Caribbean



2025 DATA

30% decrease in number of new HIV infections since 2010

65% decrease in number of AIDS-related deaths since 2010

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

New HIV infections: 13 000 [9300–19 000]

AIDS-related deaths: 4800 [3300–6900]

Testing and treatment cascade (all ages):

People living with HIV who know their HIV status: 87% [66–>98%]

People living with HIV who are on treatment: 73% [55–89%]

People living with HIV who have a suppressed viral load: 65% [56–76%]

Elimination of vertical transmission:

Antiretroviral therapy coverage among pregnant women living with HIV: 51% [43–63%]

Vertical transmission rate: 18% [15–21%]

Financing of the HIV response:

Domestic HIV financing increased by 84% since 2019, but 55% of HIV resources remained externally financed in 2025.

A region with great progress that may be in jeopardy

The Caribbean has made notable progress in reducing the impact of HIV. The annual numbers of new HIV infections declined by 30% and AIDS-related deaths by 65% between 2010 and 2025 (Figure 10.1). Treatment scale-up has contributed to major gains across the HIV care continuum. The region has achieved global leadership in the elimination of vertical transmission—11 countries and territories have been validated for eliminating vertical transmission of HIV and/or syphilis.

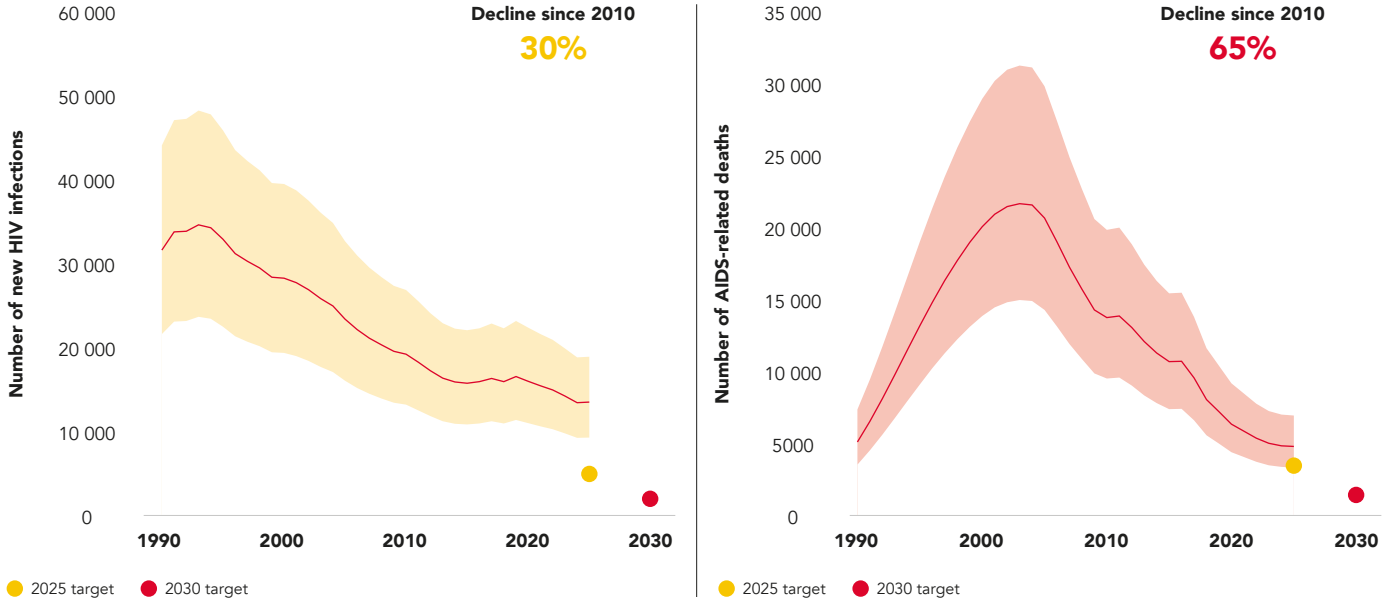
Despite these achievements, the Caribbean continues to have one of the highest HIV prevalence levels outside sub-Saharan Africa, with the epidemic concentrated in a small number of countries, particularly Cuba, the Dominican Republic, Haiti and Jamaica, which together accounted for almost 80% of new HIV infections in the region in 2025. Progress has been uneven, with new infections increasing by around 40% in Belize and rising slightly in Suriname between 2010 and 2025. In the Caribbean, women accounted for 40% and young people for more than a quarter (26%) of new HIV infections in 2025, underscoring persistent vulnerabilities among adolescents and young adults and underlying gender inequalities. Haiti alone accounted for approximately 4400 new HIV infections (34% of the region), underscoring the need to sustain HIV services in the context of a protracted humanitarian crisis marked by chronic insecurity, escalating gang violence, and the displacement of nearly 1.5 million people.[1]

