



Response to HIV and TB in the Framework of the Migration Phenomenon in the Andean Region Countries Prioritized by the Global Fund to Fight AIDS, Tuberculosis and Malaria



A Case Study: Response to HIV and TB in the Framework of the Migration Phenomenon in the Andean Region Countries Prioritized by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It is a document prepared jointly by the Latin America and the Caribbean Regional Platform (Platform LAC). Community, Rights and Gender Strategic Initiative Global Fund to Fight AIDS, Tuberculosis and Malaria in collaboration with the International Council of AIDS Service Organizations (ICASO)

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1. Introduction

In recent years, Latin American and the Caribbean (LAC) countries have faced a humanitarian crisis and a high-impact exodus that is unprecedented in the history of the region. As of November 2021, over 6,04 million refugees and migrants from Venezuela have been forced to leave their country. It is estimated that close to 5 million of these emigrants live in the Latin American and the Caribbean region ¹.

Constant and deep political, economic, and social crisis in Venezuela have been associated with hyperinflation, an increase in poverty, and re-emergence of illnesses once thought to have been eradicated, among other issues. In this crisis scenario, the Venezuelan health care system has collapsed. This has led to disruptions in the supply of antiretroviral drugs (ARVs) for the treatment of HIV. The country has experienced multiple shortages of medication since 2010 that have been widely documented by civil society organizations, and in 2017 the government suspended the purchase of these drugs. According to UNAIDS data, at least 8,000 Venezuelan people living with HIV had to leave the country in order to continue their treatment ²; These figures are likely to rise, as they represent only the 14% of the 56,038 people on antiretroviral therapy (ART) in Venezuela ³.

¹ R4V Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela. "Regional Refugee and Migrant Response Plan, January – December, 2021".

² Santiesteban A (2019). "Rapid Diagnostic Tests, the Situation of Venezuelan Migrants with HIV in Peru. (Diagnóstico rápido, situación de los migrantes venezolanos con VIH en el Perú)". UNAIDS, Sidavida.

³ Country data as of December 2020.



Since its appearance in 2020, the current COVID-19 pandemic in Latin America and the Caribbean has aggravated even more the extreme living conditions of Venezuelan migrants, especially in the Andean countries (Colombia, Ecuador and Peru). In addition to the serious health risks that mobile populations are exposed to –such as HIV, tuberculosis, and malaria–, the pandemic has caused widespread economic disruption and it has exacerbated problems regarding healthcare and protection.

During the long journeys migrant people undertake, they face a number of difficulties, such as barriers that impede access of refugee and migrant people to essential health services. More often than not connected to an irregular migratory status, these barriers frequently exclude migrants from universal health coverage. Migrants also have difficulty accessing prevention services, diagnosis and treatment for HIV and TB, sexual and reproductive health, as well as other health services for conditions that require specialized care.

Among the refugees and migrants from Venezuela, there are vulnerable groups formed by children and teenagers, pregnant women, older adults, persons with diverse sexual orientation and gender identities, indigenous peoples, Afrodescendants, and people with special needs. All of them need a systematic and appropriate access to health services, including emergency obstetric care, newborn care, safe childbirth, emergency care, care for gender-based violence (GBV) survivors, and psychosocial care.

The COVID-19 pandemic along with the measures adopted by some governments in Latin America and the Caribbean have brought economic activity to a halt, which in turn has led to a reduction in healthcare services. This has affected access to basic public health programs, such as vaccination, TB and/or HIV/AIDS treatment, sexual and reproductive health (SRH) services, among others. A survey conducted by UNAIDS in 2020 found that 61% of Venezuelans migrants living with HIV did not know any organization or institution where they could find information or assistance; and 69% did not know where to go in case of emergency, including HIV-related violence and discrimination⁴.

⁴ UNAIDS LAC. “Results of the survey on community demand for PLHIV in the context of the COVID-19 pandemic, April 2020”. Retrieved from: <http://onusidalac.org/1/images/resultados-cuestionario-new.pdf>

Given the scale of the Venezuelan migration phenomenon and its impact in Latin America and the Caribbean, governments, international cooperation agencies, and civil society organizations (CSOs) have taken action to address public health issues, among other basic needs.

In this context, the LAC platform and the Community, Rights and Gender Strategic Initiative (CRG SI) are interested in understanding the response in Latin America and the Caribbean to this social and health phenomenon. In order to generate action-oriented recommendations, an emphasis has been placed on the involved key actors and their diversity of perspectives. For this reason, this case study intends to characterize the response to the Venezuelan migrant phenomenon in Colombia, Ecuador, and Peru—the countries in the Andean region that have a higher number of Venezuelan migrants, and are eligible for Global Fund (GF) support.



2. Objectives

General

This study intends to characterize responses to HIV- and TB-related issues given by governments, civil society organizations (CSOs) and communities, cooperation agencies, and key actors involved in the implementation of the Global Fund grants in Colombia, Ecuador and Peru, in the context of the Venezuelan migrant phenomenon..

Specific

1. Identifying responses to the HIV- and TB-related needs of Venezuelan migrants given by governments, civil society organizations (CSOs) and communities, cooperation agencies, and key actors involved in the implementation of the Global Fund grants in Colombia, Ecuador and Peru.
2. Understanding the responses given and the technical assistance needed by the CSOs and the communities working with Venezuelan migrants and HIV/TB-related issues in Colombia, Ecuador and Peru.
3. Describing the approach in the response to the Venezuelan migration phenomenon by the Global Fund and other international cooperation agencies in Colombia, Ecuador, and Peru.
4. Identifying the gaps in the response to HIV and TB in the context of the Venezuelan diaspora in Colombia, Ecuador, and Peru.

3. Methodology

The present study employed a case study research methodology. Both primary sources (involved actors) and secondary sources (documentary review) were consulted. A semistructured interview and a matrix to systematize information were the specific tools designed to collect information.

