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

Situation Report #10

3 September 2026

Pan American Health Organization

World Health Organization Americas Region

HIGHLIGHTS

- Just over two months after the two earthquakes that struck Venezuela on 24 June 2026, the response has transitioned into early recovery while sustaining essential emergency operations. Current efforts are focused on **ensuring continuity of care across mental health, maternal, perinatal and NCD services and rehabilitation, restoring affected facilities, supporting transitional camps, and strengthening Health Cluster coordination** as emergency teams and larger international partners withdraw, while ensuring a continuous, needs-based supply of medicines and essential equipment.
- **Health system recovery is advancing**, with assessments informing the prioritization of rehabilitation and recovery interventions across affected health areas, while persistent infrastructure, WASH and IPC gaps continue to challenge the safe continuity of essential health services.
- **Public health surveillance and prevention remain active**, with strengthened epidemiological alert investigation, laboratory confirmation and vaccination activities supporting early detection and response, while environmental risks in transitional camps continue to require sustained vector-control and public health action.
- Demand for continuity of care remains concentrated in Caracas, La Guaira, Miranda and Aragua, with **mounting needs for prenatal care and family planning, GBV prevention, and physical rehabilitation and assistive devices**, while camp-based services and integrated clinical pathways remain to be established.
- **PAHO/WHO continues to support the response with critically needed medical supplies and medicines**, having shipped 41.3 metric tons to Venezuela to date, benefiting 40 actors and reaching 70,697 people with treatment through PAHO and partner donations, while reinforcing the second level of care in La Guaira, equipping transitional camps and supporting personnel deployed in strategic areas.

Visit to the Punta Gorda Desalination Plant, which distributes water free of charge to camps, hospitals, and other sites. Support was provided for plant maintenance to keep it running, and hygiene kits were handed out to support staff. Source: PAHO/WHO

KEY NUMBERS

6,301
Deaths [1]

73,356 Patients treated in hospitals [2]

211 Health facilities assessed across 11 ASICs [3]

75 Health facilities reported inoperative [4]
52 are inoperative from before the earthquake

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

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

41.3 tons
PAHO emergency supplies delivered [7]

Sources
1 &2: Official Report of the Bolivarian Republic of Venezuela 24 August 2026
3-7: PAHO Regional/Country update as of September 03

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

11	211	136	23	52
Health areas (ASICs) assessed La Guaira: 9/9 Miranda (Valle del Tuy): 2/16	**Health facilities assessed** La Guaira: 168 Miranda: 43	**Operative health facilities (64%)** La Guaira: 111 (66%) Miranda: 25 (58%)*	**Inoperative – due to 2026 earthquake (11%)** La Guaira: 23 Miranda: 0*	**Inoperative – unrelated to earthquake (24%)** La Guaira: 34 Miranda: 18

Source: Official national reports and PAHO/WHO assessments
*Assessments in Miranda are ongoing

KEY TAKEAWAYS

- Health network recovery is progressing, with 136 of 211 assessed facilities operational, while 23 remain inoperative due to earthquake-related damage and 52 due to pre-existing conditions.
- Critical infrastructure and IPC gaps persist, particularly unstable electricity, medication refrigeration, water and waste management, and limited infection-control capacity.
- Rehabilitation is increasingly integrated with WASH and IPC, with interventions advancing in priority facilities and primary care services to support safe and sustainable continuity of care.

SITUATION ANALYSIS

Continuity of essential health services

Health facility assessments continue to support recovery planning and prioritization of interventions across the affected health network. A total of 11 ASICs and 211 health facilities have been assessed, of which 136 (64%) are operational. Twenty-three facilities (11%) are inoperative due to earthquake-related damage, while 52 (25%) were already inoperative before the earthquake. In La Guaira, the nine assessed ASICs cover an estimated population of 457,656 inhabitants, providing an important reference for prioritizing health service recovery across the affected network.

The assessments identify persistent vulnerabilities affecting continuity of services, particularly unstable electricity supply, limited emergency power capacity and gaps in medication refrigeration. Approximately 82% of assessed ASICs report unstable electricity supply, while 36% do not have an emergency generator and 46% report non-operational medication refrigeration.

Hospital Functionality and Health Infrasctructure

Hospital and health facility functionality remains affected by a combination of earthquake-related damage and pre-existing operational constraints. While most assessed facilities report good or regular structural conditions, continued technical assessment and targeted rehabilitation are required to restore and sustain essential services.