HIV prevalence remains disproportionately high among key populations, particularly gay men and other men who have sex with men and transgender people, highlighting persistent gaps in access to HIV prevention, treatment and rights-based services. HIV prevalence among adults in the general population was 1.1% [1.0–1.3%] but exceeded 10% among gay men and other men who have sex with men and reached 35% among transgender people (Figure 10.2).

1 Displacement tracking matrix: Haiti. Geneva: International Organization for Migration; 2026 (https://dtm.iom.int/haiti).

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

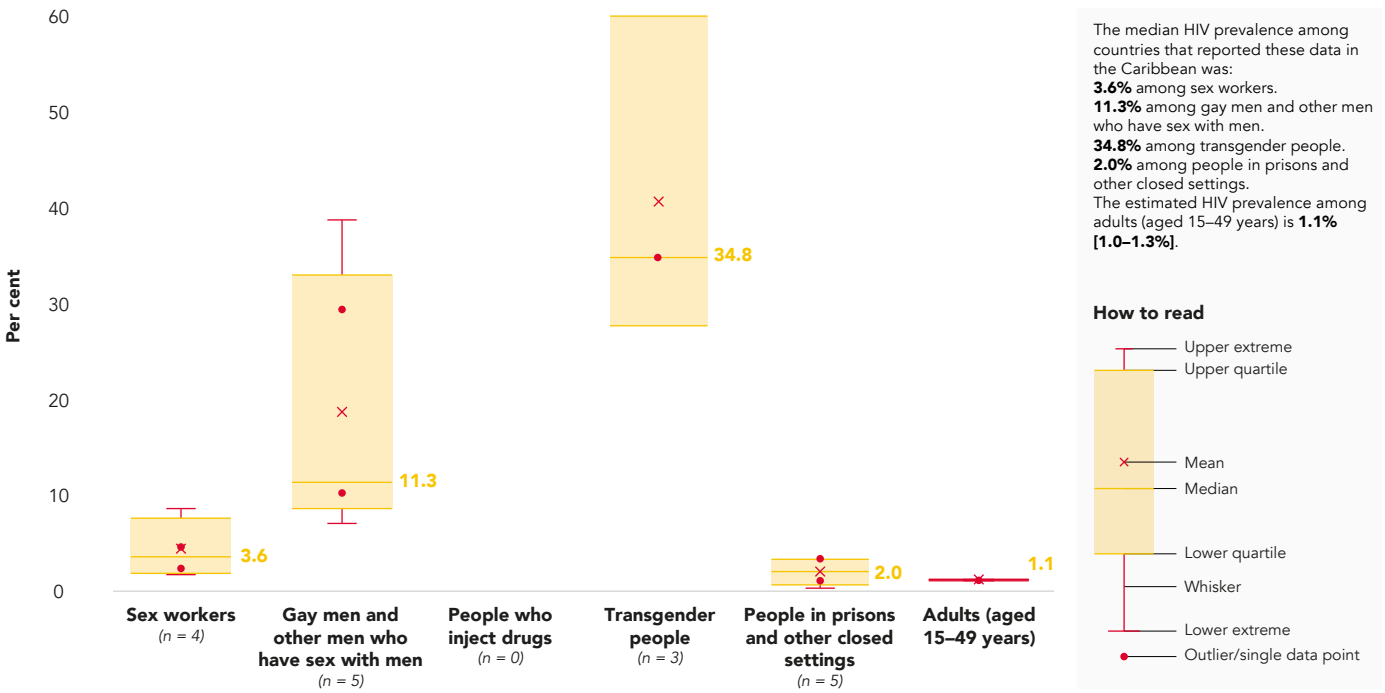
Figure 10.1. Numbers of new HIV infections and AIDS-related deaths, Caribbean, 1990–2025, 2025 and 2030 targets



Source: UNAIDS epidemiological estimates 2026 (https://aidsinfo.unaids.org/).

