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Statement submitted by International Council of AIDS Service Organizations (ICASO), a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

Venezuela has been experiencing a humanitarian emergency for the last decade, and its health system is widely recognized to have collapsed [Lancet, 2018]. The COVID-19 pandemic affected Venezuela in the middle of what the Pan-American Health Organization [2018] characterized as “health system fragmentation, combined with diminished capacity of the system to respond to priority needs, including core functions of epidemiological surveillance and the generation of health information, [that] has impacted the delivery of priority public health services, in particular, to prevent and reduce the impact of communicable diseases and reduce maternal and infant mortality.”

Countless human rights violations have accompanied the political and economic crisis that gave rise to this situation. Additionally, failing to meet its obligations under the rights to life and health, the Venezuelan government has sought to repress dissent forcefully, and many cases of illegal detention, torture and extrajudicial killings have been reported [55th session of Human Rights Council, 2020; OHCHR, 2019]. While the Law on women’s right to a life free of violence aims to provide protection and justice for victims of sexual and gender-based violence, its implementation remains partial and insufficient to adequately protect victims [OHCHR, 44th session of Human Rights Council, 2020], and there is no punishment to the perpetrator. Sexual and gender-based violence include trafficking in persons, including women and girls, for sexual exploitation.

The Venezuelan complex humanitarian emergency has had a differentiated and often devastating impact on women’s lives, both in their enjoyment of the right to health and in the enjoyment of other economic and social rights, placing them in a situation of extreme vulnerability [Kislinger, 2018]. The humanitarian emergency has exacerbated existing gender inequalities, with evidence suggesting that the burden of the country’s crisis has fallen disproportionately on Venezuela’s women [Martinez-Gugerli, 2020].

Compounding matters, the irregular mining activities in the ‘Arco Minero’ are controlled by organized criminal groups under the government’s protection increasing levels of labour, exploitation, trafficking and violence, due to the economic impact of the humanitarian emergency, vastly impact on the lives and health of women and girls in the area.

Poverty

Key socioeconomic and health indicators provide some insight into the magnitude of the crisis. In 2017, an estimated 87 per cent of Venezuelan households were living in poverty, and 61 per cent, in extreme poverty [España, 2018]. Amid chronic food shortages, the prevalence of undernourishment has increased almost fourfold [FAO, 2019], and 57 per cent of pregnant women are malnourished [ACAPS, 2021].

The Living Conditions Survey (ENCOVI), coordinated by the Universidad Católica Andrés Bello (UCAB), shows that 79.3 per cent of Venezuelans cannot cover the “food basket.” In 2020, 96 per cent of households were in poverty and 79 per cent in extreme poverty, which means that the latter case that the income received is insufficient to cover the food basket. Women in general, and women living with HIV in particular, are victims of extreme poverty and are leaving self-care for their health and well-being behind while caring for their spouses, children and other family members.

Health

The severe shortages of medicines and health supplies, as well as a widespread lack of laboratory testing capacity for any disease, have been amply documented. The maternal mortality rate increased by 66 per cent from 2015 to 2016, the last year for which the government published official data. Experts have estimated that the upward trend has continued since that time [IACHR, 2017]. One-third of Venezuela's physicians have left the country, and more than 600 health workers (including doctors and nurses) have died due to COVID-19 complications [Médicos Unidos, 2021].

HIV

Venezuela reported a 24 per cent increase in new HIV infections from 2010 to 2016, with an estimated 100,000 people living with HIV (PLHIV) [UNAIDS, 2021], with only 7 per cent of whom were virally suppressed [UNAIDS, 2019]. The mortality rate (per 100,000 inhabitants) increased from 6,4 in 2010 to 8,6 in 2018, representing the highest mortality rates among comparable countries in the region. While antiretroviral therapy (ART) was widely available before the onset of the complex humanitarian emergency, ART stock-outs have become commonplace. Other critical elements of HIV care, such as treatment for opportunistic infections, are widely unavailable [Global Fund to Fight AIDS, TB and malaria, 2020; ICASO 2021] as are resources for preventing mother-to-child transmission of HIV, including ART for pregnant women and infants. [ICASO, ACCSI, et al., 2019–2021].

