Institutionalizing evidence-based, responsive care for women and children affected by Zika

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**Context**

When the Zika virus emerged in Latin America, the health systems were not prepared to effectively detect, prevent, or treat Zika infection in pregnant women and children, despite tremendous resources and investments in maternal and child health. In turn, these women and children were affected by Zika, lacking standard guidelines on how to prevent and manage Zika, and were exposed to inadequate treatment and care. U.S. public health officials and the World Health Organization (WHO) recognized the need for systematic and evidence-based approaches to manage the Zika virus, and engaged the University Research Co., LLC (URC) to help with strategic planning, evidence gathering, and implementation support. URC leveraged prior work by UNICEF and the Pan American Health Organization, and that key learning, findings, and tools developed were shared regionally and in each regional improvement collaborative to test innovations, share proven methodologies, and quickly scale activities to improve prenatal care, newborn care, and those children affected by Zika.

**Activity Impact**

The project was an innovative approach to developing and implementing care for children affected by Zika in multiple countries. At the core of the project was the creation of collaborative work in all countries to improve access, care quality, coordination of care, and completion of all recommended assessments for children affected by microcephaly and other consequences of Zika virus infection. Stakeholders included policymakers, private sector partners, and all levels of healthcare providers, including family and community health providers. Special attention was given to internally displaced people and refugees. Work in each country was focused on the following key areas:

- **Case Identification and Linkage:** The project worked to identify children with microcephaly or other manifestations of Zika virus infection beyond those born in health facilities and in some countries, longer. In several countries, teams developed a special card for children affected by Zika that listed needed assessments and services to facilitate their care. Teams also worked with community organizations to sensitize, inform, communicate, educate, and change behaviors in the community, with models of social protection to integrate services delivery. Teams worked to ensure the identification and location of children with microcephaly or other manifestations of Zika virus infection was effective and led to improvements in care for these children.

- **Care Coordination and Support:** Case managers and care teams were initially focused on identifying, locating, and linking cases to health services. As the collaborative developed, URC country teams began to place greater emphasis on supporting the existing health system and integrating services into existing MOH structures and processes. In those countries which had had recent reforms to the organization of the health system, such as El Salvador and Honduras, this proved to be particularly effective. The project worked to develop and strengthen connections among different levels of health care and support coordination among the different services and personnel within the same facility, including flowcharts and internal care pathway tools. Teams worked to ensure that services could function as integrated networks and contributed to overall health system resiliency in the face of a health crisis.

- **Implementation Science:** URC worked only at the regional level and not at the national level. A multi-country, regional approach that leveraged continuous learning in the initial countries to benefit work in the later countries greatly facilitated impact. In 2017-2020, as part of the United States Agency for International Development (USAID) ASSIST Project, implemented by URC, applied continuous quality improvement (CQI) and evidence-based approaches to address critical gaps in health system readiness, including improved access, coordination, and data systems. This was accomplished through regional and local work and the creation of learning collaboratives in a number of countries. URC worked closely with the USAID ASSIST Project, led by University Research Co., LLC (URC), to help establish learning collaboratives in all countries.

**Facilitators**

1. **Strong leadership:** The project benefited from the strong leadership of U.S. public health officials and the World Health Organization, which provided the vision and strategic direction for the project. The project also benefited from the leadership and support of the USAID ASSIST Project, which helped to establish learning collaboratives in all countries.
2. **Evidence-based approach:** The project was based on the best available evidence and was continuously evaluated and adapted based on what worked and what didn’t. This approach helped to ensure that services could function as integrated networks and contributed to overall health system resiliency in the face of a health crisis.

**Challenges**

One unexpected challenge was the fact that the project failed to recognize the Zika virus as a health emergency. As a result, the project was not able to effectively respond to the virus. In the end, the project was able to develop a concrete intervention in the eight Spanish-speaking countries.

**Lessons Learned**

1. **The project demonstrated that it is possible to develop and implement a CQI approach to delivering services in a health emergency such as Zika.** In the end, the project successfully delivered services to children affected by Zika, and in some countries, longer. The project also demonstrated that a multi-country, regional approach can be effective in improving care for children affected by Zika.
2. **The project showed that evidence-based approaches can be effective in improving care for children affected by Zika.** In the end, the project was able to develop a concrete intervention in the eight Spanish-speaking countries.
3. **The project demonstrated that a multi-country, regional approach can be effective in improving care for children affected by Zika.** In the end, the project was able to develop a concrete intervention in the eight Spanish-speaking countries.
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**Activity Description**

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