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#### **PAHO'S RESPONSE TO MAINTAINING AN EFFECTIVE TECHNICAL COOPERATION AGENDA IN VENEZUELA AND NEIGHBORING MEMBER STATES**

##### **Background**

1. The Bolivarian Republic of Venezuela, a federal republic with more than 30 million inhabitants, has been facing a sociopolitical and economic situation that has negatively impacted social and health indicators.
2. Outbreaks of diphtheria, measles, and malaria have spread rapidly, affecting many of the country's 23 states and the Capital District simultaneously. Other areas of public health concern are HIV, tuberculosis, an increase in maternal and infant mortality,<sup>1</sup> and lack of access to medicines and adequate care for people with life-threatening acute and chronic conditions.
3. There have been intensified population movements both within the country and to other countries, particularly Argentina, Brazil, Chile, Colombia, Ecuador, Guyana, Peru, and Trinidad and Tobago. Since 2017, over 2.3 million Venezuelans have migrated to other countries, with 1.53 million going to other South American countries, stressing the health systems and raising public health concerns.<sup>2</sup>
4. Venezuela has increased its efforts to improve access to services, particularly at the first level of care. Health system fragmentation, combined with diminished capacity of the system to respond to priority needs, including core functions of epidemiological surveillance and the generation of health information, has affected the delivery of priority public health services, in particular those needed to prevent and reduce the impact of communicable diseases and reduce maternal and infant mortality.

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<sup>1</sup> According to PAHO Core Health Indicators, 2017 (published) and Ministry of Popular Power for Health (MPPS) Basic Indicators 2017 (unpublished).

<sup>2</sup> IOM, Migration trends in the Americas: Bolivarian Republic of Venezuela, July 2018. Available from: <https://bit.ly/2N7jqnr>.

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5. The health system in Venezuela is currently under stress due to a combination of factors, including health workforce migration and shortages of medicines and health supplies, particularly at the secondary and tertiary levels. This has affected the overall operation of the health network and its capacity to rapidly expand its response to emergencies and disease outbreaks. However, the health system still retains some capacity, including health infrastructure and the availability of human resources that can be mobilized and supported to implement immediate remedial actions.

6. The purpose of this information document is to provide an update on PAHO's response to maintain an effective technical cooperation agenda in Venezuela and neighboring Member States.

## **Situation Analysis**

### ***Venezuela***

7. Malaria cases in Venezuela have increased significantly over the past three years, rising from 136,402 in 2015 to 240,613 in 2016 and 406,289 in 2017. This increase is mostly linked to the migration of persons infected in the mining areas of Bolívar State into other areas of the country with malaria-prone ecosystems, shortages or unaffordability of antimalarial drugs, and weakened vector control programs. Malaria risk from *P. vivax* (75%) and *P. falciparum* (25%) remains high. The export of sporadic cases to countries without malaria poses a challenge for early detection and prevention of complications associated with the disease. Other important risks include the increase in malaria cases in border areas of neighboring countries, emergence of drug-resistant strains, reintroduction of local transmission in previously malaria-free areas, and inadequate treatment with continued increase in malaria-related mortality.<sup>3,4</sup>

8. Measles has been reported in all 23 states and the Capital District in Venezuela. Between July 2017 (EW 26), which saw the first confirmed case of measles, and the end of July 2018 (EW 29), there were 4,272 confirmed cases, 3,545 of them in 2018. The highest incidence of cases has been reported in Delta Amacuro State (66.5 per 100,000 population), followed by the Capital District (47.0 per 100,000 population) and Vargas State (12.4 per 100,000 population). Cases have also been reported in indigenous communities in the states of Anzoátegui (14 cases), Apure (23), Bolívar (41), Delta Amacuro (271, all of Warao ethnicity), Monagas (46), and Zulia (1). Of the total 62 deaths reported, 53 are from the state of Delta Amacuro (the majority being in indigenous communities), seven from Miranda, and two from the Capital District. Measles cases of the D8 genotype associated with the outbreak in Venezuela have also been detected in Argentina, Brazil, Colombia, Ecuador, and Peru.<sup>5</sup> The spread of the virus within and outside the country is explained by many factors, including: *a*) insufficient vaccination

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<sup>3</sup> PAHO, Epidemiological update: Malaria, 30 January 2018; and PAHO, Epidemiological alert, 15 February 2017. Available from: <https://bit.ly/2tlqeSj>.

<sup>4</sup> World Health Organization, *World Malaria Report 2018* (forthcoming).