PAHO/WHO continues supporting rehabilitation planning for priority facilities through CERF, CFE and US funding. Under CERF, technical specifications and intervention scopes are being finalized for eight health facilities, including the planned distribution of WASH supplies in coordination with IPC. In La Guaira, rehabilitation of part of the third floor of the La Sanidad Outpatient Clinic is advancing, providing operational space for approximately 60 health workers and supporting essential health and surveillance

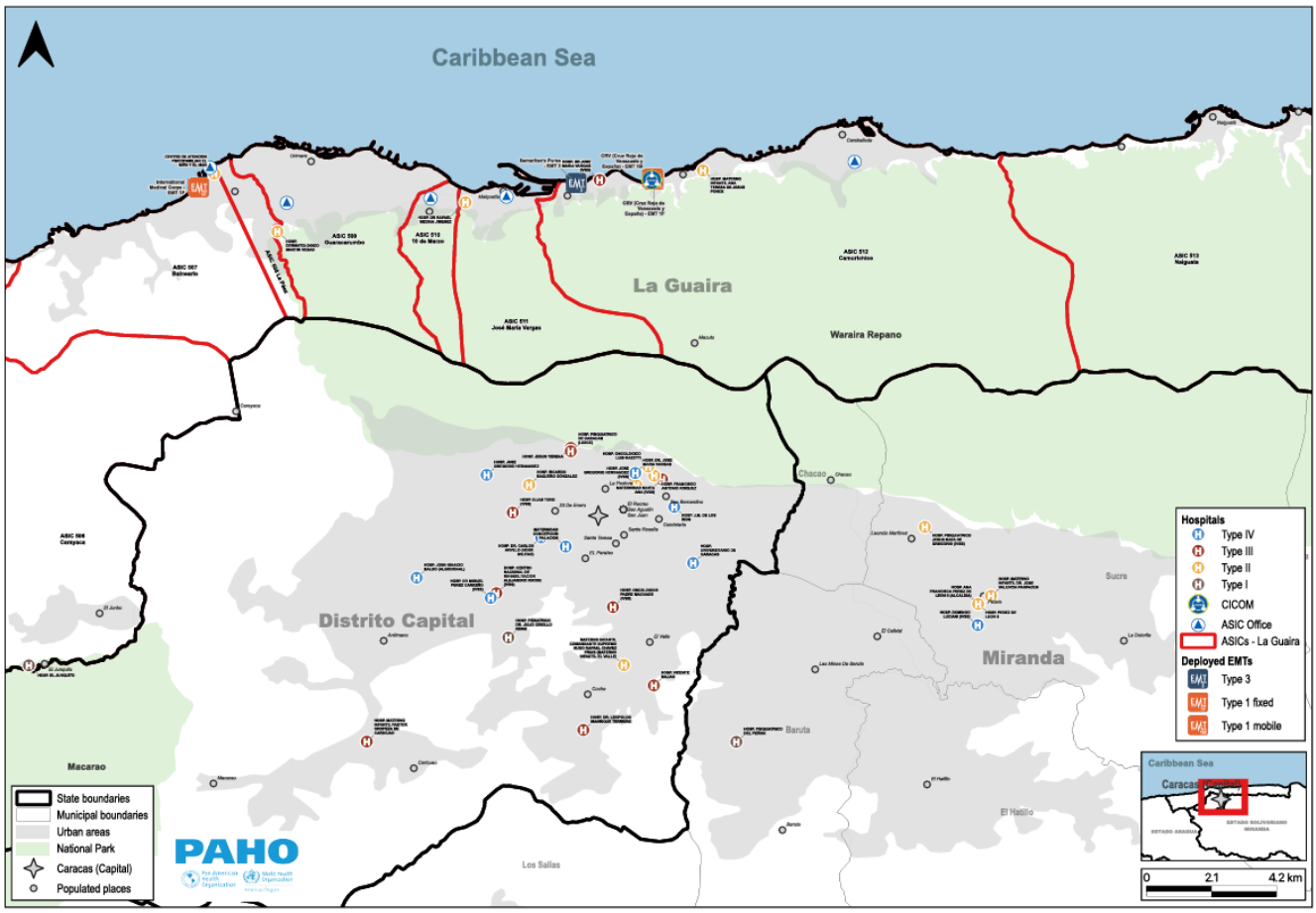
functions. In addition, four primary health care facilities—three outpatient clinics and one Comprehensive Diagnostic Centre—have been prioritized for infrastructure improvements, with technical mapping and scope definition underway. WASH and IPC measures will be incorporated where relevant to support safe and functional health services.

