



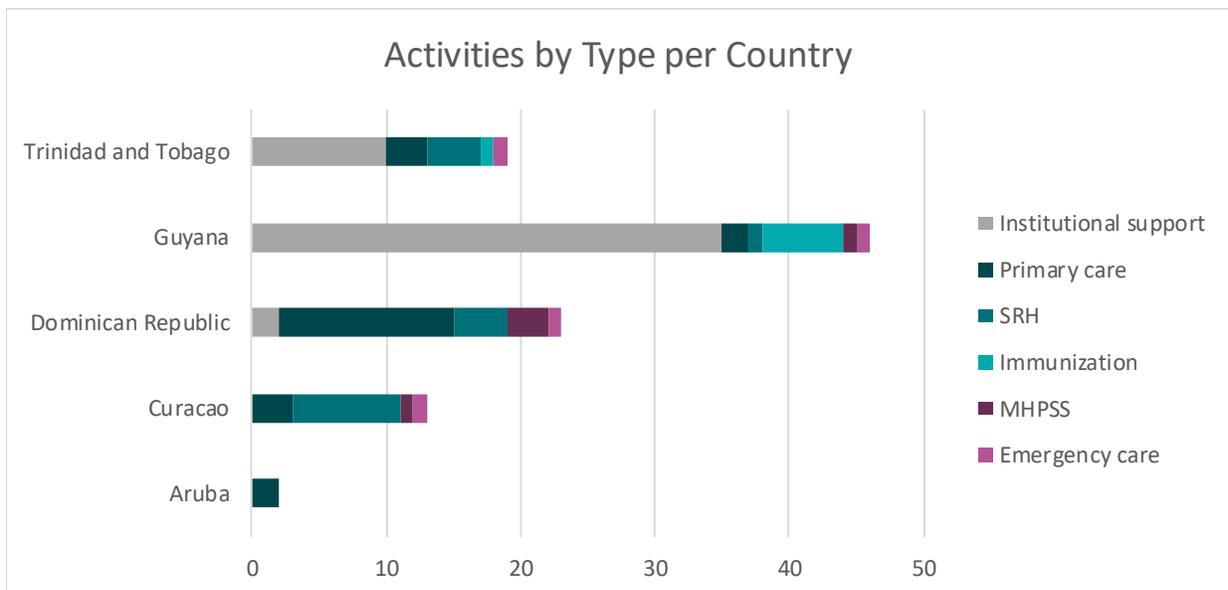
Health Background Notes

November 2020

Context

The diaspora of Venezuelan refugees and migrants is the largest in the recent history of Latin America and the Caribbean and the second largest international displacement crisis ever recorded in the world since World War II.¹ Within the last four years, the influx of refugees and migrants has increased exponentially, with 113,500 Venezuelans seeking refuge in the Caribbean at the end of 2020². By the end of 2021 these numbers are expected to increase to 20,000 in Aruba, 22,000 in Curaçao, 121,000 in Dominican Republic, 30,303 in Guyana, and 31,000 in Trinidad and Tobago.

Until October 2020, R4V partners have provided health services to vulnerable groups, reaching 31 persons in Aruba, 2,899 in Curaçao through the assistance of one partner clinic, while 1737 beneficiaries had access to health care in the Dominican Republic. In Guyana 693 refugees, migrants and host community members were reached and 670 were assisted in Trinidad and Tobago.



R4V Health Activities in the Caribbean Sub-Region

¹ <https://www.nytimes.com/2019/06/19/world/refugees-record-un.html>

² All Country data extracted from RMRP 2020 for Refugees and Migrants from Venezuela

Health Gaps in Venezuela

As Health providers in Venezuela struggle to operate in the context of service failures and scarce supplies, as even soap, disinfectants or gloves, basic PPE and steady water supplies are scarce in clinics and hospitals.³ The incidence of diseases that had disappeared globally, or were previously under control, such as measles and diphtheria, is currently on the rise.⁴ Findings of a UNHCR Protection survey⁵ showed that half (50.2%) of the families interviewed faced or continue to face specific risks during their journey because of their age, gender, health or other needs, or because they had to make drastic choices to cope, including begging, sending their children to work or even resorting to the sale or exchange of sex factors that all contribute to increased needs for mental health and psychosocial services.

Health Challenges in the Caribbean Sub-Region

Limited access to public health services

Despite some countries in the sub-region such as the Dominican Republic, Guyana and Trinidad & Tobago extending some basic public services such as primary health care to Venezuelans inside their countries, many Venezuelan refugees and migrants face challenges in accessing these services.⁶ Access to primary healthcare for Venezuelans is hampered by legislation that does not include them in national public health systems, mainly in Aruba, Curaçao and Trinidad and Tobago where undocumented refugees and migrants do not have access to public health services. Those documented can access primary healthcare, but secondary and tertiary health services remain elusive. In Guyana and the Dominican Republic, all Venezuelans can access primary healthcare, yet secondary and tertiary health services are limited due to limited funding, infrastructure, resources and human capacity. Other obstacles to accessing healthcare include the irregular migratory status of most Venezuelans in the sub-region, the impossibility to pay out-of-pocket for medical services, the lack of health care facilities in remote areas, prevalent language barriers in non-Spanish speaking countries and needs that persist with secondary and tertiary health conditions. Furthermore, Venezuelan refugees and migrants, particularly those with irregular migratory status, and children, are often unable to benefit from immunization campaigns.

