



JOHNS HOPKINS  
CENTER *for*  
HUMANITARIAN HEALTH

# Health in Venezuela

## Key Findings 2022

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CENTER FOR HUMANITARIAN HEALTH

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- ▶ Introduction
- ▶ Methods
- ▶ Findings
  - Mortality
  - Communicable Diseases
  - Health Infrastructure
  - Food Security and Nutrition
  - Humanitarian Landscape
- ▶ Conclusions and recommendations

# Introduction

- The political and economic crisis over the past five years has severely crippled the country's health and health system.
- The situation has been exacerbated by the onset of the COVID-19 pandemic.
- A review of available evidence from 2019 to late 2021 was conducted to assess and characterize the current health situation.



- The review is an update to a 2019 publication with similar aims and methods that was published by the same author group in the Lancet.

# Methods

*Languages: English  
and Spanish*

*Dates: December  
2018 to October 2021*

## Health Databases: Peer-Reviewed Literature

- PubMed, Medline, Scopus

## Grey and White Literature

- Encuesta Nacional de Condiciones de Vida (ENCOVI), UNICEF, WHO, government websites, ReliefWeb documents of NGO reports and epidemiological reports, electronic news articles

# Mortality

*“...every child born in Venezuela has the expectancy to live 3.5 years less than those born in a previous generation...”*

(Lares, 2019)

- Contrary to the regional life expectancy rates, Venezuela’s life expectancy has decreased.

LIFE EXPECTANCY (2019)	Venezuela	Latin American and Caribbean (LAC) region
Men	68.3 years	72.5 years
Women	76.0 years	76.8 years

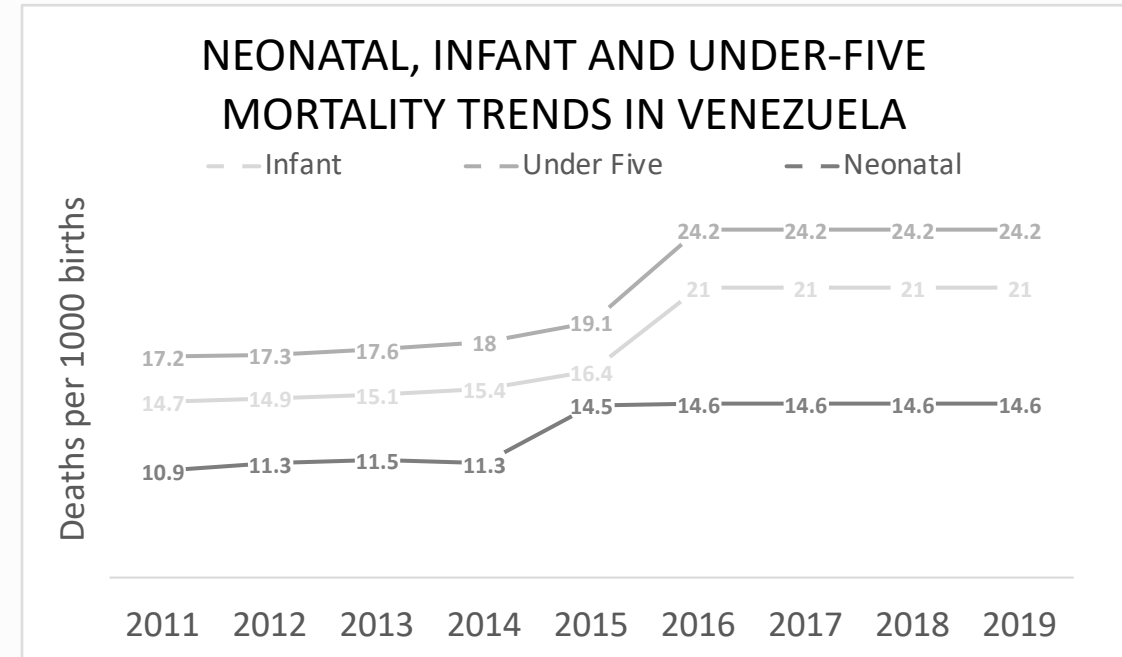
*Report on the Situation of Malaria in the Americas. Regional Malaria Program, PAHO; 2017. Available at: <https://www.paho.org/en/node/57635>*

*Women on the Edge 2019: Women's Rights in the Face of the Worsening Complex Humanitarian Emergency in Venezuela. Caracas, Venezuela: Asociación Civil Mujeres en Línea, Asociación Venezolana para una Educación Sexual Alternativa (AVESA), Centro de Justicia y Paz (CEPAZ), Centro Hispanoamericano de la Mujer FREYA; May 2019.*



