

Annual Report 2020

Universal Health and the Pandemic – Resilient Health Systems

Trinidad and Tobago

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



The Pan American Health Organization has served the people of Trinidad and Tobago since 1963, the same year the country became a Member of the World Health Organization (WHO). The nature of the support to the government has grown significantly since that time. However, the year 2020 will remain a significant one, ever since it was punctuated by the announcement of a Public Health Emergency of International Concern in January 2020 by the Director-General of WHO.

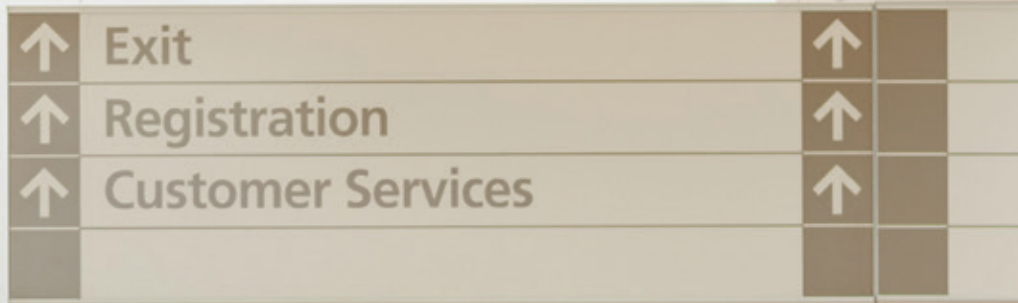
Trinidad and Tobago has not remained untouched by the many changes that have been wrought by the SARS-CoV-2 virus and the need to reprioritize its health services. The Country Office has therefore needed to invest more resources in the provision of services in response to the pandemic, while supporting the continuation of essential health services.

In response to the challenges brought on by the pandemic, we have had to regroup, recharge, and in some cases re-engineer the way we work, in order to continue to not only address the needs of the government but also to perform routine tasks. It has led to a closer working relationship with the government and, therefore, strengthened and expanded the nature of our technical cooperation with government and greater collaboration with the private sector and other United Nations agencies. All of this has made, and continues to make, the work of PAHO more visible.

Dr. Erica Wheeler
PAHO Representative in Trinidad and Tobago

“The health, social, and economic impacts of the pandemic will have far-reaching effects on progress for the achievement of national, subregional, regional, and global health goals; on health financing and resource mobilization; and on our efforts and aspirations for health development with equity.”

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



PAHO/WHO Country Office Technical Cooperation

Before the first case of the SARS-CoV-2 was identified in Trinidad and Tobago on 12 March 2020, the Trinidad and Tobago Country Office of the Pan American Health Organization (PAHO) initiated discussions with the Ministry of Health (MOH) to start planning its response. The Country Office worked closely with the MOH officials ensuring that the response to the novel coronavirus 2019 (COVID-19) was aligned with the Global COVID-19 Strategic Preparedness Response and that it utilized an all-of-government and all-of-society approach. As the pandemic evolved, the level and type of technical cooperation was adapted quickly to meet the growing needs of the country in its response to the pandemic. Some of these areas included: the distribution of messages on public health and social measures developed by the Communications Unit in Headquarters; development of communication material outlining the risk of transmission and the prevention strategies crafted to suit the national population; conducting virtual capacity-building for conducting polymerase chain reaction (PCR) COVID-19 testing; strengthening the surveillance reporting systems; ensuring the protection of health care workers via the procurement of personal protective equipment (PPE) and PCR testing supplies; provision and distribution of clinical information on the care of patients; supporting the provision of mental health and psychosocial services; and preparing the country for the arrival of the COVID-19 vaccines.

Efforts were also made to provide technical cooperation in areas that supported the health gains of previous years. Some of these areas

included: care of pregnant women and newborns; care of older persons; strengthening the capacity of critical care nurses during the pandemic; immunization program; noncommunicable disease response; mental health response; dispensing of medication; and provision of auxiliary services such as laboratory services. These efforts were in keeping with the need to continue to promote and advance universal health using primary health care as the core strategy. What began as a health crisis at the beginning of the year, quickly became a human and economic crisis resulting in a negative social and economic impact on the national development agenda for Trinidad and Tobago.



Personal protective equipment (PPE) handover from PAHO/WHO Country Office to the Ministry of Health on 19 March 2020. Dr. Erica Wheeler, PAHO Representative in Trinidad and Tobago, handing over PPEs to Mrs. Betty-Ann Pilgrim, National Administrator Nursing Services. In the picture (from left): Hon. Terrence Deyalsingh, Minister of Health, Mr. Asif Ali, Permanent Secretary, and Dr. Roshan Parasram, Chief Medical Officer of Health.

Taking on the Pandemic: Risk Communications and COVID-19

Engaging Stakeholders from the Start

On 30 January 2020, the World Health Organization (WHO) announced that the outbreak of novel coronavirus 2019 was a Public Health Emergency of International Concern (PHEIC).

Against this background and with growing concern about global transmission, the Country Office started engaging leadership in the private sector and in government to consider the implementation of measures to respond to the outbreak of COVID-19.

On 11 March 2020, the day that COVID-19 was declared a pandemic, Dr. Erica Wheeler, PAHO Representative in Trinidad and Tobago, visited the Minister of Communications, The Honourable Donna Cox, to discuss an all-of-government approach to address the then outbreak.

One day later, on 12 March, Trinidad and Tobago recorded its first case of COVID-19.

Dr. Wheeler's visit to the Ministry of Communications was followed by a presentation on 16 March to the membership of the Trinidad and Tobago Chamber of Industry and Commerce. The topic was Interim Workplace Guidelines: Outlining the Roles and Responsibilities of Businesses and Their Employees as part of a COVID-19 Protection Programme. These two activities marked the start of the Country Office's risk communications and engagement campaign against COVID-19.

As the lead agencies managing the COVID-19 response regionally and globally, PAHO/WHO and WHO are recognized as two of the five trusted sources of information on COVID-19 in Trinidad and Tobago. As such, the Country Office took decisive steps to embark on a national communications campaign to support government's effort to combat COVID-19.

By the time the Country Office was ready to launch its risk communications campaign in

June 2020, most of the population had already internalized basic COVID-19 public health messages: mask wearing; hand washing; social distancing; stay at home, if unwell. A review of



Dr. Eldonna Boison, former Advisor, Epidemiology, and Dr. Erica Wheeler, PAHO Representative in Trinidad and Tobago.

"If there is not global containment, there will be negative impacts across all sectors. It is therefore necessary that we heed the advice of professionals who are monitoring and researching the development of COVID-19 and take the necessary precautions. We are very proud to collaborate with PAHO to offer this informative session to you all."

Reyaz Ahamed
Immediate Past President, Trinidad and Tobago
Chamber of Industry and Commerce

the MOH's risk communication campaign also revealed plans of continued focus on these messages and on border closure.

It was against this background, and the societal disruption caused by the recent lockdown of the economy, that the Country Office developed the first phase of its communications campaign. With lockdown came national border restrictions, business and school closures, stay-at-home orders, and small business failures.

In response, the citizenry had to adapt to “the new normal”, which required: telework; online schooling; extended time at home with family members, sometimes in violent domestic situations; and restrictions on gathering for recreation and grieving.

What emerged as a result was a need to provide information for the protection of physical as well as mental health to help mitigate the negative effects of COVID-19 on mental health and well-being.

The Country Office therefore made a strategic decision to diversify its messaging beyond basic public health measures. It developed

content on coping with stress, support to older persons, and messaging to address stigma and discrimination against persons with COVID-19.

With survivors stuck at home with their abusers because of stay-at-home orders, there was a notable rise in domestic violence. In response, messages were created and promoted to individuals, families, and communities on how to support survivors of gender-based violence during lockdown.

The Country Office also recruited a local celebrity to co-host a social media live event with Dr. Wheeler on the subject of socializing responsibly. This event was among the Country Office's responses to reports of young people breaching COVID-19 restrictions to attend parties.



Campaign Snapshot ... (June–October 2020)

The Country Office conducted a mixed-media campaign with messages tailored and targeted to different audiences: older persons; youth; women and girls in vulnerable situations; and community influencers. It aimed for an empathetic, collaborative, urgent, but optimistic tone to the campaign, which is reflected in the call to action: “We’re All In....Together, Let’s Stop the Spread of COVID-19.”

Products developed comprised print and digital advertisements, brochures, posters, and videos. Distribution channels included radio and television, major newspapers, and digital billboards across the country. A robust online targeted campaign, utilizing an online advertising platform and social media advertising was equally key to content distribution.

To disseminate brochures and posters in small communities, the Country Office collaborated with a popular cosmetics chain, the supermarket’s association, and the Ministry of Local Government. A community outreach exercise was conducted to share public health messaging as well for social listening to gauge COVID-19 knowledge, understand people’s feelings about the pandemic, and how it was affecting their lives.



[CLICK HERE FOR VIDEO OVERVIEW](#)



Digital billboard in Champs Fleurs – screenshot of an animated video.

During the period to August 2020, [Trinidad and Tobago had not gone past level two \(2\) of COVID-19 transmission](#), having had only sporadic cases. This was largely attributable to strong political will and an effective mix of public health measures by the Government. The Government's successful management of the COVID-19 rollback measures was acknowledged as early as 23 April by the [University of Oxford COVID-19 Government Response Tracker](#). In it, Trinidad and Tobago was ranked as number two in assessed responses to COVID-19 based on four of the six WHO criteria for rolling back COVID-19 “lockdown” measures.

While this was a very positive outcome, the success led to some complacency among the population about the risks presented by COVID-19. Despite the implementation of penalties for noncompliance with COVID-19 regulations and the robust risk communications campaigns by the MoH, PAHO, and private sector organizations, Trinidad and Tobago gradually transitioned from sporadic cases to community spread. Behavior change remained a serious challenge. This was evidenced by continued reports of parties and social gatherings, and other activities in breach of COVID-19 restrictions, most notably among the youth. Misinformation and disinformation continued to be a major challenge to the

COVID-19 response. The PAHO Representative in Trinidad and Tobago provided significant support in this area, participating in several radio and television interviews to give updates, share COVID-19 facts, and dispel the myths. These efforts led to a weekly PAHO/WHO segment on TTT, the state-owned television station. However, COVID-19 misinformation and disinformation remained an overwhelming challenge and a major concern with the prospect of a COVID-19 vaccine in early 2021. Vaccine skepticism and hesitancy, fueled by misinformation emerged as a key issue to be addressed, in anticipation of a successful vaccine rollout in 2021.