Rehabilitation works underway in "La Sanidad" Ambulatory Clinic, La Guaira.

Health service delivery

Health service delivery continues to prioritize continuity of essential care while adapting to population movements and sustained pressure on health services in affected and receiving communities. Infrastructure rehabilitation is being linked with WASH and infection prevention and control interventions to support safe service delivery.

Figure 1. Distribution of Health Facilities and Deployed Emergency Medical Teams (EMTs) as of 22 August, 2026



Source: Technical assessment report from PAHO and MPPS

Emergency Medical Teams (EMTs)

EMTs continue to complement national capacities and support the continuity of essential health services during the transition toward recovery. As of the reporting period, 510 Minimum Data Set (MDS) reports documented 50,409 consultations, including 427 major and 377 minor surgical procedures. Frequently reported conditions included minor injuries, upper respiratory tract infections, acute mental health conditions, skin diseases and acute watery diarrhoea. The EMT response is progressively shifting from surge clinical support toward greater integration with existing health service networks and recovery planning.

Mental Health and Psychosocial Support (MHPSS)

MHPSS needs remain significant across transitional camps in Caracas, La Guaira, Miranda and Aragua, with continued needs for minimum supplies and technical support for camp-based mental health focal points. Capacity strengthening is also needed for teachers in affected states through the “Health Goes to School” initiative, in coordination with the MPPS Mental Health Directorate, Ministry of Education and the MPPS child and adolescent programme.

PAHO/WHO is supporting coordination with the MPPS, Ministry of Education, UNICEF and other partners to strengthen the mental health component of the “Health Goes to School” initiative. A preliminary national mental health prevalence assessment was developed, and PAHO/WHO contributed to the review of a guidance document for MHPSS support during dignified and safe clearance processes. Next steps include supporting the provision of minimum supplies to mental health focal points in priority camps, strengthening technical support for teams trained in mhGAP, and continuing technical cooperation with the MPPS Mental Health Directorate.

Infection Prevention and Control (IPC)

A preliminary assessment of the eight core IPC components was conducted to identify priority gaps and inform a national action pathway. Among 26 health facilities assessed in August, only three had active infection prevention and control committees. Fourteen facilities had functioning operating theatres, while access to potable water was reported in 14 facilities and adequate waste management in only seven.

Laboratory capacity remains a key gap. A specific review of microbiology capacity in seven health facilities found that none had an operational microbiology laboratory, although the national reference laboratory retains specialized technical capacity and equipment for microbiological surveillance. PAHO/WHO is supporting coordination with the Ministry of Health to define a national action pathway for IPC implementation. Next steps include applying the WHO IPC assessment tool (MEPCI) in three selected facilities and assessing IPC measures in temporary camps.

Health Cluster Response and Service Coverage

As of 1 September 2026, 18 Health Cluster partners across 3 states (Distrito Capital, La Guaira, Miranda) provided 72,648 consultations, managed 683 cases, and supported 107 institutions through 280 activity reports. The response reached 74,015 people—50.7% women, 32.4% men, 8.9% girls, and 8.0% boys (including 453 persons with disabilities)—with the highest coverage in vaccination (24,118), non-communicable diseases (21,782), and communicable diseases/HIV/STIs (9,860).

PRIORITY NEEDS

- **Service Network Recovery** – Continue restoring functionality across prioritized ASICs and health facilities through targeted rehabilitation, strengthening referral pathways and improving coordination

between health facilities, transitional camps and host communities.

- **Infrastructure and basic services** – Address persistent gaps in electricity, emergency power, medication refrigeration, water supply and other essential infrastructure affecting continuity and safe delivery of health services.
- **WASH and healthcare waste management** – Strengthen water quality monitoring, sanitation and hygiene services and healthcare waste management in health facilities and transitional camps.
- **Infection Prevention and Control** – Strengthen IPC governance and committees, update national guidance and surveillance indicators, assess priority facilities using WHO IPC tools, and improve access to water, waste management and other essential IPC infrastructure.
- **Diagnostic and medical supply capacity** – Strengthen access to essential laboratory reagents and diagnostic equipment, including X-ray and ultrasound capacity, and address gaps in essential medicines and medical supplies to sustain service delivery.

