

Note for the Record

Conference call for the IATT on HIV and Emergencies (HIV-E)

27 November 2018



ATTENDEES: Ana Maria Baracaldo, Annelise Hirschmann (Global Fund); Kweku Ackom (IMC), Haley West (IOM); Ricardo Baruch, Linsey McCormack (IPPF); Charles Ssonko, Aitor Zabalgoeazkoa (MSF); Giovanni Ravasi (PAHO); Mamadi Diakite, César Antonio Núñez, Henriette van Gulik (UNAIDS); Nadine Cornier (UNFPA); David Sunderland, Alessandra Trianni, Josep Vargas (UNHCR); Annmarie Isler, Hugo Farias, Briony Stevens (WFP)

Agenda

1. Purpose of call and overview of the HIV-E situation in Venezuela: outline of the HIV-E situation, migration, neighbouring countries, meetings that have been held to date, and Global Fund donation.
2. Update on the Global Fund Board decision for non-eligible countries, Master Plan and support required for Venezuela from IATT members/ HIV-E actors.
3. Updates from members that are responding to the Venezuela situation (either in-country or bordering countries).
4. Next steps and way forward

1. Purpose of the call and overview of the HIV-E situation in Venezuela: outline of the HIV-E situation, migration, neighbouring countries, meetings that have been held to date, and Global Fund donation.

David Sunderland (UNHCR) and Briony Stevens (WFP), IATT on HIV and emergencies (IATT-E) co-convenors, opened the call. They reminded participants that in 2005, in an effort to streamline the technical support relating to HIV and AIDS, UNAIDS and its Cosponsors designated technical support areas and assigned 'lead' or 'co-convening' agencies to these areas. Under the UNAIDS Division of Labour, UNHCR and WFP are co-convening agencies on HIV services in humanitarian emergencies, and for the IATT-E. The IATT has four strategic priorities:

1. Strengthen the coordination, technical and operational capacity of national/regional and global level actors to prevent, prepare for, respond and recover to HIV in emergencies (including integrating HIV into reproductive health, TB and hepatitis efforts, in the context of UHC programming);
2. Strengthen inter-cluster and multi-sector collaboration to ensure HIV and emergencies is addressed as a cross-cutting theme;
3. Contributing to strengthen resourcing, advocacy, information management and research;
4. Proposing solutions to address strategic and technical gaps.

Recently, the IATT-E had previously considered the situation in South Sudan and Yemen.

There are other technical support areas under the UNAIDS Division of Labour which may be relevant to IATT-E members. For example, the IATT on HIV and Social Protection, which is co-convened by ILO and WFP. Food insecurity and HIV prevalence are closely connected, forming a vicious cycle. Social protection activities can support the nutritional stabilisation and recovery, and access and adherence to treatment.

The aim of the IATT-E call was to discuss the situation in Venezuela and surrounding countries in order to support coordination and information sharing. There had been increasing focus on Venezuela of late. It was noted that the UNAIDS Programme Coordinating Board (PCB) NGO Delegation had published a [report on People on the Move](#) for the 43rd PCB meeting in December 2018, for example noting the risks when treatment is interrupted.

Large numbers of people were fleeing Venezuela and moving to neighbouring countries such as Brazil, Colombia, Ecuador and Peru. The situation in Venezuela was considered complex, with significant societal and economic breakdown. Colombia faced a major displacement crisis with over 7 million registered internally displaced people while an additional 350,000 Colombian refugees are in Costa Rica, Ecuador and Honduras.

2. Update on the Global Fund Board decision for non-eligible countries, Master Plan and support required for Venezuela from IATT members/ HIV-E actors.

Annelise Hirschmann (Regional Manager for Latin America and the Caribbean, Global Fund) explained that The Global Fund approved a USD 5 million envelope in May 2018 to fund ART in the country. USD 4.9 million had been allocated to PAHO, and USD 100,000 to civil society, to support the activities on the ground in Venezuela. PAHO is collaborating with UNAIDS to change treatment regimens and protocols to make sure people receive ARV treatment. About 55,000 PLHIV have been reached.

Giovanni Ravasi (Regional Adviser HIV/STI Care and treatment, PAHO) reported that PAHO received the funds at the end of the week of 19 November 2018, when procurement started. It will take between 4 to 6 weeks to have the ARV drugs in the country. The first shipment was 100,000 bottles of treatment. There were three deliveries lined up between the end of 2018 and 2019. PAHO is coordinating with other partners including NGOs, private sector donors, and other partners. The Master Plan needs to be updated to reflect the latest situation analysis.

César Antonio Núñez (Director, Regional Support Team for Latin America, UNAIDS) added that the Master Plan is a comprehensive effort to provide treatment to patients, and UNAIDS is trying to work with donations. UNICEF contributions in Venezuela have been critical for the procurement of a paediatric plan. UNAIDS is helping to build civil society capacity alongside the Global Fund donation to make sure ARV drugs arrive to patients.