The Country Office's advocacy for people living with disabilities was aligned with sentiments expressed in [“Disability-inclusive response to COVID-19 – Towards a better future for all”](#), [A response to the Secretary-General's Policy Brief, A Statement by 138 Member States and Observers](#):

“Persons with disabilities have experienced greater attitudinal, environmental and institutional barriers and discrimination, exclusion from accessing health-care services and information, as well as faced serious disruption to their employment, education, and access to social protection and other support services.”



**Persons with
Disabilities
live in
T&T too.
Be KIND.**



As Christmas approached, the campaign re-focused on promoting basic public health measures in anticipation of increased social and family gatherings. Other important communication objectives were to: sensitize the national community to the COVID-19 vaccine; dispel vaccine myths; and ascertain what communication interventions would best influence change in young people’s behaviour.

After conducting the community engagement exercise, featured in the photograph on page 12, where direct insights were gained from people about their COVID-19 experiences and struggles, with even recommendations for the COVID-19 response, the Country Office was influenced to shift gears and adopt a more community centred approach for the next stage of its risk communication campaign. A consultant with a specialty in community engagement was recruited who developed messages to target vulnerable populations and to produce a communications strategy informed by community feedback/engagement. The Country Office adopted the approach to use familiar

cultural art forms, representative of Trinidad Tobago’s ethnic diversity, to deliver communications.

Products developed therefore reflected this shift. Among the assets produced were: a video of a COVID-19 [spoken word poem](#) targeted to urban youth; a [parang jingle](#), promoting COVID –19 preventive measures during the Christmas season and a [vaccine skepticism radio ad](#) with the dialogue delivered in Trinidad and Tobago vernacular. Posters promoting support for older persons, pregnant women, and people living with disabilities were also produced and distributed to communities via the Ministry of Local Government and the Public Transport Service Corporation. The Country Office also started production of a PAHO-branded current affairs programme, PAHO People, to build visibility of the technical cooperation work done in the country. The programme would also provide a platform to vulnerable communities to speak about how the pandemic has affected their lives and to articulate their current and future concerns.

How Staff Supported the Campaign



With stock photographs unavailable and the logistics of staging scenes to create communication products difficult during lockdown, staff came forward as models to stage scenarios for the creation of artwork.

Involving Young People for an Evidence-based Youth Campaign



Scene from [Spoken Word Video](#)

“The vast majority of cases reported are among people between 20 and 59 years of age. Yet, almost 70% of deaths occur in individuals over 60 years old. This indicates that younger people are primarily driving the spread of the disease in our region.”

Dr. Carissa F. Etienne

Director of the Pan American Health Organization
Weekly press briefing on COVID-19, 25 August 2020

In Trinidad and Tobago, the extent to which young people are adhering to public health guidelines for COVID-19 prevention is unclear. The restrictions imposed on interactions to prevent COVID-19 transmission, such as closure of educational establishments and restrictions on numbers of people who can gather, especially affect young people and can damage their mental health. Youth are a socially influential demographic, so the behaviour of youth in relation to COVID-19 may also impact that of other age groups. There is a need to communicate with young people to provide support to them and reduce the incidence of COVID-19.

A qualitative study to determine and understand the knowledge, attitudes, and behaviours of young people

in relation to COVID-19 was designed. A detailed research protocol was developed for the conduct of focus group discussions with youth in different geographical locations and of varying socioeconomic status. Two of the 12 focus group discussions are planned to be conducted with young people from Venezuela (Bolivarian Republic of). The protocol was approved by the Ministry of Health Ethics Committee for implementation in 2021.

PAHO/WHO and the Ministry of Health have established a collaborative team to implement the study. The Health Education and Corporate Communications Departments of the Ministry will work with PAHO/WHO to develop engagement and communications strategies with youth on the basis of the results of the study.

Taking the Message to the People



Delivering messages through Sobo Village in La Brea, Trinidad and Tobago, during the community campaign.

The PEOPLE ... Saying How They Feel about COVID-19



“Yuh doh feel free”

Jagdeo Bhuram is a market vendor from Carsen Field, Chaguanas. Mr. Jagdeo is clear about how to protect himself: “Be alert from the virus. Wash your hands often, keep sanitizing and be very careful with people you meet and who you talk to.” What was most telling in the conversation with Mr. Bhuram was his emotive and pointed response to the question of how the pandemic was affecting him. Speaking to the negative psychosocial impacts of COVID-19, he says: “Yuh not free. You can’t move around. You can’t shop. Yuh always have to be cautious.”



“Iz only \$5 ...wear yuh mask!”

“Liming” [relaxing with friends] under a tree in Sobo Village in La Brea were Peter and Eric Scotland. You could not ask for stronger advocates for compliance with COVID-19 public health measures. They emphatically acknowledge the seriousness of the situation: “COVID. It deadly to people. People have to take it serious, sanitize to prevent spread to you and yuh family.” About mask wearing, Eric noted: “it like a lifestyle” if business places implement policies, “eventually everyone will get accustomed (to mask wearing)”. He said that he insists people around him wear a mask and keep their distance, noting “It come like a standard I keeping within them around me.” He also said that the disruption in the supply chain to grocery shops was negatively impacting the community “you can’t go in the shop for a fast thing to cook...have shortage in de place. Making it hard for everybody.”



“We in dis thing together people!”

Claudette Wilson is a retiree and a self-described church person, from Sobo Village, La Brea, located in the deep south of Trinidad. Ms. Wilson was upbeat and optimistic. She agreed with the public health measures implemented by the government and was confident that, if followed, the virus could be stopped. She expressed admiration for the way the young people in her community were protecting their older loved ones. While acknowledging that physical distancing was a constraint to church attendance, she still felt blessed because “at the same time, spiritually, we could still meet together (online).”

Campaign Performance

A communications campaign of this magnitude had never been undertaken by the Country Office before. This undertaking therefore marked a significant milestone. The support provided by PAHO/WHO’s Communications Management Unit as the pandemic evolved, through vigorous updates of communications material and training, was invaluable to the Country Office, in the execution of the campaign.

There is anecdotal evidence that PAHO’s visibility increased significantly in 2020. Some indicators are:

1. Increased invitations to guest on talk radio and TV programmes;
2. Increased enquiries for information from health reporters;
3. Increased number of PAHO mentions in print media;
4. Invitation for the Country Office to have a regular slot on a popular morning TV programme;
5. Increased requests from government agencies for public health communication materials;
6. Widespread visibility of PAHO posters across the country;
7. Increase in followers on social media;
8. New requests for sponsorship.

The extent to which this increased visibility can be attributed to the campaign is not known as there were no baseline data. However, recognizing the importance of monitoring campaign performance, the Country Office conducted a survey in October, at the end of the first four-month phase, to determine the performance of the campaign and its impact as it relates to preventive measures messaging and awareness of PAHO/WHO. Data from the survey will form part of baseline data for the assessment of the next phase of the campaign.

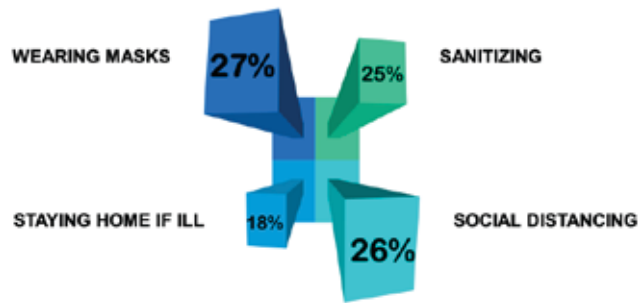
Noteworthy is the fact that less than 30 percent of the cohort practised the preventive measures, although 70 percent of them indicated they had heard or seen communications material on COVID-19 preventive measures.

This validated the biggest challenge moving ahead. Until the population can be fully vaccinated, how can people be persuaded to change behaviour when they know the risks associated with COVID-19?

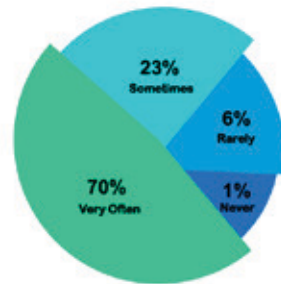
Campaign Performance – Key Metrics from Online Survey

Survey sample size: 583 respondents (age 18–66+)

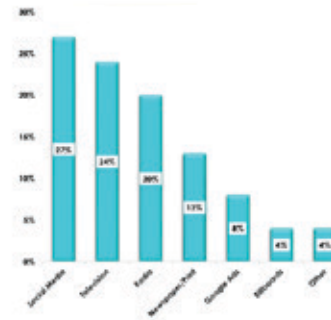
Personal protective measures taken by respondents



FREQUENCY OF EXPOSURE



70% of the respondents indicated that they heard or saw communication/campaigns/ads about personal protective measures for COVID-19 very often while a mere 1% indicated that they never heard or seen ads.



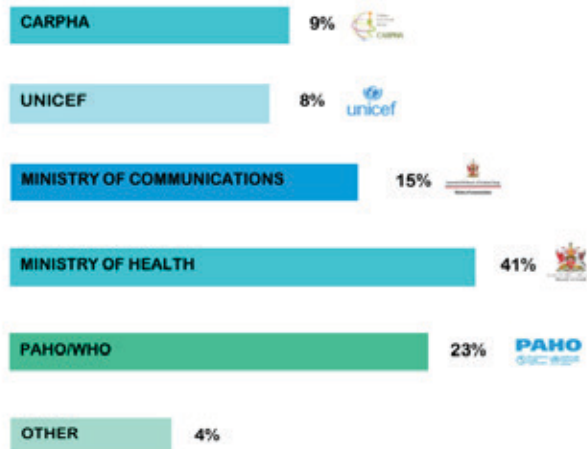
27% of the respondents indicated that they get their COVID-19 related information on social media followed by television and radio. 4% of the respondents indicated "other", which includes family groups on WhatsApp and SMS text messages.

- ✓ 45% said that they know enough
- ✓ 22% wanted to have updates on the vaccine
- ✓ 11% want to know more about a cure for COVID-19
- ✓ 9% wanted to know the duration of the pandemic
- ✓ 6% wanted to know more about everything
- ✓ 3% indicated that they wanted to know more about its origination



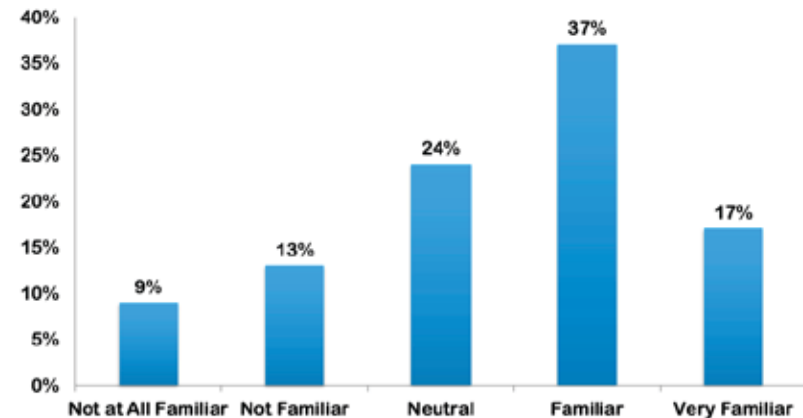
Facebook Reach	888,358
Facebook Impressions	12,274,768
Google network Impressions	5,235,863

COVID-19 AD ORGANIZATION



41% of the respondents indicated that the Ministry of Health was responsible for distributing the COVID-19 related information/campaigns/ads that they were exposed to, while 23% indicated that it was PAHO/WHO. 4% of the respondents indicated "other", which includes radio, their employer and social media.

