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AIDS in the Caribbean and Central America

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Summary

The AIDS epidemic in the Caribbean and Central America has begun to have negative consequences for economic and social development, and continued increases in infection rates threaten future development prospects. In contrast to other parts of Latin America, the mode of transmission in several Caribbean and Central American countries has been primarily through heterosexual contact, making the disease difficult to contain because it affects the general population. The Caribbean countries with the highest prevalence or infection rates are Haiti, with a rate of 5.6%; Trinidad and Tobago, with a rate of 3.2%; the Bahamas, with a rate of 3%; Guyana, with a rate of 2.5%; and Belize, with a rate of 2.4%. (Belize and Guyana are considered Caribbean nations because of their extensive linkages.) Four other Caribbean countries — the Dominican Republic, Suriname, Barbados, and Jamaica — have rates over 1%. In Central America, Honduras has the highest prevalence rate of 1.8%, while Guatemala has a rate over 1%.

The response to the AIDS epidemic in the Caribbean and Central America has involved a mix of support by governments in the region, bilateral donors (such as the United States, Canada, and European nations), regional and multilateral organizations, and nongovernmental organizations (NGOs). Many countries in the region have national AIDS programs that are supported through these efforts.

The U.S. Agency for International Development (USAID) has been the lead U.S. agency fighting the epidemic abroad since 1986. USAID's funding for HIV/AIDS in Central America and the Caribbean region rose from $11.2 million in FY2000 to $33.8 million in FY2003. Because of the inclusion of Guyana and Haiti in the President's Emergency Plan for AIDS Relief (PEPFAR), FY2004 U.S. assistance to the Caribbean and Central America for HIV/AIDS increased to an estimated $56.6 million, and the FY2005 request increased to $86 million.

In May 2003, Congress approved the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25), which authorized $3 billion per year for FY2003 through FY2008 to fight the three diseases worldwide. PEPFAR and the legislation focus on assisting 12 African countries plus Guyana and Haiti, although the legislation notes that other countries may be designated by the President. In the 108th Congress, some Members of Congress wanted to expand the list of Caribbean countries in the legislation. Both the House-passed FY2004-FY2005 Foreign Relations Authorization Act, H.R. 1950, and the Senate Foreign Relations Committee's reported FY2005 Foreign Relations Authorization Act, S. 2144, had provisions that would have added 14 Caribbean countries to those listed in the May 2003 legislation, but no final action was taken on these measures.

This report, which will be updated periodically, examines the characteristics and consequences of the HIV/AIDS epidemic in the Caribbean and Central America and the response to the epidemic in the region. For additional information, see CRS Report RS21181, *HIV/AIDS International Programs: Appropriations, FY2003-FY2005*, and CRS Report RL31712, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Background and Current Issues*.

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AIDS in the Caribbean and Central America

Characteristics of the Epidemic in the Region

Although the AIDS epidemic in the broader Latin America and Caribbean region is not as pervasive as in Africa, some 2 million people were estimated to be living with HIV/AIDS in the region in 2003, including 450,000 in the Caribbean (including Belize, Guyana, and Suriname, which are considered Caribbean nations because of their extensive linkages); 204,000 in Central America; 160,000 in Mexico; and 1.2 million in South America.[1] Moreover, the adult prevalence rate in several countries in the Caribbean and Central America are among the highest outside of sub-Saharan Africa, with 11 countries in these subregions having adult infection rates of 1% or more (see Table 1).

In terms of sheer numbers, Brazil accounts for about one-third of those living with AIDS in Latin America and the Caribbean, but its prevalence rate of 0.7% is low compared to many countries in Central America and the Caribbean. Furthermore, Brazil's active prevention efforts have lowered prevalence among the high risk groups — intravenous drug users and homosexuals — and the government's extensive antiretroviral treatment program has lowered death rates.[2] In contrast, the mode of transmission in several Caribbean and Central American countries has been primarily through heterosexual contact, which makes it difficult to contain the epidemic because it affects the general population.

