



# Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV

Update in response  
to the COVID-19 pandemic



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE AMERICAS



UNAIDS



# Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV

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**PAHO**



Pan American  
Health  
Organization



World Health  
Organization  
ORGANISATION MONDIALE DE LA  
SANTÉ



**UNAIDS**

Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic

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# ACRONYMS AND ABBREVIATIONS

<b>ARV</b>	antiretroviral
<b>DTG</b>	dolutegravir
<b>HIV</b>	human immunodeficiency virus
<b>INI/INSTI</b>	integrase inhibitor/ integrase strand transfer inhibitor
<b>NGO</b>	nongovernmental organization
<b>NNRTI</b>	non-nucleoside reverse transcriptase inhibitor
<b>PAHO</b>	Pan American Health Organization
<b>PI</b>	protease inhibitor
<b>STI</b>	sexually transmitted infection
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>WHO</b>	World Health Organization

# BACKGROUND

The flow of refugees and migrants from the Bolivarian Republic of Venezuela is the largest movement of people in the history of Latin America and the second largest worldwide. By July 2020, as a result of the economic, institutional, and political crisis in their country, more than 5 million Venezuelans had left their homes in search of a better life and access to basic services. More than 3.9 million of them have relocated to other countries in Latin America and the Caribbean.

There are various causes for this migration, but the main ones are related to health care issues, including HIV infection and AIDS. People are seeking access to antiretroviral (ARV) treatment and health services that will save their lives. A large number of refugees and migrants living with HIV are members of the LGBTI+ (lesbian, gay, bisexual, transgender, intersex) community who, because they experience greater stigma and discrimination, have become one of the migrant groups that are most vulnerable to xenophobia, human trafficking and smuggling, abuse, and labor and sexual exploitation.

This flow of people has greatly challenged national capacities, preventing a timely and efficient response in many cases. As a result, a number of refugees and migrants do not have access to basic services in areas such as health, education, and economic integration. The COVID-19 pandemic,<sup>1</sup> which is having an unprecedented impact, especially on health systems, has aggravated the situation, often deepening existing national health care gaps. People on the move are being directly affected by the pandemic in many ways. Policies restricting free movement, quarantine, and social distancing measures have limited their opportunities to engage in economic activities—which in many cases were already limited—and have weakened their access to food, housing, medicines, and other essential consumer goods and also prevented them from continuing their journey to destination countries.

Similarly, the lack of information on access to services in each country is a major barrier to the exercise of rights and the provision of health care in specific areas.

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<sup>1</sup> For more information on COVID-19 and HIV, see <https://www.unaids.org/en/covid19>

According to a survey conducted by the UNAIDS Regional Office for Latin America and the Caribbean in April 2020, 61% of the people who identified themselves as refugees/migrants living with HIV indicated that they do not know of organizations or institutions they could turn to for information or help. Also, 69% of such people do not know where to turn to in case of an emergency, including any type of violence or discrimination based on their status as persons living with HIV.

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In addition, the mobility, migration status, and poverty of many refugees and migrants with chronic illnesses interfere with their access to health systems and, consequently, to medicines essential to their survival. This situation is particularly serious in the case of refugees and migrants living with HIV because the shortage of antiretroviral treatment in Venezuela, coupled with lack of continuity in therapy and problems in treatment adherence during the migratory journey, can generate resistance to ARV drugs, which has an individual impact on the therapeutic response (loss of efficacy) and may also have an epidemiological impact due to the transmission of resistant strains. Not only does this put the lives of refugees and migrants living with HIV at risk, but it could also affect the course of the epidemic in host countries and, therefore, in the Region.

The existing deficits in the Region's health care systems have been compounded by the Venezuelan migration challenge, which, due to its volume and



characteristics, requires special attention. At the same time, the COVID-19 pandemic has created enormous difficulties, as it has affected service continuity, dramatically altered budgets, and compromised the financial sustainability of care at all levels.

## Regional Inter-Agency Coordination Platform -R4V<sup>2</sup>

In April 2018, the United Nations Secretary-General requested the leading agencies on migration and refugee issues to coordinate the operational response in the Region. Thus, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) took the lead through **the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela (R4V)**, which comprises more than 40 participating entities, including United Nations agencies, nongovernmental organizations (NGOs), donors, and international financial institutions. R4V has also established national-level coordination platforms in Argentina, Brazil, Chile, Colombia, Ecuador, Mexico, and Peru and in the Caribbean and Central America.

