

# SAVINGRAM

FROM: EXECUTIVE DIRECTOR CARIBBEAN DISASTER EMERGENCY MANAGEMENT AGENCY *Ruby*  
EXECUTIVE DIRECTOR CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA) *Joy St John*  
EXECUTIVE DIRECTOR (Ag) CARIBBEAN IMPLEMENTATION AGENCY FOR CRIME AND SECURITY (IMPACS) *Michael Jones*

TO: THE HONOURABLE CHIEF MINISTER, ANGUILLA  
THE HONOURABLE PRIME MINISTER, ANTIGUA AND BARBUDA  
THE RT. HONOURABLE PRIME MINISTER, THE BAHAMAS  
THE HONOURABLE PRIME MINISTER, BARBADOS  
THE HONOURABLE PRIME MINISTER, BELIZE  
THE HONOURABLE PRIME MINISTER, DOMINICA  
THE HONOURABLE PRIME MINISTER, GRENADA  
HIS EXCELLENCY, THE PRESIDENT, GUYANA  
HIS EXCELLENCY, THE PRESIDENT, HAITI  
THE HONOURABLE PRIME MINISTER, JAMAICA  
THE HONOURABLE CHIEF MINISTER, MONTSERRAT  
THE HONOURABLE PRIME MINISTER, ST KITTS AND NEVIS  
THE HONOURABLE PRIME MINISTER, SAINT LUCIA  
THE HONOURABLE PRIME MINISTER, ST VINCENT & THE GRENADINES  
HIS EXCELLENCY, THE PRESIDENT, SURINAME  
THE HONOURABLE PRIME MINISTER, TRINIDAD AND TOBAGO  
THE HONOURABLE CHIEF MINISTER, TURKS AND CAICOS  
THE HONOURABLE PREMIER, VIRGIN ISLANDS

CC: SECRETARY-GENERAL, CARIBBEAN COMMUNITY  
CHAIRMAN, COUNCIL OF CDEMA  
DIRECTOR-GENERAL, ORGANIZATION OF EASTERN CARIBBEAN STATES  
MINISTRIES OF FOREIGN AFFAIRS  
NATIONAL DISASTER COORDINATORS/DIRECTORS

NO: CDEMA20/03/48

DATE: March 5, 2020

**OUTBREAK OF CORONAVIRUS DISEASE (COVID-19)**  
**RISK OF DISEASE TRANSMISSION TO CARIBBEAN REGION RAISED, NOW VERY HIGH**

**1.0 Situation**

On 28 February 2020, the World Health Organisation updated the global risk assessment levels for the Coronavirus Disease (COV-19) from High to Very High. As of March 1, 2020 the first cases of COV-19 were reported in three (3) islands of the Caribbean; these are St. Barthelemy (St. Barts), French St. Martin and the Dominican Republic. Five (5) Cases have been reported in French Guiana as of March 4, 2020 and 2 in Martinique as of March 5th. Three countries in Latin America with direct flights and/or shared borders with Caribbean Countries have confirmed cases - Brazil, Ecuador and Mexico. At March

5, 2020, a total of 129 cases have been confirmed in the United States where there is evidence of local transmission. There are multiple direct flights from the United States to Caribbean States daily.

In a media briefing on Sunday March 1, 2020, the Director of the Pan American Health Organization (PAHO) indicated that WHO was considering whether to declare the outbreak a pandemic. One known country with confirmed cases, has activated its Pandemic Response Plan in an effort to manage the COVID-19 emergency, this is Australia.

According to the World Health Organisation (WHO), as of March 5, 2020 there are a total of **95,270** reported cases of COVID-19 globally in 79 countries, and **3280** deaths. Thousands of cases of persons recovering are also reported.

Globally, about 3.4% of reported COVID-19 cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.

WHO has informed that COVID-19 is a threat which is not completely understood since it has unique characteristics, but has indicated that as more data becomes available the virus and the disease it causes are being understood. New cases in China where the virus was first reported are at their lowest. As such, the actions taken by the newly-affected countries will therefore make the difference on the quantity of cases emerging.

