Venezuela

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Venezuela. For a category and indicator-level summary, please see the Country Profile for Venezuela.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

There is no publicly available evidence that Venezuela has a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens. The World Health Organisation (WHO) Global Database for Antimicrobial Resistance (AMR) Country Self Assessments reports no information for Venezuela [1], and the WHO library of national action plans for AMR does not list an entry for the country [2]. There is no evidence of an AMR plan on the Ministry of Health and the Ministry of Urban Agriculture websites [3,4]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [5]. Venezuela has not completed a Joint External Evaluation (JEE) of International Health Regulations Core Capacities. [6] There are few studies on detection of pathogens elaborated in the country, including a 2014 report called "Molecular techniques for detection and identification of pathogens in food: advantages and limitations," but that does not provide any information on detection of pathogens within the country [7]. The National Institute of Hygiene "Rafael Rangel", which holds a national laboratory, provides no information on an AMR plan. [8] Venezuela is a member of the Latin American Network for Surveillance of Antimicrobial Resistance - ReLAVRA. However, no information regarding a national AMR plan is evidenced on their website [9]. The article from infectologists Comegna et al. indicates that there is a Venezuelan Program for the Surveillance of Bacterial Resistance to Antimicrobials working since 1987, but no information was found on a jointly plan. [10]

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2, Yes, but not all 7+1 pathogens = 1, No = 0

Current Year Score: 0

There is insufficient evidence of a national laboratory/laboratory system which tests for at least some of the priority AMR pathogens in Venezuela. The Comprehensive Agricultural Health Law of 2008 mentions the existence of a National Network of Zoosanitary and Phytosanitary Diagnostic Laboratories that is under the National Executive, which is responsible for activities related to the prevention, protection, zoosanitary and phytosanitary control [1]. The National Institute for Integral Agricultural Health has a network listing National Laboratories on Animal Health. Among their ten locations, only the laboratory on Cojedes mentions testings for salmonella and shigella. However, there is no indication if these tests include AMR varieties of these pathogens. Other sites mention coprostoscopic and faecal matter tests, but no explicit mention of E.coli, and no mentions of AMR varieties [2]. The National Institute of Hygiene "Rafael Rangel" provides a list of all tests it conducts, but none of them are for priority AMR pathogens [3]. The National Institute of Hygiene "Rafael Rangel" has an office of epidemiological surveillance, but no information is provided on the laboratory network or the tested pathogens [4]. There is a "Master Plan for strengthening the response to HIV, tuberculosis, and malaria in the Bolivarian Republic of Venezuela from a public health perspective" that references the existence of a National Reference Laboratory for tuberculosis, but no information on such lab can be found on other sites from the government, or the type of test that is performed. Also, the plan mentions that the National Reference Laboratory is the head of the national network of TB laboratories but is not part of the National Institute of Hygiene Rafael Rangel [5]. In September 2020, the National network was extended by the inauguration of a new laboratory in Yaracuy for the testing of COVID-19 but no information was found on the network characteristics, locations and tested pathogens. Regarding zoosanitary testing, the National Institute for Integral Agricultural Health is in charge of "surveillance, prevention and control of diseases and pests that affect comprehensive agricultural health", but no information was found on the laboratories [6]. Venezuela is a member of the Latin American Network for Surveillance of Antimicrobial Resistance - ReLAVRA, which has 19 national laboratories of reference [7]. There is no mention to a National Laboratory which tests for priority AMR pathogens on the National Health Plan 2014-2019 [8]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [9,10]. The WHO library of national action plans for AMR does not list an entry for the country [11].

1.1.1c Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Venezuela's government conducts detection or surveillance activities (e.g. in soil, waterways, etc.) for antimicrobial residues or AMR organisms. There is no mention to AMR organisms or detection and surveillance activities on the "National Health Plan 2014-2019", which mostly enunciates achievements by the government and goals related to health management [1]. The 2018 PAHO-Venezuelan Government "Master Plan for strengthening the response to HIV, tuberculosis and malaria in the Bolivarian Republic of Venezuela from a public health perspective" mentions that the National Reference Laboratory (LRN) "centralizes the necessary network information for epidemiological surveillance and conducts the quality management program" for cases of tuberculosis, but does not specify how surveillance is performed and on what kind of organisms. [2]. The Environmental Nursery is in charge of "the examination, surveillance and supervision of activities that directly or indirectly may affect the environment", including monitoring water use and occupation of the territory [3]. No information was found on the activities of the Environmental Nursery regarding monitoring antimicrobial residues or AMR organisms in water sources and in the soil [4]. The World Health Organization (WHO) library of national action plans for antimicrobial resistance does not list entry for Venezuela [5]. There is no relevant information on the Ministry of Health [6] or on the website of the Ministry of Environment, despite having authorization applications for the management of waste and non-hazardous waste, but no mention of surveillance activities for AMR organisms [7].


1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2, Yes, but there is evidence of gaps in enforcement = 1, No = 0

Current Year Score: 1

There is evidence of national legislation in place requiring prescriptions for antibiotic use for humans, but there are gaps in its enforcement. The 2006 Resolution N° 604 of the "Gaceta Oficial Venezolana N° 38.348" Article 1 indicates that the dispensation of antimicrobial medicine (which includes antibiotics), either in pharmacies, services pharmacists and any other duly authorized establishment, require the presentation of a prescription by the authorized health personnel. This information is confirmed by a 2011 study called "Regulation of the dispensation of medicines and their effect on the consumption of antibiotics in Venezuela". The 2000 "Medicine Law" mentions under article 35 that medicines that require a prescription can only be prescribed by "medical professionals, dentists and veterinarians, qualified for the exercise of the profession and duly registered before the respective Ministry". However, as of March 2019, due to medicine shortage and high prices in the country, many patients receive donations or purchase medication abroad to be shipped to the country through non-profit online networks, transgressing the national regulations on antibiotics.


1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2, Yes, but there is evidence of gaps in enforcement = 1, No = 0

Current Year Score: 0

There is insufficient evidence of national legislation in place requiring prescriptions for antibiotic use for animals. The 2000 "Medicine Law" mentions under article 35 that medicines with prescription can only be prescribed by "medical professionals, dentists, and veterinarians, qualified for the exercise of the profession and duly registered before the respective Ministry." Article 3 establishes that the law includes animals when referencing to the use of medicines. However, the law does not specifically mention antibiotics, nor antibiotics use in animals [1]. The 2006 resolution N° 604 of the "Gaceta Oficial Venezolana N° 38.348" Article 1 regulates the dispensation of antimicrobial medicine (which includes antibiotics) in
pharmacies, services pharmacists and any other duly authorized establishment by requiring prescriptions, but does not mention if the law is in place for animals [2]. There is no evidence such legislation on the Ministry of Health or the Ministry of Urban Agriculture websites [3,4]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [5]. Regarding legislation enforcement, the article by Alvarado et al. (2008) found a high presence of oxytetracycline residues in samples of bovine tissues and concluded there is a failure to comply with withdrawal times in livestock practice in Venezuela [6].


1.2 ZOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of Venezuela having a national law, plan, or equivalent strategy document on zoonotic disease in terms of being a risk to human health. The Vice Ministry of Collective Health is in charge of epidemiological surveillance but there is no information on legislation, plans, or equivalent strategy documents on zoonotic diseases [1]. The National Institute of Comprehensive Agricultural Health is in charge of epidemiological surveillance [2], but no laws or plans were found on zoonotic diseases in animals [3]. However, the Integral Agricultural Health Law of 2008 explicitly mentions measures and regulations for the control of zoonotic diseases. Article 43 indicates that “diagnostic laboratories will have the mission to make effective diagnoses of diseases and pests, to prevent and reduce damage due to the presence of endemic, emergent, zoonotic and transboundary entities, as well as complement and maintain zoosanitary programs.” Chapter III of the Legislation, "Zoosanitary control and phytosanitary protection," refers to "surveillance programs, prevention, control and eradication of endemic, emerging, re-emerging and transboundary diseases and pests in all animal and plant species." There is no reference to zoonotic diseases being a risk to human health in this section. Overall, there are few sections where risks to human health are discussed, but none relating specifically to zoonotic diseases [4]. There is no relevant information on any strategy document on zoonotic diseases on the Ministry of Urban Agriculture [5]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [6].

1.2.1b
Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence of national legislation, plans or equivalent strategy document which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. The 2007-2010 cooperation strategy between Venezuela and PAHO includes activities to control zoonotic diseases through a National Commission on Zoonotic Diseases (p.38), but no references were found on this commission’s mandate or strategic documents [1]. The National Institute of Comprehensive Agricultural Health is in charge of surveillance, prevention and control actions for diseases and pests that affect agricultural health, but no references were found on its website on zoonotic disease and/or zoonotic disease spillovers form animals to humans [2]. There is no evidence of such legislation or plan on the Ministry of Health [3].


1.2.1c
Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of Venezuela having a national plan, guideline, or law that account for the surveillance and control of multiple zoonotic pathogens of public health concern. The "Master Plan for strengthening the response to HIV, tuberculosis, and malaria in the Bolivarian Republic of Venezuela from a public health perspective" does provide guidelines and objectives for the surveillance and control of malaria, but does not provide any further information for other zoonotic pathogens of public health concern. [1] The Integral Agricultural Health Law of 2008 explicitly mentions measures and regulations for the control of zoonotic diseases, including under article 43 an extract that mentions that "diagnostic laboratories will have the mission to make effective diagnoses of diseases and pests, in order to prevent and reduce damage due to the presence of endemic, emergent, zoonotic and transboundary entities. Chapter III of the Legislation, "Zoosanitary
control and phytosanitary protection," refers to "surveillance programs, prevention, control and eradication of endemic, emerging, re-emerging and transboundary diseases and pests in all animal and plant species." However, in no part of the document, a specific zoonotic disease is mentioned [2]. There is no mention of surveillance and control of multiple zoonotic pathogens of public health concern on the "National Health Plan 2014-2019" [3] In April 2020, UNICEF and the Venezuelan government established an Intersectoral COVID-19 Preparedness and Response Plan, including surveillance and control [4]. According to a PAHO epidemiological report, the National Urban Rabies Control Plan was established in 2003, but the document was not found online [5]. No plans or strategies were found for Anthrax, Brucellosis, Ebola, Mers-Sars, Zika and Dengue fever. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [6,7].

The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [8].


1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of a public institution dedicated to zoonotic disease that functions across ministries in Venezuela. According to Decree Law No. 6,129 / 08 - Comprehensive Agricultural Health Law, the National Institute of Comprehensive Agricultural Health's committee is made of a President and 6 directors: one from the Ministry of the Popular Power of Agriculture and Land, one director from the Ministry of popular power with competence in health, one director from the Ministry of popular power with competence in science and technology, one director from the Ministry of popular power with competence in defense, one director from the Ministry of popular power with competence in environment (Art.59). The Law of 2008 explicitly mentions measures and regulations for the control of zoonotic diseases, and indicates the existence of a National Network of Zoosanitary and Phytosanitary Diagnostic Laboratories that is under the National Executive, which through its organs and competent entities, is responsible for the "organization, coordination, execution, monitoring, supervision and evaluation of all activities related to the prevention, protection, zoosanitary and phytosanitary control" [1].
However, there is no information on the Network mentioned above or of any unit dedicated to zoonotic diseases on the Ministry of Health or the Ministry of Urban Agriculture websites [2,3]. There is no relevant information on the "National Health Plan 2014-2019" [4]


1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

**Current Year Score: 0**

There is no publicly available evidence that Venezuela has a national mechanism for owners of livestock to conduct and report on disease surveillance to a central government agency. According to Decree Law No. 6,129 / 08 - Comprehensive Agricultural Health Law "owners, occupants or managers who have knowledge or presumption that their animals are affected by diseases or pests must inform immediately or within 24 hours to the competent national executive bodies and entities (...) in writing or by other means of communication" (Art.11). The National Institute of Comprehensive Agricultural Health is in charge of surveillance of zoonotic diseases. [1] This institute has a Single National Registry of Comprehensive Agricultural Health (RUNSAI), an online system for people or companies to register in order to obtain the services offered by this institution. No details are provided on the specific services provided. [2]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [3,4]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [5]. There is no evidence of a Government office handling Animal Health, considering as well that the Agriculture Ministry website is not working. There is no relevant information on the "National Health Plan 2014-2019" [6]

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Venezuela has laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals. According to "Transparencia Venezuela", a Transparency International country office, in Venezuela there is no law that protects personal data, which puts citizens in disadvantage when giving information of personal interest that is handled by the organisation of the State. The article, however, mentions no date of publication, but it can be assumed it is after 2013, since it mentions an action taken against the "then president of the Republic, Hugo Chávez Frías". President Nicolas Maduro took office in April 2013 [1]. There are other laws that indirectly deal with protection of personal data, like the 1991 "Law on Protection of Communications Privacy", which protects the secrecy of interpersonal communications [2], the "Special Law Against IT crimes"[3], or the "Law on Access and Electronic Exchange of Data, Information and Documentation Among the Bodies and Entities of the State", which regulates sharing of data and information within government entities [4]. However, none of these laws has any mention on protecting the confidentiality of information generated through surveillance activities for animals. According to Decree Law No. 6,129 / 08 - Comprehensive Agricultural Health Law, the "President of the National Institute of Comprehensive Agricultural Health can classify as confidential the actions and documents that he considers appropriate for the better development of the procedure" [5]. No measures regarding confidentiality are mentionned in the Law of practice of veterinary medicine [6] or the Veterinary Medicine Code of Ethics [7]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [8,9]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [10]. The UNCTAD 'Data Protection and Privacy Legislation Worldwide' database notes that Venezuela does not have any legislations pertaining to data protection, privacy, cybercrime, electronic transactions, and consumer protection. [11]

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors, etc.). The "Master Plan for strengthening the response to HIV, tuberculosis, and malaria in the Bolivarian Republic of Venezuela from a public health perspective" mentions surveillance of malaria, but refers only to the situation of the disease in the country and management procedures, but does not mention surveillance in wildlife. [1] The Integral Agricultural Health Law of 2008, under Chapter III of the Legislation, "Zoosanitary control and phytosanitary protection," refers to "surveillance programs, prevention, control and eradication of endemic, emerging, re-emerging and transboundary diseases and pests in all animal and plant species." However, under Article 22, the legislation mentions that competent entities will carry out the control activities on all those spaces with activities of production, distribution, exchange, and marketing of agricultural, vegetable, animal and forestry, such as farms, farming, milking and killing rooms, slaughterhouses, gardens, nurseries, stores of plants, and in warehouses where products are received, stored, processed and maintained; not mention wildlife within those spaces [2]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [3,4]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [5]. There is no mention of surveillance on the "National Health Plan 2014-2019" [6]. The Wildlife Protection Law mentions that "in case of disease of wild animals, the Ministry of Agriculture and Breeding will take the necessary measures for its control" (Art.24), but there are no specific responsibilities regarding zoonotic disease surveillance or epidemiologic surveillance of wildlife [7].

