THE UNITED NATIONS IS INCOHERENT
WITH THE REALITY OF HIV IN VENEZUELA

Venezuela, May 18th, 2019.

The Venezuelan Network of Positive People (RVG+) and the Coalition of NGOs of the Interior of the Country (COVIP) express their deep concern and total rejection with regard to the information offered by the Office of the Resident Coordinator in Venezuela in conjunction with the Office for the Coordination of United Nations Humanitarian Affairs (OCHA) and the Intersectoral Coordination Group UNETE, in their report covering January to April 2019, published on May 15, 2019, where they state that:

"10 million treatments were distributed to treat HIV, which ensured treatment of 50,000 people for three months in the 24 states, in collaboration with PAHO/WHO, UNAIDS, the Minister of Health (MPPS) and civil society organizations".

Civil society organizations dispute the claims made by the Resident Coordinator of the United Nations. We state categorically that we have never contributed to a situation that DOES NOT EXIST.

In fact, only 3,659 people living with HIV received the combined antiretroviral drug Tenofovir + Lamivudine + Dolutegravir (TLD) between the middle of February to April 2019, out of a total of 680,000 bottles that were donated by the Global Fund to Fight AIDS, Tuberculosis and Malaria in December 2018. These medicines are still in the warehouses belonging to the Ministry of Health.

We believe that the information provided by the United Nations is incoherent with the reality of HIV in Venezuela. Our monitoring conducted between November 2018 and April 2019, has concluded that the ARV shortages exceeded 70% across the country.

The harsh reality of access to antiretroviral treatments in Venezuela is illustrated below:

| Children living with HIV without treatment: 17% of children living with HIV up to 14 years of age have not receive antiretrovirals in 7 states - Aragua, Bolívar, Carabobo, Distrito Capital, Lara, Portuguesa and Táchira. This represents approx. 2,100 children living with HIV who need ARVs. |
| 3,930 pregnant women living with HIV cared for between 2007 and 2016: Women living with HIV were subjected to treatment that was not appropriate, with severe side effects that impacted their adherence and tolerance such as Viraday during their pregnancy. These women do not have access to the therapy recommended by the WHO, such as Lopinavir + Ritonavir (Kaletra) + Zidovudine + Lamivudine. These treatments must be made available and guaranteed by the public health system. |
| 500 babies were born with HIV in 2016: It is estimated that out of every 10 pregnant women Expired antiretrovirals: While the Ministry of Health failed to act upon distribution, 6 types of |

No HIV diagnostic testing: There has been no HIV diagnostic tests for CD4 count or viral load in the past 4 years, including no genotype tests for viral resistance in the past 6 years. The Ministry of Health initiated the migration of thousands of people living with HIV to TLD therapy without viral load tests jeopardizing any valid clinical evidence that this medicine fulfills its function.

Syphilis is out of control: There are no tests to detect syphilis and with 100% of penicillin shortages of the necessary 2,400,000 units and 1,200,000 units this is set to become worse. Add to this that there is no penicillin for pediatric use.

Abandoned transport fleet: There are 2 transport units for the distribution of antiretrovirals in 37 pharmacies in 24 Venezuelan states.

Antiretrovirals in their possession expired: Lopinavir + Ritonavir (Kaletra), Abacavir + Lamivudine, Ritonavir, Darunavir, Zidovudine in ampoule for pregnant women and children living with HIV, Zidovudine for adults living with HIV. In 2018 these medicines were in good condition donated by AID FOR AIDS, PAHO, UNICEF and Governments of Brazil and Haiti to people living with HIV in Venezuela.

Absence of specialists: A total of 9 health facilities do not have HIV specialists including in Amazonas, Delta Amacuro, Lara, Mérida, Monagas, Nueva Esparta, Portuguesa, Trujillo and Yaracuy. Out of the total of 380 HIV specialized doctors, 54 (14%) emigrated in 2018.

Absent policy and strategy oversight: The National AIDS Program does not have HIV specialists or experienced personnel to manage public policy on HIV in Venezuela, further exacerbating an already complex humanitarian emergency.

Privatized health care: People living with HIV are forced to buy medicine, materials and clinical supplies for the treatment of opportunistic infections associated with AIDS since public health centers are not equipped.

 Considering the above concerns, we demand a clarification and corrections to be made by the Office of the Resident Coordinator in Venezuela, the Office for the Coordination of Humanitarian Affairs of the United Nations (OCHA) and the Intersectoral Coordination Group UNETE, on the erroneous announcement which has generated false hopes regarding antiretroviral supplies for more than 80,000 people living with HIV in Venezuela.

In the past year we had hundreds of deaths that could have been avoided if the United Nations had acted in time to protect the population in the face of the humanitarian emergency suffered by Venezuela.

Signed by:

- Secretariado General y el Consejo Directivo de la Red Venezolana de Gente Positiva (RVG+)
- Coalición de ONGs del interior del País (COVIP)
- Acción Solidaria
- ACCSI Acción Ciudadana Contra el SIDA
- ACIVA Asociación Civil Impulso Vital Aragua
- ACOVIH
- ADHAM
- AID FOR AIDS Venezuela
- AMAVIDA
- ASOMUVIH
- AZUL+
- Cátedra de la Paz
- Conciencia por la Vida
- Fundación Arcoiris por la Vida
- Fundación Isamar
- Fundación MAVID
- Fundapema
- Fundasidarta
- Gran Familia de la Salud
- Grupo Renacer
- Huellas en Positivo
- Lara en Positivo
- Nueva Vida
- ONG Fénix
- Organización STOP VIH

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