PAHO/WHO RESPONSE

- Supported assessments of 11 ASICs and 211 health facilities to characterize operational capacity and prioritize recovery interventions.
- Continued technical planning for rehabilitation of priority health facilities under CERF, CFE and US funding, including rehabilitation of Ambulatorio La Sanidad in La Guaira and planning for four primary health care facilities.
- Established a distribution plan for WASH supplies to eight prioritized health facilities and continued coordination between rehabilitation, WASH and IPC interventions.
- Strengthened WASH information management within the DGSA/MPPS, including field reporting, technical analysis of sanitary engineering bulletins and pilot implementation of a tool for monitoring water and sanitation risks in transitional camps.
- Supported the preliminary assessment of the eight core IPC components and initiated coordination with the MPPS and the National Institute of Hygiene to define a pathway for strengthening infection prevention and control at national level.
- Continued support to the EMT response and MDS reporting, contributing to monitoring of service delivery and integration of emergency capacities into the evolving health service recovery strategy.

EPIDEMIOLOGICAL SURVEILLANCE, VACCINATION AND PUBLIC HEALTH

KEY NUMBERS

37,511	374	2,422	584
Vaccine doses administered	Epidemiological alerts investigated	Visits to communities and transitional camps	Samples collected for outbreak investigations (16,6% tested positive)

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

KEY TAKEAWAYS

- Epidemiological surveillance remains active, with 374 alerts investigated and 2,422 visits to affected communities and transitional camps.
- Immunization is shifting toward catch-up and schedule completion, with 37,511 doses administered and 502 EPI workers trained, although coverage remains low in Distrito Capital and Miranda.
- Environmental risks persist, particularly Aedes spp. breeding sites and solid waste management challenges in La Guaira, requiring continued vector-control and public health action.

SITUATION ANALYSIS

Strengthening epidemiological surveillance

Integrated epidemiological surveillance continues to support the early detection, investigation and response to priority public health risks during the recovery phase. Forty-seven days after the earthquakes, 374 epidemiological alerts have been investigated through 2,422 visits to communities and transitional camps, in coordination with epidemiology authorities in La Guaira. These activities continue to strengthen timely notification, outbreak investigation and rapid response capacities in the affected areas. Technical support also continued for the investigation and monitoring of 18 priority public health events under active surveillance during the reporting period. The health situation room in La Guaira was activated to strengthen coordination, analysis and rapid response to outbreaks.

Early warning, alert verification and laboratory surveillance

Laboratory surveillance continues to support the investigation and verification of suspected outbreaks. As part of epidemiological investigations, 584 samples have been collected, of which 91 (16.6%) were positive. Approximately 80% of positive samples corresponded to influenza viruses, highlighting the continued importance of laboratory confirmation to guide surveillance and response measures.

Event-based surveillance

Event-based surveillance continues to complement routine epidemiological surveillance through the identification, verification and investigation of alerts generated in affected communities and transitional camps. PAHO/WHO, in coordination with the MPPS and local epidemiology authorities, continued strengthening capacities for early notification, timely investigation and rapid response to events subject to mandatory surveillance.

During the reporting period, and in coordination with **GOARN and the Robert Koch Institute of Germany**, the updating of epidemiology personnel on **epidemic intelligence** was initiated, with a focus on strengthening early warning and rapid response capacities. Local surveillance capacities were further strengthened through training for 119 epidemiologists and health professionals from ASICs in La Guaira, Distrito Capital and Miranda, covering case definitions, sample collection and preservation, and use of the Epi-10 digital platform. An additional 61 professionals were trained in epidemic intelligence and data analysis tools, including EIOS V2 and R, supporting event-based surveillance and standardized analysis.

Environmental surveillance and public health risks

Environmental health risks remain a concern in transitional camps in La Guaira. Widespread breeding sites for ***Aedes spp.*** continue to be observed, predominantly associated with water storage containers without hermetic covers, increasing the risk of arbovirus transmission among an estimated **10,800 people** living in the affected camps. PAHO/WHO also strengthened coordination between epidemiological and environmental surveillance, including technical support for entomological surveillance, vector control and

malaria elimination activities in La Guaira.

Community waste disposal sites also persist near transitional camps and health facilities. Waste collection capacity in Vargas Municipality was affected by the earthquakes, with the state government complementing municipal collection activities.

Development of an Environmental Health Information Management System

Source: Venezuela PAHO Country Office

Vaccination activities

Vaccination activities continue expanding across affected states as part of the public health recovery strategy. A total of 37,511 vaccine doses have been administered, including 35,530 in La Guaira, while vaccination guidelines for transitional camps have been progressively implemented in La Guaira, Distrito Capital and Miranda. Nine suspected measles cases identified through active institutional case-finding conducted by the Barbados EMT were negative by PCR and serology, providing reassurance while highlighting the continued importance of measles surveillance and vaccination.

