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Food Security and Food Safety Challenges in Venezuela

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Abstract

Food security implies the provision of safe, nutritious food of good quantity and in good quality as well as access to it by all people. Venezuela is a Latin American country, located in the northern part of South America, facing the Caribbean Sea. Due to the increase of poverty level during the last 20 years, Venezuela has suffered one of the biggest exodus in human history, just behind the Syrian exodus during the civil war. According to the United Nations (UN), almost 6 million people have emigrated since President Maduro took over. Long before the economic sanctions by the USA and the pandemic the rapid and progressive decay of the Venezuelan Health System has made necessary the declaration of a Complex Humanitarian Emergency by International Organizations. The case of Venezuela is a unique case worldwide that deserves a thorough analysis. A nation rich in natural resources and an economic market, political and social crisis could provide evidence of the agro-industry sector. It is increasingly difficult for people within the country, or they simply have not had the capacity to meet their minimum food needs for a considerable period of time due to long cycles of poverty, the lack of assets and/or access to productive or financial resources.

Keywords: Venezuela; Food Crisis; Food Security; Food Safety; Food Shortage

Food security implies not only obtaining food in sufficient quantity but also in quality and variety, accessible to the entire population. According to the World Food Summit organized in Rome in 1996, food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The challenges posed by the burdens on livestock and agricultural production in emerging food production areas, such as in Latin America, as well as demographic development and the climate require new perspectives and responsibilities in the management of food chains [1].

Venezuela is a Latin American country, located in the northern part of South America, facing the Caribbean Sea, with a population of 38 million people (National Institute of Statistics), however, due to the increase in poverty levels during the last 20 years, Venezuela has suffered one of the biggest exodus in human history, just behind the Syrian exodus during the civil war. According to the United Nations (UN), Venezuelan emigration is close to 6 million people. Long before the economic sanctions by the USA and the pandemic the rapidly and progressive decay of the Venezuelan Health System has led tothe declaration of a Complex Humanitarian Emergency by International Organizations, such World Health Organization (WHO) [2].

In Latin America, countries with severe malnutrition, such as Venezuela (2011-2017), their economies became poorer and the food crisis and social conflicts worsened. Venezuela is experiencing massive impoverishment and food insecurity that leads to migration to other countries, facing a political and economic crisis,

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marked by prolonged hyperinflation, with strict government and military control over all stages of the food chain, as well as becoming to food imports, to the detriment of national producers. As a result, agri-food production, food security, and even the population's right to food have been affected.

The serious effect of the food crisis on the health of Venezuelans is more noticeable in vulnerable population groups such as pregnant women, children and the elderly. With a limited supply of brands and products and rampant hyperinflation, the population is forced to depend on social food distribution programs through the Local Supply and Production Committees (CLAP), in which consumers do not have the power to decideto choose brands, quality or prices and the discriminatory and politicized use of this system has been denounced and documented by several NGOs [3].

As a norm based on equality and universal distribution, the food available must be accessible to the entire population in quality and quantity and allow the inhabitants to have the possibility of choosing the foods they wish to eat. It is possible that the existence of food in rural communities is not reflected in the city market, due to problems in accessibility to urban centres, such as access roads, means of transport, availability of fuel and spare parts for trucks of cargo, something that has been happening since the last 5 years in Venezuela, which has been accentuated with the mobility retraction measures during the CoViD-19 pandemic. Unemployment increased 6.9 percent nationally. In addition, 43% of households have reported the inability to work or the loss of some income, which has led to an increase in poverty in this country, which until the 2000s was a model of growth and well-being for their families. Currently (February 20, 2021) the minimum wage in Venezuela is at 1.2 US dollars per month, which barely covers 0.8 of the basic basket. 57% of household report some form of food deprivation, 45% do not consume meat and 74% do not consume dairy products, 27% of household say they are begging and 42% obtain food from the garbage to eat.

