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INCLUSIVE

COVID-19 recovery in Caribbean SIDS



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Foreword

In the Caribbean, while the number of COVID-19 cases has not been as high as in other parts of the world, the social and economic impact of the pandemic has been most significant. The COVID-19 pandemic has led to unprecedented disruptive effects on the lives of Caribbean people. A swift and coordinated response mandates multi-stakeholder coalitions that have sufficient evidence available to make sense of the complex new reality for people and take appropriate actions.

The medical sciences have been at the centre of efforts to contain the COVID-19 pandemic, providing insights on the transmission of the virus and leading to the development of a COVID-19 vaccine in record time. Notwithstanding, the role of social scientists and humanists in preventing and responding to the socioeconomic effects of infectious disease epidemics should not be overlooked.

The Social and Human Sciences offer a unique perspective to understanding the complexity of human behaviour, institutions, and public policies both during the COVID-19 pandemic and when planning for the 'next normal'. By advancing social science knowledge, the discipline can deliver key evidence on topics ranging from incentives for vaccine use to assessing the devastating impact of the COVID-19 pandemic on the population, while being mindful of varying cultural contexts. Strengthening social science capacities at national and regional levels is a building block for an inclusive and comprehensive COVID-19 response.

At the United Nations Educational, Scientific and Cultural Organization, UNESCO, we dedicate one of our five global programmes to the Social and Human Sciences. As the leading UN agency for Social Sciences, UNESCO works to equip Caribbean Small Island Developing States (SIDS) with the capacities, tools and resources to produce and make meaningful use of policy-relevant, whole-of-society and human-rights-based social and human scientific research and knowledge, thus promoting inclusive and peaceful societies.

In response to the pandemic, we place the focus of our work on understanding and mitigating its social effects, while amplifying the voice of population groups that are traditionally excluded in knowledge creation. By functioning as a Laboratory of Ideas, we inform the global debate on rising inequalities and give space to exchange on possible policy solutions, while helping member states

to get back on track to achieving the 2030 Sustainable Development Agenda.

Against this background, this publication amplifies Caribbean voices and illustrates the special vulnerability of Caribbean SIDS. With high level of external debt and plunging international tourist arrivals, the ability to invest in COVID-19 recovery has been highly curtailed.

To shine light on the realities of the people in the Caribbean, we had the pleasure of inviting various experts from academia and civil society to contribute with Think Pieces for this Knowledge Series on Inclusive COVID-19 Recovery in Caribbean SIDS. The compendium will take us, for example, from assessing an effective health response, to insights on how the pandemic has exacerbated gender inequalities, to meaningfully engaging youth in the COVID-19 response. What all these

The Social and Human Sciences offer a **unique perspective to understanding the complexity of human behaviour and public policies** both during the COVID-19 pandemic and when **planning for the 'next normal'**

thought-provoking contributions share is the hope to contribute to the global discussion on inequalities with new perspectives, shed light on ethical concerns and specific challenges for populations of Small Island countries. It also aims to share recommendations and knowledge for equitable, inclusive and human-centered COVID-19 recovery and response processes in Caribbean SIDS.

The questions raised by the COVID-19 pandemic and the path to follow in the search for innovative answers have revived global awareness on the value of multilateralism. There is an emerging and urgent certainty about the importance of a collaborative and inclusive response based on the vitality of a global cooperation system, on societies open to diversity, the free circulation and exchange of ideas and knowledge, open sciences and dialogue, grounded on Human Rights. In other words: a values-based and human-centered global community.

We do not know how long this pandemic will last and do not understand all the effects it will have on our societies. What we certainly know is that global solidarity, international cooperation, and knowledge exchange are fundamental to transform this crisis into an opportunity.

Saadia Sanchez Vegas, Ph.D.

Director & Representative
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Regional Snapshot



COVID-19 AMONG CARIBBEAN SIDS

An effective public health response rooted in resilience

By Dr. Clive Landis, Pro Vice Chancellor, University of the West Indies, Cave Hill, Barbados

Photo: Shutterstock

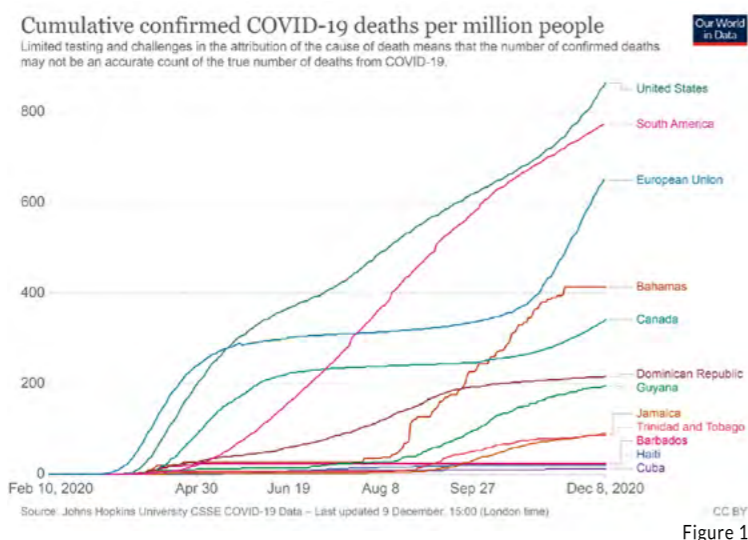
The Caribbean is an island archipelago of some thirty sovereign states and dependent territories that has inherited a complex mix of political and administrative structures based on history and language. What unites the Caribbean is that all countries and territories of the region are designated by the 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



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

The *all-of-society approach* 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)

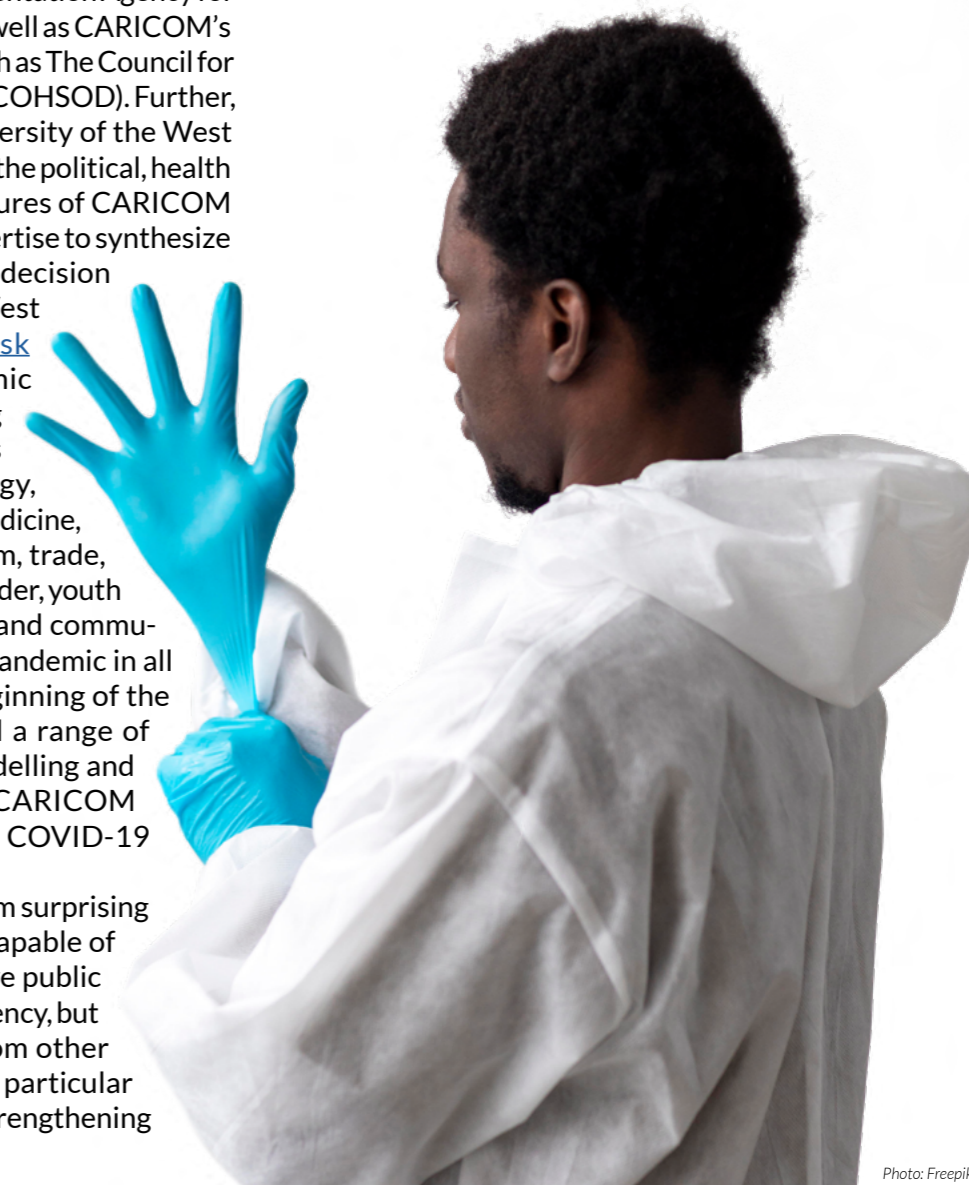


Photo: Freepik

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 outsize 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.



