

Annual Report 2020

Universal Health and the Pandemic – Resilient Health Systems

Barbados and the Eastern Caribbean Countries

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas



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The Pan American Health Organization (PAHO) was founded in 1902 and is recognized as the independent specialized health agency of the inter-American system, under the Charter of the Organization of American States. In 1949, PAHO agreed to serve as the Regional Office for the Americas of the World Health Organization (WHO), a specialized agency of the United Nations system. Acting in its capacity as WHO's Regional Office, PAHO participates actively in the United Nations Country Team, collaborating with other agencies, the funds and programmes of the United Nations system, and with the United Nations Resident Coordinator to contribute to the achievement of the Sustainable Development Goals at country level. For nearly 120 years, PAHO has developed recognized competence and expertise, providing technical cooperation to its Member States to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters throughout the Region of the Americas.

Given PAHO's dual legal status and the difficulty of disaggregating PAHO from WHO activities, this Annual Report reflects both PAHO and WHO activities in the Americas as related to technical cooperation in 2020. Approximately 80% of PAHO's technical cooperation in health in the Region of the Americas is funded by PAHO's own quota and voluntary contributions, as an inter-American organization. The remaining 20% of PAHO's integrated biennial budget includes WHO-funded activities. Further detailed financial information for this Annual Report can be found in the Financial Summary section.

Mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.

Vision

To be the major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and contribute to the well-being of their families and communities.

Values



EQUITY

Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.



EXCELLENCE

Achieving the highest quality in what we do.



SOLIDARITY

Promoting shared interests and responsibilities and enabling collective efforts to achieve common goals.



RESPECT

Embracing the dignity and diversity of individuals, groups, and countries.



INTEGRITY

Assuring transparent, ethical, and accountable performance.



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Forewords



The year 2020 will be remembered as the year that tested everyone's resilience. By December, in the Americas, more than 33 million people had been infected with COVID-19 and more than 800,000 persons had died. The devastating loss of life is accompanied by an economic downturn that continues to affect everyone and threatens to derail the achievement of the Sustainable Development Goals.

The year of the COVID-19 pandemic has shed light on inequities and the barriers to universal health. Some of them – low-paid work, the informal economy, overcrowded housing, lack of social protection, and limited access to health services – have made vulnerable populations even more susceptible to COVID-19. The disease has exposed both the barriers to universal health and the profound need for it.

The pandemic has also demonstrated that the health sector acting alone cannot achieve universal health. We need leadership, good governance, the private sector, and civil society. Academia and industry must work with government to produce and share technologies, including diagnostics, therapeutics, and vaccines, as well as digital innovation. Development partners must facilitate coordination for disease surveillance, information sharing, and the response to health emergencies. Financial sectors must help make available the resources needed to ensure that health systems are adaptable, responsive, and inclusive while they address the needs of the entire population. The pandemic has irrefutably proved that we need everyone to be engaged for health and well-being that leaves no one behind.

This year, PAHO's technical cooperation has focused not only on helping countries to respond to the pandemic but also on safeguarding progress toward universal health. This Annual Report reviews our contributions and achievements and reinforces PAHO's core mission, through our focus on the country level, recognizing that progress toward sustainable development hinges on improved health at the local and national level.

Dr. Carissa F. Etienne
Director of the Pan American Health Organization



With the development of the COVID-19 pandemic in 2020, the PAHO Office for Barbados and the Eastern Caribbean Countries continued its technical cooperation by supporting strategic nation preparedness and response plans, and by sharing new guidelines and timely information to the Member States.

PAHO has taken a lead role in supporting and coordinating the health sector response to the pandemic. The activation of our business continuity plan facilitated the ensuring of the capacity to manage risks and respond to all emergencies in a timely, predictable, and effective manner. The designation of an incident management support team and the repurposing of the Office were part of the initial action undertaken by the multicountry office in Barbados to respond to the COVID-19 outbreak as early as February 2020. This report highlights selected achievements and experiences from the Eastern Caribbean Countries.

We prioritized our support for the preparation of a national response strategy, the deployment of expert teams to conduct operational missions to the islands on key interventions, capacity-building, and conducting assessment of readiness and preparedness. The team utilized new and improved assessment tools for pandemic preparedness and response. By mid-March 2020, we had initiated support for logistics, supply chain and procurement, as well as the production of situation reports, and the development of methods and a list of experts for surge capacity. At least two of the islands were among the first countries to enhance their capacity to undertake SARS-CoV-2 polymerase chain reaction testing capabilities. Despite the limitations or delays in the global supply chain for essential medicines, diagnostics, and consumables, we were able to procure and provide life-saving medical equipment and personal protective supplies for most of the countries.

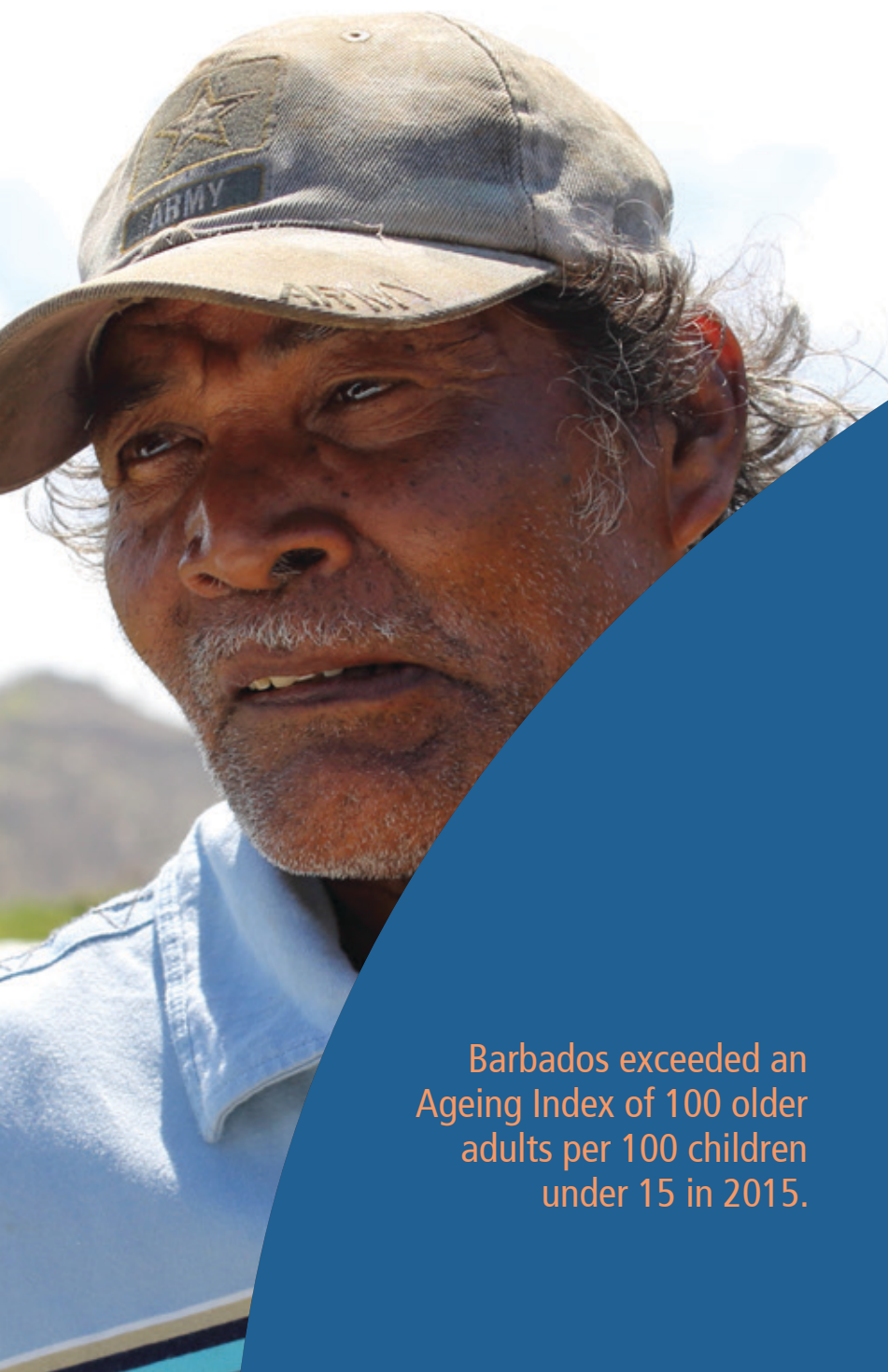
Dr. Yitades Gebre
PAHO Representative in Barbados and the Eastern Caribbean Countries

PAHO Technical Cooperation

The Multi-Country Cooperation Strategy (MCCS) is the medium-term strategic vision to guide how PAHO/WHO works with countries, taking into consideration their health priorities, institutional resources, and what is required to achieve set objectives. The MCCS for the Member States of Barbados and the Eastern Caribbean Countries (Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines) and the Strategy for Technical Cooperation with the United Kingdom Overseas Territories (UKOTs) in the Caribbean (Anguilla, British Virgin Islands, and Montserrat) cover the periods 2018–2024 and 2016–2022, respectively. They set out the collaboration between the ministries of health of each country and PAHO/WHO, as well as other key partners.

Overall the PAHO/WHO MCCS and the strategy for technical cooperation with the UKOTs are expected to advance the progress of:

- Strengthening health systems with universal access and coverage through improved governance and sustainable financing;
- Reducing communicable diseases by eliminating HIV and sexually transmitted infections (STIs), tuberculosis, and hepatitis B, and by maintaining polio, measles, and rubella elimination;
- Reducing preventable maternal/perinatal and child morbidity and mortality;
- Reducing risk factors and improving quality of care of noncommunicable disease (NCDs), including mental health and substance abuse;
- Strengthening health emergencies and disaster management, and reducing environment threats and risks.



Health throughout the Life Course

This area focused on maintaining essential health services for women, children, adolescents, and older persons; and ensuring conditions were created and capacities developed for the rollout of the COVID-19 vaccines. As Eastern Caribbean Countries struggled to respond to the increasing demand for care of people with COVID-19 and overall pandemic response, it was imminent that maintaining essential health services would be challenged.

Healthy Ageing – Barbados

Barbados has experienced a rapid and profound ageing of its population. The country exceeded an ageing index of 100 older adults per 100 children under 15 in 2015. Comparatively, the Non-Latin Caribbean subregion will cross that threshold in 2032, and the Region of the Americas in 2030. The Government of Barbados has prioritized the attention to older adults in its agenda increasingly with the pandemic.

Technical assistance was provided for the development of a national consultation entitled A Conversation on Ageing and Elder Affairs: Forming the Narrative. The consultation was a first step in the process of developing a new National Policy, and Strategic and Action Plans on Ageing and the

Elderly in Barbados. It was a joint effort between the Ministry of Health and the Ministry of People Empowerment and Elder Affairs. As a result, the areas and issues to address in the National Policy have been identified.

During the celebration of International Day of Older Persons, messages, infographics, and social media cards were shared with the 10 countries on COVID-19 and the health and rights of older persons in society. The guidance on the care of older persons during and after COVID-19 was also shared. Dominica implemented a full month of activities that included recognition of centenarians, a nationwide celebration of grandparents, religious activities, radio programmes, and panel discussions.

Barbados exceeded an Ageing Index of 100 older adults per 100 children under 15 in 2015.



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Preventing Gender-based Violence

As people are asked to stay at home as part of the measures introduced to curb the COVID-19 pandemic, reports of partner and domestic violence are on the rise. For example, Anguilla has noted an 88% increase in cases.

PAHO convened a meeting with the Ministries of Health and Ministries of Gender Affairs of five selected Eastern Caribbean countries to discuss strategies to address these matters, and a workplan was developed.

A gender-based violence (GBV) and men's health panel discussion was held in collaboration with the Ministry of Health of Antigua and Barbuda and the Seventh Day Adventist Church: Domestic Violence – COVID-19 and Men's Health.

A guidance for infection prevention and control (IPC) in shelters for survivors of GBV was developed and later updated, and is currently being translated to Spanish.

A three month #Safe Home Campaign was developed targeting the victim, community, leaders, and aggressor.

A situation analysis of GBV was conducted in Grenada that resulted in improved knowledge of the situation of the accessibility, acceptability, readiness, and quality of the essential services.

Procedural guidance that offers clear directives for stakeholders involved in the support and assistance of victims/survivors of GBV was developed in

Grenada. This provides a clear framework for the strengthening of the essential services provided to women and girls who have been subjected to violence.

CEDARS Shelter for women and children was retrofitted and equipped to continue the provision of services in a safe and quality environment during the pandemic.

Anguilla has noted a 88% increases in cases of violence against women.

Improving Maternal and Child Health

Countries across the Eastern Caribbean experienced a reduction in exclusive breastfeeding during the initial phase of the pandemic. For example, Grenada experienced a decrease from 40% to 27% in exclusive breastfeeding during the initial phase of the pandemic.

A webinar on Scaling up the Protection, Promotion and Support to Breastfeeding during COVID-19 was organized to generate a forum for discussing the current challenges that may influence the promotion, protection, and support to breastfeeding and presenting country experiences. The meeting targeted healthcare workers, community leaders, pregnant women, new mothers, fathers, parents to be, families, and the general public.



© Department of Youth and Sports, Nevis

Meet Tyzjuan

Tyzjuan Wade, 14, of Saint Kitts and Nevis, participated in a virtual COVID-19 youth dialogue on adjusting to the “new normal,” hosted by the PAHO Office for Barbados and the Eastern Caribbean Countries. Tyzjuan explained how he adapted to living under a declared state of emergency in his country.

With restricted movement and schools closed, he decided to engage in activities outside of the norm for him, that is, farming and volunteerism. He said, “I started two gardens at different locations, although the gardens required constant care and attention, when they produce crops I felt very happy that my hard work actually paid off.”

He recognized that planting crops was not only a good way to save and make money but also a good way to use his free time wisely. Tyzjuan said that, through farming, he learned the value of patience, determination, and dedication. He also developed a love for volunteerism, he recounted that, during that time he assisted an older person in his community who is a livestock farmer.

“I recognized that he was struggling a bit caring for his animals, I was motivated to give up my time to assist him. It became a daily routine. We are now close friends, he often tells me how appreciative he is of my assistance. His remarks make me feel very good and I vowed to continue to help not only him but other elderly persons in my community.”



© Department of Youth and Sports, Nevis

Six videos on breastfeeding and COVID-19 were produced targeting mothers, their families, and healthcare professionals. The videos included local, identifiable members of the community, such as the Minister of Health, an athlete, and a fashion model.

Dominica was awarded certification of having eliminated mother-to-child transmission of HIV and syphilis as a public health concern.

Grenada experienced a decrease from 40% to 27% in exclusive breastfeeding, during the initial phase of the pandemic.

Engaging Young People during COVID-19

Young people represent a valuable resource and network during crises and public health emergencies.

With the right training on the disease and its transmission, actively engaged young people can work jointly with the health authorities to help break the chain of infection. Technical assistance was provided in collaboration with the Ministry of Health, Ministry of Youth, and youth organizations to support meaningful engagement of young people.

A document was developed to provide guidance to the various stakeholders on strategies to engage young people in the response to COVID-19. The document will be incorporated into

the Barbados National Adolescent Health Strategy. A virtual dialogue was held on COVID-19 Adjusting to the New Normal, targeting young people and aimed at exploring, with young people, what it will take to adjust to this new way of living, and how to cope with pandemic-related isolation in a positive way.

Saint Kitts and Nevis held skill training in communication on health, and communication equipment was provided to support activity. In Grenada, there was a panel discussion on the future of youth employment post COVID-19.

These activities have resulted in strengthened intersectoral collaboration between the Ministry of Health and the Ministry of Youth.

Noncommunicable Diseases

Noncommunicable diseases (NCDs) remain a major public health challenge, with 81–83% of deaths in Barbados and the Eastern Caribbean Countries due to NCDs. The countries were among the Member States that endorsed the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 at the World Health Assembly. However, the implementation of national action plans was disrupted due to the impact of the COVID-19 pandemic.

Building Back Better Services

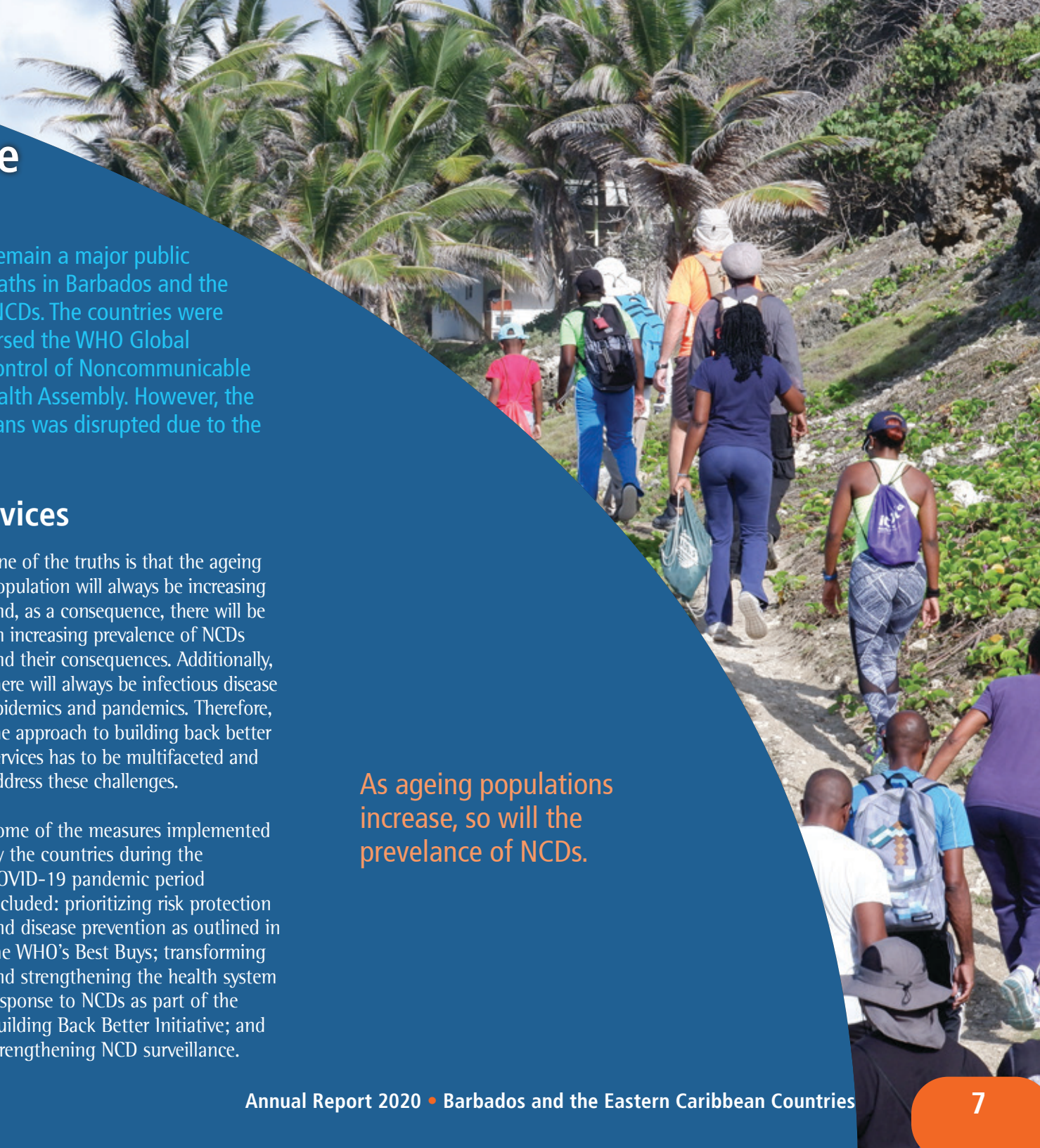
Efforts were made by some countries during the COVID-19 pandemic to implement the policy options designed to monitor progress.

These efforts were escalated subsequent to a webinar held on 7 July 2020. The webinar coordinated by the PAHO Office for Barbados and the Eastern Caribbean Countries was entitled NCDs and COVID-19: Building Back Better Services. In the feature address at the webinar, Sir George Alleyne, Director Emeritus PAHO/WHO, warned of three uncomfortable truths that must be faced in the context of NCDs and COVID-19 pandemic as countries look to build back better services.

