

# VENEZUELA

*Report prepared by the Joint UN Team on AIDS*

## PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
At least 50% of pregnant women living with HIV and their new-born babies have access to prevention of mother-to-child transmission of HIV (PMTCT) services.	<b>ON TRACK</b>	In 2020, an estimated 326 pregnant women living with HIV accessed treatment to prevent vertical transmission of HIV—an increase from 267 in 2019. PMTCT coverage increased slightly from 22% in 2019 to 30% in 2020. The HIV mother-to-child transmission rate is at 30%. (GAM 2021)
Increased access to non-discriminatory comprehensive care services for key populations.	<b>ON TRACK</b>	In November 2020, a Special Ombudsman for Sexual Diversity was established and linked to the Office of the Ombudsman to promote equal marriage rights and the recognition of the lesbian, gay, bisexual, transgender, intersex, or questioning population in Venezuela.
Increased access to comprehensive HIV prevention and sexual and reproductive health (SRH) services among adolescent and young people.	<b>ON TRACK</b>	Two new adolescent healthcare sites were established in Aragua and in the border area of Táchira. A total of 252 health workers were trained in comprehensive adolescent care with an emphasis on HIV prevention; 87 community leaders sensitized on HIV prevention and sexual and reproductive rights; and 38 teachers and 50 adolescents were trained in comprehensive sexuality education and HIV prevention to improve services among young migrants.

### JOINT TEAM

UNHCR, UNICEF, UNFPA, WHO-PAHO, UNAIDS SECRETARIAT

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

*In 2020, the HIV response in Venezuela was gravely impacted by the COVID-19 pandemic and other internal challenges, including water, electricity, gasoline, and transportation shortages that started in the months preceding the pandemic. The Joint Team developed and implemented a collective support strategy to ensure availability of HIV medicines and commodities and guarantee the continuity of services for people living with HIV and vulnerable and key populations. Personal protective equipment, HIV and syphilis testing kits, and antiretroviral drugs were procured and distributed to health facilities providing HIV prevention, care, and treatment services for pregnant and lactating women, HIV-exposed children, and people living with HIV. Support was provided to ensure continuity of HIV, reproductive health, and gender-based violence services for Venezuelans returning home due to the COVID-19 pandemic and survivors of violence. Health workers, adolescent and young people, representatives of civil society organizations and networks of key populations were also trained on a broad range of aspects, including HIV prevention, stigma reduction, adolescent- and youth-friendly service delivery, and reduction of gender-based violence and case management.*

### TESTING, TREATMENT AND PMTCT POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

In 2020, the Joint Team procured 103 125 rapid HIV and syphilis test kits and dispersed to maternal and new-born clinics in 15 prioritized states, representing a 62% coverage of the tests needed for at least one antenatal visit during pregnancy. Sampling kits were also purchased to perform HIV PCR tests among high-risk children, promoting early infant diagnosis.

Paediatric antiretroviral drugs (ARVs) were distributed nationwide benefiting 1298 children living with HIV aged 0-14 years for 12 months of treatment. Additional ARVs were purchased and delivered to PMTCT sites supporting 546 child deliveries among seropositive pregnant women in compliance with the HIV-exposed infant treatment protocol. Supplies for treating opportunistic infections were also distributed, benefiting 5006 children and adolescents living with HIV aged 0-19 years nationwide.

In support of the multi-month dispensing (MMD) programme, 535 652 bottles of ARVs—enough to cover 12 months of treatment for 55 000 people living with HIV—were delivered to HIV and treatment care sites across the country during the COVID-19 pandemic. Civil society organisations (CSOs) were also capacitated to monitor continuity of treatment services and retention of people living with HIV in care.

### RIGHT-BASED HIV SERVICES FOR KEY POPULATIONS POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

Capacity building was provided to 24 regional coordinators of HIV and sexually transmitted infections (STIs) programmes to eliminate all forms of discrimination against people from key populations seeking care and support services. One hundred eighty-two health workers also improved their skills in sexual violence case management in healthcare services.

The Joint Team supported the development and implementation of an intervention model to reach transgender women in Libertador municipality in Caracas. In 2020, 500 transgender women mobilized to promote HIV prevention measures and improve their knowledge on proper use of condoms, lubricants, female gel, and rapid HIV self-testing.

## COMPREHENSIVE CARE AND SRH FOR YOUTH POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

An HIV prevalence study and a survey of knowledge, attitudes, and practices were conducted among adolescents aged 15-19 years in Anzoátegui, Carabobo, and the Capital District. All the 2296 adolescents who participated in the study received pre- and post-HIV test counselling, HIV testing, and completed the survey questionnaire. Two adolescents tested positive for HIV and were referred to free follow-up and treatment services; and discussions are underway to expand the assessment.

The Joint Team provided support to establish two new integrated HIV and SRH service sites for adolescents in the border area of Táchira and Aragua. In Táchira, 252 health workers were trained on comprehensive adolescent care delivery, including HIV prevention for adolescent and young migrants. 87 community leaders were sensitized on HIV prevention and sexual and reproductive rights and 131 community members improved their knowledge on HIV prevention and HIV testing. Thirty-eight teachers were also trained on comprehensive sexuality education while 50 adolescents received sexuality education with emphasis on HIV prevention. Additionally, capacity building was provided for 5800 women and representatives of eight CSOs operating in the states of Tachira, Zulia, Apure, and Bolivar—bordering Colombia and Brazil—to improve their understanding around prevention of GBV.