***This rapidly evolving situation now requires a shift in mindset in all countries from preparedness to readiness and rapid response.***

## **2.0 Background to the Emergency**

The following is summary background information on COVID-19 according to the WHO:

- A pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China on 31 December 2019.
- WHO is working 24/7 to analyse data, provide advice, coordinate with partners, help countries prepare, increase supplies and manage expert networks.
- The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020.
- The international community has asked for US\$675 million to help protect states with weaker health systems as part of its Strategic Preparedness and Response Plan.
- On 11 February 2020, WHO announced a name for the new coronavirus disease: COVID-19.

### 3.0 Potential Impacts

#### 3.1 Risk Assessment

The Caribbean Public Health Agency has advised that there remain considerable uncertainties in assessing the risk of COV-19 outbreak, due to lack of detailed epidemiological analyses.

CARPHA has upgraded the risk of disease transmission to the Caribbean region from Low to **Very High**.

The revised risk level is based on international risk assessment guidelines, particularly in keeping with MERS-COV and pandemic influenza and informed by several factors:

- i. Multiple countries outside the epicentre of the outbreak have reported secondary cases from imported cases, including an increasing number of countries reporting sustained community transmission. Countries with widespread or sustained community transmission outside of China include Iran, Italy, Japan and South Korea (CDC). These are countries where persons infected with COVID-19 include some who are unsure where and how they became infected.
- ii. Sustained transmission of disease in countries with direct flights into the Caribbean Region, and reports of confirmed cases in at least two countries in the Caribbean sub-region.
- iii. Three Latin America with direct flights and/or shared borders with Caribbean Countries have confirmed cases. Confirmed cases of COVID-19 were reported in Brazil, Ecuador and Mexico. Other countries in the region are reportedly managing suspected cases.
- iv. The recent trend has shown more new cases reported from countries outside of China than from China.

The US Centers for Disease Control and Prevention (CDC) and some Caribbean countries have updated travel alerts and advisories to include several countries reporting sustained community transmission.

#### 3.2 Epidemiological Assessment

The epidemiology of COVID-19 has been characterized based on preliminary information and statistics from early cases. COVID-19 patients present in three levels of severity (WHO):

- i. Mild 80%: Patients presenting with some of the following mild flu-like symptoms: fever, nausea, cough, vomiting, and diarrhoea; some may develop dyspnea or a mild pneumonia. Most patients will not progress past this phase, will recover after a week and may be cared for at home.
- ii. Severe 15%: Severe patients present with severe pneumonia, acute respiratory distress syndrome, and sepsis. These patients require hospitalisation but still can recover with good medical care.
- iii. Critical 5%: Critical patients have respiratory failure (requiring mechanical ventilation), septic shock, and multi-organ failure and require care in an Intensive Care Unit (ICU).

## 4.0 Initial Reports

*As of March 5, 2020, there are NO reported cases of COVID-19 amongst CARICOM Member States.*

## 5.0 The Context

5.1 Recognising that the COVID-19 threat is not completely understood and acknowledging the natural human response of fear, a key message delivered by the WHO Director-General on March 3, 2020 was:

*“COVID-19 spreads less efficiently than flu, transmission does not appear to be driven by people who are not sick, it causes more severe illness than flu, there are not yet any vaccines or therapeutics, and it can be contained – which is why we must do everything we can to contain it. That’s why WHO recommends a comprehensive approach.*

*These differences mean we can’t treat COVID-19 exactly the same way we treat flu.*

*But there are enough similarities to mean that countries are not starting from scratch. For decades, many countries have invested in building up their systems to detect and respond to influenza.*

*Because COVID-19 is also a respiratory pathogen, those systems can, should and are being adapted for COVID-19”.*

5.2 The COVID-19 outbreak is still considered a Public Health Emergency of International Concern.

5.3 Based on international cases and reported cases in the Caribbean region and Latin American countries with which we have borders, there is a higher potential for reported cases to occur in CARICOM Member States.

5.4 At the global level, there is some level of uncertainty in assessing the risk of the COVID-19 outbreak, since it is a novel virus with unique characteristics.

5.5 Nonetheless, some of the existing capacities for handling influenza are transferable and can be adapted to address COVID-19.

5.6 Amongst the natural hazards, a pandemic has the potential to disrupt not just normalcy, but the very practices upon which disaster response coordination mechanisms are predicated.

- 5.7 As such, the issues which will arise cannot be solved by the health sector or disaster office alone but requires a whole of government approach and leadership at the highest level.
- 5.8 Strategic engagement within the context of national coordination and regional coordination mechanisms will therefore be required to manage the response this event.