## Quito Process

As part of these efforts, the R4V Platform has supported and promoted the so-called Quito Process, which began in September 2018 when the Government of Ecuador convened 10 countries in the region: Argentina, Brazil, Chile, Colombia, Costa Rica, Mexico, Panama, Paraguay, Peru, and Uruguay.

The purpose of this process is to strengthen regional coordination and international technical and financial cooperation in order to better protect the rights of refugees and migrants of Venezuelan origin. This first meeting resulted in the adoption of the Quito Declaration on Human Mobility of Venezuelan Citizens in the Region,<sup>3</sup> which establishes a series of measures, including a commitment by the States of the Region to provide Venezuelan citizens in a situation of human mobility with **access to health services**.

Subsequently, two meetings were held—in November 2018 and April 2019—which resulted in the Plan of Action of the Quito Process on Human Mobility of Venezuelan Citizens in the Region,<sup>4</sup> adopted by 8 of the 11 countries that signed the Declaration, and the Joint Declaration of the Third Technical Meeting on Human Mobility of Venezuelan Citizens in the Region<sup>5</sup> which stresses, in its

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<sup>2</sup> R4V = Response for Venezuelans.

<sup>3</sup> See Annex II of the letter dated 9 May 2019 from the Chargé d'affaires a.i. of the Permanent Mission of Ecuador to the United Nations addressed to the Secretary-General: Quito Declaration on Human Mobility of Venezuelan Citizens in the Region [Internet]. New York: United Nations; 2019 (document A/73/874). Available from: <https://undocs.org/en/A/73/874>.

<sup>4</sup> Ibid., Annex III.

<sup>5</sup> Ibid., Annex I.

paragraph 3, “...the importance of enhancing coordination, communication, and organization among the Governments of transit and host countries for Venezuelan migrants, through their competent national institutions, in order to ensure that the human rights of Venezuelans in a situation of human mobility, in particular the most vulnerable groups, are upheld.”

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During the Fourth International Technical Meeting of the Quito Process,<sup>6</sup> held on 4-5 July 2019 in Buenos Aires, Argentina, UNAIDS and PAHO presented a proposal aimed at **expanding the coverage of health services for refugees and migrants, especially those living with HIV, regardless of their migration status, and at ensuring antiretroviral treatment, thus accelerating the transition to dolutegravir (DTG)**<sup>7</sup>. Accordingly, the **Road Map**<sup>8</sup> adopted at the meeting proposes to “analyze PAHO and UNAIDS’s proposal to increase health care coverage among migrants and refugees living with HIV.”<sup>9</sup>

## Progress made by UNAIDS and PAHO

In response to this commitment, and with a view to facilitating analysis, UNAIDS and PAHO organized the **First Technical Coordination Meeting on the Regional**

<sup>6</sup> Office of the United Nations High Commissioner for Refugees. Joint Statement by the Fourth International Technical Meeting on Human Mobility of Venezuelan Nationals. Quito Process – Buenos Aires Chapter, 5 July 2019. Available from: <https://data2.unhcr.org/en/documents/download/70457>

<sup>7</sup> World Health Organization. WHO recommends dolutegravir as preferred treatment for HIV infection in all populations [Internet]. 22 July 2019. Geneva: WHO; 2019. Available from: <https://www.who.int/es/news-room/detail/22-07-2019-who-recommends-dolutegravir-as-preferred-hiv-treatment-option-in-all-populations>.

<sup>8</sup> Fourth International Technical Meeting on Human Mobility of Venezuelan Nationals – Quito Process, Buenos Aires Chapter Road Map. Available from: <https://data2.unhcr.org/en/documents/details/70458>

<sup>9</sup> This proposal’s effectiveness has already been tested in other scenarios in the framework of a price reduction policy for countries. For more detailed information, see Joint United Nations Programme on HIV/AIDS. New high-quality antiretroviral therapy to be launched in South Africa, Kenya and over 90 low-and middle-income countries at reduced price. Available from: [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/september/20170921\\_TLD](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/september/20170921_TLD)

**Response to HIV/AIDS in the Context of Human Mobility**, held in Bogota in November 2019, for the purpose of promoting dialogue between national health authorities with a regional approach and, thus, exploring scenarios for the expansion of national responses to refugees and migrants.<sup>10</sup> The specific objectives were to (1) analyze the treatment schemes in place in the countries of the Region and evaluate scenarios for harmonizing these schemes; (2) assess the feasibility of transitioning to DTG in the Region; and (3) propose actions to ensure access to prevention, diagnosis, comprehensive care, treatment, and support services for all refugees and migrants living with HIV/AIDS.