Key populations continue to bear a disproportionate burden of HIV in the Caribbean

Figure 10.2. HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in the Caribbean, 2021–2025



Source: UNAIDS Global AIDS Monitoring, 2022–2026; UNAIDS epidemiological estimates, 2026 (https://aidsinfo.unaids.org/).
Note: n = number of countries. Total number of reporting countries = 16. Data presented are from fewer than five reporting countries: sex workers (Dominica, the Dominican Republic, Haiti, and Jamaica) and transgender people (Cuba, the Dominican Republic, and Haiti). The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that countries reported similar prevalence, while wide bounds indicate greater disparity in the reported prevalence.

Inequalities persist in access to HIV prevention and treatment

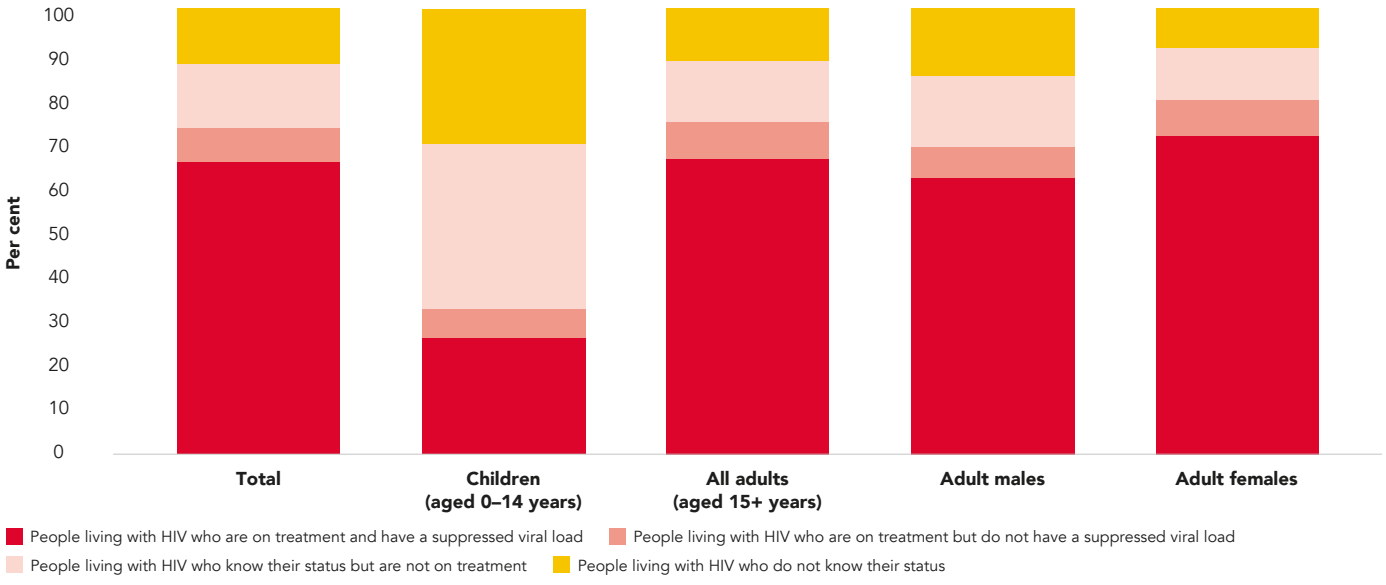
HIV prevention efforts in the region face growing challenges amidst recent funding disruptions. Condom distribution declined by 26% between 2024 and 2025. Pre-exposure prophylaxis (PrEP) uptake decreased by 55%, with about 22 000 people receiving PrEP in 2025.[2]

HIV treatment coverage continues to expand in the region, but progress is uneven across populations (Figure 10.3). In 2025, an estimated 43 000 people living with HIV did not know their status. Men lag behind women at every step of the cascade: 62% of adult men had a suppressed viral load, compared with 71% of adult women. The gap is widest among children: although 70% of children living with HIV have been diagnosed, only one in three is receiving treatment and only one in four has a suppressed viral load.

Eleven of the 18 countries and territories validated for eliminating vertical transmission of HIV and/or syphilis globally are in the Caribbean, demonstrating strong maternal health programmes and commitment. Dominican Republic continues to face significant challenges, however, with only 26% [21-35%] of pregnant women living with HIV receiving antiretroviral therapy in 2025 (against a target of 95%), and a vertical transmission rate of 24% [20 - 26%] (against a global elimination target of less than 5%), underscoring the need for accelerated investments in integrated HIV and maternal health services.