Photo: Freepik



Professor R. Clive Landis is ProVice Chancellor and part of the Board for Undergraduate Studies at the University of the West Indies. He is also the Chair of the UWI COVID-19 Task Force. The University of the West Indies is a public university system with over 40 000 students that caters to the needs of 17 English-speaking countries and territories across the Caribbean.

Ethical Challenges & COVID-19

*A host of ethical challenges have arisen during the COVID-19 pandemic. These range from **allocation of scarce medical resources to discrimination and exacerbating health inequities**. This segment will contextualize these challenges to the Caribbean and will provide insights on **how ethicists can contribute to develop ethical guidelines** in this context.*

A closer look at the secondary impacts of COVID-19 in the Caribbean

WHY ETHICS STILL MATTER

By Dr. Anna Perkins, Senior Programme Officer, University of the West Indies, Jamaica

Located in one of the most tourism-dependent regions in the world, Caribbean SIDS could hardly expect to be spared the full force of economic contraction from the pandemic. Indeed, economic contraction is one of the significant secondary impacts of COVID-19 across the world. However, unlike many wealthier countries, Caribbean governments are generally operating in more restricted fiscal spaces due to high debt to GDP ratios, for example. Consequently, they are highly constrained in their ability to borrow, which affects their capacity to implement welfare, economic stimulation, and stabilization programmes in response to the pandemic. This has important implications for the existing societal inequalities in the region and makes clear that COVID-19 is more than a health security challenge. In leading to the deepening of existing inequalities, COVID-19 poses ethical challenges. The ethical challenges are fundamental as they call into question the basic principles on which decisions will be made to ensure the flourishing of Caribbean economies, each Caribbean citizen and every Caribbean citizen. Restoring the economic health of Caribbean economies is often posed as an either/or equation – economic health or human health. Cries come from key industries

such as entertainment, which remains under ban in many regional jurisdictions given the super spreader potential of large gatherings. That pits the choice to save lives (slow down, prevent and treat COVID infections) against saving livelihoods (restoring economic health).

The **ethical challenges are fundamental** as they call into question the **basic principles on which decisions will be made** to ensure the **flourishing of every Caribbean citizen**

This is a false choice, however, as protecting lives and supporting economic growth are not mutually exclusive; moreover, both are necessary and interdependent. Prudent decision-making must take account of the best scientific information available, especially through initiatives like The UWI COVID-19 Taskforce, as to how to safely reopen economies (after life-saving lockdowns) while securing health for all, especially the most vulnerable, such as the elderly, persons with comorbidities, migrants, prisoners, etc. This also calls for creative solutions such as physically distanced or virtual dance sessions or regional travel bubbles.

Even with promising vaccines on the horizon, questions about affordability, access and distribution logistics loom large. Historically, vaccines for deadly diseases are quickly available to the richest nations, while poorer nations may wait decades for access. The recent G-20 Summit acknowledged this failure to honour the common good and recommitted to ensuring that



Photo: Freepik

Addressing **the secondary effects of the pandemic** requires a thoughtful regional strategy **that holds ethical principles sacred**



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COVID-19 vaccines are available for distribution at affordable prices to poorer countries. This commitment has already borne fruit in investment in the Access to Covid-19 Tools (ACT) Accelerator and its vaccine pillar, the Covax Facility. Both schemes are intended to guarantee the vaccines do not remain the preserve of the wealthiest nations. The UN Secretary General, António Guterres, captured well the ethical import of this commitment to access and affordability: “The recent breakthroughs on COVID-19 vaccines offer a ray of hope. But that ray of hope needs to reach everyone. That means ensuring that vaccines are treated as a global public good, a people’s vaccine accessible and affordable to everyone, everywhere... This is not a ‘do-good’ exercise. It is the only way to stop the pandemic dead in its tracks. Solidarity is indeed survival [for all].”

Addressing the secondary effects of the pandemic may best be done based not only on local policies but a thoughtful regional strategy that holds ethical principles sacred. In other words, building truly ethical resilience across the Caribbean should involve inter-sectoral collaboration, strengthened regional institutions and bolder integration efforts. Efforts at reopening economies can be co-ordinated among Caribbean SIDS, for example, through outlining safe corridors or agreeing to such measures as a special COVID tax on visitors. Such co-ordination should

be based on commitment to principles of justice and equity while prioritising protection of the most vulnerable. Ethics matters in the COVID-19 pandemic as the crisis throws up morally complex issues arising from the need to respond to the secondary impacts of the virus. Various resources exist to assist policymakers to take prudent decisions in the current pandemic. The WHO has drafted a useful framework to guide the allocation of COVID-19 vaccines between countries, and national prioritization within countries while supply is limited - WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination¹. Another unique resource aimed specifically at the circumstances and peoples of the Caribbean is Ethics Amidst COVID-19: A Brief Ethics Handbook for Caribbean Policymakers and Leaders by myself and Professor Clive Landis, chair of The UWI COVID-19 Taskforce; this is a brief booklet which provides some ethical principles on which government and other public officials, in particular, can base their responses in a time of pandemic. It takes account of the uniqueness of the Caribbean situation using relevant case studies. The handbook is available free of cost at [The UWI COVID-19 Taskforce website](https://www.uwi.edu/ethics-amidst-covid-19)



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1. World Health Organization (2020). WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination. World Health Organization.

TAKING A CLOSER LOOK AT REGIONAL COOPERATION

On research ethics in the Caribbean

Interview with Dr. Cheryl Cox Macpherson, Professor and Head, Bioethics Division and Chair of the Bioethics Department in the School of Medicine at St. George's University in Grenada

As a trainer on research ethics, why are ethics committees at universities important in times of COVID-19?

Research ethics committees (RECs) aim to protect human participants in clinical and other types of research from being harmed by participating. RECs are vital at all times for reasons that pertain and are exacerbated during COVID-19 and other public health emergencies. RECs are expected to objectively determine whether harms and risks to participants are ethically justifiable or should be prohibited; and to consider such harms regardless of whether these are stated and justified, or intentionally hidden, by the lead researcher. And some harms are unpredictable. Harms and risks may be physical, ranging from minimal and temporary to major and even death. Psychological and social harms may occur, for example, when private or confidential information is violated. Physical and psychological harms can also accrue to families, communities, and other groups connected with the participant. Some individuals and groups are more vulnerable than others to a given harm or risk and have been harmed by exploitation for convenience or profit. RECs help to limit the occurrence and severity of all such harms and risks. During public health emergencies (COVID-19, natural disasters, etc.)

RECs are particularly important because circumstances demand that physicians, nurses, and numerous types of healthcare providers continue to care and provide care despite circumstances such as reduced space, equipment, medications, supplies, water, electricity, and staff. The care provided in such circumstances might be preferable to doing nothing at all even if the care provided is substandard to that which would otherwise be provided. This contributes to the immense pressures seen with COVID-19 including uncertainty about how best to triage, diagnose, treat, and prevent infections. Research has helped improve care, outcomes, and prevention for COVID-19 by showing that sanitizers, physical distancing, and face masks provide effective prevention; developing vaccines proven to protect against severe illness; and identifying criteria and interventions that increase recovery and survival. The need for research to provide such information during public health emergencies is clear. The

Regional partnerships

between RECs and their institutions **could help to conserve resources** by sharing information and guidance, and perhaps also reviews



Photo: Freepik

value of the research depends on the validity of its methods, integrity of its compliance with international ethical guidance for research, and other factors routinely considered by RECs. The need for and urgency of such research can pressure researchers to cut corners in planning, implementing, analyzing, or reporting their findings. This adds to and complicates the workload and importance of RECs.