At year end 2003, the Caribbean countries with the highest prevalence of infection rates were Haiti, with a rate of 5.6%; Trinidad and Tobago, with a rate of 3.2%; the Bahamas, with a rate of 3%; Guyana, with a rate of 2.5%; and Belize, with a rate of 2.4%. Four other countries — the Dominican Republic, Suriname, Barbados, and Jamaica — had rates over 1%. Haiti and the Dominican Republic, with a combined 368,000 adults and children living with HIV/AIDS, account for about 82% of the infected Caribbean population. USAID notes that Haiti's poverty, conflict, and unstable governance have contributed to the rapid spread of AIDS; in some urban areas, HIV infection rates are almost 10%. In the Dominican Republic, however, there are indications that the epidemic is stabilizing because of effective prevention efforts.

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[1] Statistics are drawn from: Joint United Nations Program on HIV/AIDS (UNAIDS), *2004 Report on the Global AIDS Epidemic*, June 2004. p. 202.

[2] UNAIDS, Report on the Global HIV/AIDS Epidemic 2002, July 2002; Nevertheless, it should be noted that prevalence rates vary in different parts of the country. In some cities, infection levels above 60% have been reported among injecting drug users. See Joint United Nations Program on HIV/AIDS (UNAIDS), *2004 Report on the Global AIDS Epidemic*, June 2004. p. 36.

Table 1. HIV/AIDS in Latin America and the Caribbean, 2003

Area	Adult Prevalence (%)	Adults/Children Living with HIV/AIDS	AIDS Deaths, (Adults/ Children)
Caribbean			
Haiti	5.6	280,000	24,000
Trinidad & Tobago	3.2	29,000	1,900
Bahamas	3.0	5,600	<200
Guyana	2.5	11,000	1,100
Belize	2.4	3,600	<200
Dominican Republic	1.7	88,000	7,900
Suriname	1.7	5,200	<500
Barbados	1.5	2,500	<200
Jamaica	1.2	22,000	900
Cuba	0.1	3,300	<200
Central America			
Honduras	1.8	63,000	4,100
Guatemala	1.1	78,000	5,800
Panama	0.9	16,000	<500
El Salvador	0.7	29,000	2,200
Costa Rica	0.6	12,000	900
Nicaragua	0.2	6,400	<5,00
Mexico	0.3	160,000	5,000
South America			
Argentina	0.7	130,000	1,500
Brazil	0.7	660,000	15,000
Colombia	0.7	190,000	3,600
Venezuela	0.7	110,000	4,100
Paraguay	0.5	15,000	600
Peru	0.5	82,000	4,200
Chile	0.3	26,000	1,400
Ecuador	0.3	21,000	1,700
Uruguay	0.3	6,000	<500
Bolivia	0.1	4,900	<500

Source: UNAIDS, *2004 Report on the Global HIV/AIDS Epidemic,* June 2004.

Sex tourism is reportedly a factor contributing to rising HIV infection rates in some Caribbean countries. Officials in Trinidad and Tobago have expressed concern about the growth of sex tourism, the so-called "beach bum" phenomenon, and the link to the spread of AIDS.[3] In Jamaica, the resort town of Montego Bay has the highest HIV infection rates in the country.[4] In the Dominican Republic, AIDS activists are concerned about child prostitution in resort areas and the spread of HIV.[5]

In Central America, Honduras has the highest prevalence rate of 1.8%, while Guatemala has a rate over 1%. The epidemic in Central America is reportedly fueled by the combination of unequal socioeconomic development and high population mobility; it is concentrated among the poor who migrate in search of work and income.[6] In Honduras, the Garifuna community (descendants of freed black slaves and indigenous Caribs from the Caribbean island of St. Vincent) concentrated in northern coastal communities has been especially hard hit by the epidemic, with an estimated 8-10% of the population infected.[7]

Unprotected heterosexual sex has been the main mode of HIV transmission in most countries in Central America, with the exception of Costa Rica, where homosexual and bisexual sex has accounted for some 60% of the transmission of HIV.[8] According to UNAIDS, a major factor in the increasing feminization of the epidemic in Latin America and the Caribbean is that sexual identities are more fluid, with widespread, but often hidden, bisexual behavior among men.[9] A World Bank study maintains that the epidemic in Central America is concentrated in several high-risk populations: men who have sex with men, commercial sex workers, prisoners, and in Honduras, the Garifuna population.[10]