Limited information on basic health services

Overall, Venezuelans lack access to basic health information, including sensitization on issues relevant to sexual and reproductive health (SRH) and HIV. Support related to mental health and psychosocial support is becoming increasingly relevant given the highly traumatic situations of the displaced population and added stress brought on by the COVID-19 context.

Venezuelans often lack knowledge of the services available in host communities, and public health systems are now increasingly strained by the needs related to COVID-19 which include testing, treatment, and mental health and psychosocial support (MHPSS), particularly affecting persons with chronic diseases, physical and mental disabilities, and other individuals with specific needs, including persons who resort to negative coping mechanisms, such as exchange, or sale of sex. Furthermore, mapping of clinical management of rape (CMR) capacity and Post-Exposure Prophylaxis (PEP) kit availability, is often lacking.

Administrative and financial barriers

Administrative and financial barriers, irregular status and fear of detection and being reported to immigration authorities, compounded by already overstretched capacities of public services, insufficient infrastructure and

³ <https://www.hrw.org/news/2020/03/12/venezuelas-health-care-crisis-now-poses-global-threat>

⁴ <https://www.outbreakobservatory.org/outbreakthursday-1/2/28/2019/the-venezuela-crisis-and-infectious-disease-spread>

⁵ <https://www.unhcr.org/news/briefing/2019/7/5d317c4f4/survey-highlights-risks-faced-vulnerable-venezuelans-move.html>

⁶ <http://www.fao.org/3/ca5162en/ca5162en.pdf> Refer to table on page 37

resources in some Caribbean countries, also contribute to Venezuelan refugees and migrants being underserved in health sectors. Venezuelans at times purchase medications to send to family members in their country of origin, which has put a strain on the capacity of some local health care providers.

Access to health barriers particularly affect individuals with chronic diseases, people with physical and mental disabilities, and other individuals with specific needs, including elderly persons and persons with disabilities, victims of trafficking, sex workers, or persons that engage in substance abuse. Furthermore, the stress Venezuelans experience because of precarious conditions in their home country and on travel can prove detrimental to mental health.

What Does Health and Health Care Mean? A working Definition

Health care refers to the organized provision of medical care to individuals or a community. The fundamental premise of primary health care is that all people, everywhere, deserve the right to health-care services, in communities where they live.

- **Primary health care (PHC)** addresses the majority of a person’s health needs throughout their lifetime. This includes physical, mental and social well-being and it is people-centered rather than disease-centered. PHC is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care.⁷ To achieve this, community-based health insurance (CBHI) schemes, Cash-based Interventions (CBI), provider payments, food⁸ and substitutive care can be set towards the goal of a Universal Health Coverage.⁹ These are usually voluntary and characterized by community members pooling funds to offset the cost of healthcare while developing the community and making local health care providers accountable.¹⁰
- **Primary Health Care** services are usually accessed through Community health centers (CHCs) which are either public clinics or private, nonprofit organizations that directly or indirectly (through contracts and cooperative agreements) provide primary health services and related services to residents of a defined geographic area that is medically underserved.¹¹
- **Mental health and psychosocial support (MHPSS)** includes any support to protect or promote mental health and psychosocial wellbeing. One major component of MHPSS is the treatment and prevention of psychiatric disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD). It also includes support for general psychosocial wellbeing, helping connect with other family and community members or deal with personal challenges or practical problems.¹²
- **Sexual and Reproductive Health Care** is included as a component of Primary Health Care (PHC, among the services provided we can mention, family planning, pregnancy-related services (Antenatal care, post-natal care, newborn care), including skilled attendance at delivery and emergency obstetric care, HIV prevention and diagnosis and treatment of STIs, prevention and early diagnosis of breast and cervical cancers; adolescent sexual and reproductive health (ASRH), and care for survivors of gender-based violence, with reproductive health commodity security (RHCS) and clinical management of rape (CMR).

⁷ <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

⁸ The way that health purchasers pay health care providers to deliver services is a critical element of strategic purchasing. Each payment system is based on one or more provider payment methods or mechanisms.

https://www.who.int/health_financing/topics/purchasing/payment-mechanisms/en/

⁹ <https://www.paho.org/salud-en-las-americanas-2017/?p=1993>

¹⁰ Universal health is grounded in the core values of the right to health, equity, and solidarity

¹¹ <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/definitions.html>

¹² <https://www.government.nl/topics/mhps/the-need-for-mental-health-and-psychosocial-support-in-crisis-situations/what-is-mental-health-and-psychosocial-support-mhps>

- **Secondary Health Care** is the specialist treatment and support provided by doctors and other health professionals for patients who have been referred to them for specific expert care, most often provided in hospitals. These services are generally more specialized, they often include a greater range of diagnostic services such as X-ray and pathological laboratory services; they may also include specialized treatment, such as operating theaters, radiotherapy, and certain drug therapies not normally available in primary care.” Secondary care services are usually based in a hospital or clinic, though some services may be community based. They may include planned surgeries, specialist clinics such as cardiology or renal clinics, or rehabilitation services such as physiotherapy.
- **Tertiary Health Care** refers to a third level of health system, in which specialized consultative care is usually provided on referral from primary and secondary medical care. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel on the key features of tertiary health care. Tertiary Care is usually provided by medical colleges and advanced medical research institutes and treats more severe conditions that require specialized knowledge and equipment and more intensive health monitoring for inpatients in areas such as HIV/AIDS, cancer and more.

