

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



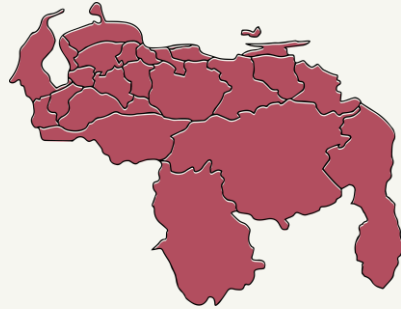
One of the most notorious manifestations of the appearance of a Complex Humanitarian Emergency (CHE) in Venezuela was the collapse of the country's public health system starting in 2016. In 2018, the Report of the Interdisciplinary Group to Address the CHE in the Right to Health¹, warned about the consequences of this collapse, as a product of decades of defunding, destructuring and dismantling of the system, which caused extreme deterioration of infrastructure and inoperability of services, permanent shortage of basic supplies and materials for care, suspension of health programs in critical areas for vulnerable populations, precarious working conditions and massive withdrawal of trained personnel.

The continuous collapse during 2019 and 2021, facing the Covid pandemic with an overload in the few health capacities, which increased the loss of health services, the prevalence of diseases in the population and of people with serious diseases without diagnosis or guaranteed treatments, with avoidable deaths, a rising maternal-infant mortality, in addition to a high number of deaths in health workers, without adequate protection conditions. More information on the situation of the right to health can be found in the data and documentation published on the HumVenezuela.com platform.

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



Years of defunding, destructuring and dismantling led to a general collapse of the public health system, on which the health care of the majority of the population depends

1. By the time the Covid-19 pandemic reached Venezuela, five years had passed since the public health system entered a general collapse. Being the largest in geographical extension and number of facilities, staff and beds, compared to the private sector, the public health system was subjected for decades to a sustained deterioration² that led it to collapse between the years 2015-2016. The system was never restructured in accordance with the provisions of the 1999 constitutional norm that

dictated the creation of a National Public Health System, of a universal, non-fragmented and decentralized management nature, and the public expenditure allocated to health was the lowest among Latin American countries, failing to reach the standard of 2% as a percentage of GDP, even in the years of greatest oil bonanza.

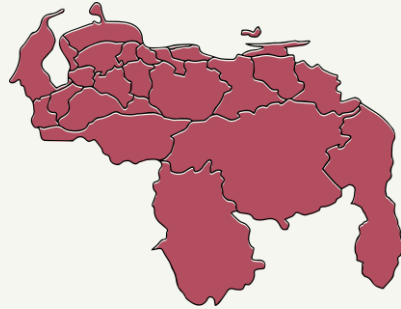
2. State policies placed the public health system under a systematic process of defunding, institutional destructuring and operational dismantling, favoring corruption³ and operational dismantling, favoring corruption and the withdrawal of trained staff. Between 2003-2016, an immense amount of state resources, equivalent to 6 times the annual budget of the Ministry of Health, was allocated to the creation and implementation of a parallel structure to the system with the Barrio Adentro Mission⁴, managed outside institutional norms and controls. By 2008, more than half of the primary care modules of this Mission had closed or were inoperative⁵. By 2019, the Mission's coverage had declined by 80% and, with the pandemic, went to 90%.

3. After years of large budget deficits and an exacerbated dependence on imports to supply the needs for health supplies and equipment by more than 90%, in the face of the reduction of the country's income, between 2012-2014, the public health system was led to a policy of rationing through permanent cuts in the allocation of foreign currency to the national pharmaceutical industry and health centers⁶. In 2014, foreign currency for the purchase of medical supplies, medicines, equipment and spare parts from abroad was reduced by 60%, without sufficient inventories, which left the health services almost without supplies⁷.

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



4. As a result of the collapse of the public health system, more than 50% of the population (14.8 million people) had lost health services, both public and private, reported as closed or inoperative in the centers before the Covid pandemic. At the same time, the severe economic crisis caused the population without financial protection to meet health care expenses to increase to 73%. The pressure brought about by the pandemic on the few capacities available in the public health system increased to 65.5% the population without health services (18.8 million people), while the worsening of economic poverty due to the loss of sources of income left almost 92% without financial protection.

