
**INTER-AMERICAN COMMISSION ON HUMAN RIGHTS
RESOLUTION 11/2022**

Precautionary Measure No. 150-19
Concepción Palacios Maternity Hospital regarding Venezuela
February 27, 2022
(Follow-up)
Original: Spanish

I. SUMMARY

1. The Inter-American Commission on Human Rights (IACHR) decides to issue this follow-up resolution on precautionary measures in the terms of Article 25 of its Rules of Procedure. The Commission regrets the lack of response from the State regarding the measures adopted to implement these precautionary measures. In view of the information available, evaluated as a whole, the Commission makes an urgent appeal to the State of Venezuela to adopt prompt measures for the implementation of the precautionary measures considering that the risk factors remain in force under Article 25 of the Rules of Procedure.

II. BACKGROUND INFORMATION

2. On March 18, 2019, the IACHR issued Resolution 13/2019 granting precautionary measures in favor of “the female patients in the delivery rooms and the emergency area, as well as the newborns in the neonatology area of the Concepción Palacios Maternity Hospital” in Venezuela.¹ Upon identifying compliance with the requirements of Article 25 of its Rules of Procedure, the IACHR requested that the State:

- a) adopt the necessary measures to guarantee rights to life, personal integrity, and health of the beneficiaries. Specifically, by providing supplies, medicines, materials, and care for maternal and newborn health, in accordance with applicable standards. Among other measures, the Commission considers that the State must:
 - i. guarantee the provision of adequate supplies, medicines, and medical services to provide effective emergency care in the area of women’s sexual and reproductive health, including the coordination of appropriate referral mechanisms between health facilities;
 - ii. ensure that the gender perspective is incorporated in the protection and access to maternal health as well as in services targeting the specific medical needs of the beneficiaries;
 - iii. guarantee the provision of adequate nutrition programs and adequate medical check-ups prior to pregnancy, during pregnancy, and in the postpartum period; for both female and newborn patients;
 - iv. ensure that the beneficiaries are in adequate health conditions and that sufficient means, including medical personnel, are available to deal with these situations, including infrastructure, electricity, and water services, in accordance with applicable standards;
- b) consult and agree upon the measures to be adopted with the beneficiaries and their representatives. In this regard, the Commission considers it necessary to take into account the opinion of specialists, professionals, and personnel who provide their services at the Hospital, regarding those whom the

¹ IACHR, [Resolution No. 13/19, PM 150-19 - Concepción Palacios Maternity Hospital, Venezuela](#), March 18, 2019.

State, as part of its obligations to respect and guarantee human rights, must guarantee conditions for them to participate freely and adequately, without being subjected to reprisals; and

- c) report on the measures taken to investigate the alleged facts that led to the adoption of this resolution, so as to prevent them from reoccurring; particularly, regarding the alleged death of newborns in the hospital.

3. Representation is exercised by the following organizations: Venezuelan Association for Alternative Sexual Education (*Asociación Venezolana para una Educación Sexual Alternativa "AVESA"*), the Center for Justice and Peace (*Centro de Justicia y Paz "CEPAZ"*), and "Women's Link Worldwide."

III. SUMMARY OF INFORMATION PROVIDED BY THE PARTIES FOLLOWING THE GRANTING OF THE PRECAUTIONARY MEASURES

4. Following the granting of the precautionary measures, the Commission has continued to monitor and follow up on this matter by means of requesting information to the parties² under the terms of Article 25(10) of the Rules of Procedure. Similarly, a Public Hearing was held on July 26, 2019,³ in its 172nd Period of Sessions. The Commission also held bilateral meetings with the representatives on February 11, 2020⁴; and June 22, 2021.

A. Information provided by the representatives

5. The representatives have expressed serious difficulties in accessing official information regarding the situation of the Hospital. However, they provided information on the serious infrastructure and health conditions of the Concepción Palacios Maternity Hospital, about the scarcity of hygiene and sterilization resources and supplies, the suspension of medical services at the Hospital, and the limitation of feeding services for female patients and newborns. All these conditions would impact the situation of the beneficiaries, in case of medical complications. They also reported on harassment directed at staff working in the hospital, by the Hospital Directorate and the security forces. They indicated the existence of various difficulties and limitations in the reception of international humanitarian aid at the Hospital. Among others, the representatives requested that a follow-up resolution be issued in the matter at hand.

6. The representatives reported in **2019** through communications dated April 22 and December 20:
 - By April 2019, in a period of approximately two weeks, the death of 4 female patients in the Maternity Hospital was documented, they presented with hemorrhages and could not receive the medical attention they required due to the lack of blood products, as well as other failures, such as the inadequate operation of the blood bank.
 - The serious failures of the electric and potable water services in the country have caused the suspension of several services in the Hospital due to the lack of energy. There are still problems with the water supply at the Hospital, affecting the sanitary situation at the Hospital. There is also a serious failure in the sewage system that exacerbates this situation. It is common for health personnel to be unable to wash their hands properly before providing care, which is exacerbated by the fact that the supply of cleaning, disinfection, and sterilization products is not guaranteed.

