RESPONSE HIGHLIGHTS

UNICEF is taking action in 24 countries at both community and policy level, to control the spread of Zika and mitigate its impact, leveraging our comparative advantage and partnerships - through an integrated response that incorporates community engagement, sexual health, vector control, care and support for affected children and families. At a global level UNICEF continues to drive the much needed development of easy-to-use tools to diagnose infection and vaccines to prevent its transmission.

Countries are entering the second phase of planning their response, which will be implemented July – December 2016.

UNICEF is raising awareness and sharing timely information on the spread of disease. As sexual transmission of ZIKV has now been confirmed, response plans are being updated in light of this.

127 million people have now been reached with preventive messages through mass, social and digital media across the region. Schools, health centres and churches are being used as key places to reach people in their communities.

El Salvador has reported the first confirmed case of microcephaly caused by the Zika virus.

Care and Support of those effected by Zika Congenital Syndrome is becoming a priority for UNICEF.

SITUATION OVERVIEW

ZIKV continues to spread: 61 countries or territories around the world report continuing mosquito-borne transmission; 40 of these are in the Latin American and Caribbean (LAC) region.

5 LAC countries have reported person-to-person ZIKV transmission, probably via a sexual route.

Over 454,976 suspected/confirmed ZIKV cases in the LAC region as of 24 June 2016.

1,634 confirmed cases of microcephaly and other fetal malformations potentially associated with Zika virus infection reported in Brazil, Colombia, El Salvador, Martinique, Panama and Puerto Rico.

127 million people reached with preventive messages through mass, social and digital media in twelve countries, with the highest public reach in Brazil, Mexico, Colombia and Cuba.

GLOSSARY

Aedes aegypti: The primary mosquito known to spread Zika (and Dengue, chikungunya and yellow fever).

LACRO: Latin America and Caribbean Regional Office

Microcephaly: A congenital disorder where babies are born with heads smaller than expected for sex and age. It can be caused by Zika virus infection of the mother during pregnancy.

Vector: Living organism that can transmit disease. The primary vector for Zika is the Aedes aegypti mosquito.

ZIKV: The Zika Virus

PHOTO

Zika virus mainly affects vulnerable and deprived populations living in poor living conditions. This photo was taken in Iquitos’ district in Peru, where community engagement activities are ongoing.
1. **EPI UPDATE**

- To date, **61 countries and territories** around the world report continuing mosquito-borne transmission; **40** of these are in the Latin American and Caribbean (LAC) region.
- One new territory has reported ZIKV transmission since the last ZIKV Situation Report of 24 June: **Anguilla**.
- **6 LAC countries and territories have reported** microcephaly and/or CNS malformation cases suggestive of congenital infections or potentially associated with a Zika virus infection (1,634 confirmed cases). El Salvador is the most recent country to report a case.
- **21 LAC countries and territories** have reported confirmed and suspected ZIKV cases in pregnant women: Barbados, Brazil, Bolivia, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Guyana, Guadeloupe, Guatemala, Honduras, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, and Venezuela (as of 16 June 2016).
- 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, French Guiana, Honduras, Suriname, Martinique, and Venezuela. Haiti, Panama, and Puerto Rico have also reported cases of GBS with confirmed ZIKV infection, but without an overall increase.
- **5 LAC countries** have reported evidence of person-to-person ZIKV transmission, probably via a sexual route.

![Total countries & territories](image1)

![ZIKV total cases in Latin America and Caribbean](image2)

![Cases of microcephaly and/or CNS malformation](image3)

**Source:** PAHO Zika-Epidemiological Update, 24 June 2016

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

<table>
<thead>
<tr>
<th>Suspected ZIKV</th>
<th>Confirmed ZIKV</th>
<th>Deaths among Zika cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>398,626</td>
<td>56,350</td>
<td>9</td>
</tr>
</tbody>
</table>


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

Source: Own elaboration based on PAHO/WHO, 24 June 2016.

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2. HUMANITARIAN RESPONSE STRATEGY

UNICEF is responding to ZIKV in 37 countries and territories in the region. The region is entering a second phase of planning for July until December 2016. The strategy incorporates new knowledge and information regarding ZIKV, how it is spread, confirmation of links to microcephaly (and Guillain-Barre), and the need for robust Care & Support plans. UNICEF advocates an integrated and multi-sectoral response, in collaboration with government and implementing partners, with two principle objectives as highlighted below.

3. FUNDING & RESOURCE MOBILIZATION

Against the UNICEF Humanitarian Action for Children (HAC) requirement of US$ 8.8 million for the Latin America and the Caribbean, UNICEF LACRO has received US$ 3,6 million (41 per cent) in addition to which it has reallocated US$ 685,000 from regular resources to meet the immediate humanitarian needs of children and families.

