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IRB – Immigration and Refugee Board of Canada (Author)

Venezuela: Availability of health care, including for persons with disabilities and older persons; treatment of persons with disabilities and older persons within the healthcare system (2021–January 2023) [VEN201330.E]

Research Directorate, Immigration and Refugee Board of Canada

1. Overview

Human Rights Watch (HRW) indicates that "millions" of people in Venezuela do not have access to "adequate health care and nutrition" amidst a "severe" humanitarian emergency in the country (2023-01-12). Similarly, *Bertelsmann Stiftung's Transformation Index (BTI) 2022*, which "assesses the transformation toward democracy and a market economy as well as the quality of governance in 137 countries," indicates that the health care system in Venezuela is in "disarray" due to the "loss of human capital, supply shortages and the breakdown of medico-technical equipment" (Bertelsmann Stiftung 2022, 2, 8). According to an editorial published by the WHO and authored by Shannon Doocy, an associate professor at Johns Hopkins University who has conducted research on the health impact of natural disasters and conflict (Johns Hopkins n.d.), and four co-authors who are also at Johns Hopkins University, "[w]ater and electricity shortages, infrastructure decline and emigration of health personnel have led to a progressive loss of health system capacity" (Doocy, et al. 2022-08-01, 466). The same source adds that access to health care and medicine is "limited" due to "health system capacity and supply chains" in addition to the "high out-of-pocket expenses" (Doocy, et al. 2022-08-01, 466).

International Medical Corps, a US "first responder" NGO that provides "emergency relief to those struck by conflict, disaster and disease" (International Medical Corps n.d.a), states that the "severe" economic crisis has "crippled" the healthcare system in Venezuela where "many" facilities lack the basic supplies required for treatment of COVID-19 and "resurging" communicable disease like tuberculosis, diphtheria, measles, and malaria (n.d.b). A report by the International Federation of Red Cross and Red Crescent Societies (IFRC) indicates that the COVID-19 pandemic has "overwhelmed" the health system in Venezuela and has "increased concerns" about people's access to essential health services, while "outbreaks of vaccine-preventable diseases, such as diphtheria, measles, and malaria remain latent" (2022-01-28, 2).

HRW indicates that the capacity of healthcare centres in Venezuela has been "weake[ned]" by power and water outages, as well as healthcare workers leaving the country (2023-01-12). The IFRC notes the following:

The frequent national power cuts entail an additional burden on the health system, especially on the emergency services and medical equipment such as dialysis machines, refrigeration, and ventilators, among others. These have also affected the water supply as it depends entirely on pumps that work with electricity. ... [I]t is common for communities to receive water only once a week, which increases the risks faced by the most vulnerable populations. This situation was aggravated during the COVID-19 pandemic. Also, failures have been registered in the distribution of domestic gas in several states. Therefore, many people use biomass and firewood for cooking, despite the risk of respiratory diseases. (2022-01-28, 2)

In correspondence with the Research Directorate, the Chief Executive Officer (CEO) of Civil Association Convite (Asociación Civil Convite, Convite AC), an organization in Venezuela that monitors human rights and raises awareness on the challenges faced by "older" Venezuelans, including access to medication (HelpAge International n.d.), similarly indicated the following:

The absence of infrastructure maintenance and frequent interruptions of basic services (water and electricity) in health centers, the minimal availability of medical supplies and medications, and the massive migration of healthcare personnel like nurses and medical doctors due to low incomes and harassment by politically biased staff, have led to a progressive reduction and even suspension of many inpatient and outpatient services, including specific medical provision for older persons in all of these centers. (CEO 2023-01-17)

In correspondence with the Research Directorate, a professor at Universidad Autónoma de Zacatecas in Mexico, whose research focuses on social transformation processes in Latin America, described the medical situation in Venezuela as "critical," and further noted that there is a "general deterioration" of healthcare services at hospitals and access to medication; due to blockades against Venezuela, "a stable medication supply" cannot be guaranteed, and in particular medication imported from the "global North" is "not regularly accessible" (Professor 2023-01-11).

2. Legislation

Venezuela's Constitution provides the following:

Article 83: Health is a fundamental social right and the responsibility of the State, which shall guarantee it as part of the right to life. The State shall promote and develop policies oriented toward improving the quality of life, common welfare and access to services. All persons have the right to protection of health, as well as the duty to participate actively in the furtherance and protection of the same, and to comply with such health and hygiene measures as may be established by law, and in accordance with international conventions and treaties signed and ratified by the Republic.