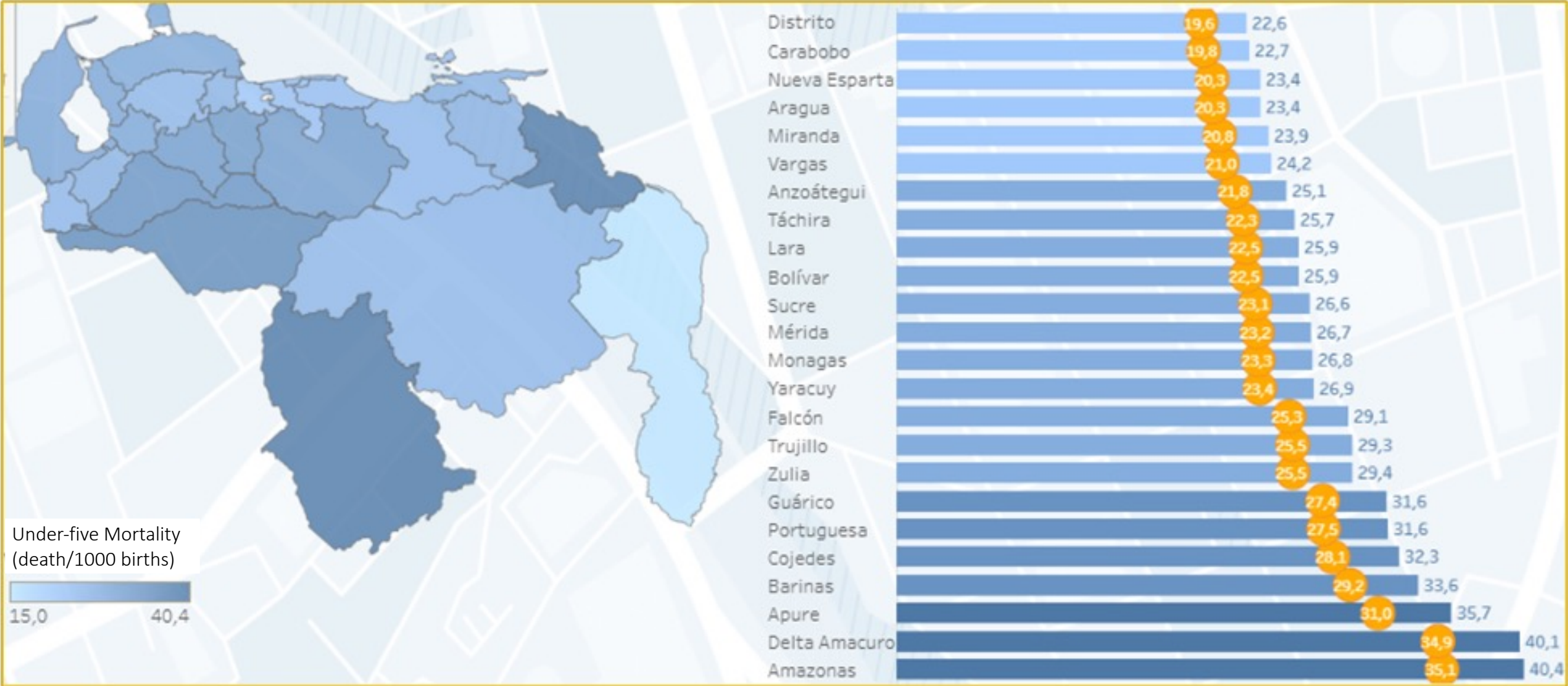
# Infant and Under-Five Mortality

- ▶ While global rates have decreased, infant and under-five mortality rates in Venezuela have increased in the past 20 years.
- ▶ Last official data showed infant deaths were 63.6% higher in 2016 than 2012.
- ▶ Current estimates suggest U5 mortality to be 29.0/1000 and infant mortality to be 25.2/1000
  - Children under 1 year of age account for ~80% of deaths under 5 years.
- ▶ Primary causes of neonatal deaths include prematurity (40%), congenital anomalies (17%), sepsis (16%), injury (20%), pneumonia (17%).
- ▶ Primary causes of death in children 1-4 years of age include injury (20%), pneumonia (17) and diarrhea (11%).



# Disparities in Under-Five Mortality by State

Highest mortality rates in Amazonas, Delta Amacuro and Apure states



Source: ENCOVI, 2020

# Maternal Mortality

- ▶ Venezuela saw a 5% increase in maternal mortality during this period and there are indications that situation has since deteriorated. Globally, there was a 38% decline in maternal deaths from 2000 to 2017.
- ▶ The maternal mortality ratio (maternal deaths/100,000 births) was last estimated at 125 in 2017, which compares to a regional estimate of 74 for Latin America and the Caribbean.
- ▶ The leading causes of maternal deaths are hypertensive disorders (27%), indirect causes (24%), and abortion (14%). Complications are likely caused by lack of supplies, resources, and available prenatal care.
- ▶ Since the onset of the crisis, there is high demand from Venezuelan women for antenatal care and hospital delivery in border hospitals of Colombia and Brazil and an increase in demand for abortion
- ▶ Availability of contraceptives has declined, and Venezuela has one of the highest adolescent pregnancy rates in the region (85 births/1000 women ages 15-19).

*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-\(bolivarian-republic-of\)?countryProfileId=4a40ac55-971f-412f-ad07-5e9b669a3de0](https://www.who.int/data/gho/data/countries/country-details/GHO/venezuela-(bolivarian-republic-of)?countryProfileId=4a40ac55-971f-412f-ad07-5e9b669a3de0).*

*Say L, Chou D, Gemmill A, et al. Global causes of maternal death: A WHO systematic analysis. Lancet Global Health 2014; 2(6): e323-33.*

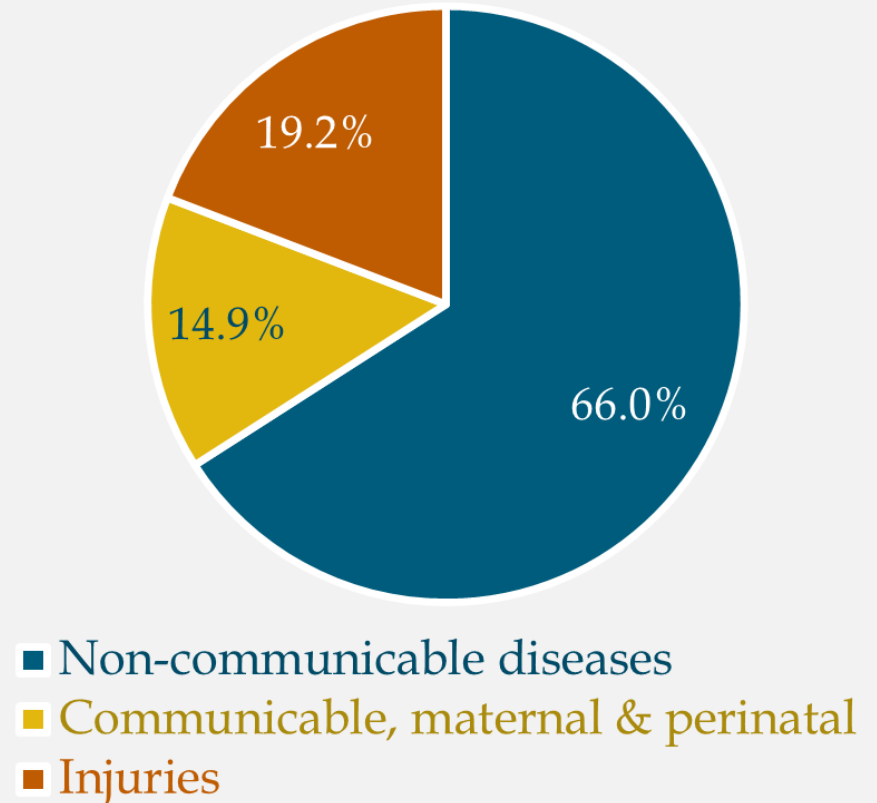
*Romo A. Pregnant women flee lack of maternal health care in Venezuela 23 July 2019. Available at: <https://www.unhcr.org/en-us/news/stories/2019/7/5d3723374/pregnant-women-flee-lack-maternal-health-care-venezuela.html>.*