Before the Covid pandemic hit, more than half of the population had lost health care services, public and private, and most had no financial protection for sickness expenses

Disinvestment in health infrastructure, massive withdrawal of trained health personnel, recurrent shortage of supplies and materials, and lack of equipment maintenance are the most visible aspects of the collapse of the public health system

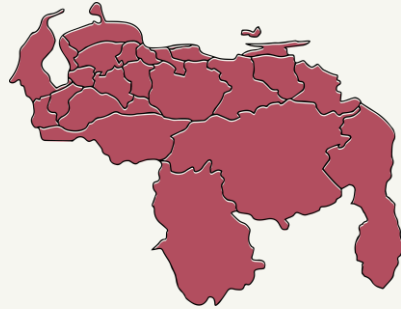
5. Among the direct causes of the collapse of the public health system are the disinvestment in health infrastructure, the withdrawal of trained personnel and the recurrent lack of supplies, materials and replacement of equipment, as well as the lack of maintenance. For 18 years, between 2002 and 2020, the scarce investment efforts were destined to rehabilitation or remodeling works, unfinished or without technical support or supervision, which paralyzed operational areas for years in

the health centers and did not solve the severe structural deficiencies, which were accentuated years later with the collapse of electricity, water and sanitation services throughout the country. The worsening of working conditions and salaries, without improvement or retention policies, caused the withdrawal of 60% of the health personnel, both medical and nursing, and also the abandonment of the post-graduate medical programs that allowed the support of resident doctors in the centers. Likewise, the supply of imports caused constant interruptions of supplies or repairs due to accumulated debts with suppliers.

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



6. The deprivation of health services generated a high prevalence of undiagnosed and untreated diseases. The situation is so serious that some analyses indicate that Venezuela has regressed up to 6 decades back in its epidemiological profiles. By 2021, it was estimated that between 18 and 21 million people had presented some physical or mental condition and, of these, at least 10.7 million suffered from serious chronic and/or acute diseases^{8 9}, without access to care or guaranteed treatment in the health system, thus reducing their life expectancy^{10 11} and causing disabilities. Until 2020, 59% of people with a health condition had stopped going regularly to health care facilities for medical attention. During the confinement of the pandemic, the proportion of people who stopped attending care rose to 79%.

Deprivation of health services increased the burden of disease in the population, with effects on the reduction of life expectancy and the generation of disabilities

People of all ages, transplanted, with cancer, renal failure, hemophilia, parkinson, among others, have no access to high-cost drugs since 2016

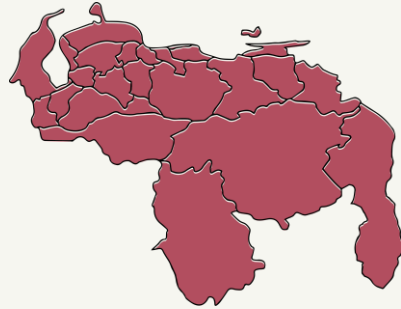
7. Between 2019-2021, medicine shortages decreased significantly, from 56% to 29% on average, according to the ConviteAC index^{12 13}. From 2015 to 2020, drug imports fell by more than 90% and domestic production exceeded 80%. But this shortage does not include access to high-cost medicines for people with serious chronic health

problems. Since 2016, the State suspended high-cost medicine programs for people¹⁴ of all ages, transplanted, with cancer¹⁵, kidney disorders¹⁶, hemophilia, parkinson, among others, in charge of the Venezuelan Institute of Social Security (IVSS), causing thousands of deaths¹⁷ or forcing them to migrate out of the country to save their lives¹⁸. At least 174,000 people living with HIV (PLHIV) stopped receiving antiretrovirals as of 2016, the year in which the State made the last purchase. In 2018, antiretroviral coverage was at 16%, and between 2019 and 2020 it increased from 40% to 56.6% thanks to donations from the Global Fund for Tuberculosis, Malaria and HIV¹⁹ and the efforts of PLHIV organizations in the country²⁰, persisting obstacles and delays in the delivery and violations of the rights of PLHIV due to discrimination in the health system²¹.