1.2.3 International reporting of animal disease outbreaks

1.2.3a
Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?
Yes = 1, No = 0
Current Year Score: 0
2019
OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a
Number of veterinarians per 100,000 people
Input number
Current Year Score: 40.43
2018
OIE WAHIS database

1.2.4b
Number of veterinary para-professionals per 100,000 people
Input number
Current Year Score: 10.59
2018
OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a
Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?
Yes = 1, No = 0
Current Year Score: 0
There is no evidence of a national plan on zoonotic disease or other legislation, regulation or plan that includes mechanisms for working with the private sector in controlling or responding to zoonoses. The Comprehensive Agricultural Health Law of 2008 mentions measures and regulations for the control of zoonotic diseases, including "surveillance programs, prevention, control and eradication of endemic, emerging, re-emerging and transboundary diseases and pests in all animal and plant species." The legislation mentions the private sector only for providing guidelines on authorizations for work, taxes, sanctions
and other related topics. It does not mention any cooperation [1]. There is no mention on working with the private sector in controlling or responding to zoonoses on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [2]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [3,4]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [5].


1.3 BIOSECURITY

1.3.1 Whole-of-government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of Venezuela having in place a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities. The Venezuelan Constitution states under article Article 129 that a special law will "regulate the use, handling, transportation and storage of toxic and dangerous substances" [1]. The only legislation publicly available that handles these issues is the "Law on Dangerous Substances, Materials, and Waste." This legislation includes pathogens and toxins in between their definition of dangerous substances, but mostly provides guidelines and safety instructions on storage of hazardous waste (Article 9, 32, and 40). It does not, however, mention a list of facilities in which especially dangerous pathogens and toxins are stored or processed [2]. There is no mention of such facilities on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [3]. There is no relevant information on the Ministry of Health, the Ministry of Urban Agriculture or the Ministry of Defense websites [4,5,6]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs). [7] None of VERTIC’s available legislations for Venezuela on its Biological Weapons Convention Legislation Database refer to facilities where dangerous pathogens are stored or processed [8].

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1, No = 0

Current Year Score: 0

There is not enough evidence that Venezuela has in place legislation related to biosecurity which addresses requirements such as physical containment, operation practices, and cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. The Venezuelan Constitution only states under Article 129 that the State will prevent the entry into the country of "toxic and dangerous waste, as well as the manufacture and use of nuclear, chemical and biological weapons," but no mention on biosecurity nor guidelines for dangerous pathogens [1]. The "Law on Dangerous Substances, Materials, and Waste" includes mentions on pathogens and toxins but to refer to a prohibition on having them and no mention on requirements for storage or processing [2]. The "Law on Biological Diversity" mentions biosecurity, but it refers mostly to biosafety concerns and only referring to regulations to prevent risks that it might pose to biological diversity [3]. There is no mention on Biosecurity on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [4]. There is no relevant information on the Ministry of Health, Ministry of Defense or the Ministry of Urban Agriculture websites [5,6,7]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs). [8] None of VERTIC’s available legislations for Venezuela on its "Biological Weapons Convention Legislation Database" refer to biosecurity [9].

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela has in place an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations. The "Law on Biological Diversity" mentions biosecurity, but it refers mostly to biosafety concerns and only referring to regulations to prevent risks that it might pose to biological diversity. Under Article 102, the document mentions the Ministry of Environment and Natural Resources as the responsible governing body on biosecurity matters. [1]. However, this Ministry does no longer exists. Instead, the "Ministry of Popular Power for Ecosocialism and Waters " was created. There is no relevant information on its website since the website does not has a domain of its own, and provides limited information [2]. There is no mention on biosecurity on the "Law on Dangerous Substances, Materials and Waste" [3]. There is no mention on Biosecurity on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [4]. There is no relevant information on the Ministry of Health, Ministry of Defense or the Ministry of Urban Agriculture websites [5,6,7]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [8]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs). [9] None of VERTIC's available legislations for Venezuela on its "Biological Weapons Convention Legislation Database" refer to biosecurity [10]. In June 2020, the Government passed the Health regulations of social responsibility for covid-19, establishing biosecurity measures for community use and for health services. The legislation overall provides guidelines for the general public and healthcare to prevent the spread of covid-19, including the mandatory use of masks, and broad biosecurity guidelines, like mandatory use of biosecurity suits in intensive care units, cleaning of health facilities and general guidelines for healthcare personnel. Although the broad responsibility on epidemiological surveillance in under the Ministry of Health, no specific details were provided on the agency responsible for biosecurity legislation enforcement [11].

[11] Gaceta Oficial. 1 de junio de 2020. "Health regulations of social responsibility before the pandemic known as coronavirus (covid-19), in order to mitigate and eradicate the contagion of the virus within the national territory".
1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence of action by Venezuela to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities since there is no information on facilities that store dangerous pathogens and toxins. The Venezuelan Constitution states under article Article 129 that a special law will "regulate the use, handling, transportation and storage of toxic and dangerous substances" [1]. The only legislation publicly available that handles these issues is the "Law on Dangerous Substances, Materials, and Waste." This legislation includes pathogens and toxins in between their definition of dangerous substances but mostly provides guidelines and safety instructions on storage of hazardous waste (Article 9, 32, and 40). It does not, however, mention a list of facilities in which especially dangerous pathogens and toxins are stored or processed, nor if the country has sought to reduce to a minimum the number of facilities [2]. There is no mention of such facilities on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [3]. There is no relevant information on the Ministry of Health, the Ministry of Urban Agriculture or the Ministry of Defense websites [4,5,6]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [7]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs). [8] None of VERTIC's available legislations for Venezuela on its Biological Weapons Convention Legislation Database show that Venezuela has taken any action to consolidate its inventories. [9]


1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1, No = 0

Current Year Score: 0
There is no publicly available evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola in Venezuela. The National Institute of Hygiene Rafael Rangel, which holds a national laboratory, performs PCR-based diagnostic testing only for HIV, Hepatitis B and C, HPV, Enterovirus, Dengue, Yellow Fever, Herpes Simplex, Rabies, EEV, Arenavirus and respiratory viruses (without detailing which). There is no mention on tests for anthrax or Ebola [1]. In 2014, the Venezuelan Government, in coordination with PAHO, hosted a "Symposium on prevention and containment of the disease by the Ebola virus (EVE)" in Caracas. Its objective was to join efforts to reduce the likelihood of entry of EVD in Venezuela and its transmission "by coordinating the response of health services to timely detect suspected cases of EVD to provide timely and effective responses to contain." It did not, however, mention any reference to the capacity of the country to conduct PCR-based testing for Ebola [2]. There is no relevant information on the Ministry of Health, the Ministry of Urban Agriculture or the Ministry of Defense websites [3,4,5].


1.3.2 Biosecurity training and practices

1.3.2a Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?
Yes = 1, No = 0
Current Year Score: 0

There is insufficient public evidence that Venezuela requires biosecurity training, using a standardised, required approach, such as through a common curriculum or a train-the-trainer programme, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential; since there is no biosecurity policy, legislation or guidelines. The "Venezuelan Commission on Industrial Norms" (Comisión Venezolana de Normas Industriales) mentions security measures and occupational hygiene in laboratories, including general and biosecurity guidelines, but is not specific for dangerous substances with pandemic potential [1,2]. The Venezuelan Constitution states under Article 129 that the State will prevent the entry into the country of "toxic and dangerous waste, as well as the manufacture and use of nuclear, chemical and biological weapons," but no mention on biosecurity nor guidelines for dangerous pathogens [3]. The "Law on Biological Diversity" mentions biosecurity, but it refers mostly to biosafety concerns and only referring to regulations to prevent risks that it might pose to biological diversity. The only mentions of training are related to conserving biological diversity [4]. Regarding training programmes, no public initiatives were found on biosecurity, but only private training programmes related to quality control and ISO certification [5]. The research work from Alvarez and Urbina (2014) establishes that although international guidelines are clear, and that Venezuelan laboratories refer to ISO 15189:2007, 57.1% of clinical laboratories lack of a biosecurity handbook, thus referring to the lack of training and use of standards [6]. There is no mention on Biosecurity on the National Institute of Hygiene Rafael Rangel website, the only
working website with a national reference laboratory [7]. There is no relevant information on the Ministry of Health, Ministry of Defense or the Ministry of Urban Agriculture websites [8,9,10]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs). [11] None of VERTIC's available legislations for Venezuela on its "Biological Weapons Convention Legislation Database" refer to biosecurity [12].


1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0
Current Year Score: 0

There is no public evidence that regulations or licensing conditions specify that security and other personnel in Venezuela with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to drug testing, background checks, and psychological or mental fitness checks. Neither the Venezuelan Constitution [1] or the "Law on Dangerous Substances, Materials, and Waste" [2] provide any regulations for personnel handling dangerous pathogens. There is no mention of this on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [3]. There is no relevant information on the Ministry of Health, the Ministry of Urban Agriculture or the Ministry of Defense websites [4,5,6]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs). [7] No legislations on Vertic’s database for Venezuela mention regulations for this specific purpose [8]


1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of Venezuela having national regulations on the safe and secure transport of infectious substances (Category A and B). The National Institute of Civil Aeronautics, an adjunct entity of the Ministry of Transport, has a website that is not working [1]. There is, however, an alternate website that contains the Venezuelan Aeronautic Regulation (RAV 110) on "Transport without risks of Dangerous Goods by Air," which includes within its regulations the transport of infectious substances, but does not mention Category A or B [2]. Article 50 of the "Law on Dangerous Substances, Materials and Waste" provides limited regulations on the safe transport of infectious substances, but does not mention Category A or B [3]. The National Institute of Hygiene Rafael Rangel issued an article stating that Venezuela has 10 certified professionals for the safe transport of infectious substances, including Category A substances. However, it does not mention regulations, nor specifies Category B. [4]. There is no relevant information on the Ministry of Health, Ministry of Defense, Ministry of Transport or the Ministry of Urban Agriculture websites [5,6,7,8]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [9]. The National Autonomous Service for Standardization, Quality, Metrology and Technical Regulations regulations database on hygiene, safety and protection has
regulations for dangerous materials, but no specific guidelines for the transportation of toxic or infectious substances (unlike regulations for transportation of other materials such as asbestos, chlorine or radioactive materials). These are the COVENIN regulations for hazardous materials: Professional qualification of incident response personnel; Emergency response guide to accompany the carriers' dispatch guide; Guide for the training of people who handle, store and/or transport hazardous materials [10]. There is no further evidence on the Vertic's database for Venezuela [11].

1.3.5 Cross-border transfer and end-user screening

1.3.5a Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of national legislation, regulation, or other guidance in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential. The National Institute of Civil Aeronautics, an adjunct entity of the Ministry of Transport, has a website that is not working [1]. There is, however, an alternate website that contains the Venezuelan Aeronautic Regulation (RAV 110) on "Transport without risks of Dangerous Goods by Air" regulates the cross-border transfer of dangerous goods, but does not explicitly mentions pathogens [2]. The "Law on Dangerous Substances, Materials, and Waste" provides regulations for importation and exportation of dangerous goods, but does not mention pathogens in this specific regulation within the law. The only mention on pathogens refers to a prohibition on having them [3]. There is no mention on cross-border transfer regulations or end-user screening of dangerous pathogens on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [4]. There is no relevant information on the Ministry of Health, Ministry of Defense or the Ministry of Urban Agriculture websites [5,6,7]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [8]. Although Venezuela is party to the Biological Weapons
Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [9].


1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a Does the country have in place national biosafety legislation and/or regulations?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of national biosafety legislation and/or regulations in Venezuela. In 2020, the National Institute for Occupational Prevention, Health and Safety passed the Administrative Ruling N ° CJ-060-2020, with the purpose of establishing the criteria for the Certification and Accreditation of Biosafety Programs for the Prevention and Control of Biological Risk due to exposure to the SARS-COV2 virus (COVID19), in work entities public, private and mixed in the National Territory. Among its ruling is the creation of the Scientific Technical Commission, which establishes legal criteria and approves certification of biosafety programs, as well as establishing legal, economical, social, epidemiological, technical and other criteria according to interests. These criteria have the intention to design programs that foster prevention and control of covid-19. The policy in question mentions related legislation that is mandatory, but does not specify if these certification is mandatory for work entities, but only mentions its use for promoting the reduction of biological risks. [1]. The "Law on Dangerous Substances, Materials and Waste" suggests under article 13 a reference to biosafety regulations, by indicating that citizens responsible for the generation, use and handling of substances, materials or hazardous materials are obliged to several requirements, including having the equipment, tools and other means for the prevention and control of accidents by substances, materials and hazardous waste, as well as the repair of damage from accidents, and it also provides regulations to guarantee damages caused by handling of such substances. Hazardous waste includes under this law "simple or compound material (...) that has dangerous properties, that preserve or not its physical, chemical or biological properties (…)". However, this law does not make any specific reference to safety within laboratories, besides the general regulations mentioned above. The only mentions to laboratories are under Article 72, which indicates that any laboratory that intends to collect or sample these types of substances, must be registered by the Ministry of Environment [2]. Another law, the "Law on Biological Diversity", has mentions on biosecurity ("bioseguridad"), which most likely refers to biosafety on its Spanish translation. However, the legislation refers only to agricultural biosafety (preventing risks to biological diversity), and not at preventing
accidental, unintentional misuse and release of dangerous substances harmful for humans [3]. There is no mention on Biosafety on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [4]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [5,6]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [7]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [8]. There is a specific COVENIN regulation on safety measures and occupational hygiene in laboratories, including biosafety guidelines [9]. No legislations on Vertic’s database for Venezuela mention regulations for biosafety [9].


1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of an established agency responsible for the enforcement of biosafety legislation and regulations, since there is no law explicitly mentioning biosafety beyond an environmental perspective. The "Law on Dangerous Substances, Materials and Waste" provides a series of regulations and requirements for the use and handling of substances, materials or hazardous materials (which include materials preserving biological properties) for the prevention and control of accidents by substances. However, there is no mention of safety within laboratories, nor of an established agency for the enforcement of the regulations mentioned above, besides mentioning the Ministry of Environment as having the steering role for this law [1]. The "Law on Biological Diversity" has mentions on biosecurity ("bioseguridad"), which most likely refers to biosafety on its Spanish translation. However, the legislation refers only to agricultural biosafety, as regulations aim at preventing risks to
biological diversity and not at preventing accidental, unintentional misuse and release of dangerous substances harmful for humans [2]. There is evidence of a Centre for Biosafety at the Central University of Venezuela, but the website is not functional at the time of research [3]. There is also a unit for Biological Diversity under the Venezuelan Institute for Scientific Research, but is not working as well [4]. There is no mention on Biosafety on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [5]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [6,7]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [8]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [9]. The "Organic Law of Prevention, Conditions and Work Environment" (also called LOPCYMAT) has no mentions of biosafety [10]. The National Institute for Occupational Prevention, Health and Safety (INPSASEL), is the enforcement, sanction and encouragement body for compliance with the LOPCYMAT at the national level. In a news story about the institute’s anniversary, it reported that one of the functions of the institute include "ensuring compliance with biosafety standards in work spaces” [11]. No legislations on Vertic’s database for Venezuela mention an agency responsible for biosafety [12]


1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0
Current Year Score: 0

There is insufficient evidence that Venezuela requires biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential, since there is no mention of a Biosafety policy or legislation beyond an environmental perspective. While no information specifically on trainings are available, regulations in Venezuela specify that personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to health checks. According to the Organic Law of Prevention, Conditions and Work Environment (2005). Employers must identify all unsafety conditions, including those generated by the action of physical, chemical agents, biological, meteorological, or dysergonomic or psychosocial conditions that may cause damage to the workers' health. In the case of activities that, „due to their danger, are considered by the Regulations as liable to special controls for damages that could be caused to workers or to the environment”, employers must inform in writing to the National Institute for Occupational Prevention, Health and Safety about the „unsafe conditions and the measures developed to control them according to the established criteria“ [Art 56] [1]. The Venezuelan Institute of Social Security rates as a maximum risk company to those who handle „bacteriological and viral material, harmful or dangerous substances“ [2]. All companies must have a Surveillance system for epidemiological, work accidents and occupational diseases. The surveillance system must engage in a „continuous process of collecting and analyzing occupational health problems and their determinants, followed by promotion and prevention actions“ [3]. The „Law on Dangerous Substances, Materials and Waste“ provides a series of regulations and requirements for the use and handling of substances, materials or hazardous materials (which include materials preserving biological properties) for the prevention and control of accidents by substances.