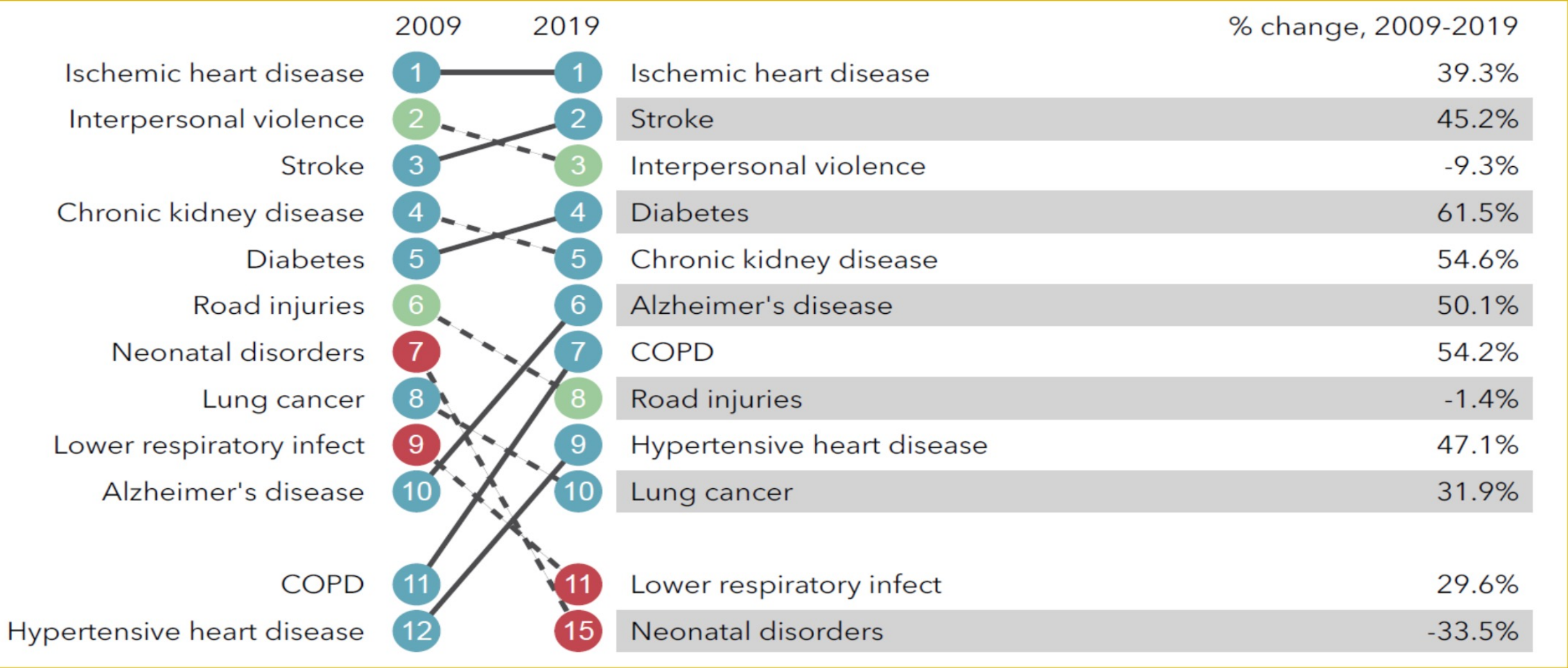
# Causes of Death at the Population Level

- ▶ Noncommunicable diseases account for majority of deaths in both Venezuela and the LAC region.
  - Cardiovascular disease
  - Malignant neoplasms
  - Diabetes
- ▶ There are higher rates of injury deaths in Venezuela as compared to LAC
- ▶ Mortality rates in Venezuela were much greater than the region in:
  - ischemic heart disease (1.4x)
  - cerebrovascular disease (1.2x)
  - diabetes (1.3x)

