



Addressing the HIV Crisis among Venezuelan Migrants in Colombia

Takeaways

Venezuelan migrants in Colombia, especially persons living with HIV and AIDS (PLWH), urgently need access to HIV treatment and preventive services. Local health care organizations, aided by international non-governmental organizations, trans-governmental organizations, and donor governments, should prioritize: protection of the human rights of PLWH; linkage to organizations providing HIV treatment; ART availability, prevention, and education to stem new HIV infections; and addressing the mental health and psychosocial consequences of displacement among persons living with and at risk for HIV.

Venezuelan Mass Migration to Colombia

Over the past several years, Venezuelans have experienced political instability, economic turmoil, human rights violations, a collapsing health care system, massive food shortages, and increasing violence.¹⁻² An estimated 87% of Venezuelans lived in poverty in 2017, up from 48% in 2014, making it difficult for people to afford food, housing, transportation, and health services.³ The country's health infrastructure is in decline, with spikes in infant and maternal mortality, HIV infections and related deaths, and outbreaks of vaccine-preventable diseases that were once eliminated in the country.¹ Venezuelans report eating just one or two meals a day, and there is widespread hunger, malnutrition, and food shortages.¹ Around 12% of children under the age of 5 suffer from moderate or severe acute malnutrition.¹ These unfolding humanitarian crises caused 1 in 10 Venezuelans to flee the country. Currently, more than 3.4 million Venezuelans live abroad, with almost 90% of that migration occurring since 2015.¹⁻² In March 2019, the Colombian Ministry of Foreign Affairs published an Annual Statistics Report estimating almost 1.4 million Venezuelan refugees and migrants are now based in Colombia.⁴ One report estimated a 20% increase in the number of Venezuelans crossing the border into Cúcuta, Colombia, between late 2018 and early 2019, and certain checkpoints report increases of 100's of people each week.⁵

There has been an extraordinary effort by the Colombian government, local health authorities and Colombian people to keep their border and hospitals open to the more than 1 million Venezuelan migrants in spite of the stress on their limited resources. The Colombian government has maintained an open border policy and implemented measures to ease the transition for newly arrived migrants. This includes providing work permits for Venezuelans, even those who entered the country illegally. However, Colombia's intake system cannot effectively manage the number of people crossing the border. This leaves many of the newly arrived migrants in a vulnerable position and with limited access to basic resources including health care, food, and water.⁵ Colombia's health system provided about 100,000 hospital visits to Venezuelans between March 2017 and September 2018, and the number of Venezuelans receiving emergency treatment in Colombian hospitals grew from a monthly average of 123 in 2015 to almost 7,800 in the first seven months of 2018.⁶ Authorities are seeking to vaccinate adults and children against infectious diseases at points of entry. However care for preventative or chronic health needs are out of reach for many migrants, and the Colombian health care system is struggling to keep up with the increased need for services.⁶⁻⁷



HIV Prevalence and Treatment in Venezuela

The Venezuelan Ministry of Health provided free antiretroviral therapy (ART) for all PLWH beginning in 1999, but there has been a steep decline in the number of people receiving consistent access to treatment in recent years.⁸ By 2018, nearly 90% of those registered for free ARTs were not receiving it and a majority of the 25 antiretroviral drugs (ARVs) provided by the government were out of stock for more than 9 months.⁹ The number of newly identified HIV cases in Venezuela increased by 24% between 2010 and 2016, with 6,500 new diagnoses in 2016.⁹ An estimated 120,000 PLWH lived in Venezuela in 2016, with approximately 2,500 resultant AIDS-related deaths.⁸ That is the last year the government published any health surveillance data including on new HIV diagnoses. Even HIV testing has been greatly reduced because of a lack of test kits, so estimating the number of Venezuelans contracting or living with HIV is a challenge.¹⁰

This mirrors the overall decline in Venezuela's health infrastructure which began in 2012. The health system experienced severe shortages of medicines and health supplies, a loss of health workers, health care facilities with erratic access to utilities including electricity and water, and a deterioration in emergency services and the capacity to respond to disease outbreaks.¹⁰ This collapse led to a shortage of both ARVs and the medications used to treat other infections and co-infections that can be especially severe for PLWH.⁹ The near collapse of the public health infrastructure forced thousands of PLWH across the border to Colombia, placing a substantial burden on the healthcare resources of border towns.

