

Annual Report 2020

Universal Health and the Pandemic – Resilient Health Systems

Aruba, Curaçao,
Sint Maarten, Bonaire,
Sint Eustatius, and Saba

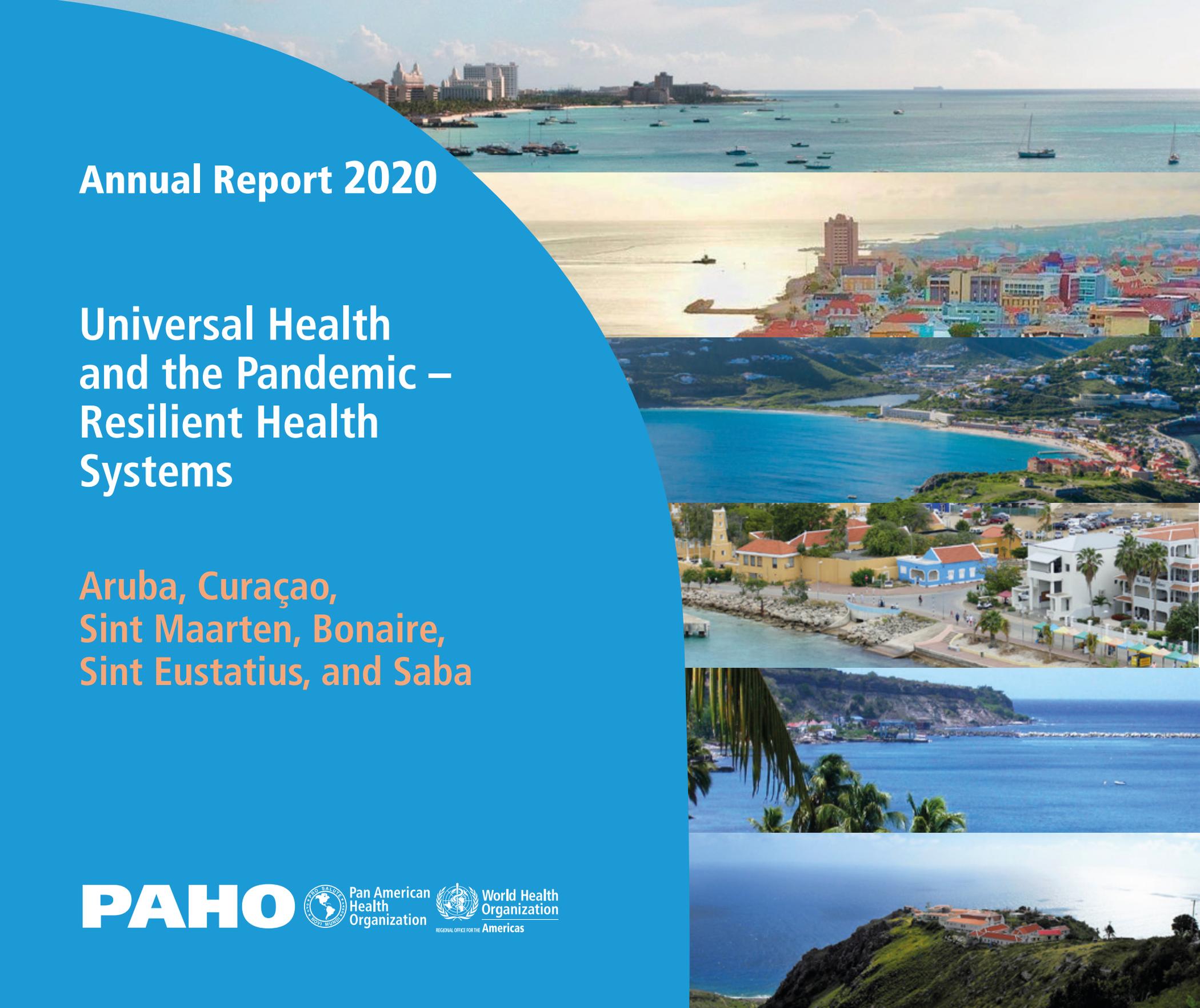
PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas



PAHO/TTO/21-0001

© Pan American Health Organization, 2021

Some rights reserved. This work is available under license [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/)

Photos: © PAHO (except where indicated)

Cover and inside back cover for the island of Sint Eustatius: courtesy of Walter Hellebrand (Own work, CC BY-SA 3.0, <https://commons.wikimedia.org/w/index.php?curid=8282793>).

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.

Table of Contents

Forewords	2
PAHO Technical Cooperation	4
Technical Cooperation	5
Strengthening the Resilience of Health Systems	5
Maintaining Essential Public Health Functions	7
Financial Summary – Aruba	16
Financial Summary – Curaçao	18
Financial Summary – Sint Maarten.....	20
Financial Summary – Bonaire, Sint Eustatius, and Saba.....	22
Looking Ahead	24



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



The Pan American Health Organization has had a long-standing relationship with the Dutch Entities of Aruba, Curaçao, Sint Maarten, Bonaire, Sint Eustatius, and Saba from as far back as the 1940s. The provision of technical cooperation has varied over the years, but it is always based on the health priorities of the countries, supporting the right to good health. In addition, universal access to health and universal health coverage allow us to invest in health and promote health equity as we pursue access to quality resilient health services to ensure “No one is left behind.”

The year 2020 proved challenging for these islands, which are heavily dependent on tourism. The temporary closure of the borders brought their tourism activities to a standstill, causing their

economies to contract significantly and a drastic decline in financial revenue. In addition, with continued closure of country borders and the ongoing COVID-19 restrictions, the implementation of PAHO’s technical cooperation was and continues to be extremely challenging. Nevertheless, the Country Office looked for innovative ways to move activities forward, making use of the many virtual platforms. Now more than ever, the technical cooperation must continue, placing even greater focus on resilience using health-in-all-policies, whole-of-government, and whole-of-society approaches.

Dr. Erica Wheeler
PAHO Representative in Trinidad and Tobago

PAHO Technical Cooperation

In the Dutch Caribbean Entities of Aruba, Curaçao, Sint Maarten, Bonaire, Sint Eustatius, and Saba, the negative social and economic shocks of the COVID-19 pandemic highlighted the shortcomings and gaps within these countries' health care systems. What began as a health crisis quickly became a human and economic crisis, leading to serious concerns about its impact on national development, placing a strain on national resources and imposing constraints to growth. The gross domestic product for Curaçao was projected to drop by 23% and by 25% in Sint Maarten by the end of 2020.¹ The technical cooperation of the Pan American Health Organization (PAHO) complemented the support provided by the Dutch Public Health Agency and the Ministry of Health in the Netherlands.²

1. IMF Mission report July 2020. Source: <https://www.imf.org/en/News/Articles/2020/07/13/pr20256-curacao-and-sint-maarten-imf-staff-concludes-staff-visit>. Accessed 16 December 2020.

