UNICEF response to ZIKV (Zika virus) continues in 32 countries and territories across Latin America and the Caribbean. From working with communities to challenge the low risk perception of ZIKV to supporting the identification of appropriate care and support activities for children with Congenital Zika Syndrome, UNICEF is working with governments and other partners across the region to implement their response strategies.

Prevention of ZIKV and its impact on children and families continues to be a priority line of work as part of the response. Activities are focused on the most at risk groups, namely pregnant women, women of child-bearing age and their partners. Prevention strategies, including those for mass communication and community engagement, are focused around elimination of mosquito breeding sites, personal protection, prevention of sexual transmission of the virus, and informing adequately about the risk during pregnancy.

As the number of microcephaly and other ZIKV related congenital malformations continue to increase, UNICEF is scaling up its response to ensure an integrated multi sectorial approach for the care and support of affected children and their families.

UNICEF continues to coordinate, undertake and share research to ensure evidence based interventions are undertaken, with a particular emphasis on barriers to adopting desired behaviours.

ZIKV continues to spread: 73 countries around the world report continuing mosquito-borne transmission; 45 of these countries are in the Latin American and Caribbean (LAC) region

Over 649,689 suspected/confirmed ZIKV cases in the LAC region as of 29 September 2016 (PAHO).

46,235 pregnant women infected with ZIKV in 33 LAC countries.

2,045 confirmed cases of microcephaly and other congenital malformations potentially associated with Zika virus infection reported in 14 LAC countries.

Anguila, Saint Martin, Guatemala and Nicaragua are showing an increasing trend of cases in the last four weeks following epidemiological data reported by PAHO.
1. EPI UPDATE

- To date, 73 countries and territories around the world report continuing Zika transmission; 45 of these are in the Latin American and Caribbean (LAC) region.
- 14 LAC countries and territories have reported confirmed cases of microcephaly and/or CNS malformation cases associated with a Zika virus infection.
- 33 LAC countries and territories have reported confirmed and suspected ZIKV cases in pregnant women: a total of 46,235 suspected and confirmed cases of ZIKV disease in pregnant women were reported.
- To date, 10 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, French Guyana, 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.

<table>
<thead>
<tr>
<th>Countries in LAC reporting congenital syndrome associated with ZIKV</th>
<th>Number of confirmed cases to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>1,949</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>1</td>
</tr>
<tr>
<td>Colombia</td>
<td>41</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>10</td>
</tr>
<tr>
<td>El Salvador</td>
<td>4</td>
</tr>
<tr>
<td>French Guyana</td>
<td>3</td>
</tr>
<tr>
<td>Haiti</td>
<td>1</td>
</tr>
<tr>
<td>Honduras</td>
<td>1</td>
</tr>
<tr>
<td>Martinique</td>
<td>12</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>Guatemala</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>2,048</td>
</tr>
</tbody>
</table>

Source: Panamerican Health Organization (PAHO). Regional Zika Epidemiological Update (Americas), 29 Sept 2016

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 ZIKV</th>
</tr>
</thead>
<tbody>
<tr>
<td>502,795</td>
<td>146,648</td>
<td>246</td>
</tr>
</tbody>
</table>


Graph 1: Cumulative ZIKV suspected and confirmed cases reported by LAC countries and territories as September 29, 2016

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

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HUMANITARIAN RESPONSE STRATEGY

UNICEF Country Offices are working to extend the ZIKV Response up to December 2017 in accordance with the Global and Regional Response Plan. As part of the extension, there is a particular emphasis on non-clinical Care & Support for children affected by Congenital Zika Syndrome, 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 Governments, Civil Society, PAHO, NGOs and other actors.

2. REGIONAL ACTIVITIES

2.1. COORDINATION AND LEADERSHIP

UNICEF continues to play a strong role in the coordination of the ZIKV Response at country, regional and global level. This is particularly important as the response adapts to the current epidemiological situation in each country. This has been reinforced with work completed around the USAID funded project, whereby a three day participative workshop with country offices, programmatic areas of UNICEF Regional Office for Latin America and Caribbean (LACRO) and UNICEF New York Headquarters, allowed a shared and common vision to be established. This work, included strengthening existing relationships between programme areas such as Early Child Development, Health and WASH, and Disabilities, at country, regional and global level, marking the transition between the first and second phases of the Zika Response.