The pressures to expedite research during COVID-19 increases the number of research proposals submitted for review in a given time frame. These and other pressures may influence RECs to expedite reviews and approve research submissions without adequate review. The outcome may be research that causes undue harm to participants. COVID-19 has caused RECs everywhere to work harder with no increase in resources for their work and relatively little guidance specific to COVID-19 circumstances in their location and regulatory context. This makes it harder to identify and objectively evaluate harms and risks to partici-

pants. COVID-19 is a new problem which began with no known treatment or prevention, but RECs are still expected to anticipate and evaluate the severity, probability, and ethical acceptability of harms and risks. This requires more time and reflection than in normal times and is further challenged by the unknowns and circumstances of their reviews and decision-making.

During public health emergencies **Research Ethics Committees are particularly important** because circumstances demand that physicians, nurses, and numerous types of healthcare providers **continue to care and provide care despite circumstances** such as reduced space, equipment, medications, supplies, water, electricity, and staff

How can we systematically strengthen REC functions in the Caribbean?

Legal frameworks for research ethics exist in about 25 Latin American and Caribbean countries. To strengthen them, such frameworks must be adopted by more countries and broaden their focus. Institutional commitment, guidance, and support are needed to establish and sustain adequate means of oversight and to provide REC members and stakeholders including administrators and government leaders, with adequate education in research ethics. Resources from governments, institutions, regional bodies, and others are essential to the systematic strengthening of research ethics systems in the Americas and other regions.

Regardless of national legal frameworks, RECs are often based in universities, health systems, and research institutions that vary in capacity for timely, thorough, unbiased reviews. RECs in Caribbean Small Island Developing States (SIDS) are diverse in their infrastructure, resources, procedures, expertise, and populations and national context that they serve. Regional partnerships between RECs and their institutions could help to conserve resources by sharing information and guidance, and perhaps also reviews. The phrase 'research ethics equivalency' is sometimes used to advance this concept around the world and explore how it might work.

PAHO, CARICOM, and CARPHA are authoritative and influential across Caribbean SIDS, and PAHO's extends across the Americas. Since 2018, it has prioritized efforts to advance a systematic approach to research ethics and ethics preparedness for public health emergencies. PAHO's Regional Program on Bioethics has designed and shared objectives and indicators to assess progress by country, and is

making inroads¹. Likewise, CARPHA provided training for RECs in the region between 2014 and 2018, and in 2016, launched the Caribbean Network of Research Ethics Committees (CANREC) which has contributed to increased communication and networking among RECs in the region.

Commitment to providing frameworks and resources makes possible the secretariats, infrastructure, members, and expertise essential to REC function. COVID-19 has highlighted the many REC members regionally and globally who voluntarily conduct reviews at night and on weekends because this work is not part of their job descriptions. REC members should be compensated by their employer for the time they dedicate to reading, reflecting on, providing written critiques, and attending meetings about submissions. Compensation in the form of release time for REC work and including this work in job descriptions and responsibilities is a reasonable approach. This would boost morale and motivation of members and thereby enhance quality and quantity of reviews, permit time for continuing education in research ethics, and enhance readiness for ethics review during public health emergencies.

Failing to budget for guidance and resources such as additional staff or staff hours and additional training and expertise undermines REC work

1. Neil, M., & Saenz, C. (2020). Advancing research ethics systems in Latin America and the Caribbean: a path for other LMICs?. *The Lancet Global Health*, 8(1), e23-e24.

Regional partnerships between **Research Ethics Committees** are fundamental to *share information across Caribbean SIDS*

and leaves their members and infrastructure with limited knowledge of and dedication to the values of research ethics. Without dedicated release time, members are more likely to miss deadlines and delay REC decisions (and research) for weeks. Reviews may be less thorough and objective than needed and more superficial or unduly critical, and rejected for trivial reasons or approved despite unjustifiable harms. These possibilities increase with COVID-19 which has generated immense need and pressure to rapidly find treatments, and thereby provide more frequent and rapid reviews.

Education to increase knowledge and skills of REC members, leaders, secretariats, and their employers and institutions is vital. From 2020-2023, the Caribbean Research Ethics Education initiative (CREEii) funded by NIH-Fogarty International Center Award #R25 TW007085 is offering scholarships to a two-year master's degree program in research ethics that is delivered primarily online in English and Spanish. CREEii will educate and credential 40 Caribbean professionals and equip them to serve and lead RECs, design and deliver research ethics education to a range of stakeholders, contribute to research related policy, and conduct and publish bioethics research. Previously, it educated about 80 professionals in Caribbean SIDS and Latin America in a 1-year certificate program and they are advancing research ethics in their home institutions and countries.



Photo: Freepik

Institutions and governments have a responsibility to ensure that their research accords with international research ethics guidelines. It is in their interest, and the interest of the populations that they serve, to educate and support their RECs. The 2016 [International Guidelines for Health-related Research Involving Humans](#) is a valuable resource for Caribbean SIDS as is the [Bioethics Society of the English-speaking Caribbean](#). Guidance for RECs in low and middle-income countries globally is available on the websites of

the European Network of Research Ethics Committees and the UK's Nuffield Council and Wellcome Trust, with the USA's Office of Research Integrity offering foundational research ethics resources.

Institutions and governments must recognize the value of RECs and find resources to support them. This is essential to systematically enhance the rapidity and quality of REC review during COVID-19, future public health emergencies, and in normal times.



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Intersectionality & COVID-19

An inclusive COVID-19 recovery effort informed by intersectionality can support Caribbean SIDS in assessing overlapping social categories that create interdependent systems of disadvantage and discrimination. This can be useful for a Caribbean COVID-19 recovery effort that takes into account the needs of the most vulnerable members of society.

LEAVING NO ONE BEHIND:

Assessing the needs of vulnerable groups in Jamaica

By Carla Moore, Lecturer at the Institute for Gender and Development Studies, University of the West Indies, Mona Unit, Jamaica

COVID-19 does not create new patterns of inequalities, rather it exacerbates long existing configurations of injustice and marks them, again, as urgent. A holistic COVID-19 policy response mandates the use of an intersectional perspective that enables vulnerable populations to be identified and equitably supported. In the case of Jamaica, discrimination rooted in racism, classism, misogyny, and anti-LGBT sentiment have become more manifest due to the pandemic. One example is the difference in public perception of compliance with prevention measures and resulting policing strategies. Though there is no official data available, it would seem the likelihood of police intervention, if citizens breach the island-wide curfew, is higher in low-income communities compared to high-income neighborhoods. This suggests a broader phenomenon of low-income communities that receive more negative public attention, in such a way that members of these communities are not only viewed as disobedient, but appear, in the minds of the public, as the root cause of the spread of the virus. This results in the portrayal of people living in low-income communities as not following government guidelines and contributes to a direct association of low-income people with the spread of the virus. If low-income

communities are to be associated with communicable diseases it is not because of the 'unruliness' of their residents, but because poverty significantly undermines a person's capacity to avoid disease and survive it once infected¹. Rather than an indictment on the character of low-income persons, this is a dehumanizing gap in our social support system that has been weaponized against the true victims. Another example of the predominantly negative impact of the pandemic on people from lower-income backgrounds is the fact that many domestic workers or household helpers have lost their jobs in Jamaica. This may stem from the prejudiced perception of employers who view low-income people as a risk for carrying the virus into their homes, as they are associated with living in areas with a high population density, and in unsanitary living conditions. Shirley Pryce, President of Jamaica Household Workers' Union noted that many live-out workers were fired because employers were concerned they would contract

COVID-19 while utilising public transportation. Other workers had their workdays cut so severely that their financial survivability was threatened. Domestic workers who lived-in with their employers were forced to lock down at their places of work and threatened with dismissal should they leave to visit their families or conduct business. These actions were taken by employers who, themselves, continued to go to work in shared office spaces, engage with friends, and visit numerous establishments to conduct their daily tasks².

Domestic workers in Jamaica are protected by law and are entitled to all benefits except maternity leave once they contribute to the National Security Fund. However, since these individuals, who are often women, are mostly unaware of their options they are especially vulnerable to exploitation and – as such - function without legal or social protection. The precariousness of these jobs disproportionately impacts this population group and exacerbates inequalities.

