

VENEZUELA

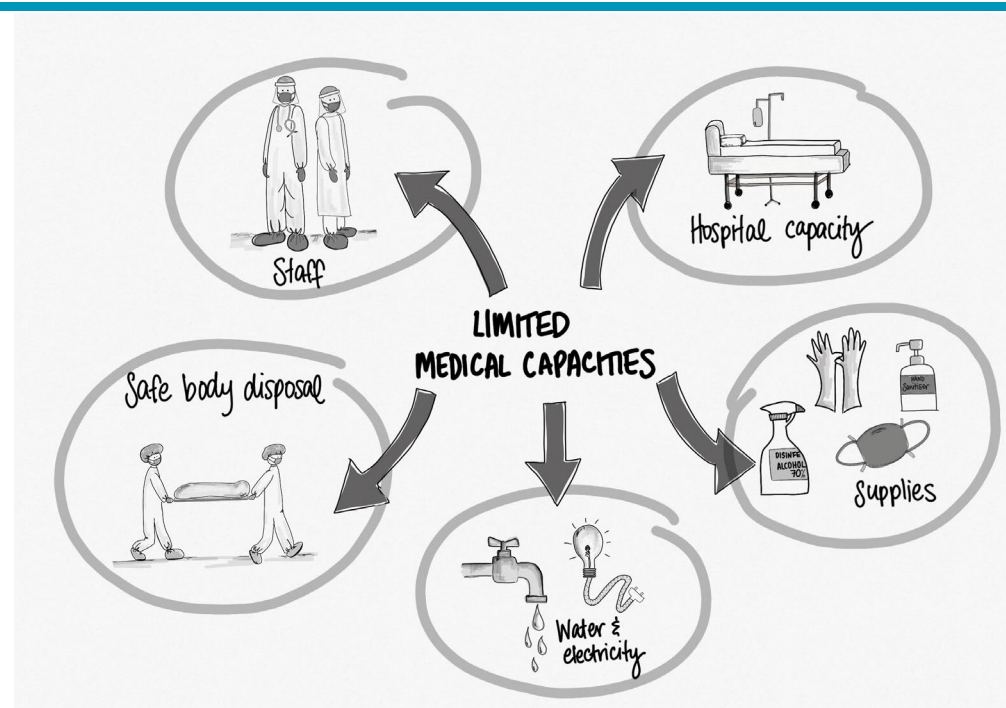
COVID-19 outbreak overwhelms health system

On 11 March 2020, WHO declared the COVID-19 outbreak a global pandemic. All but a few countries have recorded cases of COVID-19. Containment measures to control the spread of the Coronavirus have had a deep impact on the global economy and brought global travel to a virtual standstill. To date, the country with the highest number of recorded cases is the US with over 1.6 million cases, followed by Brazil with over 374,000 cases and Russia with over 362,000 cases. Worldwide, more than 348,000 people have died due to COVID-19, 98,000 of them in the US (Johns Hopkins University 26/05/2020). According to WHO, the Americas are currently at the centre of the outbreak (Reuters 26/05/2020).

In Venezuela, the first cases of COVID-19 were confirmed on 13 March 2020 and containment measures were introduced over the following weeks. An increase in cases is likely, due to an inconsistent adherence to the lockdown, limited PCR testing, and limitations on regular access to hygiene related to water shortages. There are further concerns related to the return of Venezuelan migrants and refugees to Venezuela.

There is a **high risk that the country's health system will be overwhelmed** by even a moderate increase in COVID-19 patients requiring specialist medical services:

- **The health system has severely limited capacity.** Medical facilities are debilitated by shortages of medical supplies, water, and electricity, and thousands of health professionals have left the country.
- **Epidemiological monitoring of COVID-19 is largely dependent on rapid tests** with low sensitivity. There are only two authorized laboratories that use the WHO-recommended PCR tests.
- **Food insecurity and insufficient access to clean water** inhibit the population's capacity to cope with an outbreak of COVID-19 and extended containment measures.
- Humanitarian response capacities are further impacted by **access restrictions**.



About this report

Risk analysis is the process of identifying and unpacking potential future events that may negatively impact individuals, assets, and/or the environment. Risk analysis is not a forecast and does not aim to predict the immediate future, but rather aims at identifying possible futures with significant negative humanitarian consequences.

Limitations

This analysis is largely based on a review of publicly available information. There are significant information gaps regarding the humanitarian situation in Venezuela. The Venezuelan Ministry of Health has not published epidemiological bulletins since 2016. Publicly available data collected by non-governmental actors is limited, and often not representative. Published reports often cannot be verified as raw data is not publicly available.

