

MIGRATION CRISIS IN VENEZUELA: IMPACT ON HIV IN PERU

Rebolledo-Ponietsky K¹, Munayco CV^{1,2}, Mezones-Holguín E^{1,3},

¹School of Medicine, Universidad Peruana de Ciencias Aplicadas -UPC-. Lima, Peru.,

² National Center for Epidemiology Disease Prevention and Control. Ministry of Health. Lima Peru; ³ Epi - Gnosis Solutions, Piura, Peru;

To the editor in chief:

The infection caused by the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a global health problem, especially in low and middle-income countries. The Highly Active Antiretroviral Therapy (HAART) has become an important milestone in the core management of HIV-infection.¹ Furthermore, the massive international migration in the last couple of years, due to humanitarian issues, poses an important challenge with social and economic implications for health systems², also the immigration process has had influence over the HIV-AIDS.^{1,3} In this context, immigrant patients with HIV-AIDS require HAART to maintain their health, so the governments of each recipient countries for humanitarian aid could absorb this high burden of HIV-AIDS patients in their health system, acquiring the economic cost of this unplanned demand.²

The Americas have experienced international migration along its history, although due to the economic and humanitarian crisis in Venezuela, its population begun a massive migration to different countries, where Peru is one of the main receptors.³ Located in the Pacific Coast, Peru has a segmented and fragmented health system with public and private participation in financing and providing health services.⁴ The National Ministry of Health established HAART as a part of a National HIV Strategy to provide free treatment to all its patients. In 2014, the indicators for the continuum care of HIV were evaluated; and it was found that 64% of people where living with an HIV diagnosis, likewise, a 46% HAART coverage and a 36% of virologic suppression were obtained.⁵ It's during this year that the mass immigration of Venezuelans begun, however it was in 2018 that Venezuelan immigrants massified. Between the period of January and August of 2018 549,807 venezuelan immigrants where registered in Peru.

At this time, a significant number of Venezuelan immigrants receive HAART therapy free of charge as a part of the National HIV Strategy. According to the Direction of Prevention and Control of HIV / AIDS, STD and Hepatitis, a total of 720 immigrant HIV/AIDS patients are receiving HAART in 2018 and 75.7% of them live in the metropolitan area of the capital of Perú (Table 1). Also, non-governmental organizations provide HAART treatment to Venezuelans people mainly in Lima.⁵

Immigrants are considered a vulnerable population because they have characteristics that increase the probability of abandoning HAART, being in a state of malnutrition or coinfection with other diseases, late diagnosis and lack of social support.^{2,3} These factors could lead to the development of resistance to treatment, therapeutic failure and, therefore, not achieving viral suppression. It is necessary to incorporate this population into the National HIV Strategy, with evidence-based and cost-effective financial models that support the programs to improve the adherence to HAART.² It is relevant to link

HIV care services with other medical care services to achieve adherence monitoring and comorbidities that affect the outcome of HAART.⁵ Also, it is suggested that primary studies be carried out to assess the incorporation of evidence-based strategies in adherence monitoring of antiretroviral medications.

Conflict of interest: None

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Table 1. Characteristics of Venezuelan patients with HIV who receive HAART.

Patients in regions of Peru		(n=720)
Metropolitan Lima		545 (75.7%)
Northern regions		35 (4.86%)
Southern regions		11 (1.5%)
Regions of the center		129 (17.9%)