Support provided to the International Planned Parenthood Federation in Venezuela resulted in the opening of a new health space for adolescent care in August 2020. Forty staff members of the Federation including people managing the space were trained to improve their capacity on adolescent-friendly comprehensive service delivery and rapid HIV and syphilis diagnostic testing services. A total of 365 adolescents received consultation led by healthcare providers at these spaces, including sexual and reproductive health (SRH) orientation, dispensing of contraceptive implants and prenatal controls, and Pap smear and ultrasound tests. Capacity building was provided for 44 adolescent peer promoters from schools near comprehensive care centres improving their knowledge and promote uptake of SRH and gender-based violence support and services among young people. 1176 adolescents were also sensitized on SHR with an emphasis on prevention of HIV and STIs and gender-based violence, and 2431 condoms were distributed among adolescents. The Joint Team supported provision of 900 HIV and syphilis diagnostic tests and six who people who tested positive for HIV were enrolled on treatment.

As a result of technical support provided to the Ministry of Health, a national protocol for clinical rape management was developed and 120 healthcare workers were trained on management of rape cases in health facilities. Around 698 health workers improved their capacity on STI and HIV service delivery, and HIV prevention; and another 376 were trained on rapid HIV and syphilis diagnostic tests, and PMTCT services, via virtual workshops.

To improve the quality of services, 35 000 pieces of rapid HIV and syphilis test kits and 5 rape kits were procured for 11 maternity wards in Zulia, Tachira, Miranda, Anzoategui and Bolivar states, and 35 primary health centres across the country were supported with HIV and syphilis rapid test units, treatment for STIs, condoms, and other SRH supplies. In addition, four virtual training sessions reached a total of 3318 female and 2507 male healthcare workers from 24 states improving their knowledge around management and treatment of HIV and STIs, rapid diagnostic tests, and clinical management of survivors of sexual violence, following the request from the Ministry of Health.

## CONTRIBUTION TO THE COVID-19 RESPONSE

In line with the Humanitarian Response Plan and in support of the COVID-19 response, the Joint Team provided technical and financial support to the Government, healthcare providers, and pharmacies to ensure safety of the healthcare workforce and minimize the vulnerability of people living HIV and key populations during the COVID-19 pandemic. The Joint Team also provided technical and financial assistance for various projects of 300 CSOs, including

installation of shelters, procurement of COVID-19 and HIV test kits, and orientation in cases of sexual violence and trafficking among women and transgender people. For example, 1500 face masks, 1000 hand sanitizers, 1000 lubricants, and condoms were distributed to 500 sex workers and transgender women who are engaged in sex work.

In 2020, an estimated 120 000 Venezuelans returned home by land due to the COVID-19 pandemic and the majority were provisionally quarantined for 5 days in Comprehensive Social Care Points. As a result of support to the Ministry of Health, HIV prevention, care and treatment services were extended for the returnees including, survivors or people at risk of sexual and gender-based violence (GBV), children at risk of sexual violence, human trafficking, malnutrition, and dehydration, elders and people with disabilities, and LGBTI persons. Outreach initiatives at these care points enabled returnees to improve their knowledge on prevention of COVID-19, HIV, STIs, and GBV. HIV testing and counselling and STI screening were offered to all, especially to pregnant women in the care sites, who had returned to the country. As a result, 1576 people accepted to take syphilis screening and voluntary HIV testing, of whom five people tested positive for HIV and all were enrolled on treatment. Solar lamps, kitchen sets, and water filters were also procured for the quarantine centres in Zulia, Apure, and Tachira.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team organized several public dialogues with private entrepreneurs, decision-makers, civil society to raise awareness around the Sustainable Development Goals. Participants discussed critical issues, including the need for personal and community empowerment to achieve the goals by 2030.

As a result of technical support to the Ministry of Health, the National Protocol for Clinical Management of Sexual Violence was developed and 283 primary healthcare workers were trained improving their knowledge around community outreach and sensitization mechanisms and delivery of rape kits in states with vulnerable populations.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Venezuela has experienced a prolonged crisis since 2017 resulting in frequent power outage and disruption of water and digital communication services, especially in the interior part of the country. Prior to the COVID-19 pandemic, a national gasoline and transportation shortage made mobility difficult for the first 5 months of 2020. The pandemic and extended lockdown measures since March 2020, coupled with the suspension of interstate mobility aggravated access to health centres and to vulnerable populations. Domestic and donor resources were also redirected to the COVID-19 emergency response activities, including procurement of care and treatment supplies, and social protection and food assistance for people living with HIV.</p>	<p>Despite the stronger drive for humanitarian actions than development initiatives, promote institutional resilience and strengthen the capacities of health personnel working in primary health care.</p> <p>Continue to support individual, family and community care, including through supporting the procurement of supplies for diagnosis and treatment.</p>
<p>The prioritization of COVID-19 negatively impacted other essential health programmes. These included shortage of healthcare providers, HIV medicines and commodities, lack of personal protective equipment for frontline workers in hospitals and outpatient clinics, inability to implement community outreach and support initiatives, and loss to follow up of people living with HIV and vulnerable populations.</p>	<p>Continue to support the Government to increase coverage of HIV testing and syphilis screening among pregnant women to end mother-to-child transmission of HIV and congenital syphilis.</p> <p>Provide technical support to the Ministry of Health to establish two adolescent healthcare sites improving their access to HIV services.</p> <p>Procure and distribute pre-exposure prophylaxis (PreP) to cover treatment for 500 HIV-exposed people for 12 months.</p>
<p>Despite having a law that protects people with HIV from discrimination there is inadequate knowledge in health workers or public servants about the rights of some key populations, such as people from the LGBTI community.</p>	<p>Provide capacity building for healthcare workers to ensure rights-based and non-discriminatory HIV services for people living with HIV healthcare facilities, in a joint work with academia partners and the Ombudsman's Office.</p>

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