In December 2021, 10 interviews were conducted with people from different response sectors in the three countries studied: civil society organizations and communities, the United Nations system, the Global Fund, international cooperation agencies, Country Coordinating Mechanism (CCM), and government health authorities). Participants were informed about the objectives and methodology of the study, and verbal consent was requested to record the interviews. Regarding secondary sources, 30 documents related to the response to the migration phenomenon in the countries analyzed as well as in the Latin American and Caribbean region were reviewed.



4. Results

The Venezuelan migration phenomenon keeps increasing. As of November 2021, it was estimated that more than 6 millions of Venezuelans had left their country. Among those, almost 5 millions (82,6%)⁵.

In 2020, the countries in the region adopted a number of measures in an attempt to stop the COVID-19 pandemic. Border closures and travel restrictions limited considerably the regular flow of Venezuelan refugees and migrants. As a result, an increase of irregular circulation was observed during 2021. This, in turn, required reinforcing the response of the region's key actors to the protection, humanitarian assistance and integration needs of Venezuelan migrants⁶.

En 2021, los refugiados y migrantes de Venezuela se han vuelto aún más vulnerables, entre otros factores por la pérdida del -ya limitado- apoyo social y económico que les permitía cubrir sus necesidades básicas, especialmente en áreas vitales como alojamiento, alimentación, protección y atención en salud; el grave impacto de la pandemia en la situación actual ha hecho que algunos se planteen regresar a su país de origen.

As of 2021, Venezuelan refugees and migrants have become even more vulnerable. Factors such as the loss of the (already limited) social and economic support that enabled them to meet their basic needs –i.e., shelter, food, protection, and healthcare–, and the severe impact the pandemic had on the current situation, have led some migrants to contemplate returning to their country of origin. The rise of migration flow from Venezuela continues to affect mainly countries such as Colombia, Ecuador, Peru, Chile, and Brazil, nations where the presence of migrants in the territory was already high. As of November 2021, 1,84 million migrants in Colombia, 1,29 million in Peru, and over half million in Ecuador were reported⁷. These figures are likely to be higher if we take into consideration entrance through irregular routes.

⁵ R4V Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela. "Refugees and Migrants from Venezuela in the Region". November, 2021. Available at: <https://www.r4v.info/en/refugeeandmigrants>

⁶ R4V Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela. "Refugees and Migrants from Venezuela in the Region. Explanatory Note on the update of Venezuelan Refugees and Migrants Figures in November – November 2021 (Refugiados y migrantes venezolanos en la región. Nota explicativa de la actualización de las cifras de refugiados y migrantes venezolanos de Noviembre - Noviembre 2021)". November, 2021. Available at: <https://www.r4v.info/es/document/nota-explicativa-de-la-actualizacion-de-las-cifras-de-refugiados-y-migrantes-venezolanos-O>

⁷ R4V Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela. "Refugees and Migrants from Venezuela in the Region". November, 2021. Available at: <https://www.r4v.info/en/refugeeandmigrants>

4.1 International and regional guidelines and initiatives to address the migration phenomenon

New York Declaration for Refugees and Migrants ⁸ : In the General Assembly in 2016, the United Nations (UN) made commitments to improve the protection of refugees and migrants; the importance of the international protection regime for refugees was restated and Member States pledged to reinforce and improve protection mechanisms for displaced persons. The foundations for the adoption of two global compacts were laid in 2018: *the Global Refugee Compact, and the Global Compact for an Orderly, Safe and Regular Migration*.

Global Compact for an Orderly, Safe and Regular Migration ⁹ : The UN General Assembly aimed to establish a series of principles, commitments and understandings on international migration, improve its coordination, and provide a framework for a broad international cooperation regarding migrants.

Quito Declaration on Human Mobility and Venezuelan Citizens in the Region ¹⁰ : In 2018, representatives from 13 countries in the region met in Quito. The main purpose of that meeting was to exchange information on the situation in each country and articulate a regional strategy to address the crisis of Venezuelan refugees and migrants.

The representatives signed a manifesto of will, which was not mandatory for nations, but urged countries to reinforce reception policies for Venezuelan migrants; coordinate efforts through international organizations; fight discrimination, intolerance and xenophobia; reinforcing regulations to promote and respect the rights of migrants; reinforcing the role of the Andean Community of Nations (CAN) and the Southern Common Market (MERCOSUR) to address the flow of Venezuelan nationals in a comprehensive and coordinated manner. The meeting also issued a call to the Venezuelan government to accept the cooperation of the region's governments.

⁸ United Nations (UN) General Assembly. New York Declaration for Refugees and Migrants, 2016. Available at: https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_71_1.pdf

⁹ United Nations (UN) General Assembly. Global Compact for an Orderly, Safe and Regular Migration. Available at: https://refugeesmigrants.un.org/sites/default/files/180711_final_draft_0.pdf

¹⁰ Quito Declaration on Human Mobility and Venezuelan Citizens in the Region - 4 September 2018. Available at: <https://data2.unhcr.org/en/documents/details/68099>

This initiative resulted in the creation of a working group whose priority is to deepen the mechanisms to serve Venezuelan refugees and migrants, as well as to seek ways to reinforce international financial cooperation and also to generate institutional articulation among member countries. This is currently known as the Quito Process¹¹.

R4V Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela ¹²: In April 2018, the UN Secretary-General provided direction for the International Organisation for Migration (IOM) and United Nations High Commissioner for Refugees (UNHCR) to lead and coordinate the regional response to the situation of refugees and migrants from Venezuela seeking access to basic rights and services, protection, as well as self-reliance and socio-economic integration. Further to this direction, the Regional Inter-Agency Coordination Platform was established as a forum to coordinate the response efforts across 17 countries of Latin America and the Caribbean, as well as 192 national and international organizations (UN agencies, NGOs, Red Cross and other parties), with a particular focus on achieving coherency and consistency throughout the response.

