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

Situation Report #11

18 September 2026

Pan American Health Organization

World Health Organization Americas Region

HIGHLIGHTS

- Nearly three months after the 24 June 2026 earthquakes in Venezuela, the response has moved into early recovery while sustaining essential emergency operations. Efforts now center on maintaining continuity of care across mental health, sexual and reproductive health, maternal and neonatal care, NCDs, and rehabilitation, alongside restoring affected facilities, supporting transitional camps, and strengthening Health Cluster coordination as Emergency Medical Teams and international partners withdraw.
- **Health system recovery is advancing**, with 16 ASICs and 356 health facilities assessed (61% operational) and rehabilitation progressing under CERF, CFE and US funding, while fluctuating electricity, medication refrigeration and emergency-generator gaps continue to challenge the safe continuity of essential health services.
- **Public health surveillance and prevention remain active**, with 47,145 cumulative vaccine doses administered and 556 health professionals trained, while intensified surveillance in La Guaira and Miranda and mounting environmental risks from tropical rains and heatwaves continue to require sustained vector-control and water/sanitation action.
- **Contraception remains the most consistent unmet need** across assessed shelters, particularly among adolescents and young women, while **mental health needs continue to rise across the transitional camps** amid limited supplies and specialized personnel.
- PAHO/WHO continues to support the response with critically needed medical supplies and medicines, having shipped **46.6 metric tons to Venezuela to date, benefiting 72 actors and reaching 117,714 people** with treatment through PAHO and partner donations, while sustained technical and logistical support to the Ministry of Popular Power for Health (MPPS) has strengthened the national supply chain and ensured the continuity of health services through the coordination, reception, and mobilization of international donations of essential medical products.

PAHO/WHO team facilitating coordination among Health Cluster partners. Source: PAHO/WHO

KEY NUMBERS

6,301
Deaths [1]

93,516 Patients treated in hospitals [2]

356 Health facilities assessed across 16 ASICs [3]

140 Health facilities reported inoperative [4]
117 are inoperative from before the earthquake

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

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

46.6 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

93,516	356	216	23	117
Health care services provided	**Health facilities assessed** La Guaira: 168 Miranda: 188	**Operative health facilities (61%)** La Guaira: 111 (66%) Miranda: 105 (58%)*	**Inoperative – due to 2026 earthquake (6%)** La Guaira: 23 (14%) Miranda: 0 (0%)*	**Inoperative – unrelated to earthquake (33%)** La Guaira: 34 Miranda: 83

Source: Official national reports and PAHO/WHO assessments

KEY TAKEAWAYS

- Health network recovery is progressing, with 216 of 356 assessed facilities operational (61%); 23 are inoperative from earthquake damage and 117 from pre-existing conditions.
- Critical infrastructure gaps persist across assessed Comprehensive Health Areas (ASICs), with 81% reporting fluctuating electricity, 31% non-operational medication refrigeration and 25% lacking an emergency generator.
- Rehabilitation is advancing under UN Central Emergency Response Fund (CERF), WHO Contingency Fund for Emergencies (CFE) and US funding, with WASH supplies arriving for eight priority facilities, a contractor selected for La Sanidad, and ToRs underway for four more facilities.

