WOLA

Advocacy for Human Rights in the Americas

POLICY MEMO

THE CRISIS CAN'T WAIT:

How U.S. Policymakers Can Support Humanitarian Accords in Venezuela

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November 2021

SUMMARY OF RECOMMENDATIONS

This policy memo is based on interviews conducted by WOLA with NGO activists, medical experts, and humanitarian and political actors in Venezuela in August and September 2021. In assessing two previous humanitarian agreements between the Maduro government and the Venezuelan opposition—the 2020 PAHO Accord and the 2021 *Mesa Técnica Nacional de Vacunación* (National Vaccination Roundtable)—WOLA produced a series of ten recommendations (available on page 26) for the Biden administration to support and facilitate humanitarian accords to address the urgent needs of a suffering population. Below is a summary of those recommendations.

Based on the findings of this policy memo, WOLA recommends that the Biden administration do the following:

- Name a high-level State Department official in Washington—either a Special Representative or a Deputy Assistant Secretary with a portfolio focused exclusively on Venezuela's crisis and regional implications.
- Direct senior State Department and Department of Health and Human Services (HHS) officials to make clear that the U.S. government is willing to include Venezuela in its COVID-19 vaccine donation program, and to address logistical and transparency obstacles.
- Urge the publication of a national COVID-19 vaccination plan in line with international standards in Venezuela.
- Emphasize the role of the UN and non-governmental organizations in the successful implementation of any humanitarian agreement, given widespread government corruption.

- Press for a response that addresses the differential impact of the humanitarian situation on specific segments of the population including indigenous people, individuals with disabilities, immunocompromised individuals and those taking antiretrovirals, and others in conditions of vulnerability.
- Encourage relevant stakeholders in Venezuela to prioritize humanitarian agreements that address the differentiated impact of Venezuela's crisis on women and girls.
- Provide necessary human resources and other support to the Office of Foreign Assets Control (OFAC), so that it can move quickly once agreements are made—and avoid delays that could derail them.
- Prioritize humanitarian agreements strictly based on their ability to address urgent concerns in accordance with humanitarian principles—not on a logic of taking political credit.
- Support agreements that broaden access for, and end the repression of, humanitarian organizations on the ground.
- Commit to fully-funding the UN Humanitarian Response Plan (HRP) for Venezuela for 2021.

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INTRODUCTION

Two years after the last negotiation process broke down, talks between the Venezuelan opposition coalition and the Maduro government to resolve Venezuela's political crisis and address the humanitarian emergency appear to have stalled once again. While the need for a democratic solution to the crisis is as urgent as ever, the context has changed. Today, many Venezuelans are even more skeptical of the negotiations, and much less hopeful that democracy will be restored in the short term.

This skepticism is understandable. The Mexico City negotiations are Venezuela's fifth such process in six years. When the Maduro government pulled out of a scheduled round of negotiations in October in reaction to the extradition of government ally Alex Saab to the U.S., it further diminished hopes of progress. Despite these setbacks, international stakeholders remain committed to supporting negotiations to resolve the political crisis as well as the humanitarian emergency in Venezuela. The challenge is how to make progress, and how to convince a doubtful population of the relevance of negotiations. Given the severity of conditions on the ground, any agreement that widens the humanitarian response or accelerates attention to the most urgent health and nutrition needs would benefit the country's long-suffering population. If reached and implemented successfully, partial humanitarian agreements might also build momentum in the pursuit of a broader political agreement.

In this context, U.S. policymakers should be examining ways to support the revival of negotiations in Mexico, as well as the implementation of humanitarian agreements which showed promise early in the process before the talks were suspended. On September 6, the parties agreed to create a joint *Mesa de Atención Social* (Social Care Roundtable) that would have a mandate to mobilize resources to address urgent gaps in health and nutrition. This *Mesa de Atención Social*, or any other

mechanism that intends to address these needs, can learn from the successes and failures of previous efforts to negotiate around pressing humanitarian and health concerns.

This policy memo is the outcome of interviews carried out by the co-authors with NGO activists, medical experts, and humanitarian and political actors in Venezuela in August and September 2021. Based on the insights from those interviews, we identify lessons learned from two previous humanitarian agreements between the Maduro government and the Venezuelan opposition: the 2020 PAHO Accord and the 2021 *Mesa Técnica Nacional de Vacunación* (National Vaccination Roundtable). We then draw on those lessons and analysis of the current context to offer recommendations to U.S. policymakers interested in aiding the most critical needs of Venezuela's long-suffering population.

THE STATE OF VENEZUELA'S HUMANITARIAN EMERGENCY

The complex humanitarian emergency in Venezuela has its roots in years of economic mismanagement and corruption. U.S. sectoral sanctions, beginning with the first financial sanctions in August 2017, have aggravated the crisis and complicated an economic recovery, but the country's economic recession began more than three years prior to the implementation of U.S. sectoral sanctions.[1] Human rights and humanitarian organizations in Venezuela have emphasized that the crisis meets the UN definition of a "complex emergency," which refers to a breakdown in state authority due to internal conflict as well as the need for a greater response beyond a single agency.[2]

While there is growing consensus on the severity of Venezuela's complex humanitarian emergency, presenting a complete account of the crisis is difficult, as Venezuelan authorities have failed to publish relevant data for years, and have retaliated against those who

have done so. What credible economic data there are come from international and non-governmental organizations. Current research suggests the combination of an increasingly dollarized economy and an increase in remittances from abroad have brought a small degree of relief to a segment of Venezuelans, but the country's overall economic outlook remains dire.

