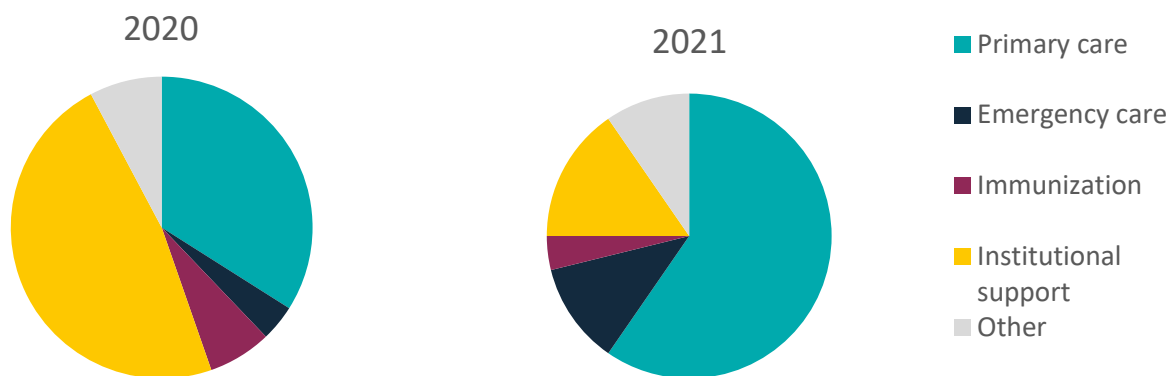


Context

[According to the RMRP 2021](#), the number of Venezuelans refugee and migrants (R&Ms) that will seek protection in the Caribbean is expected to increase by 14.6% at the end of 2021, in comparison with 2020. Out of those, it is estimated that 46% (roughly 104,000 R&Ms) will need health services. Many Venezuelans who are unable to access medical services at home seek assistance in Caribbean countries where they land. However, some of them have not received care for chronic conditions and face barriers accessing healthcare in their host country. [R4V partners continue to provide health services to groups in vulnerable conditions](#), and the RMRP 2021 targeted 18% of the total people in need for health services. However, R4V partners face lack of funding, limited resources and delays or modifications to their planned activities within the health sector due to pandemic restrictions.



R4V Health Activities in the Caribbean Sub-Region by Type

Definition of Health Care

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 persons, wherever they are, deserve the right to health care services. Health care is broken into: Primary Health Care ([PHC](#)), Mental Health and Psychosocial Support ([MHPSS](#)), Sexual and Reproductive Health Care (SRH), [Secondary](#) and [Tertiary](#) health care.

Challenges in accessing Health in the Caribbean Sub-Region

Limited access to public health services

Although some countries in the sub-region like the Dominican Republic, Guyana and Trinidad and Tobago (T&T) extend basic public services, including primary health care, to Venezuelans inside their countries, many R&Ms [*face challenges in accessing these services*](#). Medical attention is hampered by legislation that excludes them from national public health systems, mainly in Aruba and Curaçao where documentation is required. Those with valid documentation can access primary healthcare, but secondary and tertiary health services remain elusive. In Guyana, [*T&T*](#), and the Dominican Republic, all Venezuelans can access primary healthcare, yet secondary and tertiary health services are limited by constraints in funding, infrastructure, resources, and human capacity. Other obstacles include the irregular status of most Venezuelans in the sub-region, the impossibility to pay for medical services out-of-pocket, lack of health care facilities in remote areas, and language barriers in non-Spanish speaking countries, among others. Venezuelan R&Ms, particularly those in an irregular status, and their children are often unable to benefit from immunization campaigns, related to COVID-19 and non-COVID ones. Furthermore, the pandemic has undermined human and other resources inside health sectors creating diminished responses to other health-related issues and widening pre-existing gaps in medical support.

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. Mental health and psychosocial support (MHPSS) is becoming increasingly relevant given the highly distressing experiences of the displaced population and added strain brought on by the COVID-19 pandemic.

Venezuelans often lack knowledge on the services available in host communities. Additionally, public health systems became increasingly strained by the rising health needs related to COVID-19. These included testing, treatment, and MHPSS, particularly affecting persons with chronic diseases, physical and mental disorders, and other individuals with specific needs, including persons who resort to coping mechanisms, like exchange or sale of sex. Furthermore, mapping the clinical management of rape (CMR) capacity and availability of Post-Exposure Prophylaxis (PEP) is often insufficient.