An **intersectional analysis** can be a tool to ensure that **nobody is left behind** in the COVID-19 recovery efforts

1. For more see [Poverty, Global Health, and Infectious Disease: Lessons from Haiti and Rwanda](#)

2. For more on [COVID-19 and Domestic Workers](#)



Photo: Shutterstock

Jamaica's response to COVID-19, though admirable, highlights yet another inequality. Domestic workers, as a group, were not specially selected to receive the Government's fiscal stimulus cash package. Individuals who wished to apply for the packages had to do so online, but many domestic workers were ill equipped to navigate the digital space or unable to purchase data packages to access the website. This digital inequality extends deep into access to online education as both teachers and students face significant barriers, especially in low income and rural areas.

While it is understood that women are a vulnerable group it is essential to recognize and respond to the fact women who are deemed unrespectable may be doubly excluded. For instance, overtly sexual and sexually active young women are viewed as careless and 'calling violence on to themselves'. This shapes the level of support they receive when reporting sexual assault to community and police. Their access to formal or informal safe spaces may be curtailed by gatekeepers who judge them based on their appearance and behaviour. Similarly, women with poor educational attainment and multiple children are viewed as bringing poverty and even violence 'on themselves' through their 'choice

to remain dependent by having many children and no education'. Their requests for support from family, community and State may be denied to 'teach them a lesson' or because they and their children are a 'burden'. It is critical that these types of intersectional exclusion be considered for a targeted policy response to gender-based violence, which has increased significantly during the COVID-19 pandemic. Government programs need to deliberately include women in these positions and situations who have low access to emergency shelters and funds.

Another segment of society that has been found to be especially vulnerable when assessing the effects of COVID-19 and related preventive measures in the Caribbean is members of the LGBTQIA+ community. Data from J-FLAG shows that over 25% of LGBTQIA+ persons surveyed were gravely affected by

job loss and financial hardship. Many people had to return from the capital, Kingston, to live with their families in rural areas. This has a particular impact on people who have changed their gender expressions, where the low social acceptance of LGBTQIA+ people puts them at increased risk of being subject to violence and discrimination.

The challenges of developing full-fledged cash transfer programmes, school feeding programmes and increased social spending have to be understood in the context of broader inequalities between countries that has been deepened by the COVID-19 pandemic. The ability of many Caribbean Small Island Developing States (SIDS) to develop their social safety net and fund social programmes that cushion the socio-economic effects of the pandemic is limited by debt-servicing obligations to international finan-

LGBTQIA+ persons [have been] gravely affected by job loss and financial hardship during the COVID-19 pandemic

With a view to the national response to COVID-19, there is a **need for a targeted and measured policy response** that proceeds from a thorough analysis of **intersecting inequalities and caters to the needs of different populations** such as rural, low-income women, LGBTQIA+ people, youth and single parent households, in a SIDS context

cial institutions. Despite ongoing conversation about the far-reaching impact of the pandemic and the cost to nation States, a comprehensive conversation about debt forgiveness is yet to emerge. Likewise, many small islands - guided by IMF policies - are service-oriented economies that are heavily dependent on countries in the Global North. One example, it the tourism industry, but another less well-known example from Jamaica is the call center industry. The economic implications of COVID-19 in the United States, are directly felt in the call center market in Jamaica, which ties Jamaica's economic performance directly to that of other countries. The dependency on these sectors has made unemployment a growing concern for Jamaicans.

With a view to the national response to COVID-19, there is a need for a targeted and measured policy response that proceeds from a thorough analysis of intersecting inequalities and caters to the needs of different populations such as rural, low-income women, LGBTQIA+ people, youth and single parent households, in a SIDS context. An intersectional analysis can therefore be a tool that can be used to develop concrete policies to ensure that no body is left behind in the COVID-19 response and recovery efforts.



Photo: Unsplash/Tim Bieler



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COVID-19 and tackling inequalities in Caribbean Small Islands States:

THE PERSPECTIVE OF PERSONS WITH DISABILITIES

By Senator Floyd Morris, Ph.D. Director of the Centre for Disability Studies,
University of the West Indies

People with Disabilities & COVID-19

Around 1 million people in the Caribbean experience a form of disability. On average, people with disabilities (PwDs) tend to have more health-care related needs. With the COVID-19 pandemic putting a strain on health care in many Caribbean countries, this segment will analyse the impact of COVID-19 on PwDs while shedding light on opportunities for participation in recovery efforts.



The COVID-19 pandemic has had a deleterious effect on countries across the world¹. At the time of writing this Think Piece, over 105 million individuals have contracted the disease and over 2.3 million have died². Small Island Developing States (SIDS) such as those in the Caribbean and marginalized populations like persons with disabilities have seen devastating consequences of the pandemic.

According to WHO Report on Persons with Disabilities, there are over 1 billion individuals with a disability living across the world, with over 80% of these individuals domiciling in developing countries³. These individuals are regarded as the most marginalized across the world. Their marginality comes about due to them having poorer health outcomes, least likely to access education, lower possibilities of being employed and deeply entrenched negative attitudes and stigmata in society.⁴ Resultantly, persons with disabilities are to be found among the poorest in developing countries of which SIDS of the Caribbean are situated⁵.

Recognizing the situation of persons with disabilities, one can expect the COVID-19 pandemic to have impacted negatively on the population of persons with disabilities. The COVID-19 pandemic has resulted in what I regard as the 'clash of the models', meaning that the varied perspectives that have driven our understanding of these marginal-

ized individuals over the years have collided during the pandemic. The welfare, medical, social and human rights models of disability⁶ have figured prominently during the COVID-19 pandemic. Governments have introduced lock down measures and this has contributed to some persons with disabilities confining to their homes and depending on welfare support from the State, family, church and other welfare providing individuals or organizations. From the panorama of the medical model, we have seen where persons with disabilities have been sidelined because health professionals have very limited knowledge in how to treat and relate with these vulnerable individuals. Furthermore, persons with disabilities have considerable challenges accessing health care facilities across the region⁷. Similarly, from the vista of the social model, we

6. United Nations (2006). Convention on the rights of persons with disabilities.

7. Economic Commission of Latin America and the Caribbean (2017). *Disability, human rights and public policy in the Caribbean: A situational analysis*. United Nations.



Photo: Freepik

The COVID-19 pandemic & the related preventive measures have widened the inequality among persons with disabilities in Caribbean SIDS

1. World Health Organization (2020). Disability considerations during the COVID-19 outbreak.
 2. World Health Organization. 2021. Coronavirus disease.
 3. World Health Organization (2011). World report on persons with disabilities.
 4. United Nations (2018). *Disability and development report*. Realizing the sustainable development goals by, for and with persons with disabilities.
 5. Morris, F. (2019). An inclusive, equitable and prosperous Caribbean: The case of persons with disabilities. Social and Economic Studies. UWI Mona, Kingston. United Nations (2019). History of the United Nations and persons with disabilities-the social welfare perspective: 1955-1970.
 Oliver, M. (1990). The politics of disablement. London: Macmillan Press Ltd. London.

Governments must ensure that people with disabilities have a seat at the decision-making table so that their concerns and recommendations can be included in the various policy responses to COVID-19

have seen how children with disabilities have been further isolated from educational institutions because they do not have the requisite technological support to experience remote teaching. Access to education and modern technologies are preeminent challenges for persons with disabilities in the Caribbean⁸. Conflatedly, these have served to impact on the human rights model of disability as the right to quality health care, a decent standard of living, right to education and access to technology is further weakened. Unequivocally, the COVID-19 pandemic and the related preventive measures have widened the inequality among persons with disabilities in Caribbean SIDS and has set back the limited progress being made for the members of this marginalized group in the region. Based on the COVID-19 responses and preventive measures implemented thus far, there is an urgent need for a more inclusive and participatory role of persons with disabilities. Indeed, if the global mantra of persons with disabilities "nothing about us, without us"⁹ is to be actualized in the Caribbean, these

8. Morris, F. 2020. The regional disability index and strengthening the resilience of persons with disabilities in the Anglophone Caribbean. *Journal of Caribbean Environmental Sciences and Renewable Energy*.

