# REPORT FOR THE OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS, AS A RESEARCH INPUT FOR THE REPORT ON SUSTAINABLE DEVELOPMENT GOALS AND HEALTH[[1]](#footnote-1).

1. The Office of the United Nations High Commissioner for Human Rights has requested input from Organizations and other interested parties to prepare a report on Sustainable Development Goals and Health, mandate under General Assembly resolution 35/23 titled “The right of all people to enjoy the highest possible standards of physical and mental health in the implementation of the 2030 Agenda for Sustainable Development.”.

2. Paragraph 13 of the resolution of the Human Rights Council request the High Commissioner

“to prepare a report which presents contributions of the right to health framework to the
effective implementation and achievement of the health-related Sustainable Development
Goals, identifying best practices, challenges and obstacles thereto, and to submit it to the
Human Rights Council at its thirty-eighth session”.[[2]](#footnote-2)

3. As an introduction to this report, we would like to point out that the main agreed goals on health for 2030 include reducing the maternal mortality ratio to at least 70 per every 100,000 successful childbirths; eradicating preventable deaths of newborns and children below five years old, aiming to a reduction of newborn mortality to less than 12 per every 1,000 living child and a rate for children below five years old of less than 25 per every 1,000 living child. Another goal for 2030 is eradicating epidemics of HIV/AIDS, tuberculosis, malaria and control hepatitis, waterborne diseases and other contagious diseases.

4. Other important goals include: a) securing access to sexual and reproductive health services in national strategies and plans; b) achieving universal health coverage including protection from financial risk, access to essential quality services and access to essential, safe, effective and affordable medicines and vaccines.

5. A cursory review of the behavior of these indicators in the last five years reveals the serious difficulties Venezuela faces to fulfill these goals. For one, opacity of information in this area is an issue. The few available figures are released with considerable delays that prevent the implementation of any timely measures to revert the trends. Even a fundamental and central instrument such as the Epidemiological Bulletins has not been released for long periods of time in context where epidemics are intensifying, even those which had already been eradicated such as diphtheria and measles.

6. According to a report by PROVEA and CODEVIDA, the healthcare situation is currently defined “*in a humanitarian context of extended deprivation of medicines and healthcare services”.[[3]](#footnote-3)* We will briefly explain the causes in the following pages.

7. Firstly, a sensible indicator such as infant mortality reveals notable setbacks in recent years. Infant mortality has been estimated by Red Defendamos la Epidemiología at 19.6 per every 1,000 living children, a 30% increase within 2015-2016. Corroborating this figure, there have been frequent reports of newborn deaths in public hospitals[[4]](#footnote-4).

8. According to the same source, maternal mortality increased by 66%, with fatalities rising from 456 to 756 in the same period. Based on these figures, Red Defendamos la Epidemiología calculated mortality rates for 2016, concluding that maternal deaths have increased to 140 per every 100,000 living children[[5]](#footnote-5). These estimates were only possible after the publication of Epidemiological Bulletins up until December 2016, which had not been issued since July 2015[[6]](#footnote-6).

9. The sector faces a serious institutional crisis and a crumbling infrastructure. The National Hospital Survey for 2016 carried out by the Network of Physicians for Health reports that there are severe shortages of medicines (76%) and surgical equipment (81%) in 86 hospitals across 38 cities. Out of a total of 15,230 hospital beds studied, only 34.8% are operational. 63.6% of pediatric services lack milk formulas, 71% of them don’t have ecography services and 97% are experiencing severe issues or their laboratories are out of order[[7]](#footnote-7). On the other hand, according to Dr. José Manuel Olivares, there are serious issues with the infrastructure and between 80% and 90% of the emergency rooms are out of order[[8]](#footnote-8).

10. According to the authors of the Report on the Situation of Women Rights in Venezuela, submitted before the IACHR[[9]](#footnote-9):

The Concepción Palacios Maternity Hospital in Caracas, a nationwide famous healthcare center specialized in gyneco-obstetrics, offers its services to low-income women from all regions of the country and it has been experiencing a sustained decline in quality of service due to serious infrastructural problems, lack of water, a dwindling number of specialists and severe supply shortages. It has 490 beds but only 100 of them are operational, and it dropped from 850 monthly child births to less than 100 in 2016.