However, there is no mention of safety within laboratories, nor of any sorts of training throughout the document [4]. The "Law on Biological Diversity" has mentions on biosecurity („bioseguridad“), which most likely refers to biosafety on its Spanish translation. However, the legislation refers only to agricultural biosafety (for preventing risks to biological diversity), and not at preventing accidental, unintentional misuse and release of dangerous substances harmful for humans [5]. There is no mention on Biosafety on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [6]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [7,8]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [10]. None of VERTIC's available legislations for Venezuela on its "Biological Weapons Convention Legislation Database“ refer to biosafety [11].

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a
Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Venezuela has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, or other dual-use research. There is no mention on dual-use research on the website of the National Institute of Hygiene Rafael Rangel, the national reference laboratory [1]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [2,3]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [4]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [5]. None of Venezuela' laws listed on the VERTIC Biological Weapons Convention Legislation Database deal with dual-use research. [6]


1.5.1b
Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a national policy requiring oversight of dual-use research, such as research with especially dangerous pathogens, toxins, or pathogens with pandemic potential. There is no mention on a policy for requiring oversight of dual-use research on the website of the National Institute of Hygiene Rafael Rangel, the national reference laboratory [1]. There is no relevant information on the Ministry of Health or the Ministries of Urban Agriculture websites [2,3]. The Ministry of the
Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [4]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [5]. There is no evidence of such a law or regulation on the VERTIC Biological Weapons Convention Legislation Database [6]. The National Institute for Occupational Prevention, Health and Safety's functions include "the promotion, education and research on occupational health", but no specific information is provided on research oversight of dangerous pathogens [7].


1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of an agency in Venezuela specifically responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, other dual-use research. There is such an agency responsible for oversight of dual-use research on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [1]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [2,3]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [4]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [5]. There is no evidence of such an agency on the VERTIC Biological Weapons Convention Legislation Database [6]. The National Institute for Occupational Prevention, Health and Safety's functions include "the promotion, education and research on occupational health", but no specific information is provided on research oversight of dangerous pathogens [7].

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of Venezuela having a national policy requiring the screening of synthesized DNA before it is sold. The 2000 "Law on Biological Diversity", which broadly defines the model of the biosafety regulation system in the country ("bioseguridad"), has no mentions on requiring screen of synthesized DNA before its sold. However, the legislation refers only to agricultural biosafety (for preventing risks to biological diversity), and not at preventing accidental, unintentional misuse and release of dangerous substances harmful for humans [1]. A year later, a proposal by the Andean Community for strengthening norms on biosafety mechanisms, and the corresponding organization to manage them, proposed a series of rules, none of them however mentioning the screening of synthesized DNA before its sold [2]. There is no mention on such requirements on the National Institute of Hygiene Rafael Rangel website, the only working website with a national reference laboratory [3]. There is no relevant information on the Ministry of Health, Ministry of Defense, Ministry of Transport or the Ministry of Urban Agriculture websites [4,5,6,7]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [8]. Although Venezuela is party to the Biological Weapons Convention since 1978, it never has submitted Confidence Building Measures (CBMs) [9]. No legislations on Vertic’s database for Venezuela mention regulations for this specific purpose [10].

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a
Immunization rate (measles/MCV2)
Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

2019

World Health Organization

1.6.1b
Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?
Yes = 1, No = 0

Current Year Score: 1

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a
Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?
Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 0

There is insufficient publicly available evidence that Venezuela’s national laboratory system can conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests. The National Institute of Hygiene Rafael Rangel (INHRR), Which hold a laboratory,
does inform about the three main categories of services to the people: bacteriology, microbiology, virology. Within each section they detail some of the required tests: PCR, Serology for HIV, Tuberculosis/TB [1]. Although there is some evidence that the INHRR tests for Malaria and Influenza, it is not conclusive about whether these services are still available. For example, for Malaria Test the INHRR launched the "Protocol for the Treatment of Malaria in 2017" which should still be in place, however there is no such evidence. Similarly, on the INHRR website it indicates that they test for respiratory viruses, but don’t specify which ones. [1,2]. There is a Master Plan for strengthening the response to HIV, tuberculosis, and malaria in the Bolivarian Republic of Venezuela from a public health perspective; that mentions the existence of testing for all three diseases, but no mention on the type of tests [3]. Another relevant laboratory testing site is within the Central University of Venezuela. However, the website is not working [4]. Venezuela is a member of the Latin American Network for Surveillance of Antimicrobial Resistance - ReLVRA, which has 19 national laboratories of reference. However, the website provides no information if any of these laboratories is in Venezuela or the type of tests it conducts [5] Thre is no further evidence on the website of the Ministry of Health. [6]


2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 0

There is no evidence that there is a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing. There is some information about testing and vaccination campaigns and places, although for known pathogens (i.e. malaria, polio) on the website of the Ministry of the Popular Power for Health (MPPS). Similarly, there is some information about campaigns, but they are allocated randomly and without any particular allocation [1,2,3]. There is also limited evidence about testing programs on the website of the National Hygiene Institute Rafael Rangel (Instituto Nacional de Higiene). There is a section for diagnosis and epidemiological surveillance, but it only shows services to the public [4,5]. Venezuela has a Covid-19 information website that refers to diagnosed cases, but there is no information of a plan or strategy to conduct testing [6]. There is no evidence about past, ongoing or future surveillance or testing plans/actions on the website of the Ministry of
2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])? Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela’s national laboratory that serves as a reference facility is accredited (e.g., ISO 15189:2003, CLIA). The National Institute of Hygiene Rafael Rangel does not provide any information regarding any accreditation of its laboratory [1]. There is a document named “Quality Management of the National Institute of Hygiene Rafael Rangel” through Scielo repository, but the website is not working [2]. There is mention of a 2016 presentation to the Inter-American Network of Food Analysis Laboratories named “Accreditation of the Laboratories of the National Institute of Hygiene "Rafael Rangel" under ISO 17025: 2005”. According to the presentation, the accreditation was achieved in 2015 [3]. However, there is no further information on the Institute website. [1]. ISO/IEC 17025:2005 specifies the general requirements for the competence to carry out tests and/or calibrations, including sampling. It covers testing and calibration performed using standard methods, non-standard methods, and laboratory-developed methods. The certification is intended for use by laboratories in developing their management system for quality, administrative and technical operations, and for recognizing the competence of the laboratory to accreditation agencies or government. Compliance with regulatory and safety requirements on the operation of laboratories is not covered by ISO/IEC 17025:2005 [4]. There is also no mention of this accreditation (or other accreditations) on official sources, such as the Ministry of Health or the Ministry of Urban Agriculture websites [5,6]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [7]. The National Autonomous Service for Standardization, Quality, Metrology and Technical Regulations (SANNC) issues some information about accreditation and the general Venezuelan Regulations for accreditation (CONVENIN), but no information about international standards currently in place or being undertaken [8].

2.1.2b
Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Venezuela has a national laboratory that serves as a reference facility subject to external quality assurance review. The National Institute of Hygiene Rafael Rangel does not provide any information regarding if the institute is subject to external quality assurance review [1]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [2,3]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a site that is not working [4].


2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a
Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela has a nationwide specimen transport system for transporting specimens from the site of collection to a laboratory for testing. The "Law on Dangerous Substances, Materials and Waste" provides regulations for transporting dangerous substances, but does not mention specimens related to epidemic potential [1]. The National Institute of Hygiene Rafael Rangel has a series of guidelines for transporting specimens for tuberculosis and
2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no evidence of a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. Although the Health Ministry in cooperation with the WHO/PAHO have expanded the national laboratory capacity to test COVID-19 samples in 2020, this is a result of international cooperation and humanitarian aid agreements; there is no evidence that these actions are a result of any national plans or strategies to scale-up testing in prevention of any outbreak [1,2]. No information about potential or current plans in place to authorize rapid expansion of the laboratory system, this according to the National Hygiene Institute "Rafael Rangel"[3]. There is no evidence of a plan in place on the website of the Ministry of the Popular Power in agriculture which is broken.[4]

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,

Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

Current Year Score: 0

There is no public evidence that Venezuela is conducting ongoing event-based surveillance and analysis for infectious disease. There is no evidence of an EBS on the website of the National Directorate of Civil Protection and Disaster Management (PCAD), which handles public health emergencies [1, 2]. While some PCAD strategies discuss an event-based surveillance unit, there is no further information about EBS available on the PCAD website [3, 4]. There is no evidence of an EBS on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care website, run by the Venezuelan Foundation for Seismological Research [5]. According to a PAHO-article of 2017, there is a National Commission for Emergencies and Disasters for Venezuela [6]. However, there is no website for this commission. There is no evidence of event-based surveillance systems on the National Institute of Hygiene Rafael Rangel, the Ministry of Health, and the Ministry of Urban Agriculture websites [7,8,9]. The "Organic Law of Security and Defense", which frames the actions of assist, lead, coordinate and oversight actions related to the overall integrity of the national territory and the people's well being has no mention of such a system [10].

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2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that Venezuela reported a potential public health emergency of international concern (PHEICs) to the World Health Organization (WHO) within the last two years. The WHO Disease Outbreak News site reports result for reportable diseases for Venezuela for November 2019 (Yellow Fever). There are additional reports for 2016 (Guillain-Barré syndrome), 2015 (Zika virus infection) and 2004 (Yellow fever). [1] There is no further information on the Ministry of Health or National Institute of Hygiene Rafael Rangel websites [2,3]. Venezuela declared its first case of Covid-19 in March 2020, after the WHO declared COVID-19 as Public Health Emergency of International Concern in January 2020. [4, 5]


2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence to confirm that Venezuela operates an electronic reporting surveillance system at both the sub-national and national level. The "National Health Plan 2014-2019" and the 2006-2010 WHO/PAHO bilateral cooperation strategy with Venezuela mention the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, family file, establishment card and hospital history in all establishments of the integrated health network. It proposes as well the creation of a Directorate for Information Systems for the integrated health that unifies the units of statistics on health. However, while the system is expected to be interconnected through the Public Health system, there is no mention of any functions in surveillance of diseases, nor there is any indication that the system is currently working [1, 2]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [3,4]. It appears to be a mention on the system on the "Institute of Higher Studies Dr. Arnaldo Gabaldon" website, but the website is not working [5]. There is no mention of an integrated surveillance system for electronic reporting on the Ministry's of Health 2013 Memories, a compendium of the progress made by the sector until that year [6]. On a study of the Andres Bello University (UCAB) in cooperation with the MPPS some detail about a potential monitoring system is provided, but no
further information is found [7].


2.3.2b

**Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no evidence to confirm that the Venezuela has an electronic reporting surveillance system that collects ongoing/real-time laboratory data, since there is no evidence of such a system in the country. The "National Health Plan 2014-2019"; and the 2006-2010 WHO/PAHO bilateral cooperation strategy with Venezuela mention the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, family file, establishment card and hospital history in all establishments of the integrated health network. It proposes as well the creation of a Directorate for Information Systems for the integrated health that unifies the units of statistics on health. However, the system is expected to be connected through the Public Health system, it does not mention any functions in surveillance of diseases, nor there is any indication that the system is currently working [1,2]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [3,4]. It appears to be a mention on the proposed information and surveillance system on the "Institute of Higher Studies Dr. Arnoldo Gabaldon" website, but the website is unstable and access to it is not always possible [5]. There is no mention of an integrated surveillance system for electronic reporting on the Ministry's of Health 2013 Memories, a compendium of the progress made by the sector until that year [6].


2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 0

There is insufficient evidence that electronic health records are in use in Venezuela. The "National Health Plan 2014-2019" and the 2006-2010 WHO/PAHO bilateral cooperation strategy with Venezuela mention the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, among others. There is no indicator that the system is currently working, or about how expanded the system is and if they use EHR for their integrated software [1]. The 2016 Pan-American Health Organization report on "Electronic Medical Records in Latin America and the Caribbean", mentions that Venezuela has a digital agenda at the national level that contemplates the discussion on EHR and will "issue technical specifications for the possible exchange scenarios and for the design of EMR"; which suggests that EHR are not currently in place. [2]. In 2016, at the Latin American and Caribbean Network for the Strengthening of Health Information Systems (RELACSI), the Venezuelan representative for the MPPS introduced to the Health Information Systems and the role of EMRs. During the presentation, there was no specific mention of a consolidated national and commonly used EHR system [3]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [4,5]. There is no mention of EHR as well on the Ministry of Popular Power for University Education, Science and Technology website [6]. Webpages within the Ministry’s website where there might be information on EHR are not working [7,8]. On a study of the Andres Bello University (UCAB) in cooperation with the MPPS some detail about a potential monitoring system is provided, but no further information is found [9].


2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1 , No = 0

Current Year Score: 0

There is not enough evidence that Venezuela’s national public health system have access to electronic health records of individuals in their country, since there is no evidence that electronic health records are in use. The "National Health Plan 2014-2019" and the 2006-2010 WHO/PAHO bilateral cooperation strategy with Venezuela mention the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, family file, establishment card and hospital history in all establishments of the integrated health network. However, there is no indicator that the system is currently working, or any further information detailing how expanded the system is and if they use EHR for their integrated software [1,2]. The 2016 Pan-American Health Organization report on "Electronic Medical Records in Latin America and the Caribbean: Analysis of the current situation and recommendations for the Region", mentions that Venezuela has a digital agenda at the national level that contemplates the discussion on EHR and will "issue technical specifications for the possible exchange scenarios and for the design of EMR", which suggests that EHR are not currently in place. According to the report, this agenda is not related to the Ministry of Health, but depends on the Ministry of Science and Technology [3]. In 2016, at the "Latin American and Caribbean Network for the Strengthening of Health Information Systems (RELACSIS)" conference, the Venezuelan representative for the Ministry of Health gave an introduction to Health Information Systems and the role of EMRs. The representative described the general aspects of the Health Information System, as well as the progress made and coming challenges in the implementation of the Health Information Systems Project, however, during the presentation, there was no specific mention of a consolidated national and commonly used EHR system [4]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [5,6]. On a study of the Andres Bello University (UCAB) in cooperation with the MPPS some detail about a potential monitoring system is provided, but no further information is found [7].