At national and sub-regional levels, the R4V Regional Platform is complemented by local coordination mechanisms. Dedicated National and Sub-regional Platforms, working in close coordination with host governments are charged with the operational coordination and implementation of the regional Refugee and Migrant Response Plan 2022 (RMRP). Such coordination platforms are in place in Brazil, Chile, Colombia, Ecuador and Peru - at national levels - and in the Caribbean, Central America & Mexico and Southern Cone - at sub-regional levels. Their configuration is based on each situational context and the operational capacities of governments and RMRP partners, taking into account existing coordination structures.

It has an intergovernmental forum constituted by Argentina, Chile, Uruguay, Paraguay, Brazil, Ecuador, Peru, Colombia, Panama, Guyana, Mexico, Costa Rica and the Dominican Republic; and it is supported by Germany, Canada, Spain, the United States, France, Italy, Netherlands, United Kingdom and Switzerland, the European Union and the Inter-American Development Bank (IDB). It is structured around 10 thematic working groups (WG), including groups on COVID-19 and HIV, among others.

¹¹ Quito Process. Available at: <https://www.procesodequito.org/en/what-we-do>

¹² R4V. Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela R4V. Regional Refugee and Migrant Response Plan (RMRP 2022). Available at: <https://rmrp.r4v.info>

Coalition Plus¹³, is a network of community-level NGOs working on the AIDS and viral hepatitis response. It is formed by seven organizations from the Americas and the Caribbean: Bolivia, Guatemala, Canada, Ecuador, Colombia, Argentina and three countries from the Caribbean have coordinated actions to address the Venezuelan migration, with access and referencing to services in the transit and arrival countries, as well as the exchange of experiences in support of migrants.

Despite the regional coordination efforts to address HIV in the context of Venezuelan migration in the region, according to the respondents, it has been difficult to sustain a common approach. This holds true even in the countries that concentrate more than half of the Venezuelan migrant flow. The mobilization of national and international resources as well as the capacity development of local organisations are necessary.

¹³ Coalition Plus Internationale. Plateforme Amériques – Caraïbes (PFAC). Available at: <http://www.coalitionplus.org/notre-reseau/plateformes-geographiques/plateforme-ameriques-caraibes/>



4.2 National Responses in Colombia, Ecuador and Peru

The magnitude and nature of the Venezuelan migration phenomenon pose various challenges to the host countries, especially to their healthcare systems, as they need to provide care to an ever-growing population. The countries in the region have addressed this situation according to their capabilities, using or adjusting their regulatory frameworks as described below. Considered here are the most relevant cases related to the current responses in Colombia, Ecuador and Peru.

In Colombia, the **Temporary Protection Statute to Venezuelan Migrants**¹⁴ is a complementary mechanism to the international refugee protection regime, which allowed filling in the existing gaps based on the migratory reality and the country's response capacity on institutional, economic, and social matters. Issued in 2021 is the country response to their commitment to define mechanisms of migratory flexibility, this measure will allow Venezuelan migrant population to contribute to the country's economy, through the regularization of their migratory situation.

The objective of this statute is to enable the transit of Venezuelan migrants in the country, granting a temporary protection regime in the ordinary immigration regime, i.e. the regularization of 1.8 million migrants. Those who benefit from the measure will have a 10-year period to acquire a resident visa. This mechanism seeks to protect migrant population who are in an irregular and highly vulnerable situation, and discourages irregular migration once the statute is enforceable (January 2021).

According to the respondents, this regulatory measure is the only instrument available to gain effective access to the healthcare system and to guarantee certain other rights. Once migrants have been affiliated to the healthcare system, they will be able to access prevention, diagnostic, treatment and care services for HIV and TB, among others. This will also enable access to education, labour, and social protection services. Respondents claimed that, even though this process represents a great advance in the recognition of the Venezuelan migrant rights, it poses a series of challenges regarding its implementation.

¹⁴ Government of Colombia. "Basic Points of the Temporary Protection Statute to Venezuelan Migrants, 2021. (Abecé del Estatuto temporal de protección para migrantes venezolanos, 2021)" Available at: https://www.cancilleria.gov.co/sites/default/files/FOTOS2020/ok._esp-_abc_esta-tuto_al_migrante_venezolano-_05mar-2021.pdf

Among the actions taken by the National Government, we can mention the Constitutional Court ruling in **sentence T074 from 2019**¹⁵, According to this document, irregular migrants in Colombia can access initial health emergency treatment: *“All foreigners, whether their status has been regularized or not, have the right to basic emergency treatment, being unlawful to impose barriers to its access.”*. We can also mention the signing of international cooperation agreements, through the Agency for Cooperation APC-Colombia, aimed to address migrant needs with a humanitarian oriented approach, until the Temporary Protection Status reaches full operability.

On the other hand, the **Political Constitution of Ecuador**¹⁶ establishes that *“Foreigners shall have the same rights as those of Ecuadorians, with the limitations established by the Constitution and the law” (Art. 13)*, Migrants are included in the ‘foreigner’ category. The Constitution also specifies that *“public health programs and actions shall be free for everyone. Public healthcare services shall be so for those in need”*. This enables foreigners and migrants to access their right to health on the basis of equality of treatment with nationals. This right includes universal coverage for people living with HIV and treatment for TB.

Furthermore, this mandate has made possible, among other actions, the enhancement of migrants health care in border areas, and it has led to agreements with neighboring countries to improve healthcare for nationals and migrants in transit¹⁷⁻¹⁸. Some joint actions between the State, CSOs, and international cooperation agencies intended to identify and address Venezuelan migrant needs were also mentioned.

