

Access to HIV care and treatment before and during the COVID-19 pandemic for Venezuelan migrants in four urban settings in Colombia

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BACKGROUND

- > 1.8 million Venezuelan migrants have moved to Colombia¹, many in search of access to healthcare
- Access to HIV services in host countries is critical for Venezuelan migrants living with HIV
- COVID-19 created challenges to HIV service provision access in Colombia, particularly for migrants with irregular status (i.e., lack of legal status in Colombia)²

OBJECTIVES

- Contextualize access to HIV care and treatment for Venezuelan adults living with HIV and residing in Colombia
- Explore experiences of HIV services before and during the COVID-19 pandemic

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METHODS

Data Collection

- In-depth interviews (n=53) and one focus group discussion (n=8) completed for an HIV biobehavioral survey, *BIENVENIR*³
- Conducted June 2020 through June 2021 via remote teleconferencing using semi-structured interview guide based on a priori research questions

Participants

- Stakeholders:** organization representatives providing health or humanitarian services to Venezuelans in Colombia for ≥ 1 year, provided verbal consent
- Migrants:** adults (≥ 18 years), arrived and living in Colombia since 2015, provided written consent

Data Analysis

- Transcripts were thematically coded using an adapted framework analysis to identify and describe key topics and patterns in ATLAS.ti by Spanish/English bilingual study staff

RESULTS

Table 1. Characteristics of stakeholders (n=29)

| Characteristic | n (%) |
|--|------------|
| Median Age, in years (Interquartile Range) | 41 (37-47) |
| Gender | |
| Men | 16 (55) |
| Women | 13 (45) |
| Organization Type | |
| Non-governmental organization (NGO) | 22 (76) |
| Governmental agency | 4 (13) |
| United Nations agency | 3 (10) |

Table 2. Characteristics of migrants (n=39)

| Characteristic | n (%) |
|--|------------|
| Median Age, in years (Interquartile Range) | 29 (27-33) |
| Gender | |
| Men | 16 (41) |
| Women | 23 (59) |
| Self-reported HIV Status | |
| Positive | 12 (31) |
| Negative | 27 (69) |

Challenges Before and Early in Pandemic

- Migrants with irregular status cannot access public HIV services² and rely on humanitarian organizations
- Inadequate healthcare staffing
- Paused or delayed HIV services, e.g., rapid HIV testing

HIV Healthcare Organization Response

- Telehealth appointments
- 3-months of HIV antiretroviral medications delivered to patient homes⁴
- WhatsApp and social media communications

Barriers to Response

- Delayed HIV medication delivery to patient homes
- Telehealth disruption by cell phone service timeouts for migrants with irregular status

CONCLUSIONS

- In-person HIV services were necessary to prevent interruptions to care and treatment during the COVID-19 pandemic
- Barriers to accessing HIV services during the COVID-19 pandemic were exacerbated among people with irregular migration status compared to people with regular migration status
- Humanitarian organizations are essential for providing HIV services to Venezuelan migrants in Colombia

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