Are there data standards to ensure data is comparable (e.g., ISO standards)?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela’s has data standards to ensure data is comparable (e.g. ISO standards), since there is no evidence that electronic health records are in use. The "National Health Plan 2014-2019" and the 2006-2010 WHO/PAHO bilateral cooperation strategy with Venezuela mention the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, family file, establishment card and hospital history in all establishments of the integrated health network. However, there is no indicator that the system is currently working, or any further information detailing how expanded the system is and if they use EHR for their integrated software [1,2]. The 2016 Pan-American Health Organization report on "Electronic Medical Records in Latin America and the Caribbean: Analysis of the current situation and recommendations for the Region", mentions that Venezuela has a digital agenda at the national level that contemplates the discussion on EHR and will "issue technical specifications for the possible exchange scenarios and for the design of EMR", which suggests that EHR are not currently in place. According to the report, this agenda is not related to the Ministry of Health, but depends on the Ministry of Science and Technology [3]. In 2016, at the "Latin American and Caribbean Network for the Strengthening of Health Information Systems (RELACSIS)" conference, the Venezuelan representative for the Ministry of Health gave an introduction to Health Information Systems and the role of EMRs. The representative described the general aspects of the Health Information System, as well as the progress made and coming challenges in the implementation of the Health Information Systems Project, however, during the presentation, there was no specific mention of a consolidated national and commonly used EHR system [4,5,6].

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a
Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of established mechanisms at the relevant ministries in Venezuela that are responsible for animal, human and wildlife surveillance to share data (such as through mosquito surveillance, brucellosis surveillance, etc.). The "National Health Plan 2014-2019" and the 2006-2010 WHO/PAHO bilateral cooperation strategy with Venezuela mention the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, family file, establishment card and hospital history in all establishments of the integrated health network. However, there is no evidence of sharing surveillance data across Ministries responsible for animal, human and wildlife [1]. There are no information of such a mechanism on the Ministry of Health website [2]. There is also a law that regulates the sharing of data and information between government entities, named the "Law on Access and Electronic Exchange of Data, Information and Documentation Among the Bodies and Entities of the State". Under Article 2 it mentions that need to establish conditions for the development of projects that guarantee access and electronic exchange of data, information, and documents between organs and entities of the State, and it also mentions the existence of a National Platform of Information Services for the purpose [3]. It does not seem that the system works towards sharing surveillance data on diseases and animals. There is no mention of these systems, or on mechanisms for sharing surveillance data on the Ministry of Popular Power for Ecosocialism and Waters [4]. There is no relevant information on the Ministry of Health, the National Institute of Hygiene Rafael Rangel, or the Ministry of Urban Agriculture websites [2,5,6]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [7].

2.4.3 Transparency of surveillance data

2.4.3a Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Venezuela makes de-identified health surveillance data on disease outbreaks publicly available on government websites. There is no relevant information on the Ministry of Popular Power for Health or the National Institute of Hygiene Rafael Rangel [1,2]. According to a 2019 report by The Lancet on Infectious Diseases, no official data on infectious diseases has been published in over two years. However, the article mentions that there has been a 69% increase in cases of malaria between 2016 and 2017, a 41% increase in cases of tuberculosis between 2014 and 2017, as well as an increase in cases of measles [4]. The Ministry of Popular Power for Health also has a website dedicated to Covid-19 which makes de-identified health surveillance data on COVID-19 such as mortality rate, number of positive cases, recovered cases, among other metric available on this website. [5] However, there is no such data available for other infectious diseases in the country.


2.4.3b Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that the country make de-identified COVID-19 surveillance data available via daily reports on government websites. Through the website of the MPPS, the Venezuelan government makes available de-identified COVID-19 surveillance data (case count, mortality, active and closed cases, deceased and regional/country distribution) on a daily basis. They also aggregate data at week and monthly-basis [1,2]. The government also uploads information about COVID-19 to the population [3]. With the support of international bilateral and aid providers (i.e. OCHA, ICRC) the country makes available additional information related to COVID-19 and the operations on the field [4]. With the support of a private sector company, a comprehensive map of COVID-19 distribution, surveillance and identification was possible. This effort, however, is not clear as whether they coordinate with the government or not [5].

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Venezuela has laws or guidelines that safeguard the confidentiality of health information for individuals, such as that generated through health surveillance activities. According to “Transparencia Venezuela”, a Transparency International country office, in Venezuela there is no law that protects personal data, which puts citizens in disadvantage when giving information of personal interest that is handled by the organisms of the State [1]. There are other laws that indirectly deal with protection of personal data, like the 1991 “Law on Protection of Communications Privacy”, which protects the secrecy of interpersonal communications The website is currently not working [2], the “Special Law Against IT crimes”. Currently the website is accessible but the content has been erased [3], and the “Law on Access and Electronic Exchange of Data, Information and Documentation Among the Bodies and Entities of the State” [4]. However, none of them has any mention of protecting the confidentiality of health information for individuals. The “National Health Plan 2014-2019” mentions the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, family file, establishment card and hospital history in all establishments of the integrated health network. However, there is no discussion on de-identified health surveillance data, nor any indication that the system is currently working [5]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [6, 7] The UNCTAD 'Data Protection and Privacy Legislation Worldwide' database notes that Venezuela does not have any legislations pertaining to data protection, privacy, cybercrime, electronic transactions, and consumer protection [8].

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Venezuela has laws or guidelines that safeguard the confidentiality of health information for individuals, such as that generated through health surveillance activities, let alone any that specifically mention cyber attacks. According to "Transparencia Venezuela", a Transparency International country office, in Venezuela there is no law that protects personal data, which puts citizens in disadvantage when giving information of personal interest that is handled by the organisms of the State [1]. There a other laws that indirectly deal with protection of personal data, like the 1991 "Law on Protection of Communications Privacy", which protects the secrecy of interpersonal communications. The website is currently not working [2], the "Special Law Against IT crimes". Currently the website is accessible but the content has been erased [3], and the "Law on Access and Electronic Exchange of Data, Information and Documentation Among the Bodies and Entities of the State" [4]. However, none of them has any mention of protecting the confidentiality of health information for individuals. The "National Health Plan 2014-2019" mentions the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, family file, establishment card and hospital history in all establishments of the integrated health network. However, there is no discussion on de-identified health surveillance data, nor any indication that the system is currently working [5]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [6,7] The UNCTAD 'Data Protection and Privacy Legislation Worldwide' database notes that Venezuela does not have any legislations pertaining to data protection, privacy, cybercrime, electronic transactions, and consumer protection. [8]

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease = 2, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Venezuelan government has made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region. There is no mention on a commitment to share surveillance data on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2, 3].

There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [4, 5]. There is also no evidence on any public commitment by the Venezuelan Government on sharing surveillance data on the RELDA laboratory network for dengue diagnosis and outbreak prevention, on the Latin American Antimicrobial Resistance Surveillance Network ReLAVRA, which focuses on the surveillance of resistance in the pathogens acquired in the community and nosocomial and community pathogens, or on the System of Surveillance Networks of Agents Responsible for Pneumonia and Bacterial Meningitis (SIREVA II) [6, 7, 8].

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a
Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence that there is a national system in place in Venezuela to provide support at the sub-national level, neither that conducts contact tracing in the event of a public health emergency. As a result of Covid-19, Venezuela has launched a Covid-19 website where it shows the latest statistics on infection in the country. It has updated information, news and articles on prevention. However, while there is evidence of some kind of tracing, there is no evidence of contact tracing following with a infected person to get treatment and prevent further spread. [1] The "National Health Plan 2014-2019" mentions the creation of an Integrated System of Health Information and Surveillance for the National Public Health System, seeking to develop an interconnected and integrated software for epidemiological records, basic clinical history, family file, establishment card and hospital history in all establishments of the integrated health network. However, there is no evidence of contact tracing [2]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [3,4].


2.5.1b
Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is no evidence that the country provides wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention. The "Legal Basis Indemnification Of Temporary Disability For Work", found on the website of the Venezuelan Institute of Social Security, a branch of the Ministry of the Popular Power for Social Services and Work, provides regulations on providing economic and social relief to the people with specific medical diagnosis (in private or public sectors) [1]. Other forms on the same website are available, but none specifically detail what self-isolated or infected cases should do, but rather assume "general diagnosed sickness", which has to be determined by a general practitioner or any other kind of doctor [2,3]. Article 72 of the country’s constitution determines the cases when such suspension or stop on the working relationship is applied.
Furthermore, articles 104, 119, 141, 339 and 386 provide a framework to the applicability of such wraparounds and overall social protection system provided by either the public or private sector, or both [4]. As a response to COVID-19, an article was released in April 15 2020 where they detail wraparound and social protection measures for workers in case of the illness. According to the article, employers should consider granting workers paid sick leave and recommending that they visit the nearest medical center for primary medical care. During these leaves, employers must pay employees one-third of their salary as compensation for sickness in accordance with Venezuelan social security and labor law (although they may choose to pay the full amount of salary as a special consideration related to the pandemic COVID-19, if possible), plus the food benefit. This is however pertaining to the employer, and not a benefit from the state. [5] There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [6,7].


2.5.1c
Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?
Yes = 1 , No = 0
Current Year Score: 0

There is no evidence that the country makes de-identified data on contact tracing efforts for COVID-19 via daily reports on government websites. Through the website of the Ministry of the Popular Power for Health, the Venezuelan government makes available de-identified COVID-10 surveillance data (case count, mortality, active and closed cases, deceased and regional/country distribution) on a daily basis. However, while there is surveillance data, there is no evidence of contact tracing following a infected person to get treatment and prevent further spread. While surveillance data is de-identified, there is no contact tracing data to provide de-identified information [1,2]. The government also uploads information about COVID-19 to the population [3]. With the support of international bilateral and aid providers (i.e. OCHA, ICRC) the country makes available additional information related to COVID-19 and the operations on the field [4]. With the support of a private sector company, a comprehensive map of COVID-19 distribution, surveillance and identification was possible [5]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [6,7].

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient evidence of a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency. There is evidence of efforts to identify cases at border control, but no evidence that this is a joint effort between border control and the health ministry. The Ministry of Popular Power for Health (MPSS) issued a set of guidelines and measures for Epidemiological Surveillance at International Airports and Ports and at Border Crossings for the Prevention and Control of Acute Respiratory Infections due to Coronavirus 2019 (COVID-19) [1]. Similarly, due to COVID-19, the MPSS issued a document where they detail the quarantining process of all patients in PASIs (Integral Social Assistance Point), without differences between national or international travelers. These PASIs however are spaces for isolation and the document provides guidelines for workers and isolated public, but no mention of contact tracing thereafter is mentioned [2]. On the 23 October 2020 the WHO/PAHO in Venezuela issued a communication informing that the government through the MPPS is to expand the testing and tracing system to be available nationwide. To some extend, this implies levels of coordination between institutions, however this cannot be fully determined [3]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [4,5].


2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?
- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 0

There is no evidence to conclude that Venezuela has an applied epidemiology training program available in the country, or that there are resources provided by the government to send citizens to another country to participate in applied epidemiology training programs. The TEPHINET website does not list an Epidemiology Training Program for Venezuela [1]. Venezuela is not a member of RedSur, the network of Central and South American FETPs [2]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [3,4]


2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence to conclude that Venezuela has an applied epidemiology training program explicitly inclusive of animal health professionals or that there is a specific animal health field epidemiology training program. The TEPHINET website does not list an Epidemiology Training Program for Venezuela [1]. Venezuela is not a member of RedSur, the network of Central and South American FETPs [2]. There is no relevant information on the Ministry of Health or the National Institute of Hygiene Rafael Rangel [3,4]

2.6.2 Epidemiology workforce capacity

2.6.2a
Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?
Yes = 1 , No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a
Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?
Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 0

There is no evidence that Venezuela has a comprehensive or overarching public health emergency response plan in place that address planning for multiple communicable diseases with epidemic or pandemic potential. Due to the COVID-19 pandemic, the Venezuelan government with support from the World Health Organization launched in May 2020 the "COVID-19 Intersectoral preparedness and care plan". It includes limited references on communicable diseases (one reference in preventing measures) [1]. On September 2019, the PAHO/WHO launched the "Communicable Diseases of Public Health Importance" for Venezuela, where it summarizes all known communicable diseases in the country with suggestions of how to prevent with vaccination and short protocols and procedures. This, however, is not a plan [2]. In September 2019, the Venezuelan government launched the "National Vector-Borne Disease Prevention and Back-to-School Water Plan" (Plan Nacional de Prevención de Enfermedades Transmitidas por Vectores y Agua para el regreso a clases) with a clear focus on schools nationwide. There is no official document or evidence about such plan, its goals, outcomes or surveillance actions. It was broadcasted by the media nationwide [3]. There is evidence of bilateral collaboration/support between the PAHO/WHO and the Venezuelan government. The 57th Directing Council & 71st Session of the regional committee for the Americas reported about the situation of communicable diseases in the country and do mention some campaigns (i.e. against diphteria and malaria), but no overarching plan. Furthermore, the report highlights the vulnerability and ongoing deterioration of the...
overall healthcare system capacity to - among other diseases - prevent communicable diseases with pandemic potential [4]. In the "Humanitarian Response Plan" Overview for Venezuela launched in July 2020 by OCHA & partners, they refer to the vulnerability of the country's healthcare system to prevent both communicable and non-communicable diseases. In fact, they show worrisome increases in the past years, which are expected to worsen up. On chapter 67 it is possible to find a sectoral plan with objectives, indicators and target population, but this is intended to guide the operations of OCHA & partners on the field, and is unknown whether this was institutionalized by the Venezuelan government or it is part of a wider plan implemented at national level [5]. There is no relevant information through the Ministry of Health website [6].