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



High rates of maternal and infant mortality remain, which reflects the damage caused by the loss of access to health services in the lives of the most vulnerable individuals and groups

8. The relationship between the loss of health services and their damage to people's lives is expressed in the rates of maternal and infant mortality. Between 2014-2016, the maternal mortality rate rose from 77.3 to 130.8, increasing 69.2% and, infant (under 1 year), from 14.6 to 20.0²², rising 36.9%. More than 60% of infant deaths were of newborns. Since then, the World Health Organization (WHO)²³ and the United Nations Children's Fund (UNICEF)²⁴ have maintained the maternal mortality rate between 125 and 126 per 100,000 live births, and

the infant mortality rate between 25 and 26 per 1,000 live births. The National Survey of Living Conditions of the UCAB estimated the infant mortality rate at 25.2 for 2020 and 25.7 for 2021. The Human Development Laboratory (Ladeshu)²⁵ found that the maternal mortality rate in Lara state increased 15.4%, from 102.6 to 121.3 between 2018 and 2020, occurring in women aged 20 to 34 years with lower risk of pregnancy complications. This mortality rate rose by 18.7%, reaching 144 by 2021²⁶.

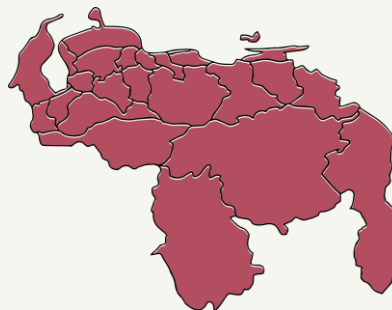
9. In the surveillance of epidemics and control of vaccine preventable diseases, between 2017 and 2019, Venezuela was placed in "emergency" category by WHO due to the excessive increase in cases of Malaria²⁷, spread to 18 states of the country, due to internal displacement related to mining, the only means of livelihood for thousands of families^{28 29 30 31}³². In 2019, it was estimated that 14 million people were exposed to contracting Malaria³³, with a prevalence of 2.5 million due to relapses and recrudescences³⁴. During the pandemic, Malaria notifications decreased significantly, which has been attributed to mobility restrictions. However, since 2019, air access restrictions to indigenous territories in remote areas of Bolivar and Amazonas states remain in place to provide humanitarian assistance and protection³⁵, including the Covid-19 response

Low vaccination coverage and access restrictions to indigenous territories in remote areas increase the risk of epidemics of preventable diseases

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



10. Outbreaks of diseases preventable by low vaccination coverage were also reduced, which, until 2017 and 2018^{36 37} exceeded 1,000 cases in Diphtheria³⁸ and 5,000 in Measles³⁹, occurred in almost all states of the country⁴⁰ and controlled between 2019 and 2020^{41 42 43 44}. However, between 2019 and 2021⁴⁵, Venezuela was classified in the group of countries with vaccination coverage below 80% in Measles, Rubella and Mumps (MMR). By 2021, it had achieved 57% vaccination in Diphtheria and 77.6% in Measles.

In a sanitary collapse and with low surveillance and case detection capabilities, containment measures to maintain low levels of Covid infection exacerbated the impacts of the emergency

11. The arrival of the pandemic, in a sanitary collapse and with severe deficiencies in surveillance and case detection, was faced with a State of Alarm^{46 47} and confinement measures through "quarantines" to maintain low levels of contagion, which drastically restricted mobility during 2020 and part of 2021, and exacerbated the impacts of the humanitarian emergency on health, education, food, basic services and economic conditions of the population. Even when a health emergency was issued, the response to the pandemic did

not involve the country's health, academic and scientific personnel. Between March-December 2020, Venezuela reported a cumulative 113,562 cases and 1,028 deaths due to Covid-19⁴⁸. Between January-December 2021, cumulative cases rose to 444,635 and deaths to 5,324, increasing 292% and 418%, respectively, compared to 2020. The most affected states were the Capital District, Miranda, Zulia, Táchira, La Guaira and Yaracuy⁴⁹. With a lack of protective resources, deaths of health personnel due to Covid increased from 295 to 815, between 2020 and 2021, according to the monitoring of Médicos Unidos de Venezuela (MUV)⁵⁰. Vaccination against Covid started in February 2021, requiring more than 40 million doses, obtained through Russia, China and the COVAX mechanism. The vaccination plan was never published and the process was known by announcements from the Presidential Commission or the Ministry of Health. Until December 2021, the Pan American Health Organization (PAHO) estimated 77.2% of people vaccinated with the first dose and 47.6% with the second dose⁵¹.