2. Dutch Public Health Agency and the Ministry of Health in the Netherlands sent ICU beds, PPE, and other medical supplies, as well as PCR testing kits and more recently antigen test kit. A Dutch naval vessel arrived with medical supplies and personnel, and also had on board medical facilities such as a trauma center and helicopters for medical evacuation. Financial support was also provided. The Netherlands is supporting the Dutch Entities with access to the COVID-19 vaccine through the European Union facility.

With the outbreak of the COVID-19 pandemic, the provision of technical cooperation by the PAHO/WHO Country Office had to overcome key challenges such as: the limited number of human resources within the Ministries/Departments of Health who were re-directed to work on the response resulting in the postponement of other non-COVID-19-related activities; the closure of the borders and the travel restrictions imposed by the Dutch Entities and Trinidad and Tobago; and the continued waves of COVID-19, which resulted in the reinstatement of COVID-19 prevention measures. Key face-to-face activities had to be quickly converted to virtual sessions. However, the preparation and coordination of these virtual activities were and continue to be very time-consuming and labour-intensive.

The Country Office's technical cooperation focused on maintaining and sustaining activities that supported building resilience in the communities and the health systems that mitigate the impact of COVID-19. Listed below are the main activities:

- Shared COVID-19 technical guidelines and social media information;
- Provided technical assistance through virtual meetings on COVID-19 topics and COVID-19-related health issues such as preventing and controlling noncommunicable diseases (NCDs);
- Invited country-level participation in virtual courses that built capacity in COVID-19 surveillance, awareness of the impact of COVID-19 on mental health and substance use, and on topics such as school and COVID-19, and COVID-19 and youth;
- Continued technical support with maintaining of the essential functions such as access to other vaccines through the PAHO Revolving Funds.

Technical Cooperation

Strengthening the Resilience of Health Systems

The health systems in the Dutch Entities largely mirror that of the Netherlands. The general practitioner is the first point of contact forming the cornerstone of the primary care level. In Aruba, Curaçao, and Sint Maarten, the responsibility for securing quality health care and for developing legislation, guidelines, and policy falls within the remit of their Ministries of Health, but the Netherlands oversees the operations of the hospitals and other clinical services provided on these islands. For Bonaire, Sint Eustatius, and Saba, as special municipalities of the Netherlands, they continue to enjoy all the rights attached to Dutch citizenship, and the Ministry of Health in the Netherlands is responsible for overseeing their health care sectors.

However, with the negative social and economic shocks experienced by the Dutch Entities, the requests for technical cooperation increased. Under health systems and services, technical cooperation focused on:

- (i) strengthening policy development and decision-making; and
- (ii) facilitating the identification, reporting, management, and referring of data on the care centred on the response to COVID-19.

Planning for resilience – Aruba

The COVID-19 pandemic imposed severe restrictions on the travel and tourism sectors. This significantly impacted Aruba's revenue streams, and as a direct result, the funding available for the health care sector. The Ministry of Tourism, Public Health and Sports required a clear strategy to plan for the continued sustainable financing of and equitable access to quality health care services for the population of Aruba. The National Strategic Framework for the Health Sector – Aruba 2021–2030 served as a guiding document/tool that outlined the health sector's strategic priorities and planning for the short, medium, and long term as necessary.

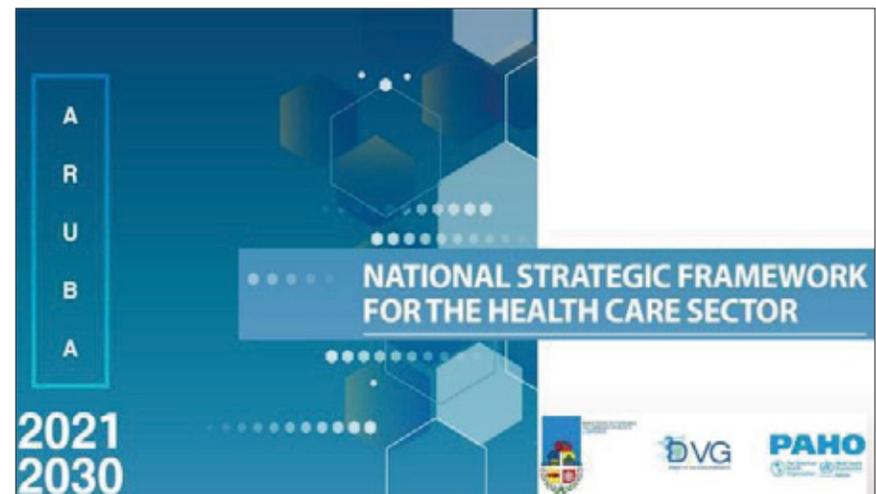
This National Strategic Framework for the Health Sector addresses the leading/critical public health challenges and issues faced on the island, within the context of universal access to health and universal health coverage. This document is aligned with current policy positions of the Government of Aruba, PAHO, and the World Health Organization (WHO). It is based on a comprehensive situational analysis of the health sector, the health status of the population, and the need for a monitoring and evaluation framework. This strategic framework sets out the vision, overall goal, guiding principles, and four strategic priorities and related strategic actions for Aruba's health sector for the period 2021–2030.

Vision: A healthy population, responsible for their own health, with equitable access to quality health care.

Overall goal: By 2030, ensure the sustainable provision of quality (high-standard) health care that promotes healthy lifestyles in a resilient manner.

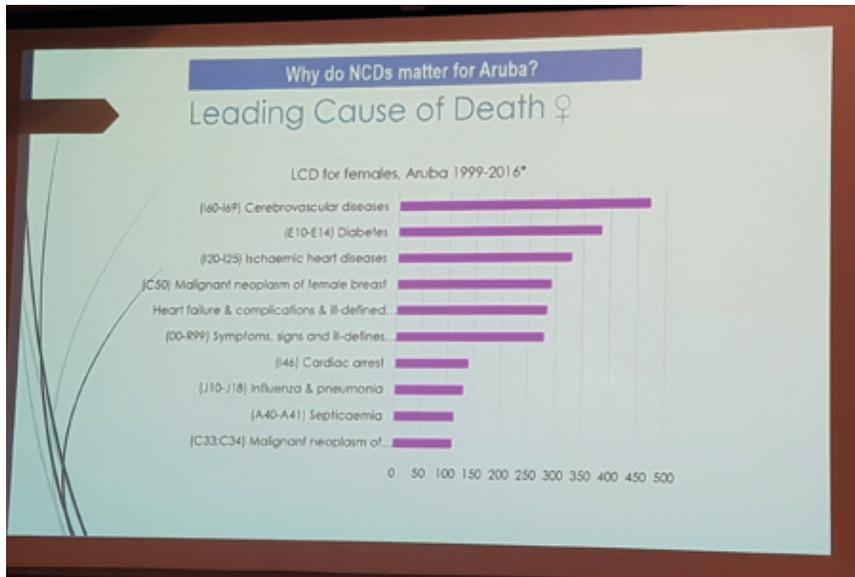
- **Strategic Priority 1:** Strengthen leadership and governance in the context of universal access to health and universal health coverage;
- **Strategic Priority 2:** Streamline the health system and services to safeguard access to quality people- and community-centred health services;
- **Strategic Priority 3:** Continue to ensure the competence of the human resources for health to enable the provision of quality services by committed and engaged workers;
- **Strategic Priority 4:** Restructure financing/funding mechanisms to ensure viability and sustainability for quality services in an equitable manner.

