Earthquakes in Venezuela (M7.2 and M7.5)

Situation Report #9

12 August 2026

Pan American Health Organization

World Health Organization Americas Region

HIGHLIGHTS

- Seven weeks after the two earthquakes that struck Venezuela on 24 June 2026, the response continues to sustain emergency operations while transitioning toward early recovery. Current efforts are focused on maintaining essential health services, rehabilitating affected facilities, supporting transitional camps, and delivering health services through a comprehensive approach, while mitigating public health risks and ensuring a continuous, needs-based supply of medicines and essential equipment.
- Health service recovery and critical care capacity are advancing, with **rehabilitation planning progressing in priority facilities** and intensive care and maternity capacity being restored at Hospital Dr. José Gregorio Hernández, while assessments in Caracas and Miranda continue to identify critical gaps in equipment and human resources.
- **Public health surveillance and immunization systems are being reinforced**, with expanded epidemiological analysis and digital reporting, enhanced laboratory diagnostic capacity, and more than 31,000 vaccine doses administered; national vaccine supply security was further supported through a USD 18 million Revolving Fund credit line.
- **Efforts advanced toward the provision of comprehensive care, focusing on mental health, sexual and reproductive health, noncommunicable diseases, and rehabilitation.** This included dissemination of the national mental health protocol, training of transitional camp focal points, continuity of oncology care through three designated centers, and attention to emerging needs such as assessing rehabilitation center capacities and training on amputee management and wound care.
- PAHO/WHO continued supporting the response with **critical medicines and equipment,** most recently delivering targeted emergency medical supplies – including specialized kits, medicines, and high-complexity surgical instruments – to the Maternal and Child Hospital Leopoldo Aguerrevere in Petare, Sucre.
- PAHO/WHO continues to support the health response through its **Regional Response Team**, covering key areas such as emergency coordination, logistics, information management, epidemiology, laboratory services, WASH, immunization, risk communication, and Emergency Medical Teams (EMT) coordination. Additional experts in entomology and infection prevention and control are being deployed.

Visit to affected areas in La Guaira. Source: PAHO/WHO

KEY NUMBERS

6,301
deaths [1]

6,462
rescued people [2]

73,356 patients treated in hospitals [3]

38 Health facilities reported structural damages [4]

9 EMT are operational in La Guaira, Caracas, Miranda [5]

12 Specialists from PAHO's Regional Response Team remain supporting the response [6]

32 tons
PAHO emergency supplies delivered [7]

Sources

1 – 7: Official Report of the Bolivarian Republic of Venezuela 10 August 2026
9,10: PAHO Regional/Country update

Notes

Data are subject to change. Available information remains partial and is being verified by national authorities, PAHO/WHO, Civil Protection, partners and local response actors.
Casualty figures, health facility damage, hospital functionality and exposure estimates should be considered preliminary until officially confirmed.

SAFE AND SCALABLE CARE

KEY NUMBERS

38,769	312	1,017	38
EMTs Consultations	Major surgical procedures reported by EMTs	Hospital admissions reported by EMTs	Health facilities reporting structural damage

Source: Official national reports, PAHO/WHO assessments and Health Cluster reports

KEY TAKEAWAYS

- Critical care assessments in Caracas and Miranda continue to identify ICU capacity and significant equipment and human-resource gaps affecting referral and surge capacity.
- EMTs remain a major component of the response: nine are operational, and together they have provided 38,769 consultations, 312 major surgeries, 290 minor surgeries, and 1,017 hospital admissions.
- Population displacement towards Distrito Capital and Miranda continues to increase pressure on health and WASH services in transitional camps and host communities.
- Recovery and rehabilitation planning is advancing, including six prioritized ASICs in La Guaira and interventions to restore essential services and strengthen isolation, WASH and IPC capacity.

SITUATION ANALYSIS

Continuity of essential health services

Health network analysis continued to support recovery planning across the affected areas. During the reporting period, detailed service network analyses in La Guaira further characterized the operational status of the nine Community Integrated Health Areas (ASICs), covering an estimated population of 457,656 people and identifying 28 transitional camps that host approximately 12,752 displaced persons. Based on operational capacity and the concentration of affected populations, six ASICs were prioritized to guide the implementation of recovery interventions and the allocation of emergency funding. Given recent changes in service availability and the ongoing rehabilitation of health facilities, an update of the ASIC situation in La Guaira has been initiated to reassess current service capacity and inform recovery planning.

The assessment also identified persistent service disruptions, with 24 Popular Health Clinics, two Comprehensive Diagnostic Centers and two Rehabilitation Centers remaining non-operational following the earthquakes. Priority needs continue to include minor infrastructure repairs, restoration of diagnostic capacity, strengthening medical supply chains, and improved technological connectivity for health network coordination.

Hospital functionality

Recovery planning advanced through more detailed technical assessments of priority health facilities. Engineering evaluations were initiated for rehabilitation works in Hospital IVSS José María Vargas and Hospital Dermatológico Dr. Martín Vegas in La Guaira, defining the scope of infrastructure interventions under CERF-supported activities.