3.1.1b
If an overarching plan is in place, has it been updated in the last 3 years?
Yes = 1 , No / no plan in place = 0

Current Year Score: 0

There is no evidence to confirm that Venezuela has an overarching national public health emergency response plan dealing with communicable diseases with pandemic potential, least that it has been updated in the past 3 years. The "Healthcare Programs" (Programas de Salud) of the Ministry of Popular Power for Health (Ministerio del Poder Popular para la Salud) and "Norms and legal resources" (Normas Legales) provide no evidence of overarching public health or sectoral plans, but only manuals and guidelines to public health diseases such as respiratory or tuberculosis. The "epidemiological bulletin" is intended to target incoming passengers from abroad to prevent COVID-19 of spreading [1,2]. In the "Humanitarian Response Plan" Overview for Venezuela launched in July 2020 by OCHA & partners, they refer to the vulnerability of the country's healthcare system to prevent both communicable and non-communicable diseases. On chapter 67 it is possible to find a sectoral plan with objectives, indicators and target population, but this is intended to guide the operations of OCHA & partners on the field, and is unknown whether this was institutionalized by the Venezuelan government or it is part of a wider plan implemented at national level [3]. Due to the COVID-19 pandemic, the Venezuelan government with support from the World Health Organization, launched the "COVID-19 Intersectoral preparedness and care plan". The plan was released in May 2020 and includes limited references about communicable diseases - only one reference in preventing measure [4]. There is
There is no evidence to confirm that Venezuela has an overarching national public health emergency response plan dealing with communicable diseases with pandemic potential, nor that it includes considerations for paediatric and other vulnerable populations. The "National Health Plan 2014-2019" provides no reference to communicable diseases [1]. The Ministry of Health 2013 Memories, a compendium of the progress made by the sector until that year, has references to communicable diseases, but consists of projects involving diagnosis and research capacities more than preparedness for a pandemic potential. Their projects relate to strengthening of the National Reference Centre and the network of public health laboratories for the diagnosis and research of communicable diseases [2]. On September 2019 the Venezuelan government launched the "National Vector-Borne Disease Prevention and Back-to-School Water Plan" (Plan Nacional de Prevención de Enfermedades Transmitidas por Vectores y Agua para el regreso a clases) with a clear focus on schools nationwide. There is no official document or evidence about such plan, its goals, outcomes or surveillance actions. It was broadcasted by the media nationwide [3]. UNICEF provides a monthly-based publication "Humanitarian Situation Report". In such report of 2020, there is no evidence of press conferences and media appearances of the Minister of Health, Mr. Carlos Alvarado with plans to tackle respiratory and communicable diseases, however no such documents or statistics are found in the official websites [5,6]. There is no relevant information or overarching plans through the Ministry of Health or the National Directorate of Civil Protection and Disaster Management websites [7,8].

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1, No /no plan in place= 0

Current Year Score: 0

There is no evidence to confirm that Venezuela has an overarching national public health emergency response plan dealing with communicable diseases with pandemic potential, nor that it includes considerations for paediatric and other vulnerable populations. The "National Health Plan 2014-2019" provides no reference to communicable diseases [1]. The Ministry of Health 2013 Memories, a compendium of the progress made by the sector until that year, has references to communicable diseases, but consists of projects involving diagnosis and research capacities more than preparedness for a pandemic potential. Their projects relate to strengthening of the National Reference Centre and the network of public health laboratories for the diagnosis and research of communicable diseases [2]. On September 2019 the Venezuelan government launched the "National Vector-Borne Disease Prevention and Back-to-School Water Plan" (Plan Nacional de Prevención de Enfermedades Transmitidas por Vectores y Agua para el regreso a clases) with a clear focus on schools nationwide. There is no official document or evidence about such plan, its goals, outcomes or surveillance actions. It was broadcasted by the media nationwide [3]. UNICEF provides a monthly-based publication "Humanitarian Situation Report". In such report of
December 2019 it relates the actions taken to supply with more than ~10 million supplementary doses against Bacillus Calmette-Guérin (BCG), measles, mumps, and rubella (MMR), bivalent oral polio (bOPV), Inactivated polio (IPV), Tetanus and Diphtheria (Td) and yellow fever for the regular immunization program. This, however, is none indication of a specific plan assumed at national level. These reports are updated every month[4,5]. One national plan (as part of a bigger macro-regional Andean plan) was enacted in 2018 "Andean Plan for the Prevention and Control of Non Communicable Diseases" where Venezuela was signatory, there they include pediatric population. No plan for Communicable disease was included or found [6]. There is no other relevant information or overarching plans through the Ministry of Health or the National Directorate of Civil Protection and Disaster Management websites [7,8].


3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?
Yes = 1, No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)
3.1.2 Private sector involvement in response planning

3.1.2a Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Venezuela has a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. Neither the "National Health Plan 2014-2019" nor the Ministry of Health 2013 Memories provides a reference to outbreak emergency preparedness and response [1,2]. There is no information about whether the National Directorate of Civil Protection and Disaster Management (PCAD) handles public health emergencies either [3]. On the PCAD's Risk Management strategy website, they provide a list of services and plans which none include working with the private sector, and none of the plans are accessible through another link besides being mentioned [4]. There is a small mention on coordinating with the private sector on Venezuela's National Civil Defense System for Disaster and Emergency Prevention and Care, a webpage within the Venezuelan Foundation for Seismological Research. The website states the need to "procure and organize the resources that can be provided by official and private institutions, national or foreign (...) and rationalize their effective use", but no mention of a mechanism for engaging with the sector is mentioned [5]. There is no relevant information through the Ministry of Health website [6].


3.1.3 Non-pharmaceutical interventions planning

3.1.3a Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?
Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 1

There is evidence that the country has a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic, but they only apply to the ongoing COVID-19 pandemic. The Ministry of
the People’s Power in Health (Ministerio del Poder Popular de Salud - MPPS) outlined its "Measures for Epidemiological Surveillance at International Airports and Ports and at Border Crossings for the Prevention and Control of Acute Respiratory Infections due to Coronavirus 2019 (COVID-19)." This document includes measures to test, quarantine and follow-up on potential symptomatic or asymptomatic cases of COVID-19 to prevent the disease from spreading in the country. [1].

Additionally, in July 2020 OCHA & partners released the Humanitarian Response Plan for Venezuela. They outline several actions against communicable and non-communicable diseases. It is not clear whether these actions are fully or partially coordinated or agreed with the Venezuelan government [2]. Several resources about official communication, data and measures against COVID-19 and other communicable diseases are found in the MPPS website, however contain limited information about non-pharmaceutical interventions for other diseases with pandemic potential [3]. There is no relevant information on the National Directorate of Civil Protection and Disaster Management websites [4].


3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?
- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is evidence that the nation has activated a national emergency response plan. The country launched a response plan during the COVID-19 pandemic, with support from the World Health Organization, called "Intersectoral Plan of preparation and care COVID-19". The plan was released in May 2020 and includes risk analysis, scenarios, background research and impact on vulnerable groups, targeted goals and strategies for prioritization in regards to Covid-19 [1]. Similarly, on page 81 of the "PAHO/WHO response to COVID-19 in the American Region" released in late May 2020 there is little mention to plans to contain the spread of communicable diseases in the country [2]. With date 2nd September 2019 the PAHO/WHO launched an informative and comprehensive brochure "Communicable Diseases of Public Health Importance" for Venezuela. This brochure summarizes all known communicable diseases in the country with suggestions of how to prevent with vaccination and short protocols and procedures - this, however, is not a plan [3]. There is no evidence that Venezuela participated in a
WHO Simulation Exercise on the website of the WHO. [4]


3.2.1b
Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?
Yes, the country has developed and published a plan to improve response capacity = 2, Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1, No = 0

Current Year Score: 0

Venezuela does not appear on the World Health Organization's (WHO) list of after action reviews, and there is no indication of an after action review on the WHO country and regional page (PAHO). [1, 2] There is also no indication of an after action review or a biological threat-focused IHR on the Ministry of Health, National Directorate of Civil Protection and Disaster Management (PCAD) or the National Civil Defense System for Disaster and Emergency Prevention and Care [3,4,5].


3.2.2 Private sector engagement in exercises

3.2.2a
Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?
Yes = 1, No = 0
There is no evidence that in the past year the country has undergone a national-level biological threat-focused exercise that has included private sector representatives. Venezuela does not appear on the World Health Organization’s (WHO) list of after action reviews, and there is no indication of an after action review on the WHO country and regional page (PAHO), neither that such similar actions were conducted in coordination or included actors from the private sector. [1, 2] There is also no indication of an after action review or a biological threat-focused IHR on the Ministry of Health, National Directorate of Civil Protection and Disaster Management (PCAD) or the National Civil Defense System for Disaster and Emergency Prevention and Care [3,4,5] There is no further evidence on the WHO Simulation Exercise page. [6]


3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

*Does the country have in place an Emergency Operations Center (EOC)?*

Yes = 1, No = 0

**Current Year Score: 0**

There is insufficient public evidence that Venezuela has in place an Emergency Operations Centre. The National Directorate of Civil Protection and Disaster Management (PCAD) has a Risk Management strategy where they list precautions for a series of services they provide, including mentions on a Local Emergency Plan, Disaster Compliance Plan, and Training of Emergency Brigades. However, these services are just listed and none are accessible through another link [1]. Within their strategy level, they mention having EDAN Decision Making, an Incident Command System, the use of INSARAG Methodology, Strategic Management of Disaster Risk and planning in cases of disasters. While some of these strategies may relate to an Emergency Operations Centre, none of these strategies provide any further information besides being listed on the webpage [2]. Finally, there is a "Simon Bolivar" Humanitarian Task Force that has the objective of coordinating and executing natural disaster relief and prevention operations, and that executes operational plans established by the agency itself, but no mention of it constituting an EOC [3]. There is mention of another organization named Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care, a webpage within the Venezuelan Foundation for Seismological Research. However, the website does not provide any information of an EOC. There is no relevant information on the Ministry of Health website [4]. During a media interview, the Health Minister of the MPPS mentioned that the Emergency Operations Centre was "already active", as well as a Biosecurity Committee. However, there is no publicly available evidence (documents,
3.3.1b

**Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?**

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Venezuela's Emergency Operations Center (EOC) is required to conduct a drill for a public health emergency scenario at least once per year nor evidence that they have conducted a drill at least once per year. The National Directorate of Civil Protection and Disaster Management (PCAD) has a Risk Management strategy where they list precautions for a series of services they provide, including mentions on a Local Emergency Plan, Disaster Compliance Plan, and Training of Emergency Brigades. However, they do not mention the need of conducting a drill at least once per year, and these services are just listed and none are accessible through another link [1]. Venezuela's National Civil Defense System for Disaster and Emergency Prevention and Care does not mention a requirement to perform a drill at least once a year, and does not mention any reference to handling public health emergencies besides medical assistance for non-health emergency situations [2]. Within their strategy level, they mention having EDAN Decision Making, an Incident Command System, the use of INSARAG Methodology, Strategic Management of Disaster Risk and planning in cases of disasters. While some of these strategies may relate to an Emergency Operations Centre, none of these strategies provide any further information about drill exercises being conducted on a yearly-basis besides being listed on the webpage [2]. There is no relevant information on the Ministry of Health website [3].


3.3.1c

**Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?**
Yes = 1, No = 0

Current Year Score: 0

There is insufficient public evidence that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario as there is no evidence of such an EOC in place in the country. Furthermore, there is no reference to health-related emergency scenarios. The National Directorate of Civil Protection and Disaster Management (PCAD) has a Risk Management strategy where they list precautions for a series of services they provide, including Training of Emergency Brigades, Eviction Drills in the Event of Adverse Events, Local Emergency Plan, Disaster Compliance Plan, and Vulnerability evaluation. However, these services are just listed and none are accessible through another link [1]. Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care does not mention any performance of a coordinated emergency response exercise or an actual response, and does not mention any reference to handling public health emergencies besides medical assistance for non-health emergency situations [2]. There is no relevant information on the Ministry of Health website [3]


3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?
- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence that Venezuela’s public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event, nor are there publicly available standard operating procedures, guidelines, or agreements between those entities regarding such events. There is no mention on carrying out exercises to respond to deliberate biological events on the National Directorate of Civil Protection and Disaster Management (PCAD), since there is no clear indication that the directorate handles public health emergencies [1]. On their Risk Management strategy, they list a series of services they provide, including mentions on a Local Emergency Plan, Disaster Compliance Plan, and Training of Emergency Brigades. However, these services are just listed and none are accessible through another link [2]. There is no mention of such an exercise or an SOP to respond to potential deliberate biological events on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [3]. Venezuela has a "Law on Arms and Explosives" that
mentions under Article 16 that the "State prohibits entry into the country, manufacture, and use of nuclear, chemical and biological weapons, in accordance with the corresponding law and its regulations", but no mention on actions to be taken in case of a deliberate biological event [4]. There is no relevant information on the Ministry of Health website [5].


3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence Venezuela has in place a risk communication plan that is specifically intended for use during a public health emergency and which outlines how messages will reach populations and sectors with different communications needs since there is no plan to use during a public health emergency. There is no mention on a plan for public health emergencies on the National Directorate of Civil Protection and Disaster Management (PCAD) and there is no clear indicator that the directorate handles public health emergencies [1]. In light of the COVID-19 pandemic, the Venezuelan government uploaded several guidelines for the population but there is no evidence of targeted pedeatric populations or vulnerable groups mentioned in these documents. [2] Separately, there is a guide or plan for surveillance in indigenous territories and among the indigenous population, however it does not detail specific actions. [3] One book called "the Coronavirus Prevention Handbook"from the Wuhan Center for Disease Control and Prevention is uploaded on the MPPS website. It was translated into spanish and in some chapters have specific guidelines for communicating the disease to the people, as well as guidelines for the population themselves to deal, for example, with mental health issues or with the food provision [4]. The UNICEF website for Venezuela has some guides, manuals and communication brochures quite well targeted to different audiences among the population. They, however, cannot be taken as guidance of the national public health response [5]. There is no relevant information on the Ministry of Health website [6].

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Venezuela has in place, either in the national public health emergency response plan or in other legislation, regulation or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency, since there is no accessible national public health emergency response plan. There is no mention on such a plan on the National Directorate of Civil Protection and Disaster Management (PCAD), and there is no clear indication that the directorate handles public health emergencies [1]. There is no mention on public health emergencies on their Risk Management strategy website, where they list precautions for a series of disasters, most of which are of natural origin, except for "Mass influx of people, oil spill and swarm of bees". The Directorate also lists a series of services they provide, including mentions on a Local Emergency Plan, Disaster Compliance Plan and Training of Emergency Brigades. However, these services are just listed and none are accessible through another link [2]. There is no mention of such a plan on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [3]. There is no relevant information on the Ministry of Health website [4]. On the website of the MPPS there is evidence of a separately plan targeting indigenous populations against COVID-19. This however cannot be framed within an overarching national communication plan as it doesn’t exist [5].

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly evidence of a risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) existing, much less of a designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. There is no mention on such a plan on the National Directorate of Civil Protection and Disaster Management (PCAD), and there is no clear indication that the directorate handles public health emergencies or has a risk communication plan [1]. There is no mention on these on the PCAD’s Risk Management strategy website, where they list precautions for a series of disasters, most of which are of natural origin. The Directorate also lists a series of services they provide, including mentions on a Local Emergency Plan, Disaster Compliance Plan and Training of Emergency Brigades, but none regarding risk communication. These services are just listed and none are accessible through another link [2]. There is no mention of such a plan on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [3]. On the Ministry of Health website, in regards to COVID-19, there are recommendations outlined by the Committee on Traditional Medicine and Complementary Therapies (Comite de Medicina Tradicional y Terapias Complementarias), but it does not explicitly mention a position within the government to act as spokesperson [4]. There is no other relevant information on the Ministry of Health [5].