Caribbean Sub-Regional Overview

COVID-19 Context

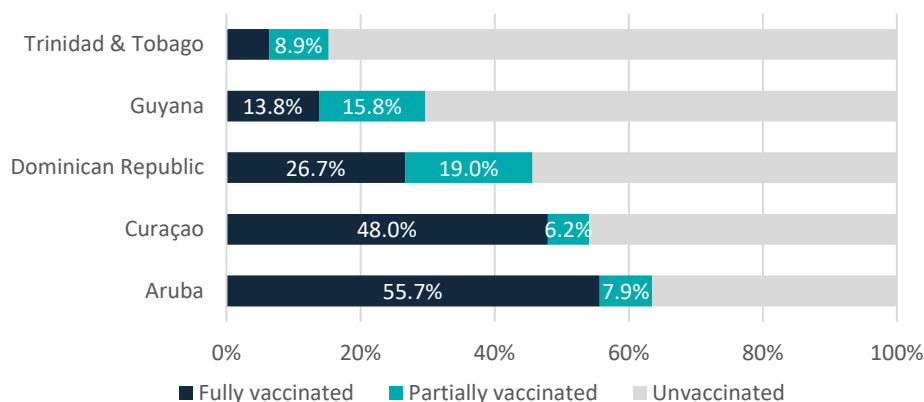
The Caribbean countries were affected by the pandemic over varying periods of time. [*Aruba had spikes in cases*](#) in August 2020, January, and March 2021, when restrictions were reinforced. [*Curaçao had no significant spikes until April 2021*](#), when measures were tightened. However, borders are currently open with [*specific requirements dependent*](#) on the risk classification of the country of origin. The [*DR had confirmed cases since April 2020, and had three spikes so far; in July that year, followed by January and May 2021*](#).

[*Trinidad and Tobago experienced a spike in cases in April 2021, which prompted the establishment of*](#) a state of emergency in May 2021 and curfew measures, both expected to be in force through July 2021. Borders remained closed since the beginning of the pandemic, but [*were reopened on July 17th, 2021 with restrictions applicable for the unvaccinated*](#) due to a drop in cases over June 2021. Several short-term measures to mitigate the proliferation and impact of COVID-19, such as the closure of non-essential services and businesses and mobility restrictions for non-essential workers, telework and virtual schooling, remain in effect. Finally, [*Guyana has seen disproportional increases in cases during October 2020 and May 2021*](#). However, borders are open with specific requirements to access the country.

From July 2020, Aruba, Curaçao, Guyana and Trinidad & Tobago [*confirmed cluster and community spread*](#) of COVID-19. Testing and treatment for Venezuelan R&Ms are available in Guyana, Dominican Republic, and Trinidad &

Tobago. Venezuelans who do not have documentation cannot access the national health systems in Aruba and Curaçao, but with the COVID-19 outbreak, governments of the two Dutch-Caribbean islands indicated that all individuals on the islands, including those without regular status, would have access to COVID-19 testing. Treatment for persons contracting the virus is available, even for those in an irregular status, but must be paid for out of pocket. In Curaçao, access to health care remains limited to one R4V partner clinic serving the R&M population in an irregular status. [Vaccination campaigns have also started](#) in all the countries (see further details in the country-specific section).

COVID-19 Vaccination Rates for the Entire Population
as of 30 June 2021



Source: [Coronavirus \(COVID-19\) Vaccinations - Statistics and Research - Our World in Data](#)

The Elderly and Health Care

Governments in Caribbean countries are monitoring 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’. R4V partners are exploring options to secure the treatment of such persons, as they remain at higher risk in health-related matters since the pandemic started.

Children, Youths and Health Care

Infants and young children lack consistent access to prenatal and post-natal care, immunizations and growth and development controls. These restrictions limit prompt diagnoses and treatment of any illness or disability, and negatively impact prospects of enrolment where schooling is available. In the Caribbean, no learner (local, refugee or migrant) can enroll in private or public schools without proof of full immunization, hence there is a level of interdependence between the health and education sectors within the region. In some Caribbean countries like T&T, Aruba and Curaçao, students 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. In T&T student insurance is not available to R&M children as they cannot access student permits.

Food security, or the lack thereof, affects nutrition and health of R&M children. Around 300 boys and girls under the age of five had been screened for nutritional deficiencies by early 2020, around one quarter of the respondents revealed not eating three meals a day, and parents had concerns relating to the quality of accessible food.¹ Some refugee and migrant children at alternative learning centers mentioned they “look forward to coming to school because they would not go hungry”.² While monitoring by R4V partners in 2018-2019 did not identify any cases of

¹ United Nations Children’s Fund, ‘Humanitarian Performance Monitoring’, March 2020.

