International AIDS Society Educational Fund meeting:

Outcome report
3 April 2019
Bogotá, Colombia

Responses to HIV and migration in Latin America: Current challenges and strategies for the future

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*The views expressed in the report do not necessarily reflect the views of the International AIDS Society.*
2. List of abbreviations used

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>3TC</td>
<td>Lamivudine</td>
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<tr>
<td>AIDS 2018</td>
<td>22nd International AIDS Conference</td>
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<td>AHF</td>
<td>AIDS Healthcare Foundation</td>
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<td>ART</td>
<td>Antiretroviral therapy</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<td>DTG</td>
<td>Dolutegravir</td>
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<td>IAS</td>
<td>International AIDS Society</td>
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<td>IAS 2019</td>
<td>10th IAS Conference on HIV Science</td>
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<tr>
<td>INCMNSZ</td>
<td>Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>PEPFAR</td>
<td>US President's Emergency Plan for AIDS Relief</td>
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<td>PLHIV</td>
<td>People living with HIV</td>
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<td>PrEP</td>
<td>Pre-exposure prophylaxis</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TDF</td>
<td>Tenofovir disoproxil fumarate</td>
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<tr>
<td>U=U</td>
<td>Undetectable equals untransmitable</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>USA</td>
<td>United States of America</td>
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<tr>
<td>VIHCOL</td>
<td>Grupo Colombiano de VIH</td>
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<td>WHO</td>
<td>World Health Organization</td>
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3. Introduction

The International AIDS Society (IAS) Educational Fund organizes meetings around the world to disseminate key scientific and policy content from the International AIDS Conference and the IAS Conference on HIV Science. During these meetings, specific subjects are discussed and recommendations are determined in order to drive local action.

Dr Luis Soto-Ramírez (INCMNSZ, Mexico, and IAS Governing Council Regional Representative for Latin America and the Caribbean) and Dr Ernesto Martínez Buitrago (Universidad del Valle and VIHCOL, Colombia) co-chaired an IAS Educational Fund meeting in Bogotá, Colombia, on 3 April 2019. The meeting was held in partnership with the HIV & Hepatitis in the Americas 2019 congress, the Grupo de VIH de Colombia (VIHCOL) and the Taller Venezolano de VIH (Venezuelan HIV Workshop), and was attended by leading scientists, advocates, healthcare workers and policy makers. The theme was Respuestas al VIH y la migración en América Latina: Desafíos actuales y estrategias para el futuro (Responses to HIV and migration in Latin America: Current challenges and strategies for the future).

The objective of the meeting was to present key scientific and policy content from the 22nd International AIDS Conference (AIDS 2018) to participants and discuss how to respond to the HIV epidemic in the context of migration in Latin America. The meeting ended with a drive, involving all participants, to release a series of recommendations and work routes to impact on the response and improve policies and HIV programmes in the region.
4. Background and context

Latin America is currently facing the largest mobilization of people in history. There are many reasons. In North America, for example, the number of migrants increased by 8% each year between 1980 and 2015; they came mostly from Honduras, Guatemala and El Salvador. Violence, hunger, absence of healthcare services and seeking better work and living environments are among factors driving people and entire families to leave their communities and home countries.

There is also significant migration within the region. According to the United Nations High Commissioner for Refugees, an estimated 3.4 million people left Venezuela due to the humanitarian and economic crisis up until February 2019 (most of them within the past 12 months) and arrived in Chile, Colombia, Ecuador and Peru. Making of this situation the second largest migrant crisis worldwide only after Syria.

The Venezuelan economic crisis has created a serious shortage of antiretrovirals (ARVs) and other supplies, and laboratory testing for HIV follow up and diagnosis. Also, the humanitarian crisis has pushed many clinicians and other healthcare professionals to leave the country. One of the biggest concerns regarding HIV is the absence of official information about the epidemic in the country since 2016. According to UNAIDS, the number of people living with HIV in the country increased by 24% from 2010 to 2016. Despite the lack of official information, an estimated 6,000 people died of HIV-related causes in the country just in 2018 as a result of the shortage of antiretrovirals that started in 2009, according to the Red Venezolana de Gente Positiva (Venezuelan Network of Positive People). In 2018, the government did not acquire ARV drugs and there was a total shortage.