3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 1

There is evidence that the public health system shares information only during active emergencies, but does not regularly utilize online media platform. Because of COVID-19 the social media platforms of the MPPS (i.e. official website, facebook site and twitter) have some information regarding the pandemic and the actions to keep it in line. These are mixed with
information that report achievements made by the government on health, agreements or cooperation with other international agencies, or precaution to take regarding certain diseases (i.e. dengue, malaria) [1,2,3]. There is only one mention on the Ministry of Health website regarding the Zika disease outbreak in January 2016, however, while it references Venezuela as one of the countries where Zika might be present, the report discusses the presence of the disease in other countries [4]. There are some mentions to COVID-19 on the National Directorate of Civil Protection and Disaster Management (PCAD), as well as to some - although clearly not all - regulations or plans [4, 5,6,7]. Before the pandemic, there was even evidence that Maduro, president of Venezuela, had not made a public commitment to address epidemic threats using the word epidemic explicitly, considering that the official government had not published any official data on infectious diseases in over 2 years as of January 2019 [8].


3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 0

There is evidence that senior leaders from Venezuela have shared misinformation on infectious diseases in the past year of 2020. There is media evidence showing that the Venezuelan President Nicolas Maduro have shared fake news from his official accounts. These fake news targeted specific information about a potential treatment or "formula" against COVID-19. The post was fact-checked and then deleted by Twitter [1]. There is evidence that President Nicolas Maduro misinformed its followers - and possible the population - from his official accounts. On march 23rd 2020 he used his personal and official accounts to imply that there was a bioterrorist attempt against Venezuela. Specifically he said that "Venezuelas coming from abroad were purposely inoculated the virus by international enemies". Twitter fact-checked that information and proceed to erase it. [2,3]


3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a
Percentage of households with Internet
Input number
Current Year Score: 72
2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a
Mobile-cellular telephone subscriptions per 100 inhabitants
Input number
Current Year Score: 58.07
2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a
Percentage point gap between males and females whose home has access to a mobile phone
Input number
Current Year Score: 0
2019

Gallup; Economist Impact calculation
3.6.4 Female access to the Internet

3.6.4a
Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 0

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a
In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no evidence that, in the past year, Venezuela has issued a restriction on either the export or the import of medical goods from another country due to an infectious disease outbreak. The World Organization for Animal Health’s Weekly Disease Information portal lists no mention for Venezuela [1]. The WHO Disease Outbreak News site reports no results for reportable diseases for Venezuela [2]. There is no evidence of a restriction on the Ministry of Health or the Ministry of Urban Agriculture websites [3,4]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [5]. For a long period now, and in middle of the COVID-19 pandemic, the country has been facing a shortage of food, medicine and other goods. [6,7] There is no evidence on the website of the Ministry of the Popular Power for Foreign Affairs about any restriction to medical supplies. [8]

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no evidence that, in the past year, Venezuela has issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak. The World Organization for Animal Health's Weekly Disease Information portal lists no mention for Venezuela [1]. The WHO Disease Outbreak News site reports no results for reportable diseases for Venezuela [2]. There is no evidence of a restriction on the Ministry of Health or the Ministry of Urban Agriculture websites [3,4]. The Ministry of the Popular Power for Agriculture and Land, the Ministry with higher competence for this study, has a website that is not working [5]. In the annex site of the “COVID-19 Trade and Trade-related measures” WTO report from 7th October 2020 there is no evidence of import restrictions in Venezuela [6]. The WHO registered on 21st November 2019 an outbreak of Yellow fever in Venezuela without implications on trade [7]. There is no evidence on the website of the Ministry of the Popular Power for Foreign Affairs about any restriction to medical supplies. [8]


3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 0

There is evidence of restrictions/bans imposed without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak due to COVID-19 pandemic. On the National Institute of Civil Aeronautics (Instituto Nacional de Aeronáutica Civil - INAC) website it is possible to find some - although limited - evidence about past enacted resolutions of travel ban (Nr. 6542, 6535, 6528, 6519) due to COVID-19. No information about past travel bans or restrictions due to disease outbreaks other than COVID-19 [1]. No information available on any travel restrictions due to infectious disease outbreak as per the Bolivarian Militar Aviation (Aviación Militar Bolivariana - AMB) website other than COVID-19 [2]. The WHO has no updates on travel restrictions imposed by Venezuela during 2019 or in previous years [3]. No
information about similar restrictions was found on the WAHIS Interface advice system [4]. Although the government has issued several travel bans and restrictions to foreign travelers due to COVID-19, it is not possible to determine whether it was supported bilaterally or internationally. [5]. There is no information available on the website of the Ministry of Foreign Affairs about any decision or controversy about any ban or restriction to foreign travelers due to a pandemic. [6]


Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people
Input number

- **Current Year Score:** 194.75

2001

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people
Input number

- **Current Year Score:** 94.16

2018

WHO; national sources
4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela has a public workforce strategy in place (which has been updated in the past five years) to identify fields where there are an insufficient workforce and strategies to address these shortcomings.

The "National Health Plan 2014-2019" mentions as its 8th Objective to form and train health personnel in strategic areas for its National Health Public System. It proposes measures as cooperation with Cuba and the harmonization of curricular programs for the specialization of health staff (doctors, nurses and personnel of the kind), but does not address other health workforce, nor has it been updated since 2014 [1].

The 2009 "Barrio Adentro. The path to the Bolivarian and Socialist National Public Health System" criticizes previous government model of having "simplified attention with low qualified personnel" and addresses its Barrio Adentro program, where they mention having brought health to remote communities by adding "Health Defenders (...) to support the doctor and serve as integral health promoters", besides increasing the number of professional health personnel (doctors, nurses, dentists, among others) with a cooperation from the Cuban government. They mention the need to strengthen the training and qualification of the staff of the community and the instances of the Public Power, but no specific plan is addressed. While the document may include health personnel outside from doctors and nurses, it has not been updated since its elaboration in 2009 [2].

A 2009 critic by the Venezuelan Medical Federation, named "The Public Health System that Venezuelan needs", expresses the challenges in shortage of health personnel including the number of personnel. It criticizes governments efforts to bring Cuban staff while "more than 3,000 national professionals (emigrated) abroad". However, it hasn't been updated ever since nor is it specific to health personnel outside of doctors and nurses [3].

Finally, there is a Ministry’s of Health document named the "General Regulation for Venezuelan Public Hospitals", but it mostly provides general recommendations to train personnel rather than a plan to address the workforce [4]. There is no relevant information on the Ministry of Health, Ministry of Education or Ministry of Labour websites [5,6,7]. This is in spite of a general health emergency that is going on in the country, facing a "lack of medical and nursing staff (...) representing a loss of at least 55% of trained medical personnel out of a total of 39,900 registered by the PAHO in 2014 (from 2017)". Over 22,000 medical professionals fled Venezuela from 2012-2017 and sought jobs in other Latin American countries [8]. Covid-19 has also reportedly impacted health personnel in the country, with at least 220 doctors having died with covid-19 as of 8 October 2020 [9].

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 87

2017

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence to confirm that Venezuela has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation facility located within the country. Due to the COVID-19 pandemic, the Ministry of Health designated 46 sentinel centers and hospitals to attend to COVID-19 cases [1]. The "Intersectorial Plan for Covid-19 response" also mention the need to establish isolated spaces for the care of women with suspected or confirmed COVID-19 who are pregnant and delivering their newly born [2]. There is a mention of areas being closed for isolation in the Miguel Pérez Carreño Hospital because of the presence of a patient with Covid-19 symptoms [3]. However, while there is evidence of documentation pointing designated spaces, there is also evidence that they are few isolation spaces with severe deficiencies. Doctors of the General Hospital Dr. José Ignacio Baldó mention that they are not qualified to care for cases of coronavirus COVID-19 highlighting that the authorized rooms do not have all the oxygen intakes nor do they have enough individual isolation areas [4]. There is no mention of bioccontainment or isolation facilities on the University Hospital of Maracaibo [5], and "Dr. José Ignacio Baldó (El Algodonal) Hospital", the "Jesús Yerena de Lidice Hospital", "the University Hospital of Caracas" either don’t have websites or are not working [6]. The Government has inaugurated 2 mobile biosafety laboratories, in order to develop projects and lines of research applied in the area of diagnosis of diseases transmitted by high-risk pathogens and thus strengthen the National Public Health System. These high-
tech laboratories have biological safety level 2 (NSB-2) and biological safety level 3 (NSB-3), to improve the diagnostic capacity of diseases caused by pathogens. This is however, not pertaining to patients [7]. The "National Health Plan 2014-2019" provides no reference to communicable diseases [8]. The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, has no reference on biocontainment or patient isolation in cases of communicable diseases [9]. There is no relevant information through the Ministry of Health website, or at the Ministry’s of Health "General Regulation for Venezuelan Public Hospitals" [10,11].


**4.1.2c**

Does the country meet one of the following criteria?
- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

**Current Year Score: 0**

There is insufficient evidence to confirm that Venezuela has demonstrated capacity to expand isolation capacity, or evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years. The "Intersectorial Plan for Covid-19 response" mentions the need to establish isolated
spaces for the care of women with suspected or confirmed COVID-19 who are pregnant and delivering their newly born [1]. There is a mention of areas being closed for isolation in the Miguel Pérez Carreño Hospital because of the presence of a patient with Covid-19 symptoms [2]. However, there is evidence that this isolation spaces are deficient or lacking, therefore evidence that the country does not have capacity to expand isolation. Doctors of the General Hospital Dr. José Ignacio Baldó mention that they are not qualified to care for cases of coronavirus COVID-19 highlighting that the authorized rooms do not have all the oxygen intakes nor do they have enough individual isolation areas [3]. There is no mention of isolation facilities on the University Hospital of Maracaibo [4], and "Dr. José Ignacio Baldó (El Algodonal) Hospital", the "Jesús Yerena de Lídice Hospital", the "University Hospital of Caracas" either do not have websites or do not have functioning web pages [5]. The "National Health Plan 2014-2019" provides no reference to isolation in response to a infectious disease outbreak [6]. The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, has no reference on patient isolation in cases of communicable diseases [7]. There is no relevant information through the Ministry of Health website on plans to expand isolation capacity, or at the Ministry’s of Health "General Regulation for Venezuelan Public Hospitals" [8,9]. There is no mention on expanding isolation capacity on the National Directorate of Civil Protection and Disaster Management (PCAD) [10, 11], or on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [12].

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a
Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?
Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 2

Venezuela has national procurement protocols in place which can be utilized by the Ministry of Public Health and the Ministry of Agriculture for the acquisition of laboratory and medical supplies. The "Decree with Rank, Value, and Force of Law of Public Procurement" of 2014 regulates all Government activities for the acquisition of goods, provision of services and public infrastructure execution. Under Article 3, it is explicitly mentioned that the Decree has a particular emphasis on the entities that compose the National Public Power. The Decree was signed at the time by both the Ministers for Agriculture and Health. While it does not mention regulations explicitly for laboratory and medical needs, these needs are comprehended under the acquisition of goods. There is a section on Article 5 that mentions a series of goods and services excluded from this decree, but none of them mention laboratory or medical supplies, with the exception of staple medicines in cases where the country is suffering from shortage of supplies. [1]. There is also in existence a Venezuelan National Services for Public Procurement [2]. The Law for Public Procurement is also available through the website of the National Institute of Hygiene Rafael Rangel. [3].


4.2.2 Stockpiling for emergencies

4.2.2a
Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?
Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is no evidence to conclude that Venezuela maintains a stockpile of medical supplies or medical countermeasures for national use during a public health emergency, since there is no document detailing preparations for a public health emergency. There is no mention on medical supplies or medical countermeasures for emergency use on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention on a stockpile on medical supplies or medical countermeasures on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The ‘National Health Plan 2014-2019’, the 2009 Ministry of Health’s ‘Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System’ and The Ministry of Health 2015 Memories, a compendium of the progress made...
by the sector until that year, provide no reference to medical supplies or medical countermeasures during a public health emergency [4,5,6]. There is no relevant information through the Ministry of Health, Ministry of Defense website, or at the Ministry’s of Health "General Regulation for Venezuelan Public Hospitals" [7,8,9]. The recent COVID-19 pandemic provides evidence of the lack of stockpile of supplies. Medical and nursing professionals mention lack of basic supplies like soap, disinfectant, syringes and gloves in hospitals [10]. There is an overall lack of personal protective equipment (PPE). PAHO had to deliver 20 tons of PPE for health workers who are in the front row of care and the EU and other countries have helped Venezuela with supplies for hospitals that accumulate 1,500 tons since the pandemic began [11] A report by "Accion Solidaridad" mentions that between 2014 and 2018, the consumption of medicines dropped from 22 to 1.5 units per capita, between 2016 and 2018, the network of private pharmacies registered a shortage of medication in their shelves that oscillated between 80% to 85%, and in the hospitals, the shortage of medicines increased from 55% to 88% between 2014 and 2018 [12].


4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0
Current Year Score: 0

There is no publicly available evidence that Venezuela maintains a stockpile of laboratory supplies for national use during a public health emergency. There is no mention on laboratory supplies for emergency use on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention on a stockpile on laboratory supplies on Venezuela's National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The 'National Health Plan 2014-2019', the 2009 Ministry of Health's 'Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System', and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to laboratory supplies during a public health emergency [4,5,6]. There is no relevant information through the Ministry of Health, Ministry of Defense website, or at the Ministry's of Health "General Regulation for Venezuelan Public Hospitals" [7,8,9].


4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence to conclude that Venezuela conducts or requires an annual review of the national stockpile of medical and laboratory supplies to ensure the supply is sufficient for a public health emergency. There is no mention on medical supplies for emergency use on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention on a stockpiles on Venezuela's National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The 'National Health Plan 2014-2019', the 2009 Ministry of Health's 'Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System' and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to having a stockpile during a public health emergency [4,5,6]. There is no
relevant information through the Ministry of Health, Ministry of Defense website, or at the Ministry’s of Health “General Regulation for Venezuelan Public Hospitals” [7,8,9]. The recent Covid-19 pandemic provides evidence of the lack of stockpile of supplies. Medical and nursing professionals mention lack of basic supplies like soap, disinfectant, syringes and gloves in hospitals [10]. There is an overall lack of personal protective equipment (PPE). PAHO had to deliver 20 tons of PPE for health workers who are in the front row of care and the EU and other countries have helped Venezuela with supplies for hospitals since the pandemic began [11]. While these cases proved the lack of stockpiles as a result of an emergency, there aren’t any indicators that the government participated in a review of the supply of stockpiles.


