

ANNUAL REPORT 2021

ARUBA, CURAÇAO, SINT MAARTEN, AND BONAIRE, SINT EUSTATIUS AND SABA

Responding to COVID-19
and Preparing for the Future

PAHO



Pan American
Health
Organization



World Health
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REGION OF THE
AMERICAS



Annual Report 2021. Aruba, Curaçao, Sint Maarten, and Bonaire, Sint Eustatius and Saba: Responding to COVID-19 and Preparing for the Future
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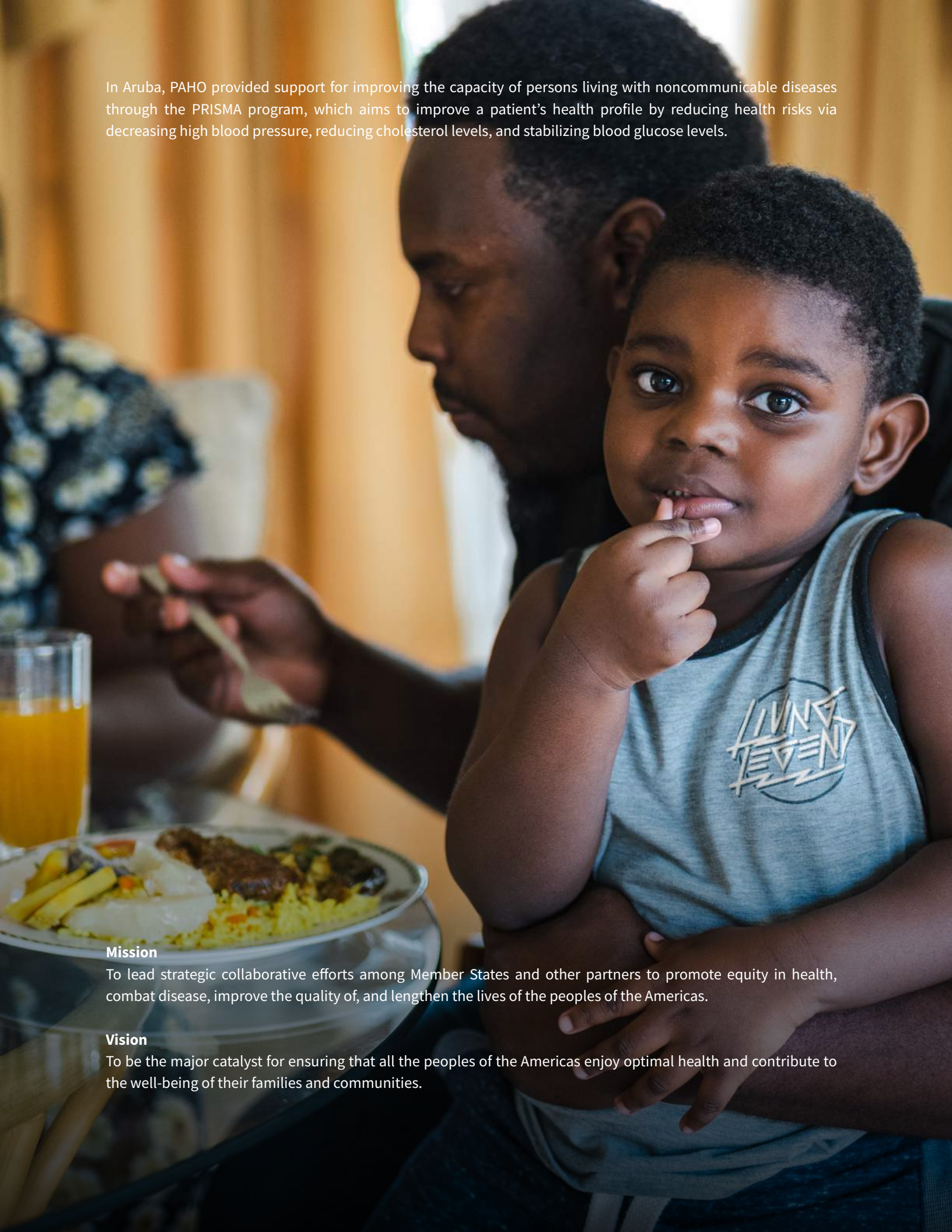
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The Pan American Health Organization (PAHO) was founded in 1902 and is recognized as the independent specialized health agency of the inter-American system, under the Charter of the Organization of American States. In 1949, PAHO agreed to serve as 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 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.



In Aruba, PAHO provided support for improving the capacity of persons living with noncommunicable diseases through the PRISMA program, which aims to improve a patient's health profile by reducing health risks via decreasing high blood pressure, reducing cholesterol levels, and stabilizing blood glucose levels.

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.

This year Sint Maarten's Council of Ministers approved the National Multisectoral Action Plan (MAP) for the Prevention and Control of Noncommunicable Diseases 2021–2030, focusing on the promotion of diet, tobacco use prevention, and healthy lifestyle.

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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



Over the last year, the technical cooperation from the Pan American Health Organization (PAHO) focused on those activities that supported the “return to normalcy” of the Dutch Entities – Aruba, Curaçao, Sint Maarten, Bonaire, Saba, and Sint Eustatius – as they came out of the COVID-19 lockdown restrictions. However, with the continued closure of country borders in Trinidad and Tobago, where the PAHO Country Office is based, and the ongoing COVID-19 restrictions, the implementation of PAHO’s technical cooperation was extremely challenging. Nevertheless, the Country Office looked for innovative ways to move activities forward, making use of the many virtual platforms.