PROBABILITY



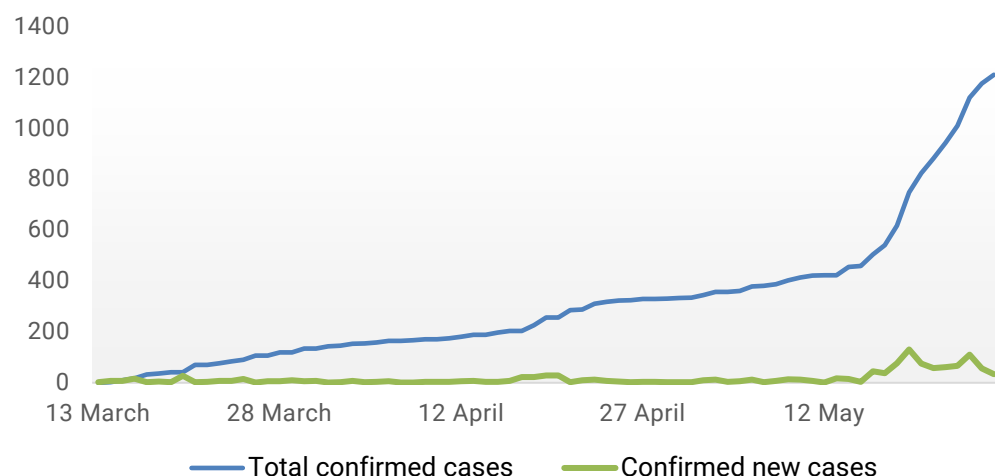
IMPACT



Situation Overview

The first cases of COVID-19 were confirmed in Venezuela on 13 March 2020. Over the following weeks, the number of confirmed cases increased slowly by single-digit or lower double-digit figures per day, unlike many countries that recorded an exponential rise in case figures early in their outbreaks. Since 16 May 2020, the daily rate of new cases has significantly increased, with 131 new cases recorded on 19 May (OCHA 26/05/2020). As of 26 May 2020, 1211 cases of COVID-19 have been confirmed in Venezuela, of which 302 have recovered. 11 deaths have been registered (OCHA 26/05/2020). Neighbouring countries are experiencing outbreaks of COVID-19, including Brazil with over 374,000 confirmed cases to date and Colombia with over 23,000 cases (Johns Hopkins 26/05/2020).

Venezuela: total confirmed cases of COVID-19



Confirmed cases of COVID-19 in Venezuela. Sources: Johns Hopkins 26/05/2020; OCHA 26/05/2020.

Containment measures

The national government under President Nicolás Maduro has implemented several containment measures to reduce the spread of COVID-19. A state of emergency was declared on 12 March 2020. A 'social quarantine' was declared on 16 March 2020, stipulating strict movement restrictions, temporary closure of non-essential businesses, as well as suspension of most work activities and all classes nationwide (Gaceta Oficial N°6.519; Efecto Cocuyo 07/04/2020). Some 7.9 million learners in schools and universities are impacted by the suspension of classes (Education Cluster 24/04/2020). Most international

flights were suspended on 18 March 2020 (ACAPS Database). The population in many poor communities is not adhering to lockdown rules out of economic necessity (El Nacional 17/05/2020; Efecto Cocuyo 14/04/2020; LaFM 13/04/2020). Borders with Colombia and Brazil are closed; however, corridors are opened for returning Venezuelans and medical emergencies (La Opinión 07/05/2020). Evidence indicates that people continue to use irregular border crossing points at the border with Colombia (Crónica Uno 08/05/2020). Curfews have been instated in some municipalities and states bordering Colombia and Brazil (Proyecto Migración Venezuela 19/05/2020; Infobae 19/05/2020).

National and international response

The government assigned 46 hospitals and sentinel health centres to receive cases of COVID-19, stating that 23,700 beds in hospitals and hotels, including 1,200 intensive-care-unit (ICU) beds, would be prepared to receive cases (OCHA 10/04/2020; CNN 23/03/2020). In addition, the Barrio Adentro system has been assigned to identify cases and report on surveys (Efecto Cocuyo 25/04/2020). To mitigate the impact of the containment measures on economically vulnerable households, the government has set out guidelines, such as suspension of evictions, and rolled out some limited social assistance, including a voucher programme (OCHA 23/04/2020; Government of Venezuela 23/03/2020).

The government has reportedly received some medical support from allies such as China and Russia (Government of Venezuela 12/04/2020; OCHA 23/04/2020). UN agencies such as WHO/PAHO and UNICEF have delivered medical supplies, including personal protection equipment (PPE) for medical workers, oxygen concentrators, and hygiene kits (OCHA 23/04/2020). Civil society organisations are supporting the response (OCHA 04/05/2020). UNHCR delivered non-food items (NFIs), including hygiene items to Táchira and Zulia states (OCHA 23/04/2020; OCHA 22/05/2020). A COVID-19 response plan for Venezuela was launched by the UN on 10 April 2020.

Information gaps

The true extent of the current outbreak is likely unknown. The government releases officially confirmed case figures, and independent release or examination of case numbers is oppressed. Reportedly, some doctors, academics, and journalists speaking out about hospital conditions or possible additional cases have been threatened and detained (BBC 28/04/2020; CNN 14/05/2020).

Reliance on rapid tests, with limited capacity to conduct PCR tests, likely further distorts the overview of the total number of cases. Additionally, President Maduro called for the hospitalisation of all confirmed cases of COVID-19, which may act as a deterrent for people to approach health services, and thus lead to cases not being registered (El País 24/04/2020; Infobae 08/04/2020). According to the government, until 21 May 2020, over

697,000 tests have been processed, which include an estimated 16,000 PCR tests (OCHA 22/05/2020). Rapid tests are less reliable than PCR tests. Initially, only one laboratory was processing PCR tests, currently about 600 per day (OCHA 22/05/2020; Reuters 17/04/2020). Reportedly, a second laboratory, in Táchira state, was designated to process PCR tests (La Prensa 12/04/2020). It is therefore likely that many cases are not being detected.

