**RESPONSE HIGHLIGHTS**

- **UNICEF** is now implementing Care and Support activity for families affected by Congenital ZIKV Syndrome in Dominican Republic, Honduras, Guatemala, Brazil and Belize. To date 556 families across the region have benefited from non-clinical care and support interventions.

- **UNICEF** continues to use innovative approaches to the ZIKV Response. In Belize, WhatsApp groups are being used to train health workers on identifying abnormalities in ultra-scans, whilst in the Dominican Republic a partnership with several Health Insurance companies forms part of their ZIKV awareness strategy. The number of U-Reporters continues to grow in the region, and the youth social change platform is being used as an essential part of prevention strategies in Guatemala and El Salvador as well as via U-Report Global.

- **UNICEF’s role as coordinating multiple government and non-government partners continues at national, regional and community level.**

- **UNICEF has initiated processes to document and systematize experience from the ZIKV Response. This is to share best practice as part of the current response, but also to be used more widely as an example of a public health emergency response.**

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**SITUATION OVERVIEW**

- **781,473** Zika cases (suspected and confirmed) reported by countries and territories in LAC. (PAHO, 29 June 2017)

- **3,379** cases of Zika Congenital Syndrome associated with Zika Virus reported by countries and territories in LAC in 25 countries. (PAHO, 29 June 2017)

- **5 LAC countries** have reported evidence of person-to-person ZIKV transmission, via sexual route. (WHO, 25 May 2017)

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### UNICEF RESULTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Results 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population reached with key risk communication messages through multiple communication channels.</td>
<td>29,168,020</td>
</tr>
<tr>
<td>Number of families with children affected by Zika Congenital Syndrome benefiting with non-clinical care and support interventions.</td>
<td>556</td>
</tr>
<tr>
<td># of target population reached with social mobilization and interpersonal communication Zika virus prevention sessions.</td>
<td>165,994</td>
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<tr>
<td># of municipalities in the region reporting the implementation of Plans with Zika Response components.</td>
<td>313</td>
</tr>
</tbody>
</table>

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**MORE THAN A NUMBER**

Photo: In Belize, parents learn how to play and interact with their children as part of a Care for Child Development (CCD) course. CCD is a key component of UNICEF’s Care and Support Essential Package aimed at families affected by Congenital ZIKV Syndrome.
1. SITUATION OVERVIEW

- UNICEF works with epidemiological data from PAHO. The latest cumulative cases report (29 Jun 2017) can be found [here](#), whilst the latest epidemiological update (25 May 2017) can be found [here](#).
- To date, 61 countries and territories around the world report continuing mosquito-borne transmission. 48 countries and territories in the Americas have confirmed autochthonous, vector-borne transmission of Zika virus disease since 2015, while five countries have reported sexually transmitted Zika cases.
- The trend of reported new cases in Central America continues to decrease, with the exception of Belize. In Turks and Caicos, an increase in the number of suspected cases was observed between EW 4 and EW 8 of 2017. Following a declining trend in reported cases since EW 7 of 2016, starting from EW 1 of 2017, there has been an increasing trend of reported cases in South America mainly due to increases in the number of cases in Argentina, Bolivia, Brazil, Ecuador and Peru.
- To date, 26 countries and territories in the Americas have reported confirmed cases of congenital syndrome associated with Zika virus infection. In EW 15 and EW 17 of 2017, Ecuador and Barbados reported for the first time confirmed cases of congenital syndrome associated with Zika virus infection. In the last eight weeks (EW 10 to EW 17 of 2017), Brazil, Colombia, Costa Rica, Ecuador, Grenada, Guadeloupe, Guatemala, Martinique, Mexico, Puerto Rico, and the United States of America updated their number of cases of congenital syndrome associated with Zika virus infection.
- In EW 17 of 2017, Barbados reported its first five cases of Guillain-Barré syndrome (GBS) associated with Zika virus infection.

