

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

**Moderator: Jade Anderson**

**March 29, 2017**

**1:30 pm EDT**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. After the presentation, we will conduct a question-and-answer session. To ask a question, please press star then 1. You will be prompted to record your first and last name.

Today's conference is being recorded. If there are any objections, you may disconnect at this time.

Now I would like to introduce your host for today's conference, Jade Anderson, with CDC State Coordination Task Force. Thank you. You may begin.

Jade Anderson: Hi, thank you (Dory). Good afternoon and good morning to those calling from the Pacific Islands. This is Jade Anderson, State Coordination Task Force, Policy and Communications Team.

Welcome to "Sustaining the Zika Response in 2017 Policy and Partnerships National Webinar."

We have invited state health officials; state, local, and territorial preparedness directors; and anyone who participates in Zika-related activities within their jurisdiction.

We are aware that the invite has been shared broadly with your constituents or other appropriate parties of interest. However, if you represent the news media, or press, we are going to ask you to please disconnect at this time.

Today's discussion has been structured for state and local public health participation. The intent of today's webinar is to provide a partnership overview session on the following Zika preparedness and response activities.

A functional two-way discussion will follow today's session. Following today's webinar, there will be 3 remaining subsequent sessions on the following functional areas. Please note, the Pregnancy and Birth Defects webinar will also take place today from 3 o'clock until 4 o'clock Eastern Daylight Time.

Tomorrow we have scheduled the Blood Safety Task Force webinar and Medical Investigations webinar. You should have received invites for those as well.

Please keep in mind, we will continue to update our guidance as we learn more through science. You can always access the most recent information on CDC's Zika website.

After today's webinar and question-and-answer segment, if you have additional questions, please feel free to email us at [preparedness@cdc.gov](mailto:preparedness@cdc.gov). Again, that's [preparedness@cdc.gov](mailto:preparedness@cdc.gov).

Today, Melody Stevens will be the subject matter expert representing the Zika Partnerships Team. Melody leads the public-private partnerships team for CDC's Zika response.

She joined the response last January and has worked closely with the CDC Foundation, an independent, not-for-profit establishment to help CDC forge public-private partnerships to enable the agency to do more, faster.

In her role here at CDC, Melody is the Deputy Associate Director for Strategic Partnerships at CDC's National Center on Birth Defects and Developmental Disabilities.

She has 14 years of experience in various roles within the center, working to assure babies are born healthy, children reach their potential, and everyone thrives. Melody, I'll turn it over to you.

Melody Stevens: Thank you very much and thank you for having me today. It's a pleasure to have the opportunity to talk with you about the work of the Partnerships Team within the Zika response.

I'm going to walk through - we're now on the "Leveraging Public-Private Partnerships" title slide. I'm going to advance to the next slide.

I'm going to walk through the role of the Partnerships Team, some of our contributions, explain our relationship with the CDC Foundation, describe some of their work, and highlight some possible resources.

But first, I wanted to take a quick glance at some of the numbers as it relates to Public-Private Partnerships' work within the Zika response.

To date, the team has supported, in collaboration with CDC Foundation, the distribution of 31,268 Zika prevention kits across the territories; we have 803 bed nets that are being distributed across Puerto Rico; (we) have worked with the Foundation to build more than 40 public-private partnerships united to fight Zika; (we) have 83 chain pharmacies that are distributing materials around Zika prevention in Puerto Rico and have collaborated with state health

departments, (and) state and local health departments to conduct 8 Zika Action Days.

Public-private partnerships are defined as relationships between CDC and the private sector, not legally binding, where the skills and assets are shared to improve the public's health, and each partner shares the risks and rewards. Next slide.

As I mentioned, I'm going to walk through some of the key areas that are listed here. And I'm going to spend a little time on the Zika Prevention Kit model and the Pharmacy model that was built as a public-private partnership to support Zika Prevention Kit distribution. Next slide.