Return movements and migration

Since Latin American governments put in place lockdowns and other containment measures in mid-March, severely curtailing livelihood opportunities for people working in the informal sector, thousands of Venezuelan refugees and migrants have returned to their country. Estimates of the number of returnees vary, and there is no confirmed figure of Venezuelans currently on the move across the region with the intention to return to Venezuela. Returns from other countries of the region, especially Colombia and Ecuador, are straining reception capacities in border states. Local and national authorities are unable to provide adequate conditions to support returnees during the obligatory quarantine upon arrival (OCHA 10/04/2020). This leads to humanitarian needs of returnees and an increased risk of transmission. Since 20 May 2020, returnees have to comply with a two-week quarantine in the border states (Europa Press 20/05/2020). Previously, in Táchira, returnees who tested negative twice with a rapid test could leave the quarantine after only five days (La Opinión 19/04/2020).

Fluidity of borders and lack of government control over irregular border crossing points pose a challenge to epidemiological control to migration from and to Venezuela. Brazil is currently the South American country with the highest number of confirmed cases of COVID-19. To date, Amazonas state, which borders Venezuela, is among the most affected states, with over 30,000 cases – amounting to 748 cases per 100,000 people, the second-highest rate per 100,000 in the country. Roraima state, where one of the main border crossings between Venezuela and Brazil is located, recorded over 2,500 cases so far, with the fourth-highest rate per 100,000 people (New York Times 26/05/2020). In Colombia, over 23,000 cases have been registered to date, with the outbreak centering on Bogotá (El Tiempo 26/05/2020).

Risk: Overwhelmed health system due to COVID-19 outbreak in Venezuela

Rationale

Current government measures are unlikely to fully contain the spread of COVID-19. The population in many poor communities does not adhere to lockdown rules out of economic necessity (Efecto Cocuyo 14/04/2020; LaFM 13/04/2020; TalCual 14/04/2020). Furthermore, media reports indicate that since until recently, the national government reported low case figures and was giving off the impression that the crisis is under control, people feel that the quarantine is overly strict (France24 20/04/2020). While the government reaffirmed its commitment to maintaining lockdown measures, it also announced a slight relaxation of movement restrictions (VoA 30/04/2020). As highlighted by the WHO, if containment measures are lifted too early, the risk of a second wave of COVID-19 infections increases (BBC 10/04/2020).

Returns are likely to increase since lockdown measures have been extended in countries such as Colombia and Ecuador, putting pressure on Venezuelan households with high economic vulnerability. This will likely stretch reception capacities in border states.

High levels of food insecurity, existing malnutrition, as well as prevalent diseases, increase the population's vulnerability to COVID-19 and the containment measures. Water shortages in many areas are an obstacle to adequate hygiene practices.

Thus there exists a high risk that the number of cases of COVID-19, both detected and undetected, will increase significantly over the coming months, resulting in a sharp rise in morbidity and mortality. Due to the weak health system, an increase in cases of COVID-19 is likely to quickly exceed the system's ability to cope.

Possible indicators

Due to a low rate of testing with PCR tests and government control over the release of case figures, a major outbreak of COVID-19 would likely not be reflected in official information. There are some possible indicators to be monitored to evaluate whether the risk is materialising and a major outbreak is occurring. They include:

- Spikes in case figures reported by the government, even if absolute numbers remain low due to limited PCR testing;
- Increased reports by journalists and doctors about rising caseload;
- Reported increased demand for NGO funding and services related to health;
- Increased reports of deaths of medical staff;

- Increased censorship of independent media or social media (e.g. websites offline);
- Increase in excess mortality reported by hospitals and morgues;
- High percentage of conducted tests yield positive results, if reported by the government;
- Government requests additional support from UN or its allies (China, Russia, Cuba).

Impact

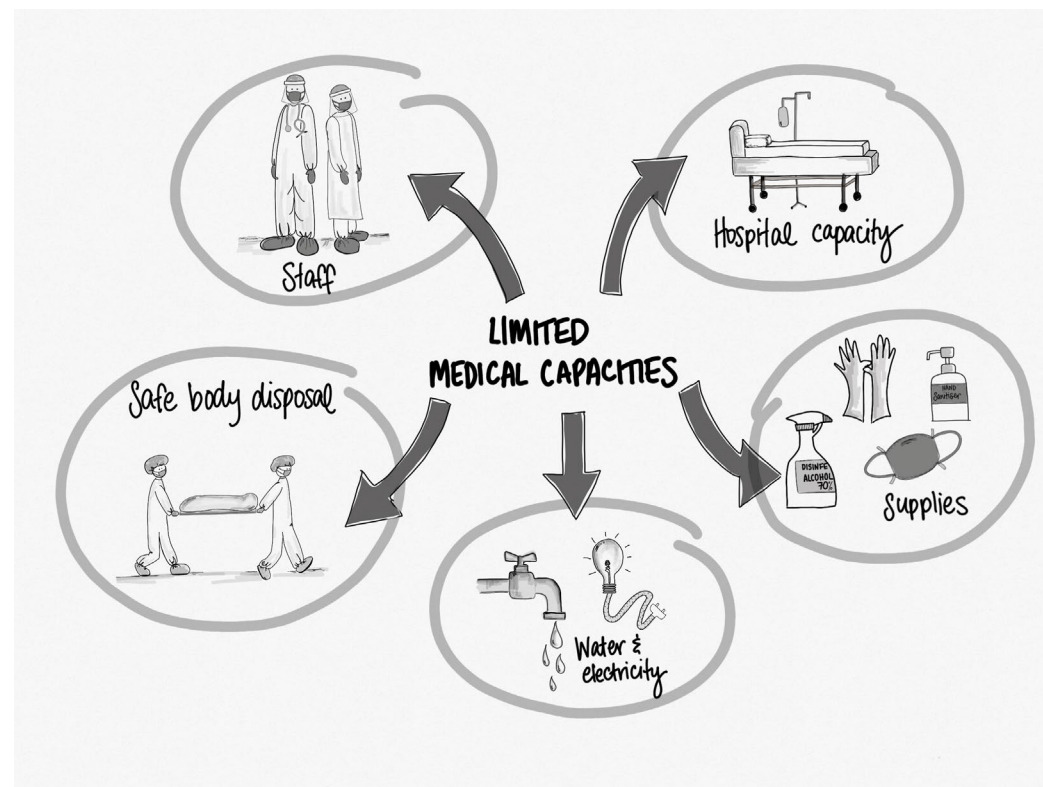
By the time it becomes apparent that COVID-19 cases have increased significantly the disease will already have spread widely and the following can be expected:

- A high number of infections among medical workers and consequent decrease in the health system's capacity due to shortages of protective equipment.
- Significantly above-average mortality and morbidity rates, from both COVID-19 and other causes due to insufficient treatment and medical equipment available in hospitals. Many deaths will likely not be registered as COVID-19-related due to lack of testing, leading to inaccurate mortality rates.
- Access to other health services, such as reproductive and sexual health services, is likely to be severely limited due to the health system's focus on responding to the COVID-19 outbreak (OCHA 10/04/2020).
- An extension and tightening of containment measures such as the national lockdown. An extended national lockdown and movement restrictions, coupled with the nationwide fuel shortage, is likely to lead to further shortages of food and essential goods as production and supply chains are disrupted (OCHA 10/04/2020). Lootings and violent protests are likely to increase due to increasing food insecurity and sustained disruption of livelihood opportunities. Schools and universities likely remain closed for an extended period of time, reducing learners' access to education.
- Women are likely to be particularly exposed to COVID-19 in the case of an outbreak due to being overrepresented among healthcare staff and their traditional role as primary caregiver in their household (OCHA 10/04/2020).
- Despite borders being formally closed, it is likely that a deterioration of the situation in Venezuela would lead to some spill-over into Colombia, Brazil, and possibly Guyana, as people try to access healthcare in those countries. The fluidity of land and river borders prevents complete control over entries. Many people would likely use irregular border crossings, which are controlled by armed groups, implying protection risks.

Risk factors

Limited medical capacities

Venezuelan hospitals are not equipped to deal with a large-scale outbreak. The Venezuelan health system has been crippled for years by an exodus of medical personnel, lack of medical supplies including pharmaceuticals and basic supplies such as face masks and disinfectants, and the weak state of the water and electricity infrastructure.



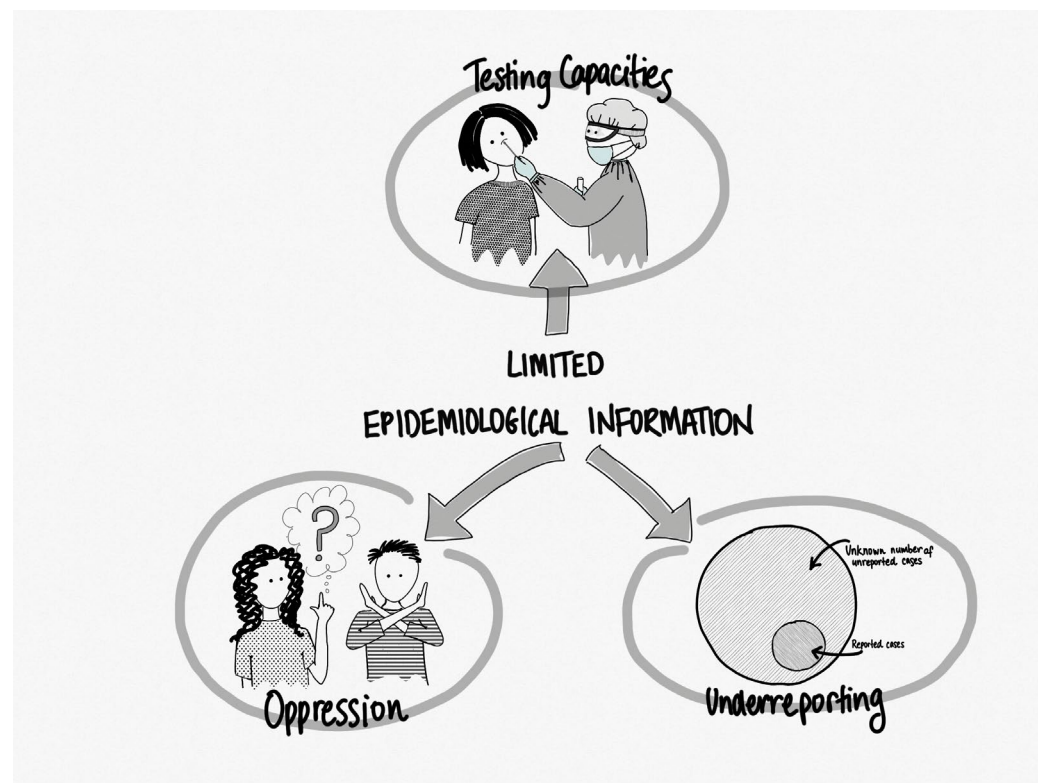
- **Shortages of medical staff:** The political and socioeconomic crisis in Venezuela has led to the emigration of thousands of Venezuelan doctors. In 2018, the Venezuelan Medical Federation estimated that some 26,000 medical professionals had left the country in the previous years (ABC 30/10/2018).
- **Hospital capacities:** The government stated in March 2020 that Venezuela had 23,700 hospital beds, including 1,200 ICU beds, available, though this includes beds in hotels for cases with mild symptoms (CNN 23/03/2020). However, non-