<sup>5</sup> PAHO, Epidemiological update: Measles, 20 August 2018. Available from: <https://bit.ly/2OSdVpG>.

coverage, leaving pockets of susceptible population; *b*) inadequate surveillance systems; *c*) delayed implementation of control measures; *d*) low capacity for isolation and for adequate case management; and *e*) high population movement across borders during the incubation or communicable period of the virus.

9. Venezuela launched an immunization campaign with specific emphasis in 9 states and progressively expanding it to the entire country. As of September 9, 2018, 3.5 million persons were vaccinated against measles in all states, 1.7 million of them in the priority states. The measles immunization coverage has significantly increased in the states of Vargas, Miranda and the Capital District, reaching 110%, 72% and 70% respectively, showing a significant decrease of new measles cases reported in those locations. Additional efforts are ongoing to strengthen vaccination in the states of Bolívar and Delta Amacuro, with specific focus on indigenous population living in those states.

10. In recent years, Venezuela has experienced a major outbreak of diphtheria. The first case was detected in EW 26 of 2016. From the beginning of the outbreak until EW 32 of 2018, a total of 1,992 suspected diphtheria cases, including 168 deaths, were reported (324 cases and 17 deaths in 2016, 1,040 and 103 deaths in 2017, and 628 cases and 48 deaths in 2018; 1,217 of the cases were confirmed). In 2016, cases were reported in five states (Anzoátegui, Bolívar, Delta Amacuro, Monagas, and Sucre), while in 2017 and 2018, 22 states and the Capital District reported confirmed cases.<sup>6</sup> The cumulative case fatality rate is approximately 14%.<sup>7</sup>

11. New HIV infections are estimated to have increased by 24% from 2010 to 2016.<sup>8</sup> The national HIV/AIDS program reports that 69,308 of the 79,467 HIV patients registered for antiretroviral treatment are not receiving it. Fifteen of the 25 antiretroviral drugs (ARVs) procured by the government have been out of stock for over nine months. There is also low availability of drugs to treat opportunistic infections and co-infections.<sup>9</sup>

12. Tuberculosis (TB) cases increased between 2014 (6,063) and 2016 (7,816). Preliminary information for 2017 indicates 10,185 cases, an incidence rate of 32.4 per 100,000 population, half of them in the Capital District and four other states.<sup>10</sup> Prisoners (15.7%) and indigenous people (6.8%) are most affected.<sup>11</sup> Co-morbidities account for almost 10% of the cases (4.8% TB/HIV and 5.0% TB/diabetes), with an increasing trend for TB/diabetes. Additionally, between 2014 and 2016 the number of drug-resistant TB cases increased from 39 to 79. The recent lack of laboratory supplies has affected TB diagnosis. Considering these challenges, the country will experience difficulties to reach the targets established in the End TB Strategy.

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<sup>6</sup> PAHO, Epidemiological update: Diphtheria, 31 July 2018. Available from: <https://bit.ly/2n1OrdE>.

<sup>7</sup> PAHO, Epidemiological update: Diphtheria, 29 August 2018. Available from: <https://bit.ly/2MCREzx>.

<sup>8</sup> UNAIDS, 2017 Spectrum estimates.

<sup>9</sup> Ministry of People's Power for Health (MPPS), 2018.

<sup>10</sup> WHO, Global tuberculosis report 2017. Available from: [http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/).

<sup>11</sup> MPPS, National Tuberculosis Control Program 2018.

13. A progressive loss of operational capacity in the national health system over the past five years intensified in 2017 and 2018, affecting the delivery of free health care and free access to medicines. Many hospitals are operating in challenging conditions, and the Venezuelan Medical Federation estimates that approximately 22,000 physicians have migrated out of the country. This figure represents approximately one-third of the country's 66,138 physicians reported in 2014. The migration of physicians has predominately affected certain specialty areas (neonatology, anesthesiology, and intensive and emergency care). Similarly, an estimated 6,000 bioanalysts and laboratory technicians have reportedly left the country, and the Venezuelan Federation of Nursing Schools estimates that between 3,000 and 5,000 nurses have also migrated.

