

Response of social security systems to the COVID-19 pandemic in the Americas, assessment of the first year of the emergency:

**the case of Trinidad and Tobago**

**CRISNA CUCHCATLA MÉNDEZ**



COVID-19  
BOOKLETS **7**



COVID-19  
BOOKLETS  
7

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## PREFACE

Societies created social security systems to protect themselves and their members from hazards that may cause a decrease of their wellbeing. Social security usually protects people during situations faced throughout their life cycle, such as disease, old age or maternity; but also, from events that affect entire countries or regions, as can be the rise of unemployment caused by economic crises or socio-environmental disasters.

It has been more than one century since the foundation of the first american social security systems. None of them had faced an economic crisis like the one caused by the covid-19 pandemic. All of them were faced with the urgent need to protect their populations in most of the insurance branches. During these two years of emergency, Governments have had to protect the health and income of their people during economic paralysis, and a decrease in taxes revenue.

Our continent is a distinctively diverse one regarding income, economic and demographic structures, politics and, particularly interesting for this document, in the development degree of social security and health systems. The heterogeneity of the social security institutions, their coverage range and their operation conditions created different structures, opportunities, alternatives, and courses of action during the emergency. For instance, the existence of risk factors, comorbidities, and pre-existing conditions, combined with health and prevention policies, made some countries more vulnerable to covid-19. The consequence was Government responses and results varied enormously regarding the management of the emer-

gency. We can see there are notable differences in the responses implemented by each country in their attempts to protect their people from the pandemic, depending on their specific pre-existing characteristics.

The range of responses to the emergency varied greatly. In some cases, it included the expansion of coverage, either increasing the number of people covered or the type of benefits. In others it consisted of increasing the level of benefits.

The result has been a series of good practices that can be replicated, guide the future responses of other countries, and shape the preparedness models of social security systems facing risk.

Identifying good practices is the core idea behind the preparation of the compilation *Response of social security systems to the COVID-19 pandemic in the Americas* executed by the research team of the General Secretariat of the Inter-American Conference on Social Security (CISSE). These booklets analyze the economic, socio-demographic and health system situation of countries belonging to the five subregions that make up our membership, as well as the actions taken by the Governments and social security institutions during the first year of the pandemic to protect the health and income of their people. These analyses allow us to identify and share experiences that can strengthen the international response to this global hazard and enable us to anticipate some answers to the question: what did we learn?

The preparation of these documents would not have been possible without the collaboration of both the member institutions of the CISSE and other social security organizations throughout the continent (health and labor ministries, supervising organizations, universities, and research centers, among others) that shared information, reviewed and commented preliminary versions of each of the booklets.

We also had the pleasure of having feedback from our members at the High Level Dialogue Week on the Development of the

Pandemic and the Response of Social Security Institutions, held on-line from the 23 to the 27 of august 2021. We are deeply thankful. We hope these booklets become useful for the general public, experts on the subject and especially for the member institutions of the CISS.

**Alvaro Velarca**

*Secretary-General*

Inter-American Conference on Social Security





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Further, great thanks to Mr. Andy Edwards Executive Manager, Policy Planning and Actuarial Services, and to Mr. Donnell Cuffie Manager Research & Development of the Policy, Planning & Actuarial Services Business Unit, NIBTT for providing insights for the elaboration of this research document. In this regard, the NIBTT should be referred to as a collaborator with respect to the information on the National Insurance System of Trinidad and Tobago.



## EXECUTIVE SUMMARY

The health, economic and social emergency caused by the COVID-19 pandemic forced countries to provide rapid responses to the multifold crisis. Governments undertook diverse measures to reduce infections and mortality; however, measures were also required to safeguard social protection for the population, offer economic relief, and boost economic recovery.

This paper analyzes the response of Trinidad and Tobago and the actions taken by its social security systems to face the COVID-19 pandemic during the first year of pandemic. The approach consists of two phases. Firstly, literature and public statistics were collected and analyzed. Secondly, meetings and information requests were conducted with public officials to provide additional information and contextualize the findings.

