



Zika response

Affecting at least 26 countries in Latin America and the Caribbean, and spreading to Asia, Africa and Pacific, Zika Virus and its suspected link to birth defects was declared by World Health Organization (WHO) as a Public Health Emergency of International Concern on 1 February 2016. The Zika Virus is transmitted through the bite of an infected *Aedes* mosquito, the same mosquito that transmits dengue and chikungunya. The symptoms are generally a mild fever usually accompanied by muscle or joint pain. There is no vaccine or treatment for the disease. Since the Zika outbreak intensified in October, there has been a surge in Brazil of microcephaly – a congenital malformation where babies are born with smaller than normal head size and underdeveloped brains that can lead to severe developmental disorders. While there is no definite evidence linking the virus and microcephaly, there has been an abnormal increase of birth defects, with close to 4,800 suspected cases of microcephaly reported by the Brazilian Ministry of Health from October 2015 through early February 2016. WHO has warned that the virus could infect as many as three million to four million people within 12 months in the Americas. El Niño and La Niña weather phenomenon, and their impact on the environment and sanitation, are expected to aggravate the situation in 2016.

Humanitarian strategy

In collaboration with WHO/Pan American Health Organization (PAHO), International Federation of Red Cross and Red Crescent Societies (IFRC), and the Centres for Disease Control and Prevention (CDC), UNICEF is scaling up its support to all affected countries. Using its network of 24 offices serving 35 countries and territories in Latin America and the Caribbean, UNICEF is working in support of national and local governments, with the following goals: a) control the spread of Zika Virus, b) mitigate its impact on children and their families, in particular in the most disadvantaged communities, c) influence the market to help drive the development of rapid diagnostics and vaccines. UNICEF will draw upon its expertise in Communication for Development (C4D) and use a multi-sectoral approach to protect and support families and communities, and build their knowledge and capacity to protect themselves. Building on its long-standing partnership with national and local authorities, civil society organizations and community networks, UNICEF will focus on social mobilization of the most disadvantaged communities in order to increase their protection against the virus as well as preventing its further spread. Information about vector control measures to reduce the burden in homes, community sites, and schools will be disseminated. UNICEF will also prioritize the provision of care and support to families affected by Zika Virus, including management of microcephaly through family care, social protection, early childhood development,

and nutrition. UNICEF has adopted a global response plan to monitor, assess and respond adequately to the likely continued spread of the Virus across other regions of the world. UNICEF will work with WHO and partners to influence rapid development of critical health technologies, including via target product profiles, advocacy and engagement with industries. Preparedness and response systems for all potential countries at-risk will be provided through global and regional level coordination. Rapid Response Teams comprising of health, C4D and other technical experts will be deployed in affected countries according to needs. Monitoring systems to track progress in changing knowledge and behaviour will be set-up to complement the epidemiological analysis done by PAHO and CDC. UNICEF will first establish Zika response operations in the most affected countries and will implement the strategies and activities based on assessments of needs, national capacity, available resources, and partners as well as UNICEF comparative advantage.

Results to date

UNICEF scaled up regional preparedness and response with an emphasis on supporting governments to mobilize and engage communities to contain the spread of the disease and mitigate the impact on families. UNICEF has been supporting the Government of Brazil early in the epidemic through advocacy, communication and community mobilization, monitoring and technical support. UNICEF is supporting social mobilization in all affected countries, and is setting up multi-sectoral teams to provide technical support to governments and local authorities.

Humanitarian Action for Children

unicef 

Total people to be reached in Latin America and the Caribbean in 2016: 200 million

2016 programme targets

Social Mobilization – Communication for Development

- 200 million people in affected countries of Latin America and the Caribbean reached with key communication messages on protection

Research and development

- At least 2 rapid diagnostic tests available
- At least 2 candidate vaccines

Funding Requirements

UNICEF is requesting \$13,820,000 to meet the immediate humanitarian needs of children and families. Needs will be regularly reassessed as the situation evolves. Due to the complexity of the epidemic with multiple countries and different needs, flexible resources at the global level will be essential to respond where needs are greatest and reach the most disadvantaged communities. Without additional funding UNICEF will be unable to support the national response to the countries facing the explosive spread of Zika.¹

	2016 Requirements (US\$)
Latin American and the Caribbean	
Social mobilization and response activities in affected countries	4,560,000
Rapid Response Teams	2,520,000
Regional support to countries	1,740,000
Global	
Preparedness	2,000,000
Research and development	3,000,000
Total	13,820,000

¹ As of 3 February 2016, 26 countries and one territory in the Americas have reported confirmed Zika virus cases through IHR channels, including Barbados, Bolivia, Brazil, Easter Island (Chile), Colombia, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, US Virgin Islands, and Venezuela. In addition, viral circulation has been documented in Asia and the Pacific Islands. Imported cases have been reported in the United States of America, Europe and non-endemic countries of Asia while the Maldives, Thailand and Tonga have reported viral circulation.

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