One of the truths is that the ageing population will always be increasing and, as a consequence, there will be an increasing prevalence of NCDs and their consequences. Additionally, there will always be infectious disease epidemics and pandemics. Therefore, the approach to building back better services has to be multifaceted and address these challenges.

Some of the measures implemented by the countries during the COVID-19 pandemic period included: prioritizing risk protection and disease prevention as outlined in the WHO's Best Buys; transforming and strengthening the health system response to NCDs as part of the Building Back Better Initiative; and strengthening NCD surveillance.

As ageing populations increase, so will the prevalence of NCDs.





© Brenda Lashley

Reducing Risk of Cardiovascular Diseases

Cardiovascular disease, the leading cause of death in Latin America and the Caribbean, is estimated to cause 38% of all deaths attributable to NCDs, which claim four out of five lives in the Caribbean.

Since the pandemic began, PAHO has assisted countries by building capacity in the online module and providing tablet computers.

The HEARTS initiative is being implemented and expanded in 12 countries across the Americas. In 2020, Saint Lucia has implemented

the programme and has seen an increase in blood pressure control levels in six model clinics.

The British Virgin Islands has expressed interest in implementing the HEARTS initiative, and mentorship has been established with Saint Lucia. Saint Kitts and Nevis, and Saint Vincent and the Grenadines have commenced implementation of the cardiovascular risk module of the HEARTS initiative.

Implementation of the Chronic Disease Self-Management Programme in Saint Kitts and Nevis and Saint Lucia was impacted negatively due to the physical distancing as a result of the COVID-19 pandemic.

Mental Health

The COVID-19 pandemic brought mental health and wellness to the forefront, thus highlighting the need to address the neglect that has traditionally occurred in the programme. With the advent of stringent lockdown measures and the drastic changes to every-day living as a consequence of the pandemic, countries rapidly identified the need to prioritize mental health and psychosocial support (MHPSS) for their citizens.

Capacity-building sessions were held on psychological first aid (PFA) and targeted the health sector, teachers, faith-based organizations, and other community organizations. The PFA session, held in collaboration with the Ministries of Health, the United

Nations Children Fund (UNICEF), and the Organisation of Eastern Caribbean States (OECS), developed a targeted strategy to empower community leaders to become engaged. The webinars were well attended, with the last one being attended by 1,000 participants.

In order to maintain gains and achieve success, strengthening of integrated approaches for the inclusion of MHPSS in emergency settings was prioritized. PAHO supported Antigua and Barbuda in the development of standard operating procedures (SOPs) as an appendix to its national disaster plan. It is anticipated that this model template will be used to develop similar SOPs for the other Eastern Caribbean Countries.



Promoting Smoke-free Environments

In the 15 years since the WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force, implementation of tobacco control policies in the Eastern Caribbean Countries has not progressed in a meaningful manner. However, many countries that have implemented comprehensive tobacco control measures have seen significant decreases in the prevalence of tobacco consumption in their populations.

In 2019, with the support of PAHO, Saint Lucia amended its Public Health Act to facilitate “smoke-free environments” and developed and passed the relevant regulations in 2020. Support was also provided to implement a “no smoking” communication campaign Breathe Easy Saint Lucia, and a “tobacco control cessation” pilot project of which the groundwork has been completed.

These interventions will help to create healthier environments that are conducive to quitting tobacco smoking and there will be increasing access to cessation services. PAHO has also supported a few Member States, such as Dominica, Grenada, Saint Kitts and Nevis, and Saint Vincent and the Grenadines, to develop and review draft legislation.

Greater political will and civil society support are needed to push forward the agenda of the WHO FCTC, to meet the set targets by 2030. To meet the targets, the legislation has to be fully enacted, as does the implementation on smoke-free environments.

Greater political will and civil society support are needed to push forward the agenda.

Protecting Healthcare Workers

The Ministry of Health in Antigua and Barbuda requested technical support to address the increasing numbers of confirmed COVID-19 infections in healthcare workers (HCWs). A rapid analysis of the situation was conducted and a proposal was developed and implemented to address the physical, mental, and occupational needs of HCWs.

The project included guidance in the management of HCWs re COVID-19, capacity-building in infection control practices, and establishing guidelines for case surveillance for HCWs. The overall objective of the project was to decrease the anxiety levels among HCWs and implement corrective actions to prevent further exposure of other HCWs.

Worldwide, countries were also reporting increasing cases of COVID-19 infections in HCWs with severe outcomes, including deaths.

The HCWs immediately embraced the project. A total of 175 counselling sessions were held with HCWs over a three-month period commencing on 11 May 2020. The guidelines provided resulted in appropriate self-protection and environmental modification being implemented, which stemmed the increasing number of cases.



Strengthening Health Systems and Services

The strengthening of health systems and services in Barbados and the Eastern Caribbean Countries to build resilience and increase response capacities was ongoing prior to the COVID-19 pandemic. However, the pandemic exposed the weaknesses in health systems, particularly in the areas of human resources for health, information systems for health, health services delivery capacity, and health financing.

Reorganizing and expanding health services and response capacity

PAHO provided Barbados and the Eastern Caribbean Countries with the COVID-19 Hospital Readiness assessment tool to determine the countries' hospital capacity to coordinate and manage COVID-19 patients.

Virtual meetings were held with the Ministries of Health in each of the English-speaking countries under the PAHO Office for Barbados and the Eastern Caribbean Countries and, combined with in-country missions, these enabled the development of gap analyses and resource needs for the countries.

At the beginning of the COVID-19 pandemic, there was an inadequate

number of general hospital and intensive care unit beds designated for the management of COVID-19 patients in all countries assessed. PAHO provided technical support to the Ministries of Health for the rapid expansion and reorganization of health services delivery to build surge capacity for COVID-19 patients.

There were in-country missions to Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, and Saint Vincent and the Grenadines to assess health services capacity and provide technical guidance on the development of isolation centres, utilizing the PAHO/WHO technical recommendations for the selection of alternative medical care sites (AMCS).

Adequate critical care bed surge capacity is essential for the management of COVID-19 patients and the maintenance of normal hospital and essential health services.



© Ministry of Health, Dominica

Human Resources for Health – Building capacity at first level of care

At the end of 2020, the COVID-19 bed capacity in Barbados and the Eastern Caribbean countries had increased by more than 100 percent. This was achieved through the development of AMCS and the reorganization and reassignment of ICU and general hospital beds, based on the PAHO guidance document *Reorganization and Progressive Expansion of Health Services for the Response to the COVID-19 Pandemic*.

PAHO provided guidelines for the development of rapid response teams and supported training in triage and safe transport of suspected COVID-19 patients.

Prior to the COVID-19 pandemic, the countries in the Caribbean were experiencing a shortage of nurses and other HCWs, which limited their capacity to respond effectively to the COVID-19 pandemic.

The independent countries under the PAHO Office for Barbados and the Eastern Caribbean Countries recruited HCWs locally and internationally through bilateral agreements to increase their COVID-19 surge capacity. PAHO provided countries with technical support to determine the HCW COVID-19 exposure risk, utilizing the PAHO HCW exposure risk assessment tool. The tool assisted Ministries of Health with decisions regarding the quarantining of HCWs recruited internationally.

In Grenada and in many other instances, the mandatory quarantine of low-risk international HCWs was avoided, and they were immediately engaged in the COVID-19 response. PAHO also trained hospital administrators and health managers in the use of the HCW exposure risk assessment tool to make decisions about the testing, counseling, and quarantine of potentially high-risk HCWs, as was the case in Antigua and Barbuda, in an effort to reduce infection among HCWs.

The protection of HCWs is one of the main mandates of the COVID-19 response. PAHO provided HCWs with training in IPC in the various settings, and the proper donning and doffing and appropriate use of personal protective equipment (PPE). The

IPC training was supplemented with donning and doffing training developed by the PAHO IPC and risk communication team.

PAHO collaborated with the Universal Health Coverage Partnership to strengthen Dominica's health system at the first level of care with the training of 17 community health workers (CHW). Upon completion of their training, the CHWs would join the other 27 CHWs trained in 2019 under the grant from the Universal

Community Health Workers are playing a critical role in the COVID-19 response at the first level of care.



© Phillip Brade, Government Information Unit, Montserrat

Saving Lives with Effective Management of COVID-19 Patients

Health Coverage Partnership. The CHWs are playing a critical role in the COVID-19 response at the first level of care. The pandemic has put a strain on Dominica's already fragile health system, but by revitalizing a primary healthcare approach and providing support to other health workers through CHWs, the country is in a better position to respond to the COVID-19 crisis.

The first level of care in Antigua and Barbuda, Grenada, and Saint Kitts and Nevis was strengthened with PAHO's support in the hiring of additional contact tracers and surveillance to enhance the COVID-19 response to slow the transmission.

The Ministries of Health of Barbados and the Eastern Caribbean Countries were provided with PAHO/WHO evidence-based clinical guidelines for the management of COVID-19 patients.

The PAHO Office for Barbados and the Eastern Caribbean Countries also supported Grenada with the development of its COVID-19 clinical guidelines. The countries benefited from two webinars on the management of COVID-19 in different settings and at varied levels of severity. The webinars included presentations from PAHO experts and the countries, experiences in managing COVID-19 patients.

The capacity of the countries to manage COVID-19 patients

was increased with the provision of biomedical equipment and accessory supplies, such as:

- Oxygen concentrators,
- Ventilators,
- Cital signs monitors,
- Intravenous infusion pumps,
- Defibrillators,
- Pulse oximeters.

Ventilators, oxygen concentrators and other biomedical equipment significantly increased the capacity of the countries to manage critically ill COVID-19 patients and save lives.

This life-saving equipment was provided to Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines.

PAHO also provided training to all Ministries of Health technical focal points on the use of the oxygen concentrators. The biomedical equipment significantly increased the capacity of the countries to manage critically ill COVID-19 patients and save lives.

Communicable Diseases

Most of the efforts in tackling communicable diseases were focussed on supporting countries in the immediate response to the COVID-19 pandemic. The focus was on saving lives, protecting health workers, stopping the spread of the virus, and maintaining essential health services such as the Expanded Program on Immunization. At the same time, assistance was provided in response to dengue outbreaks in several countries.

Expanded Program on Immunization

Several countries in the Eastern Caribbean experienced a decrease in vaccination coverage for diphtheria, tetanus, and pertussis (DTP3). This is a key vaccine along with Polio 3 and MMR 3 to monitor countries' performance, particularly booster doses in countries that rely on schools for applying this vaccine.

PAHO convened bilateral meetings and regional webinars to discuss strategies to reach the population, to disseminate guidance, and address concerns. Monthly reporting was established as part of the tracking mechanism to monitor effects of COVID-19 on the immunization programme, outreach strategies were defined, and a communication campaign was implemented. By July,

the coverage had gradually increased. Barbados and Dominica were selected as pilot countries for the electronic PAHO/WHO/UNICEF Joint Reporting Form. These countries completed the first stage of the pilot and feedback was provided.

Technical assistance was provided in preparing countries for the introduction of COVID-19 vaccines, ensuring they met all the COVAX Facility requirements. This included training, guidance for the development of national vaccination and deployment plans, monitoring country readiness using the COVID-19 Vaccine Introduction Readiness Assessment Tool, and updating countries on vaccine development and issues related to maternal and neonatal care during COVID-19.

The Expanded Program on Immunization has been and remains a flagship programme in the Caribbean.



Vector-borne Diseases

Dengue fever is the main vector-borne disease that is endemic in Barbados and Eastern Caribbean countries. Populations of the *Aedes aegypti* mosquito vector continue to proliferate due to climatic factors such as: high temperatures and levels of precipitation; improper management of water storage containers; and indiscriminate disposal of refuse, including used tyres and major home appliances.

These mosquito population levels are sufficient to support continued transmission of dengue, especially where human populations are

susceptible to a particular dengue serotype. Countries were urged to implement the Integrated Management Strategy for Dengue (IMS-Dengue) to effectively prevent and control dengue outbreaks.

The PAHO Barbados and the Eastern Caribbean Countries Office developed a dengue web page through which information was

Populations of the *Aedes aegypti* mosquito vector continue to proliferate due to climatic factors.

provided to countries. A dengue video and jingle were produced and disseminated as a means of promoting prevention and control messages among the general population. Support was provided to Antigua and Barbuda, Barbados, British Virgin Islands, and Saint Kitts and Nevis to strengthen their vector control programmes in response to reported increased dengue activity.

Malaria was eradicated from Barbados and the Eastern Caribbean countries in the early 1960s. However, the threat of its reemergence is real as the conditions

for transmission are present. The PAHO Office for Barbados and the Eastern Caribbean Countries provided support to the Ministries of Health in Antigua and Barbuda and Barbados to strengthen their capacities for diagnosis, surveillance, and prevention of malaria through the facilitation of a team visit to Haiti to view its operations.

Health Emergencies

Small Island Developing States such as Barbados and the Eastern Caribbean countries are vulnerable to environmental and health hazards, which can overwhelm the health systems and services. Although the 2020 hurricane season was an active one, Barbados and Eastern Caribbean countries were spared from the impact of any natural disasters. However, health emergencies, such as the COVID-19 pandemic and dengue outbreaks in several countries, have resulted in increased stresses on health systems and highlighted gaps in existing systems.

Response to the COVID-19 Pandemic

The COVID-19 pandemic resulted in the disruption of many services – schools were dismissed, airports and seaports were closed to regional and international traffic except for the transport of cargo and humanitarian flights, states of emergency and curfews were instituted and accompanied by closure of non-essential private and public services, and home confinement. The wearing of masks in public was optional in the beginning but soon became mandatory in most countries and territories. Despite all challenges due to restriction of movement, PAHO continued to play its advisory role and to provide technical cooperation to Member States in

accordance with the WHO Strategic Preparedness and Response Plan for COVID-19.

To ensure effective coordination and response efforts against this pandemic, the PAHO Office for Barbados and the Eastern Caribbean Countries established an incident management support team, and activated its emergency operation mechanism in early February 2020. Meetings were held with Ministries of Health to ascertain their needs, identify gaps and areas of need.

Support was provided through: the sharing of guidance documents; development and dissemination of communication materials; conducting of webinars; and

The PAHO Office for Barbados and the Eastern Caribbean Countries established an incident management support team, and activated its emergency operation mechanism in February 2020.





© Ministry of Health, Dominica

Response to Dengue Outbreaks

procurement of essential medical equipment, SARS-CoV-2 diagnostic test kits, laboratory equipment and supplies, PPE, thermal scanners for use at points of entry, and IT equipment. Capacities were strengthened through the hiring of surveillance officers, contact tracers and data entry personnel, and training of HCWs and personnel in the hospitality industry in IPC. Vehicles were procured to assist with surveillance and contact-tracing in some countries. Assistance was provided to countries in preparation for the hurricane season through a webinar on dealing with the COVID-19 pandemic during the hurricane season and sharing a Caribbean Shelter Guide, which included considerations on COVID-19.

In the midst of the COVID-19 epidemic, Barbados and several Eastern Caribbean countries reported unusually high increases in the number of dengue cases. Grenada, Saint Lucia, and Saint Vincent and the Grenadines declared outbreaks of dengue in the latter half of 2020. At the end December, a total of 4,227 dengue cases, with 18 severe cases and eight deaths were reported from nine countries. The predominant dengue serotype in circulation was Den-3.

This dengue epidemic, in concurrent circulation with the COVID-19 pandemic, resulted in additional burden on the health systems and an increase in demand

for resources in order to execute an effective response.

PAHO supported countries in response to the dengue outbreaks through:

1. Provision of laboratory reagents for dengue testing and serotyping; and training of laboratory staff in Grenada, Saint Lucia, and Saint Vincent and the Grenadines;
2. Virtual training of healthcare professionals in clinical management;
3. Procurement of a dialysis machine to increase capacity for the management of severe

cases in Saint Vincent and the Grenadines.

4. Procurement of insecticides, insecticide application equipment, entomological supplies, and PPE for Grenada, Saint Lucia, and Saint Vincent and the Grenadines in response to the outbreak; and for Antigua and Barbuda, Barbados, British Virgin Islands, and Saint Kitts and Nevis to strengthen their vector control programmes;
5. Production and dissemination of risk communications materials

In November, the PAHO Office for Barbados and the Eastern



Caribbean Countries hosted the webinar *Dengue Response in the Midst of the COVID-19 Pandemic*. It provided a forum for sharing information on effective outbreak containment strategies for dengue, and how to build sustainable responses.

Countries impacted by the dengue outbreak, including Grenada, Saint Lucia, and Saint Vincent and the Grenadines, presented on their country experiences.

The objectives were to:

1. Highlight the severity of the current dengue situation in the Americas;
2. Learn from experiences of countries that are currently experiencing dengue outbreaks;
3. Reinforce the need for investment in dengue control programmes.

Aedes aegypti mosquito populations continue to proliferate due to climate factors such as: high temperatures and levels of precipitation; improper management of water storage containers; and indiscriminate disposal of refuse.



Environment and Health

Environmental factors, be they biological, chemical, or physical in nature, can adversely affect human health and the well-being of populations as a result of threats. The importance of the link between the environment and health featured prominently in the COVID-19 pandemic response. Public health measures implemented by countries to slow the spread of the pandemic were linked to: water, sanitation, and hygiene; IPC; air quality; and food safety.

Water, Sanitation, and Hygiene

WASH is a well-known critical control measure for COVID-19 with a spotlight on the importance of hand hygiene.

WASH is a well-known critical control measure for COVID-19 with a spotlight on the importance of hand hygiene. In view of the imminent arrival of COVID-19 to Dominica, the Ministry of Health rolled out a series of measures, with support from PAHO, to implement public health interventions. They included the establishment of hand-sanitizing stations and public education. However, the need for hand-washing stations was identified particularly in the distant rural clinics.

In this regard, six WASH stations were installed in selected health clinics. As a result, approximately 180 persons who attend these

clinics daily now have access to proper hand-washing with clean water and soap, which will help interrupt the transmission of several disease-causing bacteria and viruses, thus reducing the general burden of disease, including for COVID-19.

PAHO also assisted the Ministries of Health in Antigua and Barbuda and Grenada in providing WASH facilities, hand-sanitizers, and sanitizing stations and equipment, as well as schools in Barbados and Saint Vincent and the Grenadines in partnership with the Ministries of Education.

Videos and posters on proper handwashing techniques were produced and disseminated.



Infection Prevention and Control

Following the closure of country borders in late March, the PAHO Office for Barbados and the Eastern Caribbean Countries facilitated several IPC training sessions focussing mainly on HCWs and persons in the tourism sector.

Over 750 health workers and personnel in the hospitality sector were trained, including taxi drivers, tour operators, hotel managers, and workers in the tourism sector catering to repatriated residents quarantined at hotels.

Training focused on areas such as the mechanism of transmission of SARS-CoV-2, standard precautions, use of PPE, environmental controls, and occupational health.

The Barbados and the Eastern Caribbean Countries communication team produced videos on the donning and doffing of PPE in various COVID-19 treatment scenarios, including a hand-washing video for clinicians. The videos also highlighted the International Year of the Nurse

and the Midwife, and nurses' role in the fight against COVID-19, and the need to protect HCWs. A video on how to mix the correct ratio of a chlorine disinfectant solution to fight against the spread of diseases like COVID-19 was also produced and disseminated.

All countries under the PAHO Office for Barbados and the Eastern Caribbean Countries were provided with PPE kits on an ongoing basis, containing gloves, surgical gowns, surgical and N95 masks, safety glasses, and biosafety bags.



Climate Change and Health

Barbados and the Eastern Caribbean countries face a range of short-to-long-term risks, including extreme weather events and increased burden of climate-sensitive diseases due to the impact of climate change.

The Caribbean Action Plan on Health and Climate Change 2019–2023, was developed as the framework for guiding the implementation of actions by countries to better understand and address the impacts of climate change on health.

Health and climate change country profiles for Antigua and Barbuda, Dominica, Grenada, and Saint Lucia were developed and published in 2020 as part of building the

evidence for planning and decision-making. These profiles summarize the available evidence on climate hazards, health impacts and vulnerabilities, and the progress made thus far by the health sectors in building climate-resilient health systems.

In 2020, health and climate change country profiles were developed and published for Antigua and Barbuda, Dominica, Grenada, and Saint Lucia.

