COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report
September 2018

Venezuela has a population of 31.8 million inhabitants and a territory divided into 24 states. Since 2015, the country is affected by an unprecedented Complex Humanitarian Emergency. Due to its multiple factors and extensive destructuring at the institutional, legal, political, social and economic levels, this emergency has devastating effects on the life and well-being of the entire population. Regarding the right to health, its impacts have materialized in the destruction of a public health system already deteriorated, causing serious damage to the health of millions of people, the reappearance and spread of epidemics eradicated decades ago and thousands of deaths and other irreparable damages increasing progressively.

Emergency for damage to health and life

At least 60% of the medical assistance capacity available in 2011, provided by public health services to 82% of the user population, was lost between 2012 and 2017.	18.7 million people with the health conditions of higher prevalence, incidence and mortality have no guarantees of access to diagnosis or treatment.	300 thousand people with transplanted organs, with hemophilia, cancer, Parkinson's, multiple sclerosis, and others with serious chronic conditions, were deprived of medication since 2016.
The risk of dying in a public hospital is quite high, causing extreme vulnerability to people due to the precariousness of the care conditions.	In 2017, the malaria epidemic generated 406,000 cases, with 280 deaths in 2016. 700,000 new cases and 1,500 deaths are expected by the end of 2018 due to the deficiencies of antimalaria programs	140,000 people with cancer and more than 300,000 with severe cardiac conditions have reduced their chances of survival due to lack of diagnosis, treatment and surgery.
Maternal mortality rose to 66% and infant mortality to 30% from 2015 to 2016. They continue to rise into 2018, with the aggravating factors of malnutrition and epidemics.	10,952 new cases of tuberculosis occurred in 2017, intensifying in prisons due to the inhuman conditions of overcrowding and malnutrition of the inmate population.	More than 79,000 people with HIV stopped receiving antiretrovirals since 2017 and the number of deaths increased from 1,800 in 2014 to possibly more than 5,000 in 2018.
The number of people served in public psychiatric institutions decreased from 23,000 to 3,500, and those which still operate cannot provide food or medicines.	9,362 people were affected by diphtheria and measles until 2018, with 230 deaths. These epidemics have spread throughout Venezuela due to internal displacement and low vaccination coverage.	2,500 of 15,000 people in dialysis for renal deficiencies died between 2017 and 2018, due to faulty units, contamination, deficit and closure.

Complex Humanitarian Emergency (CHE)

The United Nations define it as "a humanitarian crisis in a country, region or society in which there is a total or considerable breakdown of authority, as a result of internal or external conflict, and which requires an international response that goes beyond the mandate or capacity of a single agency and the United Nations country program in progress" (Inter-Agency Standing Committee, IASC, 1994). Responding to a CHE implies using international protection frameworks and mechanisms simultaneously, given that their humanitarian requirements are multifaceted, large numbers of people are in extreme vulnerability, and various factors act in combination, producing a broad and severe destruction of the capacities of a country to guarantee the rights of assistance and protection of the entire population, including restrictions on compliance with international obligations.

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- At least 60% of the medical assistance capacity available in 2011, provided by public health services to 82% of the user population, was lost between 2012 and 2017. Out of 27 million people registered in 2011, 56% were able to go to a medical service; 6.7 million (45%) went to public hospitals, 1.5 million (10%) to hospitals and ambulatory services of the Venezuelan Social Security system and 3.5 million (23%) to private centers. In addition, 5.5 million (37%) went to clinics and primary care centers of the "*Barrio Adentro*" system, and 4.4 million (29%) to the outpatient clinics of the public network[1]. According to the Venezuelan census, public health services received 82% of the demand for medical assistance. Between 2012 and 2015, the proportion of beds occupied in public hospitals fell by 40%, and between 2014 and 2015 the number of people served daily in consultations, emergencies and deliveries was reduced by 58%, according to the latest performance statistics published by the Ministry of Health in its Accounts Report[2]. In addition, according to ENCOVI (Life Quality Survey) 2017, *Barrio Adentro* lost 96% of its beneficiaries between 2015 and 2017[3]. That year, the only public hospital in the state of Amazonas was in technical closure[4].