9. Crowther, N. (2007). Nothing without us or nothing about us? *Disability and Society* 22(7), pp. 791-794.

marginalized individuals must be meaningfully engaged in the decision-making process. Consultations must therefore be held with persons with disabilities and organizations representing these individuals to get their perspectives on varied programmes and policies to be implemented for COVID-19. For example, planning committees established by governments to execute the roll out of the COVID-19 vaccines must have representation from the community of persons with disabilities. Simultaneously, information that is being made available to the public relating to the COVID-19 vaccine or any other related programme or policy, must be readily available to persons with disabilities. For example, press conferences or national broadcasts being conducted by governments must have Sign Language Interpretation for persons who are deaf. Similarly, information should be prepared and packaged in simple formats for individuals with intellectual disabilities as well as braille for blind persons¹⁰. Importantly,

10. Morris, F. 2020b. *Things to know and do when dealing with a person with disability who has contracted the coronavirus*.

persons with disabilities must identify a national champion that will consistently advocate for the inclusion and participation of members of this community in any COVID-19 related activities¹¹. In order to prevent the exclusion and isolation of persons with disabilities from any COVID-19 related activities, governments within the Caribbean must make a deliberate and strategic effort to include these individuals. As a part of the strategy to establish inclusive policy-making, Caribbean SIDS have to utilize the Caribbean Community mechanisms that have been established. In 2013 for example, CARICOM developed the Declaration of Petion Ville which is the roadmap designed to guide the implementation of programmes and policies for persons with disabilities in the region¹². The document is disability-centric and had the input of several stakeholders from across the region, including persons with disabilities.

Relatedly, in 2018, CARICOM appointed a Special Rapporteur on

11. Morris, F. and Henderson, A. (2016). ICT and empowerment of children with disabilities: A Jamaican case study. In (Ed.) Communication and Information Technologies Annual (Studies in Media and Communications, Volume 12), 25-39. London: Emerald Group Publishing Ltd
 12. CARICOM (2013). *The declaration of Petion Ville*.



Photo: Shutterstock

Disability. This individual has the responsibility of advocating for the implementation of the varied programmes and policies outlined in the Declaration of Petion Ville, among other things. Additionally, in April 2020, the CARICOM Special Rapporteur on Disability¹³ issued a special communique on issues to be considered when relating with a person with a disability who has contracted the COVID-19¹⁴. Cumulatively, the Declaration of Petion Ville and the Special Rapporteur on Disability constitute an oasis of resource for governments within the region to utilize in formulating progressive policies for persons with disabilities. Additionally, the special communique serves as an excellent guide on how to relate with persons with disabilities who have contracted the COVID-19.

Summarily, the COVID-19 pandemic poses major challenges for persons with disabilities in Caribbean SIDS. There is, however, an opportunity for these individuals to be integrated in the varied COVID-19 responses by governments in the region. Thus, governments must ensure that these individuals have a seat at the decision-making table so that their concerns and recommendations can be included in the various policy responses to COVID-19. Similarly, champions must be appointed to consistently advocate for the inclusion and participation of these individuals to the different responses. CARICOM has a quintessential role to play by ensuring that the Declaration of Petion Ville and the Special Rapporteur on Disability are given preeminent feature among Caribbean SIDS. Disability is a right, not a fashion and therefore these individuals must be included in all aspects of development in the region in order to eradicate inequality among this marginalized group.



The COVID-19 pandemic and *the related preventive measures* have widened the *inequality among persons with disabilities* in Caribbean SIDS



Dr. Floyd Morris is the Director for the Centre for Disability Studies at the University of West Indies, Mona. Dr. Morris is the first blind person to be appointed to the Senate of Jamaica serving from 1998-2007 and from 2012-2016. He also became the first blind President of the Senate in 2013. He is the first person from the Caribbean to be elected to the UN Committee on the Rights of Persons with Disabilities. Dr. Morris holds a Doctor of Philosophy in Government from the University of West Indies. He is also the author of multiple articles, recognized speaker, and appointed by CARICOM as Special Rapporteur on Disability for the Caribbean.

¹³. CARICOM (2018) [CARICOM Appoints Special Rapporteur on Disability](#).

¹⁴. Morris, F. 2020b. [Things to know and do when dealing with a person with disability who has contracted the coronavirus](#).

Gender Disparities & COVID-19

In the Caribbean, at least one in three women has experienced some form of violence or abuse in her lifetime. Data showed that since the outbreak of COVID-19 violence against women and girls intensified. Women also tend to play a disproportionate role in the COVID-19 response, including as frontline workers in health facilities or carers at home.

THE END GAME IS NOT TO GO BACK TO WHERE WE WERE:

Addressing gender gaps

Interview with Judith Wedderburn, Caribbean Gender Expert, Retired Director Friedrich Ebert Foundation Jamaica and the Eastern Caribbean

COVID-19 has greatly impacted societies in Small Island States. How do you perceive the dynamics of social inequalities and poverty during COVID-19 in the Caribbean, specifically the impact on women?

COVID-19 has upended many things in our lives, with communities experiencing the pandemic differently. What for me has been most instructive is the fact that women and their families are actually living these experiences now and we are seeing how the pandemic is disrupting their lives throughout the Caribbean. Research will eventually be done to verify the extent and nature of this disruption, but at this time, it is difficult to ignore the current lived experiences of thousands of women and their families.

There are many impacts of COVID-19 that have exposed the different ways in which families now have to survive, especially those headed by single women. We know that in Jamaica, for example, there are more households headed by single women than men - research establishes that it is close to 46 per cent. If we consider, for example, the stay-at-home requirements, and the impact on large numbers of single mothers who were working in the informal sector, in stores, running their own small businesses at the community level, working in gas stations, or primarily in the service sector. They now have to stay at home, and many may have also lost their jobs. Therefore, the gender inequalities that were already associated with the triple burden that women face in their care responsibilities, have significantly increased in this last year. In addition to that, the digital divide became more evident during the pandemic. We have had to acknowledge that thousands of children and their families do not have access to either electricity or internet. Furthermore, the same mothers are now also expected to find a way to make sure their children are able to access their online schoolwork.

The government of Jamaica did create some care packages and used the social safety net programme, PATH programme, to support poverty-stricken families with

direct cash transfers. Nevertheless, the social inequalities that existed in relation to poverty are being exacerbated, because the system itself is not able to respond in the short term in the ways in which these families need. Finally, the inability of governments in the Caribbean Small Island Developing States to respond to the worsening socio-economic situation is shaped by how indebted the countries are: the increase in unemployment in many sectors of both women and men means less revenue for governments, but we are still servicing the debt. This is the regional context, in which efforts to address these worsening conditions that women and their families face, have to be understood.

Based on your experience, how can we best address negative gender norms in the Caribbean?

The gender inequalities that were already associated with the **triple burden that women face in their care responsibilities**, have significantly increased in this last year

In Jamaica, over several years, there is an increasing number of young men who are marginalized by the system itself. The challenge is that the patriarchy still dictates that the main role and responsibility of a man is to provide and lead. When the men are no longer able to provide, the dominant male stereotypical role which says the father's most important contribution is to "bring in the money" minimizes the other ways in which he could contribute. Furthermore, those other ways of contributing beyond the financial support are often not culturally accepted, for example taking care of the children while the mother goes out to work. In some spaces, we are experiencing a shift in this culture, but the shift is very minimal, because the pressure is still on young men to behave in ways that society expects them to behave, ways which are toxic expressions of masculinity and which affect women, children and men themselves, negatively.

Based on your experience, what do you think are post-COVID-19 recovery policies that are needed to address the impact on women?

Right now, COVID-19 short-term recovery policies have to focus on sheer survival. I would like to refer to Professor Fitzroy Henry's (2020) study called Towards a Liveable Minimum Wage in Jamaica. When analysing whether the minimum wage is adequate, Prof. Henry created a hunger index, which helps us understand families' vulnerability for the need to have food. The study reveals that 7.1 per cent of Jamaicans experience severe hunger. Among the poor, this figure increases to 23.9 per cent. Therefore, one of the most critical survival issues for women and their families, is access to affordable, healthy food, as well as to effective public health care. These should lie at the centre of COVID-19 recovery policies.

While many Caribbean countries have experimented with care packages, we have to bear in mind that most CARICOM countries are indebted. What can international development partners arrange to do to make sure that the most impoverished in our countries can access additional critical recovery packages, in the medium terms as well? Beyond that, how does a government seek to correct the gross inequalities that exist, in the way that the majority of our people now experience healthcare and education?

We know in Jamaica that elements of the healthcare system work, but some do not provide ready access to families living in poverty in many rural and urban communities. That would require additional expenditure and re-allocation of resources by the government, a process in which international development partners can provide not only financial support, but actual guidance and technical support for how to improve access to healthcare over time. In Jamaica, COVID-19 brutally exposed the digital divide, demonstrating that we have one set of children who will be left behind. These are the children whose families cannot ensure online education or whose parents are not able to give the required at-home support. With the support of international development partners, COVID-response measures have to provide support for both families and for the education sector, so that thousands of children who are already behind do not fall off the edge completely.