HUMANITARIAN RESPONSE STRATEGY

UNICEF continues responding to the crisis focusing on prevention activities which aim is to ensure that less children are born affected by Congenital Zika Syndrome and on supporting adequate care and support for children affected to ensure fulfillment of their right to full development and inclusion. UNICEF’s strategy encompasses ensuring there is a demand for diagnostics, particularly from pregnant women, works on preventing the impact of ZIKV (including prevention of transmission by vector, transmission by sexual relations and vertical transmission), and in non-medical Care and Support. As reflected in UNICEF Global Action Plan for Zika that is aligned with the Inter-Agency Response Plan UNICEF has a particular focus on non-clinical Child Care (early intervention) & Family Support for children affected by Congenital ZIKV Syndrome and their families. This builds on UNICEF’s mandate, comparative advantage and our past experiences, uniquely positioning the organization to lead this component in close collaboration with national and local governments, PAHO, civil society, international and national NGOs and other partners and donors.

2. REGIONAL ACTIVITIES

2.1. COORDINATION AND LEADERSHIP

- During the month of June, WHO, PAHO/WHO and UNICEF organized a regional workshop in Honduras, for the official launching of the ‘WHO Toolkit for the care of people affected by complications associated with the Zika Virus Disease’. Representatives from countries highly engaged in responding to Zika have been invited to participate along with the participation of UNICEF, WHO and PAHO staff and selected specialists. During the course of the workshop, specific attention was given to the introduction and operational review of the three-section WHO Toolkit (Care and Support). In addition, initial plans were discussed for the Toolkit rollout, with Honduras identified as the first country for the rollout initiative. Finally, the three draft documents prepared (those previously mentioned) by PAHO and UNICEF were presented and reviewed and their finalization is soon expected.
- In a joint UNICEF – PAHO/WHO effort, two new draft operational and planning documents were prepared for presentation, review and discussions at the WHO launching: ‘(UNICEF) Child Care and Family Support – A shared responsibility to guarantee the rights of children with Congenital Zika Syndrome and other developmental disabilities’; and (PAHO/WHO) ‘Pautas para la atención de los niños con infección congénita por el virus de Zika’.

1 Sources: Panamerican Health Organization (PAHO).
UNICEF participated in a working meeting with WHO, PAHO and other important regional partners about ‘The Care and Support of families with children under 5 years old with a disability and development delay.’ During this meeting important elements for monitoring development in Early Infancy at community and clinical level were identified. This work is one of the essential components of the framework required for the care of children affected by Congenital Zika Syndrome.

UNICEF participated in the USAID partners meeting organized in Washington D.C. where agencies shared their results up to date and new information was provided for the next round of funds to cover the period from August 2017 to September 2019.

UNICEF is coordinating with all the implementing partners at community level to ensure the elaboration of child care and family support materials that community workers should use.

2.2. TECHNICAL SUPPORT & CAPACITY BUILDING

• Taking into account lessons learned from including a component on Zika as part of the Care for Child Development training initiative in Belize, that was reported in the last Situation Report (#12), further efforts have been made to incorporate Zika related technical material in national and multi-country CCD workshops.
  o The Zika related technical session was used as part of the CCD training course focusing on training ‘state level multipliers’ during the national ECD workshop in Brazil, help in May 2017. This workshop was aimed at “state level staff of the social sector” so that they could reach 4,000,000 at-risk children under three and those under six with a disability, including families receiving the “bolsa familiar”.
  o In line with the proposed priority training actions for and with USAID funded Zika countries, a multi-country Care for Child Development workshop was organized for six Zika funded countries in Honduras. Training content included specific topics on Zika, parenting and childhood disabilities, along with a half-day field/clinical practice with families with children with disabilities.

• In addition to the set of 8 draft booklets prepared for providing family orientation on child development, early stimulation, and developmental delay warning signs (as indicated in Situation Report #12), additional sets (packages) of materials for family support on specific aspects related to the impact of Zika are in the initial process of preparation. The first set of materials focuses on those critical issues faced by families with children affected by Zika and other congenital disorders (including cerebral palsy). The second set targets such issues as improving the family and ECD environments for stimulation, learning and inclusion – for children with disabilities, including the preparation or modification of toys and materials for children with disabilities.

• On-going technical and orientation support has been provided by the Regional Care and Support Roving Consultant to USAID funded UNICEF country office care and support initiatives, with specific attention given to: the development of operational materials; review of country mapping processes; support for designing training strategies, revision of family-focused early stimulation and intervention materials, and follow-up of individual country plans.

