

VENEZUELA HEALTH PROFILE

An updated review of the country's health situation in light of the COVID-19 pandemic

KEY FINDINGS

Infant, child, and maternal mortality rates have increased in the last decade - counter to global trends.

The **primary causes of death** are communicable diseases (66%), injuries (19%), and communicable, maternal and perinatal conditions (15%).

There has been a **resurgence of communicable diseases** including diphtheria, measles, malaria, tuberculosis, and HIV.

Reasonable doubt surrounds the reliability of the country's reported **COVID-19** cases and deaths.

94% of households are **food insecure** with extreme rates of child malnutrition.

18.8 million people have lost **access to health services** in both the public and private sectors

General Situation

Venezuela's political and economic crisis threatens national wellbeing by undermining the country's health system and stability. Nearly 90% of the population now lives in poverty and millions do not have regular access to food, potable water, and adequate healthcare - the situation has only worsened during the COVID-19 pandemic.

The health situation of Venezuelans within the country is still largely unclear because the government has not released official epidemiological data since 2017 and has effectively censored health information now - including COVID-19 reports. However, other existing surveys and assessments indicate a significant breakdown of the health system due to irregular access to water, electricity, essential medical supplies and medications, and a poor infrastructure. Additionally, more than half of the medical professional cadre has emigrated or retired.

The limitations of the health system to provide primary health care have also infringed upon its capacity to provide tertiary care. Current national public health expenditure totals only 1.7% of the GDP and the steep rises in mortality rates reflect both inattention to the health sector and an immense need for humanitarian assistance.

The 2020 Humanitarian Response Plan required US\$763 million to provide adequate care to 4.5 million Venezuelans, but as of August 2020, there was still a funding shortfall of 83%, further emphasizing the great need for increased attention and humanitarian aid.

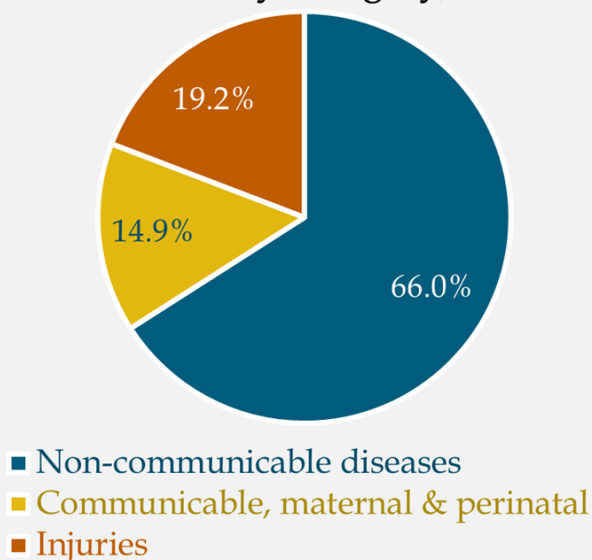
Mortality

Infant and under-five mortality around the world declined between 2000 and 2017 but in Venezuela, infant and child mortality have increased by more than 40% in the past decade. Current estimates place the infant and under-five mortality rates at 29.0 and 25.2 deaths per 1000 live births, respectively, with the highest mortality rates in the Delta Amacuro and Amazonas states followed by Apure, Barinas, Portuguesa and Guárico.

Leading causes of neonatal mortality are prematurity (40%), congenital anomalies (17%), sepsis (16%) and intrapartum-related birth complications (14%). The most frequent causes of death among children one to four years of age include injury (20%), pneumonia (17%), and diarrhea (11%). Infants under one year of age account for the majority of under-five deaths, suggesting that neonatal interventions can be most impactful.

Maternal deaths were most recently reported by the government in 2017, revealing maternal deaths doubled between 2012 and 2016; the maternal mortality rate is currently estimated at 125 deaths per 100,000 live births. The leading causes of maternal deaths are hypertensive disorders (27%), indirect causes (24%), abortion (14%) and sepsis (12%).

Venezuela Causes of Death Estimates by Category, 2019¹

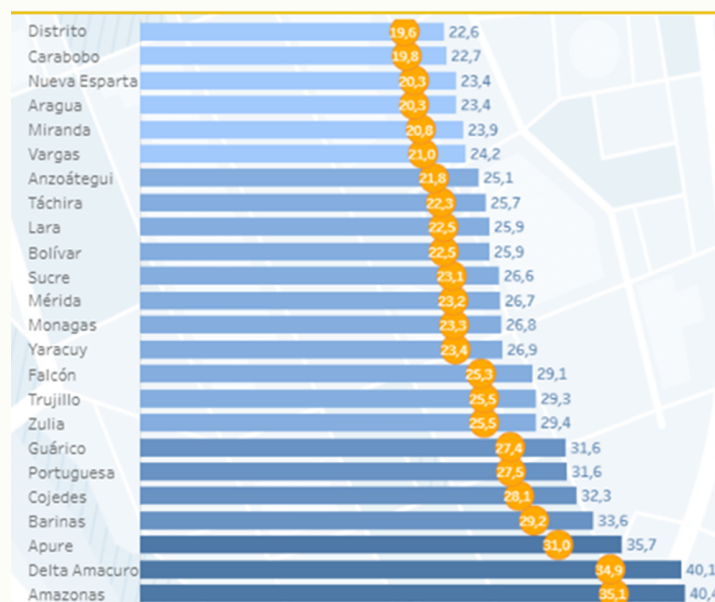


The **primary causes of death** at a population level are non-communicable diseases (66%), injuries (19%) and communicable, maternal and perinatal conditions (15%). Recent indications suggest a 3.5 year decrease in life expectancy compared to the previous generation.