The implementation strategy aims to mainstream ZIKV activities into existing programmatic work to ensure sustainability of activity, and to take advantage of available synergies. Activities around ZIKV touch on multiple programmatic areas from adolescent health to sexual violence, from early child development and disability to child protection. This involves ever increasing coordination with colleagues across relevant UNICEF sections and divisions both at LACRO and New York level.

2.2. TECHNICAL SUPPORT & CAPACITY BUILDING

The UNICEF LACRO team has been involved in providing technical assistance to ensure the continued development and implementation of a fully integrated and inter-sectoral plan at regional and country level. Models, guidelines and indicators have been developed to support this process. Technical support has been provided to aid monitoring and evaluation of ZIKV strategies, and includes the development of guidelines for baseline studies, risk perception and KAP studies. As well as developing UNICEF specific technical guidance, we continue to collaborate with partners to develop multi-sectoral strategic documents such as the “Zika Communication Strategy Framework”.

Across the region, LACRO has been reinforcing C4D and communication capacity in country offices via meetings, technical guidance and on the ground assistance. In Cuba, for example, LACRO has provided assistance for the preparation of a baseline study for the ‘Cuida tu Sueño’ (Look after your dream) campaign which focuses on holistic care during pregnancy, including ZIKV prevention. During the process UNICEF was able to share knowledge about C4D approaches with high level public health officials of the Cuban Government. LACRO staff have trained country offices such as Bolivia in methods of storytelling, supporting a field visit to collect multimedia assets (videos, photos and written stories) to support the upcoming regional prevention campaign that focuses on pregnant women and their partners, whilst demonstrating the role of the whole community in protecting this high risk group.

To reflect the growing prominence of education as part of the integrated response to ZIKV, LACRO has employed an Education Specialist to provide technical assistance at country and regional level. This specialist will support strategies with schools, community educators and Ministries of Education across the region with their ZIKV response plans.

2.3. INFORMATION AND KNOWLEDGE MANAGEMENT

Systemization of activities, such as with the participative evaluation in Bolivia of the ZIKV response to date, is underway to ensure experience and knowledge from across the LAC region can be shared both regionally, but also globally, especially with colleagues in Africa and Asia who are initiating their ZIKV prevention strategies.

In addition and given the positive experience of Brazil in improving Care and Support for children affected by Congenital Zika Syndrome and their families, and the success of Cuba in vector control measures, a systematization process will be undertaken in those countries to capitalize good practices that could be adapted and replicated to other countries in LAC and elsewhere.
3. PROGRAMME RESPONSE AT COUNTRY LEVEL

3.1 INTEGRATED RESPONSE ACTIVITIES

Detection

Disparity between levels of detection between countries (and indeed within countries) continues to be a challenge for all partners involved in ZIKV Response plans. There continues to be a large difference between suspected and confirmed cases of ZIKV and also of microcephaly and Congenital Zika Syndrome. Equally, cases of microcephaly and Congenital Zika Syndrome are reported in the press in countries such as Nicaragua and Guatemala, but these are not confirmed by PAHO/Ministry of Health. In Nicaragua only confirmed cases are reported, whilst Jamaica and Belize continue to report a lack of access to sufficient diagnostics laboratories. In countries such as Honduras, detection mechanisms are being focused on the most at risk groups i.e. pregnant women.

Improved detection, therefore, continues to be an area of discussion between UNICEF Country Offices, PAHO and Ministries of Health across the region. In some countries detection mechanisms have been improved, such as in Guyana where as of September, The National Public Health Reference Laboratory has capacity for in country ZIKV testing. This is a notable step with regards to more accurate detection and evidence-based case load prediction. In countries such as the Dominican Republic work undertaken for community-based mechanisms for surveillance and data reporting, whereby 200 teams and 400 volunteers have been trained, is vital. UNICEF has supported local workshops to strengthen this capacity.

Countries are continuing to base the geographical focus of their response on number of cases of ZIKV and Congenital Zika Syndrome. Therefore detection is not just about detecting cases of the virus and associated illnesses, but also about detecting areas with a high density of mosquitos.

