URGENT ACTION

venezuela TO run out of ANTIretrovirals in 2018

The Venezuelan government has reportedly not yet signed an urgently needed order for the purchase of vital antiretroviral medication in Venezuela, putting the lives of at least 77,000 people living with HIV in the country at risk. The dwindling stock of antiretroviral medications will finally run out in March 2018, according to local civil society.

Local organizations providing care to people living with HIV report that Venezuela received its last shipment of antiretroviral medication in September 2017, with supplies that could last a maximum of six months, until March 2018. After that date, unless Venezuela receives additional supplies, the country will reportedly have no antiretroviral medication for the approximately 77,000 people living with HIV, putting their lives and health at serious risk.

Civil society sources also report that the Venezuelan authorities have until now refused to sign additional purchase orders for the urgently needed medication. These orders are usually issued by the Ministry of Health with funds approved by the Ministry of Finance, and are addressed to and supplied by the Strategic Fund of the Pan American Health Organisation (PAHO/WHO). The process takes up to six months between the signing of the order and the delivery of the supplies. Therefore, if an order is signed in December, it could take until June for the medicines to reach people in need, thus reinforcing the extreme urgency with which the government should sign the purchase order.

As of 1 December 2017, people living with HIV in Venezuela only had access to five out of 27 antiretroviral medications that should be available for a complete treatment. Throughout 2017, at least 70% of all HIV-positive people in Venezuela have been receiving intermittent treatment due to the constantly under-supplied pharmacies and compounded by sky-rocketing inflation.

**1) TAKE ACTION**

**Write a letter, send an email, call, fax or tweet:**

* Demanding the Minister of Health immediately issue a purchase order for all necessary antiretroviral medications for people living with HIV in Venezuela, to guarantee their rights to life and health;
* Urging the Minister of Finance to assign and release the funds needed for the purchase of enough antiretroviral medication to care for every person living with HIV in Venezuela for a period of at least one year;
* Calling on the authorities to take urgent measures to guarantee the right to health of people suffering chronic illnesses in Venezuela.

Contact these two officials by 31 January, 2018:

Minister of Health

Mr Luis López Chejade

Ministerio del Poper Popular para la Salud

Av. Baralt, Centro Simón Bolívar, Edif. Sur, El Silencio

Caracas 1010, Distrito Capital

Venezuela

Twitter: @LuisLopezPSUV

Twitter: @MPPSalud

Salutation: Dear Mr Minister/ Estimado Señor Ministro

Charge d'Affaires Carlos J. Ron, Embassy of the Bolivarian Republic of Venezuela

1099 30th St. NW, Washington DC 20007

Phone: 1 202 342 2214 I Fax: 1 202 342 6820

Email: despacho.embveusa@mppre.gob.ve OR Politica.embveusa@mppre.gob.ve

**Salutation: Dear Ambassador**

**2) LET US KNOW YOU TOOK ACTION**

[Click here](https://docs.google.com/forms/d/e/1FAIpQLSf3RUspces4lA9Gt7Fp9GiAcojCs6fnfFOTCLli3Su6c3S8ew/viewform) to let us know if you took action on this case! *This is Urgent Action 280.17*

Here's why it is so important to report your actions: we record the actions taken on each case—letters, emails, calls and tweets—and use that information in our advocacy

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## ADditional Information

Venezuela has been experiencing a humanitarian crisis since at least 2016, severely affecting people’s social and economic rights, particularly the rights to health and food.

According to UNAIDS, in 2016, Venezuela had approximately 6500 new HIV infections and around 2500 AIDS-related deaths. There were approximately 120 000 people living with HIV in 2016, among whom around 61% were accessing antiretroviral therapy. In addition the UNAIDS have stated that the country has made some efforts to scale up national HIV prevention, counselling, testing and treatment programmes; however, in the past two years progress has halted. The difficult economic climate is hampering the ability to purchase and procure medicines as well as supplies for HIV testing and prevention. This has caused shortages of antiretroviral medicines and medicines to treat opportunistic infections, as well as male and female condoms and testing for diagnosis of HIV, CD4 and viral load and drug resistance tests.

Although there is almost no access to official data regarding health in Venezuela, in 2017, the Venezuelan Ministry of Health published its weekly epidemiological bulletins from 2016 (after several years of not publishing this information). The data revealed that during 2016, 11,466 children under the age of one had died, an increase of 30.1% from 2015, when this figure stood at 8,812. The most common causes of infant mortality were neonatal sepsis, pneumonia and premature birth. In the case of maternal mortality, the published bulletins indicated an increase of 65.8% between 2015 and 2016, with a total of 756 deaths recorded in 2016, 300 more than in 2015.

The Documentation and Analysis Centre for Workers, a local NGO with more than 40 years of experience in the field of research regarding labor rights in the country, reported that in September the basket of consumer goods for a family of five, which is used to define the consumer price index, was 18 times the minimum wage, representing a 335% increase since the start of the year.

In 2017, the humanitarian organization Caritas Venezuela found that 27.6% of children studied were at risk of malnutrition and 15.7% of them suffered mild-to-acute malnutrition.

Moreover, the World Health Organization recently issued its World Malaria Report 2017, in which the organization states that Venezuela is going through a humanitarian crisis and reports that despite the fact that, historically, Venezuela had been a model for malaria eradication, this illness has been on the rise since 2008.

Gender m/f: all

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