14. Despite these challenges, the Venezuelan health system continues to operate with a network of 288 hospitals (levels I through IV), a network of 421 centers for ambulatory specialized care, and a community-based network (Red de Atención Comunal)<sup>12</sup> with 17,986 primary care centers. Misión Barrio Adentro, established in 2003, has significantly expanded primary care services to the population. In 2017, the government launched Barrio Adentro 100%, referring to 100% coverage. This initiative led to important investments in health infrastructure and technology at both hospital and primary care levels and in human resources development (202 projects of rehabilitation, maintenance, and equipment for 80 centers).<sup>13</sup> As part of Misión Barrio Adentro, 23,990 “comprehensive community doctors” (médicos integrales comunitarios) have graduated in seven cohorts from 2011 to date. Additionally, 12,269 doctors received credentials in comprehensive general medicine (Spanish acronym MGI). On 23-24 August 2018, the government convened the first National Revolutionary Congress for Health to discuss foundations for the development of the National Health Plan 2019-2025, aiming to transform the health system to address current challenges.

15. However, immediate action is required to address short-term priorities, to reduce the impact of health workforce migration, and to rationalize existing resources while mobilizing additional resources, with the purpose of addressing disease outbreaks and increasing the system's capacity to provide comprehensive care for priority conditions. In the medium term, opportunities exist to transform the health system to address the fragmentation and segmentation, ensure sustainability, and improve resilience.

### *Neighboring Countries*

16. In **Argentina**, between EW 11 and EW 33 of 2018, eight measles cases were reported, all in residents of the city and province of Buenos Aires. The ages ranged from 5 months to 26 years, with a median age of 9 months. Five of these cases are related to an imported case in which genotype D8 was identified, the same genotype that was identified in Venezuela and reported in 2018 among confirmed cases in Colombia and Brazil.<sup>14</sup>

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<sup>12</sup> MPPS, unpublished report.

<sup>13</sup> MPPS, unpublished presentation, 13 June 2018.

<sup>14</sup> PAHO, Epidemiological update: Measles, 20 August 2018. Available from: <https://bit.ly/2MBgBaW>.

17. During 2017, there were 2,576 malaria cases (35% *P. falciparum*) imported from Venezuela to the state of Roraima, **Brazil**, representing 55% of all imported malaria cases in this country. Between January and June 2018, there were 11,628 malaria cases reported in Roraima (3,225 of these were Venezuelans), compared to 5,575 (862 Venezuelans) for the same period in 2017.<sup>15</sup> An ongoing measles outbreak started in EW 6 of 2018 in Roraima State, then spread to Amazonas State and subsequently to six additional states. As of EW 35 of 2018, 1,553 confirmed cases have been reported in the states of Amazonas (1,211), Roraima (300), Rio de Janeiro (18), Rio Grande do Sul (16), Rondônia (2), São Paulo (2), Pará (2), and Pernambuco (2).<sup>16</sup> Confirmed cases from these eight states have genotype D8, with a lineage identical to the cases reported in Venezuela in 2017 and 2018. Official figures for suspected measles cases are available only for Amazonas and Roraima states, which report 8,595 and 462 cases respectively as of EW 35 in 2018. In 2017, five cases of diphtheria were confirmed in four Brazilian states, one of them a fatal case imported from Venezuela. In response to the increased demand for health services in Roraima,<sup>17</sup> the Ministry of Health allocated R\$ 10.1 million per year to expand health care in this state. Roraima will receive an additional R\$ 9.6 million per year to expand hospital care and a further R\$ 500,000 per year for primary care in the municipalities of Pacaraima and Boa Vista.<sup>18</sup> Migrants in Brazil have unrestricted access to health care and medicines.

18. In **Colombia**, 61 imported or import-related measles cases were reported up to EW 31 of 2018 in 10 departments and four districts. Thirty-eight of these cases were imported from Venezuela, 21 were imported-related, and two had an unknown source of infection. Between EW 1 and EW 31 of 2018, Colombia also confirmed eight cases of diphtheria (five in La Guajira and three in Norte de Santander), including three deaths.<sup>19</sup> Confirmed cases ranged in age from 3 to 37 years, with six of them being Venezuelan citizens. Local health authorities report that, due to the progressive increase in health care provided to the uninsured migrant population, public hospitals have already used up their supplies, leaving them unable to provide some treatments and reducing access to services. In the departments of La Guajira and Arauca, local health authorities report an increase in the presence of Venezuelans requesting medical attention for conditions such as HIV, TB, and pregnancy.<sup>20</sup> The government of Colombia has enacted a resolution to provide emergency care to migrants.

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<sup>15</sup> Brazil Ministry of Health, Malaria Epidemiological Information System (Sivep-Malaria), accessed 30 August 2018.

<sup>16</sup> Brazil Ministry of Health, Measles situation in Brazil [in Portuguese], Report no. 20 of 2018. Available from: <https://bit.ly/2BYa2hg>.

