Table 2. Country activities in implementation of Zika preparedness plan

Areas of work	Activities	Target countries		Month	Budget
		All	Priority *		(in \$US)
1. Coordination and planning	1.1 Establish an Incident Management System (IMS) at the Regional Office that is adequately staffed; and develop an activity plan to guide preparedness for Zika	~	-	February	-
	1.2 Address immediate staffing needs of the IMS by recruitingshort-term consultants	•	_	April– June	70 000
	1.3 Disseminate generic contingency plans and SOPs for epidemic and pandemic response for adaptation by countries in the Region	•	_	March	_
	1.4 Provide technical support to countries to develop/review, and implement a multisectoral contingency plan and for epidemic and pandemic response	_	•	April– May	10 000
	1.5 Conduct training on the Incident Command System	_	~	July	20 000
	1.6 Organize regional meetings to enhance preparedness and response capacity	•	_	February	132 000
	1.7 Organize a regional partners' meeting on Zika virus infection	~	_	April	40 000
	1.8 Develop an inventory on regional research institutions, scientists and technical expertise for Zika preparedness and response	•	_	March– April	_
2. Points of entry	2.1 Disseminate guidance to travellers to raise awareness, disinfect conveyances and conduct surveillance at PoE	~	_	March	-
	2.2 Conduct training for vector		✓	March-	100 000

	surveillance and integrated			August	
	vactor management at PoE			/ lugust	
	and support				
	establishment/improvements				
	in vector control programmes				
	at PoE				
	2.3 Support countries to	✓	_	March	20 000
	develop contingency plans for				
	preparedness and response at				
	public health events at PoE				
	2.4 Support enhancement of	✓	_	March	_
	awareness among conveyance				
	operators on actions regarding				
	suspected cases of disease				
	and vector notification				
	protocols				
3. Surveillance	3.1 Disseminate technical	✓	-	March	_
and risk	guidance and standard case				
assessment	definition for active				
	surveillance of Zika virus				
	infection			NA la	60,000
	3.2 Support	_	~	March-	60 000
	establishment/strengthening			August	
	of event-based/syndromic surveillance for clusters of				
	fever and rash illness of				
	unknown aetiology				
	3.3 Conduct country Zika virus		_	May-	60 000
	risk assessments, and provide	•		August	
	guidance, support and training				
	on Zika virus risk assessment,				
	active surveillance, and				
	epidemiological investigation				
	around suspected Zika virus				
	infection cases and other				
	arboviral infections				
	3.4 Develop a regional plan to	✓		April-	10 000
	establish sentinel-based			June	
	surveillance system for				
	congenital birth defects and				
	Guillain-Barre syndrome				
	3.5 Establish regional baseline	_	~	April–	30 000
	data on birth defects and			August	
	monitor to assess the trend of				
	congenital birth defects				
	(especially microcephaly) in				
	high-risk areas		<u> </u>		

vector control tools from regional research institutes and establish a regional network of entomological laboratories	000
surveillance and vector history of previous dengue and yellow fever outbreaks 4.2 Identify surveillance and vector control tools from regional research institutes and establish a regional network of entomological laboratories 4.3 Conduct training vorkshops on entomological aspects related to Zika virus and develop country plans of	
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aspects related to Zika virus and develop country plans of	
and develop country plans of	
i activit	
	000
existing medical	000
entomological laboratories	
with the necessary tools for	
field sampling, preparing and	
storage of mosquitoes	
	000
mosquito samples to August	000
reference laboratories for	
confirmation of species	
diagnosis	
5. Laboratory 5.1 Disseminate guidance on ✓ – April –	
services collection, storage, and	
transportation of laboratory	
samples	
	000
functions through facilitating	
shipment of specimens to Zika	
testing laboratories, as well as	
provision of diagnostic	
reagents	
	000
workshops on infectious	
substance shipment training	
(ISST), as well as testing using	
PCR and serology	
	000
entomological laboratories to	-
detect arboviruses in	
mosquitoes	
	000

	laboratory based disease			August	
	laboratory-based disease-			August	
	specific surveillance systems				
	(e.g. measles, polio) to detect				
	Zika virus infection and				
	associated disorders				
6. Risk	6.1 Disseminate key Zika virus	>	_	March-	60 000
communication	messages, risk communication			April	
and community	guidance and community				
engagement	engagement guidance to all				
	countries				
	6.2 Develop health topic	>	_	March-	_
	webpage on Zika			April	
	6.3 Provide regular	>	_	March-	_
	information (questions and			August	
	answers, talking points and				
	other vital information to				
	WHO representatives and risk				
	communication focal points				
	6.4 Conduct a training	_	-	April–	100 000
	programme for national media		•	May	100 000
	on Zika			Iviay	
				Luke	100 000
	6.5 Support national Zika awareness sessions for	_	~	July-	100 000
				August	
	partners and influencers in				
	preparation for mass				
7.0 1	gatherings, such as the hajj				100.000
7. Operational	7.1 Promote operational	>	_	April–	100 000
research and	research to refine			August	
addressing	entomological and				
knowledge	epidemiological knowledge,				
gaps	including testing of archived				
	samples in countries of the				
	Region in relation to Zika virus				
	infection				
	7.2 Procure insecticide	>	_	March-	30 000
	susceptibility test kits in			August	
	relation to operational				
	research on vector control				
	7.3 Map and predict the	>	_	April–	40 000
	distribution of vectors Aedes			June	
	aegypti and Aedes albopictus				
	in countries of the Region				
	7.4 Support rapid	~	_	April-	50 000
	entomological surveys for	•		August	
	countries that need				
	immediate confirmation of the				
	presence of competent <i>Aedes</i>				
	presence or competent Aedes				