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[3] "Sex Tourism Cause of HIV Spread, Says T&T Minister," *The Weekly Gleaner* (Jamaica), February 19, 2003. The commercial sex industry linked to tourism reportedly is well established in the Caribbean, with increasing male prostitution by so-called "beach boys." See "The Caribbean Regional Strategic Framework for HIV/AIDS," Pan Caribbean Partnership on HIV/AIDS and CARICOM, March 2002, p. 7. Also see Annan Boodram, "The Beach Bum Phenomena," *Caribbean Voice*, August 3, 2002, and Julie Bindel, "The Price of a Holiday Fling," *Guardian* (London), July 5, 2003.

[4] "Rising Rate of AIDS in the Caribbean," *All Things Considered, National Public Radio*, July 2, 2003.

[5] "AIDS Activists Worried Over Child Prostitution in Dominican Republic," *Boston Haitian Reporter*, January 31, 2003.

[6] UNAIDS/WHO. *AIDS Epidemic Update*. December 2002, p 21.

[7] Interview with Dr. Angel Coca, USAID Mission, Tegucigalpa, Honduras, November 27, 2001.

[8] UNAIDS/WHO, *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections, Costa Rica, 2002 Update*, p. 6.

[9] UNAIDS/WHO. *AIDS Epidemic Update*. December 2002, p 22.

[10] World Bank, "HIV/AIDS in Central America: An Overview of the Epidemic and Priorities for Prevention," October 2003.

Consequences of the Epidemic

The AIDS epidemic in the Caribbean and Central America has begun to have negative consequences for economic and social development in the region. The Pan American Health Organization (PAHO) maintains that the AIDS epidemic threatens to undo many of the health gains made in Latin America and the Caribbean.[11] Life expectancy and infant mortality have already been affected in some countries. In Haiti, life expectancy is almost six years lower than it would be without the epidemic, and in the Bahamas and Guyana, the number of deaths among 15-34 year olds is two and one half times higher because of the epidemic.[12] As the epidemic continues, already-strained health systems will be further burdened with new cases of AIDS. As a result of the epidemic, there are some 250,000 AIDS orphans in the Caribbean (with 200,000 of those in Haiti) and some 73,000 AIDS orphans in Central America.

According to the World Bank, continued increases in HIV prevalence in the Caribbean will negatively affect economic growth. The epidemic, according to the Bank, will have a negative impact on such economic sectors as agriculture, tourism, lumber production, finance, and trade because of lost productivity of economically active adults with the disease. In particular, the labor market in the region will be dealt a shock because of deaths from AIDS. The Prime Minister of St. Kitts and Nevis, Denzil Douglas, maintains that the epidemic threatens to cripple the labor force just as the region needs to become more competitive in world markets amid the momentum toward hemispheric free trade.[13] Looking ahead, the World Bank warned in 2001 that "what happened in Africa in less than two decades could now happen in the Caribbean if action is not taken while the epidemic is in the early stages."[14]

The U.S. government views the AIDS epidemic not only as a humanitarian crisis, but also as a national security issue because of its negative impact on economic development and political stability abroad. In February 2002, State Department Under Secretary of State for Global Affairs Paula Dobriansky warned that the disease was spreading in regions close to home, particularly Central America and the Caribbean.[15] In June 2002, Scott Evertz, then Director of the White House Office of AIDS Policy, reportedly warned that AIDS problems abroad could jeopardize the health of Americans, and described the Caribbean as "our third border."[16]

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[11] Pan American Health Organization, "AIDS Threatens to Undo Health Gains," September 7, 2001.

[12] UNAIDS, *Latin America and the Caribbean Fact Sheet*, July 2002.

[13] "Caribbean Leaders Call AIDS 'Single Biggest Threat' to Development, Announce Push for Low-Cost Antiretrovirals", *Kaiser Daily HIV/AIDS Report*, July 8, 2003

[14] World Bank, *HIV/AIDS in the Caribbean: Issues and Options*, March 2001, p.xii.