Since 2014 Venezuela's gross domestic product (GDP) has shrunk by over 75 percent.[3] The Caracas-based research firm Ecoanalítica estimates that in 2021 Venezuela will complete its eighth straight year of economic recession, though this year's projected decline of 5.1 percent will be the smallest year-to-year contraction since the crisis began.[4] Inflation continues to impact the population; credible analysts place the current annual inflation rate in Venezuela at around 2,000 percent.[5] Even in a dollarized economy, this has taken a toll on the purchasing power of everyday Venezuelans. At time of writing, the minimum monthly wage (7 million Bolívares) is equal to roughly $1.70, or about the price of a dozen eggs.[6]

The impact of the economic crisis on nutrition is evident in data from the World Food Programme, which in February 2020 published a Food Security Assessment[7] that found 7.9 percent of the population in Venezuela (2.3 million) to be "severely" food insecure, meaning[8] they are experiencing hunger or, in the most extreme cases, have run out of food and gone a day or more without eating. An additional 24.4 percent (7 million) was found to be "moderately" food insecure, meaning they face regular uncertainty in obtaining food. Based on this figure, the WFP estimates that roughly one out of three Venezuelans (32.3 percent, or 9.3 million) is food insecure and in need of assistance.

Because this WFP assessment was carried out between July and September 2019, many Venezuelan human rights NGOs point out that the actual figure of Venezuelans in need has likely grown. One of these is HumVenezuela, a project launched by several local health and

humanitarian organizations that has worked to monitor, document, and respond to Venezuela's complex humanitarian emergency since 2019. In June 2021, HumVenezuela compiled a report on the state of the emergency using open and direct sources. The report also includes data from "community diagnoses," which included surveys of 4,489 households across communities in 16 states of the country from May to June 2021.[9]

JUNE 2021 HUMVENEZUELA MONITORING REPORT DATA

FOOD INSECURITY IN VENEZUELA

Indicators	Year	People in Need of Humanitarian Assistance	Base Population (Estimated by CELADE)	% of Base Population in Need of Humanitarian Assistance
In a situation of moderate food insecurity	2021	11,797,736	28,704,954	41.1%
In a situation of extreme food insecurity	2021	2,640,580	28,701,954	9.2%
People with severe health problems without access to medicine	2021	3,849,104	10,406,005	37.0%
People without economic resources to pay for health-related costs	2021	26,293,738	28,704,954	91.6%

Source: HumVenezuela 2021 Report

HumVenezuela's 2021 report suggests that the current number of people in need of food assistance in Venezuela is far greater than the figure reported in the 2019 WFP assessment. Their analysis finds that the current population facing severe food insecurity has grown

from 2.3 to 2.6 million, and that the number of those facing moderate food insecurity is far greater than the WFP reported—at 11.8 million today compared to 7 million in 2019.

The HumVenezuela platform also paints a grim picture regarding Venezuelans' access to health care. According to the project, 37 percent of the estimated 9 million Venezuelans suffering from chronic health conditions such as HIV-AIDS, cancer, and chronic organ disease or failure, lack easy access to medicine or treatment. This is due in part to the high cost and inaccessibility of seeking treatment in private clinics, as well as widespread shortages of medicine, equipment, and qualified personnel in the country's deteriorated public health sector. HumVenezuela estimates that 91.6 percent of the population—up from 73 percent in March 2020—currently lacks public or private health insurance, making care inaccessible for many.

Over the last decade, the quality of care available in the Venezuelan public health system has fallen dramatically. Between 2015 and 2016, for instance, official data shows that infant mortality increased by 30 percent (a 63.3 percent increase from 2012) and independent calculations suggest that from 2012 to 2016, maternal mortality more than doubled. After 2016, the government stopped publishing data on these indicators.[10] These numbers reveal a widespread deterioration of access to reproductive and maternal health services in the country. With continued shortages of contraceptives and the decline of reproductive health services, coupled with strict anti-abortion laws, women are essentially forced into motherhood and unable to access necessary health services during their pregnancy, making the impact of Venezuela's crumbling health system particularly severe for women and children in the country.[11]

Across the country, children and adults in critical condition are seeking alternatives to a broken-down national dialysis program, or are desperately awaiting organ transplants or other lifesaving care, all from a public health system virtually in ruins. Since the Maduro government

suspended its kidney transplant system in 2017, citing U.S. sanctions as the primary reason, thousands have either died awaiting medical care in Venezuela or have left the country to seek transplants abroad. In August and September 2021, when WOLA conducted interviews in Venezuela, one medical expert reported that approximately 120 children and over 2,000 adults are awaiting transplants from the public system.[12]

The humanitarian emergency is worse outside of the Caracas capital region. HumVenezuela data suggests that the population experiencing moderate and severe food insecurity in the state of Amazonas (86.1 percent), for instance, is nearly twice as high as that of Caracas (43.4 percent). Shortages of medicine are also felt more strongly outside of the capital. In the western state of Zulia, for example, humanitarian organizations report that there is just one pharmacy currently distributing antiretroviral medicine—for an estimated HIV positive population of nearly 10,000 people.[13]

In this context, the COVID-19 pandemic has had a deep impact on Venezuela's population, though the lack of reliable government data makes the full scope of the pandemic difficult to document. As of November 15, 2021, official sources report 419,745 cases and 5,026 deaths in the country due to COVID-19.[14] However, health workers have routinely pointed to substantially higher indices of hospitalizations and deaths due to acute respiratory infections as evidence that Venezuelan authorities are substantially underreporting COVID-19 cases.[15]