FAMILIARITY WITH PAHO/WHO



Graphs taken from PAHO Ad Evaluation, conducted by Lucent Research, October 2020.

Building Resilient Health Systems that Can Respond to COVID-19 and Future Pandemics

Making Ready – Strategic Preparedness and Response to COVID-19 in Trinidad and Tobago

To mitigate the impact related to the morbidity and mortality associated with the COVID-19 pandemic, there is a need to establish coordination and operational support. It is crucial that countries scale up preparedness and response operations that follow the three pillars for PAHO's response to the COVID-19 pandemic. These are: Save Lives; Protect Health Workers; and Slow the Spread. All underpinned by keeping up surveillance and reference laboratories and generating evidence for actions accordingly:

- ▶ Identification and follow-up of contacts, and infection prevention and control in healthcare settings;
- ▶ Implementation and enforcement of public health and social measures that are critical and in accordance with the evidence and science;
- ▶ Increased awareness in the population through risk communication messages and community engagement.

To address this problem, the Country Office provided technical guidance and shared pertinent documents, as follows:

- ▶ **Save Lives**, by supporting clinicians through the provision of PPE, dissemination of clinical guidance on the treatment

of COVID-19, covering areas such as the rapid identification, diagnosis and management of cases; and technical guidance on infection prevention and control in health care and school settings and seminars on workplace safety measures for the private sector.

With representation on the MOH's National COVID-19 Steering Committee, PAHO plays an active role in providing technical guidance and support in the COVID-19 response. The Country Office has provided support to the MOH to update its Influenza Preparedness Plan and to fulfill the requirements of the WHO COVID-19 Strategic Preparedness and Response Plan.

The MOH established an extensive "parallel" health system (extending health services particularly in terms of bed capacity) so that the overall bed occupancy rate for COVID-19 cases remained below the critical level of 75%. Couva Hospital in the West Central Region and Caura Hospital in the North Central Region were the two facilities initially designated for high-dependency hospitalization of severely or critically ill clients who required close clinical management, including oxygen therapy and intubation with assisted ventilation.

The Technical Director of MOH's Epidemiology Division, pointed out that Trinidad and Tobago's ability to direct resources towards a parallel health care system for COVID-19 clients "is actually not that common," and has allowed the country to develop a "surge capacity" in the event that an epidemic pathogen (and not just SARS-CoV-2) emerges as a public health threat.

High-level planning meetings with the Minister of Health on the vaccine rollout were also initiated in which PAHO was involved from the outset.

The Country Office supported the country's preparedness necessary for the vaccine rollout in 2021. The Country Office was part of a site visit for the receipt and installation of refrigerators for vaccines with the recommended temperatures for specific vaccines, should the opportunity to procure such vaccines arise.

Saving Lives also addressed procurement of utilizing the Strategic Fund to obtain pharmaceuticals, PCR test kits, and rapid antigen tests kits, the latter of which was accompanied by technical advice and capacity-building exercises in regional health authorities among doctors, nurses, and laboratory staff.

- ▶ **Protect Health Workers** was assisted by: provision of a continuous supply of PPE; refresher training on donning and doffing of PPE; and access to online training and written guidance on clinical management of COVID-19 patients and webinars on infection prevention and control.
- ▶ **Slow the Spread** was led by the MOH with support from PAHO via an ongoing, robust communication campaign on public health and social measures outlined in the risk communications section (above).

PAHO will continue to work closely with the Expanded Programme on Immunization and Procurement to ensure adequate stocks of consumables are available and to build capacity in specific areas for the vaccine rollout in 2021.



Between March and December 2020, donations of equipment and supplies to contribute to the government’s efforts to fight the pandemic and support surveillance were provided primarily by PAHO/WHO, but also through generous grants from donors such as the German and Canadian Governments and USAID, as listed in the table below:

MARCH	APRIL	MAY	JUNE
<ul style="list-style-type: none"> • 2 COVID-19 E-gene kit • 1 COVID-19 E-gene primers and probe • 1 COVID-19 RdRP-gene primers and probe • 1 COVID-19 E-gene positive control • 1 COVID-19 RdRP-gene positive control 	<ul style="list-style-type: none"> • 1,250 surgical gowns • 2,500 gloves • 1,250 surgical masks • 50 N95 mask • 50 safety glasses • 20 biosafety bags • 4 AgPath-ID one-step RT-PCR kit • 40 ea. SARS-CoV (COVID-19) E-gene • 10 ea. SARS-CoV-2 (COVID-19) RdRP • 1 ea RNA set • 1 ea 19 RP set • 2 ea primers and probe E-gene set 	<ul style="list-style-type: none"> • 1 quianmp viral RNA mini kit (250 extraction tests) • 4,000 puritan purflock ultra sterile flocced collection devices (nasopharyngeal swabs) 	<ul style="list-style-type: none"> • 1,300 N95 masks • 6 laptops • ultrasonography machine • electrocardiogram machines
JULY	AUGUST	SEPTEMBER	OCTOBER
<ul style="list-style-type: none"> • 1 micro amp optical tube without cap (0.2ml) • 1 micro amp optical 8-Cap strips • 1 Ep duafilter T.I.P.S. 50-1000uL • 1 Ep duafilter T.I.P.S. 0.1-10uL M • 10,000 nasopharyngeal swabs with universal viral media transportation 	<ul style="list-style-type: none"> • 5 laptops • 1000 RNA extraction kits 	<ul style="list-style-type: none"> • 10 oxygen concentrators • 1,300 N95 masks 	<ul style="list-style-type: none"> • 9 laptops • 50 (16 gb) USB flash drives • 32,500 HEARTS healthy lifestyle diary and BP tracker for 5 • 10 HEARTS proper way to measure BP pull up banner for • 50,000 HEARTS proper way to measure BP flyer
DECEMBER			
<ul style="list-style-type: none"> • 15 control kits 			

Making History by Using an Innovative Approach to Strengthen and Expand COVID-19 Diagnostic Laboratory Capacity

There was a need to develop and implement a comprehensive response for the health system, not only to reduce the number of COVID-19 samples to be sent to the Caribbean Public Health Agency (CARPHA) and centralized laboratories, but to increase access to diagnostic facilities for people living in rural areas and outside the main urban centres. Obstacles to timely and universal diagnosis have had an adverse effect on the control of community transmission and access to care for people affected by COVID-19.

Testing is a critical component of the public health response to SARS-CoV-2, the virus that causes COVID-19. Accurate and timely reporting of results is crucial for implementation of evidence-informed public health control measures, not least in the detection and isolation of cases and subsequent tracing and quarantining of contacts. Early in the year, the Country Office, the MOH, CARPHA, and the University of the

West Indies collaborated on a virtual training programme: An Introduction to Laboratory Diagnosis, Molecular Biology and Polymerase Chain Reaction (PCR) for the COVID-19 Laboratory Response. This was developed and delivered to 50 laboratory professionals from the five Regional Health Authorities and the national public health laboratory.

The course marked the first time an “on-the-bench” laboratory diagnostics training programme had been delivered virtually by multi-agency collaboration.

However, despite these efforts to support diagnostic capacity in Trinidad and Tobago, the sheer increase in the number of persons to be tested challenged the country’s centralized laboratory system and resulted in a lag in sample processing and turnaround time. To continue to strengthen and expand COVID-19 diagnostic laboratory capacity, the Country Office collaborated with the Caribbean Medical Laboratory Foundation to support the country in introducing and rolling out rapid testing across the laboratory network. This was part of a tiered decentralization process for the provision of alternative diagnostic platforms to expand access to diagnostic testing.



Strengthening Capacities of Nurses in Critical Care during COVID-19

In Trinidad and Tobago, the MOH was faced with a shortage of critical care nurses, who were urgently needed to care for the increasing number of COVID-19 patients in the health facilities designated to treat and manage COVID-19 patients.

Nursing personnel play a critical role in the delivery of evidence based clinical care to patients as members of interprofessional teams. With the global pandemic associated with the emerging new infection, COVID 19, it was imperative that nurses be prepared with the necessary level of clinical competencies to respond appropriately to the needs of patients.

Recognizing the urgent need, the University of West Indies School of Nursing, a PAHO/WHO Collaborating Centre for Nursing and Midwifery, developed a course to equip nurses with the right skills and competencies to provide critical nursing care in intensive care units (ICUs). The development of this short course, Introduction to Critical Care Nursing, was used as a framework for the



The Head of the University of West Indies School of Nursing, Dr. Oscar Noel Ocho, speaking with PAHO's Health Systems and Services Advisor, Dr. Paul Edwards.

development of core competencies of nursing personnel to ensure the availability of human resources whose interventions could reduce the morbidity and mortality associated with the viral infection, as well as to complement the current cadre of registered nurses who are trained in critical care nursing. The Country Office supported the training of two cohorts of a total of 50 nurses from the MOH.

The registered nurses were engaged in a 4-week training course, which included daily theoretical online sessions, and for one day a week face-to-face training in a critical care setting. The course covered: clinical care for COVID-19 patients; foundations of critical care; management of respiratory conditions; renal dysfunction and replacement theory; epidemiology and infection control; management of neurological conditions; and the critical care practicum.

The registered nurses who were engaged in the course were provided with opportunities to be placed in ICUs to utilize and continue to build their skills and competencies. It is hoped that in 2021, this course will be strengthened to become a certificate course.



Brittany's Story

Brittany Baptise is a nurse at the Scarborough General Hospital in Tobago. Today is her day off and she smiles as she describes how nervous she was when she learned that she would be working in an intensive care unit (ICU) to treat COVID-19 patients.

"It was a bit fearful because, coming from the medical ward, we don't really know the rules and function of an ICU. I had no formal training, I had little knowledge about how the ventilator works, the settings and these things."