Fundraising efforts are ongoing with the support of UNICEF National Committees and UNICEF Headquarters. International donors, public and private sectors donors are targeted in the effort to find additional sources of funding for the response. The Regional Office has developed a Global Pitch for Donors for this purpose. The Regional Office is also developing technical proposals based on evidence and innovative approaches and methodologies. Under the banner of supporting USAID in the fight against Zika, UNICEF has developed various proposals that include both prevention and mitigation strategies. As the emergency response develops and the focus increases on care and support, new fundraising opportunities may open up.

<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>3,609,581</td>
<td>5,210,419</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>3,609,581</strong></td>
<td></td>
</tr>
</tbody>
</table>

4. REGIONAL RESPONSE

4.1. COORDINATION AND LEADERSHIP

UNICEF LACRO has supported the revision of UNICEF’s Strategic Response Framework, taking into account the current epidemiological ZIKV situation, increased knowledge of Zika Congenital Syndrome, and the experience that UNICEF has acquired in the initial months supporting countries.

During the Regional Management Team Meeting (the meeting of Representative and Deputy Representatives from across LACRO region) the latest Zika situation and the response from different countries was analysed together. Key factors in orientating and coordinating the response were shared, in order to further support country responses.
In order to develop the next stage of the SRF, LACRO undertook a detailed assessment of the country responses and their successes to date. Brazil’s experience has been a very useful base from which to reflect and learn. The SRF focuses actions on high risk groups (pregnant women, women of childbearing age and their partners), and reinforces UNICEF’s work with regards to non-clinical care and support across the region for children born with complications, their families and communities.

The SRF details the response until the end of 2017. In order to fight Zika a medium to long term plan is required. Until a vaccine exists, work must be undertaken to reinforce both prevention and mitigation of the impact of the Zika virus. An integrated response model has been developed, based on the theory of change. This allows LACRO to support and orientate countries to plan their second phase of their response following the new Strategic Response Framework. A multi-criteria analysis of country responses has allowed LACRO to understand where it should focus its support. This analysis has also enabled UNICEF to orientate the kind of response required in each country.

4.2. TECHNICAL SUPPORT & CAPACITY BUILDING

Technical support missions are being conducted across the region. To date missions have taken place in Brazil, Ecuador, Guatemala, Colombia, Honduras, Dominican Republic and Peru.

A visit to Recife and Campiña Grande, and the work undertaken jointly with the team from the UNICEF Brazil office generated valuable lessons and solid understandings, which fed directly into the process of updating the SRF.

A mission to Peru has given great value to the strategy behind implementing the response in Iquitos, both internally but also with other key political and institutional actors at national and regional level. The recommendation of LACRO to strengthen C4D and M&E has ensured work can be systematized, which can be shared with the Ministry of Health and other key actors, in order to implement and scale activities.

Work is ongoing with regards to increasing knowledge of U-Report and its implementation across the Region, including defining the criteria of how the tool can have the greatest impact in supporting the response plans.

LACRO is working on a regional communication campaign, designed with knowledge of the new context needed in the response. Materials are being developed and validated, and plans for the launch of the campaign and implementation are in progress.

During the mission to support the Ecuador country office, the C4D Specialist worked closely with ZIKV focal point in integrating different planned communication efforts into a harmonized C4D strategy that included a tailored intervention in the areas affected by the earthquake. This included a component for implementing the Zika educational package for schools (produced by Honduras Country Office). UNICEF has a target to reach 400,000 children and adolescents (grades 1-12) in the coastal provinces of Ecuador.

Related to care and support, LACRO has identified and collected resource materials on the topics of Zika, Care and Response actions and Family–focused Early Intervention. Initial contact has been made with potential external technical partners to develop materials. In the integrated response model, areas of work have been defined that are required by UNICEF for Care & Support in each country.

4.3. INFORMATION AND KNOWLEDGE MANAGEMENT

Technical notes have been put together for Care and Support, and Education. These notes, alongside those for ‘Risk communication and social participation’ and ‘Vector Control’ are the technical documents from which the integrated response will be developed.

LACRO continues to inform countries and the region about the latest epidemiological situation regarding Zika Congenital Syndrome. This is crucial with regards to positioning the Zika response. Plans must be adapted in light of sexual transmission of Zika, and the requirements to promote birth control in the region.
5. PROGRAMME RESPONSE

5.1 INTEGRATED RESPONSE ACTIVITIES

Detection

Several countries are reporting difficulty in ensuring robust and accurate detection of ZIKV and Zika syndrome. This is due to multiple reasons – lack of diagnostics, access to communities and the political situation, amongst others. As a result of this, at a regional level, UNICEF uses suspected cases of Zika and microcephaly as the baseline from which to work from, not confirmed cases.