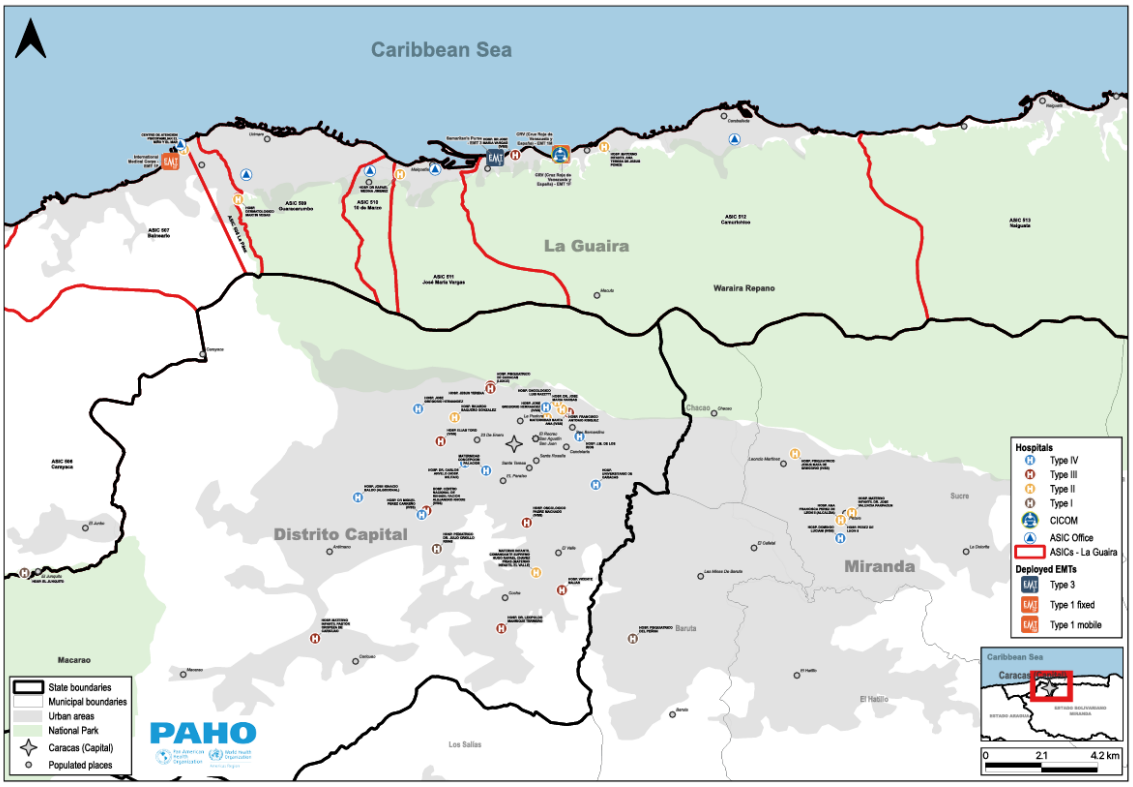
SITUATION ANALYSIS

Continuity of essential health services

Health facility assessments continue to inform recovery planning and prioritization across the affected health network. As of 16 September, 16 Comprehensive Community Health Areas (ASICs) and 356 health facilities had been assessed, with 216 (61%) reported as operational, 23 (6%) inoperative due to earthquake-related damage and 117 (33%) previously inoperative. All nine ASICs in La Guaira have been assessed, covering 168 facilities, while assessments in Miranda now cover seven ASICs and remain ongoing. The assessed network represents 1,871 health workers, including 1,181 in La Guaira and 690 in Miranda, while the La Guaira network covers an estimated 457,656 inhabitants.

Persistent vulnerabilities continue to affect service continuity, particularly fluctuating electricity supply, limited emergency power and gaps in medication refrigeration. As of 16 September, 13 of 16 ASICs (81%) reported fluctuating electricity supply, four (25%) lacked an emergency generator and five (31%) reported non-operational medication refrigeration, with greater gaps in La Guaira. Technical monitoring also identified progress in network operability, functional beds and reactivation of operating theatres, while patient flow management and diagnostic capacity, including laboratory, X-ray and ultrasound services, remain priority gaps.

Figure 1. Distribution of Health Facilities and Deployed Emergency Medical Teams (EMTs) as of 14 september, 2026



Source: Technical assessment report from PAHO and MPPS

Hospital Functionality and Health Infrastructure

PAHO/WHO continues supporting rehabilitation planning for priority health facilities through UN Central Emergency Response Fund (CERF), WHO Contingency Fund for Emergencies (CFE) and US funding. Under CERF, technical specifications and metric computations have been finalized, and WASH supplies are being received for delivery to eight prioritized facilities in coordination with IPC. Under CFE, a contractor was selected to rehabilitate part of the third floor of the La Sanidad Outpatient Clinic in La Guaira, providing operational space for approximately 60 health workers and supporting essential health, surveillance and environmental health functions. Under US funding, Terms of Reference are being finalized for the rehabilitation of four primary health care facilities, three outpatient clinics and one Comprehensive Diagnostic Centre. WASH and IPC measures continue to be integrated where relevant.

PAHO/WHO also provided Sexual Exploitation and Abuse (PSEA) sensitization to 60 construction workers involved in the La Sanidad rehabilitation and conducted six visits to transitional camps in Caracas to identify protection risks and strengthen safeguarding practices.

Health service delivery

During the reporting period, the network recorded 93,516 health consultations and 120 health professionals were trained, reflecting the priority placed on pediatrics, life-course care and non-communicable diseases.

PAHO/WHO Venezuela strengthened its cooperation with Direct Relief through an official visit focused on strategic partnerships and progress in the medical supply chain. The meeting also highlighted PAHO's operational capacity in Venezuela and established a basis for future collaboration to support and strengthen the country's public health system.

PAHO/WHO Venezuela and Direct Relief Strengthen Cooperation

Source: PAHO / WHO Venezuela Country Office

Emergency Medical Teams (EMTs)

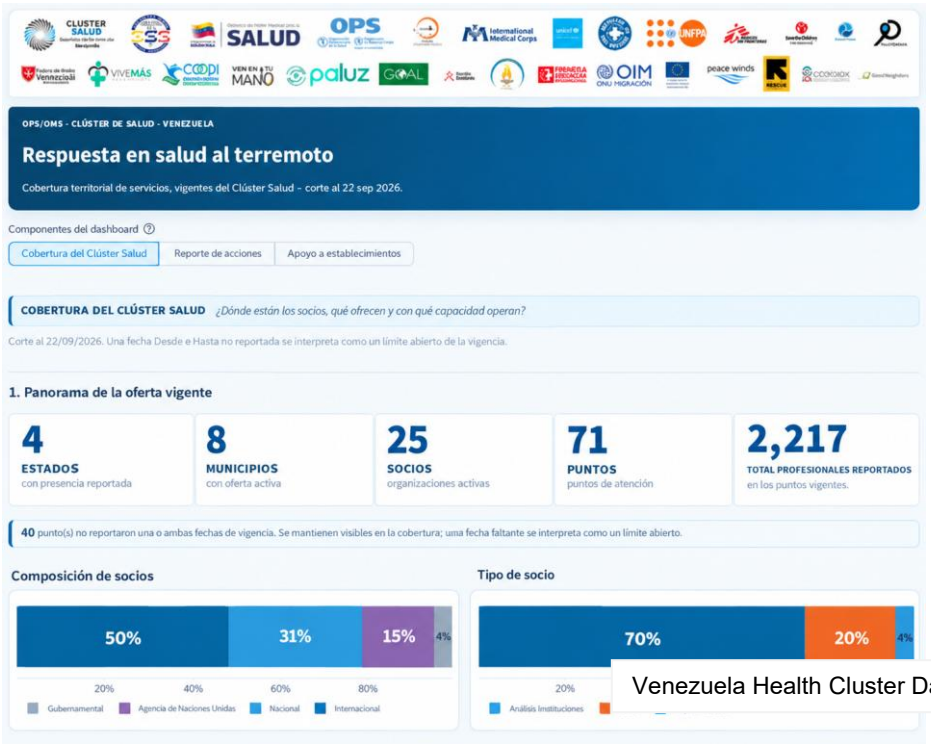
EMTs continue to complement national capacities and support the continuity of essential health services during the transition toward recovery. During the reporting period, 510 Minimum Data Set (MDS) reports documented 50,409 consultations, with 57% female and 43% male patients, including 427 major and 377 minor surgical procedures. The most frequently reported conditions were minor injuries (3,793 cases), upper respiratory tract infections (3,289), acute mental health conditions (2,096), skin diseases (2,097) and acute watery diarrhoea (1,148). The EMTs response is progressively shifting from surge clinical support toward greater integration with existing health service networks and recovery planning.