By the end of September 2020, Brittany was trained and working in the ICU with new skills and competencies to offer as part of an integrated team of health professionals. She was one of a cadre of 50 Trinidad and Tobago nurses who took part in a 4-week training course to learn new skills and competencies to work in ICUs. She is now making significant contributions to providing critical care to COVID-19 patients.

"This course has had a tremendous impact on the services that we offer here in Trinidad and Tobago. Firstly, it has increased the capacity of the staff to work in the ICU. The course came at a time where we were moving from a 2-bedded ICU to a 5-bedded facility, and obviously with the increase in beds there was a great demand for staff. So this course gave our untrained staff a foundation, which they could use to build upon and enable them to work in the ICU. It really improved our competence, our capacities in our staffing and it also allowed us to provide a higher quality of care for our patients needing ICU care."

Michelle Edwards-Benjamin
Secondary Care Nurse Manager
at Scarborough General
Hospital, Tobago



Registered nurse engaged in the practical aspect of the Introduction to Critical Care Nursing Course.

How Much is It Costing? COVID-19 Economic Impact Assessment

During 2020, it became clear that data were needed to estimate the socioeconomic costs and impact of COVID-19 on Caribbean economies, with specific reference to the health sector. The Country Office contracted the Health Economics Unit of the University of the West Indies to conduct a study to provide estimates of the socioeconomic impact of COVID-19 on Caribbean economies. Under the heading of direct cost, estimates were required for the economic costs of:

- ▶ Health promotion and prevention;
- ▶ Diagnosis (including testing for COVID-19 and related tests);
- ▶ Treatment (including the costs of medication, hospitalization, and other related services);
- ▶ Infrastructure upgrade.

Under indirect costs, estimates were required of:

- ▶ The labour productivity loss due to quarantine, lockdown measures, hospitalizations, premature deaths, etc.;
- ▶ The cost of domestic violence as well as mental health challenges.

These estimates were carried out for each Caribbean country and captured in dollar values as well as a percentage of the country's gross domestic product. For all countries, the actual number of reported cases exceeded the projected number of cases under the optimistic scenario, which was based on Japan's early experience. In this case, there was an almost immediate implementation of mandatory wearing of masks, closure of schools, implementation of curfews, and restrictions on public gatherings, as well as the restriction of movement for clusters of reported COVID-19 cases.

Some countries reported actual numbers of COVID-19 cases that exceeded the projected number even in the pessimistic scenario. For some of these countries and territories, such as Belize, Dominican Republic, and Curaçao, Sint Maarten, and Turks and Caicos Islands,

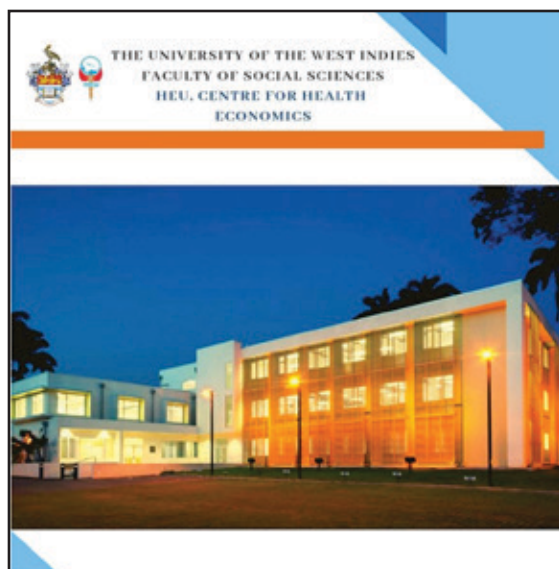
borders and beaches were opened at various points during the pandemic in 2020. This may have contributed to the spread of the virus through imported cases and community spread through increased social interactions. Notably, the actual total reported cases (for the selected countries) differed only slightly from the mid-point projection.

In moving forward in the short and medium term as countries continue to respond to the virus, the model suggests that attention should be given to:

- ▶ Continued implementation of public health measures to slow and reduce the spread of the virus;
- ▶ Strengthening health delivery capabilities to manage severe cases;
- ▶ Mitigating the losses in labour productivity (through a mix of support measures for re-opening businesses and re-training of skills where necessary);
- ▶ Reducing the incidence of domestic violence.

Finally, COVID-19 has once again highlighted the importance of health as a driver of

economic growth and development, and the need for the continued investment in the health and well-being of people, who are the only true resource the region possesses. COVID-19 negatively affects not just health gains but also by extension may disrupt or derail national and regional progress in the achievement of the Sustainable Development Goals. This becomes increasingly evident with international projections showing that the likely continuous waves of the virus will affect the consequent slowdown of global trade, tourism, and financial flows, which are crucial for the performance of Caribbean economies.



Development of the National Health Research Ethics Policy

Advancing an ethics review of research with human participants has been an issue of global concern and a priority in the Region of the Americas as agreed by PAHO Member States.¹ Research is essential to improve the health and well-being of populations. Despite significant progress in the Region, in 2018, PAHO Member States concurred on the need to scale up efforts and approach research ethics comprehensively by establishing research ethics systems.

As Trinidad and Tobago increases its capacity to conduct essential health research, the objective is to ensure research is conducted ethically, so that:

- ▶ The well-being of those who participate in research are adequately protected;
- ▶ Institutions involved in the conducting of research assume their responsibility of ensuring that such research is ethical.

As such, in 2020 it was important to catalyse Trinidad and Tobago's capacity to conduct ethical health research through the strengthening of the national health research ethics system. The Country Office provided technical cooperation to the MOH with the final drafting of the National Health Research Ethics Policy. When this policy is approved by the MOH, further support will be provided to develop an implementation plan.

“Strengthening research ethics systems implies ensuring adequate legal frameworks to govern research and competent ethics review of research with human subjects, establishing effective oversight mechanisms, advancing institutional commitments to ensure ethical research, and building capacity for researchers and ethics review committees.”²

Building Capacity – Communicable Diseases

International Health Regulations

The Country Office worked with various departments in the MOH to strengthen 13 core capacities in compliance with the international Health Regulations (IHR). Moreover, an evidence-based approach was used during the COVID-19 pandemic to identify IHR competency gaps to be filled and strengthened. One legacy of the COVID 19 pandemic, thus far, has been the strengthening of the working relationship between the Country Office and MOH stakeholders. Consequently, PAHO was able to readily provide technical guidance and support to the MOH, which resulted in compliance with IHR regulations. Specifically, the following IHR core competencies have been strengthened: legislation and financing; laboratory; surveillance; human resources; national health emergency framework; health service provision; and points of entry.

Infection Prevention and Control

In 2020, it was crucial for the Country Office to continue to build country capacity for infection prevention and control. Consequently, the Country Office provided formal virtual training to 14 MOH officials in the areas of basic epidemiology, advanced epidemiology, and disease surveillance.

Delivering Real-time Information – Revolving Fund

During the COVID-19 pandemic, it was also important to maintain routine immunization services. The disruption of these services could have resulted in a secondary crisis for the country. Realizing the importance of ensuring access to other vaccines, technical cooperation was provided to strengthen capacity related to the Revolving Fund, using technology to deliver real-time information:

- ▶ Trinidad and Tobago has consistently utilized the PAHO Revolving Fund for many years. The country signed the agreement with PAHO on 12 August 2003. Although the key players of the country's Immunization Programme are familiar with its processes, PAHO continues to provide opportunities to enhance the effectiveness of the fund.
- ▶ Extensive training was carried out with Country Office focal points as well as national authorities on the PAHO Collaboration Portal for Shipping Documents, which is a SharePoint tool allowing suppliers and end users access to important shipping documents.
- ▶ Connectivity issues were the major challenge; however, the staff at PAHO Headquarters worked assiduously with the national authorities to ensure that all users were granted access and were familiar with the platform.

Comprehensive Reporting Utilizing the Electronic Immunization Registry in Trinidad and Tobago

To strengthen the surveillance of the Expanded Programme on Immunization, including COVID-19 with the expected introduction of COVID-19 vaccines in 2021, PAHO provided technical guidance to Trinidad and Tobago to support the development, piloting, and implementation of the Electronic Immunization Registry (EIR). The EIR is a confidential, population-based information system that contains data on the monitoring of vaccination coverage by service providers, types of vaccine, dose, age, target groups, and geographical area. It also facilitates the individualized monitoring of immunization recipients. The MOH in Trinidad and Tobago joined the PAHO/WHO EIR Caribbean Project in 2020. Progress has been made in implementing key activities related to this new generic immunization information system. Sensitization and planning, data collection, installation, and some degree of customization have occurred. This EIR is also intended to support the adverse events surveillance for the COVID-19 vaccine.

Additionally, 20 desktop computers were purchased for the MOH for use at health centres to support the implementation of the EIR. Subsequently, the Country Office technical staff met with key stakeholders in the MOH to determine critical next steps and an action plan for implementation in 2021. Key activities for the way forward include the finalization of customization, training, and monitoring of implementation. PAHO/WHO is committed to the provision of the technical support to ensure the implementation of the EIR in Trinidad and Tobago, which will provide timely and precise information.

Antimicrobial Resistance

In the area of antimicrobial resistance (AMR), Trinidad and Tobago is one of the beneficiaries of the Caribbean Cooperation in Health Development (CCHD) project, a collaboration between CARICOM and Argentina. The Country Office provided support to key MOH focal points to begin implementation of AMR CCHD project activities. Specifically, support was provided to the MOH to develop the Trinidad and Tobago AMR National Action Plan, which has five areas of work.

Furthermore, PAHO/WHO collaborated with the MOH to develop a proposal for an AMR point prevalence survey, which received ethical approval from the MOH's Ethics Review Committee.

Virtual Monitoring – Elimination of Tuberculosis

PAHO also provided technical cooperation to accelerate the elimination of tuberculosis (TB) in Trinidad and Tobago. With the current levels of TB, acceleration of TB elimination in the country is an attainable goal.

- ▶ PAHO completed a virtual monitoring visit in December 2020 with full participation of the national authorities in the Trinidad and Tobago TB programme. During the visit, key challenges were identified and recommendations made to improve TB surveillance. However, the implementation of the key recommendations will require the time and the commitment of key stakeholders whose institutions and staff are fully engaged in responding to the COVID-19 pandemic.



Building Healthy Resilient Communities through the Prevention and Management of Noncommunicable Diseases and Risk Factors

The impact of the COVID-19 pandemic has reinforced the importance of having an integrated health system that caters to the needs of people with noncommunicable diseases (NCDs). It is now very important that countries “build back better” by strengthening the health system to be more resilient to maintain essential services during public health emergencies, including pandemics. At the same time, it is also necessary to build a resilient population by implementing proactive, scalable, evidence-based policies to reduce NCD risk factors. This must start with a healthy population guided by comprehensive population-level prevention policies that reduce NCD risk factors.