The provision of technical cooperation was based on the health priorities of the countries that supported health equity and the strengthening of quality, resilient health services to ensure “no one is left behind.” Since the COVID-19 pandemic had severe social and economic consequences that disrupted healthcare services for noncommunicable diseases (NCD) and worsened people’s risk of developing NCDs, many of the technical cooperation requests focused on supporting the implementation of NCD interventions.

Now more than ever, the technical cooperation must continue, placing even greater focus on resilience using health-in-all-policies, whole-of-government, and whole-of-society approaches.

Dr. Erica Wheeler

PAHO Representative in Dutch Entities



Ensuring “no one is left behind” remains a priority in equitable access to health services. Since the COVID-19 pandemic had severe social and economic consequences that disrupted health-care services, many of the technical cooperation requests have focused on supporting the implementation of noncommunicable disease interventions.

PAHO TECHNICAL COOPERATION



NONCOMMUNICABLE DISEASES AND MENTAL HEALTH



Currently, noncommunicable diseases (NCDs) are the most common cause of death, not only globally but also in disaster-prone regions. Furthermore, people with NCDs are more vulnerable to the effects of disasters, and therefore NCD management should be integrated into emergency and disaster response.

Noncommunicable diseases (NCDs) represent the major cause of death in the Caribbean. In 2021, PAHO continued to focus on NCDs with specific activities on prevention in Aruba and Sint Eustatius, development of tobacco control

legislation in Saba, and finalization and approval of the National Multisectoral Action Plan for the Prevention and Control of NCDs 2021–2030 as well as integration of NCDs into disaster planning in Sint Maarten.

Proactive Interdisciplinary Self-Management (PRISMA) program – Aruba

This year, PAHO provided support for improving the capacity of persons living with NCDs in Aruba through the PRISMA program. PRISMA aims to improve a patient's health profile by reducing health risks via decreasing high blood pressure, reducing cholesterol levels, and stabilizing blood glucose levels. Using a non-didactic learning approach, the program triggers patients to consider their own personal risk factors and to choose a specific behavior change goal to be achieved. PAHO reviewed the original PRISMA course outline offered by the Netherlands in comparison with the self-management program used in the Caribbean (from Stanford University) and funded the cost of trainers, the course venue, and monitoring and evaluation.

Due to the local COVID-19 restrictions in the first half of 2021, the number of participants for each PRISMA course was limited to seven plus a partner or family member. With the relaxation of the restrictions in the second half of the year, the limit was increased to nine participants. Based on a sociodemographic evaluation, PRISMA was able to reach a wide variety of participants from several geographic locations and with various levels of education and number of years living with type 2 diabetes. In the analysis it was noted that participants were highly motivated and committed to take charge of their condition, as 85% of participants who started the course also completed it. The PRISMA trainers were also excited and motivated to continue facilitating courses and stimulating patients toward self-management.

Tobacco legislation – Saba

Saba is a municipality of the Netherlands situated in the Caribbean. Thus, exposure to the subregional strategies to tackle tobacco control is critical. Saba is well positioned to develop local policies for the Caribbean context in alignment with the [Framework Convention on Tobacco Control \(FCTC\)](#). As part of these efforts, the local capacity for the development of a legislation program was improved through participation in the PAHO course Developing Tobacco Control Legislation in the Caribbean – 2021, and consistent with the mandates and guidelines of the FCTC and taking into account Caribbean legislative contexts. In addition, PAHO reviewed the draft legislation and provided feedback to ensure alignment with the FCTC.

A new holistic Community Wellness Center – Sint Eustatius

This year, the overall goal was to improve the general health of the population and achieve early NCD identification and intervention toward reducing the burden of NCDs on the island. In these settings, where the provision of secondary and tertiary care is provided off the island, a focus on health promotion and prevention with an emphasis on population health and well-being has been recognized by the Department of Public Health to represent opportunities for reducing the impact of NCDs – in particular, cardiovascular diseases.

To this end, PAHO supported enhancement of access to NCD prevention services with the establishment of a holistic Community Wellness Center to function as a

one-stop shop for the public health team to interact with the general public in Sint Eustatius. This Center serves as a focal point for health education and promotion (particularly around healthy lifestyle – physical activity, diet, smoking, alcohol) as well as a physical space for preventive and early intervention programs such as wellness checks and screening for certain cancers. The Center also functions as a regular dedicated clinic and drop-in space for people living with long-term chronic diseases or those in high-risk groups for other diseases. To support the development of the Center, the Country Office contracted Primary Care International (PCI), an organization with recognized expertise in the management of NCD care within primary health care that understands how to work in small island states and is familiar with PAHO’s policies and mandates for prevention and control of NCDs.

National Multisectoral Action Plan for the Prevention and Control of NCDs 2021–2030 – Sint Maarten

The Sint Maarten’s health care system is predominantly oriented toward care and treatment of acute illness, and not prevention; thus it faces challenges in managing NCDs, risk factors, and the related determinants of health. This year the NCD program was enhanced with the finalization and approval of the National Multisectoral Action Plan (MAP) for the Prevention and Control of NCDs 2021–2030 by the Council of Ministers. The document outlines the strategic direction for the response to NCDs in Sint Maarten and the strategic outcomes that partners from government, foundations, private sector, and civil society will be engaged to collaborate toward over the period 2020–2027. This strategic plan of action encompasses the main NCD categories (cardiovascular disease, diabetes, cancer, chronic respiratory disease), risk/protective factors (physical activity, diet, smoking, harmful use of alcohol, and air pollution), and social determinants of health. The MAP was officially launched in 2021. A two-year implementation plan (2021–2023) was also developed to operationalize the priorities for the first two years.

