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E-PAPER

Global perspectives on Covid-19 vaccination

Access to the Covid-19 vaccine in Venezuela

VENEZUELA



BY HENRY JIMENEZ GUANIPA

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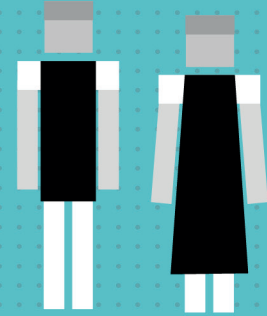
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VENEZUELA



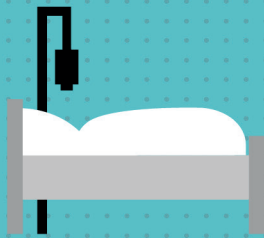
GDP per capita in USD

1,541.70 \$
(2020)



Overall population

28,515,829
(2019)



Covid-19 cases

255,457
2021, June 16th



Covid-19 deaths

2,886
2021, June 16th

Population fully vaccinated
2021, June 11th

0.53%

Population at least partially vaccinated
2021, June 11th

2.07%

Venezuela in crisis

General overview of the pandemic

On 13 March 2020, once the first case of Covid-19 had been detected in Venezuela, the government declared [a state of national emergency](#), and on 17 March, the government announced that the entire country would be entering [quarantine](#).

The outbreak of the pandemic could have spelled disaster for Venezuela, already two decades into a political, social, economic and health crisis, marked by numerous human rights violations committed by the authorities at the highest echelons of Maduro's government, which have been classified by a mission dispatched by the United Nations Human Rights Council (UNHRC) as abuses constituting [crimes against humanity](#).

However, more than a year later, the official numbers are still surprisingly low. Bearing in mind that Venezuela has a population of around 30 million people, on 18 May 2021, there had only been 216,415 positive cases reported, 200,381 of which have recovered, leaving a total of 2,411 deaths. These figures put Venezuela's infection rate at one of the lowest in the region, with even better results than smaller countries or countries with a smaller population such as Uruguay, which on the same date reported 242,906 positive cases and 3,521 deaths, or Guatemala with 241,528 positive cases and 7,893 deaths. Only Cuba with 125,511 positive cases and 814 deaths, Guyana with 15,352 positive cases and 344 deaths, and Suriname with 12,107 positive cases and 230 deaths have fared better.

However, taking into account the fact that the [Global Health Security Index 2019](#) placed Venezuela among the countries with the worst health systems in the world (176 out of a total of 195 countries), there have been doubts about the reality of the situation in Venezuela and the true number of positive cases.

A report published by the Organisation for Economic Co-operation and Development (OECD) in 2020, [Health at a Glance: Latin America and the Caribbean \(LAC\)](#), found that total health expenditure across Latin American and the Caribbean (LAC) countries is 6.6% of GDP on average, but Venezuela's health spending is 1.1% of GDP, significantly lower than the OECD average of 8.8%. The same report found that the average number of hospital beds in LAC is 2.1 per 1,000 people, and in Venezuela, as well as in Guatemala, Honduras, Haiti and Nicaragua, the figure is below one hospital bed per 1,000 people. The OECD average is 4.7 per 1,000 population.

The [Venezuelan National Hospital Survey \(Encuesta Nacional de Hospitales\) 2019](#), shed some light on the state of basic services in Venezuelan hospitals, finding that 20% of hospitals had no access to water in a given week and only 9% reported that they had regular, continuous access to water. Between November 2018 and December 2019, 164 deaths were attributed to electricity shortages.

Yet in spite of these chilling health statistics, the first wave of the pandemic seems not to have been as lethal in Venezuela as might have been expected. Some [experts](#) have pointed to the shrinking economy, inflation and fuel shortages as factors that have limited citizen mobility in Venezuela, thereby encouraging social distancing and preventing the disease from spreading. On the other hand, during the [second wave](#), figures of authority such as Dr Enrique López-Loyo, President of the National Academy of Medicine in Venezuela, said that specialists at the academy had calculated that the actual number of positive cases could be 8 to 10 times the official numbers that have been released, given the number of tests being carried out in the country. Some unions have attributed these discrepancies to under-reporting of both infections and deaths. Adding credibility to their suspicions, by May 2021, the number of deaths of healthcare workers in Venezuela was 549, which makes up 24% of the total number of deaths from Covid-19 nationally, according to data gathered by the NGO [Médicos Unidos por Venezuela](#).