“To further bolster the delivery of integrated care and management of NCDs, we are here to implement a major intervention, consistent with our objective of strengthening the health sector response – that is, the introduction of hypertension treatment protocols into primary care settings.”

Honourable Terrence Deyalsingh, Minister of Health
Stakeholder Consultation on the Evidence Based Protocols and Algorithm for the Management of Hypertension in Primary Health Care Settings, 13 March 2019



From Planning to Action – the HEARTS Initiative

In Trinidad and Tobago, NCDs account for over 62% of deaths each year. Heart disease is the number one cause of death, accounting for a quarter (25%) of all deaths annually, followed by diabetes (14%), cancer (13%), and stroke (10%).³

A rapid assessment of the economic dimensions of NCDs showed that the annual economic burden from NCDs related to diabetes, hypertension, and cancer was high, about TT\$8.7 billion, representing around 4.6% of the country's gross domestic product. Approximately TT\$5.8 billion is due to high blood sugar (diabetes) and high blood pressure (hypertension).⁴

To tackle this NCD burden, PAHO promotes the strengthening of cardiovascular disease management in primary health care using hypertension as an entry point. The HEARTS initiative operationalizes the chronic care module by creating a standardized treatment protocol, using a team-based approach for patient management, and improving monitoring and evaluation.

Since the commencement of the Trinidad and Tobago HEARTS in July 2019, PAHO, in collaboration with the MOH and the regional health authorities (RHAs), scaled up the implementation of this initiative from five primary health centres to 35 health centres in 2020. This represents an increased population coverage from 150,000 in July 2018, to 565,000 in 2020. The impact of the hypertension control at each site was significant, resulting in an increase of over 20% at most sites, with one site moving from a hypertension control rate of 16% to 40%.

The next steps will include:

1. Updating the essential medicines list, drug formulary, and purchasing intentions to phase out older drugs and replace them with more effective drugs based on the standardized treatment algorithm.
2. Reviewing the Chronic Disease Assistance Programme formulary and updating it based on the new treatment algorithms. This will include removing drugs on the existing forms that are no longer recommended for use.



Attendees at the HEARTS launch participate in a physical activity ice-breaker.

Marilyn's Story

Putting HEARTS in Health

Marilyn is a 61-year-old and was recently diagnosed with hypertension. Recognizing that her recent diagnosis and age made her particularly vulnerable to COVID-19, Marilyn decided in February 2021 to join the NCD Lifestyle Clinic at the Arima Health Facility in Trinidad. At her first visit, the doctor introduced the HEARTS initiative and told her she would be enrolled in the clinic under this new initiative.

Her HEARTS journey began with a visit where she had a comprehensive screening. Clinicians checked her vitals, did blood work, conducted an ECG and documented her personal health history. "One thing that struck me was that the screening visit was conducted a week before my first doctor's consultation visit," she recalls. The doctor explained: "Your first formal consultation will be held when we have the results from your blood work. This will be important for us in accessing your health and your risk as a person with hypertension."

Having completed almost three months in the programme, Marilyn said, "I am pleased that so many aspects of my personal health were addressed by the health team at the health facility. My medication was changed to fit the new HEARTS hypertension treatment guidelines," which the doctor explained, "...will help achieve lower BP readings and protect you from developing complications." With much excitement in her voice, she proclaimed "I had a full consultation with the dietitian, was given a personalized meal plan to compliment the medicines and helped to make a plan for increasing physical activity."



Marilyn Yvonne Lewis
© Marilyn Yvonne Lewis

She stated that other services such as foot health check and a referral to see the ophthalmologist at the nearby Arima General Hospital were also received. The physician advised her of the link between high blood pressure and other chronic diseases, and the importance of a holistic approach to her care.

Remembering the old adage “the proof of the pudding is in the eating,” Marilyn said, “being a client in the HEARTS clinic provided proof of the benefit of this new program to my health. I have achieved improved blood pressure control with the changed medication. My BP is now consistently under 130, under 80. I have lost 3 pounds with the lifestyle changes implemented thus far. I received a follow up phone call from the doctor, a month after my first appointment, to check on my progress. She explained this was part of a new telemedicine initiative to monitor clients in the context

of the pandemic. I felt this was very impactful as there was continuity of care between in person visits. All these experiences have made me feel I have a health care team who is partnering with me.”

Marilyn acknowledged that the medication prescribed under the HEARTS Initiative improved her blood pressure. However, she noted the unavailability of the drugs at public health facilities. In her assessment, this issue needed to be addressed to improve the programme: “I had to purchase them outside. The Pharmacist told me that they did not get enough supply of the two medicines on my prescription. She then informed me to check at other health centers. I was a bit disappointed but for me, the benefits certainly outweighed that negative.”



“I am convinced that this new global HEARTS initiative is a universal good and has the promise of and the potential to become, one of the most impactful public health interventions, of our time.”

Dr. Rohit Doon
Adviser, Health Promotion,
Communications and Public Health,
Ministry of Health, Trinidad and Tobago



The Advance of Noncommunicable Diseases during the COVID-19 Pandemic

Global data show that persons with NCDs are at increased risk of becoming severely ill, or even dying from, COVID-19, especially those who require regular or long-term care. While all primary care facilities remained open, some patients did not keep routine medical appointments.

Lockdown measures led to disruption of the pharmaceutical supply chain and stock-out of some of the medications on the standard hypertension treatment algorithm. This, combined with the sedentary behaviour associated with the stay-at-home restrictions, threatens to derail the gains made in reducing NCDs.

The Country Office promoted innovative approaches to ensure continued service delivery during the pandemic, especially to those most vulnerable. A telemedicine initiative was implemented by RHAs utilizing telephones to enable doctors to consult with patients remotely. Arrangements were also made by the RHAs for patients to receive at least two months' supply of medication. Additionally, the Country Office promoted and built capacity to improve chronic disease self-management.

Educational material, such as guidance pamphlets for measuring blood pressure at home, healthy lifestyle diaries, and screening trackers, were produced and distributed to patients. Banners on how to measure blood pressure properly were placed in some health centres to serve as reminders for healthcare staff.

In order to build self-efficacy in individuals to manage their chronic condition, educational material was also developed on the topics of NCDs and COVID-19. As Trinidad and Tobago moves forward, the Government will continue to increase its commitment to building integrated health systems so that essential services can be maintained (especially NCD services) during COVID-19 and future pandemics.

“The current COVID-19 pandemic has forced healthcare services to derive innovative ways to interface with patients out of necessity. One of the ways we in Primary Care have innovated during this time was to establish a telemedicine programme to reach high-risk patients. A doctor is assigned to follow up with patients and provide guidance via telephone.”

Dr. Abdul Hamid
General Manager, Primary Care
North Central Regional Health Authority





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The Right Start with Breastfeeding

In 2011, 46.3% of babies born received timely initiation of breastfeeding and the exclusive breastfeeding rate for the first six months was 21.5% in Trinidad and Tobago.⁵ While the rate of breastfeeding has improved over the years, with no national policy, insufficient trained staff, limited infrastructure to support the Baby Friendly Hospital Initiative (BFHI), and inadequate legislation to support the international code for marketing breast-milk substitute, rates remain below target.

To support the MOH to build a critical mass of trained staff, the Country Office conducted a five-day virtual training course developed from the WHO/UNICEF manual *Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018*. The target audience was local assessors who conduct external assessments and re-assessments of facilities that provide maternity and newborn services. The exercise also included one day of practical assessment. It was the first time that this training had been conducted virtually in the region.

The breastfeeding programme was further enhanced with the commencement of pre-service training for 59 district health visitor students for 21 hours on the BFHI at the University of the West Indies School of Nursing. Promotional activities included a live social media event and the development of a series of educational materials. In recognition of Breastfeeding Week, the “BFHI 10 Steps for Use” guidance was adapted to suit local audiences, and banners, flyers, and posters were produced and distributed to health facilities.

The national breastfeeding policy was also approved in 2020. The policy outlines the strategic direction for the breastfeeding programme. A data tool that collects and monitors breastfeeding rates was also developed and implemented. This tool will be used to monitor the progress to achieve the global goal of increasing the exclusive breastfeeding rate to 40% by 2022 and to 50% by 2025.

The Country Office will continue working to build technical competencies in advocacy and the education of healthcare professionals on the International Code of Marketing of Breast-milk Substitutes. The Country Office will also continue strengthening the national infrastructure to ensure that at least three facilities receive their BFHI certification by the end of 2021.

“We were so happy when PAHO was able to translate the face-to-face training into a virtual one for us! Being able to get our assessors trained has helped us to continue preparation for the BFHI assessment even during the COVID-19 pandemic. The goal of making our hospitals baby friendly is still attainable.”

Mrs. Debra Thomas
Breastfeeding Manager
Ministry of Health

Why Invest in Mental Health

Relatively few people around the world have access to quality mental health services. In low- and middle-income countries, more than 75% of people with mental health conditions receive no treatment for their condition at all.

The serious gaps that still exist in mental health care are a result of chronic underinvestment over many decades in mental health promotion, prevention, and care. Stigma, discrimination, and human rights abuses of people with mental health conditions remain widespread. In Trinidad and Tobago, approximately 4% of the health budget is allocated to mental health, with 85% to the mental health hospital.



“Let me remind you that the time to act is now. Let us continue to promote a mental health friendly society, advocate for increased investment in health and social systems to improve care and services for people with mental health conditions; and Increase the priority given to mental health in the public health research agenda especially during and post the pandemic.”

Dr. Erica Wheeler

PAHO Representative in Trinidad and Tobago
World Mental Health Day Webinar, 2020

Preserving Mental Health during a Pandemic

During the COVID-19 pandemic, the Government of Trinidad and Tobago announced restrictions that included a stay-at-home order, quotas on gatherings in public spaces and closure of restaurants, bars, schools, and other non-essential places. While the data for the country are unknown, an increase in calls to helplines was noted in 2020. With several organizations providing mental health and psychosocial services across the country, the MOH had limited knowledge of the scope of the services as there was no established coordination mechanism.⁶

In response, the Country Office supported the MOH's efforts to improve coordination through the establishment of a Mental Health and Psychosocial Support Service (MHPSS) technical working group (TWG), which comprises over 25 different national organizations. The goal of the TWG was to reduce suffering and improve mental health and psychosocial well-being of people affected by the COVID-19 pandemic. This mechanism allows for the harmonization of interventions, prevents duplication of efforts, and strengthens referral pathways among the different stakeholders. The Country Office also facilitated strengthening of the mental health programme with the development of the National Mental Health Policy Implementation Plan 2019–2029. The National Suicide Prevention Strategy 2020–2025 pivotal to establishing the groundwork for monitoring and reducing the problem of suicide in Trinidad and Tobago, was finalized and approved.