There is a staffing shortfall, including nurses, gyneco-obstetricians and neonatologist, as well as shortages of medicines and basic supplies for integral attention for women. The areas for maternal-infant attention are experiencing severe deficiencies such as overcrowding, lack of incubators, frequent interruptions and even prolonged absence of water and power services, equipment out of order, lack of medical-surgical supplies and operational difficulties in the blood bank.[[10]](#footnote-10)

11. Convite A.C. has collected data of drugstores from five cities in the country about the availability of medicines used for the four most frequent ailments (hypertension, diabetes, acute respiratory infections and diarrhea,) finding a shortage of 95% or more for all four[[11]](#footnote-11)

12. Another alarming aspect affecting the hospital network is staffing shortfalls. The head of the Medical Association of Venezuela, Douglas Natera, said that 12,830 doctors have left public hospitals due to poor salaries, even below the minimum wage. Natera says that out of this number, 7,824 doctors have already left the country.

13. Vaccine supplies in Venezuela are persistently irregular. There are frequent vaccine shortages in public healthcare centers and more recently, also in private ones.

14. According to the recent report released by PROVEA and CODEVIDA: [[12]](#footnote-12)

“The extended shortages that have had an impact on the entire population, particularly some three million people of all age groups and suffering from various chronic health conditions, have not been acknowledged by the State or tackled through urgent and appropriate measures. The government has instead imposed policies of severe rationing that include the arbitrary removal of medicines and supplies from public shopping lists and a reduction in quantity, following no medical or scientific criteria, condemning excluded citizens to irreparable physical and mental damage or even death”.

15. The consequence of the precarious condition of the public healthcare network, which represents 90% of institutions who offer the service and has 70% of beds, is that contagious diseases, preventable through vaccines or vector control, environmental sanitation, drinking water quality and health education programs, have reappeared and are threatening to spread to other areas.[[13]](#footnote-13)

16. The result is an intensification of epidemics such as malaria, HIV/AIDS, tuberculosis, zika and chikungunya. Diseases that have been eradicated for a long time in the country such as diphtheria and measles have also reappeared[[14]](#footnote-14). Former Health minister Feliz Oletta said that past-century diseases are resurfacing due to a lack of vaccines and prevention programs.

17. Algunas cifras apoyan esta afirmación:

* The reappearance of diphtheria after 24 years of its eradication. 324 cases of this disease, which can be prevented with vaccination, were reported in total last year. According to the Pan American Health Organization (OPS), between epidemiological weeks n° 28 of 2016 and n° 24 of 2017, there were 447 cases where diphtheria was suspected in the country (Provea Press.)
* During this year, there were 103 cases where measles was suspected. This disease had been eradicated twelve years ago, 47% citizens aren’t vaccinated and most of them are children.[[15]](#footnote-15)
* Venezuela is one of the countries with the worst current performance in malaria control in the world. Since 2015, Venezuela’s suffering the worst malaria outbreak in the American region with significant increase in patients and fatalities, as well as a constant spread of malaria to other regions of the country. According to the Health ministry, there were 240,613 cases of malaria in the country in 2016, a 76% gap compared to 2015, when there were 136.402 reported cases.
* According to the Venezuelan Observatory of Health, the estimated rate of tuberculosis infections in 2015 was 42.2 per every 100,000 inhabitants (Venezuelan Observatory of Health. 2017. *Tuberculosis.* [www.ovs.org](http://www.ovs.org))
* The spread of the Human Immunodeficiency Virus (HIV) has increased and prevention strategies are precarious. Serious issues have worsened recently, such as shortages of antiretroviral treatment (ARV) with intermittent absence, jeopardizing the lives of people who live with HIV due to interruptions and unscheduled changes in their therapy. According to PROVEA and CODEVIDA “in June 2017, 123 NGOs denounced severe issues in the availability of antiretrovirals that impact 80% of the 77,000 people with HIV registered in the Antiretrovirals Supply Program of the Ministry of People’s Power for Health’s National AIDS Program, as well as the lack of reagents and supplies to perform tests for primary HIV detection and monitoring and control tests for the infection’s treatment. There was also an absolute lack of medicines to treat opportunistic infections and of maternal milk replacements to feed children born of mothers with HIV who can’t breastfeed them[[16]](#footnote-16)

