

HIV, COVID-19, and civil society: Lessons from Venezuela's humanitarian crisis

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Abstract

Venezuela has been experiencing a humanitarian emergency for much of the past decade, and its health system is widely recognized to be in a state of collapse. The political and economic crisis that gave rise to this situation has been accompanied by myriad human rights violations. With the national government's response to HIV so severely weakened by the ongoing humanitarian emergency, Venezuelan civil society organizations and international allies have stepped in to fill the void. The three prongs of their agenda have been community-led service delivery, health system monitoring, and advocacy. Our long experience in the HIV field tells us that the Venezuelan HIV community's capacity to respond to the collapse of the health system is not exceptional. HIV civil society organizations and networks of people living with HIV in countries worldwide are well-suited to help maintain health system functionality in the face of the COVID-19 pandemic, and it is imperative for the global community to capitalize on their skills. (AIDS Rev. 2020;22:148-150)

Key words

Venezuela. Humanitarian emergency. Advocacy. Civil society. People living with HIV.

In low- and middle-income countries with weak health systems, COVID-19 has the potential to both directly impose a heavy disease burden and also reduce capacity to respond to many other health issues including HIV. As the global HIV community confronts this challenge, it is instructive to consider how key actors have worked to preserve HIV services and other health services during other crises. The civil society movement spearheaded by HIV organizations in Venezuela with the support of in-country and international partners provides one such example.

Venezuela has been experiencing a humanitarian emergency for much of the past decade, and its health system is widely recognized to be in a state of collapse^{1,2}. The political and economic crisis that

gave rise to this situation has been accompanied by myriad human rights violations. In addition to failing to meet its obligations under the rights to life, health, and food, the Venezuelan government has sought to forcefully repress dissent, and many cases of illegal detention, torture, and extrajudicial killings have been reported³.

Key socioeconomic and health indicators provide some insight into the magnitude of the crisis. In 2017, an estimated 87% of Venezuelan households were living in poverty, and 61%, in extreme poverty⁴. Amid chronic food shortages, the prevalence of undernourishment has increased almost fourfold⁵. The maternal mortality rate increased by 66% from 2015 to 2016, the last year for which official data were published, and

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experts have estimated that the upward trend has continued since that time⁶.

The political and economic situation has greatly weakened the Venezuelan health system, with conditions worsening since 2017². There are severe shortages of medicines and health supplies, as well as a widespread lack of laboratory testing capacity. One-third of Venezuela's physicians have left the country⁷. Malaria control is failing, as reflected by vast increases in malaria morbidity and mortality⁸. Declines in health system monitoring and reporting make it difficult to even track many health problems.

Venezuela reported a 24% increase in new HIV infections from 2010 to 2016, with an estimated 120,000 people living with HIV (PLHIV) in 2016, only 7% of whom were thought to be virally suppressed⁹. While antiretroviral therapy (ART) was widely available before the onset of the crisis, ART stock-outs have become commonplace, and other critical elements of HIV clinical care such as viral load testing and treatment for opportunistic infections are widely unavailable as well¹⁰⁻¹². HIV prevention and testing resources are similarly limited, as are resources for preventing mother-to-child transmission of HIV including ART for pregnant women and infants^{13,14}.

With the national government's response to HIV so severely weakened, Venezuelan civil society organizations and international allies have stepped in to fill the void. The three prongs of their agenda have been community-led service delivery, health system monitoring, and advocacy.

Regarding service delivery, community-based organizations (CBOs) have provided HIV prevention and care services, including the delivery of commodities. For example, the only condoms that could be obtained in Venezuela in 2018 were procured and distributed by CBOs. As of this writing, CBOs were distributing 20,000 HIV diagnostic tests that they had procured in late 2019. A project led by the Venezuelan national PLHIV network, Red Venezolana de Gente Positiva, and Acción Ciudadana Contra el SIDA deploys patient navigators to provide one-to-one guidance to PLHIV regarding how to access necessary health and social services¹⁵.

Regarding health system monitoring, civil society organizations have sought to compensate in some ways for the lack of reliable data being generated by government health agencies. They have established a robust and comprehensive mechanism for documenting the availability of ART in government pharmacies nationally on an ongoing basis, providing the evidence base

for advocacy to address the problem of severe ART stock-outs. They also have documented the health status of PLHIV in relation to issues such as malnutrition, comorbidities, and pregnancy¹⁶.

The third prong of the civil society-led HIV response has been advocacy to galvanize support from the international community, including United Nations agencies and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Evidence gathered through health system monitoring has greatly aided this work. For example, the aforementioned documentation of ART stock-outs provided the basis for an intensive advocacy campaign that resulted in the Global Fund awarding an emergency grant of US\$5 million in 2018, and this support resulted in stock-outs dropping from an all-time high of 84% in 2018 to 60% in 2019^{11,17}.

Importantly, HIV has not been the only focus. Instead, HIV leaders recognize the interconnected nature of multiple health threats and the value of collaborating with other health actors to address broader health needs.

As of June 14, 2020, Venezuela had 2879 confirmed cases of COVID-19, but a lack of testing capacity means that its COVID-19 pandemic may be much worse¹⁸. The organizational sophistication that Venezuelan civil society has developed in its efforts to compensate for a failing health system will be a major asset in responding to this new threat. Already the civil society method of monitoring ART availability has been adapted to monitor the availability of the personal protective equipment that reduces the risk of COVID-19 transmission. It is anticipated that HIV organizations and Venezuela's PLHIV community will continue to identify ways in which they can use their expertise to contribute to COVID-19 prevention and treatment efforts in the coming months and years, while also working to preserve other essential health services.

The participation of civil society actors including nationally and community-based organizations has long been recognized as an essential element of effective national HIV responses^{11,19}. However, while much progress has been made, civil society actors often continue struggling to make their voices heard in global and national decision-making for and also to obtain funding for their advocacy, evidence gathering, and direct service activities.

Now more than ever, the COVID-19 pandemic is underscoring the need to look beyond disease-specific silos to a more unified health agenda as envisioned in the Sustainable Development Goals²⁰. The role of civil society in this complex undertaking is

instrumental. A large body of experience in the HIV field demonstrates why civil society engagement leads to better health outcomes, and the achievements of the HIV community in Venezuela provide a compelling example of civil society capacity to fill critically important gaps in emergency situations, with responses framed by human rights and gender equality principles.

We urge global institutions, national governments, the donor community, and other key actors to follow these lessons as they respond to COVID-19. Most immediately, global mechanisms are needed to provide rapid support to in-country civil society organizations that are positioned to provide essential services in health emergencies.

Our long experience in the HIV field tells us that the Venezuelan HIV community's capacity to respond to the collapse of the health system is not exceptional. HIV civil society organizations and PLHIV networks in countries worldwide are well-suited to help maintain health system functionality in the face of the COVID-19 pandemic, and it is imperative for the global community to capitalize on their skills.

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