The TWG workplan developed for the year 2020 included activities that focused on coordination, communication, health system strengthening, public health measures, surveillance, and epidemiological intelligence. Over half of the activities were achieved, resulting in increased access to MHPSS, which were mainstreamed and integrated into the COVID-19 response.

The Country Office also promoted several webinars on self-care, targeted primarily to essential workers and care givers. Webinars included: Self-Care for Healthcare Workers; COVID-19 and the School Environment; Coping with Stressors in the Time of COVID-19; and Caring for the Carers: Managing your Mental Health While Caring for Others. The Country Office also coordinated webinars in recognition of the World Suicide Prevention Day, Working Together to Prevent Suicide; and on World Mental Health Day, Invest in Mental Health.

Continued support to the MOH to build capacity of healthcare staff to provide integrated, patient-centred, quality MHPSS will remain a priority. Supporting the expansion of mental health services at the community level and ensuring services are provided to meet the needs at all levels of the mental health pyramid will also be important.

“The suicide prevention strategy is happening in the context of decentralization and we acknowledge that human resources are a major factor. We need to ensure sufficient and competent HR to address the needs and this will be elaborated on in the national suicide prevention strategy 2020–2025 implementation plan.”

Karline Brathwaite
Mental Health Planner
Ministry of Health

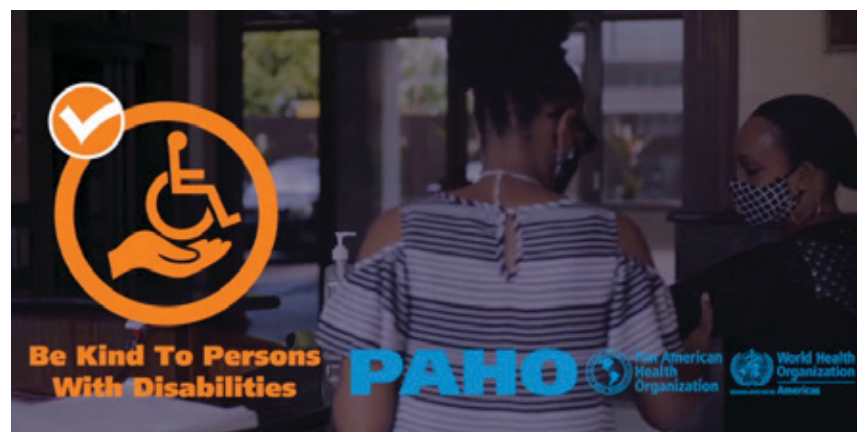
“Everyone's experience is different and there are positives and negatives to the pandemic. I have more time to relax and do things at home now more than before the pandemic. However, I am not a fan of online learning, it's not very engaging and it can be hard to keep up. Also, there is a lot of fake news, and social media can be a very abusive platform. There is a feeling of uncertainty and stress and while you can still talk to your friends it's not the same level of social interactions. My recommendation to parents is for them to reduce the pressure they put on their children, listen to us, help us, and communicate with us more.”

Dominique Nurse-Allen, 16 years old
Participated in Coping with the Stressors of
COVID-19 Youth Webinar, 12 June 2020

Building an Inclusive Environment for People with Disabilities

People with disabilities may be disproportionately impacted by the COVID-19 pandemic due to the disruption of services. The promotion of an inclusive society is important since it advocates for the increased investment in health and social systems to improve care and services for people with disabilities.

The Government of Trinidad and Tobago has taken steps to ensure the inclusion and empowerment of people with disabilities through the development of the National Policy on Persons with Disabilities (2018) and the drafting of the National Strategy for Children with Disabilities. To ensure that appropriate measures were being implemented to respond to the needs of this vulnerable group as part of the response to the COVID-19 pandemic, the Country Office convened a meeting with over 30 organizations for people with disabilities to discuss the COVID-19 response. This session provided key information to help strengthen the provision of services for people with disabilities.



The participants provided recommendations on how to overcome the challenges identified, embracing the mantra “nothing about us without us.” The suggestions coming out of this exercise helped inform the development of disability advocacy communications material for the Country Office's risk communications campaign. Among the assets produced were an episode of PAHO People, the Country Office's upcoming feature programme, posters, and a printed advertisement. Out-of-home advertising via digital billboards placed in select locations was also incorporated in the campaign during December 2020. The report detailing the findings of the consultation was shared with the MOH as the challenges identified by the community focused mainly on public health communications and healthcare access.

The information gathered during the virtual meeting was also used to develop the expression of interest for the United Nations Partnership on the Rights of Persons with Disabilities grant for which Trinidad and Tobago was selected as the only Caribbean country to undertake phase 2 of the grant process. It is hoped that the country will also be selected for phase 3 of the grant to allow funding to support a two-year implementation of the key priority activities.

Protecting and Promoting Health through Safe, Healthy Environments

Health is intrinsically linked to the environment. The social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, work, play, and age. Environmental factors are now recognized as causal to a significant burden of death, disease, and disability. These factors range from poor water quality and access, vector-borne disease, and air pollution, to toxic chemical exposures and climate change. It is evident that good health cannot be achieved without a safe, healthy environment. As countries strive to build safe, healthy, resilient communities, the important role of health in all policy approaches and the need for multisectoral actions must be emphasized.

“We are at a crucial point in time in the Americas when we must increase our solidarity and intergovernmental collaboration to address climate issues, which are arguably the health challenges of the century ... The Americas must embrace mechanisms for countries to come together around climate change.”

Dr. Carissa F. Etienne

Director of the Pan American Health Organization

EU/CARIFORUM

Climate Change and Health Project

Virtual Launch, 1 December 2020



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The Right to Clean Air

The COVID-19 pandemic has exposed, like never before, vulnerability to societal and economic shocks. Early studies are projecting that air pollution increases the likelihood of succumbing to COVID-19, giving yet another reason to urgently improve global air quality.

Addressing air pollution is one of Trinidad and Tobago's priorities. The country has deployed and strengthened a nationwide Ambient Air Quality Monitoring Network that produces publicly available, real-time, air-quality information. Trinidad and Tobago's efforts to establish and expand its air-quality monitoring network, positions the country to: improve its estimation of the air pollution burden of disease; and identify the synergies between short-lived climate pollutants, mitigation actions, and air-quality management. It is also helping to raise awareness among the public and decisionmakers about air pollution and its health impacts. The Country Office has been collaborating with the Environmental Management Authority (EMA), as the country works to meet the WHO air-quality guidelines interim target 3 for PM2.5 by the end of 2025.

During 2020, Trinidad and Tobago was also included in the World Air Quality Index, which creates an opportunity for precautionary measures to be taken to protect health when required. Furthermore, Trinidad and Tobago became the first Caribbean country to join the WHO BreathLife campaign. The country has continued to work with stakeholders to tackle air pollution through several climate change and health initiatives. A memorandum of understanding was established between the Ministry of Health and Ministry of Planning and Development to facilitate data-sharing, thereby improving the country's ability to assess the burden of diseases related to air pollution.

The country was also included in several projects to advance climate change and health. These included a Green Climate Fund (GCF) Readiness and Preparatory Support Programme for building climate resilience into Trinidad and Tobago's healthcare system. This project is being led by the Ministry of Planning and Development, with the Caribbean Community Climate Change Centre as the implementing agency, and PAHO/WHO as a collaborating partner. In addition, another grant, Increasing Ambition by Estimating the Health Co-benefits of Integrated Air Pollution and Short-lived Climate Pollutants Mitigation Actions in Trinidad and Tobago, was developed jointly by PAHO/WHO and the EMA. The country is a beneficiary of the European Union CARIFORUM Climate Change and Health project and the GCF regional readiness proposal, with several activities that will contribute to improving air quality.

In commemoration of the first International Day of Clean Air for Blue Skies, Trinidad and Tobago along with Jamaica and Curaçao participated in the webinar and panel discussion Air Pollution, NCDs and COVID-19: Challenges and Opportunities for a Healthy Recovery, which was hosted by the Country Office. This platform offered the opportunity for Trinidad and Tobago's Ministry of Health and Ministry of Environment to share information.

The Country Office will continue to support and facilitate the implementation of the various grants and projects. Efforts will be made to ensure capacity is built at the country level, with the transfer of skills from the international consultants to the local team as part of the programme of sustainability.

Promoting Health throughout the Life Course



Gender-based violence – Communicating to Strengthen Health Sector Responses to Domestic Violence in the COVID-19 Context

As in other parts of the world, a consequence of the pandemic has been an increase in reporting of cases of domestic violence, as people spend more time at home with people who abuse them and have restricted access to care and support. Gender-based violence (GBV) is high on the political agenda, with public and media attention being focused on murders of women.

“We all must understand that the scourge of domestic violence and all other forms of gender-based violence erode the fabric of society and infringes upon the human rights of another individual.”

Dr. The Honourable Keith Rowley
Prime Minister of Trinidad and Tobago

During 2020, numbers of reported cases of domestic violence grew in Trinidad and Tobago, as they did in many countries, as stay-at-home measures resulted in many people being confined in close quarters with someone who abused them and finding it difficult to access services. The Trinidad and Tobago National Women's Health Survey 2018 showed that, after family and friends, healthcare workers are the people survivors of gender-based violence most often turn to for assistance and support. During the pandemic, it is especially important to strengthen health sector responses to domestic violence.

Under the Spotlight Initiative, evidence-based communication products were developed to strengthen health sector responses. An objective was to promote good practice in the health sector in the care and support of survivors of domestic violence, taking into account the increased risks associated with the COVID-19 pandemic context. Further objectives were to provide members of the public with accessible expert guidance on ways they can assist in assuring the safety and health of survivors, and, finally, to increase awareness and use of high-quality data in decision-making in domestic violence care and support.

All the products draw on WHO good practice guidance for the care and support of survivors of domestic violence in the COVID-19 context. They also incorporate local evidence, for example, from the National Women's Health Survey. They are designed to be presented in a visually appealing, colourful format, with positive images of healthcare workers, women, and girls, reflecting diversity in age, body shape, and ethnicity in Trinidad and Tobago. The sources of the information used are presented in each of the products. The idea is to incorporate practical, useful information into things that healthcare workers and policymakers can see and use every day (e.g., calendars and notebooks) or into places where members of the public have easy access to the information, such as in health and transport waiting areas.

Four products were developed:

- ▶ Calendar for healthcare workers;
- ▶ Notebook for healthcare workers;
- ▶ Notebook for policymakers in the health sector;
- ▶ Poster for hospital and clinic waiting areas, and for transport/bus stops, with information for community members on how to assist survivors.

