



Brief assessment of the implementation of 1st cycle UPR recommendations

There were 5 recommendations on the right to health at Venezuela's 2011 UPR which were omitted from the government's actions during the first cycle. In this period, measures that led to severe setbacks of the right to health prevailed and, since 2013, expanded to an extreme threat to the health and lives of the most vulnerable people, in which there are minimum levels of availability, access and quality of medicines, medical supplies and essential health services, are not guaranteed. This has been contrary to recommendations 94.9, 94.46 and 94.49 to further implement policies and programs to guarantee the right to health and improving and expanding health services available to the population, in order to prevent and fight diseases through primary health care.

The **UN Committee on Economic, Social and Cultural Rights** issued concluding observations after the 2015 3rd periodic review of Venezuela on "...the critical situation facing the health system in the State party, due to the severe shortage and irregular provision of supplies, medicines, surgical and medical equipment, deterioration of some hospitals and lack of medical staff." The Committee recommended the State to allocate sufficient resources to the health sector and to adopt "...urgently the necessary measures to ensure the availability and quality of health services, ensuring that a sufficient number of facilities, goods and public health services are in operation, with trained medical personnel, medicines and hospital equipment scientifically approved and in good condition, as well as in adequate sanitary conditions". It also recommended adopting a national plan to prevent the spread of HIV/aids, malaria and other mosquito-borne diseases; ensure sufficient coverage of antiretrovirals; and raise awareness about modes of HIV transmission and the need for tolerance towards people with HIV.

However, the State has refused to provide information on the severity and urgency of the actual situation in health and to recognize the serious internal constraints to solve it, refusing to answer the call for a response of those affected, health personnel, communities and civil society organizations, many of them harassed for demanding the right to health. The State also refuses to fulfill obligations regarding the use of international assistance and cooperation, trying to deflect its purpose toward supposed interests of "interference or foreign war, with support from internal allies", at the expense of suffering, damage to the integrity and loss of life of people in chronic health conditions, children and adolescents, the elderly, prisoners, indigenous peoples, pregnant women and newborns. In these cases the State failed to implement recommendations 93.20 and 94.50, in regards to reviewing policies of maternal health care and making the necessary changes to ensure access of pregnant women to health care, and intensifying efforts to reduce neonatal and maternal mortality.

Through communications to the State in 2014, 2015 and 2016, the UN Rapporteurs on the right to the highest attainable standard of physical and mental health and on the situation of human rights defenders, expressed concern regarding general shortages of availability of drugs and medical supplies and the increasing deterioration of the public health system, including reprisals against defenders. They underlined the urgent need to address the **humanitarian crisis in health**, declared by the National Assembly in January 2016, which may provoking an exponential demand for drugs, intensification of cardiovascular, cancer and maternal mortality, weakening of vaccination and prenatal care and a higher incidence of malaria, dengue, chikungunya and zika. The Rapporteur on the right to the highest attainable standard of physical and mental health, indicated that guaranteeing essential drugs without discrimination is a basic and immediate obligation of States, caring for priority diseases and ensuring sufficient availability in all public health facilities and by all means available. In addition, he indicated the need for an effective and integrated health system, accessible to all, ensuring participation of the population in the planning stages.

The **Inter-American Commission on Human Rights (IACHR)** also urged the State, in 2016, to take urgent public policy measures against acute shortages of medicines, guaranteeing the right to health to the population, taking into consideration the special conditions of individuals, groups and communities in conditions of vulnerability, according to international standards.