First, one important policy note. CDC has been given authority to receive outside gifts directly and has been encouraged to build public-private partnerships. And this authority was granted in 1983 with the recognition that public-private partnerships, particularly in an emergency response, are extremely helpful to the agency.

They help us to do more with less. They help us to build on the capacity of others and to leverage collective action. They improve our performance and help us to realize cost savings.

In FY 16, CDC accepted about \$15 million in direct gifts and \$9 million in gifts through the CDC Foundation.

It's important to note that the \$9 million through the CDC Foundation are resources that came in to support public health programs at CDC directly from the Foundation.

All of these numbers are available on line on CDC's public health - public-private partnerships web page. Next slide.

I want to talk a little bit now about the critical role of the CDC Foundation. Many of you may be aware that CDC has a Foundation. Many federal agencies have them.

It was established by Congress and is an independent, not-for-profit organization that helps CDC to do more - faster - by connecting CDC with private-sector organizations and individuals that can help to build public health programs.

And since 1995, CDC Foundation has raised over \$662 million in support of the CDC's initiatives and launched over 900 programs worldwide. Next slide.

CDC Foundation has worked closely with the Partnerships Team, and in support of Zika, has secured a record amount of resources to support the fight. The 40+ powerful public-private partnerships - public-private partnerships help us to drive this work forward.

The amount of resources brought in are about \$9.9 million in cash, at this point, and tens of millions in-kind commitments from everything from repellent, to bed nets, to a variety of *pro bono* services.

In comparison to other work that the Foundation (does) in (an) emergency response settings, this response represents some of the largest amounts of in-kind donations received ever.

The Zika response has been extremely complex and challenging, and CDC Foundation has been a lifeline, empowering critical interventions, particularly early in the response. Next slide.

So, I'd like to walk through this team's mission and core functions, and explain our role in working with the Foundation to build public-private partnerships.

Our mission is to identify priority response needs for business engagement and develop partnerships that expand CDC's reach and impact. We do this through a set of core functions.

First, by identifying priority opportunities through private sector engagement, working through processes to clear and formalize those partnerships, conceptualizing partnerships solutions challenging issues and problems, and developing and scaling partnership models to address the problems or issues.

Throughout the process, the team has a close working relationship with the CDC Foundation and with others at CDC to build public-private partnerships. Next slide.

So, I'm now on the "Zika Partnerships Teams Clearing and Formalizing Partnerships" slide.

I wanted to make you aware of the fact that all partnerships that are built by the agency go through a very formal and rigorous process before any gifts are accepted.

A Gifts Background form is required for every gift, and a conflict of interest review is conducted -- an extensive conflict of interest review.

When the EOC is activated for a public health emergency, the process for review includes review by CDC's Legal Team and the Ethics Desk within the CDC.

When there is a potential prohibited source, there is an additional layer of review at the CDC OD. The CDC Foundation also follows a rigorous conflict of interest review process for their potential gifts during an emergency response. Next slide.

So now that I've walked through a bit of the policies and process, I wanted to talk a little bit about some examples of how we've worked to develop and scale partnership models.

As I mentioned, the Partnership Team worked closely with response leaders and the CDC Foundation to identify and make the case for filling critical gaps in the emergency response like Zika.

In essence, the team worked around 3 primary tactics for prioritized private sector engagement: prevent the bite, prevent sexual transmission, and provide resources to pregnant women during the time of Zika.

Programs in interventions listed here I'm going to cover throughout the rest of the presentation. I'm going to spend a great deal of time, though, on the Zika Prevention Kit as an intervention - as an example for how this team has worked on conceptualizing and scaling partnership solutions. Next slide.

So, this is the "Zika Partnerships Team: Conceptualizing Partnership Solutions" slide. And here you'll see a photograph of the mockup of the first Zika Prevention Kit.