[15] Senate Foreign Relations Committee, Testimony by Paula Dobriansky, February 13, 2002, Federal Document Clearing House.

[16] William Gibson, "AIDS Crisis Spurs U.S. Into Action; Disease Damaging World Economies, Leaders Determine." *Sun-Sentinel*, June 23, 2002.

Response to the Epidemic

The response to the AIDS epidemic in the Caribbean and Central America has involved a mix of support by governments in the region, bilateral donors (such as the United States, Canada, and European nations), regional and multilateral organizations, and nongovernmental organizations (NGOs). Many countries in the region have national AIDS programs that are supported through these bilateral, regional, and multilateral programs.[17] The World Bank has provided significant support to combat AIDS in Latin America and the Caribbean, with Brazil becoming the first country in the region to receive such assistance. In June 2001, the Bank approved a $155 million lending program for the Caribbean to help countries finance their national HIV/AIDS prevention and control projects. To date under this program, the Bank has approved loans to Barbados, the Dominican Republic, Jamaica, Grenada, St. Kitts & Nevis, Trinidad & Tobago, and Guyana. The Inter-American Development Bank has supported HIV/AIDS activities in such countries as Honduras, the Bahamas, Jamaica, Guatemala, and Nicaragua, and its assistance to support health infrastructure in the region has been important for HIV/AIDS treatment and care programs.

The newly established Global Fund to Fight AIDS, Tuberculosis, and Malaria has begun funding programs in Costa Rica, Cuba, the Dominican Republic, El Salvador, Haiti, Honduras, Jamaica, and Nicaragua and will be funding additional projects in Belize, Guatemala, and Guyana, and as well as regional programs for the Caribbean Community (CARICOM) and the Organization of Eastern Caribbean States (OECS). (See the Global Fund's website at [http://www.globalfundatm.org/]. For more on the Global Fund, see CRS Report RL31712, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Background and Current Issues*.)

Looking broadly at the entire Latin American and Caribbean region, the commitment to stem the epidemic has grown considerably, and the region has made progress in the treatment and care of people infected with HIV/AIDS. Nevertheless, the quality and scope of surveillance, prevention, and treatment programs in the region vary because of unequal socioeconomic development and high population mobility.[18] Access to antiretroviral drugs has improved significantly in a number of countries, although in poorer resource-limited countries, universal access to treatment could take years to achieve. Argentina, Brazil, Barbados, Chile, Costa Rica, Cuba, Mexico and Uruguay provide universal coverage for antiretroviral treatment, while the Bahamas and Guyana are advancing toward universal access. Brazil is also assisting Bolivia and Paraguay in a cooperation program to achieve universal

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[17] For a listing, see Pan Caribbean Partnership Against HIV-AIDS and CARICOM. "Matrix: Activities of Agencies in HIV/AIDS in the Caribbean Region," Guyana, March 2003. The matrix provides information on bilateral, regional, and multilateral HIV/AIDS programs in the Caribbean and originally was prepared by UNAIDS in 2000.

[18] UNAIDS and WHO, *AIDS Epidemic Update*, December 2002, pp. 19-21.

access.[19] Central America nations completed negotiations with five drug companies in February 2002 to cut the price of antiretrovirals by more than half.[20]

In Haiti, Partners in Health, a non-profit organization affiliated with the Harvard Medical School, has provided HIV screening and counseling since 1988, and is now providing antiretroviral treatment to about 450 patients in several impoverished rural villages in the Central Plateau region of the country.[21] The project demonstrates that even in severely impoverished countries with little health infrastructure, there can be sustained treatment for people with AIDS. Funding from the Global Fund will allow Haiti to expand programs for the care and treatment of HIV/AIDS patients.