National legal framework

Under the Constitution of the Bolivarian Republic of Venezuela, the State is obliged to create legislation to establish the structures and norms needed to integrate all establishments and public health services into a decentralized National Public Health System (PNS), under the rectorry of one health authority. This obligation has not been fulfilled, and the **1998 Organic Health Act** continues to be into effect, even though it is not in conformity with the guarantees of the right to health under the current Constitution. The few acts passed have referred to private practice, and even though in December 2014 the **Law for the Promotion and Protection of the Right to Equality of People with HIV or aids and their families** was enacted, the text does not meet all the criteria recommended by human rights bodies to eliminate systemic discrimination, including that based on sexual orientation and gender identity and expression. The National Assembly passed the **Special Law to Address the National Health Crisis** in May 2016. However, the Supreme Court declared it unconstitutional for usurping powers of the Executive and the "fraudulent" use of information about the health situation. *

* Factsheet prepared based on submissions by Acción Solidaria, StopVIH, Venezuelan Association of Friends with Lymphoma (AVAL), Venezuelan Association for Hemophilia (AVH), Coalition of organizations for the rights to health and to life (Codevida), Venezuelan Program for education action on Human Rights (Provea), Venezuelan Observatory on Health (OVS), Foundation to fight Breast Cancer (Funcamama), Red Rosa, Senos Ayuda, Aula Abierta and the Network for the rights to Children and Adolescents (Redhna). Available in: <https://goo.gl/WQv5S> - <https://goo.gl/CCAv1> - <https://goo.gl/58ASmY> - <https://goo.gl/Lda3De> - <https://goo.gl/Rd1SCK> - <https://goo.gl/Qs917S> - <https://goo.gl/ALCJQI> - <https://goo.gl/njosMz> - <https://goo.gl/r7u3NW> Contacts: @AccionSolidaria - @StopVIH - @AVHemofilia - @codevida - @Provea - @ovsalud - @FUNCAMAMA - @RedRosaVzia - @SenosAyuda - @AulaAbiertaVE - @REDHNA



Challenges

Widespread shortages of medicines and medical supplies, which have been depleted to extreme levels in most of the network of pharmacies and health centers, causing severe disruption of treatments and services nationwide, against which the State implements rationing measures that lead to discrimination and endanger the lives of people.

Precarious availability of health care due to the closure or suspension of services in most public health centers, which make up 90% of providers, concentrate 70% of clinical beds and upon which 80% of the Venezuelan population depends for care, in a context of accelerated poverty, high inflation, high rates of violence and increased hospitalizations for malnutrition.

Disabling health programs that have weakened capacities of the national response to priority health problems, resulting in an uncontrolled increase in epidemics and causes of death which had been reduced or eradicated.

Intensification of maternal and infant mortality. Maternal and infant deaths increased alarmingly, in a context of lack of progress in maternal and child care and serious deterioration of health care nationally.

Cases, facts, comments

90% of medicines and medical supplies depend on imports and foreign currency administered and authorized by the State. Since 2010, the Executive restricted the allocation of foreign currency to the health and food sectors, implementing a cut of 65% between 2014 and 2015, without considering the limited capabilities of domestic production, which caused the disappearance of 7 out of every 10 drugs in inventories. Due to the high accumulation of debt since 2010, international suppliers closed their credit lines and paralyzed activities in the country.

Until March 2016, shortages of supplies and medicines reached 85% nationwide and expensive drugs supplied by the State had been exhausted, risking the integrity and the lives of 120,000 people with chronic health conditions (hemophilia, lymphomas and myelomas, breast cancer, renal failure, transplant, schizophrenia, epilepsy, etc.), some 2,000 cases of children and adolescents with cancer and hematologic problems, and 3 million people with diabetes and hypertension. Currently, the authorities do not guarantee continuity of supplies or sufficient treatment for adequate care in health centers; and rationing measures are being implemented in the delivery of medicines without medical or scientific criteria.

In 2015, 70% of public hospitals had 30% of inoperative beds, a shortage of 70% of supplies and 80% in medicines, more than 50% of exodus of medical personnel, 60% of inoperative equipment and power and water failures. According to the 3rd National Survey of Hospitals by the network Physician for Health and the Venezuelan Observatory on Health (OVS), which included nearly 100 hospitals on a universe of 240, in 23 of the 24 Venezuelan states, severe deficiencies increased between 2014 and 2015, in the services of these centers: from 55% to 76% shortage of drugs; from 57% to 81% shortage of medical-surgical supplies; from 55% to 87% lack of catheters and probes; from 28% to 69% water failures; and from 38% to 41% inoperative operating rooms.

