



PAHO/WHO Strategic Response Plan: Hurricane Melissa 2025

Impacted countries: Cuba, Haiti, and Jamaica

Situation Summary

Hurricane Melissa struck the Caribbean as a powerful Category 5 storm, making landfall first in **Jamaica** on 28 October, where it caused catastrophic damage to infrastructure and knocking out telecommunications and power for 75% of the island. The eye of the storm then moved toward **Cuba**, where more than 735,000 people were evacuated and 120,000 had to seek shelters due to severe flooding and winds. In **Haiti**, the hurricane's outer bands brought intense rainfall and flooding over several days, impacting road access and flooding health facilities.

Across these three countries, Hurricane Melissa severely impacted health systems, displaced thousands, and heightened risks of waterborne and vector-borne diseases such as cholera and dengue. Regular updates from the countries and on PAHO activities related to the Hurricane Melissa response can be found at this link below:
<https://www.paho.org/en/hurricane-melissa>

US\$ 25,217,000 needed to address Priority Health Needs

- **Support the continuity of essential health services**
- **Provide logistics support** to access communities for damage assessment and distribute relief items
- **Disease surveillance and outbreak control** to monitor and respond rapidly to increasing risks of communicable diseases (ex: leptospirosis, respiratory infections, vector-borne diseases, and cholera).
- **Enact environmental health measures including Water and Sanitation and Vector Control measures** to prevent the transmission and outbreaks of communicable diseases
- **Support Mental Health and Psychosocial support (MHPSS) actions** in affected areas



Figure 1: Data from 19 November 2025. Source: PAHO Regional Situation Report No. 4 – Hurricane Melissa.



JAMAICA

45 deaths
1,358 sheltered
134 facilities damaged

Hurricane Melissa struck Jamaica on 28 October as a Category 5 storm, causing catastrophic flooding, landslides, and wind damage across southern and western parishes, including St. Elizabeth, Westmoreland, Hanover, St. James, and Trelawny. The entire population of 2.8 million was exposed, with over 1.5 million people directly affected by housing damage, power outages, and water disruptions. Forty-five deaths and 253 injuries have been confirmed, and 1,358 people remain in shelters (down from a peak of 7,208). Communication systems and road access are still disrupted in several regions, complicating relief efforts. There is extensive damage to health infrastructure. The five hospitals that have sustained severe damage are Black River, Falmouth, Cornwall Regional, Savanna-la-Mar, and Noel Holmes. In addition, more than 134 health centers were affected. Power outages, and impacts to water systems are affecting emergency services, inpatient care, surgical capacity, imaging, and laboratory services. Over 40% of facilities rely on generators, and water supply remains unstable.



CUBA

0 deaths
628 sheltered
642 facilities damaged

Hurricane Melissa made landfall in eastern Cuba on 29 October as a Category 3 storm, causing severe flooding and landslides in Granma, Santiago de Cuba, Holguín, Guantánamo, and Las Tunas. More than 3.5 million people were affected, with over 90,000 homes damaged. 735,000 people were evacuated; as of 12 November, at least 628 people were displaced to shelters. Power outages remain critical in Santiago de Cuba, where only 34% of the population has electricity. Water shortages and sanitation challenges persist, increasing the risk of disease outbreaks. 642 healthcare facilities were damaged, including hospitals and primary care offices. Health services have been severely disrupted.



HAITI

43 deaths
600 sheltered
9 facilities damaged

The outer bands of Hurricane Melissa brought days of heavy rains, flooding, and landslides, particularly along Haiti's southern coast – the Sud, Grand'Anse, Nippes, and Ouest departments were the hardest hit. The country reported 43 deaths, 21 injuries, and 13 missing persons, resulting in 1,255 people displaced to four temporary shelters in the aftermath (since reduced to 600 persons). Water systems damage has heightened the risk of waterborne diseases, particularly cholera, which remains a major concern: 2,900 cases reported since January. Insecurity and gang control continue to impede assessments and delivery of aid. An initial assessment of health facilities has indicated limited damage and flooding to at least 10 health facilities, including roof leaks and medicine loss in Sud and Grand'Anse. Furthermore, key challenges include road blockages which prohibit support to health facilities via road; support from Port-au-Prince depends on availability of air travel and coordination with partners such as the UN Humanitarian Air Service (UNHAS).