PAHO led the MAP development process from the beginning, engaging a consultant to conduct a situation analysis, facilitating a stakeholders’ consultation toward drafting of the plan, presenting the draft to the Ministry of Public Health, Social Development, and Labor, and providing overall technical and strategic guidance to the entire process. The Plan was the result of a multisectoral, consultative, and participatory process that included an evidence-based, results-focused approach. Accountability and the recognition of health in all policies is strongly embedded in the MAP, with a key focus on meeting the Sustainable Development Goals (SDGs), specifically SDG Goal 3, target 3.4: “By 2030, reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.”

The Minister of Public Health, Social Development, and Labor of the Government of Sint Maarten, Omar Ottley, stated, “This strategic action plan shows the Ministry of Public Health, Social Development, and Labor’s renewed commitment to reducing the incidence of NCDs and aligns with its mission to promote the general well-being and quality of life of the population. It also seeks to harness the collective efforts of all stakeholders through a whole-of-government and whole-of-society approach in order to put the structures in place that empower people to live healthy.”

Integration of NCDs into disaster planning – Sint Maarten

Currently, NCDs are the most common cause of death, not only globally but also in disaster-prone regions. Furthermore, people with NCDs are more vulnerable to the effects of disasters, and therefore NCD management should be integrated into emergency and disaster response. To address this need, PAHO also provided technical cooperation aimed at developing a framework of recommendations to integrate NCDs into Sint Maarten’s disaster planning, with NCD-related activities suggested upon consultation with stakeholders to discuss and agree on the relevance of the specific areas.

More specifically, the suggested NCD considerations could be integrated into the national Emergency Support Function Level 6 (ESF 6) Disaster Subplan for Public Health and Medical Assistance (the national preparedness and response plan). The framework, prepared as an addendum to the national disaster plan,

is expected to be fully integrated into the plan in 2022. This approach will enhance the lives of persons with NCDs and/or mental health conditions, who are at risk after emergencies including hurricanes and pandemics such as COVID-19.



NUTRITION AND THE PROMOTION OF A HEALTHY DIET



Healthy eating and lifestyle has been promoted by Sint Eustatius Department of Public Health through dissemination of publications to the population in order to reduce the incidence of obesity and related diseases.

In response to data from surveys, in 2021 PAHO cooperated in Sint Eustatius to develop and implement a nutrition booklet to encourage healthy eating habits and lifestyles. The Country Office also supported

implementation in Aruba of an evidence-based Dutch strategy: the Cool2BFit childhood obesity prevention program.

Nutrition booklet to promote healthy eating habits and lifestyle – Sint Eustatius

In 2018, data from the Sint Eustatius Health Care Foundation showed that 14.5% and 10.8% of people registered at the Medical Center in Sint Eustatius had diabetes and hypertension, respectively. In addition, data from other Sint Eustatius surveys on risk factors revealed underconsumption of fruit and vegetables, high rates of obesity, especially among women, insufficient exercise among most women and a sizeable percentage of men, and substantial mental health challenges, especially among young people and women.

Therefore, the Sint Eustatius Department of Public Health requested technical cooperation from PAHO for the development and implementation of a nutrition booklet to promote healthy eating habits and lifestyle. The Ministry of Health publicized the development of the booklet from its inception through media interviews and the government website and invited people to participate in the process by sharing recipes. Once the recipes were adapted, additional media sessions were held, as well as a promotion session where, after meals were prepared, the community tasted them and commented on the taste.

This nutrition booklet, developed in 2021, is titled Eating Healthy in Statia and encourages healthy eating habits and lifestyles by promoting local foods, portion sizes, food groups, and eating patterns. It contains recipes for local dishes adjusted to healthy nutrition guidelines and is intended to be used as a tool by the general population for nutritional education and to encourage and facilitate behavior change. Once completed, media interviews by the Department of

Public Health representatives informed the population on how to access the booklet, which was published in August and is available online [here](#).

New program for childhood obesity prevention – Aruba

The evidence-based Cool2BFit Dutch childhood obesity prevention program, aimed at breaking unhealthy patterns, has been shown to help achieve healthier weight (lower BMI), enhance fitness, and increase positive self-image. The program was adapted by the E-Solo Foundation for implementation in Aruba. In 2021, the Department of Public Health asked the Country Office to support the Cool2BFit program, which is implemented by the E-Solo Foundation and targets children ages 8–13 years and their parent(s) at risk for obesity.