Article 84: 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 decentralized and participatory in nature, integrated with the social security system and governed by the principles of gratuity, universality, completeness, fairness, social integration and solidarity. The public health system gives priority to promoting health and preventing disease, guaranteeing prompt treatment and quality rehabilitation. Public health assets and services are the property of the State and shall not be

privatized. The organized community has the right and duty to participate in the making of decisions concerning policy planning, implementation and control at public health institutions. (Venezuela 1999)

3. Availability of Healthcare

According to the *BTI 2022*, health care is "provided by public and private institutions" across Venezuela (Bertelsmann Stiftung 2022, 8). The same source adds that Venezuela has "over" 200 public hospitals and a "dense network of primary health care stations" that includes outpatient and diagnostic centers (Bertelsmann Stiftung 2022, 8).

In an interview with the Research Directorate, the Founder and Executive President of Acción Solidaria, an organization working to "reduce the social impact of the HIV epidemic in Venezuela and other Spanish-speaking countries," indicated that "the majority of the population (about 65 percent) relies" on public health (Founder 2023-01-20). According to a survey [1] conducted by HumVenezuela, a platform created by Venezuelan civil society actors for monitoring the country's humanitarian emergency (HumVenezuela n.d.), in March 2022, 89.4 percent of the population "relie[d]" on public health centres in Venezuela ([2022]a, 12). Another report by the same source notes that Venezuela had a total population of 28.7 million as of March 2022 (HumVenezuela [2022]b, 25).

3.1 Availability of Public Healthcare

3.1.1 Medical Services, Operational Capacity, and Infrastructure

In an interview with the Research Directorate, a senior lecturer at La Trobe University in Australia, whose research focuses on the state of democracy and the role of legal institutions in Venezuela, stated that the current situation of public healthcare in Venezuela is "very problematic" and "limited," and noted that the government lacks funds to support "even the most basic" healthcare provisions (Senior Lecturer 2023-01-12). The same source added that public hospitals are "badly resourced," leading people to "prefer" taking care of themselves at home (Senior Lecturer 2023-01-12).

According to HRW, as of March 2022, "some" 8.4 million people, who were "gravely ill" had "trouble" accessing medical services and "more than 9 million" people could not afford medication and healthcare supplies (2023-01-12). Presenting data collected in a Household Survey (Encuesta de Hogar) from March 2021, for which 329 families were surveyed in Caracas, Carúpano, Machiques, San Felipe and Valencia, Cáritas de Venezuela [2] reports that [translation] "57 percent of families sought but were unable to access health services and, of these, 52 percent required but were unable to access clinical laboratory or imaging services" (2021, 5). The *Washington Post* notes that according to the "Venezuelan opposition," there are 81 "fully functioning" intensive care beds in the country (2020-03-22).

The US Department of State's *Country Reports on Human Rights Practices for 2021* notes that public hospitals faced a shortage of "qualified" healthcare professionals, medicine, water, electricity, and cleaning supplies in Venezuela (US 2022-04-12, 44). International Medical Corps states that "approximately two-thirds" of the "biggest" hospitals do not have running water and are "forced" to source it from international organizations a "few times" every week (n.d.b). The same source adds that the economic crisis has caused "severe shortages" of personal protective equipment, intensive-care beds, medicine and healthcare personnel, as "many thousands" of doctors and nurses have migrated overseas (International Medical Corps n.d.b). Similarly, the Founder indicated that the "50 percent of the qualified health personnel" have moved out of the public sector, and half of this group has migrated or is working in the private sector (2023-01-20). In addition, the same source stated that 80 percent of the nursing staff has "left" the public health sector (Founder 2023-01-20).

HRW's annual report covering the events of 2020 indicates that, Venezuela faced "severe shortages" of gloves, face masks, alcohol gel, and soap, while the "lack" of "basic X-ray equipment, laboratory tests, intensive care beds, and respirators "likely heighten[ed]" the [COVID-19] death rate (2021-01-13). According to its survey findings, HumVenezuela notes that between June 2021 and March 2022, the percentage of people who "lost health services" due to "inoperability or closure" of public and private health centres increased from 65.5 to 67 percent (HumVenezuela [2022]a, 13). The same source adds that while all states experienced an increase regarding this indicator, the states with the greatest "loss of health services" were Aragua at 68 percent, Carabobo at 67.9 percent and Lara at 67.6 percent (HumVenezuela [2022]a, 13).