<sup>17</sup> Roraima health department. Available in Portuguese from: <http://www.saude.rr.gov.br/cgvs/index.php/theme-features/module-variations/sala-de-situacao>.

<sup>18</sup> Brazil Ministry of Health, “Roraima ganha reforço de R\$ 187 milhões em resposta à imigração.” Available in Portuguese from: <https://bit.ly/2jXDW9A>.

<sup>19</sup> Colombia IHR National Focal Point, 15 August 2018, unpublished communication.

<sup>20</sup> National Health Institute of Colombia, Boletín Epidemiológico Semanal (BES), various issues. Available in Spanish from: <https://bit.ly/2M3JMCh>.

19. In **Guyana**, an increase in malaria cases was reported in 2017 in Region 1 (Barima-Waini). Additionally, at the national level, there was a slight increase in 2017 compared to 2016 (approximately 15%). Region 1 was the major contributor.<sup>21</sup>

20. In **Ecuador**, between EW 13 (March) and EW 27 (July) of 2018, 17 confirmed measles cases were reported, of which nine were imported (all Venezuelans) and eight were import-related. The cases were reported in the municipalities of Quito (12), Cuenca (1), Riobamba (1), and Tulcán (3).<sup>22</sup>

21. In **Peru**, between EW 8 and EW 35 of 2018, there were 15 confirmed cases of measles. The probable infection locations are in the regions of Callao (8), Puno (2), La Libertad (1), and Lima (1), with the remaining three cases imported. The first two cases have the D8 genotype from India. Cases 3 and 4 have the D8 genotype currently circulating in Venezuela, while the remaining cases remain under investigation. There are 11 male and four female cases, ranging in age from 6 months to 47 years. Contact tracing has been implemented in the three identified transmission chains, and vaccination activities are underway. Peruvian health authorities have also confirmed 12 cases of malaria in 10 Venezuelan and two Peruvian citizens in the region of Tumbes, a region where no malaria cases had been reported since 2012. One diphtheria case was identified and contained at the northwest border with Ecuador in the Amazonas department.<sup>23</sup>

22. **Trinidad and Tobago** has received an influx of migrants from Venezuela in recent years. There have been no signs of measles and diphtheria; however, the Ministry of Health has reported an increase in imported malaria cases from Venezuela. Between 2006 and 2017, an average of 15 cases were reported each year. For 2018 (as of 4 September), 24 imported malaria cases have been confirmed in Trinidad and Tobago: 20 cases from Venezuela, three from Guyana, and one from Ghana.<sup>24</sup> On 28 August 2018, the Ministry of Health advised that there was no malaria outbreak in Trinidad and Tobago. It indicated that confirmed cases of malaria recorded thus far for the year are not unusual and that the majority of confirmed cases in Trinidad and Tobago are imported from neighboring countries.<sup>25</sup>

23. The indigenous populations living in border areas of Venezuela are highly vulnerable to epidemic-prone diseases. Of special concern are the Warao people, who live in border areas between Venezuela and Guyana and are now migrating to northern Brazil; the Wayu people, living in the border areas between Venezuela and Colombia; and the Yanomami people, living in remote locations along the border between Venezuela and

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<sup>21</sup> Guyana Ministry of Health, unpublished report.

<sup>22</sup> PAHO, Epidemiological update: Measles, 20 August 2018. Available from: <https://bit.ly/2MBgBaW>.

<sup>23</sup> Peru Ministry of Health.

<sup>24</sup> Trinidad and Tobago Ministry of Health, unpublished data.

<sup>25</sup> Trinidad and Tobago Ministry of Health, No malaria outbreak in Trinidad and Tobago, 28 August 2018. Available from: <http://www.health.gov.tt/news/newsitem.aspx?id=866>.

Brazil.<sup>26, 27</sup> One of the highest HIV prevalence rates in indigenous populations in the Region of the Americas is among the Warao in Venezuela, at 9.5%.<sup>28</sup> This population also has among the highest levels of TB.

### **Response of the Pan American Sanitary Bureau (PASB)**

24. In response to the evolving situation in Venezuela, PASB has substantially intensified its technical cooperation with the ministry of health to enhance health systems management; improve the prevention and control of communicable and noncommunicable diseases; improve emergency management; and purchase medicines, vaccines, laboratory reagents, and other supplies for health programs through PAHO's Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund)<sup>29</sup> and Revolving Fund for Vaccine Procurement (Revolving Fund).<sup>30</sup> This response was further strengthened in December 2017 with the activation of an Incident Management System at headquarters level and in PAHO/WHO Representative (PWR) Offices in Brazil, Colombia, Ecuador, Peru and Venezuela; the release of funds from the PAHO Emergency Disaster Fund and the PAHO Epidemic Emergency Fund; and the activation of special internal administrative procedures to facilitate fast and agile technical cooperation with the targeted countries.