- The risk of dying in a public hospital is quite high, causing extreme vulnerability to people due to the precariousness of the care conditions. Most of the public health establishments present serious infrastructure deterioration, do not have enough personnel and cleaning materials, adequate waste disposal or regular water supply. These inadequate sanitation conditions favor nosocomial infections and 50% of hospitals with complex services do not have bacteriology labs[5]. Between 2017 and 2018, 12 children and adolescents in dialysis at the J.M. de los Ríos Children's Hospital died due to bacterial infection in the water tanks and filters of the units. In one year, the number of infant deaths in this hospital doubled, from 79 to 160; the first three causes were septic shock, pneumonia and malnutrition[6]. Between 2016 and 2018, 147 boys and girls died of Serratia Marcescens bacteria at the *Dr. Agustín Zubillaga* Pediatric Hospital in Lara state[7]. Similarly, between December 2017 and February 2018, 112 newborns were reported dead in the Santa Ana Maternity Hospital in Caracas due to bacterium Klebsiella Pneumoniae[8].

- Maternal mortality rose to 66% and infant mortality to 30% from 2015 to 2016. They continue to rise into 2018, with the aggravating factors of malnutrition and epidemics. Deaths associated with pregnancy and birth care have escalated in Venezuela due to the breakdown of public health services, malnutrition and epidemics. The adolescent pregnancy rate, at 95 per 1,000 women, is the second highest in Latin America[9]. Between 2015 and 2016, maternal deaths increased by 66%, reaching a mortality rate of 140 pregnant women per 100,000 live births, and they continued to rise during 2017 and 2018. Infant deaths, more than 60% of them newborns, increased by 30% (8,812 to 11,466) with a rate of 19.0 deaths per 10,000 live births[10]. According to ENCOVI 2017, 25,000 pregnant women had never received prenatal care and 15,000 only after the eighth month[11]. Until August 2018, 48% of the pregnancies in poor parishes had some degree of malnutrition and 21% severe malnutrition, according to Caritas´s monitoring system[12]. In 2017, 117 pregnant women from Bolívar state lost their lives from complications due to malaria[13]; in 2018, 10 pregnant women of 690 indigenous women with malaria in the Amazonas state also died[14].

- The number of people served in public psychiatric institutions decreased from 23,000 to 3,500, and those which still operate cannot provide food or medicines. Mental health policies have historically been deficient in Venezuela[15]. People with mental health condition (schizophrenia, dementia, depression and bipolar disorders, anxiety, attention deficit, intellectual disability and autism) have received public care in 11 hospitals of the Ministry of Health and in 68 homes run by the Social Security system. Between 2009 and 2013, beds fell by 42% and, between 2013 and 2015, the number of people served fell from 23,000 to 5,500, due to serious infrastructure problems, low budget and lack of medicines[16]. In 2016, the shortage of psychotropic medicines reached 85%, generating a high probability of disability and mortality[17]. According to ENCOVI 2016, 63% of people with these conditions did not get medicines in pharmacies[18]. Psychiatrists express having returned to past practices such as tying or isolating individuals in a room, without clothes to prevent self-injuries[19]. In 2018, 3,500 people had to evacuate psychiatric centers due to severe malnutrition and psychotic episodes[20].

II / Events damaging health and life

- 18.7 million people with the health conditions of higher prevalence, incidence and mortality have no guarantees of access to diagnosis or treatment. The denial of medicines and medical care in public health services together with extreme poverty and food insecurity have increased and changed the patterns of disease, disability and mortality in Venezuela. For the past 3 years, 18.7 million people have had no guarantees of access to diagnosis or treatment. Among them, 7.4 million people with hypertension and 2.4 million with diabetes, according to recent studies[21]; 6 million with acute respiratory infections (42% under 5 years) and 2.2 million who suffer from diarrhea (39% under 5 years), according to the last Report by the Ministry of Health (2016); more than 400,000 with malaria and 300,000 with severe chronic conditions. Until August 2018, there was a 79.9% shortage in medicines to control hypertension, 83.3% for diabetes, 85% for diarrhea and 95.6% for acute respiratory infections, according to the organization Convite[22]. To these numbers must be added the depletion of insulin[23] and the insufficient supply of antimalarial drugs[24].