² *Inter alia*, information was requested from the parties on January 28, 2020, April 21, 2020, January 11, 2021, and November 23, 2021.

³ IACHR, Hearing on YouTube channel [in Spanish]: https://www.youtube.com/watch?v=sfdbh6mkOVE&list=PL5QlapyOGhXvvyKD3Y0-GblPrDQ1xE_Ht&index=12

⁴ IACHR, Annual Report 2020. Available at <https://www.oas.org/en/iachr/docs/annual/2020/Chapters/IA2020cap2-en.pdf>

- There is still a serious shortage of basic medical supplies, which has led to the suspension of surgeries due to the lack of supplies to sterilize instruments, and female patients have had to buy their own gauze to access medical services at the Hospital.
- The hospital is reportedly functioning with only a percentage of its operating beds, to the point that 75% of the beds in the hospitalization area of the Hospital are disabled.
- Among the services that are being provided only partially or intermittently are the bacteriology service, as well as X-rays, anesthesiology, and anatomical pathology.
- Between June and July, there was a total interruption of the elevator service in the Hospital for several days. The Concepción Palacios Maternity Hospital had four elevators to transport patients, physicians, surgical equipment, and food through the eight floors of the building. However, two of the elevators broke down in 2018, and in early 2019 the third elevator presented malfunctions. On July 2, the last available elevator reportedly stopped working, forcing newly operated patients, those with urinary tract infections and gynecological bleeding, to take the stairs or use the garbage elevator. Because of the lack of an elevator, the surgical service has been evacuated, as well as the floor where the medical residences are located. Furthermore, the recovery room reportedly collapsed because it was not possible to transfer the postoperative patients to the hospitalization area.
- The problems identified in the area of food reportedly persist. The Hospital is providing only one meal (lunch) to patients from Monday through Friday. That single meal provided usually does not include protein and sometimes consists only of rice with carrots. On weekends and holidays the service is not guaranteed. In addition, it is not possible to boil in the kitchen. There is no autoclave available for sterilizing the material used to prepare formulas for newborns. The bottle-washing machine is damaged, and there are no basic tools for washing bottles or trays in which the lunches for the patients are distributed.

7. Regarding humanitarian assistance, the representatives indicated that there are difficulties associated with the reception of humanitarian aid arriving in Venezuela, they also indicated the need for the Concepción Palacios Maternity Hospital to be prioritized in receiving such aid. With regard to the situation of the hospital workers, the representation has referred to harassment against health personnel by the Hospital Directorate, because the staff reports the situation in which the Maternity currently is and the fact that they are trying to get a response in order to receive the necessary hospital equipment. The health personnel and workers of the Conception Palacios Maternity Hospital reportedly made complaints and held protests outside the facilities of the Hospital. There is a permanent presence in the hospital facilities of officers of the Bolivarian National Guard carrying long arms, as well as members of the so-called Bolivarian Militia.

8. In **2020**, the representatives sent information on February 5, March 20, and May 12. It was reported that the situation was aggravated by the COVID-19 pandemic. The representatives were reportedly able to conduct weekly monitoring during the months of October, November, and December 2020. The information provided states the following:

- In January 2020, a maternal death related to the failures and deficiencies in the Maternity Hospital reportedly occurred. The patient was allegedly a pregnant female patient suffering from hypertensive disorder and who required urgent attention for a cesarean section. She had previously visited two health centers in Caracas before being referred to the Maternity Hospital, where she could not be received because there were no blood products available. The patient was referred to another health center where she underwent a cesarean section, but due to the lack of adequate conditions to continue being treated, she was transferred back to the Maternity Hospital where she died.

