RESPONSE HIGHLIGHTS

UNICEF is entering the second phase of its response, taking action in 21 countries at both community and policy level, with a clearly defined aim to control the spread of Zika and mitigate its impact. Whilst continuing work on preventing the spread of Zika, UNICEF has a clear mandate to lead on the non-clinical Care & Support component of the response due to the sharp increase in the number of countries reporting children being born with microcephaly linked to Zika virus. UNICEF works to ensure integrated, multi-sectoral and community-based support for children and families affected by Zika, whilst also working to reduce stigma and promote inclusion.

At a global level UNICEF continues to drive the development of diagnostics tools and vaccines to prevent its transmission. In the past month there have been developments with regards to possible vaccines, but these will still not be available until the end of 2017 at the earliest.

Closer collaboration and coordination with UNICEF HQ in New York, to bolster and strengthen actions and activity at global, regional and country level, whilst coordination with state and non-state actors continues to ensure a fully inter-sectoral approach to the Zika response.

Women of child bearing age, pregnant women and their partners, as well as adolescents are the primary target audiences for UNICEF’s communication strategies (mass media and communication for development (C4D) activity). 157 million people have now been reached with preventive messages.

SITUATION OVERVIEW

ZIKV continues to spread: 67 countries around the world report continuing mosquito-borne transmission; 43 of these countries are in the Latin American and Caribbean (LAC) region.

1,903 confirmed cases of microcephaly and other fetal malformations potentially associated with Zika virus infection reported in 12 LAC countries.

37,543 suspected and confirmed cases of Zika virus disease in pregnant women were reported.

Over 577,791 suspected/confirmed ZIKV cases in the LAC region as of 25 August 2016.

The first death from Zika related microcephaly in the region was reported in local news in Tegucigalpa in August.*

MORE THAN A NUMBER

In Colombia, these school children (pictured above) learn about Zika and how to prevent it through large mobile signs that are being placed in the areas of highest risk across the country. This is part of a large mass communication campaign.

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157 million people reached

6.3 m US$ received

73%

2.4 m US$ required

27%
1. **EPI UPDATE**

- To date, **67 countries and territories** around the world report continuing mosquito-borne transmission; **43** of these are in the Latin American and Caribbean (LAC) region.
- **12 LAC countries and territories have reported** confirmed cases of microcephaly and/or CNS malformation cases associated with a Zika virus infection. Additionally, three countries reported suspected and probable cases of congenital syndrome associated with Zika virus infection: Barbados, Guatemala, and Nicaragua. Below the table with the cases reported by country.

<table>
<thead>
<tr>
<th>Countries in LAC reporting congenital syndrome associated with Zika virus</th>
<th>Number of confirmed cases to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>1,845</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>1</td>
</tr>
<tr>
<td>Colombia</td>
<td>29</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>3</td>
</tr>
<tr>
<td>El Salvador</td>
<td>4</td>
</tr>
<tr>
<td>Haiti</td>
<td>1</td>
</tr>
<tr>
<td>Honduras</td>
<td>1</td>
</tr>
<tr>
<td>Martinique</td>
<td>10</td>
</tr>
<tr>
<td>Panama</td>
<td>5</td>
</tr>
<tr>
<td>Paraguay</td>
<td>2</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>1</td>
</tr>
<tr>
<td>Suriname</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,903</strong></td>
</tr>
</tbody>
</table>


- **30 LAC countries and territories** have reported confirmed and suspected ZIKV cases in pregnant women: a total of 37,543 suspected and confirmed cases of Zika virus disease in pregnant women were reported.
- To date, **9 LAC countries and territories have reported an increase in the incidence of Guillain-Barré Syndrome (GBS)** and/or GBS cases with confirmed ZIKV infection: Brazil, Colombia, Dominican Republic, El Salvador, Jamaica, Honduras, Suriname, Martinique, and Venezuela. Haiti, Panama, Guatemala, Costa Rica, and Puerto Rico have also reported cases of GBS with confirmed ZIKV infection, but without an overall increase.
- **3 LAC countries** have reported evidence of **person-to-person ZIKV transmission**, probably via a sexual route.