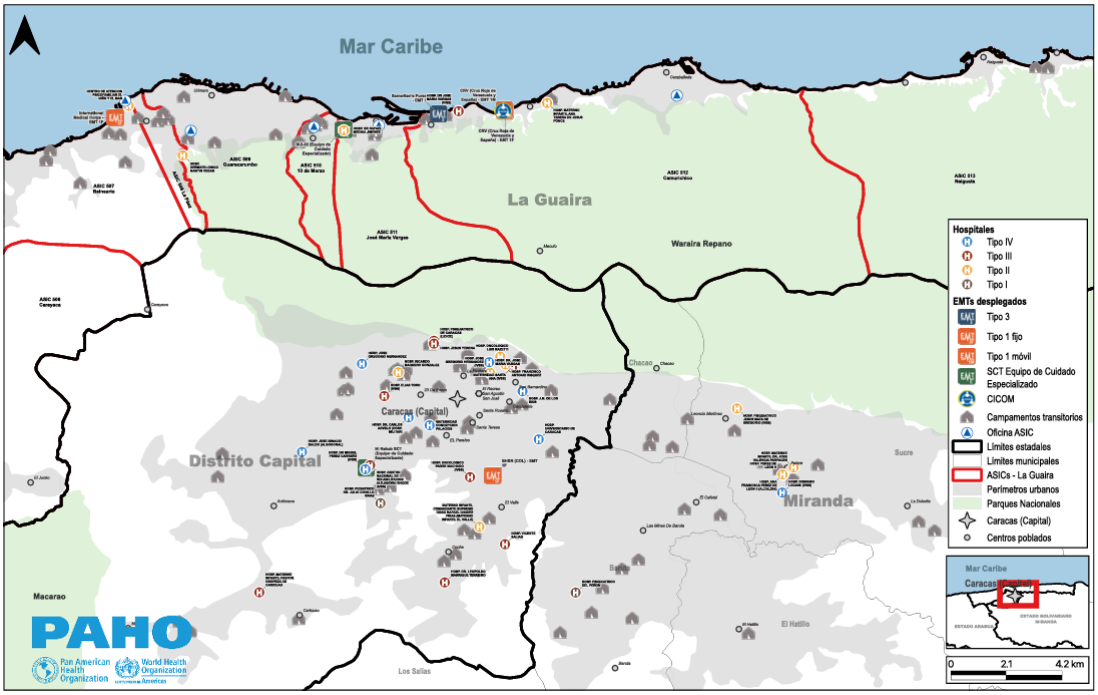
At Hospital IVSS José María Vargas, technical planning was completed for the rehabilitation of a 651 m²

isolation area on the third floor, including identification of isolation zones and implementation arrangements with hospital staff. At Hospital Dermatológico Dr. Martín Vegas, technical assessments were finalized for rehabilitation of long-stay patient wards and sanitary facilities covering approximately 600 m².

Operational monitoring also continued in referral hospitals. At Hospital Dr. José Gregorio Hernández (Los Magallanes de Catia), patient redistribution measures remain in place while rehabilitation progresses. Capacity has been partially restored, including eight adult intensive care beds with oxygen and monitoring capacity, six maternity beds in the emergency area, and 15 additional maternity beds on the third floor.

A recent coordination exercise with intensive care unit leads from hospitals in Caracas and Miranda also identified the actual availability of critical care beds and highlighted important gaps in equipment and human resources.

Figure 1. Distribution of Health Facilities and Deployed Emergency Medical Teams (EMTs) as of 9 August 2026



Source: Technical assessment report from PAHO and MPPS

Health service delivery

Health service delivery continues to prioritize the restoration of integrated service networks while adapting to population movements from La Guaira toward Distrito Capital and Miranda. Ongoing assessments have reinforced the need to maintain diagnostic services, ensure continuity of care for chronic diseases, strengthen referral mechanisms, and support health services in both transitional camps and host communities.

Emergency Medical Teams (EMTs)

As of 12 August, EMTs remain a major component of the response, with 9 operational and 13 demobilized. EMTs have submitted 382 reports through the EMT Minimum Data Set (MDS), documenting 38,769 consultations, 312 major surgical procedures, 290 minor surgical procedures and 1,017 admissions, with 2,250 occupied bed-days. Female patients accounted for 57% of reported patients and male patients for 43%.

The most frequently reported conditions were minor injuries (3,432 cases), upper respiratory tract infections (2,776), acute mental health conditions (1,727), skin diseases (1,605), and acute watery

diarrhea (1,033). These data continue to support epidemiological surveillance, including early detection of changes in disease patterns, identification of potential public health signals and monitoring of health risks in affected communities.

Rehabilitation and recovery

Recovery activities are increasingly focused on implementing infrastructure rehabilitation projects while strengthening WASH services in prioritized health facilities. During the reporting period, technical coordination with IOM and UNICEF advanced complementary rehabilitation activities, while procurement of WASH supplies for eight priority health facilities continued.

Beyond health facilities, WASH assessments confirmed sustained pressure on water supply and sanitation systems, driven by high occupancy in transitional camps and continued population displacement. Operational priorities include strengthening microbiological water quality monitoring, scaling up community and institutional WASH systems, and maintaining vector control activities in areas of heightened environmental risk.

Mental Health and Psychosocial Support (MHPSS)

Implementation of the national Mental Health Response Plan continues in line with previous priorities, while continuity of community-based psychosocial support and referral pathways remains integrated within primary health care services.

The post-earthquake psychosocial support guide, focused on controlled demolition processes, was developed and presented for implementation within the Ministry of Popular Power for Health (MPPS).

Health Cluster Response and Service Coverage

Through information management tools led by the Ministry of Popular Power for Health (MPPS), with support from PAHO/WHO, the capacities and activities of Health Cluster partners in Venezuela have been progressively registered and mapped. During the reporting period, partners administered 19,884 vaccine doses and delivered non-communicable disease (NCD) services to 2,242 individuals for diagnosis and 1,182 for treatment. Communicable disease services reached 1,613 individuals, and sexual and reproductive health (SRH) interventions comprised 3,810 contraceptive services. Maternal and mental health services were sustained, encompassing 326 ultrasounds and 549 psychosocial and clinical mental health consultations.