- In April, a 20-year-old woman reportedly fainted at the entrance doors of the Concepción Palacios Maternity Hospital, where she gave birth after 48 hours going into labor and after having visited five hospitals where they refused to attend to her due to lack of capacity. Her newborn child did not survive.
- The lack of reagents to perform different types of tests did not allow for adequate and timely diagnoses, raising the risk level of patients and newborns.
- There are continuous leaks and sewage overflow.
- In the monitoring period from October to December 2020, there were reportedly two maternal deaths at the Hospital, both associated with unsafe abortions. This type of situation occurs when the pregnant patient, after having undergone an unsafe abortion procedure outside a health facility, requires emergency care in the event of a complication and dies in the hospital.⁵
- Information related to neonatal mortality is reportedly difficult to access. During the monitoring period, 16 deaths of newborns were reported.
- Regarding the availability of water, during the three months of monitoring, it was reported in the hospital the water service was intermittent every month. In addition, it was noted that during May 2020, the service was also interrupted for up to three consecutive weeks under quarantine measures decreed by the National Government during the pandemic.
- Regarding electrical power, during the monitoring period, it was reported that every month the electricity service was intermittent in the Maternity Hospital. The failures not only affect the water supply but also the bioanalysis laboratories and the proper functioning of equipment such as mechanical ventilators to support patients whose lung capacity is compromised.
- During the monitoring period, the diet was reported as normal, the patients were provided with a lunch consisting of rice or protein-free pasta. During the last two weeks of December, the service was provided intermittently.
- There has been a continuing shortage of cleaning and sanitizing products such as soap, chlorine, and sterilization products. In addition to the lack of water and cleaning and hygiene products was the lack of hospital supplies such as gloves, caps, and biosecurity kits for staff, as well as hand sanitizer, which are essential to face the health emergency. During the monitoring period, there was no supply of soap, disinfectants, gloves, hand sanitizer, and there was only a partial supply of gloves.
- During the monitoring period, the representatives reported a lack of various instruments and personnel, which generally hampered the anesthesiology, pediatrics, neonatology, intensive care, pharmacy, and emergency services.
- Throughout 2020 there was an ongoing shortage of medicines necessary for the adequate care of pregnant and postpartum women. Particularly, in the three months of monitoring, there were failures in the supply of contraceptives. In October there was no method available, whereas in November and December only intrauterine devices were reportedly available. During these three months, it was also evident that there was no supply of analgesics.

9. In **2021**, the representatives reported in communications dated January 7 and December 20 that there was an ongoing shortage in all areas of the Concepción Palacios Maternity Hospital. According to the information received, the health personnel and the requesting organizations face difficulties in maintaining permanent monitoring of the situation at the Hospital and documenting the information in

⁵ According to the information provided by the representatives, the current lack of access to family planning methods, added to other structural factors such as the restrictive regulations on abortion in Venezuela, have allegedly increased the cases of abortions performed in unsafe conditions and the risk to the life and health of women, which is exacerbated by the fact that they cannot count on emergency care in Hospitals such as the Maternity Hospital due to their lack of the necessary capacity and conditions. See in this same regard, IACHR, Press Release. [“IACHR Expresses Concern Over Lack of Access to Sexual and Reproductive Health Services in Venezuela,”](#) April 6, 2021.

order to present it to the IACHR. This situation, together with the lack of transparency in the handling of official information by the State, makes it difficult to provide the IACHR with more detailed information. The representatives reported that:

- Water availability has not improved substantially. The representatives refer to a report by the Venezuelan Trade Union Network (*Red Sindical Venezolana*) which states that “It is common practice to enter a health center and see containers in which water is stored for the use of the staff of the health center, or that the patient’s relatives have to bring water.”⁶ Shortages are sometimes faced with the use of water tanks as a palliative solution.
- The situation during 2020 with regard to the absence of soap, disinfectants, hand sanitizer, and only a partial supply of gloves has reportedly repeated in 2021, this time regarding the provision of supplies for the protection of health personnel, as well as supplies for the medical care of the patients, which they have had to provide by themselves.

B. Response from the State

10. Following the granting of precautionary measures, the IACHR has received no response from the State on the implementation thereof. Nor has it received information indicating that the State has been adopting measures in this regard. The previous situation has continued over time despite requests for information made to the State through communications from the IACHR on January 28, 2020, April 21, 2020, January 11, 2021, and November 23, 2021.

IV. ANALYSIS OF THE ELEMENTS OF SERIOUSNESS, URGENCY, AND IRREPARABLE HARM

11. The precautionary measures mechanism is part of the Commission’s function of overseeing Member States’ compliance with the human rights obligations established in Article 106 of the Charter of the Organization of American States. These general oversight functions are set forth in Article 41(b) of the American Convention on Human Rights, as well as in Article 18(b) of the Statute of the IACHR. Moreover, the precautionary measures mechanism is enshrined in Article 25 of the Commission’s Rules of Procedure. In accordance with that Article, the Commission grants precautionary measures in serious and urgent situations in which these measures are necessary to avoid irreparable harm to persons or to the subject matter of a petition or case before the organs of the inter-American system.

12. The Inter-American Commission and the Inter-American Court of Human Rights (“the Inter-American Court” or “I/A Court H.R.”) have repeatedly established that precautionary and provisional measures have a dual nature, both protective and precautionary.⁷ Regarding the protective nature, these measures seek to avoid irreparable harm and protect the exercise of human rights.⁸ To do this, the IACHR shall assess the problem raised, the effectiveness of state actions to address the situation described, and

⁶ Health Monitor, Venezuelan Trade Union Network (*Monitor Salud, Red Sindical Venezolana*). The first half of the year closed for the Venezuelan health sector with a serious forecast. August 5, 2021, p. 15. Available [in Spanish] at <https://redsindicalvenezolana.com/2021/08/05/primer-semestre-del-ano-cerro-para-el-sector-salud-venezolano-con-un-pronostico-grave/>

⁷ See in this regard: I/A Court H.R. [Matter of the Yare I and Yare II Capital Region Penitentiary Center](#). Request for Provisional Measures submitted by the IACHR regarding the Bolivarian Republic of Venezuela, Order of the Inter-American Court of Human Rights of March 30, 2006, considerandum 5; I/A Court H.R. [Case of Carpio Nicolle et al. v. Guatemala](#). Provisional Measures, Order of July 6, 2009, considerandum 16.