Participants in this meeting included representatives of the national AIDS programs of 7 of the 12 countries that endorsed the Road Map, namely Argentina, Brazil, Colombia, Costa Rica, the Dominican Republic, Guyana, and Paraguay. NGOs from Colombia, Ecuador, and Peru that carry out activities aimed at assisting communities of refugees and migrants of Venezuelan origin also participated. In addition, to ensure the effective participation of all countries, including those that were unable to attend this meeting, such as Chile, Ecuador, Mexico, Peru, and Panama, an online consultation was held on the points set out in the UNAIDS/ PAHO proposal,<sup>11</sup> the key results of which have been taken into account in this document.

In addition to the results obtained through the online survey during the meeting, several specific points were highlighted:

- 88% of the countries have included or are in the process of including DTG in their national guidelines. Of these countries, 55% already recommend DTG as a preferred first-line regimen.
- As for the possible consolidation of regional demand for DTG, the programming of joint purchases, and the role of PAHO's Strategic Fund in the purchase of ARV drugs, a presentation on the available mechanisms was made. It was determined that it is possible to undertake inter-country coordinated actions for the implementation of joint purchasing.
- Countries attending the meeting proposed various actions to improve access to prevention, screening, comprehensive care, treatment, and support services for all refugees and migrants living with HIV/AIDS. Some of the proposed actions include:
  1. Strengthening epidemiological systems to improve the availability

<sup>10</sup> World Health Organization, Office of the United Nations High Commissioner for Refugees, Joint United Nations Programme on HIV/AIDS. Technical coordination meeting on the regional response to HIV/AIDS in the context of human mobility. Bogota, Colombia; 12-13 November 2019.

<sup>11</sup> Out of the 11 countries involved in the Road Map commitment, only Chile did not respond to the online consultation.

of disaggregated data on the health status of refugees and migrants, especially those living with HIV, including the strengthening of early warning systems at borders and in cities in which the largest numbers of persons of Venezuelan origin have been received and have settled.

2. Studying scenarios for expanding prevention, care, and treatment policies for refugees and migrants, especially those living with HIV who require immediate treatment, in countries where immigration status can lead to limitations in access to health care services.
3. Providing evidence on the living conditions of refugees and migrants with HIV, particularly in terms of labor market integration and barriers to health care access.
4. Conducting a technical meeting with civil society actors to strengthen coordination among them and with governments, given that alternative and effective responses are being proposed to protect the rights of refugees and migrants living with HIV.
5. Identifying actions to reduce the stigma and discrimination associated with living with HIV, being part of the LGBTI+ community, holding a certain migratory status, or a combination of the above, which can constitute major barriers to receiving services, especially health services.

## Proposal purpose and target audience

This document aims to provide practical guidance to increase health care coverage for refugees and migrants by supporting the provision of and equitable access to quality services in the areas of HIV prevention and control, thereby ensuring continuity of treatment, especially for refugees and migrants living with HIV, something that is particularly important in the context of COVID-19.

This document presents five strategic lines of action,<sup>12</sup> which are broken down into specific initiatives aimed at expanding HIV prevention, care, and treatment policies for refugees and migrants. It is addressed to policymakers from ministries of health in the Region, health system officials, and other institutions that deal with issues related to refugees and migrants at regional, national, and subnational levels, especially those working in border areas and host communities, including health service workers, community leaders, and NGOs that provide services to refugees and migrants. The document includes recommendations adapted to the context of the COVID-19 pandemic, which has created new challenges in relation to health responses, in particular the response to HIV/AIDS in the Region.

