

TRIPLE THREAT

Update

(May 2019)



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until we end aids

Acknowledgements

ICASO and Acción Ciudadana Contra el SIDA (ACCSI) would like to thank people living with and affected by HIV, tuberculosis and malaria in Venezuela who shared their stories, their distress and their hope. We are also grateful to all those brave community activists, human rights defenders, doctors, academics and researchers in Venezuela for sharing information for this report, despite the high personal risk in some cases, especially the members of the Venezuelan Network of Positive People (**RVG+**).

We thank the support of activists from the region for their tireless work in favor of Venezuela, especially Jorge Saavedra, Carlos García de León, Javier Hourcade-Bellocq and Erika Castellanos.

This update is the result of the hard work of research, writing and editing by ICASO and ACCSI staff, under the leadership of Luisa Kislinger.

We also thank the following organizations for their support:

Asociación Civil Impacto Social
Alianza Venezolana para la Salud
Sociedad Venezolana de Salud Pública
Global Development One
Healing Venezuela

We also acknowledge the following people who shared information and/or reviewed the different versions of this document: Alejandro Arenas-Pinto, Leopoldo Villegas, Julio Castro and Francisco Valencia.



The International Council of AIDS Service Organizations (ICASO) is a Canadian organization that acts as a global policy voice on HIV issues that impact diverse communities around the world. Our advocacy work champions the leadership of civil society and key populations in the effort to end AIDS. We do this through collaborative partnerships with people and organizations in all regions and various sectors, always with a view to serving and empowering communities. www.icaso.org



Acción Ciudadana contra el SIDA (ACCSI) (Citizens Action against AIDS) is a Venezuelan organization working to ensure effective and coordinated strategies to protect, promote and defend human rights of people living with HIV and other key and vulnerable populations. www.accsi.org.ve

Note: all websites referenced in this document were accessed between April 12 and 16, 2019.

Graphic design:
Daniel Cordner Design
www.cargocollective.com/danielcordnerdesign

Introduction

At the end of 2017, ICASO and ACCSI joined efforts to document and make visible the complex humanitarian emergency in Venezuela with the publication of the report *Triple Threat: Resurging epidemics, a broken health system and global indifference to Venezuela's crisis*. This report documents the situation of hundreds of people living with HIV and AIDS that did not have access to medicines and feared an imminent death. The report also warned that, if the world continued to ignore the Venezuelan catastrophe, situations such as the resurgence of epidemics would put at risk achieving the Sustainable Development Goals. The report was updated in May and October 2018.



A little over a year later, the situation is much more serious than originally projected. All indicators on health, poverty, nutrition, economic growth and social development have worsened dramatically. Meanwhile the Venezuelan government continues to deny not only the existence of the complex humanitarian emergency afflicting the country but, even worse, the entry of aid offered by countries and organizations. Throughout the year 2018, the massive migration of Venezuelans exposed the severity of the internal situation. The images of people from Venezuela crossing on foot the *plains* that connect with Colombia and with other countries further south went around the world. The absence of food and medicine has been joined by a fierce hyperinflation that effectively wipes out any income. The governmental response, instead of reversing these effects, has only aggravated them.

The situation for people living with HIV has not improved. On the contrary, the shortage of medicines and supplies required to prevent and treat the disease has increased the levels of mortality and decreased the quality of life and the health of people living with HIV.


After three years of activism, the Global Fund to Fight AIDS, Tuberculosis and Malaria donated five million dollars (USD) for the purchase of antiretroviral (ARV) treatment.¹ The first shipment arrived in Venezuela at the end of December 2018, but delivery to people living with HIV has yet to be completed. This response by international cooperation is the result of Venezuelan and international civil society advocacy. The work of Venezuelan civil society, especially the Venezuelan Network of Positive People (RVG+) and Citizen Action Against AIDS (ACCSI) in monitoring the crisis and shortages of antiretroviral drugs was a key piece in the achievement of the elaboration of the Master Plan. The records and the data collected by both organizations are the only reliable information available in the country, and they show the seriousness of the shortages of antiretrovirals, medicines for opportunistic infections, and reagents, among many others, and the impact of these shortages on the quality of life and survival of thousands of people living with HIV.

For people affected by malaria and tuberculosis there have been no answers to prevent deaths and suffering due to lack of basic supplies for their treatment and prevention.² These people find themselves helpless before an indifferent state, and an international community that reacted only when the ranks of people from Venezuela began to overflow the borders in search of medical attention and food.

After Juan Guaidó, president of the Venezuelan National Assembly was sworn in as interim president in January 2019, one of his first measures was to approve an agreement to allow the entry of humanitarian aid³ in response to the complex humanitarian emergency and to ask the international community for support in that effort. This is an important step that paves the way to activate international mechanisms for multilateral coordination and for bilateral and multilateral cooperation. Civil society sees these efforts with renewed optimism to alleviate the suffering of millions of Venezuelans.


At the end of March 2019, the International Federation of Red Cross and Red Crescent (IFRC) announced that they had received the necessary guarantees to distribute international aid in Venezuela and that they would begin to do it in a few weeks. On April 16, 2019, the first shipment of humanitarian aid arrived in Venezuela. At the time of publication, there are no further details.

In this new update, ICASO and ACCSI work together again to highlight the most important milestones that took place in Venezuela throughout 2018 and the beginning of 2019 with respect to HIV, malaria and tuberculosis in the context of the complex humanitarian emergency there.



There is a government policy to leave people with chronic health conditions without medicines in stock and then deliver them in exchange for votes during electoral periods.

Coalición de organizaciones por la defensa del derecho a la salud y a la vida (CODEVIDA)



The conditions worsen, and the complex humanitarian emergency deepens

Throughout 2018, the situation in Venezuela worsened substantially, reaching unprecedented levels of deterioration in various areas, but especially in the areas of health and nutrition, with governmental entities failing to take necessary and urgent action to reverse the negative consequences and confront the structural causes of the emergency.

The Venezuelan government has continued to fail to comply with its human rights obligations such as to guarantee the right to life, the right to food and the right to health, while denying, inside and outside the country, the existence of a complex humanitarian emergency.⁴ The use of food and medicines as mechanisms of social control, for example through the Local Committees for Supply and Production (*Comités Locales de Abastecimiento y Producción* or CLAP)⁵ and the Homeland Card (*Carnet de la Patria*),⁶ has been even more worrisome. This is compounded by the serious restrictions on and criminalization of protest, and freedom of expression; censorship and closure of tv and radio stations and violation of other civil and political rights.⁷ The erosion of the rule of law in Venezuela and the weakening of democratic institutions has made citizens effectively defenseless to protect against the violation of all their rights.

On Friday, February 15, 2019, in the city of Valencia in Carabobo, the headquarters of the Mavid Foundation was the object of an illegal, abusive and arbitrary raid by state security forces.⁸ Most of the members of Mavid belong to the Venezuelan Network of Positive People (RVG+), which during the last few years have performed humanitarian work together with various national and international NGOs and United Nations agencies to help people living with HIV in extreme vulnerability and risk of dying as a consequence of the severe humanitarian emergency throughout the country.

In the raid, officials stole antiretroviral drugs and other drugs for medical treatment, clinical supplies that had been donated by private institutions for people living with HIV and other health conditions infant formula for children with HIV, rapid tests for HIV diagnosis, boxes of colored condoms and water-based lubricants. They also took computers, patient histories and other confidential documents.

Additionally, 3 members of Mavid were arrested and others were harassed in their homes and workplace in the days that followed.


In general, the living conditions of the Venezuelan population worsened with respect to the previous year, particularly in light of a hyperinflation process that caused a significant loss of people's purchasing power and their consequent impoverishment. According to the partial results of the Survey of Living Conditions (ENCOVI)⁹ corresponding to the year 2018, conducted by 3 Venezuelan universities¹⁰, 94% of households said they did not have enough income to maintain their standard of living. The International Monetary Fund (IMF) has projected that Venezuela will close the year 2019 with 10,000,000% inflation.¹¹

In addition, the production and/or importation of food continues to show significant gaps that result in scarcity and, consequently, malnutrition of a significant sector of the population. In January 2018, UNICEF warned that "[w]hile precise figures are unavailable because of very limited official health or nutrition data, there are clear signs that the crisis is limiting children's access to quality health services, medicines and food."¹²

The Food and Agriculture Organization (FAO) warned that Venezuela was the Latin American country with the greatest recorded growth of malnutrition.¹³ According to *Panorama de la Seguridad Alimentaria y Nutricional 2018* (Panorama of Food and Nutrition Security 2018), a report prepared by FAO, the Pan American Health Organization (PAHO), UNICEF and the World Food Program (WFP), Venezuela is today one of the countries with the highest number of undernourished people in the region (3.7 million, equivalent to 11.7% of its population).¹⁴

Economic distortions, condemned since at least 2015, and which have caused medicine shortages, persist. The government's refusal to honor its debts with international suppliers, which has prevented the entry of imported raw materials, has also severely affected the local production of medicines.¹⁵ The former is also aggravated by the ongoing government restrictions on purchase and sale of foreign currency, impeding the importation of finished products. This is joined by mismanagement, acts of corruption and the refusal of the government to purchase medicines necessary for chronic diseases in an organized, predictable and stable manner, as the government is the only entity qualified to carry out both the purchase and the distribution thereof. The militarization of the distribution of medicines and medical-surgical materials in all public hospitals in the country since 2016¹⁶ has been a factor that has influenced these irregularities.

