



ANNUAL REPORT 2021

BARBADOS AND THE EASTERN CARIBBEAN COUNTRIES

Responding to COVID-19
and Preparing for the Future

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS



Annual Report 2021. Barbados and the Eastern Caribbean Countries: Responding to COVID-19 and Preparing for the Future
PAHO/ECC/22-0001

© Pan American Health Organization, 2022

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

Under the terms of this license, this work may be copied, redistributed, and adapted for non-commercial purposes, provided the new work is issued using the same or equivalent Creative Commons license and it is appropriately cited. In any use of this work, there should be no suggestion that the Pan American Health Organization (PAHO) endorses any specific organization, product, or service. Use of the PAHO logo is not permitted.

All reasonable precautions have been taken by PAHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall PAHO be liable for damages arising from its use.

Photos: © PAHO.

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 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 2021. 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.

PAHO personnel tour a special needs school ahead of providing a donation of essential COVID-19 supplies and equipment.



Mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, combat disease, 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, 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.

PAHO Country Program Specialist, Nicole Slack-Liburd, assisting with the offloading of supplies provided by PAHO following the eruption of the La Soufrière volcano in Saint Vincent and the Grenadines.

CONTENTS

<i>Message from the Director</i>	vi
<i>Message from the Representative</i>	vii
HIGHLIGHTS	1
PAHO TECHNICAL COOPERATION	2
• Health Emergencies	2
• Health Systems and Services	8
• Communicable Diseases	10
• Noncommunicable Diseases and Mental Health	13
• Health Throughout the Life Course	18
• Environment and Health	21
FINANCIAL SUMMARY	23
LOOKING AHEAD	34

MESSAGE FROM THE DIRECTOR



In 2021, COVID-19 remained the greatest public health challenge of modern history. The Region of the Americas was hardest hit and, as new variants of the virus emerged, it became clear that the pandemic was not yet over. However, new vaccines heralded its ending and the advent of a new normal at work, at school, and in everyday social interactions.

The Pan American Health Organization (PAHO) strengthened its technical cooperation to support Member States in vaccinating populations against COVID-19. However, vaccine hesitancy and misinformation sometimes hampered their valiant efforts. PAHO must continue to assist countries in implementing strategies to overcome such obstacles for the COVID-19 vaccination program and routine childhood and other immunization programs.

COVID-19 has had a devastating impact on all countries. Given the attention focused on the pandemic response, we risk losing gains already made in other areas of public health and face a significant worsening in the socioeconomic determinants of health. The COVID-19 experience has underscored the need to continue to advocate for resilient health systems; strengthen the first level of care using a primary health care approach; promote health in all policies; and revitalize essential public health functions.

Therefore, in 2021 we focused more on those areas of health neglected earlier in the pandemic. These 2021 annual reports chronicle the work in countries and subregions as we prepare for the post-pandemic era.

I sincerely thank our Member States, partners, and donors for working with us to address the challenges of COVID-19. We need to continue to collaborate closely in the complex task of ending the pandemic; tackling the inequities and inequalities in health that plague our Region; maintaining health high on the political agenda of all Member States; and championing health equity as the cornerstone for sustainable development to ensure that we leave no one behind.

Dr. Carissa F. Etienne

Director of the Pan American Health Organization

MESSAGE FROM THE REPRESENTATIVE



On behalf of the Office of the Pan American Health Organization for Barbados and Eastern Caribbean and the team, it is an honor to present this report, which documents some of the main areas of technical support provided to Member States in collaboration with our partners.

Looking back on our achievements for 2021, it is a matter of pride both for PAHO and our country partners in Barbados and the Eastern Caribbean Countries that we have risen to the challenge presented by the COVID-19 pandemic and successfully expanded our technical cooperation in a way that preserves progress toward long-term development goals.

Although we began the year with a clear plan for our work, set out in our Biennial Work Programs and guided by the medium-term framework of the second Multi-Country Cooperation Strategy 2018–2024, the prolongation of the COVID-19 pandemic necessitated a rapid priority change. Our new primary goal for 2021 was to sustain an effective response to the unprecedented challenge of COVID-19, while honoring our pre-agreed commitments to the development priorities of ministries of health and generating renewed momentum toward the Sustainable Development Goals.

We have experienced significant challenges during this period, but it has also provided a valuable opportunity to acknowledge our weaknesses and build stronger partnerships in areas such as procurement, vaccine hesitancy, and management of chronic disease. This strengthened subregional cooperation should continue to yield benefits for health in all countries as we transition into the post-pandemic phase.

With the issue of how to effectively align universal health coverage goals with emergency responsiveness now a global discussion point, it is heartening to look back at the past year and acknowledge how, thanks to the strong country and subregional leadership, our emergency response activities have supported the longer-term development trajectory of our seven small island states. Let me take this opportunity to extend our appreciation to the governments, ministries of health, and the hardworking health care workers of Barbados and the Eastern Caribbean Countries for their support and commitment during these demanding times. This report serves to underscore that, no matter how urgent immediate health priorities are, we will not waver in our commitment to ensuring that universal health coverage and access remain the goals of our support to the Member States of Barbados and the Eastern Caribbean.

Karen Polson

Acting Representative in Barbados and the Eastern Caribbean Countries



PAHO provides an assessment of an oxygen plant at a hospital in Dominica.

HIGHLIGHTS

- **Delivering COVID-19 vaccines.** The COVID-19 vaccine rollout was a particularly significant achievement. The Pan American Health Organization (PAHO) sourced COVID-19 vaccines for the countries using its Revolving Fund to procure stock through the COVAX Facility, co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), GAVI, and the World Health Organization (WHO). PAHO supported all countries to develop national vaccine deployment plans, logistical processes (cold chain management, transportation, and vaccine storage), and the accompanying systems and processes necessary to ensure that the vaccines could be safely administered to the population with any suspected adverse events appropriately managed. Guidance and knowledge on the evolving global situation was disseminated widely through webinars and bilateral training/education sessions.
- **Addressing vaccine hesitancy.** After an initial strong uptake of the COVID-19 vaccine, countries began to observe an increasing trend of people refusing to get vaccinated, despite the availability of vaccines, mirroring global trends in vaccine hesitancy. The observation was particularly concerning because of the possible negative impacts on vaccination coverage for other diseases in the subregion, where routine vaccination rates have been successfully maintained at around 95% for several years. PAHO responded to the challenge by putting significant time and resources into activities to understand the issue and communicate the benefits and safety of vaccination to the general public, including research, communication campaigns, and participation in public discussions.
- **Advancing the digital transformation.** A rare positive consequence of the COVID-19 pandemic has been the acceleration of efforts to digitize health records and surveillance activities, with knock-on benefits for the digital transformation of health systems. By direct procurement of computer equipment, recruiting staff, and conducting training on digital systems, including on WHO's outbreak investigation software Go.Data, PAHO has helped to move epidemic tracking and data collection from primarily paper-based forms to an electronic system. A further achievement is the now-extensive library of health information modules developed to track the epidemic. These innovations should catalyze further investments in information systems, guided by PAHO's Information Systems for Health (IS4H) Initiative.
- **Expanding *Aedes aegypti* vector control.** Diseases spread by the *Aedes aegypti* mosquito are a significant burden on the health and social welfare systems and likely to become even more so, as climate change-related environmental changes promote breeding of the *A. aegypti* mosquito. Dengue fever, the major vector-borne disease transmitted through the bite of *A. aegypti*, is endemic, leading to frequent outbreaks. There have also been recurrent epidemics of chikungunya and Zika, spread by the same mosquito. PAHO facilitated the strengthening of national technical capacities to reduce and eliminate *A. aegypti* mosquitoes by enhancement of integrated vector control management and direct provision of insecticide and insecticide application equipment, including procurement of necessary supplies.
- **La Soufrière volcanic eruption.** PAHO had a chance to showcase its emergency response capacity in multiple ways in the wake of the La Soufrière volcanic eruption, which caused extensive damage, cut off water supplies to many health facilities, and displaced thousands of people. PAHO provided emergency support in the post-eruption period by mobilizing technical experts to do physical assessments of the damage to services, to address water supply problems at health facilities, and raised significant amounts of money to finance the response. The information collected by PAHO experts about damage to health facilities and urgent needs enabled the Government of Saint Vincent and the Grenadines to plan interventions and prioritize those with greatest need.

PAHO TECHNICAL COOPERATION



HEALTH EMERGENCIES



Staff working in the dialysis unit of the Evesham Health Center in Saint Vincent and the Grenadines following the eruption of the La Soufrière volcano.

As the COVID-19 pandemic continued into its second year, PAHO's disaster management and health emergencies teams pivoted to respond to the ongoing crisis, while maintaining a focus on preplanned priorities.

Implementation context

As the COVID-19 pandemic continued into its second year, PAHO's disaster management and health emergencies work pivoted to respond to this crisis, while maintaining a focus on preplanned priorities including natural hazards, and emerging and re-emerging diseases, which are of utmost importance to governments.

Building on previous support from PAHO to establish an Incident Command System, with Mass Casualty Management processes and Emergency Care and Treatment, country capacities for response to the COVID-19 pandemic were strengthened through these structures.

PAHO continued supporting Member States to build additional capacity in emergency response in three major areas: technical support (guidelines and trainings); procurement of personal protective equipment (PPE) and medical and laboratory supplies; and testing and delivery of vaccines and cold chain equipment.

Technical support

Targeted capacity-building expertise was mobilized to improve surveillance capacity and contact-tracing processes for people diagnosed with, or suspected to have, COVID-19 across the subregion. PAHO also supported countries to capture data by hiring personnel for contact tracing and data entry and purchasing computer equipment for use in Anguilla, Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, and British Virgin Islands.

Training on the WHO Go.Data system – an outbreak investigation software to help collect field data, support contact tracing, and visualize chains of transmission – was conducted in Antigua and Barbuda. Through this work, PAHO advanced the goal of digital transformation by moving data collection from primarily paper-based forms to an electronic system.

Several activities were done with the intention of boosting laboratory capacity. PAHO oversaw an assessment of preexisting laboratory capacity to diagnose COVID-19 through molecular diagnosis of SARS-CoV-2. Laboratory personnel in Antigua and Barbuda, Barbados, and Saint Kitts and Nevis were trained in molecular diagnostic techniques.

Basic and advanced training courses to teach health care workers new skills in infection prevention and control (IPC) practices were conducted in Antigua and Barbuda and Grenada. The training curricula were developed based on the IPC core components which include: 1) organization and structure; 2) guideline development and implementation; 3) education and training; 4) hospital-acquired infection (HAI) surveillance; 5) multimodal strategies for implementing IPC activities; 6) monitoring and evaluation and feedback; 7) workload, staffing, and bed occupancy at the facility level; and 8) built environment, materials, and equipment for infection prevention and control at the facility level.

A short IPC training course was also conducted for health care workers in Saint Kitts and Nevis, with the objectives of providing them with the knowledge of basic steps of IPC and minimizing the opportunity for transmission of COVID-19 among health care workers. A further objective was to address the risk of transmission of pathogens that can cause bloodstream and ventilator-associated infections. Finally, to inform COVID-19-related decision-making processes, PAHO supported a COVID-19 and noncommunicable diseases (NCDs) and mental health quality of care mobile survey in Antigua and Barbuda.

Procurement of medical and laboratory supplies

PAHO's procurement support was essential for helping many countries scale up their capacity to test for COVID-19. PAHO helped countries with procurement and delivery of rapid antigen test kits, polymerase chain reaction (PCR) test kits (including primers and probes), laboratory reagents, and consumables. In addition, two

laboratory technicians were hired to strengthen the human resources capacity at the national reference laboratory in Barbados. Surveillance capacities were further strengthened through training and provision of IT equipment for the establishment of an early warning alert and response system (EWARS-in-a-box).

La Soufrière volcanic eruption

While the countries were already dealing with the widespread effects of the COVID-19 pandemic, another emergency unfolded when La Soufrière volcano erupted on the main island of Saint Vincent (Saint Vincent and the Grenadines), on 9 April 2021, after several months of increased seismic activity.

