



Zika: a crisis that bites

by Pierre Minard and Anouk Moser

On 1 February, the World Health Organisation (WHO) declared the Zika virus a Public Health Emergency of International Concern (PHEIC). This decision raises Zika to the same level as the Ebola virus, which has claimed about 11,000 lives, mainly in West Africa, since 2014. Although Zika is not deadly in itself – with symptoms similar to a mild flu – it is suspected to be linked to microcephaly in fetuses and the Guillain-Barré syndrome, an autoimmune disease which can be fatal. With research still underway, the WHO has triggered the highest alarm level for Zika at a fairly early stage in order to avoid the criticism it received during the Ebola outbreak for doing too little too late.

With its epicentre in Brazil, the Zika virus is now quickly spreading across Latin America. But several cases have also been registered in the Caribbean (including French overseas territories such as Guyana, Martinique and Guadeloupe) and the US, as well as several European countries. The main concern is that the outbreak is already on a global scale while very little is known about the disease and its effects, and vaccines are yet to be developed. With the Olympic Games due to take place in Brazil in a few months, authorities are under pressure to act quickly. Are the health crisis management structures currently in place, not only in Latin America but also in the EU, ready to face this challenge?

Health crisis management in Latin America

Although Latin America as a whole has no clear structure in place to come up with a coordinated response

to these kinds of outbreaks, there are a number of organisations that could take a lead in combating Zika. Yet the virus has shown that these organisations are slow to react and that communication between Latin American countries themselves is often limited. The Pan American Health Organisation (PAHO) – which also serves as the WHO's regional office in Latin America – only issued an initial alert to inform countries about investigations into a potential Zika epidemic in May 2015. It was not until late November that Brazil actually established a potential link between Zika and microcephaly, which led to the PAHO issuing another alert in early December.

The South American Institute of Government in Health (ISAGS), which is part of the structure of the Union of South American Nations (UNASUR), only started to play a role in addressing Zika in South America this February, when it came forward with a proposal to establish a UNASUR protocol on how to respond to it. At a meeting in Uruguay, health ministers from all South American countries agreed on the ISAGS proposal. However, it still remains unclear how this protocol is actually to be implemented.

According to WHO guidelines, the most efficient way of combating the outbreak is to control the vectors of the virus, i.e. mosquitoes carrying the disease. In Brazil, the military is being deployed to destroy locations where mosquitoes lay their eggs. Unfortunately for the authorities this is an uphill struggle, as the insects can lay eggs in any body of standing water, even one as small as a bottle cap. Vector control could

be the most appropriate solution to tackle not only Zika, but also other mosquito-borne diseases such as Chikungunya and Dengue, both of which are on the rise in Latin America.

In the meantime, international cooperation is under way to develop a vaccine – although this will likely take years – and other ways of eradicating mosquitoes are being tested, such as the release of genetically modified or neutered mosquitoes in order to prevent Zika-bearing ones from breeding. Yet, the Brazilian healthcare system is struggling to cope and criticism is mounting with regard to the continued lack of funds to properly monitor and diagnose the disease.

Social issues

The Zika outbreak has become a global health concern, but it also highlights societal issues in Latin American countries that cannot be solved solely through crisis response mechanisms. First of all, vector control operations are particularly difficult to execute in the poorest areas which lack infrastructure, running water and access to healthcare. And even if such operations are conducted, mosquitoes have previously shown their capacity to quickly resurface whenever there is inadequate funding or surveillance.

The Zika outbreak also underlines the sensitive issue of reproductive rights. In most Latin American countries affected by Zika, abortion is illegal or can only take place in exceptional situations. In El Salvador, for instance, where more than 7,000 cases of Zika were reported between December and January, abortions are illegal under any circumstances and miscarriages could even lead to homicide convictions if proven that they were self-induced. Although the scientific link between Zika and microcephaly has not yet been established, some countries like Colombia, Panama and El Salvador have advised women to hold off getting pregnant for now.

However, in a region where birth control is limited and sexual violence is widespread, the debate on legalising abortion has once again arisen: in Brazil, for example, a group of activists have petitioned the Supreme Court to legalise abortion for women who have contracted Zika. And while Pope Francis hinted at softening the rigid stance of the Catholic Church on contraception because of Zika, it is the region's restrictive abortion laws which remain the biggest problem.

Despite governments around the world warning pregnant women against travelling to Zika infected countries, around 500,000 people are expected to make their way to Brazil for the Olympic Games this August. Since the Olympics will take place in winter, cooler and drier weather will likely lead to a decrease

in the number of mosquitoes. However, now that it is believed that the virus can also be transmitted sexually, epidemiologists are warning of the risk of visitors bringing the disease back to other continents.

Health crisis management in Europe

While the virus is more prevalent in areas far from Europe, the EU's outermost regions have already been affected and several others are at high risk due to their strong links with Brazil, such as Madeira. Furthermore, the *Aedes Albopictus* mosquito – a suspected Zika vector – has already settled in southern Europe.

The main EU framework in place to respond to cross-border threats to health is Decision 1082 of the European Parliament and the Council (2013), which provides mechanisms and tools to manage health crises. In broad terms, its aim is to foster effective cooperation and rapid coordination between member states (especially in the case of diseases that can spread quickly), notably through the Health Security Committee (HSC) – which brings together representatives from member states and the European Commission.

As in most crisis response mechanisms, the Decision focuses on the need to have the highest level of preparation possible. This is achieved through member states sharing information, best practices, and their own preparedness/readiness plans. The Decision also introduces the possibility of developing joint procurement in pharmaceutical products in order to develop vaccines and medication, although not all member states have signed it yet. Furthermore, the EU triggered its Early Warning and Response System in early February. Its role is to monitor the development of threats and issue alerts and communications to the HSC accordingly. In the case of the Zika outbreak, it also relies on the risk assessment performed by the European Centre for Disease Prevention and Control (ECDC), which issued a third rapid risk assessment on 24 February.

Finally, on 15 February 2016, the EU launched a new European Medical Corps in the framework of the Emergency Response Coordination Centre and the Civil Protection Mechanism. Its aim is to provide a faster response to emergencies both inside and outside of the EU through a pool of voluntary medical teams and health experts. Depending on a number of developments, this new instrument may yet be used for the first time to address the Zika threat.

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