

estimated to be over US \$100,000 per month; 80% of profits are expected to be distributed to the KRC's humanitarian requirements and the remaining 20% are expected to cover administrative and maintenance costs of the company.⁴ Ambulance services have been offered from the KRC since 2010, growing the number of ambulances to 128 and responding to 8577 calls in all regions as well as offering an intensive 4-month paramedic instructors course with paramedic training offered in May 2015.⁶ Moreover, E-plus is currently the largest provider of ambulatory services in Kenya.⁴ E-plus remains unique by choosing to plow back earnings, or reinvesting its profits back into the company for further growth and development; thus, a great potential for continued growth and increased revenue exists.

Some enterprises provide much more than the traditional goods and services offered as a part of their humanitarian mission.⁵ Self-fundraising efforts are important and account for 51% of revenue raised for non-emergency national society income globally.⁵ The enterprise-based route is one way that humanitarian agencies can procure funding used for relief. This solution was developed and employed by the KRC and shifts the focus from relying on donations, contributions, and grants to creating and promoting self-sustainable businesses that support regional economic growth and development. For example, funding from donors (28.5%) and incoming funds being generated (28%) are nearly equal in contributions to the income pool used by the KRC for humanitarian relief.⁴ Revenue from KRC businesses provides additional humanitarian assistance to address future issues; thus, this is one way

that could be used by other agencies and organizations to approach aid relief in a more systematic and tactical manner.

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Zika Virus and Neurological Disease: Investing in Prevention

Valentina Chiesa, MD; Pietro Ragni, MD

Zika virus has suddenly evolved into a global pandemic. It was first identified over 50 years ago in Africa and spread to various geographic areas of Asia, the Pacific Islands, and South America, especially Brazil¹, and it has been at the center of global attention. In Rio de Janeiro, a study prospectively enrolling 88 pregnant women stated that Zika virus infection during pregnancy seems to be associated with fetal death, placental insufficiency, fetal growth restriction, and central nervous system injury.² The outbreak of the virus in French Polynesia was followed by an increased number of central nervous system malformations.³ A case-control study conducted in French Polynesia involved 42 patients who developed

Guillain-Barré syndrome (GBS); serological investigations confirmed that all patients had experienced Zika virus infection.⁴

The public consciousness, especially in high-income-countries, is currently alerted on this theme, but do at-risk populations really know how to prevent Zika virus? By asking—in the field—people who contracted the infection or those who traveled in at-risk countries, it seems that Zika virus, as well as its complications, is undervalued.

Efficient and effective interventions at the community level should encompass the following: (1) empowering vulnerable

BOX 1

Key Messages and Behaviors for Zika Virus Risk Communication

- 1) “Core messaging for individual protection and community empowerment” - Community actions for detection and elimination of mosquito breeding sources, personal protection, symptoms, and care seeking.
- 2) “Community-based control and preventive behaviours for vector control” - Eliminate mosquito breeding sites (eggs and larvae) and promotion of protective behaviors.
- 3) “Protective behaviours for high-risk and general population” - Actions among pregnant women, mothers, women planning to get pregnant, health care workers, blood donors, and the general population.
- 4) “Identification of symptoms and care seeking for affected people.”
- 5) “Enabling environment for vector control and Zika prevention.”

Source: World Health Organization. Risk Communication and Community Engagement for Zika Virus Prevention and Control. A Guidance and Resource Package for Country Offices for Coordination, Planning, Key Messages and Actions.⁵

populations to be agents of their health, (2) strengthening inter-sectoral relationships, (3) understanding the culture and beliefs of the populations to build trust, and (4) integrating experts in the field for risk communication and community engagement working groups.

The main goal is to orient operational research funds as well as public interest toward prevention, which represents the key measure for controlling Zika virus infection.

In this scenario, the World Health Organization published an operational resource package, “Risk Communication and Community Engagement for Zika Virus Prevention and Control,” which proposed key messages (Box 1).⁵ The messages are based on preventive actions that are grouped according to each level of action so that they can be put into practice.

Now that scientific consensus that Zika virus is a cause of microcephaly and GBS has been reached, it is time to act. The virus is spreading uncontrollably across the world: since 2015, a total of 70 countries or territories have reported vector-borne Zika virus transmission,³ and at-risk countries need to be prepared to manage patients with neurological disorders. However, effective and joint strategies between all stakeholders worldwide focusing on prevention are most urgently required.

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Zika-Virus-Related Photo Sharing

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The publication of “Zika-Virus-Related Photo Sharing on Pinterest and Instagram” is very interesting. Fung et al concluded that “Pinterest and Instagram are

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similar platforms for Zika virus prevention communication.”¹ In their study, Fung et al tried to search the photo record on Pinterest (San Francisco, CA) and Instagram (Menlo Park,