In the case of the poorest households, these effects were or are being more discouraging, reaching 52.6%. In relation to the disproportionate increase in the prices of consumer goods, 70% of households pointed to quarantine as a cause. The pattern of food consumption has changed, resulting in insufficient quantity and quality, without variety, based on carbohydrates such as rice, corn, pasta, grains and oil; lacking in animal proteins, vitamins A, B and C and minerals (iron, folic acid, zinc and calcium), since in Venezuela there is no enrichment policy for mass consumption flours. The direct effect is the increase in malnutrition and hidden hunger in the most vulnerable. Chronic malnutrition, the main nutritional problem, which in recent years, according to reports from private institutions (Caritas, Foundation Bengoa and CANIA) overlaps with caloric-protein deficit and nutrient deficiencies, reporting growth

retardation (moderate and severe) and acute malnutrition that mainly affects children under two years of age, from areas with fewer resources. The three immediate determinants of a child's nutritional status: food security, adequate care and health, are strongly affected by poverty [4].

The case of Venezuela is a unique case worldwide that deserves an exhaustive analysis. A nation with a high level of natural resources and a marked economic, political and social crisis, without reaching the extremes of internal civil conflicts or some natural adverse event, manifests the effects of such adverse events, given by disaster in the economic system, poverty, unemployment, disarticulation of health programs, which has made the WHO declare a Complex Humanitarian Emergency in Venezuela.

All the initiatives carried out by the national government are not integrated into a universal and comprehensive social policy; It presents articulation, planning and execution failures, especially because the promised institutional framework has not been created. Furthermore, the initiatives continue to be insufficient in the face of the social problems that they try to tackle, since they have a basically structural origin. Venezuela is a country in "critical food autonomy", since its food balance statistics have always shown that more than 2/5 of the calories and proteins available for human consumption come from abroad, returning to a port economy, to the detriment of the national industry and favoring corruption and the illegal diversion of funds [3,4].

Food in Venezuela suffers the impact of high inflation and shortages. Some of the laws and the policy of expropriation, confiscation and invasion of food companies and productive farms, caused a drop in national production, so most of the food is imported, some deficient in quality and safety. It is increasingly difficult for people within the country to have access to food, due to long cycles of poverty, lack of assets and/or access to productive or financial resources [5].

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The Food and Agriculture Organization of the United Nations (FAO) warned that the food security situation in Venezuela will worsen this year due to the decrease in imports and production of cereals. In its most recent report, FAO reported that the rice and maize harvest is nearing completion and production prospects are unfavorable due to the considerable reduction in plantings and low yields. The United Nations pointed out that the shortage of agricultural inputs and fuels significantly affected performance due to the decrease in rainfall in the period from February to April in the main producing areas of central-western Venezuela. In addition, the FAO stated that the country's import capacity has deteriorated due to the continuous depreciation of the Bolívar (Venezuelan currency) against the dollar and the decline in foreign exchange reserves, after the fall in oil revenues and the imposition of sanctions in August 2017, however, the deterioration in the quality of life of Venezuelans in relation to food security has been present for the last 10 years, being aggravated by the sanction measures by the USA and the pandemic [6].

The Food Security Assessment conducted by the World Food Program indicated that around 9.3 million people (one third of the population) are food insecure and in need of assistance, of which 2.3 million (8% of the population) population) were classified as severe food insecurity [7].

It is important to emphasize that increased food production does not necessarily mean more food for those who need it. Food production is not the same as food availability, and aggregate availability and the ability to purchase food (food rights) are very different things. Food insecurity is basically a problem of poverty, which affects the most vulnerable social groups (children, women, and the elderly) both in terms of access to social networks and security or productive assets (capital, land, agricultural inputs). Therefore, malnutrition can be a threat to urban and rural dwellers at different times and for different reasons [8].

The United Nations Development Program (UNDP) classifies countries into four levels of human development by combining measures of life expectancy, education, and per capita income. The 2019 Human Development Report (HDI) contained the HDI for 189 countries and territories and 15 regions or groups of countries based on data collected in 2018. The final HDI is a value between 0 and 1 with countries grouped into four categories based on value, very high for an HDI of 0.800 and above, high from 0.700 to 0.799, 29

medium from 0.550 to 0.699 and low below 0.550. The Venezuelan values are: Human Development Index: 0.726, life expectancy at birth (years) 72.1, expected years of schooling (years) 12.8, HDI adjusted for inequality (IHDI) 0.600, although these values are not reflected in the national reality suffered by Venezuelans [9].