4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0
There is no evidence to conclude that Venezuela has a plan or agreement to leverage domestic manufacturing capacity to produce medical supplies or medical countermeasures, or to procure either for national use, since there is no document detailing preparations for a public health emergency. There is no mention on such a plan on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention of such a plan on Venezuela's National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The 'National Health Plan 2014-2019', the 2009 Ministry of Health's 'Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System' and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to leveraging domestic manufacturing capacity or procuring medical supplies or medical countermeasures during a health emergency [4,5,6]. There is no relevant information through the Ministry of Health, Ministry of Defense website, or at the Ministry's of Health "General Regulation for Venezuelan Public Hospitals" [7,8,9]. Given the lack of supplies, PAHO had to deliver 20 tons of PPE for health workers who are in the front row of care and the EU and other countries have helped Venezuela with supplies for hospitals that accumulate 1,500 tons since the pandemic began. [10]


4.2.3b

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0
There is no evidence to conclude that Venezuela has a plan or agreement to leverage domestic manufacturing capacity to produce laboratory supplies, or to procure laboratory supplies for national use. There is no mention on such a plan on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention of such plans on Venezuela's National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The 'National Health Plan 2014-2019', the 2009 Ministry of Health's 'Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System' and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to leveraging domestic manufacturing capacity or procuring laboratory supplies during a health emergency [4,5,6]. There is no relevant information through the Ministry of Health, Ministry of Defense website, or at the Ministry's of Health "General Regulation for Venezuelan Public Hospitals" [7,8,9].


4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a plan, program, or guidelines in place for dispensing medical countermeasures (MCMs) for national use during a public health emergency. There is no mention on such a plan or dispensing medical countermeasures on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention of public health emergency plan or dispensing medical countermeasures on Venezuela's National Civil Defense System for Disaster and
Emergency Prevention and Care [3]. The 'National Health Plan 2014-2019', the 2009 Ministry of Health's 'Barrio Adentro. The path to the Bolivarian and Socialist National Public Health System' and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to dispensing medical countermeasures or actions to take during a public health emergency [4,5,6]. There is no relevant information through the Ministry of Health, Ministry of Defense website, or at the Ministry's of Health 'General Regulation for Venezuelan Public Hospitals' [7,8,9]. A report by "Accion Solidaridad" mentions that between 2016 and 2018, the official policies have been limited to rationing measures in the distribution of medicines, "whose access is subject to criteria and conditions of a political nature" [10].


4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency? Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela has a public plan in place to receive health personnel from other countries to respond to a public health emergency. There is no mention on such a plan or receiving aid from other countries on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. Venezuela's National Civil Defense System for Disaster and Emergency Prevention and Care does mention international cooperation strategies, which include having "mechanisms for cooperation, reception and coordination in matters of international assistance" and coordination "with international organizations and governments of other countries for the aid received as well as those that Venezuela sends to
affected countries”. However, there is no further detail besides these statements [3]. The ‘National Health Plan 2014-2019’ and the 2009 Ministry of Health’s ‘Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System’ mention collaboration with the Cuban Government for improving their health system, but no mention to public health emergencies [4,5]. The Ministry of Health only mentions technical cooperation strategies with Cuba, but no mention on actions during public health emergencies [6]. There is no relevant information through the Ministry of Defense website [7]. The National Assembly, who supports the proclaimed interim president Juan Guaido, has released a document that "authorizes the beginning of the procedures for the entry of humanitarian aid”. In this document, they state a series of requirements and guidelines for the entry of humanitarian aid, which includes aid in matters of health, but does not refer to how they plan to facilitate the reception of health personnel from other countries [8].


4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens’ right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 3

2020

World Policy Analysis Center
**4.4.1b**
Access to skilled birth attendants (% of population)
Input number

Current Year Score: 96.2

2016


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**4.4.1c**
Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international $)
Input number

Current Year Score: 88.83

2017

WHO Global Health Expenditure database

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**4.4.2 Paid medical leave**

**4.4.2a**
Are workers guaranteed paid sick leave?
Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

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**4.4.3 Healthcare worker access to healthcare**

**4.4.3a**
Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of legislation, policies, or public statements regarding prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency since there is no document detailing actions to be taken in case of public health emergencies. There is no evidence of such a policy in the "Health regulations of social responsibility for the pandemic called Coronavirus (Covid-19)". Article 10 mentions that health facilities need to take "care for the health of all health workers, guarantee the timely care of sick workers and avoid their incorporation to work activities", but there is no mention of any type of prioritization [1]. There is no mention on such a plan or prioritizing healthcare services to healthcare workers in public health emergencies on the National Directorate of Civil Protection and Disaster Management.
There is no mention of this on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The ‘National Health Plan 2014-2019’, the 2009 Ministry of Health ‘Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System’ and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to actions to take during a public health emergency [4,5,6]. There is no relevant information through the Ministry of Health [7].


4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that there is a system in place for public health officials and healthcare workers to communicate during a public health emergency in Venezuela. There is no mention on such a plan or communication during a public health emergency on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention of this on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The ‘National Health Plan 2014-2019’, the 2009 Ministry of Health’s ‘Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System’ and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to actions to take during a public health emergency [4,5,6]. There is no evidence of such a system in the ‘Health regulations of social responsibility for the pandemic called Coronavirus (Covid-19)’ [7]. There is no relevant information through the Ministry of Health [8].
4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of a system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector in Venezuela. There is no mention on such a plan or communication during a public health emergency on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention of this on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The ‘National Health Plan 2014-2019’, the 2009 Ministry of Health’s ‘Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System’ and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to actions to take during a public health emergency [4,5,6]. There is no evidence of such a system in the ‘Health regulations of social responsibility for the pandemic called Coronavirus (Covid-19)’ [7]. There is no relevant information through the Ministry of Health [8].

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela's public health system monitors for and tracks the number of healthcare-associated infections (HCAIs) that take place in healthcare facilities. There are mentions on HCAIs in the 2015 Ministry's of Health Memoirs, where they mention the need to "strengthening the information system of epidemiological surveillance of maternal deaths, risk factors and causes external to infections associated with health care". The document discusses the "reproduction, dissemination and distribution of the Surveillance Manual of HCAIs", which notes the existence of such a system for surveillance of HCAIs [1]. The 2016 "Manual of rules of the System of Epidemiological Surveillance of Infections Associated to the Health Care" elaborated by the Ministry of Health is not fully accessible since the only reference for the document requires payment to access the full document [2]. However, as recently of 2015 a new legislation for the Manual for the system was enacted on the "Gaceta Oficial". One of the updates for the Manual includes mentioning that the document should be uploaded to the Ministry of Health website [3]. However, this document (or any other information on HCAIs) cannot be found either in the Ministry of Health or the National Institute of Hygiene Rafael Rangel [4,5]. There are a couple of academic/work-related papers reporting quantities of HCAIs on two hospitals. One refers to the Department of Paediatrics of the Children's Hospital Dr. Enrique Tejera [6], and the other reports quantities of HCAIs on the "JM de Los Rios Children's Hospital" [7]. Despite this evidence, there is no clear indication that HCAIs are still monitored nowadays in healthcare facilities. Evidence confirms that Venezuela is on an ongoing health crisis, suggesting that diseases surveillance are either on hold or decreasing. According to a 2019 report by The Lancet on Infectious Diseases, Venezuela has seen a rise in malaria, tuberculosis and measles, which can produce an endemic consequence for the region, despite there not being any published official data on infectious diseases in over 2 years [8]. Martin Llewellyn, the doctor who led the review published on the Lancet, claims that there is a "dramatic drop in public health programs and disease surveillance" [9], and since 2012, surveillance of diseases like Chagas have been abandoned [10]. There is information about HCW getting Covid-19 as a result of their work [11], but also reports that the government had been underreporting the cases of infected cases by HWC, according to Amnesty International (200 vs. 12 by October 2020) [12]. None of these reports provide information on continuous monitoring by a government agency.
4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela has a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial. The 2000 "Law on Medicines" Title VI Article 71 mentions that every clinical trial must be authorized by the Ministry of Health and Social Development, through the...
Pharmaceutical Products Review Board. Article 72 states that "clinical trials must be conducted in conditions of respect for the fundamental rights of the person, and (according to the) ethical postulates that affect biomedical research in which human beings are affected, following the Declaration of Helsinki on Human Research", and article 73 states that "all candidates to participate in research studies must be previously informed about the scope and risk of the trial, expressing their consent in writing and that they are fully aware of it. It must also be approved by the Director of the Institute where the investigation is carried out" [1]. Therefore, while the law suggests that clinical trials must be ethical, and they must be approved by the Review Board, but there is no explicit mention of a mandatory ethical review. A Law Reviews article from the UK mentions that all clinical trials must be authorized by the Ministry of Health [2]. While the law mentioned above establishes that clinical trials must be performed according to ethical postulates and the authorization of the Pharmaceutical Products Review Board, none of the documents listed under the Board's website (under the National Institute of Hygiene Rafael Rangel) mentions a mandate relating to ethical concerns [3].


4.7.1b
Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics, since there is no strategy for actions to take during public health emergencies. There are regulations, however, on clinical trials for medicines. The 2000 "Law on Medicines" Title VI Article 70 mentions that a clinical trial is understood as "any experimental evaluation of a substance or medication by means of its administration or application in human beings", which purpose is to prevent harm to humans. However, the legislation does not mention anything on expediting approving of clinical trials during public health emergencies or outbreaks overall. The only relevant reference to health emergencies states that "the National Executive, in cases of health emergencies and for the duration of the contingency, may import medicines, semi-finished products and raw materials, in order to ensure the availability of them", not mentioning actions for clinical trials [1]. The 'National Health Plan 2014-2019', the 2009 Ministry of Health's 'Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System' and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to clinical trials [2,3,4]. There is also no mention to an expedited approval in the recent 'Health regulations of social responsibility for the pandemic called Coronavirus (Covid-19)’ [5].

However, given the recent situation, there is some evidence that clinical trials may have been expedited for the future application of the Sputnik-V vaccine from Russia, but there is no clear evidence of the same. Maduro has promised 10 million vaccines for the first quarter of 2021 and reiterated that the country will manufacture the vaccine [6]. On August 30, Maduro had announced that the country would join the Sputnik V clinical trials [7], and the country received a first batch of Sputnik-V in early October as part of the "phase three clinical trial". The government said about 2,000 volunteers would participate, unknow to date the progress of the process [8] There is no relevant information through the Ministry of Health, or at the...
Ministry of Health "General Regulation for Venezuelan Public Hospitals" [9,10]. The website for the Ministry of University Education, Science, and Technology is currently not working [11].


### 4.7.2 Regulatory process for approving medical countermeasures

#### 4.7.2a

**Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?**

Yes = 1, No = 0

**Current Year Score: 1**

There is evidence of a government agency responsible for approving new medical countermeasures for humans. The 2000 "Law on Medicines" Article 66 states that "every new medicine that enters the country must be evaluated clinically in patients before being distributed, through clinical studies carried out in the country by professionals of the area linked to institutions that perform research (...). Article 67 states that importation of medicines is strictly forbidden if they do not comply with the regulations of the Pharmaceutical Products Review Board. Therefore, any new medicines entering the country have to comply with the regulations of the Board [1]. The Pharmaceutical Products Review Board works under the...
4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of an expedited process for approving medical countermeasures for human use during public health emergencies. There is no mention on public health emergencies or expediting medical countermeasures on the National Directorate of Civil Protection and Disaster Management (PCAD) [1, 2]. There is no mention of a public health emergency plan or expediting the process for approving medical countermeasures on Venezuela’s National Civil Defense System for Disaster and Emergency Prevention and Care [3]. The ‘National Health Plan 2014-2019’, the 2009 Ministry’s of Health ‘Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System’ and The Ministry of Health 2015 Memories, a compendium of the progress made by the sector until that year, provide no reference to expediting process for approving medical countermeasures or actions to take during a public health emergency [4,5,6]. There is also no mention to an expedited approval in the recent ‘Health regulations of social responsibility for the pandemic called Coronavirus (Covid-19)’ [7].

However, given the recent situation, there is some evidence that clinical trials may have been expedited for the future application of the Sputnik-V vaccine from Rusia. Maduro has promised 10 million vaccines for the first quarter of 2021 and reiterated that the country will manufacture the vaccine [8]. On August 30, Maduro had announced that the country would join the Sputnik V clinical trials [9], and the country received a first batch of Sputnik-V in early October as part of the "phase three clinical trial". The government said about 2,000 volunteers would participate, unknow to date the progress of the process [10] There is no relevant information through the Ministry of Health or at the Ministry's of Health "General Regulation for Venezuelan Public Hospitals" [11,12], the website for the Ministry of University Education, Science, and Technology is not working [13]. The 2000 "Law on Medicines" does not mention anything on medical countermeasures. [14]

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a Has the country submitted IHR reports to the WHO for the previous calendar year?
Yes = 1, No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela has a national risk reduction standalone strategy that integrates pandemics or epidemics. The "Health regulations of social responsibility upon the pandemic called Coronavirus (Covid-19)" was released as a standalone document in June 2020 in order to mitigate and eradicate contagions, specifying efforts to reduce the spread including voluntary quarantine, reporting cases, protection against vulnerable populations, the mandatory use of masks, and others. It also establishes coordination efforts between the Ministry of Health and other governmental agencies, as well as responsibilities for each stakeholder. This section, however, acts as an emergency response to Covid-19 and does not qualify as a risk reduction strategy to mitigate impacts from risks. The document also mentions the creation of a Commission for Measles, Rubella and CRS (Measles Congenital Rubella), which will be responsible for collecting and analyzing data and verify elimination of these diseases. Among their responsibilities are to create a future work plan to be presented to a committee of experts. There is no evidence, however, on any action items currently being taken to quality as a specific disaster risk reduction plan [1]. Before COVID-19, there wasn’t any strategy document for preventing epidemics/pandemics. The "Country Venezuela 2008 Document", which counts with the participation of the National Directorate of Civil Protection and Disaster Management (PCAD), summarizes responsibilities of stakeholders in preventing risks and summarizes Venezuela’s threats in the sector, including epidemics. However, the document does not provide any strategy forward for reducing risks [2]. There is no overall strategy document of a Disaster Risk Reduction strategy document on the Ministry of Health website [3], despite a mention by the Andean Development Cooperation (CAF) in 2004 of an effort to formulate a National Strategy for Disaster Risk Reduction in Development [4]. There is also no such document in the National Directorate of Civil Protection and Disaster Management (PCAD), and no evidence that the PCAD handles public health emergencies. On PCAD’s Risk
Management strategy they list a series of services they provide, including mentions on a Local Emergency Plan, Disaster Compliance Plan and Training of Emergency Brigade, but none mention epidemics [5]. There is also no mention to epidemics or pandemics on the "Law of the National Organization of Civil Protection and Disaster Management" or on the "Organic Law on Health" [6,7].


5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Venezuela has cross-border agreements, protocols or MOUs with neighbouring countries and regional groups.

Over 2017-2018, the Pan American Sanitary Bureau (PASB) has intensified its technical cooperation with the Ministry of Health (MPPS) to improve emergency management and purchase medicines, vaccines, laboratory reagents, and other supplies for health programs through PAHO’s Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund) and Revolving Fund for Vaccine Procurement (Revolving Fund) [1]. Venezuela appears on the list of countries that have signed agreements with PAHO to use the mechanism of the Strategic Fund [2]. As a member state, the country also has
access to the PAHO Epidemic Emergency Fund, which is meant to be used as a revolving fund to advance funding to affected countries in the event of an epidemic outbreak or public health emergency [3]. These funds have been in use recently. In 2017 PAHO released the Emergency Disaster Fund and the PAHO Epidemic Emergency Fund to facilitate fast and agile technical cooperation. PASB has supported the MPPS in the implementation of its National Rapid Response Plan to halt the measles and diphtheria outbreaks. The plan aimed at interrupting transmission of these diseases and includes universal mass vaccination, among other aspects. PASB has also explored alternative support mechanisms to ensure continuity in access to essential medicines in Venezuela, along with key partners, other United Nations agencies, and specific civil society groups. The country also has a Cuban medical cooperation present for many years [1]. Amidst the COVID-19 pandemic, PAHO has continued supporting the MPPS searching for financial sources and ensure logistics for rapid distribution of medicine supplies [4].