Early on, CDC and the territories - CDC identified the territories at great risk and particularly Puerto Rico given the historical data that we have on the spread of other mosquito-borne viruses across the island, the weakened state of infrastructure and resources, and the vulnerable population.

CDC experts also recognized the many complex challenges facing us in vector control. And knowing this - and the fact that a vaccine would not be available for some time - protecting pregnant women became one of our highest priorities.

CDC immediately focused key tactics on protecting those at greatest risk, and CDC Foundation worked in lockstep with us to create and resource appropriate interventions.

Knowing we needed to act quickly, we began to identify resources and programs that would turn the tide and one of the first was the Zika Prevention Kit.

We envisioned that every pregnant woman would have access to the tools she needed to understand how to best protect herself.

So ZPK is a tote bag filled with items such as repellent, mosquito dunks, bed nets, condoms, permethrin spray for clothing, and - most importantly - CDC's Zika educational materials.

The CDC Foundation worked quickly over the first few months to raise cash resources and secure product donations for ZPK. Next slide.



Around Day 16, we had our contacts in American Samoa, US Virgin Islands, and Puerto Rico asking about Zika Prevention Kits as an intervention. Our contacts shared pictures of kit prototypes and asked them for feedback. And all the while the CDC Foundation was working to secure items, so that we could build the first wave of 5,000 kits.

The ultimate goal was to build 50,000 kits for US Virgin Islands, Puerto Rico, and American Samoa.

By Day 32, what you see in the first picture here is that we have 5,000 fully stocked Zika Prevention Kits on the ground in Puerto Rico, US Virgin Islands, and American Samoa.

And by Day 40, we'd launched an innovative partnership with the retail pharmacy chain that had the largest presence on the island of Puerto Rico. This partnership became the basis for what would become our retail partnership model, which we continue to scale as needed.

Partnering with retail pharmacy allowed us to raise awareness of Zika and the need for prevention within the community. And what you see here in this photo, this second photo, is the launch of the first Zika prevention section at the Walgreens in San Juan, Puerto Rico.

This section of the store paired repellent with condoms for the first time, creating a strong visual queue for consumers that Zika was a different kind of vector-borne illness.

It also included Joint Information Center prevention materials and messages, and the store developed PSAs and buck slips that were given out to customers

when they made a purchase. This further amplified CDC's prevention messages.

Once this model had been established, we shared this approach with other chain retailers, including CVS and AmerisourceBergen, and both organizations have partnered with CDC in similar ways.

We recognized that partnering with retail would allow us a unique opportunity to reach women earlier when there was a suspected pregnancy or even prior to pregnancy.

With this knowledge, we continued to expand this model. And by Day 172, we had established a pilot with Walgreens to link the distribution of Zika Prevention Kits to the sale of products that indicated a suspected pregnancy like a pregnancy test, an ovulation predictor, or prenatal vitamins.

And that's what you see here in the third picture for Day 172. And I will note that, if you are looking at a previous version of the slide, this photograph has been changed.

The expansion of this partnership has been significant, because it augments our more traditional distribution channels - the WIC clinics - where we know that women may not be accessing services until their second trimester, causing us to miss a critical window of time to prevent Zika. Next slide.

One of the important parts of - important roles - of public-private partnerships, particularly in an emergency response, is the ability to help CDC be more agile and rapid in responding.

This is a timeline of the first 40 days within the response as it relates to public-private partnerships. As you can see, by Day 5, even before CDC Foundation had activated both emergency response funds, the Partnerships Team and CDC Foundation were busy working, through partners, to educate on the needs of the response.

Based by Day 14, the Foundation had received the first donation of repellent. This is of critical importance given our goal to launch the ZPKs by Day 32. And by Day 35, UPS had pledged shipping support to the Foundation, helping us to overcome yet another hurdle.

And finally, by Day 40, we'd launched the Zika prevention section in Walgreens across the island of Puerto Rico, and this was accomplished along with support of CDC's communication effort.

