

E3 | VENEZUELA: THE IMPACT ON HEALTH OF SOCIAL CHANGE

New vision of health in the 1999 Constitution

The election of a government led by Hugo Chávez in 1998 ushered in a new period in Venezuela's history. The new government resolved to bring about social change by advancing a model grounded in social inclusion and new ways of organizing Venezuelan society through popular participation.

From its outset, this innovative attempt at social change had a major impact on the health sector. The new vision for health was enshrined in the Constitution of the Bolivarian Republic of Venezuela (CRBV 2000), as follows:

Health is a fundamental social right and the responsibility of the State, which shall guarantee it as part of the right to life. (Article 83)

Financing of the public health system is the responsibility of the State ... The State guarantees a health budget such as to make possible the attainment of health policy objectives. ... The State shall regulate both public and private health care institutions. (Article 85)

In order to guarantee the right to health, the State creates, exercises guidance over, and administers a national public health system that crosses sector boundaries, and is decentralised and participatory in nature, integrated with the social security system and governed by the principles of gratuity, universality, completeness, fairness, social integration, and solidarity. ... Public health assets and services are the property of the State and shall not be privatised. The organised community has the right and duty to participate in the making of decisions concerning policy planning, implementation, and control at public health institutions. (Article 84)

Thus, the new Constitution recognizes health as a fundamental human right and as a social right. Consequently, the state is responsible for guaranteeing it, counter to the liberal and neoliberal concept in place until that time, which had viewed health as an individual good, a commodity, according to which everyone enjoys the level of health that they can afford (Feo 2003).

Transforming health: Mission Barrio Adentro

The Venezuelan government has clearly articulated that it aims to build a single National Public Health System with the active participation of the people. In order to make this possible there was, at the outset, the necessity

TABLE E3.1 Phases of Barrio Adentro

Phases	Began	Components	Achievements
Barrio Adentro I	2003	Primary care level. Implementation of primary healthcare strategy in the entire country, including: popular medical dispensaries, consultation points (in family homes), dental clinics and optical centres, applying the principles of universality, equity and free cost. Health as a right and a public good.	In 1998: 5,360 popular medical dispensaries; no optical or dental services. In 2012: 13,731 popular medical dispensaries. 500 million no-cost medical consultations. 492 optical centres. 3,500 dental units.
Barrio Adentro II	2005	Secondary level of care. Provides comprehensive, no-cost service to all citizens through comprehensive diagnostic centres, high-technology centres and comprehensive rehabilitation services.	In 2012: 1,939 comprehensive diagnostic centres operating around the country, treating 59 million emergencies, 500,000 admissions for intensive care, and 927,751 surgeries.
Barrio Adentro III	2006	Modernization of the country's hospital network, using the traditional hospital network and increasing the number of facilities and number of hospital beds.	In 2012: Hospitals: from 278 in 1998 to 304. Hospital beds: from 17,822 to 27,620.
Barrio Adentro IV	2006	The main objective is to build healthcare centres for specialized areas of care in very low supply; e.g. opening the Gilberto Rodríguez Ochoa Children's Cardiology Hospital.	Child heart surgery: from 140 surgeries per year in 1998 to 1,500 per year at present.

to bring about a paradigmatic transformation of the neoliberal health policy that had driven the health system earlier. The new system, it was clear, would no longer be founded on hospital-based, individual, curative medical care, understood as a commodity. It was also understood that policies on health need to include not just healthcare, but also action to promote decent housing, secure employment, a healthy environment and access to recreational facilities.

In light of this premise, Mission Barrio Adentro (Inside the Neighbourhood) was created in 2003. Barrio Adentro incorporates a strategy that includes development of a new health system and a new public institutional framework in which social inclusion and public participation are key ingredients (see Table E3.1). Mission Barrio Adentro has been described as 'the culmination of over 25 years of experience in Latin America and the rest of the world in transforming health systems through the primary health care strategy'. Further, it is seen as an 'experiment in bilateral co-operation between two sister countries [Venezuela and Cuba] on an unprecedented scale ... to create a comprehensive



Image E3.1 Barrio Adentro health centre in a low-income area (Jose Leon Uscategui)

care model that emphasises both health promotion and disease prevention; to implement broad-scale primary health care in urban areas; to form integrated service networks, and to develop an innovative infrastructure of establishments, and new mass human resources education programmes ...' (PAHO 2006).

Barrio Adentro has gone beyond the treatment of sick people in the country's poorest areas, to become the linchpin of the government's social policy. The latter prioritizes local-level efforts, and links the major components of a new social policy. Included are:

- a *social economy* (productive development), through cooperatives, micro-enterprises, a People's Bank, a Women's Bank, and urban family gardens;
- in *education*, implementation of several educational missions and community information centres;
- in *urban improvement*, granting land titles to people who built homes on government land; and
- in *nutrition*, through communal cafeterias, community kitchens, MERCAL grocery stores and the establishment of child care centres (Muntaner et al. 2008).

Barrio Adentro relies on a new type of political and organizing strategy: the creation of urban land committees, health committees, Bolivarian Circles (political and social organizations of workers' councils), technical water boards, community councils, communes, and local public planning councils, among others. Barrio Adentro is contributing to the development of a network of social networks, the embryo of the new social fabric of Venezuela.