Peru and the Dominican Republic have specific programs to improve detection of the Aedes vector. At the same time the Dominican Republic is using community-based mechanisms for surveillance and data reporting on Zika, microcephaly and other clinical outcomes in selected communities through home visits. This National Surveillance System has been effectively registering the suspected ZIKV cases in the country since EW3, together with a confirmation protocol for specific hotspots.

In Belize there is a door to door program to identify anyone, especially women of child-bearing age, with fever and rash.

The role of UNICEF with regards to detection has been clearly outlined in the Global Strategy:

UNICEF will contribute to surveillance and early detection by providing pregnant women with access to appropriate information and counselling regarding risks and available services, in order to address any fears, and to empower them to make fully informed decisions regarding the pregnancy. In parallel, we will advocate at all levels of government for equitable access to diagnostic services for pregnant women. This is especially important in the context of studies showing up to 40 percent of women have declined imaging studies because of fear of possible foetal abnormalities related to Zika infection.

Prevention

Community-based prevention activities continue to focus on personal protection against the mosquito. However, as we now know that ZIKV is also transmitted via sexual relations, in the second phase of planning, prevention strategies will need to be adapted to reflect this. Many countries are focusing their prevention activities on the highest risk areas, with local community based activity being supported by mass media (radio, TV) and social media (Facebook and Twitter) campaigns. In Belize, for example the Prime Minister’s wife and a well known TV broadcaster are doing the voiceover for an animated short film, which is being used to strengthen other community based communications activity.

Schools are seen as a key place to disseminate messages both to children but also to women of child-bearing age. Education programs are an integral part of the response in Colombia, Peru, Honduras, El Salvador, Eastern Caribbean Region and Guatemala amongst others. In El Salvador, for example, children have been taking part in a theatre based program to learn about Zika and disseminate messaging to their families and communities.

Health professionals and centers are also a focus for activities, especially in the Dominican Republic, Guatemala, Mexico, Argentina and Peru. Guatemala, for example, has plans to train its network for 4,500 midwives on Zika.

Countries are continuing to ensure a two-pronged approach with regards to Vector Control – both at the personal protection level but also advocating for effective municipality based vector control techniques such as fumigation. Cuba is reporting effective fumigation strategies.
As more countries report cases of microcephaly related to ZIKV, Care & Support becomes an area of increasing importance in the Zika Response. UNICEF is reporting more activity in this area across the region.

Many countries are in a preparation phase, looking at existing Early Childhood Development programs in country and how these can be adapted and updated for Zika. There is a further focus on ensuring neither women with Zika or children born with congenital disorders face stigma in their communities. Psycho-social support is a focus area for Guyana and the Dominican Republic. Brazil is ahead of the rest of the region with regards to its Care & Support work for Zika. The country office is developing its “Networks for Inclusion” strategy alongside multiple partners to support the public health system on the care it provides for children, mothers, caregivers and families affected by ZIKV and other disabilities.

Focus groups and KAP (Knowledge, Attitudes and Perception) studies on Zika are being held to strengthen public health and community guidance in Guatemala, Jamaica, Ecuador and Colombia. In Brazil two KAP studies have been held specifically on risk perception and microcephaly and other congenital malformations. Knowledge, attitude and practices to prevent the virus (personal protection and vector control).

The KAP studies developed in these countries have already collected information on the following themes: Risk perceptions of Zika among target populations (pregnant women, health care providers, adolescents and children, reproductive age women, municipal and local authorities).

<table>
<thead>
<tr>
<th>Country</th>
<th>Risk Perception</th>
<th>KAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>Authorities demonstrated a high risk perception in relation to the lowest risk of perception demonstrated by pregnant women and adolescents.</td>
<td>Population recognize synths of Zika but there was a low knowledge regarding the consequences of the virus. The transmission channel recognized by population is the mosquito biting, sexual transmission is not mentioned.</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Low risk of perception among population is a ‘trend’, is in the environment so is normal.</td>
<td>Lack of knowledge regarding transmission, symptoms and prevention. Myths regarding the transmission, a few mention sexual transmission, but also via saliva and other contacts.</td>
</tr>
<tr>
<td>Mexico</td>
<td>Zika, Dengue and Chikungunya is a priority for local authorities in the municipalities of Tapachula and Cacahotan. Women are more concern about Zika than men.</td>
<td>Confusion among population between the differences of Zika, Dengue and Chikungunya. Women are more informed than men. There is knowledge regarding prevention but there is no practice to vector control and personal protection.</td>
</tr>
</tbody>
</table>

UNICEF country offices continue to coordinate their response with Ministries of Health, PAHO, and other national and international NGOs such as IFRC, World Vision, Save the Children and Child Fund. In countries such as Peru and Honduras, UNICEF is working with the Ministry of Education to produce materials for schools. As transmission of Zika via a sexual route has now been confirmed some countries, such as Brazil and Guatemala, are also coordinating work with UNFPA, whilst in Jamaica UNICEF is coordinating work with National Family Planning Board to reach adolescents.