25. PASB has quickly scaled up its technical cooperation with Venezuela and neighboring countries. Targeting the various public health issues, since November 2016 PASB has deployed multidisciplinary technical field missions, involving the mobilization of over 60 personnel, and has established six field offices, five in Colombia and one in Brazil. The in-country mission teams and the field offices include personnel with expertise spanning several technical areas: emergency management, entomology and vector control, surveillance, epidemiology, health and laboratory services, health services management, immunization, cold chain, infection prevention and control, antenatal care, clinical management, public health, coordination and logistics, administration, and risk communication. In addition to its established presence on the ground through its PWR Offices, PASB has completed more than 35 technical cooperation missions at national and

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<sup>26</sup> Leis Municipais Manaus, Decreto no. 3819, 22 September 2017. Available in Portuguese from: <https://leismunicipais.com.br/a/am/m/manaus/decreto/2017/381/3819/decreto-n-3819-2017-declara-situacao-de-emergencia-social-no-municipio-de-manaus-em-virtude-da-ainda-presente-e-intensa-migracao-de-indigenas-venezuelanos-da-etnia-warao-submetidos-a-situacao-de-risco-pessoal-e-social-em-especial-criancas-adolescentes-e-idosos-e-da-outras-providencias>.

<sup>27</sup> World Food Program, El Programa Mundial de Alimentos y Save the Children Colombia unen esfuerzos para apoyar a poblaciones en situación de vulnerabilidad afectadas por la crisis en la frontera con Venezuela, 25 April 2018. Available in Spanish from: <http://es.wfp.org/noticias/alianza-save-the-children-colombia>.

<sup>28</sup> Villalba JA, Bello G, Maes M, Sulbaran YF, Garzaro D, Loureiro CL, et al., HIV-1 epidemic in Warao Amerindians from Venezuela: Spatial phylodynamics and epidemiological patterns. *AIDS*, 2013;27(11):1783-1791. doi:10.1097/QAD.0b013e3283601bdb.

<sup>29</sup> The PAHO Strategic Fund was created in 2000 by the Pan American Health Organization (PAHO) as a mechanism to improve equitable access to safe, efficacious, and quality medicines and supplies in the Americas.

<sup>30</sup> The PAHO Revolving Fund provides countries and territories with guarantees of quality, safe, and adequate supplies of vaccines and related products, and lower prices.

subnational levels to Venezuela, Colombia, Brazil, and Guyana. During a high-level mission to Venezuela led by PASB's Director (12-15 June 2018), the Venezuelan President informed PASB of his authorization to the Ministry of Popular Power for Health (MPPS, for its acronym in Spanish) to purchase a significant amount of medicines and vaccines through PAHO's Revolving Fund and Strategic Fund.

26. PASB is supporting the MPPS in the implementation of its National Rapid Response Plan to halt the measles and diphtheria outbreaks. The plan is aimed at interrupting transmission of these diseases and includes universal mass vaccination for children aged 6 months to 14 years, extensive contact tracing, and associated laboratory work, underpinned by the mobilization of national, regional, and municipal rapid response teams. In addition to the rapid response plan, Venezuela, with support from PASB, is also implementing a national plan to increase vaccination coverage in indigenous communities, municipalities with low coverage, and difficult-to-reach areas. To date, more than 8,800 personnel have been trained in measles outbreak response in 23 states and the Capital District, including 4,140 vaccinators. In collaboration with national and local immunization programs in the country, PASB has been facilitating the purchase of vaccines paid for by Venezuela through the PAHO Revolving Fund. The following supplies and vaccines have been purchased since 2017: 1.15 million doses of pentavalent vaccine (these are already in the country); 271,000 doses of inactivated polio vaccine (IPV) and 2.2 million doses of oral polio vaccine (bOPV); 13.5 million doses of diphtheria-tetanus (DT) vaccine for the immunization campaign (5.46 million doses are already in the country); 2,000 vials of diphtheria antitoxin immunoglobulin; 9.2 million doses of measles, mumps, and rubella (MMR) and measles-rubella (MR) vaccines; 500,000 doses of yellow fever vaccine; and 500 vials of human tetanus immunoglobulin. Also acquired were 36.7 million syringes and 119,779 safety boxes, and PASB has helped with the purchase of laboratory supplies for diphtheria and measles diagnosis. Together with WHO and the Measles and Rubella Initiative (MRI), PASB has been exploring alternative support mechanisms to ensure continued access to the MMR vaccine and to supplies for a nationwide mass campaign to interrupt measles transmission. Accordingly, during 2018 the MRI provided an additional 2.88 million doses of MR vaccine, 2.74 million syringes, and 26,000 safety boxes for the first phase of the measles outbreak response.