The deficiencies of the health system and its impact on the welfare of the Venezuelan population and neighboring countries such as Colombia and Brazil continued to deepen. According to the *National Report on the Complex Humanitarian Emergency*, published in September 2018¹⁷ by several Venezuelan non-governmental organizations, at least 60% of the medical care available in 2011 was lost between 2012 and 2017, while about 18.7 million people with health conditions of greater prevalence, incidence and mortality, could not rely on guaranteed access to diagnoses or treatments.



The extent and severity of the crises in food, health care and basic services, have not been fully acknowledged by the authorities, thus the measures they have adopted have been insufficient.

Michelle Bachelet, United Nations High Commissioner for Human Rights at the 40th session of the Human Rights Council (20 March 2019).¹⁸



Venezuela was categorized as the country with the worst malaria performance in the world in 2016. The government of Venezuela reported 414,527 cases in 2017. However, the World Health Organization (WHO) in its global report for the same year estimated 519,109 cases for the country and 456 deaths. For the first time in contemporary history, Venezuela was responsible for 53% of the cases and 80% of deaths from malaria in Latin America and the Caribbean for the year 2017 [See figure 1]. It is worth noting that these official reports do not include all cases of malaria in the country. It is estimated that only 40-50% of all cases are reported, excluding an increasing percentage of relapses, recrudescence, under-reporting, and self-medication.

Preliminary estimates indicate an increase in malaria morbidity/mortality in 2018. These increases represent historical levels in the country and in the Americas, with an estimated 600-700 thousand new cases (total cases estimated at 1.2 million) and 1,054 deaths. National and international scientific societies, academia, non-governmental organizations and populations affected by malaria continue to denounce and protest the lack of transparency in epidemiological information and the absence of effective action plans to control the current epidemic within the context of the complex humanitarian emergency. There were outbreaks of diphtheria and measles, which forced neighboring countries to strengthen their surveillance and prevention mechanisms in the face of Venezuelan migration¹⁹ [see figures 2 and 3].

Figure 1: Proportion of estimated cases of malaria. Latin America and the Caribbean. 2017

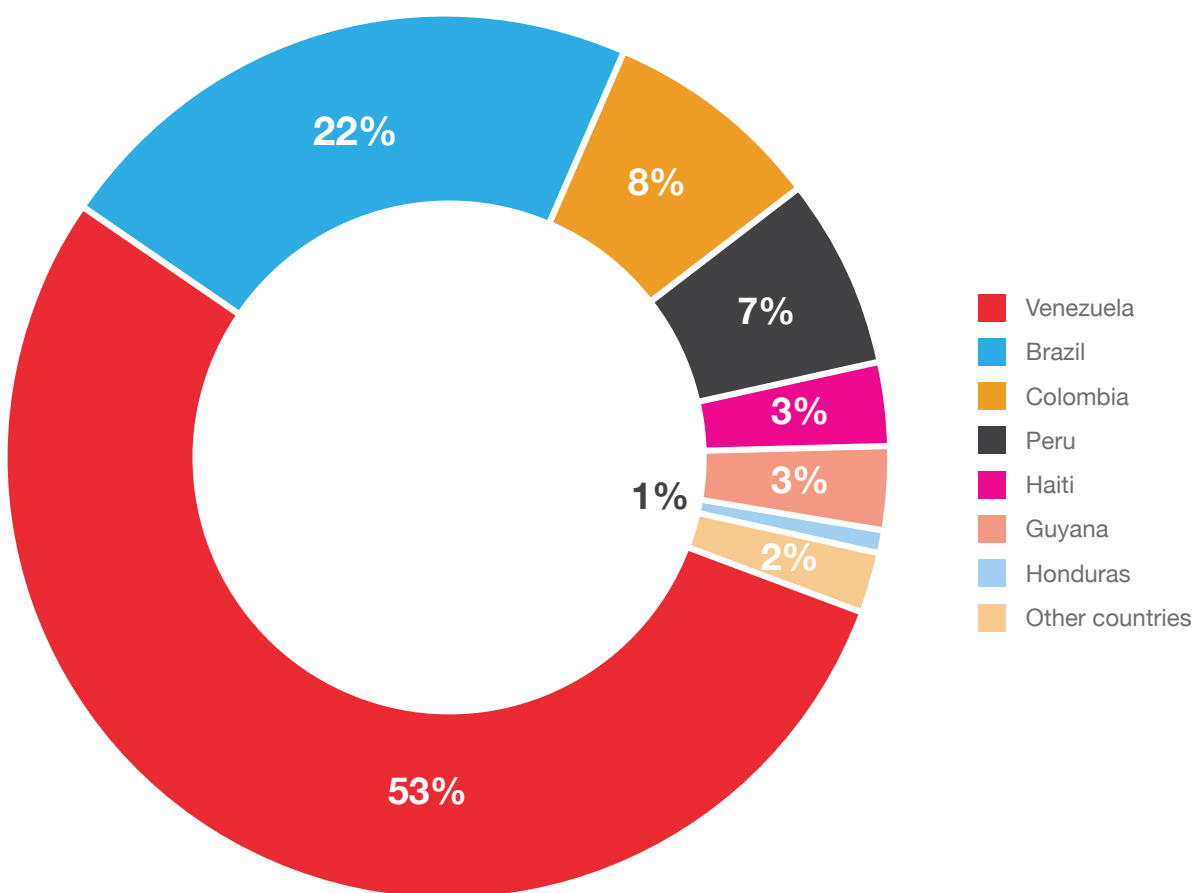
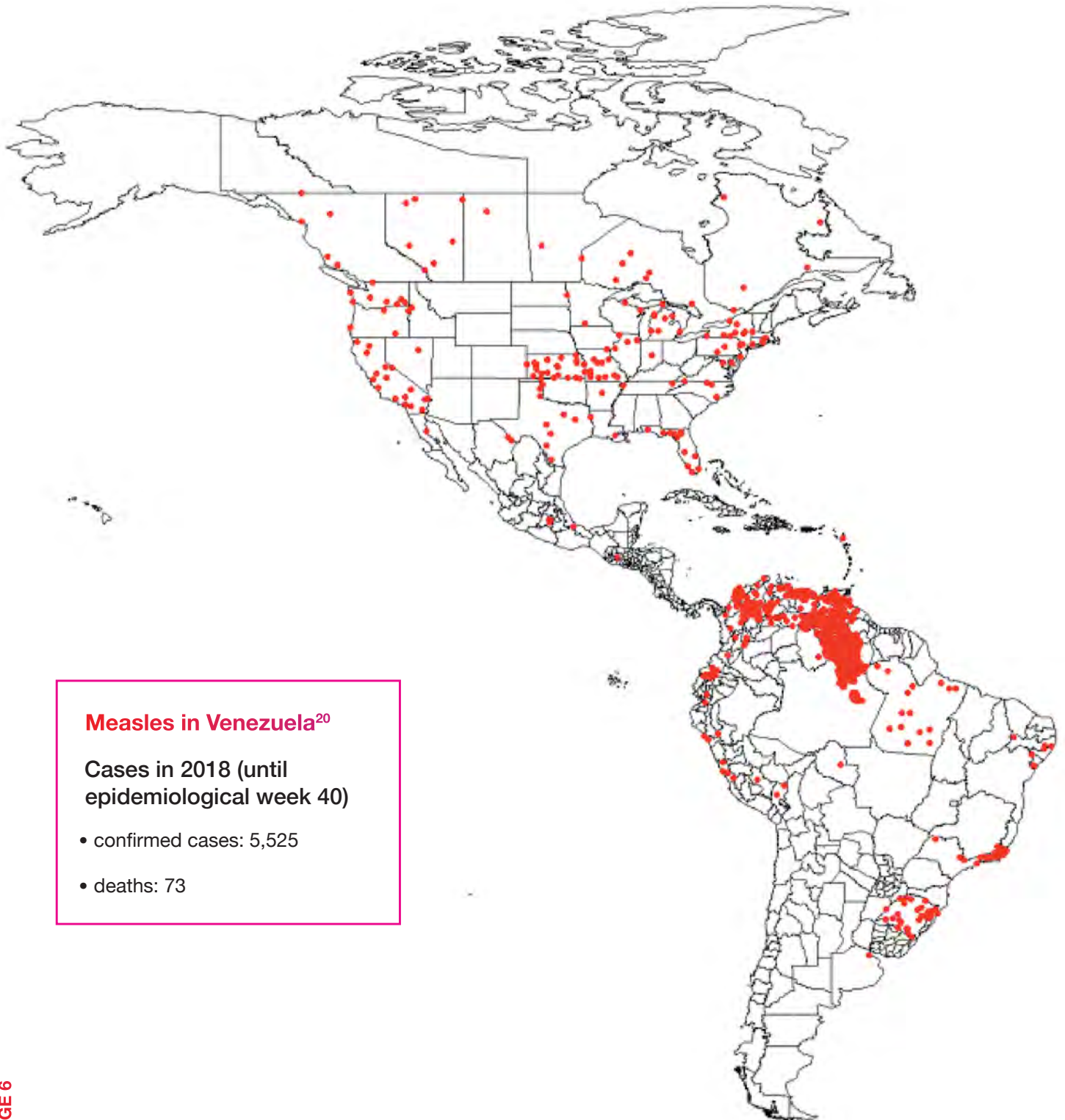
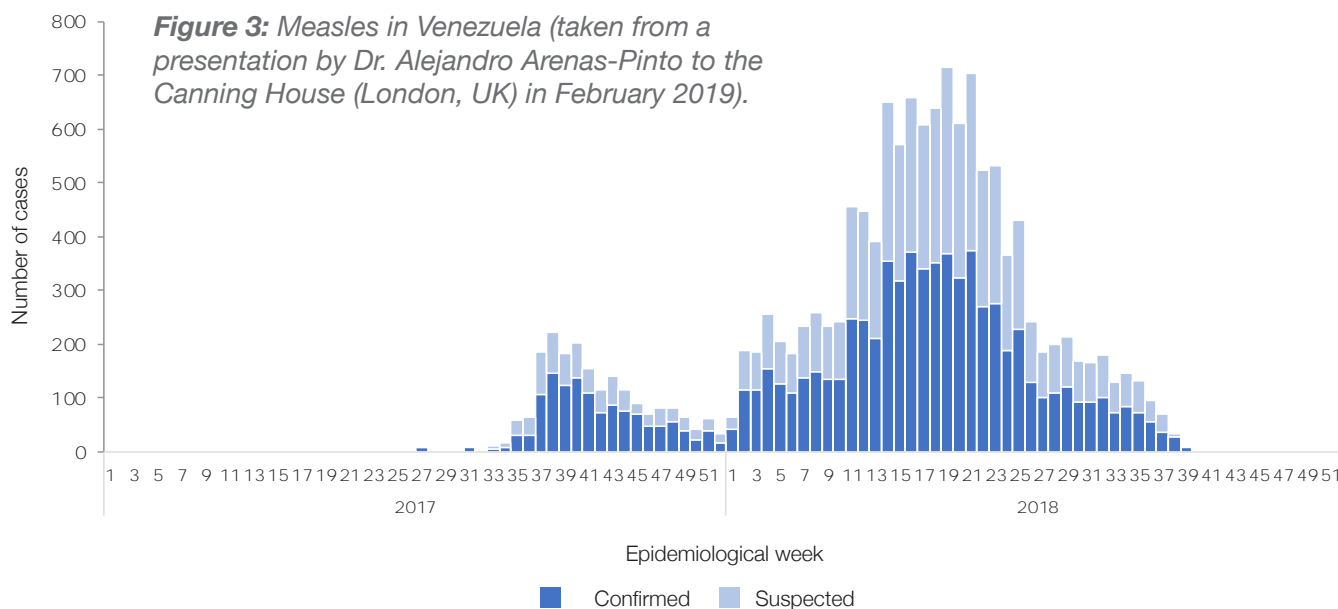