- In 2017, the malaria epidemic generated 406,000 cases, with 280 deaths in 2016. 700,000 new cases and 1,500 deaths are expected by the end of 2018 due to the deficiencies of antimalaria programs. Venezuela is one of the 41 countries with a high burden of malaria. In 2017, it accumulated 34% of the cases in Latin America, occupying the first place of incidence. The WHO has recognized the emergency and made arrangements to support Venezuela, along with Nigeria, South Sudan and Yemen, affected by "humanitarian crises"[25]. There was a 200% increase between 2015 and 2017, from 136,000 to 406,289, which now extend to 10 Venezuelan states due mostly to the displacement of mining populations[26], lack of treatment and a weakening of vector control, according to the WHO[27]. In 2018, the WHO warned that Venezuela had the largest increase in cases in the world due to the drastic reduction of antimalarial campaigns[28]. Malaria stopped being in remote areas to spread to urban and peri-urban zones[29]. By 2018, specialists estimate at least 700,000 new cases[30] and, until April 2018, the epidemic spread throughout the country, accounting for 60% of the cases in Latin America and possibly generating some 1,500 deaths[31].

- 10,952 new cases of tuberculosis occurred in 2017, intensifying in prisons due to the inhuman conditions of overcrowding and malnutrition of the inmate population. Cases of tuberculosis increased 67% between 2011 and 2017, from 6,552 to 10,952, according to the WHO[32]. Data published by the Ministry of Health have a sub-registry greater than 100%[33]. The rebound of this disease is a reflection of the worsening of food security and the living conditions of the population, with the most vulnerable being people with HIV, people deprived of liberty and indigenous peoples. According to the WHO, 60% of the cases in 2017 corresponded to people with HIV; but, between 2011 and 2015, they intensified in the prison population, increasing 833%[34]. Between 2017 and the first semester of 2018, the Venezuelan NGO *Una Ventana a la Libertad* (A Window to Freedom) registered an increase of 18 to 54 inmates who died of tuberculosis, lack of medical care and malnutrition in preventative detention centers under the custody and responsibility of the State. These centers present inhumane conditions with 300% overcrowding, and lack of food, health and personal hygiene supplies. The weight of these cases, went from 18% to 33%, in the total of deaths registered during the period[35].

- 9,362 people were affected by diphtheria and measles until 2018, with 230 deaths. These epidemics have spread throughout Venezuela due to internal displacement and low vaccination coverage. In 2016, an outbreak of diphtheria began in the states of Bolívar and Monagas, after two decades without reported cases[36]. Health personnel[37] and scientific societies[38] denounced the re-emergence of diphtheria and 17 infant deaths, in April 2016, which were neglected by national and regional health authorities. From September 2016 to August 2018, diphtheria became an epidemic, rising from 320 to 1,217 confirmed cases of 1,992 suspects, extending to 20 states and causing 168 deaths, mostly boys and girls[39]. The first case of measles was confirmed in 2017 and, until September 2018, cases increased from 727 to 5,332 confirmed, over 7,370 suspects in all, in all Venezuelan states, with 64 deaths and a higher incidence in Delta Amacuro, Amazonas and the Capital District[40]. Low vaccination coverage is their main cause. In the ENCOVI 2017, 54% of the children had not received the first dose against measles and 30% lacked vaccines against diphtheria[41].