Figure 2: Falmouth Public General Hospital in Trelawny parish, Jamaica, sustained severe damage from the Hurricane. Photo credit: PAHO, 2025

Health Needs Assessment

The impact of Hurricane Melissa on the health systems of Jamaica, Cuba, and Haiti could present severe consequences for their populations. Preliminary damage reports indicate that the public health impact will likely be severe in the short and medium term. Across Jamaica, Haiti, and Cuba, the hurricane has created overlapping health challenges.

Continuity of Essential Health Services:

Hurricane Melissa has severely disrupted access to health services across Jamaica,

Cuba, and Haiti. Heavy rains, landslides, and damaged roads have isolated communities and slowed the delivery of essential health supplies. Power outages and telecommunications failures have interrupted cold chains and communication flows, complicating assessments and service delivery. Many communities remain physically blocked from reaching functional health facilities, and those that are accessible are operating beyond capacity.

Hospitals in Jamaica are functioning in emergency mode, with outpatient and chronic care services disrupted. In Cuba, dialysis and maternal care have been compromised, and urgent restoration of power and water in hospitals is critical. In Haiti, insecurity and infrastructure damage have further limited access to care. Service disruptions are particularly affecting children, pregnant women, and individuals with chronic conditions. Non-communicable disease management has also been interrupted, with treatment for hypertension, diabetes, and HIV/TB affected by power outages and supply chain disruptions. **Logistics challenges** continue to hinder timely assessments and delivery of relief items, while adequate health workforce availability and rotation remain essential to maintain clinical care and prevent system collapse. Immediate support is needed to restore essential services, deploy surge medical capacity, and ensure the availability of medicines and supplies to meet urgent health needs.

Disease Surveillance and Outbreak Control: The aftermath of Hurricane Melissa has created a high-risk environment for disease outbreaks across Jamaica, Haiti, and Cuba. Extensive flooding, damaged water systems, and shelters have significantly increased the likelihood of spread of waterborne diseases such as cholera in Haiti and leptospirosis in all three countries. Unsanitary conditions, stagnant water, and disruptions to vector control environments from the storm may also heighten the risk of mosquito-borne diseases, including dengue and chikungunya, particularly in Jamaica and in Cuba, which was already facing a dengue outbreak. Respiratory infections such as influenza and COVID-19 pose additional threats in crowded shelters, while foodborne illnesses remain a concern due to compromised sanitation and disrupted food safety systems. To prevent secondary health crises, urgent action is needed to strengthen early warning systems, expand event-based surveillance, and reinforce laboratory capacity for rapid detection and confirmation of cases. Investments in diagnostic supplies, transport for laboratory samples, and trained epidemiological teams are critical to ensure timely outbreak response. Without these measures, the potential for widespread disease transmission could overwhelm already fragile health systems and exacerbate the humanitarian impact of the hurricane.

Environmental Health concerns, including Water, Sanitation and Hygiene (WASH) and Vector control: The impact on the water and sanitation systems in Jamaica, Haiti, and Cuba have created urgent public health risks. Damage to water supply infrastructure and sanitation facilities has increased the likelihood of diarrheal diseases, including cholera in Haiti, which is already experiencing periodic outbreaks. Stagnant water and debris are fostering conditions for rodent proliferation, heightening the risk of leptospirosis, while widespread flooding is expected to drive mosquito population growth, increasing the threat of dengue and chikungunya, particularly in Jamaica and in Cuba. Immediate interventions are needed to restore safe water access, deploy purification tablets, and implement WASH measures in health facilities and shelters. These actions are among the most cost-effective and life-saving strategies to prevent outbreaks. Additionally, intensified vector control operations—including fumigation, larvicide application, and provision of mosquito nets—are critical to reduce transmission risks in affected communities. The implementation of water, hygiene, and sanitation (WASH) measures can be one of the most cost-effective and life-saving actions that can be implemented in healthcare facilities and even in shelters.

Mental Health and Psychosocial Support (MHPSS): The impact of Hurricane Melissa has created significant psychosocial distress among affected populations and health workers in Jamaica, Cuba, and Haiti. Displacement, loss of homes and livelihoods, and prolonged disruption of essential services have heightened anxiety and stress, particularly among children, pregnant women, and individuals with chronic conditions. Health workers are experiencing increased psychological strain due to overwhelming caseloads and challenging working conditions. There is an urgent need to scale up mental health and psychosocial support services, including community-based interventions, counseling, and specialized care for vulnerable groups. Additional trained personnel, resources for psychological first aid, and mechanisms to ensure continuity of mental health services are critical to prevent long-term mental health consequences and support recovery.

This section will be updated accordingly as more information becomes available. A detailed public health situation analysis has been published [here](#).