One more important note about the scalability of this approach. Both Walgreens and CVS, major chain pharmacies that are in the territories, have worked with us on what they refer to as planograms. Basically, if we notify them of an area of local transmission in the continental United States, they're prepared to activate Zika prevention sections in their stores and local areas within 48 hours.\* Next slide.

This is the "Zika Prevention Kit Pharmacy Voucher" slide. And this is an example of our continuing effort to reach women, with a suspected or confirmed pregnancy, with Zika prevention messages and materials and represents another scale of the Zika Prevention Kit model - retail model.

We are working with the US Virgin Islands to broaden the distribution of ZPKs there by piloting a new program, where pregnant women are given a voucher from their obstetrician to pick up a ZPK at their local pharmacy.

The goal of this pilot is to offset distribution burden that the health department is currently assuming. We received approval to begin implementation in St. Thomas and will expand to St. Croix after initial results are in. Next slide.

In regards to the utility of the ZPKs as a Zika prevention tool, I would like to highlight some of the great work done by Dr. Chris Prue to evaluate ZPKs - shared with permission from the Puerto Rico Department of Health.

Here you will see that among pregnant women in Puerto Rico, 30% of women indicated that they had used repellent most of time before receiving their Zika Prevention Kit. This shifted significantly to 76% after receiving the ZPK.

Similarly, women were only 7% likely to use condoms before receiving the ZPK, and this rose to 25% after.

Even though this is a slight shift it is significant, given the low-level of awareness of sexual transmission risk that existed on the island at this time. Next slide.

This is the slide “Zika Prevention Kits - Build Your Own.” This is another example of continuing to reach pregnant women, and scaling up the Zika Prevention Kit model.

These are resources that are available for any of our industry partners and any of our partners across the United States, if you’re looking to build Zika Prevention Kits or inform consumers about how they can protect themselves from Zika.

The website listed at the bottom - you can see how to download both the traveler's Zika prevention kit needs and the "Build Your Own Zika Prevention Kit" infographics. Next slide.

I wanted to quickly highlight a few of the other activities that the Foundation - that the Partnerships Team has worked closely with the CDC Foundation on. These are the interventions that I mentioned very early in the presentation.

The Zika Action Planning Summit happened at Day 49 within the response. CDC Foundation helped CDC to host, coordinate, and convene the vital ZAP Summit on behalf of the White House - hosting 450 participants and 2,500 webinar viewers to build and strengthen Zika readiness across state, local, and federal officials.

Many of you on the phone may have participated either in person or via webinar in the ZAP Summit. A summary of the summit and follow up documents can be found at CDC's Zika web page. Next slide.

Around Day 52, CDC - having identified the urgent need to develop and launch a Zika Risk Communications Campaign in Puerto Rico, and knowing that education is a key prevention tactic - worked together with CDC Foundation and convened a meeting with the Bill and Melinda Gates Foundation and the Pan American Health Organization.

CDC Foundation, through this meeting, helped CDC to develop a hemispheric collaborate - communications collaboration that would become Deten El Zika or Stop Zika (campaign).

This launched in Puerto Rico with some extension into the other territories. Partners continue to support this campaign by promoting campaign messages and assets across Puerto Rico.

If you visit the website -- [detenezika.org](http://detenezika.org) -- you can learn more about how you can engage and download some of the campaign assets. Next slide.

Zika Action Days were a way for the Partnerships Team to work with CDC Foundation and local and state health departments to engage the community around Zika prevention messaging.

This model - and here you'll see the Zika prevention or the Zika Action Days that happened in San Juan, Puerto Rico - Zika Action Days are hosted by health departments in collaboration with private sector partners and vendors. There have been 3 hosted in Puerto Rico, 2 in the U.S. Virgin Islands, 2 in American Samoa, and 1 in Miami.

At these events, community members receive access to free repellent, condoms, and receive education about vector control strategies that they can take home and use.