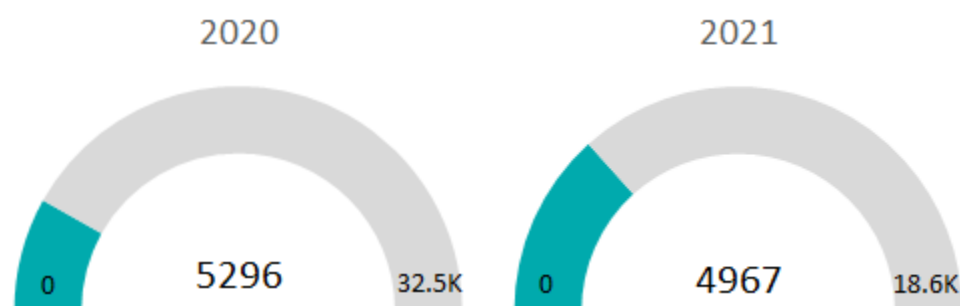
² Maharaj-Landaeta, S. (2019) ‘The Educational Experiences of Teachers of Children of Migrants and Refugees in Trinidad & Tobago’.

severe or moderate malnutrition³, it is likely that their *nutritional status has deteriorated* due to the curtailment of existing school-based feeding programmes following school closures, and families affected by unemployment.

Separately, Venezuelan adolescent R&Ms have language barriers that may have a significant impact in accessing health services. This may create additional risks and vulnerabilities for their mental and physical health.

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 fearing detection, victimization and being reported to immigration authorities. Consequently, collecting health data and developing a comprehensive health strategy has been challenging since they are not included in public health assessments.



People targeted vs reached with health assistance. Source: R4V partners

Aruba

Although Venezuelans in an irregular status in Aruba have no access to the public health system, private healthcare can be obtained, although out-of-pocket costs often prove prohibitive. Government-subsidized health facilities like the Infectious Diseases Department provide treatment for undocumented and uninsured patients who can pay out of pocket for counselling, laboratory testing, and medication. One R4V partner also started providing repeat dental services to R&Ms from Venezuela between 2020 and 2021.

There is a high HIV prevalence on the island amongst the population in general,⁴ including HIV positive patients requiring *second line antiretrovirals*, and a number of HIV-positive R&Ms remain without access to essential medication due to the costs associated with treatment. HIV-positive persons often experience discrimination, and the cost of contraception and regular medical check-ups prevents high-risk populations from obtaining care.

Additionally, access to mental health support is of concern, as many Venezuelan R&Ms have undertaken 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 lack of awareness of mental health issues prevent Venezuelans from reaching out to mental health care providers.

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

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

4 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 can be found here.

access to mental health care for Venezuelans. To achieve this, R4V partners provide medical vouchers and other forms of support. Partner agencies provide family planning services, including contraceptives, support to Venezuelans R&Ms to inform them about health care providers and sensitize them on the importance of accessing available health services.

During the pandemic, the government set up a free COVID-19 hotline for Spanish speakers, including Venezuelans, currently still available. Free COVID-19 testing is available for all irregular R&Ms on the island. Treatment of COVID-19 and related complications is available to all but is not free of charge. The Government of Aruba has made agreements with other governments to fill gaps on some emergency medical services that are unavailable in the country.

The Aruban national vaccination plan includes R&Ms irrespective of their status via walk-in or registration. R4V partners have been assisting with proof of ID, as well as with government communications through translation. Furthermore, one R4V partner opened their office as a safe space for assistance in [registering for the COVID-19 vaccines in response to fears expressed by R&Ms regarding their irregular status](#).

Curaçao

While most Venezuelans arrived in Curaçao through a formal visa or initial permits, in the pre-COVID-19 period many were unable to regularize their status once permits expired. Irregular entries in the post COVID-19 period combined with expired permits left the majority in an irregular status and with no access to public health care.⁵ Additionally, secondary and tertiary health care imply significant costs and are often inaccessible to most Venezuelan R&Ms, particularly impacting persons with chronic conditions, who require advanced or specialist intervention. During the COVID-19 lockdown, the Government of Curaçao committed to granting free testing to Venezuelans.