Large numbers of people, around 16 000 in total, were evacuated to shelters. Access to health care and basic services such as water and sanitation was affected. PAHO provided emergency support in the post-eruption period through technical assistance for assessment of urgent health facility water requirements, and mobilizing resources to finance the short- and medium-term responses, both as an individual agency and jointly with United Nations partners. PAHO contributed to service improvements for water, sanitation, and hygiene (WASH) in 20 health care facilities through retrofitting of plumbing fixtures, provision of water tanks and water testing kits, cleaning of some health facilities, and procurement of essential equipment and supplies to replace those damaged by the volcanic eruptions.

In terms of health-service provision, PAHO helped to re-establish dialysis services, which were severely impacted by the eruption, and strengthened community resilience using psychological first aid as a means of support among community leaders. An assessment of the use of the WHO noncommunicable disease kits for emergencies and disasters was also conducted. This package was put together to support treatment of patients with chronic diseases in emergency situations, by providing an evidence-based kit with essential medicines and medical devices for outpatient care in primary health care settings.

In preparation for potential health consequences of volcanic gases persisting in the air, PAHO arranged for strengthening of capacity for monitoring ambient air quality and assisted in determining potential mitigation actions of the impacts. PAHO also produced mental health and nutrition jingles for community engagement and conducted stress management webinars.

Testing and delivery of vaccines

The COVID-19 vaccine rollout was a particularly significant achievement. PAHO's Revolving Fund is responsible for the procurement of COVID-19 vaccines for the countries of the Americas under the COVAX Facility, which is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), GAVI, and WHO.

Through its role in vaccine procurement, PAHO supported Barbados and the Eastern Caribbean Countries in the development of National Vaccine Deployment Plans and the logistical processes. PAHO also assisted countries to establish the accompanying systems and processes necessary to ensure that the vaccines could be safely administered to the population with appropriate plans in place to address any problems arising as a result. An important component of this work was to strengthen surveillance of potential adverse events, known as events supposedly attributable to vaccination or immunization (ESAVI).

PAHO supported countries to set up active mechanisms to identify cases, provide immediate attention, and conduct further analysis of any such events identified by health care workers. The work involved helping Barbados, Dominica, Saint Kitts and Nevis, and Saint Lucia to draft plans for management of ESAVI and procuring relevant IT equipment to strengthen the surveillance capacity. This system is important for increasing confidence among the general population in both the vaccine and the manner in which the health system is managing the vaccination program.

To ensure that COVID-19 vaccination efforts did not distort countries' pre-agreed priorities, PAHO also

worked to strengthen the Expanded Program on Immunization (EPI), an effort established worldwide in 1974 to work toward the goal of universal access to all relevant vaccines for all at-risk persons. Specific activities for this technical support included PAHO support for the continuous training of EPI managers and their teams to ensure the approach being used is evidence-based, and conducting active community outreach activities to reach unvaccinated children in the framework of Vaccination Week in the Americas.

Dissemination of PAHO guidance and knowledge is a further important part of the vaccine rollout support. Webinars and bilateral training/education sessions were organized for representatives of Member States to ensure that they were aware of the latest guidance from the Strategic Advisory Group of Experts on COVID-19 vaccines. The Office also compiled and presented countries' experiences for other countries to learn from in a webinar titled Monitoring COVID-19 Vaccine Deployment toward Herd Immunity: Successes, challenges, and lessons learned in Barbados and the Eastern Caribbean Countries.

PAHO provided logistical support for cold chain management, transportation, and storage by procurement of necessary equipment and provision of training to address skills deficits in Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Additional activities included a technical mission to Saint Kitts and Nevis and sharing of recommendations from the Regional Polio Certification Commission with all Member States.

Vaccine hesitancy

With the approval of COVID-19 vaccines for emergency use, and the arrival of vaccines via the COVAX Facility, Barbados and the Eastern Caribbean Countries have been rolling out COVID-19 vaccines since March 2021. However, after initial strong uptake, the countries have observed increasing trends in refusal of vaccination, despite the availability of vaccines, mirroring global trends. This issue is concerning because of the possible negative impacts on vaccination coverage for other diseases in countries where

routine vaccination coverage rates have been successfully maintained at around 95% for several years.

Given the risk to future public health of anti-vaccine attitudes, PAHO has invested significant time and resources into activities to understand the issues and communicate the benefits and safety of vaccination to the general public. PAHO planned and carried out a research study on vaccine hesitancy in Saint Vincent and the Grenadines, which provided valuable information to inform activities to address the underlying causes of anxiety among the general public. Subsequently, an interagency proposal (five agencies) was put together to coordinate activities to address vaccine hesitancy in the Caribbean subregion.

Communication and advocacy

Working with partners including the United Nations Children's Fund (UNICEF), the International Telecommunications Union (ITU), and local media, PAHO spearheaded the development of a regional communications campaign titled "Vaccines Bring Us Closer – Choose to Be Vaccinated," and developed a conversation series called "A Matter of Fact" to inform and educate about the SARS-CoV-2 virus. Communications materials to address concerns about the COVID-19 vaccines were also produced, and a public health education campaign involving SMS distribution of short key messages was launched. PAHO established a network of 15 communication focal points for the Eastern Caribbean region and held capacity development sessions on risk communication for its members.

In recognition of PAHO's role as a reputable and authoritative source of information during crises, the Barbados Country Office issued regular press releases and bulletins throughout the pandemic. Topics highlighted were related to the underlying reasons for vaccine concerns among the general population. PAHO staff and media spokespersons participated in panel discussions and radio programs and actively engaged with Member States for open forum discussions to address public concerns.

 **HEALTH EMERGENCIES****STORIES FROM THE FIELD****Restoring water after the La Soufrière volcano eruption**

On 9 April 2021, the La Soufrière volcano in Saint Vincent and the Grenadines erupted for the first time in over 40 years. This crisis led to the evacuation of an estimated 25 000 people from the northern part of the main island. Before the eruption, the country's health sector was already under strain due to the ongoing COVID-19 pandemic. Immediately following the eruption, PAHO activated its Incident Management Support Team (IMST) and Health Emergency Operation Center (HEOC) at the regional, subregional, and national levels. Two days later, PAHO personnel were on the ground to provide direct support to the Ministry of Health in priority areas, with other teams on standby for rapid deployment.

Rapid response to water shortages

Water, sanitation, and hygiene (WASH) assistance was an urgent need for affected communities. PAHO Incident Manager for the volcano response, Clemens Buter, who is stationed in the PAHO Barbados office, arranged for expert technical assistance from engineer Ton Vlugman, a former PAHO staff member and one of the most senior WASH experts in the region. Using a small boat to reach the island – and accompanied by personnel from the Caribbean Disaster Emergency Management Agency and the World Food Programme – Vlugman brought supplies including water purification tablets and water testing kits to assess the situation. His analysis convinced authorities that potable water was available on the



PAHO supported implementation of three water tanks with the capacity of 3000 gallons at the Mental Health Rehabilitation Center in Saint Vincent and the Grenadines.

island, eliminating the need for importing masses of bottled water.

Prioritizing facilities with greatest need

To address the challenge of water supplies to health facilities, the PAHO team compiled a list of all clinics with potable water and provided it to the Ministry of Health, with estimates of daily water requirements for each facility compared to the amount available, highlighting the locations where needs were largest. Based on this report, the Ministry of Health was able to plan where to install water storage facilities. One such location was the COVID-19 isolation center, which now has water backup storage to last at least three days. The team also discovered that by visiting these health care facilities and making a note of maintenance issues related to the water supply system that could be fixed with minimal investment interventions, they were able to make a big change to facilities' needs by fixing leaking toilets, faucets, and doing other plumbing repairs, besides installing additional water storage capacity.

Supporting health care workers to provide care

Another very important facility where additional storage was implemented was at the country's sole Mental Health Rehabilitation Center. Three tanks with the capacity of 3000 gallons each were installed, providing a total of 9000 gallons of water. Dr. Elizabeth Medford,

Senior Nursing Officer at the institution, explained the impact of the installation after she and her colleagues had been struggling to look after the 100 inpatients under their care with no running water. "We are thankful for PAHO's support because they have zoomed in on our most important need: water. They have provided us with what we need most when we are faced with disasters," she explained.

PAHO Incident Manager Clemens Buter believes the crisis revealed the strength and coping capacity of the individuals that make the health system function on a day-to-day basis, even in the most difficult of conditions. "The most positive impact is when you visit the island and talk to the health staff and you realize the resilience of the people," explains Buter. "The people make the difference, especially when dealing with their own personal issues relating to volcanic ash, losing roofs, keeping families together. I am very proud that we were able to support the people according to their needs."



HEALTH SYSTEMS AND SERVICES



An Emergency Medical Team from SAMU en route to Dominica to provide support to the hospital in the care and treatment of COVID-19 patients.

While all countries are engaged in the long-term process of reform of the health systems, PAHO's support has prioritized information systems to ensure the collection and use of health data in decision-making.

Implementation context

While the governments of all countries are engaged in the long-term process of health system reform, PAHO has been supporting countries to achieve their overall goals of providing universal health coverage and access. With the COVID-19 pandemic, an extensive library of interrelated health information modules was developed out of necessity, and those innovations have provided an opportunity to guide further investments in information systems.

A priority area is to improve the generation, collection, and use of health information to enable informed decision-making through PAHO's Information Systems for Health (IS4H) Initiative. To ensure a successful IS4H implementation, it is important to measure the level of maturity of information systems and to define the human resources and the information, communication, and technology (ICT) infrastructure needed. To this end, an IS4H Maturity Assessment was carried out in Dominica.

COVID-19-related achievements

The Health Systems and Services workplan was adapted to the context of the pandemic so that PAHO support emphasized building clinical capacity and emergency responsiveness within the health system. As part of

this work, PAHO strengthened the capacity for clinical management of COVID-19 in Barbados, Dominica, Grenada, and Saint Lucia, and enhanced the systems for ensuring timely provision of essential medical supplies for all countries.

PAHO coordinated the deployment of two medical response teams in an agreement with the Mexican Government to relieve the strain on health care workers in Grenada. The medically trained personnel, who included emergency room and intensive care unit (ER/ICU) physicians and ICU nurses, provided support in treating COVID-19 patients in hospital settings.

To guide patients on how to manage their own symptoms after discharge from health care facilities, PAHO supported the development of a Community COVID-19 Monitoring Program. This project involved the supply of COVID-19 monitoring kits, each consisting of a thermometer, a pulse oximeter, and a patient information brochure explaining how discharged patients should monitor their symptoms and oxygen saturation at home.



COMMUNICABLE DISEASES

STOP
au **PALUdisme**
PALUSTOP

1 Lò soukou ka tonbé, marengwen ka bay **palidizm**-a ka piké.

2 Si to gen **mal tèt, lafièw, tout to kò ka fè to mal**, pitèt to trapé **palidizm**-a

3 Si to konsa, **PA TARDE ALE LOPITAL** pou fè roun tèst!

4 Si li pozitif, yé ké bay to roun rimèd, pran tout pou to géri, dromi en ba moustikè-a

5 **PANGA!!** Si to malad pa tardé wè roun doktè, pou tout moun ki òbò to pa trapé **palidizm**-a osi.

Communication materials developed about malaria for French Guiana.

Outbreaks of vector-borne diseases and respiratory illnesses continued to be a challenge in some countries. PAHO's support through initiatives such as the Revolving

Fund for Access to Vaccines help countries to maintain their immunization programs.

Implementation context

Communicable diseases are decreasing in all countries, except for recurrent outbreaks of vector-borne diseases and respiratory illnesses such as dengue and influenza, respectively. Immunization programs have been maintained at robust levels facilitated by PAHO's support, through initiatives such as the procurement of vaccines through the PAHO Revolving Fund (pooled procurement), technical cooperation for training, program evaluation and implementation of recommendations, and South-South collaboration. There have been no endemic cases of poliomyelitis, measles, rubella, congenital rubella, diphtheria, and neonatal tetanus in the countries for decades.

HIV/AIDS

Significant progress has been made in the prevention and control of HIV infection in the countries, with HIV prevalence at less than 1% in the general population, and more than 50% of people living with HIV having access to antiretroviral drugs. Although the annual number of newly reported HIV cases declined between 2007 and 2009, this trend was reversed between 2009 and 2012 in Barbados, Grenada, and Saint Lucia, which led to PAHO engaging in a renewed focus on addressing the remaining challenges. The latest achievement to report is the certification of Dominica as having eliminated mother-to-child transmission (EMTCT) of HIV and syphilis in 2020. The certification was granted following a thorough in-country validation assessment by the Regional Validation Committee, an independent body responsible for EMTCT certification.

