

SUMMARY ON THE STATUS OF RIGHTS HUMAN

from the perspective of Transparency Venezuela

SEPTEMBER 2016



HEALTH

The health crisis in Venezuela presupposes deficiencies in the design and execution of public policies undertaken by the State as part of its obligations to guarantee this right. In that sense, most public health centers do not have currently adequate conditions to ensure minimal¹, due to the decline of about 70% of its means to provide diagnostic, treatment and surgical interventions, the loss of more than 50% of the medical staff and the precariousness of their infrastructure and equipments, 60% stoppage of the diagnostic and treatment equipments and permanent failures in the power and water supplies². According to official figures, the infant mortality rate -in May 2016- was 18.61 per 1.000 live births³, which means an increase of 3.82 points⁴, which positions Venezuela at similar rates to those of the 1950s⁵.

Access to public information on health, including epidemiological statistics, is not guaranteed. The epidemiological bulletin, historical reference for the design of public policies, is disclosed intermittently, making it difficult for the policies-undertaken-by-the-state evaluation process. It is noteworthy that the periods of “silence” coincided with outbreaks of dengue, chikungunya and malaria, in such quantity that it was evident that it required an epide-

mic alarm. In the particular case of malaria, a total of 54,529 cases occurred in the first 14 weeks of 2016, representing an increase of 52.6% over the same period of 2015, when there were 35,740 infected⁶. This is in addition to the constant change of ministers, whom since 2003 have been 15 health ministers, including three military.

According to the analysis of the 2016 Budget Law of the Nation⁷, the amount allocated to the health sector had a decrease of 62% compared to 2015, which had already had a decrease of 59%. This contrasts with the recommendation of the Committee on Economic, Social and Cultural Rights to allocate enough resources to the health sector and urge the state party to take urgently the necessary measures to ensure the availability and quality of health services⁸.

Between 2000 and 2012, Venezuela reduced its total health spending over 95%, becoming this last year the lowest in the region, equivalent to 4.7% of the GDP, wherein the public investment represented only 34%. In 2015, 74% of this expenditure had to be funded by additional credits, placing the health budget

1. no cumplen con las condiciones sanitarias ni de accesibilidad adecuadas, como el módulo de salud Barrio Castillito de Bolívar y el Hospital Binacional de la Guajira, estado Zulia
2. Codevida y Provea. Informe sobre la situación del Derecho a la Salud – Marzo 2016. Disponible en: <https://coalicionporlavida.files.wordpress.com/2016/04/informe-codevida-provea-marzo-2016-1.pdf>
3. En promedio se han registrado 194 muertes semanales y 28 diarias, presentándose una tendencia ascendente.
4. En Carta enviada por 4 ex ministro de salud a la Comisión Interamericana de Derechos humanos en fecha 12.06.2016. Disponible en: <http://runrun.es/nacional/venezuela-2/266468/ex-ministros-de-salud-envian-carta-a-la-cidh-sobre-situacion-de-mortalidad-infantil-en-el-pais.html>
5. Julio Castro. Venezuela: 4 datos alarmantes según la Memoria y Cuenta del Ministerio de Salud. Publicado en Prodavinci. Disponible en: <http://prodavinci.com/blogs/venezuela-4-datos-alarmantes-segun-la-memoria-y-cuenta-del-ministerio-de-salud-por-julio-castro-m/>
6. El Nacional Web. Más de 54 mil casos de malaria se han registrado en 2016. Publicado el 3 de mayo de 2016. Disponible en: http://www.el-nacional.com/salud_y_bien-estar/duplican-casos-malaria-Venezuela_0_841115885.html
7. Transparencia Venezuela. Nuestro Presupuesto 2016. Disponible en: <https://transparencia.org.ve/la-nueva-asamblea-nacional-debe-aprobar-otro-presupuesto/>
8. E/C.12/VEN/CO/3/Párr.27.

in extremely vulnerable conditions, opening the way for sources of corruption due to the difficulty of tracking and controlling this loan scheme⁹, because it promotes a discretionary resources management style¹⁰.

This situation adds to allegations of irregularities in the bidding process (selection of suppliers, purchase (import) and distribution of supplies and medicines), conducted by the Office of the Comptroller General of the Republic in its 2015 annual report¹¹ (in reiteration of what was outlined in its special 2010 report¹²), specifically linked to the administrative weaknesses in internal monitoring, which, in turn, did not apply the punitive measures, performance bonds, nor the commitment to social responsibility, in addition to skip procedures provided by the Public Procurement Act.

