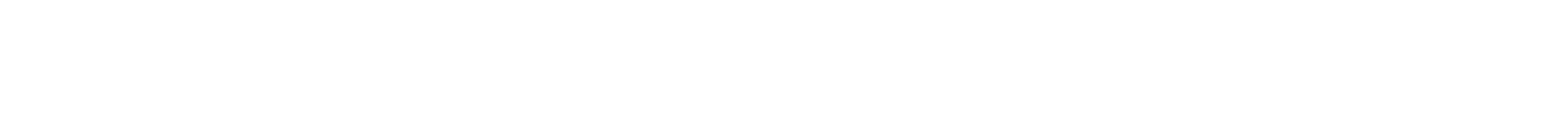
**Zika virus preparedness and response plan**

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**16 June 2016**

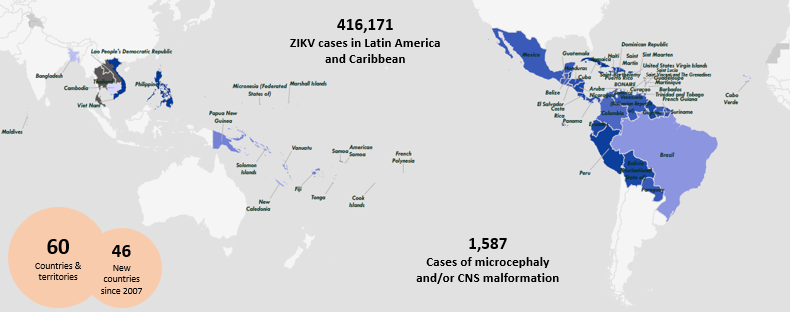
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| **Title of the action** | Zika virus preparedness and response plan |
| **Duration of the action** | 18 months (July 2016 to December 2017) |
| **Objective** | Support governments and communities to protect children and their families from Zika virus infection and mitigate its impact |
| **Financial Requirements** | US$ 47,340,000 |
| **UNICEF contact** | Afshan Khan |

Introduction and context

* **The Zika epidemic is threatening the well-being of pregnant women and their babies in many countries across the globe.**
* Up to **2.2 billion people are at risk of Zika virus (ZIKV) infection**, along the same epidemiological pattern of Dengue and Chikungunya. It has the potential to spread in all areas where Dengue is endemic, disproportionately affecting the poor, the marginalized, and peri-urban populations. It has been declared a Public Health Emergency of International Concern by WHO.
* While the **full spectrum of neurological disorders and pregnancy-related complications is still yet to be uncovered**, we know there will be a long lasting impact for children and their families – with a socioeconomic impact on society as a whole. There are **close to 1,600 cases of microcephaly** already reported in 11 countries, 98 percent of which are in Brazil. As the virus continues to spread, more countries are expected to report cases of microcephaly and other complications in the coming months, with a lag time of 7 to 9 months after the start of the epidemic.
* There is an urgent need to streamline our efforts so that affected children and families can access **holistic, specialized care and support services** that are tailored to the specific needs of each child with disabilities – and in the process support the development of coping mechanisms for life-long parenting of children with disabilities to create an environment to help them each realize their full potential.
* **Adolescent girls** in poor neighbourhoods are especially vulnerable in the context of Zika and its complications, as they face a triple threat -- limited access to reproductive health services, sexual violence which may result in unwanted pregnancies, and preliminary data seems to show that they may also be at higher risk for having babies with microcephaly.
* In the absence of a cure and ongoing challenges to control the spread of the virus, development of **vaccines** is of paramount importance, especially for pregnant women and women of child bearing age.



Actions to date

In February 2016, WHO and partners developed a Strategic Response Framework (SRF) to guide the international response to Zika, covering the period from January to June 2016. In line with the SRF, UNICEF has taking action in 21 countries in the Latin American and Caribbean region (and recently in Cape Verde as well) at both community and policy level, to protect women and their families from the Zika virus and mitigate its impact, leveraging our comparative advantage and partnerships – through informing and engaging communities on protection and prevention measures, supporting the provision of care and support for affected children and families, and fast-tracking the development of vaccines and rapid diagnostic tests.

