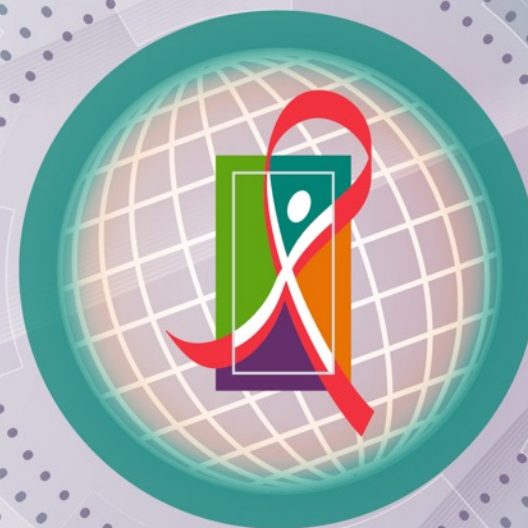


15th International Conference on  
**HIV TREATMENT AND  
PREVENTION ADHERENCE**

Mary Ann Torres

# Communities and humanitarian emergencies

## A case study of Venezuela



# 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.**



# 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 2020)



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# 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)

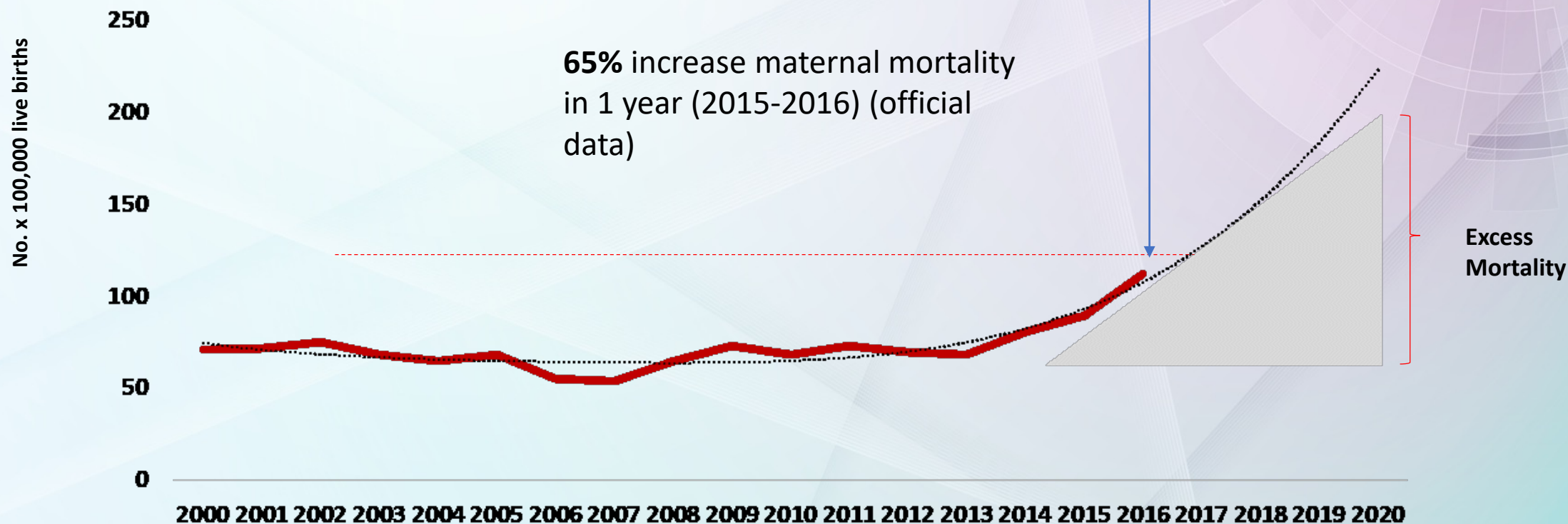


No reliable/credible data/indicators





# Maternal Mortality Rate



Source: Venezuelan MOH (published & unpublished).