PRIORITY NEEDS

- **Health Service Network Recovery –** Continue restoring functionality across prioritized ASICs through minor infrastructure repairs, strengthening referral pathways, and improving coordination between health facilities, transitional camps and host communities.
- **Hospital Rehabilitation, Critical Care Capacity and Infrastructure** – Advance rehabilitation works in prioritized health facilities, including isolation capacity, inpatient areas and essential hospital infrastructure, while addressing identified gaps in critical care equipment, human resources, medical equipment and furnishings required to restore and sustain hospital capacity.
- **Diagnostic Capacity and Medical Supplies –** Address shortages of laboratory reagents, diagnostic equipment, medicines for noncommunicable diseases, paediatric formulations, mental health kits and essential medical and surgical supplies.
- **WASH in Health Facilities and Communities –** Expand access to safe water, sanitation and hygiene services in health facilities, transitional camps and receiving communities, while strengthening water quality surveillance and vector control activities.
- **Health Information and Digital Systems –** Strengthen technological connectivity and digital

information systems to support operational coordination, surveillance, water quality monitoring and evidence-based recovery planning.

- **Infection Prevention and Control (IPC) –** Complete rehabilitation and equipping of identified isolation areas, designate IPC focal points, and continue strengthening infection prevention capacities across priority health facilities.

PAHO/WHO RESPONSE

- Supported detailed health network analyses across the nine ASICs in La Guaira, prioritizing six service areas to guide recovery interventions and allocation of emergency resources.
- Advanced technical planning for rehabilitation works in priority health facilities, including the design of isolation areas at Hospital IVSS José María Vargas and rehabilitation of long-stay wards and sanitation facilities at Hospital Dermatológico Dr. Martín Vegas.
- Coordinated with IOM, UNICEF and national authorities to ensure complementarity of infrastructure rehabilitation and WASH interventions, while advancing procurement processes for WASH supplies for eight prioritized health facilities.
- Supported the development and operational integration of a digital water quality monitoring system within the MPPS information platform, strengthening real-time surveillance and environmental health monitoring during the recovery phase.
- Continued technical coordination with the MPPS, MinAguas and local authorities to harmonize WASH interventions, prioritize operational actions and strengthen safe water supply in affected communities and transitional camps.
- Conducted technical assessments of priority isolation facilities in La Guaira, identifying infrastructure, equipment and training needs to strengthen infection prevention and control capacities during the recovery phase.
- Supported coordination with intensive care unit leads from hospitals in Caracas and Miranda to assess available critical care capacity and identify priority gaps in equipment and human resources affecting referral and surge capacity.
- Supported the development of information management tools to map and track the capacities and activities of Health Cluster partners in Venezuela.

EPIDEMIOLOGICAL SURVEILLANCE, VACCINATION AND PUBLIC HEALTH

KEY NUMBERS

502	31,384	16,205	18
Immunization workers trained	Vaccine doses administered during the last month	doses administered to frontline response teams	Temporary camps under surveillance

Source: PAHO/WHO; IMST PAHO/WHO field teams

KEY TAKEAWAYS

- Integrated epidemiological surveillance continues to enhance early detection through automated reporting systems, expanded event-based surveillance and strengthened laboratory capacity for priority pathogens.
- Vaccination activities have expanded across affected areas, with more than 31,000 doses administered, strengthened workforce capacity and continued implementation of digital immunization monitoring.
- Environmental surveillance, vector control and risk communication activities continue supporting public health risk reduction while recovery efforts strengthen preparedness for communicable disease outbreaks.

SITUATION ANALYSIS

Strengthening epidemiological surveillance

Integrated epidemiological surveillance continues to support the early detection, investigation, and monitoring of priority public health risks during the recovery phase. Technical cooperation between the Ministry of Popular Power for Health (MPPS) and PAHO/WHO remains focused on strengthening surveillance systems, digital reporting and data analysis capacities across affected areas.

Implementation of the EPI-10 application for epidemiological surveillance

Source: PAHO/WHO Venezuela Country Office

During the reporting period, four priority public health events remained under active investigation, with all reported alerts undergoing timely epidemiological assessment and follow-up. The automated Epi-10 platform, an MPPS tool for standardizing epidemiological data registration, became operational in La Guaira with support from local health teams and PAHO/WHO specialists, enabling nominal registration of medical consultations and automated reporting of mandatory notifiable diseases. Epidemiologists from the nine Community Integrated Health Areas (ASICs) were trained in the use of the platform, while national-level teams-initiated training on the Epidemic Intelligence from Open Sources (EIOS) system to strengthen event detection and monitoring. Technical work also advanced on the automation of national and subnational epidemiological bulletins to improve routine analysis and operational decision-making.

Capacity-building activities were further expanded through a six-session epidemiological analysis and surveillance workshop involving national and regional personnel, as well as surveillance workshops in Miranda covering case definitions, specimen collection and reporting tools. A technical roadmap was also established to automate national, state and ASIC-level epidemiological bulletins. Specific assessments of surveillance systems at health facilities are being initiated to evaluate functionality, data quality and analytical capacity, with important gaps identified in basic data collection and validation processes.

Early warning, alert verification and laboratory surveillance

Laboratory strengthening has become an increasing priority as surveillance shifts towards early recovery and preparedness for potential outbreaks. In response to the risk of zoonotic and infectious diseases following the earthquakes, including Hantavirus Pulmonary Syndrome and leptospirosis, PAHO/WHO continued supporting the National Institute of Hygiene Rafael Rangel (INHRR) to expand molecular diagnostic capacity.

During the reporting period, the INHRR approved implementation of the Laboratory Information Management System (Eval v2), which will strengthen laboratory traceability, planning and data management. Technical cooperation also supported implementation of RT-PCR protocols for Andes virus and Leptospira spp., with specialized training provided to virology and bacteriology personnel, enabling national diagnostic capacity for these priority pathogens

Event-based surveillance

Event-based surveillance continues complementing routine surveillance through the identification, verification and investigation of public health alerts generated by health facilities, Emergency Medical Teams (EMTs) and affected communities. Continued implementation of digital surveillance tools and strengthened coordination between epidemiology teams are improving the timeliness of reporting, verification and public health response.

