

# Sexual & Reproductive Health in the Context of Zika Virus

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*These messages were prepared based on the best available evidence by a sub-committee of the Regional Task Force for the Reduction of Maternal Mortality (GTR, for its Spanish acronym) which includes the United Nations Population Fund, the Pan American Health Organization/World Health Organization, the United Nations Children's Fund, Management Sciences for Health, the Organization of American States and UN Women. This publication was made possible with funding from the United Nations Population Fund's Latin America and the Caribbean Regional Office.*

## About the GTR

The GTR is a regional interagency coordination mechanism that aligns maternal mortality reduction policies and programs by multiple partners in Latin America and the Caribbean, thus contributing to addressing inequalities in the region and meeting Sustainable Development Goal 3 targets, including: **Target 3.1** to attain a global maternal mortality ratio of less than 70 deaths per 100,000 live births; **3.7** to ensure universal access to sexual and reproductive health-care services; and **3.8** to achieve universal health coverage.

Since its creation in 1998, the GTR has worked to generate high-level political commitment for the implementation of respectful and culturally appropriate maternal health programs based on the best evidence available. The GTR promotes the adoption of joint strategies for the reduction of maternal deaths in the region; brings visibility to the problem of maternal mortality through advocacy actions; provides technical assistance to strengthen maternal mortality surveillance systems; and disseminates standards, good practices and lessons learned in the field of maternal health.

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*Given the fast pace of scientific developments, the GTR suggests visiting the web pages dedicated to Zika of the U.S. Centers for Disease Control and Prevention (CDC), the Pan American Health Organization (PAHO) and the World Health Organization (WHO) to stay abreast of the latest evidence-based recommendations.*

## 1

# The Zika Epidemic & its Impact on Health

**Congenital Zika syndrome** is a pattern of congenital anomalies caused by exposure of the fetus to Zika virus during gestation. These anomalies can include microcephaly, involuntary movements, and hearing and visual problems, among others.

In 2015, several Brazilian states affected by Zika reported a significantly higher number of cases of infants born with microcephaly, compared to previous years. On February 1, 2016, in response to the increase in the number of cases of neonatal neurological disorders, and in the midst of the Zika epidemic in the Americas, the World Health Organization (WHO) declared a public health emergency of international concern, urged countries to strengthen surveillance efforts, and recommended taking measures to avoid contagion of Zika virus by pregnant women. WHO declared an end to the epidemic on November 18, urging countries to strengthen their health systems and prepare to face this long-term public health challenge.

A comprehensive review of the evidence indicates that Zika virus causes congenital Zika syndrome, which includes microcephaly and other congenital brain abnormalities as well as Guillain-Barré syndrome (in adults). From an epidemiological standpoint, the incidence of microcephaly in Brazilian states where the Zika virus is circulating, mainly in the Northeast region, is significantly higher compared to those areas where the virus does not circulate (2.8 microcephaly cases per 10,000 live births vs. 0.6 cases per 10,000 live births).

As of December 1, 2016, 48 countries and territories in the Americas had reported local mosquito-borne transmission and five countries had reported sexual transmission of Zika virus. As of December, there have been babies with congenital syndrome associated with Zika virus in 20 countries in Latin America and the Caribbean; and 13 countries reported increase in incidence of Guillain-Barré syndrome and 5 others reported



**Microcephaly** is a birth defect in which a baby's head circumference is smaller than expected for the age at birth and the sex. An uncommon condition, it can be caused by genetic or environmental factors.

**Guillain-Barré syndrome** is a rare condition in which the body's immune system attacks part of the peripheral nervous system.

laboratory confirmed cases of Guillain-Barré syndrome associated with Zika virus infection.

In addition to microcephaly, newborns with *congenital Zika syndrome* may experience other health problems, which can range from mild to severe and may be lifelong or life-threatening, depending on the severity. Conditions associated with infant neurological disorders include: seizures; developmental delays; decreased ability to learn and function in everyday life; movement and balance problems; feeding problems, such as difficulty swallowing; and hearing loss or vision problems. With the support of the Pan American Health Organization and other agencies, health authorities are conducting research to identify the causes and risks associated with Zika infection during pregnancy, including fetal death.