This framework was developed within a very challenging environment. With the full impact of the COVID-19 pandemic not yet clear, there may be the need in the short and/or medium term to revisit, and as needed, update the strategic actions identified.



Maintaining Essential Public Health Functions

During 2020, the pandemic revealed several gaps within the health systems and services, and the countries' capacity to respond to the health needs of their population. The continuous promotion of policies geared towards universal access to health and universal health coverage needed to continue to ensure that efforts also addressed health in all policies and the social determinants of health.



From planning to action – advancing noncommunicable disease prevention and control in a pandemic – Aruba

With the rapid spread of COVID-19, persons living with NCDs were and continue to be at increased risk of becoming severely ill or even dying, especially those who require regular or long-term care. To strengthen health systems during and after the pandemic, governments need to commit and ensure that people living with NCDs do not experience disruptions to essential health services. Countries need to ensure that there is integrated NCD prevention and care as they build resilience to respond to future health emergencies.

The 2010 census in Aruba recorded that about 32% of population reported a chronic health condition; with approximately 50% of persons over the age of 65 years old, reporting at least one chronic condition, and, overall, women showing a higher prevalence than men (35.6% vs 27.5%). The most prevalent condition reported was cardiovascular disease (21.5%), with more men reporting than women. Type 2 diabetes was reported by 8.5% of the 25–64 age group, along with a 2% prevalence of asthma and chronic bronchitis. The 2016–2017 Health Survey showed that the average age for persons initiating smoking was 20 years. Some 12.6% of persons 20 years and older smoked. Approximately 44% of people over 20 indicated they consumed alcohol, with 70.3% indicating they consumed moderate levels of it. The 2012 Youth Health Survey showed that 77.7% of young people drank one



or more sugar-sweetened beverages daily, with 20% consuming four beverages or more daily.

Over the period from 1999 to 2017, NCDs were three of the four leading causes of death in Aruba. The top four causes of death were cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. In women, the top four causes of death were cerebrovascular disease, diabetes, ischemic heart disease, and breast cancer. The top

four for men were ischemic heart disease, cerebrovascular disease, heart failure, and diabetes.

In February 2020, the coordination and overall management of NCDs in Aruba was strengthened. The national multisectoral action plan for the prevention and control of NCDs 2020–2030 (NCD MAP) was officially launched by the Minister of Tourism, Public Health and Sport. A multisectoral oversight committee and related technical working groups were also established to provide guidance and conduct monitoring of the implementation.

The PAHO/WHO Country Office worked closely with the Ministry of Tourism, Public Health and Sports, and the Department of Public Health to develop the NCD MAP. This is one of the recommended strategies for an effective response for the prevention and control of NCDs at the

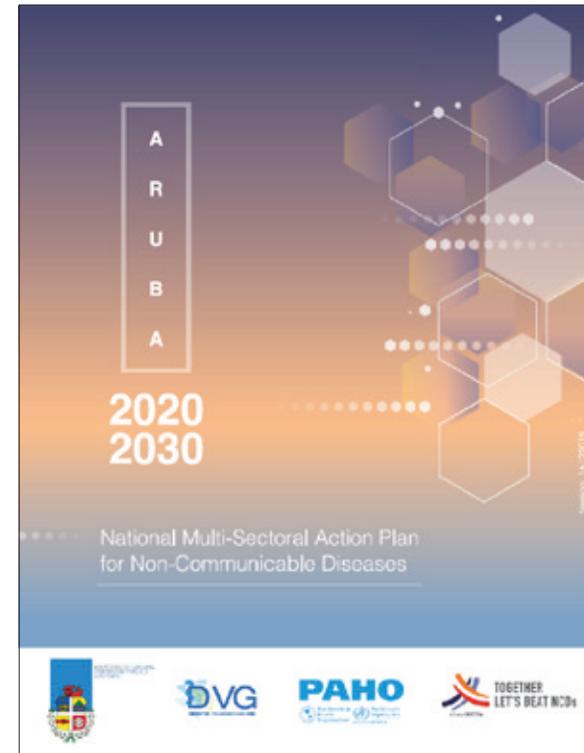
“Finally, Aruba has its own national multi-sectoral plan for the prevention and control of noncommunicable diseases 2020–2030. The plan was officially launched in February 2020, just before the pandemic, and has proven to be very valuable. It has provided the strategic direction that is helping us to respond given that our local data is showing that people with NCDs are significantly affected by COVID-19.”

**Dr. Judelca Briceño, Senior Advisor,
Ministry of Tourism, Public Health and Sports**

country level. In addition, a two-year implementation plan (2020–2021) was developed to operationalize the NCD MAP.

A strategic approach using the WHO NCD MAP Toolkit was used to guide the development of the national plan. This template facilitated consideration of the country’s specific context and tied the achievement of the main objectives of the country’s NCD MAP to global, regional, and national commitments, required actions, and behaviours.

PAHO will continue to support the implementation of key priority activities to include: a behaviour change and communication campaign; chronic disease self-management training; interventions targeting childhood obesity; and strengthening the NCD surveillance system.



The Minister thanked the PAHO delegation working with the Department of Public Health and its stakeholders for making the development of an NCD plan for Aruba a reality. “I am highly satisfied that we have fulfilled another point in the governance programme.”

**Minister Dangui Oduber,
Ministry of Tourism, Public Health and Sports**

Improving access to mental health services – Aruba

The care for mental, neurological, and substance-use (MNS) disorders is provided through a network of public and private providers by general practitioners and foundations. Primary, secondary, and tertiary level care for inpatient and outpatient settings is also available. The country has made great strides in ensuring universal health coverage for all nationals by instituting the General Health Insurance scheme.