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# Communities and humanitarian emergencies

## A case study of Venezuela

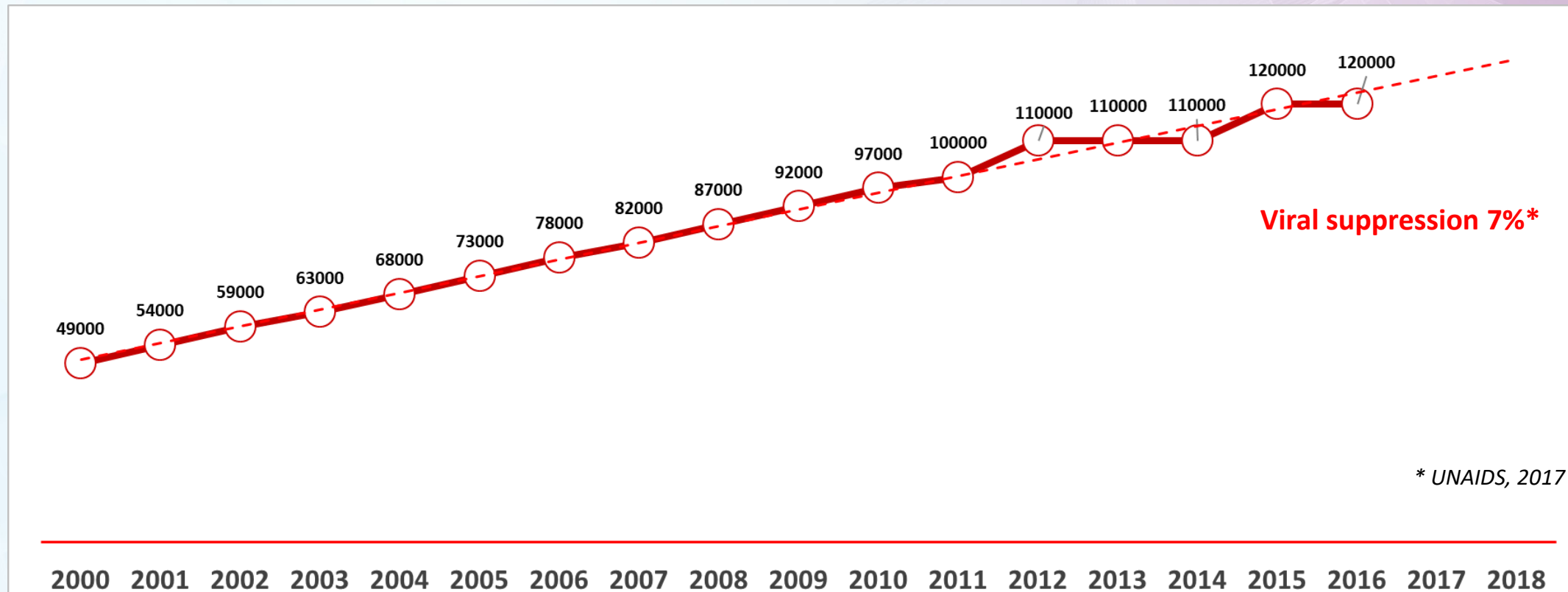


1. Humanitarian emergency and health crisis

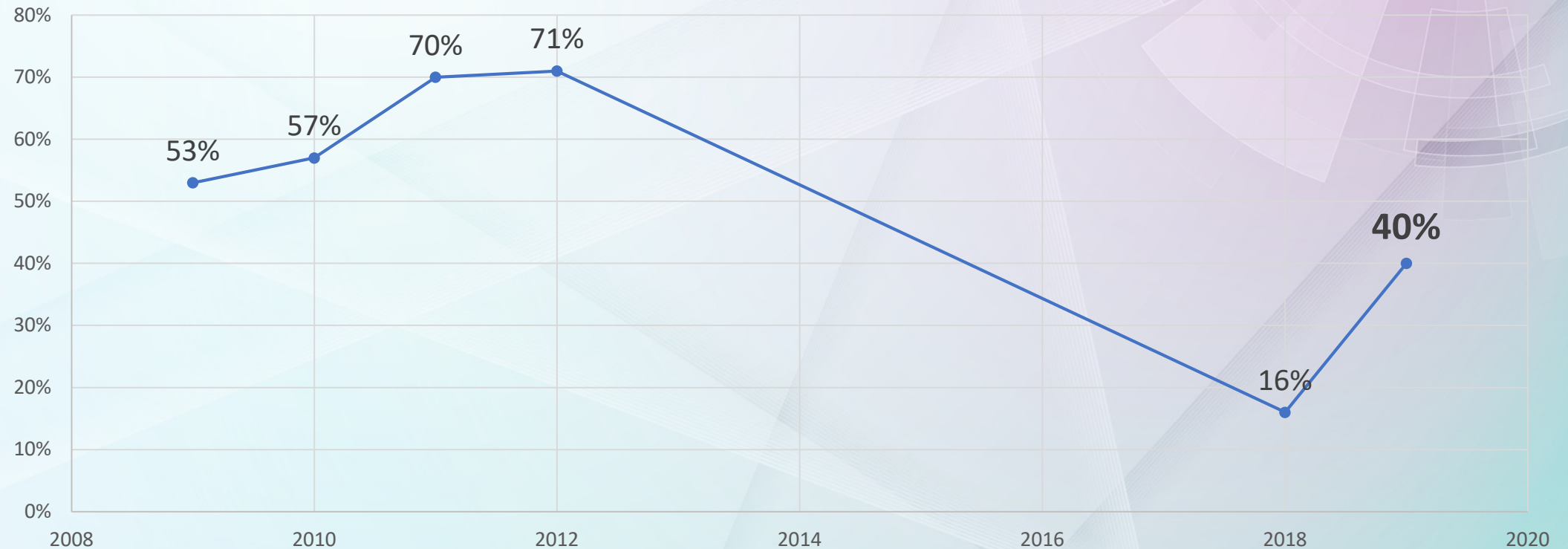
**2. HIV crisis**

3. Leadership and resilience of civil society and PLHIV

# 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



# HIV and COVID-19



Humanitarian Response Plan with Humanitarian Needs Overview Venezuela 2020 (OCHA) considers people living with HIV as **Prioritized Population Groups**

There is evidence that COVID has had an impact on accessing treatment and care services due to:

- a. Mobility restrictions**
- b. People living with HIV without ARVs were stranded**
- c. Lack of personal protective equipment**
- d. Discrimination**

# 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**



# Humanitarian emergency and community leadership engagement



- 1. Community-led service delivery (incl. commodities)**
2. Community-led monitoring
3. Community led advocacy

## HIV and COVID-19



Despite the severe mobility restrictions, and with support from community organizations, 100% of the HIV consultations, ARV pharmacies, and health personnel continued to provide care for people living with HIV, with an emphasis on emergency cases and according to the restrictions imposed at national, state, and city levels.

# 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**

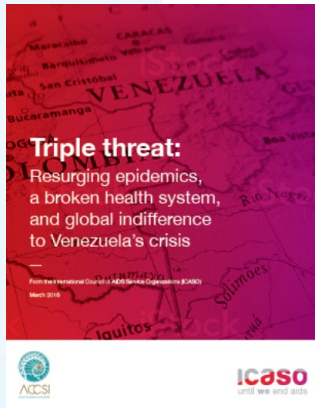
# As a result of civil society documentation and advocacy ...



