

● UNICEF ARGENTINA'S RESPONSE
TO THE INFLUENZA PANDEMIC:
THE ORGANIZATION'S COMMITMENT
TO MOTHER AND CHILD HEALTH



Authorities

Andrés Franco, UNICEF Representative

Ennio Cufino, UNICEF Deputy Representative

Authors

María José Ravalli, UNICEF Communication Specialist

Zulma Ortiz, UNICEF Health Specialist

Edition

Eugenia Esandi

Revision

Dolores Giménez

Translation

Rut Simcovich

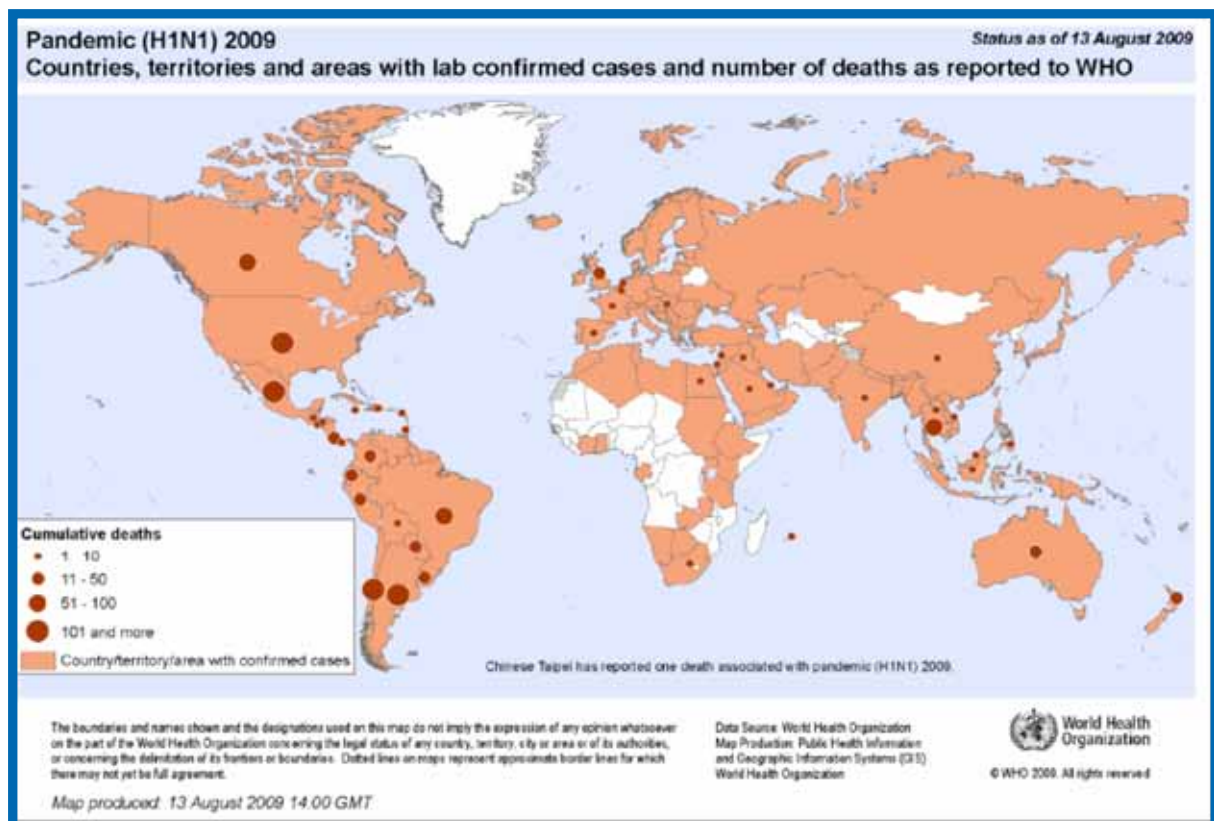
The Type A (H1N1) Influenza pandemic and its impact on pregnant women



By the end of April 2009, the World Health Organization (WHO) announced the appearance of a new influenza virus, an H1N1 Influenza strain which had not affected humans previously. **Only two months later, on the 11th of June, with the sustained transmission of the virus from one region of the world to another, the WHO declared phase 6 of the pandemic.**

In January 2010, confirmed cases of the disease were reported in 208 countries in the world as well as **12799 deaths**¹. By that same date, Latin America recorded **6880 deaths** among the confirmed cases in 28 countries of the Region ².

