Venezuela Earthquake: Inclusion of older people

Rapid Response Policy Briefing – 3 July 2026

The situation: On 24 June 2026, in the early evening local time, a 7.2-magnitude earthquake struck Venezuela, followed less than a minute later by a 7.5-magnitude earthquake. The capital, Caracas, and the nearby city of La Guaira were among the hardest hit.

- More than 2,200 people have been killed, with the number expected to rise significantly.[1]
- 96,000 buildings have been damaged or destroyed, and more than 12,000 people have been displaced from their homes.[2]
- Older people (60+) represent approximately 10% of Venezuela's population.[3] No official age- or disability-disaggregated data is currently available for those affected which represents a critical information gap for reaching those most at risk.

Request: Age International urges the UK Government, humanitarian actors and donors to ensure older people are included in the response

Age International and the DEC

Age International is the only member of the **Disasters Emergency Committee (DEC)** to deliver life-saving support tailored to **older people's needs** in humanitarian crises. The DEC launched its Venezuela Earthquake Appeal on the 1 July 2026. In Venezuela, Age International is implementing through our partner CADENA. Locally based organisations have been the first responders in this crisis, leading search and rescue, and delivering life-saving assistance. International efforts must recognise the strength of Venezuelan civil society and work with local organisations to reinforce their capacity and leadership.

The situation for older people

In Venezuela, many older people were already living with limited access to healthcare and social protection due to ongoing socio-economic challenges. The earthquake will deepen these challenges, particularly for those with chronic health conditions or disabilities. In recent years, Venezuela has experienced significant outward migration, with many younger people leaving the country. As a result, a growing number of older people are living alone or without regular family support, increasing their exposure to risks in emergencies and limiting their ability to evacuate, access assistance, or recover after crises.

Older people are at increased risk from:

- **Social isolation** with the loss of family, caregivers and displacement into informal shelter arrangements.
- **Loss of access to assistive devices** such as hearing aids, glasses, walking sticks and wheelchairs.
- **Disrupted access to health services and medicine** for chronic health conditions such as diabetes and dementia, and increased risk to infectious disease outbreaks, and cholera which could spread due to disrupted water networks
- **Emotional distress, grief and stress** with limited access to appropriate mental health and trauma support.
- **Ageism in humanitarian responses** with older people being excluded from assessments or seen as not worth the effort.

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[1] https://www.dec.org.uk/appeal/venezuela-earthquake-appeal

[2] https://news.un.org/en/story/2026/06/1167837

[3] https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=VE

Recommendations for governments, humanitarian actors and donors

1. Champion an inclusive humanitarian response that leaves no one behind

- Urge the UN, donors and NGOs to include older people systematically, especially older women and those with disabilities, in all assessments, programming and funding mechanisms. This includes long-term recovery efforts, to enable older people to maintain independence and continue contributing to their households and communities.
- Collect, analyse, use and report on data that is disaggregated by, at a minimum, sex, age, disability, and location. This should include data relating to the capacities older people have and the specific risks they may face, to ensure they are included in response planning.
- Support the deployment and activities of Age Inclusion Specialists (AIS) who ensure older age inclusion is on the agenda in humanitarian coordination mechanisms. At present there is just one AIS in Venezuela.

2. Ensure aid is tailored to older people and reaches those most at risk

- Prioritise flexible funding for local, community-based organisations which have experience working with older people.
- Support age-inclusive health; social protection; water, sanitation and hygiene; and food security programming; including:
    - Mobile health teams which can deliver medical consultations and medicines to ensure continuity of care for those with chronic health conditions.
    - Assistive products and personal support for older people who need them to facilitate relocation and promote independence.
    - Adapted aid distribution mechanisms so older people can access food and other things they need like mattresses, blankets and clothes without long queues or excessive travel.
    - Communication in accessible digital and non-digital formats for those with sensory or cognitive impairments.
    - Distribution of age- and gender-inclusive hygiene kits, and provision of household water filters and safe water storage buckets.

3. Protect the dignity, rights and wellbeing of older people

- Strengthen targeted Mental Health and Psychosocial Support interventions, such as age-inclusive counselling services and age-friendly spaces where older people can feel safe and connect with others.
- Include older people in meaningful roles, such as peer supporters, using their skills, knowledge, and capacities to contribute to rebuilding their communities.
- Ensure the unique protection risks older people may face, including neglect, abuse, exploitation are monitored and addressed through safe, confidential, and age-appropriate referral mechanisms, in particular for those who are isolated, displaced, or dependent on others.

Age International is continuing to monitor the situation for older people and our partners will adapt the humanitarian response in line with the need. Please reach out if you would like more information.

Katie Jakeman, Policy Advisor, Age International
katie.jakeman@ageinternational.org.uk