

Virtual Pre-Conference

Continuity of HIV Care in the Presence of COVID-19

Mary Ann Torres

Communities and humanitarian emergencies

A case study of Venezuela



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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.

Humanitarian “disaster”



Inicio Sobre Cepaz ▾ Nuestro Trabajo en Red ▾ Informes ▾ Documentos ▾ Próximos Eventos Galería Contacto ▾



Presidente del Consejo de Seguridad de la ONU aseguró que el desastre humanitario en Venezuela comenzó mucho antes del Covid-19



The humanitarian "disaster" [in Venezuela] started well before Covid-19 and it **was not** caused by the sanctions imposed on corrupt government officials charged with human rights violations and other crimes.

- *President of the Security Council*
May 5, 2020

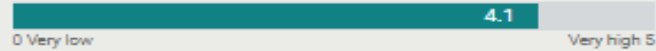
Venezuela complex crisis (ACAPS, Oct 2019)



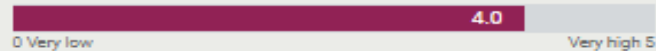
CRISIS SEVERITY ?



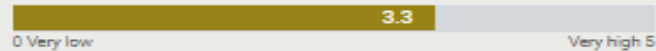
IMPACT ?



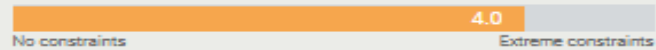
HUMANITARIAN CONDITIONS ?



COMPLEXITY ?



ACCESS CONSTRAINTS ?



KEY FIGURES

28,855,000	TOTAL POPULATION
28,855,000	PEOPLE AFFECTED
4,000,000	PEOPLE DISPLACED
14,920,000	PEOPLE IN NEED

Humanitarian projects – Venezuela (OCHA)



NUMBER OF PROJECTS AND FINANCIAL REQUIREMENTS BY TYPE OF ORGANIZATION

68%

Projects

UN Agencies



32

National NGO



49

International NGO



10

Others*



7

Others*: academic and church

Financial Requirements



73%



19%



6%



2%

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

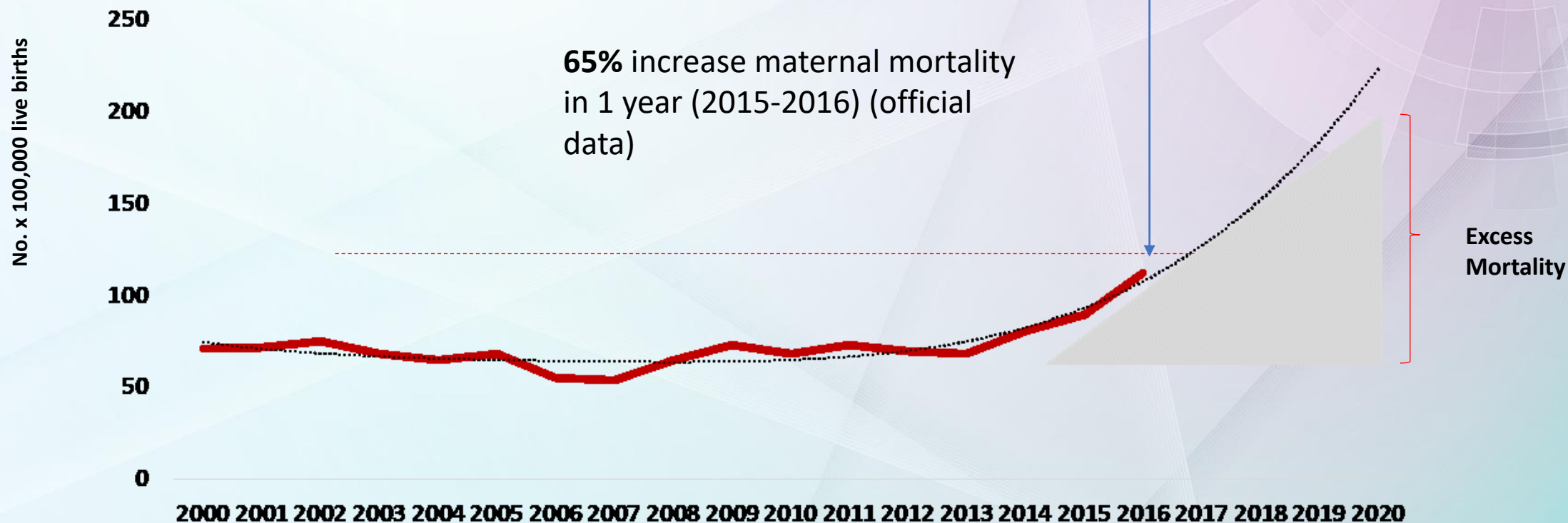
In Venezuela (65% specialist have left)
in other countries (neighbouring, within LAC and beyond)



No reliable/credible data/indicators



Maternal Mortality Rate



Source: Venezuelan MOH (published & unpublished).