Prevention

Many countries across the region continue to implement plans for preventing the spread of ZIKV. Activity focuses on eliminating mosquito breeding sites and personal protection against mosquito bites, but there is increased work on preventing sexual transmission of the virus and mitigating the effects of ZIKV by preventing unplanned pregnancies. An example of this is in Argentina where UNICEF is working with the Ministry of Health in the Province of Salta to train health professionals on ZIKV issues in sexual and reproductive health and pregnancy.

Integrated approaches that bring together multiple sectors are taking place across the region. In Peru, for example, the communication for development (C4D) strategy implicates public officials, teachers and administrators, health sector personnel, community leaders, students and youth leaders amongst others. Interventions take place through training workshops, social mobilization campaigns, talks and local fairs. In Bolivia, activity is equally cross-sectoral, and as well as including the Ministry of Education and Ministry of Health, also includes the Ministry of Defense and a system of ‘Health Guards’ (Centinelas de Salud) who as part of their military service give talks, undertake clean-up activities and help inform the community on ZIKV prevention activities. In Suriname, UNICEF has supported the distribution of repellants, water barrel capping material, flyers and posters through community outreach activities.

Various country offices such as in Argentina are supporting “Action Week against Aedes” initiatives being rolled out by the Ministry of Health and PAHO, which have the aim of reducing mosquito breeding sites, whilst other country offices such as El Salvador continue to support clean-up day campaigns.

Prevention activities broadly fall into the following highly interlinked categories: education and schools, mass communication including via the private sector, and community based approaches for vector control.

Education:

Educational activity, programmes in schools, and partnerships with the Ministry of Education remain a key part of the prevention strategies across the region. In Jamaica, a clean school campaign is being organized with the help of UNICEF in primary and secondary schools across the island. In Argentina, in the province of Misiones, UNICEF is set to support the elementary school programme “Guardians of Aedes”. In El Salvador, UNICEF continues to support ludic techniques for ZIKV prevention in schools and community based education centres. Honduras has begun implementing its education programme, which includes training and educating teachers, students and members of the community. This extensive programme includes an online course for teachers that demonstrates how to use the materials to bring about effective behaviour change, thus eliminating mosquito sites.
In Colombia, the ZIKV prevention awareness-raising activities in schools continues to be implemented across the country with five new municipalities joining the programme during the last three weeks. Materials are being used to train teachers and community educators, reaching new children and families. In addition, UNICEF Colombia is expanding the intervention to a further three municipalities. UNICEF will provide technical assistance to the Ministry of Education to incorporate Aedes Aegypti guidelines into the school risk management plans in targeted educational institutions.

In Ecuador, having learnt from experiences shared by Honduras, has also been planning its education programmes around ZIKV and has been working with other 50 stakeholders from the health and education sectors, Armed Forces, local government, Red Cross and press to garner support for UNICEF-MoH-PAHO strategy. In the two districts of Muisne and Chamanga UNICEF has trained facilitators from Plan International in ZIKV prevention and control for roll out in public child care centres. Additionally UNICEF has been working to assess the needs on the ground to help develop pedagogical (teaching) guides for ZIKV prevention, to include a set of materials and games for classroom use.

Mass communication

Community based prevention activity has been frequently bolstered by mass media campaigns across the region. In Belize, for example, during the Independence celebrations in September, UNICEF coordinated with the Child Advisory Board from the Sustainable Child Friendly Municipalities to ensure ZIKV messaging was shared at student rallies, with relevant supporting materials available.

Countries such as Ecuador are working with press and media to support their ZIKV response activities. UNICEF has worked with PAHO and the District Health of Atacames-Muisne to motivate journalists to report on Zika transmission and correct methods of prevention. In addition, a journalism competition has been designed to promote the reporting of relevant information regarding ZIKV prevention and encouraging the population to actively contribute to vector control and the personal protection of pregnant women.

Mass media continues to be an important element of the response across the region, and countries employ different communications strategies depending on the local environment. Through human interest stories, TV spots, community radio and social media, country offices are disseminating key prevention messages. In El Salvador UNICEF has launched a series of life stories about pregnant women and how to prevent ZIKV, whilst in Jamaica TV spots aimed at adolescent girls are currently in production.

UNICEF in Venezuela and Dominican Republic continue to work with the private sector as part of their prevention strategies. Venezuela works with telephone company Movilnet to send prevention messages, whilst the communication campaign in the Dominican Republic with private sector companies continues to grow, with more companies joining the campaign, and the total number of people reached now amassing more than two million individuals. UNICEF Dominican Republic is looking to develop new materials on Congenital ZIKV Syndrome and other ZIKV related neurological complications in the next few weeks to continue to grow the campaign.