If we do not move in this direction, we will end up reproducing or perpetuating the same social and gender inequalities that we are now so worried about. Any recovery strategy must assume that the end-game is not to go back to where we were, but over time, strategically, move towards reducing inequalities and not settling for where we were before. This is just not good enough!

One of the **most critical survival issues** for women and their families, is **access to affordable, healthy food, as well as to effective public health care**. These should lie at the centre of COVID-19 recovery policies



Mrs. Judith Wedderburn is the recently retired Director of Friedrich Ebert Stiftung, (FES) Jamaica and the Eastern Caribbean, and for over 30 years, has been an advocate in the field of gender and development in Jamaica and the wider Caribbean. Ms. Wedderburn was responsible for the conceptual development of education and training programmes, and the design and implementation of diverse "learning experiences", which involved the use of conventional as well as participatory methodologies. These programmes were developed in collaboration with a diverse range of partners in civil society, the public sector, trade unions and the academic community, nationally and regionally. The interview was conducted in follow-up to Judith Wedderburn's participation in the Latin America and the Caribbean edition of UNESCO Series of Regional Expert Consultations against Gender Stereotypes, which took place on 25 January 2021.

INEQUALITY IS GENDERED:

Reflecting on Caribbean public policy realities

By Dr. Deborah N. McFee, Outreach & Research Officer at the Institute for Gender and Development Studies, University of West Indies St. Augustine, Trinidad and Tobago

For regions such as the Anglophone Caribbean, the elimination of societal inequities and inequalities is fundamental to national and regional development. Public policy that is consistent with good governance, must be committed to the creation of access for wide cross-sections of populations. Historically, public policy in our region has been a persistent driver of inequity and inequality, being products of colonial and postcolonial blind spots and erasures. These inequalities and inequities are experienced by populations via gendered, coloured, racialized relations of power, that render some pockets of populations invisible, centralize other groups, and relegate others to positions of intermittent marginality. The level and nature of visibility to the public policy process is an important determinant of who are able to capitalize on the gains of public policy decisions. Gender is a significant driver of inequalities within populations. These inequalities are not limited to simple notions of the differences experienced between men and women. Instead, gender analysis must be cognizant of the ways in which the compounding old and emerging social classifications and categorizations (including race, geography, age, ability, sexuality, and socioeconomic standing), must form part of analysis of public policy towards the framing of governance committed to an elimination of persistent inequalities. Producing visibility, and managing the lived realities of the fallout from public policy premised on concepts of *ceteris paribus*¹, must be central to the work of the social science disciplines grounded in an interrogation of broad questions of social justice, and the need to build societies and institutions concerned with the advancement of human security, equity and equality. Therefore, although all things being equal, may be necessary for some economic modeling; all things are never equal in any given society. Unavoidably, public policy steeped in concepts of efficiency, rationality and the leveled playing field, become significant drivers of gendered inequities and inequalities between men and women, and among diverse groups of men and women. The diverse socio-cultural, socio-economic,

geographic, and racialized realities within populations as they interface with public policymaking, can either entrench inequities or eliminate them. Frequently, the result entrenches rather than eliminates inequalities (inevitably gendered).

In the 1980's in the Anglophone Caribbean, when the role of Government became articulated as the facilitator of business, the language of efficiency, free trade, and the value of the free hand of the market, compelled feminist scholars re-imagined the regional development path. At that time, work of Caribbean feminists like Peggy Antrobus, Joan French, Mariama Williams and Judith Wedderburn, reminded us of the gendered, socio-cultural and socio-economic cost of efficiency, fiscal austerity, and adjusted government spending. At the macro-level, these women reminded governments of the woeful inadequacies of the gendered assumptions underpinning the models of austerity. At the sectoral level, as governments sought to make our hospitals more cost effective by reducing recovery time spent in the hospital, resulting in the stretching the care economy, extending the hours of women's work, and the overall depleting of the social sector spending in many territories, regional feminist scholarship provided a necessary analysis for an alternative framing of development. As many Caribbean governments reduced social sector expenditure, women, who made up the bulk

Gender analysis must be cognizant of the ways in which the compounding old and emerging social classifications and categorizations including race, geography, age, ability, sexuality, and socioeconomic standing, must form part of analysis of public policy towards the framing of governance **committed to an elimination of persistent inequalities**

1. "All other things being equal"



Photo: Freepik

of public sector and service sector workers, disproportionately carried the burden of such 'necessary shifts' to more efficient, market-oriented government. Inequalities and inequities grew, and the growth was gendered.

That neoliberal brand of economic efficiency, and growth exemplified by the operation of the unbridled hand of the market, does not seamlessly trickle, to eliminate socio-economic and gendered inequalities. Inevitably, those with less power within the market, such as regional women, are disadvantaged by economics of "trickle down" that undergird these economic models. Equitable, sustainable development is never solely a market driven exercise. Long-term, agentic, people-centred, gender-sensitive development is a carefully designed, consultative process. The market-centred, efficiency-driven operation of market forces, as exemplified by the work of regulatory frameworks such as Standard and Poor's, and Moody's, and the World Trade Organization's work unfolds as drivers of inequalities in societies like ours. They cling to gendered invisibilities, and create economic winners and losers in a manner that severely exacerbates existing gendered inequalities and inequities.

In 2021, as we grapple with the

impact of COVID-19 on our economies, and our lived realities, the impact of growing inequalities and inequities must be of increasing concern. The COVID-19 pandemic has levelled regional tourism sectors, service industries, and other segments of the labour market, largely occupied by women and lower-income men. The impact of COVID-19 on the informal sector, domestic workers, sex workers, micro enterprise operators, and other feminized, traditionally invisible, facets of the labour market will present long-term development challenges for most of the region, for many years to come. In the context of these long-term challenges, regional governments must recognize the compelling opportunity for an ideological reset of public policymaking presented by the COVID-19 pandemic. Regional, post COVID-19, people-centred recovery does not lie in the promise of the operation of the unfettered hand of the market. Good governance and sustainability in the Anglophone Caribbean must hinge on public policymaking focused on an un-layering of the intersectional nature of our human existence, as we interface with policy decisions. This is necessary for the recasting of our development, towards the emergence of a more gender just society, equitable society.

Inequalities and inequities are experienced by **populations via gendered, coloured, racialized** relations of power



Dr. Deborah McFee has worked in the area of gender and development since 1998. She holds a BA in History and Political Science from The University of the West Indies, St. Augustine Campus in Trinidad and Tobago, and an MA in the Politics of Alternative Development from the Institute of Social Studies, The Hague. Dr. McFee holds a PhD in Global Governance and Human Security from the University of Massachusetts (Boston). Deborah's experience includes research on the impact of small arms and light weapons on women and girls, as well as traditional gender norms as drivers of emerging human security vulnerabilities experienced in Small Island Developing States in the Caribbean. Deborah has worked extensively throughout the English-speaking Caribbean developing national policies for gender equity and equality. She is also an Outreach & Research Officer at the Institute for Gender and Development Studies (IGDS), University of West Indies St. Augustine.

INEQUALITY IS GENDERED:

A civil society perspective from Trinidad & Tobago

Interview with Folade Mutota, Executive Director, Women's Institute for Alternative Development, Trinidad and Tobago

COVID-19 has greatly impacted societies in Small Island States. How do you perceive the impact of COVID-19 specifically on women in the Caribbean?

COVID-19 has negatively impacted women's lives, their livelihoods, access to policy spaces and decision-making, health and well-being, security, rights, and increased women's burden of care.

The pandemic has unmasked the structural inequalities built into our Small Island States. Women participation in decision-making, access to information, gender analysis in public policy, protection for women's participation in key segments of the labour force, and support for women's reproductive responsibilities were all major casualties of gender-blind policymaking in response to the pandemic. Where states established post-COVID-19 recovery teams, women's leadership on disaster response was not leveraged, hence women were significantly under-represented in national recovery planning. The COVID-19 pandemic made more evident that there cannot be a robust productive sector without a stable reproductive sector as the care economy absorbed the ill, unemployed, students, marginalized, and the voiceless. All this added to the burden of women's unpaid care work. Despite the crisis, shared parenting was not highly incentivized.

Whilst women's burden of care increased, protection for women did not. Expectedly, Violence Against Women and Girls increased, particularly domestic violence, but the provisions for protecting women and girls fell short as shelters became overwhelmed and requested further state funding to manage intake, help lines appealed for more human capacity to manage incoming calls, and police response was inadequate.