Environmental surveillance and public health risks

Environmental surveillance activities continue to focus on reducing vector-borne and water-related disease risks in transitional camps and affected communities. Reports of suspected dengue cases, together with widespread Aedes breeding sites in transitional camps in La Guaira, continue to require integrated vector surveillance and control measures.

To reduce the risk of malaria importation into La Guaira, diagnostic tests and treatment supplies were provided to Emergency Medical Teams, while active case finding and contact investigations continued among military personnel arriving from high-transmission areas. Entomological investigations and vector control activities are being implemented in coordination with WASH interventions to strengthen environmental health protection. A monitoring dashboard for vector control is also being developed, alongside the definition of indicators for the environmental health bulletin. Training has begun for personnel responsible for maintaining these tools, strengthening routine monitoring and analysis of vector-related public health risks.

Efforts are also advancing to integrate epidemiological and environmental surveillance through more unified information systems, with the aim of reducing duplication and strengthening the MPPS 's capacity for integrated analysis and risk monitoring.

Vaccination activities

Vaccination activities continue expanding across affected states as part of the public health recovery strategy. Between 28 June and 3 August, a total of 31,384 vaccine doses were administered, including 28,100 doses in La Guaira, while vaccination guidelines for transitional camps were progressively implemented in La Guaira, Distrito Capital and Miranda.

Capacity-building activities also continued, reaching 502 immunization workers across the three priority states. Surveillance of vaccine-preventable diseases remains active, with ten signals investigated through CICOM, seven already discarded, and continued follow-up of remaining investigations. Pilot implementation of the digital nominal vaccination registry also advanced, strengthening immunization monitoring and information management.

Despite these advances, twelve vaccination posts in La Guaira remain non-operational due to earthquake-related structural damage, limiting access to routine immunization services in some affected communities.

To address national vaccine supply constraints, an USD 18 million credit line was approved through the Revolving Fund to secure vaccines for 12 months of national programming and strategic reserves. Five vaccines considered critical were prioritized for urgent procurement due to rapidly declining national stocks. Discussions with Gavi are also continuing to mobilize additional emergency support.

A vaccine donation from Trinidad and Tobago has also progressed to the implementation phase, providing an additional contribution to the response.

Risk communication and community engagement

Risk communication activities progressed during the reporting period following approval by the Ministry of Popular Power for Health (MPPS) of key public health messages. Development of communication materials is advancing to support community outreach on mental health, food safety, vector control, epidemiological surveillance, water, sanitation and hygiene, and environmental health, contributing to informed decision-making among populations living in transitional camps and other affected communities

Other public health events

The MPPS continues monitoring additional public health events through routine national surveillance systems. These events remain under investigation and are managed independently from the earthquake response while contributing to overall national public health preparedness.

PRIORITY NEEDS

- **Integrated surveillance and early warning –** Sustain technical and operational capacities for timely detection, investigation and response to priority public health events, while expanding digital reporting across affected areas.
- **Laboratory strengthening –** Advance implementation of the Laboratory Information Management System (Eval v2), strengthen molecular diagnostic capacity for priority pathogens, and improve laboratory infrastructure, equipment and connectivity.
- **Vaccination Services and Vaccine Supply Security –** Restore vaccination services in damaged facilities, maintain vaccine availability and cold chain capacity, expand outreach activities in transitional camps, consolidate the digital nominal vaccination registry, and support mechanisms to secure sufficient vaccine stocks for national programming and emergency response.
- **Environmental surveillance and vector control –** Strengthen entomological surveillance, vector control, environmental monitoring and integrated WASH interventions to reduce vector- and water-borne disease risks.
- **Risk communication and community engagement –** Expand dissemination of approved health

promotion materials and strengthen community engagement to support prevention measures and health-seeking behaviors.

PAHO/WHO RESPONSE

- Continued technical support for epidemiological surveillance through deployment of the automated Epi-10 platform, training of epidemiology teams in La Guaira and Miranda, initiation of EIOS V2 implementation, strengthening of epidemiological analysis capacity, and development of a roadmap for automated national, state and ASIC-level epidemiological bulletins.
- Strengthened laboratory preparedness through technical cooperation with the INHRR, supporting implementation of the Laboratory Information Management System (Eval v2) and molecular diagnostic capacity for Andes virus and Leptospira spp.
- Supported immunization activities through technical cooperation, training of 502 immunization workers, implementation of digital vaccination registration tools, coordination with UNICEF to strengthen vaccine delivery, cold chain and information systems, and support for mechanisms to secure vaccine supplies, including the USD 18 million Revolving Fund credit line.
- Continued integrated environmental surveillance and vector control activities, including malaria preparedness, entomological investigations and coordination with WASH interventions in affected communities.
- Advanced risk communication activities through development of MPPS-approved communication materials addressing priority public health risks for affected populations.
- Expanded immunization response capacity through the planned deployment of four additional national personnel, with induction in mental health and psychological first aid prior to field activities.

COMPREHENSIVE CARE

KEY NUMBERS*

107	28,223	24,477	87%
Total Camps	Installed Capacity	Occupied Capacity	Occupancy Rate

Source: Venezuela National Authority
* The official figures on transitional camps were last updated on 26 July 2026.

KEY TAKEAWAYS

- Priority health needs across transitional camps in La Guaira, Miranda, and the Capital District remain significant and multisectoral, including rehabilitation care for 102 reported amputees (19 children), continuity of follow-up after discharge, standardization of care practices, real-time NCD monitoring, and expanded access to antenatal care, family planning, and gender-based violence prevention for vulnerable populations.
- PAHO/WHO strengthened mental health services by launching mhGAP training for 56 ASIC focal points across Caracas and Miranda, sustaining service mapping with MHPSS Technical Working Group (GTT SMAPS), and designating camp-based focal points to address common mental health conditions.
- PAHO/WHO also advanced sexual and reproductive health and maternal and child health through a perinatal care registration system linked to the national health information system,

a capacity-building workshop for 38 coordinators in Sucre, Miranda, and detailed needs characterization and mapping in La Guaira, while supporting NCD and rehabilitation response planning.