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- 300 thousand people with transplanted organs, with hemophilia, cancer, Parkinson's, multiple sclerosis, and others with serious chronic conditions, were deprived of medication since 2016. In previous years, 74,000 people with serious chronic conditions were provided with high-cost medications in 58 social security pharmacies, and 300,000 in total could buy other medicines in private pharmacies. As a result of severe import cuts, in 2016 the purchases of high-cost medicines were suspended, leaving the affected with no other alternative, including private drug stores which also ran out of medicines, depriving them of their treatments[42]. Until 2018, 3,000 individuals with organ transplants stopped receiving immunosuppressants; as a consequence, 96 suffered organ rejection and 12 died[43]; 5,000 people with hemophilia were denied coagulation factors to prevent bleeding and hemophilic arthropathy and, for this reason, 43 people died and 270 are at risk of dying; 33,000 people with Parkinson's no longer received their medications, suffering terrible effects ranging from loss of balance to total rigidity that can lead to death; 8,000 women with breast cancer, 13,000 with lymphoma, 2,700 with multiple sclerosis, 200 with pulmonary hypertension, among others, have suffered damage to their health and are in danger of losing their lives[44].

- 140,000 people with cancer and more than 300,000 with severe cardiac conditions have reduced their chances of survival due to lack of diagnosis, treatment and surgery. In the cases of people with cancer and cardiovascular problems, the main causes of death in the country, life expectancy is very low. Oncology centers do not guarantee chemotherapy for some 140,000 people with cancer. Of 25 radiotherapy units, only 4 are operational[45] and surgeries decreased 50%, according to the Venezuelan Health Alliance[46]. Nor are mammographs or tomographs available. The same situation affects the more than 300,000 people with severe cardiac conditions[47]: 78% of the public reference centers are not able to handle an emergency. According to the Venezuelan Society of Cardiology, 39% cannot perform an electrocardiogram, none perform exams in the case of a heart attack, and 88% do not perform blood tests of any kind; 68% do not have the prescribed medicines nor do catheterizations; 93% do not do angioplasty and 92% do not even have aspirins[48]. At least 4 cardiovascular surgery services have closed[49], there are not enough electro-stimulation devices, specialists or supplies for adequate cardiovascular surgery[50].

- More than 79,000 people with HIV stopped receiving antiretrovirals since 2017 and the number of deaths increased from 1,800 in 2014 to possibly more than 5,000 in 2018. 154,000 people may be living with HIV in Venezuela, although there are no prevalence and incidence studies with significant coverage. The lack of access to diagnostic and follow-up tests, condoms and milk formulas for mothers with HIV has persisted in the last decade. The indigenous *Warao* communities of Delta Amacuro are at risk of being decimated by a rapid HIV epidemic[51]. Until 2017, 79,400 people with HIV were enrolled in the National AIDS Program of the Ministry of Health to receive antiretroviral treatment (ART)[52]. Since 2016, access to ART fell alarmingly until it almost disappeared in 2017 and 2018, when international purchases were interrupted[53]. In 2018, 10,000 people registered for possible deaths or migration were withdrawn from the public program registry[54]. Deaths increased 33% from 1,800 in 2014 to 2,400 in 2015, and possibly climbing to more than 5,000 in 2018 due to the increase in hospitalized people with HIV, aids-related deaths and other opportunistic diseases, reported by NGO´s[55] and HIV health services[56].

- 2,500 of 15,000 people in dialysis for renal deficiencies died between 2017 and 2018, due to faulty units, contamination, deficit and closure. In Venezuela, 15,000 people had been in dialysis with a frequency of 4 hours 3 times a week to survive. The number of people on dialysis is increasing due to the high incidence of diabetes, hypertension and other chronic conditions that cause kidney failure. Since 2015, there was a high deficit of units, and an increase in damaged machines, shortage of supplies and lack of vascular surgeons[57]. Dialysis became the only option for survival, given that organ donation and transplants decreased until they stopped completely in 2017. In February 2018, out of the 129 dialysis units available, 32 closed for two weeks simultaneously in 13 Venezuelan states, due to the severe depletion of supplies[58]. Between May and September, the crisis worsened: shortage of supplies, failure of 1,000 machines[59], rupture of sewage pipes, resignations of health personnel, power outages and water shortages, among others[60]. Through complaints by affected individuals and other sources, it is estimated that 2,500 people died as a result of this serious situation.