Also, 89% of emergencies, 77% of operating rooms and 95% of laboratories had high deficits; tomographs were inactive in 80% of hospitals; and personnel without the necessary qualifications or training in medical careers at national universities was deployed in hospitals and emergency medical admissions. In these circumstances, waiting lists for surgery increased to about 400 thousand people in 2015, and pregnant women and people requiring immediate interventions faced increasing risks of death. This was due to lack of specialists, beds and medical and surgical equipment, oxygen, blood supplies, equipment and ambulances. If admitted, people have assumed the cost of supplies, without guarantees of timely and adequate medical care.

Health programs, through which efforts were channeled to increase the national response to priority health problems, are disabled or have lost much of their capabilities, thereby producing the closure of several specialized institutions. Currently, these programs lack the human, technical and financial resources to conduct surveillance, research, monitoring, treatment and services in the areas of transplants, hemophilia, breast cancer, lymphoma, HIV/aids, diabetes, hypertension, mental health, immunization, maternal and child health, sexual and reproductive health, and vector-borne diseases. Morbidity and mortality official statistics have not been updated for up to 3 years.

According to the Ministry of Health, the maternal mortality rate, which had remained for several years in a high average rate of 70, climbed to 130.7 between 2014 and June 2016. The infant mortality rate rose from 14.8 to 18.6 in the same period, of which 80% are neonatal. According to hospital statistics, neonatal mortality increased from 0.05 to 2.01% between 2014-2015, as a result of consecutive collective deaths due to unhealthy conditions and overcrowding. Malnutrition in pregnancy and in hospitalized children under 2 years has also climbed due to lack of supplements and the number.



Expanding HIV epidemic, irregularity in provision of treatment and interruption of testing for monitoring and medical control. HIV cases and aids deaths continue to grow. Health authorities do not know the actual course of the epidemic given the lack of epidemiological studies and abandonment of preventative policies, in breach of international commitments against HIV/aids.

Until 2013, 11,000 new HIV cases and 2,000 AIDS deaths a year were recorded. However, no studies have never been done in the field to know the actual % of population aged 15 to 49 years with HIV, their annual growth and the practices of the population at risk. There are no educational campaigns nor is there access to condoms. The government provides antiretrovirals at no cost to people diagnosed with HIV, prescribed at public health centers, thanks to court rulings between 1999 and 2000. The number of people receiving them rose from 42,000 to 63,000 between 2012 and 2014, but the number of people undiagnosed was estimated at 162,000 in 2011, and the possibilities of delivery failures were consistently high, given the repeatedly late purchase orders and payments to the Strategic Fund of the Pan American Health Organization (PAHO). Public labs for control and monitoring tests are insufficient, and due to shortages affecting the health system there is a permanent shortage of reagents to perform them.

Significant simultaneous increase of epidemics of malaria, dengue, chikungunya and zika, given the lack of surveillance and disease control. Several mosquito-borne diseases in households are increasing simultaneously, causing greater suffering due to shortages of medicines.

Venezuela is the Latin American country with the highest number of malaria cases per inhabitant and the only one without progress in reducing them. Malaria went from 45,824 to 89,822 cases between 2011 and 2014. In 2015, they increased to 136,402, and from January to August 2016 the accumulated number is 148,670. 88% of cases are concentrated in Sifontes, Sucre and Gran Sabana municipalities of Bolivar state, where mining activities are predominant. Since 2015, the shortage of antimalarials and the shortcomings of insecticides and transport units to access areas deepened. There have also been other epidemics spread by transmission vectors: dengue increased by 189% from 2011 to 2014, going from 30,172 to 87,308 cases; 34,642 confirmed cases of chikungunya were confirmed in 2014 and 13,359 in 2015; in 2015, zika cases started to be documented, but there are no published official figures.

Systematic disinvestment on public health infrastructure, diverting large fiscal resources without budgetary controls into programs and infrastructures which were paralyzed and a high level of imports managed without transparency.

