

## Executive Summary

### The Right to Health in Venezuela

This report was prepared by the Coalition of Organizations for the Right to Life and Health (CODEVIDA), and the Venezuelan Program of Education and Action in Human Rights (PROVEA) for consideration of the members of the CESCR, on the occasion of Venezuela's exam, to be held in June 2015 in Geneva during the 55th Session of the Committee. The report is focused on Article 12 of the Pact, concerning the right to health.

In Article 12.1 on the recognition of the right to health and guarantees of full enjoyment, Venezuela still has not provided a health law that applies the Constitutional disposition regarding the creation of a National Public Health System articulated in its regulations, functions, financing and territorially, decentralized and under a national supervision; on the contrary, public health services and social security remain separated and the government has distorted the constitutional norm, adding more fragmentation, inequality and weakening governing institutions. The Government has established a parallel health system in which it has made substantial investments with unsatisfactory results, decreasing the budget allocated to public health centers and social security, where more than 60% of the Venezuelan population receives care. As well, given the deterioration of the public health system, the Government has contributed to consolidating a system of private health care for 8 million public workers, financed with public resources.

Regarding Article 12.2. a) on maternal and child health, Venezuela maintains a high and growing number of maternal and newborn deaths, which not only indicates severe obstacles of availability, access and acceptability of maternal and child services, but the absence of programs to address the high number of teen-age pregnancies, being one of the highest in Latin America; at the same time, vaccination coverage is below international standards and there are populations in the age of vaccination with significant lags. In Article 12.2 b), regarding prevention and treatment of diseases, the steep increase in malaria, as a result of deteriorating health services in endemic areas and the extractive activities, is of grave concern, as it is also the continued spread of HIV due to lack of epidemiological surveillance and prevention programs, as well as the constant interruptions of access to antiretroviral drugs for people with HIV. The number of cases of tuberculosis, due to deficiencies in public health programs is also of serious concern.

Article 12.2. d), regarding conditions which would assure medical services and medical attention to everyone in case of illness, the Venezuelan government currently does not offer minimal guarantees of health care for people in public facilities around the country,

as a result of multiple restrictive conditions to which public health has been subjected for a number of years, combined with widespread shortages of medical supplies and imported drugs –also affecting private health centers-, which has been causing an alarming and growing suspension or closure of services, mainly public. Reports by public health personnel, by organizations of people affected, by unions and medical societies, and by academic institutions and suppliers, indicate that at least 50% of doctors have left public health and that there is a 60% chronic deficit of nurses; over a 30% lack of operational beds; more than 80% of public health centers with damaged equipment; 60% with lack of surgical and medical equipment; around 90% with lack of reagents; and over 40% with closed or inoperative surgical units. Overall, the population is facing over 60% of shortages in the provision of medicines.

The current situation of the right to health in Venezuela is one of extraordinary and critical features. Therefore, it is the duty of the Venezuelan State to take all necessary measures to address it, urgently and immediately, in strict compliance with the parameters set by the Venezuelan Constitution, and in accordance with the norms and standards established by international covenants on human rights. Such measures are needed to solve its causes and to protect people at risk, preventing them from suffering more consequences for their life and health. Measures should also be timely, relevant and consistent with the urgency of needs, based on criteria such as the level of risk to people and their families, according to their conditions and places where there are and barriers for mobilization.

Given this situation, we ask the honorable members of the Committee, to urge the Venezuelan government to adopt the following recommendations:

- a. To implement a recovery plan for hospitals and clinics of the public health and social security throughout the country, with specific goals and precise deadlines for monitoring, and to measure and present progress in the short and medium term, with the participation of health professionals, workers, directors of health centers, people affected and civil society organizations; including collaboration provided by international human rights bodies and international and regional cooperation agencies.
- b. To implement a transparent and flexible financing system in order to ensure sufficient and permanent availability, distribution and provision of supplies, reagents, medicines and equipment in health centers, laboratories and pharmacies, public and private, guaranteeing sufficient levels of security of inventories and refraining from applying rationing mechanisms to supposedly reduce demand, without considering real needs, or that could involve registries which may violate the confidentiality and privacy of individuals.

- c. Strengthen institutional and financial capacities for programs directed to mother-child health, chronic health conditions, endemic and epidemic diseases with emphasis on malaria, HIV and tuberculosis, in order to improve and expand monitoring and control, planning and management, prevention and effective response to needs of the population and of those directly affected.
- d. To pass an Organic Health Law in compliance with Constitutional norms and guarantees and, according to them, to reorganize the operational and financing structures of public health services and social security, as the main vertebra of the National Public Health System, with an appropriate budget and sufficient qualified health personnel, in coordination with health associations and unions, universities and governors and mayors in their respective jurisdictions.
- e. To effectively protect the legitimate rights of people affected by health conditions and their families, caregivers, journalists, advocates and human rights organizations, to present legal claims and to freely and peacefully demonstrate when facing violations of the right to health.