On 6 August, a US$18 million financing line was approved to support the continued procurement of immunization supplies, helping secure vaccine availability for the national immunization programme for the coming months.

Risk communication and community engagement

Risk communication and community engagement activities progressed during the reporting period. The campaign now includes eight thematic topics, with communication materials developed for each topic.

Following coordination with the MPPS Press Office, the Ministry approved the campaign for joint implementation with PAHO/WHO. The campaign is expected to be presented to the Social Cabinet meetings involving the relevant Vice Presidencies, with implementation planned to begin on 9 September, subject to completion of the remaining institutional coordination processes.

Other public health events

The MPPS continues monitoring additional public health events through routine national surveillance systems. During the current phase of the response, continued coordination between national and subnational epidemiological surveillance teams remains essential to ensure timely detection and investigation of potential outbreaks.

PRIORITY NEEDS

- **Integrated surveillance and early warning –** Sustain logistical and operational capacities for timely notification, investigation and response to epidemiological alerts, including transportation of samples and essential supplies to the ASICs, as well as equipment and connectivity to improve timely notification. Strengthen notification capacity in affected areas, particularly in La Guaira, where notification coverage was 8.2% compared with 58.69% nationally during epidemiological week 30.
- **Laboratory and diagnostic capacity** – Strengthen microbiology capacity and referral mechanisms to support healthcare-associated infection surveillance and antimicrobial resistance monitoring.
- **Vaccination and VPD surveillance** – Complete the evaluation of the first phase of the emergency vaccination protocol (0–60 days), increase vaccination activities in transitional camps in Distrito Capital and Miranda, and strengthen the quality and completeness of vaccination reporting.
- **Environmental surveillance and vector control** – Advance approval and implementation of the emergency plan to strengthen entomological surveillance and vector control in La Guaira, Miranda, Aragua and Distrito Capital.
- **Risk communication and community engagement** – Complete the remaining institutional coordination processes required for the launch of the RCCE campaign and initiate dissemination of the approved messages to affected communities.
- **Operational support** – Maintain logistical support for outbreak investigations, sample transportation, deployment of vaccination teams and delivery of supplies to affected areas.

PAHO/WHO RESPONSE

- Continued technical support for epidemiological surveillance and outbreak investigation, including investigation of 374 epidemiological alerts and 2,422 visits to affected communities and transitional camps, in coordination with MPPS epidemiology authorities in La Guaira.
- Supported the strengthening of laboratory surveillance through the collection and investigation of 584 samples as part of outbreak investigations.
- In coordination with GOARN and the Robert Koch Institute of Germany, initiated updating of epidemiology personnel on epidemic intelligence, strengthening early warning and rapid response capacities.
- Supported the implementation of the second phase of the emergency vaccination protocol in transitional camps, including training of 502 EPI workers, strengthening VPD surveillance and follow-up of vaccination activities.
- Supported environmental health authorities in La Guaira, Miranda, Aragua and Distrito Capital through the development of an emergency plan for strengthening entomological surveillance and vector control, as well as malaria elimination activities in La Guaira.
- Continued technical assistance to strengthen the Digital Platform for Activities of the General Directorate of Environmental Health of the MPPS and initiated the donation of portable vector-control equipment to the four affected states.
- Supported the development and institutional coordination of the Risk Communication and Community Engagement campaign, comprising eight thematic topics and associated communication materials.

COMPREHENSIVE CARE

KEY NUMBERS*

106	28,171	24,477	87%
Total Camps established	Installed Capacity	Occupied Capacity	Occupancy Rate

Source: Venezuela National Authority

KEY TAKEAWAYS

- The shift from emergency response to early recovery is driving sustained demand for continuity of care across mental health, maternal and perinatal health, NCDs and rehabilitation in the affected states of Caracas, La Guaira, Miranda and Aragua, with camp-based services and integrated clinical pathways still needing to be established.
- PAHO scaled up mental health capacity through mhGAP training, reaching a cumulative 115 focal points across 70 ASIC in the four affected states.
- PAHO strengthened maternal, perinatal and reproductive health services by training 138 camp staff and doctors and co-developing clinical pathways and protocols with the MPPS and UN partners.

SITUATION ANALYSIS

Mental Health and Psychosocial Support

Mental health and psychosocial support (MHPSS) remains a priority across the transitional camps in the affected states of Caracas, La Guaira, Miranda and Aragua. The MHPSS focal points in these camps still need ongoing accompaniment and a minimum stock of supplies to continue and scale up care. Beyond the camps, MHPSS capacities within the education sector also need strengthening, particularly among teachers in the affected states. This is being pursued by reinforcing the "Health Goes to School" plan through technical cooperation between the MPPS Mental Health Directorate, the Ministry of Education and the MPPS Children and Adolescents (NNA) programme.