18. It is worth mentioning that Venezuela showed the highest teenage pregnancy rate in the region in 2014 according to the State of World Population Report for that year[[17]](#footnote-17). According to this report, during the 1999-2014 period, the pregnancy rate of teenagers between 15 and 19 years old was 101 per every 1,000 teenagers. For 2015, the figure dropped slightly from 101 to 95, which moved Venezuela to the second place, surpassed only by Honduras, but still far above the regional average.

19. The lack of planning services and poor access to contraceptives has an impact on both teenage pregnancy rates and unsafe abortions. Abortion figures and maternal deaths linked to it are unknown in Venezuela. Some unofficial estimates put maternal deaths caused by unsafe abortions at 16%.[[18]](#footnote-18)

20. According to the Official Standard for Integral Attention of Sexual and Reproductive Health (2013) the coverage goal for access to contraceptive from the public healthcare sector is 60%, however, the same document shows that the coverage is only 23%, which implies that nearly 77% of women in reproductive age depend on private supplies. According to estimates by the Pharmaceutical Federation of Venezuela, the private sector managed to supply only 10% of the contraceptives consumed by the Venezuelan market in 2015. For 2016, the Federation estimates that scarcity rose to 90%.

21. Regarding the measures taken to tackle this severe crisis, the national government has consistently refused to acknowledge its existence despite mounting pressure from international institutions. In February 2016, the State received the third notice[[19]](#footnote-19) from the UN Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Dainius Pūras, urging the authorities to:

***“Comply with the basic and immediate standards of an efficient healthcare system, in view of the worsening context of deaths related with maternity, heart conditions and cancer, failing vaccination standards and prenatal attention and a growing incidence of malaria, dengue, chikungunya and zika”***

22. He also reminded the government their obligation to supply essential medicines to all people, without any discrimination, guaranteeing sufficient and affordable existences in all public healthcare facilities and people’s participation in the established programs.

According to a report by Human Rights Watch:[[20]](#footnote-20)

“Since January 2016, the Venezuelan government has announced a series of initiative aimed at tackling the shortage of medicines, food and other essential products. These initiatives include measures to increase local production of medicines, medical supplies and food. If appropriately implemented, some of these initiatives could contribute to reduce scarcity at a medium and long term. However, little significant progress has been made to reduce the severity of Venezuela’s humanitarian crisis”

23. Even though the OAS Secretary General Luis Almagro issued a report in May 2016 before a Extraordinary Session of the OAS Permanent Council in which he spoke about the severe humanitarian crisis in healthcare and food, Delcy Rodríguez, then Foreign minister, said[[21]](#footnote-21):

“There’s no such thing as a humanitarian crisis. No such thing. I say that with full responsibility”[[22]](#footnote-22)

24. The government has refused to receive foreign help aimed at solving shortages of medicines and medical supplies. In May 2016, a Special Law to Address the National Healthcare Crisis[[23]](#footnote-23) approved by the National Assembly to ask for international aid was nullified by the Supreme Tribunal on the administration’s orders[[24]](#footnote-24), for allegedly usurping the President’s functions as established in the successive economic emergency decrees and as the only authority to manage international affairs, to safeguard “the nation’s security” and the Socialist Plan of Economic and Social Development.

25. In July, Cáritas de Venezuela tried to fulfill all the requirements to receive a shipment of 525 boxes of medicines and 92 food supplements from Chile that arrived to a Venezuelan port in August 2016. However, Cáritas wasn’t authorized to retrieve them, and the shipment was reassigned to public healthcare institutions[[25]](#footnote-25).