Vector Control:

Strategies and activities to reduce mosquito breeding sites continue to be supported by UNICEF at national, municipality and community level. In areas where increased rains are anticipated, such as Bolivia, Brazil and Peru, there has been increased vector control activity. In Brazil, the country office has supported the government response plan mainly at the local (state and municipality) level and has increased activity into areas of the Amazon identified as at high risk.

UNICEF Colombia is supporting the monitoring of vector control activity in schools, whereby schools are assessed by Ministry of Health specialists to determine the initial status of schools in terms of mosquito breeding sites. The new checklist and methodology being pioneered across the country to map out the condition of schools in terms of structural risks and breeding sites will contribute to improving the appropriateness of interventions at community level.

In Peru, all activity related to vector control is linked directly to entomological monitoring reports, and consists of social mobilization campaigns targeted at areas with higher risk.

In Bolivia, evaluation of activities undertaken in conjunction with the Ministry of Health and Programme of Vector Controls have recently been evaluated at a participative workshop supported by UNICEF.
In post-earthquake Ecuador, UNICEF is leading the initiative for proper water use, hygiene, and vector control campaign for shelters and spontaneous sites. This initiative is coordinated among NGOs, MoH, Police, the local WASH sub-cluster and the local authorities, targeting more than 10,000 beneficiaries.

**Care & Support**

As countries move into the second phase of their ZIKV Response plans, Care & Support activity is increasing in priority, reflecting the increasing number of babies born with Congenital Zika Syndrome in the region and the projection for more children affected. UNICEF’s role is to ensure non-clinical Care & Support strategies and capacities are in place, to provide information and psychosocial support required for families affected by ZIKV, to provide integrated early intervention for their child, and to combat discrimination and stigma of those affected. Equally, strengthening systems to ensure access to information and at home-based early intervention for babies with Congenital Zika Syndrome and other congenital malformations forms a key pillar of UNICEF strategy.

Most country offices are identifying care and support activities via participative approaches that contribute to the Government Response. In Argentina, for example, meetings have been held with the Minister of Health to, as well as undertaking ZIKV prevention activities, intensify surveillance of microcephaly and other neurological problems in infants. Communication for Development (C4D) is seen as a key strategy for Care & Support, particularly with regards to ensuring the rights of all children are protected, no matter what disability they may have. As with prevention activities, many country offices such as Peru, Belize and Dominican Republic are working within systems of Early Childhood Development and/or Disabilities to strengthen their capacity to prepare families to provide early intervention and care for children affected by Congenital Zika Syndrome.

In Nicaragua municipal managers and those responsible for early stimulation units are being trained in detection and referral of microcephaly cases. As the Brazil Country Office has been working in the area of Care & Support for many months now, other offices are able to gain valuable insight from its experiences to date.

**Research**

Research is ongoing to determine the most effective strategies for preventing ZIKV, in part by understanding the obstacles for adoption of desired behaviors. In the Dominican Republic, UNICEF has provided technical and financial support for a rapid assessment for at risk women and health personnel on their knowledge, attitudes and perceptions of the neurological complications associated with ZIKV. The results will be used to help develop the national communication strategy.

In Brazil research from a focus group and formative research on vector control is being used to inform vector control initiatives at the community level and fine-tune messaging across all communication channels. The findings include highlighting some of the barriers to adopting prevention activities, such as money made from recycling waste is a reason to keep rubbish rather than remove it. The results will orient the Brazil country office’s strategy review and will be shared with key stakeholders, especially with the MoH and local Secretariats of Health.

In Cuba, UNICEF is working on a research project to set a baseline for prevention activity, from which to develop and re-orientate communication for development strategies.

**Coordination**

UNICEF places a key role in coordinating state and non-state partners as part of the ZIKV response at national level. These partners range from Ministries of Health and Education in almost all countries in the region, to specific partners such as the private sector in the Dominican Republic, and scientific societies (Pediatrician society, Infectious disease society, Obstetrician society, contraception society) in Argentina and Brazil. This coordination takes place across all activities relating to the ZIKV response, including detection, prevention, research, evaluation and care and support. UNICEF is participating in the consolidation of coordination mechanisms in Dominican Republic, El Salvador, Guatemala and Honduras to ensure a robust and integrated response under a USAID grant.