27. PASB has been exploring alternative support mechanisms to ensure continuity in access to ARVs and other essential medicines in Venezuela, along with key partners, other United Nations agencies, and specific civil society groups. The country participates in the PAHO Strategic Fund, which it has effectively used to procure ARVs, TB medicines, and anti-malarials with its own funds. After a reduction in the level of procurement executed on behalf of Venezuela in 2016, PASB, in coordination with the MPPS, has expanded its support for the procurement of high-priority medicines such as immunosuppressant drugs, medicines for maternal and child health care, medicines for high-prevalence chronic diseases, and reagents for diagnostics and blood banks. These medicines are provided to the health services network of both the MPSS and Social Security Institute. PASB has also provided technical support in the rational selection of medicines to optimize available resources, and in the analysis of supply options for strategic public health supplies.



Additionally, in collaboration with the MPPS, UNAIDS, civil society, and other partners, PASB led the development of a Master Plan to strengthen the response to HIV, TB, and malaria from a public health perspective.<sup>31</sup> The plan was finalized in July 2018 with the objective of defining priorities and facilitating coordination of international technical cooperation with the actors involved in the response to HIV, TB, and malaria.

28. Since April 2017, PASB has scaled up support to the MPPS to strengthen services in up to 25 high-priority, high-complexity hospitals in major cities, including Caracas. Activities have included the training of staff on hospital safety and prevention of healthcare-associated infections, implementation of hardware and software for use of the Logistics Support System (LSS) to manage health supplies, as well as evaluations of essential capabilities within these hospitals. In addition, basic and complementary units of the Interagency Emergency Health Kit (IEHK), which provides medicines and medical devices for 10,000 people for approximately three months, have already been distributed to 23 of these hospitals. Forty additional IEHKs have arrived for distribution to the designated priority hospitals.

29. PASB is also working with the MPPS to strengthen the national primary health care network, prioritizing 25 comprehensive community health areas (ASIC), 25 comprehensive diagnostic centers (CDI), and 452 community health centers (CPS); in all of these sites Cuban medical cooperation has been present for many years. With PASB's support, equipment, medicines, and supplies have been provided and professionals from many states have been trained in essential methodologies to improve obstetric and other medical services, as well as in detection and treatment of mental health problems.

30. Recognizing the challenges that malaria presents, PASB, in coordination with the Venezuelan government, has supported the purchase and/or donation of malaria medicines, rapid diagnostic tests, and impregnated mosquito nets. Since 2016, PASB has supported the purchase of 860,000 treatments for uncomplicated malaria and 3,614 treatments for severe malaria. In addition, PASB has facilitated donation of 320,000 rapid tests for diagnosis, 150,000 long-lasting impregnated nets, 40,000 treatments for uncomplicated malaria, and 560 treatments for severe malaria. PASB has also provided priority guidelines, communication materials, and training for health care workers, with 450 health workers already trained in case management in the states of Bolívar, Sucre, Anzoátegui, and Aragua. PASB has also provided technical support at national and local levels for the organization and implementation of the malaria response, including for data analysis and case management.

31. PASB and Venezuela are collaborating on an integrated plan to prevent and control noncommunicable diseases. Action areas include tobacco control, care of people with disabilities, and early diagnosis and screening for cancers. PASB is also working with the National Nutrition Institute (INN) on a project to improve the detection and management of acute malnutrition in children who are receiving care in communities and in nutritional recovery centers around the country. Other health interventions are being coordinated with

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<sup>31</sup> The Master Plan is available at: <https://bit.ly/2C6zBN8>.

the immunization program, such as provision of vitamin A and antiparasitic agents to children under 5.