The situation is different in each country with regards to the mechanisms for coordination, for example in Guatemala, by law, the Ministry of Health must coordinate efforts, in Surinam the Zika Response is led by the national Disaster Risk Management agency with UNICEF playing an active role, whilst in El Salvador UNICEF has helped convene a committee to ensure coordination of the response.

In the first phase of the Zika Response coordination emphasis focused on the Ministry of Health, but many countries are now looking ahead to a multi-sectoral approach.
5.2 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</td>
<td>Number of people reached with preventive ZIKV messages through mass, social and digital media communication campaigns.</td>
<td>127,315,814</td>
</tr>
<tr>
<td></td>
<td>Community Engagement</td>
<td>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>1,275</td>
</tr>
<tr>
<td></td>
<td>Number of families reached with social mobilization and interpersonal communication ZIKV prevention sessions.</td>
<td>105,564</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Child and Adolescent engagement</td>
<td>Number of children and adolescents participating as agents of social mobilization at community level.</td>
<td>18,914</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>18,783</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Number of students enrolled in schools where ZIKV UNICEF-supported interventions activities are implemented.</td>
<td>18,000</td>
<td>▲</td>
</tr>
<tr>
<td>Vector control (reducing breeding sites/vector density) through C4D activities and national capacity development of government institutions and NGO partners.</td>
<td>Number of people who have benefited from UNICEF-supported environmental management interventions.</td>
<td>114,500</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Number of people whose districts implement active vector control programs supported by UNICEF.</td>
<td>114,500</td>
<td>▲</td>
</tr>
</tbody>
</table>

6. SUPPORT TO COUNTRY RESPONSES

LACRO is giving technical and financial assistance to Brazil to develop a systematization of the country response. UNICEF LACRO has compiled a framework and structure to aid the second phase of planning the Zika Response Plan. UNICEF LACRO has undertaken missions to Colombia, Ecuador, Honduras, Guatemala and Peru to help with the next phase of planning process. Discussions have been had with Costa Rica and Peru about using U-Report as part of the Zika Response Plan. Working with Guatemala and Honduras on the promotion plans for recruiting U-Reporters. Technical support for Care & Support including English and Spanish Version of the Non-clinical Care and Support to families with children affected by Zika and disabilities – Technical Programming Note for UNICEF Country Offices, to be presented at a Webinar, and Inclusive Early Childhood Development and Disability – UNICEF Country Office Program Guidance components. Identification and collection of resource materials on the topics of Zika, Care and Response actions and Early Intervention with a family-focus. Identification and initial contacts with external technical partners for potential country and material development initiatives.
7. IDENTIFIED CHALLENGES

There continues to be a lack of interest in ZIKV across the region, as it is not seen as having immediate impact. Dengue kills, chikungunya is extremely unpleasant, whereas the immediate effects of Zika are mild. There is therefore a challenge in communicating adequately the risks of Zika.

Clear messages around sexual transmission of Zika need to be added to communication plans. In the region, this may raise wider questions regarding sexual education, promotion of condoms and abortion, which are all highly sensitive topics.

The political situation, including elections or other political change has impacted the response in some countries including the Dominican Republic, Venezuela and Guatemala.

Weaknesses in the epidemiological and entomological monitoring have been highlighted as issues for several countries, and UNICEF LACRO will look to support where possible.

There are silos both within UNICEF country offices and within Government responses to Zika. To ensure the long term sustainability of activity, it must be a multi-sectoral approach.

8. LOOKING AHEAD

Country Offices will be working on the second phase of their ZIKV response plans, for July to December 2016.

The Zika response is very complex and touches on the work of many existing programs and activities. There is therefore a need to ensure a multi-sectoral response to include health, education, family planning and social affairs.

A mass, social and local media campaign aimed at pregnant women is being prepared by UNICEF LACRO to support country activity.

Countries that are entering the rainy season anticipate an increase in the mosquito population in the next few months, whilst countries entering winter are likely to see a corresponding dip.
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In Mexico, two radio adverts and posters translated into 15 indigenous languages

First confirmed case of Zika related microcephaly in El Salvador

In Guatemala, 4,500 midwives have been activated as a network to reach women of child-bearing age with preventative messages.

17 year old Clarissa Barré Betancourt studies a Zika booklet in Ecuador, whilst clutching her 9 month old baby.

Guyana is integrating Zika messages into its reproductive health sessions with adolescents.

Brazil is advancing its “Networks for Inclusion” Care & Support plan, to help those affected by ZIKV

In Peru, inspired by a workshop organised by Unicef, teenager Francis Villacorta, has organised Zika awareness activities in his local community of Loreto.

"The increasing figures should make us think that this is a real threat" commented the Vice-Minister of Health in Honduras, 13 June.

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