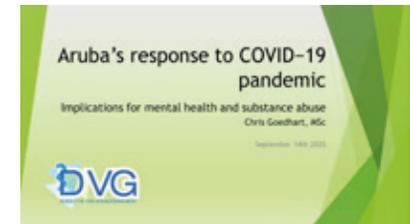
However, depending on the service provider and the type of care, additional care services may not always be provided by the general practitioner and General Health Insurance scheme. Over the years, additional care services have switched back and forth between the justice and health ministries, as it is seen as a law enforcement problem rather than a public health problem. In addition, while inpatient care is common, ambulatory community-based care is increasingly being provided. However, the services provided are fragmented, preventing a continuum of high-quality and accessible care.

Given the structure of the health system and the organization of MNS services, it was necessary to conduct a capacity assessment of the service providers. This assessment identified the gaps in the MNS system and examined the utilization of the services being provided.

The PAHO/WHO Country Office is working in close collaboration with the Department of Public Health, and the National Steering

“The National Steering Committee on Mental Health has been discussing the impact of COVID-19 on mental health. Attention is placed on the implications of the preventive measures on stress and anxiety, abuse, and mental health. The reorganization of the mental, neurological and substance use (MNS) program is of paramount importance to ensure an integrated, efficient, equitable, effective, and accessible mental health and substance use system.”

Mr. Chris Goedhart, Policy Advisor, and Chair, Mental Health Steering Committee, Department of Public Health



Committee on Mental Health facilitated the process by conducting the initial assessment. This is the first step for the reorganization of the services. The findings of the assessment will be used to develop a roadmap for the reorganization of MNS services using a multisectoral approach. The roadmap will help create a platform to bring all related national strategies, priority programs, and interventions under one agenda.



There is no health without mental health – safeguarding mental health and psychosocial well-being for all – Curaçao

A national health survey conducted in 2017 in Curaçao showed:

- 2% of respondents reported that they suffered from mental health problems, feeling stressed, sad, depressed, or unable to sleep because of major concerns;
- The waiting list to see a service provider had increased, with most free psychologists having a waiting list of 3–4 months;
- Psychologists in the field reported an increase in depressive symptoms, with suicidal thoughts in young people;
- 58% of adults drink (sometimes), and 4% reported drinking every day;
- 2% of adults reported used soft drugs in the 12 months before the interview.

While there are no published data to compare the prevalence of these conditions during the pandemic, the Ministry of Health, Environment and Nature reported an increase in calls to helplines and an increase in the needs for substance-use disorder services. The PAHO/WHO Country Office supported the Ministry of Health, Environment and Nature, and local stakeholders to develop a Mental Health Psychosocial Support Services (MHPSS) Plan. The plan focused on making MHPSS available to all, with a special focus on children and young people, older adults, persons with disabilities, and other vulnerable groups, including undocumented migrants and persons infected with or affected by COVID-19.

Some of the key services that were implemented were:

- Individual and or group/family counselling, psychological debriefing for public service employees;
- Mental health first-aid training for 450 public employees, linking vulnerable individuals/families to resources (health services, foodbanks, and follow-up to see if support is provided);
- Tele-consultations through free helplines.

Mental health and psychosocial support services were streamlined with the development of an MHPSS plan, which also formed part of the national COVID-19 response plan.

Continuous situation analyses/assessment of the four Ws (who, what, where, when) will be necessary in the following areas to move forward:

- Monitoring /evaluation;
- Training/orienting;
- Data collection.

“In accordance with local law on disaster preparedness, the Ministry of Health, Environment and Nature (GMN) is responsible for Mental Health and Psychosocial Support (MHPSS) response plan for COVID-19. A multi-sectoral approach was taken to develop the plan including input from PAHO, local stakeholders in the MHPSS field, and an inter-ministerial working group against relational violence.”

**Dr. Beulah Mercera, Policy Advisor,
Ministry of Health,
Environment and Nature**

Management of psychoactive substance use disorders in the context of COVID-19 – Aruba and Curaçao

As seen elsewhere in the world, COVID-19 has had a serious impact on people’s mental health and well-being in Aruba and Curaçao. Care providers have reported an increase in substance use and/or relapses since the COVID-19 pandemic. The key reasons are outlined in Figure 1.

Increased substance use and the dealing of substances were being used as coping mechanisms for managing personal insecurities and financial hardships caused by the pandemic. Health care workers also reported behaviors that were unrecognizable and thought to be due to the local production of synthetic drugs, as the importation of drugs had become more difficult with the closure of the borders. Clients with both mental health and drug problems (“double trouble”) presented challenges to mental health service providers and those working in substance use, because there was a lack of a clear care pathway.

PAHO/WHO developed and conducted a two-day virtual training course on the management of substance-use disorders during COVID-19. The training helped to strengthen their competencies in early detection, guidance, and treatment of high-risk populations with substance-use disorders in the context of COVID-19. A quality approach to health and social care for substance-use disorders was also promoted through this training.

This was the first time this training was being done virtually, which brought together all the service providers working on substance use and mental health. In Aruba and Curaçao, foundations (i.e., NGOs) are the key service providers of mental health and substance-use services. The course coincided with the Ministry of Health’s own efforts to streamline mental health and substance use and work towards a more integrated approach when providing services under the banner of universal health coverage.

Additional training will be conducted and specific support given to specific foundations to strengthen capacity to provide quality MNS services to the population.

Figure 1
Key reasons for increased substance use



“Since the onset of the COVID-19 crisis in Aruba, the Government of Aruba has kept issuing measures and guidelines responsive to the current situation. As a result, many measures are introduced, adapted regularly, or removed, making it challenging for the organizations who deal with clients with mental health and substance-use disorders.”

Course participant

“People with substance-use disorders are a high-risk group for COVID-19 and should be treated accordingly.”

Dr. Luis Alfonzo, Regional Adviser, Substance Use Disorders, PAHO-WDC

“The goal is to reorganize the mental health care system around the patient’s needs in a holistic approach, incorporating seven dimensions of wellness and working together with various ministries. It is important to stress the patient’s own responsibility for his or her self-care within the patient’s network.”

Mrs. Jeanine Constancia-Kook, Director of Policy, Ministry of Health, Environment and Nature



“Due to the COVID-19 pandemic, there is a reduction in face-to-face assistance in Aruba. Furthermore, amidst fears of further transmission, care-seeking in general is reduced and group therapy sessions are also not taking place. The social distancing rules are making people who have substance-use disorders more vulnerable, as it interferes with their support system and hinders correct and timely management.”

Health care worker, Respaldo Foundation

“There was an increase in stress, insecurity, anxiety, becoming unemployed, general fear, feelings of depression and aggression.”

Ms. Sonaly Diaz (Fundashon pa Adikshon FMA)

“A positive experience that resulted from the strict regulations is that services were offered through face-to-face online meetings. Persons in need of services offered by the GGz could now easily receive these without having to travel, thus from their homes.”