On the other hand, countries that are receiving migrants cannot guarantee stable conditions, prevention and healthcare services, and access to antiretroviral therapy (ART). Governments, HIV programmes and health systems do not have the framework or the capacity to effectively integrate migrants into care. Colombians coming from Venezuela (an estimated 250,000-300,000 since 2015), plus Venezuelan citizens (around 1,228,827 intending to stay in Colombia and 3 million going back and forth across the border), have increased public expenses in Colombia. According to the Colombian Health Ministry, the number of Venezuelans who received any type of HIV care has increased by 281% since 2017.

Furthermore, the response to HIV in the region has been compromised and is facing new challenges to maintain people living with HIV on ART, to provide continuous care and to ensure effective prevention strategies for HIV and other sexually transmitted infections (STIs) for migrants. If these situations are not attended, the countries of the region could be facing a major epidemiological problem leading to increased rates of new infections and deaths with economic consequences for the region.

In this context, the IAS Educational Fund meeting was held in Bogotá on 3 April 2019 following AIDS 2018 and before the 10th IAS Conference on HIV Science (IAS 2019) in Mexico City, Mexico.
5. Meeting report

5.1 Executive summary

An IAS Educational Fund meeting was held in Bogotá, Colombia, on 3 April 2019 in conjunction with the HIV & Hepatitis in the Americas 2019 congress. The theme was Respuestas al VIH y la migración en América Latina: Desafíos actuales y estrategias para el futuro (Responses to HIV and migration in Latin America: Current challenges and strategies for the future). Leading experts and IAS Members presented regional data on the epidemic in the region, followed by panel discussions and a broad discussion on how to effectively respond to the challenges and drive recommendations that can impact on local policies and practices in the context of migration.

The meeting was co-chaired by Dr Luis Soto-Ramírez (INCMNSZ, Mexico, and IAS Regional Representative for Latin America and the Caribbean) and Dr Ernesto Martínez Buitrago (VIHCOL, Colombia). Dr Soto-Ramírez opened the meeting, describing the structure and objectives of the IAS Educational Fund and its meetings as a way to bring the most recent updates, key scientific findings and implementation science from both the International AIDS Conference and the IAS Conference on HIV Science to IAS Members around the world. He spoke about the next IAS Conference on HIV Science to be held in Mexico City in July 2019 (IAS 2019), and emphasized the high level of participation of women and the numerous applications to IAS 2019 from authors of regional research abstracts. Dr Martínez Buitrago thanked the IAS for organizing the meeting, and highlighted stakeholders’ commitment to improving programmes for all, including migrants.

Dr Soto-Ramírez used an icebreaker dynamic for participants and talked about what the organizers were hoping the meeting programme would achieve.
The programme formally started with an opening speech by Eduardo Franco (Red Venezolana de Gente Positiva, Venezuela), who shared a vision of the HIV epidemic in Venezuela, the data available and the challenges that the country is facing. Dr Soto-Ramírez then shared the key messages from AIDS 2018. He talked about new treatment strategies, including simplification strategies based on the results of the GEMINI I and II studies where dolutegravir (DTG) and lamivudine (3TC) were demonstrated to be non-inferior to standard therapy with DTG, tenofovir (TDF) and 3TC for first-line therapy in ART-naïve subjects. He also shared concerns about monotherapy with DTG based on the evidence from the MONCAY trial and the rise of drug resistance to integrase inhibitors.

Another important topic was pregnancy and neural tube defects. Participants looked at data reviewed in the Tsepamo study, which showed a possible link between DTG and neural tube defects in infants. Final results are expected to be published later this year. The World Health Organization (WHO) has recommended trying to avoid use of DTG in women who could become pregnant.