Argentina was one of the countries in the Region and in the world with the highest number of reported deaths from this disease, as can be seen in the WHO's map of fatal cases (August 2009) caused by Type A (H1N1) Influenza.



¹ World Health Organization. Pandemic (H1N1) 2009 - update 82. Available at: http://www.who.int/csr/don/2010_01_08/en/index.html

² Pan American Health Organization. Weekly update. H1N1 Pandemic (2009). Available at: http://new.paho.org/hq/index.php?option=com_content&task=view&id=2170&Itemid=2293



- **AMONG THE SEVERE CASES, PREGNANT WOMEN AND CHILDREN UNDER 5 WERE THE MOST AFFECTED POPULATIONS. PREGNANT WOMEN CONTRACTING TYPE A (H1N1) INFLUENZA HAVE A HIGHER RISK OF BEING HOSPITALIZED THAN THE GENERAL POPULATION.**

A study carried out in the USA showed that the risk of being hospitalized due to the Type A (H1N1) Influenza was three to five times higher in pregnant women as compared to non pregnant women of child-bearing age and the general population³. From April to December 2009, 788 cases of Type A (H1N1) Influenza in pregnant women were reported: 509 were hospitalized and 115 (22.6%) of these had to be admitted into the Intensive Care Unit (ICU)⁴.

In Canada, the Public Health Agency reported that as of August 22, 2009, pregnant women represented 5% of the total H1N1 pandemic cases registered in women of child-bearing age. Nevertheless, they represented 30% of the cases in this group requiring hospitalization and 30% of the women of child-bearing age who died because of Type A (H1N1) Influenza⁵. The Agency estimated that pregnant women had a risk of being hospitalized that was 5 times higher and almost three times the risk of presenting severe complications (admission into ICU or death) due to Type A (H1N1) Influenza compared to the general population of the same age⁶.

In October of that same year, the Pan American Health Organization hosted a meeting of experts where more than a hundred international clinicians, scientists, and public health professionals took part. Participants presented their research and experience with a wide representation of the Americas region, drawing as a conclusion that pregnant women represented one of the three groups at risk of severe or fatal disease, together with children under two years of age and people with chronic pulmonary diseases, including asthma⁷.

- **THE MORE ADVANCED THE PREGNANCY THE HIGHER THE SEVERITY OF THE DISEASE.**

Reports from different countries showed that a majority of the pregnant women requiring hospitalization and/or intensive care were in the second and third trimester of pregnancy. In Australia, for instance, the gestation period was known for 76 of the 190 hospitalized pregnant women: 8% (6) were in their first trimester (weeks 1-12); 23% (18) were in their second (weeks 13-26) and 68% (52) were in their third (weeks 27-41)⁸.

³ Denise J Jamieson et al. H1N1 2009 influenza virus infection during pregnancy in the USA. *Lancet* 2009; 374(9688): 451-8.

⁴ Siston et al. Pandemic 2009 influenza A(H1N1) virus illness among pregnant women in the United States. *JAMA*. 2010 Apr 21; 303(15):1517-25.

⁵ British Columbia Perinatal Health Program. Management guidelines for pregnant women and neonates born to women with suspected or confirmed swine-origin H1N1 influenza A (draft). Update, September 2009.

⁶ British Columbia Perinatal Health Program. Management guidelines for pregnant women and neonates born to women with suspected or confirmed swine-origin H1N1 influenza A (draft). Update, September 2009

⁷ Pan American Health Organization. Regional pandemic update. Available at:

http://new.paho.org/hq/index.php?option=com_content&task=view&id=1958&Itemid=1167

⁸ Australian Government, Department of Health and Ageing. Australia Influenza Surveillance Summary Report No. 20 (reporting period 19 Sept-29 Sept 2009). Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm>

Type A (H1N1) Influenza in Argentina



During 2009, our country was severely affected by the Type A (H1N1) Influenza pandemic.