¹⁵ Constitutional Court of Colombia. Sentence T04/19.

¹⁶ National Constituent Assembly. Political Constitution of Ecuador, 2008.

¹⁷ Ministry of Health and Social Protection – Colombia. “Colombia and Ecuador Define Actions to Improve Health on the Border (Colombia y Ecuador definen acciones para mejorar la salud en la frontera)”. February, 2019. Press Release 029 of 2019. Available at: <https://www.minsalud.gov.co/Paginas/Colombia-y-Ecuador-definen-acciones-para-mejorar-la-salud-en-la-frontera.aspx>

¹⁸ Ministry of Public Health of Ecuador. “Ecuadorian and Peruvian Health Ministers: Health Services Have No Borders. (Ministros de salud de Ecuador y Perú: Los servicios de salud no tienen fronteras)” Available at: <https://www.salud.gob.ec/ministros-de-salud-de-ecuador-y-peru-los-servicios-de-salud-no-tienen-fronteras/>

However, participants in the survey mentioned that both nationals and foreigners face some access barriers to health services. Among those, they listed a number of weaknesses in the response that are being addressed by an increased funding and an updating of the national strategic plans with actions for the handling of migrants. In this regard, the work of some CSOs has been fundamental in the guidance, accompaniment and support to migrants in order to improve the access to health services for HIV and TB.

In the case of Peru, the State recognizes that foreigners, including migrants, are entitled to enjoy fundamental rights as stated in the **Political Constitution of Peru, and other national regulations**, such as access to healthcare, education, and labour on the basis of equality of treatment with nationals, except for the limitations and prohibitions established by the current laws.

According to the respondents, the recognition of these rights requires a regularization process for the identification of migrants. Once regularized, migrants would be able to access healthcare services through their affiliation to the Universal Health Insurance (SIS). Nevertheless, as is the case in other countries, there are barriers regarding the aforementioned regularization process, as well as the access to health services, and particularly, to HIV treatment.



4.3 The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF)

Founded in 2002, the Global Fund is an international association whose mission is to put an end to the AIDS, tuberculosis and malaria pandemics. It mobilizes and invests more than US\$4 billion a year to finance grants in more than 100 countries around the world. Its funding model includes partnerships with governments, civil society, technical agencies, the private sector, and people affected by the diseases.

The Global Fund claims that AIDS, TB and malaria are all preventable and treatable: solving this problem requires the commitment not only of world leaders and decision-makers but also of those working on the ground to help the men, women and children living with these diseases. Although only 2% of the GF's worldwide investment is allocated to the LAC region, this has been a significant aid to the governments of the region.



The Global Fund in Colombia

Colombia is a country eligible for funding for HIV. In 2021, they initiated the drafting of a funding request in window 7 of the allocation cycle 2020 – 2022, which is estimated to be implemented between November 2022 and December 2025. The Country Coordinating Mechanism (CCM) together with the Global Fund country team conducted an analysis on the needs of the 2019-2022 grant. They decided to include a component of HIV response for the irregular Venezuelan migrant population in Colombia, through actions aimed to provide access to HIV prevention and care services, until their status regularization is completed, and a formal access to health system is obtained through the Temporary Protection Status to Venezuelan Migrants. In this light, there was a national dialogue on Venezuelan migrants, in which State institutions, international cooperation agencies, CSOs, among other response key actors, participated and provided general guidelines on what should be included in the funding request.

During these procedures, various postures from the CCM members who represent key populations were identified: some of them support these affirmative actions, as they know how migrants face high vulnerability; others claim that there are still gaps in the national response to Colombian key populations, so migrants should not be made a priority; a third group considers this as an opportunity to provide services both to migrant and to national vulnerable populations.

Venezuelan migrants were included as beneficiary population in the grant implemented between November 2019 and December 2022 and includes prevention and screening actions. The Principal Recipient (PR) and organizations that offer treatment and care services, such as *Aids Healthcare Foundation (AHF)* y *Aid For Aids (AFA)*, reached agreements to address identified HIV cases.



The Global Fund in Peru

Peru is eligible for funding for HIV and TB. For the allocation cycle 2020 – 2022, the country submitted their funding request in window 6, which is estimated to be implemented between July 2022 and December 2025. The Technical Review Panel (TRP) issued recommendations to the country regarding their request in window 6, for instance, addressing the issue of Venezuelan migrants by conducting an analysis on the regulatory barriers that impede migrants from having access to health services. Respondents also considered the resources allocated by the Global Fund to be insufficient as the migration phenomenon increases. For this reason, investments from the national government and the international cooperation partner countries will prove to be fundamental.

The grant ending in June 2022 included HIV prevention and testing actions for Venezuelan migrants; an auto-testing pilot program that would also benefit them is currently being drafted. TB is also included in the program of treatment adherence and community-led monitoring. Among the resources financed by the Global Fund for the **COVID-19 Response Mechanism 2021 (C19RM 2021)** emergency bonuses, and active search of TB cases, were included among other activities directed to the migrant population.



The Global Fund in Ecuador

In 2021, Ecuador was also in the process of drafting a funding request for HIV in window 7 of the allocation cycle 2020 – 2022. Respondents mentioned that there were some debates within the CCM. During the social dialogues regarding the **C19RM 2021** request, leaders of the key populations raised the issue of the high vulnerability faced by the migrant population, especially by groups of sex workers; no agreement could be reached, nevertheless. Limited resources allocated to the country and the instability of officials in the Health Ministry were identified as the main difficulties.

Regarding the current grant, some leaders had a debate within the CCM and the project Sub-Recipients (SR). They argued that the migrant population should be included in prevention and screening activities; this has not been possible, nevertheless. As a result of the national dialogues, it is expected that the issue of mobile populations will be included in the granting request, and that a strategy will be defined with an cross-cutting incorporation of migrants into the country's priority populations. According to the respondents, it is highly probable that the TRP would request information on how the country intends to respond to the HIV-related needs of Venezuelan migrants, in the event that they are not included in the document.

