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Emergency appeal operations update

Zika virus disease – focus on the global response

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDR42003		GLIDE n° EP-2015-000175
Operations update n° 2; 30 May 2016		Timeframe covered by this update: 3 March – 8 May 2016
Operation start date: February 2016, revised March 2016 (adjusted into a global appeal)		Operation timeframe: 12 months; ends March 2017
Overall budget: CHF 9.2 million	DREF amount initially allocated: CHF 200,000	Current appeal coverage: 24% (soft and hard pledges) with cash and in-kind contributions from American, Canadian, Finnish, Japanese, Netherlands, Norwegian, Spanish, Monaco, Spanish and Swedish Red Cross, and respective governments
N° of people being assisted: 500,000 people to be assisted through direct intervention and over 1,000,000 people to be reached through indirect community engagement		
Red Cross Red Crescent National Societies and Movement partners currently actively involved in the operation: the National Red Cross Societies of Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Ecuador, Grenada, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Norway, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Salvadoran, Spanish, Suriname, the Bahamas, Trinidad & Tobago, Uruguay, Venezuela. Partner National Societies: Netherlands (and Overseas Branches), British, and French Red Cross, and International Commitment of the Red Cross (ICRC).		
Other partner organizations actively involved in the operation: the health ministries from each affected country, Pan American Health Organization/World Health Organisation (PAHO/WHO), the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA), United Nations Development Program (UNDP), the Caribbean Public Health Agency (CARPHA), the United Nations Children’s Fund (UNICEF), the Inter-American Development Bank, Save the Children, REDLAC.		

The disaster and the Red Cross and Red Crescent response to date

- **May 2015:** WHO reports the first local transmission of the Zika virus in the Americas.
- **November 2015:** Brazil announces a national public health emergency.
- **February 2016:** CHF 200,000 allocated from the IFRC’s Disaster Relief Emergency Fund (DREF) to support initial relief and response activities. Emergency Appeal launched for the Americas for 2.4 million Swiss francs to support the regional response to the Zika virus outbreak in the Americas.
- **March 2016:** Emergency Appeal launched to support the global response for 9.27 million Swiss francs for 1 million people.



Summary: Zika virus is an emerging mosquito-borne virus predominately transmitted through the bite of an infected Aedes mosquitoes (*A.aegypti* and *A.albopictus*) - the same type of mosquitoes that spreads dengue, chikungunya and yellow fever. The Zika virus is spreading rapidly and increasing scientific evidence is demonstrating the impact of the virus, especially on pregnant women and their infants is far greater than first reported.

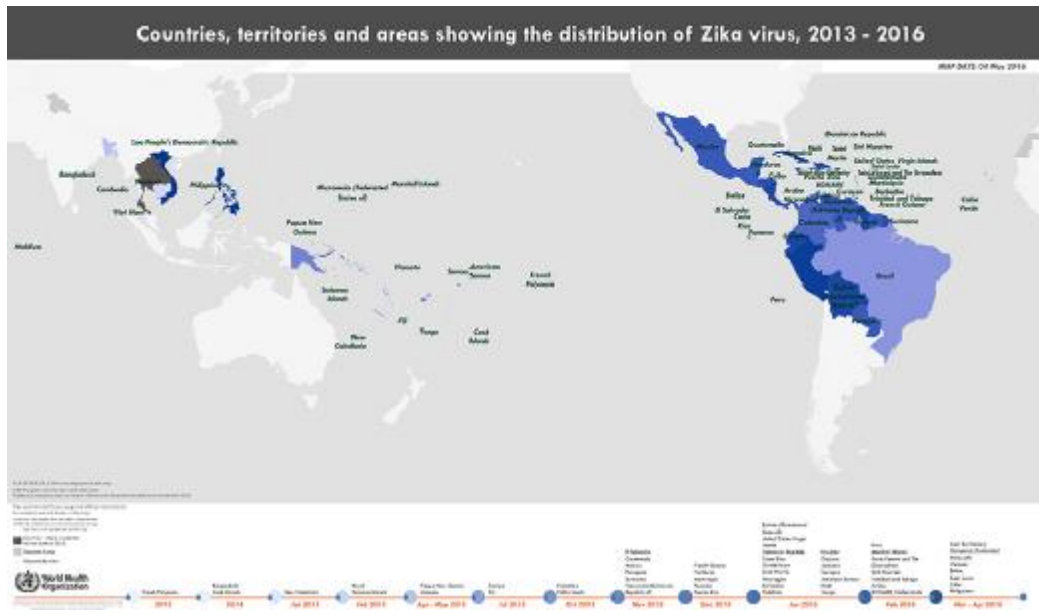
Since the initial reports in early February of a potential link between Zika and microcephaly – babies born with unusually small heads - consensus that Zika has a causal link to Microcephaly has been established and goes further, linking Zika to severe foetal deformations and disorders of the central nervous system including Guillain Barre syndrome. There is also now clear evidence of non-vector related transmission of Zika Virus through sexual contact increasing the risk of spread to non-infected areas.