Complex humanitarian emergency: Causes and effects of the pandemic

The erosion of democracy, institutional dismantling, enduring mismanagement of funds and large-scale corruption have impeded a transparent and efficient response from national authorities. Improper diversion of the significant resources accumulated from oil revenues and [general corruption](#) are at the heart of the institutional dismantling process in Venezuela. This process has opened the doors to a regimen that has systematically breached human rights and has sparked a [Complex Humanitarian Emergency](#) (CHE), which is unprecedented in this part of the world. **Violence, insecurity, a lack of food and medicine, unemployment and shortages of basic services such as water, domestic gas, electricity and liquid fuels for transport (petrol and diesel), among other issues, have led more than 5.6 million people to flee the country, making this one of the largest migration crises in the world**, according to the UN Refugee Agency ([UNHCR](#)). For this reason, the humanitarian organisation [International Rescue Committee](#) (IRC) has placed Venezuela among the top 10 countries most at risk of experiencing a humanitarian crisis in 2021.

A large part of the systemic crisis the country is undergoing, including the current health crisis, can be traced back to the political conflict that has been ongoing for more than two decades. Since 2020, two presidents, two National Assemblies and two High Courts of Justice, with heavy unconstitutional overtones, have conspired to break down Venezuelan society, splitting people's allegiances and dividing international support. The impact for the Venezuelan people on both their day-to-day lives and on their futures has been unimaginable and has certainly affected the way the country has addressed the pandemic.

On 17 March 2020, the International Monetary Fund (IMF) [rejected](#) a request for 5 billion dollars, submitted by Nicolás Maduro to help contain the coronavirus in Venezuela, because there is “no clarity” on international recognition of the country’s government, as more than 50 countries only accept the opposition leader, Juan Guaidó, as president.

However, on 1 June 2020, in what has been described by some in the media as a “political miracle in Venezuela”, Maduro and Guaidó agreed a framework for jointly addressing the coronavirus. It seems that there is light at the end of the tunnel. The two leaders have reached an unprecedented [agreement](#) to work together, with the support of the Pan American Health Organization (PAHO), to source the financial resources needed to strengthen the country’s ability to respond to and address the pandemic.

The agreement could only be achieved because both the government and opposition had to rely on each other: Maduro has been looking to receive legitimacy and resources, and Juan Guaidó, while he relies on wide international support, does not have any power over state institutions, nor does he control the national territory.

Vaccination programme

Venezuela has administered the [fewest number of Covid-19 vaccinations](#) in relation to its population size of all the countries in South America, with an average of **0.8 doses administered per 100 people**. **In joint position with Venezuela** are **Nicaragua, Guatemala** and **Honduras**, while Chile, Uruguay and Brazil have administered 76.47, 51.43 and 19.75 doses per 100 people, respectively.

The [lack of a vaccination programme](#) and a lack of reliable statistics have made the situation significantly worse. [Transparencia-Venezuela](#), the national branch of Transparency International, has pointed out that the country has been failing to publish epidemiological data for more than six years and the *Venezuelan Academy of Physical, Mathematical and Natural Sciences* has stated that the country’s diagnostic capability continues to be limited, with only a small number of operational laboratories processing a small quantity of polymerase chain reaction (PCR) tests. [Other sources](#) have claimed that the number of PCR tests being carried out in the country lies between 2,500 and 3,000 per day, while Colombia and Chile are carrying out 40,000 and 60,000 per day, respectively. These figures indicate that the true picture of the pandemic in Venezuela is being hidden.

In this context, the so-called [vaccination process](#) began on 18 February 2021, four days after the first 100,000 Sputnik V vaccines arrived from Russia. The first to be vaccinated were healthcare workers, top-level government representatives, governors, mayors, deputies and party activists for the official political party, with no consideration

for high-risk members of the public such as the elderly and chronically ill. The National Academy of Medicine in Venezuela has warned that at the current rate of vaccination, [it may take](#) the country up to 10 years to achieve effective immunisation of the population.

Development, selection and accessibility of the vaccine

On 8 April 2021, the Vice President of the Republic, Delcy Rodríguez, [announced](#) that Venezuela was beginning production of the Cuban Covid-19 vaccine Abdala, in the Espromed Bio plant located at the Ciudad Universitaria de Caracas.

Following this announcement, the [National Academy of Medicine in Venezuela](#) issued a warning, citing the risks of introducing or manufacturing an experimental vaccine candidate without evidence of its effectiveness against the disease.