32. Since 2017, PASB has provided systematic support to the MPPS to strengthen management of potentially severe neonatal and maternal complications in the eight jurisdictions with the highest proportion of maternal deaths (the states of Anzoátegui, Aragua, Bolívar, Carabobo, Lara, Miranda, and Zulia, plus the Capital District). PASB, in coordination with national and local health authorities, trained 695 health care workers and professionals in essential interventions to reduce severe maternal and neonatal morbidity and mortality. Through the PAHO Strategic Fund, PASB also supported the purchase of essential medicines, including 103,012 amoxicillin + clavulanic acid tablets, 100,000 doses of dexamethasone, 80,000 misoprostol tablets, 9,000 doses of hydralazine, and 200 vials of pulmonary surfactant, among others. Additionally, PASB, in coordination with the MPPS, developed a plan to prioritize the systematic use of immediate postpartum family planning at the same time and location as facility-based childbirth care, along with the use of misoprostol and manual vacuum aspiration to prevent complications from abortion.

33. In response to recent floods that affected an estimated 35,000 people in 111 municipalities (mainly in the states of Amazonas, Bolívar, Apure, and Delta Amacuro), PASB has supported the provision of medicines and medical supplies in Amazonas and Bolívar to treat emergency-related health conditions. Additionally, PASB is presently completing processes to distribute 90,000 aquatabs in Bolívar to ensure access to safe water for three weeks for nearly 6,000 people living in shelters.

34. PASB has also scaled up responses in neighboring countries (Brazil, Colombia, Ecuador, Guyana, and Trinidad and Tobago) and has established field offices in border areas or deployed additional personnel there. The activities are aimed at strengthening health system response in border areas, vaccination, and epidemiological surveillance at the local and national levels, in order to detect and respond effectively to the needs of Venezuelan migrants and the host population.

35. In **Brazil**, PASB is working with national and local authorities to contain the measles outbreak in affected states. Residents and Venezuelan migrants from 6 months to 49 years of age, mainly children under 15 years old, have been vaccinated against measles. PASB has provided technical cooperation to strengthen vaccination activities, including the establishment of a vaccination post in Pacaraima, in the state of Roraima on the border with Venezuela, which operates continuously for 10 hours a day, seven days a week. As of 18 July 2018, 71,675 vaccines from the national vaccination program have been administered to 127,875 Venezuelan migrants. Support is also being provided to improve case management and investigation through the implementation of infection prevention and control (IPC) protocols, isolation rooms, hospital screening, contact tracing, training of health professionals, active institutional and community research, and laboratory capacity building, among others. A situation room was also established with the support of PASB to coordinate response to and monitoring of the spread of measles at the state level.

36. In **Colombia**, PASB is working with health authorities and partners to strengthen capacities at points of entry in Norte de Santander, La Guajira, and Arauca for immediate care and for immunization, detection, and follow-up of measles contacts, active case finding in institutions and in the community, and vaccination of susceptible persons. Between May and July 2018, 27,909 vaccines from the national vaccination program were administered to 11,009 Venezuelan migrants at points of entry. In addition, 217 migrants have received mental health care in the departments of La Guajira and Norte de Santander through a coordinated effort between PASB and the local health system. PASB has also supported national and local authorities in: *a*) the training of health care workers for rapid response to imported measles cases, case management, effective vaccination strategies, and nutritional screening of children under 5 years old; *b*) intensifying epidemiological surveillance; *c*) strengthening diagnostic capacity by acquiring reagents for the National Health Institute and providing a virologist for expert support to the measles screening process; *d*) increasing the health care delivery capacity of local health institutions through the provision of basic emergency health kits, kits for obstetric emergencies, and communications equipment; and *e*) implementation of hospital contingency plans. PASB is also providing support for extra-institutional modalities of health care delivery (such as mobile health units and the distribution of personal and family protection kits for the reduction of health risks), thus improving the capacity for immediate response and the extension of services through the delivery of supplies and medicines to prioritized public health institutions.

37. In **Ecuador**, PASB has provided ongoing support to the national counterparts to strengthen epidemiological field investigation by conducting a workshop on rapid response to imported measles cases, aimed at activating a rapid response team at different levels of the health system and providing onsite technical assistance to nine health areas. Additionally, PASB is working closely with the Ministry of Health in implementing initiatives to improve epidemiological surveillance, vaccination coverage, water and sanitation, and basic health care access for migrant populations, with emphasis on priority care for children under 5 years of age, pregnant women, elderly people, people with disabilities, and indigenous populations in the border area with Colombia.

38. In **Peru**, PASB has provided ongoing technical support to national counterparts to strengthen epidemiological field investigation and response to local and imported measles cases. PAHO is an active member of the interagency group for migrants and refugees (Grupo de Trabajo sobre Personas Refugiadas y Migrantes, GTRM) and is supporting Ministry of Health resource mobilization efforts to enhance the surge capacity of health services particularly in the areas with higher influx of migrants.