Guaranteeing food security in the population is a challenge for the countries of the world. The main objectives are the reduction of poverty and hunger, along with other objectives that guarantee sustainable development and other aspects related to education, environmental sanitation and health. The first stages of food insecurity can be evaluated through qualitative methods, which allow it to be detected from the moment the individual perceives that they are in food vulnerability. For example, when it is observed that the economic income is not enough to buy food for all members of the household or that an adult or child does not eat the guantity and quality of food that they would like. In children, it can be expressed with phrases such as: "when I'm alone, not like", "go to bed earlier so as not to feel hungry." Older adults also express food vulnerability through situations such as "not having enough economic resources to buy their food", "stopping eating when they feel sadness or family abandonment", "sacrificing the purchase of food due to the need to buy medicine, situations that are lived day by day among the most disadvantaged and vulnerable population, according to what is expressed in the Venezuelan Living Conditions Survey (ENCOVI) [8].

The quantitative method makes it possible to measure the amount of food available in the country and at home, the purchasing power of the food and the environmental and biological variables that allow it to be used. From this approach, food security in Venezuela presents the following characteristics: for the year 2012, the notorious phenomenon of food shortages began in the country, which since then has been accentuated, reaching figures in 2015 never before recorded in the country. This caloric availability is made up of 66 percent by foods such as cereals, fats and sugars, a pattern associated with the development of cardiometabolic diseases such as obesity, diabetes and arterial hypertension, the main causes of mortality in the Venezuelan population.

The improvement in food availability has a strong import component until 2013, but for 2015 there is a severe supply crisis that imposes restrictions on the population in access to food. Access to food is one of the most affected dimensions of food security in Venezuela, considering the decreasing trend of the Venezuelan real wage, added to a high cost of the food basket and a minimum wage of 1,2 dollar per month. The pattern of food consumption reported by the National Survey (Venezuela) of Living Conditions (ENCOVI) for the year 2019 reflects that as economic income decreases, the type of food is monotonous and composed of foods with high caloric density. The main foods consumed by the Venezuelan population are cereals and sugary drinks, whose excessive consumption is associated with cardiometabolic diseases. According to this survey, Venezuela is the poorest country in Latin America and the nutritional profile is similar to countries in Africa [10].

ENCOVI data indicate that, in recent years, the country has shown signs of evident deterioration, poverty and food insecurity are increasing. According to the poverty line, 90% of the Venezuelan population is poor and of these 60% would be in extreme poverty. It can be assured that, at present in Venezuela, the four dimensions of food security are severely compromised: access, availability, use and stability, which means that the population loses jobs or their monthly minimum wage is 1,2 dollar, must request government aid and subsidy through the different populist programs offered by the government, being subjected to humiliation, and obtaining poor quality food, sporadically, as long as they obtain a carnet (national card) to be able to be beneficiaries of these programs, which should be universal, free and without political discrimination [10].

Of the 44% of the inactive population, half allege that they attend to responsibilities at home. Between 2014 and 2019, the percentage of employees decreased from 62% to 46%. It has been in services and informal commerce where the population has found some form of employment. More than 80% work in this area. The poor are increasingly dependent on non-labor transfer bonds (pensions, remittances, public transfers, and private transfers), and payments made by state programs represent 25.3% of total household income. According to ENCOVI, as of 2018, the weight of this type of contributions has doubled with respect to total income, which ranges between 1 and 5 dollars. However, the study determines that state transfers have only reduced extreme poverty by 1.5% [10].