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Table 1: Cumulative ZIKV suspected and confirmed cases reported by LAC countries and territories (2015-2016)

<table>
<thead>
<tr>
<th>Suspected Autochthonous ZIKV</th>
<th>Confirmed Autochthonous ZIKV</th>
<th>Confirmed Imported Zika</th>
</tr>
</thead>
<tbody>
<tr>
<td>466,343</td>
<td>111,237</td>
<td>211</td>
</tr>
</tbody>
</table>


Graph 1: Cumulative ZIKV suspected and confirmed cases reported by LAC countries and territories as August 25, 2016

Source: Own elaboration based on PAHO//WHO, Situation Reports.

HUMANITARIAN RESPONSE STRATEGY

Country Offices are advancing their plans for the second stage of the ZIKV response, which has been agreed to take us up to December 2017. There is a particular emphasis on non-clinical Care & Support, which corresponds to UNICEF’s institutional commitment to this effect. This builds on UNICEF’s mandate, comparative advantage and our past experiences, meaning that we are currently uniquely placed to lead this component. This work is in coordination and collaboration with other state and non-state actors.

2. FUNDING

<table>
<thead>
<tr>
<th>Latin America and the Caribbean</th>
<th>2016 Requirements (US$)</th>
<th>Funds received (US$)</th>
<th>Funding Gap (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social mobilization and response activities in affected countries</td>
<td>4,560,000</td>
<td>6,376,243</td>
<td>2,443,757</td>
</tr>
<tr>
<td>Rapid Response Teams</td>
<td>2,520,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional support to countries</td>
<td>1,740,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8,820,000</strong></td>
<td><strong>6,376,243</strong></td>
<td></td>
</tr>
</tbody>
</table>

USAID is donating funds to UNICEF’s ZIKV Response to be dedicated to Zika prevention, control and mitigation through risk communication, community engagement, care and support in the Dominican Republic, El Salvador, Guatemala and Honduras. Funds received are being shared between the global, regional and country responses.

As well as fundraising at a regional level, various countries in LAC have received funds from specific country governments. Suriname is mobilizing funds from the government of the People’s Republic of China, Haiti has received funds from DFID (UK Department for International Development), whilst Honduras and El Salvador have benefited from funds from Japan.

We are continuing to explore other funding opportunities such as with the Dutch Lottery and US Fund.
3. REGIONAL RESPONSE

3.1. COORDINATION AND LEADERSHIP

Coordination and sharing of knowledge and experience between UNICEF LACRO and UNICEF HQ in New York has been a focus during August. As we move into the second phase of the Zika response, it has been important to clarify the non-clinical Care & Support component of the response, which wasn’t a priority of the initial plans. Equally, as we look to move the response from purely an emergency one to mainstreaming it into programmes both at country and regional level, robust coordination is required. The Zika Cell Coordinator (David Simon), the Zika Team Lead (Carlos Mancilla) and the Global Zika Advisor (Koen Vanormelingen) have all had meetings in New York City and Washington D.C. to strengthen coordination between the teams, and other conference calls have taken place with regards to funding, Communication for Development (C4D), Care & Support, and planning of USAID funded programmes.

UNICEF LACRO is working closely with colleagues in New York City to ensure a consolidated and coordinated approach with regards to the activities and plans funded by USAID. UNICEF LACRO took part in a conference call with USAID and all USAID-funded Zika implementing partners, to explain their focus of action within the framework of the response. In addition, the team at LACRO have been coordinating efforts to review and develop the one-year implementation plan for the USAID-funded countries (Dominican Republic, El Salvador, Guatemala and Honduras) providing technical support where required.

UNICEF continues to coordinate with PAHO/WHO to ensure work isn’t duplicated, and potential gaps in activity identified. A meeting took place in Washington D.C. to share experiences. Consolidation of information regarding KAP studies has taken place, including methodologies and instruments for measurements. Results of these studies will also be shared between partners.

At a regional level, UNICEF continues to coordinate work with other NGOs, for example, holding a meeting with Save the Children to share strategies. We continue to play an active role in the Zika Communication Network (ZCN) and REDLAC communication network.

