

## THE GLOBAL FUND AND CIVIL SOCIETY ORGANIZATIONS SAVE THE LIVES OF 40 000 VENEZUELAN

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### COMMENTARY

#### ABSTRACT

*Venezuela was not eligible for the Global Fund funding because it was a high-income country with a low disease burden. However, the Global Fund Board made an exception and donated resources to support the people of Venezuela. With a modest and intelligent investment—and in partnership with civil society—the Global Fund is saving the lives of over 40 000 people living with HIV in Venezuela.*

Venezuela, the country with the largest oil reserves in the world, has been plunged into a complex humanitarian emergency resulting from poor decision-making that has led to an economic recession of more than five years, a high unemployment rate, hyperinflation, and political, social, and institutional crises. Added to this, the impact of COVID-19 has left the country extremely vulnerable.

In October 2019, Venezuela was considered to be one of the countries that was least prepared to mitigate the spread of epidemics and pandemics. It ranked 176th out of 195 countries, according to the [Global Health Security Index](#) (GHSI) report. Before COVID-19 in Venezuela, health facilities had sporadic or no access to clean water. This hindered the implementation of adequate hygiene protocols that increased the risk of intra-hospital infections. In 2019, the Pan American Health Organization (PAHO), which is part of the World Health Organization (WHO), conducted an assessment of water, sanitation, and hygiene conditions in 17 hospitals. It found that 88.3% of the hospitals assessed had high-risk hygiene-sanitary conditions that posed high health risks for their users. The evaluation also [reported](#) that 70.6% of health services and 94% of hand-washing points were not functional. Hospital waste management was generally inadequate.

People living with HIV are not excluded from these challenges and are one of the most vulnerable groups in the complex humanitarian emergency. All components of the HIV response have been impacted. This includes prevention, care, treatment, epidemiological surveillance, human rights, monitoring and evaluation. Currently, only treatment continues, with the support of international organizations, in particular the Global Fund to Fight AIDS, Tuberculosis and Malaria.

#### **Global Fund investment of \$11 million for HIV care**

The Global Fund has approved funding to the value of \$11 million for Venezuela. The Global Fund has funded life-saving HIV, tuberculosis (TB) and malaria treatment and assisted with the procurement of commodities and efforts of civil society organizations to monitor and document the delivery of these. The Global Fund is the main source of funding for antiretroviral (ARV) treatment and TB medication in the country. Without this support, there would be an increase in TB- and HIV-related deaths, given the refusal of the national government to purchase health commodities.

The funding for Venezuela is the result of the joint oversight and advocacy work of people living with HIV under the leadership of the Venezuelan Network of Positive People (RVG+), Acción Ciudadana

Contra el Sida (ACCSI) and other local and international organizations, that include International Council of AIDS Service Organizations (ICASO), AIDS Healthcare Foundation (AHF) and Aid for AIDS, with support from key regional advocates within the delegations to the Global Fund Board, PAHO, and The Joint United Nations Programme on HIV/AIDS (UNAIDS).

Initially, civil society partners in Venezuela focused on monitoring the delivery of the antiretroviral (ARV) therapy, Tenofovir, Lamivudine, and Dolutegravir (TLD), funded by the Global Fund. However, the focus has expanded to the overall HIV response in Venezuela, which has shown the complexity of the situation and the importance of social monitoring of health services.

Forty-five monitors and navigators in 20 states conduct interviews and direct observations at services in the public health system. If additional resources can be secured, the same group could monitor TB treatment services in 2021. The information collected comes from three primary sources: people living with HIV and their families; health personnel working in ARV pharmacies, HIV clinics, and other health services; and health personnel working in the Regional AIDS Coordination units of the selected states. This is how civil society members knew how many people were receiving treatment, were able to document challenges and barriers in the distribution, quickly address these and deliver TLD.

### **Persistent challenges – lack of services for people living with HIV amid COVID-19**

However, based on the monitoring and documentation conducted by ACCSI and RVG+ between January and July 2020, several challenges remain:

- Prior to COVID-19, all HIV consultations and ARV pharmacies were operational in the morning, on weekdays. However, these health services have been impacted by constant disruptions of running water, electricity, and communications services (telephone and internet), fewer doctors, nurses, and other health workers, deteriorated infrastructure, and obsolete and damaged equipment, among others.
- Official measures to curb COVID-19 (quarantine, movement restrictions, and others), have impacted on the availability of HIV treatment services. This has affected a significant number of people living with HIV, since they are not able to access HIV consultations and ARV-dispensing pharmacies.
- Through Global Fund donations, some alternative ARVs have been procured and have begun to arrive in the country, however COVID-19 has hampered the delivery of these alternative regimens, resulting in a shortage of almost 70% (and in some cases, 100%) of other (non-TLD) types of ARVs.
- There is a 100% shortage of medicines for the treatment of opportunistic infections and comorbidities among people living with HIV. Among the medicine stock outs are those for respiratory and cardiovascular complications, which are among the five most prevalent conditions among people living with HIV.
- Up till recently, the absence of viral load and other monitoring tests continued to negatively affect the health and lives of thousands of Venezuelans living with HIV. However, Global Fund resources have procured 25 000 viral load tests, which have arrived in the country but have yet to be utilized.
- The lack of milk substitutes, infant formula, and nutritional supplements for infants and children living with and exposed to HIV continues to present a challenge to the health and lives of hundreds of children in Venezuela.

- Finally, human rights violations are rampant and continue with impunity. These violations are documented in the [Report](#) of the independent international factfinding mission on Venezuela. The mission found that the government, state agents, and groups working with them had committed egregious violations amounting to crimes against humanity. Civil society monitors and navigators have not escaped this reality, as they have been threatened and detained. Harassment of organizations providing treatment and care for people living with HIV has been documented and reported. These include recent instances where special police forces have confiscated health commodities (including ARVs) and detained staff. The most recent case was the seizure of a shipment of ARVs from Aid for AIDS.

There is no doubt that more than 40 000 people living with HIV are alive today thanks to the funding exception made by the Global Fund, and donations of ARVs, medicines, and supplies made by international cooperation organizations. However, these donations fail to close the gaps left by the widespread and complex humanitarian emergency.

It has been and continues to be a learning process for civil society organizations and it is a challenge to be able to coordinate, articulate, respond, monitor, report, and advocate within the current operating environment in Venezuela. However, Global Fund investments in Venezuela continue to save lives and the investment in the civil society has great impact.

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