<sup>12</sup> Based on Pan American Health Organization/World Health Organization. Guidance Document on Migration and Health. Washington, DC: PAHO; 2019. Available from: <https://www.paho.org/en/documents/guidance-document-migration-and-health>

## Proposed strategic lines of action

### Strategic line of action 1.

#### Strengthen health surveillance, information management, and monitoring

1. Establish epidemiological surveillance systems at national and local levels to reflect the health status and needs of refugees and migrants, especially in relation to HIV infection and other STIs.
2. Develop sentinel surveillance or data collection studies on access to and use of health care services by refugees and migrants.
3. Strengthen epidemiological surveillance systems, information management, and national and local capacities to respond to the demands of migrants, refugees, and host communities.
4. Harmonize WHO-recommended indicators, especially for HIV and STIs, to facilitate the comparability of data between countries in the Region and the analysis of data disaggregated by migrant and refugee status.
5. Deploy a cross-border system of electronic patient records (e.g., with a health card) to facilitate continuity of care along refugee and migrant routes, especially for those who have health conditions or require clinical follow-up and chronic care.

### Strategic line of action 2.

#### Increase access to health services for refugees, migrants, and host communities

6. Develop protocols or concrete actions to ensure both essential medical care and specialized care for refugees and migrants living with HIV and survivors of gender-based violence and sexual violence.
7. Train health personnel to counsel refugees, migrants, and host communities on HIV prevention and on timely sexual and reproductive health care services.
8. Offer testing services for HIV (including self-testing), syphilis, and other STIs to refugees, migrants, and host communities, in particular survivors of gender-based and sexual violence and pregnant women, with no restrictions related to their immigration status.
9. Ensure condom and lubricant supplies in health care centers, shelters, and transit points for refugees and migrants, and also in host communities,

and multi-month dispensing of medicines in accordance with the user's needs.

10. Provide care and self-protection services, clinical evaluation, and treatment of STIs to ensure timely prevention and care services for refugees and migrants, with notification and treatment of sexual partners in the case of an STI diagnosis.
11. Train health personnel and ensure timely access to post-exposure prophylaxis (PEP) for non-occupational exposure, particularly for refugees and migrant survivors of sexual violence.
12. Provide pre-exposure prophylaxis (PrEP) to prevent HIV infection in accordance with national guidelines (additional risks among refugees and migrants, including extortion and sexual violence, should be considered, especially for women, girls, and members of the LGBTI+ community).
13. Ensure access to contraceptives and emergency contraceptives for all refugees and migrant survivors of sexual violence, including women and adolescents of both sexes.
14. Ensure treatment of chronic viral hepatitis B and C for refugees and migrants, according to national guidelines, if available, for citizens in the host country. People with hepatitis/HIV co-infections are a priority group for this recommendation.
15. Strengthen partnerships among governmental and nongovernmental organizations and make the most of connections with partners from host communities to provide testing and health services.
16. Ensure ARV treatment for women diagnosed with HIV and mother-to-child transmission (MTCT) protocols for lactating women exposed to HIV and their infants.
17. Ensure access to antiretroviral treatment, in accordance with national guidelines and in alignment with WHO recommendations concerning ARVs, for refugees and migrants living with HIV, regardless of their migration status, including laboratory monitoring (viral load and other necessary follow-up tests).
18. Ensure multi-month dispensing (MMD) of ARVs for at least three months of treatment and community dispensing of antiretroviral drugs, adopting

the good practices for ARV distribution recommended by WHO<sup>13</sup> and ensuring multi-month dispensing of all drugs required by the patient, including for pathologies other than HIV infection (e.g., prophylaxis for opportunistic infections, treatment of chronic pathologies, etc.).

19. Ensure access to influenza and pneumococcal vaccines for migrants and refugees living with HIV in the context of the COVID-19 pandemic.

## Guidelines for selection of an ARV regimen for migrants

Choosing an ARV treatment for refugees and migrants living with HIV depends on several medical factors and considerations related to the person's country of origin: previous experience with ARV, treatment interruption, transmission of non-nucleoside reverse transcriptase inhibitor (NNRTI) resistance in the country of origin,<sup>14</sup> availability of medical history and laboratory test results (viral load and resistance tests), existing coinfections, and possible pregnancy in the case of women of childbearing age.

These factors need to be given special consideration in the case of Venezuelan refugees and migrants because in many cases the health sector crisis in their country has affected the continuity of and adherence to antiretroviral treatment, as well as their access to comprehensive health services. In fact, numerous refugees and migrants report that the main reason they left their country was to seek treatment for chronic illnesses.<sup>15</sup>

Refugees and migrants living with HIV who are newly diagnosed in the host country, or who already know their HIV status but have not started ARV treatment, can initiate ART in accordance with national guidelines (with special consideration given to the level of NNRTI resistance in the country of origin).