SITUATION ANALYSIS

Mental Health and Psychosocial Support

Efforts to organize the mental health response continue. With technical support from PAHO/WHO, the MPPS National Directorate of Mental Health completed dissemination of the national mental health protocol to key stakeholders – including the Ministry of Higher Education, the Health and Protection Cluster, the MHPSS Technical Working Group (GTT SMAPS), and NGOs – walking participants through its key components, general guidelines, and a communication flowchart for reporting activities and flagging emerging needs. Building on this, the Directorate designated ASIC mental health focal points for mhGAP training, ensuring that every transitional camp has a trained provider to address the most common mental health conditions following the earthquake.

Sexual and Reproductive Health and Maternal, Newborn and Child Health

Transitional camps in La Guaira, Miranda, and the Capital District have reported pregnant women requiring antenatal care and women of reproductive age needing access to family planning services, alongside needs related to the prevention of and response to violence, particularly gender-based violence. In response, PAHO/WHO, in coordination with other UN agencies, funds and programmes, OCHA, state health authorities, and the state Government Board, has planned a series of workshops for health coordinators and focal points in Miranda's transitional camps. This planning is organized by intervention axes aimed at strengthening response capacities in sexual and reproductive health, protection, and violence prevention, with emphasis on the most vulnerable populations.

Noncommunicable diseases

Noncommunicable diseases (NCDs), though among the leading causes of consultation, are not yet captured by a mechanism allowing real-time quantification; efforts are currently underway to develop a system that strengthens the timely monitoring and registration of these conditions. Meanwhile, continuity of oncology care has been ensured for patients requiring chemotherapy through three designated health centers, which together provide 14 treatment chairs.

Rehabilitation

A total of 102 amputees has been reported, 19 of them children, according to the Coordinator of the University of Health Sciences. During field visits to the main health facilities, health professionals observed premature hospital discharges that hinder adequate patient follow-up and monitoring. Of concern, some care practices not covered by established treatment protocols were also identified, such as stump bandaging, among other interventions requiring review and standardization to ensure quality and safety of care.

PRIORITY NEEDS

- **Mental health response and camp-based service continuity** – Continue training mental health focal points in La Guaira, Caracas, and Aragua, while reinforcing the integration of mental health services in camps through technical support and supervision of trained focal points, strengthened registration and reporting systems that channel information to the MPPS 's National Directorate of Mental Health, and updated mapping of mental health services.
- **Sexual and reproductive health and camp-based response coordination** – Reorganize UN agency, fund and programme support for sexual and reproductive health (SRH) in La Guaira, map and characterize needs in Capital District camps, and conduct three workshops for camp coordinators in the Valles del Tuy, Barlovento, and Guarenas-Guatire axes.
- **Noncommunicable disease care** – Medical supplies and medicines to ensure adequate and timely care for noncommunicable diseases (NCDs).

- **Rehabilitation services** – Strengthen the capacities of rehabilitation professionals, particularly in emergency rehabilitation, and provide rehabilitation centers and wards in La Guaira, Distrito Capital, Miranda, and Aragua with updated materials and equipment.

PAHO/WHO RESPONSE

- Launched a cycle of mhGAP training workshops for ASIC mental health focal points, led by PAHO/WHO consultants, training 56 health personnel (24 from Caracas and 32 from Miranda) to identify common mental health conditions in critical situations, take on their role as camp-based focal points, and strengthen communication skills for mental health care.
- Sustained mapping of mental health services with the MHPSS Technical Working Group (GTT SMAPS) and provided technical support to the National Directorate of Mental Health to define short-, medium-, and long-term response actions.
- Coordinated with the National Maternal Route advisor to develop a registration system for antenatal care in transitional camps, brigades, and health facilities, based on the Perinatal Information System (SIP) and interoperable with the Unified Health Information System (SUIS); as part of this effort, ASIC teams serving pregnant women in La Guaira will be trained to strengthen SIP implementation.
- Conducted a capacity-building workshop in Sucre, Miranda state, on health, nutrition, water, sanitation and hygiene (WASH), and epidemiological surveillance, jointly organized by the Health, Nutrition, and WASH clusters with state health authorities, strengthening the capacities of 38 transitional camp coordinators and health and nutrition focal points in sexual and reproductive health (SRH), maternal, newborn and child health, breastfeeding, noncommunicable diseases, WASH, and nutrition.
- Supported the characterization of sexual and reproductive health (SRH) and maternal and child health (MCH) needs in La Guaira, in coordination with local health authorities, and produced a detailed mapping of SRH/MCH interventions led by UN agencies, funds and programmes, and national and international Health Cluster organizations, identifying existing capacities, avoiding duplication, and strengthening the complementarity and coverage of the response.
- Provided technical cooperation to develop the Noncommunicable Diseases (NCD) Response Plan, aimed at strengthening the prevention, early detection, treatment, and comprehensive follow-up of these conditions. This effort also advanced the standardization of care pathways for NCD patients, defining referral and counter-referral routes to optimize continuity of care and ensure timely, quality services across all levels of the health system.
- Held regular coordination meetings with the Director General of Health Programs to monitor progress in the health response, identify priority needs, and provide the technical cooperation required to strengthen interventions and decision-making.
- Visited the rehabilitation areas of Pérez Carreño, Domingo Luciani, José M. Vargas and JJ Arvelo hospitals to assess their status and needs, guiding planned trainings on amputee patient management and basic wound care as well as the updating of rehabilitation ward equipment, and organized a roundtable with relevant actors to align proposals for strengthening rehabilitation services. Visited Integral Rehabilitation Centers (SRI) and transitional camps to assess the integration of rehabilitation services and how persons with disabilities receive appropriate, coordinated care.

