HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	2.9 million (mid-2010)
Estimated Population Living with HIV/AIDS **	27,000 [19,000–36,000] (end 2007)
Adult HIV Prevalence**	1.6% [1.1–2.1%] (end 2007)
HIV Prevalence in Most-at-Risk Populations**	Sex Workers: 9% (2006) MSM: 32% (2008)
Percentage of HIV-Infected People in Need of Treatment Who Receive ART***	43% (2007)

*U.S. Census Bureau **UNAIDS *** WHO/UNAIDS/UNICEF *Towards Universal Access,* 2008

With 1.6 percent of the adult population estimated to be HIV positive, Jamaica appears to have stabilized its HIV/AIDS epidemic. First detected in 1982, HIV is now present in all of Jamaica's parishes, while Kingston, St. Andrew, and St. James – the three most urbanized parishes – have the majority of cases. UNAIDS estimates 27,000 people in Jamaica are infected with HIV, and men and women aged 20 to 44 account for 65 percent of reported AIDS cases.

The primary contributors to the epidemic are sociocultural, behavioral, and economic factors that result in risky behaviors, such as multiple sex partners, transactional sex, cross-generational sex, and early sexual debut. The results of the 2008 Knowledge, Attitudes, and Behavior (KABP) Survey indicate multiple partnerships are one of the main risk factors fueling the epidemic in Jamaica. The data show 76 percent of males 15 to 24 years old reported multiple partnerships in the previous 12 months, compared to 52 percent of older men. The 2008 KABP Survey also demonstrated approximately five times as many males as females aged 15 to 24 had multiple partners (51.9 percent and 9.7 percent, respectively). Also youth 15 to 24 years old had an average of 3.5 partners in the previous 12 months, with males 15 to 24 years reporting an average of five partners, and their female counterparts reported a mean of 1.4 partners. Most persons engaging in multiple partnerships in the last 12 months perceived themselves to be at little or no risk of contracting HIV, irrespective of condom use. Also, transactional sex, which carries an inherent power imbalance, is of grave concern. The KABP data show transactional sex was common among sexually active respondents (37 percent), and 27 percent of the total population aged 15 to 49 were engaged in transactional sex. Casual sexual encounters involving new partners are also of concern, with 34 percent of the sexually active population 15 to 49 years old reporting having had at least one casual sexual partner in the last 12 months. The data also highlight that 37 percent of those engaged in casual sex did not use a condom during the last sex act.

Surveillance data, as presented by Dr. Peter Figueroa of Jamaica's Ministry of Health (MOH) at the U.S. Government-sponsored sixth annual Caribbean U.S. Chiefs of Mission Conference on HIV/AIDS held in Jamaica in October 2007, indicated adolescent females (10 to 19 years old) are 2.7 times more likely to be infected than males in the same age group. Young women are particularly at risk because they find it difficult to negotiate whether and when to have sex and how to protect themselves from pregnancy and disease. For example, the "sugar daddy" phenomenon in which young women and girls exchange sex with older men for material or financial gain is common. In addition, gender inequality, high levels of unemployment, persistent poverty, rising crime and violence, population mobility, and the growing commercial sex trade – including sex tourism – compound the country's vulnerability to the HIV/AIDS epidemic.

Although Jamaica has a well-established national surveillance system, collecting accurate data about at-risk groups is challenging. Despite some progress in reducing stigma and discrimination, homosexual behavior continues to be illegal in Jamaica, and many men who have sex with men (MSM) hide their sexual orientation and behavior, impeding accurate health surveys. A 2008 study reported by the United Nations Joint Program on HIV/AIDS (UNAIDS) indicated 32 percent of MSM were HIV positive. Jamaica also has a large number of mobile sex workers, both Jamaican and from outside of Jamaica, who are difficult to monitor. HIV infection rates among sex workers are much higher than they are in the general population. A 2006 study of female sex workers, reported by UNAIDS, showed an HIV prevalence of 9 percent in this group. However, according to Jamaica's 2006 United Nations General Assembly Special Session report, an earlier study found a 20 percent prevalence rate among sex workers

in the tourist areas of Montego Bay. The actual prevalence of HIV may be higher in these groups, as data collection remains difficult and is limited by sampling methods. Sex workers who were older, less educated, and used crack cocaine were more likely to be infected with HIV. Poverty and neglect have led to a growing number of street and working children who are more likely to engage in high-risk behaviors.

Controlling new tuberculosis (TB) infections in Jamaica remains a challenge; the incidence rate is 6.5 per 100,000 population in 2008. However, according to the World Health Organization (WHO), the prevalence of HIV among Jamaican new TB patients is 19 percent. This rate is similar to those of other developing countries. However, Jamaica has a higher mortality rate among those who are co-infected, so prompt diagnosis of HIV infection and early initiation of active antiretroviral treatment (ART) are imperative.

National Response

The Government of Jamaica has aggressively addressed the HIV/AIDS epidemic since 1988, when it established the National HIV/Sexually Transmitted Disease Prevention and Control Program and the National AIDS Committee (NAC), a nongovernmental organization (NGO). The Program, working under the MOH, facilitates governmental cooperation with the private sector and NGOs in the fight against HIV/AIDS. NAC, which has more than 100 member organizations, coordinates the national response to the epidemic.