We are contributing to building the capacity of local and national authorities to develop and implement multi-sectoral response strategies in 1,127 municipalities in eight countries, in close partnership with WHO/PAHO, UNFPA, IFRC, US CDC and others.

***Informing and engaging communities on preventive measures***

* UNICEF is raising awareness and sharing information on the spread of disease, and how it can be prevented through personal protection and community-based measures to reduce mosquito breeding sites – including through the use of digital technology for communication and mapping.
* 122 million people have now been reached with preventive messages through mass social and digital media in 12 countries, with highest outreach in Brazil, Mexico, Colombia, and Cuba.
* 10,211 children and adolescents have been trained and are actively participating in social mobilization in Honduras, El Salvador, Guatemala, Mexico, and Brazil.
* In support of national authorities and local school administrators, UNICEF is working with schools and teachers to educate children about Zika and how to prevent its spread and reduce stigma and discrimination against those affected – in order to galvanize the engagement of communities through children as agents of change.

***Care and support for affected children and families***

* UNICEF is supporting organization and training of support groups of mothers, fathers and families with babies with microcephaly, for early stimulation and care, and advocating and providing technical support for scaling up or developing integrated care and support systems.

***Supporting the development of diagnostic tools and vaccines***

* UNICEF is working with WHO and key partners to influence the market to help drive the development and availability of rapid diagnostics and vaccines.
* A Target Product Profile (TPP) defining the desired characteristics of point-of-care testing was published on 13 April, and the TPP for vaccines is expected to be published by June.  UNICEF has also undertaken modelling of demand forecasts, and shared this with the industry.

Next stage of proposed interventions

In light of developments since February, including confirmation of the link between Zika, microcephaly and other neurologic complications, the role of sexual transmission, as well as lessons learned from the response, the SRF has been revised. It will cover the 18 months from July 2016 to December 2017. There are five strategic objectives in the revised SRF: Detection, Prevention, Care and Support, Research, and Coordination.

Leveraging UNICEF’s comparative advantage, we will contribute to each of these five objectives through our role focusing on supporting community engagement and social mobilization, communication for development, advocacy for the rights of disabled children and for the reproductive health rights of girls and women, strengthening multi-sectoral response, capacity building particularly of social services for care and support of affected children and families, and leveraging domestic and international financing. Taking an iterative approach, UNICEF will adapt its response as we collectively continue to learn more about this disease and effective measures for prevention and response.

* 1. **Detection: *Contribute to early diagnosis through advocacy and awareness raising***

Early detection of ZIKV infection and its complications is not only critical at the individual-level, but also key in order to have an accurate epidemiological picture which informs the overall response.

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.

**Planned result[[1]](#footnote-2):** Pregnant women in at risk countries have access to counselling and testing.

* 1. **Prevention: *Prevent ZIKV through informing and engaging communities***

In order to better inform prevention efforts, it is important that policymakers and various stakeholders including the affected communities are fully armed with the most up-to-date epidemiological information. As such, UNICEF will use the most updated epidemiological information to inform our activities in risk communication and community engagement.

UNICEF will continue to promote behavioural change to enhance prevention measures at the individual, family, and community-level – including through the reduction of breeding sites, appropriate waste management, personal protection, and prevention of sexual transmission. We will help to mobilize communities through empowering children to become agents of change -- through the integration of Zika and prevention measures in school curriculums, as well as through mass and social media campaigns. Such efforts will go hand in hand with advocacy to support the equitable access to personal protection measures.

To limit the number of children affected, and curb the spread of ZIKV through sexual transmission, jointly with UNFPA, UNICEF will support the provision of information and facilitation of access to appropriate reproductive health services including contraceptive options.

At all levels of government including at the local level, UNICEF will promote and contribute to intersectoral coordination (health, education, water and sanitation, and others) to maximize preventive efforts. In countries currently not affected by ZIKV, UNICEF will contribute to the development of national preparedness plans, as needed according to the context.

