

Drug supply crisis in Venezuela

As inflation is set to hit 1 million percent in the once prosperous nation, many people living with HIV are experiencing disruption in the supply of antiretroviral drugs. Joe Parkin Daniels reports.



"I'm living in fear", said Wilfredo Hernandez, who has lived with HIV on Venezuela's Margarita Island since 1999. "In the last 10 years I've had complications from opportunistic infections like congenital toxoplasmosis to tuberculosis. I've also had malaria and relapsed three times."

Like thousands of his compatriots, Hernandez has been unable to access treatment for years owing to a crisis that began in the nation when oil prices began to tumble 10 years ago. Recently, that crisis has escalated, with medications and food in scarce supply. Hernandez added that he has not taken his prescribed combination antiretroviral therapy (ART) since last year. "All of this is due to a lack of treatment—I didn't have any serious complications until the crisis started."

Venezuela is deeply mired in economic turmoil, and with the International Monetary Fund predicting inflation to reach 1 million percent by the end of the year, this shows little sign of abating. Political freedoms have been severely limited, with human rights groups and many countries refusing to recognise the results of elections held this year, in which incumbent president Nicolás Maduro won by a landslide. A lack of access to high-denomination banknotes means boxes of cash are required to pay for goods as basic as a carton of eggs, while salaries are so low that 1 month's minimum wage barely covers a kilogram of meat. Hospitals are understocked and routine medications are in short supply, if available at all.

In the midst of such a vast economic and humanitarian crisis, people living with HIV/AIDS like Hernandez are particularly hard hit. In 2016, the most recent year from which data are available, there were

120 000 people with HIV in the troubled South American nation, according to data published by UNAIDS. In that same year, the country saw 6500 new HIV infections and 2500 AIDS-related deaths. Since 2010, new HIV infections have increased by 24% while AIDS-related deaths have decreased by 8%. The UN agency estimates that only 61% of those living with HIV were accessing ART, although civil society organisations (CSOs) in Venezuela claim there is little in the way of accurately gauging the depth of the crisis because data are so unreliable.

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"Unfortunately in Venezuela we cannot speak about good news, but only bad news", said Jhonatan Rodríguez, the president of local non-governmental organisation StopHIV. "Access to information is difficult because the Venezuelan Health Ministry does not permit people to have access to public information in the way that we should have." He added that freedom of access to information is guaranteed by Venezuela's constitution, although in reality it does not exist.

"We are facing a crisis that is completely out of control, without diagnostic tests, control tests, without ART, without medicines for opportunistic infections—nor have there been any campaigns aimed at prevention since 2005", Rodríguez went on to say. He, and others from CSOs, say that without access to official data, tackling HIV is challenging.

What makes the current situation so harrowing is that Venezuela was a regional leader in 1999, when

then-President Hugo Chávez began a programme to distribute free medication to some 77 000 people with HIV. And many years ago the Venezuelan Health Ministry rolled out a programme of HIV centres of attention, sites specifically dedicated to the care of people with HIV. Today, although drugs are still free of charge through the Venezuelan Health Ministry, the reality is that they are often unavailable.

Ana Carvajal, an expert in infectious diseases at the University Hospital of Caracas, says that a multitude of antiretrovirals are unavailable at a national level, alongside treatments for opportunistic infections. "I've had to receive patients from other states that have HIV centres of attention due to the shortages of drugs", she said. "With opportunistic infections there's also no treatment, which affects those with HIV and those without." Darunavir, atazanavir, and combined tenofovir and emtricitabine are among the antiretrovirals Carvajal listed as being in shortage at a national level. Zidovudine, which is used to prevent mother-to-child transmission of HIV, has long been infrequently available, and ritonavir-boosted lopinavir, etravirine, efavirenz, and combined rilpivirine, tenofovir, and emtricitabine were also completely unavailable at a national level in June this year.

In the face of such hardship, many Venezuelans are resorting to desperate measures, including fleeing home. Some 870 000 Venezuelans are now in neighbouring Colombia, according to that country's migration authorities, and the numbers are expected to rise as the crisis continues. Meanwhile, between 2014 and today, Venezuelans have made more than 330 000 asylum claims, mostly to Peru and the USA, according to the UN High Commissioner For Refugees.