In a video news report by the BBC, a doctor in Maracaibo in Zulia state, whose identity is concealed due to fears of "repercussions for speaking out," stated that the "healthcare system in Zulia state is completely destroyed"; the hospital where they work "lack[s] everything," including having less than 25 intensive care beds when there is supposed to be 100; and the patients themselves must supply everything they need (BBC 2021-12-03, 2:03–3:05). The BBC video also notes that public hospitals in Maracaibo are no longer able to perform kidney transplant operations (2021-12-03, 0:35). In an interview in the same video, a patient who visits the hospital regularly for dialysis stated that they have to rely on a family member to "drag" them to the ninth floor for treatment as the elevators are broken (BBC 2021-12-03, 0:32-0:39, 1:33–1:35).

In a report on the impact of the COVID-19 pandemic on the humanitarian emergency in Venezuela, HumVenezuela provides the following data as of March 2022:

- There were [translation] "serious" operational difficulties at 90 percent of laboratories and 89 percent of blood banks;
- The health centre infrastructure was characterized by "extensive and profound deficiencies"; 68 percent faced sanitation problems due to "constant water and hygiene failures," while 23 percent experienced "frequent" power outages;
- Among people with "serious" health problems, 40.8 percent faced "severe difficulties" in accessing medical care and 37.7 percent had received no care in the preceding 6 months;
- Since the collapse of the healthcare system, hospital capacity has declined "considerabl[y]": as of March 2022, the number of beds available in intensive care units had declined by 84.8 percent and "operational beds" at public hospitals by 63.1 percent;
- "[S]urgical activity" at public hospitals decreased by 70.8 percent [compared to before the collapse of the healthcare system], with a "severe" shortage of basic or surgical supplies (85 percent), damaged or inoperative medical equipment (83 percent) and non-functioning operating rooms or wards (74.5 percent) ([2022]b, 34, 35).

3.1.2 Medicine and Vaccines

The HumVenezuela report indicates that as of March 2022, 3.1 million Venezuelans with [translation] "serious" health conditions lacked access to medicine due to "insufficient" financial resources and estimates a 79 percent "decline" in the availability of "high-cost" medicine for people with "chronic" health problems ([2022]b, 35–36). However, the same source states that while the distribution of medication increased between 2020 and 2022, the [translation] "shortage" was ongoing [as of] March 2022 (HumVenezuela [2022]b, 35).

According to the Associated Press (AP), public health officials report "alarmingly low" vaccination rates, with "[m]any" children lacking "several" of the ten vaccines recommended for protection against diseases including polio, measles, tuberculosis, "life-threatening" diarrhea, and respiratory viruses (2022-07-14). The AP further states that the vaccination rates are "lowest" in states far from Caracas and other "large" cities (AP 2022-07-14).

3.1.3 Availability of Healthcare in Urban Centres and Rural Areas

When asked whether the availability of healthcare varies in different regions in Venezuela, the Senior Lecturer responded that there is a "major difference," and further stated that the "urban versus rural variable is very critical" and that a patient will be "better taken care of" in Caracas than in a "remote" area (2023-01-12). The same source added that healthcare varies from one state to another, depending on the governance and capacity of the state (Senior Lecturer 2023-01-12). The Senior Lecturer noted that the intersectionality of identity makes it the situation "incredibly difficult" for certain sections of the population, such as a citizen who lives in a rural village in eastern Venezuela, who is also Indigenous, female, and elderly (2023-01-12).

The following information was provided by an assistant professor at the University of South Carolina Aiken, whose research focuses on politics in Venezuela, in correspondence with the Research Directorate:

Most important hospitals and private healthcare centres are located in urban centres or state capitals. ... Given the poor condition of public hospitals in many states like Amazonas, Bolívar, and Apure, these hospitals have received medical supplies and support from international organizations like Médecins sans frontières [Doctors Without Borders]. It is essential to note that even in urban areas, public hospitals need more or good medical equipment and infrastructure.