governmental figures indicate much lower hospital capacities, with only 84 ICU beds with ventilators available in public hospitals in March (El Nacional 15/03/2020). The government called for all positive cases to be hospitalised, including those with mild or no symptoms, which would create additional pressure on hospitals if case figures increase (El País 24/04/2020). There is no information available on how many hospital beds are currently occupied.

- **Medical supplies:** Venezuela's hospitals experience a chronic shortage of medical supplies, including protective gear and pharmaceuticals. Anecdotal reports indicate shortages of supplies crucial for medical care of COVID-19 patients, such as face masks, gloves, and disinfectant (El País 22/03/2020). Reportedly, patients often have to buy and bring in their own supplies in order to get treatment, which are often purchased on the black market at inflated prices (HRW 24/10/2016; Guardian 05/04/2018). In December 2019, the shortage of medical supplies and medication in emergency services stood at 43% in hospitals assessed by the National Hospital Survey (ENH 2020). While the survey is not representative, it provides an indication of the shortages in the hospital system.
- **Water and electricity shortages:** Hospitals have been impacted for years by shortages in basic services. In 2019, 78% of hospitals assessed in the National Hospital Survey reported water shortages, while 63% reported electricity cuts (ENH 2020). These shortages significantly impact hospitals' ability to provide medical services, including for cases of COVID-19.
- **Safe body disposal:** Morgue services in hospitals are limited and could be overwhelmed by an increase in COVID-19-related deaths, creating challenges for safe burials (OCHA 10/04/2020).

Limited epidemiological information

The government, responsible for updating on case figures under International Health Regulation norms, is controlling the release of epidemiological information. Independent releases of estimates of case figures and reporting on conditions in the health system are suppressed. In addition to a low PCR testing rate, this likely leads to underreporting of cases. Consequently, the detection of a major outbreak of COVID-19 would likely be delayed, with reported cases not reflecting the actual situation.



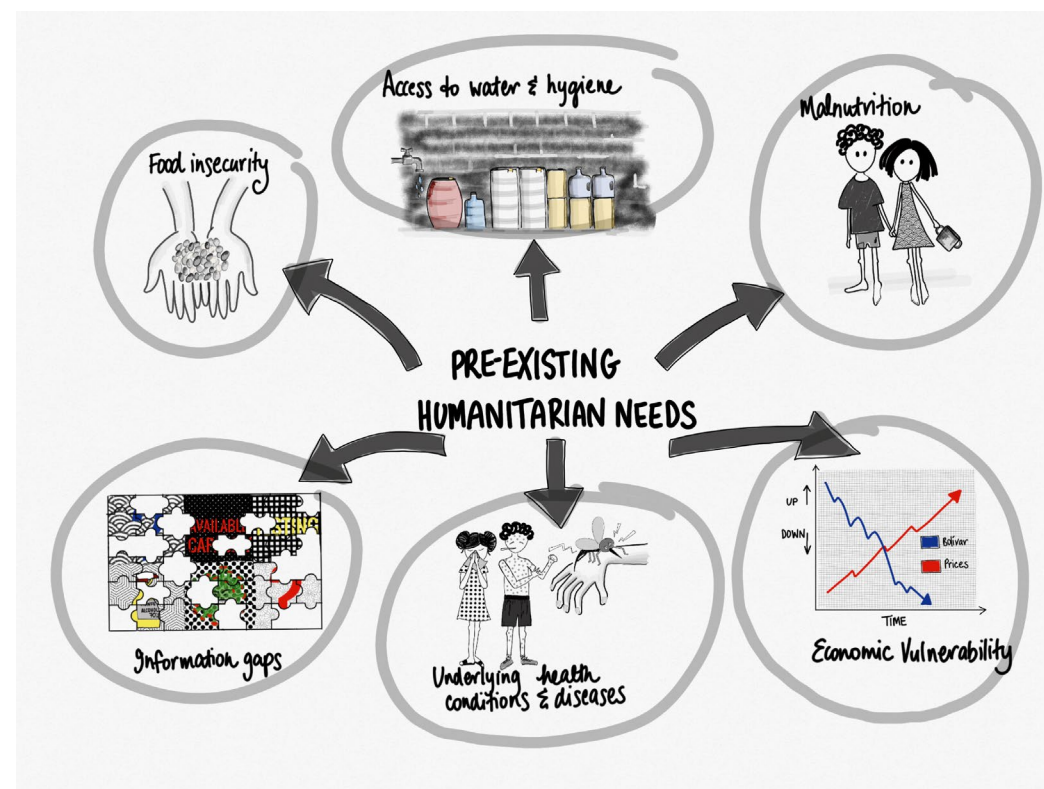
- **Testing capacities:** To identify cases of COVID-19, the government is largely relying on rapid tests, which do not produce reliable results (OCHA 23/04/2020). The National Institute of Hygiene is processing the more reliable PCR tests, with a capacity to test only 600 samples per day (OCHA 22/05/2020; Reuters 17/04/2020). A second laboratory, in Táchira state, was designated to process PCR tests, though there is no information available on its testing capacity (La Prensa 12/04/2020). This indicates that the true figure of COVID-19 cases is likely higher than the official case number.