5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no evidence that Venezuela currently has a cross-border agreement, protocols or MOUs with neighbouring countries, or as part of a regional group, with regards to animal health, and no record of current implementation and specifically for health emergencies. According to a "Revue Scientifique et Technique" report, Venezuela has cross-border agreements with neighbouring countries with regards to animal health. The country has agreements on a technical level with Brazil and Guyana (1964) and with Colombia (1972). These agreements included activities for the control of zoonoses, in addition to those corresponding to the control of foot-and-mouth disease. The document also mentions that these agreements established subcommittees and working groups, programming of activities, border tours, resource training programs, unified development of information systems and epidemiological surveillance, epidemiological encounters in border areas, and defined cooperation needs [1]. However, there is no evidence that these agreements are still in place, since they are nearly 50 years old. Further, the document does not mention if these agreements consider animal health emergencies (1). There is no public evidence of the agreements themselves to verify the inclusion of animal health emergencies. There is no mention of any other cross-border agreement for animal health on the National Directorate of Civil Protection and Disaster Management (PCAD) [2]. On their Risk Management strategy they list a series of services they provide, including mentions on a Local Emergency Plan, Disaster Compliance Plan and Training of Emergency Brigades. However, these services are just listed and none are accessible through another link [3]. Venezuela’s National Civil Defense
System for Disaster and Emergency Prevention and Care mention international cooperation strategies, but none regarding animal health emergencies [4]. The "National Health Plan 2014-2019" and the 2009 Ministry's of Health "Barrio Adentro: The path to the Bolivarian and Socialist National Public Health System" mention collaboration with the Cuban Government for improving their health system, but no mention to cross-border agreements for animal health emergencies [5,6]. There is no relevant information on the Ministry of Health [7]. Venezuela is not a member of Caribvet, the Caribbean Animal Health Network [8].


5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?
Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0
Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?
Yes = 1 , No = 0
Current Year Score: 0

2021

Biological Weapons Convention

5.3.1c
Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?
Yes = 1, No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d
Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:
Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a
Does the country meet at least 2 of the following criteria?
- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure, Yes for five = 1, Yes for four = 1, Yes for three = 1, Yes for two = 1, Yes for one = 0, No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI
5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a
Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?
Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b
Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?
Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a
Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?
Yes = 1, No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b
Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?
Yes = 1, No = 0
5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a
Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Venezuela has allocated national funds to improve capacity to address future epidemic threats within the past three years. No evidence of a document to allocate funding for future threats can be found in the Ministry of Health (MPPS) site [1]. The "library" section of the MPPS is also currently not working [2]. There is also no evidence National Directorate of Civil Protection and Disaster Management [3] or the Ministry of the Popular Power for Urban Agriculture [4]. There is no information on budget priorities at the National Budget Office or the Vicepresidency website [5,6]


5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a
Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?
Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021
5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 1

There are publicly identified special emergency public financing mechanism and funds which Venezuela can access in the face of a public health emergency. As a member state of the Pan-American Health Organization, the country has access to the PAHO Epidemic Emergency Fund. The Epidemic Emergency Fund is used as a revolving fund to advance monies to affected countries in the event of an epidemic outbreak or public health emergency [1]. Venezuela also appears on the list of countries that have signed agreements with PAHO to use the mechanism of the Strategic Fund. The Strategic Fund is a mechanism created in the year 2000 by PAHO to facilitate the acquisition of strategic public health supplies in the different Member States. The Fund promotes the availability of quality strategic supplies at low cost and helps to build capacity in drug supply management and procurement programming and planning at the national level. The Strategic Fund also assists Member States in the acquisition of public health supplies in emergency cases [2]. There is proof that Venezuela has used both funds. In 2017 and 2018 PAHO intensified its technical cooperation with the Ministry of Health of Venezuela to strengthen the management of health systems, improve communicable and non-communicable disease prevention and control, and improve disaster management and the procurement of medicines, vaccines, laboratory reagents, and other supplies for health programs through the Strategic Fund and the PAHO Revolving Fund. The response was strengthened by delivering resources from the PAHO Disaster and Emergency Fund and the PAHO Epidemic Emergency Fund [3,4]. Currently, Venezuela has not been able to acquire vaccines through the PAHO’s Revolving Fund because it owes about 11 million dollars. On September 2020, PAHO suspended Venezuela’s right to vote, due to the debts accumulated since 2017. In addition to the outstanding fees, Venezuela owes amounts to the revolving vaccine fund and to the organization’s strategic fund. [5]. Venezuela is not a qualified borrower from the World Bank’s International Development Association (IDA) [6].

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country’s domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that Venezuelan senior leaders, including the president, have made a public commitment to improve its own domestic capacity to address epidemic threats by requesting support in the past three years, or has declared to support other countries. There is only requests for funding/monetary aid from president Maduro through public statements, but no evidence of Maduro committing to obtaining funds to improve capacity. On 17 March 2020 financial aid of $5 billion from the International Monetary Fund (IMF), to address the emergency due to the expansion of the coronavirus (COVID-19) [1,2]. The IMF however rejected Maduro’s request [3]. While no explicit declaration can be found, there is information that there have been conversations between Maduro and other governments on matter of assistance for Covid-19. In March, Maduro said Russia was ready to provide humanitarian assistance to Venezuela, and also mentioned that a team of 130 Cuban doctors had arrived to the country. However, there is no evidence on how this funding will be used, nor if it happened [4]. In June, Maduro declared that a flight carrying humanitarian aid for the COVID-19 epidemic had arrived from Iran [5].

Asides from Covid-19, Venezuela is currently undergoing an epidemic threat, as cases of malaria, measles and tuberculosis have notoriously increased in the past years [6,7]. However, Nicolas Maduro, president of Venezuela, has not made a public commitment to address epidemic threats using the word epidemic explicitly [6]. Nonetheless, Maduro has sought help from its allies to confront the rising public health situation, and Maduro has received international aid from its ally, Russia, amidst the crisis in public health [8,9]. There is no relevant information on the Ministry of Health, the Ministry of Urban Agriculture, or the National Institute of Hygiene Rafael Rangel websites [10, 11,12]. There is also no relevant information on the National Directorate of Civil Protection and Disaster Management (PCAD), since there is no clear
indication that the directorate handles public health emergencies [13].


5.5.4b

Is there evidence that the country has, in the past three years, either:
- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country’s domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1
There is evidence that Venezuela has requested financing to improve its own domestic capacity to address epidemic threats in the past three years, but no recent evidence that it has provided other countries with financing or technical support to improve capacity to address epidemic threats. There is evidence via the Global Health Security Tracker that Venezuela has invested donor financed to improve domestic capacity to address epidemic threats. The tracker notes that Venezuela has received nearly US$52 M in the past two years (2019-2020) from multiple donors for several aspects, including immunization, real time surveillance, zoonotic diseases and others, including a specific event purpose funding related to the Regional Crisis in Venezuela in 2018. [1]. Aside from the current Covid-19 crisis, according to a 2019 report by The Lancet on Infectious Diseases, Venezuela had seen a 69% increase in cases of malaria between 2016 and 2017, 41% increase in cases of tuberculosis between 2014 and 2017, as well as an increase in measles. A situation that could produce an endemic consequence for the region [2]. The Government has also elaborated a "Master Plan", prepared by the Ministry of Popular Power for Health, the Pan American Health Organization (PAHO), Joint United Nations Program on HIV / Sida (Onusida) and representatives of scientific societies and Venezuelan civil society, to address the health situation. The "Master Plan" has managed to crystallize a $ 5 million financing through the Global Fund to Fight HIV / AIDS, Tuberculosis and Malaria (GFATM) on January 2019 [3]. There is no further information on the Ministry of Health, the National Institute of Hygiene Rafael Rangel, the Ministry of Urban Agriculture or the National Directorate of Civil Protection and Disaster Management websites [4,5,6,7]. The Ministry of the Popular Power for Agriculture and Land has a website that is not working [8]. Previously in 2014-2015, Venezuela provided other countries with financing for a project on Ebola response [1]. There is no recent evidence of the country providing other countries with financing or technical support to improve capacity to address epidemic threats [9,10]


5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?
Yes = 1 , No = 0
Current Year Score: 0

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of an available plan for sharing genetic data with international organizations and/or other countries that goes beyond influenza. The "Decision #391" document, a document by the Commission for the Cartagena Agreement, regulates access to genetic resources of the Member Countries and their derivatives, in order to "establish the conditions for just and equitable participation in the benefits of the access; lay the foundations for the recognition and valuation of the genetic resources and their by-products", among other [1]. This decision is ratified on the "Law on Biological Diversity", which mentions under Article 21 the need to "coordinate and supervise compliance with the provisions established in Decision 391 of the Cartagena Agreement on Access to Genetic Resources" [2]. This agreement, however, do not specifically mention being inclusive of pathogens with pandemic potential, since the Convention on Biological Diversity does not mention as well its inclusive of pathogens [3]. However, the Nagoya Protocol, an extension of the convention, does mention to provide foundation "for a global common approach to accessing pathogens, and sharing benefits arising from their use" [4]. There is proof that Venezuela ratified to the Nagoya Protocol on October 2018 (as category accession, since states which have not signed a treaty during the time when it is open for signature can only accede to it) [5]. However, the "Implementation of The Nagoya Protocol And Pathogen Sharing" document's only reference to pathogens with pandemic potential pertains to influenza viruses, and the document does not confirm if by adhering to the Nagoya Protocol member states are bound to share these pathogens [4]. There is no relevant information on the Ministry of Health or the Ministry of Urban Agriculture websites [6,7]. The Ministry of University Education, Science and Technology and the Ministry of the Popular Power for Agriculture and Land have websites that are not working [8,9]

5.6.1b
Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?
Yes = 0, No = 1

Current Year Score: 1

There is no public evidence that Venezuela has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past year. There is no relevant references on the official Government website [1] or on international and local outlets. The 2016 External Evaluation of the Pandemic Influenza Preparedness Partnership Contribution does not refer to Venezuela not sharing samples, nor does it list Venezuela as a priority country for improving the "national ability to detect, monitor and share novel influenza viruses". [2]


5.6.1c
Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?
Yes = 0, No = 1

Current Year Score: 1

There is no public evidence that Venezuela has not shared pandemic pathogen samples during an outbreak in the past two years. There is no reference to sharing pandemic pathogen samples on the Ministry of Health website and there have not been any reports of Venezuela not sharing samples in either national and international media, including for Covid-19 [1]. The World Health Organization Disease Outbreak News site reports no recent outbreaks of reportable diseases. Last reported disease was in February 2016, a Guillain-Barré syndrome case. [2] A 2019 report by The Lancet on Infectious Diseases mentions that there is no published official data on infectious diseases in over 2 years in the country, despite an increase in
cases of malaria, tuberculosis and measles. It does not mention not sharing pandemic pathogen samples either [3].


Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a
Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1b
Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1c
Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0
2020
Economist Intelligence

6.1.1d
Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)
Input number

  Current Year Score: 0

2020
Economist Intelligence

6.1.1e
Country score on Corruption Perception Index (0-100, where 100=best)
Input number

  Current Year Score: 15

2020
Transparency International

6.1.1f
Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)
Input number

  Current Year Score: 0

2020
Economist Intelligence

6.1.1g
Human rights risk (Economist Intelligence score; 0-4, where 4=best)
Input number

  Current Year Score: 0

2020
Economist Intelligence
6.1.2 Orderly transfers of power

6.1.2a
How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?
Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 0

2021
Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a
What is the risk of disruptive social unrest?
Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 0

2021
Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a
How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021
Economist Intelligence

6.1.4b
What is the level of illicit arms flows within the country?
4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 4
2020

UN Office of Drugs and Crime (UNODC)

6.1.4c
How high is the risk of organized criminal activity to the government or businesses in the country?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 0

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a
Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?
No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0
Current Year Score: 1

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a
Does the government’s authority extend over the full territory of the country?
Yes = 1, No = 0
Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a
Is there a threat that international disputes/tensions could have a negative effect?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0
Current Year Score: 0
6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a
Adult literacy rate, population 15+ years, both sexes (%)
Input number
Current Year Score: 97.13

2016

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a
United Nations Development Programme (UNDP) Gender Inequality Index score
Input number
Current Year Score: 0.54

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a
Poverty headcount ratio at $1.90 a day (2011 PPP) (% of population)
Input number
Current Year Score: 7.1

2006

World Bank; Economist Impact

6.2.3b
Share of employment in the informal sector
Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0
According to the Economic Commission for Latin America and the Caribbean (ECLAC), in 2014 the informal sector employed more than 40% of the workers, in a scenario where about 30% of households were living under poverty [1]. There is no more up to date information on informal employment. Neither the ILOSTAT or World Bank have recent figures on employment in the informal sector [2,3]


6.2.3c

Coverage of social insurance programs (% of population)
Scored in quartiles (0-3, where 3=best)

Current Year Score: 1

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions
Input number

Current Year Score: 0

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?
Input number

Current Year Score: 0

2021
6.2.6 Inequality

6.2.6a

Gini coefficient
Scored 0-1, where 0=best

Current Year Score: 0.45

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0
6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a
Urban population (% of total population)
Input number
Current Year Score: 88.24

2019
World Bank

6.4.2 Land use

6.4.2a
Percentage point change in forest area between 2006–2016
Input number
Current Year Score: -1.7

2008-2018
World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a
What is the risk that the economy will suffer a major disruption owing to a natural disaster?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 3

2021
Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a
Total life expectancy (years)
Input number

Current Year Score: 72.13

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b
Age-standardized NCD mortality rate (per 100 000 population)
Input number

Current Year Score: 411.3

2019

WHO

6.5.1c
Population ages 65 and above (% of total population)
Input number

Current Year Score: 7.61

2019

World Bank

6.5.1d
Prevalence of current tobacco use (% of adults)
Input number

Current Year Score: 14.78

2018

World Bank

6.5.1e
Prevalence of obesity among adults
Input number

Current Year Score: 25.6

2016
WHO

6.5.2 Access to potable water and sanitation

6.5.2a
Percentage of homes with access to at least basic water infrastructure
Input number
Current Year Score: 95.72
2017
UNICEF; Economist Impact

6.5.2b
Percentage of homes with access to at least basic sanitation facilities
Input number
Current Year Score: 93.94
2017
UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a
Domestic general government health expenditure per capita, PPP (current international $)
Input number
Current Year Score: 183.5
2018
WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a
Trust medical and health advice from the government
Share of population that trust medical and health advice from the government, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0
Current Year Score: 0
2018
Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers
Share of population that trust medical and health advice from health professionals, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018