Additionally, capacities were strengthened in all countries through participation in a training workshop for the development of health chapters in the national adaptation plans. This was supported under the EU CARIFORUM Climate Change and Health Project.



Financial Summary

Funding categories and finance flow

The information contained in this financial summary is disaggregated by country and territory under the management of the PAHO Representative in Barbados and the Eastern Caribbean Countries.

There are two primary sets of data presented from the PAHO Program Budget Web Portal, namely, key category figures and financial flow.

The financial analysis by outcome is indicative of how the programme of work is funded and offers data on the disaggregation of the approved budget by outcome, and by staff versus activity costs. The analysis includes information on the funding of the programme of work (by funding partner) and outcome.

Anguilla

Anguilla is one of three United Kingdom Overseas Territories under the management of the PAHO Office for Barbados and the Eastern Caribbean Countries.

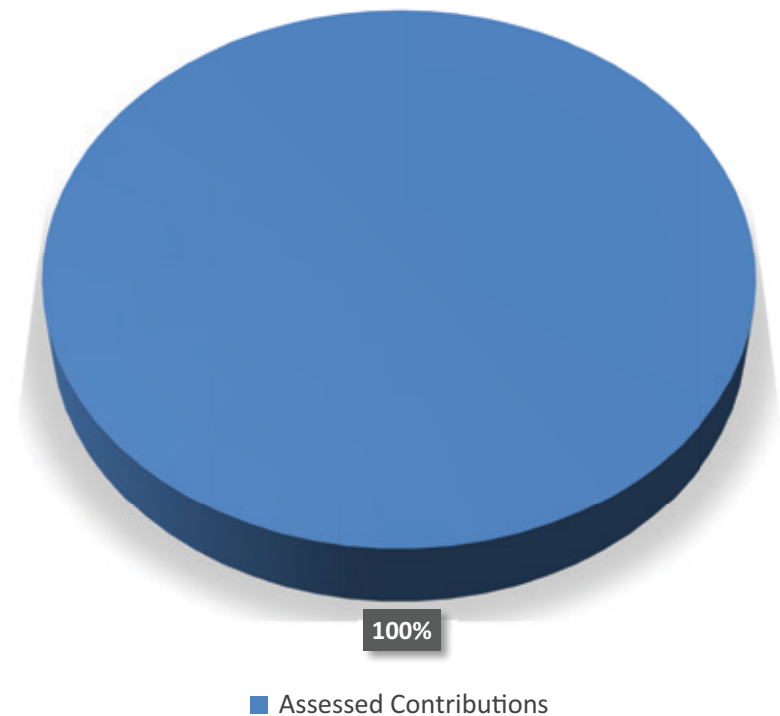
Anguilla's total approved budget for the biennium is US\$ 468,000, allocated across 12 technical (US\$ 457,000) and two leadership outcomes (US\$ 11,000). Programmatic activities account for 80% of the approved budget, and staff costs for the remaining 20%. In this case, staff costs are shared among the three United Kingdom Overseas Territories which the position supports.

The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, NCDs and mental health, risk factors

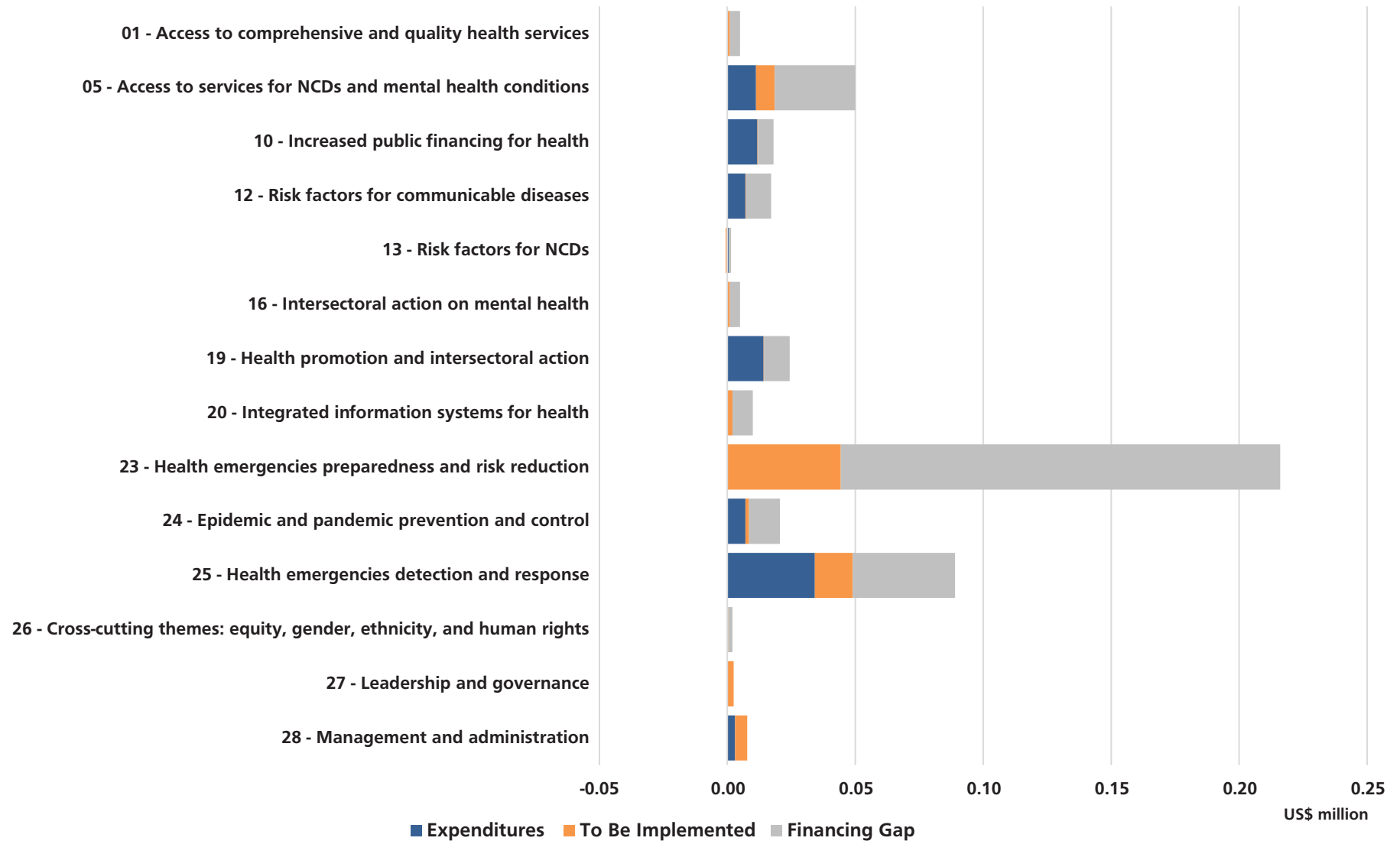
for communicable diseases, health promotion, and health emergencies. Funding for the technical programme areas ranged from 21% to 66% as at December 2020.

As at December 2020, Anguilla's budget was 36% funded (US\$ 169,000), financed fully from PAHO Assessed Contributions. The financial flow chart also shows the expenditure by outcome. As at December 2020, there had been expenditure in eight of the 14 programme areas included in the approved budget. Health emergencies detection and response accounted for 38.3% of expenditure in 2020, followed by health promotion and protection, with 15.9% of expenditure. This was linked to the heightened response to the COVID-19 pandemic.

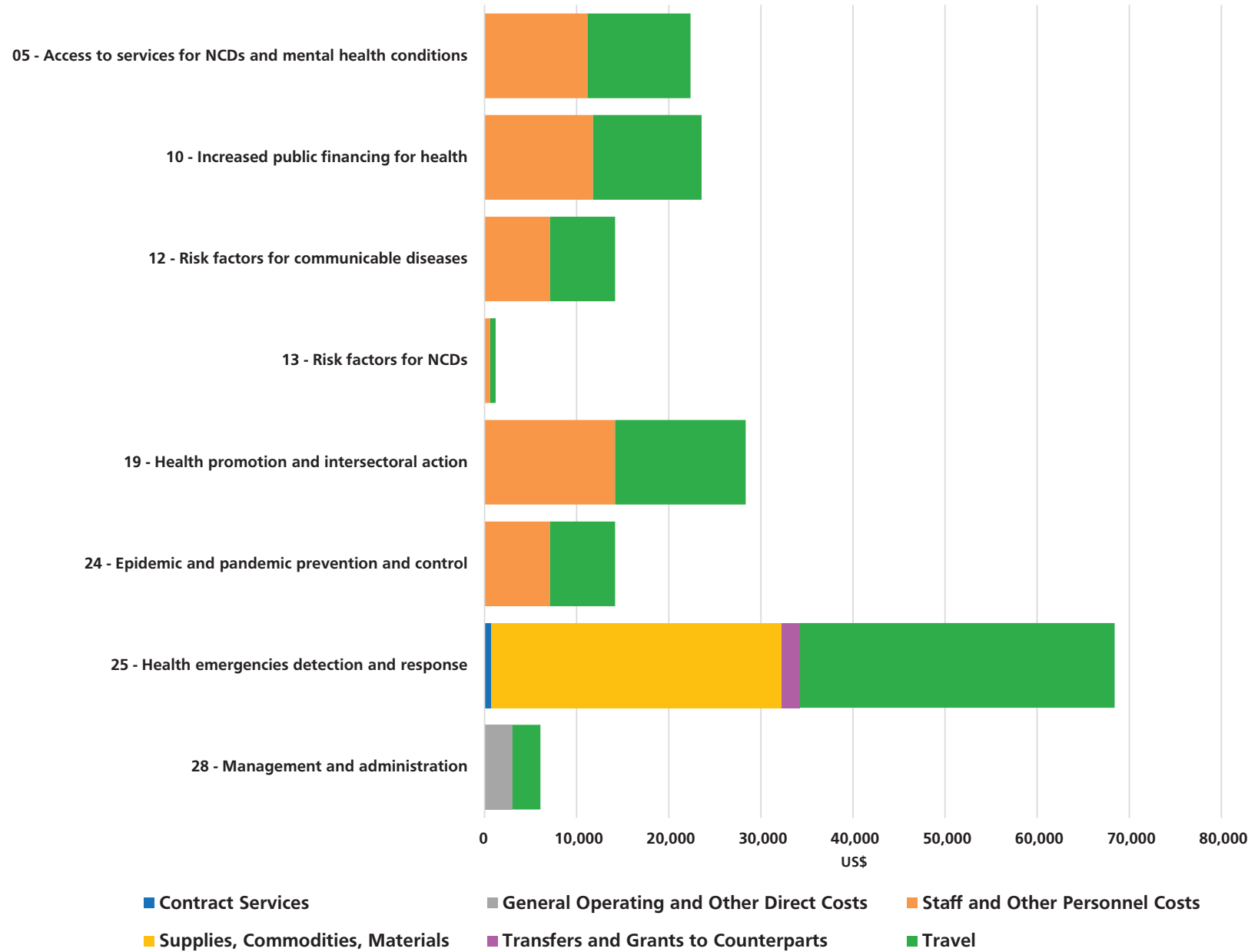
Anguilla: funding



Anguilla: outcome key figures



Anguilla: expenditures by type



Antigua and Barbuda

Antigua and Barbuda's total approved budget for the biennium is US\$ 1.4 million allocated across 15 technical (US\$ 750,000) and two leadership outcomes (US\$ 55,000). Programmatic activities account for 60% of the base programme budget, and the approved activity budget for outbreak and crisis response is US\$ 611,000.

The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, NCDs and mental health, risk factors for communicable diseases, health promotion and health emergencies. Funding in the technical programme areas ranged between 0% and 100%, with 11 areas fully funded as at December 2021.

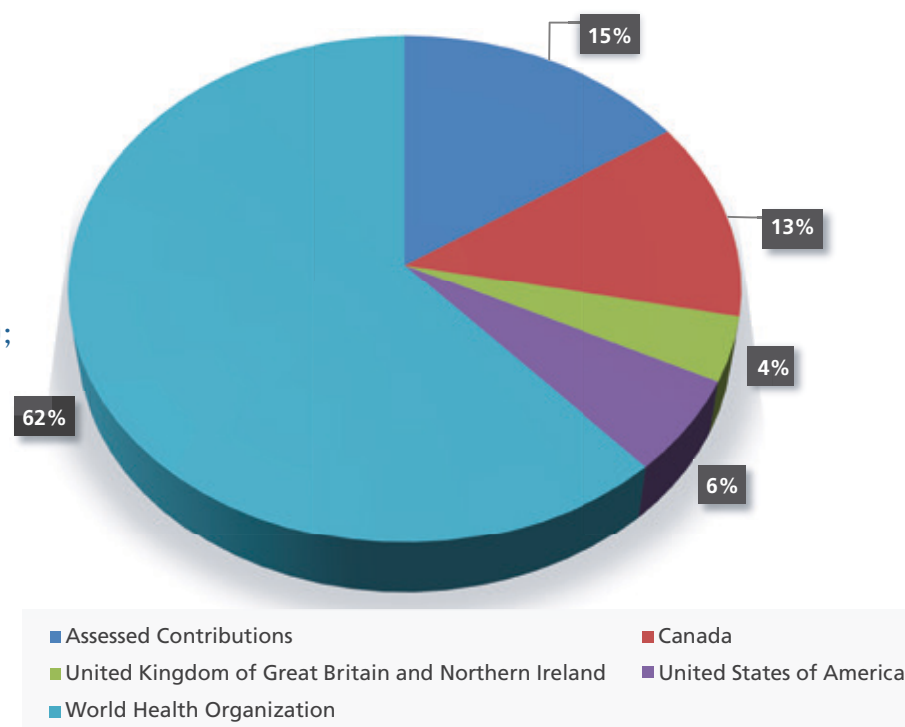
As at December 2020, Antigua and Barbuda's budget for base

programmes was 31% funded (US\$ 435,000) and outbreak and crisis response was 86% funded (US\$ 526,000). As can be seen in the figure (right), the budget for Antigua and Barbuda is funded from:

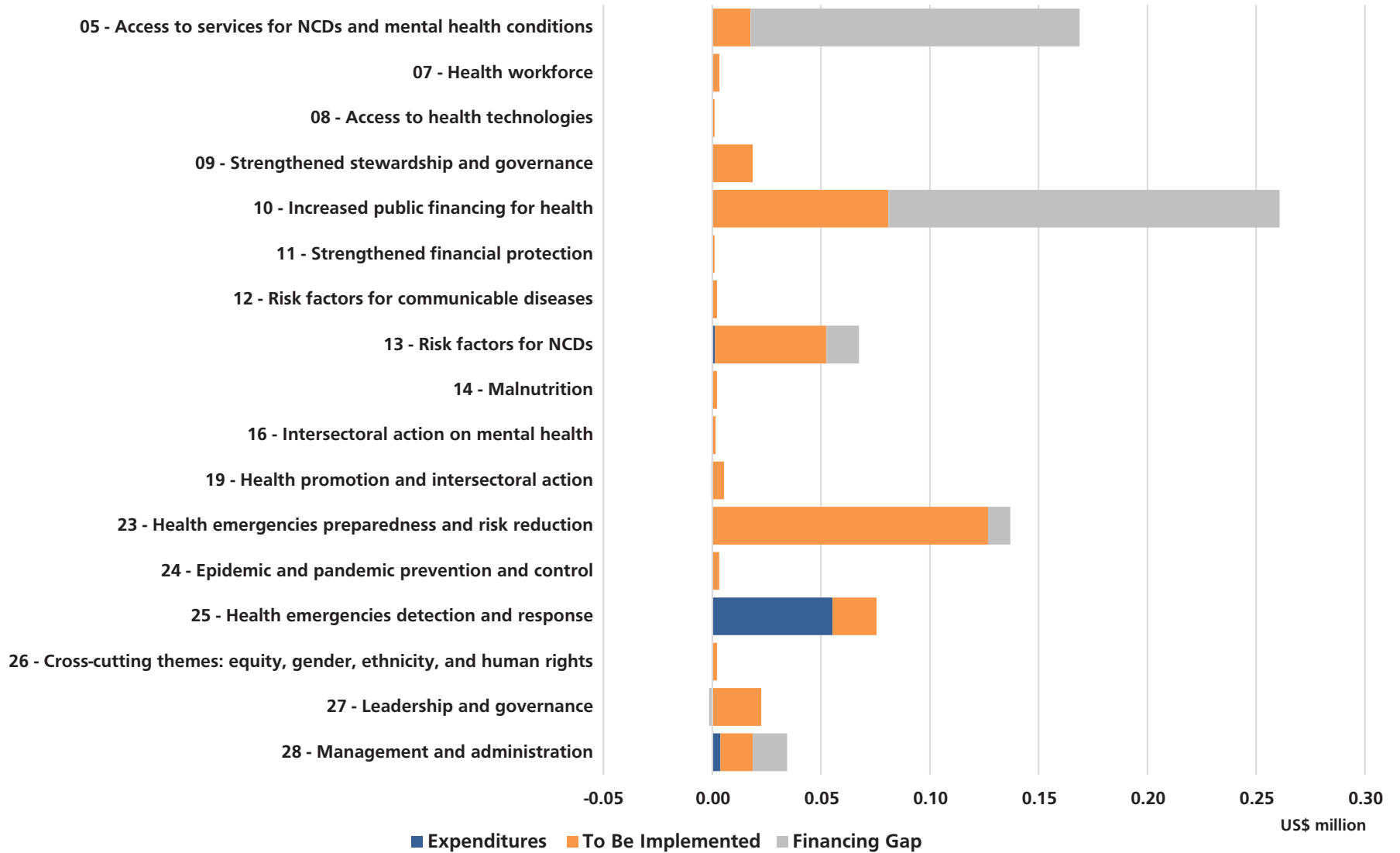
- World Health Organization (61.65%);
- Assessed contributions (15.52%);
- Voluntary contributions from Canada (12.73%), the United States (6.02%), and the United Kingdom (4.08%).

Current expenditure has been in four programme areas, three of which are related to the emergency response to COVID-19 in 2020. Outbreak and crisis response alone accounts for 88% of expenditure.

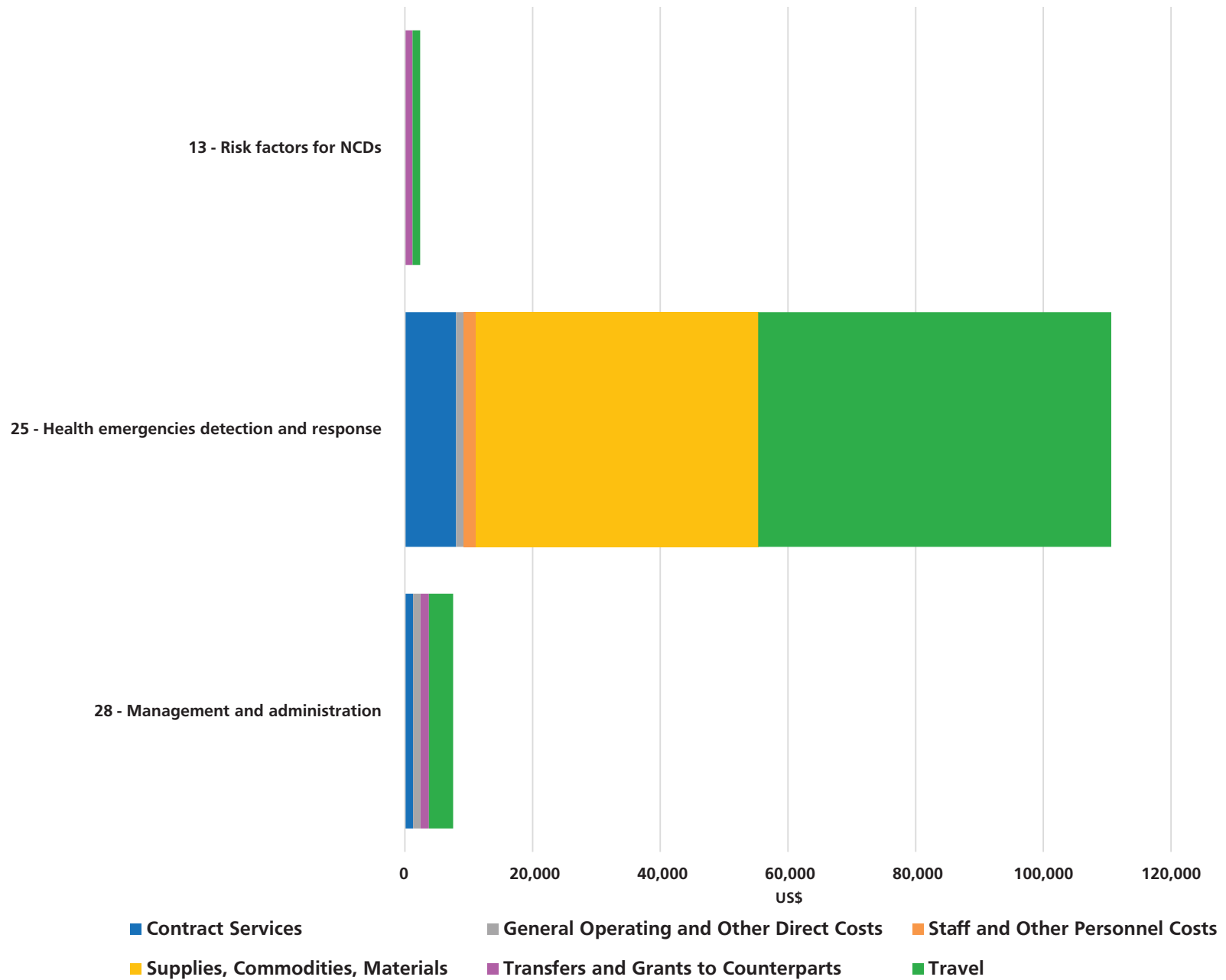
Antigua and Barbuda: funding



Antigua and Barbuda: outcome key figures



Antigua and Barbuda: expenditures by type



Barbados

The total approved budget for Barbados for the biennium is US\$ 1.6 million allocated across base programmes (US\$ 827,000) and outbreak and crisis response (US\$ 739,000). Within base programmes, there are 15 technical outcomes, accounting for 97% of the approved budget (US\$ 804,000), and the leadership outcome, accounting for the remaining 3% (US\$ 23,000).