• In continuation of the work on the Communication for Development for Zika Diploma with the Rafael Landívar University, UNICEF supported the delivery of the first two modules of the diploma entitled ‘Conceptual definition of C4D and social norms’ and ‘Situational diagnosis.’

• UNICEF provided feedback to “Counseling guide: preconception, prenatal and postpartum care in the context of the Zika Epidemic”, produced by ASSIST.

• UNICEF has initiated the ‘Elaboration of a guide for the incorporation of gender in the Zika Response strategies in Latin America and the Caribbean’ has been initiated.

• In Peru, UNICEF has strongly supported the emergency response to the floods incorporating a ZIKV response component. The regional office has supported team at country level with regards to coordination, reporting, communication and C4D activity.

2.3. COMMUNICATION

• The regional social media prevention campaign continues with posts on UNICEF LACRO channels every Wednesday. These messages are shared by other UNICEF social media channels amplifying their reach.
• A regional promotion campaign for U-Report and the U-Report ZIKV Information Centre continues, with 2,500 new U-Reporters recruited in May and June.
• Six human interest stories from Bolivia have been uploaded to the LACRO website, illustrating community engagement and mobilization for the ZIKV Response.

2.4 KNOWLEDGE MANAGEMENT
As a part of a Knowledge Management Strategy, UNICEF has initiated several initiatives to systematize processes, lessons learnt, and evidence around the ZIKV response. These products will be used to orientate implementation strategies with evidence-base experiences.

- Document and order systematically all the processes of response to ZIKV in prioritized countries from March 2016, analyzing all the quantitative and qualitative information available.
- Identify lessons learnt and successful experiences in prevention and care and support essential components, including case studies, that can be shared with the other countries to be adapted and replicated in similar contexts.
- Study of messaging via social media in order to improve social communication strategies.
- Analysis of social protection framework for children affected by ZIKV and other congenital disorders in the Latin America and Caribbean countries.
- Development of Good Practices Studies Municipal Management contributing to Community engagement in Vector control.

An internal ZIKV Bulletin has been produced to share experience and best practice amongst UNICEF colleagues.

3. PROGRAMME RESPONSE AT COUNTRY LEVEL: ACTIVITY 21 DECEMBER– 9 FEBRUARY

3.1 INTEGRATED RESPONSE ACTIVITIES

Detection
UNICEF continues to advocate both for the improved detection of ZIKA, especially in pregnant women, and also for surveillance of babies born in high risk ZIKV areas. In Guatemala, for example, UNICEF is focusing its actions on training networks of hospital personnel so that it can reach those children with Congenital Zika Syndrome outside of UNICEF’s primary geographical jurisdiction. Ecuador and Peru are two further examples of UNICEF COs that are advocating for continued surveillance of babies that show no initial complications but that are born to at-risk mothers.

In Nicaragua, UNICEF is working with ASSIST under MINSA coordination to improve capacity for detection amongst health staff, in El Salvador, UNICEF has worked with local NGOs to ensure pregnant women and their partners have received counseling sessions around ZIKV and its consequences, whilst in the Dominican Republic UNICEF distributed key prevention materials kits to prioritized hospitals, with focus on Zika transmission prevention (including sexual transmission) and Zika consequences on newborns. In Peru, activity has focused in the areas affected by the floods of early 2017, where it is anticipated that cases of ZIKV are likely to rise. In these areas 400 pregnant women and mothers have received specific information on ZIKV and its consequences.

Prevention
UNICEF ensures that prevention work takes place at the national, municipality, community and individual level. The priority audience continues to be pregnant women, with all UNICEF country offices reporting activity aimed at this group. As part of the work to ensure multi-level prevention activity, in the Dominican Republic, a national workshop has been organized with representatives of the MoH’s Provincial Directions (DPS) for the adequate implementation of the plan at local level. UNICEF distributed a “start-up kit” to ensure digital and non-digital material and tools for key messages promotion. Similarly, UNICEF distributed key prevention materials kits to prioritized hospitals, with focus on Zika transmission prevention (including sexual transmission) and Zika consequences on newborns. UNICEF in Panama facilitated a two day C4D workshop to strengthen capacities of technical staff of Panama Ministry of Health (national level and Herrera province) and Social Security and Welfare Administration (Caja del Seguro Social) for the planning and implementation of ZIKV prevention interventions.