HIV testing and treatment cascade, by age and sex, Caribbean, 2025

Figure 10.3. HIV testing and treatment cascade, by age and sex, Caribbean, 2025



Source: UNAIDS epidemiological estimates 2026 (https://aidsinfo.unaids.org/).

2 Global AIDS Monitoring. Geneva: Joint United Nations Programme on HIV/AIDS; 2026 (https://aidsinfo.unaids.org/).

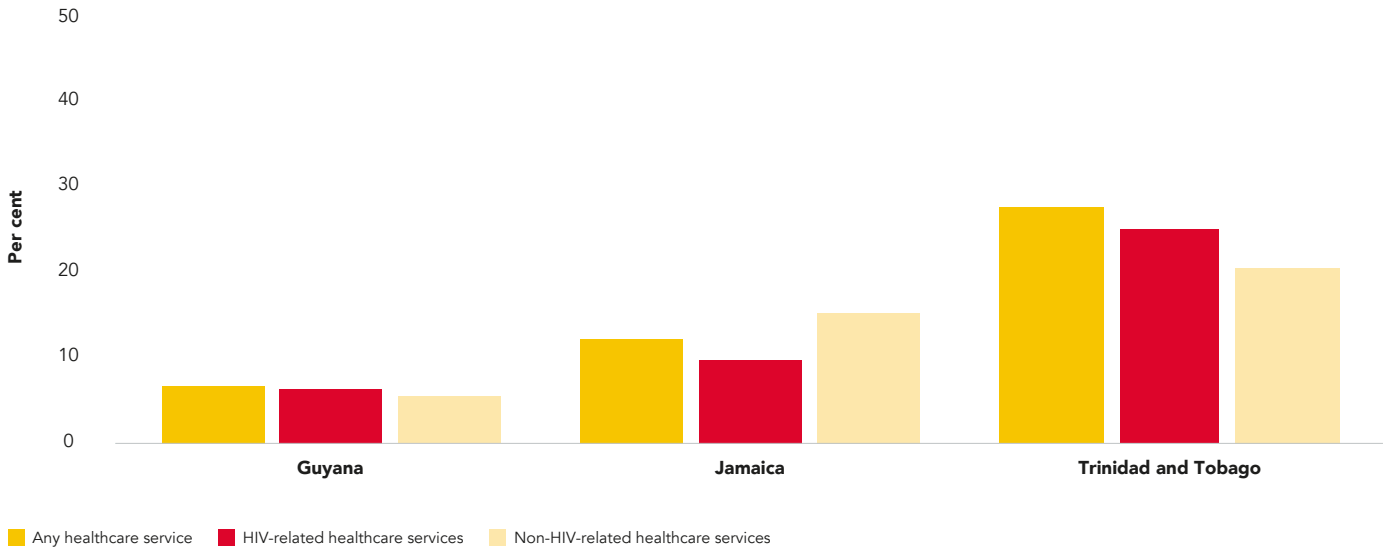
Progress towards enabling environments is uneven across the Caribbean

Stigma, discrimination, gender-based violence and punitive laws continue to limit access to services for many people most affected by HIV (Figure 10.4).

Recent years have seen a marked shift towards decriminalization of same-sex sexual relations, led by strong activism challenging the law across the region. Since 2010, cross-dressing has been decriminalized in Guyana. Five countries have recently decriminalized same-sex sexual intercourse, but it remains criminalized in five countries.[3] 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 and exposure in 2023, but six countries maintain such legal provisions, and the general law has been used to prosecute cases in the last 10 years in two countries.

An estimated 12.7% (10–16.2%) of ever-married or partnered women aged 15–49 years experienced intimate partner violence in the previous 12 months in the Caribbean.[4]

Figure 10.4. Percentage of people living with HIV who experienced stigma and discrimination in health-care settings in the past 12 months, countries with available data, Caribbean, 2025–2026



Source: People Living with HIV Stigma Index 2.0 studies, 2025–2026.
Note: Experiences of stigma and discrimination in healthcare settings are measured as having experienced at least one of the following because of HIV status in the previous 12 months: denial of care, advised not to have sex, being the subject of gossip or negative talk, verbal abuse, physical abuse, avoidance of physical contact, and sharing of HIV status without consent.

3 National Commitments and Policy Instrument, 2017–2026, supplemented by additional sources (http://lawsandpolicies.unaids.org/).