Situation in Argentina

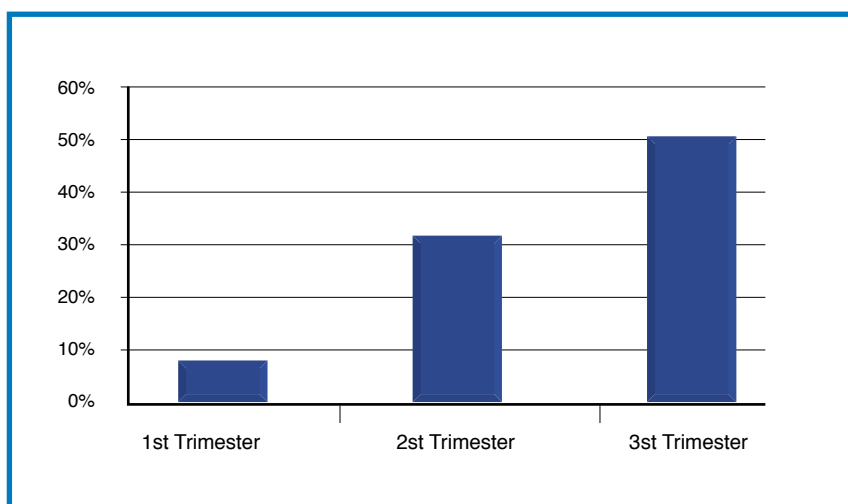
Epidemic figures throughout the national territory

General population (as of January 2010) ⁽¹⁾

- **1401712** Influenza-type cases
- 11931** confirmed cases
- 14084** required hospitalization¹
- 617** deaths among confirmed cases

Pregnant women (as of November 2009): ⁽²⁾

- **316** suspected H1N1 influenza cases
- 170** confirmed cases
- 74** cases with data regarding gestation



Source: (1) Pandemic Influenza H1N1 (2009). República Argentina. Epidemiologic Week N° 52 Report; (2) based on data from the National Directorate for Epidemiology, Ministry of Health of the Nation

Uncertainty: the major issue at the beginning of the pandemic



Over the first few months of the pandemic there was great uncertainty among the population and the health professionals regarding the proper measures to prevent this disease.



UNCERTAINTY WAS MOST NOTABLE IN PREGNANT WOMEN WHO INITIALLY HAD NO ACCESS TO SPECIFIC INFORMATION AND LATER RECEIVED CONFUSING DATA.

It became clear during the months of higher care demand (June and July) that the Health Care institutions at the national and provincial levels disseminated very little information regarding the most appropriate actions for the prevention and treatment of Influenza in the above mentioned population.

The capacity of hospitals and health care centers was exceeded by the demand and they had little time to investigate and select relevant scientific evidence for the treatment of pregnant women.

Should pregnant women be treated in case of suspicion or confirmation of Type A (H1N1) Influenza? Are the drugs to control the disease safe? Do they reduce complications? What if women are breast-feeding? Should they have the drugs prescribed? Can they continue breast-feeding? What about affected children? Should they be treated?

These were some of the most frequent questions circulating in the health care professionals' debate forums where various experts participated.



