# Triple Threat Bulletin

Issued 18 May 2018

## THE HEALTH CRISIS IN VENEZUELA

The humanitarian crisis in Venezuela was created and it is encouraged by the government. The government's refusal to publish epidemiological data and to censor and even discipline those who have attempted to do it has put millions of lives at risk. In the government's mind, the "absence" of data translate into the absence of a crisis. Their refusal to accept any foreign "aid" has been also widely documented (IACHR, 2018). However, the National Assembly has declared the humanitarian and food emergency at least 3 times in the last 2 years (National Assembly, 2017).

Nearly 1 million Venezuelans have left their country over the past two years (IOM, 2018), overwhelming health and social services in countries receiving this massive influx on migrants. Colombia and Brazil have reported cases on "imported diseases" such as diphtheria, measles and malaria. +37.000 Venezuelans cross the border with Colombia daily. **All** international aid "for" Venezuela has been directed to support Venezuelans in neighboring countries.

## NON-ELIGIBLE COUNTRIES IN EMERGENCY – DECISION OF THE GLOBAL FUND BOARD

On 9 May 2018, the 39th Board Meeting of The Global Fund to Fight AIDS, Tuberculosis and Malaria approved a new policy to enable the provision of support to non-eligible countries in crisis. This decision could result in concrete investment to help alleviate the HIV, TB and malaria crisis in Venezuela, among other countries.

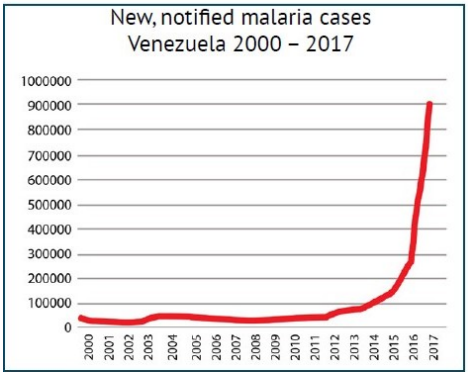
This unanimous decision is courageous and necessary and ICASO's work was instrumental in keeping the pressure by working with Venezuelan advocates, doctors and with the delegations of civil society and of Latin America and Caribbean to ensure that the Global Fund Board and other funders and stakeholders understood the crisis and took decisive action.

**Decision point approved by the Board** referring to the potential engagement with non-eligible countries in crisis:

1. *The Board acknowledges that a health crisis may emerge in an ineligible non-high-income country that could have an adverse impact on the global response against HIV/AIDS, tuberculosis, and/or malaria, and that the health crisis may be of such a magnitude that the Global Fund should consider providing support; and*
2. *Based on the recommendation of the Strategy Committee, the Board requests the Secretariat, in consultation with relevant partners, to present potential investment cases meeting the criteria described in the Revision 1 to the Strategy Committee Policy for review and recommendation to the Board. Any such proposals shall also include options for how*

**MATERNAL MORTALITY**: Maternal mortality has increased 65% within a year (2015-2016) as per the latest official epidemiological reports leaked by the formed (now fired) Minister of Health (IACHR, 2018).

**MALARIA**: rates of malaria have increased 706% in the last 10 years, evidencing the largest increases reported anywhere in the world (WHO, 2017). 60% of cases in Latin America are in Venezuela. Failure to address this, may result in the worst malaria epidemic in the history of the Americas (Science, 2018). One doctor saw in average 40 patients per year. In the first quester of 2018, he has treated more than 1,000.




**HIV**: Venezuela is home to an estimated 120,000 people living with HIV (UNAIDS aidsinfo, 2017). The country's national adult (15-49) prevalence is higher than Latin America's regional average (0.6% compared to 0.5%). Linked with frequent and extended stock-outs of anti-retroviral therapy (ART) (see ANNEX 1), the number of AIDS-related deaths in Venezuela has risen by nearly three quarters, in 4 years and number of deaths averted due to ART has fallen by nearly a quarter, from 3500 in 2011 to 2700 in 2015. With 6,500 new infections in 2016 and viral suppression of 7% (UNAIDS, 2017), the epidemic continues to expand. But the absence of any testing and diagnostics (HIV test, CD 4 or viral load) in the country makes it impossible to measure the degree of the catastrophe.

**TUBERCULOSIS**: as with other diseases, the government has not published any data regarding tuberculosis in almost 2 years. Based on facility surveys, experts estimate that there were increases in new cases (40%) and death (50%) in 2017. And the situation in 2018 only seems worse. As with HIV, there are no treatments or tests available. Most affected people include incarcerated people, people living with HIV and indigenous (NYT, 2018)

OTHER HEALTH DATA:

- Infant mortality: increased 30% (11,500 death in 2016)
- 100% stock-out of vaccines and blood products: **6 months** without vaccines (pneumococci, TB, measles, rubella)
- Resurgence of diseases: measles: 700 cases in 6 months (2017-2018)
- **15,5%** acute malnourishment in children
- **90%** stock out of medicines (based on WTO analysis of imports)
- **97%** of public labs are inoperative (or not fully operative) for lack of commodities
- **22.000** doctors have fled Venezuela

OTHER RELEVANT DATA:

- Annual inflation: 2,000% (2017) and 13,000% for 2018 (IMF, 2018)
- GNI reduced by 15%
- 87% of households are in poverty

## CALCULATING THE COST

It is impossible to provide a clear and evidence-based cost calculation, given that the Venezuela's health system is sinking into further chaos. With 79% of hospitals reporting no running water, only 7% of emergency services working and 86% of medicines absent from pharmacies' shelves it will require a team of experts to come up with an accurate number.

