



Center for Disaster Philanthropy

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The Dangers of Forced Displacement: Chronic and Emerging Health Needs of Displaced Venezuelans in the Americas Region

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EXECUTIVE SUMMARY

Between the start of the Venezuelan displacement crisis in 2015, approximately 6.04 million refugees and migrants from Venezuela now live outside of their country of origin. Some 4.99 million are hosted in the Latin America and Caribbean region. According to the UN High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), the Venezuelan external displacement is the largest in recent history in Latin America and the Caribbean and is ongoing.¹

Inside Venezuela, years of economic mismanagement coupled with high levels of official corruption and a stark decline in oil prices between 2013-2016 contributed to the current economic crises of widespread poverty, chronic food shortages, medicine, and other necessities. In other words, deteriorating human rights conditions associated with fundamental rights has led to, *inter-alia*, an ‘inadequate standard of living for the health and well-being of himself and his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in the circumstances beyond his control.’ This has forced Venezuelans to seek safety, support, and a more stable life outside their home country, in line with their rights under international law.²

Many Venezuelans had pre-existing medical conditions that had gone untreated for quite some time and faced increased health risks during their journeys, such as sexual and gender-based violence. They are further challenged for various reasons in accessing quality health care in their hosting countries. Additionally, the COVID-19 pandemic and related border closures to curb its spread have posed additional risks and barriers to displaced Venezuelans seeking refuge in host countries. The pandemic has exacerbated many pre-existing medical conditions and fostered new ones, including an uptick in domestic and intimate partner violence and increased instances of sexual violence and exploitation of women and girls in informal transit routes seeking to cross borders.



¹ Interagency Coordination Platform for Refugees and Migrants from Venezuela, <https://rmp.r4v.info/> [accessed 23 February 2022]

² Article 25 of the Universal Declaration of Human Rights (UDHR)

Globally, forcibly displaced populations are increasingly facing the triple burden of chronic non-communicable diseases (e.g., diabetes, cardiovascular diseases, respiratory conditions, and cancer), infectious diseases (e.g., tuberculosis, HIV, hepatitis), and psychiatric illnesses (e.g., post-traumatic stress disorder, depression), which accurately reflects the situation of displaced Venezuelans in the Americas region.

The linchpin for displaced Venezuelans to have quality health care across the Americas is acquiring the correct legal status to access public health and other institutions. For those conferred appropriate legal status, services tend to be limited to primary care in urban settings.

Women and girls, Indigenous peoples, particularly female Indigenous peoples, people with disabilities, the elderly, members of the LGBTQI community, and children, particularly unaccompanied and separated minors, face additional acute health care access barriers, and relatedly require specific and specialized support they are currently not receiving.

KEY FINDINGS AND RECOMMENDATIONS

1) Invest in healthcare prevention measures and increased, specialized medical care for the displaced Venezuelan population in the Americas region. Prevention measures associated with healthcare can be cost-effective, provide value for money and give returns on investment in the short and longer term. Response measures to health emergencies tend to be more costly and less sustainable. Therefore, it is vital to prioritize prevention measures such as vaccines for children while also supplementing gaps in healthcare provision with patients presenting different medical conditions.

2) Focus on the health and wellbeing of women and girls. Across all geographies, women's and girls' health needs were acute. They lacked significant resources and support services, with substantial deficits in support for Indigenous women and all displaced adolescent girls.

- *Support family planning, including access to long-acting contraceptives and emergency contraception for instances of rape and incest.* While pervasive before the COVID-19 pandemic, gender-based violence has exponentially increased during it. Survival sex and other extreme forms of harmful coping mechanisms that displaced women and girls implement as a last resort have significantly increased. The need for family planning services for displaced women and girls, including emergency and long-term contraception options, are needed.
- *Support pregnancy/prenatal, childbirth, and postpartum/neonatal care for women and infants.* Displaced Venezuelans continue to build their families even while encountering COVID-19 strained health systems and challenges accessing public or private care. Preventable diseases such as hepatitis and diphtheria are growing problems in the Americas. Neonatal and infant pediatric care is sorely lacking for displaced Venezuelans.
- *Support the establishment of mobile clinics in rural areas, particularly at transit locations that offer a suite of services for women and children.* Given the rural areas where this need is particularly acute, consider supporting the establishment of mobile clinics that provide a suite of culturally appropriate services for women that can serve a large catchment area.
- *Support increased vaccine access* for the standard childhood vaccines recommended by the [World Health Organization](#) in clinics/medical institutions serving displaced Venezuelans.
- *Support childcare provision, particularly for female-headed households in the context of accessing healthcare.* This is an overlooked service with a potentially wide-reaching impact for

women seeking medical care, mental health treatment, and psychosocial support, potentially adjacent to medical facilities. The benefits extend beyond healthcare to livelihoods.

