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## Commission on the Status of Women

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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”

### **Statement submitted by International Council of AIDS Service Organizations (ICASO), a non-governmental organization in consultative status with the Economic and Social Council\***

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* The present statement is issued without formal editing.



## Statement

The 65th Session of the Commission on the Status of Women provides an opportunity for the international community to discuss and commit to ensuring Venezuelan women and girls living with the human immunodeficiency virus (HIV) are protected against discrimination and violence, are empowered to make decisions, and achieve gender equality to access and exercise their rights, including the right to health. In this session, we must commit to understanding the importance of an inclusive and gender-responsive approach to policy formulation and implementation to eliminate all forms of discrimination and violence. HIV is widely acknowledged as a key cause for and a consequence of the violation of women's rights.

The 2030 Development Agenda amplifies the guiding principle of “leaving no one behind.” However, full implementation of the commitments in the 2030 Agenda remain unreachable due to the continued exclusion of certain groups and communities, including women and girls. To ensure full implementation of the 2030 Agenda, violence and discrimination faced by women and girls living with HIV must be urgently addressed.

Venezuela has been experiencing a humanitarian emergency for the last decade, and its health system is widely recognized to have collapsed [Lancet, 2018]. The political and economic crisis that gave rise to this situation has been accompanied by myriad human rights violations. In addition to failing to meet its obligations under the rights to life and health, the Venezuelan government has sought to forcefully repress dissent, and many cases of illegal detention, torture, and extrajudicial killings have been reported [A/HRC/41/18; OHCHR: Detailed findings of the independent international fact-finding mission on the Bolivarian Republic of Venezuela].

In this regard, we note that in Venezuela the humanitarian emergency has had a differentiated and often devastating impact on women's lives placing them in a situation of extreme vulnerability [Martinez-Gugerli, 2020]. It is a recognized fact that women and adolescent girls require differentiated attention to their health needs and risks. Because of their gender, they have often been, and continue to be discriminated against in access to services and the enjoyment of the highest possible level of health. Additionally, the humanitarian emergency has exacerbated existing gender inequalities, with evidence suggesting that the burden of the country's crisis has fallen disproportionately on Venezuela's women [Kislinger, 2018].

### **Inequities in the implementation of public policies**

Equality is a fundamental principle in the Venezuelan Constitution, which is based on a democratic State of rights and justice. It guarantees that all people are treated equally under the law while protecting the most vulnerable. However, the Venezuelan government has not interpreted or applied this fundamental norm considering the particular conditions of men and women; and the cultural diversity of a nation made up of different ethnic groups, age groups, and the lesbian, gay, bisexual, and transgender (LGBT) community.

By applying the principle of progressivity to public policies, these particularities and diversities are determining factors for public programs and services. Take the case of women, who should see themselves as urban, pleasant, young, adolescent, indigenous, sex worker, Afro descendant, lesbian, trans, disabled, and not only uniformly as mothers or limited in their caretaker and caregiver roles. Therefore, it is not enough to mainstream gender and interculturality in public policies without providing them with equity.

## Poverty

In 2017, an estimated 87 per cent of Venezuelan households were living in poverty, and 61 per cent, in extreme poverty [ENCOVI survey, 2018]. In July 2020, the ENCOVI survey showed that 79.3 per cent of Venezuelans cannot cover the “food basket,” 96 per cent of households are in poverty and 79 per cent in extreme poverty, a fact that means that the income received is insufficient to cover the food basket. Women in general, and women living with HIV in particular, are victims of extreme poverty who leave self-care for their health and well-being behind while they care of their spouses, children, and other family members.

## Health

The political and economic crisis has greatly weakened the Venezuelan health system. There are severe shortages of medicines and health supplies, the maternal mortality rate increased and experts estimate an upward trend [Inter-American Commission on Human Rights, 2017].

## HIV

Venezuela reported a 24 per cent increase in new HIV infections from 2010 to 2016, with an estimated 120,000 people living with HIV (PLHIV), 7 per cent of whom were virally suppressed [UNAIDS, 2018]. While antiretroviral therapy (ART) was widely available before the start of the crisis, stock-outs have become commonplace. Treatment for opportunistic infections are widely unavailable as well [GF/B39/ER10, 2018; ICASO, 2018] as are resources for preventing mother-to-child transmission of HIV including ART for pregnant women and infants [Kislinger, 2018].

## Women and HIV

Globally, young women 15 to 24 years of age have infection rates twice as high as young men. Half of the people living with HIV are women; AIDS remains one of the leading causes of death among women of reproductive age. Young women and girls are the most likely to have unmet reproductive health needs and have limited access to sexual and reproductive health services and reproductive rights.

Currently, 40 per cent of people living with HIV in Venezuela have access to ART, 26 per cent of women living with HIV are receiving ART. In 2019, 1,600 women living with HIV became pregnant; only 267 received treatment to prevent vertical transmission of HIV. Pregnant women living with HIV are forced into natural birth or required to provide biosecurity kits for C-sections.

## Violence against women and girls

Laws and practices that discriminate against women and laws that fail to criminalize violence against them hamper a women’s ability to exercise their right to public participation and decision making, as well as their access to social protection systems, public services, health care, and education. This is further exacerbated based on other intersecting identities or factors, like sexual orientation, race, color, class, ethnicity, disability, migrant status, or chosen form of labor.

Women living with HIV are vulnerable to gender-based violence; in turn, exposure to gender-based violence increases vulnerability to HIV. And this is even more relevant in Venezuela. Women disproportionately bear the twin burdens of HIV vulnerability and limited access to sexual and reproductive health and rights – and health services in general. Evidence shows that women living with HIV who experience violence are less likely to have positive outcomes related to adherence to treatment, contributing to a hastened progression from HIV to AIDS complications.

The Venezuelan government continues to use limited and partisan access to food and medicine as part of social control mechanisms. Added to this are the serious restrictions on, and in many cases criminalization of, protest and freedom of expression, which include censorship and closure of media outlets, media, and the violation of other civil, political, economic, and social rights. The erosion of the rule of law and the weakening of democratic institutions has resulted in social violence, suffering, and policies that violate the human rights of defenceless citizens, including women and girls.

Additionally, as has been widely documented and reported, the humanitarian emergency in Venezuela has resulted in a massive migration of Venezuelans to neighbouring countries. By the middle of 2020, more than 5 million Venezuelans have fled the country [International Organization of Migration, 2020]. This number includes women – some of them pregnant- who have left their country in search of better opportunities. These Venezuelan migrants do not escape situations of violence and discrimination, including rape and sexual violence, both in their path or at their destination. Most are not even receiving comprehensive health care.

Women face targeted violence and discrimination when seeking refuge in humanitarian emergencies and are re-victimized by police and other authorities when applying for protection in countries that are receiving them. These violations are underreported, and rarely investigated and prosecuted, leading to widespread impunity, lack of accountability, remedies, or support for victims.

### **Conclusion**

HIV-related discrimination is a human rights issue that has been abandoned by the Venezuelan state. The emergence of COVID-19 has deepened the impact of the complex humanitarian emergency and imposed more barriers to the AIDS response in Venezuela, including for women.

Impunity is rapidly increasing, as human rights violations, especially concerning the right to life and health of people living with HIV. The total collapse of the rule of law and the complete lack of accountability of public institutions is evident. We urge that no woman or girl living with HIV and no woman or girl vulnerable to HIV be left behind.

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