Vector-borne diseases

Diseases spread by the *Aedes aegypti* mosquito continue to be a burden on the health and social welfare systems. Dengue fever, the major vector-borne disease affecting all countries, is endemic, leading to frequent outbreaks. In response to these ongoing challenges, PAHO facilitated the strengthening of national technical capacities to prepare and respond to dengue outbreaks. The main activities supported were: enhancement of integrated vector control management and direct provision of insecticides and insecticide application equipment; procurement of supplies for entomological surveillance; and production and dissemination of risk communication materials on dengue prevention and control. Working in collaboration with Institut Pasteur, an international French research and education institute, PAHO also facilitated the production of communications materials for malaria diagnosis and treatment targeted toward miners and Indigenous populations in French Guiana.

The chikungunya virus, also transmitted through the bite of *Aedes* mosquitoes, was introduced to the Caribbean in late 2013, with major outbreaks occurring in several countries. The potential for re-emerging epidemics of dengue, chikungunya, and Zika across the Caribbean region underscores the need for vigilance and continued strengthening of vector control programs.

Food safety

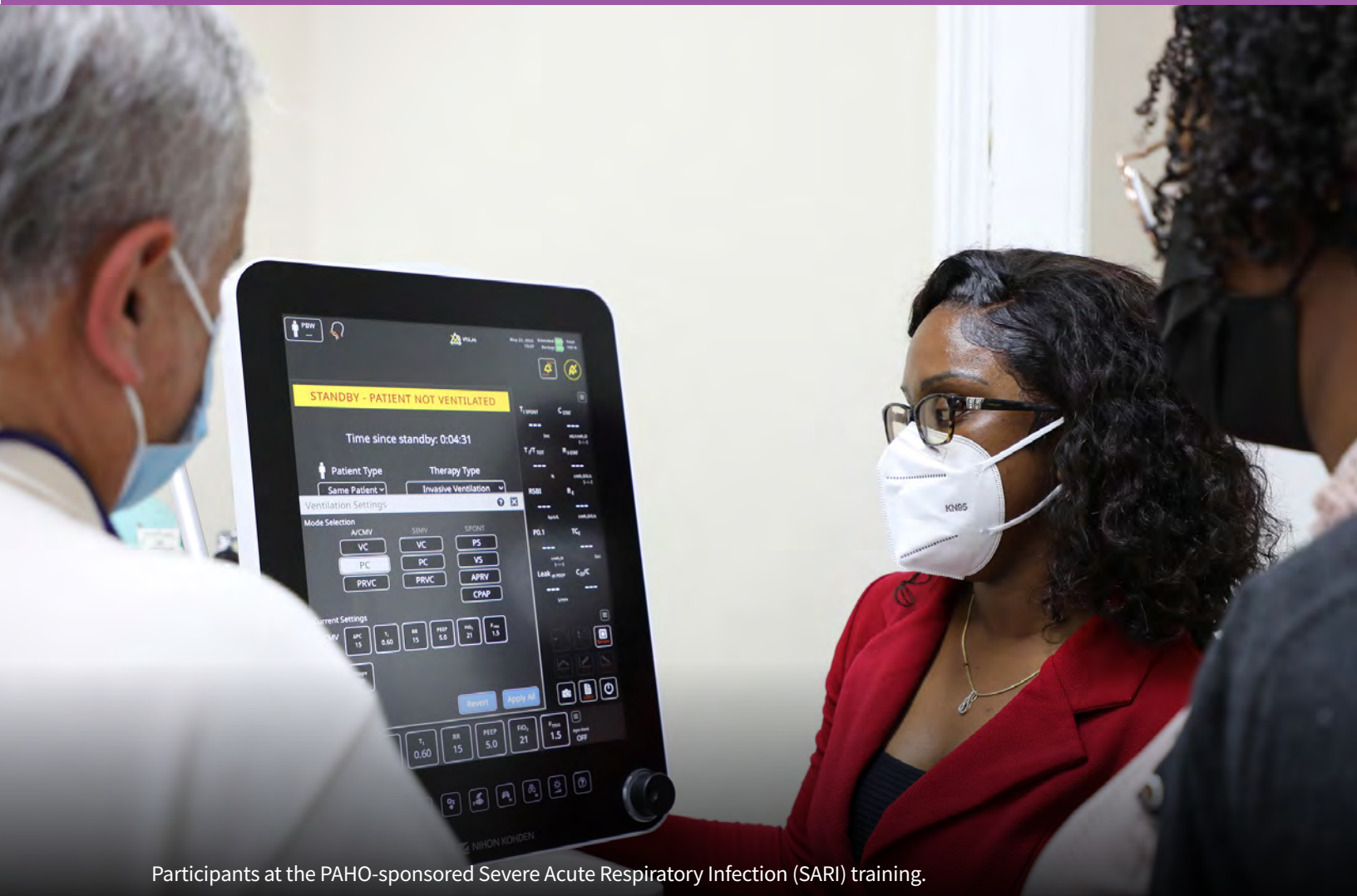
Food safety continues to be a priority for countries, particularly given the economic prominence of the

restaurant and hospitality industries. The increase of independent food vendors in the wake of the COVID-19 pandemic has led to a need to increase and prioritize training of food handlers. A particular challenge is effective monitoring of all food products during primary

production, transportation, secondary processing, storage, and retailing. PAHO helped countries to tackle these challenges by providing support to the British Virgin Islands to improve food safety practices through training of food service industry personnel.



NONCOMMUNICABLE DISEASES AND MENTAL HEALTH



Participants at the PAHO-sponsored Severe Acute Respiratory Infection (SARI) training.

With all countries experiencing epidemiological transition due to ageing populations, PAHO's support has a dual focus on addressing modifiable risk-factors of noncommunicable

diseases combined with improving the health system response.

Implementation context

Noncommunicable diseases (NCDs) and their risk factors are the leading causes of morbidity, mortality, and disability in Barbados and Eastern Caribbean Countries. Four NCDs are responsible for the greatest burden: cardiovascular diseases, diabetes, cancer, and respiratory diseases. One in every four deaths from NCDs is considered premature and preventable. PAHO's support to countries to address these challenges has been wide-ranging, with a dual focus on addressing modifiable risk-factors, such as tobacco use, unhealthy diets, insufficient physical activity, and harmful use of alcohol, and providing support to improve the health system response for management of chronic NCDs.

NCD risk factors

With respect to cardiovascular risk, PAHO has championed the expansion of the HEARTS Technical Package in Barbados, British Virgin Islands, Dominica, and Saint Lucia. The [HEARTS](#) initiative aims to decrease cardiovascular risks at the primary care level by improving blood pressure control among at-risk groups. This work included the development of a procedural manual for health professionals; capacity building sessions for health care workers; conduct of audits; establishment of monitoring and evaluation processes; and procurement of validated, automated blood-pressure measurement devices in line with international best practices.

PAHO-supported tobacco control efforts in the Eastern Caribbean Countries have been recognized by WHO as examples of global and regional best practices. While all countries have ratified the [WHO Framework Convention on Tobacco Control](#) (WHO FCTC), which reaffirms the right of all people to the highest standard of health, Saint Lucia received one of six 2021 World No Tobacco

Day Awards from WHO in recognition of its achievement of key advances in tobacco control efforts, particularly a newly developed tobacco cessation program. The tobacco cessation program was also initiated in Antigua and Barbuda and Dominica.

In other countries, PAHO helped to develop and implement mass media campaigns to support the implementation of the Tobacco Control Regulations (Antigua and Barbuda) and supported the development of drafting instructions for the development of tobacco control legislation (Dominica).

PAHO has been supporting the countries to use the strategy of risk-factor reduction approaches as well as strengthening legal frameworks to create a healthy and protective environment. These initiatives aim to create healthier environments, promote healthy eating, and reduce risk factors associated with obesity. To promote better exercise habits among at-risk groups, PAHO developed an exercise prescription to be used by health care workers in Barbados. This work also included the development of a training course and assessment template. The prescription will be used to assess the level of physical activity of patients, their readiness for change, and possible risks of participation to create an individualized "prescription" of physical activity.

Along with exercise, obesity is heavily influenced by diet. In line with countries' goals to improve childhood nutrition, PAHO worked with partners to develop new national and school nutrition policies in Barbados and Saint Lucia that promote healthy food choices. Policy advice from PAHO was supplied to Dominica and Saint Kitts and Nevis for compilation of an infant and young child feeding policy, and to Antigua and Barbuda and Saint Kitts and Nevis for development of evidence-based policies for taxation of sugar-sweetened beverages – subsequently advertised through a PAHO-supported

mass media campaign. In Grenada, PAHO guided the implementation of the Preparedness Response to Nutrition in Emergencies project, which involved the development and sensitization of national and sectoral emergency nutrition plans and dissemination of information, education, and communication materials. PAHO also sponsored a mass media campaign to promote healthy eating based on the newly developed Food-based Dietary Guidelines in Saint Vincent and the Grenadines. Campaign activities included the development of a jingle, radio announcements, and posters.

Chronic disease prevention and management

PAHO has previously collaborated with Stanford University to provide countries access to the Chronic Disease Self-Management Program (CDSMP), a community-based self-management program for people living with chronic conditions. This initiative has now been extended to strengthening self-care management for chronic diseases in community settings through the implementation of an online 6-week community workshop to integrate the CDSMP into the PAHO-led HEARTS Initiative.

Cervical cancer remains the second most common cancer in terms of incidence and mortality in the Eastern Caribbean. All countries have established cervical cancer screening as part of their public health programs. However, screening coverage rates and the proportion of women with abnormal screening test results receiving follow-up diagnosis and treatment are below targets. PAHO helped to strengthen cancer care management in Grenada through the development of a cancer knowledge and education platform, and in Saint Kitts and Nevis through the development of a cervical cancer elimination initiative policy, including conducting a situational analysis. In Antigua and Barbuda, PAHO commenced the

training process to support the introduction and scaling-up of testing for human papillomavirus (HPV) as part of a comprehensive program for prevention and control of cervical cancer (see Stories from the Field).

Other chronic disease-related activities that received PAHO's support were: the review and printing of standard operating procedures for the Dental Unit in Saint Lucia, and capacity-building sessions with health care workers and cosmetologists to strengthen the foot-care program in Dominica, including development of video content to be screened in beauty salons.

Mental health

Integration of mental health into primary health care remains a priority for all the countries. With PAHO's technical support for national coordination and the formation of multisectoral technical working groups, mental health and psychosocial support (MHPSS) was strengthened in three countries (Grenada, Saint Kitts and Nevis, and Saint Lucia) and MHPSS standard operating procedures were developed to facilitate the coordination processes before, during, and after disasters.

PAHO also started development of a campaign on suicide prevention for all Eastern Caribbean Countries, in response to increasing incidence of suicide. The campaign involved the sharing of experiences by people who have attempted suicide, their close relatives, and community leaders.

In a broad effort to tackle stress among community leaders, PAHO conducted a four-part stress management webinar whose curriculum was adapted for the Caribbean from the WHO stress-management manual [*Doing What Matters in Times of Stress: An Illustrated Guide*](#) and supported mass-media campaigns.



NONCOMMUNICABLE DISEASES AND MENTAL HEALTH

STORIES FROM THE FIELD

Upgrading screening capacity to tackle cervical cancer

Antigua and Barbuda is taking the lead in the Eastern Caribbean Countries in its efforts to eliminate cervical cancer as a public health problem, with PAHO's support. Cervical cancer remains the fourth leading cause of cancer death in women globally and the third leading cause in Antigua and Barbuda, despite the existence of well-established, effective approaches to prevention, early detection, and treatment. With early diagnosis and effective treatment, cervical cancer is one of the most successfully treatable forms of cancer.

The collaboration between PAHO and the Government of Antigua and Barbuda to tackle cervical cancer began in April 2016, when PAHO arranged for a team from Basic Health International (BHI), a global leader in the secondary prevention of cervical cancer, to visit the country in response to an invitation from the Government. Based on the recommendations from this visit, the national Cervical Cancer Task Force was established within the Ministry of Health, Wellness, and Environment to lead national efforts to decrease the burden of disease.

