Continuity of HIV Care in the Presence of COVID-19

Communities and humanitarian emergencies
A case study of Venezuela
1. Humanitarian emergency and health crisis
2. HIV crisis
3. Leadership and resilience of civil society and PLHIV
Venezuela’s humanitarian crisis

Atypical crisis

• not driven by armed conflict or natural disaster;
• a result of political tensions and implosion of the economy with hyperinflation;
• severe shortage of many basic items, including food and medicine;
• very high levels of violence and crime.

The Venezuelan government denies the existence of a crisis and rejects most humanitarian assistance.
The humanitarian "disaster“ [in Venezuela] started well before Covid-19 and it \textit{was not} caused by the sanctions imposed on corrupt government officials charged with human rights violations and other crimes.

- \textit{President of the Security Council}

\textit{May 5, 2020}
Venezuela complex crisis (ACAPS, Oct 2019)

CRISIS SEVERITY
- D Very low
- 1.8 Very high E

IMPACT
- D Very low
- 4.1 Very high E

HUMANITARIAN CONDITIONS
- D Very low
- 4.0 Very high E

COMPLEXITY
- D Very low
- 2.3 Very high E

ACCESS CONSTRAINTS
- No constraints
- 4.0 Extreme constraints

KEY FIGURES
- TOTAL POPULATION: 28,855,000
- PEOPLE AFFECTED: 28,855,000
- PEOPLE DISPLACED: 4,000,000
- PEOPLE IN NEED: 14,920,000
### Humanitarian projects – Venezuela (OCHA)

#### Number of Projects and Financial Requirements by Type of Organization

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Projects</th>
<th>Financial Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN Agencies</td>
<td>32</td>
<td>73%</td>
</tr>
<tr>
<td>National NGO</td>
<td>49</td>
<td>19%</td>
</tr>
<tr>
<td>International NGO</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Others*</td>
<td>7</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Others*: academic and church
Health crisis in Venezuela

Shortage of supplies affect **ALL** treatable conditions

National health system broken and unable to deliver proper care for its citizens

Venezuelan exodus impacting health systems
- In Venezuela (65% specialists have left)
- In other countries (neighbouring, within LAC and beyond)

No reliable/credible data/indicators
Excess Mortality

Source: Venezuelan MOH (published & unpublished).

Maternal Mortality Rate

65% increase maternal mortality in 1 year (2015-2016) (official data)

Last year government reported
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People living with HIV

Viral suppression 7%*

* UNAIDS, 2017
Availability of ARVs – Then and now (2009-2019)
<table>
<thead>
<tr>
<th></th>
<th>&lt; 5 Años</th>
<th>De 5 a 9 Años</th>
<th>De 10 a 14 Años</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>35</td>
<td>7</td>
<td>11</td>
<td>53</td>
</tr>
<tr>
<td>2019</td>
<td>184</td>
<td>238</td>
<td>243</td>
<td>665</td>
</tr>
</tbody>
</table>

Panorama General del VIH/sida según el Programa Nacional Total, de casos nuevos según Edad 2018-2019 en Venezuela

The children of the Revolution
1. Humanitarian emergency and health crisis
2. HIV crisis
3. Leadership and resilience of civil society and PLHIV
1. Community-led service delivery (incl. commodities)
2. Community-led monitoring
3. Community led advocacy
Humanitarian emergency and community leadership engagement

1. Community-led service delivery (incl. commodities)
2. Community-led monitoring
3. Community led advocacy
Humanitarian emergency and community leadership engagement

1. Community-led service delivery (incl. commodities)
2. Community-led monitoring
3. Community led advocacy
As a result of civil society documentation and advocacy ...

Master Plan for HIV, TB and malaria

$11 M from Global Fund (emergency) (HIV + HIV/TB/Malaria)

Eligibility of Venezuela’s Malaria Component 2020-2022 (US$19.8M)
Advocate, denounce and protest
COVID-19, humanitarian emergency and the leadership of communities

- Venezuela is confronting several “emergencies”
COVID-19, humanitarian emergency and the leadership of communities

- Avoiding treatment interruptions
  - In Venezuela
  - Crossing to/from Colombia
- Ensuring food security for PLHIV
- Securing PPE for monitors, navigators and health personnel working on HIV facilities.
- Document, advocate and DENOUNCE!
CONCLUSION

• Gains at risk
• Support communities in the ground
  • supply change and risk management
  • surveillance, documentation and reporting
  • intersecting and trans-disciplinary responses
First step is a mechanism to support community systems in emergency situations
Partner acknowledgement

- Dr. Leopoldo Villegas
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- Alberto Nieves
Thank you - Gracias

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