The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, health throughout the life course (including care of older persons), NCDs and mental health, elimination of communicable diseases, and health emergencies.

As at December 2020, Barbados' budget for base programmes was 82% funded (US\$ 681,000), and

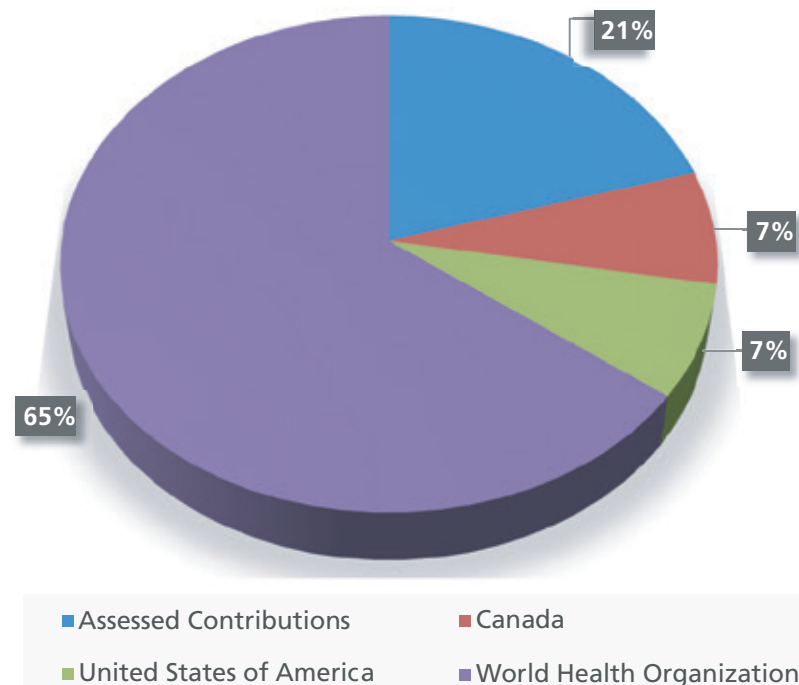
outbreak and crisis response was 92% funded (US\$ 678,000). Eight of the technical programme areas were fully financed as at December 2020, with remaining programme areas funded between 59% and 92%.

As can be seen in the figure (right), Barbados' budget is financed from the following sources:

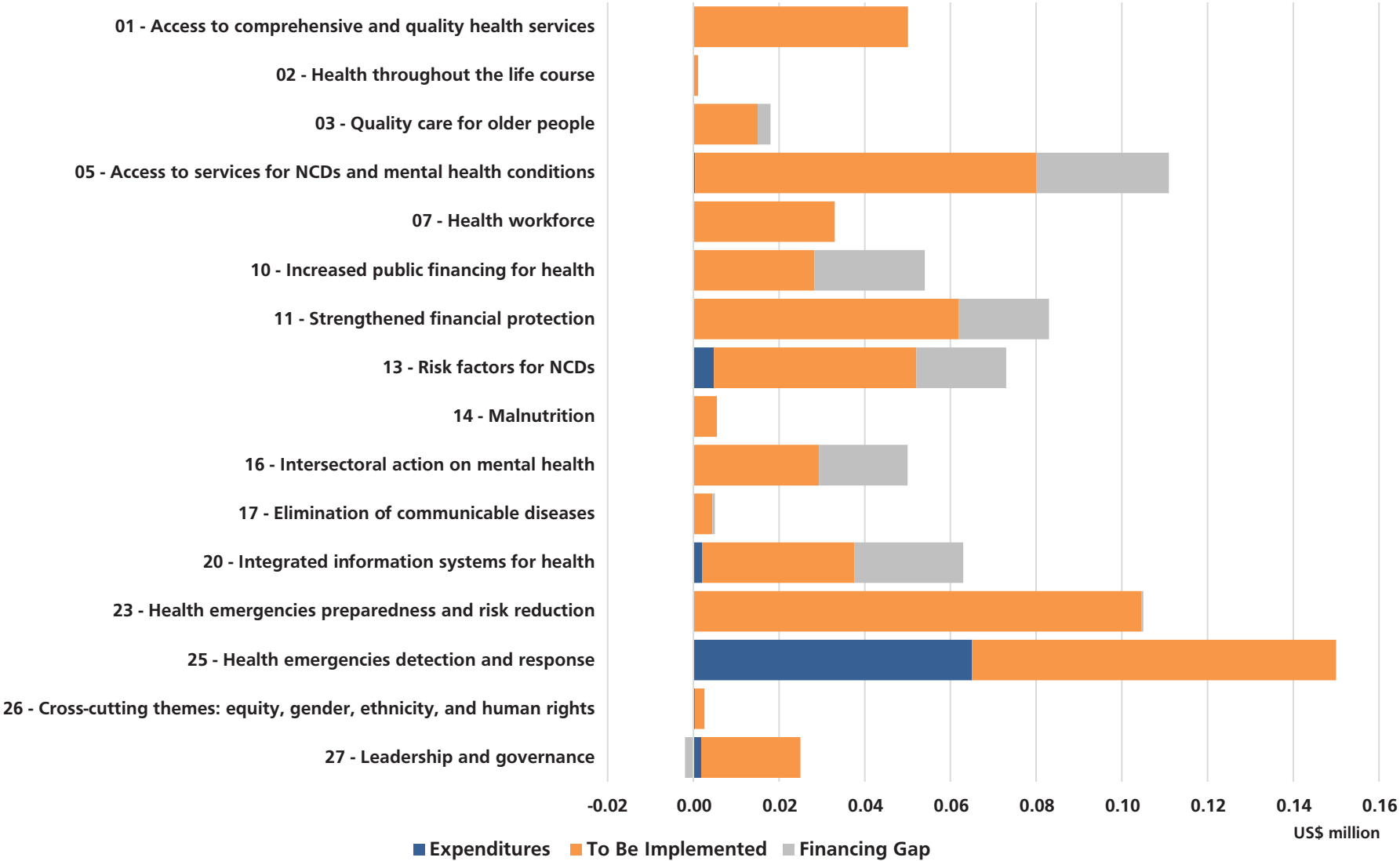
- World Health Organization (64.86%);
- Assessed contributions (20.43%);
- Voluntary contributions from Canada (7.34%) and the United States (7.36%).

Current expenditure has been in six base programme areas and outbreak and crisis response. Outbreak and crisis response alone accounts for 88% of expenditure, and health emergencies detection and response for another 10.43%.

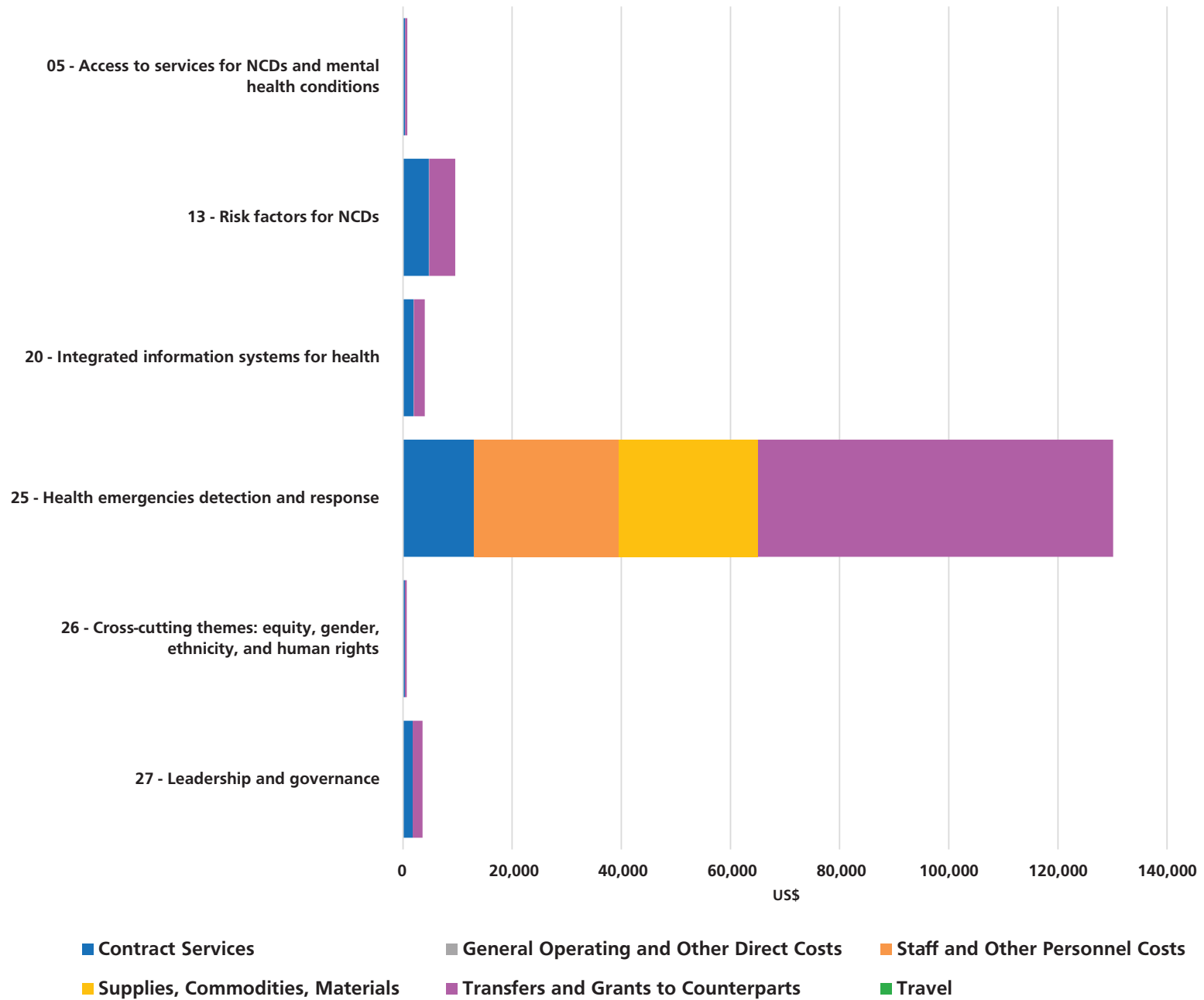
Barbados: funding



Barbados: outcome key figures



Barbados: expenditures by type



British Virgin Islands

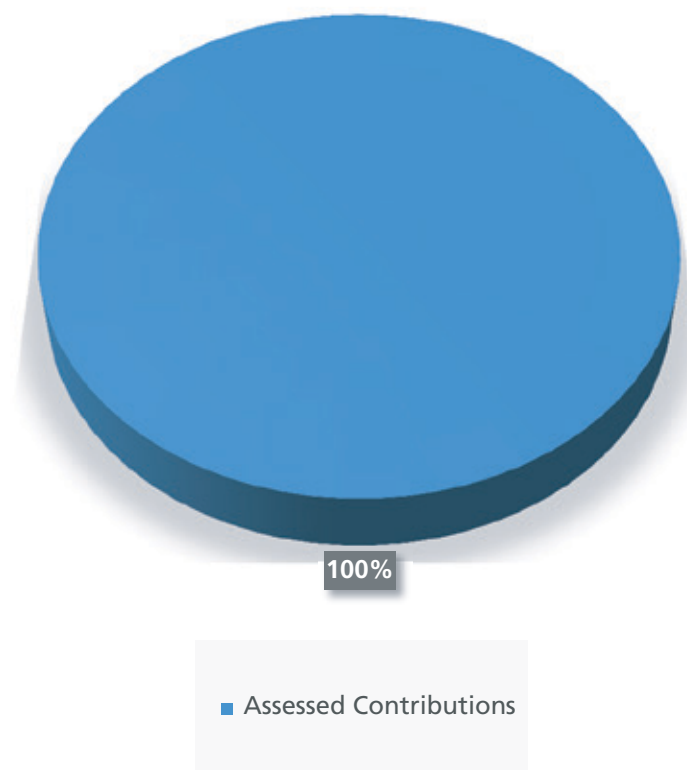
The British Virgin Islands is one of three United Kingdom Overseas Territories under the management of the PAHO Office for Barbados and the Eastern Caribbean Countries.

The British Virgin Islands' total approved budget for the biennium is US\$ 543,000 allocated across 14 technical outcomes (US\$ 524,000) and one leadership outcome (US\$ 19,000) in base programmes. Programmatic activities account for 97% of the approved budget. The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, communicable diseases (including elimination) and their risk factors, health throughout the life course (including care of older persons), NCDs and mental health, health promotion, health emergencies, and epidemic and pandemic prevention and control.

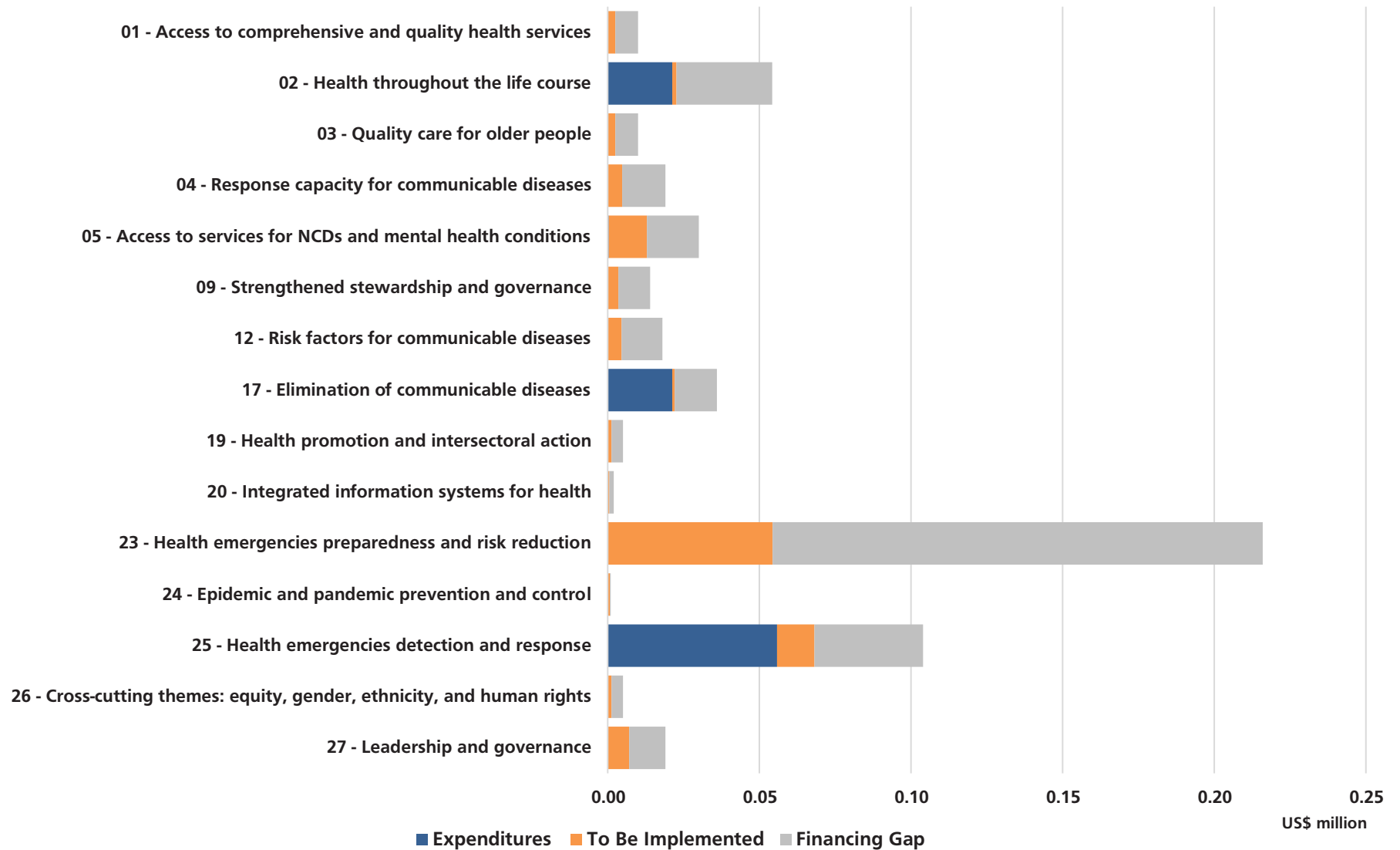
Like the other United Kingdom Overseas Territories, the British Virgin Islands is financed fully from assessed contributions. As at December 2020, financing of US\$ 209,000 was available to the British Virgin Islands. Funding levels ranged between 25% and 72%, with the highest funding to epidemic and pandemic prone diseases and health emergencies detection and response.

Expenditure occurred in four of the 15 programme areas included in the approved budget, with health emergencies detection and response accounting for 57% of expenditure in 2020. This was linked to the heightened response to the COVID-19 pandemic.