4 Violence against women prevalence estimates, 2023: global, regional and national prevalence estimates for intimate partner violence against women and non-partner sexual violence against women. Geneva: World Health Organization; 2025.

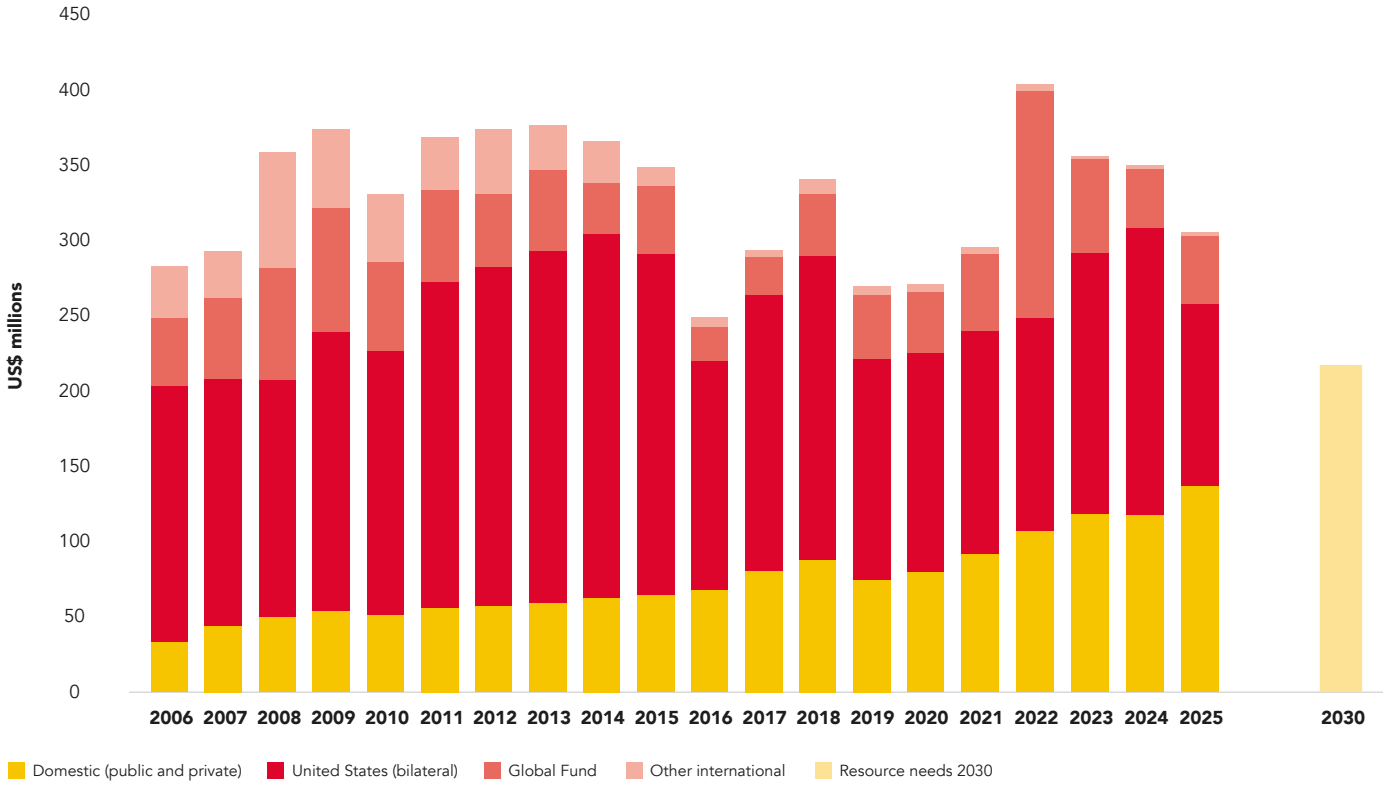
Heavy reliance on external financing threatens the sustainability of the HIV response

The HIV response in the Caribbean faces significant sustainability challenges. The region remains heavily dependent on external financing, particularly for HIV prevention programmes and services for key populations, leaving critical interventions vulnerable to funding disruptions. Sustaining progress and accelerating reductions in new infections will require stronger domestic investment, resilient health and data systems, and continued support for community-led responses.

The region's HIV resources amounted to approximately US$ 305 million in 2025, exceeding the estimated annual resource need of US$ 217 million to achieve the 2030 targets (Figure 10.5). The key challenge, however, is improving the allocation of resources and ensuring sustained and protected funding for prevention, key population and treatment programmes as external financing declines. At the same time, there is a need to reduce the procurement prices of health products in the region.