Figure 2: Measles in Venezuela (taken from a presentation by Dr. Alejandro Arenas-Pinto to the Canning House (London, UK) in February 2019).





Frequent cuts to the electricity supply, mobile telephones, internet and water made the work at the public health facilities even more difficult. The same conditions of precariousness in both infrastructure and in the provision of medicines and other supplies, as well as low salaries and insecure conditions in the hospitals, have motivated the departure of many professionals from Venezuela, including doctors, health technicians and nurses, among others. For example, 34% of the 66,138 doctors registered for the year 2014 (about 22,500 doctors) have emigrated from Venezuela.²¹

In this context of a complex humanitarian emergency that has affected daily life and the standard of living of people in Venezuela, civil society organizations, both inside and outside the country, have played a crucial role not only in monitoring and documenting rights violations, but also denouncing such violations both internally and at the level of international monitoring mechanisms. More importantly, civil society organizations have played a decisive role in mobilizing support and offering assistance to vulnerable populations, trying as much as possible to cover the gaps caused by government inaction. An important area where this work has also been decisive is in the collection of data that expose the actual situation in different areas such as health, education and nutrition in the face of the epidemiological silence (the last epidemiological bulletin for 2016 was published in May 2017) and the general absence of official figures, which situation has been ongoing since 2013.

In January and February 2018, respectively, 285 and 306 deaths among people receiving regular hemodialysis were documented. Total deaths between October 2017 and June 2018 reached 2,486.²²

International organizations voice concerns on the situation in Venezuela

Between the end of 2017 and during 2018 and 2019, a series of reports were published documenting the complex humanitarian emergency that Venezuela is going through. These were produced by different non-governmental (Human Rights Watch, Amnesty International) and international organizations.

In December 2017, the **Inter-American Commission on Human Rights (IACHR)** published ***Democratic Institutions, the Rule of Law and Human Rights in Venezuela***.²³ This report states:

“As a consequence of the grave economic and social crisis, disease outbreaks and other impacts on health have taken place, in the context of which the scarcity of medications, materials, inputs, and medical treatment is concerning, particularly due to their impact on pregnant women, children and adolescents, the elderly, and people living with severe illnesses, chronic conditions, or the human immunodeficiency virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS). Infant and maternal mortality rates have increased, as has the number of epidemics. By and large, in this scenario, the State has failed to provide the necessary access to health care. The Commission reiterates the need for the State to guarantee the availability and quality of health care by ensuring the provision of qualified medical personnel, medicines, and appropriate hospital equipment.”

In June 2018, the United Nations High Commission for Human Rights published the report ***Human Rights Violations in the Bolivarian Republic of Venezuela: a downward spiral with no end in sight***²⁴ in which is reflected the critical situation of the health system and the availability of medicines:

“At least 300,000 people living with chronic diseases have been dramatically affected by the unavailability and unaffordability of medicines. Since 2015, the Venezuelan Institute of Social Services has limited the acquisition of high cost treatments mainly due to its accumulated debt with external suppliers. In 2017, the Institute reached a 95 per cent shortage in medicines and treatment for patients with chronic diseases. As an example, almost 77 per cent of the 77,000 people living with HIV/AIDS did not have access to adequate treatment throughout 2017. There were also no reagents to test the level of antibodies in their blood. At the end of 2017, the Institute only had four out of a list of 26 antiretroviral drugs in stock. OHCHR also received reports indicating that pregnant women with HIV/AIDS had been giving birth without adequate measures and treatment to prevent infecting their babies.

...

Another sign of the serious deterioration of the health care system was the outbreak of diseases which had previously been eradicated or controlled, such as malaria and diphtheria. The Government's budget to prevent and control malaria has suffered a 70 per cent cut from 2015 to 2016.”

In May 2018, a report prepared by a group of experts appointed by the Secretary General of the Organization of American States (OAS)²⁵ to investigate the possible commission of crimes against humanity in Venezuela concluded that “sufficient grounds” were found to affirm that, indeed, this type of crimes have been committed by individuals in official functions within the government of Nicolás Maduro, including the handling of the humanitarian crisis as a weapon of social control.

In the report, the experts point out that the humanitarian crisis is part of a generalized and systematic attack by the State against those who are or perceive as opponents and add:

“The Regime in Venezuela is responsible for what has become one of the worst humanitarian crises the region has experienced. This crisis is man-made and a direct result of inhuman actions by leaders who do not care about the suffering of their people, allowing their citizens to die of hunger and preventable diseases. The severity of the humanitarian crisis is not simply the consequence of negligence, but it has become part of the broader strategy of repression in the country that is guided by ideological and political interests....”

