

Venezuela's economic crisis hampers HIV/AIDS treatment

Amid an ongoing economic crisis, Venezuela is experiencing shortages of several HIV drugs, including those to prevent mother-to-child transmission of the virus. Joe Parkin Daniels reports.

Venezuela is in economic turmoil. What was once one of Latin America's most powerful economies is now a shell of its former self, with hyperinflation forecast to reach 1600% this year. Years of mismanagement and over-reliance on oil exports mean that Venezuelans must now carry hundreds of bank notes just to buy basic goods.

Set against this backdrop is a crisis in availability of essential goods, with shortages in food, toiletries, and medical supplies vastly reducing the quality of everyday life in the South American country. Caught in the middle of this bleak portrait is the nation's HIV-positive community, who live in constant fear that they might not be able to get hold of their medication from one month to the next.

According to UNAIDS, an estimated 110 000 people in Venezuela were living with HIV in 2015. Many observers in Venezuela state that this number could be much below the reality, with little ground research done to collect data. 63 000 Venezuelans with HIV receive free, state-sponsored antiretroviral therapy (ART).

Because of Venezuela's economic woes, which began in 2009 but accelerated rapidly in 2012, many ARTs

are now unavailable, meaning those who are diagnosed and within the system are not necessarily getting the care they need. StopVIH, a local non-governmental organisation (NGO) providing support for Venezuelans with HIV, claims that 23 different medications used to treat HIV/AIDS have been unavailable at different times since 2009.

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"We are living through an epidemic", said Jhonatan Rodríguez, the director of StopVIH. "There is a shortage in medications and a shortage in diagnostic capabilities and test kits." Rodríguez added that on the day he spoke to *The Lancet*, in late January, he had discovered that there is no longer zidovudine available in the northern state of Carabobo, which is used to prevent mother-to-child transmission of HIV/AIDS. "This isn't to say that adults with HIV aren't critical cases, but the situation is even more delicate as children are doubly vulnerable and should be guaranteed rights and access to health care."

Alongside the shortages in ARTs and test kits, there is also scarcity of substitute breastmilk for children born to HIV-positive mothers. UNAIDS estimate that 59% of Venezuelans had access to treatment in 2015, slightly above the regional average. However, only 43% of pregnant women living with HIV had access to medicines to prevent transmission of HIV to their child, much lower than the regional average of 88%.

Ana Carvajal is a specialist in infectious disease working at the University Hospital of Caracas, which treats around 5000 patients with HIV. Carvajal reports that there are currently national shortages in ARTs atazanavir and combination emtricitabine-rilpivirine-tenofovir, with no indication when they will become available. She adds that the scarcity of substitute breastmilk is increasing the rate of transmission, despite the health ministry's pledge that the product will play an important part in combating the spread of infection. "The prevention programmes at a national level are minimal, so obviously we are seeing an increase in HIV-positive patients." Carvajal also pointed out that Indigenous populations, such as the Warao tribe, are particularly susceptible because of their isolation from health-care centres.

Condoms, although available in pharmacies and supermarkets, are unaffordable to many people because of skyrocketing inflation alongside shrinking wages. This problem is part of a wider public health emergency, with medicines scarce in 76% of surveyed hospitals according to a study by Physicians for Health and the Venezuelan Health Observatory at the Central University of Venezuela in Caracas. The same report found that 81% of the 86 hospitals surveyed reported shortages of medical and surgical materials. Local observers claim that many doctors are leaving Venezuela to find work in other countries, where they receive substantially higher wages and can better administer care.

Desperate measures

These shortages, particularly pronounced outside of Caracas, have led Venezuelans with HIV to desperate



Activists protest about drug shortages in Caracas last year

measures, with many patients needing to think creatively about how to acquire the treatment they need.