4.4 Response of Civil Society Organizations (CSOs)

In Colombia, services related to **promoting Human Rights (HR) of the migrant population**, stand out, especially those aimed to migrants in an irregular situation. Among these services we can mention, for instance, **counseling for regularization of their migratory statue, asylum requests, and political advocacy actions** that impact this regularization process. This is the only way to access the country's health system.

Historically, prevention actions among key populations have been one of the great contributions of CSOs to the response to HIV. This has been no exception in the case of migrants. Many organizations are carrying out **combination prevention** actions through the delivery of **prevention packages** (with information, condoms and lubricants), **screening and diagnostic tests for HIV and other STIs**, and even pre-exposure prophylaxis (**PrEP**) in Ecuador. Their actions have been supported mainly by international cooperation agencies and, in some cases, by national or local authorities.

Few organizations offer **HIV care** services, despite the fact that they are covered by the health system of Ecuador and Peru. In the case of Colombia, there are two international NGOs working on HIV care for Venezuelan migrants: AHF and AFA, their activities include distributing prevention packages, diagnostic tests, **clinical examinations for ART initiation, distribution of ARV drugs and medication for other sexually transmitted diseases (STDs), as well as face-to-face and remote consultations**. These organizations work in collaboration with other community-based organizations who refer HIV-positive migrants to them. In Peru, AHF and AFA have also been working jointly with national health services in prevention, diagnosis and clinical testing for Venezuelan migrants. Both in Peru and in Colombia these two organizations have received support for 2021 and 2022 from the US President's Emergency Plan for AIDS Relief (PEPFAR), through the Centers for Disease Control (CDC) and Columbia University.

The work of national CSOs in the area of health care issues is mainly oriented towards accompaniment for access to health services. In Ecuador, these activities include accompaniment for **regularization and affiliation to the health or social security systems**, as well as significant educational interventions. In the case of Colombia, given the great number of barriers surrounding the processes, these actions constitute essential bridges between irregular migrants and the organizations that offer care services. Other services offered by CSOs in all three countries include **psychosocial care and humanitarian assistance** (cash for rent, hygiene packages, food provisions, and clothing and footwear for walking migrants).

An important strategy that has gained momentum is the coordination of CSOs both at a national and regional level, which has enabled monitoring and taking care of migrants in transit. From Venezuela to Chile and Argentina, networks of contacts have been established with CSOs, as well as **networks of people living with HIV (PLHIV) and community-based organizations (CBO)**, who coordinate the departure and arrival of migrants in need of care, through WhatsApp, email, and phone calls. Among the most noteworthy, we can mention ACCSI from Venezuela, an ally who carries out significant pre-migration preparatory activities and provides contact details of CSOs in the host countries. Listed below are the CSOs and national networks that respondents mentioned.



Organization	Country / City
Acción Ciudadana contra el Sida, ACCSI	Venezuela - Caracas
Red Somos	Colombia – Bogotá y Barranquilla
Aids Healthcare Foundation, AHF	Colombia - several cities
Aid for Aids, AFA	Colombia – several cities
Senderos	Colombia - Cali
Kimirina	Ecuador – several cities
Ligasida	Colombia – several cities
Diálogo Diverso	Ecuador - Quito
Equidad	Ecuador - Quito
Red de Mujeres positivas	Peru – Lima
Aids Healthcare Foundation, AHF	Peru – Lima
Aid for Aids, AFA	Peru – Lima
Red peruana de PVVs	Peru – Lima
Si da Vida	Peru – Lima
Prosa	Peru – Lima
Red bonaerense de PVVS	Argentina – Buenos Aires
RENPO	Chile - several cities
ASEPO	Uruguay - Montevideo
Red uruguaya de PVVs	Uruguay - Montevideo
Red brasileña de PVVs	Brasil – several cities
GESTOS	Brasil - Recife
Red mexicana de PVVs	Mexico – Mexico City

It is important to note that the organizations and networks listed above are only those that participant mentioned during the interviews. There may have been some organizations omitted due to lack of knowledge.

Finally, it is important to highlight the CSOs contribution to research processes, as part of their responses to the migration phenomenon. Such is the case of ‘Red Somos’ in Colombia, an organization that, thanks to the support of John Hopkins University and CDC funding, has been developing a **biobehavioral study of HIV with Venezuelan migrants**, which is expected to be an important tool for decision making. On the other hand, we can also mention AFA Colombia, an organization that is conducting a study on **sex as a survival strategy among Venezuelan migrants**.

4.5 Response of international cooperation organizations

This section describes the main responses of international cooperation on HIV and TB issues, different from those provided by the GF in the three countries analyzed. Multilateral and bilateral international cooperation have interest and make a priority of the migration phenomenon in those countries. Among them, the United Nations system stands out, with the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) leading processes mainly through the R4V regional inter-institutional coordination platform, and with the support of the other agencies in the system.

Colombia

IOM's leadership stands out in the implementation of its **health and migration program**. It operates in coordination with the country's health system, which in turn organizes a significant number of healthcare professionals through nine territorial offices, and 17 community health networks in different regions across the country. The program provides technical support for the review of health-related displacements in the Displacement Tracking Matrix (DTM) and it has held the Technical Secretariat of the Colombian CCM since 2014.

As mentioned above, IOM works in coordination with the Ministry of Health and Social Protection (MSPS), the National Institute of Health, departmental and municipal Health Secretariats, 70 public hospitals in 44 municipalities and 20 departments, 20 specialized executing partners that provide comprehensive HIV care and sexual and reproductive health (SRH) services, as well as NGOs dedicated to healthcare and CBOs. Between October 2018 and September 2021, 320,756 people (374 of which were migrants with HIV) have received 730,239 health services, in areas including **sexual and reproductive health, maternal health, comprehensive HIV care**, mental health, psychosocial support, and COVID-19 vaccination.