Migrants living with HIV who are taking ARVs at the time of linkage to comprehensive care services in host countries may continue their current regimen, if available. A viral load test should be ordered as soon as possible. As for patients who have taken ARV treatment and are currently off treatment, decisions about which treatment to use will depend on the availability of medical

<sup>13</sup> World Health Organization. WHO good distribution practices for pharmaceutical products. WHO Technical Reports Series, No. 957, 2010. Geneva: WHO; 2010. Available from: [https://www.who.int/medicines/areas/quality\\_safety/quality\\_assurance/GoodDistributionPracticesTRS957Annex5.pdf](https://www.who.int/medicines/areas/quality_safety/quality_assurance/GoodDistributionPracticesTRS957Annex5.pdf).

<sup>14</sup> For further information. Available from: <https://www.paho.org/en/topics/hiv-drug-resistance>.

<sup>15</sup> For further information, see Office of the United Nations High Commissioner for Refugees. A chance to live: The quest of Venezuelan refugees and migrants with HIV/AIDS. 30 November 2018. Washington, DC: UNHCR USA; 2018. Available from: <https://www.unhcr.org/news/stories/2018/11/5c0167814/chance-live-quest-venezuelan-refugees-migrants-hiv aids.html>

records, information on viral load and genotype, and the antiretrovirals available in the host country. However, this information is often unavailable. In such cases, a regimen with ARVs with a high genetic barrier to resistance (e.g., integrase inhibitors or INIs, such as DTG or ritonavir-boosted protease inhibitors, or PIs) is preferred, given the likelihood of preexisting resistance after discontinuation of an NNRTI regimen (see table below for details).

Since 2018, WHO has recommended the use of a DTG-based regimen with two nucleoside reverse transcriptase inhibitors (NRTIs) as the preferred first-line treatment for adults and children with approved doses of DTG (e.g., DTG with tenofovir disoproxil fumarate and lamivudine for adults and children that weigh at least 30 kg; and DTG with abacavir and lamivudine for infants aged 4 weeks or more).

In 2019, WHO confirmed the recommendation to use DTG in combination with 2NRTI backbone as the preferred first-line regimen for people with HIV initiating ART,<sup>16</sup> including adults, adolescents, and children on approved doses of DTG. Under this same guideline, the use of DTG in combination with an optimized 2-NRTI backbone is recommended as the preferred second-line regimen for adults and children who have had therapeutic failure of non-DTG-based first-line regimens.

In 2018, WHO issued a drug safety warning regarding the use of DTG during the periconceptional period or in women of childbearing age because of its possible association with neural tube defects. However, given the observed decrease in the risk of neural tube defects associated with DTG exposure at conception, and the significant benefits of DTG treatment in terms of effectiveness, tolerability, and susceptibility to the development of resistance, the 2019 update supported its use for adult and adolescent women of childbearing potential.

In any case, effective contraception should always be offered and made available to HIV-positive women who start DTG-based regimens. Likewise, DTG can be prescribed to adult and adolescent women of childbearing age and to those who wish to become pregnant, or who are not using contraceptive methods consistently and effectively, if they have been adequately informed about the therapeutic benefits. These considerations apply to all women, including migrant and adolescent women with HIV.

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<sup>16</sup> For further information, see World Health Organization. Update of recommendations on first- and second-line antiretroviral regimens. Policy brief. Geneva: WHO; 2019. Available from: <https://apps.who.int/iris/handle/10665/325892>



For patients who have experienced therapeutic failure on a DTG-based regimen, WHO recommends the use of boosted PIs (atazanavir/ritonavir (ATV/r) or lopinavir/ritonavir (LPV/r)) in combination with an optimized 2-NRTI backbone as the preferred second-line therapy. Treatment can also be tailored by using genotype information, if available, and consulting with experts.

Harmonization of treatment protocols in countries with high flow and transit of migrant population and their adaptation to the 2019 WHO recommendations on the use of DTG-based regimens could improve the effectiveness, continuity of treatment and treatment adherence among migrants and refugees.