General policies for assisting the population fail or do not reach highly vulnerable groups. The State has the need to implement compensatory or emergency policies to mitigate the consequences of food and nutritional insecurity. In Venezuela, these policies have 30

been characterized by high social spending, improvisation, failures in the quality of management and problems for the sustainability of the programs. These policies have been characterized by being predominantly welfare, susceptible to corruption, out of context, with a strong component of political doctrine, food imports and unable to guarantee the right to food of citizens freely, with quality and in a manner timely [4].

The main indicator to monitor food security in the world is food consumption per capita. Malnutrition in a given country is determined by its DES in relation to a minimum threshold defined as corresponding to the average DES that represents a minimum level or energy requirements for people, allowing only light activity. This level varies from 1,720 to 1,960 calories/day/person, depending on the country. For countries where the average DES is close to the threshold, most people are undernourished, while experience shows that for countries with a DES level of around 2,700 calories, the proportion of undernourished individuals becomes small, except in conditions of extreme inequality. The nutritional levels of Venezuelan children under 5 years of age are compared with those of the poorest countries in the world. 30% (639 thousand) of children under 5 years of age present chronic malnutrition (by weight or height) and 8% (166 thousand) present global malnutrition by weight/age indicator. With the official minimum wage that is close to 1.2 dollars/month, only 0.8% of the basic food basket is covered, reporting that 57% of the households suffer from some form of food deprivation, 45 of the households do not consume meat and 74% do not consume dairy products [4,11].

Hunger is the most extreme manifestation of the multidimensional phenomenon of poverty, which is why the eradication of hunger is fundamental in the development process of nations. Pervasive and persistent hunger impedes progress on other aspects of poverty reduction and weakens the foundations for economic growth. Hunger also represents an extreme case of market failure, because the people who need food the most are those who produce the least demand, due to low subsistence incomes, which limits access to markets. Although the world produces far more food than is necessary to provide everyone with an adequate diet, 800 million people, almost one in seven, do not have enough to eat. [8].

The right to food was first declared in the 1940s in the Universal Declaration of Human Rights and the Food and Agriculture Organization (FAO). However, there has been little progress towards

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its implementation. The United Nations (UN) Committee on Economic, Social and Cultural Rights has facilitated the task of implementing this fundamental right to guide how states can fulfill their obligations to respect, protect and fulfill this right [10].

Unfortunately, very little purposeful action has been taken to eradicate hunger. The number of hungry people in the world is not falling fast enough to reach the goal enshrined in the 1996 WFS Plan of Action. The Plan calls for a reduction in the number of undernourished people from 816 million in 1990- 92 (the base period) to 408 million in 2015. Latest FAO figures show that to reach the goal, the number of hungry people will have to decrease by 22 million annually, compared to the 6 million annually reached on average during the late nineties. This slow progress increases the difficulty of reaching the 2030 target. The fact that this slight downward trend in the number of hungry people has been driven by a group of large countries is also cause for concern. Most developing countries have seen an increase or no significant change in the number of undernourished among them [11].

Hungry people make poor workers, they are poor learners (if they go to school at all), they are prone to getting sick and they die young. Hunger is also passed down from generation to generation, as malnourished mothers give birth to underweight children whose potential for physical and mental activity is limited. The productivity of people and the growth of entire nations are severely compromised by widespread hunger. Hunger breeds despair and the hungry are easy prey for those seeking to gain power and influence through crime, force or terror, jeopardizing national and global stability. Therefore, it is in everyone's interest to fight hunger. A direct attack on hunger will greatly improve the chances of achieving the other Millennium Development Goals, not only for poverty reduction, but also those related to education, child mortality, health and maternal diseases [12].

Easy access to safe and nutritious food is a basic human right. However, each year around the world more than 420,000 people die and about 600 million people, almost one in ten, fall ill after eating food contaminated with bacteria, viruses, parasites, toxins or chemicals. In fact, foodborne hazards are known to cause more than 200 acute and chronic illnesses, from digestive tract infections to cancer. Hunger is on the rise and preventable foodborne illness continues to affect millions of people each year. Food safety problems hamper global food security and exacerbate the cycle of poverty that affects the most vulnerable populations [13].