Regional and multilateral institutions in the Caribbean support a regional approach in dealing with the epidemic in part because governments are either too small or too poor to respond adequately. The minimal infrastructure, weak institutional capacity and poverty have hampered efforts to respond to the epidemic in several countries. In order to overcome these difficulties, the Caribbean Community (CARICOM) has coordinated a regional approach to combat AIDS. In 1998, the CARICOM Secretariat chaired a Caribbean Task Force on HIV/AIDS that developed a strategic plan for the region. In February 2001, CARICOM launched the Pan Caribbean Partnership Against HIV/AIDS, a new coalition established to involve government, business, and the international community in support of the strategic plan to combat AIDS. In 2002, CARICOM and the Partnership developed a 2002-2006 strategic framework and a plan of action to respond to the epidemic. The Pan American Health Organization and its Caribbean Epidemiology Center (CAREC) have provided technical assistance to help implement the strategic plan, and donors have included UNAIDS and the World Bank and bilateral donors such as the United States.

In Central America, there have been several notable regional efforts, including an initiative to protect vulnerable populations from the epidemic. Various regional meetings have brought together government officials and non-governmental organizations. As noted above, Central American nations were also successful in negotiating significant price cuts with drug companies for antiretroviral drugs.

Although there have been significant efforts to combat the epidemic in the Caribbean and Central America, the challenges ahead are considerable since the epidemic continues to grow. HIV prevalence in Latin America and the Caribbean is expected to continue to grow through 2010, although no country is expected to exceed 10%.[22] Overall challenges in the region include continued surveillance of the epidemic, an increase in prevention programs that also focus on marginalized populations that have been overlooked by past efforts to promote safe behavior, and

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[19] UNAIDS, *2004 Report on the Global AIDS Epidemic*, June 2004, p. 106.

[20] Ibid, p.21; Pan American Health Organization, "Prices of AIDS Drugs in Central America Cut More Than Half," Press Release, February 7, 2003.

[21] See the Partners in Health website at [http://www.pih.org/wherewework/haiti/index.html]

[22] USAID, *Leading the Way: USAID Responds to HIV/AIDS, 1997-2000*, September 2001, p. 87.

an expansion of therapy to those in greatest need.[23] In the Caribbean, the World Bank maintains that concerted action by national governments and regional agencies, in partnership with NGOs and the private sector, and with the assistance of the international community, will help diminish the adverse impact of AIDS. According to the Bank, prevention campaigns need to focus on changing risky behavior; making HIV-testing and condoms more accessible; treating sexually transmitted diseases; and reducing mother-to-child transmission. Moreover, the Bank maintains that care and treatment, which is negligible in most countries in the region, needs to be developed and expanded to serve entire national populations.[24]

U.S. Policy

Within the federal government, overall U.S. support to combat the HIV/AIDS epidemic in Latin America and the Caribbean is provided though programs administered by several U.S. agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Department of Labor, the Department of State, and the U.S. Agency for International Development (USAID). Most funding for such programs is included in annual appropriations measures for Foreign Operations and for the Departments of Labor, Health and Human Services, and Education. In addition to support provided by U.S. agencies, the United States also provides contributions to multilateral efforts to combat AIDS, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria described above. The United States is also a major financial contributor to such multilateral institutions as the World Bank and the Inter-American Development Bank that fund HIV/AIDS projects in the region. (For more, see CRS Report RS21181, *HIV/AIDS International Programs: Appropriations, FY2003-FY2005*.)

The U.S. Agency for International Development has been the lead U.S. agency fighting the epidemic abroad since 1986, including in Latin America and the Caribbean where it has funded a variety of regional and bilateral programs to combat AIDS. USAID's funding for HIV/AIDS in Central America and the Caribbean region rose from $11.2 million in FY2000 to $33.8 million in FY2003. (See Table 2). Because of the inclusion of Guyana and Haiti in the President's Emergency Plan for AIDS Relief (PEPFAR), FY2004 assistance to the region for HIV/AIDS increased to an estimated $56.6 million, and the FY2005 request increased to $86 million.

In May 2003, Congress approved the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25), which authorized $3 billion per year for FY2003 through FY2008 to fight the three diseases worldwide. PEPFAR and the legislation focus on assisting 12 African countries plus Guyana and Haiti, two of the poorest nations in the hemisphere, although the legislation notes that other countries may be designated by the President. Under the State Department's Global HIV/AIDS Initiative (GAI) foreign assistance account, which is the major component of PEPFAR, the Administration allocated an additional $13 million for

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[23] Pan American Health Organization, *HIV and AIDS in the Americas: An Epidemic with Many Faces*, 2001, p. 45.