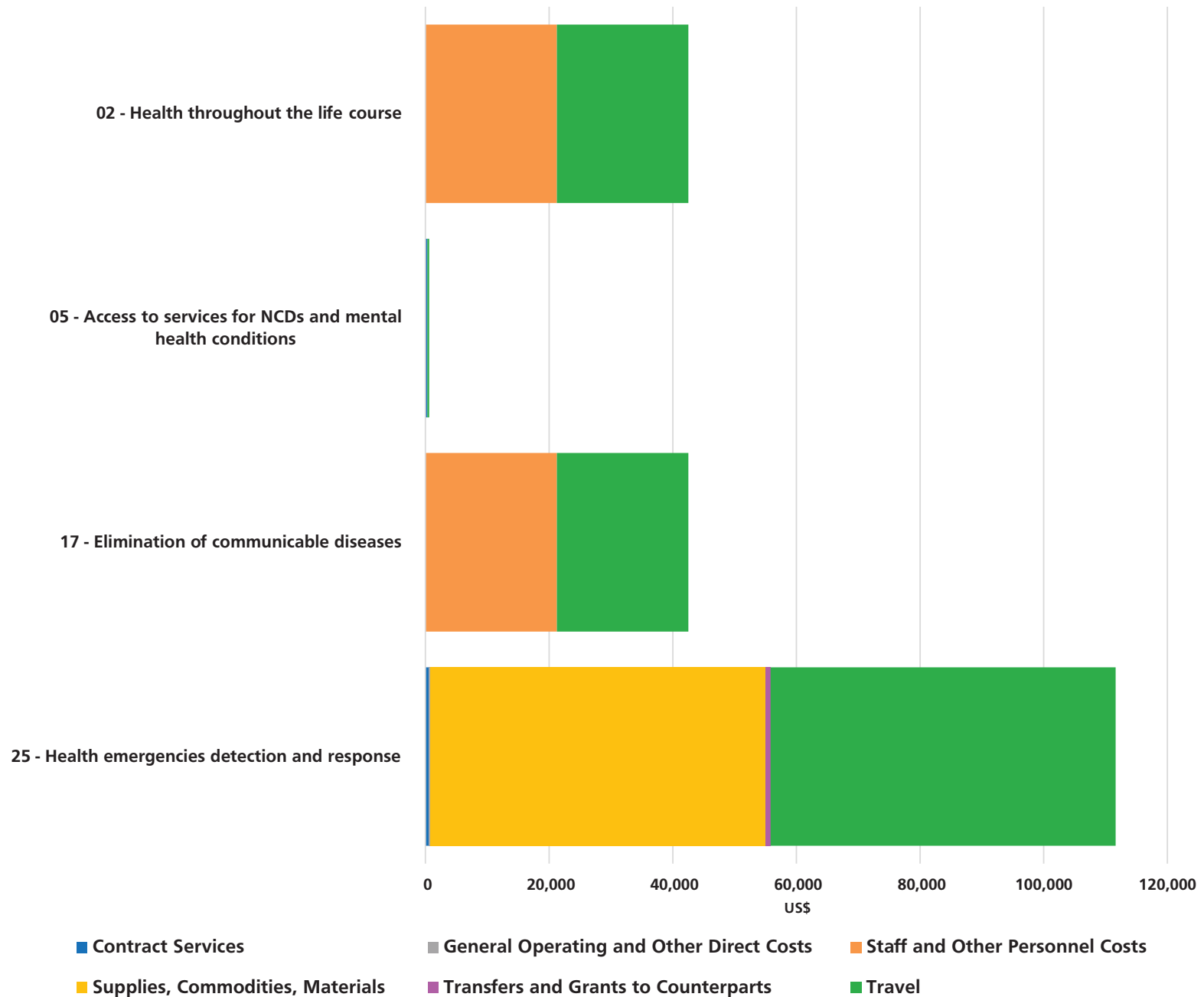
British Virgin Islands: funding



British Virgin Islands: outcome key figures



British Virgin Islands: expenditures by type



Dominica

Dominica's total approved budget for the biennium is US\$ 2.4 million allocated across 15 technical (US\$ 487,000) and two leadership outcomes (US\$ 54,000) in base programmes. Programmatic activities in the base programmes account for 93% of the approved budget and staff costs for the remaining 7%. The approved budget for outbreak and crisis response is US\$ 1.6 million.

The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, NCDs and mental health, risk factors for communicable diseases, health promotion, and health emergencies.

As at December 2020, Dominica's budget for base programmes was 821% funded (US\$ 669,000) and outbreak and crisis response was 97% funded (US\$ 1.6 million).

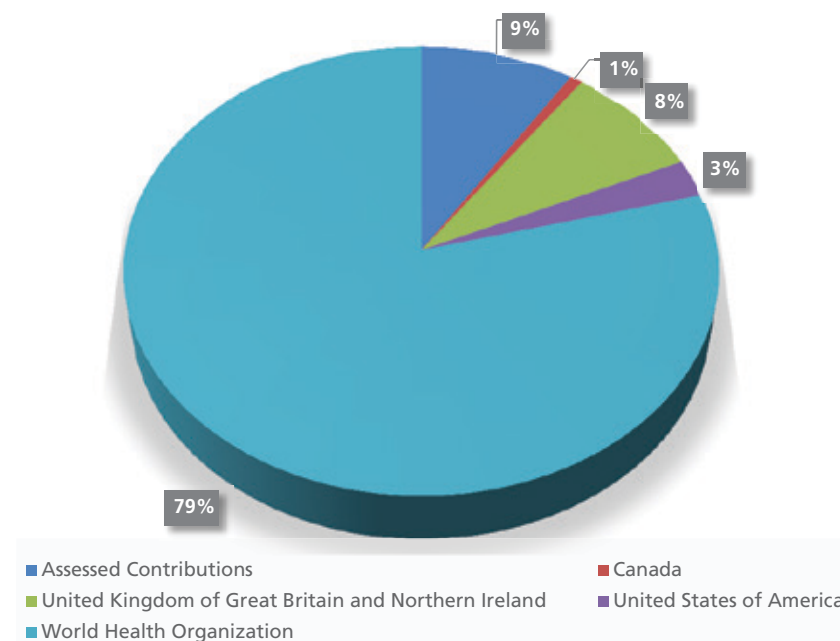
The budget for Dominica is funded from:

- World Health Organization (79%) – includes funding through the Pandemic Emergency Financing Facility;
- Assessed contributions (9.2%);
- Voluntary contributions from the United Kingdom (8.35%), United States (2.7%), and Canada (0.74%).

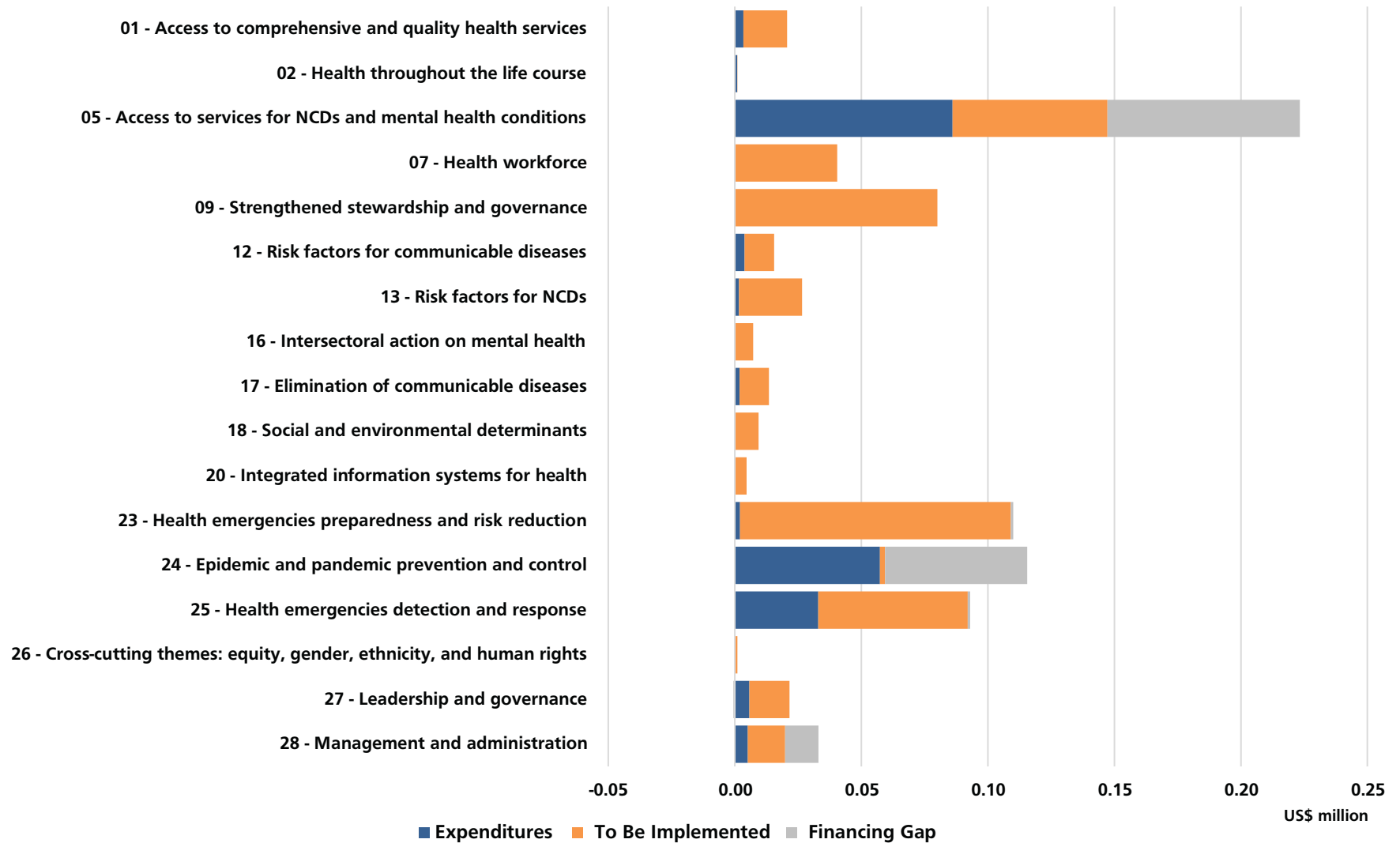
Twelve programme areas are fully funded, with an additional two areas achieving funding levels of 80% or higher as at December 2020.

Current expenditure has been in 12 programme areas, three of which are related to the emergency response to COVID-19 in 2020. Outbreak and crisis response alone accounts for 85% of expenditure.

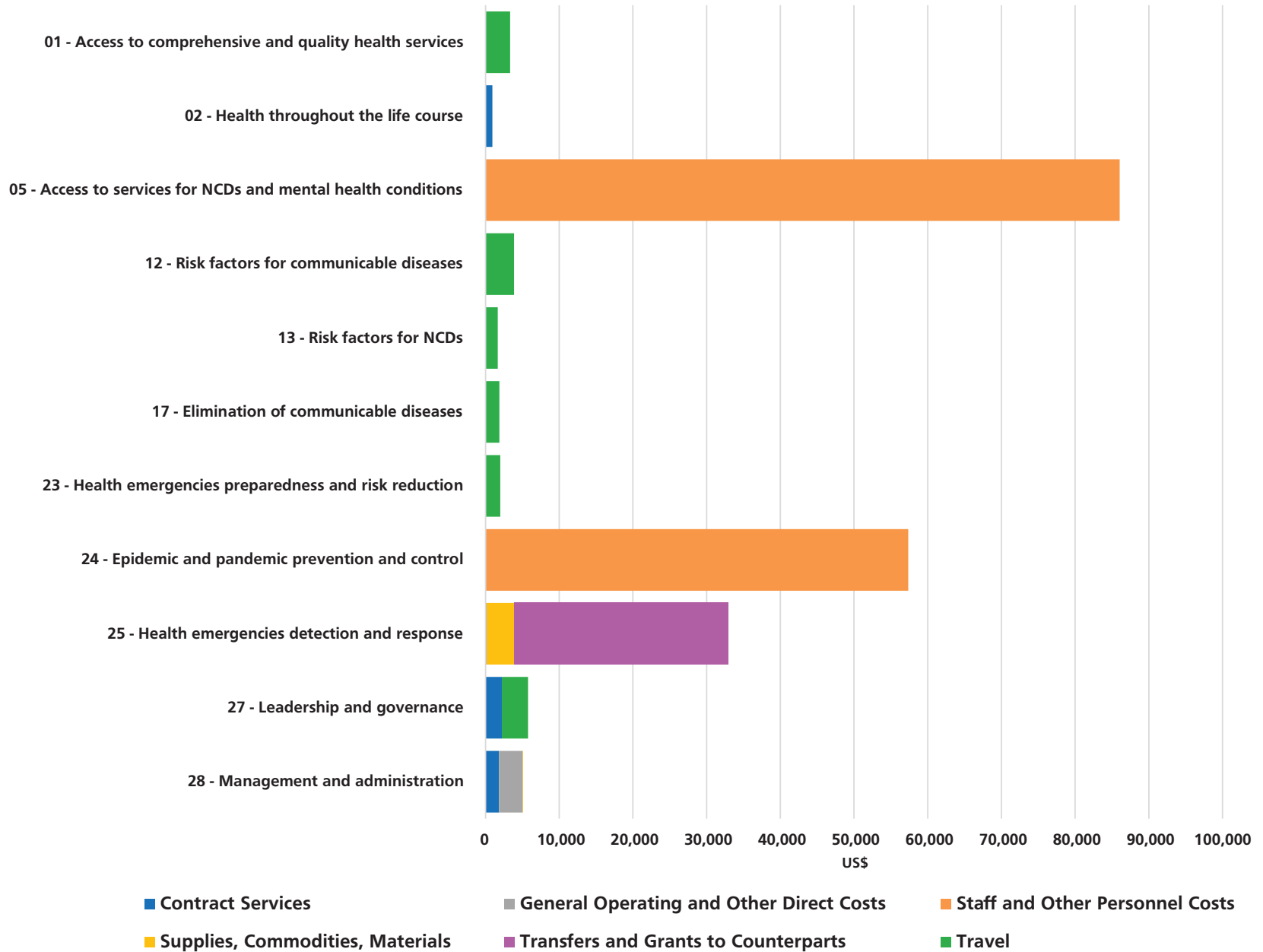
Dominica: funding



Dominica: outcome key figures



Dominica: expenditures by type

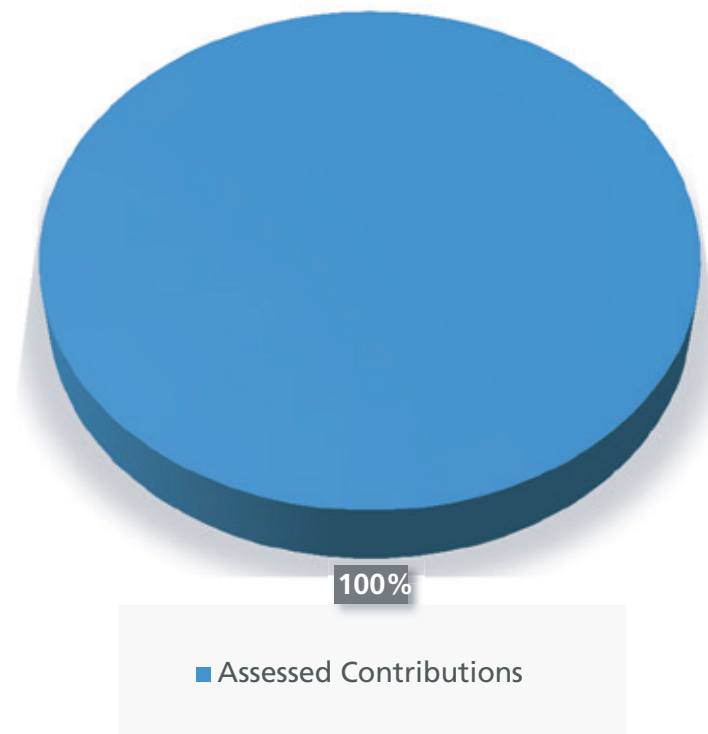


French Departments of the Americas

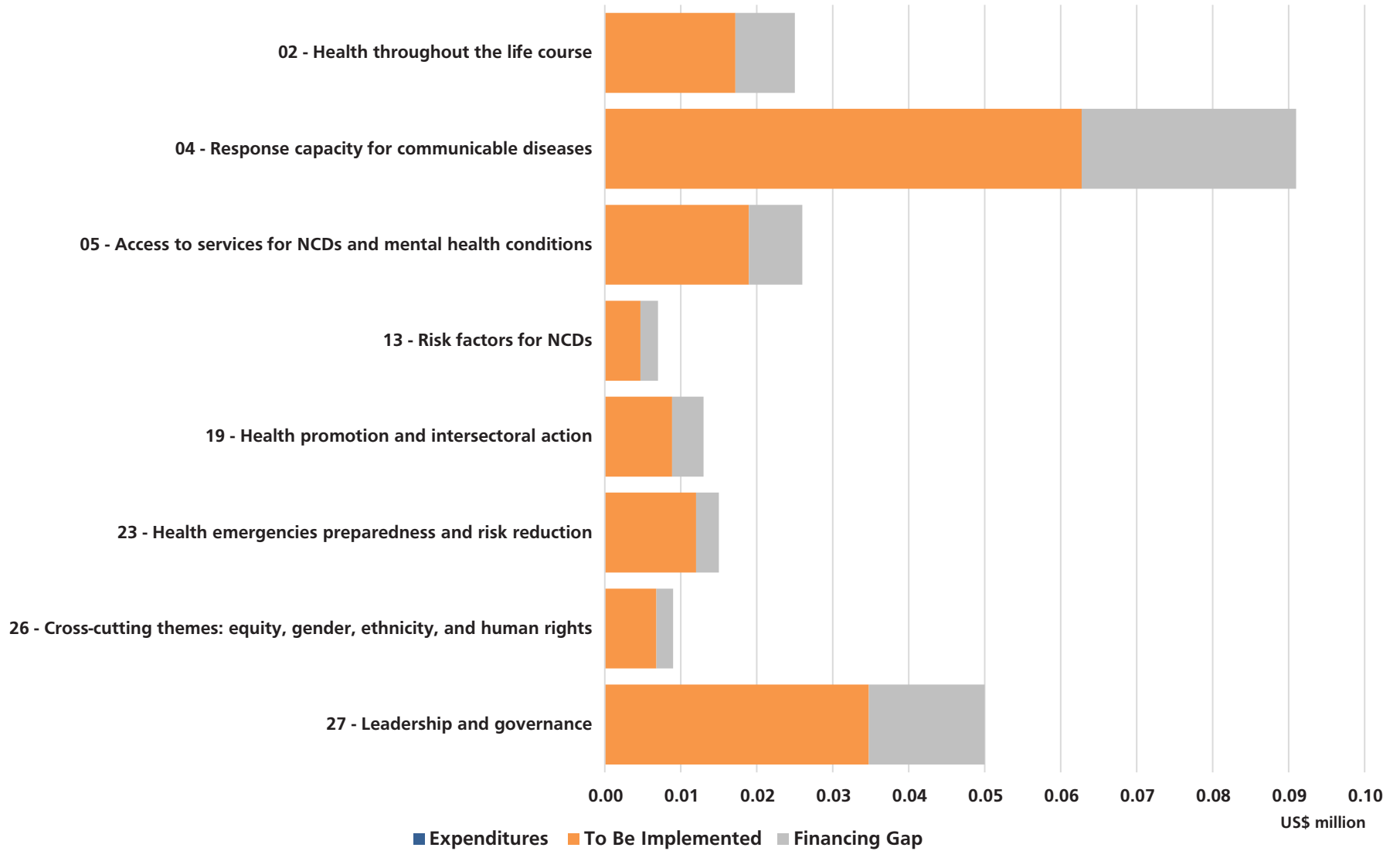
The French Departments of the Americas total approved budget for the biennium is US\$ 236,000 allocated across seven technical outcomes (US\$ 186,000) and the leadership outcome (US\$ 50,000). Programmatic activities account for 79% of the approved budget and staff costs for the remaining 21%. The main programmatic areas included in the approved budget are the outcomes related to health throughout the life course, communicable diseases, health promotion, NCDs, and health emergencies.

As at December 2020, the budget was 70% financed with US\$ 166,000. This financing is fully from assessed contributions. At that date, there had been no expenditure in the technical programme areas. This was largely due to the impact of COVID-19 on these departments and the need to pause technical cooperation with PAHO.