Dr. Roelof Kleppe, Stichting Geestelijke Gezondheidszorg Curaçao (GGz; Foundation for Mental Health Care)



Taking a step closer to preparedness and health emergencies – Sint Maarten

Sint Maarten was severely impacted by hurricanes Irma and Maria. In the aftermath, there was significant damage to homes, public buildings, the airport, hotels, and other infrastructure, resulting in strained national resources and constraints to economic growth. Given the importance of robust health systems in disaster preparedness and effective response to public health emergencies, it was critical that Sint Maarten took measures to rebuild and develop a resilient health sector.

To strengthen resilience against natural disasters, in December 2020, PAHO and the WHO Regional Office signed a project agreement with the European Union. The objective of the project is to assist the Government of Sint Maarten to increase the island's capacity to respond to disaster preparedness and other related public health emergencies, including pandemics.

PAHO will construct, outfit, and pre-stock two resilient SMART emergency multipurpose community shelters. The SMART buildings will reflect standards of sustainability, resilience, and green technology. The SMART standards are now recognized throughout the Region of the Americas and have been expanded from health facilities to schools, hotels, shelters, and other government buildings. The project, including community engagement activities, will also help vulnerable individuals, households, and communities in Sint Maarten prepare, cope, adapt, and recover.

"We are particularly pleased that this project can commence. By raising awareness and building capacities in disaster preparedness, we will empower and prepare the people of Sint Maarten to better respond to emergencies in the future."

Silveria Jacobs
Prime Minister of Sint Maarten



Financial Summary – Aruba

As at 31 December 2020 the Country Office for Aruba had received approximately US\$ 210,000, which consisted of assessed contributions (74.42%) and European Union (approximately 25.58%). The Aruba cost centre was able to implement 27.08% of funds received (US\$ 57,000), primarily in the following areas:

52.51% - Risk factors for NCDs

31.68% - Access to services for NCDs

Figures 2 and 3 provide further breakdown on the implementation of funds as at 31 December 2020.

Figure 2 Financial flow for Aruba, 2020

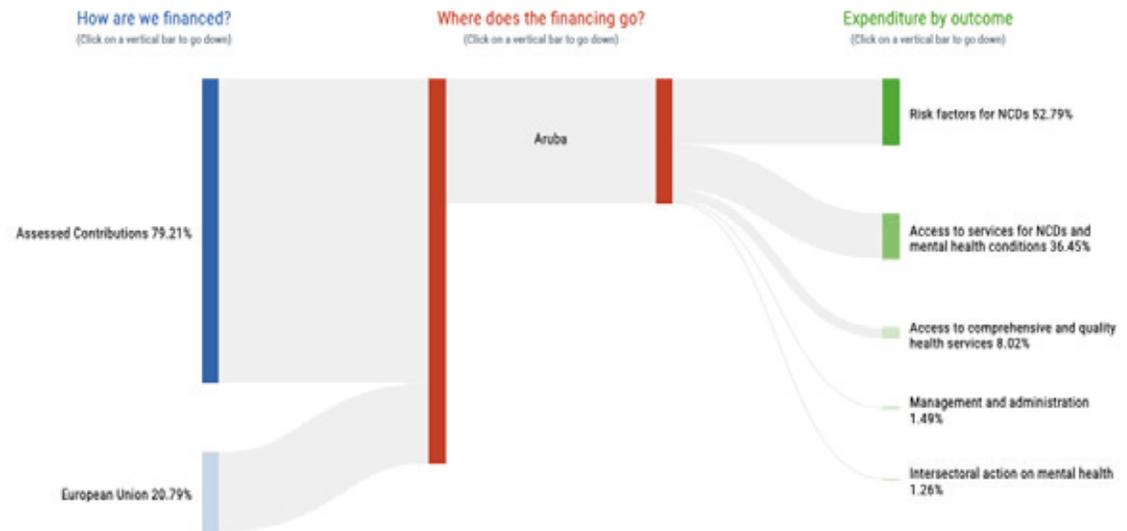
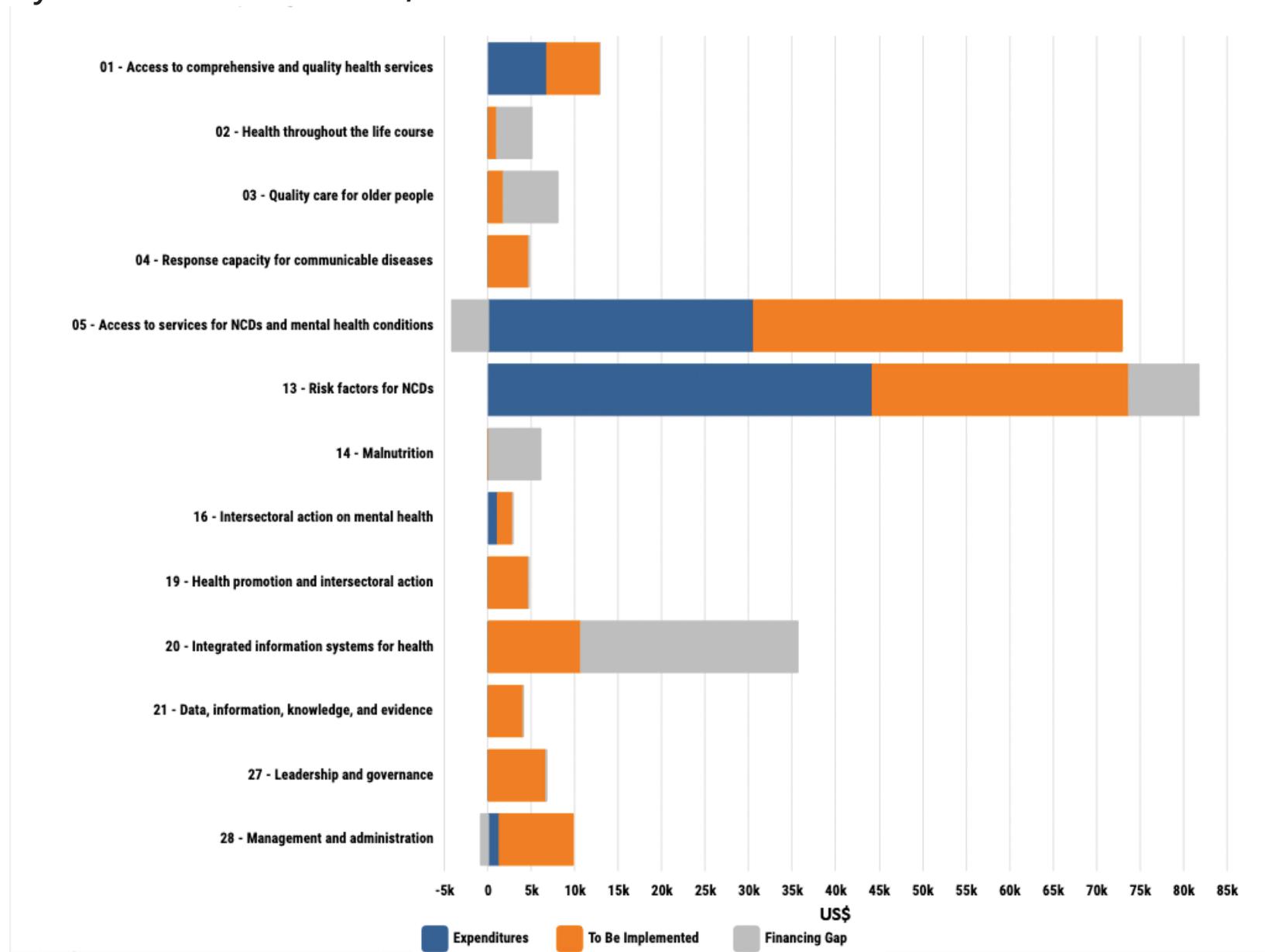