RIGHT TO HEALTH

Regarding the right to health, the Complex Humanitarian Emergency includes far-reaching impacts in undermining and destroying national health capabilities. Among these impacts are absent healthcare institutions, the paralysis and operational closure of most of the public medical care services and the prolonged denial of medicines, vaccines and basic sanitary supplies for the prevention and treatment of illnesses and injuries, as well as lack of care for people with chronic conditions, malnutrition, pregnant women and newborns, in a context of serious food insecurity, economic collapse, 61% of extreme poverty[61], high incidence of deaths due to violence and the collapse of public utility services

Emergency due to the breakdown of sanitary capacities

55% of medical personnel, 24% of nurses and 30% of lab technicians, mostly from public health services, resigned from their jobs and migrated.	1.5% of GDP represents public spending on health. This expenditure is 75% lower than the world standard and the lowest and most regressive in Latin America and the Caribbean in recent decades.	95% of medicines, supplies, raw materials, equipment and spare parts in health are imported. From 2012 to 2017, imports fell 70% without provisions for the future or contingency plans.
A 64% rise in the bed deficit in Venezuela and, of the total available, 40% is out of service due to physical deterioration, damaged equipment, lack of personnel and budget.	Payment of supplies, medicines and lab tests by persons in need of care and 90% stoppage of public transport exacerbate the inaccessibility of public health services.	Per capita drug consumption dropped 93% between 2014 and 2018 due to a fall in domestic production. The shortage of medicines in pharmacies is 85% and 88% in hospitals.
71% of emergencies in most public hospitals in the country cannot provide services on a regular basis, 22% stopped working and 53% of surgical rooms are closed.	79% of hospitals do not receive water on a regular basis and 33% do not have power generators to maintain the continuity of electric power in case of failures.	Epidemiological and environmental surveillance systems have deteriorated, increasing sub-registries and gaps in information about the serious problems in the health situation.
100% of labs have severe failures to perform diagnostic tests and 69% of blood banks cannot guarantee safe transfusions.	Health personnel, people affected by health conditions, journalists and defenders face practices of intimidation, censorship and retaliation for denouncing the dire situation and exercising their right to peaceful protest.	Since 2016, no official figures regarding the health situation have been published, nor has the national parliament been able to question health authorities and hold them accountable for expenditures or the precarious state of the public health sector.

A severely deteriorated public health system

In 1999, the new Venezuelan Constitution (Articles 83 and 84) established the guarantee of the right to health, as part of the right to life, as an obligation of the State, through the creation of a national public health system under its rectory and management, intersectoral, decentralized and participatory, integrated with the Social Security system, and governed by the principles of gratuity, universality, comprehensiveness, equity, social integration and solidarity. Over two decades, and contrary to such provisions, the State has directed its policies towards the institutional dismantling and weakening the public health system, among which the following stand out: a) the refusal to comply with the constitutional mandate; b) public de-financing of health; c) the use of substantial resources to create a system parallel to the institutional, dispensing with health professionals and workers; d) high dependence on imports through an abusive control of foreign currency, deepening the vulnerability of the health sector; and e) censorship and lack of official data on the conditions of the system and the health situation of the population.