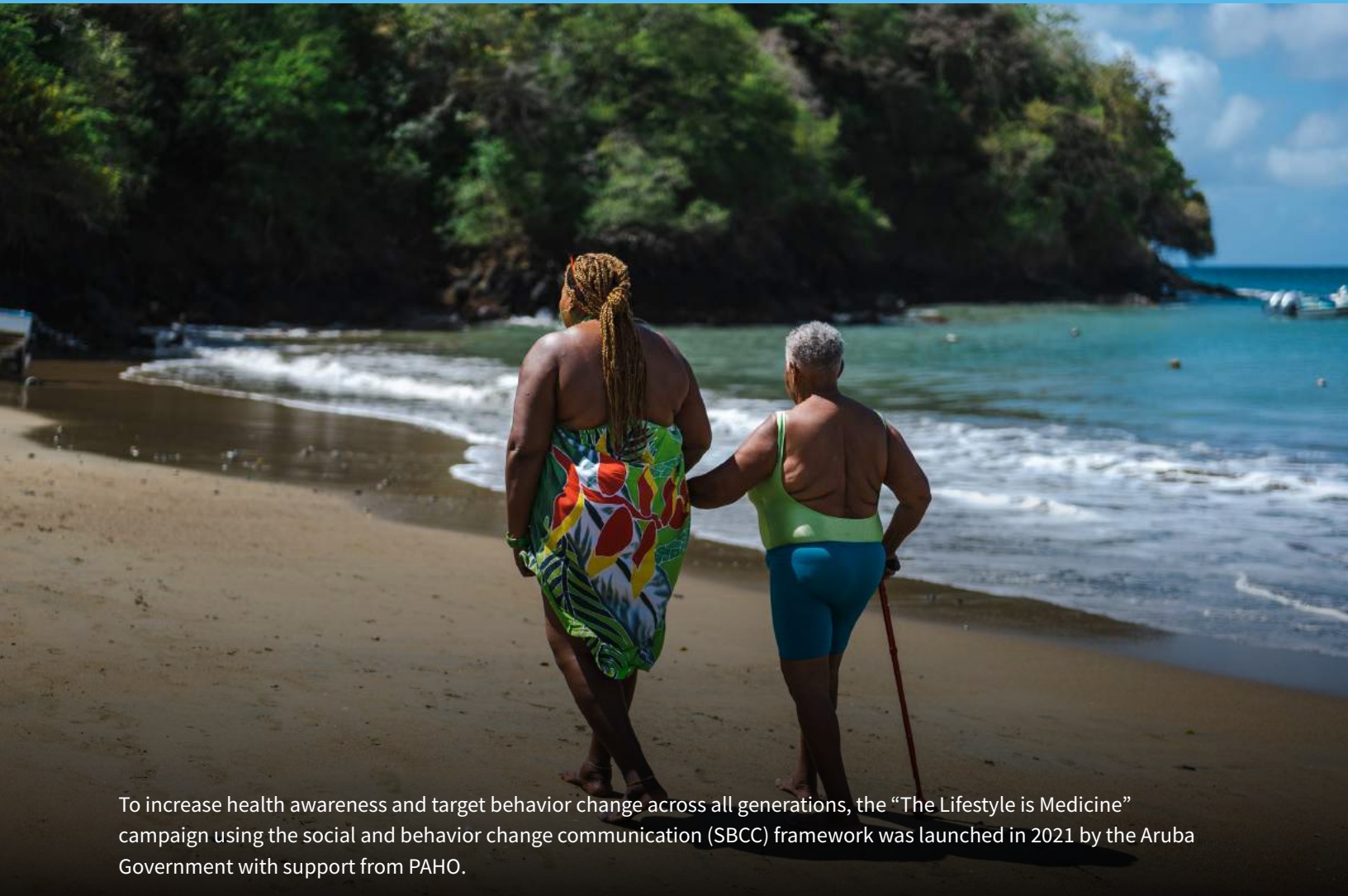
The Cool2BFit 18-month program for cohorts of keep 10 children together on same line and their parents consists of three phases. In Phase 1, education runs for six months and covers topics such as healthy nutrition and physical activities. It also teaches parents how to positively coach their children. Phase 2, which runs for 6–12 months, focuses on sports and encourages persons to participate in fun sporting activities with a sports coach. The follow-up Phase 3 covers the last six months, where the children continue their sporting activities, and their progress is monitored and documented. Despite the negative effects and difficult circumstances of the COVID-19 pandemic, the Cool2BFit team morale was very high, leading to positive results regarding a healthier lifestyle and lower BMI of the children. All participating families were positive about the program, and the children were highly motivated about the sporting activities.



The evidence-based Cool2BFit Dutch childhood obesity prevention program, aimed at breaking unhealthy patterns, has been shown to help achieve healthier weight (lower BMI), enhance fitness, and increase positive self-image among young people.



HEALTH PROMOTION AND INTERSECTORAL ACTION



To increase health awareness and target behavior change across all generations, the “The Lifestyle is Medicine” campaign using the social and behavior change communication (SBCC) framework was launched in 2021 by the Aruba Government with support from PAHO.

Social media campaign for behavior change – Aruba

To increase health awareness and target behavior change, in 2021 “The Lifestyle is Medicine” campaign using the social and behavior change communication (SBCC) framework was launched by the Aruba Government with support from PAHO. The campaign covered several themes and subthemes. *Nutrition* focused on healthy eating habits, easy budget-friendly recipes for the working individual or busy family, and featured fruit, vegetables, grains, and beans. *Sleep* emphasized the importance of sleeping 6–8 hours and the effects of not doing so. *Exercise* aimed at exercising more, always considering guidelines based on age and other relevant factors, and understanding why it is important and how this helps the immune system. *Alcohol/smoking* emphasized reducing alcohol consumption and smoking cessation. This subtheme also highlighted the effects of alcohol consumption and smoking on a person’s body. *Stress management and mental health* encouraged and promoted positive feelings while recognizing that it is a difficult time and communicating that it is okay to feel down or discouraged. This subtheme encouraged the community to seek mental health and psychosocial support when negative feelings are prolonged and impacting on daily life. *Hygiene* promoted and reinforced hygienic practices, such as maintaining social distancing (physical distancing), mask wearing, use of hand sanitizer, cough etiquette, frequent hand washing, etc.

