



Barbados

Decision making for social and movement measures in the context of COVID-19

SNAPSHOT AS OF NOVEMBER 2020



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Lt. Col. Jeffrey Bostic spent 25 years in the Barbados Defence Force. After retiring in 2006, Colonel Bostic worked as a security consultant to the Government of Barbados for Cricket World Cup 2007 and later as an advisor to the Ministry of Home Affairs on disaster and emergency response matters. He was General Manager of Guardsman (Barbados) Limited prior to being elected as to Parliament on May 24, 2018 and was appointed Minister to the Ministry of Health and Wellness on May 28, 2018.

1. Which social and/or movement measures against COVID-19 are currently in place in your country?

- ☐ Closures of schools
- ☐ Closures of offices, businesses, institutions and/or operations closures
- ☐ Restrictions on domestic movement (e.g. stay-at-home, stay within a city, etc.)
- ☐ Limitations to international travel
- ☒ Restriction on size of gatherings
- ☐ Other (please specify)

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2. Which information has been used to make these decisions in your country?

- WHO/PAHO tools and guidance documents CDC country updates
- Local case statistics, including volume and type of transmission, are used to determine need for restriction of movement
- CARPHA weekly surveillance reports
- Creation and deployment of a national mechanism for vetting and enforcing protocols.

3. Please describe the process (formal or informal) through which information/data are discussed and decisions are made

(1) The Ministry of Health and Wellness meets to consider issues and to make recommendations through a Health Emergency Operations Centre. Issues and policy implications are reviewed and decided on by Cabinet, and those with labour and capital implications are discussed with the Social Partnership prior to decisions being taken.

(2) Issues and policy implications are reviewed by the Augmented National Security Council (ANASEC) and sent to Cabinet for approval. If necessary, Cabinet directs the Ministry of Health and Wellness to consult with PAHO before some decisions are made.

4. How are selected measures communicated/explained to stakeholders and/or the general public?

Communication is done through a variety of mechanisms, including the Government Information Service & Special Communication Teams attached to the Prime Minister's Office. The Ministry through its Health Promotions Unit also utilizes its social media platforms to guide and monitor public opinion and behaviour.

Measures of critical importance are announced at press conferences, and briefings are given by the Prime Minister and I or the Ministry of Health and Wellness. These are live, national broadcasts for television, social media streaming and radio.

5. What have been the key challenges and/or lessons learnt from your experience/ perspective?

Inter-Ministerial and multisectoral coordination has been challenging in the management of the pandemic even though it remains the foundation for our success. COVID-19, in addition to the health impact, has a significant adverse economic impact due to initial border closures, restriction of movement, and business closures. Inter-ministerial and multi-sectoral coordination is required to decide on the actions to control the pandemic and slow the spread of COVID-19 while mitigating a negative economic impact. However, this Inter-ministerial and multi-sectoral coordination are challenging concerning which actions should take priority. Despite these challenges, the Ministry of Health and Wellness, the lead agency for the public health response to COVID-19, recognizes its crucial mandate of saving lives, but also understands the need to bring balance in making decisions with regards to actions for slowing the spread of COVID-19 and the reopening the economy. This middle-ground approach is what we rely on to resolve many of the Inter-ministerial and multi-sectoral challenges we face.

Responding to and managing misinformation on social media platforms, continue to present a great challenge to gaining public confidence and support.