



# ZIKA PROGRAM COLOMBIA

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In February 2016, the World Health Organization declared that clusters of Zika-associated microcephaly and other neurological disorders detected in Brazil constituted a Public Health Emergency of International Concern. USAID has been responding to the Zika virus epidemic and its devastating effects in at-risk countries throughout Latin America and the Caribbean since June 2016. The overall USAID Zika program is expected to end by June 2020.

## **STRATEGIC OBJECTIVES**

By investing in Zika prevention, control and innovation USAID has helped strengthen Colombia's capacity to respond to the recent epidemic and future disease threats. USAID's focus has been to protect individuals, particularly pregnant women, from Zika by:

- Controlling mosquitoes that spread the virus;
- Increasing awareness of how the virus is transmitted and how to prevent infection;
- Supporting health services for potentially affected women and children; and
- Working with USG counterparts to support disease detection and surveillance.

## INNOVATIONS

Two awardees of the Combating Zika and Future Threats Grand Challenge tested and are scaling innovations. In Medellin and Cali, Monash University has advanced the cutting-edge *Wolbachia* mosquito control technique, in which Zika-carrying mosquitos are infected with a naturally-occurring bacterium that makes them less capable of transmitting the virus. In Cali, Premise data enhanced local disease and vector surveillance by piloting its citizen-led, mobile-based data and analytics platform to measure real-time environmental risk factors for Zika. Additionally, with funding from USAID, the U.S. Centers for Disease Control and Prevention (CDC) supported studies contributing to knowledge about Zika transmission, Zika Congenital Syndrome, and how Zika is related to Guillain-Barré and other neurological syndromes.

## VECTOR MANAGEMENT

USAID partnered with the Pan American Health Organization (PAHO) to support the Ministry of Health in adapting regional guidelines for integrated vector management. Additionally, with funding from USAID, the CDC provided Colombia with enhanced entomological surveillance tools and training.

## MATERNAL AND CHILD HEALTH AND SERVICE DELIVERY INTERVENTIONS

With USAID support, UNICEF developed strategies and updated guidelines for the care and support of Zika-affected babies and their families. Additionally, USAID-funded CDC activities strengthened epidemiological surveillance and public health emergency response capacities. Implemented by Save the Children and the Colombian Red Cross, the Community Action against Zika (CAZ) project organized psychosocial support circles with 22 groups of families affected by congenital syndrome and microcephaly, reaching 493 caregivers and their families in three departments.

## COMMUNITY ENGAGEMENT

USAID leveraged community partnerships and leaders to disseminate key Zika information and battle *Aedes aegypti* mosquitoes through low-cost interventions in homes and community clean-up campaigns. The CAZ project worked to reduce Zika risks among the most vulnerable through community-based prevention strategies aimed at increasing the adoption of preventive behaviors and enhancing community capacity to respond to the outbreak. Over 1600 volunteers were mobilized in the community-level Zika response in Colombia. Additionally, the Asociacion Probienestar de la Familia Colombiana (PROFAMILIA) worked early in the response to reach and engage Colombian communities affected by conflict with preventive Zika information and resources.



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