Tackling poor Pap smear screening uptake

One of the first priorities to tackle was women's reluctance to have Papanicolaou (Pap) smear tests done regularly for screening purposes. Alexandrina Wong, former Executive Director of the women-led NGO Women Against Rape (WAR), explains that a combination of logistical and motivational issues is behind the problem. "Here in

Antigua and Barbuda people have to make appointments to have a Pap smear test. That fact creates a barrier to uptake. In addition, there used to be a scarcity of health care providers who had been appropriately trained [to do smear tests]," she explained. "The other reason is a cultural barrier. Women felt that, because they were healthy, it was not necessary to visit a health care provider, and they saw no need to have a Pap smear done."

Following the establishment of the national Task Force in 2018, PAHO and the Caribbean Public Health Agency (CARPHA) supported the country's first Cervical Cancer Symposium, hosted virtually by the Department of Obstetrics and Gynaecology at the Sir Lester Bird Mount St. John's Medical Centre in 2021, under the theme Cervical Cancer in the Caribbean: Focusing on the WHO global strategy for elimination. The Symposium sought to highlight the recently launched WHO global initiative to eliminate cervical cancer through its 90-70-90 targets for 2030 through vaccination, screening, and early detection and treatment of precancerous disease.

Immediately after the webinar, the Task Force collaborated with PAHO and BHI to implement a pilot project for cervical cancer screening using HPV testing (rather than the Pap smear test). HPV testing has been shown to be more sensitive and effective than other screening tests and is recommended as countries implement the elimination strategy. Antigua and Barbuda became the first country to implement the WHO HPV manual *Introducing and Scaling up Testing for Human Papillomavirus as Part of a Comprehensive Program for Prevention and Control of Cervical Cancer*, and hosted a launch event for the publication in December 2021.

Piloting the HPV testing approach

Antigua and Barbuda is now poised to implement a 1500-person pilot project for HPV screening, with the intention of demonstrating its superior efficacy as an alternative to the Pap smear. Five of the country's community clinics will be using the new test to screen female patients. Dr. Rhonda Sealy-Thomas, Chief Medical Officer of the Ministry of Health, is positive about the potential impact of the new approach. "I'm confident that it will move forward, and we have the political will. It's not just for cervical cancer, we're building capacity. So hopefully when we get this project and program out of the way and up and running, we use this as a best practice so we will have the platform to actually move the other cancer prevention programs forward as well," she explained.

Wong also believes the impact will be substantial over the coming years: "Any health issue that affects women has a negative impact not only on them but on their entire household, family, sister, community," she says. "This project I honestly believe is a quantum leap for us here in Antigua and Barbuda. When we look at the history behind cervical cancer and what some research has shown about the risky behaviors of young girls and women, the public education that the task force has been doing is enormous, not only at the national level but right down to the school level. It will certainly help to improve the quality of health – physical, emotional, and psychosocial – of our women and our families here in Antigua and Barbuda in a cost-effective and scientific manner."



HEALTH THROUGHOUT THE LIFE COURSE



PAHO assists in the rollout of the Pfizer-BioNTech COVID-19 vaccine in Saint Kitts and Nevis.

The countries face common challenges due to their ageing populations and epidemiological transitions. Although many development targets, such as elimination

of maternal deaths, have been met, the under-five mortality rate remains a challenge.

Implementation context

The Eastern Caribbean Countries face common challenges due to their ageing populations and epidemiological transitions. While there is a rise in life expectancy and decreasing infant mortality, emigration of young people and immigration of older people are changing the disease profile. Although many development targets such as elimination of maternal deaths have been met – indeed, the countries achieved most of the targets linked to the health-related Millennium Development Goals (MDGs) – the mortality rate among children younger than 5 years remains higher than desired.

Maternal and child health

Maternal mortality is a sensitive indicator of health status and has been a focus area of countries to advance the MDGs and now the Sustainable Development Goals (SDGs). PAHO is supporting countries in their SDG agenda by strengthening the policy framework for women's, children's, and adolescents' health in Saint Kitts and Nevis. In particular, PAHO oversaw the updating of the Maternal, Neonatal, Child, and Adolescent Health Guidelines.

An urgent health concern across all countries is the lack of progress in reducing infant mortality rates, which has been blamed on inadequate infrastructure, equipment, management guidelines, and limited health information systems in the subregion. As part of efforts to address this issue, PAHO has helped to improve perinatal care services in Grenada through the implementation of the Perinatal Information System (SIP), culminating in the installation of the SIP on the Ministry of Health server. In Barbados, PAHO was engaged to help the Queen Elizabeth Hospital meet the requirements for maintaining certification of Baby Friendly Hospital and maintaining essential

services during the COVID-19 pandemic. This work involved restructuring the breastfeeding committee and establishing a working group to meet regularly for the purpose of monitoring and reviewing of indicators. The hospital is on track to be reassessed for its Baby Friendly status in September 2022.

Recognizing that breastfeeding is one of the most effective ways to ensure child health and survival, the Eastern Caribbean Countries have strongly promoted breastfeeding while moving toward the implementation of the 10 steps of successful breastfeeding. With PAHO's support, 23 staff were selected for a 24-hour training course as part of the Baby Friendly Hospital Initiative (BFHI) in Saint Lucia. A plan of action was subsequently developed to guide the implementation. These efforts were complemented by the development and dissemination of communication materials aimed at promoting breastfeeding during the COVID-19 pandemic.

Other activities supported by PAHO to tackle infant mortality included an analysis of 20 years of perinatal data in Saint Vincent and the Grenadines and improvement in the quality of maternal health services in Dominica.

Adolescent health

Adolescents and young adults (10–24 years) represent about 25% of the total population across the subregion. The main causes of mortality are external factors such as road traffic crashes, violence, and homicides. PAHO supported countries to address the special health challenges of this group through capacity development sessions and country experience exchange. Adolescent-friendly clinics were set up and equipped with PAHO's support for the procurement of furniture.

Health of older people

People older than 65 years account for 5.3%–13% of the population in the Eastern Caribbean. Most countries have developed policy documents and standard operating practices for issues specific to this age group, such as for residential care and programs geared to supporting personal independence, personal and financial security, prevention of disability, and continued productivity. PAHO support to countries on this issue involved development of National Ageing Policy and National Standards for Residential Homes in Grenada. PAHO's contributions were built on a situational analysis done in 2020 and include guidelines specific to the COVID-19 pandemic. Another comprehensive situational assessment exercise of the older adult population was done in Barbados with PAHO's support and the active involvement of the Ministry of Elderly Affairs. The results were subsequently presented to stakeholders and are intended to form the basis for the Barbados National Policy on Ageing to be developed in 2022.

Gender

PAHO has unwavering commitment to the principles of gender equity and equality in health, in addition to its determination to actively participate in global efforts to eliminate all forms of gender discrimination. Gender equality in health means that women and men have equal conditions for realizing their full rights and potential to be healthy; gender equity means fairness and justice in the distribution of benefits, power, resources, and responsibilities between women and men.

To advance these commitments, much of PAHO's work has focused on the elimination of gender-based violence (GBV). In Saint Kitts and Nevis, PAHO contributed to the development of three anti-violence animation videos, review and updating of the anti-domestic-violence school curriculum for adolescents, and adapting the revised school curriculum to facilitate instruction to children ages 5–11 years. In Saint Vincent and the Grenadines, PAHO was involved in the development of standard operating procedures on the health system response to GBV and supported the implementation of activities in the framework of International Women's Day and 16 Days of Activism against GBV. To help strengthen government responses to incidents, PAHO provided technical assistance to improve service provision by the Gender Affairs unit in Anguilla.

In Saint Kitts and Nevis, PAHO supported the launch of an Intentional Injuries Surveillance system and updating of the Gender Sensitization Curriculum through consultation with stakeholders. Other activities under PAHO's workplan included: training on psychosocial services, law, and entrepreneurship for female survivors of GBV in Grenada; development of an illustrated communication booklet as a tool to empower women; establishment of a network of trained professionals to promote comprehensive care in French Guiana; and medico-legal capacity building in Grenada.



ENVIRONMENT AND HEALTH



A gardener at the PAHO Office in Barbados taking care of its vegetable garden.

Climate-sensitive health risks are a particular concern among Eastern Caribbean Countries because as small island developing states they are all vulnerable to

natural hazards and negative impacts of climate change. PAHO's support through the Agenda for Climate Change and Environmental Determinants of Health targets this vulnerability.

Implementation context

All countries are very vulnerable to natural hazards such as hurricanes, flooding, and seismic activity, resulting in widespread morbidity, mortality, and economic challenges. Climate change is likely to add to the toll of these events, along with its impacts on agriculture and food security, energy and tourism, water quality and availability, human health, and biodiversity. A particular concern is the exacerbation of climate-sensitive health risks, requiring scaled-up disease prevention and enhanced efforts to control climate-sensitive diseases, which include those transmitted by mosquito vectors.

In responding to countries' needs, PAHO has prioritized support to strengthen vector control programs in Antigua and Barbuda and Saint Vincent and the Grenadines. Provision of insecticide application equipment, entomological supplies, and communications materials for the prevention and control of vector-borne diseases were the main activities. Assessments of climate impact on water availability and quality have been supported by PAHO for communities in Dominica, and information obtained from these assessments formed part of recommendations to authorities on measures to be implemented to mitigate the worst climate-related effects.

With respect to health system preparedness, PAHO promoted use of the Safe Hospital and Green Checklists during the design phase of the new St. Peter's Health Facility in Saint Kitts and Nevis and made recommendations for improving the energy and operational efficiency of the building.

Environmental health support from PAHO involved strengthening of capacity for surveillance of zoonotic diseases and identification of diseases affecting food animals at post-mortem inspection in Saint Lucia. Additional activities included support for the development of chapters related to health in the National Adaptation Plans (HNAPs) for climate change in Grenada and Saint Lucia. These documents are crucial tools for countries to strengthen their ability to adapt to climate change and prioritize mitigation actions for the most vulnerable populations. Capacity for monitoring of air pollution due to the ashfall post volcanic eruptions in Saint Vincent and the Grenadines was also strengthened in both Saint Vincent and the Grenadines and Barbados, with PAHO's support.

FINANCIAL SUMMARY

PAHO's reports on the budget and its financing cover a biennial period. Hence, the financial information shown in this report corresponds to the 2020–2021 biennium. For more information, visit <https://open.paho.org/2020-21/country/AIA>, <https://open.paho.org/2020-21/country/ATG>, <https://open.paho.org/2020-21/country/BRB>, <https://open.paho.org/2020-21/country/VGB>, <https://open.paho.org/2020-21/country/DMA>, <https://open.paho.org/2020-21/country/GRD>, <https://open.paho.org/2020-21/country/MSR>, <https://open.paho.org/2020-21/country/KNA>, <https://open.paho.org/2020-21/country/LCA>, and <https://open.paho.org/2020-21/country/VCT>, and select the “Financial Flow” tab (upper right-hand part of the screen).