Furthermore, detection of a significant increase in cases would likely be delayed, leaving less time to react to prevent a major outbreak.

- **Oppression:** Media reported that some medical staff, journalists, and academics questioning government figures of the COVID-19 caseload and criticising lack of preparedness and medical capacities have been threatened and detained (Semana 07/05/2020; BBC 28/04/2020; CNN 14/05/2020). This is likely to discourage independent reporting of cases.
- **Underreporting:** The limitations on mobility due to the fuel shortages are impacting people's access to healthcare (OCHA 23/04/2020). This likely leads to under-reporting of cases, as people are unable to approach health facilities. The government introduced an online screening survey to facilitate tracking of the evolution of the outbreak (OCHA 10/04/2020). The usage of this tool depends on access to internet and technical devices, likely leading to further underreporting as people may not be able or willing to use it to report. Furthermore, the obligatory hospitalisation of all COVID-19 cases, including those with mild symptoms, is likely to act as a disincentive for people to report symptoms (El País 24/04/2020).

High vulnerability due to pre-existing humanitarian needs

The humanitarian crisis in Venezuela precedes the onset of the COVID-19 crisis. Although representative data on humanitarian needs in Venezuela is scarce, available information indicates that large parts of the population are highly vulnerable to primary and secondary impacts of a COVID-19 outbreak, due to factors such as pre-existing food insecurity, economic vulnerability, and precarious living conditions. In terms of vulnerability to COVID-19, it is not yet entirely clear how the virus interacts with malnutrition and diseases such as malaria (ACAPS 18/05/2020).



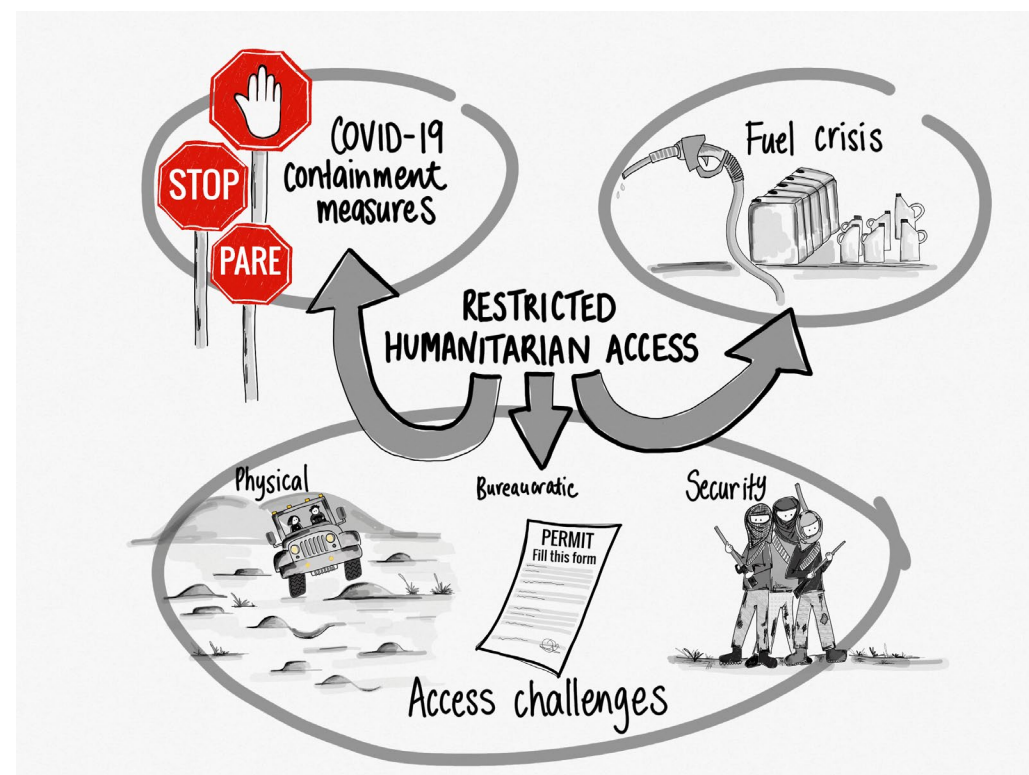
- **Food insecurity:** According to WFP, 2.3 million people in Venezuela (7.9% of the population) are severely food insecure, with an additional 7 million (24.4% of the population) moderately food insecure and 17 million marginally food insecure. The states with the highest prevalence of severe food insecurity are Delta Amacuro, Amazonas, Zulia, and Falcón (WFP 23/02/2020). In the context of COVID-19, the vulnerability of food insecure households is heightened. The national lockdown

significantly reduces livelihood opportunities and therefore leads to a further reduction in access to income and food.