3) Focus on children. Displaced Venezuelan children, like women and girls, have unique health needs. The economic downturn of COVID-19 has disproportionately affected children's health with related impacts on food availability and quality nutrition, often presenting as stunting and other developmental conditions. Further, domestic violence, including child abuse, has increased during COVID-19's quarantine requirements. Unaccompanied and separated children are particularly in need of healthcare and well-being support and children with disabilities.

- *Support the capacity building of state-run child protection services* to address better unaccompanied and separated children's access to healthcare and other services necessary for their wellbeing. Currently, state-run child protection institutions across the region are not well designed to target support for unaccompanied and separated children, including healthcare.
- *Support standard child immunization programs.* There is no national vaccine campaign or effective program in Venezuela, so previously eradicated diseases like measles and diphtheria have returned in the Americas region.
- *Support nutrition, growth, and child development programs.* Poor nutrition and lack of access to quality food have propelled children onto the street to beg for food for themselves and their families. With inflation skyrocketing and economies struggling, even host communities are scrambling to access the quality food children require.

4) Focus on communicable diseases. This research demonstrates an increase in infectious diseases across the region, particularly prevalent in the displaced population due to poor living conditions and lack of access to regular healthcare. Care options for those with STIs and HIV/AIDs were lacking in every geography, urban and rural. For urban areas with more health facilities and resourcing, displaced Venezuelans with legal and financial access had more success than those seeking care in rural areas or lacking legal status in their host country. The data supports the focus on transit sites, informal settlements, or rural communities lacking sufficient health infrastructure to establish clinics or mobile clinics specializing in STI and HIV/AIDS testing, care, and case management.

- *Support care for those with Sexually Transmitted Infections (STIs), including HPV and HIV/AIDs.* The documented prevalence of STIs, including alarming HPV and HIV/AIDs rates across the displaced Venezuelan population, is profound, with few care options. These conditions comprise the most dramatic gap in health service access and availability for displaced Venezuelans. Clinics and increased technical and personnel are necessary for pre-existing and planned medical facilities. The high prevalence of rape and other forms of sexual violence, particularly in rural transit locations, suggests that the establishment or expansion of mobile health services that specialize in STI and HIV/AIDS testing, treatment, and care is advised.

5) Focus on non-communicable diseases. Many Venezuelans have pre-existing conditions exacerbated by their lack of access to healthcare inside Venezuela and worsened by their journeys and relatively poor living conditions in host communities. Similarly, some conditions are exacerbated by poor nutrition and the inability to access regular, quality care. Increased capacity to treat non-communicable and chronic diseases for displaced Venezuelans is needed. In urban areas, expanding the ability of pre-established medical institutions to offer this type of care and ongoing treatment and creating more community-based, mobile clinic options to service a relatively large catchment area are two options.

- *Support activities about non-communicable disease prevention and self-management.* These could be community-based or clinic-based education and outreach efforts to prevent the onset and reduce disease severity.
- *Support interventions to expand specialized medical services in hospitals and clinics.* Increase the number of physicians specializing in endocrinology, cardiology, and pulmonology alongside providing access to these medical sub-specialties in rural areas. Mobile clinics that regularly bring specialized medical staff to different locations are another approach to meeting this need, as is funding transport and childcare to allow for services in urban medical institutions.
- *Fund specialized care for diabetes, thyroid conditions, and cardiovascular and lung disease patients.* Many displaced Venezuelans have pre-existing conditions, primarily affecting the endocrine system, heart, or lungs. These may require emergency interventions while in transit and access to specialized and regular care where they are currently residing. There are limited options for citizens in many countries to access quality care for non-communicable and chronic conditions. However, some of the best care is through costly private insurance options and providers. Thus, even in contexts with universal healthcare policies, the demand for medical care that addresses such conditions outweighs the current capacity of the medical system. Relatedly, a relatively low-cost option with potential for wide-reaching impacts is funding educational programs around self-care to help patients manage their chronic conditions on their own as able. For example, diabetes patients may require information about what foods they can consume based on what's available in the market and their financial constraints. Such educational programs could partner with medical facilities adjacent to patient care, such as waiting rooms or facilities next to or inside hospitals.
- *Fund support for cancer care:* like the preceding non-communicable yet chronic diseases, detection capacity and care for cancer patients is neglected. Many displaced Venezuelans may have had cancer before they left Venezuela, or their cancer has matured since they left, given an inability to access regular treatment and care. Interventions focused on providing cancer treatment such as chemotherapy and radiation through mobile clinic modalities servicing a wide catchment area or increasing capacity in established medical institutions. We also recommend making access to those institutions possible for displaced Venezuelans lacking status, financial resources, or the ability to travel.