Total expenditure on health as % of GDP in Venezuela dropped from 5.7 to 4.7 between 2000 and 2012, being the lowest in Latin America with the lowest public investment, estimated at 34%. In 2015, public health spending rose only 13%, in spite of an official inflation of 181%; 74% of this expenditure depends on the country's foreign earnings, which places under high vulnerability the availability of resources to meet health needs.

Until 2012, a large amount extraordinary resources were destined to imports of medicines and supplies, as well as to construction works which were not finished. The Comptroller General reported irregularities in the years 2011, 2013, 2014 and 2015, and, to date, those responsible have not been punished.

Undermining of responsibilities of rectorship, management and financing of the health system, which remains in highly fragile conditions for lack of correcting structural deficiencies by creating the National Public Health System provided by the Constitution.

The public health system remains fragmented, causing multiple disparities and inadequacies. Since the National Public Health System has not been created, there are predominantly centralized public decisions in offices other than the competent ones, weakening their ability to implement programs and timely, adequate and quality services to all the population, diverting efforts towards parallel, unsupervised structures, many of which stopped working. In 2009, the government admitted that 70% of primary care modules (Mission Barrio I) had been abandoned, and only diagnostic centers with certain specialties survived, with severe limitations for care.

State's inaction to face the worsening health conditions at the national level and the weakening of its internal capabilities to respond, in breach of international obligations to use the maximum available resources, including those of international assistance and cooperation, a situation before which national human rights protection bodies and the judicial system have kept silent.

The dire situation of the health system was admitted on several occasions by the Executive without this being translated into concrete and effective measures to solve it. Various civil society groups demanded the sanitary authorities and the Ombudsman to take urgent actions, including seeking international assistance in compliance with international obligations on the right to health, without obtaining any concrete results. From 2014 to 2016, Cecodap introduced different legal recourses at the Supreme Court and the Court for the Protection of Children and Adolescents, in order to protect the right to life and health of children treated at the Hospital JM de los Rios (pediatric national referral hospital). The hospital has been deprived of resources for several years, preventing it from meeting the systematic deterioration of its infrastructure and staff shortages, medical-surgical supplies, drugs and equipment. All judicial appeals were rejected, omitting obligations to the principle of absolute priority and interest of the child, recognized in the Constitution and national laws. In 2016, several organizations working for the rights of children and adolescents, women, the elderly and people with chronic condition, have filed new appeals before the Supreme Court, on which the Court has remained silent.



Recommendations

1. Meet the immediate obligation to ensure medicines and medical supplies to all public health services and to provide treatment to all people without discrimination, mobilizing the maximum resources available, including international humanitarian assistance and cooperation.
2. Give priority to solve the acute shortages of drugs to the most vulnerable people based on physical and mental health conditions, pregnant women and newborns, people deprived of liberty, communities in geographically remote areas and in indigenous territories, ensuring medical and scientific criteria for prevention, timeliness, quality, safety and efficacy.
3. Assign all human, technical and financial resources necessary to conform or reactivate health programs such as organ transplants, hemophilia, breast cancer, lymphoma, HIV/aids, diabetes, hypertension, mental health, immunization, maternal and child health and sexual and reproductive health; as well as the monitoring, research and health control functions, with support from international technical assistance, to reduce epidemics associated with vector-borne diseases
4. Enact the Law on the National Public Health System, universal and decentralized, in accordance with Constitutional provisions.
5. Provide sufficient public budget to rehabilitate public health infrastructure, ensure regular provision of supplies, equipment, qualified and well-paid health personnel, transportation, electricity and water, requiring health facilities at all levels of care to comply with principles of transparency and accountability.
6. Investigate and punish those responsible for administrative irregularities or corruption in the management of resources for public spending on health.
7. Take measures to encourage domestic production of medicines and medical supplies according to the needs of domestic supply.
8. Publish and periodically update sanitary and epidemiological statistics.
9. Facilitate participation and maintain dialogue with all affected persons, organizations and sectors which can contribute to improving policies and conditions of the health system, without distinction of any kind.
10. Refrain from harassment or reprisals for the legitimate exercise of the defense of the right to health.