26. The National Government made a considerable investment between 2003 and 2016 to create a parallel healthcare system (Misión Barrio Adentro.) This investment, devoid of planning, transparency or accountability, has turned out to be inefficient to provide quality service and has been incapable of improving health indicators. According to Transparencia Venezuela, $40,400,285,232 have been assigned to Misión Barrio Adentro and yet, 80% of its modules are closed.[[26]](#footnote-26) (Transparencia Venezuela).

27. Even though little can be said about the government’s practices to face the crisis, it’s worth noting that the crisis has had a tremendously positive effect in the organization of civil society. Several organizations have been created and/or strengthened during this period to address several aspects of the situation. Attending special groups of the population, defending health rights, and denouncing violations against this right before national and international institutions has had important repercussions, especially in the foreign context.

28. The situation has been recognized and, for instance, the IACHR has issued protective measures, and there have been clear and solid statements from institutions within the United Nations System such as the UN Secretary General, the High Commission for the Right to Health and the High Commissioner for Human Rights.

1. Prepared by Sinergia A.C. with input from: PROVEA, CODEVIDA, AVESA, Convite, Cecodap and other sources (see quotes) [↑](#footnote-ref-1)
2. The resolution can be consulted at <http://undocs.org/A/HRC/35/L.18/Rev.1> [↑](#footnote-ref-2)
3. PROVEA and CODEVIDA. 2017. Venezuela: report on the right to health, 2014-2017, in a humanitarian context of extended deprivation of medicines and healthcare services. [↑](#footnote-ref-3)
4. There are 222 dead babies across three hospitals in the country. Isayen Herrera. Crónica Uno, 05.05.16. At: <http://cronica.uno/tres-hospitales-pais-cuentan-222-bebes-fallecidos/> [↑](#footnote-ref-4)
5. Data provided by PROVEA and CODEVIDA: *Venezuela: report on the right to health, 2014-2017, in a humanitarian context of extended deprivation of medicines and healthcare services.* RSC urged the region’s ministers to discuss healthcare crisis. El Nacional, 06.05.16. At: <http://www.el-nacional.com/noticias/sociedad/rsc-exhorto-ministros-region-debatir-crisis-salud_180871> [↑](#footnote-ref-5)
6. <http://www.el-nacional.com/noticias/sociedad/ministerio-admite-que-11466-ninos-756-parturientas-murieron-2016_181262> [↑](#footnote-ref-6)
7. The survey was carried out through the network of resident physicians that are a part of the network @medicosxlasalud with technical support from the Observatory @ovsalud. <http://www.ovsalud.org/publicaciones/salud/encuesta-nacional-de-hospitales-2016/> [↑](#footnote-ref-7)
8. <http://www.eluniversal.com/noticias/politica/olivares-salas-emergencia-funcionan-hospitales-venezolanos_433031> [↑](#footnote-ref-8)
9. AVESA / CEPAZ / FREYA / Civil Association of Women Online. 2017. *Report on the human rights situation of women, submitted before the IACHR.* [↑](#footnote-ref-9)
10. Report of civil society organizations before the IACHR on the Right to Health in Venezuela. Available at: <https://coalicionporlavida.wordpress.com/about/documentos/informes/comision-interamericana-de-derechos-humanos/> [↑](#footnote-ref-10)
11. Convite AC. Indice de Escasez de Medicamentos. Caracas, octubre 2017 [↑](#footnote-ref-11)
12. PROVEA and CODEVIDA. 2017*. Venezuela: report on the right to health, 2014-2017, in a humanitarian context of extended deprivation of medicines and healthcare services*. [↑](#footnote-ref-12)
13. PROVEA and CODEVIDA. 2017 op. cit. [↑](#footnote-ref-13)