Infection Prevention and Control (IPC)

IPC evaluations were completed in four hospitals in Caracas—Hospital Vargas, Hospital General Dr. Jesús Yerena, Hospital J.M. de los Ríos and Maternidad Concepción Palacios—with three institutions classified at a basic level and one at an intermediate level of infection prevention and control; results were shared with facility teams at a dedicated dissemination meeting. Two training sessions on infection prevention and control measures were also delivered, reaching 40 participants each. Next steps focus on building and validating a national IPC action plan.

Health Cluster Response and Service Coverage

As of 15 September 2026, the Health Cluster dashboard recorded 363 reports from 15 partners, covering 3 states, 7 municipalities, 25 parishes and 280 intervention sites. Reported activities reached 87,817 people across indicators, including 46,673 women, 27,841 men, 7,841 girls and 6,876 boys; 482 persons with disabilities were reported as a separate, non-additive subset. Figures represent indicator totals, not unique individuals. Updated data are available on the Health Cluster dashboard: https://cluster-salud-venezuela.streamlit.app/



Venezuela Health Cluster Dashboard

Source: Venezuela Health Cluster

PRIORITY NEEDS

- **Service Network Recovery** – Reorganize patient flows and intervene in physical areas with operational deficiencies identified during inspections and maintain the schedule of direct supervision visits to the care network in coordination with ASIC directors.
- **Infrastructure and basic services** – Address persistent gaps in infrastructure in assessed ASICs, fluctuating electricity, 31% non-operational medication refrigeration and 25% lacking an emergency generator.
- **WASH and healthcare waste management** – Strengthen water quality, sanitation, hygiene and healthcare waste management in health facilities and transitional camps; finalize the La Sanidad rehabilitation timeline and procurement for four primary care facilities; monitor the use of delivered WASH supplies; and support maintenance of the Punta Gorda water treatment plant, including reverse-osmosis reagents.
- **Infection Prevention and Control** –Build and validate the national IPC action plan following the IPC evaluation of four hospitals in Caracas.
- **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

- Advanced rehabilitation of priority health facilities under CERF, CFE and US funding: finalized technical specifications and metric computations for each CERF-supported facility, selected a contractor for the rehabilitation of Ambulatory La Sanidad in La Guaira under CFE, and drafted Terms of Reference for the rehabilitation of four primary health care facilities under US funding.
- Began receiving WASH supplies at the central warehouse for delivery to the eight CERF-prioritized

health facilities and continued coordination between rehabilitation, WASH and IPC interventions.

- Evaluated infection prevention and control performance in four hospitals in Caracas, classifying three at a basic level and one at an intermediate level, shared results with facility teams and delivered two training sessions on IPC measures, reaching 40 participants each.
- 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.
- Supported the coordination of the Venezuela Health Cluster, as well as its information management system.

EPIDEMIOLOGICAL SURVEILLANCE, VACCINATION AND PUBLIC HEALTH

KEY NUMBERS

47,145	74	37	79
Vaccine doses administered	Outbreaks detected	Temporary Shelters Under Surveillance	Priority public health events under active surveillance

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

KEY TAKEAWAYS

- Epidemiological surveillance remains active, with 79 priority events under surveillance, 74 outbreaks detected and 37 temporary shelters monitored.
- Immunization coverage continues expanding, with 47,145 cumulative doses administered since 28 June, though coverage remains low in Distrito Capital, which has no PAI/VPD coordinator.
- Environmental risks are intensifying, as tropical waves and heatwaves increase water demand and displacement, compounding Aedes spp. breeding sites and waste management challenges in La Guaira.

SITUATION ANALYSIS

Strengthening epidemiological surveillance

Between 23 August and 14 September, surveillance was further intensified in La Guaira through active institutional case-finding across the hospital and outpatient network and permanent monitoring of the 26 transitional camps and one itinerant camp, where sanitation conditions, availability of epidemiological surveillance supplies and diagnostic capacity at some facilities remain challenges. In Miranda, epidemiological supervision continued in official transitional camps alongside strengthened early-warning mechanisms for vaccine-preventable diseases. Operational gaps persist in transport for sample referral, connectivity, data-management, and personnel available for epidemiological analysis. Cumulatively, 556 health professionals have been trained in epidemiological surveillance and response since the start of the response.