It is important to note that the last two years have seen substantial growth in the humanitarian sector. Beginning in late 2019, multilateral organizations such as the UN Office for the Coordination of Humanitarian Affairs (OCHA), the Pan-American Health Organization (PAHO), the Joint UN Programme on HIV/AIDS (UNAIDS), and the UN Children's Fund (UNICEF) began to increase their operational capacity in the country. After months of negotiations, in April 2021

the World Food Programme (WFP) announced it had reached an agreement with the Maduro government to provide meals to school-aged children in regions of Venezuela most affected by food insecurity. The program is slated to reach 185,000 children by the end of 2021, and the WFP is expected to be able to provide assistance to 1.5 million children by the end of the 2022-2023 school year.

In spite of the growth in the humanitarian infrastructure, Venezuelan humanitarian organizations continue to face major obstacles. The 2021 UN Global Humanitarian Overview, compiled by OCHA, notes that Venezuelan humanitarian organizations "face access challenges like politicization of humanitarian aid, fuel shortages, COVID-19 related travel restrictions, as well as administrative constraints on the entry of organizations, personnel and supplies."[16] In some cases, these challenges have been exacerbated by overcompliance with U.S. sanctions (excess caution by banks and other financial institutions), resulting in banking problems for local NGOs that complicate their finances.[17] In 2020-2021, there were also several major incidents of harassment and intimidation of humanitarian workers, including the arbitrary detention of five members of the Venezuelan NGO Azul Positivo in January and February 2021,[18] as well as raids on the offices of NGOs such as Acción Solidaria and Asociación Civil Convite.

HUMANITARIAN AGREEMENTS: BUILDING FROM A FOUNDATION

As countries across the globe began implementing containment measures amid the deadly COVID-19 pandemic in March 2020, civil society leaders in Venezuela began to voice concerns about the need for a basic level of humanitarian coordination between the de facto Maduro government and the opposition, which held a majority in the 2015-2020 National Assembly. Among those raising concerns was Feliciano Reyna, director of the humanitarian organization Acción

Solidaria. In a commentary published by WOLA on March 28, 2020,[19] Reyna called for a humanitarian agreement between the government, which effectively controls the territory, and the opposition, which has access to frozen Venezuelan funds abroad through international support.

Many other human rights organizations and civil society groups also pressed for humanitarian agreements in the face of the pandemic. On April 2, 2020, over 200 NGOs signed a joint statement calling on Venezuelan political actors to "work on a solution that allows the articulation of what is necessary to address the humanitarian emergency aggravated by the pandemic, beyond the efforts to resolve political conflicts."[20]

June 2020 PAHO Accord

Some of the concerns of Venezuelan civil society organizations were privately echoed by UN humanitarian personnel, including at one of the international humanitarian agencies with the longest operational history in Venezuela: the Pan-American Health Organization (PAHO). As the pandemic started to spread in Venezuela in March and April 2020, PAHO representatives began a series of informal, exploratory discussions with representatives of the Venezuelan Health Ministry, the opposition, and the diplomatic community in Caracas about how to bring in much-needed COVID-19 aid and personal protective equipment (PPE). Separately, representatives of the opposition and the government whose portfolios touched on the health sector began to exchange ideas in private over how to facilitate assistance.

These early exchanges were controversial, and came amid pushback from hardline elements in both the government and the opposition. In late April and early May 2020, the government infiltrated a mercenary plot linked to members of an opposition-backed "strategy committee" in South Florida,[21] and pointed to the failed plan to justify its longstanding campaign of repression, arbitrary detention, torture,

and extrajudicial execution of individuals perceived as government opponents.[22,23] From March to late April 2020, members of the opposition-controlled National Assembly, especially close advisors of then-National Assembly President Juan Guaidó, explicitly rejected the possibility of any agreement with Maduro other than one that included his immediate resignation.[24] When reports of exploratory talks on a humanitarian accord were published by the news agency Reuters on April 21,[25] Guaidó claimed these reports were false, saying: "There is only one agreement possible to save Venezuela: to create a National Emergency Government, without narcos in [the presidential palace of] Miraflores, which can access the international aid that we need."[26]

This initial resistance did not last. After weeks of quiet backchanneling and growing civil society pressure, on June 1, 2020, Maduro's Ministry of Health and the Humanitarian Aid Commission of the opposition-controlled National Assembly signed an agreement coordinated by PAHO. Under the terms of the accord, the opposition would use its access to international funds in exchange for commitments from the government to allow the aid to be delivered without impediment.

The agreement was just one page long,[27] and bore the signatures of the head of the opposition-created Health Commission Julio Castro, Health Minister Carlos Alvarado, and PAHO Venezuela Representative Gerardo de Cosio. It identified seven priority areas:

- Detection of active COVID-19 cases through laboratory diagnostics;
- Opportune and adequate treatment of confirmed cases;
- Supervised isolation of symptomatic cases, and quarantine of contacts;
- Protection of health personnel;
- Implementation of measures to prevent and control infections in health centers;
- Epidemiological observation, analysis of information and situation

reports; and
- Communication campaigns to educate the public about risks and prevention measures.