As of 19 May 2016, 46 countries are experiencing an ongoing outbreak of Zika Virus. This number is a significant increase from the 34 initially reported in March 2016 when the IFRC revised Emergency Appeal was launched. The rapid geographical spread of Zika infections poses a global threat, with all areas where a competent vector exists at risk of infection. The geographical spread of cases now includes 1 country in Africa (Cape Verde) and South East Asia (Maldives), 5 in the Western Pacific and 39 countries in the Americas (WHO Sitrep 19th May 2016). In addition, 10 countries have reported non vector borne Zika Virus transmission including the United States, New Zealand, France, Italy and Portugal.

WHO declared the current Zika outbreak a Public Health Emergency of International Concern on the 1st February 2016. Since this time, an international response to Zika has been mounted but its impact limited so far by the size and scale of the outbreak, the difficulty in surveillance and lab diagnostics and difficulty in mobilizing funds across all partners. Compounding these challenges is the difficulties in explaining the risks and ever evolving science of a new disease that has such severe consequences for only a few. Engaging and working with communities remains the key to epidemic control and limiting the impact of Zika.

Nine National Societies in the Americas are currently active under the global appeal, with several more awaiting approval of action plans based on available funding. Several National Societies in the Pacific have started combating Zika as part of an integrated approach with their respective governments and the WHO including Tonga, Federated State of Micronesia and Samoa. In addition, Zika prevention activities have been included in DREFs and Appeals as part of a multi-hazard approach where appropriate. Ecuador and Fiji are both responding to large scale natural disasters and have included Zika prevention and response with in these appeals. CV Timor Leste and the Sabah RC have included Zika in DREF requests related to droughts and water shortages.

The appeal remains the main implementation tool for the Zika response, and the need to continue to scale activities beyond the current level of implementation is required. However, Zika is expected to be a long and protracted outbreak and elements of integrated vector control are being further developed in long term Health and Wash projects as well as forming a key component of other emergency appeals in at risk areas. This Operations Update (n°2) focuses specifically on the global response, and complements the separate Operations Update (n° 1) that focuses specifically on the Americas Zika response.



Americas (*please note that a separate Americas-specific report is available on the IFRC's public website*)

Within the Americas significant work has been completed in relation to establishing coordination and partnerships. The regional team is in constant contact with WHO/PAHO and is the co-lead in coordinating the regional risk communication coordination group. In addition, a joint mechanism with UNDP has been established focused on research and advocacy into the impact of Zika. Collaboration with UNESCO has been beneficial with the production of radio spots and support to broadcast regionally. Partnerships with Save the Children and UNICEF have also been successful with joint collaboration on Information and Communication material and joint use of the U-Report system. Support from American Red Cross has also allowed the adaptation of the First Aid to include key Zika messages and a new Zika section in the application.

A strategic partnership with SC Johnson has also been established with a donation of 425,000 units of insect repellent and coils to support the scale up of use of personal protection

Asia Pacific

No Activities under the appeal have commenced due to lack of appeal coverage, despite several declared outbreaks in the Pacific, a high prevalence of Dengue mosquito coverage, and new countries having cases confirmed in both the Asia and Pacific countries. However, responses are occurring by the IFRC and NS's independently of the appeal, with external funding or being incorporated into current and future disaster responses. The CV Timor Leste and Sabah drought Plans of Action(s) have incorporated Zika prevention activities using the ECV toolkit for health promotion and WASH activities. In addition, the Cyclone Winston plan of action will target 10,000 households (50,000 people) in cyclone affected countries with health and hygiene integrated activities, including Zika prevention and awareness.

The Pacific CCST has also modified the 'Dengue, Chikungunya and Zika' tools to replace the current tools in the Pacific Epidemic Control for Volunteers Toolkit. These were piloted with the Fiji Red Cross Society, modified and have been updated in collaboration with the World Health Organization (WHO) Representative Office in the South Pacific. Soft copies of the resource have been distributed to all Pacific countries for use, and hard copies are currently being printed.