Unsafe food accounted for 33 million disability-adjusted life years in 2010. As for the economic price tag, unsafe food costs lowand middle-income economies alone about US\$ 95 billion in lost productivity annually and can curtail trade. Unsafe food prevents the suitable uptake of nutrients and renders it unsuitable for human consumption and can lead to long-term growth and developmental delays in children. Poor nutrition makes people more susceptible to diseases. It is a vicious cycle that must be broken. Sustainable Development Goal 2, which is about ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture, can only be achieved when food is safe for people to eat [14].

The increased globalization of the world's food supply means populations worldwide are more exposed to food hazards. This is of particular concern for countries that rely heavily on food imports. Many developing countries import a significant share of the food supply for their population. Importing countries have progressively set up inspection measures to protect the health of their populations and ensure fair practices in food trade. However, over time, higher volumes of imported foods, together with the diversification of origin and growing complexity of the technologies used for traditional monitoring approaches, based on intermittent or irregular inspections at borders, is no longer considered adequate [14,15].

Unhealthy food alone costs low- and middle-income economies about \$ 95 billion in lost productivity annually. Unsafe foods prevent proper absorption of nutrients and make them unsuitable for human consumption and can cause long-term delays in children's growth and development. Sustainable Development Goal 2, which seeks to end hunger, achieve food security, improve nutrition and promote sustainable agriculture, can only be achieved when food is safe for people to consume [14].

Food-importing countries have progressively established inspection measures to protect the health of their populations, however, over time, the higher volumes of imported food, along with diversification of origin and the increasing complexity of the technologies used for monitoring, are no longer considered adequate [14,15]. The main responsible for the increase in poverty in Venezuela has had to do with the destruction of the Venezuelan economy and the possibility of overcoming this crisis is with economic growth and job creation, which incorporates women. Venezuelans have food challenges and a vulnerable population who receive vouchers and boxes with food from the public program Local Supply and Productivity Committee (CLAP), which is really a measure of social control by offering families registered in the system and in the party of government, foods of very low caloric value. Almost all products are imported without adequate quality control, with complaints from beneficiaries, who sometimes receive expired products [16,17].

Venezuelan Authorities in charge of official controls have no direct oversight over the production process of their trading partners. With the development of trading relationships, increased dialogue between competent authorities of importing and exporting countries, use of certification mechanisms and improved oversight of the importers community are some of the available options to strengthen the effectiveness of imported food controls. The Codex Alimentarius Commission held its first meeting in 1963 with the objective of developing food standards to protect public health and ensure fair practices in food trade. Since then, it has developed hundreds of internationally recognized standards, guidelines and codes of practice, and plays a crucial role in ensuring that traded food is safe and of high quality. These science-based, internationally adopted standards provide a framework for governments to establish criteria for food to ensure safety and harmonize food trade. Codex is, therefore, the invisible link between those working in the food chain and the consumer. The Codex Alimentarius is vital for governments, industries and other actors in helping to ensure that food is safe to eat regardless of the borders that it has crossed [14,18].

National governance is essential to ensure that the entire population can have access to quality food. FAO supports governments in the transition from food control systems to governance mechanisms that promote sustainable agriculture, the production of safe and nutritious food and access to fair world trade. Enabling governance at the national level also contributes to the achievement of the Sustainable Development Goals. FAO assists countries in building food safety emergency prevention and management systems to strengthen the resilience of countries to crises in the food chain [11].

The compensatory policies offered by the Venezuelan State to the most vulnerable population group do not cover their needs and the way to implement them is not the most appropriate, therefore, it is necessary to achieve greater intervention in the design, monitoring and evaluation of these policies, allowing that individual and the family assume responsibilities in matters of health and nutrition for the achievement of their well-being and development.

An adequate level of food security guarantees that the country advances towards a full condition of integral development. If a certain degree of legal, social and food security is not achieved; the country risk will increase and private investments cease partially or totally, generating more and more an increase in economic and social poverty that compromises the productivity and competitiveness of the nation. When a country is classified in Critical Dependency, like Venezuela, Food Security is compromised, increasing vulnerability. The diet of its inhabitants depends to a great extent on foreign trade and fallible and changing international relations [16-18].