Caribbean Sub-Regional Overview

COVID-19 Context

In a context of volatile economies, exacerbated by the COVID-19 pandemic, health systems of receiving countries in the Caribbean face challenges to cater to the needs of the large influx of refugees and asylum seekers who need medical care. Countries accepting refugees ultimately strive to have a timely and effective healthcare system in place to cope with arrivals, however, lacking resources, limited time to prepare host-country systems, as well as sheer inadequate capacity and limited personnel have created difficulties in achieving effective health care. From July 2020, Aruba, Curaçao, Guyana and Trinidad and Tobago, confirmed cluster and community spread of the COVID-19 virus,¹³ while by the 18 September 2020 a 230% increase in cases and 123% increase in COVID-related deaths were recorded in the sub-region. Eighty percent of new cases reported in the prior two months hailed from the Dominican Republic.¹⁴

Undocumented Venezuelans do not have access to the national health systems in Aruba and Curaçao, but with the appearance of the Covid-19 virus, the Aruba and Curaçao governments indicated that all individuals on the islands, including those without regularized status, would have access to COVID-19 related testing. Treatment is available but must be paid for out of pocket. In Curaçao, access to health remains limited to one R4V partner clinic serving the undocumented Venezuelan population. Testing and treatment of both registered and undocumented Venezuelan refugees and migrants are available in the other Caribbean sub-regional countries.

Moreover, given the Covid-19 context, many Venezuelans live in close quarters and shared accommodations, unable to self-quarantine and follow physical distancing measures. As the pandemic spreads, the capacity for treatment of other pathologies and preventative services keep decreasing and movement restrictions due to COVID-19 has overall reduced access to health care. Therefore, individuals with pre-existing illnesses are likely to face increasing hurdles in accessing treatment and care, adding to the list of challenges that existed prior to the pandemic.

The Elderly and Health Care

Caribbean countries are starting to monitor the specific health needs of the elderly more closely. R4V partners in some Caribbean countries automatically classify persons over 60, as ‘at-risk’ or ‘vulnerable’. In the Dominican Republic, the public sector collects data generally on all users of public health services, but there is a lack of

¹³ <https://data2.unhcr.org/en/documents/details/78761>

¹⁴ <https://www.paho.org/en/documents/pan-american-health-organization-response-covid-19-americas-0>

information about health challenges and gaps in treatments issues of Venezuelans in the country, including elderly refugees and migrants. According to an R4V partner in Trinidad and Tobago, 62 persons over the age of 60 were identified as having chronic and critical illnesses, mental diseases, and other long-term medical diseases. Furthermore, in September 2020 there was a notable increase in the number of Venezuelans with critical medical conditions, for which they are not receiving treatment in the public health care systems. R4V partners are therefore exploring options to secure the treatment of such persons.

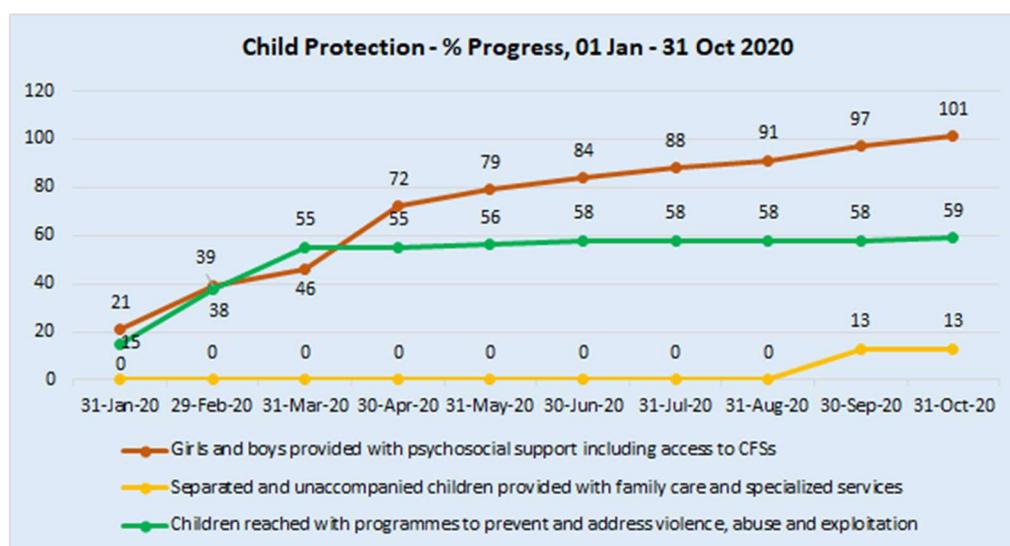
Nutrition and Health Care

The effects of the Venezuelan crisis have been felt strongly in the Venezuelan nutritional and health care sectors, as financial constraints frequently result in eating less often, while the nutritional value and quality of the meals worsen, leading to undernourishment in Venezuela.¹⁵ Once landed in host countries, refugees and migrants are in immediate need of food, shelter, non-food items (NFIs), medicine, and importantly, health care.