**Venezuela Causes of Death Estimates by Category, 2019**

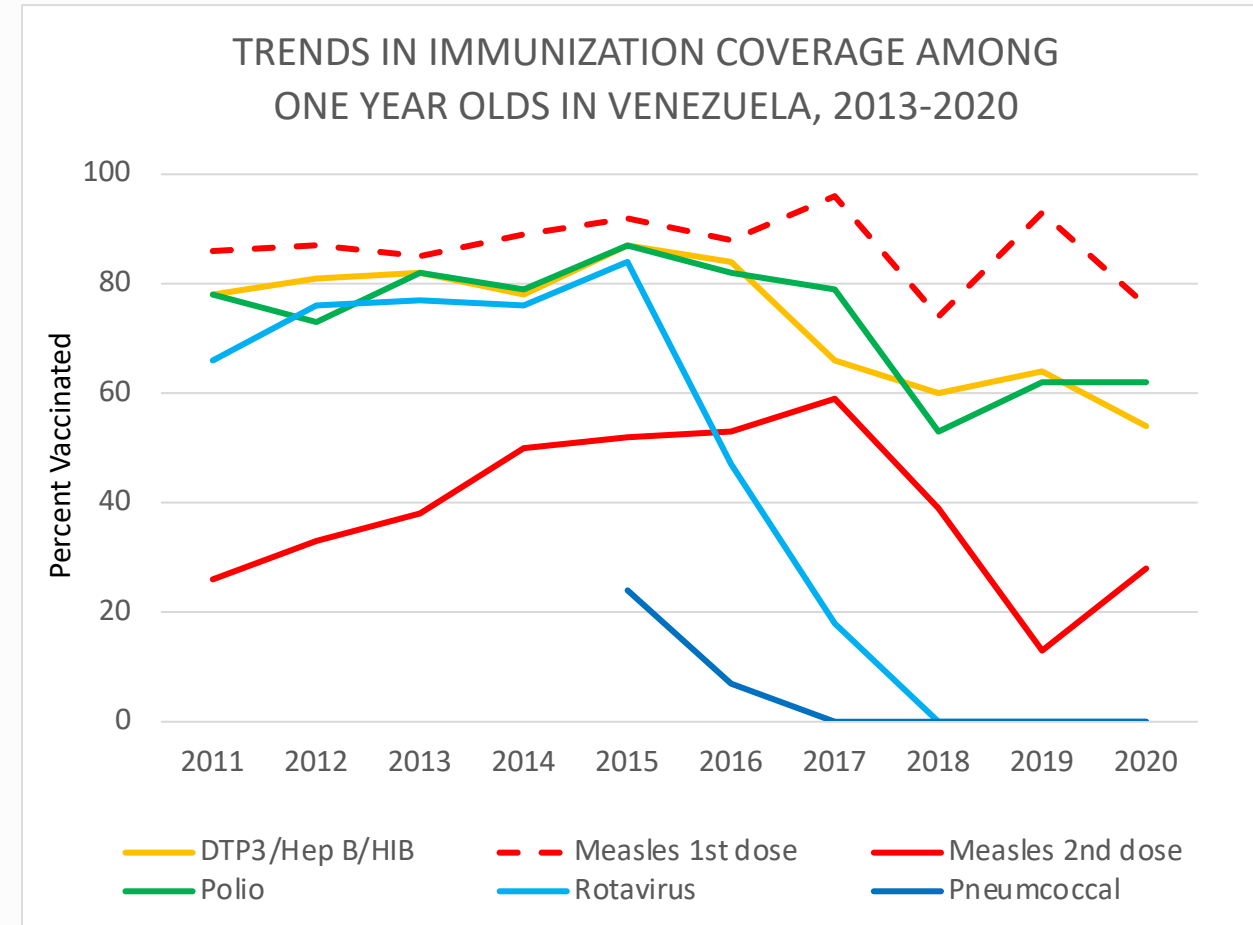


# Causes of Death in Venezeula



# Communicable Diseases – Vaccine Preventable Diseases

- ▶ Vaccination coverage in Venezuela is well below the regional average.
- ▶ There has been a resurgence in many vaccine preventable diseases—most notably measles.
  - Of note, the 2017-2019 measles outbreak had >7000 cases in Venezuela and spread to surrounding countries.
- ▶ In 2018, PAHO and partners launched country-wide vaccination campaign that has already demonstrated impact. However, there are persisting gaps as certain immunizations are unavailable and routine immunizations are lacking.



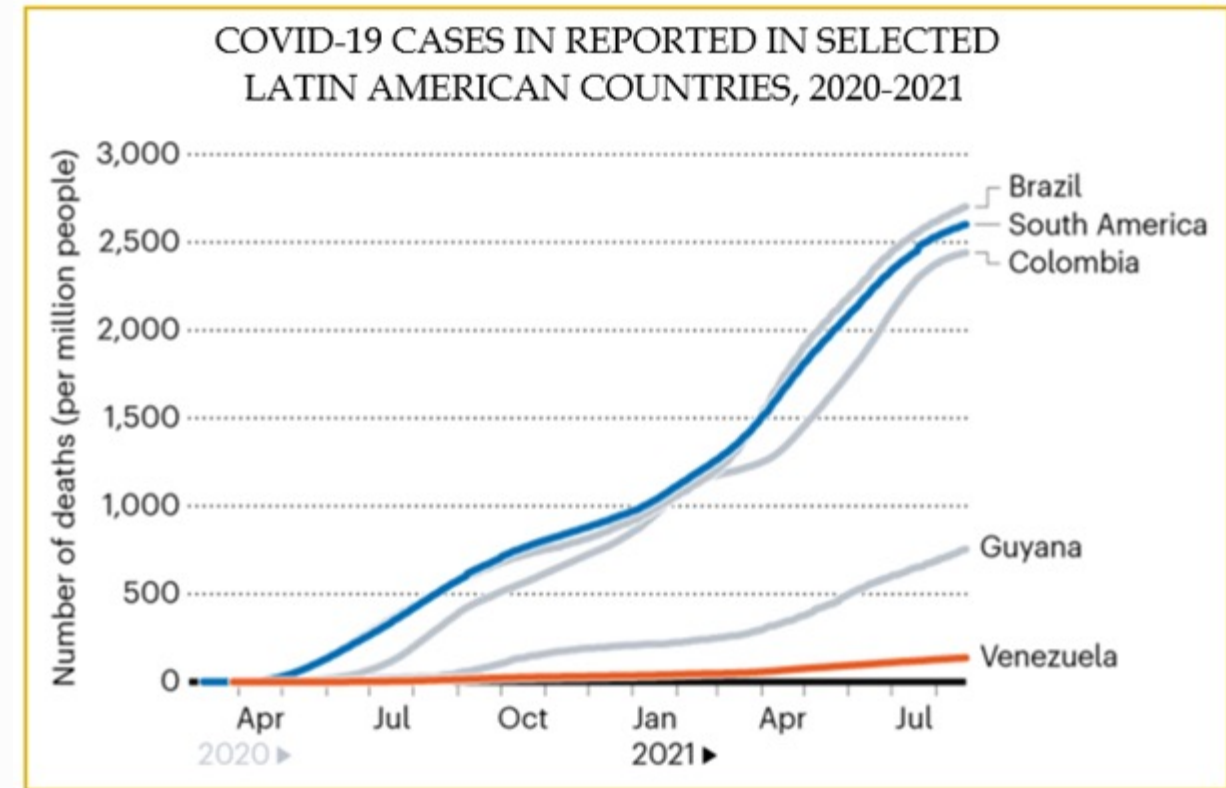
- ▶ **Malaria:** increased 893% from 2007 to 2017 – contrary to regional trends. The most recent regional data indicates more than half of malaria cases in the Latin America and Caribbean are in Venezuela
- ▶ **HIV:** estimated prevalence of 0.5% but as high as 22% among men who have sex with men and 36% among transgender women
  - In 2018, only 13% of HIV-infected patients prescribed anti-retroviral therapy (ART) were taking it and in 2016, less than 60% had access to ART.
- ▶ **Tuberculosis (TB):** incidence doubled from 2014 to 2018, affected by:
  - Reduced evaluations, lack of testing, program underfunding
  - Water interruptions
  - Inadequate transportation
  - Medication shortages