More private companies in the medical sector now offer medical assistance via unlimited telemedicine, 24/7, 365 days a year. However, several problems accompany these services, such as limited access to the internet in Venezuela, the cost of the consultation, and the need for more technological access and knowledge to use telemedicine. This service is mainly used by a few individuals in Venezuela, not necessarily people with disabilities or older people. (Assistant Professor 2023-01-23)

The Professor indicated that the healthcare situation in the countryside is "worse" in comparison to "big" cities, especially Caracas (2023-01-11).

In addition, the CEO stated that based on assessments conducted in "several" states in 2022, rural areas "usually" have "fewer" health centres and services; the available facilities are a "long distance" away from communities, requiring people to spend "large amounts of money" on transportation (2023-01-17). The same source added that the shortage of medical supply and staff is "more intense" compared to urban centres (CEO 2023-01-17). The same source also noted that this situation is "more relevant" in states close to the border, such as the states of Amazonas, Delta Amacuro, Bolívar, and Apure (CEO 2023-01-17). In correspondence with the Research Directorate, the Director of the doctorate program in education at Universidad Católica Andrés Bello (UCAB) in Venezuela stated that the health crisis is [translation] "deepe[r]" in rural areas where health centres are "practically empty shells" and inhabitants "turn to traditional medicine in the absence of an effective health service and the impossibility of accessing private medicine" (Director 2023-01-11).

3.2 Availability of Private Healthcare

The Senior Lecturer stated that private healthcare is "very expensive" in Venezuela and "only those with means" can afford access (2023-01-12). The Founder indicated that private healthcare is "expensive," but it is of "much better" quality and people with private insurance can access good physicians (2023-01-20). According to the same source, in private facilities, there are medical equipment, such as computerized tomography (CT) scans, Magnetic Resonance Imaging (MRI), and wheelchairs, as well as functioning infrastructure, such as working elevators (Founder 2023-01-20).

3.3 The COVID-19 Pandemic

US Country Reports 2021 indicates that the COVID-19 pandemic "compounded" the healthcare "crisis" in Venezuela because hospitals "prioritized" COVID-19 cases over other health services (US 2022-04-12, 44). Similarly, the Senior Lecturer stated that the healthcare system in Venezuela is "very deficient" in providing services to its citizens, which became "even more evident" during the COVID-19 pandemic as the capacity of the system to provide and care for its citizens was "seriously lacking" (2023-01-12).

HumVenezuela states that Venezuela's public health system had already collapsed before the COVID-19 pandemic began, with capacity reduced by 70 percent; this figure increased to [translation] "over" 80 percent following the COVID-19 emergency in 2021 ([2022]b, 34). The same source notes that as of March 2022, 19.1 million Venezuelans lost the ability to access [public] primary, hospital and outpatient care, [leaving them to] pay the [translation] "high costs of private medicine"; consequently, a large percentage of the population stopped seeking medical care in hospitals (68 percent), clinics (75 percent) and primary care centres (87.3 percent) (HumVenezuela [2022]b, 34).

A 2020 CNN video report notes that only a small COVID-19 ward of a public hospital in Caracas is "functioning," and that the rest of the hospital is "completely run down," resulting in patients choosing to face the pandemic at home (2020-12-07, 0:00-0:02, 0:44-0:57).

The Assistant Professor stated that during the pandemic, the situation for older people "worsened even more" since "many" live by themselves, and "many" family members migrated abroad (2023-01-23).

3.4 Availability of Healthcare for People with Disabilities

Sources indicate that the Law for Persons with Disabilities (*Ley para las Personas con Discapacidad*) [approved in 2007 (Assistant Professor 2023-01-23)] lacks "implementing regulations" (UN 2022-05-20, para. 5) or "needs regulations" (Assistant Professor 2023-01-23). The concluding report of the UN Committee on the Rights of Persons with Disabilities (CRPD) states that there is "no law or mechanism for identifying and punishing acts of discrimination against persons with disabilities" or establishing "preventative measures, monitoring, sanctions and full redress" and that the bill on the protection, care and dignified treatment of persons with disabilities is "still under discussion" (UN 2022-05-20, para. 5, 8(a)).