The National AIDS Program in Venezuela has calculated that the investment needed to provide antiretroviral treatment to the people currently registered in the program (approx. 77,000) is about US$14 million per year. This amount does not include testing, prevention, or treatment for opportunistic infections. This amount does not include either the people who are "newly" infected (in the last 3 years) which will double the need (UNAIDS, 2017).

As for malaria, the government has not distributed one tablet of antimalaria medication (Primaquine) in 8 months, and the few that have been administered are provided by private donations. In 2017 PAHO estimated that almost 500,000 people had malaria (and no treatment). Malaria prevention interventions are non-existent in Venezuela.

Regarding tuberculosis, it is estimated that 6,000 people currently have tuberculosis and need treatment. Experts calculate that 2,000 tests each (Löwenstein–Jensen medium and tuberculin) are needed per month as well as 500 test each of PCR, GeneXpert and Bactec MGIT.

## DISTRIBUTION CHANNELS

There is a successful distribution channel that has been used in the last year to deliver medication to Venezuela. This system involves the UN Humanitarian Response Depot (UNHRD) in Panama (https://unhrd.org/panama), UNAIDS Regional and Venezuelan offices, networks and organizations of people living with or affected by the diseases and medical doctors and professional associations. In the case of antiretroviral drugs, the National AIDS program has played an important role. Given the susceptibility of this issue, further details of the mechanism can be solicited to maryannt@icaso.org.

The costs incurred in shipment, import taxes and distribution have been absorbed by AID FOR AIDS and ICASO (while the medication has been donated by private sector). For example, a 40-foot container costs close to US$10,000. The organizations facilitating these processes are registered charities in United States and Canada, with strong financial procedures and reporting processes.

**ANNEX 1 17 ARVs with 100% stock out (for at least 6 months) – as of April 30, 2018**

| | | people | | packages/month | # of pills/month |
|---|---|---|---|---|---|
| ABACAVIR SOLUCIÓN ORAL 20 mg/ml x 240 ml | abacavir sulfate oral | 448 | Ziagen | 329 | 329 bottles |
| ATAZANAVIR/RITONAVIR 300/100 mg x 30 TAB | Atazanavir/ritonavir | 12145 | Norvir | 8,321 | 249,600 |
| EFAVIRENZ 200 mgX 90 CAPS | Efavirenz | 72 | Sustiva | 45 | 4,050 |
| EFAVIRENZ 600 mgX 30 TAB | Efavirenz | 13,067 | Sustiva | 11.450 | 343,500 |
| EFAVIRENZ/EMTRICITABINA/TENOFOVIR 600 mg/200 mg/300 mg x 30 TAB | Efavirenz/Emtricitabine /Tenofovir | 22,612 | Atripla / Viraday | 25.949 | 778,470 |
| ETRAVIRINA 100 MG X 120 TAB | Etravirine | 483 | Intelence | 265 | 31,800 |
| FUMARATO DE TENOFOVIR/EMTRICITABINA 300 mg/ 200 mg x 30 TAB | Tenofovir disoproxil fumarate/ emtricitabine | 13,116 | Truvada | 10.403 | 312,090 |
| LAMIVUDINA 10 mg/ml x 240 ml | Lamivudine or 3TC | 376 | Epivir and others | 161 | 161 bottles |
| LOPINAVIR/RITONAVIR 80 mg/ 20 mg x 160 ml | Lopinavir/ritonavir | 654 | kaletra | 281 | 281 bottles |
| LOPINAVIR/RITONAVIR 100 mg/ 25 mg x 60 TAB | Lopinavir/ritonavir | 802 | kaletra | 796 | 47,760 |
| LOPINAVIR/RITONAVIR 200 mg/ 50 mg x 120 TAB | Lopinavir/ritonavir | 17,952 | kaletra | 15.581 | 1,869,720 |
| RILPIVIRINA/TENOFOVIR/EMTRICITABINA 25/300/200 mg x 30 tab | Rilpivirine, FTC, tenofovir | 372 | complera | | |
| RITONAVIR 100 mg x 30 TAB | Ritonavir | 16,389 | Norvir | 2.507 | 75,210 |
| ZIDOVUDINA 10 mg/ 1ml x 200 ml | Zidovudine, azidothymidine | 183 | Retrovir or AZT | 153 | 153 bottles |
| ZIDOVUDINA 100 mg x 100 CAPS | Zidovudine, azidothymidine | 157 | Retrovir or AZT | 79 | 7,900 |
| ZIDOVUDINA 300 mg x 60 TAB | Zidovudine, azidothymidine | 734 | Retrovir or AZT | 312 | 18,720 |
| ZIDOVUDINA 20 mg/ml x 20 ml | Zidovudine, azidothymidine | 220 | | 83 | 83 |