Dr Soto-Ramírez also pointed to data on prevention therapy for tuberculosis (TB) in US President’s Emergency Plan for AIDS Relief (PEPFAR) countries and the need for options for multi-drug resistance. He presented data on the concordance of resistance laboratory results between local and reference centres and the impact of these results in the outcome of the patients after treatment. In this regard, he mentioned that 96.8% of TB treatments were adequate for people with concordant results compared with 77.7% for people with discordant results; mortality was up to 10 times higher among the latter.

Dr Soto-Ramírez presented data from the PARTNER2 study concerning HIV transmission in serodiscordant couples. It showed that when HIV-positive partners were using suppressive ART (<200 copies/mL), no linked transmission occurred in around 77,000 condomless sex acts, supporting the message that undetectable equals untransmittable (U=U).
He described data on pre-exposure prophylaxis (PrEP) uptake in the US, which showed a
decrease in HIV diagnoses. Furthermore, he spoke about data from a prospective study in
Paris, where on-demand PrEP was shown to be effective compared with daily PrEP.
Regarding PrEP, Dr Soto-Ramírez emphasized that there are still problems in implementation,
scaling up, costs and sustainability in many parts of the region.

In the following sessions, presenters and participants from medical and civil society
organizations spoke about local and regional experiences and data on the HIV epidemic in
the context of the most recent migratory crisis in Venezuela and the impact on the epidemic
in the country. They also presented data on the impact of migration in neighbouring countries,
particularly Colombia, which has the most migrants from Venezuela, and the response of
these countries.

Discussions were held to fully understand the situation, as well as how to effectively support
the response of the region, the policies and the pathways that medical and civil society
organizations have to follow to scale up support for HIV care and prevention for migrants.

5.2 The Venezuelan HIV Workshop and the HIV epidemic in the country

On behalf of the Taller Venezolano de VIH (Venezuelan HIV Workshop), Dr Miguel Morales
(Venezuela) talked about the history of the organization and its current challenges. Dr Morales
explained that it was founded in 2015 and joined the Latin American HIV Workshop in 2016.
The mission of the organization is improvement of the quality of life of PLHIV and promotion
of HIV and AIDS research in Venezuela. Strategies implemented by the workshop include use
of the Internet to provide access to information, continuous education and establishment of a
communication centre for the community. Dr Morales explained that the organization has 10
centres in the capital city of Caracas and four in other cities. However, a lack of financial
resources has restricted maintenance of an online platform and resulted in difficulties in
accessing information and having to manually review clinical records. Currently, 83 clinicians
work in the workshop.

Dr Morales said that the workshop is making efforts to offer continuing education for
professionals, to improve campaigns like “Conversemos sobre VIH” (“Let’s talk about HIV”),
and to create strategic alliances with companies, television platforms and the health ministry.
The goals of the workshop are to gather valuable epidemiological and clinical information
regarding HIV and AIDS, to improve its organization, to systematize the clinical and
epidemiological data in an online platform, to reduce the incidence of HIV and to provide
recommendations to the states.

Dr Yasmin Álvarez (Venezuela) outlined the history of the HIV epidemic in Venezuela. She
said that the first case of HIV was found in 1983 and she described how the country was able
to provide care, to implement prevention programmes and to spread the word about HIV to
the general population. The Venezuelan system grew by offering ART in the public health
system and acquiring data on the epidemic, resulting in the first report in 2010 and the second,
with data from 2012, in 2016. This latter report documented 102,752 cases and an increase
in the proportion of women living with HIV.

Dr Álvarez said that Venezuelan government’s budget for HIV was significantly reduced – from
US$69 million in 2015 to $370,000 in 2017 – with serious implications. In this regard, she said
that the rates of mortality have been increasing, although it is difficult to measure the size of
the problem since official data has not been available since the 2016 report. She referred to
the Venezuelan HIV Workshop and the Joint United Nations Programme on HIV and AIDS
(UNAIDS), which reported a 24% increase in new HIV infections.
Dr Álvarez summarized several omissions in the government report, including the absence of data on key populations, prevention in the general population, opportunistic infections, syphilis, stigma and violence. She pointed to the assertion in the report of the Venezuelan Ministry of Health that information about people who inject drugs is not pertinent for the epidemic. This report also describes severe problems in ART coverage among pregnant women, with only 43.18% being on treatment and only 23.41% reporting that they know their HIV status. Dr Álvarez quoted data from the Venezuelan HIV Workshop that documented 234 new HIV positive patients in 2017, 20% of which were out of treatment.