# Communicable Diseases – COVID-19

As of March 2022, there were more than 519,724 confirmed cases of COVID-19 with 5,670 deaths in Venezuela. Over 35 million vaccine doses had been administered.

Difficult to quantitatively assess the situation due to questions regarding reliability of data.

- ▶ Surrounding country cases are much higher
- ▶ Venezuelan health infrastructure ill-prepared to prevent transmission
  - Inadequate PPE, testing, etc.
- ▶ About 50% of population vaccinated as of March 2022
- ▶ PAHO is providing additional assistance in the distribution of vaccines.



# Health Infrastructure – Country Scale

More than half Venezuela's doctors emigrated since 2012: NGOs

Venezuela in crisis: 'There is no water, no power, no nothing'

Repeated blackouts have led to severe water shortages across the country.

- ▶ Venezuela's government health expenditures were 1.7% of GDP in 2018, which compares to a regional average of 4.1% of GDP.
- ▶ Out-of-pocket expenditures accounted for 52% of entire health expenditures
- ▶ Between 2012 to 2017, more than half of the country's physicians and one quarter of nurses emigrated.
- ▶ During the COVID-19 pandemic, health personnel retirement rates increased significantly

Covid-19: Venezuela's doctors refuse to be gagged  
BMJ 2020;371 doi: <https://doi.org/10.1136/bmj.m3938> (Published 19 October 2020)  
Cite this as: BMJ 2020;371:m3938

HEALTH

A Doctor Or Nurse Might Earn Just \$6 A Month In Venezuela



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-\(bolivarian-republic-of\)?countryProfileId=4a40ac55-971f-412f-ad07-5e9b669a3de0](https://www.who.int/data/gho/data/countries/country-details/GHO/venezuela-(bolivarian-republic-of)?countryProfileId=4a40ac55-971f-412f-ad07-5e9b669a3de0).

Page KR, Doocy S, Reyna Ganteaume F, Castro JS, Spiegel P, Beyrer C. Venezuela's public health crisis: a regional emergency. *Lancet*. 2019;393(10177):1254-1260.

- ▶ In 2014, Venezuela had 39,900 registered medical professionals. An estimated 22,000 doctors emigrated between 2012 and 2017.
- ▶ During COVID-19, there was 70% retirement rate among physicians and 88% retirement rate among nurses.
- ▶ In 2019, for every 10 emergency physicians, only 3.5 are specialists.
- ▶ Declines in higher education enrollment and graduation suggest continuing lack of human resources, which has important implications for health system capacity in the coming decades.

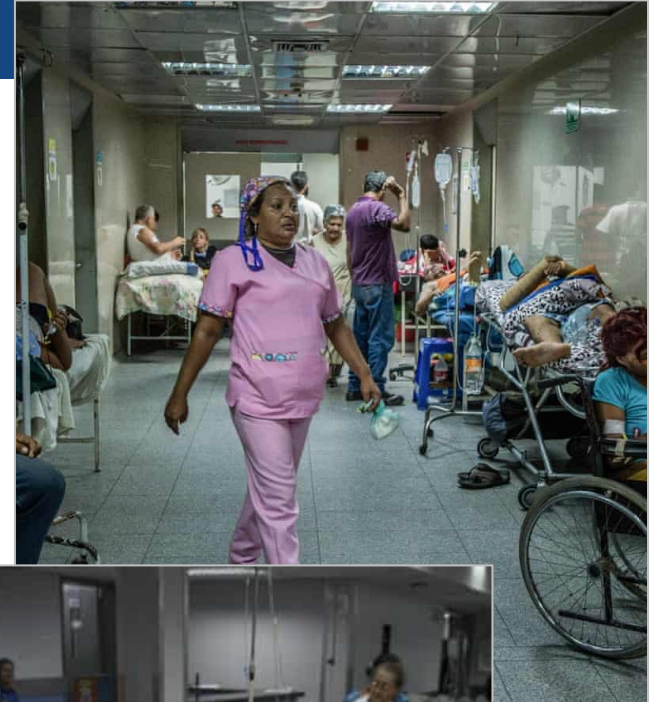
*Medicos por la Salud. Encuesta Nacional de Hospitales 2019. Available at: [https://2479be6a-2e67-48df-9858-103ea763ef46.filesusr.com/ugd/0f3ae5\\_bb11695325ef4dde8026e9cd5409298d.pdf](https://2479be6a-2e67-48df-9858-103ea763ef46.filesusr.com/ugd/0f3ae5_bb11695325ef4dde8026e9cd5409298d.pdf)*

*France24 News. More than half Venezuela's doctors emigrated since 2012: NGOs. 2018. Available at: <https://www.france24.com/en/20181011-more-half-venezuelas-doctors-emigrated-2012-ngos>.*