**Planned result[[2]](#footnote-3):** At risk communities are engaged in prevention efforts. Girls and women aged 10-24 have access to information on contraception and barrier methods.

* 1. **Care and Support: *Mitigate the impact on children and families***

Until an effective vaccine can be rolled out, it is expected that thousands of babies with microcephaly and other complications will be born over the coming months, each with specific needs, and many with disabilities requiring life-long care and support. There is currently a large gap in this field – one which UNICEF is well-placed to help fill. Accordingly, we will focus on strengthening advocacy at all levels for the rights of children with disabilities, raising awareness throughout society regarding the neurological and developmental impact of Zika on children, providing technical support for the development of holistic care and support services, as well as efforts to prevent stigma, violence and neglect.

We will work with WHO/PAHO and local governments to develop a model of integrated care and support services, starting at the family and community level – such as home care with community health workers visiting households on a regular basis, supported by primary care services and referral for specialized paediatric services and monitoring at sub-regional level. UNICEF will leverage existing capacities, link with networks of people with disabilities, and mainstream into existing programmes across sectors where appropriate, in order to support and promote timely and continuous multisectoral care and support for young children and families affected by Zika -- including through early stimulation, counselling and social protection services such as cash transfers.

UNICEF will continue to strengthen community and peer support mechanisms not only as a platform for sharing of timely information on early stimulation and counselling, but also as a way to facilitate the mutual sharing of experiences and strengthen coping mechanisms of families and communities.

In order to promote the full inclusion of children with disabilities, UNICEF will engage communities and develop communication strategies and messages to dispel any misconceptions, fears and stigma, as well as violence and neglect related to Zika and associated disabilities. Advocacy efforts will also be aimed to ensure the full inclusion of children with disabilities in education systems.

**Planned result[[3]](#footnote-4):** Children with Zika related complications have access to care and support services.

* 1. **Research: B*uild evidence on the effectiveness of prevention measures***

Many critical knowledge gaps still remain including regarding effective interventions to prevent and limit the spread and impact of ZIKV infection and its complications. In order to help fill this gap, UNICEF will promote research on risk perception of Zika and its impact, and vector control interventions in order to identify factors that influence behavioral changes of individuals, families and communities – with a special focus on pregnant women, women of childbearing age, and their partners.

**Planned result:** Research published and shared.

* 1. **Research: *Influence the market to help drive the development and roll out of rapid diagnostics and vaccines***

UNICEF is supporting the development of easy-to-use tools to diagnose ZIKV infection, as well as vaccines to prevent its transmission. Close to half of our global funding requirement is for product research and development, including an advance purchase commitment.

**Planned result:** Point of Care Diagnostics rolled out by June 2017. Candidate Vaccine for general population available for testing by middle of 2017.

* 1. **Coordinate: *Coordinate* *with other stakeholders to support the national government response***

A well-coordinated multi-sectoral response under the leadership and ownership of national governments is critical. UNICEF will advocate to galvanize and sustain political commitment from national and local governments, and leverage the allocation of appropriate resources for prevention, as well as care and support in the medium and long term. Leveraging existing mechanisms, UNICEF will also participate in donor coordination mechanisms including at the national level for the provision of coherent support to national governments.

**Planned result[[4]](#footnote-5):** National plan adequately funded.

Activities by country context

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| --- | --- | --- | --- | --- |
| Type of country/ Activity | Countries with ZIKV transmission and complications | Countries reporting ZIKV transmission only | Countries where competent vectors are present | All other countries |
| Awareness raising for early diagnosis | Yes | Yes | Preparedness | Preparedness |
| Community engagement for prevention | Yes | Yes | Preparedness, link with Dengue control | - |
| Care and support to mitigate impact | Yes | Preparedness | Preparedness | Preparedness |
| Research on behavioural aspects of preventions measures | Yes | Yes | Yes | - |
| Coordination | Yes | Yes | Yes | Yes |

Annexes. Activities

**1. Contribute to early detection of outbreaks and diagnosis of ZIKV infection and complications through advocacy and awareness raising**

