

VENEZUELA



7.1M
PEOPLE
IN NEED



3.5M
PEOPLE
TARGETED



155M
REQUIREMENTS
(US\$)

Gobierno Bolivariano de Venezuela | Ministerio del Poder Popular para la Salud

OPS | **BARRIO ADENTRO**

Organización Panamericana de la Salud | Organización Mundial de la Salud

TARJETA DE VACUNACIÓN

Dirección de INMUNIZACIONES
Dirección General de Epidemiología

CÓDIGO DEL CENTRO DE VACUNACIÓN: _____

FECHA DE EXPEDICIÓN: 17 / 9 / 22

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SISPAI-01 VERSIÓN 2019

The Bolivarian Republic of Venezuela has been facing a prolonged socio-political and economic situation that has profoundly and negatively impacted social and health indicators. The COVID-19 pandemic further aggravated the humanitarian context in the country, which stretched the limits of an already weakened national health system. Violence and social conflicts, hyperinflation, constant political tensions, the persistence of migratory movements, and intensification of climate threats and natural hazards have worsened the living conditions and health status of populations in vulnerable situations, including women, children, and indigenous people.

A large influx of returnees back to Venezuela (Bolivarian Republic of) marked the first two years of the pandemic. However, the country's continued deteriorating political, socio-economic, and human rights situation resulted in renewed increased migration of Venezuelans in 2022. The profile of Venezuelan migrants has progressively changed over the years, from single men in search of better economic opportunities to families with women and children in situations of extreme vulnerability. The increasingly irregular and unsafe journeys of those migrants are constantly putting their lives at high risk.⁵

Besides its socio-economic impacts, the COVID-19 health emergency remains a health threat to Venezuelans, with less than 50% of the population vaccinated with two doses.⁶ Indirectly, the COVID-19 pandemic has caused significant disruptions in the provision of health services and treatment of medical conditions resulting in the worsening of pre-existing conditions and increases in preventable morbidity and mortality.

The lack of appropriate infrastructure, adequate water, sanitation, and hygiene in many health institutions and households impedes timely and quality healthcare services. The fragility of the health system deepens the vulnerability of at-risk populations, especially in the event of potential natural disasters.

⁵ RMNA 2022. Regional Inter-agency Coordination Platform (R4V). Refugee and migrant needs analysis 2022.

⁶ https://im-data-paho.github.io/cov19-country-profiles/es/report_VEN.html#Cobertura.

Recurrent floods and landslides caused by intense rainfalls in 2022 have also resulted in deaths, destruction of homes and health facilities, human displacement, and increases in health issues that often follow such disasters, such as respiratory infections, dehydration, water-borne diseases, skin and eye infections, and mental health disorders.



STRATEGIC OBJECTIVES

» Strengthen operation continuity of critical health services to face emergencies and disasters

Sustain and improve the capacity of strategic health facilities to continue functioning in emergency and disaster situations, particularly those that provide primary health care.

» Improve access to water and sanitation in integrated health network facilities and communities

Implement interventions to improve basic sanitation, hygiene, and adequate access to quality water at institutional and community levels to prevent and contain disease outbreaks.

» Increase the efficiency of health services and improve comprehensive quality care

Strengthen stewardship and governance in the health system. Establish health information, surveillance, and monitoring systems that include standard operating procedures for reporting events relevant to the quality and safety of care.

» Support the national health network through the strengthening of comprehensive community health areas (ASIC)

Strengthen preparations for emergencies and disasters through technical cooperation, support for developing and updating national, local, and hospital disaster plans, and strengthened human talent in the health and other related sectors.

» Strengthen coordination of humanitarian response at sectoral and cross-sectoral levels

Guarantee technical support and capacity building to Health Cluster partners in Venezuela (Bolivarian Republic of), especially national NGOs, in alignment with national and international standards and guidelines.



RESPONSE STRATEGY

In this complex humanitarian environment, PAHO's priorities for 2023 in Venezuela (Bolivarian Republic of) will focus on sustaining—and, where possible, strengthening—operational and functional capacities of critical and essential health services through a primary health care approach to ensure the operability, safety, and resilience of local health systems.

Humanitarian assistance in health will target improving access to health services, especially to the most vulnerable populations and those living in hard-to-reach areas, by supporting the continued availability of essential medicines, medical equipment, and supplies through direct procurement and strategic partnerships with other humanitarian actors.

There will be additional support for carrying out targeted improvement works and rehabilitation of priority health facilities to support the provision of comprehensive, timely, and quality services, facilitating capacity building and protection of the health workforce, and embracing an intersectoral approach to incorporate water, sanitation, and hygiene interventions at the institutional and community level.

Interventions will also focus on strengthening the preparedness and response capacities of the health system to face multiple hazards through better coordination with other humanitarian actors.

Priorities will focus on strengthening operational and functional capacities of essential health services in Venezuela.

PAHO frames its response strategy within the Health Cluster sectoral objective one, which focuses on strengthening the operational and functional capacity of health facilities' critical and essential services (hospitals and primary health care units) with a focus on primary health care (PHC) aimed at strengthening their resilience and operational safety.



EMERGENCY RESPONSE ACTIVITIES

Priority actions require strengthening human resources in health for identifying and clinically managing the primary health threats and emerging health emergencies, reinforcing the initial response capacity of health care centers, strengthening community response capacity for emergencies and natural disasters, and strengthening epidemiological surveillance and health monitoring.

Improvements will be made to vital lines and critical services in health facilities, focusing on saving lives and strengthening integrated health service networks based on primary health care. Medicines and supplies will be delivered, health units will be rehabilitated, education and capacity-building campaigns will be conducted for health personnel and patients, and other health promotion and disease prevention interventions will be aimed at the most vulnerable and at-risk populations.