As part of the APR Health core business the following activities have also occurred:

- Asia Pacific wide webinar on Zika was conducted, March 2016 in with 25 NS's attending
- A Zika information workshop conducted for Singapore Red Cross with ## attendees
- APR Zika Taskforce established
- Attendance at MENA Zika Strategic planning meeting hosted by WHO on behalf of IFRC

Europe: No activities have been carried out under the appeal as yet due to lack of funds, but coordination has been established with WHO regional office and the relevant focal points in the European Union.

Middle East and North Africa: Coordination and planning continue at a regional level with MENA zone participating in WHO planning event for the region. Activities beyond coordination have not occurred as yet due to lack of available funds.

Operational implementation

Overview

Significant progress has been made in the development of tools, materials and internal education of National Societies and volunteers for this new emerging infectious disease. Community engagement efforts at a Geneva level have focused on preparing guidelines, messages, material and training approaches for Regions and National Societies to support community understanding, engagement, ownership and implementation of prevention and control measures through effective risk communication

and engagement interventions. Audio-visual and social media material has been developed in multiple languages. This includes the most recent Radio campaign content in three languages, developed jointly with WHO and UNESCO, with focus on household and community protective actions and pregnancy. Community engagement and accountability (CEA) guidelines were prepared as part of the health ten components' strategy. Also, six National Societies communications, health and disaster management staff (Guatemala, Honduras, Colombia, Panama and Brazil) were trained in CEA as part of the Zika outbreak response in the Americas. Training included the use of the U-Report in partnership, an innovative social messaging tool to inform people on issues of concern around Zika and motivate them to respond to polls, report rumours and as positive agents of change. The IFRC support included a focused radio and social media engagement strategies in support of Zika social mobilization approaches. These tools have been adapted and implemented at a country level in support of operations.

Implementation at country level has been slow to scale-up but is gaining momentum with the availability of the correct IEC material and training support to ensure key messages are correct and responsive to community needs. Supporting further scale up will improve with the majority of key long term positions now in place to support implementation at regional and National Society level, at least in the Americas.

Challenges

The challenge of responding to a new disease with developing science has led to several innovative approach such as the Brazilian Red Cross using drones to assess breeding sites on the roofs of urban areas. Panama Red Cross are piloting an integrated approach to Zika prevention using surveillance methodologies to record cases of Zika in the community, monitor breeding sites and rumours within the community to assist in refining prevention interventions in collaboration with the MoH. Detailed program implementation is available in the Americas ops update ([link](#))

However, progress in implementation in more National Societies has been impacted by low appeal coverage. The lack of funds allocated to Zika response is not unique to the IFRC with all partners struggling to mobilise support. In response to this lack of funding the UN system has established a multi partner trust fund to support ongoing scale up and roll out of the global strategy. The Zika crisis is currently falling between emergency and long term funding agencies, and significant time and resources have been allocated to ongoing resource mobilisation activities to ensure IFRC is in a position to implement a comprehensive response.

Detailed Progress by Region

Africa

Due to the lack of support to the appeal no activities planned under this appeal are taking at this time.

Planned interventions	Number of National Societies Implementing	Implementation (%)
Health and care		
Outcome 1 The risk of Zika transmission is reduced through public information and health preparedness activities.	0	0
Output 1.1: National Societies provide the general public with information on the Zika virus	0	0
Output 1.2: National Societies strengthen capacity in early detection of outbreaks and reporting of cases	0	0

Americas (please note that a separate Americas-specific report is available on the IFRC's public website)

To date, **9 National Societies** have submitted a plan of action to take part in this appeal: Bolivia Red Cross, Brazil Red Cross, Colombia Red Cross, Ecuadorian Red Cross, Salvadorian Red Cross, Guatemalan Red Cross, Red Cross Society of Panama, Paraguay Red Cross and Venezuela Red Cross. The Red Cross Societies of Argentina, Chile and Peru are currently assessing different options to participate in this operation. The Red Cross Societies responding to the Zika outbreak in the Americas

have mobilised thousands of staff and volunteers to date. In the Brazilian Red Cross alone, over 600 volunteers have participated in assessments and implementation of actions.

Funding for this appeal stands at around 25%, and, while the flow of these funds has been somewhat slow, National Societies such as Brazil, Bolivia, Ecuador¹, El Salvador, Guatemala and Panama have received allocations that have allowed them to start implementation of their plans. Up to now, actions have been preliminary, and they are reflected per National Society in this Operations Update. The regional Zika team and each National Society as a result of bi weekly meetings have defined customized follow up procedures and field visits. In average, implementation stands at around 15%

A common monitoring and reporting tool is currently being developed, and it will be shared with National Societies in the coming weeks, so that indicator tracking and reporting can be standardized for the following Operations Updates

Despite this progress the operation is limited by lack of funding and poses a significant risk of lack of continuity to strategic activities on the ground and at regional coordination level.