3.2. TECHNICAL SUPPORT & CAPACITY BUILDING

LACRO continues to provide technical support and assistance to countries in the region. The Integrated Response Model that will help the planning of the second phase of the response is complete, whilst the document addressing expected Knowledge, Attitudes and Behaviours for our target audiences is awaiting validation. We have been developing C4D guidelines to accompany the Care and Support component. We are also compiling and validating an ‘umbrella messaging’ document to help country offices and the regional office plan mass media communication.

As part of the work to plan USAID activities, the Zika team have undertaken missions to Guatemala, El Salvador and Honduras to strengthen plans via workshops and other sessions, with particular emphasis on Communication for Development (C4D) and Care and Support of children affected by Zika and other congenital disorders. Coordination with implementing partners and other actors continues to be a key part of this process.

The LACRO ZIKV C4D specialists have facilitated a Communication for Development and Zika Prevention workshop in Suriname, co-hosted by UNICEF and the Ministry of Health. The workshop was tailored for 40 health sector and social services responders, including 5 from neighboring Guyana, which enhances cross-border interventions. The key objective was to strengthen inter-sectoral collaboration between agencies and to plan and implement appropriate public education programmes that will facilitate behavior change through community engagement, specifically to prevent and manage ZIKV and related congenital syndromes, including microcephaly.

Technical support is also provided via conference calls. Multiple country offices have received technical support with regards to mass communication, monitoring and evaluation, U-Report, Communication for Development, Care & Support and funding applications. These conference calls also help plan upcoming technical missions, and ensure follow-up on activities agreed whilst the technical specialists are in country.
3.3. INFORMATION AND KNOWLEDGE MANAGEMENT

The first product from the literature review “Production of a Risk Communication and Community Engagement Evidence Synthesis and Research Briefs” that is being conducted by Universidad del Norte of Colombia has been received, which identifies effective communication and social mobilization strategies related to vector control. The summary will be published shortly.

U-Report is being used to identify risk perception in the region, with results shared on the Global U-Report page (http://ureport.in). A Global U-Report poll on Zika virus and the Olympics showed various levels of risk perception, with marginally more men replying that they wouldn’t let Zika virus stop them going to the Olympic Games in Rio than women. There was a starker difference between age groups, with younger groups (up to 19) less likely to attend the Olympic Games in Rio if they had the opportunity than those over 20. This suggests that of those polled (which is not a representative sample) younger groups perceive Zika to be more dangerous than older groups.

This word cloud shows the words that people used online alongside Zika in July. (Microcephaly, virus and Zika have been removed as they skew the cloud too much). The bigger the word the more times it is used. This word cloud suggests that the online conversation is focusing on pregnant women, mothers and new born babies, rather than prevention messaging.

3.4. RESOURCES MOBILIZATION

The four countries that form part of the USAID-funded plan (Dominican Republic, El Salvador, Guatemala and Honduras) have each received an initial amount of $250,000.

Two countries have recruited a C4D Specialist – Honduras and Ecuador.

4. PROGRAMME RESPONSE

4.1 INTEGRATED RESPONSE ACTIVITIES

Detection

UNICEF is advocating for improved detection systems both with regards to detecting Zika virus in the general population (with a specific emphasis on pregnant women) but also with regards to detecting Zika Congenital Syndrome in babies (i.e. microcephaly and other congenital neurological disorders).

There are six countries that have reported suspected cases of Zika Congenital Syndrome, but that have not been confirmed by PAHO due to a lack of testing tools and facilities. These countries are Barbados, Dominican Republic, Guatemala, Honduras, Nicaragua and Suriname.

In Argentina, the Ministry of Health is using provincial laboratories for testing Zika virus rather than sending tests off to a centralised facility, whilst in Paraguay the Government has published a Surveillance Protocol on Zika virus. In Bolivia, training in Beni ensured that 365 health professionals are able to diagnose Zika (as well as being confident in communication prevention and mitigation messages).
Prevention

All countries continue to develop and augment their prevention strategies. Whilst not specifically reporting new activity, many countries are reporting an increase in numbers of health or education workers trained, people reached with communication messages and more households visited through volunteers. In Haiti, for example, 200 health workers have now been trained on management of newborns, 2,189 pregnant women and women of reproductive age have been visited in their homes and 329 leaders were trained on vector control; whilst in Suriname, Medical Mission (Medische Zending) has trained 50 out of 70 healthcare workers based in the Interior Health Posts. This increase in activity is reported across the region.