Overview

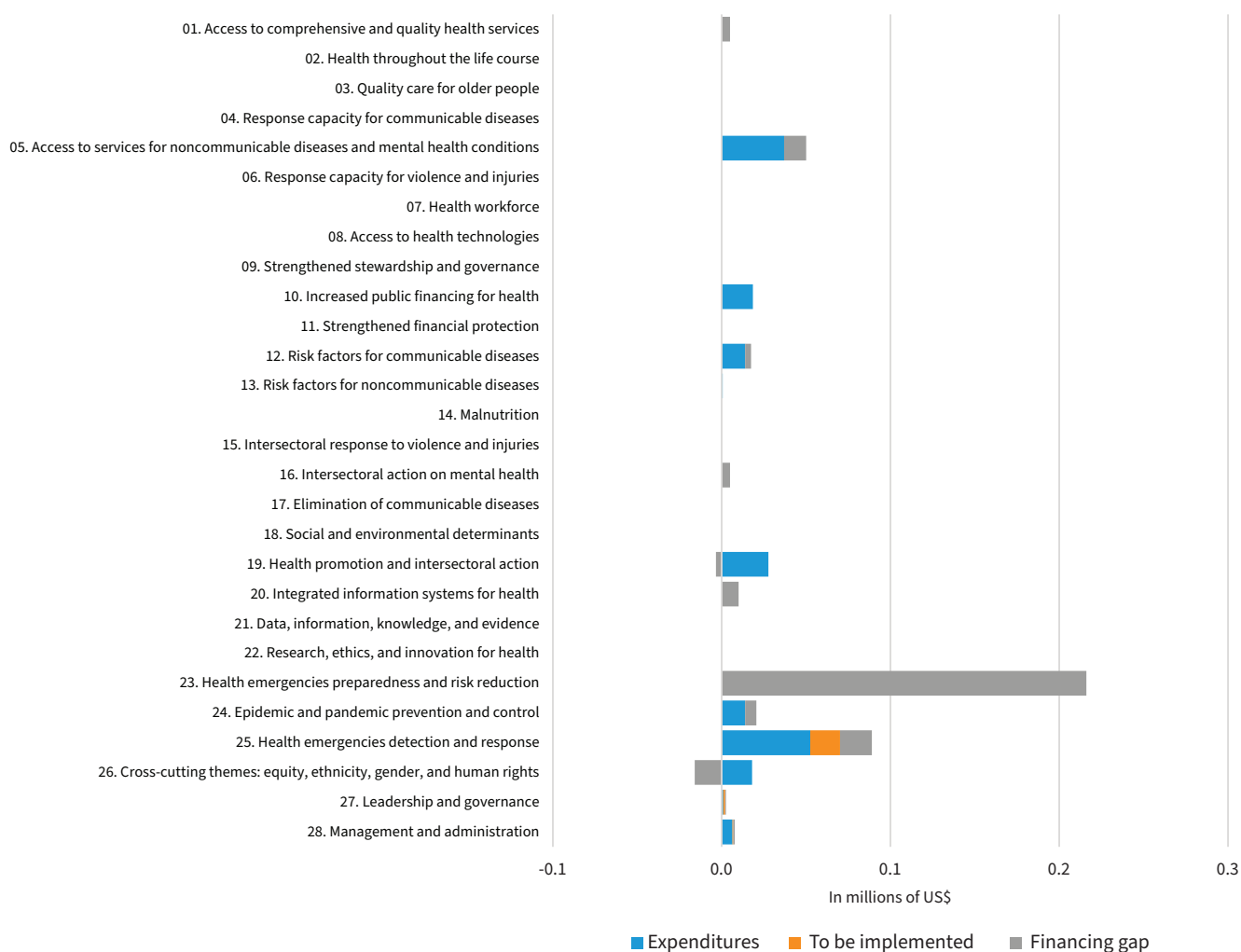
The total approved budget for these countries and territories was approximately US\$ 11.7 million. Of this total, 47% (US\$ 5.5 million) was approved for Base Programs while 53% (US\$ 6.2 million) was approved for Outbreak and Crisis Response. During the 2021 financial year, funding totalling US\$ 13.8 million was sourced and available for implementation. This figure is an 18% increase over the amount originally approved. Notably, this additional funding was not only for the emergency response to COVID-19 but also for non-COVID-19 related funds, demonstrating the Country Office's successful performance in fund mobilization during the period under review. The key financial outcome figures and funding flows for each country and territory are presented below.

Anguilla

The total approved budget, all from Assessed Contributions, for Anguilla during 2020–2021 was US\$ 468 000, of which US\$ 208 000 was available for implementation, leaving a funding gap of US\$ 260 000. There was no funding available for several outcomes, including: [01] Access to comprehensive and quality health services; [16] Intersectoral action on mental

health; [20] Integrated information systems for health; and [23] Health emergencies preparedness and risk reduction. Most resource mobilization efforts were targeted to support the national response to COVID-19. The outcomes with the highest implementation levels were: Health emergencies detection and response (27.6%); Access to services for NCDs and mental health conditions (19.69%); and Health promotion and intersectoral action (14.76%).

Figure 1. Outcome budget allocations, financing, and implementation: Base programs

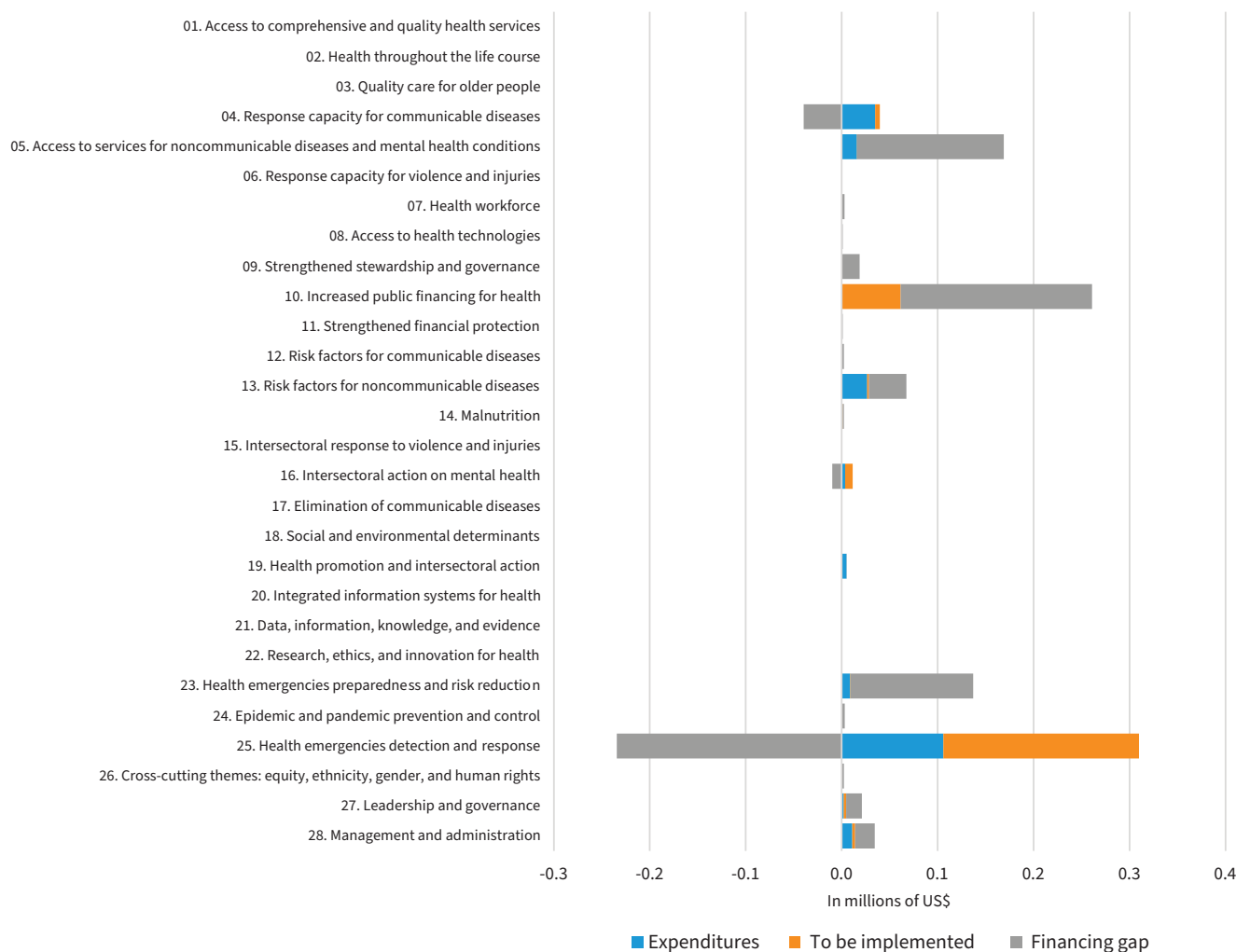


Antigua and Barbuda

The total approved budget for Antigua and Barbuda during 2020–2021 was US\$ 1.4 million, with US\$ 805 000 allocated to Base Program and US\$ 611 000 for outbreak and crisis response. Funding levels reached 62% for Base Program (US\$ 500 000) and 112% for outbreak and crisis response (US\$ 686 000). Funding was obtained

from several sources and donors: WHO (52%), United States of America (19%), Assessed Contributions (16%), Canada (11%), and the United Kingdom (3%). Most resource mobilization efforts were targeted to support the national response to COVID-19. The outcomes with the highest implementation levels were outbreak and crisis response (81.33%), and health emergencies detection and response (5.75%).

Figure 2. Outcome budget allocations, financing, and implementation: Base programs

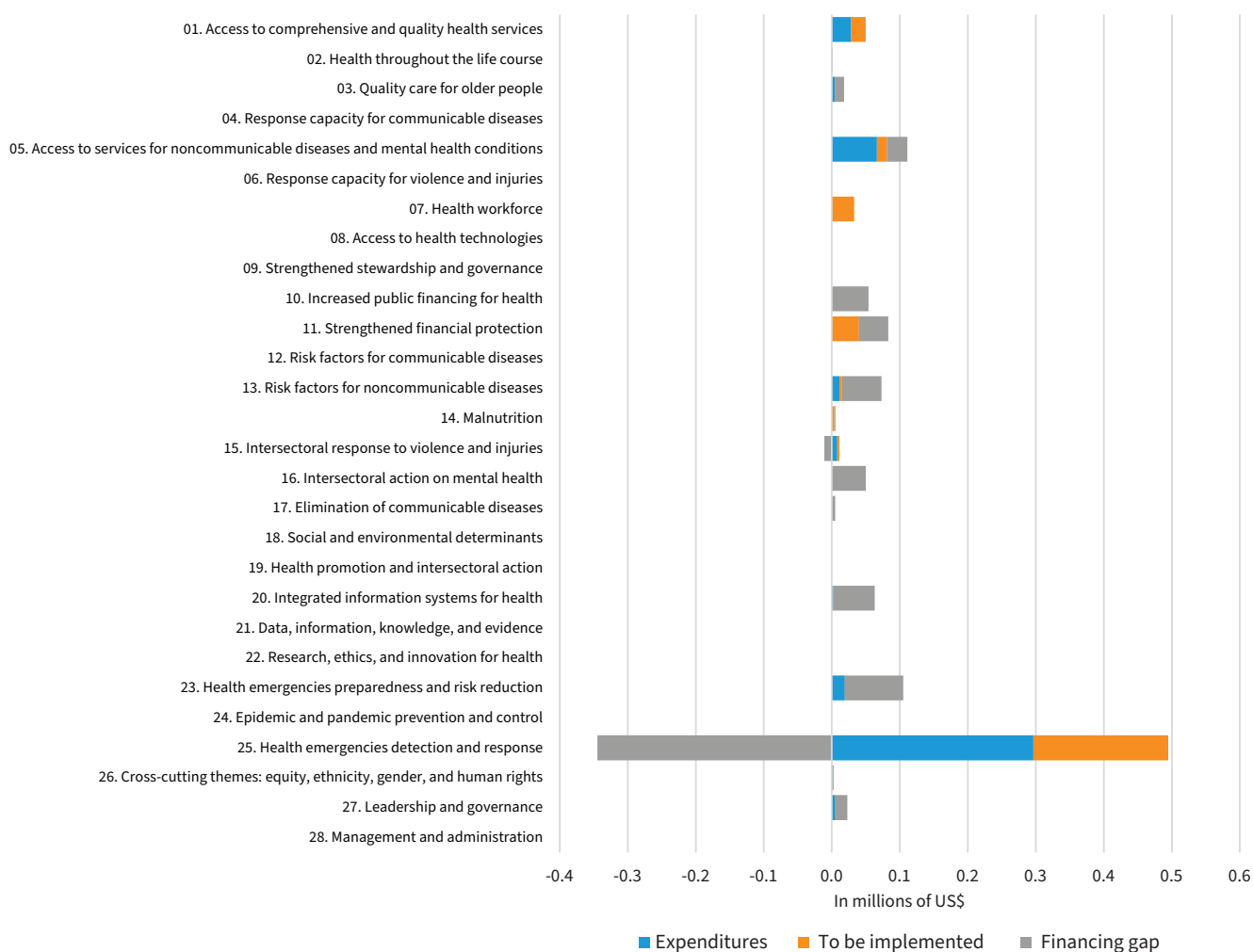


Barbados

The total approved budget for Barbados during 2020–2021 was US\$ 1.6 million, including US\$ 827 000 for Base Program and US\$ 73 000 for outbreak and crisis response. A total of US\$ 2.3 million was available for implementation, exceeding budget by a substantial amount. Funding levels reached 92% for Base Program (US\$ 760 000) and 203% for outbreak and crisis response (US\$ 1.5 million). The majority, 68.7%, of the funding was obtained from WHO. During this period, outcomes

with no funding included: [02] Health throughout the life course; [10] Increased public financing for health; [15] Intersectoral response to violence and injuries; [16] Intersectoral action on mental health; and [17] Elimination of communicable diseases. Most resource mobilization efforts were targeted to support the national response to COVID-19. The outcomes with the highest implementation levels were: Health emergencies detection and response (27.6%); Access to services for NCDs and mental health conditions (19.69%); and Health promotion and intersectoral action (14.76%).