14. [https://www.derechos.org.ve/actualidad/alianza-venezolana-por-la-salud-advertimos-sobre-regreso-y-expansion-sarampion-en-venezuela?utm\_source=feedburner&utm\_medium =email&utm\_campaign=Feed%3A+Provea+%28PROVEA%29](https://www.derechos.org.ve/actualidad/alianza-venezolana-por-la-salud-advertimos-sobre-regreso-y-expansion-sarampion-en-venezuela?utm_source=feedburner&utm_medium%20=email&utm_campaign=Feed%3A+Provea+%28PROVEA%29) [↑](#footnote-ref-14)
15. <http://www.ntn24.com/noticia/alianza-venezolana-por-la-salud-se-pronuncia-ante-la-epidemia-de-sarampion-en-venezuela-152823> [↑](#footnote-ref-15)
16. 123 NGOs denounce emergency in Venezuela in view of the discriminatory development of healthcare and antiretroviral supply programs. 07.06.2017. At: <http://www.civilisac.org/crisis-humanitaria/123-ong-denuncian-emergencia-venezuela-ante-avance-discriminatorio-programas-salud-publica-acentuado-desabastecimiento-antirretrovirales> [↑](#footnote-ref-16)
17. <https://www.unfpa.org/sites/default/files/pub-pdf/SWOP2014%20Report%20Web%20Spanish.pdf> [↑](#footnote-ref-17)
18. AVESA / CEPAZ / FREYA / Civil Association of Women Online. Op. cit. [↑](#footnote-ref-18)
19. UN. Mandate of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 04.02.16. REFERENCE: UA VEN 1/2016. At: [https://spdb.ohchr.org/hrdb/32nd/public\_-\_UA\_VEN\_04.02.16\_(1.2016).pdf](https://spdb.ohchr.org/hrdb/32nd/public_-_UA_VEN_04.02.16_%281.2016%29.pdf) ; In 2014, 2015 and 2016 UN has urged the State to respond to the severe decline of the right to health, 08.07.16. A: <http://www.examenonuvenezuela.com/informes-y-comunicados-sudhsidh/en-2014-2015-y-2016-onu-ha-exhortado-al-estado-responder-ante-el-grave-deterioro-del-derecho-a-la-salud> [↑](#footnote-ref-19)
20. Human Rights Watch. *Humanitarian crisis in Venezuela. The government’s inadequate and repressive response to the severe shortage of medicines, medical supplies and food.* September 2016. <https://www.hrw.org/es/report/2016/10/24/crisis-humanitaria-en-venezuela/la-inadecuada-y-represiva-respuesta-del-gobierno> [↑](#footnote-ref-20)
21. OAS Secretary General: *Report OSG-243-16*, 30.05.16. At: <http://www.oas.org/documents/spa/press/OSG-243.es.pdf> : quoted by PROVEA / CODEVIDA 2017, op. cit. [↑](#footnote-ref-21)
22. Statements by Foreign Affairs minister Delcy Eloína Rodríguez in the Extraordinary Session of the OAS Permanent Council on Venezuela. At: <https://www.youtube.com/watch?v=88l7-kBhLhc&feature=youtu.be&t=3h23m18s>. Quoted by PROVEA/CODEVIDA 2017 op. cit. [↑](#footnote-ref-22)
23. National Assembly: Special Law to Address the National Healthcare Crisis. At: <http://www.asambleanacional.gob.ve/uploads/documentos/doc_751deb5c8a926724222a393bf205225c8418bff6.pdf> [↑](#footnote-ref-23)
24. Supreme Tribunal of Justice: Constitutional Chamber, Ruling N° 460, 09.06.2016. At: <http://historico.tsj.gob.ve/decisiones/scon/junio/188165-460-9616-2016-16-0500.HTML> [↑](#footnote-ref-24)
25. Communiqué of the Justice and Peace Commission of the Venezuelan Episcopal Conference and Cáritas de Venezuela on reports concerning medicines donated by Chile, 20.11.16. At: <http://revistasic.gumilla.org/2016/comision-de-justicia-y-paz-de-la-conferencia-episcopal-venezolana-y-caritas-de-venezuela/> ; *Communiqué of Cáritas de Venezuela: We complied with the law to receive donations from Chile*. NoticieroDigital,Com, 25.11.16. En: <http://www.noticierodigital.com/forum/viewtopic.php?t=52296#p723715> [↑](#footnote-ref-25)
26. Transparencia Venezuela, 2017. Barrio Adentro: the setbacks of a key social program <https://transparencia.org.ve/project/resumen-boletin-barrio-adentro-retroceso-una-mision-bandera/> [↑](#footnote-ref-26)