Countries in the region that are also facing natural disasters (earthquakes, hurricanes, flooding, etc.) put more emphasis on community-led vector control activities, such as the clean-up programmes, delivery of 430 hygiene kits (including insect repellents) and insecticide spraying that took place in Belize after Hurricane Earl. Paraguay, which is recovering from flooding, and post-earthquake Ecuador continue to cite vector control as a large part of their Zika response.

Adolescents are one of UNICEF’s two primary target groups, and work has been ongoing to reach this vulnerable group with communication around personal protection both against mosquito bites but sexual transmission of the virus too. El Salvador continues to use innovative approaches to communicate to adolescents, including working with the National Institute for Children and Adolescents’ Development (ISNA) to train 87 operators, social promoters and technical staff to implement ludic (play-based) tools to talk about Zika transmission and its consequences. This activity, supported by the Embassy of Japan, aims to reach 15,000 people across the country. In Honduras, 20 municipalities are strengthening programmes specifically aimed at adolescents and youth via the Municipal Programmes of Infancy, Adolescence and Youth using health and education centres, and local media.

Mass communication:

Local and community activity is complemented by mass communication of prevention and behavior change messages. Multiple countries are using community radio stations to reach vulnerable groups. In El Salvador, radio spots aimed at children and adolescents are being played on 22 community radios, whilst in Honduras over 50 different local TV, radio and other media channels have been used to reach 74 municipalities across the country. The Peru Country Office have produced a new video about prevention of Zika and care of pregnant women that will be added to the current list of materials being shown on local TV stations in the high risk areas of Loreto and Amazonas. In Belize, the UNICEF Representative and the Disaster Focal Point Consultant for PAHO/WHO appeared on a popular morning show to discuss the response to Zika.

Belize has been testing new approaches to communicate key messages. As well as working with a major telecommunication company, SMART, to broadcast prevention messages to 120,000 people, they’ve also worked to integrate Zika prevention into pre-planned activities that the town councils led. One activity saw them creating booths where they shared information with the general public about vector borne diseases and how to prevent transmission. All messaging has been worked on alongside PAHO and the Ministry of Health.

Schools:

Education and schools continue to be a key channel to reach communities with risk communication, prevention activities and behaviour change strategies. These settings can be used as a mechanism to strengthen care and support programmes in countries, including campaigns to reduce stigma and prevent discrimination.

Country Offices continue to work closely with Ministries of Education to provide technical and financial support to the Zika response. In Bolivia, the Country Office is part of the ‘Mesa Educativa en Salud’ (Education in Health Roundtable) that is ensuring work is aligned with existing education programmes to reach indigenous groups, amongst others. In the Dominican Republic, work is underway to involve educational center directors, parents associations and students in the response. In Paraguay, the Country Office is providing technical and financial support to the Ministry of Education and Culture to roll out a training of trainers for teachers on Disaster Risk Reduction including the ZIKV prevention module to ensure schools are removing breeding sites and mobilizing children and adolescents as agents of change.

Teachers are a key influencer group, and working in schools is a focus area for many country responses. Honduras is developing an innovative project that is unique in the region, whereby teachers can learn online about techniques to teach about prevention of Zika virus transmission. The project is entering its final phase before launch in September.
Ecuador is following a similar model with regards to education as Honduras, undertaking a train the trainer programme. In Colombia, 640 teachers in the 32 most affected municipalities have taken part in workshops on basic aspects of Aedes control disease and social mobilisation activities on the school. During the training, all received printed materials including pamphlets, planning calendars, posters and colouring books. 125,000 schoolchildren will have benefited from all these Aedes prevention activities in their schools. In El Salvador, 45 teachers have been trained on ludic (play-based) techniques to discuss Zika virus transmission in schools. 491 children and 178 adolescents have been reached through awareness raising talks in Cabañas, Cuscatlán, Chalatenango and Salvador. In the Eastern Caribbean, UNICEF continues to support training for teachers from countries with confirmed cases of Zika, on how to deliver the ‘Managing the Environment Module’ of the Health and Family Life Education Programme.