Figure 3. Outcome budget allocations, financing, and implementation: Base programs

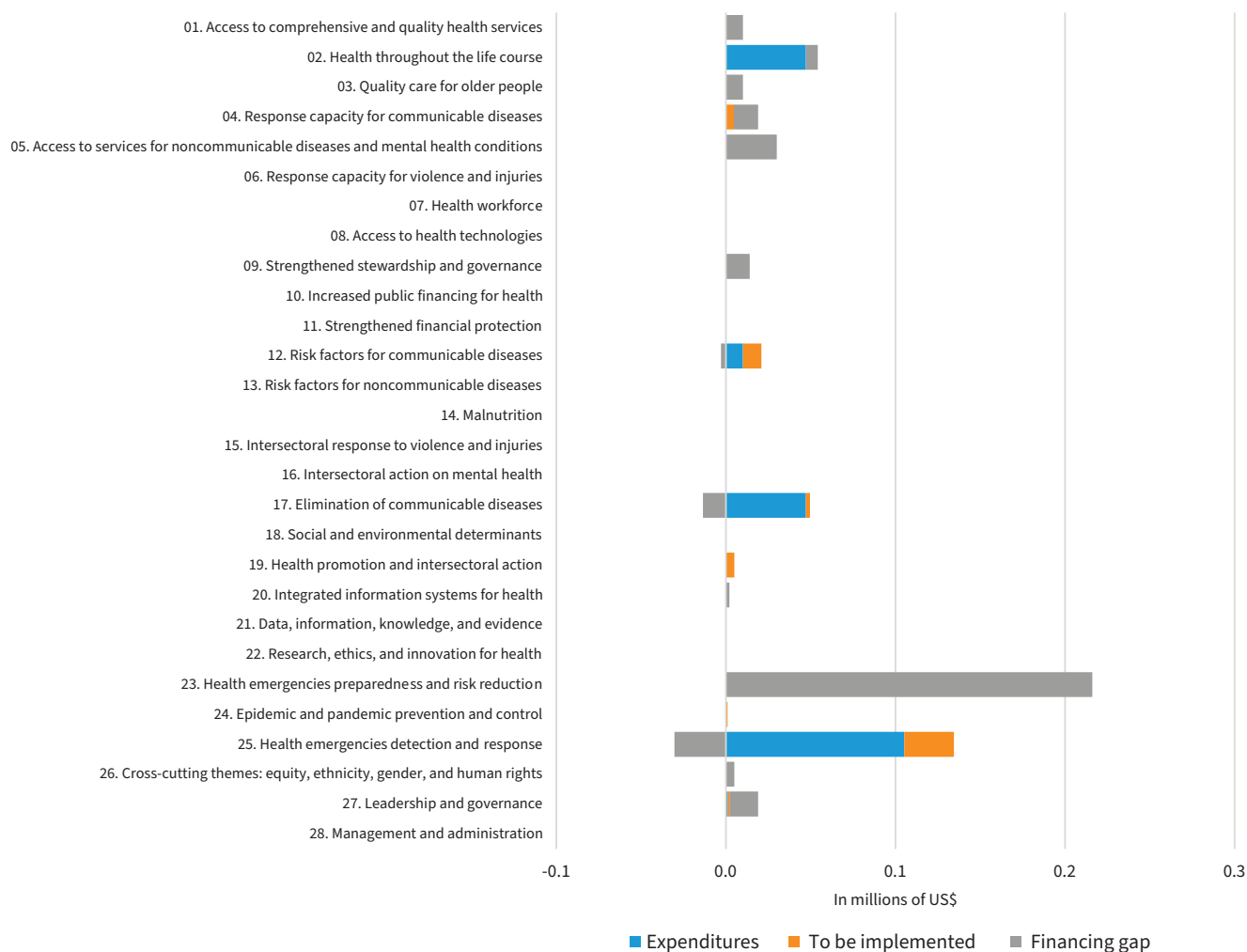


British Virgin Islands

The total approved budget for British Virgin Islands during 2020–2021 was US\$ 543 000, exclusively for Base Program. A total of US\$ 272 000 of the approved budget was available for implementation, leaving a funding gap of US\$ 271 000. Funding levels reached 49% for Base Program (US\$ 265 000). An additional US\$ 7000 was received for outbreak and crisis response. The majority of the funding, 96%, was from Assessed Contributions. Other funding sources included the Rockefeller Foundation (2.75%) and the United States

of America (1.74%). During this period, outcomes with no funding included: [01] Access to comprehensive and quality health services; [03] Quality care for older people; [09] Strengthened stewardship and governance; [20] Integrated information systems for health; [23] Health emergencies preparedness and risk reduction; and [26] Cross-cutting themes: equity, gender, ethnicity, and human rights. The outcomes with the highest implementation levels were Health emergencies detection and response (46.71%), Health throughout the life course (22.39%), and Elimination of communicable diseases (22.39%).

Figure 4. Outcome budget allocations, financing, and implementation: Base programs

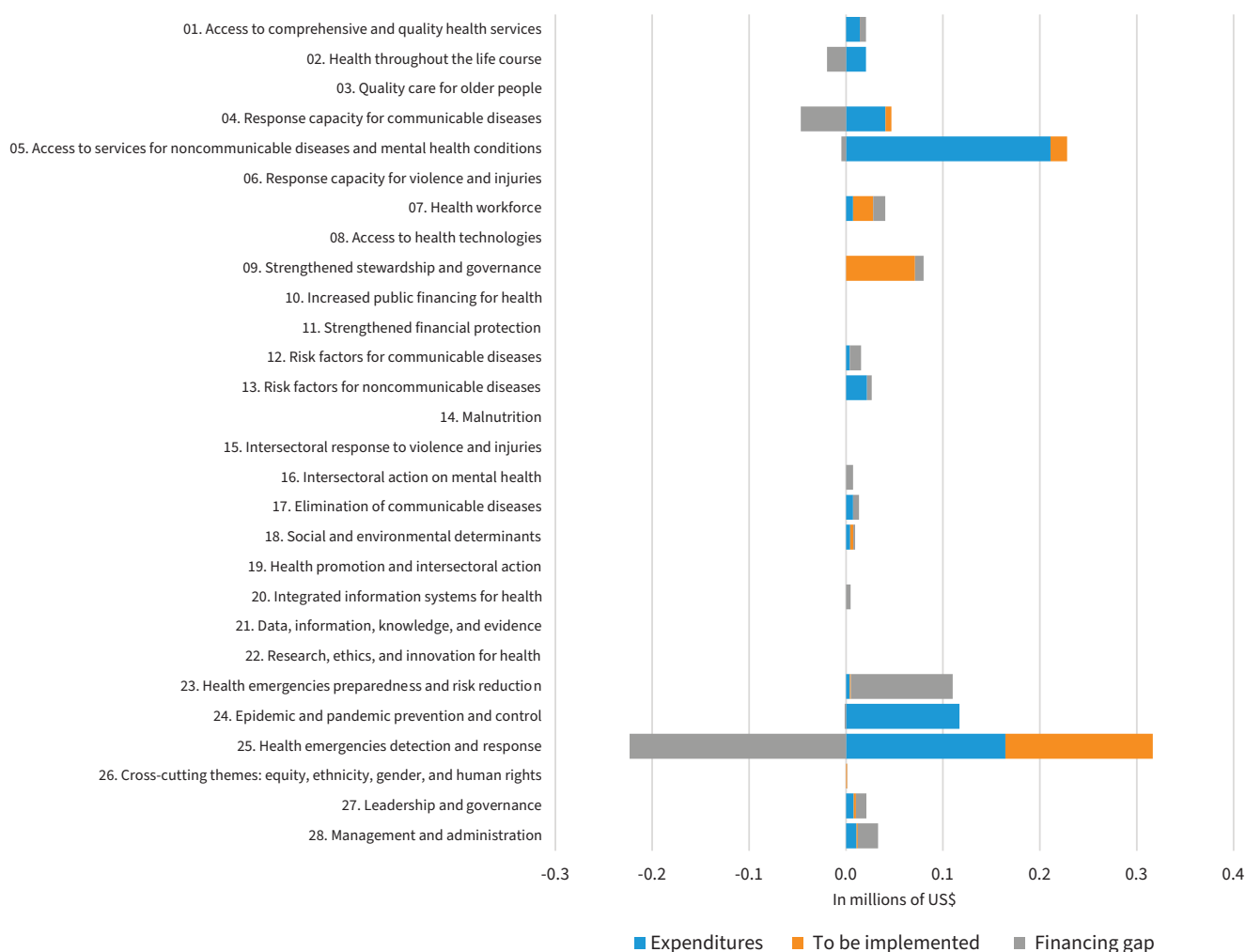


Dominica

The total approved budget for Dominica during 2020–2021 was US\$ 2.4 million, including US\$ 816 000 for Base Program and US\$ 1.6 million for outbreak and crisis response. A total of US\$ 2.9 million was available for implementation. Funding levels reached 112% for Base Program (US\$ 911 000) and 125% for outbreak and crisis response (US\$ 2 million). Funding sources included WHO (76.38%), United States of America (8.4%), Assessed

Contributions (7.55%), United Kingdom (6.48%), Canada (0.95%) and PD Fund (0.24%). During this period, outcomes with no funding included: [4] Response capacity for communicable diseases; [16] Intersectoral action on mental health; and [20] Integrated information systems for health. Most resource mobilization efforts were targeted to support the national response to COVID-19. The outcomes with the highest implementation levels were Outbreak and crisis response (78.28%), and Access to services for NCDs and mental health conditions (8.22%).