Children, Youths and Health Care

Infant and young children lack consistent access to growth and development controls and immunizations, prenatal, post-natal care and growth and development controls, which limits the possibility of prompt diagnosis of any disability, and negatively impacts prospects of enrolment where schooling is available. Noteworthy is that in the Caribbean, no learner (local or migrant) can enroll in private or public schools without proof of immunization, hence there is a level of interdependence between the health and education sectors within the

region. In some Caribbean countries like Trinidad and Tobago, Aruba and Curaçao, they are also required to have health and safety insurance in case they are injured or fall ill at school, the cost of which may be an impediment to many families. Striking is that since R4V partners started monitoring the nutritional status of child refugees and migrants from 2018 to date, no cases of severe or moderate malnutrition were identified.¹⁶ Around 300 refugees and migrant children under five years of age had been screened for nutritional deficiencies.¹⁷ By early 2020, around one quarter of the respondents were revealed to not be eating three times a day, and parents had concerns relating to the quality of the food they could access. Some refugee and migrant children at alternative learning centers mentioned they “look forward to coming to school because they won’t go hungry”.¹⁸ Food security, or the lack thereof, affects nutrition and health of refugees and migrant children, and it is likely that the nutritional status of refugee and migrant children has deteriorated due to the curtailment of existing school-based feeding programmes



Increased need/demands for psychosocial support for refugee children and youths in Trinidad and Tobago. Source: The UNICEF TT (2020) Humanitarian Programme Monitoring (HPM) tool

¹⁵ <http://www.fao.org/3/ca5162en/ca5162en.pdf> Refer to graphs on page 13

¹⁶ United Nations Children’s Fund, ‘Situation Analysis of Children in the Eastern Caribbean’, Barbados, 2019.

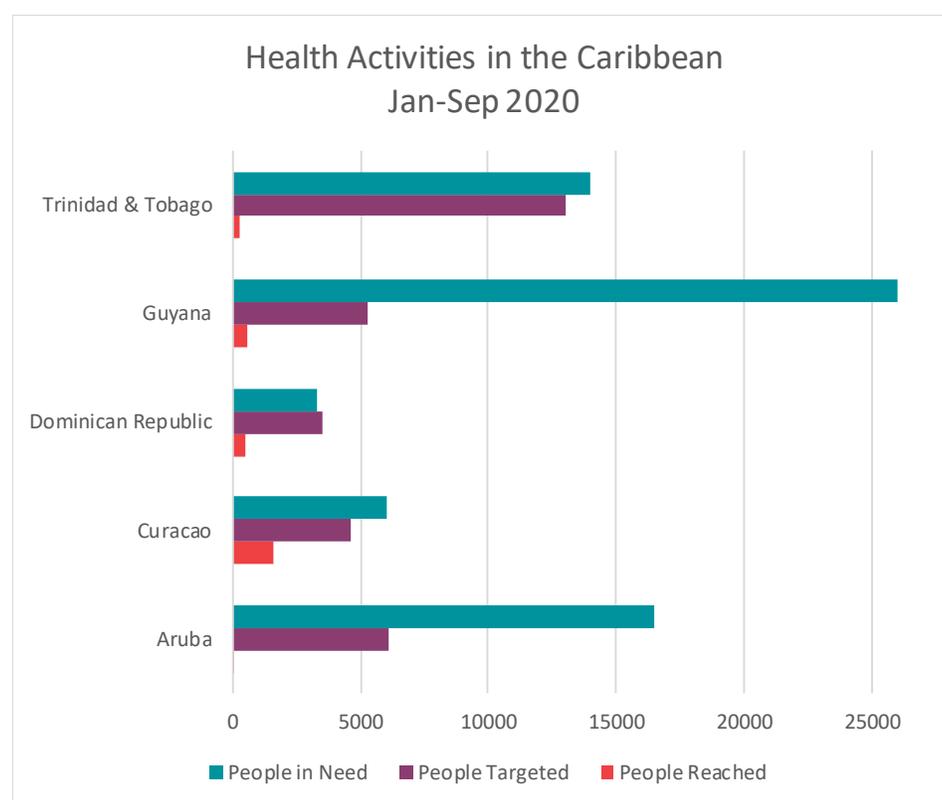
¹⁷ United Nations Children’s Fund, ‘Humanitarian Performance Monitoring’, March 2020.