- **Access to water and hygiene:** Water shortages are interrupting people's access to water. According to the WFP assessment, 40% of surveyed households reported experiencing daily interruptions in water supply (WFP 23/02/2020). This affects access to potable water for consumption as well as for hygiene and cleaning purposes. People with limited access to water are likely unable to follow hygiene recommendations to reduce transmission of the Coronavirus.
- **Malnutrition:** According to the latest Caritas survey of poor communities in eight states of Venezuela, in December 2019, 12.1% of children under 5 in the assessed communities presented moderate or severe acute malnutrition, up from 8.7% in January 2019 (Caritas Venezuela 12/2019). It is important to note that this data is not representative for the assessed states or for the population in general, but rather provides an indication of malnutrition levels among poor households. In the context of COVID-19, children with acute malnutrition are particularly at risk as it can debilitate the immune system (Devex 06/04/2020).
- **Economic vulnerability:** Poor parts of the population whose daily subsistence is dependent on daily labour find themselves unable to comply with the national lockdown as they need to generate an income (OCHA 10/04/2020). This increases the risk of transmission of the Coronavirus. In the latest ENCOVI study from 2017, which was conducted by several universities, over 80% of the population was classified as "poor" or "extremely poor" (ENCOVI 2017). There is no up-to-date, representative and reliable data on poverty levels available.
- **Underlying health conditions and diseases:** Recent years have seen a resurgence in communicable diseases which had previously been decline or not recorded for years. High incidence of malaria and dengue, especially in the "Arco Minero" mining states, increase the vulnerability of the population. Bolívar and Amazonas states are of particular concern (OCHA 10/04/2020). Over 300,000 cases of malaria were recorded in Venezuela in 2019, with Amazonas, Bolívar, and Sucre states most affected (PAHO 18/11/2019). Furthermore, in 2019, over 500 cases of measles were registered (PAHO 28/02/2020). Since July 2016, a diphtheria outbreak has been ongoing, with over 1,700 confirmed cases (PAHO 03/03/2020).
- **Information gaps:** Significant information gaps on humanitarian needs, vulnerable population groups, and geographical areas with high needs are reducing the ability of humanitarian organisations to plan an adequate response. Reliable, representative data on humanitarian needs is not widely available.

Restricted humanitarian access

Access issues have been posing operational challenges for humanitarian actors, even before the COVID-19 crisis. They are compounded by the national lockdown. This is likely to impact response actors' access to affected populations and ability to support the health system during a major COVID-19 outbreak. Information gaps create challenges for response planning.



- **COVID-19:** Humanitarian operations have been impacted by the governmental containment measures. Some activities have been suspended to reduce movement and exposure of both staff and recipients of assistance (OCHA 10/04/2020). Although the government has issued laissez-passer passes ("salvoconductos") to humanitarian organisations which continue operations, some have been impacted by increased number of checkpoints (OCHA 10/04/2020). Points of entry are operating at reduced capacity, which could lead to delays in processing shipments of critical medical supplies (OCHA 10/04/2020).

- **Access challenges:** Physical constraints related to difficult terrain and lack of infrastructure is the most commonly reported access constraint. Furthermore, humanitarian organisations face bureaucratic impediments, such as constraints to humanitarian staff entering the country and delays in bureaucratic procedures. Insecurity, related to the presence of armed groups in some areas, further compounds access challenges. (OCHA 06/02/2020).
- **Fuel crisis:** Venezuela has been affected by a fuel crisis that precedes the COVID-19 outbreak. In-country refineries have been debilitated and US sanctions are inhibiting the import of refined fuel (Reuters 07/04/2020). National shortages of fuel have been impacting the mobility of humanitarian staff and the transport of goods (OCHA 07/05/2020). The “salvoconductos” do not guarantee access to fuel. The fuel shortages are also impacting people’s mobility and access to healthcare (OCHA 23/04/2020). It is likely that some people will not be able to reach medical facilities to receive treatment for COVID-19. Medical staff who rely on fuel to reach their places of work are impacted as well, with some reporting being unable to obtain fuel despite the government’s announcement that medical staff would have preferential access at stations (Reuters 07/04/2020; Al Jazeera 08/04/2020).
- These restrictions to humanitarian access also impact organisations providing health assistance, further reducing the ability of the health sector to respond to a major outbreak.

Underlying and compounding factors

Political conflict

Venezuela is dominated by a highly polarized political environment. The political conflict over national power between the government of Nicolás Maduro and the opposition, led by the administration of Juan Guaidó, president of the National Assembly, poses an obstacle to concerted, joint action by political actors during the epidemic. Any information about the evolution of the crisis is likely to be used for political purposes.

The international dimension of the conflict, with actors such as the US using hard-line rhetoric, is likely to exacerbate politicization and pose an obstacle to humanitarian action. Official communication between Venezuela and Colombia has been highly limited, which hinders collaboration on issues such as the returns of Venezuelans. Maduro’s government has frequently claimed that actors such as the US and Colombia are planning a coup against him. Such claims have recently been fuelled by a failed attempt of US citizens to enter Venezuela, allegedly with the intent to topple Maduro

(The Guardian 06/05/2020). Such events are likely to divert the Venezuelan government’s attention and resources away from the health response and into security agencies. Furthermore, in such a highly political context, humanitarian operations are likely to be affected, with any perceived opposition to the government’s crisis response likely to result in additional restrictions to operations.