She concluded by observing that 2018 data is available only from unofficial sources and reports from local and international media and she highlighted the regression on previous achievements in the HIV response in the country.

5.3 What we know about migrancy in Colombia

Dr Julio Sáenz (Health Ministry, Colombia) shared data on health conditions for migrants in Colombia, particularly those from Venezuela. Dr Sáenz described four categories of migrants in Colombia: Colombians returning to their home country with their families; migrants with the intention of staying in Colombia; migrants in transit to other countries; and people in circular migration (going back and forth across the border on a regular basis) within the borders with Venezuela.

Dr Sáenz described actions that the Colombian government has taken during the crisis: a policy to include Colombians deported from Venezuela in the health system; a special visa for Venezuelans to stay in the country; and the expedition of more than 3 million extraordinary licences that allow people to cross the border and return. The Colombian government has created a registry of Venezuelan migrants of nearly 442,000 people. By March 2019, the proportion of migrants with a regularized legal situation was around 60%.

Dr Sáenz spoke about the response to the emergency declared in 2015 in which temporary shelters and health security was offered to Colombians who were deported from Venezuela. Since then, the emergency and migratory situation has increased demand for healthcare services and the public cost for the country.

Dr Sáenz concluded by rounding up the challenges ahead: to offer security to the people; to establish cooperative plans; and to develop inter-sectorial strategies with local and international organizations.
Dr Ernesto Martínez Buitrago described strategies to detect new HIV infections and the clinical management of the health needs of migrants in Colombia. He spoke about the impact of people’s decisions to leave neighbouring Venezuela, given the crisis. Dr Martínez Buitrago mentioned that about 83.3% of new imported HIV cases were from Venezuela.

He also highlighted the important role of many groups and communities in the HIV response, including Fundación MAVID, the Venezuelan Society for Infectious Diseases, Aid for AIDS International and the AIDS Healthcare Foundation (AHF). The Colombian Ministry of Health decided to consider use of DTG for migrants, taking into account the international donations that have been made and the latest scientific evidence available.

Regarding drug resistance, Dr Martínez Buitrago explained that levels of primary resistance are not really a big concern right now based on data from the region. Regarding acquired drug resistance, he said that M184V and K103N are the most prevalent mutations and the most important to take into account for the potential compromise of ART. Dr Martínez Buitrago emphasized the importance of resistance testing for decision making in different clinical contexts, understanding how HIV treatment for migrants is covered by subsidies or is donated in order to develop strategies to deliver it to people, and he raised concern about the sustainability of these models of care and treatment for the migrant population.

**Key recommendations**

- Consider detection strategies to find people who have newly acquired HIV and strategies to bring known patients into care.
- Actively search for people living with HIV in migrant communities through non-governmental organizations (NGOs) and other groups.
- Decrease delays in detection through improvement of access to healthcare.
- Reduce transmission of HIV through development of adapted combined strategies for several settings and ensure migrants can access PrEP.
- Fight stigma and discrimination in professional and social settings.
- Create and coordinate networks of social actors, clinicians and organizations for the establishment and monitoring of indicators.

**5.4 The role of NGOs and data from the real world**

Dr Jaime Valencia (Aid for AIDS) spoke about the experience of Aid for AIDS in humanitarian action in Venezuela and the region. He elaborated on the origins and goals of Aid for AIDS: it was founded in 1996 as an organization committed to empowering communities vulnerable to HIV acquisition, as well as the general population. It did so by developing abilities and capacities in comprehensive prevention and leadership through access to treatment, legal counselling, and training and education to improve quality of life and reduce stigma and discrimination. He also explained how the organization has distributed nearly US$150 million in recollected medicines in 59 countries; 55,000 people have received treatment from Aid for AIDS in developing countries.