Conclusions

Unfortunately, the region of the Americas, despite its natural wealth, has become the most unequal region in the world and all forms of malnutrition are present in its countries, including Venezuela. The poorest are those who generally suffer from malnutrition and its effects, either due to deficit or excess. Another food problem is hidden hunger, understood as the deficiency of vitamins and minerals in the diet and whose effects have already been determined since the 1990s by various studies at both Latin American and national levels.

In Venezuela, there is a deficient and precarious situation in terms of vulnerability and risk, which refer to the critical dependence on food imports and a precarious sufficiency of food availability, which is increasingly unstable. It is shown that the national government must consider as an urgent need, collaboration with all interested parties to develop sustainable strategies in the medium and long term that promote activities aimed at guaranteeing food security, manifesting it in all relevant policies and programs, to ensure, without restrictions, the fulfilment of the human right to food and health.

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Bibliography

- Cheng R., *et al.* "Analysis of Food Safety and Security Challenges in Emerging African Food Producing Areas through a One Health Lens: The Dairy Chains in Mali". *Journal of Food Protection* 80.1 (2016): 57-67.
- Urbina-Medina H. "Venezuela and the COVID-19 Pandemic". Acta Scientific Paediatrics 3.9 (2020): 01.
- The United Nations Development Programme. "Human Development Report" 2019 Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century (2019).
- Landaeta-Jiménez M., *et al.* "Venezuela entre la inseguridad alimentaria y la malnutrición. *Anales Venezolanos de Nutrición* 31.2 (2018): 66-77.
- Landaeta M. "Crisis alimentaria en la abundancia económica. Calanche Morales J, Hernández J. "Seguridad alimentaria en Venezuela: vulnerabilidad y riesgo durante los años 1998-2013". Anales Venezolanos de Nutrición 28.2 (2015): 110-124.
- FSIN Food Security Information Network, 2019. "Global Report on Food Crises". JOINT ANALYSIS FOR BETTER DECI-SIONS (2019).
- 7. Alkire S and Jahan S. "The New Global MPI 2018: Aligning with the Sustainable Development Goals." *Human Development Research Paper. UNDP-HDRO, New York* (2018).
- Emmanuel Boon K. Regional sustainable development review: "AFRICA – Food Security in Africa: Challenges and Prospects" (2020).
- 9. Anand S Sen A. "The Income Component of the Human Development Index." *Journal of Human Development and Capabilities* 1.1 (2000): 83-106.
- 10. Universidad Católica Andrés Bello (UCAB). "Encuesta Nacional de Condiciones de Vida". Venezuela ENVOVI (2020).
- 11. "Food and Agriculture Organization of The United Nations". Food a Fundamental Human Right (2020).
- 12. Kahneman D and A Deaton. "High Income Improves Evaluation of Life but Not Emotional Well-being". *Proceedings of National Academy of Sciences* 107.38 (2004): 16489-16493.
- 13. "Analysis of Food Safety and Security Challenges in Emerging African Food Producing Areas through a One Health Lens: The Dairy Chains in Mali" (2020).

- 14. Food and Agriculture Organization of the United Nations, Committeeon World Food Security. 2012. "Investing in smallholder agriculture for food and nutrition security" (2013).
- 15. Food and Agriculture Organization of the United Nations. "The future of food safety" (2020).
- Candela Y. "Seguridad alimentaria en Venezuela: una mirada desde el ciudadano vulnerable". CDC *Cuadernos del Cendes* 33.91 (2016): 125-139.
- Landaeta-Jiménez M., *et al.* "El Derecho a la Alimentaciónen Venezuela". *Anales Venezolanos de Nutrición* 25.2 (2012): 73-84.
- World Health Organization, Secretariat of the. "Codex Alimentarius". Commission Joint FAO/WHO Food Standards Programme Food and Agriculture Organization of the United Nation Twenty-first edition FAO/WHO Twenty-first edition (2020).

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