COORDINATION

KEY NUMBERS

9	13	12
EMTs deployed and operational	EMTs demobilized/ demobilizing	PAHO Regional Response Team/ GOARN experts Deployed and Operational

Source: Health Cluster; PAHO EMT Operational Status Report

KEY TAKEAWAYS

- As the response transitions into Early Recovery amid a still-volatile context of aftershocks, demolitions, and an overstretched health system, structured support and stronger coordination are urgently needed to close critical gaps, avoid duplicated efforts, standardize essential services and care pathways, and ensure continuity of care while building toward sustainable national health authority autonomy over the medium term.
- PAHO/WHO continues strengthening a coordinated health service delivery and strategic planning, from consolidating care schedules across ASICs and setting four priority intervention areas with the Single Health Authority to deploying a partner-mapping tool and convening 15 prospective partners around a shared Health Cluster strategy.

SITUATION ANALYSIS

Health Cluster

The scale of the crisis calls for structured support in the transition to the Early Recovery phase, through a reorganized strategy that activates Health Cluster partners —including the private sector and academia— under a response plan built around the priorities defined during the emergency.

The operating context, however, continues to shift. Infrastructure demolitions, ongoing aftershocks, and a health system stretched to or beyond capacity, compounded by direct impacts on health personnel themselves, are steadily driving up needs across all population groups. At the same time, coordination gaps are leaving some communities with overlapping interventions while critical needs go unmet in others, and many of the resources now being deployed still reflect early-phase proposals that have since been overtaken by events. Addressing this calls for an integrated analysis to pinpoint the main drivers of avoidable morbidity, mortality, and disability, tackled through coordinated action between cooperation actors and the State.

Table 1: Health Cluster key priorities

1	Standardize essential service packages and define unified care pathways.
2	Integrate mobile services with affected fixed facilities to ensure continuity of care and prevent system collapse, using unified clinical follow-up mechanisms.
3	Deploy a monitoring system in the states receiving displaced populations.
4	Agree on a sustainable exit/transition strategy that strengthens State autonomy over the medium term.

PAHO Regional Response Team/GOARN

PAHO/WHO has deployed 15 specialists through the PAHO Regional Response Team/GOARN roster, 12 of whom remain operational in the country, supporting health emergency response, Health Cluster

coordination, logistics, information management, risk communication and community engagement, WASH, immunization, Emergency Medical Team coordination, and rehabilitation. Additional experts are in the pipeline for entomology, laboratory infection prevention and control, and WASH.

PAHO's Regional Response Team supporting the health response in Venezuela. Source: PAHO/WHO

EMTs

The Virtual CICOM (Coordination Cell) continues operating in La Guaira under the leadership of the MPPS, with technical support from PAHO, to process international EMT offers and coordinate their acceptance and deployment. As of 12 August 2026, nine EMTs remain operational across La Guaira, Caracas and Miranda, while thirteen teams have demobilized after completing their missions. See Annex 1 for further details.

- The Specialized Care Team – Emergency Remote Clinical Support (SCT-ERCS) from the University of Miami/Panamerican Trauma Society continues providing remote provider-to-provider clinical support to deployed EMTs and clinics serving IOM transitional camps. Coordination is also underway to extend remote clinical support to the mobile tuberculosis screening teams.
- EMTs continue providing clinical support to the UNDP-supported malaria and tuberculosis programs in Venezuela, including screening, treatment and continuity of care.
- An inpatient care module has been deployed in Maiquetía, La Guaira, to reinforce hospitalization capacity. The module will be operated by the MPPS.
- The dedicated Humanity & Inclusion Clinical Rehabilitation SCT remains operational in Caracas, maintaining specialized rehabilitation capacity as part of the earthquake response.
- EMT reporting through the Minimum Data Set (MDS) continues supporting epidemiological surveillance, contributing to the early detection of changes in disease patterns, identification of potential public health signals and monitoring of health risks in affected communities.

Table 2: 9 Deployed and Operational Emergency Medical Teams by type and location as of 12 August 2026

Type	#	Team (Country) – Deployment Site
Type 1 Fixed EMT	3	**VEN + ESP Red Cross** (Spain / Venezuela) – Estadio Jorge García, La Guaira **BHSR EMT** (Colombia) – Colegio Gran Colombia, Caracas, Distrito Capital **International Medical Corps** (USA) – Terminal de Pasajeros, Catia La Mar, La Guaira

Type	#	Team (Country) – Deployment Site
Type 1 Mobile EMT	2	**VEN + ESP Red Cross** (Spain / Venezuela) – Estadio Jorge García, La Guaira **International Medical Corps** (USA) – Terminal de Pasajeros, Catia La Mar, La Guaira
Type 2 EMT	1	**Barbados Defence Force** (Barbados) – Escuela Industrial Nacional Rubén González, Guarenas, Miranda
Type 3 EMT	1	**Samaritan's Purse** (USA) – Baseball Camp Plaza Bolívar, La Guaira
SCT-ERCS (Virtual)	1	**University of Miami – Panamerican Trauma Society** (USA) – Virtual from the University of Miami
Clinical Rehabilitation SCT	1	**Humanity & Inclusion** (France / Colombia) – Centro Nacional de Rehabilitación (Hospital General), Caracas, Distrito Capital

EMT = Emergency Medical Team; SCT-ERCS = Specialized Care Team – Emergency Remote Clinical Support.

PRIORITY NEEDS

- **Coordinated response frameworks with national authorities** – Convene the Response Prioritization Workshop jointly with the MPPS and formally activate the Technical Rehabilitation Working Group to standardize interventions and coordinate service delivery across the territory.
- **Tailored strategies for mental health and maternal-perinatal care** – Disseminate a mental health and psychosocial support strategy adapted to the emergency, and launch a health communication campaign in Miranda state to reduce risk factors and lower maternal and perinatal mortality.
- **Unified protocol for chronic disease management** – Establish a single, comprehensive approach that operationally links international cooperation with the public health system.