According to a summary report of a 2022 meeting between the CRPD and Venezuelan representatives, the Venezuelan delegation noted the following:

To combat discrimination against persons with disabilities, the Government had made available comprehensive rehabilitation services at hospital and communal network levels, thus guaranteeing the right to health for persons with disabilities. (UN 2022-03-15)

The CRPD concluding report observes that Venezuela's Ministry of Health (Ministerio del Poder Popular para la Salud) is responsible for projects for persons with disabilities, which "reinforc[es] the medical approach to disability" (UN 2022-05-20, para. 36(c)). The same source further notes that the state continues to take a "welfare," rather than human rights, approach towards persons with disabilities and that "[s]tereotypes and harmful attitudes towards persons with disabilities persist" in Venezuela (UN 2022-05-20, para. 14(b)).

In the UN meeting summary report, the Venezuelan delegation noted that "[b]etween 2018 and 2021, Venezuela had expanded care coverage through house consultations, which had resulted in increased care for people with disabilities, particularly bearing in mind the COVID-19 pandemic" (UN 2022-03-15). However, the Venezuelan delegate added that persons with disabilities had "difficulties" accessing "mainstream healthcare" centres, and the COVID-19 pandemic "exacerbated" the situation (UN 2022-03-15). The Assistant Professor stated that persons with disabilities face "challenges" when accessing healthcare in Venezuela and "state protection" (2023-01-23). The Founder indicated that people with disabilities "do not have access to basic services" and that mobility is a "huge challenge" due to "difficulty" in accessing wheelchairs (2023-01-20). *US Country Reports 2021* cites advocates for persons with hearing disabilities as indicating that there is "difficult access" to public services due to a lack of interpreters, including at health-care facilities (US 2022-04-12, 51). The CRPD concluding report notes that there is a lack of information on the impact of the pandemic on persons with disabilities (UN 2022-05-20, para. 44(a)).

In the UN meeting summary report, the Venezuelan delegation noted that the Ministry of Health implemented mechanisms for "full protection" of the rights of persons with disabilities, such as creating a complaint centre or ensuring the rights of the representatives of people with disabilities who are undergoing procedures to ensure there is "full and informed consent" (UN 2022-03-15). The Venezuela delegation also stated that as part of the plan for sexual and reproductive health, 10,000 local community workers "assisted" women with disabilities by providing "home visits and support in hospitals to help combat teenage pregnancy" (UN 2022-03-15). In contrast, the UN CRPD concluding report noted that there is "persistence [in the] involuntary confinement and treatment and non-consensual medical practices in respect of persons with disabilities, including the forced sterilization of women and girls with psychosocial or intellectual disabilities" (UN 2022-05-20, para. 32). The same source notes that there are "[i]nsufficient technical, human and economic measures and resources" to guarantee access to sexual and reproductive health for persons with disabilities, especially for women and children with disabilities (UN 2022-05-20, para. 44(c)).

The Assistant Professor provided the following information:

[T]he government has implemented the use of the disability card, which is a mandatory document to obtain special aid from the national government. This is a document issued only by the National Council for Persons with Disabilities (Consejo Nacional para las Personas con Discapacidad, CONAPDIS). This government institution certifies that a person has some physical or mental disability that prevents them from working or conducting other activities.

To obtain the certificate of disability, it is necessary to have medical reports issued by professionals from the Venezuelan National Public Health System, along with a report from the National Health Care Program for People with Disabilities (Programa Nacional de Atención de Salud para las Personas con Discapacidad, PASDIS). The types of disabilities considered are hearing, visual, intellectual, and motor.

Depending on the city and region, only some hospitals can provide medical reports to apply for the certificate. (2023-01-23)

Further and corroborating information on the disability card, including the benefits provided to card holders, could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

3.5 Availability of Healthcare for Older Persons

Agencia Informativa Radio Fe y Alegría Noticias Venezuela (Radio Noticias Venezuela), an "educational radio station belonging to the Catholic Church" (European Journalism Centre [2019]), reports that according to the Project Director of Convite AC, seniors face [translation] "significant" barriers in access to health services, including medication, as well as "primary, emergency and chronic disease medical care" (Radio Noticias Venezuela 2022-11-28). According to research conducted by Convite AC in August 2022 among people aged 55 and over [3], 77 percent of respondents have access to public or private health care; however, the organization notes that while the [translation] "majority" of seniors have access to care, they do not receive health services with "the expected frequency or quality" (Convite AC 2022, 34, 45). According to the same source, [translation] "barely" 15 percent indicated that they go to private clinics, and 93 percent of survey respondents did not have health coverage (Convite AC 2022, 34). Among respondents, 58 percent indicated that they do not attend regular appointments to manage their health, due to financial reasons and [translation] "restricted mobility" (Convite AC 2022, 35). The Convite AC report states that 78 percent of respondents reported taking medication; 46 percent of respondents indicated that can buy the medications they need with [translation] "difficulty", while 9 percent stated that they can "[o]nly" obtain their medication when it is "donated" to them, 20 percent indicated that they can "[o]nly" fill "some" of their prescriptions, and 8 percent indicated that they are "eas[ily]" able to get their medication (Convite AC 2022, 36). The same report further notes that 94 percent of respondents living with a disability indicated that they do not have the CONAPDIS disability card (Convite AC 2022, 38).