¹⁸ Maharaj-Landaeta, S. (2019) ‘The Educational Experiences of Teachers of Children of Migrants and Refugees in Trinidad & Tobago’.

and parents affected by unemployment finding it increasingly difficult to provide for their children.¹⁹ Separately, Venezuelan adolescent refugees and migrants have language barriers that may have a significant impact in accessing health services. This may create additional risks and vulnerabilities for the mental and physical health of refugees and migrant adolescents and youths.

Other Gaps in Accessing Health Care

A significant number of Venezuelans remain in an irregular situation in Caribbean countries and may therefore refrain from reporting their health conditions. In some sub-regional countries, they do not seek needed treatment for fear of detection and being reported to immigration authorities. Consequently, collecting data on the health-related issues of the Venezuelan population has been challenging since they are not included in public health assessments, which makes it difficult to establish a health strategy that includes them. Many serious health conditions, such as diabetes, hypertension, pregnancy complications and infections, sometimes leading to life-threatening situations could be prevented diagnosed and managed early if by regular check-ups were accessible, yet they frequently go unreported by refugees and migrants due to all the aforementioned challenges.



Source: 2020 RMRP, partners reporting

Aruba

Although undocumented Venezuelans in Aruba do not have access to the public health system, healthcare can be obtained, although out-of-pocket costs are often prohibitive. Government-subsidized health facilities like The Infectious Diseases Department provides treatment for undocumented, and uninsured, patients who can pay out

¹⁹ The Impact of COVID-19 on Migrant Children in TT (2020) <https://www.unicef.org/easterncaribbean/reports/impact-covid-19-migrant-children-trinidad-and-tobago>

of pocket for counselling, laboratory testing, and medication. However, doctor appointments and medication are expensive in Aruba, and, many undocumented Venezuelan refugees and migrants refrain from accessing healthcare services for fear of incurring high debts.

There is a high HIV prevalence on the island,²⁰ including HIV requiring second line antiretrovirals,²¹ and a number of HIV-positive refugees and migrants are without access to the necessary medication due to the costs associated with treatment. Female and male sex workers do not have financial resources to afford contraception and regular medical check-ups. Additionally, access to mental health support is of concern, as many Venezuelan refugees and migrants have gone through arduous journeys to reach the Aruba coasts and endure psychological hardship in their host country due to stigma, isolation, and xenophobia. The cost of mental health care and lacking awareness of mental health issues prevent Venezuelans from reaching out to mental health care providers.

During 2020, RMRP partners in Aruba strengthened their support to public health facilities through capacity building, equipment and supplies to provide access to emergency care consultations, skilled birth attendance and postnatal care and access to mental health care for Venezuelans. To achieve this, R4V partners provide medical vouchers and other forms of support to Venezuelan refugees and migrants. Partner agencies provide family planning advice with one partner providing contraceptives to refugees and migrants, and support to Venezuelans to inform them about health care providers and sensitize them on the importance of accessing available health services. During the COVID-19 pandemic, the government set up a free-of-charge COVID-19 hotline available to Venezuelans, with support in Spanish which remains effective to date. Additionally, the Government of Aruba announced that free COVID-19 testing would be provided for all, including irregular refugees and migrants on the island. Treatment of COVID-19 and related complications is available to all but is not free-of-charge.

Curaçao

While most Venezuelans arrived in Curaçao through a formal visa or initial permit, in the pre-COVID-19 period many of them are unable to regularize their status once permits expire. Irregular entries in the post COVID-19 period combined with expired permits, have left the majority undocumented and with no access to public healthcare.²² Additionally, secondary and tertiary healthcare imply significant costs and are often inaccessible to most undocumented Venezuelan refugees and migrants, particularly impacting persons with chronic conditions, who require advanced or specialist intervention, or surgical interventions such as for caesarian section births.

Furthermore, access to Sexual and Reproductive Care, with a special focus on HIV and access to mental health care proves challenging in the island. HIV treatment and medication are only available for Venezuelans with legal status, through the Infectiology Department of the Curaçao Medical Center. As consultations and medication are both very costly, many Venezuelan patients avoid seeking professional medical help, they miss follow-up visits and stop treatment. A common practice among refugee and migrant patients is the purchasing of medication on the black market. It is also vital to run information campaigns about prevention and access to treatment for sexually transmitted diseases (including HIV) and to contraception and family planning as well as to mental health support. The COVID-19 pandemic crisis has exacerbated the previous situation of vulnerability and has worsened anxiety

²⁰ From 1984 to 2014, the average incidence of HIV was 26 new cases per year, ranging from 12 to 28 cases annually. In 2010, the prevalence of HIV infection was 0.4%, with 435 people infected. Between 2000 and 2014, 298 cases of human immunodeficiency virus (HIV) were registered (74 in women and 224 in men). The most frequent form of transmission was heterosexual contact (59%). In 2011, there was one case of mother-to-child transmission. Source: https://www.paho.org/salud-en-las-americanas-2017/?page_id=85 and [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5848377/#:~:text=The%20densely%20populated%20island%20is,%2C%20unpublished\)%20%5B8%5D](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5848377/#:~:text=The%20densely%20populated%20island%20is,%2C%20unpublished)%20%5B8%5D).