Furthermore, access to sexual and reproductive care, with a special focus on HIV, and mental health services, proves challenging on the island. HIV treatment and medication are only available for Venezuelans with regular 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, miss follow-up visits and stop treatment. The purchase of medication in the irregular market is a common practice among R&M patients. Moreover, information campaigns about prevention and treatment of sexually transmitted diseases (including HIV), access to contraception and family planning, as well as to mental health support are needed. The latter proving especially crucial since the COVID-19 pandemic exacerbated their vulnerability and has worsened anxiety and stress levels among the community, especially irregular R&Ms who are often ineligible for state services and protection.

To respond to these needs, an R4V partner health facility (clinic) opened in July 2019. From the beginning of 2020 to April 2021, the clinic conducted over 11,852 consultations for Venezuelans in an irregular status who were unable to access medical care through the national health insurance system. The clinic provides basic health care, SRH health consultations, prenatal and maternity care, and contraceptives, as well as HIV and care for chronic diseases such as diabetes.

The national COVID-19 vaccination plan started on 24 February 2021 and includes R&Ms, irrespective of their status. The clinic was approached by the government to function as one of the three vaccination units, with specific attention to the population of irregular R&Ms, including Venezuelans. The organization has been [communicating through social media outlets to reach the population concerned](#).

5 RMRP 2021 Country Chapter Curaçao (for the RMRP 2021 Planning Process).

Dominican Republic

Some Venezuelans in the Dominican Republic report having fled their country of origin to seek the medical attention that is unavailable in their home country, as they are allowed access to the Dominican health system, especially for primary health care. However, lack of resources makes it difficult for the public health system to cater to all needs. Furthermore, needs persist regarding secondary, more complex, or longer-term treatments, and notably support is required for lactating/pregnant women and the elderly. Specialized medical care and assistance for these persons are a priority for R4V partners.

Mental health needs are also among the 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 before, during and after displacement. Additionally, SRH and MHPSS support are 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 required considering the limited capacity of the local system to carry out tests and provide adequate accompaniment. Furthermore, R4V partners noted an increase in cancer cases among the Venezuelan population, which are not treated in the national system. A lack of funding and general resources to assist these cases has translated into R4V partners being unable to help all persons requesting critical medical assistance.

In 2021, R4V partners continue to focus on preventive 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 existing health services. They also provide cash assistance to support the capacity of refugees and migrants to afford life-saving services (medicine, exams, consultations etc.), depending on their specific needs. Additionally, community-led medical brigades provide free health care in various provinces, reaching Venezuelan R&Ms 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, R&M 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.

The DR vaccination plan is being rolled out in phases but does not include R&Ms without a regular status. Persons considered regular can be vaccinated within specified [phases](#), hence persons would have access once the regularization process is complete. Vaccination sites had been set up at some information windows put in place to assist R&Ms with registering for the regularization process, where some had an opportunity to get vaccinated after being registered.

Guyana

Venezuelan R&Ms 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. R4V partners provide support to Venezuelan R&Ms, accompanying them to health

services and providing support in interpretation. This often includes provision of information on sites for vaccination against COVID-19, and translation and interpretation when needed.

Returning Guyanese in some cases 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 awareness of health risks. Consequently, Venezuelan R&Ms lack information on available services and health information including contraception and family planning, SRH, and pre-natal care in general.

There is also limited support to sex workers, including those among R&Ms, in terms of access to 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, like in mines and logging camps have limited access to care and treatment after diagnosis. Additionally, reports of breaches in confidentiality (regarding HIV cases) 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 to all persons including refugees and migrants in an irregular status. The pandemic has meant that more health supplies are needed to combat the continued rise in cases and more expertise was required to operate the mobile COVID-19 clinic. The authorities have committed that all persons over 18 years-old will receive the vaccine free of charge including all R&Ms.

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 the age of five, is granted to all. Yet there is limited access to these services for refugees, migrants and other non-national groups due to lack of knowledge of where to go, long waiting times, denial of services, perceived victimization and fear of deportation, quality of customer assistance, language barriers, shortage of medicinal supplies and transportation costs.⁶ These challenges are of greatest concern to those with chronic health conditions, pregnant women and young children.

