



Anzoátegui, is the sixth largest state of Venezuela with 43.300 km<sup>2</sup> and is the seventh most populated with 1.7 million inhabitants. Its territory is divided into 21 municipalities; It borders to the North with the Caribbean Sea and the insular region, and to the Southeast the river plain on the Orinoco River. Anzoátegui State experiences with the rest of Venezuela a complex humanitarian emergency of large-scale, multiple factors and wide destructuring at the institutional, legal, political, social and economic levels. Anzoátegui's population faces serious and widespread violations of the right to health. These violations have materialized in the fragmentation, dismantling and deterioration sustained public health system that today are causing severe damage to the physical, mental and social conditions of people who do not have availability or access to adequate minimum care and quality.

### Emergency for Damage to Health and Life and Loss of Healthcare Capacities in Anzoátegui

The public health centers in Anzoátegui do not have how to guarantee adequate minimum care, including hospitals, clinics, as well as modules and other establishments of Barrio Adentro.

Public hospitals in Anzoátegui spend months without provision of drugs and elective surgical procedures have been suspended for a year by shortfalls in supplies.

The maternal and infant deaths in Anzoátegui continue rising by shortage of drugs and the impossibility of a safe and adequate care in the main public hospitals in the State.

In Anzoátegui, the shortage of medicines exceeds 90% in accordance with the network of Pharmacy and State health professionals; people with high blood pressure and diabetes can't get their treatments.

Deprivation of treatments to people with serious chronic conditions in Anzoátegui, without any other alternative, has left exposed to the risk of serious injury to their health or life.

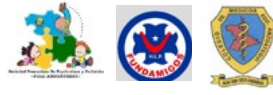
In Anzoátegui, the epidemic of Malaria increased 81% between 2016 and 2017 and 41% between 2017 and October 2018. It keeps the epidemic of diphtheria by low coverage of vaccination, with 25% of deaths.

El personal capacitado de los centros de salud públicos trabaja en condiciones extremadamente precarias e inseguras; es objeto de represalias por protestar y gran parte ha renunciado y migrado del país.

- **The public health centers in Anzoátegui do not have how to guarantee adequate minimum care, including hospitals, clinics, as well as modules and other establishments of Barrio Adentro.** In Anzoátegui's public hospitals some medical specialties like the urology services have disappeared. At least 30% of the public health centers have structural problems. In October 2018, Luis Razetti Hospital was 3 continuous weeks without income to hospitalization due to the total failure of its elevators, which made impossible to transfer people to the floors where the corresponding rooms are. At least 50% of the equipment is damaged, only 30% of the operating theatres are operating and 98% of laboratories are paralyzed. Supply of water and cleaning products, is irregular which compromises the hygiene of facilities and puts at risk the health of persons admitted to care centers and also the own personnel of health. In Luis Razetti Hospital, dining services do not work. Diets rely on foods that can provide family members in a situation of high shortage. The departments of laundry and boilers are also out of service. Additionally, 50% of public dental services ceased to operate, due to lack of material and spare parts.

# RIGHT TO HEALTH

## COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA



- Public hospitals in Anzoátegui spend months without provision of drugs and elective surgical procedures have been suspended for a year by shortfalls in supplies.** Anzoátegui public hospitals do not have to ensure proper medical care. In these hospitals are permanent shortages of medicines, through to 4 months with no endowment, which covers medicines for Malaria treatments, heart disease, antidepressants, anticonvulsants, and Oncology, among others. Elective surgical interventions are suspended for more than one year in all public health care centers and many private due to the shortage of materials and medical supplies. Lists of surgical shifts, to be served the people should be given drugs and all the material and supplies, if they get them, including gloves, products for disinfection of operating room, anesthetic, sutures, antibiotics, blood and adhesives, cotton, gauze and syringes as well as special devices in case of need. A large number of people wait their turn for surgery and joint replacements in Traumatology Services, have not been able to execute as operating rooms, supplies and prostheses are not available. Nor is there sufficient provision of reagents for laboratory studies, which makes it impossible to execute the analysis of blood for transfusions and any other type of study other than urine tests. To this is added, in 2018, the lack of paper forms officials to supply records of birth and death certificates to families.
- The maternal and infant deaths in Anzoátegui continue rising by shortage of drugs and the impossibility of a safe and adequate care in the main public hospitals in the State.** Until September 2018 had reported 48 maternal deaths in Anzoátegui. In 2017, there were 53 and 44 took place in 2016. Most of these deaths occurred, firstly, by hypertensive disorders of pregnancy which is related to the fact that until August 2018 remained a shortage of 79.9% in treatments to control hypertension; Secondly, due to sepsis. 70% of these women were between 20 and 39 years of age, most came from the municipalities Sotillo, Bolívar and Simón Rodríguez; and they were treated in Luis Razetti Hospital and Dr. Felipe Guevara Rojas Hospital of El Tigre. Also, until the middle of the month of April of 2018, in Anzoátegui reported 301 infant deaths (less than 1 year), being one of the determining factors in the precarious conditions of health services. Of these children, 54,51% died within 6 days of born; 43% of mothers was the Simón Bolívar municipality of the State. 71% of child deaths occurred in Luis Razetti Hospital and the first causes of mortality were asphyxia, hypoxia and other conditions of the newly born and complications of pregnancy and childbirth.
- In Anzoátegui, the shortage of medicines exceeds 90% in accordance with the network of Pharmacy and State health professionals; people with high blood pressure and diabetes can't get their treatments.** At least 4,810 people with hypertension, most of which have more than 45 years ages, face serious difficulties for their treatments. Until August 2018 remained a 79.9% shortage in medicines to control this condition. Currently, 1,058 people with type II diabetes mellitus, 51% has less than 25 years of age, nor are drugs for their treatment regularly. In addition, the fact that almost all laboratories in public health centers are paralyzed prevents these people take tests to monitor their conditions.
- Deprivation of treatments to people with serious chronic conditions in Anzoátegui, without any other alternative, has left exposed to the risk of serious injury to their health or life.** 224 people with hemophilia do not regularly have their treatment. Following cuts in imports at the national level, in 2016 were suspended purchases of high-cost drugs leaving without treatment options to people with serious chronic conditions such as hemophilia. In Anzoátegui, 224 people with this condition (43 children and adolescents) and 5,000 nationwide were deprived of clotting factors to prevent bleeding and hemophilic arthropathy. This situation places these people in danger of suffering irreparable physical harm or death. Also, at least 56 people transplanted from Anzoátegui State are at risk of losing their bodies and die for this cause, since suspended drugs are immunosuppressants. On the other hand, more than 100 people are waiting to execute Cancer Screening and diagnosed 52 to start radiotherapy treatment. In Luis Razetti Hospital radiotherapy shifts have been reduced dramatically since there are no sufficient technical or medical personnel. Currently only receive chemotherapy women with cervical cancer. Until June 2018, had reported 21 new diagnoses of HIV, with an elevated registration because there is no regional laboratory of Virology. About 70 people have been reported in stage AIDS mainly by the lack of anti-retroviral treatments and abandonment of them.