Figure 5. Outcome budget allocations, financing, and implementation: Base programs

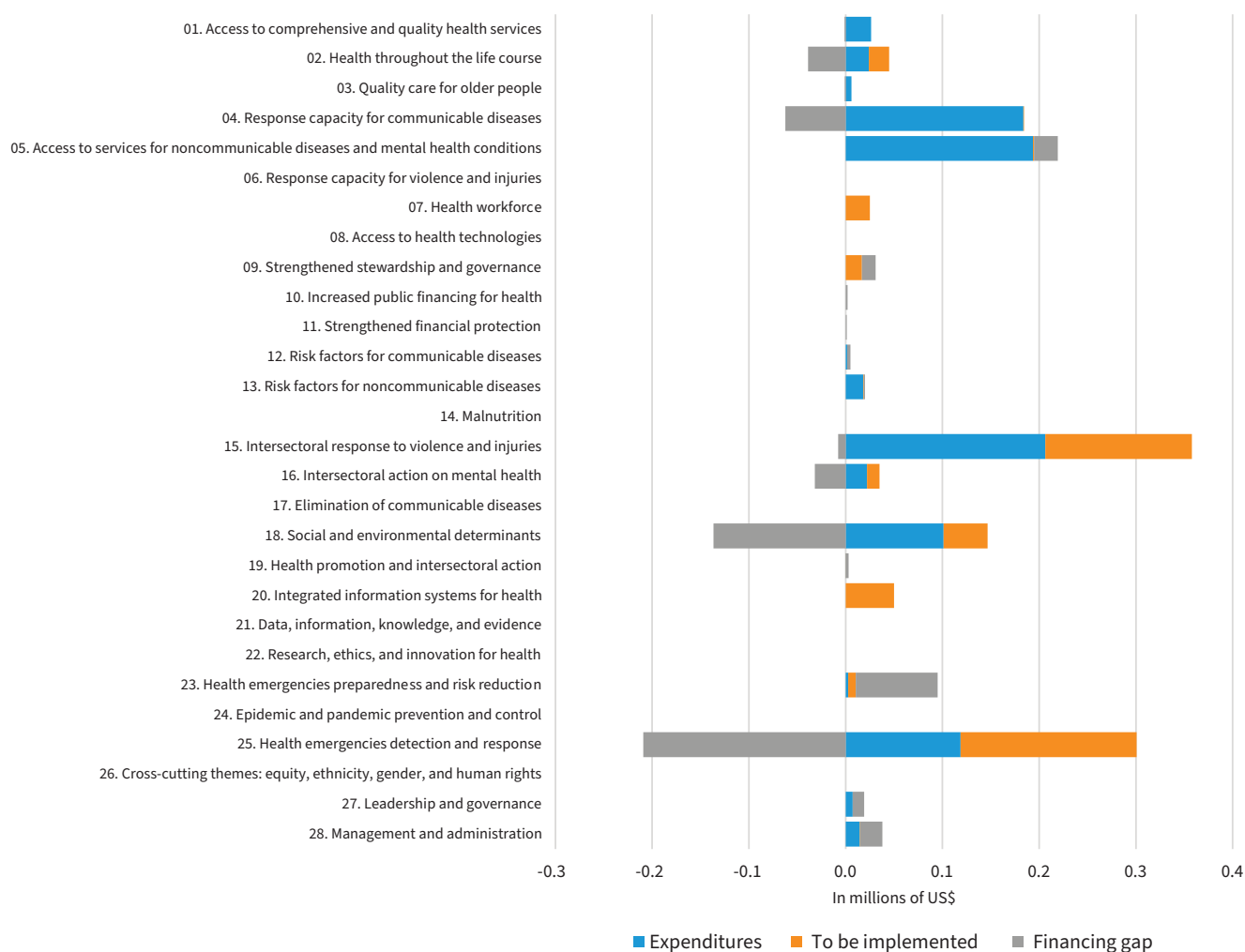


Grenada

The total approved budget for Grenada during 2020–2021 was US\$ 1.7 million, including US\$ 1.1 million for Base Program and US\$ 595 000 for outbreak and crisis response. A total of US\$ 2 million was available for implementation. Funding levels reached 129% for Base Program (US\$ 1.4 million) and 105% for outbreak and crisis response (US\$ 624 000). WHO provided 42.54% of the funding, with other contributions from United Nations Development Programme (UNDP) (16.84%), Assessed Contributions (13.49%), United States of America

(11.69%), United Kingdom (7.68%), United Nations Office for South–South Cooperation (UNOSSC) (4.39%), and the European Union (2.71%). During this period, outcomes with no funding included: [10] Increased public financing for health and [11] Strengthened financial protection. The outcomes with the highest implementation levels were: Outbreak and crisis response (42.46%); Intersectoral response to violence and injuries (14.09%); Access to services for NCDs and mental health conditions (13.23%); and Response capacity for communicable diseases (12.55%).

Figure 6. Outcome budget allocations, financing, and implementation: Base programs

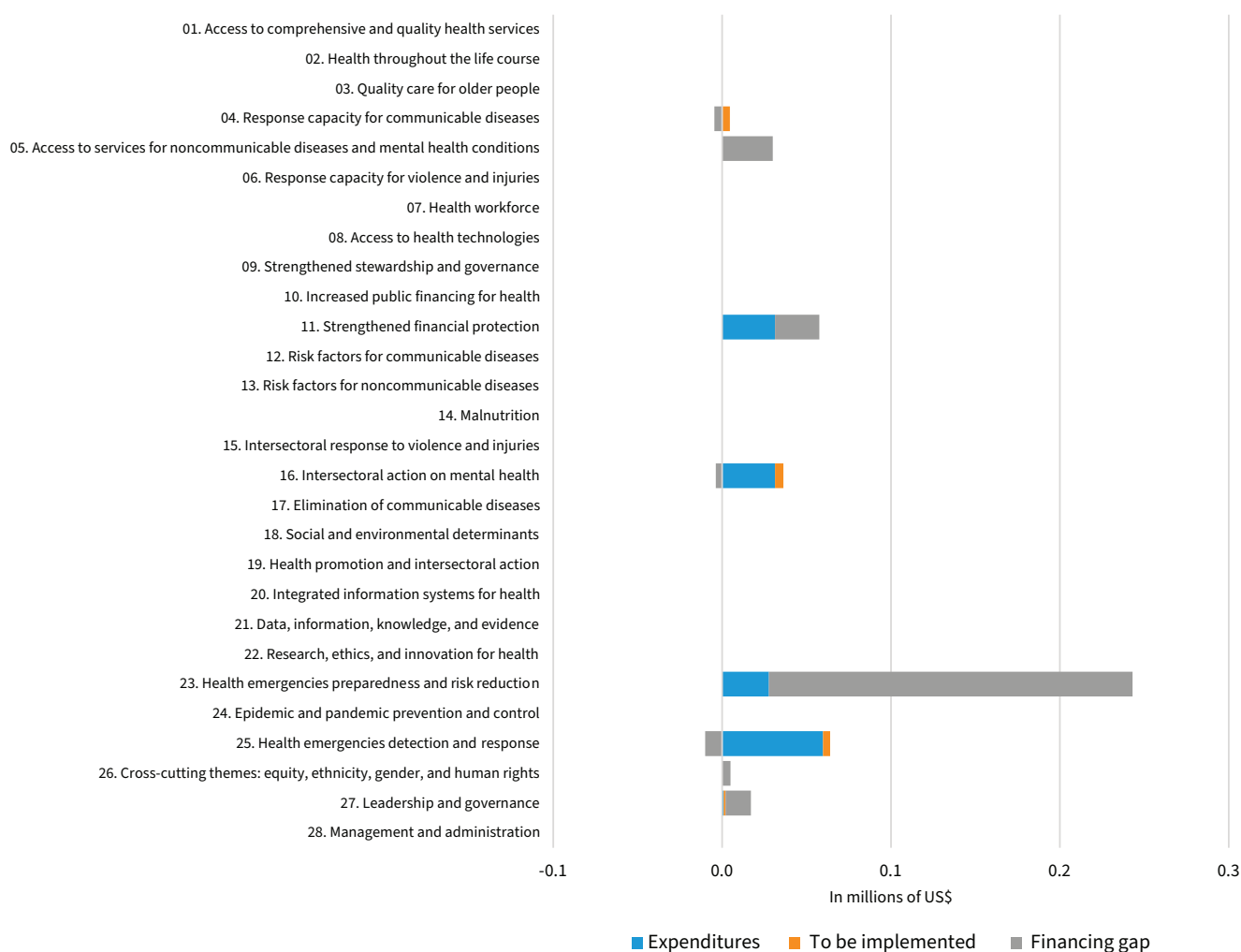


Montserrat

The total approved budget for Montserrat during 2020–2021 was US\$ 439 000, exclusively for Base Program. A total of US\$ 166 000 of the approved budget was available for implementation, leaving a funding gap of US\$ 273 000. Funding levels reached 38% for Base Program (US\$ 166 000), with 97% of the funding from Assessed Contributions. The other funding source was the United States of America (2.79%). During this period,

outcomes with no funding included: [04] Response capacity for communicable diseases; [05] Access to services for NCDs and mental health conditions; and [26] Cross-cutting themes: equity, gender, ethnicity, and human rights. The outcomes with the highest implementation levels were: Health emergencies detection and response (28.98%), Strengthened financial protection (24.62%), Intersectoral action on mental health (24.62%), and Health emergencies preparedness and risk reduction (21.79%).

Figure 7. Outcome budget allocations, financing, and implementation: Base programs

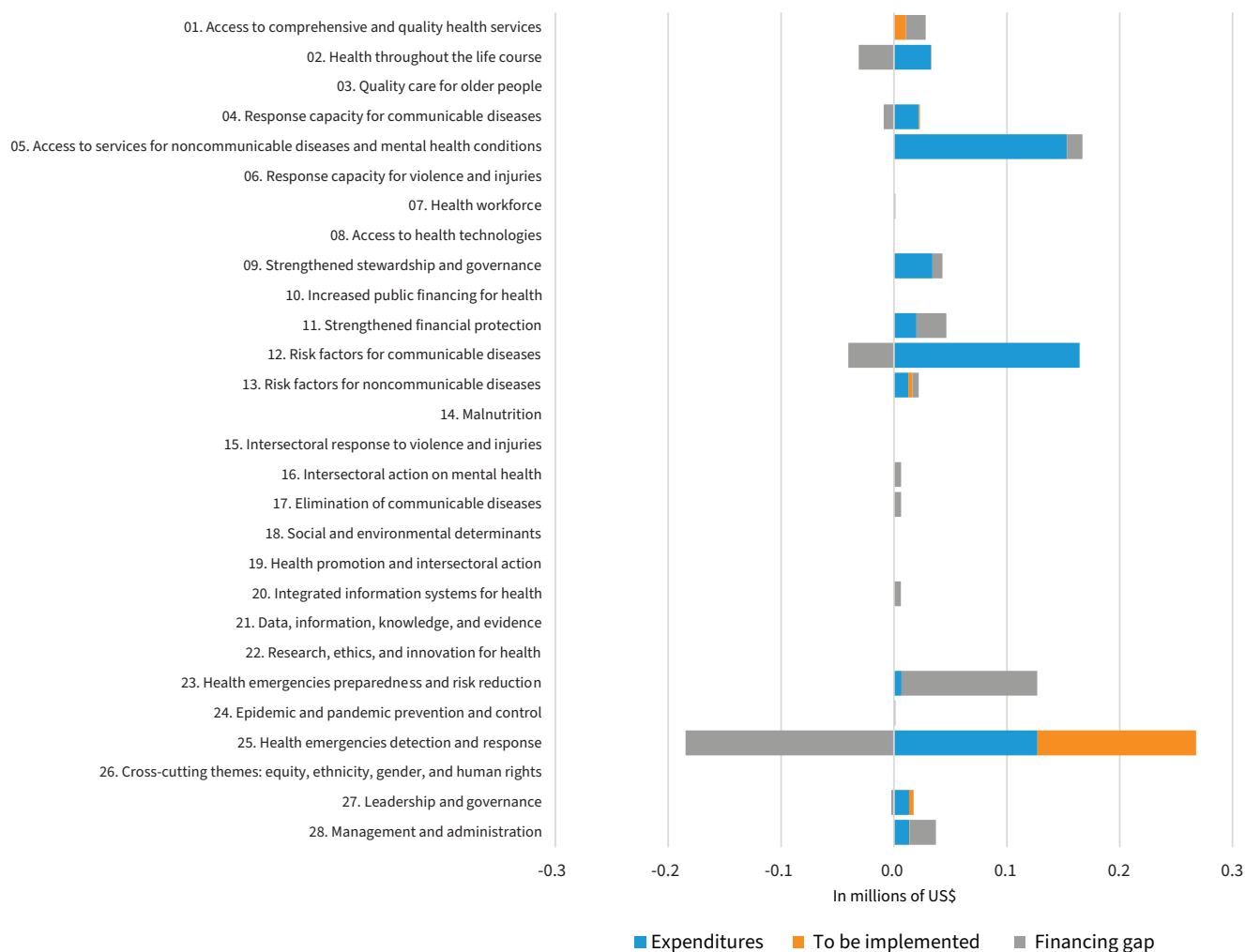


Saint Kitts and Nevis

The total approved budget for Saint Kitts and Nevis during 2020–2021 was US\$ 1.1 million, including US\$ 729 000 for Base Program and US\$ 439 000 for outbreak and crisis response. A total of US\$ 1.3 million was available for implementation. Funding levels reached 104% for Base Program (US\$ 761 000) and 122% for outbreak and crisis response (US\$ 535 000). Funding sources included WHO (56.81%), United States of America (17.07%), Assessed Contributions (13.53%), Canada (10.12%), Rockefeller Foundation (2.34%)

and PAHO Program Support Cost (0.12%). During this period, outcomes with no funding included: [07] Health workforce; [17] Elimination of communicable diseases; [20] Integrated information systems for health; and [24] Epidemic and pandemic prevention and control. Most resource mobilization efforts were targeted to support the national response to COVID-19. The outcomes with the highest implementation levels were: Outbreak and crisis response (50.21%), Risk factors for communicable diseases (15.96%), and Access to services for NCDs and mental health conditions (14.85%).