Assessing the PAHO Accord

While initial reports suggested that the opposition would seek to unfreeze as much as $20 million[28] in frozen assets to this deal, opposition sources say this figure also included funds destined for other projects such as the 2020 "Health Heroes" program that provided doctors and medical staff with cash transfers.[29] In total, the opposition worked to lobby the U.S. government to unfreeze $12 million towards the implementation of the PAHO accord, which went towards medical aid and protective equipment for medical workers, as well as COVID-19 antigen tests and related testing machines.[30]

The PAHO accord set a notable precedent for those hoping to advance humanitarian accords, but there were widely criticized gaps in its implementation. Under the terms of the agreement, Venezuela received 340,000 antigen testing kits in October 2020. Initially the parties agreed that these tests would be distributed and applied in 27 public hospitals across the country. Instead the Health Ministry placed the testing kits in regional public health laboratories, which are limited to standard business hours and attend to a more limited segment of the public than hospitals. The opposition denounced this move as a violation of the agreement and an apparent strategy to reduce the amount of positive tests reported in the country. Indeed, by January 2021 the government had applied only 3,000, or less than one percent, of the 340,000 COVID antigen testing kits acquired through the PAHO agreement.[31] In response, PAHO carried out site visits to verify the location of the testing kits and had some success in encouraging the government to move the testing to higher-demand locations. By March 15, 2021, PAHO reported that the number of tests applied had risen to 21,583—an important increase but still far

below the organization's estimate that the aid provided a capacity for 3,000 to 4,000 tests per day.[32]

Despite this shortcoming, opposition representatives recognize that the equipment included in the agreement was largely sent to public hospitals as agreed. Under the terms of the PAHO accord, the frozen funds paid for—and the Health Ministry distributed—80 tons of aid including PPE (biosafety glasses, N95 masks, biosafety gowns, surgical masks and gloves) as well as 1.2 tons of oxygen masks, nasal cannulas and oxygen concentrators. These were successfully distributed in 18 health institutions in 14 prioritized states, according to the distribution plan signed by both parties. In spite of this, data compiled by health rights NGO Médicos Unidos suggests that, since the start of the pandemic, 792 health workers have died of "causes related to COVID-19."[33]

Mesa Técnica Nacional de Vacunación (National Vaccination Roundtable)

The partial success of the PAHO accord, as well as the emergence of effective COVID-19 vaccines in early 2021, saw a renewed interest among actors in Venezuela in seeking an agreement on vaccine purchases. On February 11, the involved parties announced that they would expand the PAHO agreement to include cooperation on the purchase and distribution of COVID-19 vaccines through the international COVAX initiative. This announcement was the result of efforts by technical experts at PAHO in coordination with UNICEF, which has significant experience in vaccine refrigeration and distribution.

Under the agreement, health policy advisors and government health officials created the *Mesa Técnica Nacional de Vacunación* (the National Technical Vaccination Roundtable), which was tasked with distribution and oversight of COVID-19 vaccines. The *Mesa Técnica* brought together representatives of major medical institutions in Venezuela,

including the National Academy of Medicine, the Society of Childcare and Pediatrics, the Society of Infectology, and the top medical schools in the country. Representatives of other relevant medical initiatives in Venezuela, like Doctors Without Borders and the International Committee of the Red Cross, were also invited to attend several of the group's meetings.

The government was represented by Health Minister Carlos Alvarado and Science and Technology Minister Gabriela Jiménez Ramírez. While the opposition was not formally represented in the body, as it was intended to be rooted in technical expertise and not political allegiances, Dr. Julio Castro's position as head of the Guaidó-appointed Health Commission in practice allowed for coordination with the two opposition Commissioners for Humanitarian Assistance: Manuela Bolívar and Miguel Pizarro. According to members of the *Mesa Técnica*, Castro provided important recommendations on medical policy in addition to coordinating with these opposition political actors on matters related to accessing frozen funds and engaging with the U.S. Treasury Department on licensing issues under U.S. sanctions.

Not including side meetings between individual members, the full *Mesa Técnica* officially met five times from February to June 2021. Expert members of the panel describe a relatively cordial atmosphere, in which they were given the opportunity to share their perspectives on public policy and best practices. PAHO representatives say that these conversations focused primarily on technical issues, and that a primary goal of the initiative was to achieve a consensual, public vaccination plan in line with international standards.

While these conversations themselves were cordial, the technical focus was soon eclipsed by underlying political dynamics and the timing of vaccine availability through COVAX. As a self-financing country, Venezuela had two options to gain initial access to COVAX: the first was a Committed Purchase Arrangement, through which countries pay a lower upfront cost to obtain whichever type of

vaccine is most readily available. The second was an Optional Purchase Arrangement, through which countries pay a higher upfront cost in exchange for being able to select a certain type of vaccine. The total cost for the vaccines is the same for the two options, but the Optional Purchase Arrangement implies a delay in paying the full amount.

In the early stages of the COVAX talks, in February and March, the opposition offered to help lobby for frozen funds to go towards a Committed Purchase Arrangement that would have given Venezuela access to between 1.4 and 2.4 million doses of the only vaccine available at the time through the mechanism: the Oxford-AstraZeneca vaccine. They sought U.S. Treasury Department approval to unfreeze $100 million in Venezuelan assets and requested, in writing, a license from the Office on Foreign Assets Control (OFAC) to make an initial $30 million payment on March 22.[34] In exchange, the opposition sought three conditions:

1. The publication of a national vaccination plan put together with independent medical associations, universities, and multilateral organizations;
2. The implementation of the vaccination plan in accordance with humanitarian principles by UN agencies, and not the Maduro government; and
3. The establishment of a monitoring system that provides unrestricted access for NGOs and health personnel.