Testing and validation of the digital daily-report application continued, advancing user training and functional testing to automate operational and epidemiological reporting, alongside field verification visits

to affected health facilities, transitional camps and communities to confirm the consistency of data reported through monitoring systems.

Early warning, alert verification and laboratory surveillance

Laboratory surveillance continues to support the investigation and verification of suspected outbreaks. As part of ongoing epidemiological investigations, 91 samples were collected during the reporting period for laboratory diagnosis of priority diseases, contributing to the timely identification and confirmation of suspected cases and outbreaks.

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 Ministry of Popular Power for Health (MPPS) and local epidemiology authorities, continued strengthening capacities for early notification, timely investigation and rapid response to events subject to mandatory surveillance.

Environmental surveillance and public health risks

During the first half of September, the humanitarian response progressed toward early recovery but faced additional environmental health risks from tropical waves, landslides and heatwaves, increasing displacement and demand for safe water and hygiene supplies. The start of the school year also increased pressure on WASH services amid damaged infrastructure, sewage failures and potential water contamination, while limited water-truck coverage affected both schools and transitional camps.

Environmental health assessments covered seven transitional camps in Distrito Capital (>2,100 people) and four schools in Ciudad Caribia, identifying water, sanitation and hygiene gaps and prompting corrective measures, including handwashing stations, drainage improvements and on-site chlorination. PAHO/WHO also supported portable laboratory procurement, water-quality planning, medical waste transport, and coordination of epidemiological and environmental surveillance, including vector control and malaria elimination activities in La Guaira.

Vaccination activities

As of 15 September, cumulative vaccine doses administered reached 47,145. More than 60 days after the earthquakes, the vaccination protocol has moved into its second phase (60–90 days), focused on completing schedules with second and third doses, identifying unvaccinated individuals, catching up on delayed schedules and rapidly monitoring vaccination coverage in camps and communities.

Periodic visits to transitional camps continued, with 37 camps reviewed during the period—11 in Distrito Capital and the Guarenas-Guatire and Metropolitano corridors, and 26 in La Guaira. Since late August, Distrito Capital has had no regional PAI or VPD surveillance coordinator. Between 2 and 12 September, two suspected measles cases (La Sabana, La Guaira, and Valles del Tuy, Miranda) and one suspected diphtheria case were identified and remain pending INHRR results; in response to the measles alert in Miranda, an active community search visited 131 households and vaccinated 17 children. The PAHO/WHO field team carried out 59 vaccination-brigade transfers (41 in La Guaira and 18 in the Valles del Tuy and Altos Mirandinos corridors) and distributed 9,634 vaccine doses, of which 8,624 were administered in Miranda state, and supported the transfer of 91 diagnostic samples. Ninety-six health workers were trained in epidemiological surveillance and vaccination.

Risk communication and community engagement

Implementation began during the reporting period: since 7 September, daily messages on arbovirus disease, diarrheal disease, environmental health, food safety, mental health and community coexistence

have been published on the PAHO/WHO account on X and the Ministry's Instagram account. Six thematic posters (environmental health, mental health, clean latrines, safe water, vector control and communicable diseases) are in the final approval stage for distribution to transitional camps.

Risk Communication and Community Engagement (RCCE) Campaign

Source: Universidad de Carabobo Press Release

Other public health events

The Ministry of Popular Power for Health (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 –** Address persistent gaps in transport for sample referral, connectivity and personnel available for epidemiological analysis, particularly in Miranda.
- **Laboratory and diagnostic capacity** – Ensure continuous supply of epidemiological record forms, sample-collection materials and basic laboratory consumables for case and outbreak investigation.
- **Vaccination and VPD surveillance** – Secure regular transport for the epidemiological surveillance team's movement to transitional camps and sample referral to INHRR in Miranda, and appoint a regional PAI/VPD surveillance coordinator for Distrito Capital.
- **Environmental surveillance and vector control** – Urgently secure potable water, water-treatment and hygiene supplies for transitional camps, complete administrative arrangements for the National Water Quality Analysis Workshop, sustain support for medical waste transport routes in La Guaira, and finalize procurement of portable laboratories and water-purification equipment.
- **Risk communication and community engagement** – Continue daily dissemination of approved RCCE messages across affected communities.
- **Operational support** – Strengthen data-management units with computer equipment, connectivity and technological resources, and continue user training and validation of the digital daily-report application.

PAHO/WHO RESPONSE

- During the period, investigated seven alerts generated by CICOM in La Guaira, followed up and isolated two varicella cases, and evaluated nine health facilities. In Miranda, responded to a

suspected measles alert through an active community search covering 131 households, supported the transfer of 91 samples for 18 events under epidemiological alert, and trained 54 health workers from the Altos Mirandinos and Valles del Tuy corridors.

- Reviewed 48 transitional camps during the period, trained 96 additional health workers on surveillance and vaccination, and carried out 59 vaccination-brigade transfers and distribution of 9,634 doses in support of the protocol's second phase (60–90 days).
- During the reporting period, the programming team incorporated previously developed modules into the platform, pending confirmation of a final product to enable NGO reporting access.
- Coordinated acquisition of portable laboratories for La Guaira and the central level, supported planning of a National Water Quality Analysis Workshop, and provided two months of support for two medical waste transport routes in La Guaira.