So far in Venezuela, the only vaccines that have been used for Covid-19 are the Russian vaccine, Sputnik V, and the Chinese vaccine, Sinopharm. The decision to use these vaccines was based on the close ties that have developed between Venezuela and these two countries over the past two decades.

Following the [approval](#) of the Russian Sputnik V vaccine on 13 January 2021, Venezuela [made an agreement](#) with the Russian Federation for the procurement of 10 million doses in one year. Of that amount, 930,000 doses have already entered in the country, between February and June 2021.

The Chinese Sinopharm vaccine was approved on 1 March 2021, and as of 1 June 800,000 doses had been sent to Venezuela from China. That means that Venezuela has a total of 2,730,000 vaccines, allowing 1,365,000 people to receive both doses needed for immunisation, which equates to approximately 6.2% of the total population.

Timeline and availability of the vaccine

Maduro's government has announced that an agreement has been signed with Russia, guaranteeing the delivery of 10 million Sputnik V vaccines, 930 thousand of which have already arrived, as previously stated. There is no confirmed delivery date for the remaining 9,070,000 vaccines, which paradoxically could be good news considering the lack of transport and refrigeration infrastructure available in Venezuela. This means that with the 1,800,000 Chinese Sinopharm vaccines that have already arrived, some 5,900,000 people will be able to receive both doses of the vaccine. Under the COVAX scheme, Venezuela will receive enough doses to vaccinate 20% of their population (around 12,000,000 people), meaning that in total, 40% of the population should receive the vaccine.

However, these figures may be impossible to reach given that Maduro's government has decided not to authorise the use of the AstraZeneca vaccine, citing that it has not yet been approved by Venezuela's scientific institutions. The decision fails to take into account that AstraZeneca is one of the more *advantageous vaccines for low-income countries, given that it is cheaper to distribute and can be transported and stored at standard refrigerated*

conditions. It is also worth remembering that only a finite number of vaccines can be produced around the world at any one time and so not everyone in the world will receive the vaccine, at least not in 2021. Therefore, rejecting an approved vaccine could significantly impact access to the vaccine for the Venezuelan population.

*The WHO has issued a statement saying that **more than 200 million doses of AstraZeneca have been administered, and although there have been a few cases of thrombosis after receiving the vaccine, the incidence of thrombosis for the AstraZeneca vaccine is just 0.0004%, much less than for the contraceptive pill, which is 0.05-0.12%, or even for smoking, which is estimated to be 0.18%. The experts are keen to emphasise that for those receiving the vaccine, the benefits outweigh the risks. The vaccine has been proven effective in preventing infection of Covid-19 and has reduced the number of hospital admissions and deaths caused by the disease.***

Consequences for the economy

A recent study carried out by the Inter-American Development Bank (IADB) has shown that Venezuela is undergoing the worst economic crisis on record in Latin America and one of the worst in the world in countries outside areas with armed conflict.

The causes of the crisis are the country's collapse in oil production – Venezuela's main foreign exchange earner – as well as a deepening deterioration of the country's non-oil activity. In fact, according to the [IABD](#), there was a 70% contraction of the Venezuelan economy between 2013 and 2019 alone and it could shrink by another 30% by the end of 2020. Meanwhile, the oil GDP and non-oil GDP are 53% and 17% below the levels seen twenty years ago, respectively.

These figures are confirmed in the 2020 Memoria y Cuenta annual report published by the government, stating that at the close of 2020, Venezuela's income had fallen by 98.6%, compared with 2013. The report also highlights that the country's foreign currency reserves fell from **\$56 billion in 2013 to \$743 million in 2020.**

The Economic Commission for Latin America and the Caribbean (CEPAL) published a [report](#) on the economic impact of the coronavirus on the economy in Latin America and the Caribbean, estimating that Venezuela would suffer the worst fall in per capita GDP in 2020 in the entire region, with an estimated fall of -29.7. New estimations from [CEPAL](#) for 2021 indicate that the political shift in the USA could mean the relaxation of public sector sanctions in Venezuela, which could have a moderate but positive impact on the oil industry. In the non-oil sector, the fuel shortage and difficulty in guaranteeing a reliable electricity supply have brought an estimated 7% contraction of GDP, especially in sectors such as agriculture, agribusiness and transport.