The CEO of the same organization provided further comments, noting that although public health centres provide "very limited" services, they are the "only" source of healthcare for a large segment of the older population in Venezuela (CEO 2023-01-17). When asked if the elderly faced additional barriers during the COVID-19 pandemic, the same source responded that in addition to the "already present barriers," the elderly experienced additional challenges, particularly "environmental and attitudinal" barriers; these barriers include lack of transportation or being unable to afford transportation, COVID-19-related mobility restrictions "imposed" by the authorities, "minimal" access to information regarding vaccination centers, and the "temporary suspension of remaining outpatient services," many of which remained suspended as of the date of the interview, in January 2023 (CEO 2023-01-17).

Similarly, the Director stated that while [translation] "more than 80 percent of the population" does not have access to "optimal" hospital care, older adults "suffe[r] most" (2023-01-11). For example, the same source indicated that public sector retirement pensions are under [US]\$11 per month and that a retiree living on this pension cannot afford a bottle of insulin, which sells for [US]\$30; the situation is [translation] "worsened" by the fact that insulin availability is "practically nil" at public hospitals (Director 2023-01-11).

4. Treatment of Persons with Disabilities and Older Persons Within the Healthcare System

The Senior Lecturer indicated that Venezuela is a "very tough place" for people with disabilities and the elderly, as healthcare programs for these groups are "not implemented"; for example, a program to provide assistance for hearing aids exists on paper only (2023-01-12). When asked what additional barriers people with disabilities and the elderly faced during the COVID-19 pandemic, the same source noted that these barriers included financial resources, lack of trustworthy information, the "collapse" of services that existed prior to the pandemic, "suspension" of programs, the "compromised" state of public transport and the elderly being left isolated due to the loss of family support (Senior Lecturer 2023-01-12). The same source stated that corruption is "rampant" in the public healthcare system; whether individuals can find "care" depends on whether they have the means to pay, but it is not due to a "lack of will or discrimination" (Senior Lecturer 2023-01-12).

According to the CEO, older women "usually" experience "different" treatment within the healthcare system when compared to older men (2023-01-17). The same source explained that due to "biases and/or prejudices" from healthcare staff, who have not received training on the prevention of age discrimination, older women face suspension or denial of services aimed at their demographic, such as screening for cervical cancer "after a certain age" or seeing a gynecologist after a certain age (CEO 2023-01-17).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of sources consulted in researching this Information Request.

Notes

[1] HumVenezuela surveyed 6,459 "family groups" across 18 states of Venezuela between February and March 2022 (HumVenezuela [2022]a, 1).

[2] Cáritas de Venezuela is a [Catholic (Cáritas de Venezuela 2021, 6)] NGO that promotes human rights and supports refugees, migrants, and people who are sick (Caritas Internationalis n.d.).

[3] The research had a sample size of 3,058 survey respondents aged 55 and older, located in different parts of Venezuela, namely Puerto Ayacucho (Amazonas State), Puerto La Cruz (Anzoátegui State), San Fernando (Apure State), Ciudad Bolívar and Puerto Ordaz (Bolívar State), Valencia (Carabobo State), San Carlos (Cojedes State), Tucupita (Delta Amacuro State), Libertador (Capital District), San Juan (Guárico State), Barquisimeto (Lara State), Mérida (Mérida State), Caracas Metropolitan Area and Páez (Miranda State), Maturín (Monagas State), Porlamar (Nueva Esparta State), Cumaná (Sucre State), San Cristóbal (Táchira State), Valera (Trujillo State), San Felipe (Yaracuy State), and Maracaibo (Zulia State) (Convite AC 2022, 8, 11). The gender distribution was 58 percent women and 42 percent men (Convite AC 2022, 11).

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