Gaps persist in the access to primary health care specifically including access to comprehensive SRH as well as to clinical management for survivors of rape and intimate partner violence. Furthermore, access to mental health care 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*](#), with 83% of R&Ms reporting depression, including their children. This is compounded by limited bilingual, public psychiatric services available to Venezuelans. Referrals of Venezuelan refugees and migrants for psychiatric and psychological evaluations have been notably challenging due to language barriers. Other difficulties include lack of access to secondary and tertiary health care, particularly for SRH, and lack of financial resources to access these services through the private sector. Pediatric care is also among the main health gaps resulting from the lack of awareness and the high cost of pediatric consultations. Furthermore, Venezuelan refugees and migrants do not have free access to treatment for chronic diseases. To respond to challenges in epidemiological surveillance, the host community government requires capacity building and the use of ICT equipment, while they consider the possibility of piloting a semi-private initiative of health insurance to vulnerable groups.

After the onset of COVID-19, RMRP partners set-up a mobile clinic programme that provides access to SRH, particularly in underserved and remote communities. They also introduced a bilingual hotline and telehealth service that offers virtual mental health support 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.

⁶ United Nations Children's Fund, 'Situation Analysis of Children in the Eastern Caribbean', Barbados, 2019.

This initiative received a positive response; as such, partners will maintain the telemedicine modality as it presents new opportunities to make health services accessible to a wider audience of Venezuelans.

Venezuelan R&Ms have access to testing and treatment for COVID-19, regardless of their status in the country. In May 2021, key R4V partners engaged in plans to improve access to COVID-19 rapid testing for R&Ms to be administered by R4V implementing partners, starting with symptomatic Venezuelans, given limited resources. Communication strategies are also being considered to disseminate this information among R&Ms. The country's national vaccination plan will also include R&Ms regardless of their status. All persons are required to make appointments at local health centers to be inoculated.

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 by creating supportive environments, strengthening community actions, developing personal skills and reorienting health services. These action areas will be approached collectively by partners in a structured and systematic manner.

The health response in the Caribbean will enhance existing R4V partner facilities and other available primary medical services, while advocating for 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. Sub-regional countries will strive to improve capacities for collective action to protect public health, by building the ability of national and local public health authorities, NGOs, CSOs and more. This will support the implementation of basic disease control measures such as awareness-raising on diseases and available services, support with language services to encourage R&Ms to get testing, contact tracing, and shelter assistance for quarantining persons affected by COVID-19.

Advocacy Towards Inclusion

As a part of R4V partners' advocacy, immunization and treatment inclusion of R&Ms from Venezuela must be considered in national COVID-19 health responses, as the virus affects individuals regardless of their status and nationality. Ensuring access to vaccination, 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 R&Ms who lack documentation with symptoms or willing to be vaccinated to seek healthcare services without fear of stigmatization, detention, or deportation. [*The pandemic response cannot leave anyone behind and must include all persons who are in the territory, as this is the only way to help control the pandemic in the long-term.*](#)



Vaccination campaign in Guyana, March 2021 ©UNHCR

Partners will advocate with Governments for the inclusion of R&Ms in the secondary and tertiary health care systems and have advocated for their inclusion in vaccination campaigns. In addition, the possibility of advocating for the extension of health services to Venezuelans through local NGOs (to encompass secondary and tertiary care) continues to be explored.

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 considering 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 GBV survivors 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 like 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.

Adaption and Future of Activities

As a result of the COVID-19 revision of the RMRP in 2020, partners in Trinidad and Tobago have maintained the successful telehealth initiative. In the Dominican Republic, partners have focused on securing testing and on treatment of persons with chronic, complex, and life-threatening diseases, as well as assisting pregnant and lactating women, through cash-based interventions. One R4V partner has attempted to continuously assist Venezuelans diagnosed with cancer for whom treatment is otherwise unavailable. Mental health and psychosocial support also continue to feature prominently as a priority area of intervention.

Additionally, partners in Guyana have focused 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 early 2021, the authorities opened new isolation facilities and distributed masks to cope with COVID-19 spikes. Moreover, humanitarian agencies donated solar-powered fridges and COVID-19 vaccine carriers while Qatar donated a mobile COVID-19 hospital. Importantly, R&Ms benefit from all public health offerings. In February, \$53.5 Billion GYD was allocated to the health sector from the national budget for 2021 to cope with increased needs. In Aruba, R4V partners will continue advocating with the authorities for R&Ms 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 R&Ms continues to function. Additionally, a partner medicine school in Aruba will provide access to preventive and primary health assistance for R&Ms in vulnerable conditions, regardless of their status. Services will include general 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 continue carrying out sensitization campaigns on contraception and family planning and will support further coordination mechanisms 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 R&Ms; 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 MHPSS accessibility across the region. They will invest in language support and health awareness initiatives 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 R&M populations.