Figure 3: Hurricane Melissa brought days of intense rain and flooding across the Southern coast of Haiti. Photo credit: PAHO, 2025





Figure 4: PAHO/WHO continues coordination with other UN Agencies to support procurement and distribution of essential medical items as part of the Hurricane Melissa response operations in Jamaica. Photo credit: PAHO/WHO, 2025.

Immediate PAHO/WHO Response

PAHO's Incident Management System is the backbone of its emergency response operations, providing a structured and coordinated approach to managing health emergencies across the Region. By integrating key functions such as planning, logistics, operations, and communications under a unified framework, the IMS ensures rapid decision-making, efficient resource allocation, and clear lines of authority. This system enables PAHO to work seamlessly with national authorities and partners, ensuring timely and effective interventions that protect lives and reduce the impact of crises. PAHO/WHO activated a regional Incident Management System Team (IMST) with a dedicated subregional team based in Barbados to support the affected Caribbean countries. In addition, a country-level IMST has been activated in Jamaica, the most impacted country by Hurricane Melissa.

Alongside **Jamaica's** Ministry of Health and Wellness (MOHW), PAHO/WHO conducted rapid damage assessments of hospitals and health centers, WASH assessments, supported structural engineering evaluations, and facilitated the deployment of Emergency Medical Teams (EMTs) to restore essential health services. Soon after the hurricane struck, PAHO/WHO drew from their Strategic Reserve to deploy critical supplies, e.g. water testing kits, sanitation equipment, emergency medical kits, generators, and trauma supplies. PAHO/WHO has also deployed members of its Regional Response team to support Jamaica in health services, WASH, structural assessment, environmental health, epidemiology and surveillance, MHPSS, logistics, and information management.

In **Cuba**, PAHO/WHO has supported the Ministerio de Salud Pública (MINSAP) in the mobilization of shipments of medicines, medical supplies, fumigation kits, mosquito nets, and generators to restore power in health facilities. Technical assistance was provided for disease surveillance and situation analysis, and medical brigades were deployed to maintain continuity of care, including maternal and dialysis services.

In **Haiti**, PAHO/WHO supported the Ministry of Public Health and Population (MSPP) to maintain essential services and strengthen cholera response. PAHO/WHO delivered nearly four tons of medical and WASH supplies, including emergency health kits, non-communicable diseases (NCD) kits, trauma kits, mosquito nets, and supported vaccine relocation to maintain the cold chain. Surveillance for cholera, COVID-19, malaria, and diphtheria were reinforced, and WASH interventions were implemented in shelters.

PAHO's Emergency Strategic Reserve, based out of Panama, has continued to play a critical role in facilitating emergency response across the Americas. By maintaining pre-positioned stocks of essential medicines, medical supplies, and equipment, PAHO's Reserve ensures rapid deployment of goods, supplies, and medical equipment to countries facing health emergencies, natural disasters, or disease outbreaks. As of 26 November 2025, PAHO has worked to dispatch 23 tons of such items to the three affected countries, helping to bridge immediate gaps and ensure continuity of care for affected populations.



Figure 5: PAHO's team in Barbados deployed relief supplies to support the response to Hurricane Melissa in Jamaica. Photo credit: PAHO, 2025

PAHO/WHO's Response Strategy for Hurricane Melissa

During emergencies and disasters, PAHO/WHO supports its Member States in responding to and recovering from health crises through a multi-hazard approach. When national capacities are overwhelmed, PAHO is ready to lead and coordinate the international health response to contain disasters or outbreaks, and to provide effective relief and recovery to affected populations.

The overall goal: Provide technical and operational support to the Ministries of Health of the affected countries (Jamaica, Cuba, and Haiti) to restore health service delivery and substantially contribute to minimize public health risk following Hurricane Melissa.

Specific objectives:

1. Restore health care delivery capacity and access to health services in the most affected areas
2. Strengthen surveillance, early warning, laboratory diagnostics, and rapid response mechanisms for timely outbreak detection and control
3. Strengthen community access to safe water, emergency sanitation measures, and vector control and risk communication
4. Support efficient coordination of humanitarian assistance and management of information to effectively address the most urgent humanitarian needs

These objectives are expected to be achieved through a combination of activities to support the regional response and activities aiming to scale up individual country readiness and response operations. PAHO's response operations are delivered under a no regrets policy and with zero tolerance for any form of sexual exploitation, abuse and harassment.