CDC has also worked to develop a Zika Action Day toolkit to make this toolkit available to state and local health departments who are interested in developing and hosting Zika Action Days in your communities.

This toolkit is in its final stages of clearance and will be made available soon on CDC's Zika web page. Next slide.

Most recently, the Partnerships Team worked closely with the CDC Foundation who cohosted - with CDC - a Vector Control Summit. This

summit was a cross-sector convening with the goal of bringing together thought leaders in vector control to develop innovative strategies.

One hundred and six persons participated from across academia, government, and industry. A report from this convening with recommendations is coming soon to CDC's Zika web page.\*\* Next slide.

And the work of both the Partnerships Team and the CDC Foundation continues. The Partnerships Team priorities are reset by incident managers every 30 to 90 days.

Currently, our priorities are to continue efforts to reach women with a suspected or confirmed pregnancy with Zika prevention messages and materials, and to support vector control activities to reduce the number of mosquitos actively transmitting Zika.

I would also invite you to visit the CDC Foundation's website at [www.cdcfoundation.org](http://www.cdcfoundation.org) for more on their role in support of Zika and other pressing public health concerns. Next slide.

And with that, I will close and take any questions that you might have about public-private partnerships, or CDC's Partnerships Team's role in the Zika response.

Jade Anderson: Thank you so much, Melody, for your presentation. (Dory), we would like to open the lines for questions.

Coordinator: Thank you. At this time, if you would like to ask a question, please press star - then 1. You will be prompted to record your first and last name. To withdraw, your request press star - then 2.

Once again, at this time if you would like to ask a question, press star - then 1 now. At this time we have no questions.

Jim Crockett: Make any comments?

Coordinator: Once again, if you have a question or would like to make any comments, please press star - then 1. Please stand by for our first question or comment. Thank you for waiting. Our first question comes from (Ted Cy). Your line is open.

(Ted Cy): I wondered if you could comment whether these programs will continue through the quiescent stage over the last several months. And if they were discontinued, when they will resume?

Melody Stevens: So thank you for that question, Ted. The Zika Prevention Kits continue as an intervention within Zika response, and distribution continues across the island of Puerto Rico, US Virgin Islands. And we have disrupted local transmission in America Samoa, but kits are still available there.

In terms of the other interventions that are mentioned here, many of these were time-specific. For instance, the ZAP Summit was a time-specific activity as well as the Vector Summit.

But others, like the Deten El Zika, are remaining active. And those assets can still be accessed on the campaign's website. Did that answer your question?

(Ted Cy): Yes. Thanks very much. Have you seen any difference in, sort of, the response of the public to accessing these kits with the diminution or transmission over this winter?



Melody Stevens: Yes. This might be a good question for follow up. In order to answer your question thoroughly, I'd want to follow up with the subject matter experts that are on the group. So, happy to follow up with you off-line.

Jade Anderson: And Ted, that is also something we can follow up with you on - through the Preparedness Box as well, if we are not able to answer your question during the session.

Jim Crockett: You need to send that to [preparedness@cdc.gov](mailto:preparedness@cdc.gov) - that question - and Ted, with your contact information. That will allow us to facilitate direct communication back with you.

(Ted Cy): Thank you.

Coordinator: Our next question comes from Robert Felix. Your line is open.

Robert Felix: Yes, I am. This is Robert Felix with MothertoBaby. I wonder if there's a way we could also partner with you. We are the, I guess you could say, one of the folks that do technical assistance in terms of answering questions about infection with Zika during pregnancy.

Melody Stevens: Thank you for that, Robert. And I would be happy to connect you with the folks that work on partnerships in the Pregnancy and Birth Defects Task Force.

So if we can - if you can email the box that was identified, we can make that connection and talk more about collaboration.

Robert Felix: Fantastic. Thank you.

Coordinator: Thank you. Our next question comes from (Carrie Ann). Your line is open.