[The] regime has weaponized the seriously deteriorated living conditions in Venezuela, using what little supplies are available to reward those actively loyal to the regime and in turn, withhold resources as punishment to those who have been deemed their enemy. Food, medicines, and other basic necessities have become tools of political and social control, weapons with which to persecute their own people.”

The experts concluded that the use of the crisis as a political instrument to pressure a segment of the population that is in opposition, or that is considered to be an opponent of the regime, as well as the government’s denial of the crisis and its refusal to accepting humanitarian assistance “constitutes multiple violations of fundamental rights, such as the right to life, the right to humane treatment, the right to health, and the right to food, making it also a crime of persecution for political reasons”

On February 23, 2018, the **Permanent Council of the OAS adopted a resolution on the situation in Venezuela**²⁶ in which it requested that the government of Venezuela implement necessary measures “[...] to prevent the worsening of the humanitarian situation, including accepting the assistance offered by the international community.”

On September 26, 2018, the **UN Human Rights Council (HRC) adopted an unprecedented resolution on the human rights situation in Venezuela**.²⁷ It not only expresses deep concern about the serious violations of human rights in the context of the humanitarian crisis, but, like the OAS resolution, urges the government to accept humanitarian assistance “[...] in order to address the scarcity of food, medicine and medical supplies, the rise of malnutrition, especially among children, and the outbreak of diseases that had been previously eradicated or kept under control in South America.”

The HRC resolution also requests that the High Commissioner presents a comprehensive report on the situation of human rights in Venezuela at the 41st session (June 24 to July 12, 2019), and to present orally to the Council, at its 40th and 42nd sessions, updated information on the situation of human rights. The High Commissioner presented an oral report in March 2019 in which she expressed deep concern about **“the magnitude and gravity of the human rights impact of the current crisis, which is also a worrying destabilizing factor in the region.”**

Needless to say, the Venezuelan government has not adopted any of the demands and recommendations made in the reports and resolutions.

2018: The migration crisis worsens

The year 2018 marked the worsening of the migration of people from Venezuela to other countries because of the complex humanitarian emergency [see figure 4], giving rise to a migratory crisis never before seen in the region estimated at 3 million people.²⁸ On March 2018, the UN Refugee Agency (UNHCR) issued a guidance note on the outflow of Venezuelans in which it stated that “UNHCR considers that the broad circumstances leading to the outflow of Venezuelan nationals would fall within the spirit of the Cartagena Declaration, with a resulting rebuttable presumption of international protection needs.”²⁹ This concerns people whose situation makes it impossible for them to return, given the critical situation in Venezuela, making them eligible for refugee status in accordance with the provisions of the 1984 Cartagena Declaration, which defines as refugees those who escape massive violations of human rights or other circumstances that have seriously disturbed public order.

Also in March 2018, the Inter-American Commission on Human Rights (IACHR) adopted resolution 2/18 entitled *Forced Migration of Venezuelan People*,³⁰ which establishes that States must guarantee the recognition of refugee status to Venezuelan people in the terms of the Cartagena Declaration on Refugees of 1984 and that it must have differential approaches that respond to the specific needs of children and adolescents, women, the elderly, indigenous peoples, people with disabilities, lesbians, gays, bisexuals, trans and intersex (LGBTI), journalists, human rights defenders and other groups in need of protection. It also requests that the principle and right to non-return (*non-refoulement*) to Venezuelan territory of Venezuelan people who would be at risk of persecution or other serious violations of their human rights be respected, including a risk of serious damage to their health or to their life because of medical conditions, in accordance with the right to non-refoulement established in Article 22.8 of the American Convention on Human Rights.

People with HIV also migrate

Many people who leave Venezuela do so in search of medical care and medications for chronic health conditions such as HIV. According to UNAIDS’ figures, almost 8,000 people of Venezuelan nationality living with HIV are outside the country and need antiretroviral treatment.³¹ However, migration does not always guarantee access to treatment, mainly due to the difficulties encountered by migrants and refugees to using public health services.

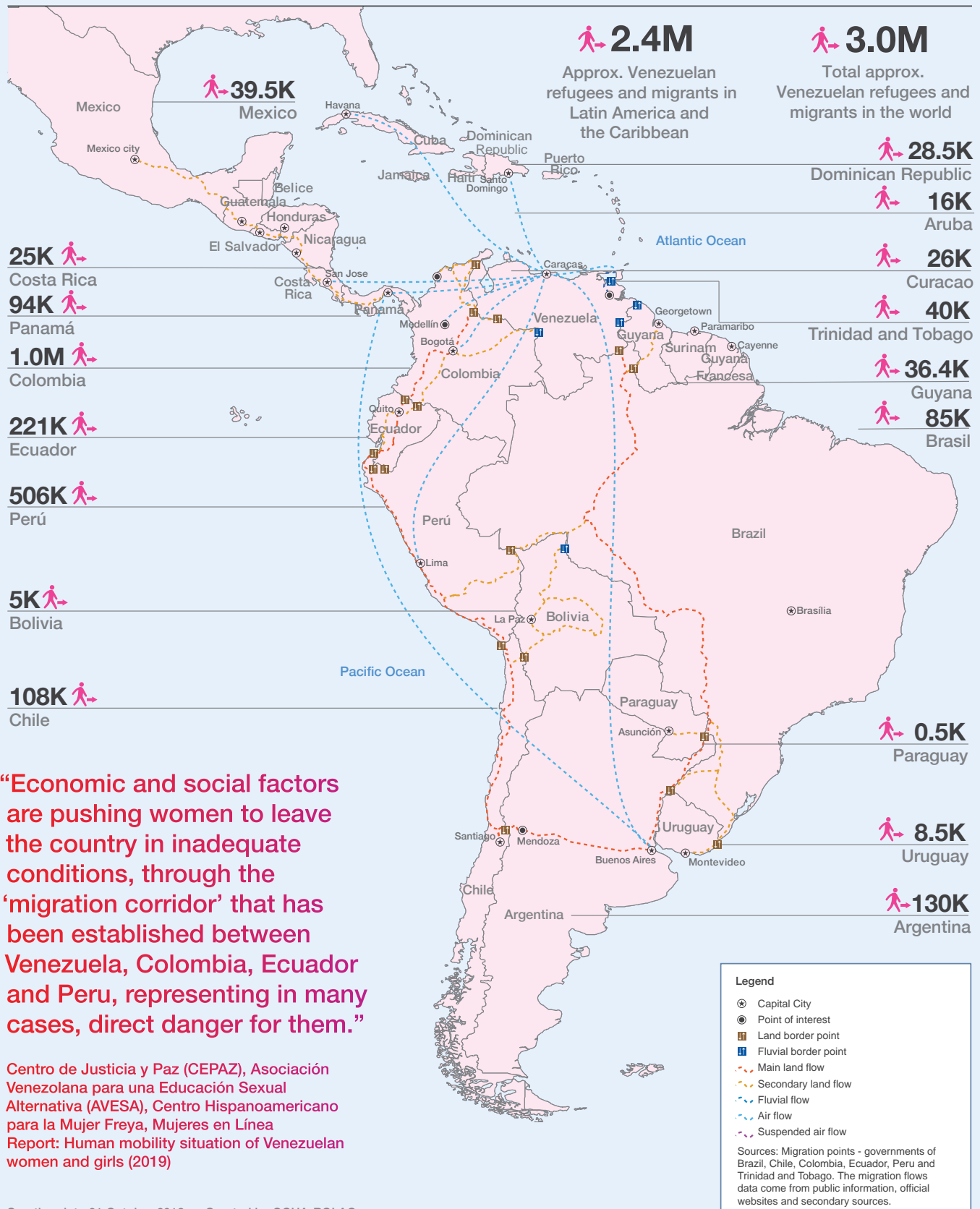
However, in some countries of the region³² as well as in Canada, the United States and Spain, people living with HIV receive support with medicines, medical attention, counseling, work advice, recreation and solidarity activities. Local HIV organizations have also advocated with their governments to create new migration policies in countries such as Colombia, Ecuador and Peru, facilitating migration and access to health services for Venezuelans. ICASO is currently preparing a report on access to services and care for transgender people from Venezuela who live with HIV and have migrated to Colombia.³³

“As a direct result of this far-reaching human rights crisis, more than 3 million people have fled Venezuela, in search of food, health care, work and protection.”

**Michelle Bachelet, Alta Comisionada de las Naciones Unidas para los Derechos Humanos
en el 40º periodo de sesiones del Consejo de Derechos Humanos (20 marzo 2019)**

Figure 4: Venezuelan population in the region (October 2018)³⁴

Stocks of Venezuelan population in the region
As 31 October 2018



“Economic and social factors are pushing women to leave the country in inadequate conditions, through the ‘migration corridor’ that has been established between Venezuela, Colombia, Ecuador and Peru, representing in many cases, direct danger for them.”