During the past two decades, Jamaica has taken several steps to combat HIV/AIDS. More recent efforts include joining the Pan Caribbean Partnership Against HIV/AIDS upon its formation in 2001 and continuing to serve as an active member; developing an HIV/AIDS prevention and control project; implementing three national strategic plans on HIV/AIDS and Sexually Transmitted Infections (STIs), the most recent of which launched a new plan in 2007; providing ART for persons with advanced HIV and for HIV-infected mothers since 2004; adopting a national HIV/AIDS policy in 2005; and establishing a private sector-led business coalition on HIV in 2006.

The well-established prevention of mother-to-child-transmission (PMTCT) program has been highly successful by integrating opt-out testing into all maternal child health services for pregnant women. However, there is a need to scale up PMTCT services and reduce transmission rates from mother to child in rural areas. In rural areas, transmission rates are as high as 10 percent compared with an 8 percent transmission rate in the Kingston Metropolitan Area. Antiretrovirals were available to 85 percent of pregnant women delivering in the public sector and for 93 percent of HIV-exposed infants in 2006.

The Government is currently implementing its third National Strategic Plan on HIV/AIDS/STIs, covering 2007–2011. The Plan focuses on achieving universal access to prevention, treatment, and care and support. The Plan involves partnering with key line ministries, including the ministries of education; national security; labor; and tourism, to ensure a multisectoral response. Currently, only 43 percent of HIV-infected people who need treatment receive ART, according to the 2008 WHO/UNAIDS/UNICEF *Towards Universal Access* report.

The Jamaica Business Council on HIV/AIDS (JaBCHA) is a legal entity that seeks to deepen its collaboration with the National HIV Program and the activities of the NAC. In addition, JaBCHA works at broadening the scope of its work with other business councils in the region, including PANCAP and the Global Business Council. It also aims to extend its activities to address certain sectors, such as tourism, hospitality, food handling, entertainment, and sports.

During 2008, the loan agreement of $15 million between the World Bank and the Government of Jamaica ended, and another agreement was signed for $10 million. The Global Fund to Fight AIDS, Tuberculosis and Malaria has disbursed a total of $33.7 million in funds for HIV prevention activities. The current seventh-round grant ($15.2 million) in its first phase is designed to consolidate existing gains while scaling up efforts to provide universal access to HIV treatment, care, and prevention, with special emphasis on vulnerable populations. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's budget worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Jamaica received $1.2 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Jamaica are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately $32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits $63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of

PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

USAID/Jamaica programming is now part of the Caribbean Regional Partnership Framework, which provides the strategic framework for cooperation and coordination among the U.S. Government, 12 countries, and two regional organizations. The Regional Partnership Framework was signed with Jamaica in June 2010. Current USAID activities focus on supporting the national program by providing financial assistance to the MOH to 1) increase safer sex practices and improve attitudes and behaviors among vulnerable, high-risk groups; 2) reduce HIV transmission by delaying sexual initiation, promoting abstinence, and increasing condom use among sexually active adolescents; 3) reduce stigma and discrimination and improve the protection and rights of selected vulnerable, groups or most-at-risk populations through work with faith-based organizations; 4) support the capacity building of stakeholders involved in policymaking, program design and implementation, and monitoring and evaluation; 5) help improve the capacity of the MOH staff ; and 6) support the Ministry of Labor and Social Security service activities related to HIV/AIDS workplace policies and for behavior change initiatives, strengthen NGOs, to enable them to effectively participate in the national response, and improve data collection while building national capacity for collecting and using strategic information. In addition, through grants to NGOs and direct assistance, USAID is implementing an integrated program for adolescents aged 10 to 19 years to help them gain the necessary skills to meet challenges in four thematic areas: HIV/AIDS, sexual and reproductive health, substance abuse, and violence. More than 40,555 individuals were reached with messages about HIV, and 201 individuals were trained in community outreach, policy development, and strategic information in 2008.

USAID successfully strengthened the National HIV/STI Control Program's Monitoring and Evaluation System and built its capacity by increasing data availability for decision making. MEASURE provided technical support to the National HIV/AIDS Control Program to complete two core reference documents, namely the Monitoring and Evaluation Plan and the Monitoring and Evaluation Operations Plan. Two surveillance studies of most-at-risk populations (MSM and commercial sex workers) were also completed.

In 2009, the Division of Reproductive Health of the U.S. Centers for Disease Control and Prevention provided technical assistance to the Jamaican National Family Planning Board and the Jamaican Statistical Institute to conduct the 2008-2009 Reproductive Health Survey, incorporating an extensive HIV module. Successful completion of data collection and analyses on HIV/AIDS knowledge, attitudes, risk behaviors, testing, and counseling was achieved.

USAID also supported workplace policy development and HIV-related institutional capacity within the private sector. In 2009, with technical assistance from the Futures Group, 10 member companies received TA in workplace HIV policy development, basic HIV, and sexuality. In addition, 549 staff from member companies, including members of the Executive Committee of JaBCHA, received training in the reduction of HIV-related stigma and discrimination.

In addition, USAID links its HIV/AIDS activities with its programming in other sectors, such as education and democracy and governance, to reinforce its messages and works with regional institutions and other U.S. Government agencies to mobilize additional resources.

Important Links and Contacts

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Web site: *http://jamaica.usaid.gov*

USAID's HIV/AIDS Web site for Jamaica:
http://www.usaid.gov/our_work/global_health/aids/Countries/lac/jamaica.html.

For more information, see USAID's HIV/AIDS Web site: *http://www.usaid.gov/our_work/global_health/aids*, the Latin American and Caribbean HIV/AIDS Initiative Web site:
http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html, and Caribbean Regional Program Web site *http://www.usaid.gov/our_work/global_health/aids/Countries/lac/caribbeanregion.html.*

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