Josep Vargas (Senior Reproductive Health and HIV Officer, UNHCR) highlighted the lack of reagents to monitor HIV infected patients and HIV testing and asked whether this issue would be addressed by the funds provided by the Global Fund.

Giovanni Ravasi explained that the Master Plan included diagnostics for HIV testing and monitoring. In December there would be a call with the International AIDS Society and pharma to generate a discussion around a potential donation. International NGOs were exploiting the Genexpert machine for viral loads monitoring. This was part of the Master Plan, although the information had not yet been updated.

César Antonio Núñez noted that the Master Plan aims to be comprehensive, with donations supporting testing devices to detect viral load. The overall amount mobilized is much larger than that approved by the Global Fund. There were however a limited number of tests for pregnant women.

César Antonio Núñez provided an update on the Regional Platform operating in Brazil, Colombia, Ecuador and Peru. HIV prevalence in Venezuela is 0.5% but, as there is a scarcity of drugs available, HIV prevalence is likely to increase. Most of the UNAIDS Cosponsors are members of the Platform although communication can be challenging at times.

3. Updates from members that are responding to the Venezuela situation (either in-country or bordering countries).

Hugo Farias (Latin America and the Caribbean region, WFP) said that WFP does not have country presence in Venezuela, and their work is concentrated in Colombia, Ecuador and Peru. About 415,000 migrants are provided with cash vouchers and food. WFP's response has been designed with a focus on essential food assistance to save the lives of populations in need, along with improving their protection and promoting their integration into host communities. In some of the countries WFP provides hot meals for vulnerable migrants in community kitchens, with attention to women, boys and girls. Also vouchers for food that can be redeemed at local stores is being distributed. Technical support to host governments continue to be a key aspect of the work of WFP.

Josep Vargas expressed concern that Colombia appears to be in the worst situation, as refugees and migrants are not provided with services (e.g. pregnant women do not receive medical assistance). There is a lack of access to health services for Venezuelans in the surrounding countries. UNHCR is increasing its presence in Colombia to support PLHIV and pregnant women and is providing support to civil society in Peru. It is crucial to strengthen advocacy to the Ministry of Health to provide services to Venezuelans in Colombia. Maternal mortality, congenital syphilis and gestational syphilis services are also difficult to provide. In addition, the level of malnutrition exacerbates the condition of PLHIV. High levels of sex work in Colombia, Ecuador and Peru were likely to increase the risks of HIV infection. In Ecuador there is a universal coverage health system. In Peru pregnant women, children under 5 years old, and PLHIV are covered free of charge by the health system.

Aitor Zabalgogezkoa (Head of Mission, MSF Venezuela) communicated that there was no HIV program in Venezuela. Under request of patients, social workers, care takers and doctors, MSF was providing support to hospitalized HIV patients in Caracas, who are affected by opportunistic infections or terminal conditions with antibiotics or palliative drugs. MSF was also trying to find immediate solutions for patients and civil society organizations with Acción Solidaria in Caracas or AHF in Cucuta. MSF was also providing Post-Exposure Prophylaxis (PEP) to the victims of the sexual violence program in the slums of Caracas.

Lindsey McCormack (Senior Grants Officer, IPPF) reported that IPPF was working mainly in Venezuela, Colombia and Peru with local governments. In Colombia Pro Familia was present. IPPF provided the Minimum Initial Service Package (MISP) which includes HIV services, counselling and testing for key populations and youth, but did not provide HIV treatment. In Trinidad IPPF provided ARV drugs.

Mamadi Diakite (Special Adviser, Security, Humanitarian and Fragile Countries, UNAIDS) stressed the need of adopting a holistic approach. Issues of stigmatization needed to be addressed, particularly in terms of providing ART to the most vulnerable populations.

Nadine Cornier (Humanitarian Adviser, UNFPA) noted that UNFPA had included HIV testing in proposals for STI treatment and management supply which also included HIV supply.

Haley West (Migration Health Emergency Operations Officer, IOM) said IOM was working to enhance surveillance to epidemic prone diseases in Colombia and Panama.

4. Next Steps and way forward

As the second and third agenda items took more time than expected, this agenda item was not adequately covered. The co-convenors note that in future calls, time must be allocation towards a discussion between IATT members on the next steps and way forward. This will help ensure that the IATT HIV-E calls adds more value to those that join.

Resources

- HIV and infant feeding in emergencies: operational guidance <http://www.who.int/nutrition/publications/hivaids/hiv-if-emergencies-guidance/en/>
- Global DTM INFO globaldtm.info contains data for the regions about migrants moving between countries. http://robuenosaires.iom.int/sites/default/files/Informes/DTM/FMS_VEN_oct24_sp.pdf