Nevertheless, women's civil society organizations amplified their actions and lobbied governments for

grant funding, hosted fundraising events, provided care packages, launched prevention and awareness-raising campaigns, assisted victims in accessing essential services, increased capacity on hotlines, increased collaboration among themselves, and appealed to non-traditional allies for support in order to effectively manage the shadow pandemic. Despite the great amount of work led by women's organizations, these remained under-resourced and marginalized from public policymaking. The services sector, which is predominantly populated with women, crashed as hotels, retail sales, casinos and entertainment faced lockdown measures for more than six months in some Caribbean countries. Nevertheless, the maximum social relief support for food and rent offered in certain

countries was for a maximum period of three months, and the bureaucratic systems disadvantaged thousands and did not include women sex workers. Furthermore, economic stimulus packages did not consider the lived reality of women micro-entrepreneurs, many of whom are survivors of Gender-Based Violence and their business activity is their escape mechanism from a life of violence.

For most countries there is little disaggregated data on victims and the research on the pandemic's impact on women is developing. In June 2020 the Institute for Gender and Development Studies (IGDS) at the St Augustine Campus of the University of the West Indies launched the Regional Women's Movement Response to COVID-19, a survey of women's organizations in six CARICOM countries that also included the regional organization, Caribbean Family Planning Affiliation which has membership in ten countries (Anguilla, Antigua and Barbuda, Aruba, Bahamas,

Our leaders and institutions **must communicate a genuine caring and understanding** of the population's **fear, anger, confusion, anxiety, depression,** and rejection of the unknown

Bermuda, Curacao, Dominica, Grenada, St. Lucia, St. Vincent and the Grenadines). The survey results indicated that the priority areas for women's organizations are: funding, shelters, food, psycho-social support, housing, employment and health.

School closures and online learning have been particularly challenging for women as they manage parenting and online learning. For example, the Women's Institute for Alternative Development (WINAD) began in December 2020 to seek out women in communities and professions to determine the impact of the pandemic on women in Trinidad and Tobago. In a focus group discussion with teachers working in early childhood education, primary and secondary schools, it was noted that preparation to deliver classes could take between ten to twelve hours. Teachers also reported that parents submit their children's assignments or message teachers on social media very late at night and expect a response, thus virtual education encroaches on personal time. Teachers with school aged children must also manage their personal and professional time in the virtual classroom whilst delivering stereotypical expectations. Meanwhile teachers' unions continue to raise their voices to highlight that they are not being consulted on public policy and that their members – largely composed by women – are negatively affected by online education.

From a broader perspective, COVID-19 has also shed light on other social inequalities as is the case for access to education. The online learning modalities adopted proved to disadvantage children who live in poverty. Thousands of students did not have devices to access online learning or connectivity in their home or community. In Trinidad and Tobago, although the state made provisions for teaching materials to be collected at schools for those students, many of parents could not afford to get to the schools to collect packages either due to work commitments or financial constraints.

Civil society remains **the bedrock for building a framework for human rights** and justice particularly **for women and girls**. Its leadership role in crisis management must be mainstreamed within the state response **in order for the state to benefit from civil society analysis** of the needs of the under-served and its **innovative responses of efficiently matching needs with resources**



Photo: Unsplash/Kayla Speid

Based on your engagement as an activist, what do you think are recovery policy responses that are needed to address inequalities, and specifically to take into consideration a gender perspective? What is the role of civil society in this process?

A social compact built on trust is necessary. Trust is relational and must be nurtured not by unidirectional but multidirectional communication between the state and citizens. Recovery policy responses must systematize and legitimize such a value with a vision of a more just, equitable and inclusive future. Our leaders and institutions must communicate a genuine caring and understanding of the population's fear, anger, confusion, anxiety, depression, and rejection of the unknown. Our public institutions must develop operational responses steeped in the reality of our current situation and not rely solely on the uncompromising hand of the law. Empathic leadership must be the order of the day because we are all only as safe as the most vulnerable among us. The unique intersectionalities which render women vulnerable must be considered in recovery policies, which should result from women's full and equal participation in visioning, design, implementation, monitoring and evaluation. Furthermore, states that have not yet done so should develop and/or implement a national gender policy and action plan that benefits from the learnings of the COVID-19 impact on women and girls as a means of correcting women's lived experience of social injustice. Data collection and analysis must benefit from a gender perspective to ensure that the needs of all populations are adequately met inclusive of reducing insecurity; access to policy spaces; equitable distribution of resources; and reproductive health care. Civil society remains the bedrock for building a framework for human rights and justice particularly for women and girls. Its leadership role in crisis management must be main-

streamed within the state response in order for the state to benefit from civil society analysis of the needs of the under-served and its innovative responses of efficiently matching needs with resources. Inclusive strategies for reducing and preventing harm and social injustice should influence public policy prescriptions in such a way so as to mainstream and meaningfully engage civil society as an active partner in framing public policy. The philosophy which guides public policy on providing funding support to civil society organizations must be reviewed and should take into consideration the value that civil society organizations add to the production of labour, security of the state, social stability, economic development, crisis management, saving lives and protecting the environment. Central to a new dawn of a more progressive partnership between the state and civil society is the role of women in the caring economy which all else is built upon.



Folade Mutota is a founder and current Executive Director of the Women's Institute for Alternative Development (WINAD) which is based in Trinidad and Tobago.

WINAD's pioneering work on gender, peace and security in the Caribbean is recognised regionally and internationally due to its innovative approach to alliance building with CARICOM governments and NGOs for collaborative planning and action. WINAD is the Secretariat for the Caribbean Coalition for Development and the Reduction of Armed Violence which successfully lobbied CARICOM Member States to champion the negotiation of a robust UN Arms Trade Treaty (ATT) to regulate the global trade in conventional arms, including small arms and light weapons and their ammunition.

Indigenous Peoples & COVID-19

In some Caribbean countries, indigenous populations are among the most excluded. The COVID-19 pandemic has revealed inequalities and exacerbated existing vulnerabilities. This segment will provide an insight into the impact of the pandemic on indigenous peoples in the Caribbean while examining how they can meaningfully participate in the recovery effort.

SURINAME:

Towards meaningful engagement of indigenous peoples in the COVID-19 response and beyond

The Think Piece is based on an interview with Marie-Josée Artist, Community Development, Association of Indigenous Village Leaders in Suriname

In Suriname, the smallest sovereign state on the South American continent, around 3.8 percent of the population are Indigenous peoples. The Kaliña and Lokono peoples live mainly in the northern part of the country and are sometimes referred to as “lowland” Indigenous peoples, whereas the Trio, Wayana and other Amazonian peoples live mainly in the south and are referred to as “highland” peoples.

The rights of Indigenous peoples in Suriname are not explicitly recognized by the legislative system of Suriname, which is based on colonial legislation introduced by the Netherlands that ruled Suriname until its independence in 1975. While Amerindians are considered an ethnic group in Suriname, their collective rights, including land rights, are not legally recognized. This endangers Indigenous peoples’ right to self-determination and ancestral lands, and poses a risk to their governance system, cultural integrity, lifestyle and livelihoods. In a country rich in natural resources such as oil, bauxite, gold, water, forests, biodiversity, these are immediate threats to the well-being of Indigenous peoples.

Existing inequalities and challenges to the inclusion of Indigenous peoples have been exacerbated by the COVID-19 pandemic, which reached Suriname in March 2020. In hindsight, access to information about the pandemic and prevention measures turned out to be one of the main challenges, especially at the early stage of the pandemic, when the mortality figure among Indigenous peoples was disproportionately high. While the government quickly shared information about the pandemic and related prevention measures via television, radio and social media in Dutch and Sranantongo, the Surinamese English-based creole language, particularly in the capital Paramaribo, the material was often not translated into the

other local languages and Indigenous languages. It was only over time that civil society stepped in to fill this gap and provide translated material.

The impact of the COVID-19 pandemic in Suriname not only demonstrates the need to develop capacity to produce information in local languages for a swift reaction to a national emergency, but at the same time, it shines light on more systemic inequalities and the need for an inclusive policy response. In addition to the general exclusion or marginalization of Indigenous peoples from policymaking, including during the COVID-19 response, pre-existing challenges,

such as the lack of electricity, radio, television and internet coverage in some rural Indigenous communities, have jeopardized access to information about the pandemic in those communities. Another pre-existing challenge is limited access to safe and clean water, which has worried many village leaders. These systemic inequalities were exacerbated by the onset of the pandemic.