Key activities by objectives:

Objective 1 Restore health care delivery capacity and access to health services in the most affected areas
<ul style="list-style-type: none"> • Support the Ministries of Health in the structural damage and functional assessments of all affected health facilities. • Support urgent repairs, clean up, and rehabilitation works in damaged health structures to reestablish full functionality of essential services. • Support the Ministries of Health in the re-organization of national health services networks and referral pathways, including technical and logistic support for the delivery of essential health services in affected areas, including mobilizing health personnel. • Procurement and distribution of critical medical and health supplies for essential care delivery (including trauma and emergency care, communicable and non-communicable diseases, infection prevention and control, and mental health and psychosocial support). • Supporting access to health protection services (especially for affected communities and frontline workers) focusing on mental health and psychosocial support, gender-based violence, and sexual and reproductive health.
Objective 2 Strengthen surveillance, early warning, laboratory diagnostics, and rapid response mechanisms for timely outbreak detection and control
<ul style="list-style-type: none"> • Strengthening epidemiological surveillance systems, including indicator-based surveillance (IBS) and event-based surveillance (EBS), to support early warning, timely triage and verification of alerts, standardized data collection and reporting, and rapid outbreak investigation. • Provide support to national and sub-national laboratories to improve early detection of epidemic-prone diseases, including improving specimen collection, transportation and diagnostic confirmation. • Strengthen community-based and event-based surveillance (EBS) in temporary shelters, internally displaced persons (IDP) sites, and affected communities, including detection, verification, and activation of rapid response teams (RRTs) for investigation and control of epidemic-prone diseases. • Procurement and distribution of essential epidemiological surveillance equipment and supplies to epi-surveillance field teams and the public health laboratories for disease detection and control.

Key activities by objectives (continued):

Objective 3 Strengthen community access to safe water, sanitation, vector control and risk communication

- Support national authorities in prevention and control measures for integrated vector management, including provision of logistic support and capacity building for the implementation of preventive and control measures.
- Support national authorities in rapid assessment and implementation of needed WASH and infection prevention and control measures in health facilities and in shelters; including capacity building and support to monitor and assess water quality.
- Procurement of equipment and supplies for clean water and proper sanitation in the affected communities, active shelters, and health centers, including water tanks, chlorine tablets, water testing kits, solid waste management, as well as critical material for food safety and vector control.
- Implement risk communication and community engagement (RCCE) actions to promote good hygiene practices, including food and water safety and sanitation promotion, environmental health risks, communicable and vector-borne disease prevention and control, in shelters and in affected communities.

Objective 4 Support efficient and quality coordination of humanitarian assistance and management of information to effectively address the most urgent humanitarian needs

- Reinforce the leadership of the Ministries of Health in the coordination of the health sector response to Hurricane Melissa.
- Deployment of members of PAHO's Regional Response Team to support the Ministries of Health in assessing needs for the health response, and supporting coordination, health services, MHPSS, epidemiology, laboratory, WASH and environmental health, information management, risk communication and community engagement, logistics, and other functions that bridge critical gaps.
- Collaborate with health authorities to develop and implement a short-term emergency response plan as well as a medium- and long-term recovery plans for the health sector
- Support national and subnational Health Emergency Operations Centers (EOC) or other emergency coordination mechanisms in the coordination of the health sector response including reception of international emergency medical teams (EMTs), Health Cluster and liaising with other relevant sectors involved in response operations.
- Support regional and local logistics operations to ensure the timely delivery of humanitarian health assistance, including management of supplies and equipment.

Funding Requirements

The following section outlines the estimated funding level required for an initial 6 months (1 November 2025 to 30 April 2026) to implement the priority public health measures above-mentioned in support of countries in the Region of the Americas to respond to Hurricane Melissa. The estimated financial requirements will be adjusted as the situation evolves.

BUDGET CATEGORY (USD)	Cuba	Haiti	Jamaica	Regional	Total
Objective 1: Restore health care delivery capacity and access to health services in the most affected areas	3,950,000	1,200,000	10,200,000	750,000	16,100,000
Objective 2: Strengthen surveillance, early warning, laboratory diagnostics, and rapid response mechanisms for timely outbreak detection and control	780,000	500,000	950,000	500,000	2,730,000
Objective 3: Strengthen community access to safe water, emergency sanitation measures, and vector control and risk communication	1,887,000	400,000	1,700,000	100,000	4,087,000
Objective 4: Support efficient coordination of humanitarian assistance and management of information to effectively address the most urgent humanitarian needs	300,000	150,000	1,350,000	500,000	2,300,000
Total	6,917,000	2,250,000	14,200,000	1,850,000	25,217,000

CONTACT INFORMATION

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Cost	US\$ 25,217,000
Duration	6 months