Meanwhile, the government seems to have perceived a potential threat in the mobilization of the Guaidó coalition around vaccines, and in criticism of its mishandling of the pandemic more broadly. One of the primary criticisms by independent civil society organizations at this time was that vaccines were being prioritized for government officials and party loyalists, rather than in accordance with the humanitarian principle of neutrality. By late April, several top Venezuelan officials, including Maduro himself, had been vaccinated even as the country had only successfully brought in 200,000 Sputnik-V and 500,000

Sinopharm doses.[35]

The government came under further public criticism when, on March 15, 2021, Vice President Delcy Rodríguez announced that the government would not authorize AstraZeneca vaccines for use in Venezuela, citing potential clotting side effects documented elsewhere. This decision was not accompanied by any discussion of the issue in the *Mesa Técnica*, nor did the Health Ministry release any official justification—as other countries that have suspended the use of the AstraZeneca vaccine have done.[36] An expedited shipment of AstraZeneca vaccines would have addressed an important gap in the government's COVID-19 response, but would have likely meant sharing political credit with opposition actors. Thus, the decision seemed to be based on politics rather than on scientific or technical expertise, and was the first of two major blows to the opposition proposal for a timely Committed Purchase Arrangement.

The second blow to the COVAX talks came a few weeks later. On April 11 the government announced that it had made an initial payment of 59.2 million Swiss francs ($64 million USD) to GAVI, the public-private alliance co-leading the COVAX initiative. This meant that the Maduro government had unilaterally secured the funds to make a total $120 million payment needed for an Optional Purchase Arrangement. This effectively ended negotiations with the opposition over a joint purchase agreement with COVAX, as the government no longer needed to rely on the opposition's access to frozen funds.

Making the remaining COVAX payments was not without incident for the government, which has been targeted with a series of wide-ranging financial sanctions since 2017. Even though OFAC technically allows an exemption from U.S. sanctions for transactions related to medicine and medical equipment,[37] overcompliance with U.S. sanctions complicated Venezuela's payment to GAVI for another two months. On June 7, COVAX Country Engagement Director Santiago Cornejo sent a signed letter to Venezuelan authorities noting that

TIMELINE

2021 *MESA TÉCNICA* TALKS IN VENEZUELA

February 11
Announced that 2020 PAHO Agreement would be expanded to allow for cooperation in the purchase and distribution of COVID-19 vaccines; Creation of the *Mesa Técnica*

Mid-February
First meeting of the *Mesa Técnica*

March 2
First shipment of 500,000 Sinopharm vaccines arrived in Venezuela

March 22
Opposition requested license from OFAC to make an initial $30 million payment to COVAX

April 18
Maduro government announced full payment of $120 million to COVAX

June 7
COVAX country director stated that $4.5 million of government payment had been blocked by Swiss bank UBS

June 17
OFAC issued General License 39 authorizing transactions related to COVID-19 prevention, diagnosis or treatment

September 7
First shipment of 693,000 COVAX vaccines arrived in Venezuela

February 13
First shipment of 100,000 Sputnik V vaccines arrived in Venezuela

Late February
Beginning of Phase 1 of Venezuela's vaccination plan, starting with distribution to health, law enforcement, and education sectors

March 15
Vice President Delcy Rodríguez announced that the government would not authorize the AstraZeneca vaccine

April 11
Maduro government announced initial $64 million payment to COVAX

June 5
Last meeting of the *Mesa Técnica*

June 9
WHO confirmed that the Maduro government had not yet completed the full payment to COVAX

July 8
GAVI confirmed that the government had completed the necessary payment to access COVAX

four transactions, amounting to $4.5 million out of the total $120 million, had been blocked by the Swiss bank UBS.[38] Ten days later, the U.S. Treasury Department issued a new general license authorizing pandemic-related transactions involving the Venezuelan government in addition to some of the country's banks.[39] Venezuela was ultimately able to make the full payment.

On September 7, the first shipment of COVAX vaccines arrived in Venezuela—693,600 doses of Sinopharm vaccines. It was the first of 12,068,000 doses scheduled to arrive in Venezuela via the global mechanism, enough to immunize approximately 6 million people, or twenty percent of the total population of the country.

Assessing the *Mesa Técnica*

Like the PAHO agreement, the negotiations around the *Mesa Técnica de Vacunación* were ultimately compromised by political dynamics, yielding important but mixed results for Venezuela's national COVID-19 pandemic response. The process resulted in some significant contributions to the early design of a national vaccination program in Venezuela, but in the end the government's decision to pull out of the talks resulted in a less accountable, more politicized vaccination campaign. Today, the *Mesa Técnica* has stalled. Even as vaccines from Russia and China, as well as Cuba's experimental vaccine candidate, have continued to arrive since April 2021, and despite the arrival of the first shipments of vaccines through COVAX in September and October, the *Mesa Técnica* has not met since early June.