Dr Valencia explained how the Venezuelan Network of Positive People called on Aid for AIDS to respond to the humanitarian crisis in 2016; this was when a campaign was started to donate milk formula, given the shortage in the country and in response to almost 1,000 newborns identified as vulnerable to acquiring HIV through breast milk. He also explained how strategic alliances with international and Venezuelan organizations, including UNAIDS, the Venezuelan Network of Positive People and the ministries of health of the countries in the region, has been essential for the work that has been done.
Dr Valencia described the mechanisms of how antiretroviral drugs are shipped to Venezuela from donations of pharmaceutical companies like ViiV Healthcare, Mylan Pharmaceuticals and Gilead, passing through Panamá in collaboration with UNAIDS, local partners and civil society. He said that in 2018, Aid for AIDS managed to deliver 650,000 bottles of ARV drugs for 35,000 Venezuelans living with HIV, 440,000 treatments for malaria and 11,000 HIV tests. Aid for AIDS conducted a situational analysis in Cúcuta (Colombia) in 2017. It supported more than 250 migrants and expects to expand the response with new alliances and strategic partners.

Dr Liliana Andrade (AHF) talked about the experience of AHF in more than 43 countries, where it has assisted more than a million people. She said that AHF has reached around 122,000 people with testing for HIV and other STIs in the region. She elaborated on the situation of migrants living with HIV and how people crossing the border through the river are seen in AHF clinics in Cúcuta, Santa Marta, Cartagena and Medellín. The clinics offer ART, laboratory testing, condoms, milk formula, hepatitis C virus and other STI treatment, consultation and education.

Dr Andrade said that AHF has registered 23% positive reactivity to HIV tests in Venezuelan migrants, according to data obtained of testing strategies focusing on the Venezuelan border, and 0.7% in pregnant women. It has also documented six deaths to date (one in transit, two due to unknown causes, one due to peritonitis and two due to TB).

Photos: International AIDS Society/María Camila Carrasco

5.5 Round table: How migration impacts on Colombia

After the first set of sessions, Dr Ernesto Martínez Buitrago moderated a round table discussion concerning the impact of migration in Colombia. Dr Martínez Buitrago explained the outline of the discussion by saying that the main focus would be on how to address Venezuelan migration. The first task would be to come up with the best strategy on how to reach Venezuelan migrants living with HIV who are outside the health systems and how to effectively bringing them into care without stigma.

Dr Martínez Buitrago encouraged participants to think about what Colombia should do to decrease the impact of migrancy. Participants agreed on the importance of spreading the word and making information available for migrants on how they can access health services available in Colombia.

Another issue discussed was the fact that many people do not know their HIV status, particularly vulnerable populations, like pregnant women and sex workers (whose numbers have been increasing in several cities in Colombia due to financial need). Participants said it is important to prioritize these women and sex workers and offer them optimized care. Other important topics were the importance of creating political awareness and the intention to
include migrants in the healthcare systems and to request international aid and donations to ensure availability of treatment, HIV quick tests, viral load tests and resistance tests that are needed to orientate treatment and care.

The panel discussion highlighted the work of civil society on the construction of the Master Plan of Venezuela and the important role that civil society has to play to reach vulnerable populations. Organizations like Red Somos have been working on opening communication channels and alliances to ensure safe paths for migrants through the countries of the region so they can have easy access to treatment and care. Also, it was acknowledged that civil society cannot take part as a parallel system to fulfil the responsibilities of the ministries and governments; instead, it can offer support and assistance. For example, authorities can work with organizations that have easy access to migrants and vulnerable populations in order to obtain more accurate data on their situation.

Another area that can be explored is an inter-sectoral strategy and constant mobilization to maintain social campaigns (using information technology) for testing and treating people. Panellists also spoke of the fact that many people do not often talk about or disclose their HIV status; it was therefore important to provide a safe environment and to specifically ask people about their status or their latest test.