**Table 1: Guidelines for selection of an ARV regimen for refugees and migrants**

Patient status	Guidelines	
1. ARV-naïve patients (for cases diagnosed in host country or for patients who previously knew their HIV status)	Follow the antiretroviral therapy guidelines of the host country. <sup>1</sup> Host countries are urged to adopt the latest WHO recommendations.	
2. Patients who previously used antiretrovirals, but are currently untreated (treatment interruption)	If the medical record is available	Review prior ARV use and viral load and genotype results (if available), and select a regimen based on the resistance profile and the guidelines of the host country for patients with prior ARV use. <sup>2,3,4</sup>
	If the medical record is NOT available	Use an ARV-based regimen with a high genetic barrier to resistance (e.g., DTG or boosted PIs) <sup>2,3</sup>

Patient status	Guidelines	
3. Patients who are currently taking ARVs	Continue current regimen if available and check viral load to confirm viral suppression <sup>5</sup>	If the viral load is suppressed, continue regimen and monitor according to the guidelines of the host country. <sup>6</sup>
		If the viral load is NOT suppressed and medical records are available, review previous ARV use and viral load and genotype results (if available), and choose a regimen based on the resistance profile and the guidelines of the host country for treatment failure. <sup>2,3,4</sup>
		If the viral load is NOT suppressed and NO medical records are available, choose a regimen based on the resistance profile and the guidelines of the host country for treatment failure. Use ARVs with a high genetic barrier (e.g., DTG or boosted PIs). <sup>2,3</sup>

#### Notes on the guidelines for selection of an ARV regimen for refugees and migrants

- <sup>1</sup> If transmitted resistance or pretreatment resistance to NNRTIs in the migrant's country of origin is >10% and if the first-line regimen in the host country includes NNRTIs, it is advisable to use an alternative regimen with integrase strand transfer inhibitors (INSTIs) (e.g., DTG) or PIs boosted with two NRTIs. As of 2018, WHO recommends the use of a DTG-based regimen as the preferred first-line treatment (see: <https://apps.who.int/iris/handle/10665/325892>).
- <sup>2</sup> Given the high likelihood of NNRTI resistance in patients with a history of NNRTI use and treatment interruption, use a regimen with INSTIs (e.g., DTG) or PIs boosted with optimized 2-NRTI (AZT/3TC after treatment failure with TDF/XTC or ABC/XTC, and vice versa). HIV genotypic test results can be used to optimize the regimen if available in medical records or if the test is available in the host country.
- <sup>3</sup> If women of childbearing age are taking DTG, they should be advised to use reliable and consistent contraceptives. However, DTG may also be prescribed for adult women and adolescent girls who wish to become pregnant or do not have consistent and effective access to contraceptives. Women of childbearing age who want to become pregnant, or who do not have access to or do not want to use contraceptives, can use DTG. However, they should be warned about the potential risk of neural tube defects associated with DTG use during conception and the first trimester of pregnancy. DTG can also be used in children at approved doses (>4 weeks and >3kg.) (see: <https://www.who.int/publications/i/item/9789240023529>). Boosted PIs can be used during the first trimester of pregnancy, for children who do not have an approved dose of DTG, or if DTG is not available (preferably if the patient has not previously received a boosted PI). Beware of drug interactions in patients with TB/HIV coinfection using rifampicin (DTG dose should be increased to 50 mg twice a day).
- <sup>4</sup> If the patient had a detectable viral load while taking INSTI, obtain HIV genotypic information if available in the host country, assess adherence, and seek expert opinion. WHO recommends two NRTIs + boosted PIs (ATV/r or LPV/r) in patients with therapeutic failure on a DTG-based first-line regimen.
- <sup>5</sup> If the ARV regimen is not available in the host country, a similar regimen may be used (e.g., LPV/r instead of ATV/r, and vice versa). However, if the patient is on a boosted PI or INSTI, do not switch to NNRTI if no medical history is available to assess prior NNRTI experience and likelihood of resistance, or if baseline NNRTI resistance in the country of origin is >10%. Harmonization of national guidelines around WHO recommendations will ensure the availability of standardized regimens across countries.
- <sup>6</sup> In case of viral suppression on an NNRTI-based regimen in a host country that is in the process of transitioning to DTG-based regimens, substitution with DTG may be considered in accordance with national recommendations and criteria for transition.

