Venezuela (Bolivarian Republic of)

Enabling environment – policies and strategies to support the information society
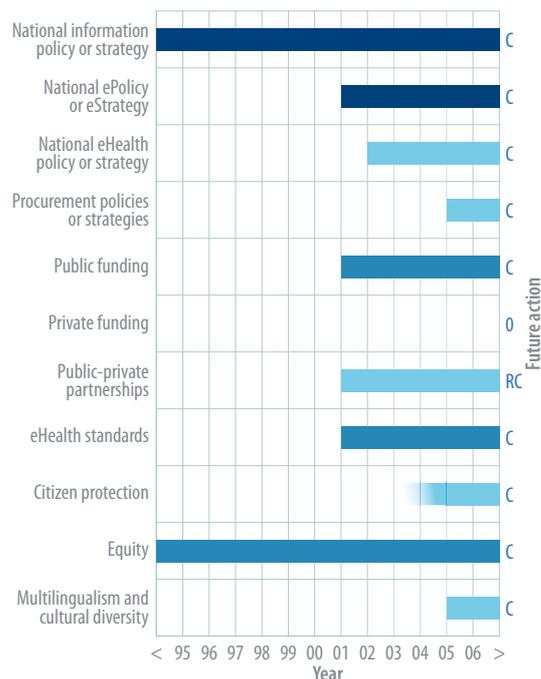

Figure 1. Enabling environment for ICT in the health sector: actions taken or planned within 2 years and their effectiveness rating

The Bolivarian Republic of Venezuela reports that the majority of the listed actions to promote an enabling environment for information and communication technologies (ICT) in the health sector have been taken and are predicted to continue over the next two years. A national information policy to promote an information society was implemented in 1978 and has been extremely effective. The national ePolicy, introduced in 2001, has also been rated extremely effective. The rest of the implemented actions are considered from moderately to very effective. The most important initiative is described as being the design and development of the country's Virtual Health Library (VHL) with the participation of national universities and institutions specialized in health and information. As a technological partner, the National Information Technology Centre has been responsible for connecting the education and research sectors at the national level. Inadequate infrastructure in the health sector, especially in hospitals, is reported as a significant challenge.

Infrastructure – access to information and communication technologies

A national plan for the development of ICT in health, which sets targets for health sector connectivity, was implemented in 2001. A national policy to reduce the costs of ICT infrastructure for the health sector has also been introduced. Both are rated as moderately effective. Intersectoral and nongovernmental cooperation commenced in 1999 and is considered very effective. These actions are likely to continue over the next two years. The refurbishment of hospitals, which in some cases includes computer equipment, is highlighted as an important action. Funding poses a significant challenge in building ICT infrastructure for the health sector.
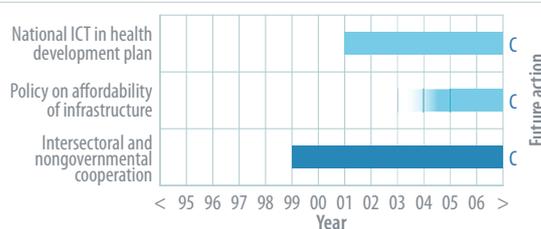

Figure 2. ICT infrastructure development for the health sector: actions taken or planned within 2 years and their effectiveness rating

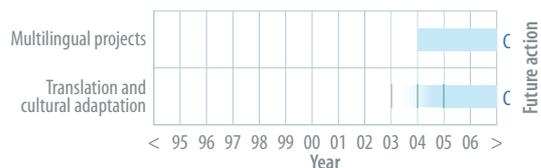## Cultural and linguistic diversity, and cultural identity

Figure 3. Electronic multicultural health content: actions taken or planned within 2 years and their effectiveness rating

Special projects have been implemented since 2004 to promote the development and use of new electronic health content in multiple languages. The translation and cultural adaptation of existing high-quality content (created either locally or abroad) has also been introduced. Both initiatives are rated as slightly effective and will continue. The Bolivarian Republic of Venezuela highlights that translation of health content into indigenous languages is being conducted, but that provision of these materials through online access is limited due to a lack of infrastructure in remote regions of the country.