COMPREHENSIVE CARE

KEY NUMBERS

106	20,163	114
Total Camps established	Number of NCD consultations provided by the MPPS in response to the earthquake	Number of health professionals trained in comprehensive care

Source: Venezuela National Authority

KEY TAKEAWAYS

- Contraception remains the most consistent unmet need across all assessed shelters in the Capital District, with a considerable number of adolescents and young women lacking access to contraceptive methods.
- Mental health needs are rising across the transitional camps, with increased psychiatric disorders, suicidal behavior, substance use, and violence, aggravated by geographic dispersion, the lack of essential psychotropic medicines, and a shortage of specialized personnel.
- PAHO coordinated with Santa Ana Maternity Hospital, the Capital District Mayor's Office, and UNFPA to provide contraceptive methods for adolescents and reproductive-age women, with a initial service day planned for 16 September 2026; implementation results were pending confirmation at the time of reporting.

SITUATION ANALYSIS

Sexual and Reproductive Health and Maternal, Newborn and Child Health

The emergency context presents significant challenges for sexual, reproductive, maternal, and neonatal health. Physical and emotional stress can increase obstetric complications, while the lack of electricity and supplies compromises neonatal care and raises mortality among critically ill newborns. At the same time, interruptions in the supply of contraceptive methods heighten the risk of unplanned pregnancies, and overcrowding in shelters exposes women and girls to a greater risk of gender-based violence (GBV), with barriers to accessing post-exposure prophylaxis (PEP) and HIV/STI supplies.

To characterize these needs on the ground, a joint assessment with Capital District (DC) health authorities has been under way since the second week of September, with 8 shelters assessed to date in San Bernardino, San Agustín del Sur, Nuevo Circo, Maripérez, Catia, and Caño Amarillo. The assessments confirmed adequate organizational capacity at the shelter level, including resident

registration disaggregated by age group, clearly defined allocation of responsibilities, medical care, food provision, and water, sanitation, and hygiene (WASH) services. Consistent with the risks noted above, contraception emerged as the most pressing unmet need across all assessed sites, with a considerable number of adolescents and young women lacking access to contraceptive methods.

Mental Health and Psychosocial Support (MHPSS)

An increase in psychiatric disorders, risk of suicidal behavior, substance use, and violence has been recorded, a situation aggravated by geographic dispersion, the lack of essential psychotropic medicines, and a shortage of specialized personnel. Support remains a priority across the transitional camps in the affected states of Caracas, La Guaira, Miranda, and Aragua, where MHPSS focal points still require ongoing accompaniment and a minimum stock of supplies to sustain and scale up care. Beyond the camps, MHPSS capacities in the education sector also need strengthening, particularly among teachers, through the reinforcement of the "Health Goes to School" plan under technical cooperation between the MPPS Mental Health Directorate, the Ministry of Education, and the MPPS Children and Adolescents (NNA) programme.

To address these needs, the Health Cluster finalized the community-based protocol for Mobile Psychosocial Teams and initiated training on the MHPSS needs assessment. Next steps include equipping mental health focal points in the camps with minimum essential supplies, recruiting a consultant for technical follow-up with mhGAP-trained personnel, and sustaining technical cooperation with the MPPS Mental Health Directorate.

Non-communicable diseases (NCD)

Care for noncommunicable diseases (NCDs) has been disrupted by difficulties in ensuring treatment continuity and by the constant displacement of the population, with a disproportionate impact on older adults. NCDs remain the leading cause of morbidity between epidemiological weeks 25 and 36, with arterial hypertension as the main cause.

Rehabilitation

Persons with pre-existing disabilities, as well as those who acquired a disability as a result of the earthquake, face interruptions in their rehabilitation processes and delays in the timely provision of assistive devices adapted to their needs. Care is currently focused on early and comprehensive rehabilitation, aimed at reducing the risk of long-term disability, restoring functionality, and supporting the social reintegration of those injured during the earthquakes.

PRIORITY NEEDS

- **Contraception and scale-up of the sexual and reproductive health (SRH) response –** Secure and distribute contraceptive methods and supplies for women in the shelters, in articulation with UNFPA and NGOs able to provide them, while extending assessment visits across the Capital District to identify additional sexual and reproductive health (SRH) needs and deliver targeted solutions, including the provision of SRH supplies to the Capital District Mayor's Office for onward distribution to the shelters.
- **Strengthen shelter MHPSS points** – Equip the mental health points in the shelters of Miranda, Caracas, and La Guaira states with minimum essential supplies, and recruit a supporting consultant to initiate technical accompaniment of the points trained in mhGAP by the PAHO team.
- **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

- Coordinated with Santa Ana Maternity Hospital to provide and administer contraceptive methods for adolescents and reproductive-age women at the facility; the Capital District Mayor's Office compiled a list of potential users and scheduled a first service day for 16 September 2026; implementation results were pending confirmation at the time of reporting. Additional coordination was established with UNFPA to address the identified contraceptive need.
- Produced a preliminary national document on mental health prevalence; and revised the guide for MHPSS accompaniment during dignified and safe clearance processes, with the participation of the National Directorate of Mental Health, the Ministry of University Education (MPPE), Tinta Violeta, and UNDP.
- Supported the Technical Roundtable on Mental Health and Psychosocial Support and GBV Prevention, with the participation of Ministry of Popular Power for Health (MPPS) authorities and health cluster partners implementing MHPSS and GBV activities, finalizing and disseminating the Community Assistance Protocol for Mobile Psychosocial Teams to the MHPSS focal points, and currently training teams on data collection for the MHPSS needs analysis.
- Facilitated coordination between the Ministry of Education and the MPPS Children and Adolescents (NNA) program, alongside UNICEF, to strengthen the MHPSS component of the "Health Goes to School" plan.
- Activated the cluster with organizations working on rehabilitation and provided technical accompaniment to the NGO Humanity & Inclusion (HI), the main direct implementer supporting the rehabilitation of patients injured during the earthquakes in the shelters.
- Provided technical accompaniment for the development of integrated clinical pathways for priority conditions (arterial hypertension, diabetes, and cerebrovascular diseases) and their early detection.