# 2

## Transmission, Pregnancy & Human Rights



*Zika virus is transmitted through the bite of an infected Aedes mosquito, from mother to fetus via the placenta, through infected blood and sexually.*

Zika virus is transmitted through the bite of an infected *Aedes* mosquito, from mother to fetus via the placenta, through infected blood, and sexually. The frequency of vertical transmission and the risk to the fetus are still unknown. Zika can be transmitted through vaginal sex, anal sex, and oral sex, even if the infected partner is asymptomatic. While the majority of sexually transmitted cases are male-to-female, some evidence supports female-to-male and male-to-male transmission; female-to-female transmission has not been documented, though it is biologically feasible. Other forms of transmission are being investigated.

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75-80%

*of people infected with  
Zika virus present no  
symptoms.*

*Pregnant women have the same risk as the general population of becoming infected by Zika virus. As the majority of people (75% to 80%) infected with Zika virus present no symptoms, many people, including pregnant women, do not know they have been infected.*

Faced with the lack of a readily available vaccine or treatment, and given the serious health consequences, many countries in the region have urged women to delay pregnancy. Deciding when to become pregnant is every woman's basic human right as established in international agreements such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which establishes that:

- Women have “the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.” (*Article 16*)
- “States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.” (*Article 12*)
- In rural areas, States Parties must protect the right of these women “to have access to adequate health care facilities, including information, counseling and services in family planning.” (*Article 14*)



## 3

## GTR's Program &amp; Public Policy Recommendations

*All women, men and adolescents should have access to comprehensive **sexual and reproductive health information and services** so that they can freely decide when and if to have children, as well as information on the risks associated with Zika infection.*

*Sources for information on Zika:*

**World Health Organization**  
[goo.gl/FpBSN3](http://goo.gl/FpBSN3)

**Pan American Health Organization**  
[goo.gl/jjTPns](http://goo.gl/jjTPns)

**Centers for Disease Control and Prevention**  
[www.cdc.gov/zika/](http://www.cdc.gov/zika/)

The GTR urges service providers, donors, governments, civil society, the public and private sectors, and politicians to openly use and share all updated information on Zika virus, medical recommendations and guidance documents for sexual and reproductive health, and the key messages below that are targeted to different audiences. Guaranteeing reproductive rights—by providing quality services, practicing gender sensitivity, and meeting the needs of vulnerable populations such as adolescents and young people—must be part of efforts on all levels and by all stakeholders to address the Zika epidemic.

#### **Actions for program managers, policy-makers, and advocates:**

- Advocate for all women and men to receive accurate information in a respectful manner on *prevention and risks* of Zika virus so they can make informed choices and exercise their human rights.
- Provide everyone, including women, men and adolescents, with *access to comprehensive sexual and reproductive health information and services*, including emergency contraception.
- Guarantee that *adolescents and young people have the same access* to family planning information, services and methods as adults, including affordable and voluntary family planning options as well as information on the risks of the Zika virus.
- Where legal, ensure *access to safe, high-quality abortion services* in cases of complications due to the Zika virus.



## 20

*countries in Latin America and the Caribbean have reported babies with congenital syndrome associated with Zika virus as of December 2016.*

- Ensure that sexual and reproductive health services include *measures to prevent unsafe abortion*, including sexual health education, access to modern contraception, counseling and comprehensive, quality post-abortion care.
- Make efforts to reach *marginalized populations*, including those living in poverty, and in rural and periurban areas.
- Ensure that sexual and reproductive health information and services are *culturally and age sensitive and appropriate*.
- Work with communities to *address social norms related to gender*, especially those that limit equitable access to sexual and reproductive health information and services for specific populations such as adolescent girls.
- Ensure that all women have access to quality *prenatal care*, particularly rapid diagnostic tests for Zika virus.
- Ensure that *women and girls do not carry the burden alone*, especially if they give birth to a child with congenital Zika syndrome. Men and boys must share responsibility for preventing Zika infection and providing family support.
- Provide families with a baby with congenital Zika syndrome with the *health care and social support* they need, taking into account the baby's special needs.
- Gather and analyze *disaggregated data* to identify the populations most affected, including both suspected and confirmed cases of children with microcephaly or other anomalies, whether they are attributable to Zika or not.
- Review *policies and legal frameworks* that restrict access to sexual and reproductive health services for women and adolescents in line with human rights obligations.