The final topic covered was the work that has to be done on advocacy for the inclusion of migrants in the healthcare systems.

Dr Martínez Buitrago ended the round table session by pointing out that there are no straight solutions to address the needs of migrants and that we should propose feasible and sustainable suggestions for healthcare systems.

5.6 Plan Maestro de Venezuela (Master Plan of Venezuela)

Dr Massimo Ghidinelli (PAHO) spoke about the Plan Maestro de Venezuela (Master Plan of Venezuela), which was developed in collaboration with the Pan American Health Organization (PAHO), UNAIDS, medical associations and civil society (including the Red Venezolana de Gente Positiva and Acción Solidaria). It was approved by the Venezuelan Ministry of Health. He described how a situational analysis was carried out in order to prepare for continuity of services. Dr Ghidinelli explained that data from UNAIDS and field research in alliance with local HIV organizations were used and have been updated to build a database.

He said that the big picture is to offer a three-year perspective of the Venezuelan cohort, rather than conduct an epidemiological study, to identify needs. The data available shows 6,500 new infections, 2,500 deaths (and an estimated 20-30 deaths due to AIDS-related causes) and 70,000 people on ART (2015). Since the last report (released in 2015), the government has not published any further official data.

Dr Ghidinelli spoke about implementing the new recommendations of using DTG in the context of migrancy and the recommendation to take into account previous use of ART in order to prevent resistance. He explained that an estimated US$31.6 million is needed for assistance of the HIV-positive population in Venezuela. Against this need, he highlighted the work of civil society in obtaining $5 million, approved in 2018 by the Global Fund for 2019. Dr Ghidinelli said that PAHO along with civil society allies have worked to focus donations on real needs, such as addressing the shortage of antiretroviral drugs and laboratory reagents and tests, while making a strong call to support these efforts.
5.7 Group work: Response to the HIV and migration in Latin America

Dr Alejandra Corao (UNAIDS) opened the group work activity by explaining the outline, the priorities to discuss and the frames of specific actions in order to make key recommendations. Dr Corao briefly described the background in Latin American and the Caribbean and explained that the intended outcomes of the meeting were to draw up strategies and actions to ensure the sustainability of regional and national HIV responses in the context of migrants and refugees. The key questions were arranged into five categories: prevention; treatment; care/protection; stigma and discrimination; and international teamwork.

The following recommendations emerged from a dynamic group activity and discussion with participants.

**Key recommendations**

### PREVENTION
- Promote and create campaigns for HIV prevention, including testing for HIV, syphilis and other STIs in the context of migration.
- Work with civil society through NGOs and key populations.
- Promote the work between the ministries of health and education for the promotion of prevention programmes.
- Improve the process of education for secondary prevention, first-line treatment and salvage therapy.

### TREATMENT
- Unify treatment practices for the region.
- Develop strategies to facilitate access to treatment.
- Promote accessible geographical locations for delivery of antiretroviral drugs.
- Create and promote support groups led by peers for migrants.
- Perform a study to investigate the profiles of non-adherent migrants.
- Systematically screen for TB (respiratory symptoms).
- Promote a universal ART protocol for the region.
- Support capacities at the primary level.

### CARE/PROTECTION
- Promote the collection of local data on the epidemic.
- Create a network of centres for the attention of migrants.
- Facilitate bureaucracy mechanisms to support migrants.
- Promote legal mechanisms to support migrants.
- Spread awareness of the existence of healthcare services with clear contact information.
- Create a unified identification card with clinical information that can be accessed by clinicians treating migrants along their way.
- Involve social support organizations for positive interventions for vulnerable factors determining health, like work and entrepreneurship, shelter, housing, food and rights.
- Promote the affiliation to healthcare services of migrants and people with diseases of relevance for public health.

### STIGMA AND DISCRIMINATION
- Fight discrimination against migrant populations with strong and targeted campaigns.
- Identify organizations that have history and experience in access to migrants.
- Reinforce work to fight stigma and discrimination against migrants and people living with HIV.