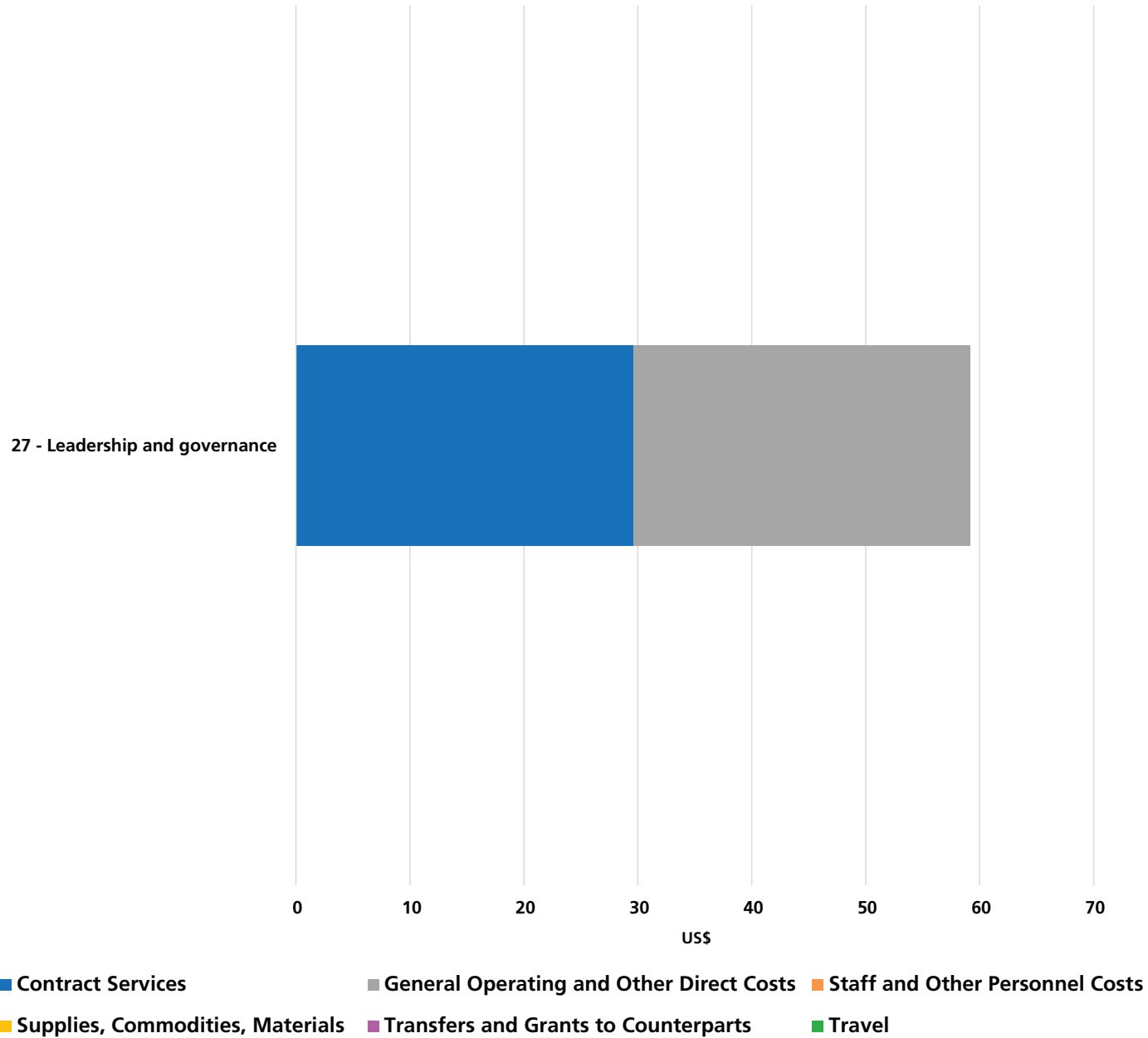
French Departments of the Americas: funding



French Departments of the Americas: outcome key figures



French Departments of the Americas: expenditures by type



Grenada

Grenada’s total approved budget for the biennium is US\$ 1.7 million allocated across 20 technical (US\$ 1.04 million) and two leadership outcomes (US\$ 57,000). Programmatic activities account for 76% of the approved budget and staff costs for the remaining 24%.

The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, health throughout the life course, communicable diseases, NCDs and their risk factors, health promotion, determinants of health, and health emergencies.

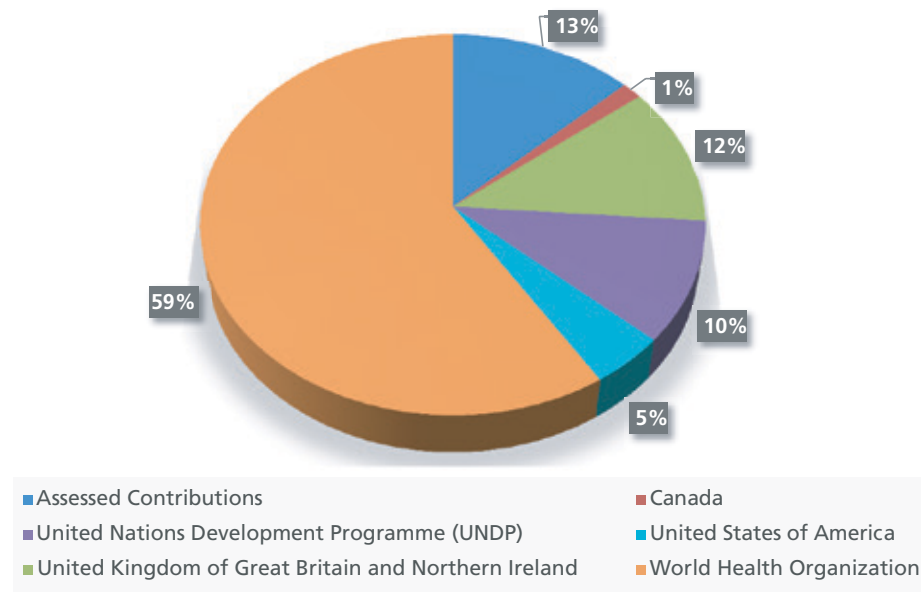
As at December 2020, Grenada’s budget for base programmes was 73% financed with US\$ 800,000 and outbreak and crisis response was 92% financed. Grenada’s budget is financed from the following sources:

- World Health Organization (59%);
- Assessed contributions (12.96%);
- United Kingdom (11.79%);
- United Nations Development Programme (10.34%);
- United States (4.46%);
- Canada (1.43%).

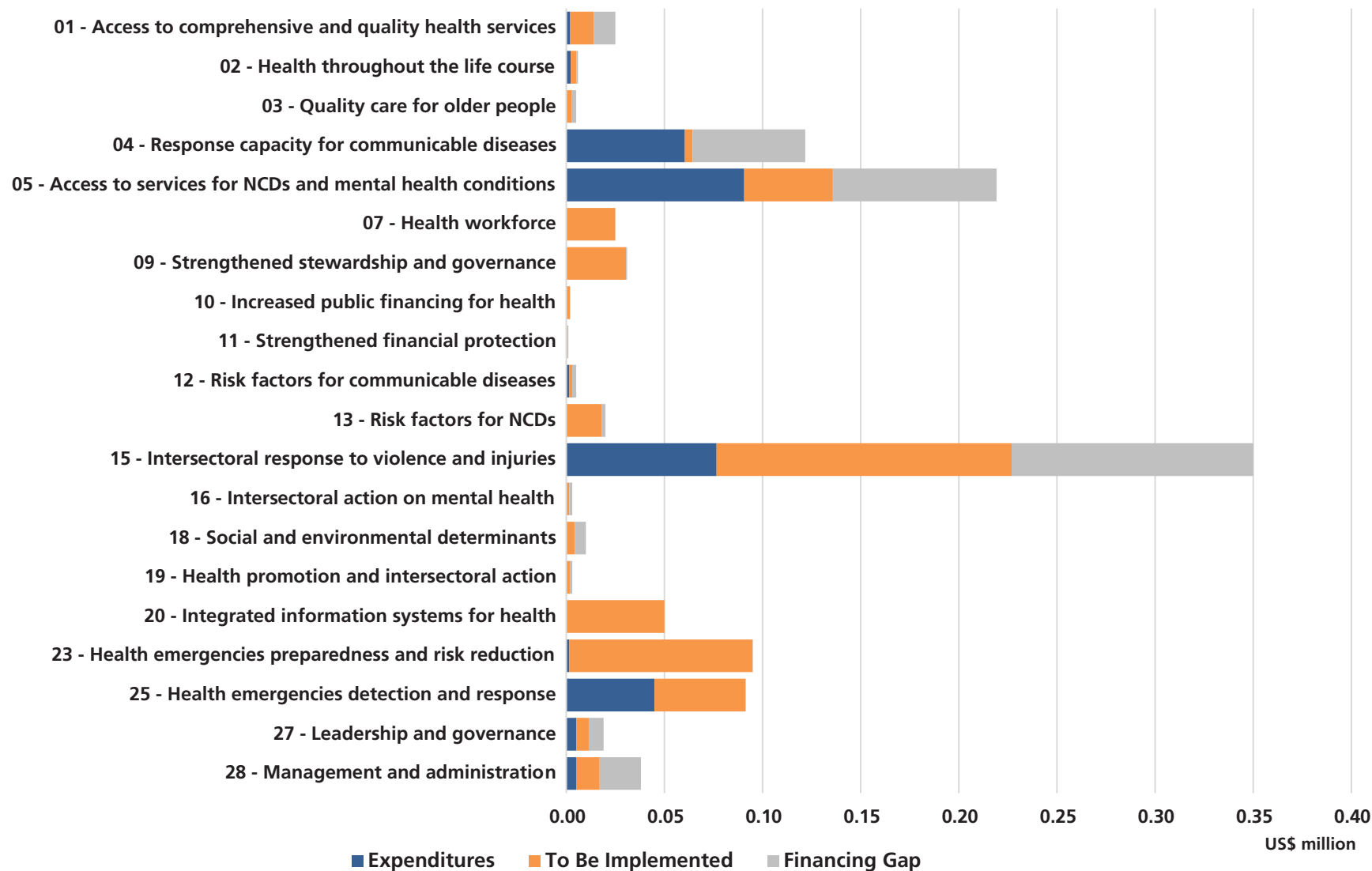
As at this date, expenditure in base programmes was US\$ 268,000, across 12 outcomes. Funding levels ranged between 41% and 100%, with four programme areas being fully financed and another four achieving upwards of 85% financing.

As can be expected, this expenditure was highest in the outbreak and crisis response (65.74%), followed by NCDs (11.58%), communicable diseases (7.2%), and health emergencies (5.75%).

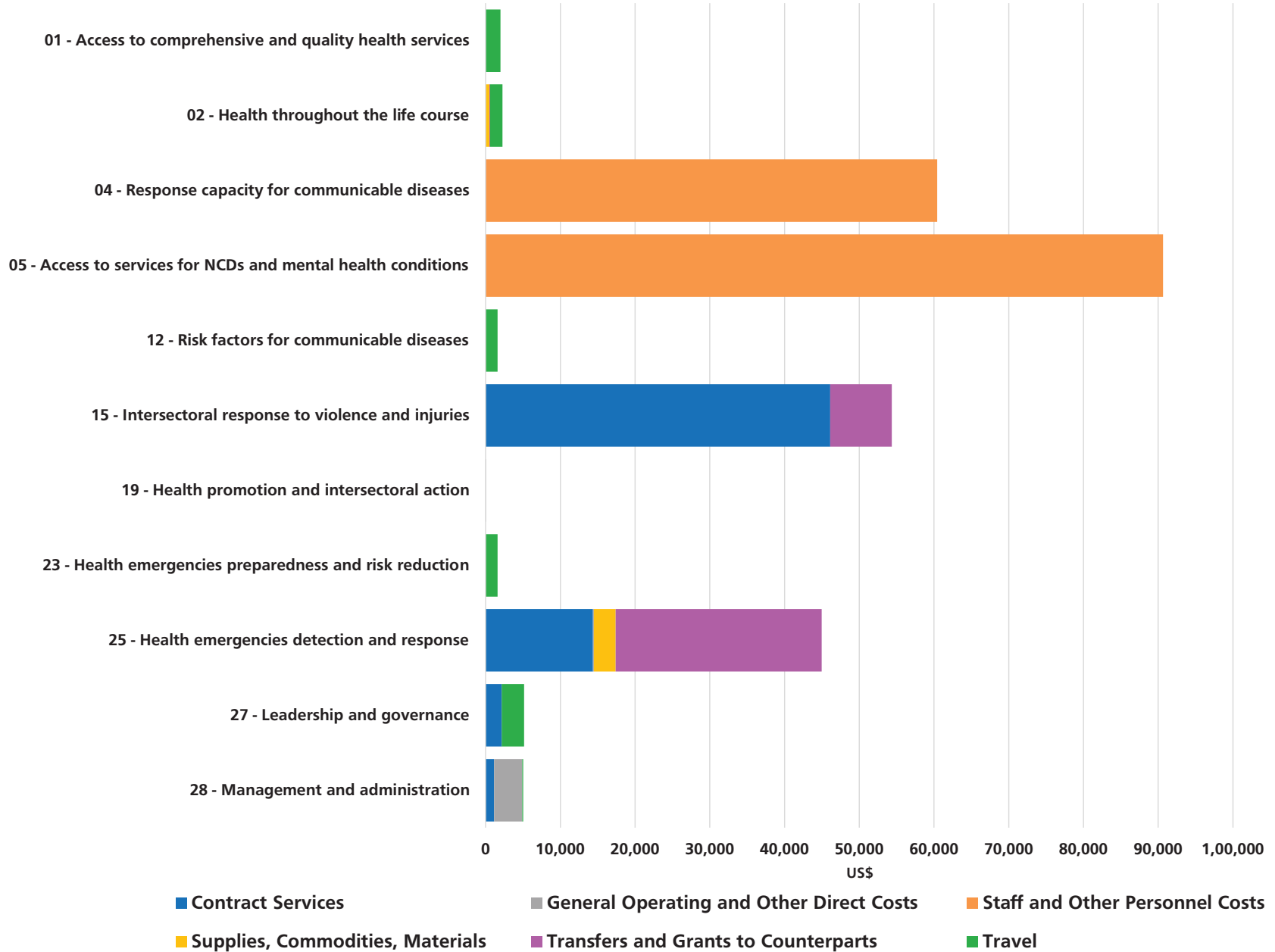
Grenada: funding



Grenada: outcome key figures



Grenada: expenditures by type



Montserrat

Montserrat is one of three United Kingdom Overseas Territories under the management of the PAHO Office for Barbados and the Eastern Caribbean Countries.

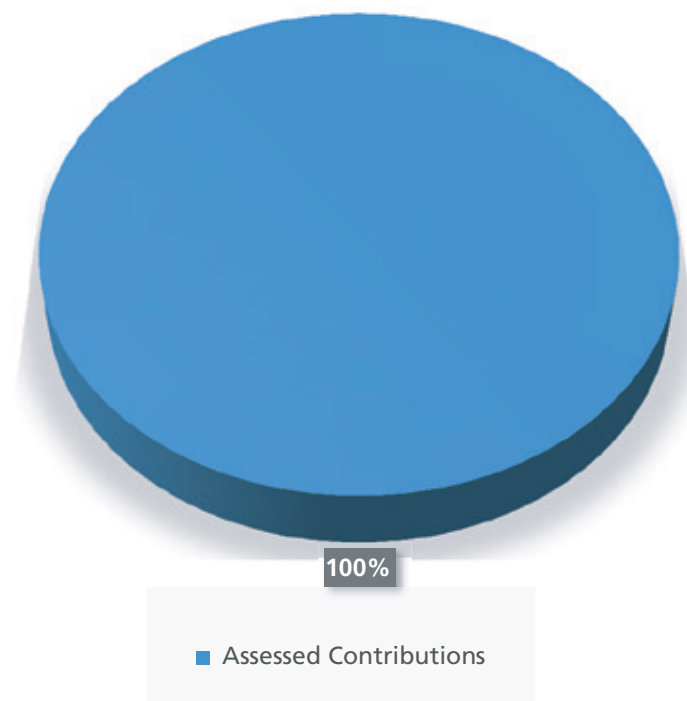
Montserrat's total approved budget for the biennium is US\$ 439,000 allocated across six technical outcomes (US\$ 422,000) and the leadership outcome (US\$ 17,000). Programmatic activities account for 79% of the approved budget and staff costs for the remaining 21%. The main programmatic areas included in the approved budget are the outcomes related to health emergencies, NCDs and mental health, and financial protection for health.

As at December 2020, Montserrat had US\$ 119,000 available against its approved budget funded fully by assessed contributions. Funding levels ranged between 13% and 52%, with the highest funding

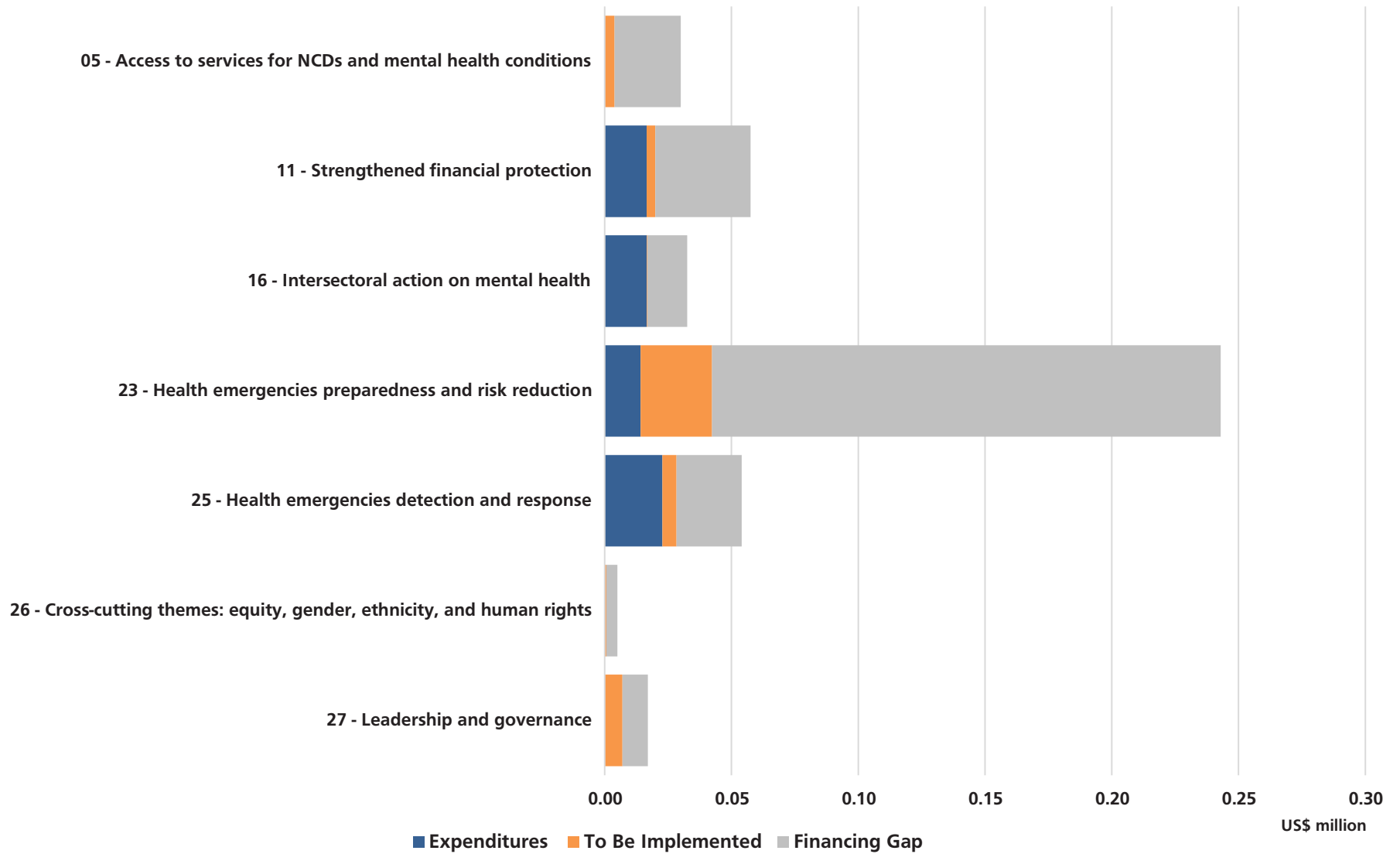
available in the health emergencies outcome, because of the global COVID-19 pandemic.

At this date, expenditure was US\$ 70,000 across four programme areas. Expenditure has mainly been in health emergencies detection, which accounted for 32.49% of all expenditure. Health preparedness and risk reduction accounted for another 20% of expenditure.