Country indicators	Population (000s)	25 816	OECD country	No	Main telephone lines*	12.78
	GDP per capita (Int $)	5 127	World Bank category	2	Internet users*	8.84
	Total health expenditure (% of GDP)	4.5	ICT Diffusion Index	0.3053	Mobile phone subscribers*	32.17

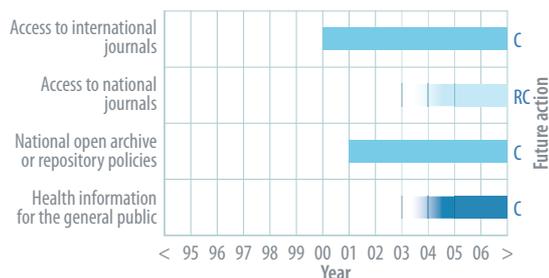## Content – access to information and knowledge

Figure 4. Online access to health content: actions taken or planned within 2 years and their effectiveness rating

Health professionals have had access to online health content through international electronic journals since 2000, which has been moderately effective and will continue. Access to national electronic journals has also been introduced and is rated as slightly effective and is likely to be reviewed and continued. A policy for a digital national open archive for national scientific research was implemented in 2001 and will continue. Online health information for the general public is being created and provided. This is rated as very effective and will continue. The development and the sustainability of networks like the VHL and the Scientific Electronic Library Online (SciELO), which enable equitable and free access to health information, are described as the most important initiatives in this field. The major challenges in promoting access to electronic health content (and the Health InterNetwork Access to Research Initiative [HINARI]) are reported to be the limited budget for these kinds of services at the national universities, the lack of consortia for acquiring eJournals at discounted prices, and the low per capita income.

Capacity – human resources knowledge and skills

The Bolivarian Republic of Venezuela offers ICT skills courses as a part of university curricula for health sciences students as well as ICT skills programmes in the ongoing training of health-care professionals. These educational programmes are rated as moderately effective. Health sciences courses through eLearning for health professionals (in training and practice) have been offered since 2005 and are rated as very effective. All of these educational programmes are expected to continue over the next two years. The most important initiatives mentioned include the use of distance learning diploma-courses offered by the Instituto de Altos Estudios en Salud Publica (IAESP) [Public Health Higher Learning Institute] and some private universities such as the University of Yacambu. In the case of IAESP, the distance courses are only offered under the national public health system. The high costs for courses at the private universities also pose a significant barrier.
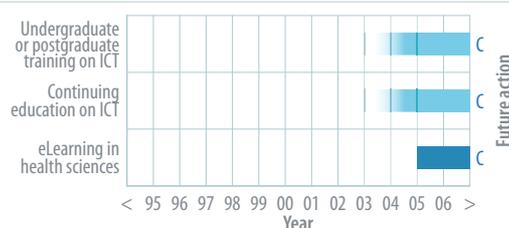

Figure 5. ICT capacity in the health sector: actions taken or planned within 2 years and their effectiveness rating

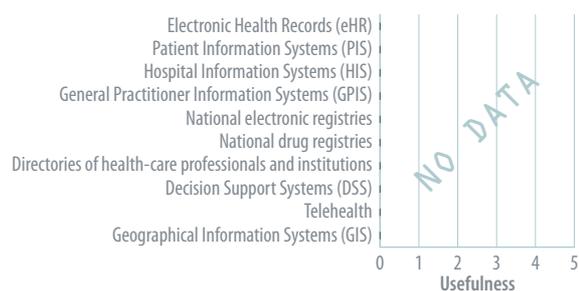## eHealth tools and eHealth services

Figure 6. Preferred generic eHealth tools to be provided by WHO

This section of the survey was not completed.

Figure 7. Preferred eHealth services to be provided by WHO

Legend	Effectiveness		Future action		Usefulness	
	■	Extremely effective	C	To be continued	5	Extremely useful
	■	Very effective	RC	To be reviewed & continued	4	Very useful
	■	Moderately effective	S	To be started	3	Moderately useful
	■	Slightly effective	P	To be stopped	2	Slightly useful
	☐	Not effective	U	Undecided	1	Not useful
	■	Unknown effectiveness	0	No data / No action	0	No data
	▌	Start date unknown				
	☐	No data			*per 100 inhabitants	