Private sector:
The Dominican Republic continues to report on its work with the private sector. A total of 17 national corporate groups have been added to UNICEF’s effort in ZikV prevention and self-protection awareness, reaching more than 1.5 million people. New public health materials on ZikV related neurological complication are being produced and will be disseminated through the next weeks, following the MoH national campaign.

Care & Support

Care and Support continues to grow as an area of emphasis for countries planning the second phase of their response. As more cases of microcephaly and other congenital neurological disorders are reported, the need and requirement for strengthening non-clinical Care and Support will rise. Countries are looking to link activity to existing Early Childhood Development programmes, which will help with long term capacity building for countries, and a sustainable approach.

As Care and Support is a new area for the Zika response, the sharing of expertise is exceptionally important. In Peru, the UNICEF team visited the “Anne Sullivan” centre for children with disabilities, a leader institution in the care of children with disabilities, and has also been learning from activities undertaken in Brazil. In Guatemala, the Country Office has met with CBM, an international NGO that works with people with disabilities, with a focus on community-based rehabilitation. Together, the two organisations are planning to map out key actors in the area of Care and Support in the country. In Jamaica, a group of experts has been identified by the Ministry of Health to prepare a comprehensive and effective package of services for children born with Zika related neurological issues.

Countries are beginning to implement Care and Support activities. In the Dominican Republic, coordination meetings have been held between the Ministry of Health’s key mental health, maternal, health promotion directions and UNICEF to identify and define the support on non-clinical Care and Support that is needed. At risk women are a priority, and a revision of Care and Support protocol for early detection, guidance and psychosocial support for health personnel, in benefit of mothers, newborns and families affected by Zika virus is underway. The plan also includes referral and support of newborns and children affected by Zika virus, early intervention and initial family orientation as well as ensuring the inclusion of affected families into the existing social protection mechanisms.

In Honduras, Care and Support actions are being strengthened, including exploring the use of the community-based rehabilitation approach for families with babies with Zika Congenital Syndrome, and interventions to reduce any stigma against affected families. This means that protocols for Care and Support, including the development of workshops and other tools, need to be developed and become an integral part of health systems.

Brazil moves forward its “Networks for Inclusion” project as a pilot in Recife-PE and Campina Grande-PB. A work plan with partner institutions that defines responsibilities in the implementation process is underway, and the creation of a local committee, under the leadership of the municipality, to intra and inter-sectoral coordination with sectoral health policy, education and social assistance.

Research

The Dominican Republic is supporting the Ministry of Health to develop a qualitative risk perception study.

UNICEF LACRO is mapping the studies that different institutions are developing in the four USAID priority countries to ensure we don’t duplicate efforts. WHO has set out a list of completed KAP studies in the region, or those that are underway, that are being undertaken by different actors.
Coordination

UNICEF continues to work alongside PAHO, national and local governments and other key stakeholders to deliver an integrated response. UNICEF continues to play an important role in the coordination of multiple actors at global, regional, country and municipality level. UNICEF helps to ensure that the roles and responsibilities of each actor is clearly defined, and that all partners are working on the same lines. One example of this is Guatemala, where meetings were held with USAID, PASMO, CDC, MCDI, RTI, URC, Plan International and World Vision to establish institutional partnerships and work on the same line.

In Brazil, UNICEF has been chosen by a Parliamentary Front of Ceará Legislative Assembly to lead a group of mobilization and communication in combating *Aedes aegypti*, whilst in Honduras, UNICEF maintains its role of coordinating Communication and Education with the Government, taking a leading role in sharing key prevention messages.

Thanks to the visit from the Regional Care and Support Specialist, in Honduras UNICEF has been able to reinforce its alliances with key partners and organizations, which puts it in a strong position to influence policy and plans with regards to Care and Support activities. Additionally, USAID funds have allowed the Country Office to establish a permanent coordination mechanism with key stakeholders that are implementing the response in the country.

The Zika Response continues to be difficult at country borders, and Suriname has been working closely with Guyana to enhance cross border planning. This was aided by the participation of Guyana Health and Social Services Sectors Responders in the Communication for Development and Zika Prevention workshop held there in August.