PAHO is collaborating with the MOH to distribute, raise awareness of, and evaluate the products.





On the FRONTLINES...



After family and friends, health care workers are the people that survivors of family violence most frequently turn to in Trinidad and Tobago.

Initiated by the European Union and the United Nations





Only 13% of women survivors of physical and sexual violence by intimate partners seek a health care worker.

Experiencing health and financial or verbal abuse is a risk for missing out on support services. 58% of the women who reported physical intimate partner violence (IPV) experienced by a woman as an adult.

In 2019, 75% of the reports made to the police of domestic violence were made by women. Among the police officers who reported domestic violence, 75% were women.

Women survivors of intimate partner violence (IPV) were more likely to be injured, pregnant, or need for risk (69%) loss of self confidence (65%).

Source: Cécile Pemberton and Joel Joseph (2018) National women's health survey for Trinidad and Tobago. Washington: Inter-American Development Bank. Office of the Prime Minister, Gender Affairs Division. Trinidad and Tobago. <https://www.gov.tt/gov.tt/Portals/0/Data/Reports/2019/Data-Report-Part-of-Spanish-Office-of-the-Prime-Minister.pdf>



January



Over 100 women in Trinidad and Tobago experience physical or sexual violence from their partner in their lifetime.

Let New Years Day

Source: Cécile Pemberton and Joel Joseph (2018) National women's health survey for Trinidad and Tobago. Washington: Inter-American Development Bank.

What do about family violence in Trinidad and Tobago?

National studies of women's experiences of violence have been conducted in Trinidad and Tobago. Data from agencies providing services to survivors of family violence, such as health, police and social services and civil society organizations, are also important. However, data from service providers can only show the experiences of people who access these services, and there is a need to ensure that data is shared between agencies to ensure continuity of care. The Spotlight Initiative is working with service providers to strengthen and integrate their information systems.


Results from the National Women's Health Survey

- Over the lifetime of women who ever had a partner:
 - 38% experienced physical and/or sexual violence by a partner in their lifetime.
 - 59% experienced emotional violence by a partner, including threats, intimidation, insults, belittling and humiliation.
 - Of women who had ever been pregnant, 7% experienced physical intimate partner violence during pregnancy.
 - If a woman had witnessed or experienced violence as a child, she was more likely to experience intimate partner violence as an adult with women who had not experienced physical or sexual violence by a partner. Those that had experienced either were more likely to have problems with mental health, with performing usual activities and with pain. Their mental health was also affected: suicidal thoughts, alcohol consumption and recreational drug use was more common among them. They were also less likely to exercise control over contraception.

Data from service providers


- In 2019, 75% of the reports made to the police of domestic violence were made by women. Among the women, assault by beating and breach of protection order were most commonly reported. Among men who reported domestic violence, threats were most common.
- Psychological violence accounted for 23% of cases of domestic violence reported in 2019 to agencies including the National Domestic Violence Helpline, Safe Homes and National Emergency Services. Physical abuse accounted for 20% and verbal abuse for a further 20%.
- Among people who reported domestic violence inflicted on themselves, unemployment was more common among female survivors than among male survivors who reported to services. 25% of female survivors and 5% of male survivors were unemployed.
- Of domestic violence survivors who reported to the helpline, 75% had one or more children. One in every five had three or more children.

Source: Pemberton and Joel Joseph (2018) National women's health survey for Trinidad and Tobago. Washington: Inter-American Development Bank. Office of the Prime Minister, Gender Affairs Division. Trinidad and Tobago. <https://www.gov.tt/gov.tt/Portals/0/Data/Reports/2019/Data-Report-Part-of-Spanish-Office-of-the-Prime-Minister.pdf>



SHE IS MORE AT RISK OF DOMESTIC VIOLENCE DURING COVID-19

ARE YOU #WithHer?



Family members, friends, health care workers and neighbours are the first people women tell when they experience violence.


Cécile Pemberton and Joel Joseph (2018) National women's health survey for Trinidad and Tobago: final report. Washington: Inter-American Development Bank, page 54.

Here's How You Can help!

- **Be aware** of the increased risk at this time. Violence is never justified.
- **Listen and find out** about the woman's or child's needs and concerns.
- **Reach out** and keep in touch with women and their children. Let them know you are here to help.
- **Be careful** when contacting survivors as the abuser may be present in the home.
- **Get and share** information on available support with survivors, without alerting their abusers.
- **Be prepared** to call emergency services in case someone needs urgent help.

Do not judge. Believe survivors and show them that they are not to blame.

Initiated by the European Union and the United Nations



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Some of the evidence-based communication products developed to strengthen health sector responses.

Strengthening the Evidence Base for Health Sector Decision-making on Gender-based Violence

The National Women's Health Survey 2018 showed that 30% of ever-partnered women in Trinidad and Tobago had experienced lifetime physical and/or sexual partner violence; and 6% had experienced this in the 12 months prior to data collection. The same survey showed that healthcare workers are the professionals that women most often turn to for care and support.

Despite this, at the policymaking level, there is little information about survivors of GBV who present to the healthcare system and the care they receive. Healthcare workers record information on patients to assist in making decisions about and monitoring their care. However, information relating to GBV may not be collected in a systematic way that can assist in orienting care according to the best possible standards.

Under the Spotlight Initiative, PAHO worked with national stakeholders to develop a Gender Based Violence Health Information Management System (GBV HIMS), which aims to capture information at each stage of care and support of GBV survivors in the healthcare system. The prototype of the data collection instrument for this system is the Medical History and Examinations Form of the WHO's Clinical Handbook for Women Subjected to Intimate Partner Violence and Sexual Violence.

Through consultation, this instrument is being adapted to the local context to capture information about demographic and medical characteristics of GBV survivors who present for health care, characteristics of incidents of violence, and information about the care,

treatment, and referral provided. The Country Office is working with the Latin American Center for Perinatology (CLAP) to develop the electronic interface for data entry, analysis, and sharing to enable reports to be generated for policy and managerial decisions. This electronic interface is to be based on the Perinatal Information System (SIP), which has been rolled out in several Latin American and Caribbean countries, including Trinidad and Tobago.

Consultative workshops and meetings were held (mostly online) with national stakeholders, including the MOH, the Office of the Prime Minister, and civil society organizations. This resulted in modifications in the data collection instrument in line with local needs and concerns. It also assisted the development of potential strategies to strengthen referral systems and integrate GBV information from the health sector with other sources of information, such as the Gender Based Violence Registry of the Office of the Prime Minister Gender and Child Affairs Division.

Consultations with staff of RHAs in 2021 will enable the GBV HIMS to be appropriately tailored to and developed from the current systems of data collection and care. Training, implementation, and generation of data reports will follow.



Strengthening Perinatal and Maternal Health Care through an Electronic Information System

Pregnancy and postpartum are especially vulnerable periods for women's health, requiring specialized care and monitoring. Unborn and newborn babies also need specialized medical attention.

In Trinidad and Tobago, the Directorate of Women's Health of the MOH has expressed its concern about maternal and child health, especially following some incidents of maternal death. Arising from the work of the Directorate and its partnership with PAHO, Trinidad and Tobago is now one of several countries in the Americas to implement SIP to enable clinicians to monitor the health of pregnant women and newborn babies. The system enables staff to enter data on a specially designed form that registers details of health status and of care and support provided, enabling the monitoring of quality and an evidence base for good practice.

The SIP methodology has been developed by CLAP. In partnership with the Directorate of Women's Health, CLAP, and the Country Office have provided support for the rollout, including technical training and support and development of the information technology (IT) system. SIP+, or SIPPlus, is the advanced version of the SIP including an interconnected IT system. In 2020, PAHO worked with the Directorate and RHAs to pilot and enable them to set up and start to use SIP+. Increasing the number of sites entering data into SIP+ will enhance the coverage and quality of data on maternal and child health at national level and thus facilitate decision-making by policymakers and strengthen health care. An important innovation in 2020 was the inclusion in SIP+ of a module on

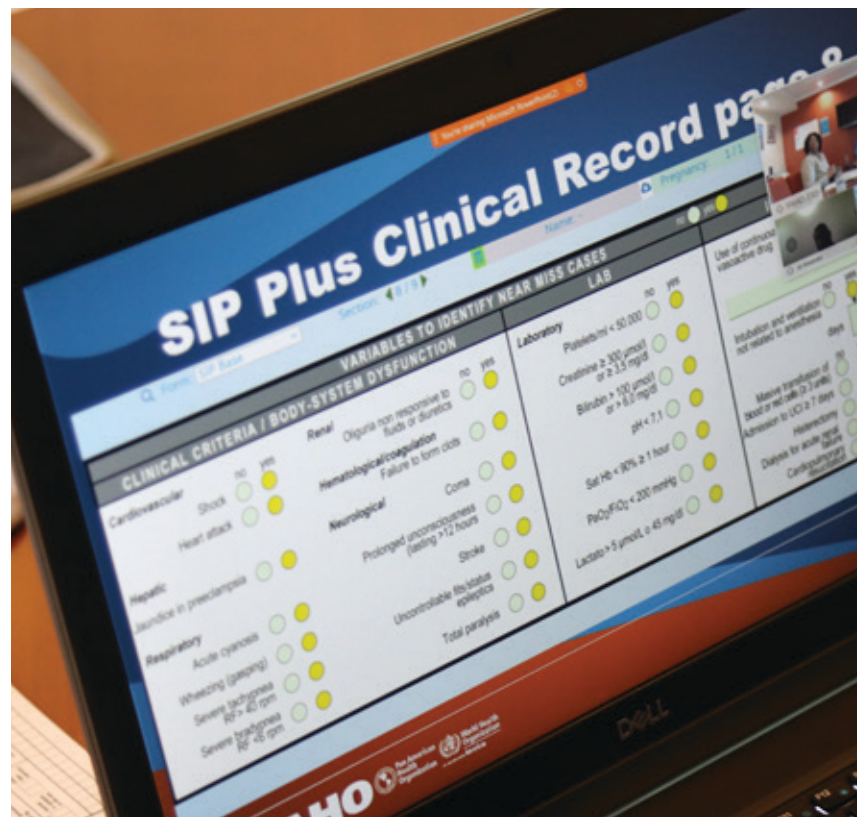
COVID-19 to help monitor incidents and outcomes of this disease among pregnant women during the pandemic.

In 2020, there was also ongoing work with all RHAs to develop and support SIP, which was made available across more health facilities on local computers and in hard copy. Work began on the implementation of the network infrastructure to support SIP+ and later SIP+ with the COVID-19 form. The piloting of SIP+ began in two out of the five RHAs: Tobago and Eastern.