PAHO/WHO RESPONSE

- Facilitated a participatory workshop in La Guaira to organize and coordinate health service delivery, resulting in a consolidated care schedule for each Community Comprehensive Health Area (ASIC).
- Partnered with the Single Health Authority and its technical leads in Miranda state to set four priority areas for intervention: maternal health, perinatal health, chronic disease management, and comprehensive care for older adults.
- Built and rolled out a mapping tool that geo-references partner activities, giving the Cluster a shared view of where earthquake health-response interventions are taking place.
- Began planning a working session with the MPPS to prioritize needs and align on a joint strategy with international cooperation partners, and convened 15 prospective partners, including the British Embassy, the private sector, and academia, to present the Health Cluster's strategy and gauge their interest in joining.
- Maintained technical leadership in the health component of the recovery and reconstruction process, reporting on progress of the Post-Disaster Needs Assessment (PDNA) and identifying mental health and camp management as critical coordination areas given the involvement of multiple institutional actors and the need to clearly define mandates and responsibilities.
- Developed a sexual exploitation and abuse risk-measurement tool for the health sector, shared with the PSEA Network and the Health Cluster for implementation, provided technical support to newly incorporated Health Cluster organizations to strengthen their internal policies, and trained 39 staff from the organization Somos Humana on the application of PSEA policies as a first step toward mainstreaming the response to sexual misconduct.

COUNTERMEASURES / LOGISTICS

KEY NUMBERS

32 MT	12	32	34
Metric tons of PAHO supplies arrived at Venezuela *Annex 2 for details*	**Donor offers accepted to date**	**Actors benefited from the distribution to date**	**Actors for the distribution goal for August & September**

Source: PAHO field teams

KEY TAKEAWAYS

- The latest PAHO/WHO delivery provided targeted emergency medical supplies – including specialized kits, medicines, and high-complexity surgical instruments – to the maternal and child Hospital Leopoldo Aguerrevere in Petare, Sucre Municipality.
- Priority needs focus on sustaining needs-based supply delivery to health facilities and shelters, safeguarding critical services against electricity restrictions, and streamlining supply flows in the main IVSS and MPPS hospitals.

PRIORITY NEEDS

- **Targeted delivery to health facilities and shelters** – Transition from the prioritized distribution of emergency supplies toward continuous, needs-based provision, ensuring the timely supply of medicines, medical kits, WASH items and other essential supplies in line with shifting demand and the gaps identified by field teams.
- **Electrical supply resilience for critical services** – Prioritize preventive maintenance of power generation plants and fuel provision to prevent potential impacts on critical facilities (hospitals, health centers, vaccine and medicine warehouses) in the face of new national electricity restriction alerts.
- **Organization of supply flows in hospitals** – Organize and streamline the flow and management of supplies within the main hospitals of the Venezuelan Institute of Social Security (IVSS) and MPPS to ensure orderly distribution and efficient use.

PAHO/WHO RESPONSE

- PAHO/WHO continues to support the response with critically needed medical supplies and medicines, having shipped 32 metric tons (MT) to Venezuela to date. These supplies have been and are being distributed locally based on each health facility's service profile, the medical needs of shelters, and specific requirements to strengthen response capacities, ensuring maximum impact (see Annex 2).
- The latest distribution delivered targeted emergency medical supplies to the maternal and child Hospital Leopoldo Aguerrevere (Petare, Sucre Municipality), including:
    - Specialized emergency kits (TESK standard);
    - Modules of medicines, disinfectants, and renewable support supplies (including materials for plaster casting and traumatology);
    - Reusable high-complexity surgical instruments for general surgery, laparotomy, cesarean sections, debridement, complementary vascular surgery, reproductive health, and obstetric emergency management (including specific kits for tears and embryotomy).

- Carried out a preliminary phase in the assessment of a warehouse in La Guaira as a potential logistics hub for medicines and supplies.
- PAHO/WHO continues providing technical and logistical support to facilitate in-kind donations from international partners and neighboring countries, having accepted 12 to date.
    - The latest donation, from Direct Relief, includes essential medicines for acute and chronic conditions such as diabetes, hypertension, respiratory diseases, and mental health, along with key public health supplies like water purification products, oral rehydration salts, electrolyte supplements, family hygiene kits, and emergency medical backpacks. It also provides personal protective equipment, including N95 respirators, coveralls, goggles, and safety helmets, to safely support health and response personnel.

Warehouse in El Consejo, where PAHO/WHO continues to provide logistics support and critical medical supplies and equipment for the health response.
Source: PAHO/WHO