COORDINATION

KEY NUMBERS

7	15	3	25
EMTs deployed and operational	EMTs demobilized	PAHO Regional Response Team/ GOARN experts Deployed and Operational	Number of health cluster partners operational across 4 states

Source: Health Cluster; PAHO EMT Operational Status Report

KEY TAKEAWAYS

- The Health Cluster, led by PAHO, coordinates 25 active partners across 4 states and 8 municipalities, with 71 service points and over 2,217 professionals supporting the health response, most heavily concentrated in La Guaira.
- The Health Cluster response is advancing through interinstitutional technical roundtables covering primary health care, sexual and reproductive health, epidemiological surveillance, mental health, and rehabilitation, with a consolidated Operational Plan to be finalized in the coming weeks.
- PAHO continues to support the response with seventeen specialists deployed through the PAHO Regional Response Team/GOARN roster since the earthquake, three of whom remain in-country supporting the seven EMTs that remain operational.

SITUATION ANALYSIS

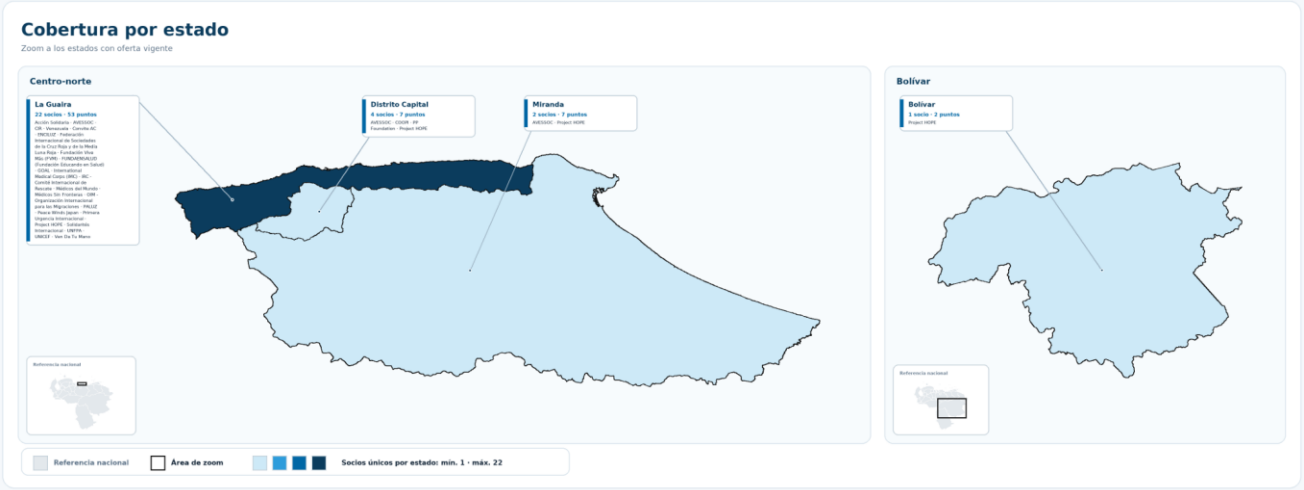
Health Cluster

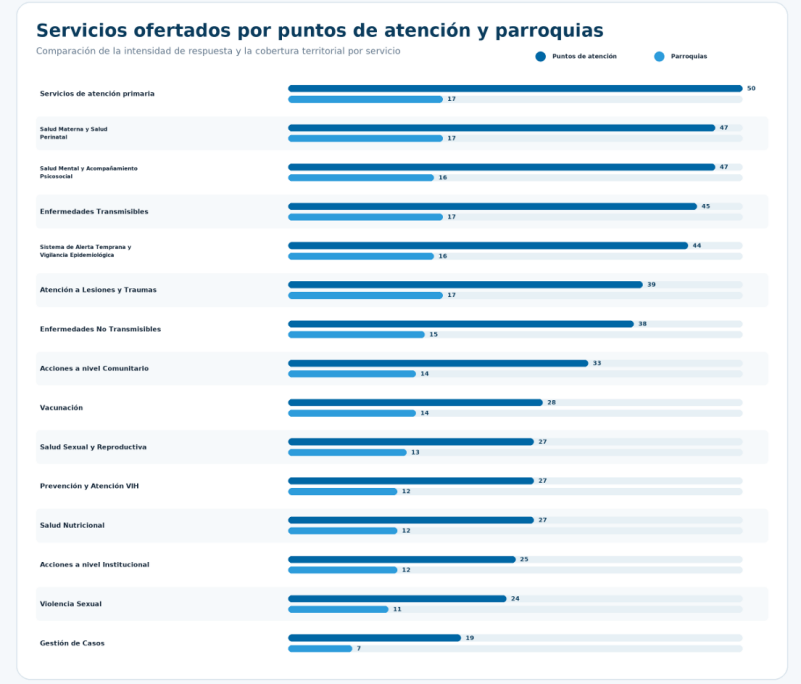
The double earthquake has left 6,301 people dead and 16,740 injured, overwhelming a health system already marked by structural vulnerabilities. The emergency damaged health infrastructure, triggered critical medicine shortages, and depleted trained human resources through deaths and displacement. The destruction of the operational headquarters of the Single Health Authorities in the most affected states has further weakened governance and the institutional capacity to coordinate the territorial response. At the community level, the deterioration of the social fabric, disruptions to water, sanitation, and hygiene (WASH), and the loss of livelihoods have heightened socio-structural risk factors, increasing avoidable morbidity and mortality. These pressures are compounded by growing needs across epidemiological surveillance and early warning, mental health and psychosocial support, sexual, reproductive, maternal, and neonatal health, and services for noncommunicable diseases, rehabilitation, and disability, each detailed in the sections below.