Angela Delgado, a 56-year-old shopkeeper, lives in Ocumare del Tuy in the state of Miranda, just south of Caracas, and contracted HIV in 1994. She has been receiving treatment since 1997, but at times over the past few years has found her course of medication difficult to come by. "There are many difficulties in my country, and all of us [with HIV] are going through the same situation", she told *The Lancet*. She works with a local group of female activists with HIV who advocate for better treatment and education nationwide.

Delgado, who takes raltegravir, tenofovir, and combination lopinavir-ritonavir, was unable to get hold of raltegravir last year, rendering the other two drugs useless. Unable to travel easily because of a lack of money, Acción Solidaria, a Caracas-based NGO, was able to bring her medication from the USA as part of a humanitarian mission, which also served other vulnerable patients with HIV. Acción Solidaria, works as part of a network of organisations across Venezuela providing HIV/AIDS education, prevention, and care. It is foundations such as this one and StopVIH that many people rely on in place of the government.

Many patients also travel to neighbouring Colombia to seek treatment and buy ARTs. However, the border is often closed because of rocky diplomatic relations between the two countries, leading desperate Venezuelans to cross illegally, or wait for weeks for the border to reopen.

The Miami Herald reported last December that a public hospital in the Colombian border town of Cúcuta was treating pregnant Venezuelan women who had never before received prenatal care. According to that report, cases of congenital HIV and syphilis, both rare in Colombia, are resurfacing due to the influx of Venezuelans seeking treatment.

Further across Venezuela, in the northern port city of Puerto de la Cruz, Edison Salazar lives in constant fear that his medication might become unavailable. "I live not knowing what's going to happen tomorrow", the 28-year-old told *The Lancet*. "I try to remain calm, because if we don't remain hopeful, we have lost our country."

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Salazar takes combination abacavir-lamivudine-efavirenz daily—treatment that he has not yet had trouble getting—but he also suffers from atopic dermatitis, an opportunistic skin condition often developed by people with HIV. For that he needs to apply clobetasol, a simple cream which he has not been able to find for 3 months.

Salazar, like many people with HIV in Venezuela, believes that sexual education is inadequate. He only discovered he had the infection when he had to have a medical examination as part of a job application. "Venezuelans are too buried in their daily lives", he said. "We wait to feel pain before going to a doctor. We are not educated to think about regular checks."

Inadequate response

Patients and doctors alike complain that the government's response to the epidemic in the face of shortages has been woefully insufficient, with foundations needing to pick up the work they say the health ministry should be doing. "It's outrageous that the government doesn't care about the lives of Venezuelans", said Rodríguez. "It's not fair that we have people crossing the border to buy medicine when we have so much oil here; [the government is] not investing in health."

Exacerbating problems is the reluctance of the Venezuelan

Government to recognise the humanitarian crises caused by the country's economic woes. President Nicolás Maduro is resisting calls for his resignation. Maduro is continuing former President Hugo Chavez's socialist movement—the so-called Bolivarian Revolution—but he is less popular with the public than the late Chavez.

UN assistance to Venezuela has been pledged on the proviso that the government declares a humanitarian crisis, which it is yet to do. "In general, the Venezuelan people have guaranteed access to treat all their illnesses", Luisana Melo, Venezuela's health minister, told the Inter-American Commission on Human Rights in June, 2016.

In May last year, Maduro's administration blocked the passing of a law that would have authorised medical shipments from abroad and facilitated international aid, following an earlier move to deny the opposition's request to enrol the country in a WHO programme to receive subsidised medical supplies.

Feliciano Reyna, the director of Acción Solidaria, argues that the government must open its arms to the international community. "We are currently working with a number of private institutions globally, but it is nowhere near a large enough dynamic to tackle this crisis", he said.

A spokesperson from UNAIDS echoed this sentiment to *The Lancet*. "International organisations must find innovative ways for collaborating with local partners to fill the gap in services", the spokesperson said. "The international community can help broker regional partnerships to help bring down costs of treatment, which are very high in the region compared with countries in Asia and Africa. Regional mechanisms such as the Pan American Health Organization's strategic fund for procurement of ARTs are a step in that direction."

Joe Parkin Daniels