*Portillo Z. Venezuela: science 'brain drain' threatens future of research. 2019. Available at: <https://www.scidev.net/global/news/venezuela-science-brain-drain-threatens-future-of-research/>.*

# Health Infrastructure – Hospitals and Health Centers

- ▶ >70% of public hospitals do not have regular access to water or electricity
- ▶ As of March 2020, 53% public hospital beds inoperable, 10% laboratory capacity
- ▶ Shortages of basic medication and supplies; patients expected to provide their own
- ▶ Limited operating rooms, lack of laboratory, x-ray and ultrasound technologies
- ▶ 2021, 82% reduction in non-COVID-19 capacity





# Health Infrastructure – Tertiary Care



## Tertiary Care

- ▶ Transplant programs have been on hold since 2014
- ▶ Increased demand for dialysis and immunosuppressants
- ▶ 86% decline in peritoneal dialysis since 2013, 40% decline in hemodialysis
- ▶ 42% reduction in surgical procedures

Sinovsky NS. Trasplantes de organos en Venezuela: de un orgullo a una tragedia [Internet]. 2020. (Accion Solidaria). Available at: <https://accionsolidaria.info/articulo08/>

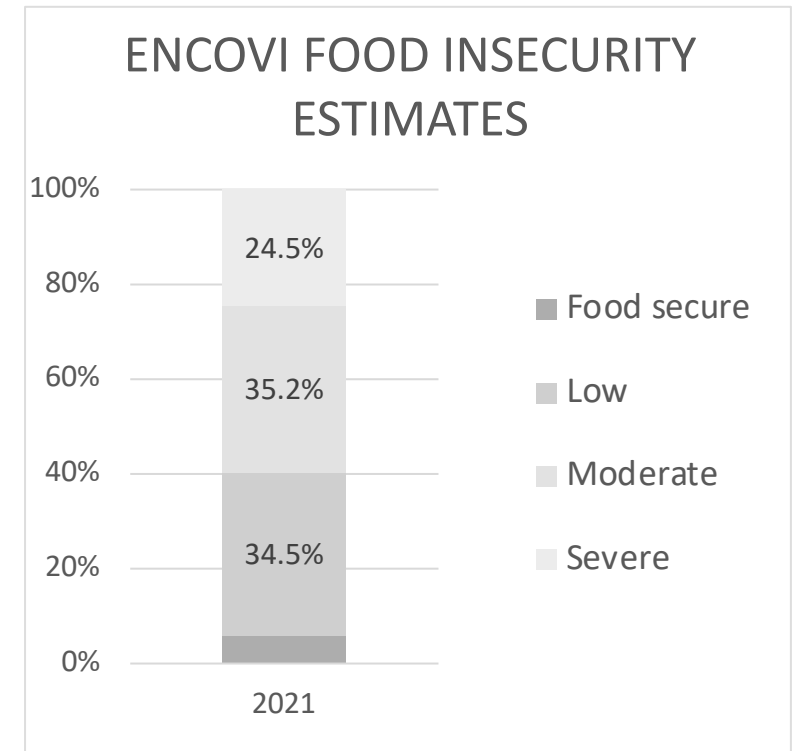
Ordonez IL. Se pudo evitar la muerte de 111 personas trasplantadas en Venezuela, segun Codevida y ATV. 2021 Dec 16; Available at: <https://cronica.uno/se-pudo-evitar-la-muerte-de-111-personas-trasplantadas-en-venezuela-segun-codevida-y-atv/>

# Health Needs, Access, and Utilization

- ▶ Estimated 18.8 million people lost access to health services (June 2021). Of these, about 10.4 million are people with chronic health problems.
  - 48% people did not receive care in the last 6 months
- ▶ 2.4 million Venezuelans with severe health conditions did not have access to essential medications in 2018-2019
  - Import restrictions in 2021 led to a 70% decline in medications
  - June 2021, lifting of restrictions led to a 33 to 36% shortage in medications for chronic diseases and acute conditions
  - High out-of-pocket costs
- ▶ Demand for services is greatest among children (57%), older adults (14%), working age adults (29%). Women were more likely than men to seek care
- ▶ Most common diagnoses were parasites and infections (17%), respiratory infections and diseases (13%), nutrition conditions (11%)

# Food Security and Nutrition

- ▶ >90% of population is living in poverty; one in three are moderately or severely food insecure
- ▶ High prevalence of child undernutrition: 32% of children have chronic malnutrition (stunting) and 6-11% have acute malnutrition (wasting)
  - Guarico and Monagas states had wasting rates as high as 20% among nutrition program participants
- ▶ Nutrition programming very scarce in Lara, Apure, Amazonas, and Bolivar states
- ▶ COVID-19 pandemic has impacted education and school feeding programs
  - Low child attendance
  - Limited funding or function among school feeding programs