These figures show that the economic crisis in Venezuela dates back to before the pandemic and, unlike most other countries, Venezuela's economic recovery will depend less on its vaccination programme and more on its ability to overcome its ongoing

political crisis. However, vaccination is likely to have a significant positive impact on the informal economy, which has been affected by the drastic social distancing measures and quarantines imposed in the last year.

Public expectations

The severity of the crisis in Venezuela leaves little room for the general population to think about Covid-19 vaccination. It is something for the political, financial and military elite to ponder, as well as the very small middle class that remains in Venezuela. Day-to-day life for the typical Venezuelan involves looking for food and for ways to meet their most basic needs.

A recent survey carried out by the [Venezuelan NGO Cecodap](#) showed that 83% of families interviewed have experienced feelings of frustration, sadness or low mood, domestic violence, or anxiety as a result of lockdown and financial instability.

The severity of the situation has led hundreds of individuals and civil society [organisations](#) to demand that the political parties seek an agreement to form an effective front against the pandemic, before it is too late. For the typical Venezuelan, the debate around vaccination is less pressing than the question of how to survive each day.

A [World Food Programme](#) report published in 2020 placed Venezuela among the top four countries worldwide suffering from [food insecurity](#), with one in three people in Venezuela struggling to put enough food on the table to meet minimum nutrition requirements and “in need of assistance”. A [study](#) published by the Universidad Católica Andrés Bello, Central de Venezuela (UCV) and Simón Bolívar (USB), showed that in terms of income, 96% of the Venezuelan population lives in poverty and 79% lives in extreme poverty.

Accessibility of the vaccine: Compulsory or voluntary

Venezuela passed an [Immunisation Law](#) (LI) in 1996 to regulate the use of preventative vaccination, and this law forms a key part of the country’s national health policy, meaning that vaccination is considered a matter of public interest. According to article 2 of the Immunisation Law, all citizens are required to be vaccinated against vaccine preventable diseases, but the Venezuelan Ministry of Health and Social Welfare has to pass a resolution determining what those diseases are. Therefore, for the Covid-19 vaccine to be made compulsory in Venezuela, the Ministry of Health and Social Welfare would have to pass a resolution for that express purpose. What some countries, including Venezuela, have done is to require citizens to produce a vaccination certificate in order to attend school or to carry out certain jobs.

The WHO has recommended that governments should encourage as many people as possible to get the vaccine and should make it as easy to access as possible without making it a legal requirement. [Kate O’Brien](#), the Director of Immunization, Vaccines

and Biologicals at the WHO, has said that there may be situations where it is highly recommended that an employer requires their employees to be vaccinated, for example healthcare workers.

The role of international entities

Primary entities: USA-EU and China-Russia-Cuba

The international alliances cultivated first by Hugo Chávez's government (1999-2013) and now by Nicolás Maduro's government (2013-2021) with China, Russia and Cuba, as well as the deteriorating diplomatic and trade relationships between Venezuela and the United States and the European Union, play a critical role in the development of Venezuelan health policies.

The context in which Venezuela developed relations with the China-Russia-Cuba axis, extended to other countries in the Latin American and Caribbean region via regional mechanisms of economic and energy cooperation such as [ALBA](#) and [PetroCaribe](#) (and more recently to Iran and Turkey), is based firstly on the exploitation of Venezuela's enormous oil reserves – one of the largest in the world – and secondly on the battle for influence over this region, which had traditionally been heavily influenced by Washington. These key factors have formed the basis on which both internal and external conflicts have been prolonged and exacerbated, leading to what has now been [called](#) a kind of "new cold war".

The extraction of hydrocarbons provided fertile ground for increasingly close relations between Chávez's Venezuela and China, with China overtaking the USA to become Venezuela's number one importer of oil. In a [speech delivered in 2008](#), Chávez's geopolitical oil strategy became clear when he said that: "it is more important for me to visit Beijing than New York."

Venezuela's ties with Russia began with the exchange of arms and military support and with major companies like Gazprom and Lukoil participating in oil production activities in Venezuela. Venezuela's commercial relationship with Cuba dates back to 2000 when the Caracas Energy Agreement was signed, meaning that Cuba would receive 53,000 barrels of crude oil per day, paid over 15 years at 2% interest, in exchange for guidance and support in areas such as health and sport, among others. Years later, the amount of crude oil sent to Cuba increased to [100 thousand barrels per day](#), with the repayment period extended to 25 years at 2% interest.