Developing a health workforce and social participation

A National Education and Training Plan has been developed to train human resources, as part of building the Single National Public Health System. For example, people employed in traditional health services are part of a re-education programme to inculcate the new ethics for public servants. Locally, the government is training community health leaders and comprehensive community health workers.

The goal is to train 70,000 Venezuelan physicians, through the various training programmes, to be comprehensive community physicians, who will work for and with the community. They will join the new single health system, through Mission Barrio Adentro, throughout the country. In 2013, the first 14,000 graduated and 10,000 are currently in school. Additionally, 3,200 physicians received graduate training in comprehensive general medicine (family medicine). Further, in collaboration with the Cuban medical mission, 1,823 students received graduate-level training in comprehensive general dentistry, and 1,413 received advanced-level technical training in primary healthcare nursing.

Extraordinary strides have been made in *social participation*. Over eight thousand health committees have been formed. The Ministry of Health is working to strengthen public participation and mobilization through mechanisms such as social auditing of the public administration, formation of community councils, and more recently the creation of communes. Progress is also being made in giving power to the people, guaranteeing their participation in policy-making, planning, monitoring, oversight and evaluation in the health sector (Contraloría Comunitaria en Salud 2004).

The Ministry of Health has been clearly designated as the steward of the health system by the Constitution. The government is addressing issues of corruption that arose from neoliberal decentralization, which consisted of minimizing the role of the state, reducing social spending and targeting the poorest sectors of society. Also being promoted are interconnections and complementarity among the different social missions, which are developing an inclusive and universal social policy.

The results are evident

The results are evident, as shown by the following data (though partial and limited in scope) (MPPEF n.d.). Owing to growth in employment, 2,124,208 people escaped extreme poverty from 1999 to 2007; during the same period, the percentage of households in poverty dropped from 42.0 to 28.3 per cent. The unemployment rate decreased from 16.6 per cent in 1999 to 7.1 per cent in 2008. Moreover, the employment rate in the formal sector has increased, reducing the size of the informal sector.

Aggregate social spending increased from US\$12.5 million in 1999 to US\$330.6 million in 2009, and the health budget as a percentage of the national budget went from 6.09 per cent in 2000 to 26.08 per cent in 2006



Image E3.2 A secondary-level health facility in Venezuela (Jose Leon Uscategui)

(PAHO 2006: 13). In 1998, there were 229,900 pensioners and by 2013 there were more than two million.

Since 1989, the legal minimum wage has kept ahead of the cost of the standard food basket. Household income inequality (Gini coefficient) dropped from 0.4874 in 1997 to 0.3928 in 2009 (a Gini coefficient near 0 indicates equal income distribution and, near 1, unequal distribution).

The net enrolment rate in primary education increased from 86.2 per cent in 1999 to 92.3 per cent in 2009, and in secondary education from 34.7 per cent to 60.6 per cent (MPPEF n.d.).

Health-related indicators have shown marked improvement. Some key indicators are as follows (MPPS n.d., 2009a, 2009b; MPPA 2008):

- The child mortality rate (under five years) in 1998 was 23.4/1,000 live births, dropping to 16.9 by 2009;
- During that same period, infant mortality (under one year) dropped from 21.36 to 14.4, and post-neonatal mortality dropped from 8.0 to 4.01;
- Antiretroviral therapy was being provided free of charge to 7,170 HIV/AIDS patients in 2002 and to 32,302 in 2009, almost the entire infected population.

- The tuberculosis mortality rate fell from 3.35/100,000 population in 1998 to 1.94 in 2009;
- The prevalence of undernutrition decreased from 21 per cent in 1998 to less than 6 per cent in 2009;
- Energy availability in the Venezuelan diet (in calories) increased from 2,127 in 1999 to 3,182 in 2011 (2,720 calories a day are needed for adequate food intake) (AVN 2013);
- The percentage of babies exclusively breastfed up to six months of age increased from 7 to 27 per cent from 1990 to 2008;
- At the primary-care level, there were 5,360 facilities in 1998, increasing to 13,731 in 2012 (MPPCI 2012);
- At the secondary-care level (comprehensive diagnostic centres, high-technology centres, comprehensive rehabilitation services), 1,939 facilities had been built and equipped by 2012, up from 310 facilities in 1998;
- The percentage of the population with access to safe drinking water increased from 68 per cent in 1990 to 95 per cent in 2009;
- During the same period, waste-water collection increased from 52 to 84 per cent.

On balance, the progress cannot be classified as anything other than highly positive. However, it is not free of failures, limitations and contradictions.

The struggle ahead

Today, Venezuela is in the midst of a fierce onslaught from the imperial US government, which sees its global hegemony jeopardized, and from its internal allies in the country (the oligarchy, private media, the Catholic Church hierarchy, political parties now led by neo-fascist groups, etc.). At the same time, its people are mourning the death of Hugo Chávez. In the face of these challenges, the people of Venezuela continue to strive to usher in a new stage, a new time, to implement the two main tasks still pending: 1) to finish building the Single National Public Health System, with the active participation of the people, putting into practice their understanding of what 'living well' and 'living fully' mean; and 2) the political task of bringing to life a true democracy, which can be summed up in the Zapatista slogan, 'Here the people rule and the government obeys'.

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