⁸ See in this regard: I/A Court H.R. [Matter of Capital El Rodeo I and El Rodeo II Judicial Confinement Center](#). Provisional Measures regarding Venezuela, Order of the Court of February 8, 2008, considerandum 8; I/A Court H.R. [Case of Bámaca Velásquez](#). Provisional measures regarding Guatemala, Order of the Court of January 27, 2009, considerandum 45; I/A Court H.R. [Matter of Fernández Ortega et al.](#) Provisional Measures regarding Mexico, Order of the Court of April 30, 2009, considerandum 5; I/A Court H.R. [Matter of Milagro Sala](#). Request for Provisional Measures regarding Argentina, Order of the Inter-American Court of Human Rights of November 23, 2017, considerandum 5.

how vulnerable the persons proposed as beneficiaries would be left in case the measures are not adopted.⁹ Regarding their precautionary nature, these measures have the purpose of preserving a legal situation while under consideration by the organs of the inter-American system. The precautionary nature aims at safeguarding the rights at risk until the petition pending before the inter-American system is resolved. Their object and purpose are to ensure the integrity and effectiveness of an eventual decision on the merits and, thus, avoid any further infringement of the rights at issue, a situation that may adversely affect the useful effect of the final decision. In this regard, precautionary or provisional measures enable the State concerned to comply with the final decision and, if necessary, to implement the ordered reparations. In the process of reaching a decision, according to Article 25(2) of its Rules of Procedure, the Commission considers that:

- a. “serious situation” refers to a grave impact that an action or omission can have on a protected right or on the eventual effect of a pending decision in a case or petition before the organs of the inter-American system;
- b. urgent situation” refers to risk or threat that is imminent and can materialize, thus requiring immediate preventive or protective action; and
- c. “irreparable harm” refers to injury to rights which, due to their nature, would not be susceptible to reparation, restoration or adequate compensation.

13. With respect to the foregoing, Article 25(9) provides that “the Commission shall evaluate periodically, at its own initiative or at the request of either party, whether to maintain, modify or lift the precautionary measures in force.” In this regard, the Commission should assess whether the serious and urgent situation and possible irreparable harm that called for the adoption of the precautionary measures persist, in order to keep the precautionary measures in force. Moreover, the Commission shall consider whether new situations have subsequently arisen that might meet the requirements set forth in Article 25 of the Rules of Procedure. Similarly, Article 25(10) establishes that the Commission shall take appropriate follow-up measures, such as requesting relevant information from the interested parties on any matter related to the granting, observance, and maintenance of precautionary measures. These measures may include, as appropriate, timetables for implementation, hearings, working meetings, and visits for follow-up and review. Through Resolution 2/2020 of April 15, 2020, the IACHR ruled on the possibility of issuing Follow-up Resolutions.

14. On this occasion, the Commission decides to issue a follow-up resolution considering the lack of information from the State on the measures effectively adopted and in response to the express request of the representatives. The Commission also takes into account the exceptional context of Venezuela with regard to health services in the country. In this regard, the IACHR identified, in its 2018 Country Report, that in Venezuela there is a shortage of medicines, supplies, equipment, and medical treatments.¹⁰ This contextual situation has been worsening since 2014,¹¹ in view of which it is important to highlight that a collapse of the health system has been reported in the face of its persistent precariousness, which has been purportedly exacerbated by the COVID-19 pandemic.¹²

⁹ See in this regard: I/A Court H.R. [Matter of Milagro Sala](#). Request for Provisional Measures regarding Argentina, Order of the Inter-American Court of Human Rights of November 23, 2017, considerandum 5; I/A Court H.R. [Matter of Capital El Rodeo I and El Rodeo II Judicial Confinement Center](#). Provisional Measures regarding Venezuela, Order of the Court of February 8, 2008, considerandum 9; I/A Court H.R. [Matter of the Criminal Institute of Plácido de Sá Carvalho](#). Provisional Measures regarding Brazil, Order of the Inter-American Court of Human Rights of February 13, 2017, considerandum 6 [only in Spanish].

¹⁰ IACHR, [Democratic Institutions, Rule of Law and Human Rights in Venezuela, Country Report](#), December 31, 2017, para. 434

¹¹ *Ibidem*.