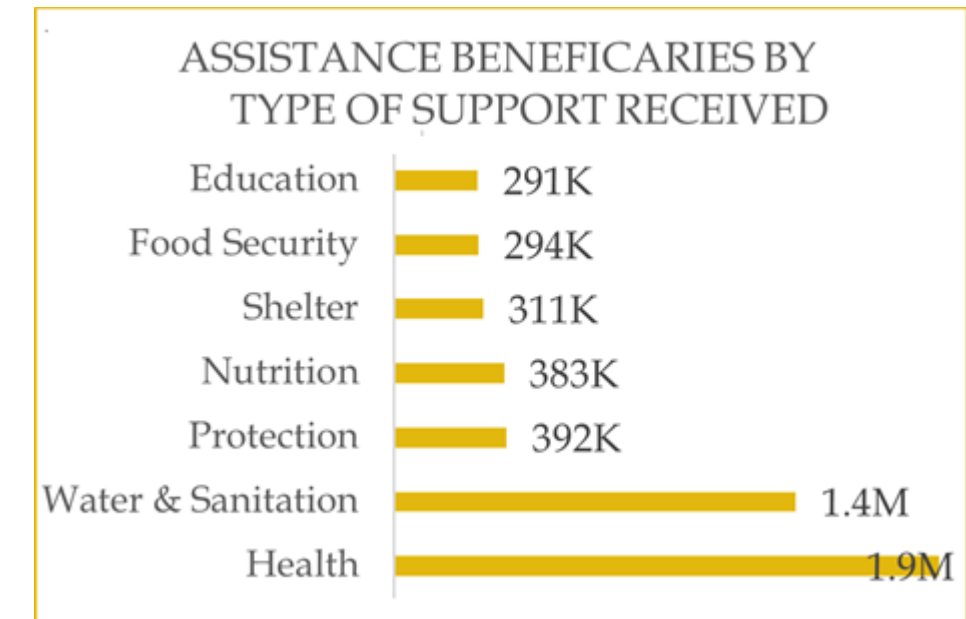
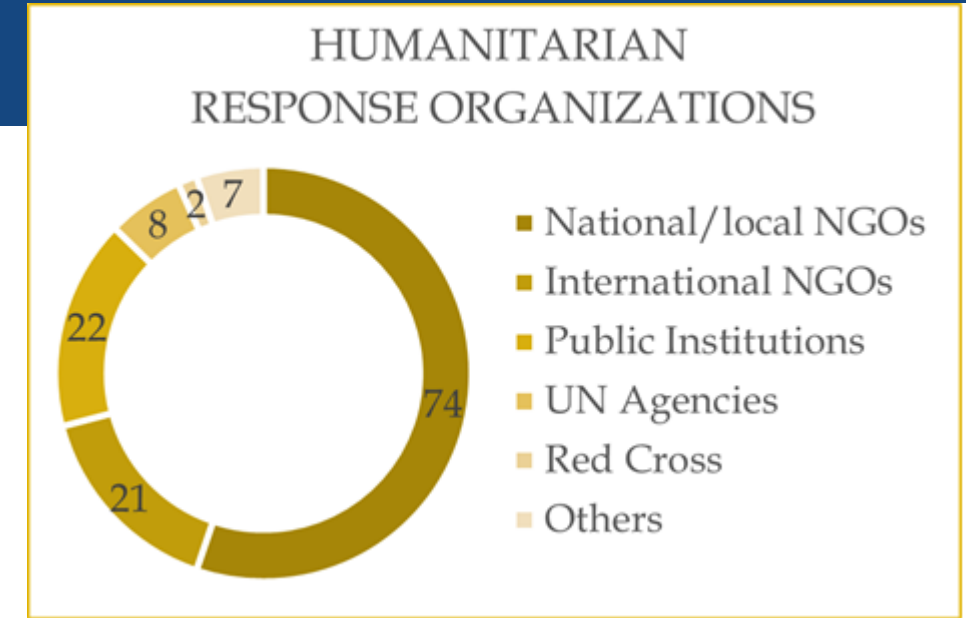


# Humanitarian Response Landscape

- ▶ 14.3 million people in Venezuela (more than half the population) are in need of humanitarian assistance.
- ▶ The 2020 humanitarian response plan required US\$763 million to support to 4.5 million Venezuelans
  - Including health care, water, sanitation and hygiene, food security and nutrition, shelter, protection, and education.
- ▶ By August 2020, only US\$130 million in assistance had been provided → 83% shortfall of funds.

*Global Humanitarian Assistance Report 2021. Development Initiatives. Global Humanitarian Assistance; 2021. Available at: <https://devinit.org/resources/global-humanitarian-assistance-report-2021/>*

*About Venezuela: OCHA; 2020. Available at: <https://www.unocha.org/venezuela/about-venezuela>.*