UNHCR has two lines of work in HIV. The first aims to guarantee insurance within the health system; in order to do so, it works in 10 different departments, providing accompaniment for regularization and direct affiliation of migrants into the healthcare system to guarantee its sustainability. In this line of work, HIV and TB care, among other health issues, are included. The other line of work is the provision of services through implementing partners, financing access to diagnosis, viral load and CD4 count, contraception and treatment of other STIs for those people who do not have access.

Ecuador

IOM has a permanent presence in nine regions throughout the country, including border entry points. It works with a unit dedicated to migrant health, composed of experts in health and migration, psychosocial support, sexual and reproductive health, and economic and social integration. It collaborates with the Ministry of Public Health, the Technical Committee for Epidemiological Surveillance on the Northern Border, the Secretariat for Human Rights and Diversities, the United Nations Population Fund (UNFPA) and NGOs (Kimirina, Diálogo Diverso, Ecuadorian Red Cross, Lunita Lunera Foundation, ADRA, CEDHU, Ríos and Fundación Equidad).

An average of 44,042 people receive care every month, and 8,984 of them receive health services. More than 10,000 LGBTIQ+ migrants and host communities have received orientation, information, legal, psychological and medical assistance services from the IOM and Diálogo Diverso through their strategy called “my home away from home” (“mi hogar lejos de mi hogar”). Together with Diálogo Diverso and Kimirina, they have administered **2,500 rapid HIV tests**, aided in the renovation of 15 Ministry of Health units for the care of victims of sexual violence, and prepared HIV prevention packages. In 2021, they took part in **14 studies** and diagnostic processes, together with universities, UN agencies and public institutions. They also provide technical support in the development of the Displacement Tracking Matrix (DTM).



Peru

IOM has aided the Peruvian State in their response to the migration phenomenon. They provide food assistance strategies, promote access to health, education, shelter, water and sanitation services, and facilitate access to livelihoods and work opportunities for refugees and migrants. They offer information to migrants through the Blue Planet (Planeta Azul) communication strategy, and support capacity building of officials on issues of protection, prevention of human trafficking, regularization and Human Rights. They work in partnership with the national government, local governments and CSOs, and lead a biobehavioral study of HIV among migrant populations at the national level.

With the purpose of complementing the efforts of the Peruvian government, UNHCR has opened offices in Lima, along the borders of Tumbes and Tacna, as well as in cities with a high concentration of Venezuelans such as Cusco and Arequipa. Their close collaboration with the government, civil society, religious entities and other UN agencies, is characterized by a community-based approach to protection, and promoting the participation of society in decision-making.

The most important lines of work with Venezuelan migrants are humanitarian assistance, protection -including prevention of sexual violence-, healthcare actions, community empowerment and socio-economic and cultural inclusion.

Meanwhile, CDC receives PEPFAR funds, and technical support from the International Center for AIDS Care and Treatment Program (ICAP) at Columbia University¹⁹. AFA collaborates with them in the role of local implementers. Since 2021, they have been bolstering the response of the Colombian and Peruvian Ministries of Health to HIV among Venezuelan migrants. Their actions encompass diagnosis and comprehensive care, including ARV drugs in the case of Colombia.

¹⁹ ICAP at Columbia University. Work Plan for the Project to Support the Health Ministries in Peru and Colombia in Their Response to Venezuelan Migrants with HIV, 2021.

4.6 Gaps in the response and solution alternatives

Although there are a number of actors responding to HIV and TB specifically in relation to the migratory phenomenon, a series of gaps have been identified. These must be addressed in order to give a more effective response to migrants, and a full guarantee of rights.

Gaps	Solution alternatives
Lack of understanding of the migratory phenomenon	More research is needed to understand the dynamics of migration and offer more effective, evidence-based responses. This, in turn, will make possible to characterize migrants depending on whether they intend to remain in the host country, whether they are in transit, or whether they are pendular migrants. It is also important to develop a better understanding of the dynamics of sex as a survival strategy, the high vulnerability experienced by migrants, and the effects of gender-based violence (GBV) and human trafficking. Finally, an insight into the actual quality of the service's migrants receive in each country is also required. This knowledge can also become a tool for political advocacy.
Migrants are not a priority in political agendas	Lobbying and political incidence actions are required to position the issue of migration firmly in decision-making spaces and among decision-makers. It is also essential to make the urgency of this phenomenon visible, as well as highlighting the vulnerability of migrants and their potential impact in host communities, with a Human Rights perspective. Regulatory adjustments are needed to facilitate access to regularization and health services in the countries analyzed. A coordinated response of the different actors at the national and regional levels should also be prioritized. Finally, since resources from the GF are limited, greater investments from the State and other donors should also be considered.

Gaps	Solution alternatives
<p>Limited prevention activities</p>	<p>Reinforce migrants focus prevention initiatives. Current responses focus mainly on diagnosis and treatment, whereas prevention actions are scarce (with the exceptions of some actions undertaken by UNHCR, AHF, AFA and Columbia University's ICAP in Colombia and Peru).</p> <p>According to the respondents, prevention actions should be more comprehensive: they should address issues such as GBV, sex as a survival strategy, other STDs, SRH, use of psychoactive substances, and the need for mental health and social protections, among other priorities.</p> <p>Investments in social enterprises that promote economic independence and the development of projects by migrants to improve their quality of life, are other elements related to prevention, promotion and care which in turn would improve access to health services.</p>
<p>Limited access to diagnosis</p>	<p>The work of various organizations has improved access to diagnostic services. However, these actions need to be increased as migrants are highly vulnerable, knowledge of positivity rate among them is fairly low, and timely initiation of HIV treatment is of the utmost importance</p>
<p>Management of comorbidities of PLHIV</p>	<p>Guarantee access to comprehensive health services, since in the cases of Peru and Ecuador, the health system guarantees ARV drugs, but not the clinical exams for their start. In the case of Colombia, the regularization process and access to the health system are required. It is important to clarify that organizations such as AFA and AHF do not offer management of comorbidities.</p>

Gaps

Need for nutritional supplements

Treatment adherence problems

Sustainability of access to ARV treatments outside the health system in Colombia

Involvement of migrant leaders in the response in the countries

Solution alternatives

Inclusion of nutritional supplements for migrant PLHIV, both in health system services and in humanitarian assistance services.

