Commentary

"Venezuelan migrants living in Peru: the need for better access to care and data for those with HIV/AIDS."

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The United Nations High Commissioner for Refugees (UNHCR) estimates over 5.4 million Venezuelan refugees and migrants living outside of their country (1). The displacement of 5.4 million Venezuelan refugees is one of the world's biggest displacement crises, representing an increase of over 8,000% in the number of Venezuelans seeking refugee status worldwide since 2014, mainly in the Americas (1). Many Venezuelan migrants in the American Region are undocumented, increasing their vulnerability to labor and sexual exploitation and limiting their access to basic human rights (1). The Working Group for Refugees and Migrants (RTRM) estimates that there are more than a million Venezuelans living in Peru (2). Peru, after Colombia, hosts the largest number of Venezuelan migrants, with over one million permanent residents and approximately 75,000 in transit (2, 3). Hyperinflation in the Bolivarian Republic of Venezuela continues to strain households, decreasing access to food, medicine, and livelihoods, thus, increasing the movement of Venezuelans into countries across the (4, 5). Hospitals are understaffed, and shortages in medical supplies are common in Venezuela (6). All these factors suggest the crisis is far from over and a coordinated regional response is needed to address the educational, economic, and health needs of Venezuelan migrants.

Historically, the Bolivarian Republic of Venezuela has had one of the most effective HIV treatment and care services in the Western Hemisphere (7). However, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS), there are 99,000 (88,000-110,000) adults aged 15 and over living with HIV in Venezuela, with an HIV prevalence of 0.5% (0.4-0.6%) (8). Fifty-five percent are on antiretroviral treatment (ART), with no estimate available for viral load suppression (8). In Peru, HIV prevalence among adults 15 years of age and over is 0.3% (0.3%-0.4%) (9). Peruvian law provides access to free HIV testing, ART, and care services to citizens or migrants with a Permiso Temporal de Permanencia (Permit of Temporary Permanence or PTP), (10). Venezuelan migrants require a PTP which may delay access to health services for weeks or months (11). Coronavirus disease 2019 (COVID-19) has compounded this population's already precarious health crisis (6). Reports of stigma and discrimination towards Venezuelan migrants have become more prevalent after COVID-19 started increasing in Peru, as locals discriminate against them, viewing them as spreaders of the virus (focus groups and in-depth interviews with stakeholders and Venezuelan migrants (Trujillo and Lima, Peru) 2021 Sept). However, data on risk behavior is not available for this group (6). Also, during the pandemic, disruption of HIV diagnosis, treatment access, initiation, and ART distribution has been reported (Peruvian Ministry of Health, personal communication).

Currently, no systematic study has explored the impact of sexual behavior, HIV status, and treatment access of Venezuelan migrants in Peru. The United States (US) Centers for Disease Control and Prevention (CDC), with support from the US President's Emergency Plan For AIDS Relief (PEPFAR) and in collaboration with the International Organization for Migration (IOM), the Ministerio de Salud del Gobierno de Peru (MINSA (Peruvian Ministry of Health)) and Partners in Health (PIH)-Peru developed a biobehavioral survey (BBS) (12). Using respondent-driven sampling (13), a network-driven probabilistic method, the BBS will be implemented in Lima and Trujillo in Peru. In addition, CDC and the International Center for AIDS Care and

Treatment Programs (ICAP) are providing technical assistance in Peru to help improve HIV access to preventive, treatment, and care services to Venezuelan migrants in the country.

The biological and behavioral data collected will help government programs and non-governmental organizations (NGO) improve access to HIV prevention, treatment, and care services in Peru and could serve as a model for other countries in the region housing Venezuelan migrants. Behavioral and HIV estimates among migrant populations, especially those related to the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets (95% of people living with HIV know their status, 95% of those who know their status to be on antiretroviral therapy, and 95% of those on treatment to be virally suppressed) need to be reported not only to improve HIV related morbidity and mortality among this population but to help end the HIV epidemic by 2030 in the region (14). Network-level analysis will help bring adopted programs among migrants to sustainability within the Ministry of Health and NGOs providing health services to the population affected by this humanitarian crisis (15). Given that this population might stay in the host country for an extended period, understanding other aspects that might function as barriers to service access, such as stigma and discrimination, the complexity of health service provision, and physical barriers to services are fundamental to controlling the HIV epidemic in Peru.

Disclaimer

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