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



References consulted

¹ Reporte Nacional sobre la Emergencia Humanitaria Compleja. Derecho a la Salud. <https://humvenezuela.com/reportes-2018/>

² Provea. Informe Anual 2012-2013 sobre la Situación de los Derechos Humanos en Venezuela. Derecho a la Salud. <https://provea.org/wp-content/uploads/09Salud.pdf>

³ Transparencia Venezuela. <https://transparencia.org.ve/wp-content/uploads/2018/08/Informe-conjunto-del-estado-de-salud-nacional.pdf>

⁴ Barrio Adentro Mission (MBA), created in 2003, within the framework of the Cooperation Agreement between Cuba and Venezuela, as a program of community medicine in popular sectors, under the direction and concept of the Cuban Medical Mission (MMC), which the government decided to turn into the basis and structure of a "new public health system", parallelly to the institutions, regulations and services of public health and social security. In 2009, after 7 years of operation, the President of the Republic publicly admitted that 50% of the MBA centers were inoperative and that the rest had considerably reduced their activities.

⁵ Universidad Católica Andrés Bello (UCAB). Encuesta Nacional de Condiciones de Vida (ENCOVI), 2018. <https://www.proyectoencovi.com/encovi-2018-encuesta-nacional-de-condiciones-de-vida-copy>

⁶ Provea. Informe Anual 2019. Derecho a la Salud. <https://provea.org/wp-content/uploads/securepdfs/2020/12/09Salud.pdf>

⁷ Oficina Panamericana de la Salud (OPS)/Organización Mundial de la Salud (OMS). Plataforma de Información en Salud para Las Américas (PLISA). https://www.paho.org/data/index.php/es/?option=com_content&view=article&id=515:indicadoresviz&Itemid=347

⁸ Hypertension and Diabetes, causing others such as Cardiovascular Disorders and Renal Insufficiency, Pulmonary and/or Respiratory Diseases, HIV, Transplantation, Cancers, Hemophilia, Parkinson's, Multiple Sclerosis, Pulmonary Hypertension, Alzheimer's, Hypo/Hyperthyroidism, among others.

⁹ Diarrhea, Acute Respiratory Infections, Vector-Borne Diseases (Malaria, Dengue, Chikungunya, Zika and Guillain-Barré Syndrome) and Vaccine-Preventable Diseases (Measles and Diphtheria, among others).

¹⁰ El Pitazo. Luis Pedro España: Desde 2014 hasta 2019 han muerto 20.000 niños por desnutrición. <https://elpitazo.net/salud/luis-pedro-espana-desde-2014-hasta-este-2019-han-muerto-20-000-ninos-por-desnutricion/>

¹¹ OVV. La crisis humanitaria disminuye esperanza de vida de los merideños al nacer. <https://observatoriodeviolencia.org.ve/news/la-crisis-humanitaria-disminuye-esperanza-de-vida-de-los-meridenos-al-nacer/#:~:text=Prensa%20OVV%20M%C3%A9rida,esperanza%20de%20vida%20al%20nacer.>

¹² ConviteAC. Monitor Salud. Boletín Diciembre 2020. <http://conviteac.org.ve/wp-content/uploads/2021/01/convite-boletin-de-salud-41-DIC.pdf>

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



¹³ ConviteAC. Monitor Salud. Boletín Mayo 2021. <https://conviteac.org.ve/boletin-46-san-felipe-registro-mayor-indice-de-escasez-de-medicamentos-para-convulsiones-depresion-e-infecciones-en-junio-2021/>

¹⁴ In 2017, the State eliminated from public procurement lists medicines for people with Cancer, HIV, Transplants, Hemophilia, Lupus and rheumatic problems, Parkinson's, Intestinal Inflammation, Multiple Sclerosis and Pulmonary Hypertension, among other serious conditions.

¹⁵ Mujeres con Cáncer de Mama Metastásico: Un sufrimiento sin límites. Funcamama. Julio 2021. <https://www.funcamama.org/?p=7398>

¹⁶ Amigos Trasplantados de Venezuela (ATV) y Coalición de Organizaciones por el Derecho a la Salud y la Vida (Codevida): Informe sobre la privación de los derechos a la salud y la vida de personas con enfermedad renal crónica en Venezuela en el contexto de Covid-19. <https://www.codevida.org/informes/informe-sobre-la-privacion-de-los-derechos-a-la-salud-y-la-vida-de-personas-con-enfermedad-renal-cronica-en-venezuela-en-el-contexto-de-covid-19>

¹⁷ Amnistía Internacional. Prepara Familia: Más de 100 niños han fallecido en el hospital J.M. de los Ríos desde 2017. <https://www.amnistia.org/ve/blog/2022/06/21320/prepara-familia-mas-de-100-ninos-han-fallecido-en-el-jm-de-los-rios-desde-2017>