The *Mesa Técnica* also fell short in its mission to push the government to issue a public vaccination plan based in scientific and technical expertise. While a draft vaccination plan was composed alongside PAHO and UNICEF and shared with the members of the *Mesa Técnica* for input in April,[40] the government has yet to publish any version of this plan. The government has periodically announced that it is

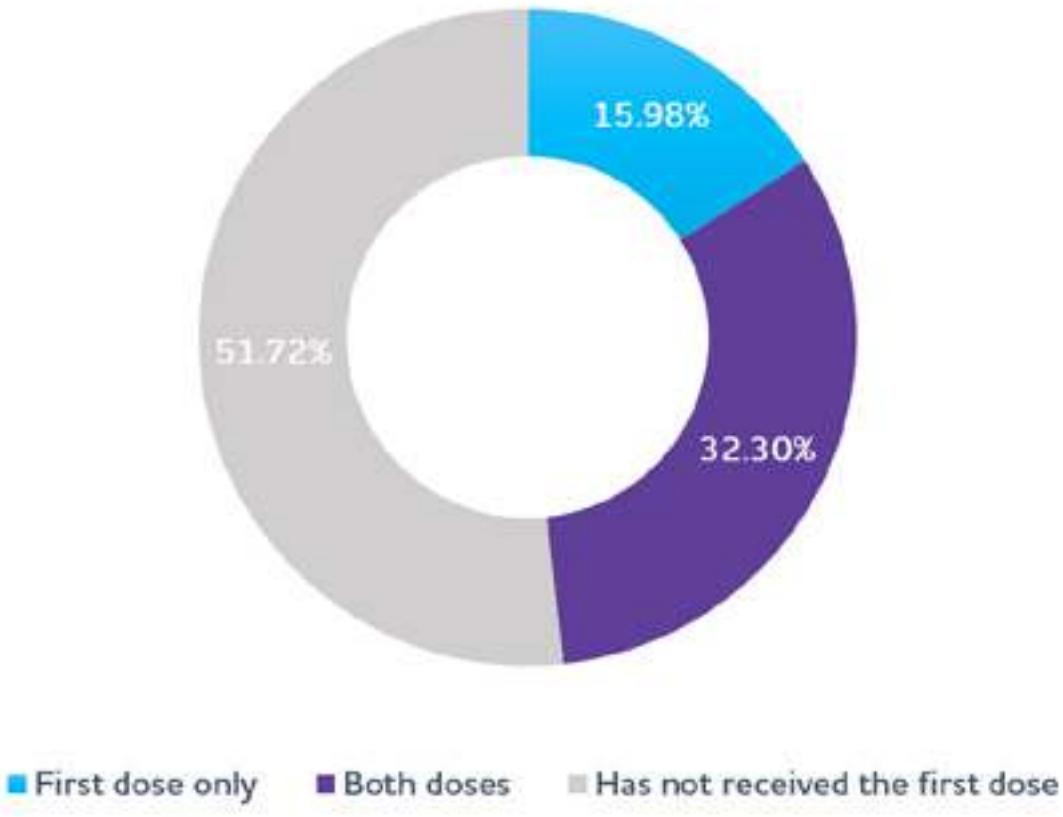
following a plan of phased access to the vaccine based on factors such as age, vulnerability to certain diseases, and sector of work, prioritizing health and military personnel in the first phase.[41] However, medical experts have reported a wide variation in the application of this phased plan in practice, as well as political favoritism and corruption in the distribution of available vaccines. Although it has been possible since May 2021 to register with the Health Ministry to get the vaccine without signing up in the ruling party-affiliated "Homeland System," there are reports of government supporters getting priority access.[42] Medical experts also report that the lack of clarity and transparency around the national vaccination plan has resulted in misinformation and apprehension, with many opting not to get the vaccine due to skepticism of the process.[43]

Despite the lack of a clear and equitable national vaccination plan, vaccination rates are slowly improving in Venezuela. While in May it was reported that less than one percent of the Venezuelan population had received the vaccine,[44] as of November 12 PAHO estimated that 32.3 percent of the population had been fully vaccinated.[45] This increase in vaccination rates represents a notable improvement from recent months, but Venezuela is still far behind its neighbors in the region in vaccinating its population; as of November 18, Colombia had fully vaccinated 43.89 percent of its population, and Brazil had fully vaccinated 55.65 percent.

Another 15.98 percent of the country has received only the first dose of the vaccine, which brings with it another major problem: hundreds of thousands of those who have received the first dose of the Sputnik V vaccine report waiting months before receiving their second shot, or never being contacted to schedule a second appointment at all.[46] This is particularly problematic in the case of the Sputnik V vaccine, for which the first and second doses are recommended to be administered within 3 to 4 weeks of one another to achieve its most robust levels of protection from the virus. While this problem is expected to have

been alleviated to some degree since a shipment of one million second doses of the Sputnik V vaccine arrived to Venezuela in late September, the disorganization and lack of transparency in the distribution of the first and second doses of this vaccine expose significant shortcomings in the government's capacity to implement its vaccination program.

COVID-19 VACCINATION IN VENEZUELA



Source: Pan-American Health Organization (PAHO). November 12, 2021

Despite the apparent limitations of the *Mesa Técnica*, the mechanism did result in meaningful changes to the vaccination process in Venezuela, and set a precedent for future cooperation on COVID-19 and health-related issues. Perhaps the most concrete success of the *Mesa Técnica* was an agreement reached in February through which the opposition committed to mobilize $27.6 million of frozen funds to be used for technical cooperation with PAHO and UNICEF, which included $14.8 million dedicated to the reinforcement of the cold chain and logistical capacity, and $12.8 million to support PAHO and UNICEF in advising, monitoring, and evaluating the vaccine