[24] World Bank, *HIV/AIDS in the Caribbean: Issues and Options*, pp . xiv, xvii, and 35-38.

Haiti and $5.1 million for Guyana for FY2004. In addition, PEPFAR included additional funding for several "non-focus" countries and programs: Honduras, a Central American regional program, and a Caribbean Regional program that will support efforts in the smaller countries of the Eastern Caribbean. For FY2005 under PEPFAR, the State Department's *FY2005 Congressional Budget Justification* indicates that Guyana could receive $18 million and Haiti could receive $40 million in FY2005.

Table 2. HIV/AIDS Funding: USAID and PEPFAR Funding in Central America and the Caribbean, FY2000-FY2004

(U.S. $ millions)

Country	**FY2000**	**FY2001**	**FY2002**	**FY2003**	**FY2004 (est.)***	**FY2005 (req.)***
Dom. Rep.	2.3	3.3	4.0	5.3	5.3	5.3
El Salvador	0.3	0.5	0.5	0.5	0.5	0.5
Guatemala	—	0.5	0.5	0.5	0.5	0.5
Guyana	0.2	0.8	1.0	4.2	9.3*	20.0*
Haiti	1.5	4.4	4.0	7.7	20.3*	45.1*
Honduras	1.4	2.6	3.5	4.2	5.7*	4.2
Jamaica	1.8	1.3	1.3	1.3	1.3	1.3
Nicaragua	0.5	0.5	0.5	0.5	0.5	0.5
Central America Program	3.2	3.7	4.0	4.7	6.0*	5.0
Caribbean Regional Program	—	1.5	5.5	4.9	7.2*	3.7
Total	**11.2**	**19.1**	**24.8**	**33.8**	**56.6***	**86.1***

* FY2004 and FY2005 statistics include assistance provided or requested under PEPFAR in addition to assistance provided under USAID's Development/Child Survival assistance accounts. For FY2004, PEPFAR funding included $5.1 million for Guyana, $13 million for Haiti, $1.5 million for Honduras, $1 million for the Central America Regional Program, and $2 million for the Caribbean Regional Program. For FY2005, PEPFAR funding included $18.3 million for Guyana and $40.3 million for Haiti.

Sources: U.S. Agency for International Development, website at [http://www.usaid.gov/our_work/global_health/aids/Funding/FactSheets/lac.html]; U.S. Department of State, Office of the U.S. Global AIDS Coordinator, *The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS,* August 2004.

As part of its Caribbean regional program, USAID has initiated a program focusing on the smaller Caribbean countries that do not have a permanent USAID presence. The program, implemented through NGOs, governments, CARICOM, and CAREC, is aimed at expanding education and prevention programs and improving the effectiveness of health delivery programs. In the Dominican Republic and Haiti, USAID has provided support for education and prevention activities aimed at high risk groups, people living with HIV/AIDS, programs to prevent mother-to-child transmission, and the marketing of condoms. In Jamaica, USAID provides assistance to the Ministry of Health in support of a strategic plan to combat the epidemic. In Guyana, USAID supports a peer education network, a condom program, and assistance to the National AIDS Program Secretariat.

USAID's Central America regional program is involved in prevention activities focused on high-risk groups and mobile populations that cross borders, support for improved public HIV/AIDS programs, and support for comprehensive care for people living with HIV/AIDS. In Honduras, USAID supports both the public and private sector, including support to local NGOs working with populations that have high rates of HIV prevalence, support for the promotion and marketing of condoms. In El Salvador, Guatemala, and Nicaragua, USAID supports HIV prevention among high-risk populations.