In Honduras, UNICEF has worked with the technical team of UN Women to develop the training methodology that is used for all interagency groups including community leaders, religious leaders, female leaders, social influencers and youth communicators in priority areas. In Bolivia, UNICEF supported the coordination of the evaluation process of the first phase of the response plan. In Ecuador, UNICEF set up a ZIKV-WASH technical group in order to articulate the strategies and actions planned by other UN agencies, as well as governmental and non-governmental organizations. The group will define the key shared messages, monitoring of joint efforts, and promotion, prevention and
communication activities regarding vector control linked with water, sanitation and hygiene. In Belize, UNICEF is working with PAHO/WHO, the Ministries of Health, Education and Human Development and the Special Envoy for Women and Children to deliver a conference on children with disabilities to be held in October, with a specific session to be held on the impact of ZIKV on children and families. In Argentina, UNICEF is coordinating actions via government meetings, whilst also collaborating with partners on the publication of community guides to control diseases transmitted by the Aedes vector.

4. FUNDING

<table>
<thead>
<tr>
<th>Activity</th>
<th>Funding Received (US$)</th>
<th>Funding Gap (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to early diagnosis of ZIKV infection and complications</td>
<td>6,371,433</td>
<td>10,588,567</td>
</tr>
<tr>
<td>through advocacy and awareness raising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevent ZIKV through informing and engaging communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitigate the impact of ZIKV on children and families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribute to research on effectiveness of prevention measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate actions across sectors to support the national government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total requirement (US$)</td>
<td>16,996,000</td>
<td></td>
</tr>
</tbody>
</table>

Funds have been received from USAID for a global, regional and country response plan. These funds are dedicated to ZIKV prevention, control and mitigation through risk communication, community engagement, care and support in the Dominican Republic, El Salvador, Guatemala and Honduras. The main objective is to support and strengthen systems for priority countries in their ZIKV response efforts in order to minimize the impact of the ZIKV on children and their families.

As highlighted below in challenges, the funding gap for the remaining 20 countries in the region poses a substantial threat to the response. There is an urgent need to bridge this funding gap in order to prevent the impact of ZIKV on children and families in Latin America and the Caribbean.

5.1 MONITORING AND EVALUATION
5. IDENTIFIED CHALLENGES

The greatest and most urgent challenge is with regards to the funding gap that the majority of countries in the region will face in the next couple of months. Aside from Dominican Republic, El Salvador, Guatemala and Honduras the existing funds will run out before the end of 2016. This budget cliff needs immediate and urgent addressing.

This lack of funds is even more concerning when taking into consideration that many countries in the region, especially those in South America, are about to enter the season with the highest incidence of mosquitoes, thus increasing the risk of Zika virus.

As previously reported, changes and instability of certain governments across the region can result in a lack of continuity with regards to personnel and programmes, causing delays in the implementation of their National ZIKA response plans. Equally, as identified above, there are still issues with detection mechanisms and underreporting of Zika and Zika Congenital Syndrome.

Risk perception of Zika still remains low. Additionally, there is concern that men do not perceive themselves to be at risk if they catch Zika, despite the fact that they become a carrier so can transmit it further (both via vector and sex).

In many countries in the region, multi sectorial mechanisms needs to be developed and/or strengthened in order to implement a fully integrated Care & Support strategy. This involves coordination with Ministries where we have less institutional knowledge, such as with Ministry for Development and Social Inclusion or the Ministry of Women in Peru.
Marisol Alegria-Suchitoto is one of three pregnant women in El Salvador who have worked with UNICEF as part of an online campaign to raise awareness of Zika prevention.

In Jamaica, pregnant women and women of child bearing age are being giving information around Zika and how to prevent it.

In Trinidad, Bolivia, young sailors who are undertaking their military service take part in community led clean up programmes as part of vector control activities.

On 14 September, Guatemala reports a spike of cases of microcephaly in the region, rising from 1 case to 17 in 72 hours. http://globovision.com/article/guatemala-reporta-17-casos-de-microcefalia-por-zika

In Brazil, children tell Zika to 'get lost' or Xó Ziká as part of door to door activities organised by schools across Campina Grande

In Honduras, the education programme for the prevention of Zika is being implemented.

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