¹² IACHR, Annual Report 2020. Chapter IV.B Venezuela, March 19, 2021, para. 194; SRESCER, IV ANNUAL REPORT OF THE OFFICE OF THE SPECIAL RAPPORTEUR ON ECONOMIC, SOCIAL, CULTURAL AND ENVIRONMENTAL RIGHTS (SRESCER) OF THE INTER-AMERICAN COMMISSION ON HUMAN RIGHTS (IACHR), 2020, OEA/SER.L/V/II, March 30, 2021, para. 1110.

15. When analyzing the situation presented, the Commission recalls that the risk for female patients in the Hospital is framed in a specific context, related to a lack of access to medical treatment that only women require. In addition to the above, the risk factors faced by the proposed beneficiaries acquire a particular dimension, as they are women who are pregnant, in labor, or in their postpartum period, who, therefore, require reinforced protection and more specialized care. Indeed, as the Inter-American Court has indicated, the Commission understands that “[...] sexual and reproductive health certainly constitutes an expression of health that has particular implications for women due to their biological capacity for pregnancy and childbirth.”¹³ Therefore, the IACHR has established that the States have the obligation to guarantee prompt and adequate access to health services that only women, adolescents, and girls need according to their sex/gender and reproductive function, free from all forms of discrimination and violence, in accordance with existing international commitments on gender inequality.¹⁴ Therefore, it is necessary to address the situation of the beneficiaries from a perspective suitable to their condition, taking into consideration the differentiated impact that the risk factors they face have on them.¹⁵ The Commission has already made this assessment in the framework of other situations that require a differentiated analysis in view of the circumstances.

16. Based on these premises, the Commission considers it appropriate to recall once again that, under the Convention of Belém do Pará, to which the State of Venezuela is a party, “[...] violence against women shall be understood as any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere,”¹⁶ including in situations in which the violence is perpetrated by any person and occurs in a health facility.¹⁷ In accordance with the aforementioned Convention, States have the duty to adopt, by all appropriate means and without delay, policies aimed at preventing, punishing, and eradicating such violence,¹⁸ especially taking into account situations of aggravated vulnerability, such as in the case of a pregnant woman.¹⁹

17. As the Commission has indicated, “[t]he right to personal integrity in the area of health is closely related to the right to health given that the provision of adequate and timely maternal health services is one of the principal ways to ensure women’s right to personal integrity.”²⁰ In this regard, it noted that “[u]nder the Inter-American system, barriers limiting access to maternal health services may amount to affecting the right of women to physical, mental and social integrity.”²¹

18. Taking these elements as a whole into account, the Commission considers it necessary to assess the risk to the health, life, and integrity of the beneficiaries from a gender perspective, which implies not only analyzing the situation presenting a risk itself but also taking into consideration the dimension of the differentiated impact, thus allowing a comprehensive assessment. In accordance with the above-mentioned Convention of Belém do Pará, this implies recognizing that serious additional barriers to access adequate, timely, and quality medical treatment are yet another form of violence against women, based on their gender or the mere fact that they are women, reflecting the discrimination to which they

¹³ I/A Court H.R. *Case I.V. v. Bolivia*. Preliminary objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, para. 157.

¹⁴ IACHR, Press Release No. 165, IACHR Urges All States to Adopt Comprehensive, Immediate Measures to Respect and Protect Women’s Sexual and Reproductive Rights, October 23, 2017, para. 1.

¹⁵ As an example, the Commission has considered the differentiated risk that boys, girls, and adolescents would face within the framework of their best interests, as well as the migrant or displaced population, and people with disabilities.

¹⁶ [Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women](#) “Convention of Belém do Pará,” adopted in the City of Belém do Pará, Brazil, on June 9, 1994, Art. 1.

¹⁷ [Convention of Belém do Pará](#), Art. 2.

¹⁸ [Convention of Belém do Pará](#), Art. 7.

¹⁹ [Convention of Belém do Pará](#), Art. 9.

²⁰ IACHR, [Access to maternal health services from a human rights perspective](#), OEA/Ser.L/V/II. Doc. 69, June 7, 2010, para. 23.

²¹ IACHR, [Access to maternal health services from a human rights perspective](#), para. 39.

have historically been subjected. In fact, the IACHR has also considered the lack of positive measures to guarantee both accessibility to maternal health services and to guarantee all the characteristics of the right to health, may also affect the principle of equality and non-discrimination, which permeate the inter-American system.²²

19. The Commission divides its analysis into the following sections: (i) Lack of official information from the State of Venezuela while the precautionary measures have been in force; (ii) Threatening situation of the beneficiaries and the differentiated impact they face; and (iii) On-site visit to the country and to Concepción Palacios Hospital.