²¹ Second-Line Antiretroviral therapy, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296907/>

²² RMRP 2021 Country Chapter Curaçao (for the RMRP 2021 Planning Process)

and stress levels among the community and especially irregular refugees and migrants due to the fact that they often are not eligible for state services and protection.

To respond to these needs, in July 2019, a health facility (clinic) operated by an R4V partner opened. The clinic continues to provide basic and specialized health services to refugees and migrants and between January to August 2020, conducted over 2,899 consultations for undocumented Venezuelans who were unable to access medical care through the national health insurance system. The clinic provides basic health care, sexual and reproductive health consultations, prenatal and maternity care, contraceptives, as well as HIV and care for chronic diseases such as diabetes. Thus, Venezuelan and refugees and migrants continue to access the health services made available to them through the partner clinic. During the lockdown phase due to the impacts of COVID-19, the Government of Curaçao committed to granting free Covid-19 testing to Venezuelans.²³

Dominican Republic

Some Venezuelans in the Dominican Republic report having fled their country of origin to seek medical attention, that they could not obtain in their home country, as they are allowed access to the Dominican health system, especially for primary health care. According to the last Protection Monitoring Report carried out in 2019 in the Dominican Republic, 34% of the 759 individuals interviewed had specific needs. Lack of resources makes it difficult for the public health system to cater to all needs. Nevertheless, needs persist regarding secondary, more complex or longer-term treatments, such as hypertension, diabetes, HIV, cancer, schizophrenia, Parkinson's, Alzheimer etc.), and notably support is required for lactating/pregnant women and the elderly. Specialized medical care and support for these persons are a priority for R4V partners.

Mental health needs are also among main concerns, considering the harmful effects of displacement and since psychosocial and psychiatric support is not easily available for the many that have suffered traumatic experiences, including family separation and other difficult circumstances, before, during and after the displacement. Additionally, sexual and reproductive health services and mental health support is especially needed for persons who resort to negative coping mechanisms that bear specific health risks, such as addictions to psychoactive substances and the sale or exchange of sex. Support related to COVID-19 prevention and treatment is also needed, considering the limited capacity of the local system to carry out tests and provide adequate accompaniment.

During 2020 partners have been focussed on preventative medicine through the mapping of available services, the provision of mental health care and the delivery of information on how to access existing services. Partners are building capacities and strengthening existent health services, to ensure availability of the services as well, they provide cash assistance to support Venezuelans' capacity to afford life-saving services (medicine, exams, consultations etc.), depending on their specific needs. Additionally, the community-led medical brigades provided free health care in the Dominican Republic, reaching Venezuelan refugees and migrants as well as the host community.

Under the leadership of partner agencies specialized in health, R4V partners advocate for the improvement of inclusive public policies and effective access to specialized health care for Venezuelans, including the government establishing a hotline number to provide information on COVID-19 after the onset of the pandemic. Additionally, Venezuelans have the option to contact the National Laboratory emergency toll free number to access free COVID-19 testing. Although the service is offered to all, the laboratory has limited capacity to cater to the large numbers of persons seeking testing.

²³ <https://www.facebook.com/notes/toelatingsorganisatie-cura%C3%A7ao-inmigrashon-k%C3%B2rsou/ministerio-di-hustisia-ta-trese-adaptashonnan-temporal-na-reglanan-di-estadia-de/2301713600133777/>

Guyana

Venezuelan refugees and migrants have access to public health care in Guyana but face many obstacles. The already stretched health system has a limited capacity and resources, particularly in remote areas, and the lack of a national health information system to monitor, control and report health services makes it difficult to provide health services in a coordinated manner. Thus, there are limited care and treatment sites beyond the regional hospitals in Mabaruma, Port Kaituma and Moruca (Region 1), Bartica (Region 7), Mahdia (Region 8) and Lethem (Region 9), which coupled with the high cost of transportation hinders access to health care.

As Guyana is an English-speaking country, access to health services in Spanish, including mental health support is challenging for Venezuelans. Returning Guyanese in some case also suffer the same discrimination as Venezuelans, and similarly, have no access to treatment. Language barriers also make it difficult for the Ministry of Health and health care providers to reach out to Venezuelans that are displaced in the country and raise their awareness of health risks. Consequently, Venezuelan refugees and migrants lack information on available services and health information including contraception and family planning, sexual and reproductive health and pre-natal care in general.

There is also limited support to sex workers, in terms of access to appropriate services, medication and psychosocial support. This shortage is combined with the lack of access to contraceptives. Patients who are tested for example, as HIV positive in remote areas, such as in mines and logging camps have limited access to care and treatment after diagnosis. Additionally, reports of breaches in confidentiality among health professionals, and instances of discrimination against Venezuelans have been identified as barriers for patients in accessing health services. In the COVID-19 context, the Government set up hotlines available for all persons including undocumented refugees and migrants, as they are entitled to the same health care options as Guyanese.