Venezuelan Migrants Living with HIV/AIDS in Colombia

By September 2018, approximately 7,700 PLWH HIV left Venezuela in search of treatment in other countries.¹¹ There are currently almost 2,000 Venezuelans living with HIV in Colombia, an increase over previous years. Two-thirds are under the age of 35, and more than 80% are male.¹²

The local Ministry of Health reports 521 PLWH in the Norte de Santander Department, with 72% of them in Cúcuta, a border city that is one of the main points of entry for Venezuelan migrants entering Colombia. Most PLWH in Cúcuta are between the ages of 20-34 years of age (63%) and are predominantly men (75%). A total of 4% (n=15) are adolescents and 10% of individuals are uninsured. National HIV/AIDS mortality among Venezuelan migrants were 20 and 82 individuals in 2017 and 2018 respectively.¹³

The Norte de Santander Department reported a steady increase in mortality among HIV positive Venezuelans settled in the area. The number of deaths roughly doubled year-to-year, from 9 people in 2015, 18 people in 2016, 35 people in 2017, to 74 people in 2018. Alarming, 72 people from that municipality died during the first 10 weeks of 2019.¹⁴

Current Treatment Efforts for HIV Positive Venezuelans in Colombia

In 2017, 150,000 adults and children were living with HIV in Colombia, and 54% of people with HIV were on ART.¹⁵⁻¹⁶ Colombian citizens and documented migrants can access ART free of charge. However, the humanitarian crisis in Venezuela led to a mass influx of migrants into Colombia, and the process of documenting Venezuelan migrants is not keeping pace. The



Colombian government reported over 1 million Venezuelan migrants living in the country in December 2018. At that time, a little over half received Permits of Permanence (PEP), the documentation that allows migrants to receive full access to healthcare, including free ART.¹⁷

This is problematic primarily due to an increase in “public health events” witnessed since the Venezuelan migrant crisis began. Of the 5,094 “public health events” involving Venezuelan migrants in 2018, officials report identifying approximately 315 HIV positive individuals. Just over half of all Venezuelan migrants, and presumably just over half of those who are HIV positive, receive PEP and qualify for free ART.¹⁰ Without PEP and access to free treatment, an HIV positive migrant would have to pay for medications out of pocket at a cost of approximately \$95/month. Acquiring those funds is an extraordinary challenge, especially considering the work limitations placed on undocumented migrants.¹⁶

Colombian policy makers developed a response plan in 2017 to begin addressing the health needs of Venezuelan migrants, but funding concerns caused them to limit undocumented migrants’ access to more comprehensive care and insurance plans. The Colombian Ministry of Health and Social Protection prioritized access to emergency care, immunizations, and public health interventions for all migrants, but only pregnant women could access additional care. In July 2018, the Colombian government recognized the existing bureaucratic limitations to registering and documenting migrants and announced a plan to speed the administrative process so more migrants can work or receive PEP to qualify for free ART, but almost half of all Venezuelan migrants and still waiting to obtain that status.¹⁸

UNHCR, the UN Refugee Agency, and UNAIDS are responding to this emerging crisis and working to establish a regional network connecting HIV positive migrants with clinics, hospitals, shelters, and NGOs who can provide care to PLWH for reduced rates.¹¹ Despite these efforts, there are still clinical and system-level barriers to providing the necessary care for HIV positive Venezuelan migrants living with HIV.

RECOMMENDATIONS

Venezuelan migrants in Colombia, especially including PLWH, urgently need access to HIV treatment and preventive services. Local NGOs, aided by INGO’s, trans-governmental organizations, and donor governments, should prioritize the following recommendations.

Recommendations for UN, WHO, and PAHO:

Make ART’s available for migrants. This requires leadership from trans-governmental organizations (e.g. WHO, PAHO, UNAIDS, World Bank) and donor governments.

Ensure the continuity of HIV care. Given that the migrant population is transient and may go to other countries, there is a need for regional coordination across countries.



Recommendations for the Colombian Government and Ministry of Health, INGOs, and local NGOs:

Protect the human rights and reduce the vulnerability of PLWH. Guard against any unlawful restrictions and provide training to health care workers, law enforcement, and community advocates.

Link PLWH to HIV care and supportive services. NGO's can help to fill gaps among local providers.

Secure technology needed for comprehensive follow-up treatment. This should include biomedical equipment for CD4 and viral load tests and access to lab and imaging tests.

Provide nutritional supplements. These are needed for both adults with nutritional deficits as well as newborns of HIV + mothers to prevent vertical transmission.

Provide comprehensive HIV prevention and education to stem new HIV infections. Include information about HIV and sexual and reproductive health as well as HIV counseling and testing, and target especially high risk groups such as sex workers, men who have sex with men (MSM), and injecting drug users (IDU).

Address the mental health and psychosocial consequences of displacement among PLWH and at-risk groups, including victims of gender-based violence. Utilize evidence-based treatments that can be implemented through task-sharing models, such as interpersonal psychotherapy.

Improve coordination and cooperation between the Colombian Ministry of Health, INGO's, and local NGOs in order to provide programs for prevention and treatment of HIV. For example, regarding where to establish clinics and for ongoing monitoring and evaluation.

Reduce bureaucratic and administrative hurdles for registration of INGOs. This includes importing donated medications, especially ART medications.



Citations

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