Centro de Justicia y Paz (CEPAZ), Asociación Venezolana para una Educación Sexual Alternativa (AVESA), Centro Hispanoamericano para la Mujer Freya, Mujeres en Línea Report: Human mobility situation of Venezuelan women and girls (2019)


Donations of antiretrovirals from abroad

A significant number of people living with HIV and other health conditions receive donations of medicines thanks to several international organizations, including civil society organizations outside of Venezuela. One of these is AID FOR AIDS, which in 2018 implemented a series of actions to obtain donations of various types of antiretroviral drugs for people with HIV in Venezuela. This was possible thanks to coordination with ICASO, different actors within the pharmaceutical industry, the government of Panama, UNAIDS, PAHO and the Venezuelan Network of Positive People (RVG+). UNICEF and the governments of Brazil and Haiti also donated antiretrovirals to Venezuela.

The donations received by AID FOR AIDS exceeded 11 million dollars, and the medicines were delivered through international cooperation mechanisms to the National AIDS Program of the Ministry of Health of Venezuela, which took responsibility for its distribution and delivery to people living with HIV through the network of public pharmacies.

The Venezuelan organization Acción Solidaria continues to donate different types of medicines, equipment and clinical supplies to thousands of people who need them to treat their health conditions (cancer, hemophilia, HIV, transplant, among others). These drugs were acquired through various international organizations, private companies, NGOs from various countries and through crowdfunding and campaigns to collect funds and medicines.

For its part, the organization Caritas has developed the System of Alert, Monitoring and Attention in Nutrition and Health (*SAMAN*) to monitor children who are at risk of malnutrition or who are malnourished. Caritas has also made significant donations of medicines and food to people in poverty.



Organized civil society has implemented an effective response to the complex humanitarian crisis, using innovative mechanisms but that are not enough to save all the lives that are needed.

AID FOR AIDS



IACHR grants precautionary measures to a Venezuelan woman living with HIV in Panama

The Inter-American Commission on Human Rights (IACHR) granted precautionary measures to a Venezuelan woman living with HIV who was in the process of being deported by the Panamanian authorities. In its resolution 81/2018 of October 15, 2018, the IACHR indicated that the beneficiary is, “*prima facie*, in a situation of grave risk, in view of the fact that she would be deported in circumstances in which the Panamanian authorities would not have assessed her situation of health risk and possibilities of continuing medical treatment in Venezuela”.³⁵

Thus, the IACHR requested that the State of Panama adopt the necessary measures to guarantee the rights to life, personal integrity and health of the applicant, and to refrain from deporting or expelling her to Venezuela until the internal authorities have duly valued, in accordance with the applicable international standards, the alleged risk faced regarding her health situation.

The achievement of this protection measure was possible thanks to the coordinated and sustained work between the Ombudsman of Panama, different Panamanian non-governmental organizations, and the Latin American Network of Sex Workers.

Visit to Caracas of the director of the Pan-American Health Organization

From June 12 to 15, 2018, the director of the Pan American Health Organization (PAHO), Carissa Etienne, made a technical visit to Caracas³⁶ to verify the state of the Venezuelan health system. She indicated that she was working jointly with the government and other partners “(...) to ensure access to the continuous supply of medicines, diagnosis and services for those suffering from acute and chronic diseases.” She added that PAHO has also advocated at the regional level to mobilize resources to purchase the most critical medicines. In addition to meeting with health authorities, thanks to pressure from civil society, the director held a meeting with some organizations, particularly those working on the right to health, including on HIV. In this meeting, complaints were presented about the precarious situation of the health system and the absence of effective responses from the State, as well as highlighting the crucial oversight role that civil society organizations must play in the distribution of medicines and medical supplies that arrive in the country through different cooperation mechanisms. In addition, civil society organizations requested that PAHO develop an urgent and strong response to the seriousness of the health emergency, as the current response has been somewhat weak.³⁷

It should be recalled that, in response to the crisis of the national health system, WHO/PAHO activated the Incident Management System in December 2017 at headquarters and country offices level in Brazil, Colombia and Venezuela for the efficient and coordinated handling of emergencies.³⁸

Subsequently, in June 2018, the director of PAHO presented a technical report³⁹ with the results of her visit, which reflects the critical situation of the health system in Venezuela and the shortage of medicines and basic supplies for care of diseases of all kinds:

“Health system fragmentation, combined with diminished capacity of the system to respond to priority needs, including core functions of epidemiological surveillance and the generation of health information, has impacted the delivery of priority public health services, in particular to prevent and reduce the impact of communicable diseases, and reduce maternal and infant mortality.”

Additionally, the report continues:

“The health system in Venezuela is currently under stress due to a combination of factors, including health workforce migration and shortages of medicines and health commodities, particularly at the secondary and tertiary levels. This has affected the overall operation of the health network and its capacity to rapidly expand its response to emergencies and disease outbreaks.”

The report acknowledges the serious situation regarding malaria, tuberculosis and HIV, highlighting the increase in mortality related to the three diseases and the following epidemiological data:

HIV	TUBERCULOSIS	MALARIA
24% increase in the number of new HIV cases between 2010 and 2016	Cases of tuberculosis increased by 29% between 2014 and 2016	204% increase in the number of cases between 2015 and 2017[1]
87% of people with HIV registered to receive antiretroviral treatment are not receiving it	2017 preliminary reports indicated 10,185 cases of tuberculosis with an incidence rate of 32.4 per 100,000 inhabitants, half in the Capital District and four other states	The increase is mostly linked with migration in mining areas of Bolivar State and other areas with ecosystems prone to the spread of malaria, high cost or scarcity of antimalarial drugs and weakening of vector control programs
15 of the 25 antiretroviral drugs purchased by the government have been out of stock for more than nine months	15.7% of people with tuberculosis were inmates and 6.8% were indigenous, these groups being the most affected	Increase of cases in border areas and export of cases to countries without malaria
Little availability of medications to treat opportunistic infections and coinfections	The shortage of laboratory material affected the diagnostic capacity of tuberculosis	Reintroduction of local transmission in areas that were free of malaria

[1] Note: the information provided in the official PAHO reports does not specify that the cases of malaria that are reported are “new cases”, contrary to the WHO international recommendation to report all cases in the countries. It is estimated that Venezuela reports between 40-50% of the total cases it has in the country.

The report identifies some measures taken to address the situation, including the expansion of the response in neighboring countries that includes activities for health systems strengthening in border areas, as well as vaccination and epidemiological surveillance at the national and local level, in order to detect and respond effectively to the needs of Venezuelan migrants and the population of the countries that receive them.

Decision of the Global Fund to Fight AIDS, Tuberculosis and Malaria regarding ineligible countries in crisis

Thanks to intense advocacy work carried out by civil society organizations and activists, inside and outside of Venezuela,⁴⁰ who since 2016 began to inform and request help for the deteriorating responses to HIV, malaria and tuberculosis in Venezuela, at its 39th Board meeting in Skopje, Macedonia in May 2018, the Global Fund to Fight AIDS, Tuberculosis and Malaria adopted a decision⁴¹ that opened the possibility to support ineligible countries in crisis, such as Venezuela, given that as an upper-middle income country, it does not meet Global Fund eligibility criteria.⁴²

The Board decision recognizes that health crises may arise in ineligible countries, whose magnitude may be such that the Global Fund should consider providing support, taking into account that they could have an adverse impact on the global response to HIV, tuberculosis and/or malaria. Following the Board decision, the Secretariat initiated an evaluation of the situation in Venezuela, considering the serious economic crisis and the health system and, in particular, the shortage of supplies and medicines related to HIV, tuberculosis and malaria.⁴³

Technical visit of UNAIDS and PAHO to Venezuela

Parallel to the evaluation carried out by the Global Fund, a joint technical mission of PAHO and UNAIDS visited Venezuela in June 2018 to analyze how to strengthen the national response to HIV, tuberculosis and malaria. The main objective of the mission was to facilitate a dialogue between various actors (government, civil society, scientific community, health sector, among others) to reach agreements on priority recommendations and urgent measures in three areas: 1) access to health services; 2) developing a plan to prioritize critical areas; and 3) facilitating coordination with other potential donors.