### INTERNATIONAL COOPERATION
• Hold regional meetings of infectious diseases organizations.
• Enhance and advocate for financial support.
• Increase the lobbying capacity by organizations with financial capacity for medicines and clinical follow-up tests.
• Facilitate and coordinate donations and communication systems between ministries to harmonize the national response.
• Collaborate with organizations with active infrastructure for care, like the Red Cross.
• Ask for extraordinary financial resources by recipient countries so that they can commit to supporting migrants and offering them access to treatment.

5.8 Results of the Latin American Workshop and VIHCOL

Dr Carlos Beltrán (Chile) presented the results and annual report of the Latin American HIV Workshop, and Héctor Mueses-Marín (Colombia) presented results from the VIHCOL group. Dr Beltrán talked about the history of the workshop that led to the 10th meeting and the activities in which the workshop is involved: mostly continuous education, but also epidemiological reports and guidelines. Héctor Mueses-Marín also described the background of the VIHCOL group, started in 2016 with the mission to improve health indicators of people living with HIV in Colombia. He presented the data that was collected from groups that participated from all over Colombia.

Photo: International AIDS Society/María Camila Carrasco
6. Conclusion

In closing the meeting, Dr Luis Soto-Ramirez and Dr Ernesto Martinez Buitrago thanked the participants, organizers and sponsors for their efforts in making the meeting a success. Dr Soto-Ramirez encouraged everyone to get involved with the work of the IAS, which he said is committed to being a strong voice in the response to HIV in the region.

This was a productive IAS Educational Fund meeting that allowed participation and discussion by international, regional, national and local HIV scientists and researchers, policy makers, implementers, community representatives and stakeholders in responding to HIV in the context of migrancy in the region. This meeting was a great opportunity to bring the scientific evidence of AIDS 2018 to people working in the region and to make its content accessible and work out how it can be applied.

Experts from the region described a situation where the current humanitarian and migrant crisis is affecting the HIV epidemic, particularly in those countries that receive many migrants. They showed that it is difficult for migrants living with HIV to stay in treatment and to access laboratory tests and healthcare. In this regard, existing evidence is showing a deteriorating situation inside Venezuela, an increase in morbidity and mortality, a serious shortage of antiretroviral drugs and less likelihood that the country will to reduce new HIV infections and reach the UNAIDS 90-90-90 targets. Participants learned that the work of medical associations and civil society organizations has been crucial in supporting and leading the response to HIV in the absence of clear political and economic solutions that guarantee security for people living with HIV.

It is important to highlight that the problems that often weigh on the HIV response, such as stigma and discrimination, are still present, and participants identified that this applies to migrants in the region in general. Participants learned that despite the absence of official data, many challenges and opportunities that must be addressed have been documented. Based on the local and regional diagnosis and the discussions in this meeting, participants realized that in the absence of a broad solution, they would need to focus all efforts on targeting specific problems, specific shortages, specific migrant populations and specific hotspots. Furthermore, efforts and help will have to be well planned, and donations will have to be delivered to specific communities and organizations to optimize the impact.

Organizations can lead a political and public response, but it must be well organized; it has to be based on strong collaborative work and coordination to create a network that can effectively provide a framework for action to support regional medical and civil society organizations and gain the attention of governments. Within a strong structure, financial aid can be effectively utilized for the real needs of people living with HIV.

The next steps will be to:

- Raise awareness and spread the word about the situation in the region.
- Call for the response of health ministries and governments.
- Call for international aid and donations (financial aid, HIV tests and ARV drugs).
- Coordinate responses involving regional medical and civil society organizations, as well as other actors, by prioritizing action in order to offer treatment to migrants all along their pathway through neighbouring countries so they can safely arrive at their destination and can be linked into healthcare services.