Trinidad & Tobago

In Trinidad and Tobago, access to primary and emergency health care, including support for infant and young child feeding, and growth monitoring and immunization for children under five years is granted to all. Yet there is limited access to these services for refugees, migrants and other non-national groups due to such issues as lack of knowledge of where to go, long waiting times, being denied services and quality of customer assistance.²⁴ These challenges are of greatest concern to those with chronic health conditions, pregnant women and young children. Venezuelan refugees and migrants also have access to testing and treatment for COVID-19, regardless of their status in the country. In practice, this access can be hampered by several factors such as, language barriers, shortage in medicinal supplies and transportation costs.

Important gaps persist with access to primary health care including specifically access to comprehensive sexual and reproductive health care as well as to clinical management for rape survivors and intimate partner violence. Furthermore, access to mental health care support, which comprises both psychotherapeutic and psychiatric services including psychosocial support, is challenging on the island. This is a concern as partners have seen an increase in uptake for psychosocial support services during the pandemic, demonstrated in 83% of migrants reporting depression among some family members, including their children.²⁵ This is compounded by the absence of bilingual, public psychiatric services to Venezuelans. Referrals of Venezuelan refugees and migrants for psychiatric evaluations have been notably challenging owing to language barriers. Other difficulties include access to secondary and tertiary health care, particularly regarding sexual and reproductive health. Paediatric care is also

²⁴ United Nations Children's Fund, 'Situation Analysis of Children in the Eastern Caribbean', Barbados, 2019.

²⁵ Impact of COVID-19 on Migrant Children in TT Prepared by the UNICEF Office for the Eastern Caribbean Area in association with the USAID, Caribbean (2020) <https://www.unicef.org/easterncaribbean/reports/impact-covid-19-migrant-children-trinidad-and-tobago>

among the main health gaps resulting from the lack of awareness and the high cost of paediatric consultations. Furthermore, Venezuelan refugees and migrants do not have free access to treatment for chronic diseases.

There is also a need to increase the host government's capacity to respond to challenges in epidemiological surveillance through capacity building and ICT equipment, while looking at possibilities to pilot a semi-private initiative of health insurance to vulnerable groups. Thus, after the onset of COVID-19, RMRP partners rolled out an existing, critical mobile-clinic programme that provides access to sexual and reproductive health care, particularly in underserved and remote communities. They also introduced a hotline and telehealth service that offers virtual support for mental health to refugees and migrants. In-person, clinic services for refugees and migrants resumed in June 2020, on an appointment-only basis two days per week and via telehealth the other days. This initiative received a positive response, as such partners will maintain the telemedicine modality as it presents new opportunities to reach a wider audience of Venezuelans, making health services accessible.

Way Forward

Promoting access to public health services is a priority across all five countries of the Caribbean sub-region. As such, R4V partners have identified key priorities that include development and communication for behavioral change so that people have the information they need to keep in good health creating supportive environments, strengthening community actions, developing personal skills and reorienting health services. These domains for action will be approached collectively by partners in a structured and systematic manner.

The health response in the Caribbean will enhance existing R4V partners facilities and other available primary medical services, while advocating and strengthening the capacity of national systems and private facilities to provide access to secondary and tertiary healthcare for refugees and migrants. It will also encompass supporting and building the capacity of public national health systems that can provide specialized services to refugees and migrants and the host population.

Advocacy Towards Inclusion

As a part of R4V partners' advocacy, healthcare inclusion of refugees and migrants from Venezuela must be considered in national COVID-19 health responses, as the virus affects individuals regardless of their migrant status and nationality. Ensuring access to testing and medical treatment to those in need is key to saving lives and safeguarding public health. Authorities in some Caribbean countries are encouraged to make public announcements to enable undocumented refugees and migrants with symptoms to seek healthcare services without fear of stigmatization, detention or deportation. The health response and response to COVID-19 cannot leave anyone behind and the only effective protection must include all the people who are in the territory, as this is the only way to adopt efficient measures that help control the pandemic in the long-term.²⁶ Partners will advocate with Governments for the inclusion of refugees and migrants in the secondary health care system. In addition, the possibility of advocating for the extension of health services through local NGOs to Venezuelans will be explored. In line with this, medical panels can also be established to review Venezuelan medical cases and to make recommendations regarding which persons should be considered for life-saving medical interventions and exploration of other solutions.

Mapping of Available Services and Information/Communication products

In all five Caribbean countries, partners will continue mapping existing health services available to Venezuelan refugees and migrants to update the information in light of changes due to COVID-19 and inform future awareness-raising activities. To improve access to health services, partners will develop and/or translate relevant communications products in Spanish. In Trinidad and Tobago, partners will collaborate with hospitals to identify

²⁶ <https://r4v.info/en/documents/details/76335>

GBV cases and they will implement health activities related to trafficking in persons to capture violence and sexual assault data related to refugees and migrants. This will foster evidence-informed decision making related to the health sector. Information campaigns on health will be carried out to promote healthy habits as well as more specific topics such as vaccinations and SRH. In this regard, cross-cutting collaboration between Health, Protection and Education actors will be essential, particularly on SRH, to ensure that prevention messages on contraception and family planning and risks related to sexually transmitted infections (STIs), related screening and treatment access can be shared in schools and among vulnerable groups. In addition to the mapping of health care providers, partners will explore the possibility of advocating for the extension of health services through local NGOs to Venezuelans. In this line, medical panels can also be established to review Venezuelan medical cases and to make recommendations regarding which persons should be considered for life-saving medical interventions and exploration of other solutions.