Adherence to HIV and TB treatment has always been a challenge for the most vulnerable populations, the migrant population is no exception, especially when they are in mobility. There are experiences of strengthening adherence to treatment for health personnel who care for the migrant population, these technical assistance are being implemented by ICAP of Columbia University in Peru and Colombia. It could be articulated to expand the coverage of health personnel trained in these issues.

The strengthening of regularization processes within the framework of the temporary protection statute for Venezuelan migrants and subsequent affiliation to the health system in Colombia is the way to fill this gap.

Generate empowerment strategies for leaders of Venezuelan migrants, so that they participate more actively in the response, given that they know their population better, this would facilitate access and comply with the principle of Greater Involvement of the Affected Populations (GIPA).

4.7 Barriers to access to health services for Venezuelan migrants

From the beginning it is important to note the obvious disparity in access to health services between Venezuelan migrants and national populations²⁰. This is explained by the multiple barriers to access that migrants face, especially if their status is irregular.

Migratory status is the most significant barrier, as identified both by respondents and through documentary review. This is due to the fact that the main requirement to access health services in all three countries is regularization (perhaps with a greater flexibility in Ecuador). The process can be exceedingly complex for migrants and, in the case of Colombia, it is estimated to take around six months.

The regularization process in Colombia and Peru also presents barriers for Venezuelan migrants. Other obstacles include **ignorance of their rights, lack of information regarding requirements and procedures, bureaucracy, lack of resources, and fear of deportation**. A survey on the perception of access to healthcare services applied to Venezuelan migrants in Colombia and Peru found that the main barriers are: lack of the required legal status or documentation (66%), lack of money to pay for health services (55%) and, to a lesser extent, discrimination against foreigners (21%) in Colombia. The same barriers were mentioned in Peru, though in a different order: lack of money for services (88%), not having the required legal status or documentation (56%), and discrimination against foreigners (46%)²¹.

Another of the challenges respondents identified is the regularization process for migrants arriving in Colombia after the enactment of the Temporary Protection Statute to Venezuelan Migrants. This regulation only covers migrants who arrived to the country before January 2021, despite the fact that migration flows continue to increase.

²⁰ Pierola M., Rodríguez C. Migrants in Latin America: Disparities in Health Status and Access to Healthcare (Migrantes en América Latina: Disparidades en el estado de salud y en el acceso a la atención médica). Inter-American Development Bank (IADB), 2020

²¹ Mixed Migration Center. Access to health services for Venezuelan migrants in Colombia and Peru during COVID-19 pandemic (Acceso a servicios de salud para venezolanos en Colombia y Perú durante la pandemia de COVID-19). MMC

Depending on their employment status, their identification in the affiliation regime, and their classification within the National Information System on Social Programs Beneficiaries (SISBEN), migrants may face other barriers surrounding access to the healthcare system after regularization in Colombia. Additional delays may occur before an insurer or a health care institution is allocated. According to one respondent, the pre-registration process does work; however, it is slow and in need of resources to improve logistics, as the pathways for affiliation to the healthcare system remain unclear.

Other obstacles include **discrimination, cultural barriers, lack of information, fear of deportation, and out-of-pocket costs** in the case of irregular migrants²². Discrimination is an important determinant of health inequalities between migrants and the national population. For Venezuelan migrants, this manifests as xenophobia in host countries and becomes a barrier to the guarantee of human rights. Discrimination affects migrants' health in two ways: on the one hand, its physiological and psychological effects negatively impact health; on the other, health personnel treat migrants differently, which affects the quality of care. Preliminary results of a study conducted by the Inter-American Development Bank (IDB) on the social integration of Venezuelan migrants in Peru show that 1 in 4 Venezuelans feel that the healthcare they receive is not the same as the care provided to nationals ²³. According to respondents, xenophobia and competition for services between migrants and the host population may compromise the security of the leaders and organizations that work with migrants, several of whom have reported instances of harassment.

Even in countries where migrants can access healthcare services regardless of their legal status, they may not visit health centers due to a **lack of information about their rights or fear of being deported** if they are undocumented. This affects both women and children. A survey conducted among the Venezuelan population (ENPOVE) in 2018 reveals that fears related to migration status are one of the reasons why Venezuelan migrants in Peru do not seek medical services; there is evidence that this may also be the case in Colombia²⁴.

²² Pierola M., Rodríguez C. Migrants in Latin America: Disparities in Health Status and Access to Healthcare (Disparidades en el estado de salud y en el acceso a la atención médica). Inter-American Development Bank (IADB), 2020

²³ Idem.

²⁴ Ibañez, A. M. and S. Rozo, 2020. Forced Migration and the Spread of Infectious Diseases. Draft.

In Peru, despite the fact that migrants can access ART through the health system, additional **resources are needed to cover clinical testing** before treatment can begin. The cost is relatively low, but many migrants do not have sufficient resources. There are approximately 3,500 Venezuelan migrants who receive HIV care in this country, although an estimated 6,000 require services according to one of the respondents.