For this ongoing crisis, participants acknowledged that there is no single solution. Neither is it an easy subject to face. However, participants know that there are many things that can be done to close the gaps and help people in this difficult situation.
7. Acknowledgements

The International AIDS Society (IAS) acknowledges all participants and stakeholders in Latin America and the Caribbean for their contributions towards making the IAS Educational Fund meeting in Bogotá, Colombia, in April 2019 a success. It also recognizes the commitment and participation of international, regional, national and local HIV scientists and researchers, policy makers, implementers, community representatives and relevant stakeholders in attendance. The IAS thanks the organizers of the HIV & Hepatitis in the Americas 2019 congress, and El Taller Venezolano de VIH, El Taller Latinoamericano de VIH and the VIHCOL group for their collaboration. The IAS also extends its appreciation to ViiV Healthcare and MSD for their financial support for the meeting.

Photo: International AIDS Society/María Camila Carrasco
8. Appendices

8.1 IAS Educational Fund meeting programme

*Responses to HIV and migration in Latin America: Current challenges and strategies for the future – 3 April 2019*

| Chair / Co-Chair: | Dr Luis Soto-Ramírez, Mexico  
Dr Ernesto Martínez Buitrago, Colombia |
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<tr>
<td>09:00 – 09:15</td>
<td>Opening comments and welcome / Schedule of the day</td>
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<td><em>Dr Luis Soto-Ramírez, Mexico; Dr Ernesto Martínez Buitrago, Colombia.</em></td>
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<td>09:15 – 09:30</td>
<td>Icebreaker</td>
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<td>09:30 – 09:45</td>
<td>Opening speech</td>
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<tr>
<td>09:45 – 10:45</td>
<td>Key messages from AIDS 2018</td>
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<td><em>Dr Luis Soto-Ramírez, Mexico</em></td>
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<td>10:45 – 11:00</td>
<td>Coffee break</td>
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<tr>
<td>11:00 – 11:15</td>
<td>Venezuelan HIV Workshop, history and challenges</td>
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<td><em>Dr Miguel Morales, Venezuela</em></td>
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<td>11:15 – 12:00</td>
<td>The HIV epidemic in Venezuela</td>
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<td><em>Dra Yasmín Álvarez, Venezuela</em></td>
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<td>12:00 – 12:30</td>
<td>What do we know about health in general and HIV in particular of the migrant population from Venezuela?</td>
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<td><em>Dr Julio Sáenz, Colombia</em></td>
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<td>12:30 – 12:45</td>
<td>Strategies for the HIV detection and management of the migrant population living with HIV in Colombia</td>
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<td><em>Dr Ernesto Martínez Buitrago, Colombia</em></td>
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<td>12:45 – 13:00</td>
<td>Real-world data: The experience of an HIV care centre in Cúcuta dedicated to the Venezuelan migrant population living with HIV</td>
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<td><em>Dra Liliana Andrade, Colombia</em></td>
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<td>13:00 – 13:30</td>
<td>How does Venezuela’s migration affect the HIV epidemic in Colombia? Round table</td>
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Moderator: Dr Ernesto Martínez Buitrago

Panellists:
Dr Miguel Morales, Venezuela
Dr Ana Carvajal, Venezuela
Dr Yazmín Álvarez, Venezuela
Dr Liliana Andrade, Colombia
Dr Julio Sáenz, Colombia

13:30 – 14:00  Lunch

14:30 – 14:50  Master Plan of Venezuela
Dr Massimo Ghidinelli, OPS

14:50 – 15:10  Introduction to group work. Operative frame for the response to HIV in migrant and refugee population
Dr Alejandra Carao, Panamá

15:10 – 16:30  Group work. Operative frame for the response to HIV in migrant and refugee population
Dr Liliana Andrade, Colombia

16:30 – 17:00  Coffee break

17:00 – 17:30  Results of the Latin American Workshop and annual report
Dr Carlos Beltrán, Chile

17:30 – 18:00  Updated results of 2018 of the VIHCOL Colombia Group
Héctor Mueses, Colombia

18:00 – 19:00  Discussion: New measurable variables and research lines
All participants

19:00 – 19:30  Final comments, next steps and closure
Dr Carlos Beltrán, Chile