Figure 8. Outcome budget allocations, financing, and implementation: Base programs

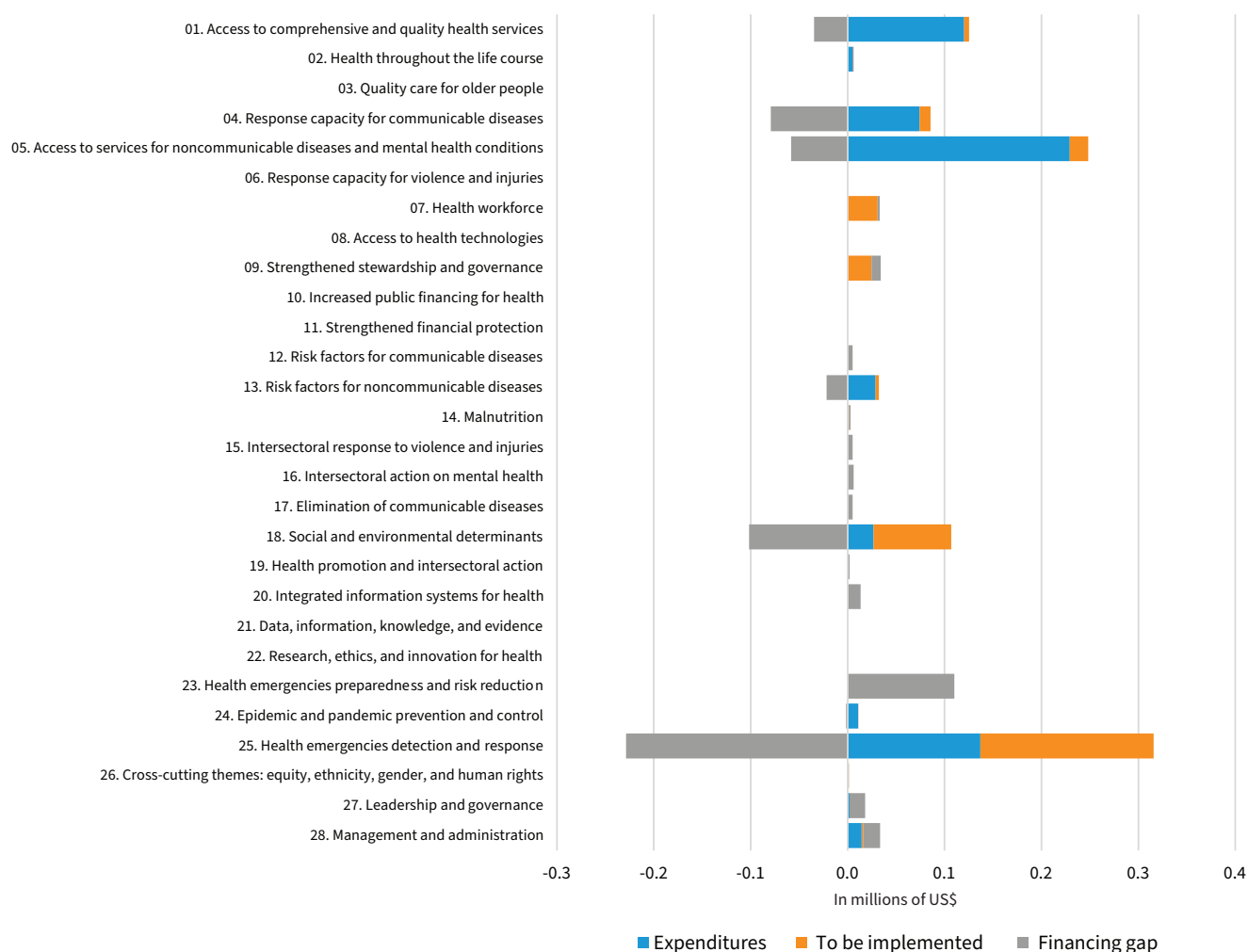


Saint Lucia

The total approved budget for Saint Lucia during 2020–2021 was US\$ 1.5 million, including US\$ 674 000 for Base Program and US\$ 842 000 for Outbreak and Crisis Response. A total of US\$ 1.9 million was available for implementation. Funding levels reached 149% for Base Program (US\$ 1 million) and 111% for outbreak and crisis response (US\$ 932 000). Funding sources included WHO (45.67%), Assessed Contributions (14.54%), United Kingdom (13.62%), United States of America (12.72%), European Union (5.52%), World Food Programme

(WFP) (4.95%), and Canada (2.98%). During this period, outcomes with no funding included: [12] Risk factors for communicable diseases; [15] Intersectoral response to violence and injuries; [16] Intersectoral action on mental health; [17] Elimination of communicable diseases; [19] Health promotion and intersectoral action; [20] Integrated information systems for health; and [23] Health emergencies preparedness and risk reduction. The outcomes with the highest implementation levels were: Outbreak and crisis response (61.88%), and Access to services for NCDs and mental health conditions (16.13%).

Figure 9. Outcome budget allocations, financing, and implementation: Base programs

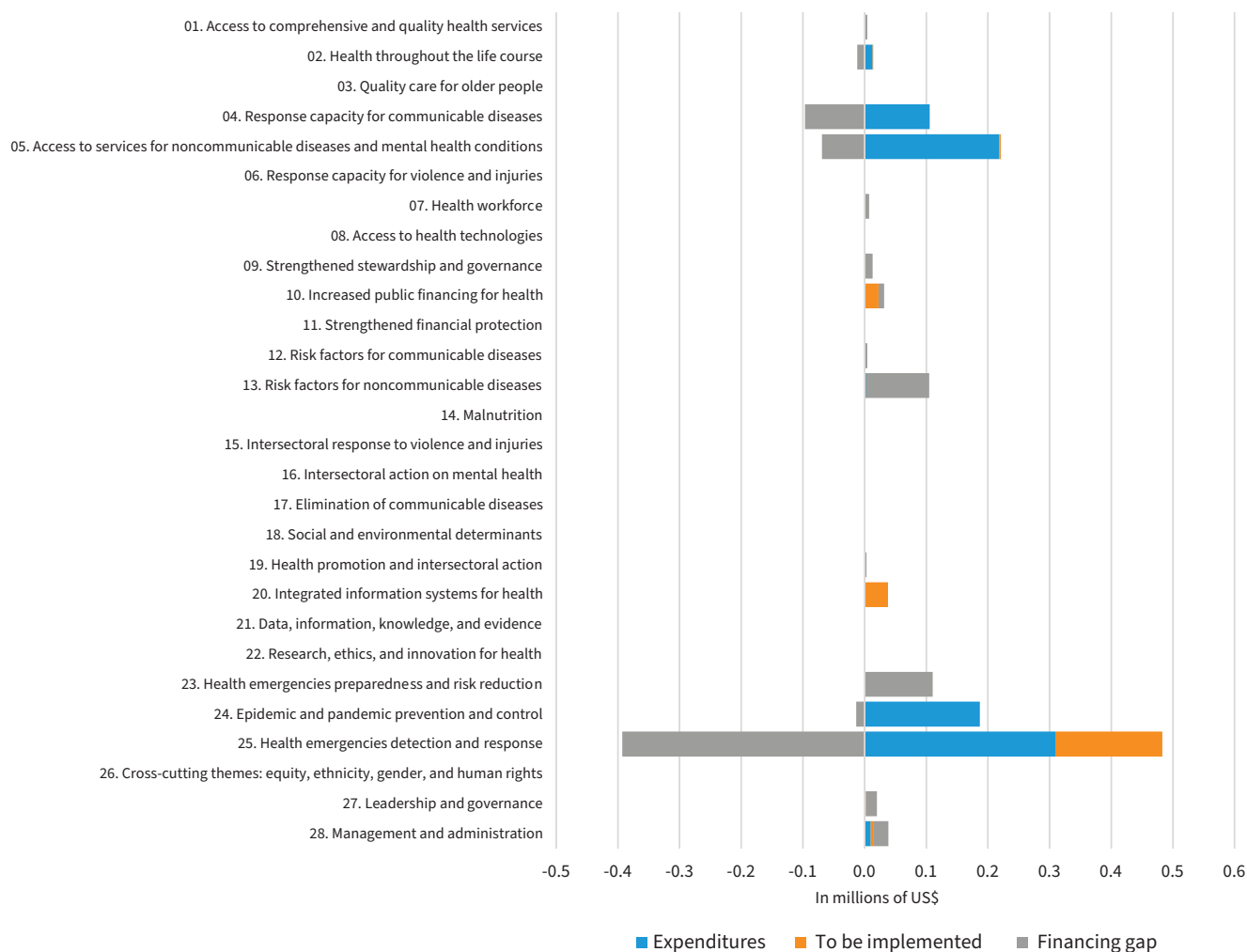


Saint Vincent and the Grenadines

The total approved budget for Saint Vincent and the Grenadines during 2020–2021 was US\$ 2.3 million, including US\$ 802 000 for Base Program and US\$ 1.5 million for outbreak and crisis response. A total of US\$ 2.9 million was available for implementation. Funding levels reached 136% for Base Program (US\$ 1.1 million) and 118% for outbreak and crisis response (US\$ 1.8 million); 76.09% of the funding was obtained from WHO. Other funding sources included Assessed Contributions (9.58%), United States of America (8.35%),

United Kingdom (3.55%), PD Fund (1.87%), and Canada (0.57%). During this period, outcomes with no funding included: [01] Access to comprehensive and quality health services; [07] Health workforce; [09] Strengthened stewardship and governance; [12] Risk factors for communicable diseases; [19] Health promotion and intersectoral action; and [23] Health emergencies preparedness and risk reduction. The outcomes with the highest implementation levels were Outbreak and crisis response (68.92%), Health emergencies detection and response (9.31%), and Access to services for NCDs and mental health conditions (9.1%).

Figure 10. Outcome budget allocations, financing, and implementation: Base programs



LOOKING AHEAD

Moving forward, PAHO still has work to do to institutionalize the important innovations resulting from the COVID-19 pandemic response, while addressing some new challenges and refocusing on the SDGs.

The challenge of 2021 has been to adjust to a new normal under COVID-19, after the immediate emergency response phase during 2020 was prolonged into a sustained emergency situation. But as the PAHO Country Office for Barbados and the Eastern Caribbean looks ahead to the end of 2022 and beyond, it is clear that we still have work to do to institutionalize the important innovations resulting from COVID-19 so that we can build on these achievements to accelerate progress toward health for all.

In this regard, progress made in digitalization of the health sector in response to the need for effective surveillance and adequate systems for keeping track of suspected cases, contacts, and recovered patients should be reinforced so that all countries can eventually phase out paper-based procedures. We have established new and more effective systems for coordination between countries on issues such as procurement, surveillance, and knowledge sharing to address common challenges. These mechanisms should be harnessed to ensure that they yield benefits for the countries' main health

priorities, particularly in relation to the epidemiological and demographic transitions, future pandemic preparedness, and climate change-related risks.

Ensuring the vaccine hesitancy that emerged as result of the COVID-19 pandemic does not undermine previous achievements in routine vaccination coverage, which is a significant public health achievement for the region, should be an urgent concern. However, it is also crucial that we work to identify synergies between a universal health coverage-focused approach to public health and emergency responsiveness as we “build back better” to create more resilient health systems for all countries. Finally, it is important that we maintain our focus on the SDG targets, particularly the goal of reducing infant mortality rates across the Eastern Caribbean Countries, and promoting equitable health improvements and access to health services for all.



COVAX

CEPI Gavi
The Vaccine Alliance

PAHO unicef World Health Organization

ACTaccelerator
ACCESS TO COVID-19 TOOLS

A collage of images showing the arrival of COVID-19 vaccines in Barbados and Eastern Caribbean Countries via the COVAX Facility.

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS



@PAHOWHO



@OPSPAHO



PAHOTV