I / Impacts on health capabilities

- 55% of medical personnel, 24% of nurses and 30% of lab technicians, mostly from public health services, resigned from their jobs and migrated. Between 2012 and 2017, 22,000 Venezuelan physicians migrated, including specialists and residents, most of whom worked in the areas of pediatrics, general medicine, emergency and surgery, of the public health system[62]. This number represents a loss of at least 55% of trained medical personnel out of a total of 39,900 registered by the Pan American Health Organization (PAHO) in 2014. The government has been awarding titles to more than 20,000 so-called "Community Comprehensive Care Physicians" (MIC in Spanish) and 12,000 general practitioners[63], who have not attended the training programs of medical schools or validated in public universities that certify all physicians in Venezuela. Their desertion levels are unknown. Besides the resignations of medical personnel, 6,600 lab technicians (33% of 20,000 in total[64]) and 6,030 nurses[65] (24% of 24,500 according to the PAHO in 2016), have also resigned, bringing to 74% the existing 50% gap in nurses already affecting the Venezuelan public health system[66].
- 1.5% of GDP represents public spending on health. This expenditure is 75% lower than the world standard and the lowest and most regressive in Latin America and the Caribbean in recent decades. Public spending on health in Venezuela represents 1.5% of GDP. This expenditure is 75% lower than the 6% recommended by the WHO and places Venezuela last in Latin America and the Caribbean, 40.5% below the 3.7% on average allocated by countries in the region[67]. Venezuela is the only country that fell back to less than it spent in 1995, when it spent 1.8% of GDP. The greatest fall in resources occurred between 2007 and 2014, a period in which investment decreased by 40%, after reaching a maximum of 2.5% of GDP in 2007[68]. The reduction of the public budget for health for so many years has been done at the expense of maintaining high levels of "out-of-pocket expenses"[69] charged to the families' budget. The payment for medicines and medical services in 2014 was 64.3% of the family expenditure on health, being one of the highest in the world and the largest in Latin America and the Caribbean (59% higher than the regional average[70]).
- 95% of medicines, supplies, raw materials, equipment and spare parts in health are imported. From 2012 to 2017, imports fell 70% without provisions for the future or contingency plans. The extraordinary resources that Venezuela received in foreign currency, under state control since 2003, were used to privilege imports before domestic production. In the health sector, imports reached 95% in relation to medicines, medical supplies, raw materials, equipment and spare parts[71]. These import levels were maintained through indebtedness and, as of 2010, the government reduced the allocation of foreign currency to suppliers, stopping them in 2017, generating a high unpaid debt[72]. In 2018, 74.5% of these companies had closed[73], as well as most international pharmaceutical companies[74]. Between 2012 and 2016, the cut of foreign currency for imports from the health sector was 70%[75], precipitating an extensive and serious shortage without any contingency plan. Between 2016 and 2017 imports for essential goods fell by 37%, with health being the most affected sector[76].
- Per capita drug consumption dropped 93% between 2014 and 2018 due to a fall in domestic production. The shortage of medicines in pharmacies is 85% and 88% in hospitals. Between 2014 and 2018, the consumption of medicines fell from 22 to 1.5 units per capita. Until 2018, national pharmaceutical companies reported a 60% to 70% drop in local production of medicines, due to excessive cuts in the allocation of foreign currency for the purchase of raw material, 98% of which is imported[77], as well as the loss of approximately 60% of workers in the industry[78]. Between 2016 and 2018, the network of private drug stores registered a shortage of medicines in their shelves that ranged from 80% to 85%[79]. In 2016, 40 pharmacies closed; in 2017, 125 had gone bankrupt; and, in 2018, the closing of 100 more is expected[80]. In hospitals, the shortage of medicines increased from 55% to 88% between 2014 and 2018, according to the data provided by the V National Survey of Hospitals (ENH 2018[81]). Between 2016 and 2018, official policies have been limited to rationing measures in the distribution of medicines, whose access is subject to criteria and conditions of a political nature[82].