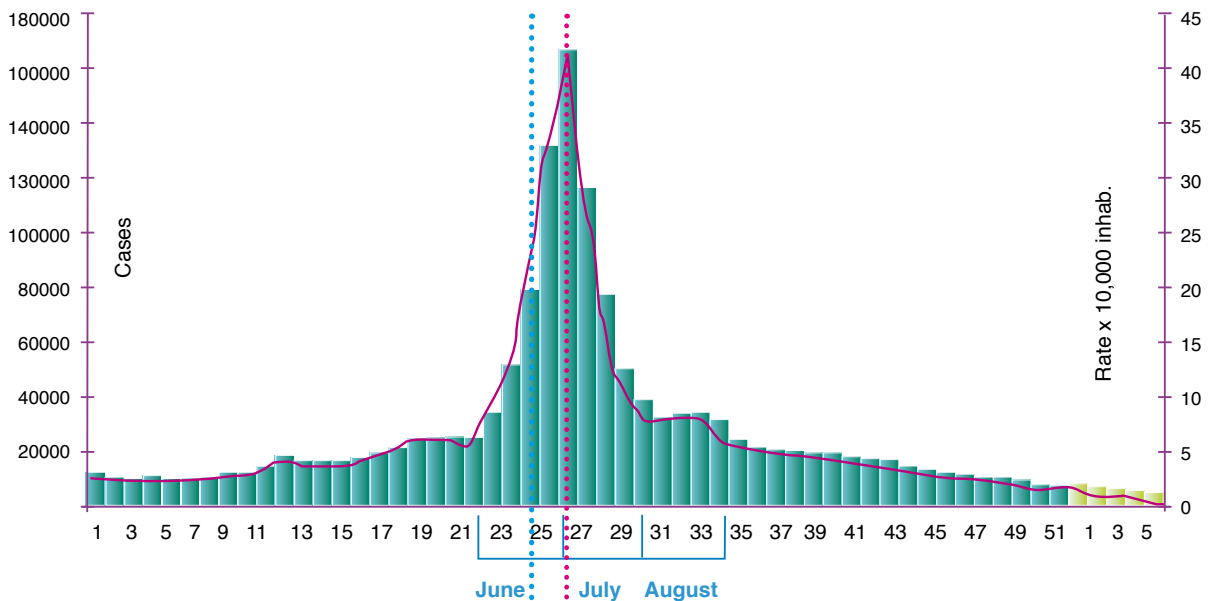
¿What was Unicef Argentina's strategy to address the pandemic?



Since uncertainty contributed to magnifying the impact of the epidemic in the population, Unicef Argentina responded implementing a **LOBBYING** process to influence various types of stakeholders who were key for the prevention and control of the disease.

According to statistics provided by the National Health Ministry of Argentina, the Pandemic Influenza epidemic reached its highest intensity by the end of June 2009. Unicef's action started early, with the increase in Type A (H1N1) Influenza cases?.

Epidemic curve of H1N1 Influenza in Argentina during 2009 and UNICEF's response



Period prior to epidemic peak in Argentina

- Great uncertainty
- Intense demand in health care services
- Ignorance about degree of harm for pregnant women and children

UNICEF Argentina's response

Implementation of a **LOBBYING PROCESS** aimed at social actors who were key in the prevention and control of pandemic influenza.

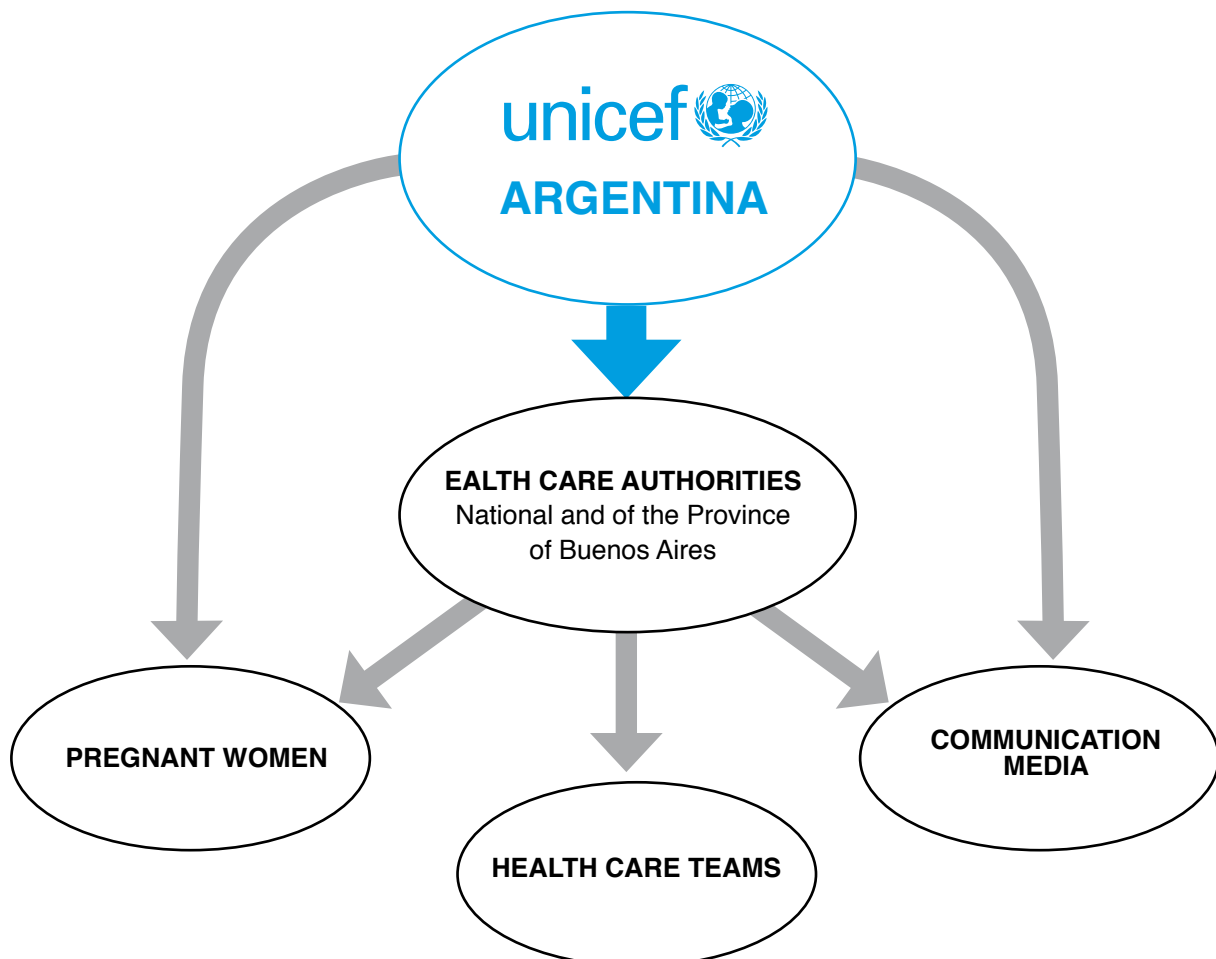
¿What were the objectives of the LOBBYING process?



