KNOWLEDGE SERIES: INCLUSIVE COVID-19 RECOVERY IN CARIBBEAN SIDS
REGIONAL SNAPSHOT

COVID-19 AMONG CARIBBEAN SIDS
An effective public health response rooted in resilience

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The Caribbean is an island archipelago of some thirty sovereign states and dependent territories that has inherited a complex mix of political and administrative structures based on history and language. What unites the Caribbean is that all countries and territories of the region are designated by the United Nations as SIDS. The SIDS classification recognizes the peculiar social, economic and environmental vulnerabilities experienced by such countries which places them in the same developmental bracket with least developed countries, notwithstanding often paradoxical designations by the World Bank as high- or middle-income countries.

The vulnerability of Caribbean SIDS to natural hazards has been brought into sharp focus by powerful tropical cyclones that have impacted the sub-region, such as hurricanes Irma, Maria and Dorian between 2017-2019. However, from such climate adversity the Caribbean has developed formidable emergency and disaster planning mechanisms to prepare for, and respond to, adverse weather events. The planning for the arrival of a hurricane is not unlike planning for a viral pandemic, in stockpiling strategic supplies and preparing front line services to deal with the emergency. The same is true in the aftermath of a hurricane or pandemic when supply chains are likely to be disrupted and vital supplies must be maintained for emergency services and the public alike. Furthermore, Caribbean people are remarkably resilient and generally willing to abide by public health and safety measures invoked for the common good. Stay at home orders and guidance on mask wearing or physical distancing during the COVID-19 pandemic were absorbed and observed by the public with a minimum of fuss in a collective effort to slow virus transmission. This level of public and private awareness of health and safety measures that need to be observed when tackling an emergency may explain in part how the Caribbean was able to mount an effective public health response to COVID-19.

An analysis of COVID-19 deaths normalized per population size reveals striking differences in death rates between the Caribbean bloc of countries vs. the USA, Canada, the European Union and South America. Figure 1 illustrates data from Johns Hopkins University as of December 08, 2020 expressed as Cumulative COVID-19 Deaths Per Million, a generally reliable indicator of the public health response for a country not as prone to weakness in COVID-19 testing capacity or case reporting. Cumulative Deaths Per Million in the USA, South America, the European Union and Canada were 865, 774, 650 and 341 respectively. In contrast, the highest COVID-19 death rate for any

Figure 1

Cumulative confirmed COVID-19 deaths per million people

Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 9 December, 2020 (London time)
Caribbean country was 415 in The Bahamas. The most populous countries of the Caribbean – Cuba, Haiti, and the Dominican Republic – recorded much lower death rates at 12, 20 and 216 respectively. Considering that five Caribbean countries reported Zero deaths at the time of writing, the overall COVID-19 death rate in the Caribbean is estimated at approximately one tenth of that reported for the neighbouring regions of the USA and South America (Figure 1).

The relative success by the Caribbean in managing the pandemic has been underpinned by several factors that have informed a systematic and scientific approach. Importantly, the overall political leadership by the Caribbean Community (CARICOM), the largest regional grouping comprised of twenty member states has been exemplary. The regional Conference of CARICOM Heads of Government has met monthly in emergency meetings that are informed by guidance from the lead health and emergency management agencies, notably the Caribbean Public Health Agency (CARPHA), The Pan American Health Agency (PAHO), the Caribbean Disaster and Emergency Management Agency (CDEMA), and the Implementation Agency for Crime and Security (IMPACS), as well as CARICOM’s own organizational structures such as The Council for Human and Social Development (COHSOD). Further, the regional university, The University of the West Indies (The UWI), was invited into the political, health and disaster management structures of CARICOM to assist through its research expertise to synthesize the evidence base for informed decision making. The University of the West Indies (UWI) established a Task Force, even before the pandemic had reached the region consisting of experts in a range of disciplines including virology, epidemiology, laboratory science, critical care medicine, pulmonology, psychology, tourism, trade, international relations, ethics, gender, youth advocacy, continuing education and communication needed to meet such a pandemic in all its manifestations. Since the beginning of the outbreak, The UWI has offered a range of research products including modelling and surveillance outputs to assist CARICOM prepare for- and cope with- the COVID-19 pandemic.

To outside observers, it might seem surprising that Caribbean SIDS should be capable of mounting a scientifically effective public health response to a global emergency, but the signs were already there from other pandemics. The HIV epidemic in particular served as a training ground for strengthening

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health systems, laboratory services, referral services and monitoring & evaluation capacity across the region. The first country ever certified by the WHO as having eliminated mother to child transmission of HIV plus congenital syphilis was Cuba. Indeed, seven of the first ten countries thus certified were Caribbean. Home-grown organizations such as the Caribbean Epidemiology Centre (CAREC), CARPHA and COHSOD were supplemented by a coalition of development partners such as the Centers for Disease Control (CDC), PAHO, UNAIDS, the Global Fund, the President’s Emergency Program For AIDS Relief (PEPFAR) and others that over a period of thirty years built a resilient health infrastructure for HIV that could be extended to other viral diseases. The Chikungunya epidemic of 2013 further bolstered diagnostic capacity, while the Zika epidemic of 2016 marked a key moment at which the University of the West Indies organized itself into a UWI Task Force to better interface with diagnostic reporting structures and decision-making bodies of CARICOM for tackling a viral epidemic. In 2020, when the COVID-19 pandemic struck, the practice gained from managing previous viral epidemics in the region paid off through a highly co-ordinated response, the backbone of which was provided by gold-standard PCR testing for SARS-CoV-2 offered through national, UWI and CARPHA reference laboratories with quick turnaround times mostly within 24 hours to facilitate a systematic contact tracing and isolation effort. The collective all-of-society approach thus taken by the Caribbean in tackling the COVID-19 pandemic is offered as a best practice for other SIDS and multi-country unions, for managing this and future emerging virus pandemics.

Despite these notable public health achievements to contain the COVID-19 epidemic, the Caribbean SIDS have not been spared the full force of economic contraction from the pandemic due to an overwhelming dependence on tourism as a main economic driver. The IMF World Economic Outlook (October 2020) predicts an outsized economic impact of the pandemic for Caribbean states relative to the same comparator countries from Figure 1. Whereas GDP contractions for the USA, Canada, the European Union and South America were between -4.3 to -8.3 percent, most CARICOM countries suffered double digit GDP contractions in 2020. This has implications for the widening of societal inequalities and the deepening of vulnerabilities in the Caribbean which in turn call for specific policy responses. This will be the subject of the following UNESCO Think Pieces.

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