An example of the deficit and discretionary management is the category related to pharmaceuticals products and drugs, the amount of which suffered a real decline of 49% for 2016, compared to the amount executed the last year for the same budget allocation. Specifically, in the budget for the Autonomous Service of Pharmaceutical Elaborations (SEFAR by its acronym in Spanish), entity attached to the Ministry of Health, received the budget allocation known as “Production, storage, distribution and regulation of essential drugs and medical supplies ensuring the Venezuelan population provision” , having being allocated a total of \$ 30,901,667 (calculated at the medicines official rate of Bs.

10 x \$), which meant a decrease in the total spent during 2015, which amounted to \$ 78,848,381 (calculated to the 2015 medicines official rate of Bs. 6.3 x \$), including additional credits¹³.

Production of drugs, reagents and medical supplies in Venezuela is very low. According to official figures¹⁴, in 2015, the SEFAR manufactured just 714,000 units of a target of 20 million 550 thousand -that is to say, 3% of what was expected- due to lack of raw materials and the shortage of spare parts and machinery in the country. Because of the reduced domestic production capacity, more than 90% of drugs, reagents and medical supplies which can provide the population, are dependent on imports and, consequently, require the administration and authorization of foreign currency only managed by the government. In January 2016, drug stores said they could supply only 7 out of 100 requested medicines. In February this year, the president of the Venezuelan Chamber of Drugstores reported that there was a crisis of drug inventories. In January 2014 there were 40 million units. In the same month of 2015, 20 million, and by 2016, there was only 8 million.

As for its actual availability, the Pharmaceutical Federation of Venezuela (FEFARVEN) reported in January 2016 that the shortage of medicines was 80% nationwide. Similarly, public capabilities to deliver medicine to some 200,000 people in chronic health conditions such as cancer, hemophilia, lymphomas, renal failure, transplant, schizophrenia,

9. Provea. Informe Anual sobre la Situación de Derechos Humanos en Venezuela 2015. Capítulo Derecho a la Salud. Disponible en: <http://www.derechos.org/ve/wp-content/uploads/Derecho-a-la-Salud.pdf>

10. Transparencia Venezuela. Riesgos de Corrupción en el Sector Salud. Disponible en: <http://transparencia.org/ve/wp-content/uploads/2014/02/Riesgos-de-Corrupcion-C3%B3n-Sector-Salud.pdf>

11. Contraloría General de la República. Informe de Gestión 2015. Disponible en: http://www.cgr.gob.ve/site_informes_management.php?Cod=026

12. Contraloría General de la República. Informe especial sobre el Servicio Autónomo de Elaboraciones Farmacéuticas (SEFAR). Disponible en: http://www.cgr.gob.ve/site_informes_special.php?Cod=028

13. Sánchez Lozada Karylim, Escasez de materia prima limitó producción de medicamentos. Publicado en El Mundo Economía y Negocios en fecha 09.03.2016. Disponible en: <http://www.elmundo.com.ve/noticias/actualidad/noticias/escasez-de-materia-prima-obstaculizo-la-produccion.aspx>

14. Disponible en: http://www.asambleanacional.gob.ve/uploads/documentos/doc_db0708f9142d7bfa91a0ef6e219e0c5f99ea6680.pdf