- Advocate to **INCLUDE AND PRIORITIZE PREGNANT WOMEN** in the Type A (H1N1) Influenza prevention actions promoted by the National Ministry of Health and the Ministry of Health of the Province of Buenos Aires.

Secondly,

- Foster and support the generation of **COMMUNICATION RESOURCES** targeting **PREGNANT WOMEN** with specific recommendations for the prevention of the disease.
- Foster and support the generation of **INFORMATION** and **TRAINING RESOURCES** for **HEALTH CARE TEAMS** concerning the recommendations for the diagnosis, treatment and care of pregnant women affected by Type A (H1N1) Influenza.
- Emphasize the importance of the **COMMUNICATION MEDIA** providing coverage designed to enhance the knowledge of the disease by the population affected by the epidemic.



A Review of the Actions: Target Audiences, Communication Channels, Actions and Messages.



Actions to influence governments

The governmental authorities play a key role in the pandemic control: they are responsible for defining policies and action plans to “unify” the message, and convey it clearly to the other levels of the health care system as well as to the general population.

- THE CENTRAL MESSAGE TO THE AUTHORITIES WAS: “PREGNANT WOMEN ARE THE MOST AFFECTED BY THE PANDEMIC AND SHOULD BE PRIORITIZED”.

This message was communicated to the authorities of the National Ministry and the Ministry of the Province of Buenos Aires through:

- Informal and formal communication channels (bilateral meetings of decision- makers with members of Unicef).
- Generating and presenting a comprehensive review of the scientific evidence on the prevention and treatment of H1N1 Influenza in pregnant women.
- Setting forth the need for the national authority to draft recommendations in order to avoid sending contradictory messages to the population, aimed at generating a feeling of assurance and confidence in the population and the health care teams.

Actions to influence pregnant women

Since they are one of the highest risk populations, pregnant women, their partners and families should become actively engaged and take responsibility for caring for themselves and their child.

- MESSAGES TO PREGNANT WOMEN EMPHASIZED CONTROLS, BREAST-FEEDING AND SUSPICION OF INFLUENZA: “IF YOU ARE PREGNANT DO NOT MISS YOUR CONTROLS”; “BREAST-FEEDING SAVES LIVES, ALWAYS” AND “AS SOON AS YOU HAVE ANY INFLUENZA SYMPTOMS, GO TO YOUR HOSPITAL OR MATERNITY CLINIC”.