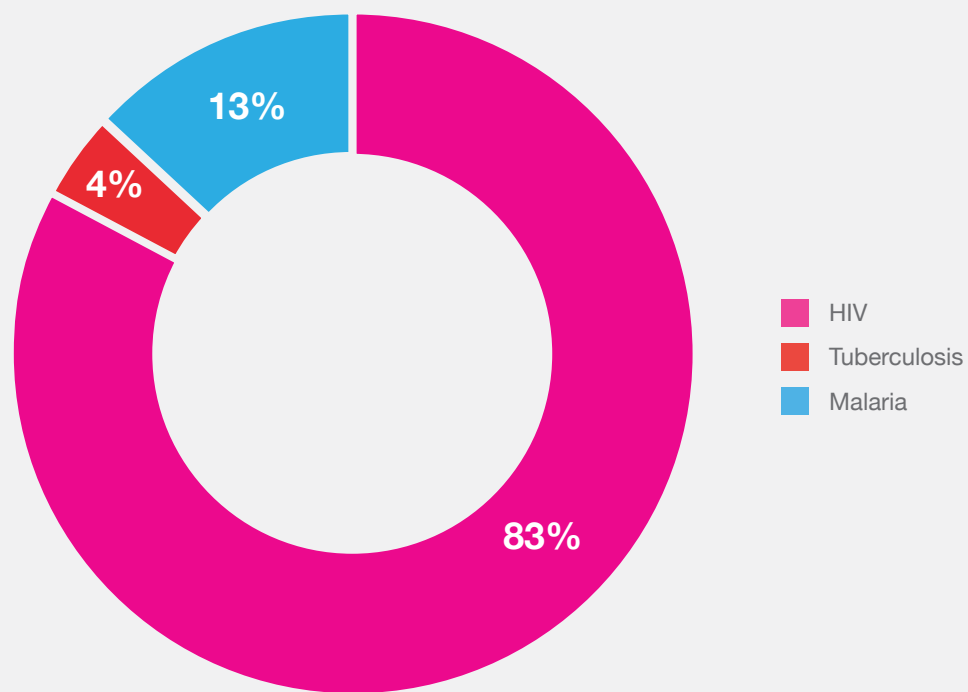
During the visit, the ***“Master plan for strengthening the HIV, tuberculosis and malaria response in the Bolivarian Republic of Venezuela from a public health perspective”⁴⁴*** was developed, which is considered the best and most up-to-date source of epidemiological data in Venezuela. The data included there were collected and analyzed by members of the technical mission and agreed with the national programs of the 3 diseases, medical societies and members of civil society. RVG+ presented evidence of the high level of ARV shortage in the country, based on the social monitoring work that they have carried out for years.⁴⁵ The data were confirmed by the representative of the National AIDS Program. Subsequently, the Plan was approved by the Ministry of Health.

The Master Plan

The Master Plan establishes intervention priorities over a period of 3 years for HIV, tuberculosis and malaria programs to guarantee the continuity of treatments and access to diagnoses. The estimated total amount for the execution of the Plan is \$122 million (USD), of which more than half would be destined for the purchase of antiretroviral treatments for people living with HIV. For tuberculosis the Plan allocates US\$5.1 million and \$16 million are allocated for malaria [see figure 5].

The Master Plan offers epidemiological information not previously made public, one of the few sources of information available and updated during 2018. The balance of the information included in the Master Plan remains skewed to HIV with less emphasis on malaria and tuberculosis, perhaps due to advocacy of organizations working on HIV that were present during the technical visit and that followed up on the development of the Master Plan. It is important to highlight that the Plan does not represent a strategic or financial macro view of the total needs for each of the diseases.

Figure 5: Distribution of expenses foreseen in the Master Plan (for 3 years)



HIV

- 120,000 people living with HIV in 2016;
- 6,500 new infections (2016);
- 2,500 deaths related to AIDS (2016);
- 7% with suppressed viral load;
- 59% of people living with HIV with access to antiretroviral therapy
- Since April 2018, around 58,000 people with HIV are without antiretrovirals because of shortage of such medications;
- Lack of recent data on prevalence in key populations;
- High prevalence of HIV in indigenous communities, especially among Warao peoples;
- Trend to an increase in AIDS mortality;
- Reduction in the rate of detection of HIV cases, associated with the shortage of reagents for HIV tests;
- The voluntary testing and counseling model does not apply;
- The ability to confirm the diagnosis of HIV is limited due to lack of reagents, reducing the capacity to detect HIV cases;
- The country's blood banks do not have supplies to evaluate the quality of the blood;
- There is no distribution of condoms and lubricants in comprehensive care services for people living with HIV, or in the network of the first level of care;
- High risks of resistance and lack of effectiveness of treatments, as well as spread at the population level due to the shortage of antiretrovirals and supplies for HIV surveillance, prevention and treatment.

Most of the resources provided for HIV in the Plan will be for the purchase of antiretrovirals [see figure 6]. The Plan includes new standardized guidelines, based on WHO recommendations⁴⁶, for initiating and reinitiating antiretroviral treatment based on the migration of first- and second-line schemes based on Dolutegravir (DTG) in men and women who have no contraindication [see figure 7].

Figure 6: Distribution of resources for HIV according to the Master Plan (3 years)

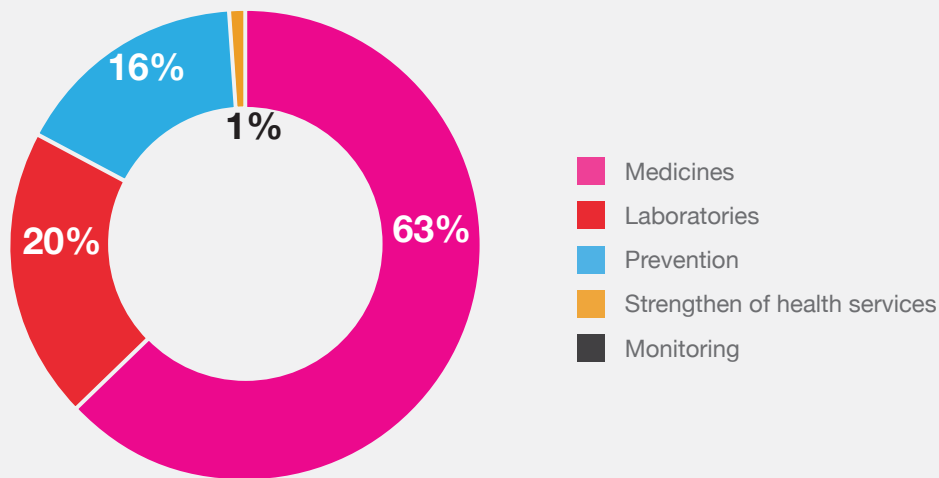


Figure 7: Treatment guidelines for adults, including pregnant women, taken from Practical Guide of Antiretroviral Treatment for People Living with HIV.⁴⁷

CONTEXT	POPULATION	PREFERRED TREATMENT	ALTERNATIVE TREATMENT
People initiating treatment	Men	TDF / 3TC / DTG (coformulated)	ABC / 3TC + DTG* or TDF / FTC+ATV / r or (LPV / r) or ABC / 3TC+ATV / r or (LPV / r)
	Women (not of fertile age, or using contraceptives consistently or who do not want to get pregnant)		
	Women (of fertile age or not using contraceptives consistently)	TDF / FTC / EFV	ABC / 3TC+ATV / r o (LPV / r)
	Pregnant women ++	TDF / FTC + ATV / r or (LPV / r)	

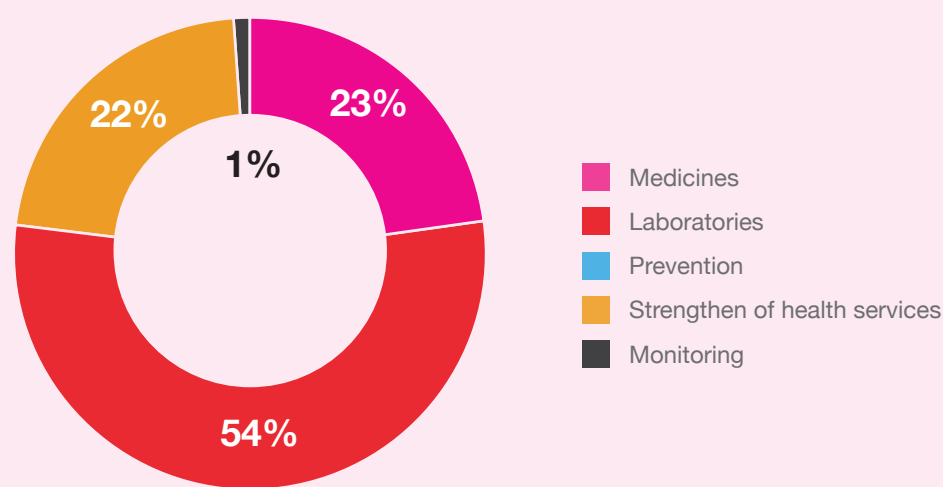
(*) Around 2% of people with contraindication to TDF
 (++) Pregnant women could use DTG/3TC/TDF after eight weeks of pregnancy

Tuberculosis:

- Cases of tuberculosis in 2017 (10,185, according to preliminary data) increased by 41% in relation to the reported numbers in 2014 (6,063 cases);
- Increase concentrated in men between 15 and 34 years old, economically active population;
- Almost 25% of all cases are concentrated in two vulnerable groups: persons deprived of liberty (15.7%) and indigenous peoples (6.8%);
- Between 2014 and 2017 the number of TB-DR cases doubled, from 39 to 79 cases.
- TB/HIV coinfection for 2017 was 4.8% and the association of TB and diabetes was 5%, with a tendency to increase;
- Mortality from TB has remained around 2.2 per 100,000 inhabitants since 2009. On this, the Master Plan points out that considering these figures “(...) it will be difficult for the country to reach the milestones and goals established in the End TB Strategy, unless urgent and effective measures are implemented to reverse the current trend.”
- There is evidence of shortages of critical laboratory supplies for the diagnosis and monitoring of TB.