Actions will also seek to update institutional and community emergency preparedness and response plans, including:

- **Contingency plans focused on multi-hazards** with an emphasis on health.
- **Information management and patient referral and counter-referral.**
- **Procedures and protocols to include triage**, diagnosis and treatment, infection control and patient referral, and critical patient management.
- **Staff training in emergency management and care**, in recording, handling, monitoring, and reporting of drugs and humanitarian supplies.
- **Inclusive language such as Braille & sign language.**

Interventions will seek to better coordinate efforts with partner organizations, including relevant ministries, other state institutions, and national and international NGOs, within the framework of health policies, strategies, and humanitarian principles. Efforts will focus on enhancing the coordination of sectoral and intersectoral response to avoid duplication of efforts, ensuring the most efficient use of health resources, and strengthening the capacities of decision-makers and strategic partners in information management, project management, strategic planning, and decision-making.

IMPACT STORIES

José Vizcaya from Venezuela (Bolivarian Republic of): “Thanks to PAHO, my life was saved.”

The problems of José Asunción Vizcaya (Amazonas state, Venezuela [Bolivarian Republic of]) began with a colon irritation that worsened over the years, with the irregular eating schedules imposed by his work as a driver and, above all, because he contracted COVID-19 in March 2021.

In October that year, the José Gregorio Hernández hospital in Puerto Ayacucho admitted José with acute abdominal pains to the intensive care unit. José Gregorio Hernández hospital is the only hospital for adults in Amazonas. The studies José underwent did not allow for an accurate diagnosis, and the doctors disagreed on what type of intervention was necessary. The data obtained with the old ultrasound scanners were contradictory.

Vizcaya, 62, was fortunate that his wife, Brenda Arias, is a doctor in that hospital and recalled that the Pan American Health Organization (PAHO) had just donated some ultrasound equipment, monitors, and an oxygen purifier. The hospital was finishing remodeling work in the emergency area, so it had not installed this new equipment (work that PAHO also led).

“The old monitor told us that everything was fine, but I knew there was a problem, those data were not accurate, the devices had to be out of calibration. In desperation, I remembered some equipment that had been donated by PAHO. I took it out of its box and put it to work,” said his wife.

When health providers connected the new equipment, it became evident that Vizcaya had tachycardia and was hypotensive with a high respiratory rate. He had an oxygen saturation of 74. The data from earlier indicated a normal respiratory rate and oxygen



saturation of 87. These figures raised alarm bells with his wife. “They told me he had low blood pressure, but his heart rate was normal, which is possible but taking into account his other symptoms, it was very strange,” she said.

Thus, it was possible to diagnose that Vizcaya’s problem was urethritis which ended in peritonitis and not intestinal bleeding, as initially believed. He underwent surgery with a precise diagnosis. “Thanks to the equipment donated by PAHO we were able to act, that echo was necessary to be able to operate, before we were going blind,” said his wife.

Vizcaya says his wife was so excited about the new equipment that she began studying for a sonographer diploma in Valencia. When she went there, her professors could not believe that, in Puerto Ayacucho, they had such technologically advanced equipment.

Today Brenda is a sonographer at the José Gregorio Hernández hospital. She was in charge of the oncology service when her husband underwent surgery. The most important thing is that PAHO saved her husband’s life. “If it were not for me and that equipment, José would not wake up at dawn,” said Brenda.

Read the full article [here](#).

HOW TO SUPPORT THIS APPEAL

Generous donations from the international community allow PAHO to deliver its technical cooperation and deploy its operational and logistics support to address existing and emerging public health challenges impacting the countries and territories of the Americas.

The financial requirements outlined in this appeal are pivotal to providing lifesaving health assistance and protective services to communities affected by emergencies without leaving anyone behind. PAHO ensures it will distribute funding most efficiently and where needed, in coordination with public health authorities, United Nations agencies, civil society organizations, and other humanitarian partners.

Here are some ways private or public organizations and individuals can contribute to this donor appeal.



DONATING DIRECTLY TO THIS APPEAL

Financial contributions from governmental aid agencies, multilateral institutions, foundations and philanthropic organizations, and other public and private sector partners are among the most valuable and effective forms of support for health emergency response. The main characteristic of a financial donation is its flexibility to support an agile response. The resources obtained can be used quickly and efficiently, responding to the most acute needs and ensuring that the funded actions fully align with the local priority public health actions.

Donating organizations are invited to contribute cash to support one, several, or all priority actions highlighted in this appeal. To donate to PAHO, please contact Julie Mauvernay (mauvernj@paho.org).

Individual donations can also make a difference and help save lives by supporting the delivery of essential supplies and critical assistance to people in need. Individuals can contribute to PAHO's Health Emergency Appeal by mailing checks to PAHO, 525 23rd St NW, Washington, D.C., 20037.



DONATING IN-KIND RESOURCES AND SERVICES

PAHO encourages the private and public sectors to align response efforts to this Appeal's priority lines of action. Donations from corporations must comply with PAHO's guidelines and roadmap for engagement with the private sector.

To make an in-kind donation of goods and services, please contact Julie Mauvernay (mauvernj@paho.org) or donate@paho.org to guarantee coherent priorities, minimize gaps and duplication in the health response, and ensure quality assurance of the goods offered.

PAHO appreciates and thanks in advance its donors for their generous contributions to support the delivery of its humanitarian health assistance throughout the Region. PAHO will report contributions to this Appeal on its webpage to acknowledge and give visibility to donors' generosity, report on funding received, and identify remaining financial gaps.

Help us provide lifesaving health assistance and protective services to communities affected by emergencies, without leaving anyone behind.