OCHA

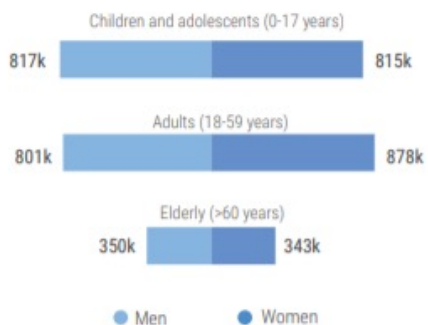
# VENEZUELA 5W - HUMANITARIAN OPERATIONAL PRESENCE 2021

## Who does What Where When & for Whom?

as of 30 November 2021

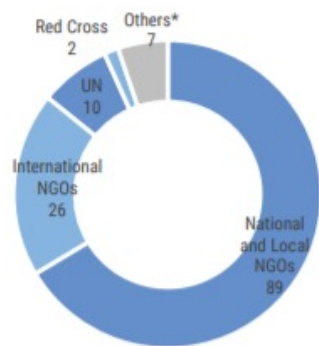
### 3.8M PEOPLE REACHED<sup>1</sup>

#### DISAGGREGATED BY SEX AND AGE



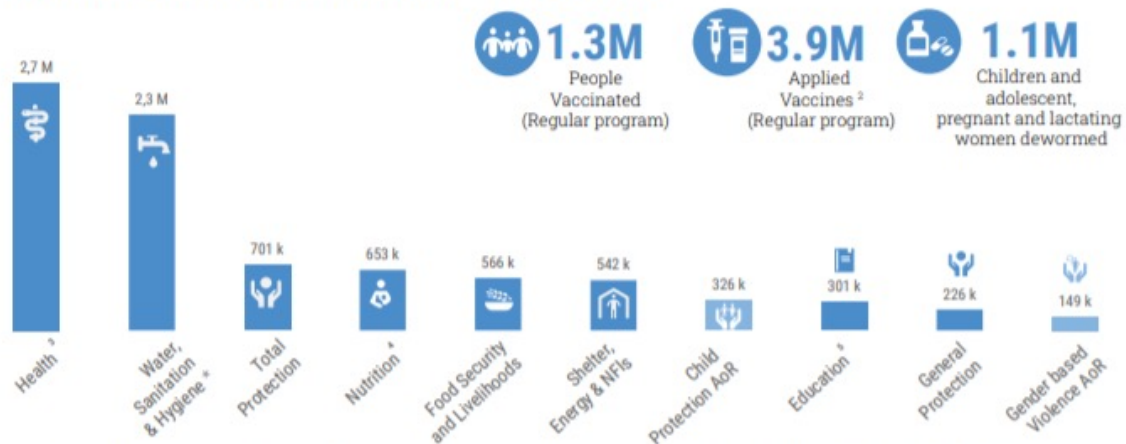
### 134 OPERATIONAL ORGANIZATIONS

#### ORGANIZATIONS BY TYPE



\* Others: Private and academic organizations

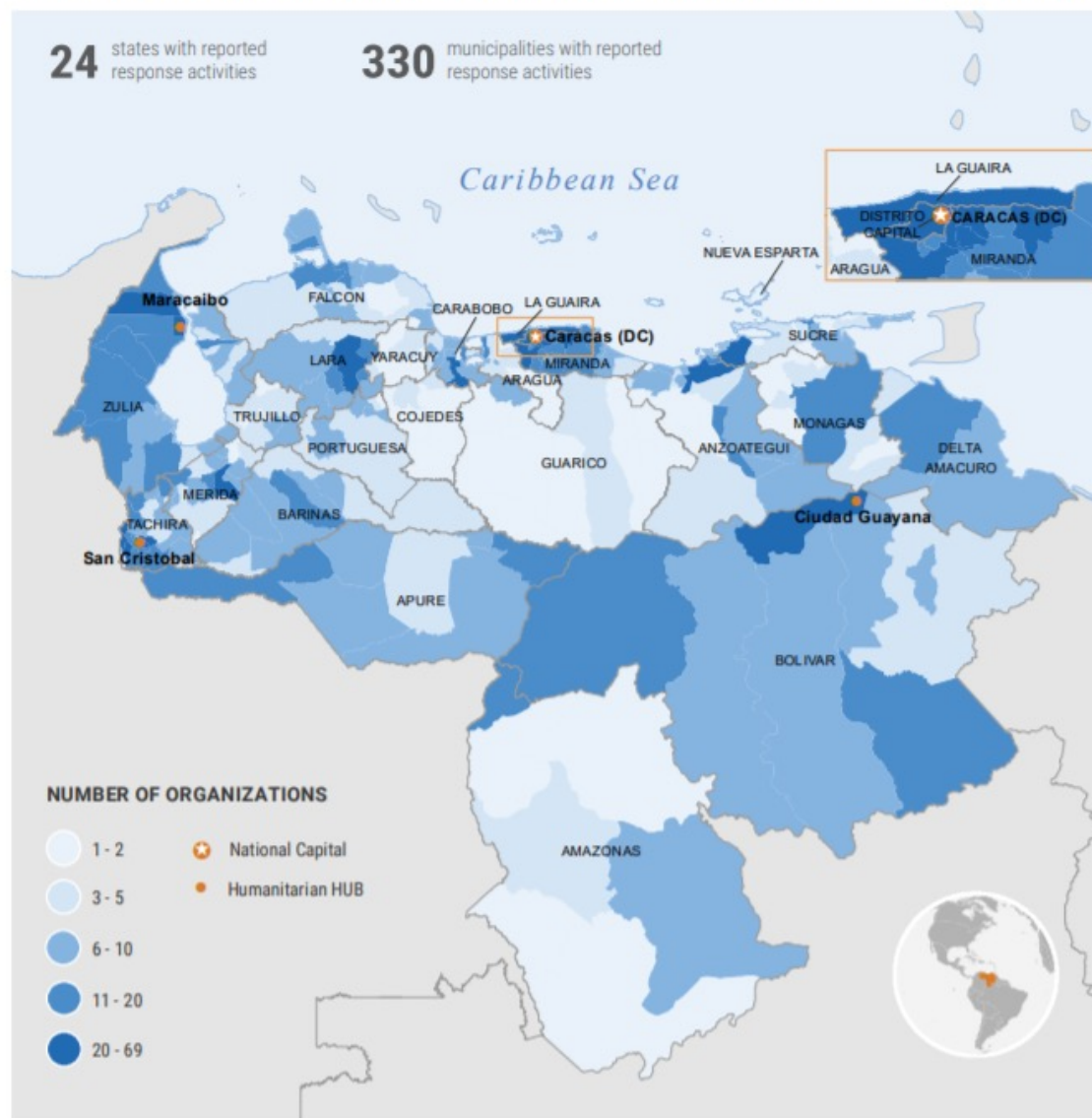
#### NUMBER OF PEOPLE REACHED<sup>1</sup> BY CLUSTER



1. Estimate of people reached with some type of humanitarian assistance, at least once. This does not mean that their needs have been fully met. 2. This number only reflects the regular vaccination program supported by the PAHO / UNICEF humanitarian response, and includes biologics against Polio, Tetanus, Diphtheria, Tuberculosis, Yellow Fever, Hepatitis B, Measles and Rubella. It does not include vaccination against COVID-19. 3. The number does not include the number of people reached with vaccination activities. 4. This number does not include the number of people reached with deworming activities for children and adolescents

#### OPERATIONAL PRESENCE BY MUNICIPALITY

The operational presence reflects the actors that have already implemented or are in the implementation phase as of the reporting date.



# Conclusions and Recommendations

- ▶ There are significant challenges to understanding the health situation in Venezuela—most notably no official data has been released since 2017, suppression of health information by the government, and inadequate laboratory and testing capacity.

## Recommendations

- ▶ Invest in new cadres of lower-level health workers that require less extensive training who can provide critical services at community and primary level
- ▶ Prioritize adequate supplies and medication for essential primary and preventive care
- ▶ Focus on raising levels of coverage and service provision capacity at primary level in the areas of maternal and child health, nutrition, sexual and reproductive health, non-communicable diseases and mental health
- ▶ To address widespread gaps in access, investing in primary care at facility and community levels will have greater population health impacts than investing in hospitals and tertiary care.



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## Thank you and Questions

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