This was a social media campaign and each of the topics had a “Virtual Challenge” associated with it. There were live sessions led by opinion leaders (experts in each area). The campaign slogan was “think, feel, act” as follows: think (hear and inform phases), feel (convince and decide phases), act (act, reconfirm, and maintain phases).



A flyer from Aruba’s “The Lifestyle is Medicine” campaign, which promotes behavior change such as quitting smoking.

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/ABW>, <https://open.paho.org/2020-21/>

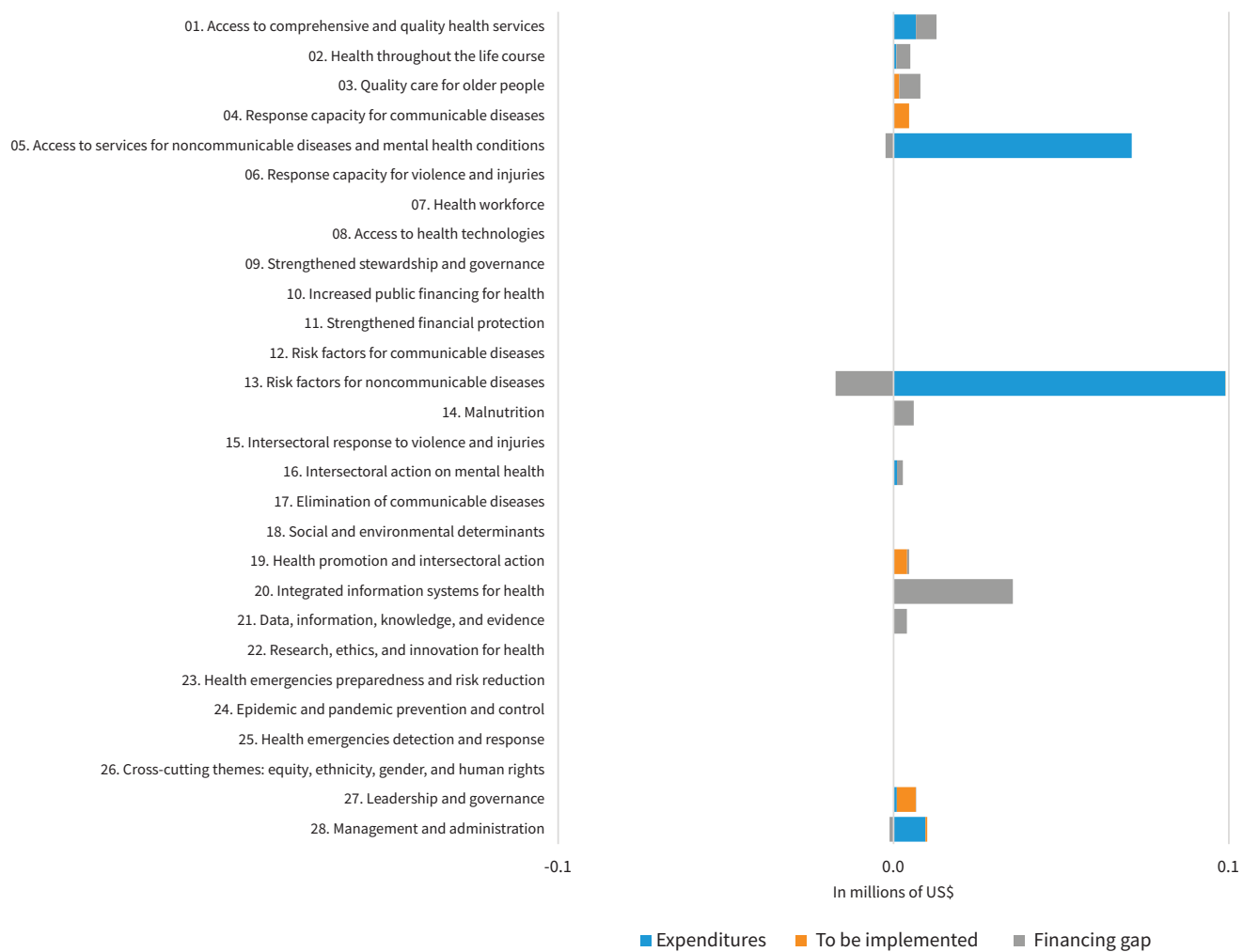
[country/BES](https://open.paho.org/2020-21/country/country/BES), <https://open.paho.org/2020-21/country/CUW> and <https://open.paho.org/2020-21/country/SXM> and select the “Financial Flow” tab (upper right-hand part of the screen).

Aruba

Financing for Aruba was approximately US\$ 206 000, funded entirely by assessed contributions. Approximately 91.91% (US\$ 189 000) had been implemented at the

end of Q4 2021. This implementation mainly covered the following outcomes: Risk factors for NCDs (52.32%/US\$ 99 000); Access to services for NCDs and mental health conditions (37.56%/US\$ 71 000).