Prevention activity continues in schools and education establishments. In Barbados, for example, UNICEF is collaborating with the Red Cross to conduct sensitization activities for adolescents and enhance their capacity to conduct safety mapping in their schools whilst in Bolivia community activity centres around schools in areas reporting ZIKV cases. In Ecuador, 3,261 students have been involved in Zika prevention education programs. The main messages of this educational strategy centered on personal protection and prevention of Zika through vector-control efforts including
cleaning and covering water drums, and the correct disposal of potential breeding sites through individual and community-based efforts. A total of **464 teachers** have been trained in the use of educational material to promote school-based learning on the prevention and control of the Zika virus. The educational material includes a story book with an activity section designed for different levels of capacity, UNICEF’s booklet and its accompanying teacher’s guide. In the Dominican Republic, the Pastoral Materno Infantil (PMI) and “Fe y Alegria”\(^2\) carried out a community prevention work with the approach “link between schools and community”. About 488 local adolescents from 13 secondary schools worked with 3,694 households to promote behavioral change at domiciliary level. Beside PMI, also the local partner INSALUD\(^3\) started community mobilization activities for behavioral change at household level, within the MoH’s guidelines. 26 local promoters have been trained to ZikV mitigation home-visits and follow-up and domiciliary visits started for 2,860 households.

Mass and local media activity continues to support C4D strategies and actions on the ground. In Barbados, television and social media is used to remind the population of the importance of ZIKV prevention, especially as hurricane season commences. In Peru, local radio including radios in the IDP camps broadcast ZIKV prevention messages. In Mexico, evaluation of the 2016 public awareness activity has been completed, confirming an estimated reach of 3.3 million people in 19 linguistic variants across 7 states via radio spots in indigenous languages. In the Dominican Republic, UNICEF has undertaken a social media and web-based communication campaign reaching 3.8million people. In addition, UNICEF Dominican Republic is working with ten health insurance companies to carry out promotional actions with stakeholders including employees, customers and suppliers.

Youth engagement is a key component of UNICEF’s prevention activities. Guatemala and El Salvador both use their country dedicated U-Report platforms to ensure youth and adolescents acts as social change agents. In El Salvador the first U-Report Steering Committee was held with 14 organisations including universities and youth partners such as Youth Vision Network and UPA Children’s Radio. In June, 650 U-Reporters were recruited via Facebook, Twitter and the U-Report App, and have taken part in ZIKV knowledge surveys. The results of these surveys help determine communication strategies and messages. In Guatemala, U-Report recruitment activity is ongoing both online and through workshops lead by Paz Joven.

At the same time, in the Dominican Republic, The Child and Youth Councils (AIJ) held a national meeting with more than 110 participants. During the workshop, UNICEF’s Zika response was presented in its entirety. Community mobilization activities have been promoted and 20 municipalities have elaborated a risk communication plan for Zika Response. Accordingly, with the outlined strategy, these 20 Child and Youth Councils are now working at municipal level to mobilize more than 700 volunteers as part of prevention activities.

Health promoters also continue to be an essential part of the response. In Peru, UNICEF has facilitated the training of 60 health promoters around preventative measures for ZIKV and dengue. These health promoters have focused on the region of Piura that was most adversely affected by the floods of early 2017. Each health worker has worked with an average of 20 families reaching approximately 6,000 people. In Ecuador, health promoters have reached more than 60 communities with ZIKV prevention messages. In addition, the “So that your baby is born healthy, avoid being bitten by the mosquito” campaign has been relaunched by the Ministry of Health in Ecuador, aimed at pregnant women and their partners. In Nicaragua, UNICEF is working with the Institute of Sustainable Sciences (ICS) to validate the materials used by community leaders as part of ZIKV prevention activities with pregnant women.