VIOLENCE AGAINST WOMEN AND GIRLS

Women living with HIV are vulnerable to gender-based violence; and, exposure to gender-based violence increases vulnerability to HIV. And this is even more relevant in Venezuela. Women disproportionately bear the twin burdens of HIV vulnerability and limited access to sexual and reproductive health and rights – and health services in general. Evidence shows that women living with HIV who experience violence have less positive outcomes related to adherence to treatment, contributing to a hastened progression from HIV to AIDS complications.

The Venezuelan government continues to use limited and partisan access to food and medicine as part of social control mechanisms. Added to this are the severe restrictions on, and in many cases, criminalization of, protest and freedom of expression, including censorship and closure of media outlets media, and the violation of other civil and political, economic, and social rights. The erosion of the rule of law and the weakening of democratic institutions has resulted in social violence, suffering, and policies that violate human rights.

Additionally, the humanitarian emergency in Venezuela has resulted in a massive migration of Venezuelans to neighbouring countries. By mid 2021, over 5.5 million Venezuelans have fled the country [ACAPS, 2021; IOM, 2021]. This number includes pregnant women who have left their homeland searching for better opportunities. These Venezuelan migrants face violence and discrimination, including rape and sexual violence. Most do not receive comprehensive health care. Women face targeted violence and discrimination when seeking refuge in humanitarian emergencies and are re-victimized by police and other authorities when applying for protection in countries receiving them. These violations are underreported and rarely investigated and prosecuted, leading to widespread impunity, lack of accountability, remedies, or support for victims.

Women and HIV:

Only 56 per cent of people living with HIV in Venezuela have access to ART [ACCSI, 2021]. In 2019, 1,600 women living with HIV became pregnant, only 267

received treatment to prevent vertical transmission of HIV (17 per cent of those in need).

Women living with HIV who become pregnant face severe barriers to access ART and are forced to give birth vaginally. In some cases, pregnant women living with HIV who are scheduled for C-sections must provide biosecurity kits beyond most people's reach in Venezuela. Additionally, women living with HIV, regardless of their viral load, are forced to breastfeed their infants because there is no baby formula available.

The most recent UNAIDS Global AIDS Monitoring (GAM) report on Venezuela confirms that the HIV prevalence among transgender women is 35.85 per cent.

Indigenous People in the 'Arco Minero'

Despite the Venezuelan government rhetoric of protecting indigenous peoples, these groups continue to lack access to essential services. The expansion of mining has had considerable negative effects on their rights to self-determination and the conservation and protection of the environment.

The 'Arco Minero' is in the traditional territory of 16 indigenous groups. Illegal and unregulated mining impacts indigenous people, mainly because of environmental damages and violence, exposing them to mercury contamination and diseases. Reportedly, indigenous women have been victims of human trafficking and forced prostitution [44th session of the Human Rights Council, 2020], resulting in sexual violence. The estimated HIV prevalence rate among indigenous peoples of the Warao is 9.55 per cent [UNAIDS, 2021].

Women and Girls in the Arco Minero

Women engage in all kinds of irregular mining-related work, including working as vendors. Many travel to the mines to work as cooks, and since 2016 there has been an acute increase in prostitution, sexual exploitation and trafficking in mining areas, including adolescent girls.

The environmental impact of the irregular mining operations in the Arco Minero has been widely documented [SOS Orinoco, 2021], as is the direct effect on the health of women and girls. This includes a steep increase in malaria cases [PAHO, 2019], water contaminated with mercury and widespread sexual violence that results in unwanted pregnancies and sexually transmitted infections, including HIV. Additionally, armed groups control women's access to health services [Correa, 2021], and there are widespread networks of illegal trafficking of medicines and other goods controlled by these same armed groups.