Sexual and Reproductive Health and Maternal, Newborn and Child Health

Perinatal maternal health is a long-standing public health concern in the country, with preventable cause of deaths recorded even before the emergency, and it remains a priority in the MPPS emergency response. In the transitional camps of La Guaira, Miranda, and Capital District, assessments identified clear needs: pregnant women require prenatal care, and women of childbearing age need guaranteed access to family planning services. Assessments also highlighted the need to prevent and respond to violence in all its forms, with particular attention to gender-based violence.

Rehabilitation

In the initial post-earthquake phase, care focused on rescue, trauma care, and emergency surgery, but the transition to early recovery has driven growing demand for physical rehabilitation services, disability care, and assistive devices. This shift has revealed some gaps in coordination among rehabilitation care centers, which lack a shared, integrated clinical pathway.

PRIORITY NEEDS

- **Mental health response and camp-based service continuity** – Finalize the procurement of minimum supplies for MHPSS focal points in the camps of Miranda, Caracas, and La Guaira to continue provision of care, contract additional personnel to begin technical accompaniment of MHPSS points trained in mhGAP by the PAHO team, and a psychologist to provide group and

individual mental health care to managerial staff in La Guaira and Capital District, given the severe emotional impact.

- **Institutional coordination and guidance on MHPPS** – Support the official launch of the guide for MHPSS accompaniment during dignified and safe clearance processes and maintain technical cooperation with the MPPS's National Directorate of Mental Health.
- **Perinatal and maternal health support** – Implement the Perinatal Information System (SIP) in the three states most affected by the earthquake, and ensure prenatal care, the dispensing of micronutrients, and the provision of long-acting contraceptive methods for women of childbearing age in the affected camps.
- **Standardize noncommunicable disease (NCD) care** – Establish a standardized cardio-renal and metabolic clinical pathway, build and monitor integrated clinical pathways, and streamline patient care flows, while ensuring a steady supply of medical inputs and medicines for timely, appropriate NCD care.

PAHO/WHO RESPONSE

- Delivered three mhGAP workshops in La Guaira, Capital District, and Aragua on 11 and 14 August, training 58 camp mental health focal points across 39 ASIC and bringing the cumulative total to 115 people trained across 70 ASIC in Caracas, Miranda, La Guaira, and Aragua, thereby strengthening participants' capacity to identify mental health effects in crisis situations, understand their focal-point roles, and apply mental health communication skills.
- Provided technical support to strengthen the MHPSS component of the "Health Goes to School" plan, convening the Ministry of Popular Power for Education (MPPE), the Children and Adolescents (NNA) programme of the MPPS and UNICEF, and securing agreement to jointly design a proposal for teachers and students to be socialized and approved by the Vice-Ministry of Education.
- Developed a preliminary national mental health prevalence document.
- Co-developed a guide for MHPSS accompaniment during dignified and safe clearance processes, together with the National Mental Health Directorate, the Ministry of Popular Power for University Education (MPPU), Tinta Violeta and the United Nations Development Programme (UNDP).
- Developed a sexual and reproductive health (SRH) and maternal-child health (MCH) action plan with cluster partners in La Guaira and conducted an SRH/MCH needs assessment in Miranda, jointly with cluster partners and the technical working group active in the state.
- Trained 25 professionals from UN agencies, funds and programmes (AFP) and partner organizations in sexual and reproductive health (SRH) in emergency settings, and delivered capacity-strengthening workshops on maternal, perinatal and neonatal surveillance (with other AFP and OCHA) and on antenatal care, the Perinatal Information System and community technologies for ASIC health system doctors in La Guaira (with the MPPS and UNFPA), training a further 105 camp coordinators and staff and 33 health system doctors.
- Jointly with the MPPS, developed a proposed protocol for managing Type II diabetes patients, conducted an NCD health situation analysis with the authorities to build integrated clinical pathways, and provided technical cooperation to the Director General of Health Programmes, contributing to the NCD approach plan.
- Jointly with the MPPS, PAHO convened five potential Rehabilitation and Disability cluster partners and the Ministry of Health focal point to propose a needs survey, and held a discussion forum (36 participants) to launch a joint situation analysis, using a rehabilitation system assessment and a SWOT analysis to identify priority short-, medium-, and long-term actions, with emphasis on the first level of care.

