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## Jamaica: Gender Considerations in the Context of Zika Emergency Response Programming

After arriving in Brazil in May 2015, Zika virus rapidly swept across the Americas. By January 2016 it had reached the island of Jamaica, and according to statistics reported to the Pan American Health Organization (PAHO) and the World Health Organization (WHO), there were 203 confirmed cases of Zika in Jamaica between January 2016 and January 2018.

Infants born to mothers infected with the Zika virus can suffer severe microcephaly, brain damage, severe damage to the back of the eye, congenital contractures, and hypertonia. Children affected by the developmental disabilities caused by the Zika virus, called congenital syndrome associated with Zika (CSaZ) will need long-term access to health and specialized services. Families will need financial and psychosocial support to meet extended care needs and emotional issues. To respond to these needs most effectively, and to design initiatives that will best help families protect themselves from Zika, Zika response and prevention programs will need to integrate gender-sensitive interventions that address the variances of needs and behaviors of women, men, boys, and girls. This desk review looks at several key Zika prevention and response areas where gender plays a role and provides insights and initial recommendations based on the findings.

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