## **6.0 Regional Readiness Actions**

- 6.1 CARPHA and CDEMA have been monitoring the Coronavirus outbreak since January 2020.
- 6.2 CARPHA convened the Regional Coordinating Mechanism for Health Security (RCM-HS), consisting of Member States, regional and international agencies (including CDEMA, CARICOM, Organisation of Eastern Caribbean States (OECS), PAHO, CDC, Public Health England (PHE), Public Health Agency Canada (PHAC and others), with agreement on a joint harmonised regional response.
- 6.3 Joint briefings of CARPHA and CDEMA have been convened with National Disaster Coordinators and Chief Medical Officer (CMOs) on situation updates and advice provided for various sectors on how to respond to different phase and stages of local outbreak scenario.
- 6.4 CDEMA and CARPHA are working with other regional partners to develop a Pandemic Preparedness Plan to guide a coordinated response across Member States..
- 6.5 The CARICOM Implementation Agency for Crime and Security (IMPACS) has expanded the tracking of passengers from China to include countries with CDC travel advisories (Hong Kong, Japan, Italy, South Korea, and Iran) as well as others set by respective Member States. The Joint Regional Communication Centre (JRCC) continues to track and send relevant information to countries regarding passenger and crew travel into CARICOM on a daily basis.
- 6.6 Various technical guidelines have been developed including algorithms to assist CARPHA Member States (CMS) to triage and manage suspected cases within their borders and in clinical settings.
- 6.7 CARPHA Medical Microbiology Laboratory (CMML) is working closely with Laboratory Directors on plans of action to manage the COVID-19 emergency.
- 6.8 CARPHA, CDEMA and PAHO participated in a joint virtual media briefing hosted by the Caribbean Broadcasting Union for its print, television, and radio audiences.
- 6.9 CARPHA established an expert Technical Advisory Group to provide guidance on the Health Sector management of cases. The first meeting was held on 21 February and the second meeting was held on 28 February. The Technical Advisory Group has contributed to the development of guidelines to assist CMS to create and implement plans on how to respond and care for cases of COVID-19.
- 6.10 Participated in the Meetings for the Council for Human and Social Development (COHSOD) of the CARICOM on COVID-19 to discuss the approach to a regional coordination of COVID-19.
- 6.11 CDEMA led a Regional Exercise Region Rap 2020 to test CDEMA's means of communication with their stakeholders using emergency and non-emergency methods

which will form a critical part of addressing such a threat which encourages social distancing.

- 6.12 On March 1, CARPHA, CDEMA and IMPACS joined Caribbean Heads of Government, Ministers of Health and their Chief Medical Officers, Ministers of Tourism and representatives from the PAHO, at a special meeting convened by the Chairman of the Caribbean Community (CARICOM), Prime Minister Mia Amor Mottley, in Barbados. The aim of the meeting was to discuss ways of protecting the region from COVID-19. The meeting considered recommendations from the Council for Human and Social Development (COHSOD- Health) working group on regional coordination for management of the virus and other infectious diseases on passenger ships.
- 6.13 CDEMA has developed a suite of guidance documents to support national and regional coordination efforts including a draft regional protocol for a whole of government approach for inputs, checklist specific to COVID-19 for NDCs to guide on general actions to take and measures to be ensured; a Logistics Supply Chain Guidance note and a Continuity of Planning Guidance Note.
- 6.14 Organisation of a meeting (through the CARICOM Secretariat) for institutions of the Caribbean Community on Wednesday 04<sup>th</sup> March 2020 to:
  - a. Build awareness and facilitate risk management
  - b. Provide tools to allow them to prepare continuity of operations plans including arrangements for staff welfare
  - c. Provide a status update on COVID 19 to Heads of Regional Institutions
  - d. Discuss the potential impact of COVID 19 across various sectors of CARICOM
  - e. Undertake a preliminary identification of support which may be provided to Member States by Regional Institutions
- 6.15 A follow up meeting on Scenario Planning using a War Gaming Approach was undertaken aimed at enhanced awareness among non-health sector institutions and to enhance planning toward improved readiness as follows:
  - a. Consider possible entry points and plan for containment, treatment and mitigation.
  - b. Identify existing capacity and operational gaps and develop contingencies (CARPHA has addressed this in the Health Sector Response plan) enhanced aggressive appropriate risk communication strategies and interventions).
- 6.16 A Caribbean Partner Development Group (CDPG) meeting was convened on Thursday 05<sup>th</sup> March 2020 to:
  - a. Raise awareness of international partners and institutions.
  - b. Gain an understanding of available international capability and support which can be available to the Caribbean region.
  - c. Discuss a Regional Protocol to outline the agreed regional risk management approach.
- 6.17 CARPHA has advised that with the rapid spread of the virus from China to other countries, including countries in Latin America and the non English Speaking Caribbean, Member States need to be alert and in a state of readiness for any imported cases and subsequent local transmission. Health authorities in CARPHA Member States must be