To communicate this message, Unicef Argentina took several actions:

- Use of **mass media**: national and provincial television and print media (Argentine newspapers with the highest circulation).
- mPreparation of **TV spots** that were also disseminated through several Internet portals focusing on information for pregnant women.
- Creating – together with the National Health Ministry – **leaflets and posters** to foster breast-feeding and encourage women with symptoms of the disease to continue breast-feeding, as well as to instruct pregnant women on the disease, the risks for mother and child and the care actions recommended.

This material was distributed to hospitals and health care centers through the Remediar program.



AGUSTINA CHERRY Y GASTON PAULE

TV spot developed by UNICEF seeking to clarify the situation of women affected by the virus and the connection to breastfeeding and encouraging them to continue breastfeeding even during the disease.

EMBARAZO Y LACTANCIA FRENTE A LA GRIPE A (H1N1)

¿Cómo se transmite la Gripe A?
Por el contacto directo con una persona enferma.
Por las microgotas de la tose o al estornudo de personas infectadas.
Al tocar superficies contaminadas, como picaportes, barandillas o canchales.
Al tocar los ojos, la nariz o la boca, luego de estar en contacto con elementos o personas infectadas.

¿Cuál es el tratamiento para la Gripe A?
Durante el embarazo, el mejor tratamiento para tratar la fiebre es la tose de Paracetamol, pero recuerda que siempre debes ser consultado por tu médico.
NO se conforme con bajar la fiebre: CONSULTA SIEMPRE AL MÉDICO.
Existen muchos fármacos para resfriados que se pueden usar en bebés. Su médico decidirá si usted necesita medicamentos, antivirales u otros. Los antivirales para uso hospitalario, para su uso en embarazadas, necesitan que consumamos y bebamos.

¿Cómo alimentar al bebé?
La lactancia materna es la mejor para que el bebé adquiere defensas ante enfermedades. Esto es muy importante para los bebés pequeños cuyos sistemas todavía están en desarrollo.
No deje de alimentarlo con su leche.
Si usted tiene síntomas de gripe, consulte inmediatamente al médico, sobre la medicación que le indiquen o simplemente medidas de prevención al amamantar:
1) Use mascarilla, gorro blanco y nariz.
2) Lávese cuidadosamente las manos con agua y jabón antes de ponerle al pecho.
3) Trate de que una persona sana, familiar o amiga cambie y soste al bebé.
Al cumplir 48 horas de tratamiento o 7 días de enfermedad usted ya no contagia y puede recuperar el tiempo de contacto con su bebé.

Amamantar salva vidas, siempre.

CÓMO PREVENIR LA GRIPE A EN LA MUJER EMBARAZADA.
Evitar la preparación de la Gripe A (H1N1) en sus puestos de trabajo de trabajo.

www.msa.gov.ar
0800.222.9002

UNICEF
Ministerio de Salud
Presidencia de la Nación

Advocacy actions to influence authorities and health care teams in hospitals and primary health care centers



This group is the main reference to provide information to pregnant women. If they lack the correct information, preventing and mitigating a pandemic becomes very complicated.

- THE MESSAGES TO AUTHORITIES AND MEMBERS OF HEALTH CARE TEAMS WERE: “PREGNANT WOMEN ARE THE MOST AFFECTED BY THE PANDEMIC AND SHOULD BE PRIORITIZED” AND “DURING A PANDEMIC IT IS NECESSARY TO STAY INFORMED WITH SOUND AND RELIABLE EVIDENCE FROM OFFICIAL SOURCES”.

Unicef Argentina’s communication strategy to convey this message to the mentioned group of professional was drafting and disseminating recommendations based on international scientific evidence. These recommendations describe the appropriate practices for prevention and treatment of the disease in pregnant and breast-feeding women in order to reduce the impact on mother and child health.

Recommendations included different care aspects; treatment of confirmed or suspected cases, ambulatory care, hospitalization and the best way for hospitals to organize for an effective and timely response.

Recommendations drafted by Unicef, together with the Ministry of Health of the Province of Buenos Aires.