39. In **Guyana**, the PWR Office is working closely with the Ministry of Health to monitor the condition of migrants and strengthen epidemiological surveillance, information management, detection, verification, and risk assessments of events related to epidemic-prone diseases. PASB experts are also working with national authorities to conduct risk communication activities, assess immunization coverage and laboratory capacities to identify potential health needs in areas with migrants, and strengthen the

immunization program, which includes vaccinating migrants on arrival. There is also coordination with the Ministry of Citizenship, the Civil Defense Commission, and other departments to ensure that foreign nationals are vaccinated with the required vaccines.

40. In compliance with the International Health Regulations, PASB has disseminated updated epidemiological reports and alerts to Member States on diphtheria, measles, and malaria.<sup>32</sup> These have included notifications of the increased number of cases in Venezuela and recommendations to *a)* implement a high-quality surveillance system that is sensitive enough to provide timely detection of any suspected cases, and *b)* prevent the introduction and spread of measles and diphtheria through the vaccination of susceptible populations.

41. According to criteria included in the regional measles elimination plan, if transmission persists for 12 months or longer in a given geographic area, endemic transmission is reestablished. Thus, endemic transmission of measles has been reestablished in Venezuela, but the other 34 PAHO Member States maintain their elimination status.<sup>33,34,35</sup>

### **Actions Necessary to Improve the Situation**

42. The following short-term and medium-term interventions are recommended for implementation by the affected countries:

#### ***Venezuela***

- a) Continue the implementation of the plan of action to stop transmission of measles and diphtheria.
- b) Reduce morbidity and mortality due to malaria, particularly in populations in conditions of vulnerability, such as in the gold-mining areas in Bolívar State.
- c) Implement urgent actions to rationalize and mobilize existing resources to ensure the functionality of hospital services on a priority basis and address gaps in primary health care to respond to the immediate challenges. This may require contingency plans and interventions to ensure retention of existing workforce, short-term

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<sup>32</sup> Epidemiological Alerts and Updates. Available from: [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=1239&Itemid=2291&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=1239&Itemid=2291&lang=en).

<sup>33</sup> Reports of the Technical Advisory Group (TAG) on Vaccine-preventable Diseases. Available from: [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=1862&Itemid=2032&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=1862&Itemid=2032&lang=en).

<sup>34</sup> PAHO/WHO, Plan of action for maintaining measles, rubella, and congenital rubella syndrome elimination in the Region of the Americas: Final report (Document CD55/INF/10, Rev. 1), 2016. Available from: <https://www.paho.org/hq/dmdocuments/2016/CD55-INF-10-e.pdf>.

<sup>35</sup> PAHO/WHO, Plan of action for the sustainability of measles, rubella, and congenital rubella syndrome elimination in the Americas 2018-2023 (Document CSP29/8), 2017. Available from: [https://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=41210&Itemid=270&lang=en](https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=41210&Itemid=270&lang=en).

- measures to address human resources gaps, and steps to increase availability of essential medicines and supplies.
- d) Improve essential public health functions, including surveillance and availability of health information within the context of the International Health Regulations.
  - e) Accelerate efforts to improve integration of health services within the health system, based on the primary health care approach, to address current fragmentation and segmentation. This will be critical to improve efficiencies and build resilience.

***All countries***

- f) Invest in and prioritize general vaccination coverage to reach at least 95% in all municipalities and communities and address outbreaks of vaccine-preventable diseases.
- g) Strengthen the resilience of health systems in accordance with Resolution CD55.R8,<sup>36</sup> adopted in 2016, and the Strategy for Universal Access to Health and Universal Health Coverage,<sup>37</sup> adopted in 2014.
- h) Continue efforts to address the health needs of migrants in accordance with Resolution CD55.R13, adopted in 2016.<sup>38</sup>
- i) Scale up activities for malaria surveillance and response in all affected countries, along with efforts to prevent reestablishment of transmission in malaria-free areas.

**Action by the Directing Council**

43. The Directing Council is invited to take note of this report and provide any recommendations it may have.

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<sup>36</sup> PAHO/WHO, Resilient health systems (Resolution CD55.R8), 2016. Available from: <https://www.paho.org/hq/dmdocuments/2016/CD55-R8-e.pdf>.

<sup>37</sup> PAHO/WHO, Strategy for universal access to health and universal health coverage (Resolution CD53.R14), 2014. Available from: <https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf>.

<sup>38</sup> PAHO/WHO, Health of migrants (Resolution CD55.R13), 2016. Available from: <https://www.paho.org/hq/dmdocuments/2016/CD55-R13-e.pdf>.