Strategic actions planned for the second quarter of the Zika Operation in the Americas are at risk. Among these actions is addressing the outbreak in the Caribbean Anglophone, volunteer training processes through the CREPD, supporting preventive actions in the framework of the Rio 2016 Olympic Games, product development as well as regional and national investigations, the development of new PoAs National Societies in Peru, Nicaragua, Chile and Argentina, as well as the consolidation of PoAs with more resources and scope in Brazil, Colombia, El Salvador and Guatemala, among other NSs

The operation needs an urgent mobilization of resources in order to continue its process of expansion and response to cater the needs of the outbreak in the Americas, taking into consideration that the rainy season and hurricanes could have an impact over the epidemiological curve and increase of cases.

Planned interventions	Number of National Societies Implementing	Implementation (%) <i>note: consider presenting this visually as pie or bar charts</i>
Health and care		
Outcome 1 The risk of Zika transmission is reduced through public information and health preparedness activities.	5	50%
Output 1.1: National Societies provide the general public with information on the Zika virus	5	60%
Output 1.2: National Societies strengthen capacity in early detection of outbreaks and reporting of cases	5	20%
Outcome 2: Transmission of Zika is reduced in areas where outbreaks are reported through effective and sustained vector control activities.	5	10%
Output 2.1: Affected National Societies receive technical support to carry out vector-borne disease response	5	20%
Outcome 3: Public health consequences of Zika virus are mitigated through the dissemination of targeted information and commodities for women of child bearing age and pregnant women to reduce the risk of infection and through provision of psychosocial support to address stigma and discrimination.	2	20%

¹ The Ecuadorian Red Cross merged its Zika plan of action into the plan of action to respond to the 7.8 magnitude earthquake that hit the country on 16 April, and is therefore no longer part of this appeal. Further details provided within this document.

Output 3.1: Affected National Societies have increased capacity in health emergency risk management and response	5	20%
Output 3.2: Affected National Societies have the resources and the competence to mobilise volunteers for well defined, comprehensive and evidence-based psychosocial support activities among affected and at-risk communities	3	10%

Asia Pacific

Several National Societies are activity in relation to Zika prevention and response through long-term programs, collaboration with government and local partners or as part of current emergency appeals and DREFs, however due to lack of funding no National Societies are currently implementing under the Zika appeal.



Planned interventions	Number of National Societies Implementing	Implementation (%)
Health and care		
Outcome 1 The risk of Zika transmission is reduced through public information and health preparedness activities.	0	0
Output 1.1: National Societies provide the general public with information on the Zika virus	0	0
Output 1.2: National Societies strengthen capacity in early detection of outbreaks and reporting of cases	0	0
Outcome 2: Transmission of Zika is reduced in areas where outbreaks are reported through effective and sustained vector control activities.	0	0
Output 2.1: Affected National Societies receive technical support to carry out vector-borne disease response	0	0
Outcome 3: Public health consequences of Zika virus are mitigated through the dissemination of targeted information and commodities for women of child bearing age and pregnant women to reduce the risk of infection and through provision of psychosocial support to address stigma and discrimination.	0	0
Output 3.1: Affected National Societies have increased capacity in health emergency risk management and response	0	0
Output 3.2: Affected National Societies have the resources and the competence to mobilise volunteers for well defined, comprehensive and evidence-based psychosocial support activities among affected and at-risk communities	0	0

Europe

No active transmission is occurring in Europe at this stage, and due to the lack of support to the appeal no activities planned under this appeal are taking at this time.

Planned interventions	Number of National Societies Implementing	Implementation (%)
Health and care		
Outcome 1 The risk of Zika transmission is reduced through public information and health preparedness activities.	0	0
Output 1.1: National Societies provide the general public with information on the Zika virus	0	0
Output 1.2: National Societies strengthen capacity in early detection of outbreaks and reporting of cases	0	0

MENA

No active transmission is occurring in MENA at this stage, and due to the lack of support to the appeal no activities planned under this appeal are taking at this time.

Planned interventions	Number of National Societies Implementing	Implementation (%)
Health and care		
Outcome 1 The risk of Zika transmission is reduced through public information and health preparedness activities.	0	0
Output 1.1: National Societies provide the general public with information on the Zika virus	0	0
Output 1.2: National Societies strengthen capacity in early detection of outbreaks and reporting of cases	0	0

Reference documents

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Click here for:

Previous Appeals and updates Emergency Plan of Action (EPoA)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and

promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace.**