¹⁸ Amigos Trasplantados de Venezuela (ATV) y Coalición de Organizaciones por el Derecho a la Salud y la Vida (Codevida): Informe sobre la privación de los derechos a la salud y la vida de personas con enfermedad renal crónica en Venezuela en el contexto de Covid-19. <https://www.codevida.org/informes/informe-sobre-la-privacion-de-los-derechos-a-la-salud-y-la-vida-de-personas-con-enfermedad-renal-cronica-en-venezuela-en-el-contexto-de-covid-19>

¹⁹ ACCSI: "Sin cooperación internacional las personas que viven con VIH en Venezuela mueren" | vía: Proiuris. <https://humvenezuela.com/acsi-sin-cooperacion-internacional-las-personas-que-viven-con-vih-en-venezuela-mueren-via-proiuris/>

²⁰ ACCSI Acción Ciudadana contra el SIDA: Más de 4.200 personas con VIH han sido discriminadas en 2020 en los hospitales de Venezuela | vía: Monitoreamos. <https://humvenezuela.com/acsi-accion-ciudadana-contra-el-sida-mas-de-4-200-personas-con-vih-han-sido-discriminadas-en-2020-en-los-hospitales-de-venezuela-via-monitoreamos/>

²¹ Acción Solidaria. 1,436 casos de vulneración del derecho a la salud durante 2020, registró Acción Solidaria. <https://acsi.org/noticias/1-436-casos-de-vulneracion-del-derecho-a-la-salud-durante-2020-registro-accion-solidaria/>

²² Ministerio del Poder Popular de Planificación. Venezuela en Cifras. Caracas-Venezuela. Enero 2021. <http://www.mppp.gob.ve/wp-content/uploads/2021/01/Venezuela-en-cifras-2021-26-enero-1.pdf>

²³ OMS. Portal de indicadores básicos. <https://opendata.paho.org/es/indicadores-basicos/tablero-de-los-indicadores-basicos>

²⁴ UNICEF. Maternal mortality. Septiembre 2021. Venezuela (República Bolivariana de). <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

²⁵ Laboratorio de Desarrollo Humano (Ladeshu). Informe sobre la mortalidad materna en el estado Lara (2019-2020). <https://ladeshu.org/2021/06/02/informe-mortalidad-materna-lara-2019-2020/>

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



²⁶ Laboratorio de Desarrollo Humano (Ladeshu). Boletín | La mortalidad materna en Lara durante 2021.

<https://ladeshu.org/2022/05/30/boletin-mortalidad-materna-en-lara-2021/>

²⁷ OMS: Puntos clave: Informe mundial sobre el paludismo 2017. 29.09.17. <http://www.who.int/malaria/media/world-malaria-report-2017/es/>

²⁸ Observatorio Venezolano de la Salud (OVS): Oscar Noya: Es imposible controlar la malaria mientras exista la minería ilegal. <https://www.ovsalud.org/noticias/2016/imposible-controlar-malaria-miner%C3%ADa-ilegal/>

²⁹ OPS: Respuesta de la OPS para mantener una agenda eficaz de cooperación técnica en Venezuela y en los estados miembros vecinos. 20 de junio de 2018.

https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=162-es-9842&alias=45497-ce162-inf-22-s-respuesta-ops-ct-497&Itemid=270&lang=es

³⁰ COMUNICADO. Pronunciamiento ante la grave epidemia de Malaria en Venezuela. Carta Abierta al Ciudadano Luis López, Ministro del Poder Popular para la Salud de la República Bolivariana de Venezuela. 18 de enero de 2018.

<https://www.ovsalud.org/publicaciones/salud/epidemia-malaria-venezuela/>

³¹ OPS. Actualización epidemiológica. Malaria en las Américas. 18 de noviembre de 2019.

https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=paludismo-malaria-2149&alias=51012-18-de-noviembre-de-2019-malaria-actualizacion-epidemiologica-1&Itemid=270&lang=es

³² Actualización Epidemiológica: Malaria - 10 de junio de 2020. <https://www.paho.org/es/documentos/actualizacion-epidemiologica-malaria-10-junio-2020>

³³ OPS. Actualización Epidemiológica. Malaria. 18 Noviembre 2019. <https://www.paho.org/es/documentos/actualizacion-epidemiologica-malaria-18-noviembre-2019>

³⁴ During the period January - May 2021, malaria morbidity has decreased in all indigenous communities in Aripao Parish, Sucre Municipality, Bolivar state, compared to the records for the same period in 2020; this is attributed to the reduction of mobility in the indigenous population due to lack of access to fuel for river logistics.