The CDC's Global AIDS Program (GAP) (under the U.S. Department of Health and Human Services) also has collaborative agreements with developing countries that help support research and formulate preventative and care efforts. It is involved in three program elements: primary prevention; surveillance and infrastructure development; and care, support, and treatment. To date in the Caribbean, the CDC has funded programs in Haiti, Guyana, and a Caribbean regional program supporting the Caribbean Epidemiology Center (CAREC) based in Trinidad and Tobago. CDC Caribbean funding for FY2002 amounted to an estimated $5.5 million, with $1.2 million for Guyana, $1.2 million for Haiti, and $3.1 million for CAREC. For FY2003, CDC funding for the Caribbean amounted to $4.8 million, with $1.4 million for Guyana, $1.6 million for Haiti, and $1.8 million for the Caribbean regional program.[25]

NIH has funded international research efforts worldwide focusing on such areas as vaccine research, prevention of disease transmission, research on women and AIDS, prevention and treatment of HIV infection in children, prevention and treatment of opportunistic infections, and capacity building and training of foreign scientists. In the Caribbean and Central America, NIH has funded research studies and/or training programs for most countries in the region.[26]

The Department of Labor funds HIV/AIDS workplace education and prevention projects in Belize, the Dominican Republic, Guyana, and Haiti, and is expected to begin a regional program for several English-speaking Caribbean nations.

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[25] See the CDC's website at [http://www.cdc.gov/nchstp/od/gap/].

[26] National Institutes of Health. "Global AIDS Research Initiative and Strategic Plan." December 2000; The Henry J. Kaiser Family Foundation, "Spending on the HIV/AIDS Epidemic," July 2002.

Some Members of Congress have wanted to expand the Caribbean countries that would benefit from the assistance beyond Haiti and Guyana, arguing that high mobility in the region necessitates a regional approach in combating the epidemic.[27] Members and Caribbean leaders expressed concerned that only Haiti and Guyana are identified as focus countries to benefit from the Bush Administration's plans for increased assistance to combat HIV/AIDS, and that other Caribbean countries will be overlooked. Caribbean officials maintain that targeting specific countries rather than the entire region could be disastrous given the significant travel among Caribbean islands, as well as the annual visits of millions of American tourists.[28] Other Members note that the legislation does not preclude the President from designating additional Caribbean countries. In fact, some $4.5 million in FY2004 PEPFAR funding has been allocated to "non-focus" countries, including Honduras; a Central American regional program; and a Caribbean regional program that will benefit Eastern Caribbean nations. The lionshare of the PEPFAR assistance for the region, however, some 80%, has been targeted for Haiti and Guyana in FY2004.

In the 108th Congress, both the House-passed FY2004-FY2005 Foreign Relations Authorization Act, H.R. 1950 (Section 1818), and the Senate Foreign Relations Committee's reported FY2005 Foreign Relations Authorization Act, S. 2144 (Section 2518), had provisions that would have added 14 Caribbean countries to those listed in the May 2003 legislation, but no final action was taken on these measures. The additional countries were Antigua & Barbuda, Barbados, the Bahamas, Belize, Dominica, Grenada, Jamaica, Montserrat, St. Kitts & Nevis, St. Vincent and the Grenadines, St. Lucia, Suriname, Trinidad & Tobago, and the Dominican Republic. The provision in H.R. 1950 was added during July 15, 2003, House consideration of the bill; a Rangel amendment (H.Amdt. 247) adding the language was approved by voice vote. In previous Senate action, during May16, 2003, consideration of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, H.R. 1298, the Senate had rejected, by a vote of 44-51, an amendment offered by Senator Dodd that would have added the 14 Caribbean countries to the list of 14 African and Caribbean countries listed.

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[27] David Gonzalez, "As AIDS Ravages Caribbean, Governments Confront Denial," *New York Times*, May 18, 2003; Matthew Hay Brown, "Caribbean Asks U.S. to Widen Plan," *Hartford Courant*, June 5, 2003.

[28] Michael Smith, "Islanders Decry AIDS Fund Targeting U.S. Plan Leaves Out Most of Caribbean," Miami Herald, June 14, 2003; Also see "The Caribbean Regional Strategic Framework for HIV/AIDS," Pan Caribbean Partnership on HIV/AIDS and CARICOM, March 2002, p. 7.