Despite the fact that constitutional mandates in Ecuador support access to healthcare services for migrants, both nationals and migrants face significant barriers to access. Some CSOs have taken the responsibility of deal with this issue. One respondent identified long waits in lines, lack of access to transportation, ignorance and fear as some of the main barriers. **Insufficient knowledge about how the health system works in the host country** is another barrier to access, as many Venezuelans assume that it works similarly to their country of origin. High migrant mobility also affects their adherence to treatment, both for HIV and TB.



Technical assistance needs of CSOs and Communities to address the migration phenomenon

According to respondents, in order to improve the impact of the response to Venezuelan migration, technical support is required for the following processes that have been identified as priorities in the three countries analyzed.

- Although many of the CSOs with work on HIV have been identified by the R4V, it is necessary to establish a platform of specific services, prevention and care in HIV for CSOs, to coordinate the care of migrants moving through different countries, establish organizational routes and unified information systems to avoid duplication of services, and provide online medical records, among other issues related to the response.
- Identifying and sharing experiences, lessons learned and internships in response to the migration phenomenon by CSOs.
- Although many of the CSOs working on HIV have been identified by the R4V, mapping CSOs and community organizations in the countries of the region. This should include an analysis of their capacities and the development of reinforcement plans to improve the response. Accountability, among other aspects, should be taken into consideration.
- Training CSOs on legal issues related to regularization processes, Human Rights, migrant rights, legal counseling, access to the health system, humanitarian aid and other related topics, in accordance with the regulatory framework of each country. This issue is particularly pressing in Colombia. In the case of Colombia, it could be articulated with organizations that work on related issues such as the Universidad de Los Andes, Dejusticia and Colombia Diversa, among others.
- Campaigns to prevent xenophobia and the differential treatment of migrants. This activity would be aimed at the host population, public officials and health personnel who serve the migrant population; it should be founded on a Human Rights perspective and a encompassing, gender-sensitive approach.

- Reinforcing institutional protection and security policies for the protection organizations and leaders that work with migrants and are vulnerable to xenophobic aggressions.
- Updating CSOs that offer health services in combined prevention, adapting them to the context of migration.
- Analyzing national regulations on migration and access to health services in order to identify barriers and bottlenecks. Said analysis would be useful in the development of adjustments in regulatory frameworks, thus facilitating access to health services.
- Related to the previous point, it is necessary to develop political advocacy strategies to make adjustments to national regulations that facilitate access to health services for the migrant population.
- Developing more accessible communication strategies for migrants to help them understand the access routes for both regularization and access to health services.
- Reinforcing migrant leadership in host countries. Since they have a better understanding of migratory dynamics, migrants' involvement in response is essential to improve actions and facilitate access.
- Promoting the standardization of care guidelines across the region. This initiative by the Horizontal Technical Cooperation Group (HTCG) can improve the quality of care for migrants.

5. Conclusions



Although the region has lacked a uniform response to migratory flows, the governments of Colombia, Ecuador and Peru have maintained or updated receptive and supportive policies, with responses that enable entry or regularization. In spite of their shortcomings, these facilitate access to healthcare services. Albeit with some difficulties, regulatory frameworks enable access to HIV and TB care services in Ecuador and Peru. In the case of Colombia, progress has been made through the implementation of the Temporary Protection Statute to Venezuelan Migrants. However, it is necessary to acknowledge that migratory dynamics demand systematic integration policies, not only care and humanitarian aid.



There are international and regional initiatives that directly or indirectly address the response to HIV and TB in the context of the Venezuelan diaspora in LAC. Among these, R4V stands out due to the number of organizations involved, their development of comprehensive response plans, and the number of migrants reached, especially in healthcare issues.



The implementation of current grants has begun to include migrant populations in some actions in Colombia and Peru. Other funding mechanisms (such as C19RM), national dialogues to request further funding, and debates within the CCMs have raised the issue of migration as a challenge to the responses to HIV and TB within the three countries analyzed. In the case of Colombia, the new grant for HIV is guaranteed to include a migration component. In Peru, the GF's Technical Review Panel (TRP) has recommended adjustments to the funding request aimed at addressing migrant population. In the case of Ecuador, it is expected that this issue will be brought up during the ongoing discussions regarding the country's most recent funding request.



The response of CSOs in the three countries has been fundamental for access to health services related to HIV issues and, to a lesser extent, to TB. These organizations have been working in coordination with each other, as well as with governments and cooperation agencies, at the national and regional levels, in actions for the promotion of rights, political advocacy, prevention, diagnosis, care and research. However, these organizations generally have limited resources and need to be reinforced in order to generate more impactful responses.



Likewise, both multilateral and bilateral international cooperation demonstrate a significant interest in providing the governments of Colombia, Ecuador and Peru with coordinated and efficient responses. Their presence in these countries, and their work hand in hand with CSOs is proof to this. The performance of R4V Inter-institutional Cooperation Platform, led by the IOM and UNHCR, stands out for its coordinated and comprehensive role in the response.



A wide variety of barriers to access to health services were identified at the individual, social and structural levels by the Venezuelan irregular migrant population. However, they all converge in the issue of regularization as the essential requirement for access to health services.



Gaps in the response include barriers that obstruct Venezuelan migrants' access to healthcare; others are related to lack of social research, and the fact that the migration phenomenon are not a priority in the public agendas of countries; and there some shortcomings linked to response to xenophobia, the organization of coordinated efforts at the national and regional levels, and the reinforcement of prevention, diagnosis and care actions. It is necessary to include more comprehensive approaches and promote greater participation of migrants in the response.



Finally, technical assistance needs are related to addressing access barriers and gaps within the response. Noteworthy issues include capacity building, political advocacy, migrant-friendly communication campaigns with a Human Rights perspective, research, countering xenophobia, and empowering and training migrants for more effective participation.