Figure 3 Key outcomes for Aruba, 2020



Financial Summary – Curaçao

As at 31 December 2020 the Country Office for Curaçao had received approximately US\$ 149,000, which consisted of only assessed contributions. The Curaçao cost centre was able to implement 28.3% of funds received (US\$ 42,000), primarily in the following areas:

- 48.14% - Access to comprehensive and quality health services
- 42.94% - Increased public financing for health

Figures 4 and 5 provide further breakdown on the implementation of funds as at 31 December 2020.

Figure 4 Financial flow for Curaçao, 2020

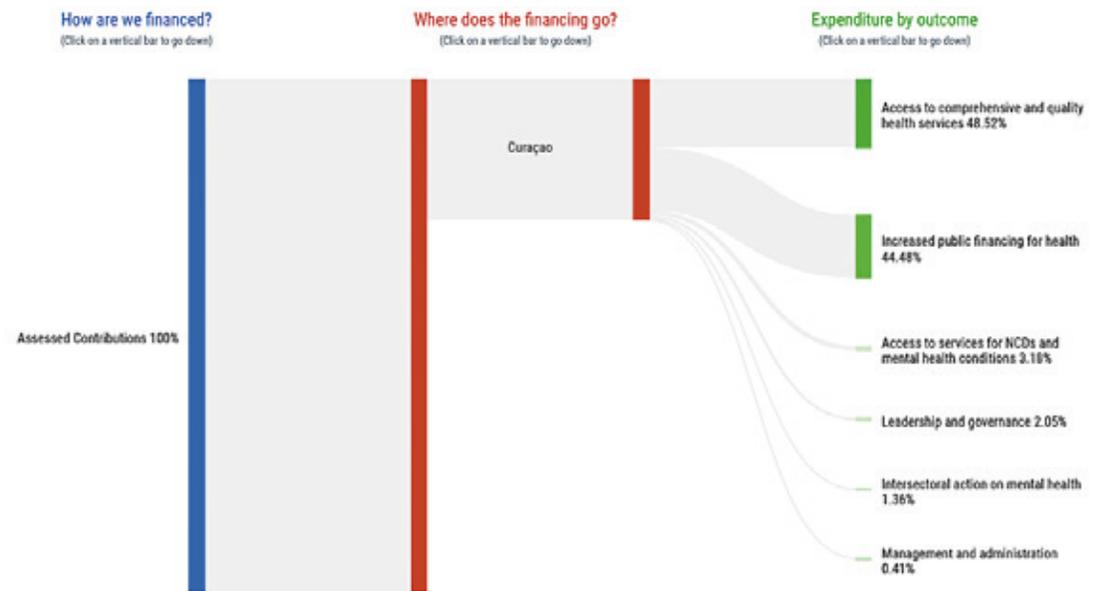
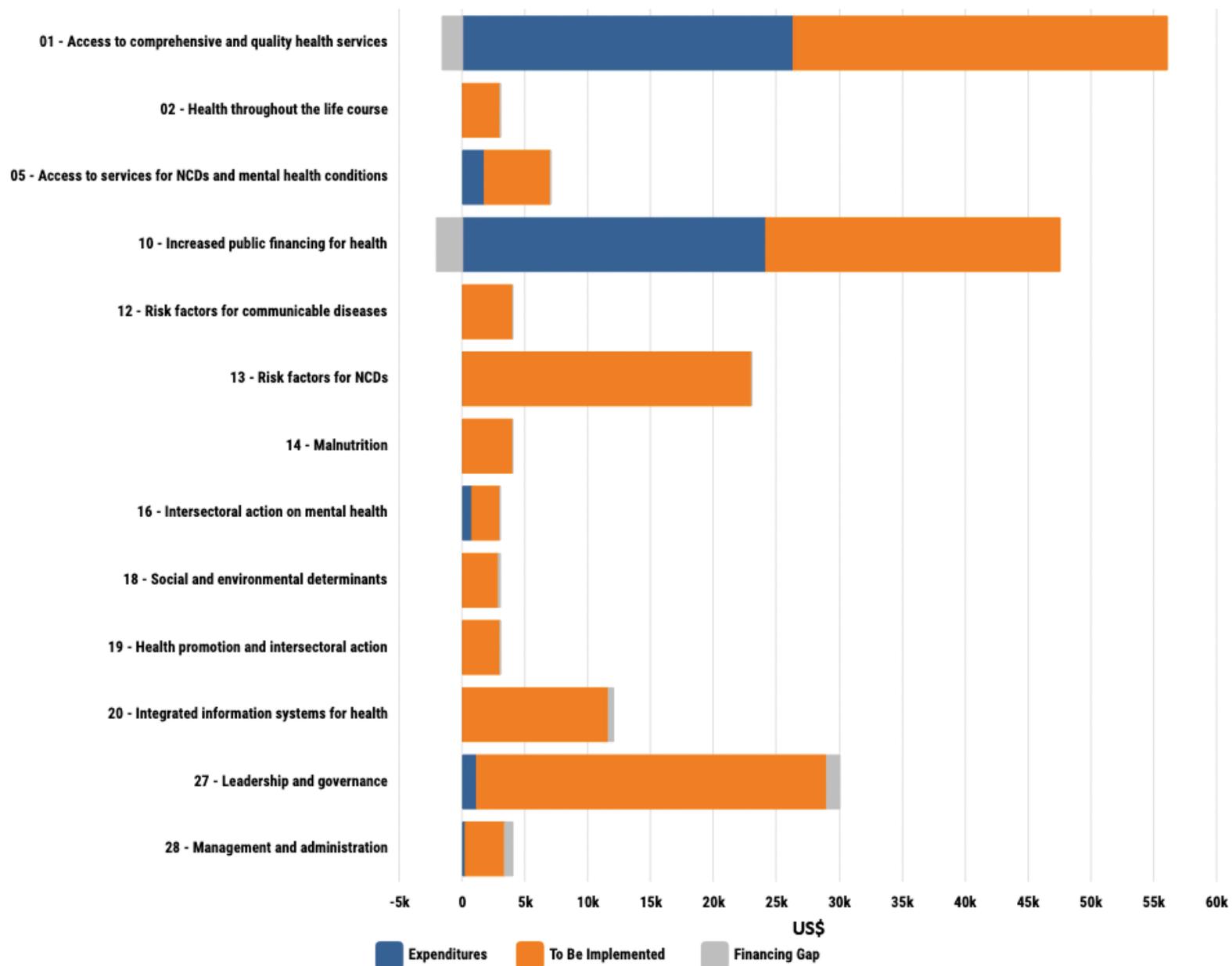