6) Focus on mental health. Across all locations and all population demographics within the displaced Venezuelan community in the region, there was one commonality: the extreme prevalence of mental health conditions and the need for significant resources to be channeled into addressing the psychosocial needs of the displaced. This is a particularly acute need within displaced Venezuelan youth across the region whose mental health has been chronically neglected.

- *Support access and provision of mental health services, particularly for youth,* through formal and informal mechanisms. This includes building out the capacity of traditional medical institutions and related mental health care facilities to have more trained medical staff, increased psychiatric drug availability, and community-based education and outreach to help displaced Venezuelans understand their care options and combat the stigma associated with mental health as well as mobile clinics. Encourage creative options such as digital counseling services that would align with social distancing requirements and allow for a much broader range of providers to be available to counsel and support displaced Venezuelans regardless of location.³

³ Remote counseling has proven effective in hard-to-reach areas of Syria, for example, and in the United States during COVID-19 through telemedicine options.

- *Focus on addressing depression, prolonged grief disorders, and suicidal tendencies among the displaced.* Many Venezuelans have pre-existing mental health conditions such as depression and anxiety. Such conditions are exacerbated by a lack of consistent mental health care, including psychiatric (medication) and psychological (counseling and other forms of psychosocial support). Access to care for mental health is further challenged by the stigmatization of mental health conditions.
- *Prioritize treatment and care for PTSD and reactions induced by the perpetration of domestic or sexual violence and child abuse.* The horrific circumstances, including violence and deprivation, high instances of sexual and gender-based violence, and child abuse, are traumatic disruptions in forced displacement. Move these residents to the top of the queue.

7) Focus on health services to prevent/mitigate the spread of COVID-19 and invest in emergency interventions to meet growing needs associated with domestic violence.

- *Support prevention and mitigation efforts to reduce infections.* COVID-19 has disproportionately impacted vulnerable populations, such as displaced Venezuelans in the Americas region. Their inclusion in vaccination programs varied country-by-country and town. Likewise, vaccine availability and access were significantly lacking—for both citizens and displaced persons alike. Strengthening campaigns to reach Venezuelans through non-discriminatory vaccine distribution, provision of masks, sanitation supplies, and hygiene kits, and information is supplemental to assisting them in meeting minimum daily needs.
- *Support emergency interventions in the case of domestic violence, particularly in border regions/transit sites.* COVID -19 has exacerbated domestic and intimate partner violence worldwide. One area to consider funding is lifeline support for those at risk or experiencing abuse in their homes and emergency care in transit sites. This could be in the form of establishing secure and safe call lines inked to confidential resources to support women and children and others with vulnerabilities who are trapped, experiencing abuse, and unable to access help on their own. It could also include mobile clinics and emergency mental and physical care, and other resources in border regions if borders remain officially closed.

8) Invest as local as is possible and as international as necessary through supporting local and national NGOs. Across the region, there are robust civil society actors who are from and live with communities affected by displacement and violence. Many local and national NGOs are working to provide services and support to displaced Venezuelans. However, they lack funding and, at times, technical capacity to implement specialized programs such as psychiatric care. These organizations generally know communities and the context better than international organizations and can adapt to changing needs on the ground. Donors should therefore prioritize investment in local and national NGOs.

9) Consider longer-term investments in health systems strengthening and programs to support access to appropriate legal status for displaced persons to access public healthcare systems in host countries. The effects of the COVID-19 pandemic and its negative impacts on the health of people and the economic downturns and associated struggles governments have to maintain functional public institutions need substantial investment. Therefore, strengthening public systems to include holistic healthcare and mental health and psychosocial support, livelihoods generation/economic stimulation, and expanded access to legal status in host countries is advised as a long-term priority for donors.

10) Invest in more research focused on the health of displaced persons in the Americas region. The lack of comprehensive health data for displaced Venezuelans is challenging for identifying the best interventions to improve health and wellbeing outcomes. Migration patterns and displaced locations are relatively well known, despite forced displacement from Venezuela continuing more dangerously due to

border closures. Building more sustainable data collection systems is necessary to support ongoing programmatic interventions and development activities. Further disaggregated research on displaced Venezuelan populations is required to assist these efforts, as is continuing to identify other significant gaps in public knowledge.