, Saint Vincent and the Grenadines (2024).

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

3 Grenada, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago.

Figure 11.3. HIV testing and treatment cascade, by age and sex, Caribbean, 2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

The Caribbean is the region that proportionally relies most heavily on external financing, with more than 66% of its resources for the HIV response depending on external aid. There are significant differences between countries—for example, nearly 100% of the HIV response in Haiti is donor-funded but 60% of HIV resources in Dominican Republic is funded through domestic resources.

Recent pauses and uncertainties around donor funding—particularly from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and related bilateral sources—have strained HIV programmes, especially prevention services serving key populations. Countries in the region 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). These economic pressures underscore the importance of sustained global solidarity and innovative funding strategies to support comprehensive HIV responses in the region.

References

- 1 ILGA world database: Trinidad and Tobago. Geneva: ILGA World (<https://database.ilga.org/trinidad-and-tobago-lgbti>).
- 2 Mooney H, Prats JO, Rosenblatt D, Christie J. Why have Caribbean countries been so indebted, and what can they do to improve outcomes? Washington, DC: Inter-American Development Bank; 2021 (<https://blogs.iadb.org/caribbean-dev-trends/en/why-have-caribbean-countries-been-so-indebted-and-what-can-they-do-to-improve-outcomes/>).
- 3 Rosenblatt D, Clayton K, Moone H. A new year’s fiscal resolution: deal with debt in the Caribbean. Washington, DC: Inter-American Development Bank; 2024 (<https://blogs.iadb.org/caribbean-dev-trends/en/a-new-years-fiscal-resolution-deal-with-debt-in-the-caribbean/>).
- 4 Cloos P. Health inequalities in the Caribbean: increasing opportunities and resources. Glob Health Promot. 2010;17(1):73–76 (<https://doi.org/10.1177/1757975909356626>).
- 5 Mooney H, Rosenblatt D. Policy options for economic recovery from the pandemic in the Caribbean. Washington, DC: Inter-American Development Bank; 2020 (<https://blogs.iadb.org/caribbean-dev-trends/en/policy-options-for-economic-recovery-from-the-pandemic-in-the-caribbean/>).
- 6 BTI Transformation Index: Haiti country report. Gütersloh: Bertelsmann Stiftung; 2024 (<https://bti-project.org/en/reports/country-report/HTI>).
- 7 Instability in Haiti. Global Conflict Tracker (<https://www.cfr.org/global-conflict-tracker/conflict/instability-haiti>).