Figure 5 Key outcomes for Curaçao, 2020



Financial Summary – Sint Maarten

As at 31 December 2020 the Country Office for Sint Maarten had received approximately US\$ 190,000, which consisted of only assessed contributions. The Sint Maarten cost centre was able to implement 23.53% of funds received (US\$ 45,000), primarily in the following areas:

- 40.48% - Risk factors for NCDs
- 40.48% - Access to comprehensive and quality health services

Figures 6 and 7 provide further breakdown on the implementation of funds as at 31 December 2020.

Figure 6 Financial flow for Sint Maarten, 2020

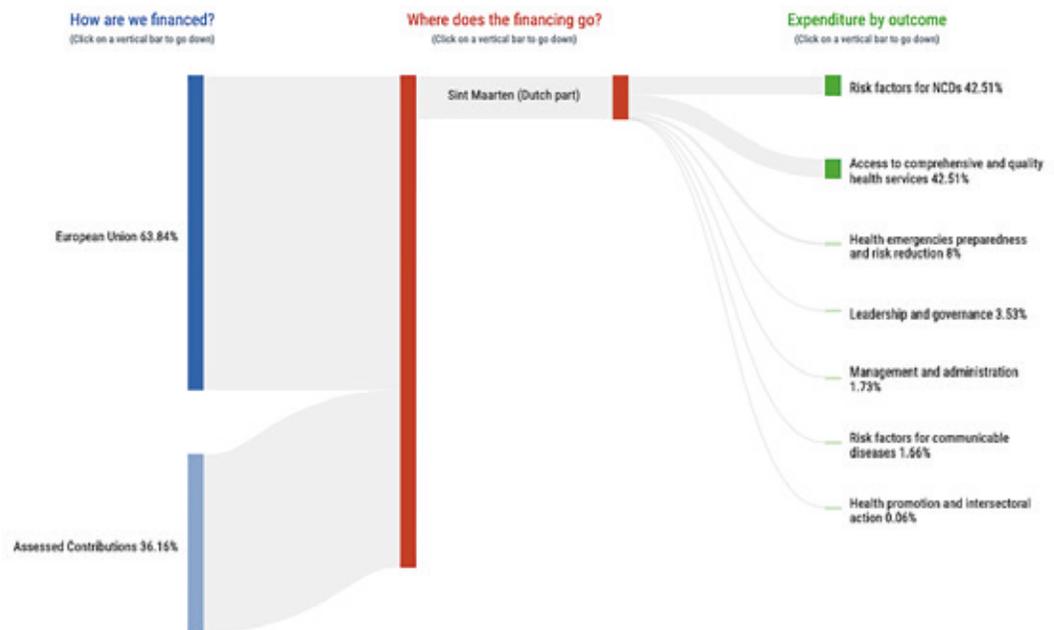
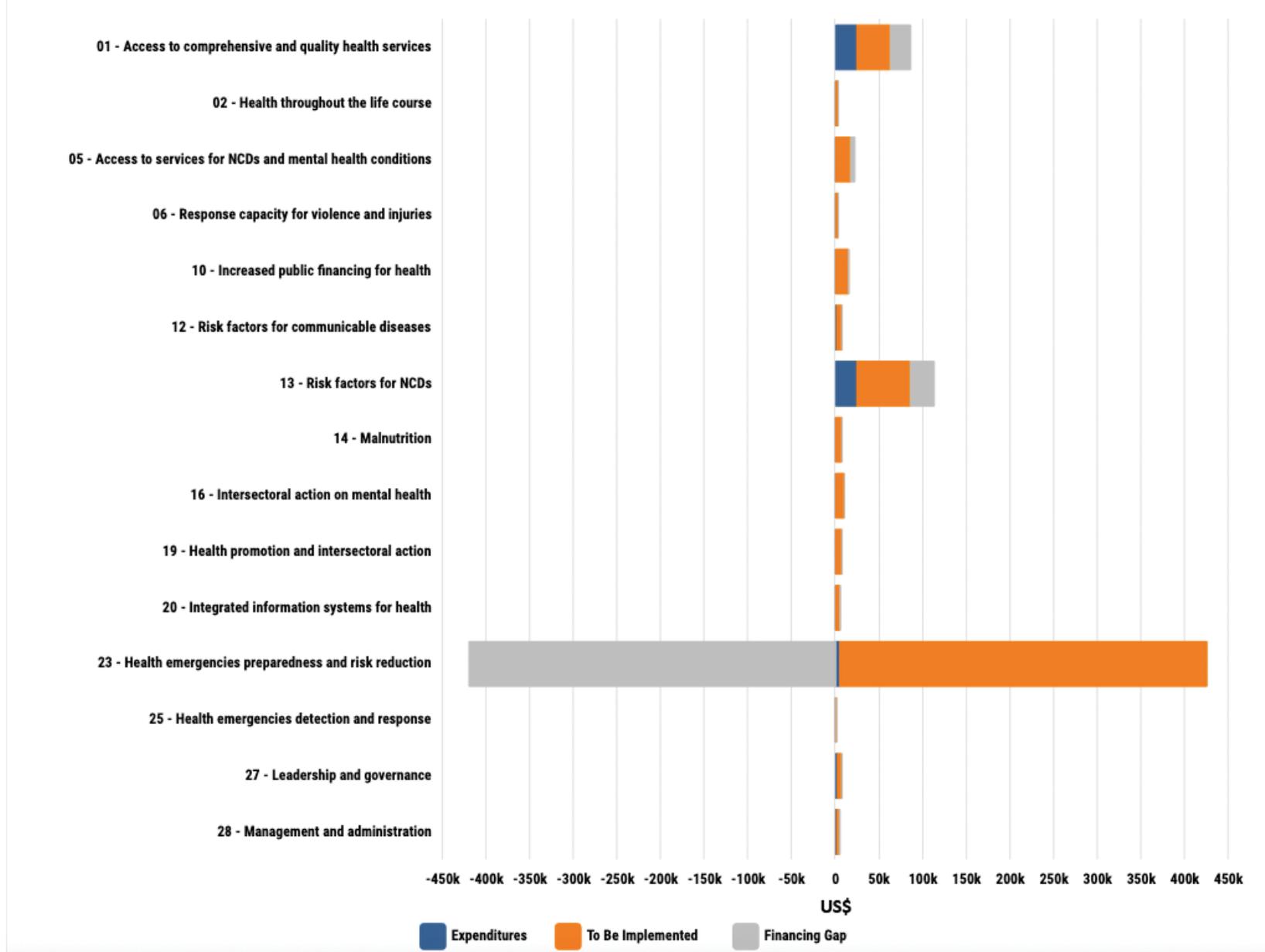