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

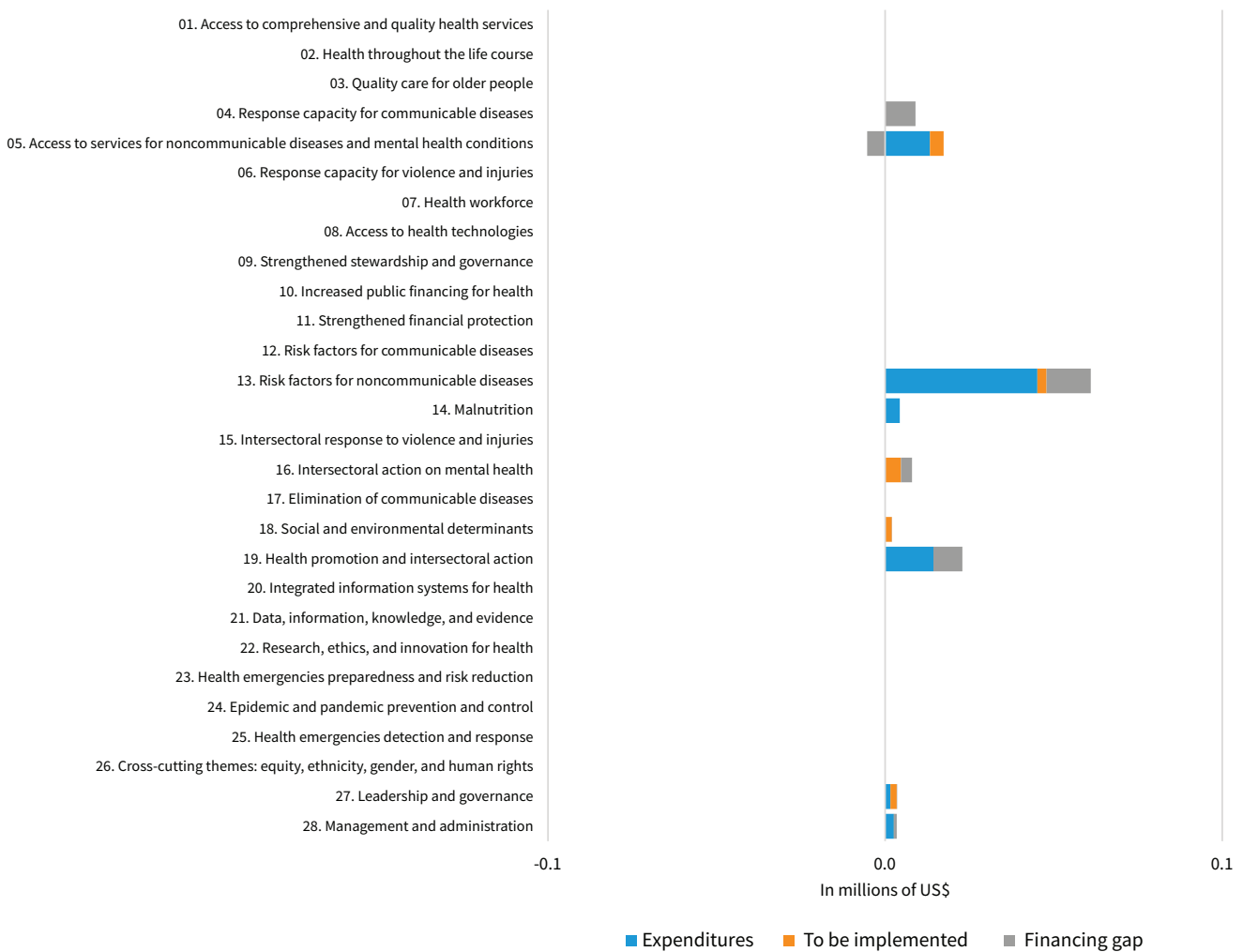


Bonaire, Sint Eustatius, and Saba

Financing for Bonaire, Sint Eustatius, and Saba was approximately US\$ 97 000, funded entirely by assessed contributions. Approximately 84.07% (US\$ 81 000) had been implemented at the end of Q4 2021. This

implementation mainly covered the following outcomes: Risk factors for NCDs (55.61%/US\$ 45 000); Health promotion and intersectoral action (17.61%/US\$ 14 000); and Access to services for NCDs and mental health conditions (16.36%/US\$ 13 000).