Some of the preliminary results of this investigation are the following: in Trinidad and Tobago the pandemic has had two peaks, the second wave was worse and accounted for 70% of the total cases of COVID-19. One of the Government's first actions to reduce the infection rate was to close borders and stop activities in the country. Other measures focused on strengthening the health sector and the social protection of the population.

The Government directed additional funds to the health sector in order to improve already equipped hospitals, create special wards for people with COVID-19 and purchase additional equipment. Furthermore, a campaign was developed to communicate news related to the pandemic. The Government increased social benefits to protect the population in case of income reduction: they granted benefits for food, rent, and public assistance. They also provided support for people who suffered income losses due to unemployment. A vaccination campaign has been rolled out, focusing on high-risk populations, like the elderly.

While initial responses can be assessed already, the COVID-19 pandemic is far from over. Therefore, it is still early to fully evaluate the responses taken by the Government of Trinidad and Tobago. In this context, it is urgent to accelerate the vaccination program for the rest of the population groups to avoid a third wave and maintain measures to support populations undergoing economic and social hardship.







## INTRODUCTION

The COVID-19 pandemic has wreaked havoc on all spheres of society, but not at the same level, especially for Latin-American and Caribbean countries. This difference could be related to several factors, such as demographic and economic, or the specific conditions of the health sector. Actions and measures taken by the Government have also influenced the progress of the pandemic.

Therefore, this report aims to describe the response of the social security system to the health, economic and social emergency caused by the COVID-19 pandemic. In this regard, this booklet analyzes the case of Trinidad and Tobago, particularly regarding the actions taken to ensure access to the nine basic social security benefits (ILO Convention 102, Minimum Standards).

The analysis pays special attention to the extent and level of coverage, both in legal and effective terms. The following branches of social security are studied: medical assistance, monetary sickness benefits, unemployment, old age, accidents at work and occupational disease, family benefits, maternity, disability, and survivors. The paper intends to answer the following questions, among others: What was the level of coverage that social security systems had (in the nine internationally recognized benefits) prior to the COVID-19 outbreak? What has been the response of the systems, within the nine benefits, during the COVID-19 emergency?

This report is mainly a descriptive study. Therefore, the methodological strategy consists of two phases: first, a literature review was made, and public statistics were collected and analyzed. The primary sources were repositories of international organizations and governmental institutions of Trinidad and Tobago. In the second phase,

meetings and information requests were conducted with public officials from the National Insurance Board of Trinidad and Tobago (NIBTT) and the Ministry of Social Development and Family Services (MSDFS) to provide additional information or comment on some of the main conclusions of this report.

We have divided the report into four sections: first, an overall outlook of the country's demographic, economic, and health data. We also describe the infection and deaths from COVID-19, to outline the progress of the pandemic. Thirdly, we present an analysis of the legal and effective coverage of social security benefits, as well as the changes that occurred due to the pandemic. Additionally, we present other responses from the Government to the pandemic, and finally some conclusions.