## Master Plan for HIV, TB and malaria



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)

**\$ 17 M from Global Fund (emergency) (HIV + HIV/TB/Malaria)**

TheGlobalFund

### 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

Global Fund saving 40,923 people



With a modest and intelligent investment and in a short time, the Global Fund is saving the lives of 40,923 people living with HIV

This investment is a direct result of **joint evidence-based advocacy** civil society organizations



# How do we know? – TLD indicators

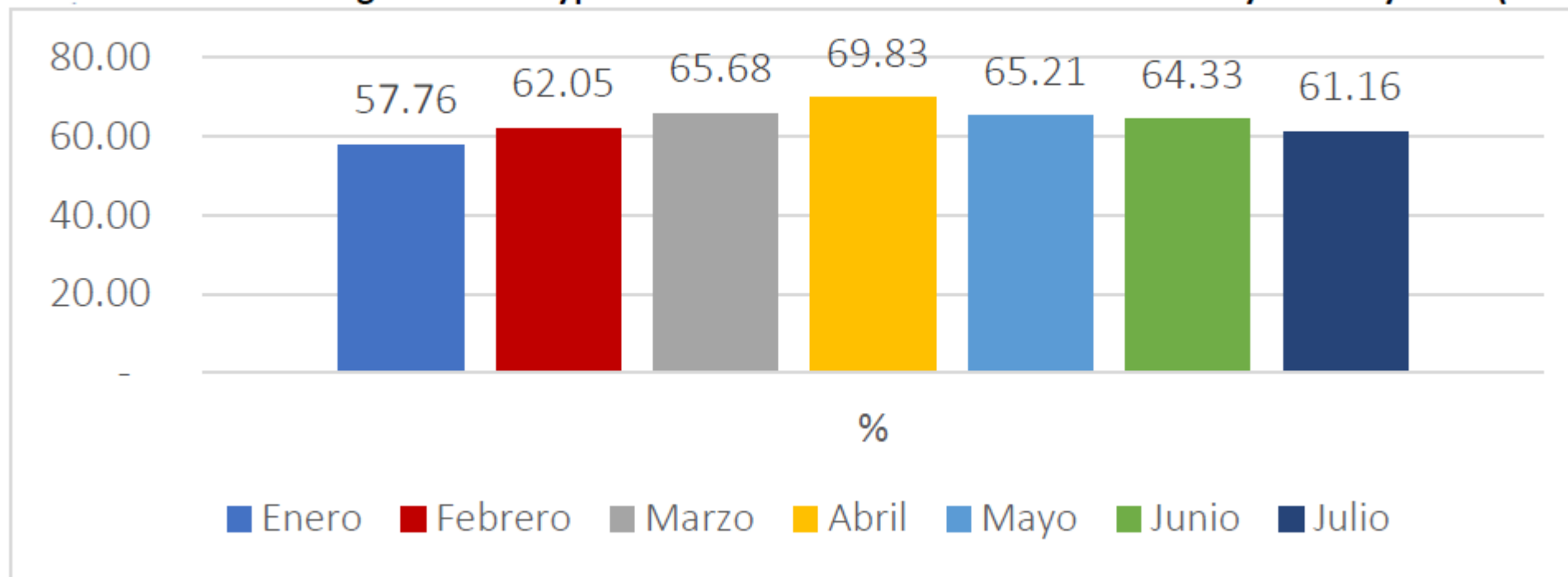


Indicators on TLD	January	February	March	April	May	June	July	Total
Number of PLHIV that picked-up TLD	10.366	10.731	2.880	3.511	3.557	2.696	7.182	<b>40.923</b>
Number of bottles that were given to each PLHIV.	2	3	2	4	3	3	3	<b>3</b>

# Non-TLD shortage



64% shortage of other types of ARVs in Venezuela between January and July 2020 (average)





# Advocate, denounce and protest



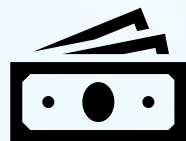
#ADHERENCE2020

**icaso**  
until we end aids

# 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



**Donors:** Open Society Foundation • PITCH • Global Fund • Gilead

# Thank you - Gracias



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