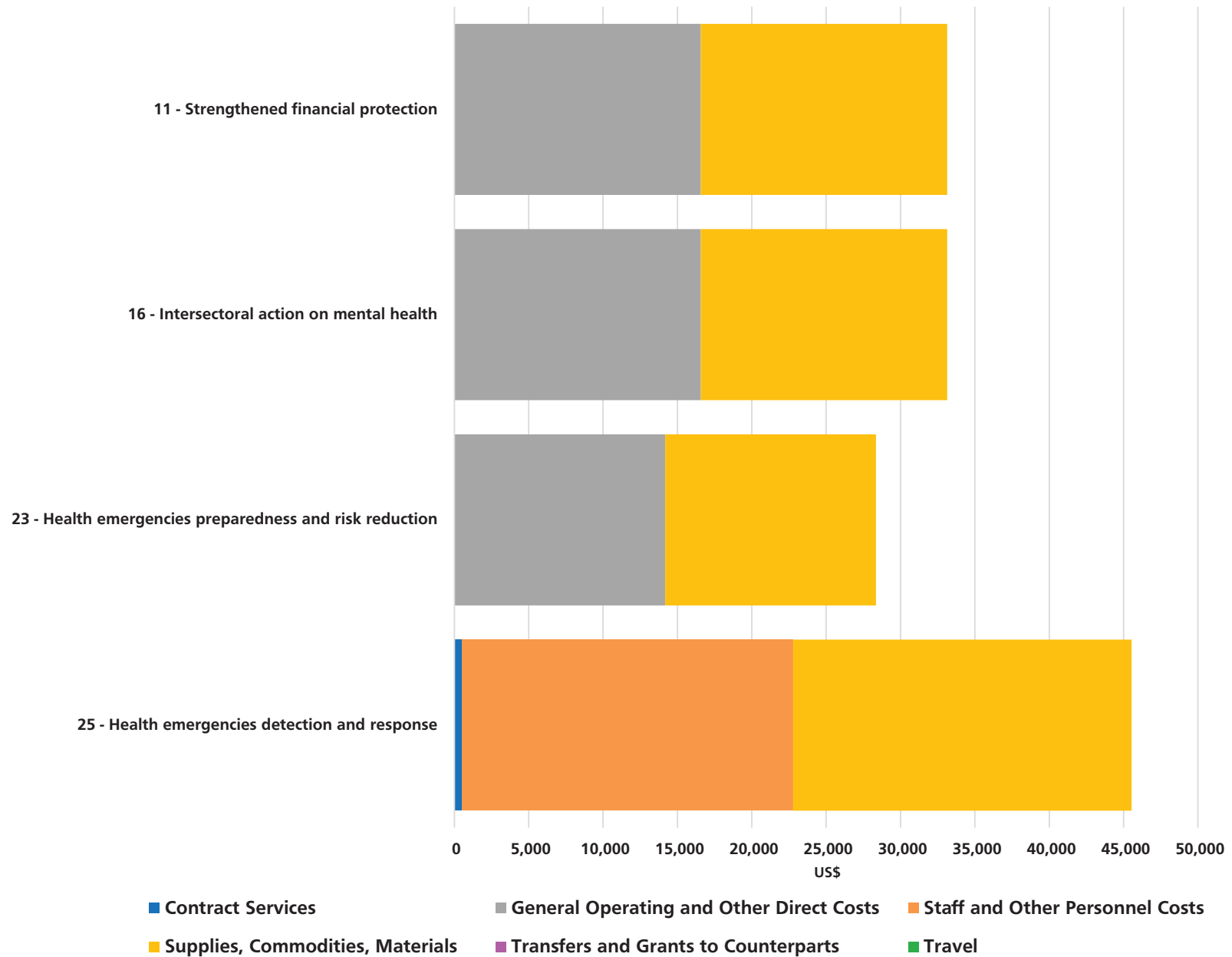
Montserrat: funding



Montserrat: outcome key figures



Montserrat: expenditures by type



Saint Kitts and Nevis

Saint Kitts and Nevis has an approved budget for the biennium is US\$ 1.2m allocated across 17 technical (US\$ 677,000) and two leadership outcomes (US\$ 52,000) within base programmes. The approved budget for outbreak and crisis response is US\$ 493,000. Programmatic activities account for 73% of the approved budget and staff costs for the remaining 27%.

The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, health throughout the life course, communicable diseases (including elimination), NCDs and their risk factors, health promotion, determinants of health, and health emergencies.

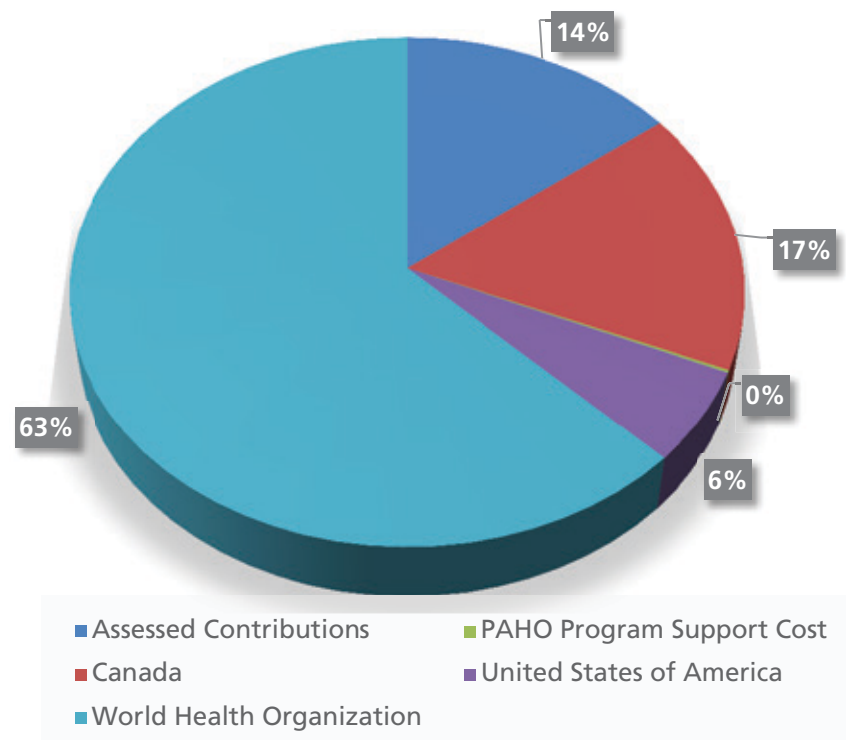
As at December 2020, Saint Kitts and Nevis' budget for base programmes was 85% financed with

US\$ 729,000 and outbreak and crisis response was 85% financed. Funding levels ranged between 48% and 100%, of which 16 of 17 outcomes were funded at 70% or more. The main sources of funding include:

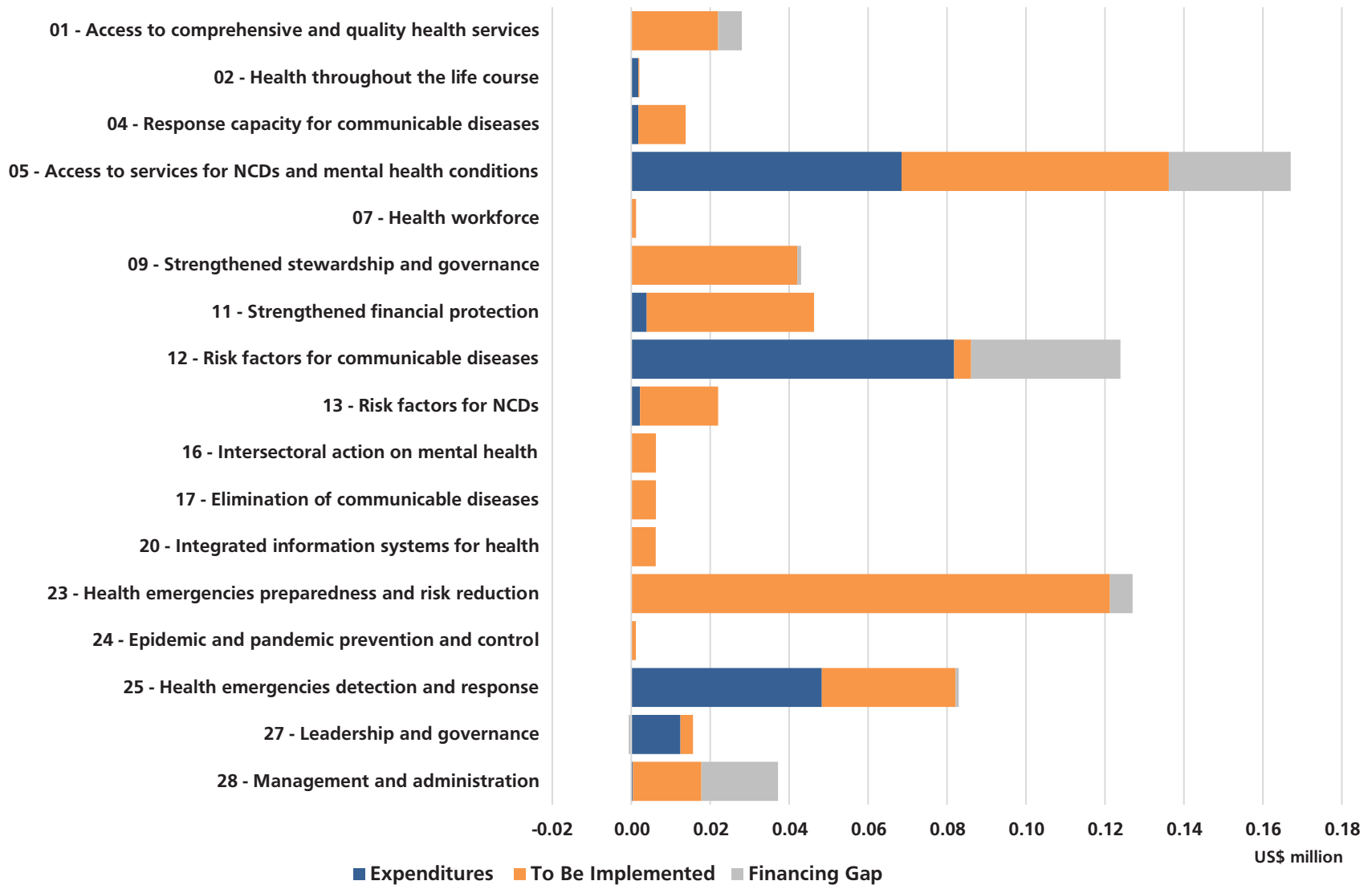
- World Health Organization (62.6%);
- Canada (16.78%);
- Assessed contributions (14.58%);
- United States (5.58%);
- PAHO programme support costs (0.16%).

Expenditure at the end of 2020 was US\$ 221,000 or 25% of available funding. Funding primarily occurred for outbreak and crisis response (85%), followed by risk factors for NCDs (15.69%), mental health (13.14), and health emergencies (9.26%).

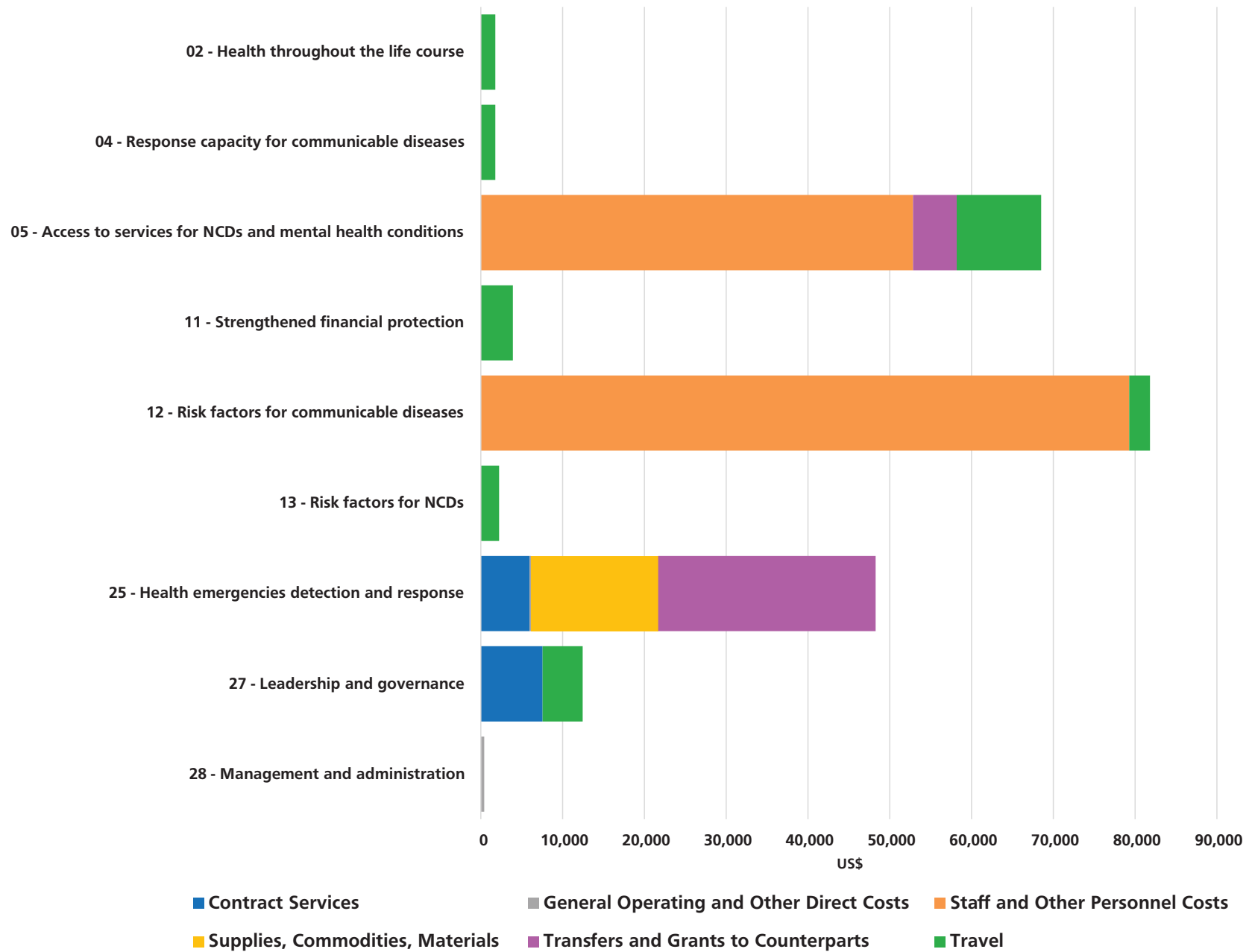
Saint Kitts and Nevis: funding



Saint Kitts and Nevis: outcome key figures



Saint Kitts and Nevis: expenditures by type



Saint Lucia

Saint Lucia's total approved budget for the biennium is US\$ 1.5 million allocated across 19 technical (US\$ 622,000) and two leadership outcomes (US\$ 52,000). Programmatic activities account for 69% of the approved budget and staff costs for the remaining 24%.

The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, health throughout the life course, communicable diseases (including elimination), NCDs and their risk factors, health promotion, determinants of health and health emergencies.

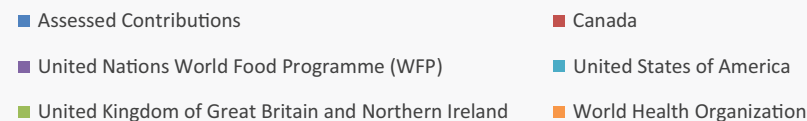
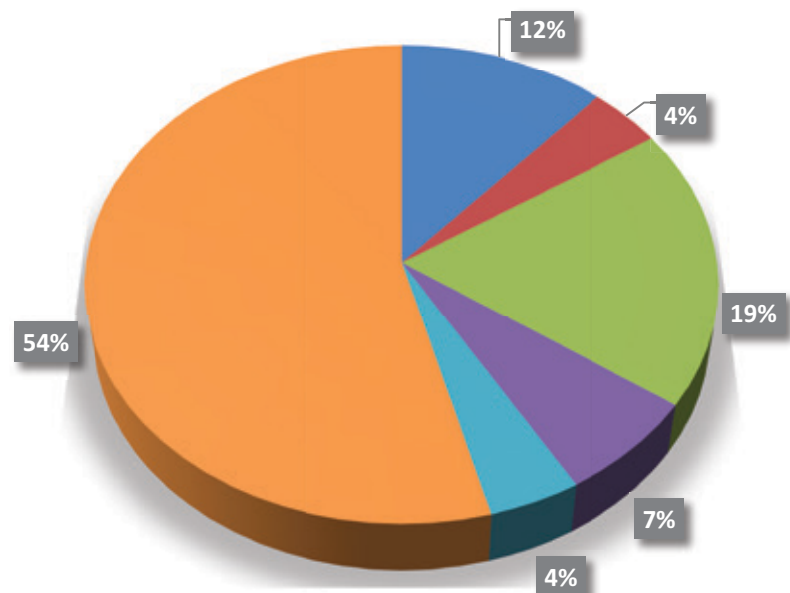
As at December 2020, Saint Lucia's budget for base programs was 88% financed with US\$ 596,000 and outbreak and crisis response was 94% financed.

All programme outcomes were more than 50% funded, with 16 of 19 outcomes fully funded by December 2020. Financing for Saint Lucia is as follows:

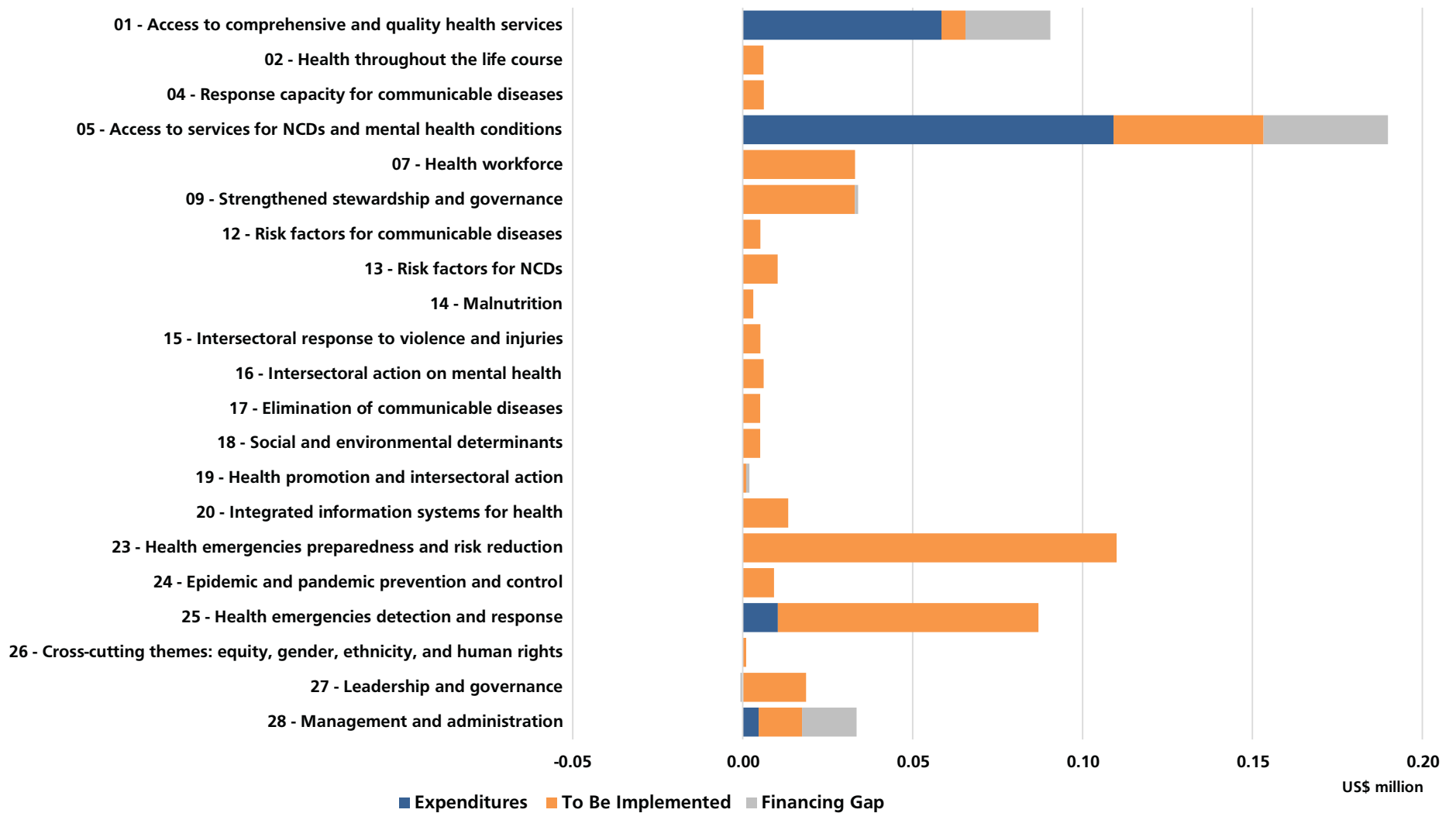
- World Health Organization (54.12%);
- United Kingdom (18.96%);
- Assessed contributions (11.56%);
- United Nations World Food Programme (6.89%);
- United States (4.31%);
- Canada (4.15%).