The Caribbean remains the region most dependent on United States bilateral HIV financing. In 2025, United States bilateral resources accounted for approximately 40% of total HIV resources, despite a 37% decline in United States funding compared with 2024. External financing remains critical, but domestic HIV resources have increased by 84% since 2019, reaching US$ 137 million in 2025. Several countries finance most of their

Figure 10.5. Resource availability (2006–2025) and needs (2030)

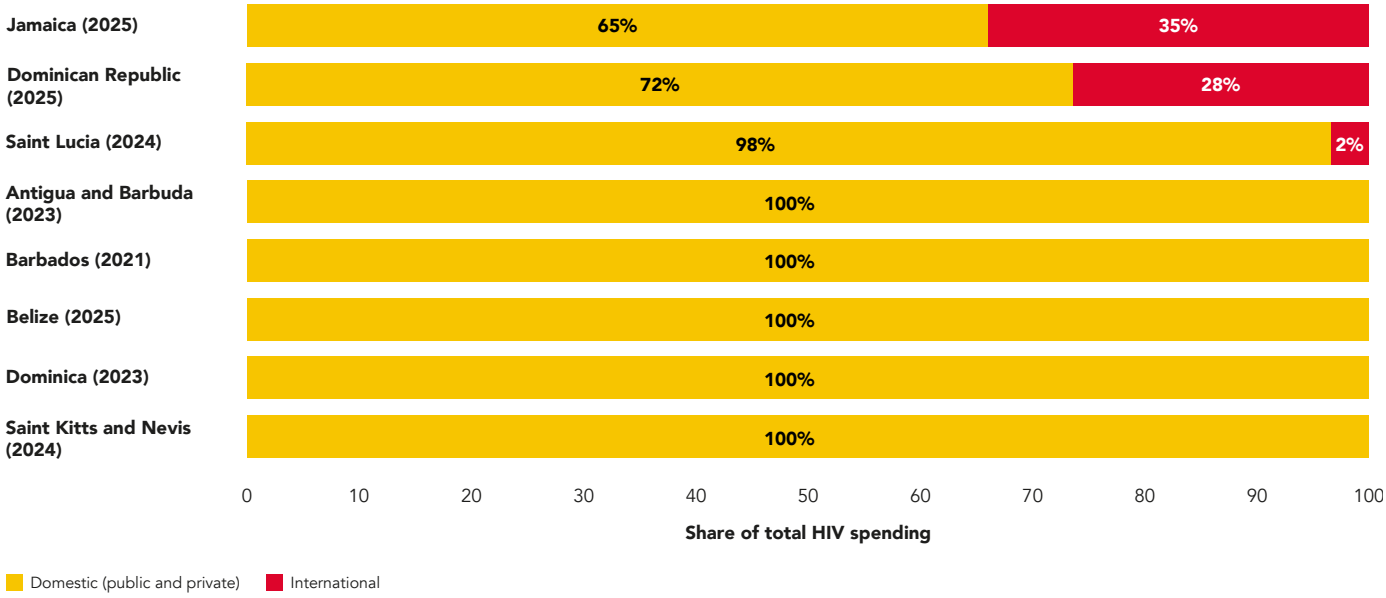


Source: UNAIDS financial estimates.

domestic sources account for 72% of total HIV spending (Figure 10.6). Key population programmes, however, remain highly dependent on external support—for example, in the Dominican Republic, 75% of key population spending is financed externally.

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,[5, 6] have seen a reduction in social and health public spending,[7, 8] and continue to face economic challenges compounded by political instability.[9, 10] The dependence of the Caribbean on external financing is further highlighted by its financing architecture in 2025, when domestic resources accounted for only 45% of total HIV resources.

Figure 10.6. Domestic versus international share of total HIV spending, 2021 - 2025



Source: Global AIDS Monitoring, National AIDS spending assessments.

5 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/).

6 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/).

7 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).

8 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/).

9 BTI Transformation Index: Haiti country report. Gütersloh: Bertelsmann Stiftung; 2024 (https://bti-project.org/en/reports/country-report/HTI).

10 Global Conflict Tracker: Criminal violence in Haiti. New York: Council on Foreign Relations; 2026 (https://www.cfr.org/global-conflict-tracker/conflict/instability-haiti).