A little more than half of the resources foreseen in the Master Plan for tuberculosis will be invested in the acquisition of supplies and laboratory equipment [see figure 8].

Figure 8: Distribution of resources for tuberculosis according to the Master Plan (3 years)

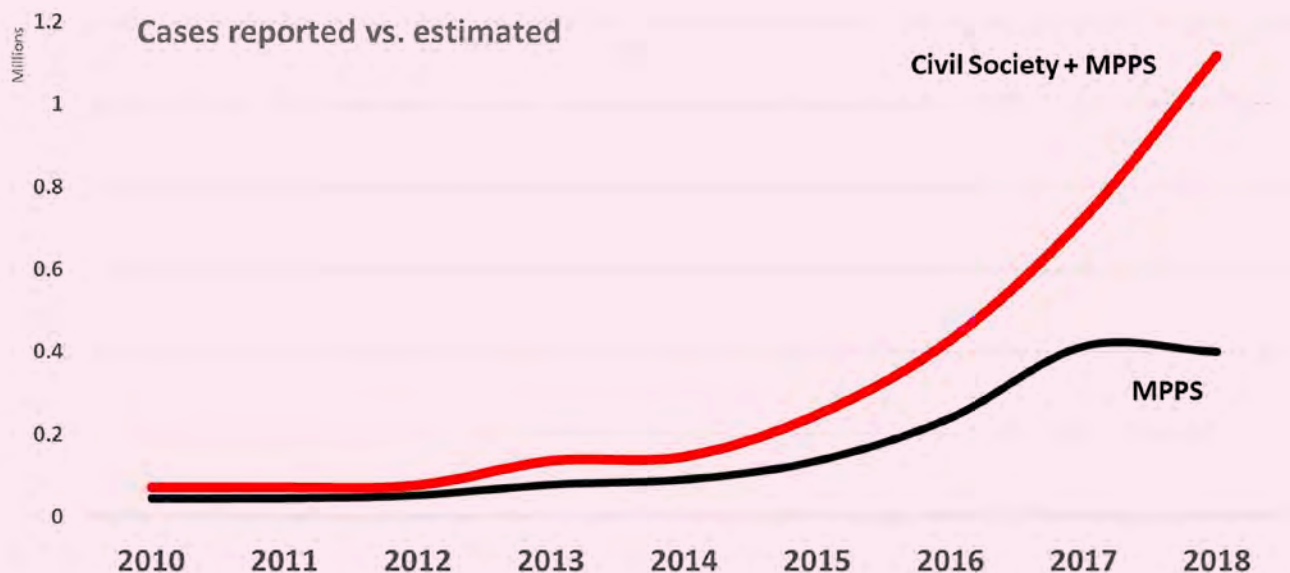


Malaria

- Epidemic situation in nine states (Bolívar, Amazonas, Sucre, Monagas, Delta Amacuro, Anzoátegui, Nueva Esparta, Miranda and Zulia) with an increase in the spread of malaria to new municipalities and parishes within the municipalities already affected;
- The state of Bolívar continues to register the highest number of cases and to be the main source of the spread of malaria to other parts of the country;
- In the state of Amazonas there was a massive increase in transmission in 2017;
- High spread of transmission in multiple localities within the municipalities and introduction of transmission in areas not historically affected by malaria;
- In Sucre, at week 17 of 2018, there was an increase of 14% with respect to the same period of 2017 when the State experienced a massive increase in several municipalities;
- Massive reduction in the operation of the microscopy network due to inadequate supplies for diagnosis, poor conditions of microscopes and limitations in human resources have also reduced the coverage of the diagnostic network;
- Inoperative quality management system for malaria diagnosis;
- Treatment subject to data audit with permanent shortages at the local level, late start of treatment and absence of treatment for cases not approved in the audit.

The largest investment will go to prevention, followed by the acquisition of supplies and laboratory equipment to improve diagnostic capabilities.

Figure 9: Cases of malaria in Venezuela (2010-2018)



Source: WHO Malaria Report 2018, Venezuelan MPPPS, AVS, ASOCIS, GDO, ICASO. MPPPS= Ministry of Health Venezuela (all sources).

The Global Fund Board approves funding to address the health crisis in Venezuela

On September 24, 2018, the Board of Directors of the Global Fund approved⁴⁸ the allocation of a special grant of 5 million dollars for the purchase of medicines for people living with HIV in Venezuela. This is the first time the country receives support from the Global Fund. Of these resources, \$4.9 million will be channeled through the PAHO Strategic Fund for the purchase of antiretrovirals, and the remaining \$100,000 will be used by civil society organizations to monitor the delivery of these medications. According to the Master Plan, it was determined that the purchase of antiretroviral drugs for HIV was the most urgent need among the three health conditions and, therefore, the Board decided to allocate the entire amount to that area. The first medications acquired with these resources arrived in Venezuela at the beginning of 2019, but their delivery has presented unjustified delays given the decision of the Ministry of Health to keep it in its warehouses.⁴⁹ Almost all the 600.000 bottles of the combined antiretroviral drug Tenofovir+Lamivudine+Dolutegravir (TLD) bought by PAHO have arrived in the country.

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/DP04;
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/AF07/DP1

IACHR issues precautionary measures for 43 people living with HIV in Venezuela

On October 4, 2018, the IACHR granted precautionary measures to 43 people living with HIV in Venezuela given the serious difficulties they face due to failures in the provision of antiretroviral treatment. Resolution 76/2018⁵⁰ asks the Venezuelan government to adopt the necessary measures to protect the health, life and personal integrity of the beneficiaries, through the adoption of immediate measures that allow access to adequate medical treatment, as well as diagnoses and examinations for the regular assessment of their health status, in accordance with applicable international standards.

Both this resolution and resolution 81/2018 granting precautionary measures to a Venezuelan woman living with HIV in danger of being deported in Panama reveal the great precariousness that currently characterizes the health system in Venezuela and the lack of government actions to reverse that situation. The precautionary measures not only give protection to the people who request them, but they put pressure on government structures to adopt the necessary corrective measures to guarantee unrestricted access to services, medicines, supplies and infrastructure that would make possible the full enjoyment of the right to health.

This action was possible thanks to the coordinated work of different organizations of Venezuelan civil society, particularly Acción Solidaria, who led the process, and the Fundación Mavid, CEPAZ, PROVEA, ACCSI, ICASO, and the Fundación Arcoíris por la Vida, among others.

At time of publication, the Venezuelan government has not complied with the provisions of the precautionary measures.

The United Nations approves 9.2 million dollars in humanitarian aid for Venezuela

In November 2018, for the first time since the creation of the Central Emergency Response Fund (CERF) in 2005, 9.2 million dollars in resources were approved for Venezuela. These funds are destined to address the complex humanitarian emergency that the country is going through.

Funds from CERF by country (2018) – Details of the Venezuelan Project (01/01/2018 until 27/11/2018)

AGENCY	AGENCY PROJECT	SECTOR	WINDOW*	APPROVED	APPROVED DATE	DISBURSEMENT DATE
UNICEF	Extension of existing nutrition programmes for children under 5 years of age, pregnant women and lactating mothers (within existing cooperation framework) (18-RR-CEF-117)	Multi-sector	RR	2,662,108	21/11/2018	26/11/2018
UNFPA	Bolstering reproductive health care in existing health facilities (within existing cooperation framework) (18-RR-FPA-045)	Multi-sector	RR	1,727,515	20/11/2018	23/11/2018
WHO	Strengthening health care delivery in priority health institutions (within existing cooperation framework) (18-RR-WHO-047)	Health	RR	3,650,870	15/11/2018	20/11/2018
UNHCR	Provision of multi-sector assistance to refugees and host communities in Venezuela (within existing cooperation framework) (18-RR-HCR-034)	Multi-sector	RR	762,268	15/11/2018	16/11/2018
IOM	Provision of multi-sectoral assistance (within existing cooperation framework) (18-RR-IOM-035)	Multi-sector	RR	400,000	15/11/2018	20/11/2018
Total				9,202,761		

IACHR approves precautionary measures for the Concepción Palacios Maternity Hospital

The Inter-American Commission on Human Rights granted, in March 2019, urgent precautionary measures for the Concepción Palacios Maternity Hospital, located in Caracas⁵¹ to protect the rights of women and their newborn children. The international body asked the Venezuelan government to adopt the necessary measures to protect the health and lives of women and their newborn children. The organizations that requested the measures were CEPAZ, Mujeres en Línea, AVESA and Centro Hispanoamericano para la Mujer Freya, which are part of the Equivalencias en Acción coalition, and the international organization Women's Link Worldwide.