As at this date, expenditure in base programmes was US\$ 183,000, across five outcomes. As can be expected, this expenditure was highest in the outbreak and crisis response (79.8%); followed by NCDs (12.07%), access to comprehensive health services (6.4%), and health emergencies detection and response (1.14%).

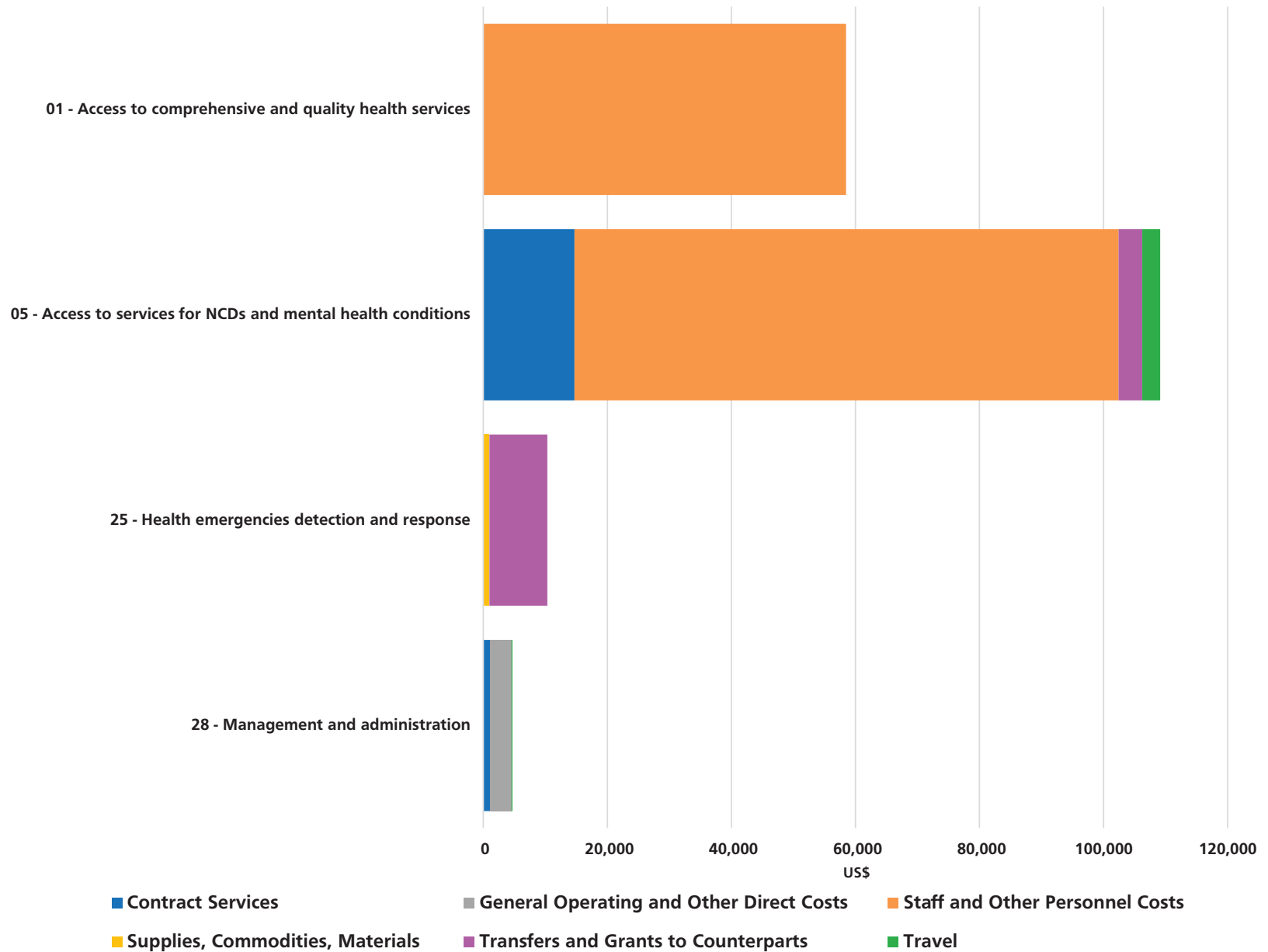
Saint Lucia: funding



Saint Lucia: outcome key figures



Saint Lucia: expenditures by type



Saint Vincent and the Grenadines

Saint Vincent and the Grenadines' total approved budget for the biennium is US\$ 2.4 million allocated across 14 technical (US\$ 743,000) and two leadership outcomes (US\$ 59,000).

Programmatic activities account for 65% of the approved budget and staff costs for the remaining 35%.

The main programmatic areas included in the approved budget are the outcomes related to health systems and services strengthening, health throughout the life course, communicable diseases, NCDs and their risk factors, health promotion, and health emergencies.

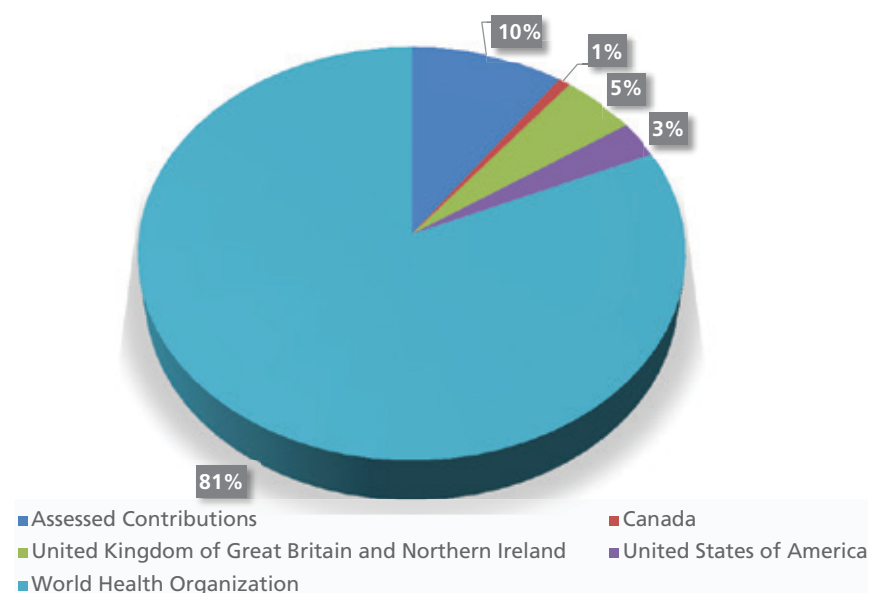
As at December 2020, Saint Vincent and the Grenadines' budget for base programmes was 78% financed with US\$ 623,000, and outbreak and crisis response was 97% financed (US\$ 1.5 million). Funding levels for all programme outcomes exceeded 55% by December 2020,

with 10 outcomes fully financed by this date. The main contributors to financing of the programme of work include:

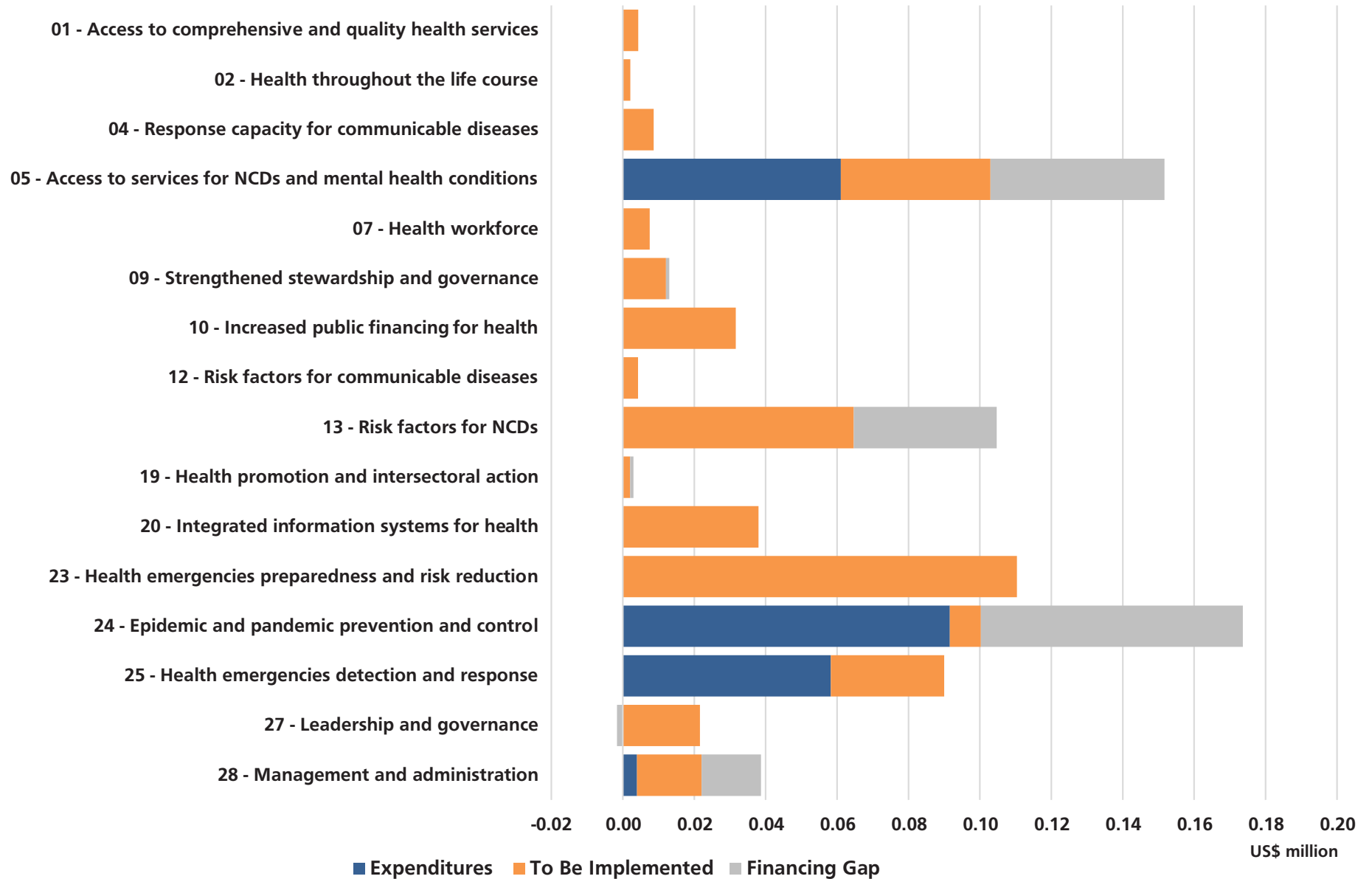
- World Health Organization (81.63%) – includes funding through the Pandemic Emergency Financing Facility;
- Assessed contributions (9.89%);
- United Kingdom (4.87%);
- United States (2.83%);
- Canada (0.78%).

Expenditure in base programmes was US\$ 215,000, across six outcomes. This expenditure was highest for outbreak and crisis response (78.21%), followed by epidemic and pandemic prevention and control (9.28%), NCDs and mental health (6.19%), and health emergencies detection and response (5.19%).

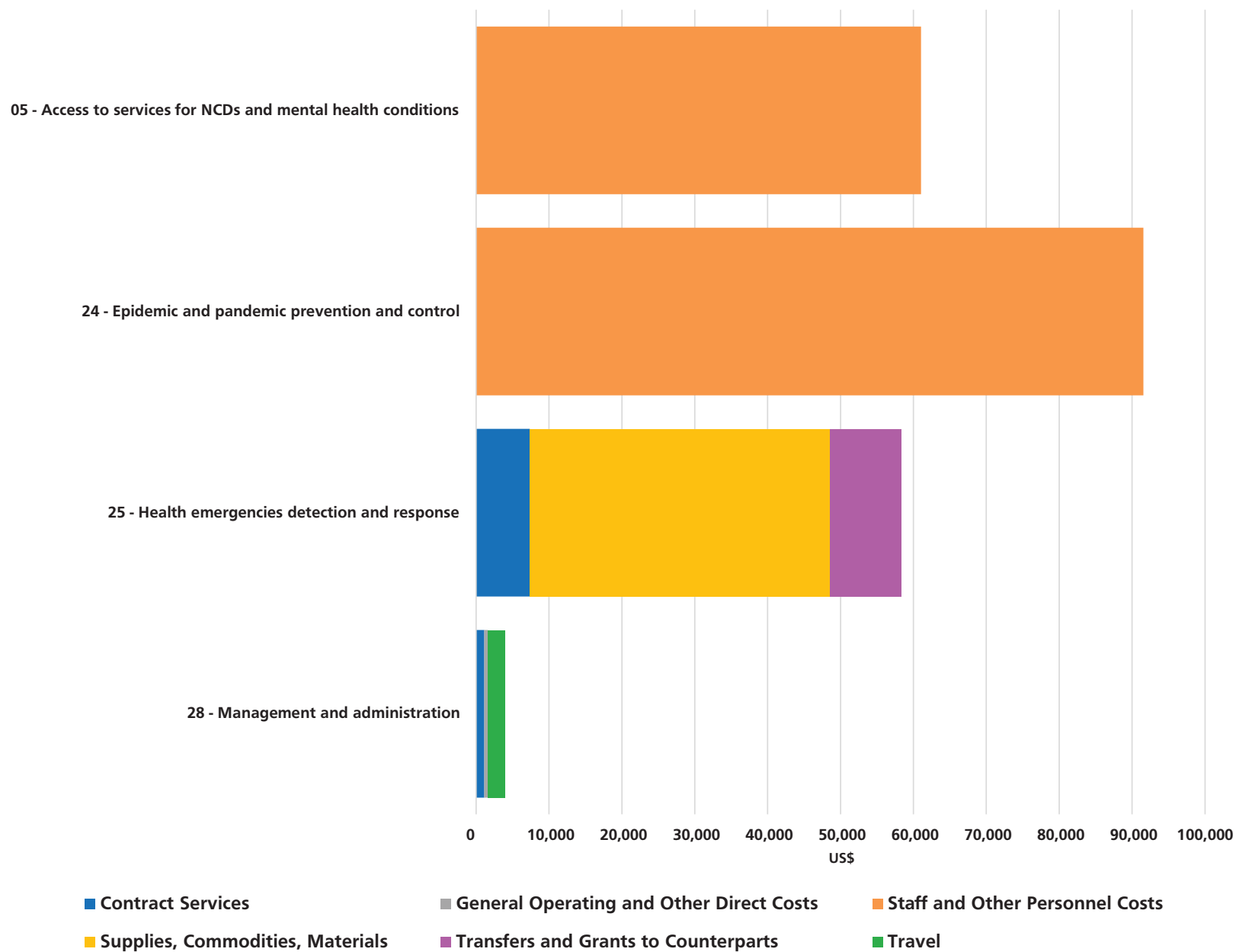
Saint Vincent and the Grenadines: funding



Saint Vincent and the Grenadines: outcome key figures



Saint Vincent and the Grenadines: expenditures by type



Special Initiatives

This section highlights two initiatives:

1. A case study on Barbados – an example of government leadership and regional cooperation in containing the COVID-19 virus. The study was published in the WHO publication *Responding to the COVID-19 Pandemic: WHO's Action in Countries, Territories and Areas, 2020*.
2. The Grenada Spotlight Initiative, which improved the quality of services provided to the Cedars Home for Abused Women and Children. The home provides assistance to survivors of domestic violence, and includes a temporary and safe shelter as well as counselling and support services.



Barbados COVID-19 Case Study

A case study on Barbados was done showing an example of government leadership and regional cooperation in containing the COVID-19 virus.

Published in *Responding to the COVID-19 Pandemic: WHO's Action in Countries, Territories and Areas, 2020*, the study was compiled by WHO with input from the PAHO Office for Barbados and the Eastern Caribbean Countries. The actions taken and critical factors that account for Barbados' success, as well as PAHO's role in supporting the nation's response to the pandemic, were outlined.

Early planning, building upon past experiences and plans was one such action. Barbados had the advantage of having well-developed preparedness plans for pandemic influenza and other pandemic diseases (e.g., Ebola). The PAHO Office for Barbados and the Eastern Caribbean Countries worked with Ministry of Health officials to identify the gaps and required adjustments to these plans in order to develop a COVID-19 plan.

Early development and rapid build-up of COVID-19 testing capacity and contact-tracing was also a key factor. In anticipation of COVID-19 arriving in the Eastern Caribbean, PAHO conducted hands-on, in-person training in COVID polymerase chain reaction testing for staff of the Best-dos Santos Public

Health Laboratory. PAHO also provided test kits, reagents, and other testing supplies, enabling the laboratory to begin COVID-19 testing more than a month before the first case was detected on the island. In a matter of weeks, the national laboratory went from having only capacity to test for influenza prior to the emergence of COVID-19 to being one of the first laboratories in the Caribbean to conduct COVID-19 testing.

Strong, inclusive leadership and communications from the top was also key. Hon. Mia Amor Mottley, Prime Minister of Barbados, has received international attention for her leadership in responding to the COVID-19 pandemic. She took ownership of the response early on in making key decisions and in keeping the public informed about the epidemic and restrictive measures to curb it. She was also the only leader in the Eastern Caribbean to name a COVID-19 czar, a sociologist with experience in Sierra Leone during the Ebola outbreak, to coordinate the Government's response and serve as its consistent face to the public.

Other successful actions included scaling up COVID-19 treatment and quarantine capacity to minimize disruptions in the delivery of essential health services, and collaborating with other Caribbean countries.



Grenada Spotlight Initiative

The Cedars Home for Abused Women and Children was retrofitted and equipped to continue the provision of residential care services in a safe environment.

At the start of the COVID-19 pandemic, the Cedars Home for Abused Women and Children was identified as not being prepared to implement the necessary public health measures. Moreover, in terms of service provision, there was a great need for retrofitting and repairs to better serve the residents. A situational analysis was conducted, and it revealed that this was an urgent need.

PAHO, in collaboration with the Ministry of Social Development, Housing and Community

Development of Grenada, in the framework of the Spotlight Initiative, geared efforts toward the installation of WASH stations, to ensure residents and staff had access to adequate means for washing hands and to improve ventilation through the facility. Issues of comfort and privacy were also addressed. The home was also supplied with PPE to ensure that staff and residents had access to the necessary protective measures in the context of the current pandemic.

Additionally, a guideline for COVID-19 Infection Prevention and Control in Shelters for Women and Children Survivors of Domestic and Family Violence in the Caribbean was also developed. In applying this

guidance, a space was identified and retrofitted to serve as a temporary isolation room.

As a result, the home is now able to enact all the necessary public health measures to protect staff and residents in the context of COVID-19, and the structural changes implemented have created a more comfortable environment. The quality of lives of the residents and the services offered have been greatly improved.

The Cedars Home for Abused Women and Children was retrofitted and equipped to continue providing residential care and services in a safe environment.



Looking Ahead

Engagement of Member States to accelerate action on preventing NCDs, and on social, environmental, and economic determinants of health.

Despite the challenging year, the PAHO Barbados and the Eastern Caribbean Countries Office continued to lead and contribute to the development and implementation of national health policies, strategies, and plans, and to bring together different stakeholders and technical expertise to improve the use of resources for health and move toward long-term sustainable health outcomes. The PAHO Barbados and the Eastern Caribbean Countries Office will also engage with Member States to accelerate action on preventing NCDs, and on, social, environmental, and economic determinants of health, including issues related to climate change.

The continued uncertainties related to the COVID-19 pandemic demand human and financial resources and therefore compete with the implementation of other health initiatives. Continued and

existing resource mobilization will however contribute to the progress toward universal access to health and universal health coverage, based on a primary healthcare approach and enhancement of essential public health functions to ensure sustainable actions for resilient health systems to address future pandemic preparedness and responses.

A whole-of-society commitment to achieving the Sustainable Development Goals, progress toward the achievement of universal access to health and universal health coverage, and investing in health systems, resilience, through the organization of adaptive networks of healthcare institutions, are key areas to tackle ahead. The increased focus on the environmental determinants of health will continue through the development of the climate change adaptation plans for the health sector.

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