(Carrie Ann): Hi. I was just wondering about the evaluation of the distribution ZPKs. I was interested in the one slide that was presented. It looks like 249, I think, women, were queried. I'm not sure exactly where this occurred and if there was any sort of difference in evaluating the ZPKs across the jurisdictions?

Melody Stevens: Thank you for that question. This is a - and I apologize for needing to follow up - but this is one that I definitely will want to follow up with you on, and connect you with Dr. Chris Prue who actually conducted this evaluation.

I shared these data with permission from both her and from the Department of Health in Puerto Rico. I know this particular piece of data came from Puerto Rico. But any additional questions about the findings should definitely be directed to her. So, happy to follow up and connect you.

(Carrie Ann): Thank you.

Coordinator: And at this time, I'm showing no additional questions.

Jim Crockett: So Dory, we had a few open comments you want to do from here, while we're waiting for any questions. I do want to allow enough time for others that may be considering a question, but not to ask. Feel free to do that.

This is really a two-way discussion part of the presentation. So before I do that, ma'am, over to you for a moment?

Melody Stevens: Sure. Just a few things I wanted to reiterate. One was the Zika Action Day Toolkit that's coming soon. And we would love to be able to follow-up and

share that with you, once it's available, because that toolkit walks through the scale-up of the Zika Action Day model and provides some important resources to state and local health departments for how you can work with industry in your local areas to connect community engagement events. So that tool, once available, I think could be very helpful.

And the second point is just, you know, as a big picture comment - is to think about public-private partnerships as a potential during times of limited resources and, you know, the need to have high impact rapidly. And to think about, you know, possible business engagement opportunities within your own community to further public health objectives.

Jim Crockett: So while we are waiting on questions, my sensing is, the private partnerships we've been dealing with out there - they're really ready to help. There's a good cause to do that. It's just a matter of reaching out, getting that connection to occur. I think that's been the case we've seen in a lot of things we've seen here.

So Dory, any other questions? We'll stand by for another two minutes.

Coordinator: Thank you. Once again to ask a question press star then 1, or make a comment you may also press star then 1. Currently we have no questions or comments.

Once again if you would like to ask a question or make a comment you may press star then 1, now.

Jim Crockett: And Robert from MothertoBaby, we do have our Pregnancy and Birth Defects session following this. I think at 3 o'clock our time here on the East Coast. So

that would be a good time to kind of call in and talk further partnerships that are occurring in that case.

Our Partnerships Team will be part of the call, if you have any other questions there. Let me turn it back over to Jade. Ma'am.

Jade Anderson: Okay, just a reminder, on the screen you should see displayed the upcoming webinar discussions that we have remaining for this series. We hope you all will join us today for our Pregnancy and Birth Defects webinar. And again, that's starting at 3 o'clock - and that's Eastern Daylight Time.

Also, please remember the webinar slides, transcript, and audio recording will all be posted to the Zika web page on a rolling basis. This is a great resource or tool if you are not able to attend every session in person.

We have also provided access to previous webinars to our awardees in our Division of State and Local Readiness Friday update and to our partners from our State Coordination Task Force Partner Share Functional mailbox

Thank you for participating in today's webinar. To increase our outreach efforts, please feel free to email the invites to additional parties you think should attend.

Also another reminder, please submit additional questions to [preparedness@cdc.gov](mailto:preparedness@cdc.gov). That's [preparedness@cdc.gov](mailto:preparedness@cdc.gov).

Thank you, Melody, for your time and we will conclude the call now. Have a great remainder of your day. Dory, could you please stand by?

Coordinator: Yes. Thank you. Thank you for joining today's conference. That does conclude the call at this time. All participants may disconnect. Presenters, please stand by.

END

\*Correction: The timeframe for implantation is 48 hours – 1 week.

\*\*Correction: The report will provide a summary of proceedings but will not provide recommendations.