PAHO worked with all five RHAs on building their network infrastructure capacity to reach more health centres by providing all locations with network access and computers to run SIP+. Consultations were held with various Internet service providers to review their proposed network topology and managed services. National servers were installed in three locations: Scarborough General Hospital Tobago, the Fujitsu Data Centre, and a server room built by PAHO in the MOH's Park Plaza building. Advanced network security was implemented at each server site using firewalls, and the data being transmitted over the Internet are protected by SSL encryption.

Some significant milestones were the approval of proposed network infrastructure, implementation of the Wide Area Network, and the installation of SIP+ with the COVID-19 form on all national servers. Each RHA was assigned an IT focal point to manage local SIP+ user accounts and provide support to users. The piloting showed that, while the two RHAs had their own servers, it was difficult to access the SIP+ platform from some health centres due to a lack of network connectivity back to the main hospital or even connectivity to the Internet. PAHO continues

to work with the RHAs to develop connectivity and to support RHA staff in using both SIP and SIP+. Feedback from RHA stakeholders suggests that all forms of SIP, from the paper version right through to the fully connected SIP+ with the COVID-19 module, are valuable tools in optimizing maternal and child health care.



Training session conducted in Trinidad and Tobago in 2020.

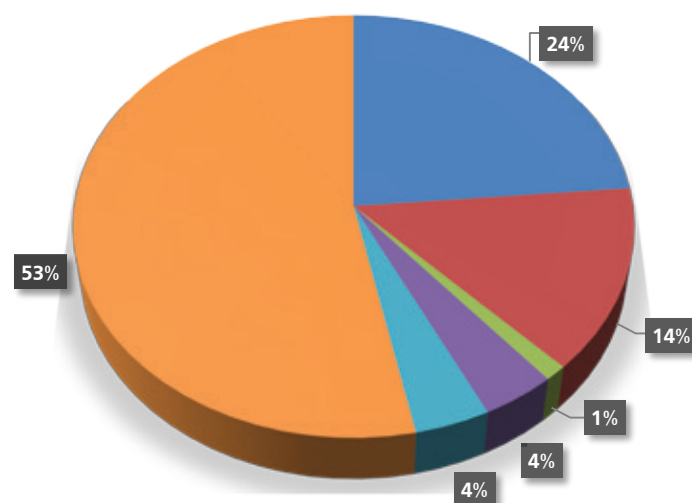
Financial Summary

As at 31 December 2020, the Country Office had received approximately US\$ 3.6 million, which mainly consisted of WHO funds (53%), assessed contributions (23.62%), and Canadian funds (14.07%). The Country Office was able to implement 65% of funds received (US\$ 2.4 million), primarily in the following areas:

- 51.85% – Outbreaks and crisis response
- 9.75% – Management and administration
- 9.63% – Health and emergencies
- 5.18% – NCDs and mental health conditions

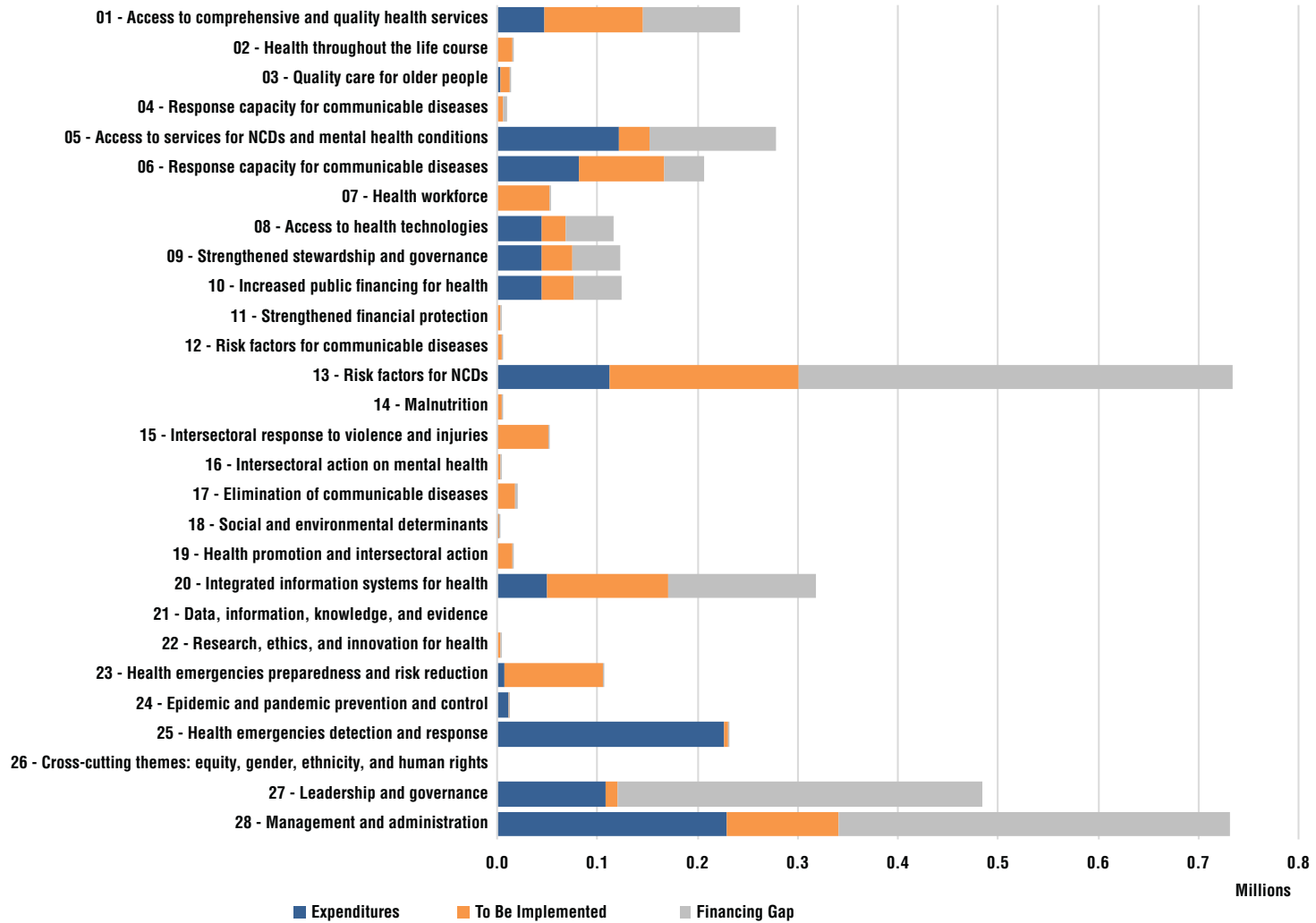
The following figures provide further breakdown on the implementation of funds as at 31 December 2020.

Financial flows for Trinidad and Tobago, 2020



■ Assessed Contributions ■ Canada ■ European Union ■ United Nations Development Programme (UNDP) ■ United States of America ■ World Health Organization

Key figures for Trinidad and Tobago, 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 economy of Trinidad and Tobago. The COVID-19 pandemic has affected health, social, and economic systems in the country. Effective and dynamic leadership and stewardship and the incorporation of health into national economic and social policies must continue.

There is still work to be done on strengthening surveillance systems to better record epidemiological data, as well as capture data required in the midst of a pandemic, for example, the EIR. Laboratory networks also need to be expanded to better cope with the need to perform routine as well as PCR tests. It is necessary to be also mindful that essential public health functions are not completely neglected, which would weaken health systems in general, especially as the country emerges from a pandemic. The lessons learned during the pandemic with the use of multisectoral action (government, civil society, and private sector) using health-in-all-policies, whole-of-government, and whole-of-society approaches must be strengthened to effectively and efficiently address the determinants of health and reduce inequities.

When the COVID-19 vaccination programme is rolled out in the country in 2021, public health and social measures cannot be relaxed. Increased investments will be needed for public health interventions that place attention not only on physical health, but also on mental health and psychosocial support. The needs of persons with disabilities should also not be neglected in the public health research agenda, especially during and after the pandemic. Maternal and child health programmes, as well

as those on GBV, will need to continue to be supported, as many of these routine services have been affected by the pandemic.

Trinidad and Tobago will need to continue to promote and advance access to universal health with primary health care as the core strategy, building resilient healthcare systems that can survive future threats and risks. However, reactivating the national economy must be done gradually, based on the evolving data about the pandemic and the capacity of the health system to meet continued shocks from this and future pandemics, ensuring that no one is left behind. Resilient health systems and resilient communities are the future, if the people of Trinidad and Tobago are to live healthy lives.

“As we look toward the future, rebuilding after the pandemic, we must overcome key challenges while protecting the achievement of hard-earned health gains such as reducing mortality and morbidity and continuing to expand vaccination coverage.”

Dr. Erica Wheeler
PAHO Representative in
Trinidad and Tobago

Appendix

List of 2020 Webinars and Courses

Self-care for Healthcare Workers

Date: 29 May 2020

COVID-19 and the School Environment

Date: 5 June 2020

Coping with the Stressors in the Time of COVID-19

Date: 12 June 2020

Journalism and COVID-19. Responsible Reporting on the COVID-19 Pandemic and Mental Health

Date: 18 June 2020

Webinar for Communicators on Stigma Related to COVID-19 and Mental Health

Date: 9 July 2020

Caring for the Carers: Managing Your Mental Health while Caring for Others

Date: 10 July 2020

Co-existing with COVID-19: An Epidemiological Perspective

Date: 15 July 2020

PAHO-UTT Webinar on CO-EXISTING with COVID-19: An Epidemiological Perspective

Date: 17 July 2020

Introduction to Critical Care Nursing Course – Cohort 1

Date: July–August 2020

Support Breastfeeding for a Healthier Planet

Date: 4 August 2020

Introduction to Critical Care Nursing Course – Cohort 2

Date: August–September 2020

Impact of COVID-19 on People Living with Disability

Date: 3 September 2020

Sars-Cov-2 Testing Validation and Verification of Methods

Date: September 2020

Air Pollution, NCDs and COVID-19: Challenges and Opportunities for a Healthy Recovery

Date: 7 September 2020

Working Together to Prevent Suicide

Date: 10 September 2020

Re-opening Schools: Shared Perspectives on Navigating Mental Health during COVID-19

Date: 25 September 2020

A Call to Action to Invest in Mental Health

Date: 9 October 2020

HEARTS in the Americas on World Hypertension Day: Introducing a New Virtual Course to Improve Blood Pressure Measurement

Date: 16 October 2020

Evidence for Action On Gender-based Violence

Date: 9 December 2020

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3. National Strategic Plan for the Prevention and Control of Non Communicable Diseases: Trinidad and Tobago, 2017 – 2021.
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6. Trinidad and Tobago MHPSS TWG meeting minutes, 5 May 2020.

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