(i) *Lack of official information from the State of Venezuela while the precautionary measures have been in force*

20. In this matter, the Commission has not received official information from the State on the measures which are reportedly being adopted to implement these precautionary measures. Despite several requests for information made to the State between 2019 and 2021, the IACHR has not received a response with such information. The Commission regrets the lack of willingness of the State before the IACHR, since dialogue and agreement are essential for an adequate implementation of precautionary measures and, ultimately, for the protection of the rights to life, integrity, and health of the beneficiaries. Without information from the State, it is impossible to know the possible efforts or progress that the State is making in order to protect the rights of the beneficiaries, as well as to know the challenges it faces in such protection.

21. Such assessment is even more relevant as the representatives have indicated that the threatening situation continues. Moreover, they indicated that they had had difficulties in obtaining information on the situation faced by the Hospital in Venezuela. Such challenges have reportedly continued throughout the time these precautionary measures have been in force. In this regard, the representatives referred to the continuing harassment towards health personnel. Although they did not detail specific and current facts, the Commission takes into account the seriousness of such allegation to the extent that it had already requested that the State of Venezuela allow specialists, professionals, and health personnel of the Hospital to offer their opinion in conditions that guarantee their free and adequate participation, without being subject to retaliation.

22. The Commission recalls that, according to the Inter-American Court, failure to comply with the State duty to report on all the measures adopted in the implementation of its decisions –such as precautionary measures– is particularly serious, given the legal nature of these measures, which seek to prevent irreparable harm to persons in serious and urgent situations.²³ The duty to report constitutes a dual obligation that requires, for its effective fulfilment, the formal presentation of a document in due time and the specific, true, current, and detailed material reference to the matters related to such obligation.²⁴

(ii) *Threatening situation of the beneficiaries and the differentiated impact they face*

23. The IACHR affirmed in 2020 that “the shortage of food and medication, added to the constant interruption of water and energy services, has had serious impacts on rights such as health, food and

²² [Convention of Belém do Pará](#), Art. 76.

²³ I/A Court H.R. Matter of Communities of Jiguamiandó and Curvaradó regarding Colombia. Provisional Measures. Order of the Inter-American Court of Human Rights of February 7, 2006. Considerandum 16, and Case of Luisiana Ríos et al. (Radio Caracas Televisión – RCTV). Provisional Measures. Order of the Inter-American Court of Human Rights of September 12, 2005. Considerandum 17.

²⁴ *Ibidem*.

education” in the country.²⁵ Along the same lines, the United Nations High Commissioner for Human Rights emphasized in 2019 that the shortage of contraceptives, its serious consequences, and the increase in maternal mortality constitute one of the most worrying situations in terms of health in Venezuela. In her report, the High Commissioner indicated that one of the main causes of maternal mortality is “the lack of qualified personnel to assist during childbirth, the lack of medical supplies, and the conditions in hospitals.”²⁶ She also stressed that violations of the right to health are “linked to the widespread lack of availability of, and access to, essential medicines and treatment, the deterioration of conditions in hospitals, clinics and maternity clinics, [...] and restrictions on access to sexual and reproductive health.”²⁷

24. In April 2021, reiterating its concern over complaints about the lack of access to sexual and reproductive health services in Venezuela, the Commission emphasized the disproportionate impact that women and pregnant people of all ages face during pregnancy and childbirth. In this sense, the IACHR urged the State to eliminate the *de jure* and *de facto* barriers that prevent access to sexual and reproductive health services.²⁸ On that occasion, it was recalled that the serious flaws and shortcomings of the maternal health services provided to pregnant women in the country could lead to obstetric violence.²⁹ The IACHR did a follow-up in October 2021, reviewing this and other matters in the Public Hearing “Situation of human rights of women, girls and adolescents in Venezuela.”³⁰

25. The IACHR has considered that “obstetric violence encompasses all situations of disrespectful, abusive, negligent treatment, or denial of treatment, in the pre-pregnancy stage, during pregnancy, childbirth, and the postpartum period, in public or private health centers.”³¹ In its Report on Violence and discrimination against women, girls and adolescents of 2019, this Commission maintained that Venezuela is one of the countries that has expressly recognized obstetric violence as a form of gender-based violence,³² noting, however, “that there is a gap between the regulatory provisions and their effective application.” As stressed by experts from the Follow-up Mechanism of the Belém do Pará Convention (MESECVI), “with respect to the application of the law that punishes obstetric violence, the Committee did not receive any information on the number of court judgments or rulings for obstetric violence, which suggests that there is a gap between the regulatory provisions and their effective application.”³³

26. As developed in the Resolution by which the IACHR granted these precautionary measures, structural health problems have a differentiated impact on women who require specialized services based on sex/gender and reproductive capacity. The IACHR considers that pregnancy, childbirth, and the postpartum period constitute moments or states that increase the vulnerability of women. In this sense, in order to carry out a comprehensive assessment of the risk to the health, life, and personal integrity of the beneficiaries, their aggravated vulnerability needs to be taken into account as these women are pregnant, giving birth or in the postpartum period. As stated in the Granting Resolution of these precautionary measures, it is emphatically reiterated that:

“In this context of national emergency, in respect of which the State must adopt measures in its public policies and seek international cooperation that guarantee the right to health of Venezuelans, among other measures,

²⁵ IACHR, [Annual Report 2020](#), Chapter IV.B Venezuela, p. 713.