**Care & Support**

Multiple countries in the region are now implementing actions that reach children affected by Congenital Zika Syndrome and their families. In the Dominican Republic, where 71 families are receiving support through UNICEF partners PMI and INSALUD, four short documentaries on the whole care and support experience have been produced by UNICEF, to give a voice to the families affected by CZS and advocate for effective commitment from decision-makers. Guatemala and Belize have produced human interest stories around Care and Support activities, whilst in Honduras, UNICEF has worked with USAID to produce a photo blog to show the integrated support families affected by ZIKV are receiving.

\(^2\) “Fe y Alegria” is a NGO that works in support of the “education community” of public schools (MINERD’s) that is creating a virtuous relationship among teachers, students, tutors and parents.

\(^3\) The National Institute of Health (INSALUD) is a network of 68 non-profit organizations, whose mission is ”To promote the processes of social and health reform through dialogue, consensus-building and the promotion of strategic alliances between the public and private sectors, at the same time as seeking their institutional strengthening and sustainability".
Mapping of actors involved in the Child Care and Family Support component of the ZIKV Response allows UNICEF to ensure actions are neither duplicated nor missed. UNICEF Peru has undertaken a mapping of actors and analysis of care routes to support families affected by ZIKV and disability in early childhood, using the region of Loreto as an example. The mapping was undertaken using qualitative analysis of information obtained through interview, conversations and case analysis and has helped identify both opportunities and potential bottlenecks that need to be overcome. In Nicaragua, UNICEF is supporting MINSA in its work to update the database of children born from mothers with a positive or suspected ZIKV diagnosis and is working to map all exposed children, undertake an analysis with their network of services and community leaders; undertake an analysis of the compliance with clinical protocols and ensure follow-up for assessing child development and non-clinical care and support in communities. In the Dominican Republic, where this mapping exercise has already been undertaken, UNICEF is planning a piloting phase of the roadmap in coordination with USAID and ASSIST.

Ensuring sustainability of actions is of great concern to UNICEF. In Belize, the Ministries of Health, Education and Human Development, with the support of UNICEF, are collaborating to achieve a comprehensive systems-based approach to the organization of ECD services for young children and their families. These programs and services are inclusive, also in the times of emergencies, particularly for children with disabilities. Within this framework, there is the incorporation of specific content focusing on developmental disabilities, monitoring, child care and family support in existing ECD and health materials, particularly in the training of Care for Child Development. With the focus on training nurses, midwives, preschool educators, social mobilizers and Rovers for supporting family members on the above, the priority is on strengthening community level capacity. Capacity building to mainstream basic early child development and family competency building actions (more systematic) within centre and community-based social, education and programmes is being undertaken.

UNICEF advocates for the rights of children with Congenital ZIKV Syndrome and is working to reduce stigma and discrimination aimed at these groups and their families. As part of this work, in the Dominican Republic UNICEF and OXFAM have defined a socio-economic impact study for families affected by CZS. This study aims to measure the changing patterns of incomes and expenses and would ensure critical inputs for advocacy process on social protection policymakers.

Knowledge Management
The results of baseline studies are still being processed as part of the work with IPSOS in the Dominican Republic, Guatemala, Honduras and El Salvador.

In Colombia, data collection has been undertaken on three of the 13 key behavioural practices that form part of the Seres de Cuidado strategy ‘taking care of ourselves at home.’ Initial results of these surveys in the regions of Ibague and Chaparral show:
- 52% of families undertake appropriate actions to ensure household water is safe for consumption and hygiene;
- 44% of families maintain household cleanliness and a proper management of excreta, (both solid and liquid wastes);
- Only 7% of families are able to protect their homes from flies, cockroaches, mosquitos, rats, bats and other animals that pose a health hazard.