Socioeconomic crisis

Venezuela is mired in a deep socioeconomic crisis and has been in recession for years. The country’s economy is largely dependent on revenues from oil exports and thus global oil prices (Al Jazeera 01/02/2021). The Venezuelan oil sector has been eroded for years by mismanagement, falling production, and US sanctions, with oil production falling (BBC 13/01/2020). Reduced global demand for oil amid the COVID-19 crisis is leading to further reductions in oil production. In March 2020, Venezuela produced 670,000 barrels of oil per day, down from over 2 million in 2015, and down from 920,000 in November 2019, when oil production had slightly increased during the last quarter of 2019 (Reuters 30/03/2020, 02/07/2016; BBC 17/12/2019).

Rampant hyperinflation is driving prices of essential goods. In April 2020, prices increased by 80% and the year-on-year inflation stood at over 4000% (Reuters 11/05/2020). The government recently returned to price controls, which had been previously been relaxed, in order to curb inflation (Reuters 30/04/2020). Despite incremental increases in the minimum wage, its purchasing power is highly limited. In March 2020, the minimum wage could buy just 1.3% of the basic food basket (CENDA 03/2020).

Insecurity and violence

Effective government control is limited in some regions and neighbourhoods of Venezuela, which see a strong presence of non-state armed groups. For example, the Colombian left-wing militant group National Liberation Army (ELN) is present in states along the border with Colombia (VoA 08/11/2019). Some neighbourhoods, such as Petare in Caracas, are controlled and disputed by criminal gangs (Caracas Chronicles 11/05/2020). Armed groups have been enforcing lockdowns in areas under their control (El Pitazo 23/03/2020).

Fuel shortages and price increases have driven social protests in Venezuela in recent weeks (El País 26/04/2020). In April, the Venezuelan Observatory for Social Conflict registered 464 protests related to shortages of basic services like water and electricity, while 146 protests were related to lack of food (OVCS 06/05/2020),

Violence and the presence of armed groups affect humanitarian access. If cases of COVID-19 increase, armed groups are likely to increasingly impose their own curfews and punishment for violating local quarantine rules, with implications for protection and

human rights. This is a dynamic currently observed in Colombia, where armed groups have been enforcing lockdowns and targeting those who violate them (El Tiempo 13/05/2020).

Remittances

As the crisis is impacting the livelihoods of many Venezuelan migrants and refugees in other Latin American and Caribbean countries, remittances to their families in Venezuela are likely reduced in the medium term. This likely impacts households' ability to buy basic goods and supplies, including medicine (Infobae 10/05/2020). Venezuelan economic analysis firm Ecoanalítica estimates that remittances to Venezuela will fall by 42% during 2020 (Banca y Negocios 14/05/2020). According to estimates by the World Bank and CEPAL, remittances to Latin America and the Caribbean in 2020 will likely be reduced between 10% and 19% (CEPAL 21/04/2020; World Bank 22/04/2020).

Funding shortages

The 2019 UN-coordinated Humanitarian Response Plan for Venezuela is only 34% funded (OCHA FTS). As traditional donor countries are themselves impacted by the COVID-19 crisis, funding levels for humanitarian crises will possibly decrease worldwide, which is likely to impact humanitarian funding for Venezuela.

Access to information

Limited freedom of press is likely to reduce people's access to independent information about the Coronavirus, COVID-19, and the development of the crisis. Venezuela ranks 147 out of 180 countries in Reporters Without Borders' Press Freedom Index (RSF 2020). Access to information is further reduced, especially for poor parts of the population, by lack of access to internet. In a 2019 survey in seven major Venezuelan cities, 53% of households did not have internet access, and 35% did not have a smartphone (OVSP 06/2019).

Profile of the Venezuelan population

No up-to-date census data is available. However, due to the emigration of 4 to 5 million Venezuelans, many of whom are people of working age, those remaining behind are likely to be disproportionately young or old. NGOs estimate that some 900,000 children were left behind in Venezuela while one or more of their primary caregivers left the country (RFI 02/12/2019). Many seniors left behind have no remaining younger family members (RFI 02/12/2019). This increases their socio-economic vulnerability and creates challenges for these people to safely provide for themselves during the lockdown, as well as in the case of a COVID-19 infection. Households remaining in Venezuela are

likely to be disproportionately poor, due to an exodus of people in the upper and middle classes.

Natural disasters

Venezuela is prone to natural disasters. Some regions are exposed to flood risks, while others have been impacted by droughts. Venezuela also experiences occasional earthquakes. The last major earthquake occurred on 21 August 2018 in Sucre state with a magnitude of 7.3. A natural disaster would likely further compromise humanitarian access, and compound health risks related to the spread of COVID-19.

Methodology

ACAPS' risk analysis aims at helping humanitarian decision makers to understand potential future changes in the situation and their humanitarian impact. By exposing probable future developments and understanding their impact, they can be included in response planning and preparedness. This risk analysis is based on ACAPS Risk Methodology Note (read more about ACAPS risk methodology). It is based on a secondary data review (SDR) and supplemented by expert interviews.

Risk analysis is not an exact science. An event identified by one analyst as a hazard might be identified by another as a trigger for a different event which the second analyst considers the hazard. Risk analysis depends on a solid understanding of the context and on investigating the interaction of variables that cause or resist change.

Risk is a function of severity and probability. The risk posed by a potential event increases as either the expected severity of the event increases or the probability that it will occur increases. The probability of a risk does not need to be high for it to be of concern.



This report was produced in collaboration with

Venezuela Analysis Team

