



A country on the brink

Grisbel Escobar and Martin Carballo,
IAS Members working in Venezuela

Grisbel Escobar is the director of the Civil Association of Women United for Health (MUSAS), an organization created to support women living with HIV in Venezuela. *Dr Martin Carballo* is an infectious disease specialist and coordinator of the AIDS unit at the University Hospital of Caracas since 1998. He is also a member of the antiretroviral resistance committee and an advisor on antiretroviral treatment (ART) guidelines in Venezuela. In the midst of the current crisis in Venezuela, these two International AIDS Society (IAS) Members are sharing what's happening on the ground within the country in this special edition of #IASONEVOICE. This is their story ...

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Venezuela is in a serious social, economic and political crisis. Before this situation, Venezuela had been one of the first countries in Latin America to expand our guidelines to provide treatment to all people living with HIV, regardless of CD4 count. Not only was Venezuela one of the first countries to control malaria, but we were also the first country outside of the US to have the insecticide, DDT. In fact, during the Pacific War, malaria killed more US soldiers than the Japanese forces, and it was a Venezuelan epidemiologist specializing in malaria who helped control that outbreak and simultaneously controlled malaria in our own country.

This all started to change in 2013 when inflation skyrocketed in Venezuela, deepening the economic crisis and sparking mass protests. The economy fell further into recession as global oil prices declined over the next few years.

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Today, Venezuela accounts for most of the malaria cases in South America, with three or four cases a week at the University Hospital of Caracas alone. In addition to this, we are experiencing the worst moments of the HIV epidemic in our country. Since 2013, there have been no supplies for drug resistance testing and no reagents for testing CD4 or viral load. The quality of care we provide to people has been deteriorating progressively and we have hundreds of desperate patients.

Prevention measures are no longer in place, with almost



no supply of male or female condoms to distribute, and the ART supply stops every few months for one or two months at a time, which is terrible for patient adherence.

The effects of the crisis on healthcare are being felt beyond HIV. In the biggest hospitals, we don't have X-rays, blood tests or even the minimum requirements to provide adequate attention to people. Laboratories work at minimum capacity, doing only the basic tests, and we are missing numerous drugs, including antibiotics.



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The mechanisms are failing and so we have deficiencies in all aspects of care, but some of the most concerning situations are happening among the country's most vulnerable populations.

Many pregnant women cannot even access HIV testing in a timely manner, resulting in late diagnosis and increasing the risk of transmission during pregnancy or childbirth.

The food crisis is leading to mothers rapidly losing weight and the high cost of living does not allow them to eat three meals a day. We have testimonies from clients who have lost more than 20 kilograms. They mostly eat once a day, but sometimes have nothing; they are starving. Other key populations, such as the indigenous Warao population living in Delta Amacuro, have an HIV prevalence of almost 10%, according to the [latest](#)

[research](#). Some barriers are geographical, as it takes 10 hours of travel by plane, car and boat to reach their location, further limiting their access to treatment. There are also cultural barriers as we don't speak the same language. This makes communication difficult, which is vital for ensuring that they understand the disease and comprehend how the treatment improves their health. In this of this kind of health crisis, these are the groups that suffer the most.

“Please stand with us as IAS Members and speak out about the crisis that is crippling Venezuela.”

Venezuela desperately needs help. Help, which can be translated into money, but it is important to remember that money alone can't solve everything; we need help with technical, logistical and other forms of support. There is no food, no security, no spare parts for cars and no news. It's a perfect storm of things that are working poorly.

As we saw the situation worsen, MUSAS started actions to raise awareness in national and international forums. In 2016, we presented a letter to the IAS at the 21st International AIDS Conference (AIDS 2016), which was signed by 80 Venezuelan organizations to raise awareness about the deteriorating national response to HIV and AIDS in Venezuela and report on the decline of the components of care and prevention.

We need to build on these efforts to urge our government to provide social protection to all people living with HIV who require it, especially providing nutritional supplements and milk formula for mothers who need it. We need our government to guarantee all medical supplies in public hospitals so that people with HIV are treated without any discrimination. We need investments and prioritization of antiretroviral drugs and distribution in the country.

Please stand with us as IAS members and speak out about the crisis that is crippling Venezuela.

GET INVOLVED

Take action and donate to support Venezuela. Acción Solidaria is a non-governmental organization working on the front lines of the HIV response in Venezuela. Founded by IAS Member Feliciano Reyna, they are distributing antiretroviral drugs to people living with HIV. Learn more and donate here: www.accionsolidaria.info



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