ready to scale up health system capacity to quickly respond; systems will need to be in place to identify, isolate, manage and treat sporadic cases, clusters and contact tracing. Countries must now be ready to respond to imported cases, from any of the countries with confirmed cases and increasingly from areas with presumed ongoing community transmission. Member States are advised to alert diseases surveillance systems for acute respiratory infections/severe acute respiratory infections and review actions in the alert phase of their pandemic preparedness plans, as a matter of urgency.

- 6.18 CDEMA, CARPHA and IMPACs continue to monitor the system and provide periodic updates.

## **7.0 Considerations for CDEMA Participating States and Recommendations**

- 7.1 Globalisation has fostered an interconnected world from mass air travel to supply chains. This interdependence as a result of cross-border flows of people, goods, services, investments, technology and information has implications. The threat of COVID-19 exposes the vulnerabilities of the Caribbean States and underscores the need for a Resilience Approach.
- 7.2 Solidarity and horizontal cooperation on the approach to managing the COVID-19 outbreak nationally and regionally is critical. A comprehensive approach to preparing for and responding to the threat is required as this management of the outbreak will be addressed through leadership at the highest levels and an all of society approach.
- 7.3 CARICOM Member States may have smaller financial reserves available to devote to the containment effort than many of the countries impacted across the world and as such, investment in public information and education, prevention, the public health infrastructure and coordination, along with pragmatism will need to guide the actions being undertaken.
- 7.4 Caribbean borders are sometimes considered more porous than desirable, which can provide potential spaces for entry of the COVID-19 outbreak
- 7.5 The global nature of the event and the likely scale of the demands globally may potentially render the traditional supporting resources to the region, financial and technical, inaccessible or diminished. In the context of the global event, the Caribbean may not attract priority attention.
- 7.6 Contingency arrangements exist which are transferrable and can be leveraged to address this threat. These are National Pandemic Plans, national coordination systems and the Regional Response Mechanism.
- 7.7 The COVID-19 outbreak and concomitant preparedness and response planning have highlighted the critical need for an evidence-based approach to planning for effective management on the basis of scenario planning. There remain considerable uncertainties in assessing the risk of COVID-19 outbreak. Urgent Completion of Health Sector capacity assessments at the national level are required to support an evidence based approach

- 7.8 The Report of the WHO-China Joint Mission on Coronavirus Disease 2019 indicates risk of more severe symptoms in patients with underlying conditions such as cardiovascular disease, diabetes, hypertension, chronic respiratory disease, and cancer. High incidences of some of these conditions exist in many Caribbean countries.
- 7.9 The Coronavirus threat has the potential for economic implications of a varied nature. There are:
- 7.9.1 Impacts on human resources as persons who are infected become ill or exposed and persons are quarantined, leading to loss of productivity due to reduced work days.
  - 7.9.2 Increased expenditure on health care to treat those who are infected by the virus and also complications resulting from underlying conditions. The impact of health care as a percentage of GDP can potentially significantly increase.
  - 7.9.3 Reduced economic activity as persons practice social distancing to reduce person to person transmission and the consequential impact on trade, which is still largely undertaken through face to face transactions in the Caribbean region.
  - 7.9.4 Reduced economic activity in major sectors such as tourism and transportation where fear and travel restrictions lead to reduced travel into the Caribbean region.
  - 7.9.5 Downstream ramifications for the maritime industry in the Caribbean which incorporates both the cruise and the cargo vessels. This threat exposes the vulnerability of the supply chain as ports play a critical role in international trade as 90% of all imports and exports are conducted through maritime transportation.
  - 7.9.6 The COVID-19 is creating significant container disruption. Space and sourcing have become critical issues due to the lack of container movement especially in the USA and China. This situation has implication for imports to the Caribbean. The Port of Miami serves as one of the world's leading transshipment hub and a global gateway to trade. Thus, any cancellations of planned sailings or disruptions can present significant challenges for the Caribbean's supply chain. A prolonged period of uncertainty will have implications for freight rates.
- 7.10 The COVID-19 outbreak is also occurring at a time when the global economy is down and hence at some economic vulnerability.
- 7.11 Challenges in the supply chain include access to various pharmaceuticals being used to treat symptoms of influenza-like illnesses due to demand, but also other pharmaceuticals for non communicable diseases due to lack of production of precursors in China and delays in movement of shipments.