Global report on malaria 2018

In November 2018, WHO published the 2018 World Malaria Report,⁵² where Venezuela is among the 10 top countries in the world with the highest increase in malaria cases during the year 2017. WHO observed a regional increase in cases of malaria fueled by the increases of transmission of the disease in Brazil, Nicaragua and Venezuela. 84% of the increase in cases of malaria were in Venezuela.

The report notes that estimates of the mortality rate from malaria (deaths per 100,000 population at risk) show that, compared to 2010, all regions of the world registered reductions for the year 2017 except for the region of the Americas, mainly due to the rapid increase in malaria in Venezuela. Between 2016 and 2017 alone, there was a more than 70% increase in the number of cases. Thus, 53% of the estimated cases in 2017 in the entire region were in Venezuela [see figure 1].

Although according to the report more than half of the country's total population is at risk of contracting the disease, Venezuela is one of the countries that invests least in malaria prevention and care.⁵³

Cooperation agreement between UNICEF and the Venezuelan government


In October 2018, UNICEF signed a framework cooperation agreement with the government of Venezuela⁵⁴ for 32 million dollars, which represents a six-fold increase in the funds that UNICEF had been investing in the country. The purpose of this agreement is to extend UNICEF support to programs aimed at reducing maternal and infant mortality and improving conditions for the protection and development of children and adolescents, including the care of approximately 25,000 women with low risk pregnancy; 10,000 newborns in neonatal wards; 20,000 pregnant women in breastfeeding consultations; 2,324 children with HIV; 40,000 pregnant women with access to rapid HIV and syphilis tests; and 100,000 children and adolescents and pregnant women with access to malaria treatment. According to press reports, between August and November 2018, UNICEF delivered some 130 tons of aid, of which 30 were medicines to treat pregnant women, undernourished children, and children and adolescents living with HIV.⁵⁵ At the time of publication of this report, there is no evidence of the delivery of this aid to the Venezuelan population.

Social monitoring


The first 100,000 bottles of the combined antiretroviral (ARV) drug Tenofovir, Lamivudine and Dolutegravir (TLD), purchased by PAHO with part of the five million dollars donated to Venezuela by the Global Fund, arrived on December 23, 2018. The second shipment of 200,000 arrived on January 16, 2019. Once the customs and nationalization processes were completed, they were transferred to the Jipana warehouse, where they were received by officials of the Ministry of Health together with PAHO, UNAIDS and the RVG+ within the framework of the Master Plan.

Within the process of social monitoring, in its entirety led by RVG+ and contemplated within the decision of support to Venezuela by the Global Fund, numerous irregularities were observed in the storage of different medicines, including ARVs that had been donated by organizations and institutions throughout 2018 and that were not delivered to people living with HIV.⁵⁶

Within this process of social monitoring, it was also contemplated that community observers were to be present in each of the pharmacies that deliver ARV. This aspect of social monitoring has not been implemented due to the refusal of the Ministry of Health to grant access to the pharmacy facilities.



Of course, all of the above would have a greater impact if the Venezuelan government respected, promoted and complied with its duties related to human rights, particularly the right to health.



Conclusions and Recommendations

The rapid deterioration of the living conditions of the Venezuelan population in the context of the complex humanitarian emergency requires realistic, concrete and immediate responses. The delay in making and implementing decisions translates into deaths and permanent harm to people's health. Therefore, it is extremely urgent to streamline the processes and implementation of plans to prevent the loss of lives of people living with HIV, TB, malaria, and other health conditions, as well as to stop the spread of diseases that are reappearing today due to the government's negligence and indolence.

CIVIL SOCIETY

The coordinated and sustained work of civil society organizations inside and outside of Venezuela has produced concrete results for the benefit of those who need it the most. The decision of the Global Fund to relax its criteria and the elaboration of the Master Plan are two examples of this. The response of PAHO, UNAIDS and UNICEF, as well of the International Federation of Red Cross and Red Crescent Societies after years of silence, in the face of the frank process of deterioration that led us to the current situation, is welcomed, and efforts must continue to be intensified to ensure that humanitarian aid channeled through these entities increases, arrives on time and is delivered to their intended recipients. This is an area where NGOs should participate in a significant way, by fulfilling the role of overseers in the proper use of any aid that enters Venezuela.

In the current circumstances, the social monitoring work carried out by civil society organizations is especially important, since the lives of thousands of people depend on it, but also because it helps to ensure that new funds from international cooperation, in addition to new donations, continue to enter Venezuela. However, this work is not a minor challenge. Civil society organizations are not unaffected by the situation, which has resulted in significant weaknesses associated with human resources, funds to operate and logistical difficulties of various kinds. And although RVG+ has demonstrated sufficient competence to carry out this monitoring with respect to antiretroviral drugs for people living with HIV, other pathologies such as malaria and tuberculosis have few representatives of civil society organized, empowered and able to monitor medicines, supplies and use of international cooperation funds that could arrive in Venezuela.

A concern in this context are the threats, veiled or open, from people in power to those engaged in social monitoring, which are incompatible with the legitimate rights of those who perform this work and their ultimate beneficiaries. It is important to take this into account, particularly in light of recent acts by state security bodies in February 2019, which included illegal raids, medicines seizures, arbitrary arrests and harassment against activists and organizations dedicated to supporting people living with HIV.

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

The leadership shown by the Global Fund in the case of Venezuela is unique. However, more support and cooperation are required. An important aspect is to evaluate the financing and the activities in neighboring countries in order to diagnose and evaluate the impact that the complex humanitarian emergency in Venezuela has had on them, including Venezuelan migrants arriving in search of medical attention and medicines. This is in order to reschedule funds for urgent needs in border territories, especially in the area of malaria.

UNITED NATIONS AGENCIES

PAHO and UNAIDS have before them the important challenge of facilitating social monitoring so that it can be carried out efficiently, guaranteeing the proper implementation of the Master Plan without further delay.

2019 is full of challenges in economic, political and social issues for Venezuela. People living with or affected by HIV, malaria and tuberculosis do not escape these challenges. The complex humanitarian emergency requires responses that go beyond rhetoric and political flags and emphasize the cooperation of diverse actors to alleviate the suffering of the population. The lives of millions of people in Venezuela depend on it.

As we recommended in the first edition of 'Triple Threat' in 2017, the Global Fund and UNAIDS should work with Venezuelan, regional and international NGOs to develop a grant for civil society that can provide immediate relief and continue the important work of documentation of the shortage of medicines.

Other donors - the World Bank, bilateral donors, and private foundations - should provide resources to create a multidisciplinary mechanism involving all the agencies of the United Nations system, academia and Venezuelan civil society to document the crisis and conduct epidemiological research, especially in key and vulnerable populations, such as indigenous populations and, at the same time, respond effectively to the health crisis in the country, including providing and distributing medicines for these and other high-impact diseases.

THE VENEZUELAN GOVERNMENT

On the other hand, it is essential that the Venezuelan government comply with its obligation to allocate the necessary funds for the implementation of contingency plans and programs to address the complex humanitarian emergency. At this point, the commitment to fund the Master Plan must be honored as soon as possible, to guarantee the purchase of all medicines and essential supplies to ensure the life and well-being of people living with HIV, malaria and tuberculosis.

It is important to highlight that the numerous operational difficulties such as the complexity of customs processes and permits, failures in storage mechanisms, weaknesses in the distribution and transport chain, as well as bureaucratic procedures within the Ministry of Health, precariousness of the organizational structure and lack of professional and technical capacities of staff, unduly delay the arrival and distribution of medicines to people living with HIV, TB and malaria who need it with great urgency.

Finally, it is important to emphasize that both the Ministry of Health and the national government continue to deny the existence of the complex humanitarian emergency in Venezuela and therefore, the serious challenge it presents to the program of public access to medicines in Venezuela.

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icaso
until **we** end aids

120 Carlton St., Suite 311
Toronto, ON
Canada M5A 4K2

+1 416 921 0018
www.icaso.org
icaso@icaso.org