Communicable Diseases

Venezuela has witnessed the resurgence of **vaccine-preventable diseases**. From 2007-2017, the country had virtually no vaccination programs, resulting in increased cases of diphtheria, measles, and pertussis – spreading beyond country borders. Measles, which had been eliminated, experienced an outbreak in 2017-2019 with nearly 7000 confirmed cases in Venezuela alone, and was the source of outbreaks in multiple neighboring countries. Vaccination coverage declines are evident since 2016, first impacting rotavirus and pneumococcal vaccines, and then polio and measles. PAHO executed a nation-wide measles and diphtheria vaccination campaign in 2018, successfully reaching 8.8 million children. However, access to routine vaccinations remains a challenge in most regions, and full vaccination coverage has substantially declined—for example, fewer than 30% of infants had received a second dose of measles vaccine in 2020.

Disparities in Under-Five and Infant Mortality by State²



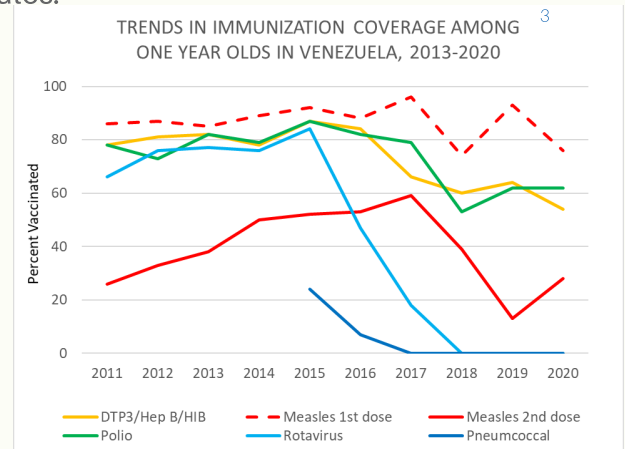
Among other communicable diseases, **malaria** incidence was declining for 25 years in Venezuela, but has increased since 2015. Venezuela accounted for 70% of all regional malaria cases in 2019 and 52% in 2020. **HIV** prevalence is estimated to be 0.5% among the adult population but reaches as high as 22% in key populations. In 2018, PAHO reported only 13% of HIV-infected patients who had been prescribed anti-retroviral treatment were receiving it. In the region, Venezuela has also experienced the steepest increase in **tuberculosis** cases with an incidence of 48 per 100,000 in 2018, likely due to the general health systems decline, water interruptions, lack of testing, inadequate transportation for patient samples, and underfunding. Physicians in Venezuela report that access to treatment is also very limited.

As of February 2022, Venezuela had reported 513,427 confirmed **COVID-19** cases and 5,628 deaths. However, the reliability of these data is in question due to the relatively high COVID-19 cases in surrounding countries and the general status of the Venezuelan health system. Hospital laboratories, if functioning, are poorly equipped for testing and similarly, hospitals lack infection prevention supplies, making hospital acquired infections a major concern.

Food Security and Nutrition

As of 2019, the World Food Programme (WFP) found that 32% of the population in Venezuela was moderately or severely food insecure. In the 2021 Global Food Crisis report, WFP declined to classify Venezuela citing insufficient evidence but reported that food security likely was deteriorating. ENCOVI data suggest that it has risen in parallel with poverty, with 94% of households food insecure in 2019-2021. Government social welfare food distributions (CLAP boxes) have become sporadic and most school feeding programs were halted during COVID-19 lockdowns or were unable to regularly provide them. Nutrition data are limited, but recent reports estimate that 8% of children under five are underweight, more than twice the

level of other countries in the region, and 30% of children under five (approx. 639,000 children) suffer from chronic malnutrition. One NGO with widespread nutrition programming observed relatively higher levels of wasting in their program data, in Guarico, Monagas, Falcon and Anzoátegui states.



Other Health Issues

Despite the gap in data for **sexual and reproductive health**, Venezuela is experiencing some of the worst regional trends including the highest adolescent fertility rate at 85 births per 1000 young women. During the COVID-19 pandemic, there have been declines of 70% or more in skilled birth attendance, antenatal care, and contraceptive use. Contraceptives are difficult to attain with high costs, including packs of condoms costing more than three times the minimum wage. Additionally, demand for abortions has increased both within Venezuela and in neighboring countries, often resulting in the individual obtainment of misoprostol.

The burden of **mental health** has also risen significantly in recent years. Mental, neurologic, substance use disorders, and suicide account for 16.5% of disability-adjusted life years, 34.4% of years living with disability, and 25% of all burden disease between people ages 10-40. Complicated by the shortage of medications, the health of individuals with formerly well-controlled conditions has declined and the health system lacks capacity to care for them. This deterioration has led the World Federation for Mental Health to declare a mental health crisis in Venezuela.

REFERENCES: **1** Venezuela Health Profile. 2021. Johns Hopkins University Center for Humanitarian Health; **2** Encuesta Nacional de Condiciones de Vida. Caracas, Venezuela: UCAB Instituto de Investigaciones Económicas y Sociales (IIES); 2020; **3** The Global Health Observatory. Maternal and Child Health and Health Financing Indicators: Venezuela (Bolivarian Republic of) [Internet]. World Health Organization. 2019. Available at: [https://www.who.int/data/gho/data/countries/country-details/GHO/venezuela-\(bolivarian-republicof\)?countryProfileId=4a40ac55-971f-412f-ad07-5e9b669a3de0](https://www.who.int/data/gho/data/countries/country-details/GHO/venezuela-(bolivarian-republicof)?countryProfileId=4a40ac55-971f-412f-ad07-5e9b669a3de0) **4** Venezuela 5W - Humanitarian Operational Presence 2021. OCHA; 2021 10 September 2021. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/2021-ve00-5w_5pager_en_0.pdf