CARIBBEAN CHILDREN, YOUTH AND HIV

The good
- From 2010 to 2016, new infections among children 0 – 14 years decreased from 1,800 to fewer than 1000 in the Caribbean.
- Seven Caribbean countries and territories have been validated by the WHO as having eliminated mother-to-child HIV transmission: Anguilla, Antigua & Barbuda, Bermuda, the Cayman Islands, Cuba, Montserrat and St. Kitts & Nevis.

The bad
- Males and females ages 15 – 24 accounted for one-third of new infections in the Caribbean in 2016.
- New infections among young people aren’t declining quickly enough! (The target is a 75% decline by 2020.) From 2010 to 2016 there was a 10% decrease in new infections among women ages 15 to 24, but a small increase among men in that age group (1%).

Distribution of new HIV infections by age group in the Caribbean, 2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0 - 14</td>
<td>5%</td>
</tr>
<tr>
<td>Males 15 - 25</td>
<td>15%</td>
</tr>
<tr>
<td>Females 15 - 24</td>
<td>17%</td>
</tr>
<tr>
<td>Males &gt;24</td>
<td>36%</td>
</tr>
<tr>
<td>Females &gt;24</td>
<td>27%</td>
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</tbody>
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Estimated new infections among young people aged 15 - 24 in the Caribbean, 2010 - 2016

Source: UNAIDS 2017 Estimates

The reality
According to several Multiple Indicator Cluster Surveys conducted in the Caribbean between 2010 and 2015:
- Almost half (46.2%) of Caribbean young people ages 15 - 24 did not have adequate knowledge about HIV.
- Two of five (38.6%) young people ages 15 - 24 did not use a condom the last time they had sex.

Also, many girls and young women have additional risk factors including:
- starting having sex before age 15 ([Barbados 9.4% (2012), Belize 5.8% (2015), Cuba 10.8% (2014), Dominican Republic 15.3% (2014), Guyana 4.9% (2014), St. Lucia 5.8% (2012), Suriname 9.6% (2010), Trinidad and Tobago 3.7% (2011)]; and
- having sex with significantly older partners (at least ten years) [Barbados 8.8% (2012), Belize 13.8% (2015), Cuba 15.5% (2014), Dominican Republic 23.8% (2014), Guyana 11.8% (2014), St. Lucia 15.9% (2012), Suriname 15% (2010), Trinidad and Tobago 12.6% (2011)].
Knowledge about HIV prevention among respondents 15-24

According to other national Cluster studies conducted between 2008 and 2012:

- Many young people start having sex before age 15: [Dominica 15% - 2012 (Dominica Knowledge, Attitude, Practice and Belief Survey); Haiti 25% - (2012 Health Mortality, Morbidity and Service Utilization Survey); Jamaica 34% - (2012 Jamaica Knowledge, Attitude, Practice and Belief Survey); St. Kitts and Nevis 32% - (2011 St. Kitts and Nevis WHO Global School Based Health Survey)].

- And significant proportions of sexually active young people did not use condoms the last time they had sex: [Antigua and Barbuda 32% - 2009 WHO Antigua and Barbuda Global School Based Health Survey; Bahamas 21% - 2009 Bahamas Knowledge, Attitude, Practice and Belief Survey); Grenada 43% - (2008 Grenada WHO Global School Based Health Survey)].

Our asks

1. Include Caribbean youth and youth leaders in processes for policy, programmatic and legal reform with the aim of improving access to HIV combination prevention, care, treatment and support services and improving the health and wellness outcomes of children and young people living with HIV.

2. Ensure that young people have the skills, knowledge and capacity to protect themselves from HIV by providing comprehensive sexuality education in schools across the Caribbean and investing in community interventions for out-of-school and at-risk youth.

3. Ensure young people in need have access to sexual and reproductive health services and combination HIV prevention options by addressing policies and laws regarding the age at which minors can independently access healthcare and by supporting civil society organizations with the capacity to reach and serve youth.

4. Complete the agenda to make the Caribbean the world's first region to eliminate mother-to-child HIV transmission by prioritizing the Validation process and addressing gaps in data, lab support and community engagement.

5. Mandate and fund the production of higher-quality data and ongoing research on youth outcomes. This includes disaggregating and reporting data by gender, key population and age-group to reveal more about young people’s needs.