UNICEF AND PAHO ASSISTANCE

TECHNICAL COOPERATION TO SUPPORT THE INTRODUCTION AND DISTRIBUTION OF COVID-19 VACCINES

	UNICEF	PAHO	Total
Strategy	**Estimated cost (USD)**	**Estimated cost (USD)**	**Estimated cost (USD)**
Service delivery	1,706,749	3,000,000	4,706,749
Cold chain strengthening & logistics	11,772,797	3,100,000	14,872,797
Demand generation & risk communication	1,000,000	1,200,000	2,200,000
Training, monitoring & evaluation	940,821	3,400,000	4,340,821
Technical assistance	1,080,352	0	1,080,352
Group prioritization & surveillance	0	310,000	310,000
Vaccine safety	0	105,000	105,000
Grand total	**16,500,719**	**11,115,000**	**27,615,719**

Source: UN Children's Fund (UNICEF) and Pan-American Health Organization (PAHO)

distribution process. These funds are currently being implemented, and this agreement marked an important step in coordinating to mobilize funds for the vaccination process. This contribution allowed for UNICEF and PAHO cooperation in areas such as accessing PPE gear and syringes, storing and preserving vaccines at the appropriate temperature, and supporting communication around vaccine distribution.

Another notable achievement of the *Mesa Técnica* is that, despite tensions between representatives of the Health Ministry and experts

from the scientific communities, participants note that some of their recommendations from early in the process were in fact incorporated into the national vaccination process, even if they were never publicly given credit. A primary example is that the government began to vaccinate Venezuelans outside of traditional health centers and in more heavily trafficked sites with a greater capacity such as schools, parking lots, and stadiums, as medical experts at the *Mesa Técnica* had advised, while the initial government plans involved vaccination solely in health clinics. Several members of the *Mesa Técnica* interviewed by WOLA acknowledged this as a success of the mechanism, and an instance in which government officials took their technical expertise into account.[47]

However, this was not always the case. Several experts interviewed by WOLA expressed frustration around the government's decision not to authorize the AstraZeneca vaccine, which, as previously noted, appeared to be based more on politics than on technical concerns. Members of the *Mesa Técnica* stated that they had advised against this decision and provided evidence that the concerns regarding side effects associated with the vaccine had impacted only a very small percentage of individuals, and that the benefits of acquiring the AstraZeneca doses from COVAX early on outweighed the risks of potential side effects.[48] Ultimately, the Maduro government disregarded the recommendations of the technical experts at the table.

The most important takeaway from the *Mesa Técnica* process comes from its most widespread criticism—that decisions around the national vaccination process became driven by the government's political goals, despite efforts to base the discussions on technical and scientific expertise. The shortcomings of the mechanism convey an important lesson: future initiatives must be explicitly kept apart from efforts to score political points. In the case of the *Mesa Técnica*, the mechanism was likely overshadowed by the government's concerns

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over getting credit for paying for vaccines through COVAX, resulting in the government abandoning the process and making a payment unilaterally. Medical experts and leaders of health-related civil society organizations voiced concern around the role of political actors in the process, and believe that technical aspects of the discussion were overshadowed by political incentives.

For these reasons, if the *Mesa Técnica* were to be reactivated in the future, or if a similar process of cooperation around COVID-19 vaccine distribution were to emerge, the most important challenge will be to ensure that the discussions are insulated as much as possible from politics and that they serve primarily as a mechanism to provide expertise to reinforce a severely battered public healthcare system. This is also an important consideration for other future mechanisms of coordination between the government and opposition regarding urgent aspects of Venezuela's humanitarian and public health crisis.

RECOMMENDATIONS

Aid is not, in itself, sufficient to resolve Venezuela's political, economic, and humanitarian crisis. The reality is that Venezuela will not see a comprehensive solution without a set of broader political agreements. However, humanitarian agreements provide the opportunity to address the most urgent needs of Venezuela's most vulnerable sectors. If implemented well, such agreements may also serve as a way of building momentum towards a comprehensive political solution.

The U.S. government has made significant contributions to the humanitarian response as the primary donor to the UN Humanitarian Response Plan for Venezuela. But the Biden administration can do much more to encourage agreements to address Venezuela's humanitarian crisis, contribute to the country's COVID-19 response, and generate support among its international allies to commit more resources to the UN response. Whether in the framework of the Mexico City negotiations or in any future talks, the Biden administration should:

- **Name a high-level State Department official in Washington—either a Special Representative or a Deputy Assistant Secretary with a portfolio focused exclusively on Venezuela's crisis and regional implications.** This individual should coordinate closely with the Venezuela Affairs Unit (VAU) in Bogotá and with all relevant international stakeholders. Naming a high-level official who can complement the VAU's work from Washington and help coordinate initiatives across the U.S. government would streamline the policy process and help ensure a more rapid response to changing dynamics on the ground.
- **Direct senior State Department and Department of Health and Human Services (HHS) officials to make clear that the U.S. government is willing to include Venezuela in its COVID-19 vaccine donation program, and to address logistical and**

transparency obstacles. The administration should continue to work with all relevant stakeholders to encourage the timely and equitable vaccination of the Venezuelan population in line with humanitarian principles. Particular attention should be paid to the possibility of donating vaccines directly to third-party humanitarian actors on the ground, with a focus on vaccines that do not require an ultra-cold chain, such as the Johnson & Johnson/Janssen COVID-19 vaccine.