COORDINATION

KEY NUMBERS

7	15	5
EMTs deployed and operational	EMTs demobilized	PAHO Regional Response Team/ GOARN experts Deployed and Operational

Source: Health Cluster; PAHO EMT Operational Status Report

KEY TAKEAWAYS

- Two months in, the response is shifting from life-saving toward early recovery as EMTs and mostly international actors withdraw, leaving 68 active Health Cluster partners coordinating under an MPPS-led, three-tier model, though early-committed funding leaves little room to reprogram support as community needs evolve.
- The MPPS defined the strategic response lines and convened a technical working group of at least 120 key actors that set the official protocol for coordination with international cooperation, anchoring the sector's transition to the recovery phase.
- PAHO/WHO has deployed 17 specialists through the PAHO Regional Response Team/GOARN roster across areas ranging from Health Cluster coordination and logistics to infection prevention and control, with 4 remaining operational through the recovery phase.

SITUATION ANALYSIS

Health Cluster

Two months into the seismic emergency, the interagency response is shifting from the immediate life-saving phase toward early recovery, nexus, and community resilience. As Emergency Medical Teams (EMTs) and mostly international cooperation actors progressively withdraw, the sector is left with 68 active partners within the Health Cluster.

The response continues to unfold in a complex setting, where the direct impacts of the earthquake intersect with underlying gaps in the health system, seasonal flooding, and epidemiological outbreaks.

As the lead authority, the MPPS is decentralizing health actions through the Health Cluster under a three-tier coordination model: national strategic stewardship, subnational governance through the Single Health Authorities, and territorial delivery through the Comprehensive Community Health Areas (ASIC). At the territorial level, Cluster partners align their interventions, avoid duplication, and prioritize gaps in essential-service coverage. Within this framework, the MPPS and its technical leads defined the strategic response lines – maternal, neonatal and child health; sexual and reproductive health; primary health care; minor rehabilitation of facilities; communicable and noncommunicable diseases; immunization; epidemiological surveillance; MHPSS; and GBV prevention – and established a technical working group with at least 120 key actors, which set the official protocol for coordination with international cooperation.

Funding remains a key challenge, however, as some resources were committed in the early phases of the emergency, leaving little room to reprogram support as the needs of affected communities evolve.

PAHO Regional Response Team/GOARN

PAHO/WHO has deployed 17 specialists through the PAHO Regional Response Team/GOARN roster to support the emergency response. Of these, 5 remain operational in the country through the recovery phase, continuing to support the MPPS in Health Cluster coordination, logistics, and infection prevention and control.

Throughout the emergency, the Regional Response Team has provided expertise across a broad range of areas, including health emergency response, Health Cluster coordination, logistics, information management, risk communication and community engagement, immunization, Emergency Medical Team coordination, rehabilitation, entomology, laboratory work, infection prevention and control, and WASH.

EMTs

Virtual CICOM (Coordination Cell) continues operating in La Guaira under the leadership of the MPPS, with technical support from PAHO, supporting coordination of the remaining international EMT capacities and the transition of services. As of 3 September 2026, seven EMTs remain operational across La Guaira and Miranda, while fifteen teams have demobilized after completing their missions. The SCT-ERCS, implemented by the University of Miami and Panamerican Trauma Society, continues providing remote provider-to-provider clinical support to EMTs and clinics.

Table 1: 7 Deployed and Operational Emergency Medical Teams by type and location as of 3 September 2026

Type	#	Team (Country) – Deployment Site
Type 1 Fixed 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 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

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

PRIORITY NEEDS

- **Advance intersectoral implementation and capacity-strengthening** – Begin rolling out the Health Cluster's intersectoral response strategy in Miranda state in synergy with the WASH and nutrition sectors and conclude institutional consultation with the academic sector to schedule and prioritize capacity-strengthening workshops for health personnel in the field.

- **Structure and validate the Health Cluster's sectoral response for the new phase** – Continue georeferencing the cooperation response to structure and confirm response protocols, and centralize the technical priorities agreed within the Health Cluster to design and publish the sectoral response infographic.

PAHO/WHO RESPONSE

- The Health Cluster convened the first national technical roundtable on sexual and reproductive health (SRH), maternal health, and GBV with at least 32 specialists and response partners, and supported La Guaira health coordination in socializing the Maternal Health and SRH protocol with more than 15 implementing partners in the state.
- Under the leadership of the Miranda Single Health Authority and its technical teams (SRH, maternal/neonatal health, WASH, and nutrition), consolidated the local response strategy with 25 Cluster organizations, prioritizing neonatal mortality and HIV.
- Strengthened Health Cluster information management by publishing 3 key infographics on health network strengthening, response georeferencing, and cooperation capacity mapping, and implemented a joint health facility visit mechanism to improve needs analysis, response prioritization, and local capacity strengthening based on consensus criteria.
- Advanced the normative design of the case management protocol and the health care protocol for camps.

