Communities and humanitarian emergencies
A case study of Venezuela

Mary Ann Torres
Communities and humanitarian emergencies
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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”

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)
Humanitarian projects – Venezuela (OCHA)

68%

<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

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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Source: Venezuelan MOH (published & unpublished).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

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

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The children of the Revolution

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

<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>

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HIV and COVID-19


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
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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
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

![Image](image-url)

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/R09/02) 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)

Decision

Electronic Board Decision Point: GF/R94/EDP07: 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 emergency use of non-eligible countries described in GF/R93/ER03, and
3. Recognizes that the emergency circumstances in Venezuela and the exceptional nature of the funding proposal require unique implementation and management arrangements, which differ substantially from the standard Global Fund funding model and applicable policies, as described in Annexes 1 to GF/R93/ER03 (Annexes A):
4. Accepts that the proposed implementation and management arrangements entail unique risks, as described in GF/R93/ER03 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 investigations work, over the funds delivered under the proposed funding arrangement;
5. Based on the recommendation of the Strategy Committee, approves the investment action set forth in Annex 1, to provide USD 17.1 million 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 17,100,000, funded through available sources of funds identified by the Audit and Finance Committee under GF/R94/ER07.
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

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

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

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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!

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• 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

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Thank you - Gracias

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