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- In Anzoátegui, the epidemic of Malaria increased 81% between 2016 and 2017 and 41% between 2017 and October 2018. It keeps the epidemic of diphtheria by low coverage of vaccination, with 25% of deaths. In Anzoátegui have reappeared and spread epidemics eradicated decades ago with a number of mortalities emerging, as a result of the dismantling of epidemiological and environmental surveillance programs, coupled with the scarcity of treatments timely. Until the first week of October 2018 in Anzoátegui, 8.350 cases of Malaria, with 45 deaths were reported. 5.925 cases have been reported in 2017 and in 2016 3,266 cases. The increase of Malaria in the State started the mining population displacement, but currently the majority of the cases are indigenous. Cases of Malaria are concentrated in the Bolivar municipality, in which much of the population living in urban areas. In Anzoátegui vector control programs are very weak, preventive and continuous campaigns are virtually non-existent a severe shortage of anti-malarial drugs. Epidemiological and environmental surveillance system has been reduced severely. There is a deficit of 87% of public health inspectors; only it has the required 173 22. In addition, has been lost ability to control, research and monitoring of cases by the absence of road transport since there are single-vehicle available for the entire State and there is no budget for logistical expenses. Also, because the low coverage of vaccination, until June 2018 was recorded a total of 20 cases of diphtheria with 5 deaths and in 2017 were reported 24 cases of which also 5 people were dead.
- Staff trained in public health centers is working in conditions extremely precarious and unsafe; It is object of retaliation for protesting and largely has resigned and migrated abroad. In 2018, 446 doctors working in public hospitals in Anzoátegui gave up their jobs and migrated from the country. Public dental services have also been affected by the lack of staff; around 15% he resigned from their posts. The working conditions of professionals and health workers are extremely precarious and unsafe for their own lives. Revenues received are the lowest on the continent and provide no worthy subsistence levels. Nor have means of transportation to go to work, due to the suspension of almost all public transport. At least 12 members of the Barcelona Luis Razetti Hospital health personnel were physically assaulted during the 2018 by relatives of people that could not be met and criminal groups that frequently come to the health center to commit robberies. This year, doctors and the nurses of health centers, have been subjected to practices of intimidation and retaliation for exercising their right to peaceful protest against the settlements or in concentrations of street. In 2018, three 3 nurses in the State were arbitrarily arrested by the Government of the State security bodies, since they had participated in peaceful protests over the lack of medical supplies.

## Data Sheet

The present report on the complex humanitarian emergency in the right to health, responds to an interdisciplinary methodology which brought together multiple informed stakeholders to share, compare, and base data on the situation of the right to health in Anzoátegui State, emphasizing the scale, intensity and severity of the damage to the health and life of the population and its relationship to the impact of the situation on the country's medical capabilities.

Among the actor's people affected, professional organizations took part on land, researchers and academics, as well as organizations dedicated to the defense of the right to health, who conducted several working sessions in order to document the problems and relevant events during the last few years. In these sessions was collected abundant information which comprised empirical data, scientific research, official statistics and press reports available.

The organizations that participated in this report were the following: Venezuelan Association for hemophilia – Anzoátegui Chapter, Convite A.C. People and City, Vidas Association, Venezuelan Society of Puericulture and Pediatrics –Anzoátegui Filial, Fundamigos H.L.P, College doctor of Anzoátegui State, Venezuela, College of Bioanalysts of Anzoátegui State, Venezuela, College of Dentists in the State of Anzoátegui, Association of professionals of nursing of Anzoátegui State, Venezuela, the single National Union of health sector's public employees of Anzoátegui (SunepSas, in Spanish) and Transparency Venezuela-Anzoátegui Chapter. Codevida - Coalition of organizations for the rights to health and life and Civilis Human Rights provided support in the construction and development of the methodology of the working groups.