Figure 7
Key outcomes for Sint Maarten, 2020



Financial Summary – Bonaire, Sint Eustatius, and Saba

As at 31 December 2020 the Country Office for Bonaire, Sint Eustatius, and Saba had received approximately US\$ 80,000, which consisted of only assessed contributions. This cost centre was able to implement 18.67% of funds received (US\$ 15,000), primarily in the following areas:

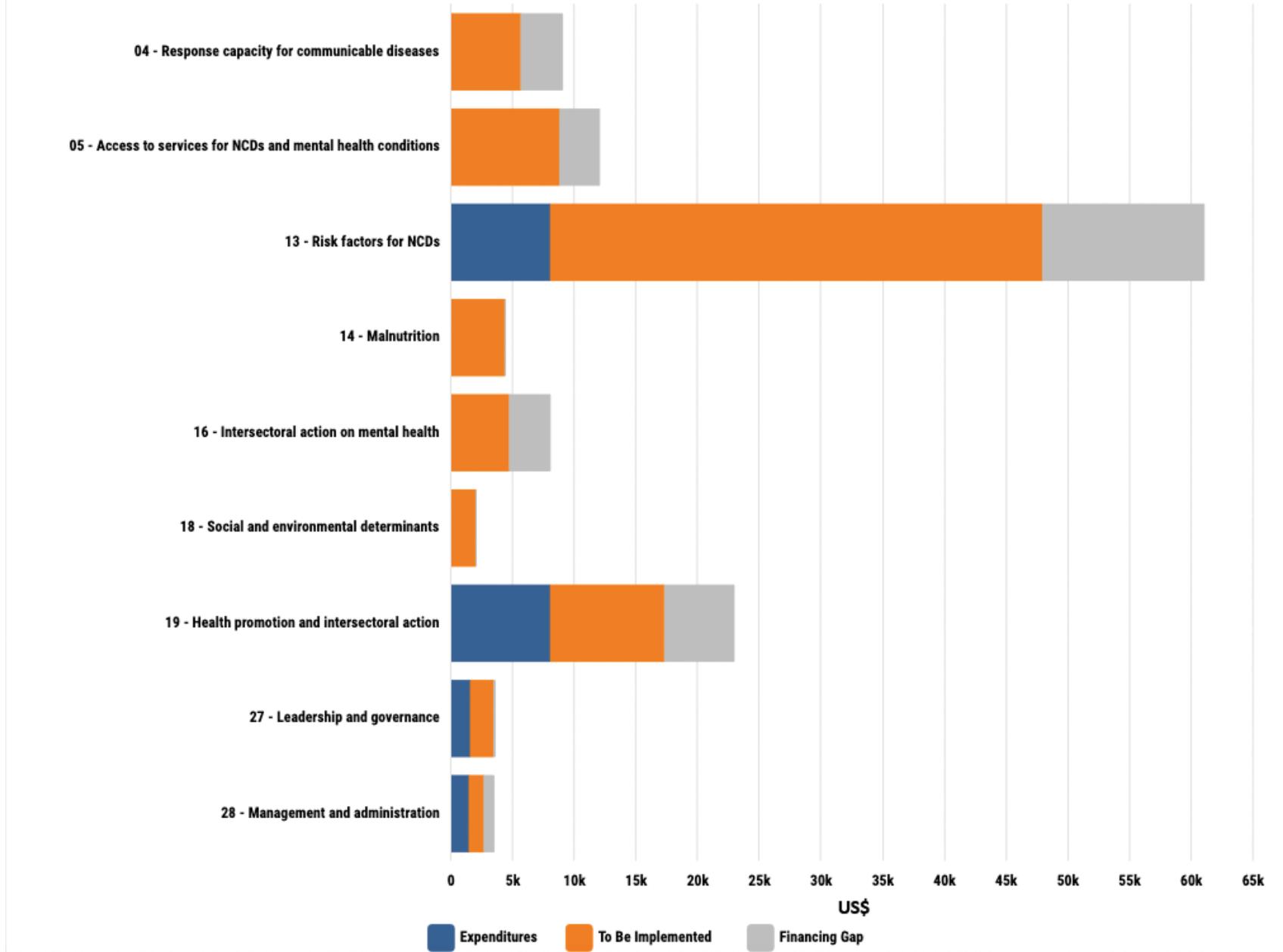
- 40.05% - Risk factors for NCDs
- 40.05% - Health promotion and intersectoral action

Figures 8 and 9 provide further breakdown on the implementation of funds as at 31 December 2020.

Figure 8
Financial flow for Bonaire, Sint Eustatius, and Saba, 2020



Figure 9
Key outcomes for Bonaire, Sint Eustatius, and Saba, 2020



Looking Ahead

Health is not a privilege. It is a fundamental human right and an essential ingredient for the well-being of the people and the economies of the Dutch Entities. The continued support provided by PAHO's technical cooperation will contribute to enhancing the resilience of the health care systems, and strengthen economic and social resilience capacities, thereby allowing the islands to mitigate the shocks of the COVID-19 pandemic and prepare for future pandemics. It will also contribute to reducing humanitarian needs and some of the associated underlying vulnerabilities and risks. Ultimately, the goal is to support the ability of vulnerable individuals, households, and communities to prepare, cope, adapt, and recover from disasters and other related public health emergencies.

The Dutch Entities must continue to overcome these new challenges while at the same time maintaining health gains that include reductions in mortality and morbidity, increased expanded vaccination coverage, and progress toward disease elimination. These health gains must be protected and not allowed to slip away.

“PAHO remains unshakeable in its commitment to the health of the peoples of the Region of the Americas, leaving no one behind in the quest for universal health, reduction of inequities, and health for all.”

“Together in solidarity we can learn from the past, build on our successes, and move forward united to improve the health and well-being of every child, woman, and man not only in the Americas but across the world.”

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



PAHO/WHO Office Trinidad and Tobago

10-12 Sweet Briar Road
Port-of-Spain, Trinidad and Tobago
Tel.: +868 6122000

www.paho.org

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas



PAHOWHO



PAHOWHO



OPSPAHO



PAHOTV