In response to these challenges, the Health Cluster, led by PAHO, has been supporting the organization and coordination of the health response since the onset of the emergency. As of 18 September 2026, 25 active cluster partners are operating across 4 states (8 municipalities), with 71 service points and more than 2,217 professionals supporting some aspect of the response. Most partners (22) and service points (53) are concentrated in La Guaira, followed by the Capital District, with 4 partners and 7 service points.

The five main services provided by partners are primary health care, maternal and perinatal health, mental health and psychosocial support, communicable disease response, and early warning and epidemiological surveillance. A dashboard on the health response to the earthquake, showing the territorial coverage of active Health Cluster services, is available at: [Clúster Salud Venezuela | Dashboard operacional · Streamlit]

Figure 2: Health Cluster partner coverage by state and main services offered per service point as of 18 September 2026





Source: Health Cluster dashboard

The Health Cluster response has been structured around three progressive phases: Phase I provides direct technical and operational accompaniment to the Ministry of Popular Power for Health (MPPS) and the Single Health Authorities; Phase II promotes joint implementation of a response strategy with humanitarian actors, cooperation partners, civil society, and academia; and Phase III focuses on transition and strengthening governance to consolidate the Health Cluster at the national and territorial levels.

Within this framework and under the leadership of the MPPS, PAHO provided technical support to activate interinstitutional technical roundtables on Primary Health Care, Sexual and Reproductive Health, Communicable Disease Response, Immunization and Epidemiological Surveillance, Mental Health and Psychosocial Support with a focus on Gender-Based Violence (GBV) prevention, Health System Strengthening, and Rehabilitation and Human Functioning. This enabled the presentation of MPPS guidelines and coordination among partners on the analysis of operational gaps, ensuring a health response with a differential approach to gender, diversity, and life course.

To sustain the consolidation of the earthquake response plan, priority actions have been defined for the structuring and operationalization of the work plans across each of the Health Cluster technical roundtables, with the consolidated Health Cluster Operational Plan to be finalized in the coming weeks.

Technical Roundtable	Priority Actions
Roundtable 1 – Primary Health Care & Health System Strengthening	Prioritize the operational rehabilitation of affected health facilities and define a care model adapted to population dynamics in host communities.
Roundtable 2 – Sexual, Reproductive, Maternal & Neonatal Health and GBV Prevention	Standardize emergency-kit distribution protocols, ensure continuity of prenatal care, implement the contraception strategy, and institutionalize timely care through Post-Exposure Prophylaxis (PEP) kits.
Roundtable 3 – Epidemiological Surveillance, Communicable Diseases, Immunization & NCDs	Consolidate early warning mechanisms, strengthen Expanded Programme on Immunization (EPI) coverage, and implement the response strategy for continuous management of noncommunicable diseases.

Technical Roundtable	Priority Actions
Roundtable 4 – Mental Health & Psychosocial Support	Design the primary mental health care strategy and coordinate interdisciplinary teams to deploy interventions in camps, host communities, and dedicated caregiver support programs.
Roundtable 5 – Rehabilitation & Human Functioning	Define technical criteria for the prescription and adapted delivery of assistive devices, ensuring progressive integration of comprehensive rehabilitation services into the priority care network.
Cross-cutting – Consolidation of the Health Cluster Operational Plan	Present the consolidated implementation timeline, the partner responsibility matrix, and the integration of the five roundtables' roadmaps into the overall Health Cluster Operational Plan, for final validation by the MPPS and international cooperation organizations.

Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

Between 1 and 15 September, the recovery phase of the earthquake response has driven a marked increase in infrastructure rehabilitation works, bringing a considerable number of outsourced construction workers into the affected sites and raising PRSEAH-related risks. Additional risks persist around overnight stays in temporary accommodation, even as camps located in schools are being relocated to other temporary shelters. While humanitarian operations in La Guaira have been progressively regularized, some organizations continue to operate outside the PRSEAH Network and have not yet received support to strengthen their safeguarding policies.

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, 3 remain operational in the country through the recovery phase, continuing to support the MPPS in Health Cluster coordination, epidemiology and logistics.

In the nearly three months since the earthquake, 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 18 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 18 September 2026

Type	#	Team (Country) – Deployment Site
Type 1 Fixed EMT	**2**	**VEN + ESP Red Cross** (Spain / Venezuela) – Estadio Jorge García, La Guaira

Type	#	Team (Country) – Deployment Site
		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

- **Consolidation of the Health Cluster Operational Plan** – In the coming weeks, present the consolidated implementation timeline, the partner responsibility matrix, and the integration of the five technical roundtables' roadmaps into the overall Health Cluster Operational Plan, to be submitted for final validation by the Ministry of Popular Power for Health (MPPS) and international cooperation organizations.