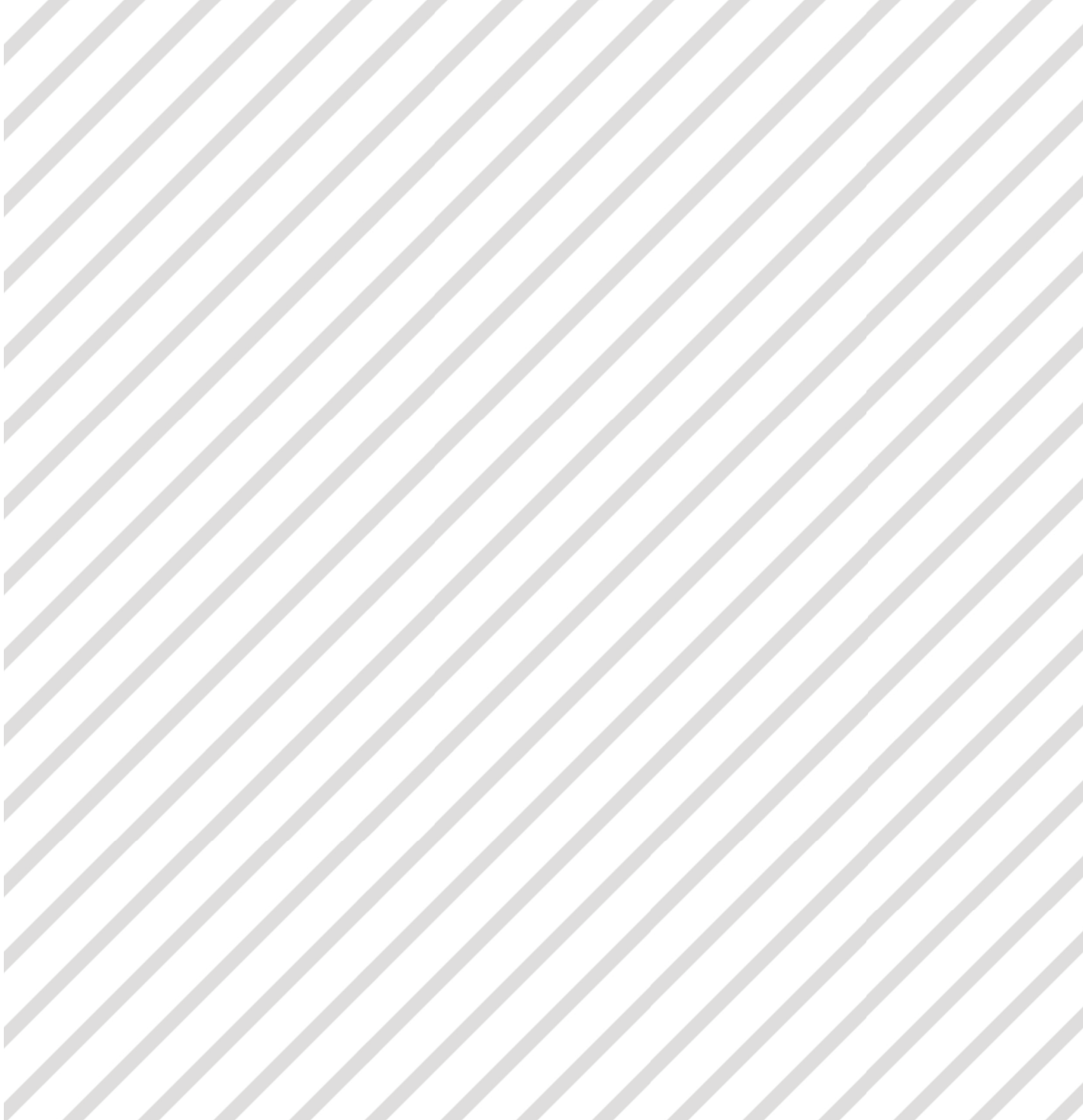
epilepsy, among others, decreased from intermittent failures to utter exhaustion of some drugs, as reflected in the delivery reduction percentages statistics of the High Cost Medicines Drugstores of the Venezuelan Institute of Social Security (IVSS), as reflected in its 2014 and 2015 Annual Reports and Accounts. The reduction of these drugs, mainly access to chemotherapy, also affects about 5,000 women with breast cancer¹⁵.

According to CIFAR, the Venezuelan government owes them a total of \$ 657 million since 2012, while for the National Chamber of Generic Drugs the debt amounts to 710 million, which prevents the payment of raw materials and finished products international suppliers. By April 2016 they received an insufficient amount of 75 million dollars by the National Foreign Trade Center (CENCOEX), a government body responsible for the processing, allocation and currency delivery to natural and legal persons¹⁶, institution that confirmed through its Statistics and Strategic Analysis Management, a decrease in the delivery of foreign currency for the health sector, equivalent to 30.79% between 2014 and 2015.

Public health care in Venezuela relies heavily on imports. Purchases abroad cover between 70% and 85% of finished drugs requirements, and more than 90% of basic and accessories supplies, materials, medical and surgical instruments, laboratory reagents, medical equipment and spare parts. This caused the accumulation of debts with international suppliers and the end of credit lines. Until March 2016, the debt to international suppliers was estimated at 6 billion dollars.

15. Codevida y Provea. Informe sobre la situación del Derecho a la Salud – Marzo 2016. Disponible en: <https://coalicionporlavida.files.wordpress.com/2016/04/informe-codevida-provea-marzo-2016-1.pdf>

16. El Universal. Cámara farmacéutica: Inventarios de medicinas se agotarán en abril. 16.03.2016. Disponible en: http://www.eluniversal.com/noticias/economia/camara-farmaceutica-inventarios-medicinas-agotaran-abril_194016



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