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For **UNAIDS statistics on HIV in Venezuela** see <http://www.unaids.org/es/regionscountries/countries/venezuela>

For more (in spanish) on **migration from Venezuela to Colombia** see <http://www.migracioncolombia.gov.co/index.php/es/prensa/comunicados/comunicados-2018/julio-2018/7929-mas-de-870-mil-venezolanos-estan-radicalados-en-colombia>

For **UN High Commissioner For Refugees data** see <https://data2.unhcr.org/en/situations/venet>

For the **report on attempts to self medicate** see <https://www.miamiherald.com/news/nation-world/world/americas/venezuela/article215223510.html>



Campaigners and health professionals protest drug shortages in Caracas

Many Venezuelans living with HIV regularly cross into Colombia in search of ART, either to continue treatment there or to bring the drugs back across the border. Rodríguez outlines that such an endeavour carries its own risks. “We’ve heard that some of these people can be extorted, others may have to pay smugglers to get them over”, he said. “Everyone has their own story to tell in that regard.”

Because of the lack of prevention campaigns, which then-President Chavez ceased in 2005, observers worry that people migrating are unaware that they are carrying HIV, greatly increasing the risk of transmitting the infection to others, thus increasing the risk of triggering a regional epidemic. Similarly, Brazil and Colombia have seen increases in cases of malaria along Venezuelan borders, illustrating a wider public health emergency.

Meanwhile, an article in the *Miami Herald* reported that some people with HIV in Venezuela are resorting to home remedies with bay cedar leaves—thought to be rich in tannins and polyphenols—in the hope of preventing HIV from developing into AIDS. Previous and ongoing studies have not found useful clinical effects of polyphenols on HIV.

Adding to the crisis is the government’s refusal to declare a humanitarian emergency, something opposition members claim is tantamount to a denial from President Maduro of the reality citizens face. In 2016, when the crisis began making regular headlines, Luisana Melo, the Venezuelan health minister, told the Inter-American Commission on Human Rights that “in general, the Venezuelan people have guaranteed access to treat all their illnesses”.

As a result, little humanitarian aid can enter the country, meaning CSOs are relying on donations of ART to distribute in Venezuela. “We cannot alone fix the crisis of a collapsed health system”, said Jesús Aguais, the director of Aid For AIDS, a non-governmental organisation (NGO) based in New York, USA. “But what we can do is save as many lives as possible.” Aguais added that the vast majority of donations that Aid For AIDS have received has come from private donors, before characterising the situation in Venezuela as “the worst HIV/AIDS crisis in over a decade.” Many individuals also communicate via social media which medications they have a surplus of, so that those in need can get in touch. “The greatest

asset an NGO in our field has is the network of people living with HIV in Venezuela”, Aguais said.

Some steps have been taken by the international community in relation to the crisis, with a recent mission carried out between UNAIDS and WHO in Venezuela to develop strategies that address outbreaks in HIV/AIDS, malaria, and tuberculosis. The findings of that mission have yet to be announced, although observers believe it is a step in the right direction given that it involved the usually hermetic government sending its representatives to meetings. Some international organisations, like UNAIDS, have been permitted to operate in Venezuela on a “cooperation” remit, rather than under the banner of humanitarian assistance.

Similarly, in July this year the UN Population Fund announced that it would be donating 10 million condoms to Venezuela to limit transmission of HIV and other infections, and to curb unplanned pregnancy. Condoms, like many other necessities, have become prohibitively expensive in Venezuela because of inflation. That delivery, which will be made to Venezuela’s public health ministry, will be monitored by CSOs to guarantee that the condoms do not fall into the country’s lucrative black market where they command high price-tags.

Meanwhile, for Wilfredo Hernandez, who has been unable to receive any treatment in 2018, every day is another risking a relapse of malaria or tuberculosis. “There’s a constant fear, whether it is relapsing in some illness or a lack of certain medicines, even food shortages”, he said. With the Government of Venezuela looking more entrenched than ever—thanks to strategic alliances with military brass and populist swagger—and little relief in sight, it is small-scale CSOs that are providing a lifeline to Hernandez and thousands of his fellow Venezuelans with HIV/AIDS a lifeline. The question is how long can it last?

Joe Parkin Daniels