II / Impacts on health capabilities

- Payment of supplies, medicines and lab tests by persons in need of care and 90% stoppage of public transport exacerbate the inaccessibility of public health services. Due to the low levels of public spending on health, the financial protection of the population regarding health costs is very weak. The percentage of the population without health insurance reached 68% in the ENCOVI 2017, falling 18 points in relation to 2014[83]. Between 2014 and 2016, social security coverage decreased 36%, falling from 22% to 14%, and that of other public insurance fell by 67%[84]. In 2017, a study by the organization Press and Society Institute (IPYS) Venezuela in 22 emergency rooms of the largest public Venezuelan hospitals confirmed that all medicines and supplies were purchased by family members[85]. During a year of hyperinflation, the costs of medicines, from the most basic ones such as analgesics, for hypertension and antibiotics, and the prices of tests, vaccines and contraceptives, besides being scarce, are inaccessible for the majority of the population[86]. This is compounded by the public transport crisis, given that 90% of the units are inoperative throughout Venezuela[87], affecting the possibilities of mobility towards health services and their operation due to work absenteeism[88].
- A 64% rise in the bed deficit in Venezuela and, of the total available, 40% is out of service due to physical deterioration, damaged equipment, lack of personnel and budget. In comparison with the minimum global standard of 2.3 beds per 1,000 inhabitants, Venezuela has a deficit of 64% in the number of beds with a total of 26,000 available (around 20,000 in public hospitals and 6,000 in private hospitals). Out of 18,300 beds evaluated in 104 public and 33 private hospitals, ENH 2018 found that 40% were out of service[89]. The deficit is higher in the number of Intensive care beds, which is higher than 60%. The few existing beds in the Intensive Care Units (ICU´s) usually collapse only in response to the large number of emergency cases that come from traffic accidents and firearm injuries. The EHC 2018 showed that 25% of ICU´s for adults and children had closed, and that between 79% and 83% had intermittent failures, which is due to the lack of monitors, fans, infusion pumps, air conditioners, thermo-cradles, incubators, and medical and nursing staff.
- 71% of emergencies in most public hospitals in the country cannot provide services on a regular basis, 22% stopped working and 53% of surgical rooms are closed. According to the ENH 2018[90], 71% of emergency rooms in public hospitals did not provide services on a regular basis, 22% had stopped functioning and 53% of operating rooms in 730 pavilions, was closed. The severe interruption of the emergency services and surgery is due to the high deterioration of facilities, large numbers of damaged equipment, extreme shortages of supplies and medicines, closure or paralysis of laboratories and lack of medical and nursing staff. ENH 2018 also reported failures in 97% of tomographs, 94% of the X-ray services and 86% of the ultrasound services; as well as a shortage of 84% in catheters and probes and 79% in medical-surgical material. In the main Children's Cardiological Hospital *Gilberto Rodríguez-Ochoa*, surgeries decreased 42%[91]. Until 2016, a surgical debt of 450,000 people was estimated[92]. In 2017, the government implemented a National Surgical Plan for minor surgeries and sterilizations, leaving large numbers of those awaiting complex and urgent surgeries unattended[93].
- 100% of labs have severe failures to perform diagnostic tests and 69% of blood banks cannot guarantee safe transfusions. Almost 100% of public sector laboratories cannot perform routine or emergency tests, 90% have shortages of reagents, spare parts for equipment, supplies and basic materials such as test tubes, injectors, cotton, alcohol, gloves and blood collection tools[94]. In 2018, 38% of the laboratories were technically closed[95], and 69% of the blood banks that did serological tests on blood donations did not have reagents and supplies for screening communicable diseases such as hepatitis B, hepatitis C, HIV, Chagas, syphilis and human lymphotropic virus. The extreme shortages of laboratories and blood banks are the main cause of the suspension of surgeries[96] and they do not guarantee safe transfusion treatments to people with anemia, cancer, kidney and blood conditions, among others, and as well prevent performing other types of examinations, and the storage and transport of blood and blood products[97].