1.1. Support the development and roll-out of rapid diagnostic tests, and the inclusion of ZIKV RDT/POC IVD assays in integrated plans of prevention and response to ZIKV

1.2. Contribute to demand creation for testing and support counseling for pregnant women

**2. Prevent ZIKV through informing and engaging authorities, communities and families at risk, promote improved mosquito monitoring and control and market shaping for vaccines**

2.1. Support the analysis, dissemination and use of updated epidemiological information, jointly with WHO/PAHO and CDC, to better direct control efforts, including to policymakers and stakeholders

2.2. Promote behavioural change to enhance prevention measures at the municipal, individual, family and community-level (including breeding site reduction, waste management, personal protection, prevention of sexual transmission, etc.) using interpersonal, group, mass and digital media, as well as through schools .

2.3. Support improved access to culturally appropriate reproductive health services for all women of child bearing age, particularly adolescents, focusing on the most disadvantaged and marginalized and preventing teenage pregnancies

2.4. Advocate for and support the provision of necessary products to monitor and control mosquitoes (larval stage) and enable behavior change, including repellents, etc.

2.5.. Promote and contribuite to intersectoral coordination (health, education, water and sanitation, social protection, rural development and others) at all levels of government with emphasis on mosquito monitoring, data driven decisions, and integrated vector management activities

2.6. Contribute to preparedness plans in countries at risk that are currently not affected by ZIKV with emphasis on mitigation activities at national, district, and municipal levels that result in capacity for mosquito monitoring and timely control actions

2.7. Support the development and roll-out of vaccines for pregnant women and the general population

**3. Support the provision of basic social services and other appropriate support to children, families, communities affected by Zika (congenital syndrome)**

3.1. Raise awareness and understanding of the neurological and developmental impact of Zika (and other congenital malformations) on children and their families, and advocate for the rights of children with disabilities with decision-makers and the general public to guarantee care and support, reduce stigma, promote inclusion, and leverage action and resources.

3.2. Support and promote timely and continuous multisectoral care and support, including: early intervencion, Early Childhood Development, nutrition, psychosocial support and social protection services for young children and families affected by congenital Zika (and other congenital malformations) , as close as possible to their communities and in the context of basic social services

3.3. Strengthen community and peer support mechanisms to guarantee provision of timely family focused services and orientation on early intervention, nutrition, psychosocial support to promote development, and specific social protection measures aimed at addressing potential child neglect and violence

3.4. Support Communication for Development strategies to provide families, community and service providers with appropriate Care and Support messages and to dispel misconceptions, fears and stigma related to Zika and disabilities, aiming at timely interventions, promotion of inclusion and ensuring the reproductive rights of women, adolescent girls and their partners

**4. Contribute to research on effectiveness of prevention measures and Care and Support actions**

4.1. Promote research on risk perception to improve understanding of factrors that influence behavioral change of individuals, families and communities, with a special focus on pregnant women, women of childbreaing age, and their partners.

4.2. Promote research on care seeking practices and beliefs, perceptions and behaviors of families with children affected by Zika and other congenital malformations

4.3. Develop a UNICEF global strategic position for vector control that informs specific actions for Ros and Cos

**5 Coordinate actions across sectors to support the national and sub national government response**

5.1. Advocate to build and maintain political commitment fom national and local governments for a sustained response across sectors, and support the coordination of response efforts

5.2. Leveraging existing mechanisms, participate in UNCT and other donor coordination mechanisms to ensure a coherent, comprehensive approach

5.3. Leverage sustainable national and international resources for all areas of Zika control and mitigation plan

5.4. Contribute to the monitoring and evaluation, as well as knowledge sharing of national and regional prevention and control strategies

1. Targets will be defined on a country-basis [↑](#footnote-ref-2)
2. Targets will be defined on a country-basis [↑](#footnote-ref-3)
3. Targets will be defined on a country-basis [↑](#footnote-ref-4)
4. Targets will be defined on a country-basis [↑](#footnote-ref-5)