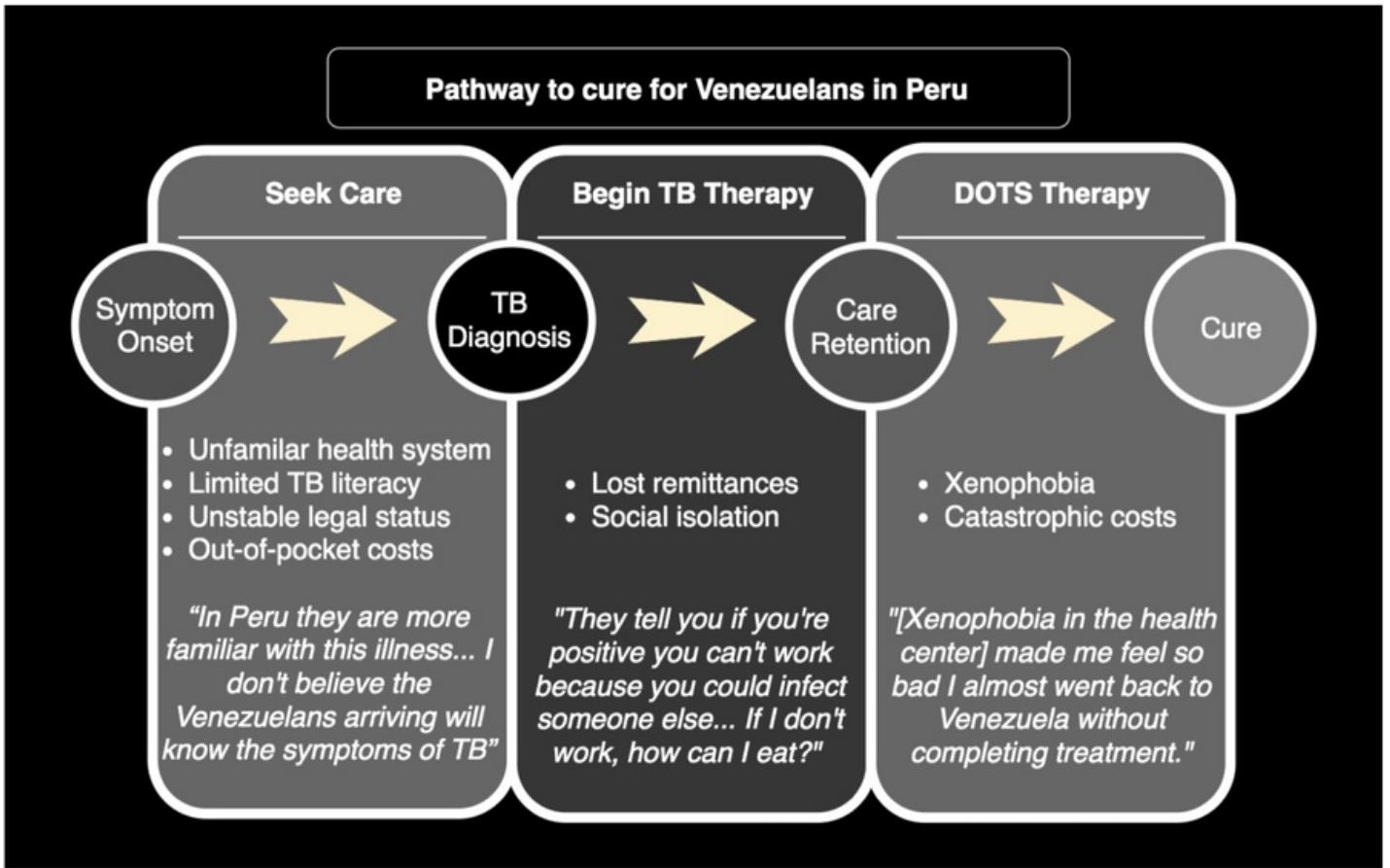


Tuberculosis and the Venezuelan Migration in Peru: Towards a Community-Informed Intervention

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Rationale: Despite decades of effective antimicrobial therapy, tuberculosis (TB) continues to kill more people than any other infection. According to the World Health Organization (WHO), solutions to end TB must include interventions tailored for vulnerable populations. Global TB elimination therefore requires understanding and addressing the needs of migrants, yet limited evidence exists to guide tailored care. Since 2018, the largest refugee crisis in the history of Latin America has spurred an unprecedented migration of 3-4 million Venezuelan citizens, primarily to neighboring South American nations and the United States. Peru has both the highest number of Venezuelan asylum applications in the world and the highest burden of antimicrobial-resistant TB (MDR-TB) in the Americas. Thus, migrant-inclusive TB interventions in Peru are urgently needed in order to maintain progress in the regional effort to eradicate TB. Our study applies community-based participatory methods towards the optimization of TB care for Venezuelans in Peru, with the broader goal of informing a migrant-inclusive research agenda to end TB in the Americas. **Methods:** This qualitative study comprised semi-structured interviews involving Venezuelan patients with TB, TB healthcare providers, TB policymakers and Venezuelan community leaders. Interviews were performed in the highest TB burden districts of Lima-Callao, and in Tumbes, the point of overland migration into Peru. A total of 21 in-depth interviews were geared towards soliciting community-level perspectives on optimal care provision, and analyzed to highlight opportunities for intervention. **Results:** Access to and completion of TB care for Venezuelans in Peru is complicated by limited TB literacy, unfamiliarity with host-country health system and precarious socioeconomic support during illness (see Figure). Flux in the legal status and healthcare rights of Venezuelans in Peru results in a disconnect between policymaker perceptions and on-the-ground realities. Pathways to diagnosis are therefore convoluted and associated with excess out-of-pocket payments. Financial difficulties are exacerbated by the necessity to earn for both subsistence and remittances. Venezuelans are further ill-equipped to absorb the catastrophic costs of TB due to fragile social networks whilst in Peru. Xenophobia is common, and at times contributes to treatment interruptions. **Conclusions:** Grounded in the perspectives of policymakers, healthcare providers, and members of the Venezuelan community, the most effective points of intervention for this migrant population appear to be at the level of TB awareness, health-system education and socioeconomic support. Xenophobia within the health system was particularly detrimental, so interventions towards acceptance represent another opportunity to optimize care.



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