These alliances between Venezuela, Russia and China help to explain the speed at which the Sputnik V and Sinopharm vaccines were approved and authorised in Venezuela and the procurement of 10 million vaccines from Russia and 500 thousand from China,

though the terms of these deals are not known (for example, whether the vaccines were donated or exchanged as part of a trade agreement). It also explains Venezuela's interest in manufacturing the Cuban vaccine candidate Abdala before it has been approved.

The relationships between Venezuela and the USA and the European Union are at an all-time low. The human rights violations and the breakdown of democracy in Venezuela have produced one of the world's worst humanitarian crises and largest migration in recent times and are the basis for the political and economic sanctions that have been imposed against companies, such as PDVSA, and members of Maduro's government.

In 2017, the European Union imposed an arms embargo on Venezuela and banned the export of military equipment that could be used by the government during student and civil society demonstrations. More recently, in February 2021, the EU imposed travel bans and asset freezes in EU territory for a further 19 Venezuelan officials. These sanctions came in response to Venezuela's failure to show that the elections for a new National Assembly, held on 6 December 2020, met with the minimum guarantees to be considered free and fair as no opposing parties participated in the election and 70% of the population abstained from voting. Maduro's government responded by expelling the European Union Ambassador to Venezuela [and declaring her persona non grata](#).

Venezuela's relationship with the USA is more strained than ever. In 2017, the USA placed sanctions on Venezuelan officials alleged to have engaged in illicit activities such as drug trafficking or implicated in human rights violations. The relationship has deteriorated further still since the re-election of Nicolás Maduro in the controversial elections of May 2018, boycotted by the leading opposition parties. Donald Trump banned US citizens and companies from purchasing Venezuelan bonds or debts. The same measure applied to the state oil company PDVSA and Venezuela's central bank. In 2019, President Trump announced that US companies could continue to import Venezuelan oil, but the payments must be held in an account that can only be accessed by Juan Guaidó and not the Maduro regime. In fact, on [29 January 2019](#), the US Department of State announced that Juan Guaidó would be granted control of any assets, accounts or holdings of the Central Bank of Venezuela that are in the Federal Reserve Bank of New York. This measure was then extended to any other accounts in other banks endorsed or backed by the US authorities.

According to US spokespersons, these measures – or sanctions – [will remain](#) in force until a "transition government or a democratically elected government" is in office in Venezuela. This has had an effect on the support that Venezuela might otherwise have received, either from the European Union or the USA, which may have enabled it to better handle the pandemic.

International entities within the COVAX framework

On 18 September 2020, Venezuela joined the COVAX programme, making it eligible, alongside 91 other countries, for the [Gavi COVAX AMC](#) (based on 2018 and 2019 World Bank GNI data), although it should be noted that [the World Bank GNI per capita data](#) for Venezuela corresponds to the year 2011. This is because the Central Bank of Venezuela failed to report its macroeconomic data to the corresponding agencies in subsequent years. This point of clarification was included in the [Global Economic Prospects 2021](#) in the following terms: “Due to lack of reliable data of adequate quality, the World Bank is currently not publishing economic output, income, or growth data for Venezuela, and Venezuela is excluded from cross-country macroeconomic aggregates.”

In his [bi-annual report](#) for Latin American and the Caribbean, published on 4 April 2019, World Bank Chief Economist Carlos Végh said that “Real GDP contracted by 17.7% in 2018 and is likely to fall by 25% in 2019, which would imply a cumulative fall in GDP of 60% since 2013”. Looking at projected GDP per capita figures issued by the International Monetary Fund, Venezuela’s growth is expected to be the lowest of the 10 countries selected to receive the vaccine at no cost. To give an example, here is a list of the IMF data for each country in thousands of dollars per capita: Haiti 1.94, Honduras 2.59, Nicaragua 1.88, Bolivia 3.62, El Salvador 4.03, Dominica 6.99, Granada 9.19, Santa Lucia 9.82, Saint Vincent and the Grenadines 7.21, and Venezuela 1.54.

This data is important because Venezuela has been granted free access to the vaccine based on its devastating economic situation, caused by the collapse of its economy and the complex humanitarian crisis it is undergoing, in spite of the fact that its economy was previously categorised as upper-middle income, at least up until 2011 when its GDP per capita was recorded at \$17,080. If Venezuela had been a part of the programme from the beginning, they may have saved a great deal of time and money by developing a plan to address the pandemic effectively, with no arguments between the government and the opposition as to who would provide the resources to pay for the vaccine.