- **Urge the publication of a national COVID-19 vaccination plan in line with international standards in Venezuela.** While Venezuela has at least partially vaccinated nearly half of its population, only a third has been fully vaccinated. Meanwhile, the process itself lacks transparency or order, resulting in confusion, misinformation, and apprehension among the population. Publishing a detailed vaccination plan, especially one that is created alongside independent experts in the Mesa Técnica as well as UN agencies, would benefit the Venezuelan people and lay a solid foundation for further agreements that can address COVID-19 vaccination needs.
- **Emphasize the role of the UN and non-governmental organizations in the successful implementation of any humanitarian agreement, given widespread government corruption.** In order to verify the terms of any agreement, U.S. diplomats should encourage the parties to include monitoring and evaluation language into any agreement to address Venezuela's humanitarian emergency. Just as PAHO worked to track the implementation of the 2020 agreement on COVID-19 testing, international humanitarian agencies like PAHO and UNICEF should be granted full monitoring and evaluation access in the case of future humanitarian accords. Even then, it will be nearly impossible for these organizations alone to fully monitor implementation across Venezuela's 23 states and Caracas. For this reason it is important for international and local NGOs,

particularly those with experience in the health and humanitarian sectors, to be incorporated into the drafting, implementation, and evaluation of any agreement.

- **Press for a response that addresses the differential impact of the humanitarian situation on specific segments of the population including indigenous people, individuals with disabilities, immunocompromised individuals and those taking antiretrovirals, and others in conditions of vulnerability.** It is important for the humanitarian response to specifically target these groups, and for the U.S. to publicly encourage political actors in Venezuela to prioritize aspects of the humanitarian emergency that disproportionately impact these populations.
- **Encourage relevant stakeholders in Venezuela to prioritize humanitarian agreements that address the differentiated impact of Venezuela's crisis on women and girls.** The deterioration of the sexual, reproductive and maternal health systems in Venezuela has left women and girls vulnerable to health complications and unable to seek treatment, making the collapse of Venezuela's public health system a particularly severe issue for women in the country. Humanitarian agreements to invest in the national infrastructure to provide sexual and reproductive health services, which benefit all women including mothers and pregnant women as well as young children, would greatly alleviate the disproportionate impact of the humanitarian emergency on Venezuelan women. Venezuelan women should be at the forefront of discussions on how to address this particular issue.
- **Provide necessary human resources and other support to the Office of Foreign Assets Control (OFAC), so that it can move quickly once agreements are made—and avoid delays that could derail them.** While sanctions have become an increasingly popular foreign policy tool, OFAC does not generally have the resources or personnel to respond quickly to changing events on

the ground. There is widespread frustration among Venezuelan humanitarian and civil society organizations over the lack of clear channels to address things like overcompliance (excess caution by banks and other financial institutions) and other banking-related sanctions matters. Even the Venezuelan opposition has had to adapt its strategies to account for the backlog of license requests within the OFAC Licensing Division. When the opposition-controlled National Assembly approved the use of resources to pay lawmakers' salaries and mobilize resources for health workers, it took more than four months for the U.S. Treasury Department to unfreeze those funds. In any future humanitarian agreements involving frozen funds, the administration should prioritize their smooth and swift implementation and provide OFAC the resources it needs to do so.

- **Prioritize humanitarian agreements strictly based on their ability to address urgent concerns in accordance with humanitarian principles—not on a logic of taking political credit.** A successfully-implemented agreement that improves living conditions in Venezuela may be able to establish confidence and credibility in negotiations among a skeptical public. U.S. officials should firmly insist on the core humanitarian principles of humanity, neutrality, impartiality and independence.
- **Support agreements that broaden access for, and end the repression of, humanitarian organizations on the ground.** Venezuelan humanitarian groups, as well as other civil society organizations, continue to face systematic harassment and intimidation from authorities. Broadening access for humanitarian organizations—so that they can exercise their freedom of movement and operation, as well as unhindered transportation through military checkpoints—would be an important step forward, and the U.S. should support the creation of an operational framework for humanitarian organizations along these lines.

- **Commit to fully-funding the UN Humanitarian Response Plan (HRP) for Venezuela for 2021.** The Biden administration should commit to a fully-funded humanitarian response inside Venezuela, while also pushing for better access for humanitarian actors. Although the United Nations' 2021 HRP for Venezuela requests $708.1 million, only 29.4 percent of this ($208.1 million) has been funded as of November 15, 2021.[49] The United States, the primary donor, has contributed to assistance outside the plan, but this aid amounts to only $101 million. Further commitments are urgently needed.

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ABOUT WOLA

The Washington Office on Latin America (WOLA) is a leading research and advocacy organization advancing human rights in the Americas. We envision a future where public policies protect human rights and recognize human dignity, and where justice overcomes violence.

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ABOUT THE COVER PHOTO

A woman, wearing a protective face mask with a message that reads in Spanish: "Vaccines now! It is my right, S.O.S" stands with other protesters demanding a more equitable and faster distribution of COVID-19 vaccines, in the Los Palos Grandes neighborhood of Caracas, Venezuela, Saturday, April 17, 2021. Source: AP Photo/ Ariana Cubillos.

ACKNOWLEDGEMENTS

The authors would like to thank the individuals interviewed and all those working to broaden the humanitarian response on the ground in Venezuela, in particular Feliciano Reyna, director of Acción Solidaria. The authors would also like to thank WOLA Senior Fellow David Smilde, WOLA Director for Drug Policy and the Andes John Walsh, WOLA Vice President for Programs Maureen Meyer, and WOLA President Carolina Jiménez Sandoval for their invaluable support in editing and contributing to this report.