## 4

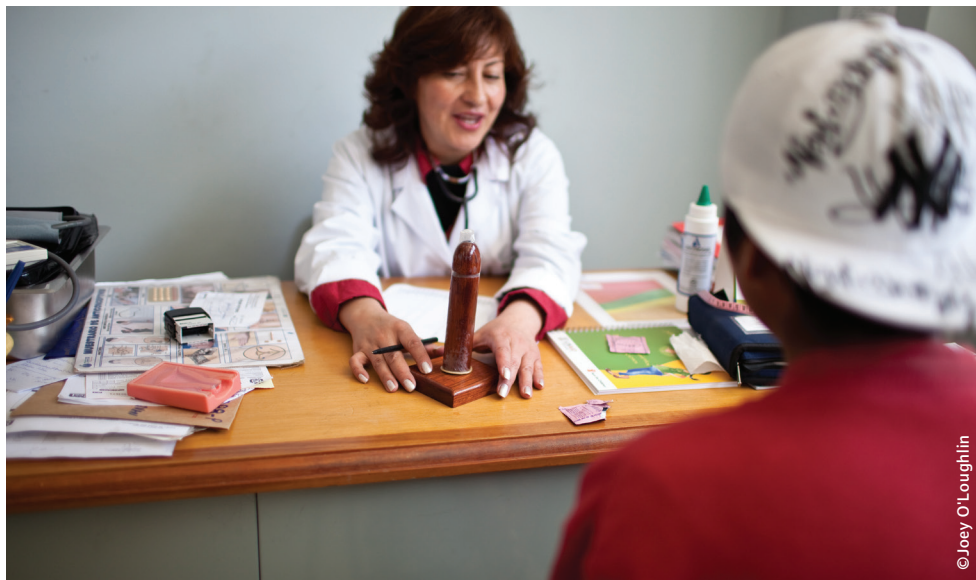
GTR's Recommendations  
for Health Care Providers

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Information on reducing the risk of Zika infection should include using **protective clothes, nets and repellents** to prevent mosquito bites and using **condoms** to protect from sexual transmission.

#### Actions for sexual and reproductive health care providers:

- Inform pregnant women and partners of the different ways to prevent contracting the Zika virus.
- Conduct the Zika diagnostic test on all pregnant women, particularly those who experience symptoms consistent with Zika infection.
- In case of a suspected Zika infection, discuss with the mother and partner the potential risks for the baby, as well counsel them on options and the management of such risks.



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*Provide guidance and support to families caring for infants affected by Zika virus, and ensure access to **early interventions** for the child.*

- Provide culturally appropriate quality prenatal care and closely monitor fetal development to detect microcephaly or other anomalies, whether they are potentially attributable to Zika or not.
- In those cases where microcephaly or other fetal development anomalies are diagnosed, facilitate access for the mother and the family to psychosocial support, including counseling, information on voluntary interruption of pregnancy where legal, and social services, before and after childbirth.
- Given that congenital Zika syndrome can manifest itself after birth, in cases of infants born with no anomalies of mothers infected with Zika during pregnancy, monitor the infant's development over the first two years of life.

# 5

## GTR's Sexual & Reproductive Health Recommendations

Using **latex condoms** every time you have sexual intercourse reduces the likelihood of contracting Zika, HIV, and other sexually transmitted infections.

### Actions for sexually active men, women, and adolescents:

- Prevent mosquito bites by wearing protective clothing and approved repellents and using mosquito netting if you are living in or traveling to a Zika-affected area. Reduce mosquito breeding sites, by disposing of containers with standing water.
- If residing in or traveling to an area affected by the Zika virus, *always* and correctly use latex condoms to protect yourself during an active Zika outbreak, even if you do not have symptoms. This is especially true if you or your sexual partner is pregnant.
- If you believe your sexual partner has or may have had Zika, consult your medical care provider and share information regarding your partner's travel, measures taken to prevent mosquito bites, and if you had sexual intercourse with your partner without a condom.
- If you are planning to get pregnant and have recently recovered from a Zika virus infection, tell your health care provider. Women should wait at least 8 weeks after Zika symptoms start before trying to conceive.
- Men who may have Zika virus, regardless of whether they present symptoms, should wait at least six months before trying to conceive with their partners.

6+

*months is the minimum wait time before men who have had Zika virus should try to conceive with their partners.*

#### **Actions for pregnant women:**

- If you or your partner live in or have traveled recently to an area with an active Zika outbreak, discuss this with your health care provider, even if you do not feel sick.
- See a doctor if you develop a fever, rash, joint pain or conjunctivitis (red eye), especially if you live in or have recently traveled to an area with an active Zika outbreak.
- Follow strict measures to prevent mosquito bites and use condoms during sexual intercourse if you or your partner live in or have traveled to an area with an active Zika outbreak.
- Since Zika virus infection can be harmful to the fetus during any stage of pregnancy, try to prevent becoming infected during any trimester.