PAHO/WHO RESPONSE

- Provided technical support, under the leadership of the Ministry of Popular Power for Health (MPPS) and within the framework of the Health Cluster, to activate the interinstitutional technical roundtables, enabling the presentation of MPPS guidelines and coordination among partners on the analysis of operational gaps, ensuring a health response with a differential approach to gender, diversity, and the life course.
- Published the updated official emergency response infographic, a strategic tool that maps the field presence of health cluster partner organizations, geographic coverage, and progress of actions implemented in response to the double earthquake.
- Carried out 6 visits to temporary camps in Caracas to gather information on Sexual Exploitation, Abuse and Harassment (SEAH) risks in accommodation sites and support the application of good practices for risk prevention and mitigation and conducted an awareness session on basic SEAH concepts for construction workers carrying out the partial rehabilitation of the third floor of La Sanidad in La Guaira, with the participation of 60 people.
- Designated PAHO as the PRSEAH Focal Point within the MHPSS Technical Working Group and participated in the training of operational teams for the MHPSS needs and resources assessment, delivering the module on basic PRSEAH concepts, with the participation of 60 people from approximately 12 national and international organizations.

COUNTERMEASURES / LOGISTICS

KEY NUMBERS

46.6	27	72	117,714
Metric tons of PAHO supplies arrived at Venezuela	**Donor offers accepted to date**	**Actors benefited from the distribution to date**	**People receiving treatment** – through PAHO and partner donations

Source: PAHO field teams

KEY TAKEAWAYS

- Technical and logistical support to the Ministry of Popular Power for Health (MPPS) continued strengthening the national supply chain and ensuring the continuity of health services through the coordination, reception, and mobilization of international donations of essential medical products.
- The latest donations strengthened care and immunization, including insulin and clotting factor from Direct Relief for chronic conditions and a Trinidad and Tobago vaccine donation to sustain vaccination activities and mitigate outbreak risks.
- Technical support to the Office of Information and Communication Technology advanced the strengthening of MPPS information systems, addressing critical gaps in integration, interoperability, and data availability for situation analysis and decision-making.

SITUATION ANALYSIS

Technical and logistical support to the Ministry of Popular Power for Health (MPPS) continues, aimed at ensuring the timely availability of medicines, vaccines, and strategic supplies for the earthquake response and early recovery. In recent weeks, progress was made in institutional coordination, document management, and logistical facilitation for the reception, transfer, and mobilization of international donations of essential medical products, contributing to the strengthening of the national supply chain and the continuity of health services during the response and early recovery phase.

Information Technology / Telecommunications

The MPPS continues to request support to strengthen its information systems and the availability of quality data for situation analysis and decision-making. Technical support is being provided to the Office of Information and Communication Technology to identify critical gaps in the implementation, use, and integration of the MPPS information systems, particularly in the areas of integration, interoperability, and data availability. This work includes the assessment of technology infrastructure and equipment needs, the definition of technical specifications for procurement, and the preparation of terms of reference (ToR) for specialized programming and application/module development services.

PRIORITY NEEDS

- **Sustained support for donations management** – Maintain technical and logistical support to expedite the reception, release, storage, and distribution of international donations of medicines, vaccines, and strategic medical supplies, and strengthen interinstitutional coordination with national health authorities to ensure their timely incorporation into priority health service networks.

- **Strengthening of information systems and technological infrastructure** – Support the MPPS in strengthening its information systems, including technology equipment and infrastructure, connectivity for areas with infrastructure limitations (Miranda, Capital District, and Greater Caracas),

data collection and quality for the Single Health Information System (SUIS), system integration and interoperability, the development of SUIS applications and modules, and specialized personnel for scalable IT infrastructure.

PAHO/WHO RESPONSE

- Continued to support the response with critically needed medical supplies and medicines, having shipped 46.6 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, 72 actors have benefited from the distribution and 117,714 people have received treatment through PAHO and partner donations.
- Provided technical and logistical support for the acceptance and institutional coordination of a vaccine donation from Trinidad and Tobago, sharing all required documentation with the MPPS for its management and incorporation into the national immunization system. The donation comprises 1,000 vials of Td vaccine (adult diphtheria and tetanus), 1,000 vials of MMR vaccine (measles, mumps, and rubella), 400 vials of adult hepatitis B vaccine, and 10,000 vials of inactivated poliovirus vaccine (IPV), strengthening the availability of biologicals to sustain vaccination activities, restore immunization schedules, and mitigate the risk of vaccine-preventable disease outbreaks in the affected areas.
- Received a Direct Relief donation for the MPPS comprising 263 vials of regular human insulin 100 U/mL and 2,000 units of recombinant Antihemophilic Factor VIII, helping to ensure the continuity of treatment for people with diabetes and coagulation disorders in the context of the emergency.
- Advanced procurement to support the response continues to advance, including primary care backpacks, psychosocial kits, WASH kits, Pediatric Kits, Non communicable disease Kit, and Trauma and Emergency Surgery Kits (TESKs), Rehabilitation kits, epidemiological backpacks, water quality supplies, epidemiological surveillance reagents, and STI equipment, currently at various stages of ordering, receipt, and offer evaluation.
- Provided technical support to the OTIC to assess technology infrastructure and equipment needs, define procurement specifications, prepare terms of reference for specialized application development services, identify gaps in information systems, and ensure ongoing technological support to deployed personnel.

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