Coordination
UNICEF plays a key role in the coordination of governmental and non-governmental actors as part of the UNICEF response at national and local level. In the Dominican Republic, for example, UNICEF is promoting strategic coordination of MoH / DIGPRES for longer-term multi-layer environmental health education strategy at community level (i.e. schools, health centers, municipalities and households). Simultaneously, UNICEF is advocating for multi-sectoral coordination for integral care to newborns and children with disabilities. UNICEF Dominican Republic representative keeps lobbying Vice-presidency for long-term commitment to children with disabilities. At a local level, coordination meetings with INAIPI and SNS lead to a general agreement on content needs, characteristics of participants, training methodology, timing and longer-term strategy for Care & Support (C&S) programming at community level. Moreover, three regional workshops4

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4 Two regional workshops on CCD have been held in Honduras and Paraguay (TOT), where SNS, PMI and INAIPI representative have been involved from UNICEF. A third workshop on WHO’s C&S toolkit in Honduras also strengthened the strategic partnership between UNICEF and SNS on C&S.
established Care for child development (CCD) as the unique UNICEF approach to C&S. Early intervention and other C&S materials are in production, while TOT activities are planned for primary health care and INAIPI personnel next semester.

In Ecuador, UNICEF continues supporting the activation and re-activation of Health Stakeholder Roundtables where health districts, representatives of institutions such as the education district, Red Cross, Fire Department, Local Health Committees, local government, and other local stakeholders to agree upon concrete and immediate actions regarding vector control and Zika prevention. At the same time, UNICEF Peru staff are working with CARE Peru giving technical assistance on the topics of community participation, inter-sectoral approaches and C4D and will participate in a workshop in early August. In Colombia, in the two targeted municipalities of Tolima Department, officials of the health and education sectors have established a functioning model for inter-sectoral coordination to carry out social mobilization at family and community levels to prevent vector-transmitted disease, whilst in Bolivia, coordination at a local level is underway with municipal governments in order to prevent ZIKV in pregnant women.

In Nicaragua, UNICEF facilitated a five-day C4D workshop in Montelimar involving multiple implementing partners including Sustainable Sciences Institute (SSI), AMOS Foundation, Save the Children, Nicaraguan Red Cross, and ASSIST, as well as a group of journalists and social communicators committed to promoting children’s rights. This workshop will help guide and strengthen the ongoing Zika prevention efforts at the community level of the various partners.

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 through advocacy and awareness raising</td>
<td>6,826,596</td>
<td>10,169,404</td>
</tr>
<tr>
<td>Prevent ZIKV through informing and engaging communities</td>
<td></td>
<td></td>
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<tr>
<td>Mitigate the impact of ZIKV on children and families</td>
<td></td>
<td></td>
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<tr>
<td>Contribute to research on effectiveness of prevention measures</td>
<td></td>
<td></td>
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<tr>
<td>Coordinate actions across sectors to support the national government response</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total requirement ($US)</strong></td>
<td><strong>16,996,000</strong></td>
<td></td>
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</tbody>
</table>

UNICEF is working on a technical proposal with USAID for a medium term ZIKV Response incorporating both Prevention and Care and Support components.

5. MONITORING AND EVALUATION

The Zika response Program in LAC has initiated a process to revise indicators pertaining to the M&E strategy, most of them oriented to measure knowledges, attitudes and practices. To that purpose, KAP studies are being developed in four countries - Honduras, Dominican Republic, Guatemala and El Salvador - which will establish a base and reference for measuring the intervention scope and impact on different target groups, especially families affected by CZS and healthcare professionals and service providers.

There are some main indicators that are cumulative from 2017.

<table>
<thead>
<tr>
<th>UNICEF RESULTS</th>
<th>Total Results (cumulative since January 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td># of pregnant women benefited with quality counselling sessions to prevent Zika virus infection</td>
<td>28,335</td>
</tr>
<tr>
<td># of target population reached with key risk communication messages through multiple communication channels</td>
<td>29,168,020</td>
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<tr>
<td># of target population reached with social mobilization and interpersonal communication Zika virus prevention sessions.</td>
<td>165,994</td>
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<td># of municipalities in the region reporting the implementation of Plans with Zika Response components</td>
<td>313</td>
</tr>
<tr>
<td># of children and adolescents trained in Zika virus transmission, prevention measures and consequences</td>
<td>9,946</td>
</tr>
<tr>
<td># of families with children affected by Zika Congenital Syndrome benefiting with non-clinical care and support interventions</td>
<td>556</td>
</tr>
<tr>
<td># of providers trained in family-focused early intervention services for young children affected by Zika Syndrome</td>
<td>1,122</td>
</tr>
</tbody>
</table>

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