- 7.12 A country's abilities to respond may be compromised by the severe and increasing disruption to the global supply of personal protective equipment (PPEs) such as gloves, medical masks, respirators, goggles, face shields, gowns, and aprons, occasioned by cessation of production in China, rising demand, hoarding and misuse, according to the WHO.
- 7.13 Addressing the mental and psychosocial health of the people of the community and health staff during the COVID-19 will need some attention.

## **8.0 Participating States are asked to:**

- 8.1 **Recall** the commitment of CARICOM Member to a Resilience Agenda.
- 8.2 **Reaffirm** commitment to the coordinated response to the COVID-19 outbreak.
- 8.3 **Note** the actions to date on the preparedness planning for response to COVID-19.
- 8.4 **Establish** pre-emptive measures for a COVID-19 response which seeks to minimize imported cases, the spread of the virus and enhance surveillance.
- 8.5 **Leverage** existing contingency arrangements to address this threat. These are National Pandemic Plans, national coordination systems and the Regional Response Systems Mechanism.
- 8.6 **Prioritize** the completion of health capacity assessments for COVID 19 as a matter of urgency.
- 8.7 **Urgently** complete health Sector capacity assessments at the national level
- 8.8 **Encourage** work places to ramp-up their business continuity plans including work from home arrangements and leave options for those with respiratory symptoms.
- 8.9 **Consider** the potential economic implications of the COVID-19 outbreak
- 8.10 **Establish** contingency arrangements for the addressing the potential economic implications.
- 8.11 **Activate** a supply chain (procurement committee /ESF) in the NDO to examine the capabilities of the upstream supply chain to and the impact of possible disruption on the downstream supply in country.
- 8.12 **Request** that conveyances-aircraft, cargo and cruise ships submit their protocols to the competent authority for the handling of both crew and passengers in pre-screening, embarkation, onboard, and disembarkation.
- 8.13 **Increase** monitoring of fishing boats, yachts, car carriers and oil tankers.

- 8.14 **Review** arrangements for addressing the occupational safety and health, mental and psychosocial health of the people of the community including health care workers that can be affected by the COVID-19 outbreak.
- 8.15 **Recognise** the potential for significant financial costs associated with this threat and examine options on how these costs will be met.
- 8.16 **Note** that the existing Regional Response Mechanism managed by CDEMA has been recognized as an existing coordinating mechanism which can be leveraged for the COVID-19 outbreak.
- 8.17 **Also note** specialized Rapid Response Teams (RRTs) of PAHO, who are equipped for dealing with infectious diseases are also available to the region.
- 8.18 **Consider options** in keeping with the Agreement Establishing CDEMA, for increasing the financing of the Emergency Assistance Fund (EAF). This will provide greater predictability in mobilizing the Regional Response Mechanism, to provide timely support from sister Participating States to impacted countries when they need it most.
- 8.19 **Also consider** capitalizing the Stop Epidemics There and Here (SETH) Fund which is intended to provide financial support and assistance to the Caribbean Public Health Agency (CARPHA) and its Member States in managing outbreaks and emergencies with health and humanitarian consequences, across the risk management cycle (preparedness, response and early recovery). The Fund is currently under-capitalised. Additional information on the SETH Fund can be obtained at <http://carphafoundation.carpha.org/SETH-Fund>.
- 8.20 **Enforce** the submission of Advance Passenger Information (API) data by Aviation and Maritime carriers traversing into the Caribbean region to the Joint Regional Communications Centre (JRCC) for enhanced screening and analysis.