### Strategic line of action 3.

Improve communication and exchange of information to counter xenophobia, stigma, and discrimination, especially against people living with HIV and key populations

20. Establish communication channels on the health status of refugees and migrants, especially between neighboring countries, to encourage cross-border health care actions focused on HIV and STIs for the migrant population and host communities, including the exchange of positive experiences, good practices, policy instruments, successful tools, and lessons learned in the promotion and protection of HIV among refugees and migrants, including cooperation agencies or other relevant actors.
21. Distribute materials to provide refugees, migrants, and host communities with information on migrants' rights (including the right to health) and on health care services provided by all relevant actors at national and local levels, including NGOs and social, religious, or other types of organizations. Information regarding HIV prevention and access to services, treatment, and counseling is particularly important. In the context of the COVID-19 pandemic, it is highly desirable to enable alternative means of care<sup>17</sup> in health services and shelters to provide relevant and timely key information on both HIV prevention and COVID-19 prevention measures.
22. Ensure the availability of information on the correct use of condoms in emergency care centers and shelters, including alternative means of information.

### Strategic line of action 4.

Strengthen partnerships, networks, and multi-country frameworks to understand the migratory status and promote and protect the health of refugees and migrants

23. Establish mechanisms for intersectoral collaboration that include health, education, social welfare, migration, and advocacy institutions, among others, to facilitate the organization of national responses, in particular for the health care and education of refugees and migrants.
24. Establish or reactivate cross-border associations and partnerships to strengthen efforts and address health issues related to human mobility and HIV.

<sup>17</sup> The term "alternative means of care" refers to messaging apps (such as WhatsApp), SMS, phone calls, chats, web pages, etc., which allow people to obtain timely information while maintaining the social distancing measures suggested by WHO for the control of the COVID-19 pandemic.

### Strategic line of action 5.

Adapt policies, programs, and legal frameworks to promote and protect the health and well-being of refugees and migrants

25. Tailor existing policies, programs, and legal frameworks to ensure equitable access to HIV prevention, diagnosis, care, and treatment services for all refugees and migrants, regardless of their immigration status.
26. Establish a clear distinction between immigration law enforcement activities and the provision of health services to protect migrants who are neglected in terms of associated risks, especially for those with chronic illnesses.
27. Analyze the barriers that prevent refugees and migrants from accessing adequate health care, regardless of their migratory status.
28. Review and update guidelines for the implementation of multi-month prescription, distribution, and dispensing of medications for people living with HIV and regulations regarding multi-month prescribing criteria in the context of COVID-19.<sup>18</sup>
29. Encourage the modification of legal frameworks that ensure the promotion of, respect for, and effective fulfillment of the human rights of refugees and migrants, while upholding their right to health and the principles of non-discrimination in universal access to health, especially in the context of the COVID-19 pandemic.
30. Establish a research agenda on migration, mobility, and health, with a focus on HIV/AIDS.
31. Establish partnerships, cooperative projects, or multinational agreements or channel government resources to finance prevention, diagnosis, and treatment services for refugees and migrants, regardless of their migration status.

<sup>18</sup> It is suggested to review and apply the following document: Pan American Health Organization, World Health Organization, Joint United Nations Programme on HIV/AIDS. Guidelines for the implementation of multi-month dispensing (MMD). Washington, DC; PAHO, WHO, UNAIDS; 2020. Available from: [http://onusidalac.org/1/images/Prescripcion-dispensacion-Mx-multimese\\_v21042020-ENGLISH\\_TRANSLATION\\_PA\\_GR.pdf](http://onusidalac.org/1/images/Prescripcion-dispensacion-Mx-multimese_v21042020-ENGLISH_TRANSLATION_PA_GR.pdf)



The flow of refugees and migrants from the Bolivarian Republic of Venezuela is the largest movement of people in the history of Latin America and the second largest in the world. By 2020, more than 5 million people had left the country in search of better living conditions and access to basic services, including health care.

This publication was prepared by PAHO and UNAIDS as part of the regional process of coordinating technical and financial support for refugees and migrants in the Bolivarian Republic of Venezuela. It presents practical guidelines for expanding health care coverage for Venezuelan refugees and migrants, taking into consideration the current context of COVID-19. It is structured along five strategic lines of action aimed at expanding HIV prevention, care, and treatment policies.

This proposal is aimed at policymakers in the Region's ministries of health, health system officials, and other institutions that deal with issues related to refugee and migrant populations at regional, national, and subnational levels, especially those active in border areas and destination communities. The recommendations have been adapted to the context of the COVID-19 pandemic, which has created new challenges in relation to health responses, especially the response to HIV/AIDS in the Region of the Americas.

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Americas



**UNAIDS**

525 Twenty-third Street, NW  
Washington, D.C., 20037  
Estados Unidos de América  
Tel.: +1 (202) 974-3000  
[www.paho.org](http://www.paho.org)