### 5.1 MONITORING AND EVALUATION

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Indicators</th>
<th>Reached</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of ZIKV transmission through community engagement and communication for development (C4D)</td>
<td>Public Outreach Number of people reached with preventive ZIKV messages through mass, social and digital media communication campaigns.</td>
<td>157,715,868</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Community Engagement Number of departments/municipalities in the region reporting the implementation of communication strategies for individual and community empowerment for control and prevention of ZIKV.</td>
<td>1,328</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Number of families reached with social mobilization and interpersonal communication ZIKV prevention sessions.</td>
<td>149,675</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Child and Adolescent engagement Number of children and adolescents participating as agents of social mobilization at community level.</td>
<td>29,131</td>
<td>▲</td>
</tr>
<tr>
<td>Personal protection, in particular for Pregnant and Lactating Women (PLW) and adolescent girls of childbearing age.</td>
<td>Number of pregnant women who have benefited from UNICEF-supported interventions to prevent ZIKV infection.</td>
<td>29,707</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Number of students enrolled in schools where ZIKV UNICEF-supported interventions activities are implemented.</td>
<td>146,036</td>
<td>▲</td>
</tr>
<tr>
<td>Vector control (reducing breeding sites/vector density) through C4D activities and</td>
<td>Number of people who have benefited from UNICEF-supported environmental management interventions.</td>
<td>174,382</td>
<td>▲</td>
</tr>
<tr>
<td>national capacity development of government institutions and NGO partners.</td>
<td>Number of people whose districts implement active vector control programs supported by UNICEF.</td>
<td>174,382</td>
<td></td>
</tr>
</tbody>
</table>

5. IDENTIFIED CHALLENGES

Prioritising Zika continues to be a struggle for many countries in the region, especially where there is no guarantee of funding. This is particularly acute as discussions are underway to mainstream Zika into programme work, which is UNICEF’s approach to ensure both sustainability of the response and to strengthen capacity in all programmes related to child development.

Country offices that are dealing with simultaneous emergencies (such as Belize after Hurricane Earl and Ecuador after the earthquake) have many conflicting priorities and limited resources. Also, countries facing flooding, such as Paraguay, are likely to see an increase in incidence of Zika virus.

The political situation in many countries continues to affect the Zika response. In the Dominican Republic for instance, there have been changes to personnel in government post elections, which temporarily delayed actions.

Many countries have identified that the government response is not fully integrated (e.g. when communication activities are not accompanied by vector control interventions) and are not undertaking sufficient preparations with regards to non-clinical Care & Support.

Confirmation of microcephaly cases related to Zika continues to be a major challenge, due to the lack of access and availability of rapid tests, which results in underreporting and/or delays in epidemiological surveillance.

6. LOOKING AHEAD TO THE NEXT MONTH

In order to fully support a coherent, comprehensive and unified approach to the plans, a planning workshop for the four USAID-funded countries is being organized for September in Panama, with participation from UNICEF HQ and other technical areas of UNICEF LACRO. This will be complemented by a series of technical guidelines to support these countries.

UNICEF LACRO will update the regional response strategy and framework for Zika, in order to shift the focus from prevention to non-clinical Care & Support. This strategy will be implemented until December 2017.

A mass media campaign aimed at pregnant women and their partners will be launched in late September across the region. Materials are currently being finalized.

UNICEF LACRO will continue to offer country offices strategic and technical support for the development of their second phase plans of the Zika response.
In El Salvador, water and hygiene kits have been distributed in high risk areas.

Haiti has trained adolescents such as Esther Pierre (pictured) in how to detect and prevent Zika transmission. She then passes on these messages via her local church.

A community focused Integrated Vector Control project was funded by UNICEF in Guyana, eliminating 90,000 mosquito sites in 5 Administrative Regions.

In Honduras, meetings have been taking place to ensure close coordination of Zika response with state and non-state actors.

Flor María Palomeque, Ecuadorian national celebrity and spokesperson for Zika campaign, shares advice with pregnant women regarding risks associated with Zika virus.

Medical Mission has trained 50 Health Care Workers based in the Interior Health Posts to undertake door to door visits in Suriname.

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