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Annex 1

Operational Status and location of EMTs as of 12 August 2026

Status	Team (Country)	Capability	Deployment Site	End of Mission
DEPLOY Deployed and operational (9)	**Samaritan's Purse** (USA)	Type 3 EMT	Baseball Camp Plaza Bolívar, La Guaira	1 Oct 2026
	University of Miami – Panamerican Trauma Society (USA)	SCT-ERCS (Virtual)	Virtual from the University of Miami	—
	VEN + ESP Red Cross (Spain / Venezuela)	Type 1 Fixed EMT	Estadio Jorge García, La Guaira	25 Oct 2026
	VEN + ESP Red Cross (Spain / Venezuela)	Type 1 Mobile EMT	Estadio Jorge García, La Guaira	25 Oct 2026
	BHSR EMT (Colombia)	Type 1 Fixed EMT	Colegio Gran Colombia, Caracas, Distrito Capital	5 Sep 2026
	Barbados Defence Force (Barbados)	Type 2 EMT	Escuela Industrial Nacional Rubén González, Guarenas, Miranda	—
	International Medical Corps (USA)	Type 1 Mobile EMT	Terminal de Pasajeros, Catia La Mar, La Guaira	1 Oct 2026
	International Medical Corps (USA)	Type 1 Fixed EMT	Terminal de Pasajeros, Catia La Mar, La Guaira	1 Oct 2026
	Humanity & Inclusion (France / Colombia)	Clinical Rehabilitation SCT	Centro Nacional de Rehabilitación (Hospital General), Caracas, Distrito Capital	—
DEMOB Mission completed (13)	**Army 60 PARA Mobile Hospital** (India)	Type 2 EMT	Hipódromo La Rinconada, Caracas	5 Jul 2026
	Johanniter EMT (Germany)	Type 1 Fixed EMT	Caraballeda, La Guaira	10 Jul 2026
	Lithuanian EMT (Lithuania)	Type 1 Mobile EMT	Ciudad Vacacional Los Caracas, La Guaira	12 Jul 2026
	MINSAL (Dominican Republic)	Type 1 Fixed EMT	Estadio César Nieves, Catia La Mar, La Guaira	17 Jul 2026
	AECID (Spain)	Type 1 Fixed EMT	Parque del Este, Caracas	21 Jul 2026
	Brazilian Navy (Brazil)	Type 2 EMT	Camurí Chico, Macuto, La Guaira	17 Jul 2026
	Team Rubicon (USA)	Type 1 Mobile EMT	Playa Grande, Catia La Mar	22 Jul 2026
	Peace Winds (Japan)	Type 1 Mobile EMT	Parque El Indio, Macuto, La Guaira	28 Jul 2026
	TMAT (Japan)	Type 1 Mobile EMT	Hospital Dr. Domingo Luciani, Miranda	27 Jul 2026
	JDR–JICA (Japan)	Type 1 Fixed EMT	Campo Fútbol-sala, Caraballeda, La Guaira	29 Jul 2026
	CMAT (Canada)	Type 1 Mobile EMT	Casco Central, Caraballeda, La Guaira	27 Jul 2026
	UK MED (United Kingdom)	Type 1 Fixed EMT	Karting La Guaira, Caraballeda, La Guaira	9 Aug 2026
	SDC – Swiss Agency for Development and Cooperation (Switzerland)	RMNCH SCT	Hospital Rafael Medina Jiménez, Maiquetía, La Guaira	31 Jul 2026

Note: For DEPLOY teams, "Deployment Site" is the current site and "End of Mission" is the planned end date. For DEMOB teams, it is the previous deployment site and the actual end-of-mission date. "—" indicates not specified.

Annex 2

Consolidated Summary of PAHO/WHO Supplies Delivered for the Venezuela Emergency Response as of 11 August, 2026

No.	Origin	Delivery Date	Items Included	Beneficiary Population	Receiving Entity	PAHO Action
1	**PAHO Local Warehouse / Pre-positioned Supplies**	26 June 2026 (Completed)	**2.18 metric tons of medical supplies and medicines** - Trauma Kit module - Supplementary Inter-Agency Health Kit module - PPE, IV catheters, syringes, etc	Patients and individuals affected by the earthquakes in the coastal region.	La Guaira Regional Health Directorate.	Immediate physical delivery; technical support for reception and field distribution.
2	**PAHO Strategic Reserve in Panama**	1 July 2026 (Arrival and Classification)	**4 metric tons of emergency supplies,** administered - TESK components - NCDK primary care backpacks, WASH supplies	Metropolitan hospital network, shelters, and community health corridors.	Ministry of Popular Power for Health / CONSALUD and SEFAR central warehouses.	Reception of the international airlift, customs clearance, and joint modular inventory.
3	**Local Distribution Phase — from the previous PAHO Strategic Reserve shipment in Panama**	9 July 2026 (Delivered to Destination)	**Hospital Block:** gynecological instruments, craniotomy sets, burn dressings, orthopedic/traction materials, and sutures. **Community Block**: chronic disease medications, renewable modules, and health equipment and local reserve deployment of IEHK 2024	Trauma patient network, pregnant women in a crisis setting, and users of the primary care network in La Guaira and Caracas.	Hospitals: Pérez Carreño, Domingo Luciani, Baquero González, and MCP. Community: 5 ASIC in La Guaira (ASIC 508–512) and Naiguatá Outpatient Clinic.	Coordination, last-mile ground transport, and formal delivery under official hospital receipt records.
4	**PAHO Charter Flight — From Dubai**	13 July 2026 (Field deployment started 15 July)	**Essential medicines and supplies**, including 20 complete Inter-Agency Emergency Health Kits (IEHK 2024), 10 Trauma Kits	Displaced populations in temporary camps, major trauma patients (ensuring 800-1,000 surgeries), and pregnant women requiring obstetric/ reproductive care.	Planned distribution *Community Network:* 4 Large Temporary Camps, 32 Medium Camps, La Guaira Hospitals, and 4 CDIs. *Surgical/Trauma Network*: Major	Procurement of supplies, operational field deployment, modular division, and targeted allocation across surgical, community, and obstetric networks.

No.	Origin	Delivery Date	Items Included	Beneficiary Population	Receiving Entity	PAHO Action
					Caracas hospitals 4 local hospitals *Obstetric Network*: 4 maternity hospitals	
5	**UNHRD Humanitarian Airbridge (From Panama) — Supplies donated by Direct Relief; transport funded by EU**	16 July 2026	**Family Hygiene Emergency Kits**, Medicines, general medical supplies, and equipment for **infections and trauma,** and General Emergency Preparedness Kit	Populations affected by the earthquake, displaced persons in temporary camps, shelters, or highly vulnerable conditions.	Pending distribution / Shelters and temporary camps.	Reception of humanitarian airbridge shipment and coordination of donated supplies.