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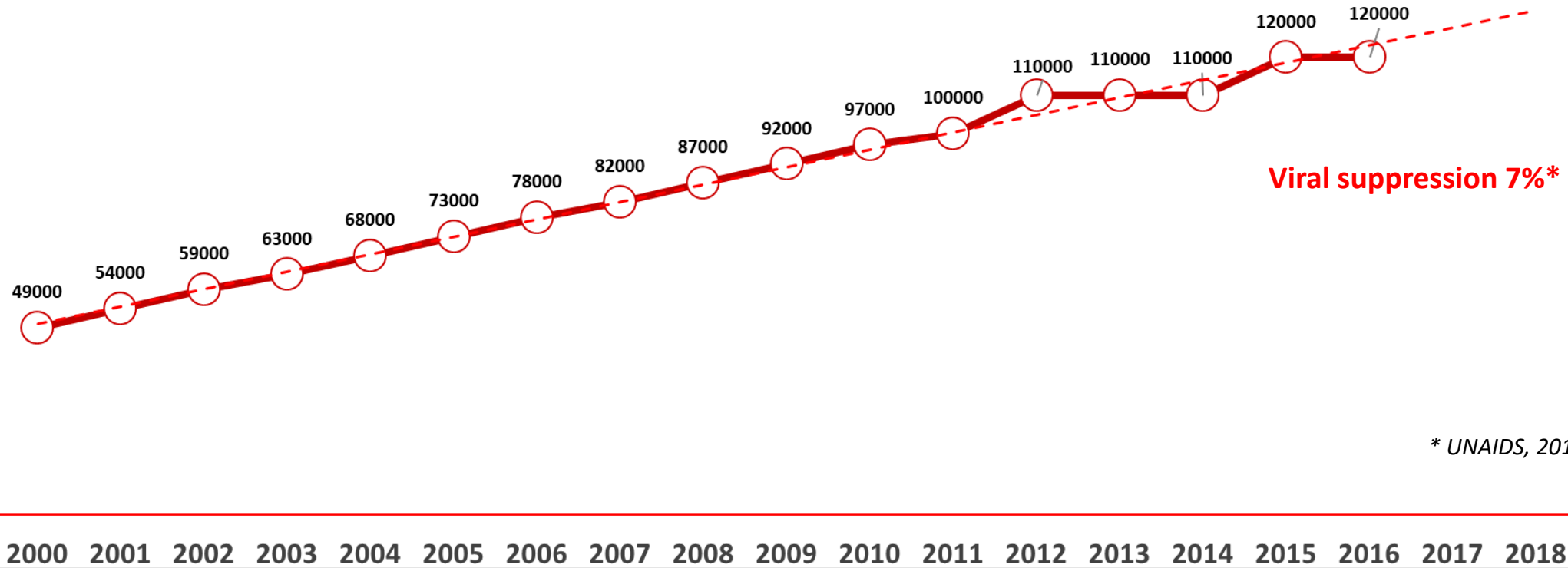


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People living with HIV



Availability of ARVs – Then and now (2009-2019)



The children of the Revolution

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

2018	< 5 Años	De 5 a 9 Años	De 10 a 14 Años	TOTAL
2018	35	7	11	53
2019	184	238	243	665



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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



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Humanitarian emergency and community leadership engagement



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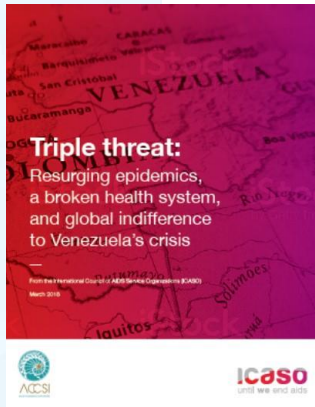
As a result of civil society documentation and advocacy ...



Master Plan for HIV, TB and malaria



desde una perspectiva de salud pública



GF/B41/EDP06

Approved by the Board on: 13 August 2019

Eligibility of Venezuela's Malaria Component for the 2020-2022 Allocation Period

Based on the recommendation of the Strategy Committee described in GF/B41/ER04, the Board:

1. Notes that the Eligibility Policy (GF/B39/02) provides that certain non-eligible countries may be recommended to be eligible for malaria in the event of a significant resurgence in malaria cases;
2. Acknowledging the Secretariat and technical partners' recommendation described in GF/B41/ER04, decides that Venezuela's malaria component will be eligible for funding for the 2020-2022 allocation period due to significant resurgence; and
3. Notes that any resultant grant(s) will be subject to and governed by existing policy and processes.

Eligibility of Venezuela's Malaria Component 2020-2022 (US\$19.8M)

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

The Global Fund

Decision

Electronic Board Decision Point: GF/B39/EDP11: Approval of Funding to Address the Health Crisis in Venezuela

The Board:

1. Expresses continuing concern about the public health crisis in Venezuela, a country that is not currently eligible for Global Fund funding, and its adverse impact on the fight against HIV, tuberculosis and malaria in Venezuela and the region;
2. Acknowledges the extraordinary proposal for funding presented by the Secretariat, and developed in consultation with partners and civil society, in accordance with the approach for potential engagement with non-eligible countries in crisis approved by the Board through GF/B39/DPO4;
3. Recognizes that the emergency circumstances in Venezuela and the exceptional nature of the funding proposed require unique implementation and management arrangements, which differ substantially from the standard Global Fund funding model and applicable policies, as described in Annex 1 to GF/B39/ER10 (Annex 1);
4. Accepts that the proposed implementation and management arrangements entail unique risks, as described in GF/B39/ER10 and Annex 1, including that the Office of the Inspector General will not be able to provide the Board with assurance, whether through audit or investigation work, over the funds disbursed under the proposed funding arrangements;
5. Based on the recommendation of the Strategy Committee, approves the investment and terms set forth in Annex 1, to provide USD 5,000,000 to support the procurement of critical health products for Venezuela; and
6. Calls for continuous engagement from relevant partners, donors and other stakeholders to further support a regional response to the health crisis in Venezuela.

Budgetary implications: USD 5,000,000, funded through available sources of funds identified by the Audit and Finance Committee under GF/AFC07/DP1

Advocate, denounce and protest



Venezuela en resistencia

Alberto Nieves
ACCSI Acción Ciudadana Contra el SIDA
RVG+ Red Venezolana de Gente Positiva



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
- Ken Morrison
- Alberto Nieves



Thank you - Gracias



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