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

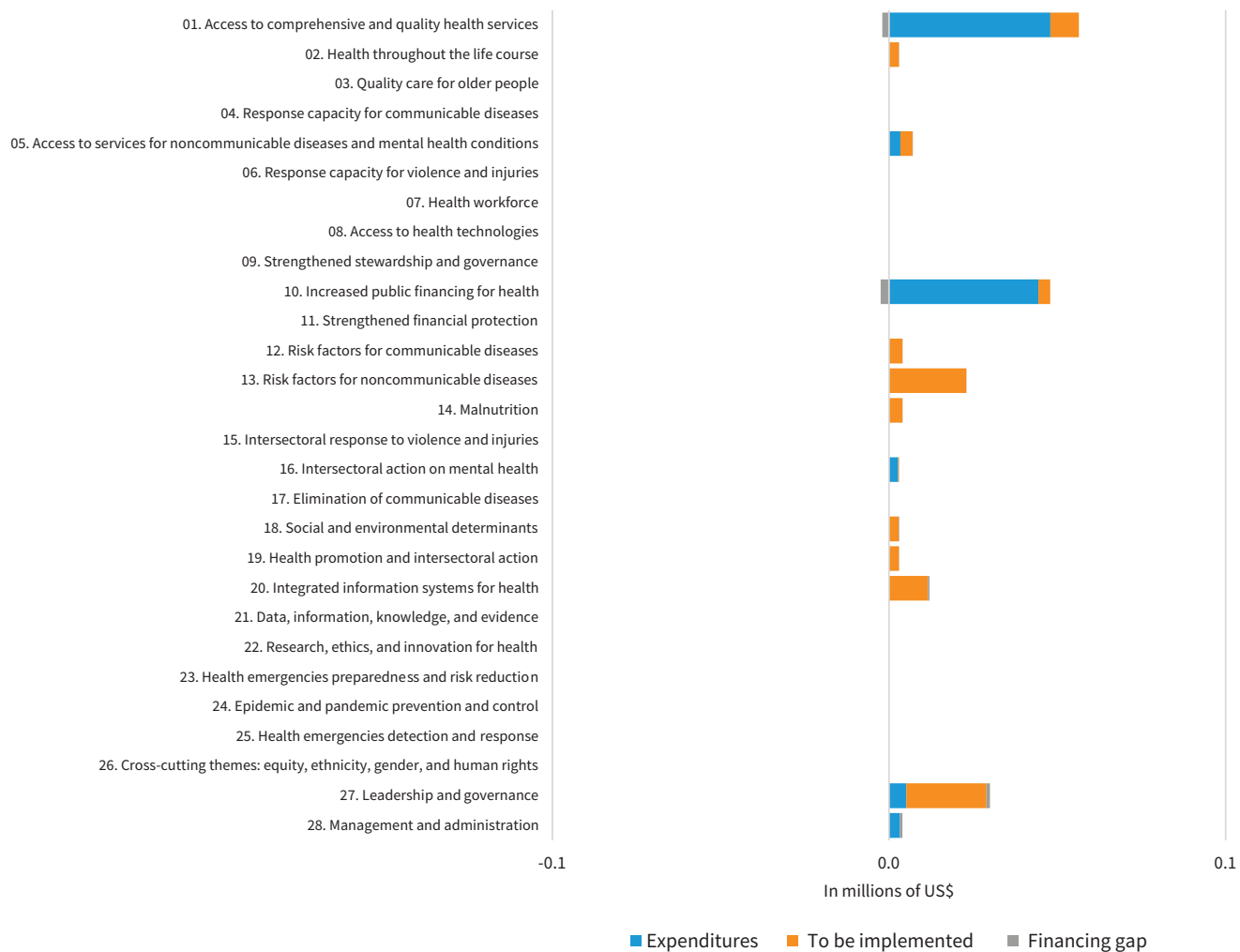


Curaçao

Financing for Curaçao was approximately US\$ 198 000, funded entirely by assessed contributions. Approximately 53.96% (US\$ 107 000) had been implemented at the

end of Q4 2021. This implementation mainly covered the following outcomes: Access to comprehensive and quality health services (44.9%/US\$ 48 000); and Increased public financing for health (41.56%/US\$ 44 000).