Food security has become another growing concern for the Indigenous communities in Suriname. While loss of income and the closure of public transport

have severely restricted access to supermarkets for communities near Paramaribo, rural communities near the French Guyana border are also particularly hard hit, as they can no longer sell their goods in the neighboring country due to border closures. At the same time, many villages have proven resilient to these challenges and have seized the opportunity to get (re)-involved in more traditional sectors of the economy such as fishing or charcoal production, and self-sufficient agriculture has increased.

In the absence of government action, village leaders established their own preventive measures notably in Indigenous communities near Paramaribo, where

Existing **inequalities and challenges** to the inclusion of **indigenous peoples have been exacerbated** by the COVID-19 pandemic

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awareness levels about the pandemic are higher. This led to whole villages barricading themselves at the beginning of the pandemic. However, the village chiefs’ decision to isolate their communities has often been overridden by the respective district authorities, calling into question the Indigenous communities’ right to self-determination. The self-isolation and later government measures have contributed to rising unemployment. Therefore, the precarious situation of many Indigenous communities, which is characterized by the loss of livelihoods, the closure of schools and increasing poverty, as well as frustration and fear, has since then threatened to spark social conflicts within the communities.

These challenges speak to the need to systematically address the rights and needs of indigenous peoples in policymaking beyond COVID-19. Strengthening the knowledge base on indigenous communities’ resilience is a first step in this direction and can help pinpoint needs and assess which communities are more self-sufficient and resilient, and whose livelihoods tend to be more fragile and thus require specific attention. This can influence policymaking and, more importantly, with the support of the traditional leadership structure, the Association of Indigenous Village Leaders (VIDS) and other relevant civil society organizations, it can help village leaders to raise awareness of their situation and build resilience from within their communities.



Since 2004 **Marie-Josée Artist** has served as a Community Development Specialist at the Association of Indigenous Village Leaders in Suriname. Ms. Artist has contributed to a number of studies focusing on women’s and indigenous rights, climate change, and impacts of extractive industries on Indigenous Peoples (rights) and is a part time lecturer Anthropology at the University of Suriname. She earned a Master’s degree in Cultural Anthropology/ Sociology of non-western societies and a Bachelor’s degree in social-cultural work.

The Association of Indigenous Village Leaders in Suriname (VIDS) is the structure of the Traditional Authorities of all Indigenous Peoples in Suriname (uniting and supporting the village leaders from all 52 indigenous villages in Suriname, to influence national policy in order to strengthen, ensure and protect the rights of indigenous peoples in Suriname and to ensure the effective participation of indigenous peoples in all decisions that affect us.

Youth & COVID-19

About 63 per cent of the population in Caribbean Small Island Developing States is under the age of 30. With youth unemployment and pervasive youth violence being major challenges, this segment will shed light on the impact of COVID-19 on young people's lives in the Caribbean. It will point to avenues on how young people can drive solutions to problems in their communities.



ENGAGING YOUTH IN COVID-19:

Learning from the Youth COVID-19 Response Initiative in Trinidad & Tobago

By Latoyaa Roberts, Immediate Past President, Tobago Youth Council

By Shanice Webb, Immediate Past President, Trinidad Youth Council

Youth participation in policymaking is a critical issue in Trinidad and Tobago and the wider Caribbean. There is the general notion that young people often resist or shy away from policymaking and are not interested in making necessary recommendations on issues that affect society. However, many segments of the youth population are actively involved in advocacy and policy change. The on-set of the COVID-19 pandemic in Trinidad and Tobago and the proactive youth movement response to this is one such example to be highlighted. Many young people are willing to participate in policymaking, but have never been allowed to contribute, there is a critical need for youths to be trained on how to engage in the policymaking process and countries need to adopt a youth mainstreaming approach to youth engagement. Youth mainstreaming requires that youth be included during the entire policymaking process from start to finish to prevent tokenism and have genuine participation.

The Trinidad Youth Council and the Tobago Youth Council in collaboration with Two Cents Movement and the Commonwealth Students' Association (Trinidad and Tobago) established the [Youth COVID-19 Response Initiative \(YCRI\)](#). The YCRI engage youth-led NGOs and relevant stakeholders on policy and public spending priorities for social and economic recovery. YCRI published a [report](#) that provided a youth response

to COVID-19 and offered critical national development recommendations. This process started as a direct response to the lack of youth representation and diversity on the Trinidad and Tobago government's team to develop the Roadmap for National Recovery established in April 2020. Youth should take a leading role in the post-COVID-19 decision-making to protect their rights, articulate their priorities and enhance the scope and aims of social and economic development in meeting all citizens' needs. However, we have also recognised that the Caribbean trend has been to give lip service to this. Post-COVID-19 efforts by respective governments have centralised power to the state, often at the expense of youth participation.

For this reason, the Youth COVID-19 Response Initiative (YCRI) gathered young people's input from various sectors such as education, health, culture, tourism, civil society, and volunteerism and submitted this report to the government's post-COVID recovery task force. Youth mainstreaming is the primary framework that underpins the report. It involves ensuring youth participation across all sectors of development planning, establishing targeted actions to address the needs and interests of youth and monitoring and evaluating the processes and outcomes of programmes.

The Youth COVID-19 Response Initiative Report

The
COVID-19
pandemic has a far-reaching **social and economic impact on youth's quality of life** in the Caribbean

lists twenty-eight (28) recommendations to inform more inclusive decision-making. A few of the key recommendations that stemmed from this report include increased Wi-Fi accessibility with particular focus on rural areas and marginalised communities, digitisation of all government services and implementation on six (6) to twelve (12) month training programme for teachers, students and community leaders on digital communications, teaching, learning and content creation. Internet access has become fundamental for modern life and indispensable tool in public education. COVID-19 revealed the unequal access to this essential resource in the region. Universal access to the internet should be made available to all. Likewise, COVID-19 has exposed inefficiencies of manual record keeping and service delivery across public sectors. Many public services are unable to be delivered without physical interaction. Hence, digitisation of public services will improve the ease of doing business in the region and protect public safety. Furthermore, many teachers and students lack the skills to make

Youth should take a **leading role in the post-COVID-19 decision-making to protect their rights**, articulate their priorities and enhance the scope and aims of social and economic development in **meeting all citizens' needs**



Photo: UNESCO/ O'Brien Brown

Youth mainstreaming requires that **youth be included during the entire policymaking process** from start to finish **to prevent tokenism and have genuine participation**

use of online learning opportunities effectively. Online access is essential, but know-how is equally essential; both students and teacher must be provided with adequate training to make the most efficient and effective use of online platforms.

The COVID-19 pandemic has a far-reaching social and economic impact on youth's quality of life in the Caribbean. The Caribbean region has had less COVID-19 cases in comparison to some of our global counterparts. However, the pandemic's secondary effects continue to be felt in education, public safety, governance and mental health as it deepened pre-existing social and economic inequalities. COVID-19 exposed the challenges and vulnerability of low income and marginalised communities. Within the Caribbean, we have learned several lessons from this pandemic. Still, one that must be critically highlighted is the strength of the civil society and the continuous need for community engagement. Moreover, one of the best takeaways from the YCRI report is a collaboration of youth networks and the creation of spaces by young people to brainstorm initiatives, find solutions, share learning experiences and best practices with others around the region. Governments will not be able to tackle all issues related to COVID-19 on its own. Therefore, youth engagement and participation is paramount for national development.



Latoyaa Roberts has over fifteen years of experience working with civil society movements with a focus on youth, women and social entrepreneurship. She is the past President of the Tobago Youth Council (2017-2020), Director of Trinidad and Tobago Youth Ambassadors and has membership in many NGOs locally, regionally, and internationally. She also works as an independent development consultant for international organizations. She has a B.A in Communications Studies with Linguistics and International Relations and a MSc in Global Studies from the University of the West Indies, St. Augustine Campus and is currently pursuing a Masters in Political Analysis and Public Policy at Higher School of Economics, Moscow, Russia with a focus on human and democratic rights.



Shanice Webb is the the immediate past President of the Trinidad Youth Council. She has over eight years of experience in youth leadership and youth development and has served as a youth leader both locally and regionally. She served as a Youth Advisor to the United Nations Population Fund. Ms. Webb holds a BSC in Management Studies with a minor in Communication Studies from the University of the West Indies St. Augustine Campus. She is currently pursuing her Masters in International Strategic Marketing at the Arthur Lok Jack Global School of Business, Trinidad and Tobago.