III / Impacts on health capabilities

- 79% of hospitals do not receive water on a regular basis and 33% do not have power generators to maintain the continuity of electric power in case of failures. The collapse of basic utility services at the national level aggravates the sanitation problems of public health centers, most of them with precarious infrastructure conditions. In 2018, the ENH found that 79% of public hospitals lacked regular water supply, which generates serious hygiene problems and lack of fluid for hydration and feeding of hospitalized people. Between 2012 and 2017, complaints about water scarcity rose 8 positions among the problems affecting public hospitals monitored annually by the Venezuelan human rights organization Provea[98]. The power outages, intensified in the last two years by the fall of the electric power distribution capabilities, are also an aspect of enormous concern given that at least 33% of public hospitals do not have power generators to keep on life-support equipment operating in case of failures within critical areas such as emergencies, operating rooms and intensive care units[99].
- Epidemiological and environmental surveillance systems have deteriorated, increasing sub-registries and gaps in information about the serious problems in the health situation. The impairment and destruction of health capabilities at the national level also affect the scope and quality of the data collected by the epidemiological surveillance and environmental sanitation systems, which increases the levels of under-registration of mortality and morbidity and the information gaps about their causes and patterns. In addition, these systems have lost capacities for the control, investigation and monitoring of cases due to the absence of ground and air transportation, and budget for logistical expenses, preventing work teams from carrying out activities of supervision and inspection of health facilities in the field, visits to communities, transfer of samples, control of vectors, water and solid waste, as well as the distribution of vaccines, medicines and surgical medical equipment. The lack of paper to fill out birth[100] and death certificates[101] adds to the severe shortcomings of the systems.
- Health personnel, people affected by health conditions, journalists and defenders face practices of intimidation, censorship and retaliation for denouncing the dire situation and exercising their right to peaceful protest. Between January and August 2018, the Venezuelan Observatory on Social Conflict registered 296 peaceful protests by health personnel and people affected by the shortages of medicines and serious failures in medical care[102]. Those who denounce and exercise their right to peaceful protest are subjected to practices of intimidation and retaliation by public authorities, security forces and gangs of violent civilians. Between 2015 and 2018, several doctors were interrogated and threatened with criminal charges for denouncing[103] and even publishing research papers documenting deaths due to the serious situation within hospitals[104]; hospital directors have been suspended for making public statements regarding the precarious state of their health centers[105]; health workers have been assaulted and deprived of their liberty for protesting and demanding responses to their labor claims[106]; journalists and media have been censored and their web sites blocked for publishing journalistic investigations, among which those related to health stand out[107]; and health rights defenders have been targets of smearing campaigns because of their work[108].
- Since 2016, no official figures regarding the health situation have been published, nor has the national parliament been able to question health authorities and hold them accountable for expenditures or the precarious state of the public health sector. Official statistics on health status and performance of health facilities have not been available since 2016. As well, mortality yearbooks have not been published since 2013, and in 2016 access to epidemiological bulletins and mandatory notification of deaths were suspended. In 2018 the section of the Ministry of Health´s web site where these statistics were published was deleted. Since 2016, reports on health management and public budget have not been presented before the Venezuelan Parliament. Numerous complaints indicate there is an order not to register causes of illnesses and deaths in public health centers which may harm the government´s image. In 2018, the Venezuelan Center for Classification of Diseases (CEVECE), which ensured the integrity and technical quality of epidemiological and health records and statistics, was eliminated[109]. Health authorities have reported internationally about the existence of an extensive network of public health facilities in Venezuela, without providing information on their actual operating conditions and response capabilities.

Data sheet

This report on the Complex Humanitarian Emergency regarding the Right to Health in Venezuela is the product of an interdisciplinary methodology that brought together multiple informed stakeholders to share, contrast and produce data on the situation of the right to health in Venezuela, emphasizing the scale, intensity and severity of the damages to the population´s health and life, resulting from the emergency´s impact on Venezuela´s health capabilities. Participants included organizations of people affected by complex chronic health conditions, professionals on the ground, researchers and academics, as well as organizations dedicated to the defense of the right to health. Several work sessions were held, in order to document the most relevant problems and events in recent years. In these sessions, a wealth of information was collected, including empirical data, scientific research, official statistics and available journalistic reports.

The following organizations participated in preparing this national report: Codevida - Coalition of Organizations for the Rights to Health and to Life; Acción Solidaria (Solidarity in Action); AVH - Venezuelan Association for Hemophilia; Convite AC; Prepara Familia; Senos Ayuda; Provea - Venezuelan Education-Action Program on Human Rights; Médicos Unidos de Venezuela (United Physicians of Venezuela); Defiende Venezuela (Defend Venezuela); CEPAZ - Justice and Peace Center; and OVS - Venezuelan Observatory on Health. Civilis Human Rights provided support in the construction and development of the methodology of the working groups within the framework of its mandate to strengthen civil society in the field of human rights.

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