Eastern and Southern Caribbean: 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 February 2016, the World Health Organization declared Zika virus infection a Public Health Emergency of International Concern due to its associations with microcephaly and other neurological disorders. Zika virus continued to spread in the region arriving to the Eastern and Southern Caribbean islands of Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines between February and September 2016. According to statistics reported to the Pan American Health Organization (PAHO) and the World Health Organization (WHO), there were 220 cumulative confirmed cases of Zika in the four nations between February 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 specialized health services. Families will need financial and psycho-social support to meet regular well-child care, provide any additional care needs, and address 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.