²⁶ UN High Commissioner for Human Rights. [Report on the human rights situation in the Bolivarian Republic of Venezuela](#). A/HRC/41/18, para. 20.

²⁷ *Ibidem*.

²⁸ IACHR, Press Release. “[IACHR Expresses Concern Over Lack of Access to Sexual and Reproductive Health Services in Venezuela](#)”, April 6, 2021, para. 2.

²⁹ *Ibidem*.

³⁰ IACHR, Public hearing, [Situation of human rights of women, adolescents and girls in Venezuela](#), 181 regular period of sessions, October 28, 2021.

³¹ IACHR. [Indigenous women and their human rights in the Americas](#). OEA/Ser.L/V/II. Doc. 44/17. 2017, para. 80.

³² Bolivarian Republic of Venezuela Organic Law No.38.668 on the Right of Women to a Life Free of Violence. April 23, 2017

³³ IACHR. [Violence and discrimination against women, girls and adolescents: Good practices and challenges in Latin America and the Caribbean](#), November 14, 2019, par. 187.

through processes of selection of medication and prioritization of treatment of diseases based on evidence, which are transparent and participatory and giving priority to sectors in a particularly vulnerable situation,³⁴ the Commission considers it pertinent, through the mechanism of precautionary measures, to identify those situations that are the highest priority and that due to their severity and urgency can irreparably and more immediately affect the rights at stake. Notwithstanding the foregoing, the Commission also underlines that overcoming the serious deterioration and undermining of the different health services focused on women at the different levels and areas of the aforementioned Hospital make up an elementary budget to continue adequate medical care for the protection of the right to sexual and reproductive health. Therefore, although the State must determine priorities for certain areas or situations, the IACHR emphasizes the importance of comprehensively managing the problem, so as not to neglect all the women who come to the Hospital and thus not to increase clearly avoidable threatening situations.”³⁵

27. When analyzing the specific situation at hand, the Commission notes that various risk factors have persisted over time. Taking into consideration the allegations of the representatives between 2019 and 2021, the Commission stresses a series of factors that impact the due care of the beneficiaries:

- Death of female patients in the Hospital and death of newborns;
- Deficiencies and interruptions in the electrical service and the provision of drinking water;
- Inadequate infrastructure conditions;
- Deficit of basic medical supplies for the care of female patients, as well as those necessary for the cleaning and sterilization of medical products;
- Continued questioning as regards the food of the patients;
- High percentage of inoperative hospital beds.

28. In this sense, the Commission identifies: ongoing serious conditions of the infrastructure of the Concepción Palacios Maternity Hospital, the continuing shortage of resources and supplies for hygiene and sterilization, the repeated interruption of medical services at the Hospital, and the maintained limited supply of food services for women patients and newborns.

29. The Commission observes that the serious and urgent situation that gave rise to these precautionary measures has not only continued but has also worsened over time. Thus, from the information provided by the representatives about the monitoring that they have allegedly carried out from October to December 2020, it is possible to highlight the deaths of two women in the Hospital, who reportedly went there due to a medical emergency after undergoing unsafe abortion procedures; and 16 newborn deaths were recorded as well. Moreover, the representatives have allegedly documented intermittent water and electricity services, which affects services as important as the operation of mechanical ventilators that support patients with compromised lung capacity and that of bioanalysis laboratories. Moreover, the failure to supply cleaning products such as soap, disinfectants, and hand sanitizer, and only partial provision of gloves, was recorded. The lack of several instruments and personnel made anesthesiology, pediatrics and neonatology, intensive care, pharmacy, and emergency services difficult. As regards medication, in the three months of monitoring there reportedly were failures in the supply of contraceptives. In October 2020, there allegedly was no method available, while in

³⁴ IACHR, [IACHR and its Special Rapporteurship on Economic, Social, Cultural, and Environmental Rights Condemn the Violent Repression in Venezuela and Urge the State to Protect Human Rights in the Current Political, Economic and Social Crisis](#), March 1, 2019.

³⁵ IACHR, Concepción Palacios Maternity Hospital regarding Venezuela. [Resolution 13/2019](#), March 18, 2019, paragraph 23.

November and December only intrauterine devices were reportedly available. During these three months it was also evident that there was no supply of analgesics.

30. The Commission also considers that the COVID-19 pandemic has purportedly aggravated the situation of the beneficiaries, who would be particularly vulnerable in the event of contracting COVID-19 and, furthermore, by exerting additional pressure on medical services. In this regard, the representatives reported that, during 2020, in addition to the shortage of water and cleaning and sanitizing products, there was also a lack of hospital supplies such as gloves, face masks, and biosafety kits for staff, and hand sanitizer, which are essential to deal with the health emergency. In this way, there are evident obstacles to adopt the health protocols recommended by the World Health Organization in the face of the health emergency.