COVID-19 Activities

As a result of the RMRP COVID-19 revision, partners in Trinidad and Tobago will maintain the successful telehealth initiative, as it presents new opportunities to reach a wider audience of beneficiaries, making health services accessible. In the Dominican Republic, partners will focus on securing testing and on treatment of persons with chronic, complex and life-threatening diseases, as well as assist pregnant and lactating women, through the provision cash-based interventions. Mental health and psychosocial support also continue to feature prominently as a priority area of intervention.

Additionally, partners in Guyana will focus their support on mental health and well-being services for survivors of gender-based violence, trafficked persons, displaced Venezuelans and host community members in need. In Aruba, R4V partners will continue advocating with the authorities, for refugees and migrants to have access to public health care primary medical services and they will provide case by case assistance to the most vulnerable persons in need. The hotline, implemented in April 2020 by partners to assist refugees and migrants continues to function. Additionally, a partner medicine school in Aruba will provide access to preventive and primary health assistance for vulnerable refugees and migrants, regardless of their migratory situation. Services will include general check-ups, screening for diabetes, Body Mass Index, Ears, Nose and Throat check-ups, health screening fairs and psychological assistance in Spanish. Chartered by the government and with authorization by the Ministry of Education of Aruba, this project will seek to advocate, strengthen, and create new alliances with local medical networks towards the creation of a long-term community project.

Furthermore, partners in Curaçao will carry out sensitization campaigns on contraception and family planning and will support further coordination mechanism among partners and agencies to optimize and raise awareness about primary, sexual and reproductive care among refugees and migrants.

Overall, partners throughout the sub-region will continue to promote the health of refugees and migrants; improve the quality of the physical and social environments in which they live; prioritize community-centered approaches to mobilize the resources and assets within refugee and migrant communities and build local capacities. Partners will focus on strengthening Mental Health and Psycho-Social Support (MHPSS) across the region. They will invest in language support and health awareness initiatives to develop personal and life skills within all sub-regional host countries while promoting cultural and diversity sensitive approaches to health care and building a culturally competent health workforce that is responsive to the unique needs of refugee and migrant populations.

Appendix I: Health Priorities and Objectives by Country

<p>Aruba</p>	<p>Provide voucher/cash-based assistance for primary care, medications, and certain secondary care services</p> <p>Mental health and psycho-socio services/support</p> <p>Establish relationship with local NGOs and departments providing health related services.</p> <p>Develop Know Your Rights leaflets on refugees and migrant health rights.</p> <p>Awareness raising and community health outreach</p> <p>Outreach to inform families about healthcare services</p> <p>Enhance access to contraceptives and regular medical check-ups for sex workers</p>
<p>Curaçao</p>	<p>Provision of primary healthcare, SRH, limited access to medications and support to patients with chronic diseases</p> <p>Prevention campaigns on sexual reproductive health and family planning including awareness on HIV</p> <p>Outreach to inform families about healthcare services</p> <p>Support access to medical services, including pediatric and mental health care.</p> <p>COVID 19 testing</p> <p>Awareness raising and community health outreach</p> <p>Outreach to inform families about healthcare services</p>
<p>Dominican Republic</p>	<p>Strengthen access to preventive medicine</p> <p>Expand access to COVID-19 tests and treatment</p> <p>Strengthen access to specific health care for chronic / complex / autoimmune diseases</p> <p>Strengthen mental health services, including psychosocial and psychiatric support</p>
<p>Guyana</p>	<p>Continue the immunization outreaches to border host communities in coordination and collaboration with the Ministry of Public Health (MoPH).</p> <p>Provide cold chain supplies and Risk Communication and Community Engagement (RCCE) support through the MoPH in preparation for COVID-19 vaccine and regular vaccination protocols.</p> <p>Provide support to strengthen local capacities of first respondents to provide mental health and psychosocial support, particularly in hinterland areas,</p> <p>Engage with local NGOs and the MoPH to provide access to sexual and reproductive health services, including, but not limited to, HIV testing and counselling, family planning and contraceptives, prenatal/postpartum</p> <p>Provide mental health and psychosocial services for vulnerable refugee and migrant population</p>
<p>Trinidad & Tobago</p>	<p>Improve access to health services for refugees and migrants through the development and/or translation of relevant health sector communications products in Spanish</p> <p>Training on protection-sensitive health service delivery</p>

Increase by 10% the number of refugees or migrants who have access to sexual and productive health services over one year

By end 2021, implement gender-based violence hospital surveillance system to capture sexual assault data related to refugees and migrants for evidence informed decision-making

Strengthen the capacity of health infrastructures for refugees and migrants

Mapping of the common health related illnesses experienced by migrants and refugees

Access to sexual and reproductive (SRH) services through primary health care, including SRH counselling

Access to medication for chronic health conditions

Increased capacity of the public health sector to provide community based mental health and psychosocial support for migrants and refugees