COUNTERMEASURES / LOGISTICS

KEY NUMBERS

41.3 **Metric tons of PAHO supplies arrived at Venezuela** *Annex 2 for details*	**27** **Donor offers accepted to date**	**40** **Actors benefited from the distribution to date**	**70,697** **People receiving treatment** – through PAHO and partner donations

Source: PAHO field teams

KEY TAKEAWAYS

- Logistics operations across La Guaira continued strengthening the operational capacity of health services and supporting personnel deployed in strategic areas and transitional camps.
- The latest distribution strengthened care across La Guaira, delivering Direct Relief medicines and insulin to Comprehensive Diagnostic Centres, uniforms and hygiene kits for deployed personnel, and equipment to expand the capacity of transitional medical camps.
- Joint logistics and infrastructure inspections with WFP across seven health facilities produced a consolidated diagnosis of electrical, storage, and connectivity needs, while work is underway to relocate and unify the CICOM, Epidemiological Surveillance, and Health Cluster operations at the La Sanidad Outpatient Centre.

SITUATION ANALYSIS

Logistics operations for receiving, storing, and distributing medicines, equipment, and temporary infrastructure continued in La Guaira state over recent weeks. The main goal has been to strengthen the operational capacity of health services and to ensure that personnel deployed in strategic areas and transitional camps have the technical support and the medical and hygiene supplies they need.

PRIORITY NEEDS

- **Operational hub relocation** – Urgently complete infrastructure improvements at the La Sanidad Outpatient Centre, before 28 September, to enable the move from the stadium and bring the operational hub (CICOM/Epidemiology/Cluster) together in one location.

- **Supply distribution and allocation** – Roll out the regional distribution plan to deliver the donated insulin to prioritized receiving centres, complete the technical review of 54 remianing items to finalize the inventory and allocation plan, and agree with cooperating partners and the health authority on dispatch schedules for the Sevorane (anesthetic) and the approved Baxter IV solutions.

PAHO/WHO RESPONSE

- PAHO/WHO continues to support the response with critically needed medical supplies and medicines, having shipped 41.3 metric tons (MT) to Venezuela to date. Supplies are distributed locally according to each health facility's service profile, shelter medical needs, and specific requirements to strengthen response capacities. So far, 40 actors have benefited from the distribution and 70,697 people have received treatment through PAHO and partner donations.
- The latest distribution delivered included:
    - Medicines donated by Direct Relief for chronic conditions to 9 Comprehensive Diagnostic Centres (CDI) in La Guaira, directly strengthening the second level of care. Insulin donated by Direct Relief, received and incorporated into the logistics supply chain jointly with the MPPS, with cold-chain integrity secured for subsequent strategic distribution
    - 100 uniforms to health personnel as an initial batch to ensure proper identification and institutional image during service delivery.
    - 5 awnings, 5 tents, 5 desks and 15 chairs to condition and increase the resolving capacity of the transitional medical care camps.
    - 40 personal hygiene kits to ensure hygienic conditions for staff assigned to the Punta Gorda desalination plant in La Guaira.
    - TESK kits arrived from Dubai to 13 hospitals, with distribution of the IEHK kits underway and expected to conclude that week.
- Strengthened environmental health capacities by procuring five motorized sprayers and adding them to the operational inventory for vector control and sanitation actions across the state.
- Conducted comprehensive logistics and technology infrastructure inspections, jointly with WFP, across seven health facilities (Carayaca Hospital, Catia La Mar Popular Clinic, El Balneario CDI, Naiguatá Hospital, IVSS Naiguatá, Naiguatá CDI, and the Caraballeda Specialized Outpatient Centre), producing a consolidated technical diagnosis of electrical, storage, and connectivity needs.
- Defined the processes to recover space at the La Sanidad Outpatient Centre to relocate and unify the CICOM, Epidemiological Surveillance, and Health Cluster operations currently based at the José María Vargas Stadium (García Carneiro) in La Guaira; the operational plan is now underway.

PAHO delivered motorized sprayers to the Regional Directorate of Environmental Health for vector control, along with other medical supplies for the ASIC/CDI José María Vargas in La Guaira. Source: PAHO/WHO

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