Different communication channels were used to provide the health care team with this information:

- Dissemination through e-mail networks of the Ministry of Health of the Province of Buenos Aires.
- Training with the attendance of all the heads of health care services in the sub-regions, who are responsible for the dissemination of information in the sub-regions.
- Presentation at the National Congress which brings together all of the country’s gynecologists, obstetricians and therapists.



Advocacy actions to influence the communication media



During a pandemic, the media have the possibility of making issues visible to the public, help access reliable information and reduce exaggerated fears.

● **THE KEY MESSAGE FOR THE MEDIA WAS: “A PANDEMIC IS AN OPPORTUNITY TO IMPROVE SERVICES DEMAND AND RAISE AWARENESS IN THE MOST VULNERABLE POPULATION”**

During the pandemic, Unicef implemented the actions traditionally implemented by the organization in this kind of situation, such as:

- Providing reliable information
- Establishing a direct dialogue with opinion leaders and becoming a spokesperson for the issues concerned.

Also, Unicef decided to monitor the media coverage of Type A Influenza.

Specifically, the organization carried out a quantitative analysis of the news on pregnancy and Type A Influenza (including aspects such as source of the news, genre, cover, origin) and a qualitative analysis of the news that made reference to the death of pregnant women as a result of the epidemic. The newspapers *Clarín*, *La Nación*, *Crónica*, *Crítica*, *Página 12*, *La Voz del Interior* and *La Capital de Rosario* were analyzed from the May 1st to August 15th 2009.



The actions in numbers



1.200.000 Copies of each communication piece were distributed in health care centers, hospitals and clinics.

Sports were developed and broadcasted for two weeks on air and cable TV. Print pieces appeared in the most widely read media.

From **553 news** on Type A Influenza published in the 7 newspapers that were monitored between May 1 and August 15, **139 (25%) dealt with pregnant women and influenza.**

How many of these 139 features mentioned the source of the information?

129 (93%) cited the source of reference, mostly governmental. Some mentioned more than one source, and only 14% mentioned prevention measures.

The Type A Influenza topic was on 50% of the front pages. However, of this 50%, **only 34%** referred to the situation of pregnant women.



Lessons learned



- For a lobbying process to achieve the expected results in an emergency situation, such as the Type A (H1N1) Influenza, it is necessary to identify all the stakeholders involved in the process, adapt the messages to each type of stakeholder and use multiple communication channels so as to reach the various audiences.

- The joint work with the main governmental authorities was key to coordinate the activities and unify the messages targeted at hospital authorities, health care professionals, pregnant women and the general population.



- The use of different information products and communication channels would have guaranteed the availability of the information that pregnant women needed to prevent the disease or reduce its complications.

- Drafting recommendations based on international scientific evidence made it possible to unify the message across decision-makers, hospital authorities and members of the health care teams.

- These emergency situations should be capitalized to enhance the role of communication media in society. In the case of the pandemic, an opportunity was lost in the journalistic coverage. **The coverage focused exclusively on the paid leave, but missed a chance to convey information about the essential care that pregnant women require.**

- The creation of spaces for a dialogue between the experts and the referents of communication media was vital to influence this sector.

- It is necessary to generate/ strengthen capacities in the journalistic approach to an emergency.

- The news items concerning the maternal deaths due to the disease are restricted exclusively to a narration of the case, and there is no systemic analysis to help identify the factors that would explain why these deaths happen and how to avoid them.

A final consideration



- THE DEATH OF A PREGNANT WOMAN IS A TRAGEDY, A PERFECT EXAMPLE OF INEQUALITY AND A VIOLATION OF HUMAN RIGHTS. EVEN IN A PANDEMIC SITUATION, THE DEATH OF A MOTHER CAN BE PREVENTED.
- IT IS NOT POSSIBLE TO PREVENT EACH AND EVERY MOTHER'S DEATH WITHOUT FIRST MAKING THEM VISIBLE: THE STATE, HEALTH CARE PROFESSIONALS, THE MEDIA AND SOCIETY PLAY A KEY ROLE IN THIS PROCESS.



Publishing Coordination

Communication Area. UNICEF - Office of Argentina

Buenos Aires. October 2010.



unicef 

únete por la niñez