Proving that the conflict was alive and well, on 20 January 2021, lawyers representing the Venezuelan Central Bank Board, appointed by President Nicolás Maduro, [accused](#) Guaidó’s team of withholding access to Venezuelan funds and assets abroad.

However, on 11 February 2021, with the help of Pan American Health Organization mediators, the two political parties put their differences aside and came together to appoint a [National RoundTable](#) for access to the COVAX Facility. This agreement has cleared the way for Venezuela (once they have made the corresponding payment of 120 million dollars) to receive the first batch of 12 million vaccines that they will need to vaccinate 20% of their population in line with the COVAX programme framework.

On 19 March 2021, in order to obtain the necessary funds, the [National Assembly](#) (despite questions around its legality and legitimacy) gave Juan Guaidó permission to request a loan of 30.3 million dollars from the Central Bank of Venezuela in order to

fund access to the COVAX platform. They will also request permission from the Office of Foreign Assets Control (OFAC) of the US Department of the Treasury to access offshore funds in order to fund the programme.

The conflict seemed to rear its ugly head again when Maduro's government, in response to the statement issued by PAHO declaring that the vaccines being sent to Venezuela would be from the AstraZeneca lab, [announced](#) categorically that Venezuela would not be accepting AstraZeneca vaccines as they have not yet been approved by Venezuela's scientific institutions. With this statement, Maduro issued a cruel blow to the roll-out of the vaccination plan, given that AstraZeneca is the main provider of vaccines for the COVAX programme with its high success rate in the reduction of coronavirus-related deaths. It is also [the most widely used vaccine](#) across the world, having been accepted by 135 countries, while the Pfizer-BioNtech vaccine is being used in 89 countries, the Moderna vaccine in 37 countries, the Sinopharm vaccine in 33 countries and the Sputnik V vaccine in 20 countries, among others.

Surprisingly, on 10 April, the Vice President of Maduro's government [announced](#) that they had obtained a further 64 million dollars from the Global Alliance for Vaccines (GAVI) through diplomatic and legal negotiations, which will go towards the 120 million dollars needed to access the COVAX Facility. This was not part of the agreement between the government and the opposition but was a unilateral move by the government. On 18 April, [it was announced](#) that the outstanding payment had been made, with no details as to how the remaining money had been found.

Much of the impact of the conflict on the Venezuelan population could have been prevented if both parties had complied with the agreement signed on 1 June 2020, which, among other things, was specifically put together for the purpose of sourcing the financial resources needed to strengthen the country's ability to respond to and address the pandemic.

Conclusions and recommendations

As has been outlined in this article, Venezuela has had to contend with highly adverse conditions in its fight against the pandemic. The combination of a collapsed national health system and economy, a complex humanitarian emergency, a continuous stream of migration with more than 5.6 million Venezuelans displaced abroad, an internal political conflict with international ramifications, a population with high levels of malnutrition, and a political regime that has limited access to information and has violated human rights, has seriously hindered the development of a successful vaccination programme.

In this context, the international community – the United Nations and particularly those countries on good terms with Venezuela – must continue to promote a peaceful and democratic solution to the crisis. The effects of this approach can already be felt in Venezuela.

The short-term plan should be centred around a truce between the opposing political parties, based on the agreements made in June 2020 and February 2021, in order to prioritise fighting the pandemic and providing access to food and basic services such as water, electricity and liquid fuel for the whole population. Political unity, as well as support and technical guidance both from within the country and abroad, will enable Venezuela to develop a preventative vaccination plan, prioritising the most vulnerable groups and recognising that if vaccination continues at the current rate, it is very unlikely that Venezuela will reach its goal of vaccinating at least 40% of its population in 2021.

Furthermore, both those countries supporting Maduro's government, such as Russia, China and Cuba, and those countries that oppose his government, such as the USA and the countries that make up the European Union, will have to work hard to tackle the political conflict in Venezuela, helping the country to negotiate a political and economic transition in order to re-establish democracy.

For example, democratic elections with international support and guaranteed electoral rights may lead the USA and European Union to lift some of its sanctions on Venezuela, giving the economy a chance to recover, especially sanctions that limit access to petrol and diesel, which have a severe impact on the Venezuelan population.

The international community, as well as applying pressure and bridging the gap between the opposing political parties, must create space for communication with civil society organisations in order to gain a direct understanding of the extent of the humanitarian crisis and the effects on the elderly, adult and teenage women, children, people with disabilities and complex chronic health conditions, members of the LGBTI community, indigenous populations, and people deprived of their liberty.

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