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

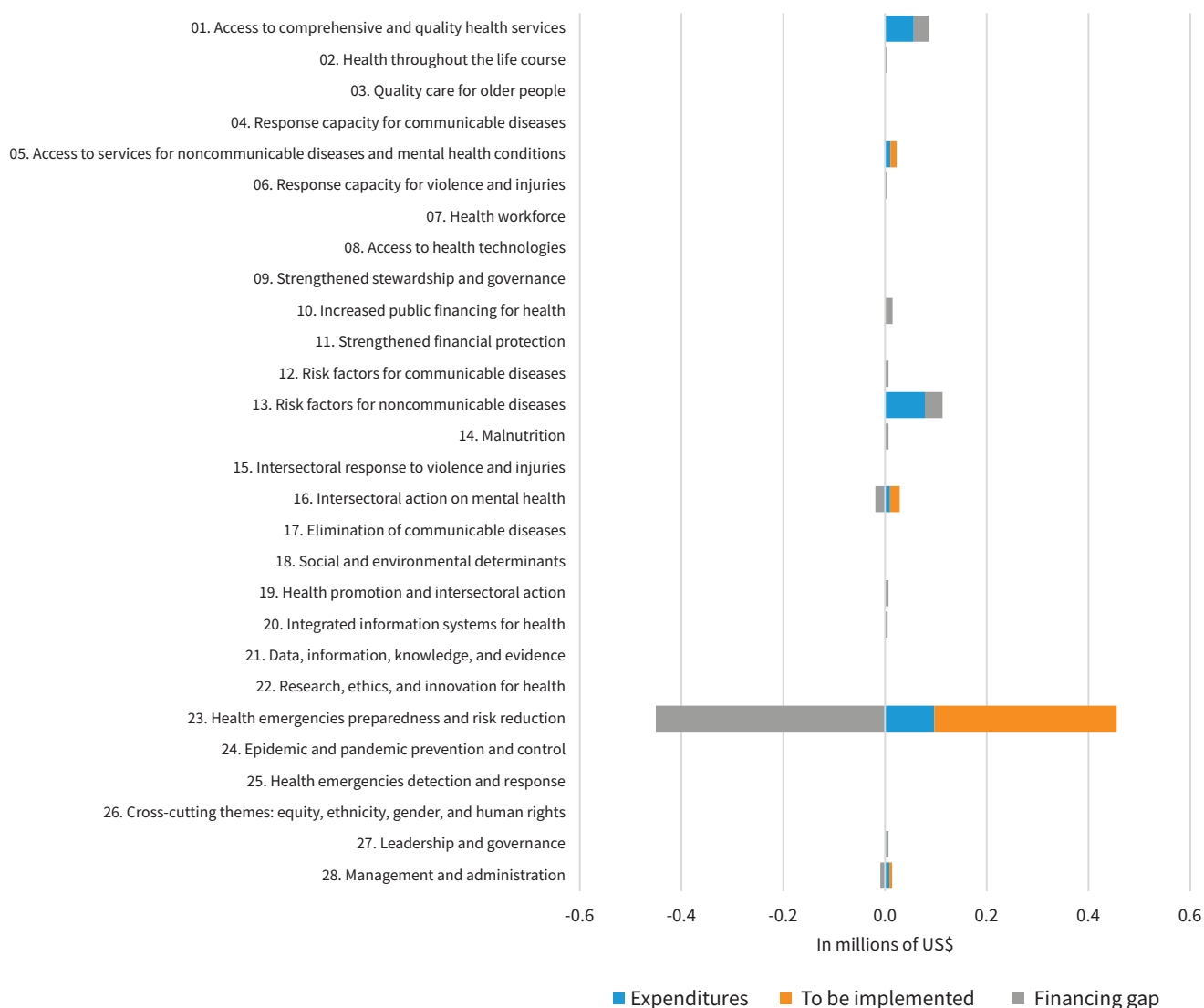


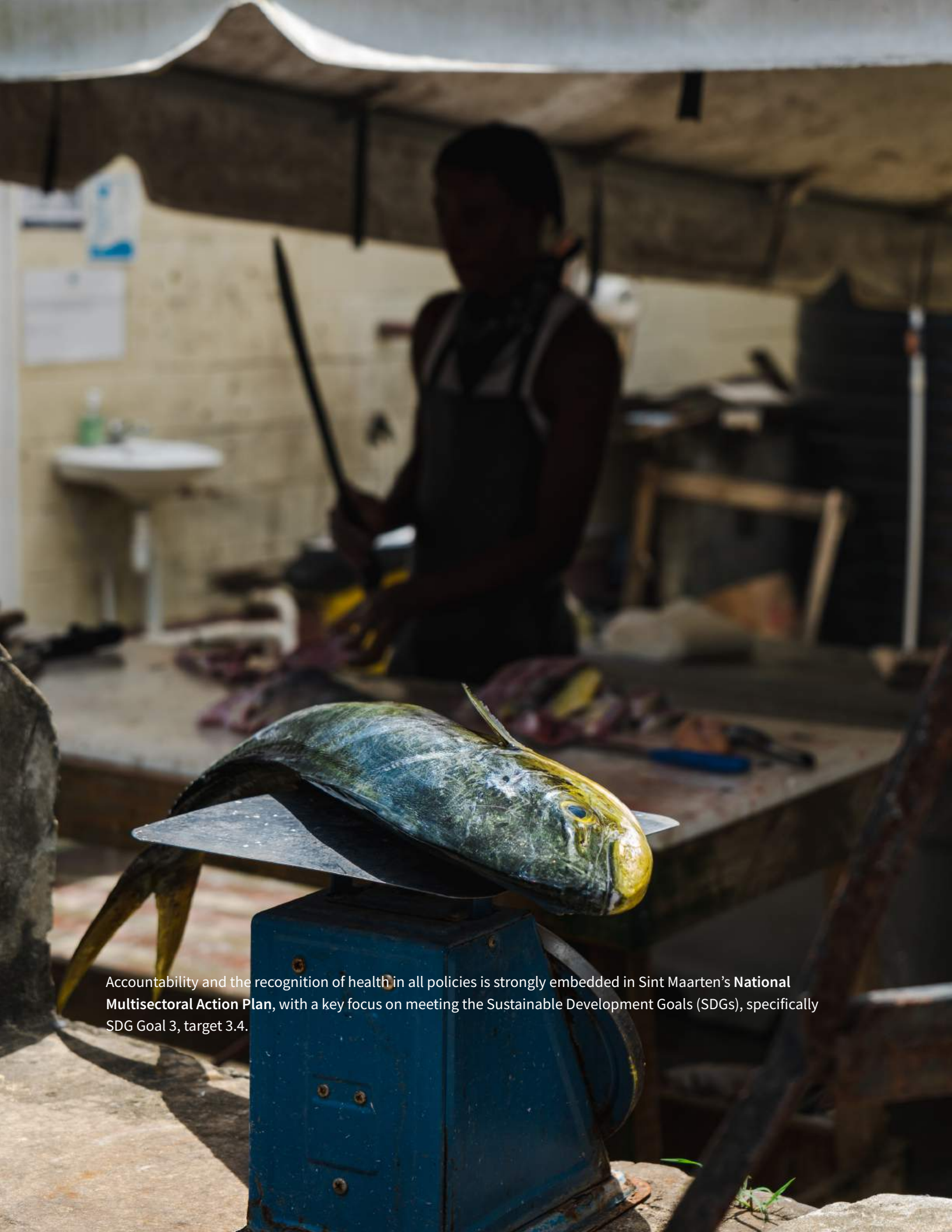
Sint Maarten

Financing for Sint Maarten totaled approximately US\$ 659 000, of which 63.77% was funded by the European Union and 36.23% by assessed contributions. Approximately 28.23% (US\$ 186 000) had been implemented at the end of Q4 2021. This implementation mainly covered the following outcomes: Risk factors for NCDs (42.14%/US\$ 78 000); Access to comprehensive

and quality health services (30.26%/US\$ 56 000); and Health emergencies preparedness and risk reduction (10.87%). Although this implementation might appear low, the European Union funding is specifically for the construction of shelters in Sint Maarten. This grant has an end date of August 2023. The designers are currently finalizing the drawings to be approved by the Government, and the next step is the tendering process for the contractors.

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





Accountability and the recognition of health in all policies is strongly embedded in Sint Maarten's **National Multisectoral Action Plan**, with a key focus on meeting the Sustainable Development Goals (SDGs), specifically SDG Goal 3, target 3.4.

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