31. Although the IACHR appreciates the efforts of the representatives to provide information on the situation of the beneficiaries in the Concepción Palacios Maternity Hospital, the truth is that it is not possible to adequately measure the magnitude of its situation due to the lack of official information, especially regarding the risks faced by health personnel when they report the difficulties and conditions in which they must carry out their work.³⁶ Considering the information available and the lack of a State response, the Commission understands that insufficient measures have been implemented to address the threatening situation assessed by the IACHR from 2019 to date.

32. In view of the foregoing, the IACHR considers that the assessed risk factors are still present and that the requirements of Article 25 of the Rules of Procedure are still met. The Commission requires that the State of Venezuela, and all its competent national institutions in the matter, such as the Venezuelan Ministry of Health, adopt all the measures that are necessary as a matter of urgency to protect the rights of the beneficiaries. The previous request is made taking into consideration that the Concepción Palacios Maternity Hospital is a public hospital located in Caracas and specialized in gynecological and obstetric care. In particular, and as was indicated by the representatives at the time, as the Hospital is type IV (the highest), it has a greater care and coverage capacity than the other ones, with patients with medical complications –such as unsafe abortions, risk of maternal deaths, etc.– being referred there. Thus, the Hospital reaches up to 40% of the care nationwide.³⁷

(iii) On-site visit to the country and to the Concepción Palacios Hospital

33. The Commission considers that this matter shows a particularly serious situation that requires due attention from the State of Venezuela. In this regard, seeking to assist the State in complying with its international obligations in the area of human rights, the Commission expresses its willingness to carry out an *on-site* visit to the country, and is particularly interested in carrying out a visit to the Concepción Palacios Hospital, as long as the circumstances allow that and with the prior State consent for such purposes.

34. Under the terms of Article 25 of its Rules of Procedure, the IACHR has made use of several tools at its disposal with a view to achieving the effective implementation of these precautionary measures. However, the IACHR has not received a response from the State which would indicate that it has been adopting measures to protect the rights of the beneficiaries. On this occasion, given the time that has elapsed and after having determined that the risk factors remain, the IACHR considers that a visit to the country would allow it to acquire first-hand knowledge about the situation of the beneficiaries and the measures adopted from 2019 to date. The IACHR makes its request in the most constructive spirit with a

³⁶ See *supra*, paragraph 7.

³⁷ IACHR, [Resolution No. 13/19, PM 150-19 - Concepción Palacios Maternity Hospital, Venezuela](#), March 18, 2019, par. 4

view to ensuring that the situation of the beneficiaries is duly mitigated and their rights are effectively protected.

V. DECISION

35. The Inter-American Commission on Human Rights considers that this matter continues to meet *prima facie* the requirements of seriousness, urgency, and irreparable harm contained in Article 25 of its Rules of Procedure under the terms indicated throughout this resolution. Accordingly, it decides as follows:

- a) To keep in force the precautionary measures granted in favor of female patients who are in delivery rooms and emergency areas, as well as newborns who are in the neonatology area of the Concepción Palacios Maternity Hospital in Venezuela;
- b) To reiterate in all aspects the requests made by the IACHR through Resolution No. 13/2019 of March 18, 2019;
- c) To urge the State to implement the precautionary measures immediately, since they are essential to faithfully comply with its obligations to protect the fundamental rights of all the people who live in its territory. Moreover, in the terms of Article 12 of the Belém do Pará Convention, the IACHR considers that adequate compliance with the corresponding provisions of the Convention, to which the State of Venezuela is a State Party, is essential;
- d) To request that the State submit specific, detailed and updated information on the implementation of these precautionary measures and on the situation of the beneficiaries at the Concepción Palacios Maternity Hospital;
- e) To express the IACHR willingness to carry out an *on-site* visit to the country, particularly focused on the situation of the beneficiaries at the Concepción Palacios Hospital, as long as the circumstances allow that and with the prior State consent;
- f) To continue implementing the appropriate follow-up measures pursuant to Article 25(10) and other provisions of its Rules of Procedure.

36. The Commission requests that Venezuela report within 90 days as from this resolution on the adoption of the required precautionary measures. Moreover, it is requested to submit periodic information on the status of implementation of the precautionary measures.

37. The Commission instructs its Executive Secretariat to notify this Follow-up Resolution to the State of Venezuela and to the representatives.

38. Approved on February 27, 2022, by Julissa Mantilla Falcón, President; Margarett May Macaulay, First Vice-President; Esmeralda Arosemena de Troitiño, Second Vice-President; Joel Hernández García; Edgar Stuardo Ralón Orellana; Roberta Clarke; and Carlos Bernal Pulido, members of the IACHR.

Tania Reneaum Panszi
Executive Secretary