³⁵ In July 2021, the technical-economic execution of the C19RM-Venezuela mechanism was closed without meeting the goals for priority attention to the indigenous population, due to the fact that the safe conduct and access to aviation fuel for air operations and field missions were never granted.

³⁶ Provea. Annual Report 2016. Right to Health.

³⁷ Falta de medicinas y éxodo de médicos devasta hospitales de Venezuela, advierte Alberto Paniz. *Efecto Cocuyo*, 22.04.19.

<https://efectococuyo.com/la-humanidad/falta-de-medicinas-y-exodo-de-medicos-devasta-hospitales-de-venezuela-advierte-alberto-paniz/>

³⁸ OPS. Actualización Epidemiológica. Difteria. 18 de marzo de 2019.

https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=48103-18-de-marzo-de-2019-difteria-actualizacion-epidemiologica-1&category_slug=2019-3&Itemid=270&lang=es

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

RIGHT TO HEALTH

National Report 2019/2021



- ³⁹ Alianza Venezolana por la Salud: Las mentiras de la Jefe de la Delegación de Venezuela en la 71ª Asamblea Mundial de la Salud 2 Julio, 2018. <https://alianzasalud.org/las-mentiras-de-la-jefe-de-la-delegacion-de-venezuela-en-la-71a-asamblea-mundial-de-la-salud/>
- ⁴⁰ UNICEF. La alarmante oleada mundial de casos de sarampión es una amenaza creciente para la infancia. 01.03.19. <https://www.unicef.org/es/comunicados-prensa/alarmanete-oleada-mundial-sarampion-amenaza-creciente-para-infancia>
- ⁴¹ OPS. Actualización Epidemiológica. Difteria. 3 de marzo de 2020. https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=2020-alertas-epidemiologicas&alias=51822-3-de-marzo-de-2020-difteria-actualizacion-epidemiologica&Itemid=270&lang=es
- ⁴² OMS. Enfermedades prevenibles por vacunación de la OMS: sistema de monitoreo. https://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=VEN
- ⁴³ OPS. Actualización Epidemiológica Sarampión. 13 de diciembre de 2019. https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=2019-3&alias=51239-13-de-diciembre-de-2019-sarampion-actualizacion-epidemiologica&Itemid=270&lang=es
- ⁴⁴ El brote de sarampión en Venezuela está bajo control. Noticias ONU, 30.01.2020. <https://news.un.org/es/story/2020/01/1468822>
- ⁴⁵ OPS/OMS. Respuesta de la OPS para mantener una agenda eficaz de cooperación técnica en Venezuela y en los estados miembros vecinos. 14 de junio de 2019. <https://iris.paho.org/bitstream/handle/10665.2/51422/CE164-INF-9-s.pdf?sequence=2&isAllowed=y>
- ⁴⁶ Presidencia de la República. Gaceta Oficial N° 6519 extraordinaria, del 13.03.20. Decreto Presidencial N° 4.160 que declara Estado de Alarma para atender la emergencia sanitaria del coronavirus (COVID-19).
- ⁴⁷ CDH-UCAB. Consideraciones del CDH-UCAB sobre el Estado de Alarma decretado en fecha 13 de marzo de 2020. http://w2.ucab.edu.ve/tl_files/CDH/Lineastematicas/Consideraciones%20del%20CDH%20UCAB%20sobre%20el%20Estado%20de%20Alarma%20decretado%20en%20fecha%2012%20de%20marzo%20de%202020.pdf
- ⁴⁸ MPPS. Boletín Nacional Covid 19. Sistema Patria. Estadísticas Venezuela. <https://covid19.patria.org.ve/estadisticas-venezuela/>
- ⁴⁹ MPPS. Boletín Nacional Covid 19. Sistema Patria. Estadísticas Venezuela. <https://covid19.patria.org.ve/estadisticas-venezuela/>
- ⁵⁰ Fallecen otros nueve trabajadores de salud por COVID-19 en Venezuela. Mariana Souquett Gil. Efecto Cocuyo, 31.12.21. [online] <https://efectococuyo.com/coronavirus/fallecen-nueve-trabajadores-salud-medicos-unidos/>
- ⁵¹ OMS. WHO Coronavirus (Covid-19) Dashboard. [online] <https://covid19.who.int/table>