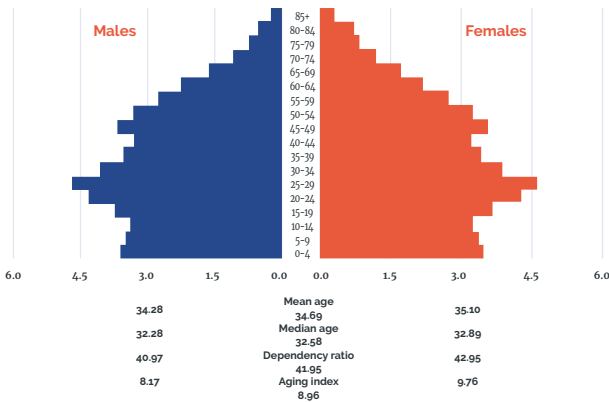




# 1. TRINIDAD AND TOBAGO OVERALL OUTLOOK

This section offers a demographic, economic, and health sector overview of Trinidad and Tobago. Trinidad and Tobago's population amounts for 1.3 million people (Central Statistical Office of Trinidad and Tobago [cso], 2021), and it is an aging population. According to Graph 1 which shows the age distribution of the population, the Caribbean country is not a young society. For instance, the most predominant age group is the one between 20 to 34 years old, and the average age is 34.6 years old, that is higher than the Latin American average of 31 years old (CEPAL,2017, pp. 43). Also, there is one adult over 65 years old for every 8.96 people under 15 years old, and 13.4% of people are 60 years old or older (cso, 2021), which are the most vulnerable population to COVID-19, according to the World Health Organization (WHO, 2019). Additionally, we observe that for every 100 individuals, 41.95 are not of working age.

**Graph 1. Population pyramid of Trinidad and Tobago, 2020**



**Source:** prepared by the author based on information from Central Statistical Office, Trinidad and Tobago (2021).

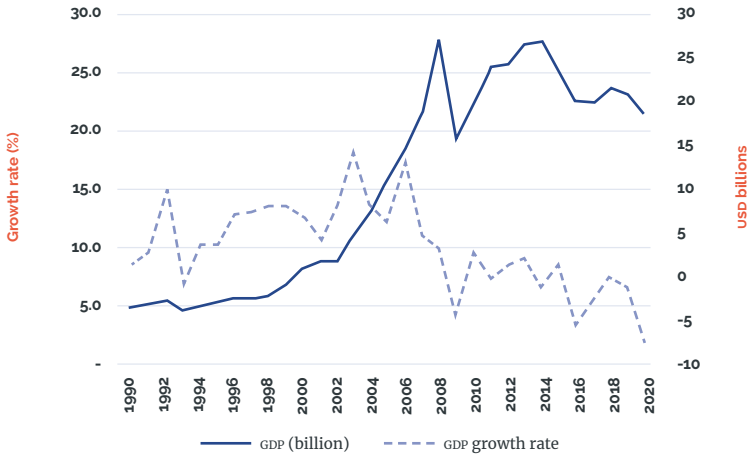
On the economic side, Graph 2 shows the evolution of Gross Domestic Product (GDP) and the GDP growth of Trinidad and Tobago in the last two decades (World Bank Open Data, 2021). We observe that the GDP increased steadily to USD 27 billion in 2008 and subsequently began to oscillate. Before the pandemic in 2019, Trinidad and Tobago's GDP had shown a slight decrease when it went from USD 23.68 billion in 2018 to USD 23.21 billion in 2019. It later had a contraction to USD 21.53 billion in 2020. In the same graph, the GDP growth rate is presented, which had a positive evolution between 1994 to 2008; then the rate became negative again in 2016 and finally, in 2020 the GDP growth rate had the strongest fall in the last 30 years, a contraction of -7.83 percentage points.

Additionally, in 2019 the GDP per capita of Trinidad and Tobago was TTD 115,986.67 (USD 17,398), and it was expected to decrease in 2020 to TTD 105,746.67 (USD 15,862) and to increase to TTD 107,966.67 (USD 16,195)<sup>1</sup> in 2021 (International Monetary Fund, 2021). On the other hand, the last available data of the GINI index reported 40.3 for Trinidad and Tobago in 1992 (World Bank Open Data, 2019). Also, the share of the richest 10% population in the national income was 29.9 (World Bank Open Data, 2019), and 93% of the population had access to drinking water and sewerage services (Government of the Republic of Trinidad and Tobago, 2019, pp. 75).

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<sup>1</sup> For all currency conversion in this document, it was considered an exchange rate of 6.79 TTD by 1 USD, according with Reuters: "Google Finance", 2021.

**Graph 2. Trinidad y Tobago GDP (current USD) and GDP growth**



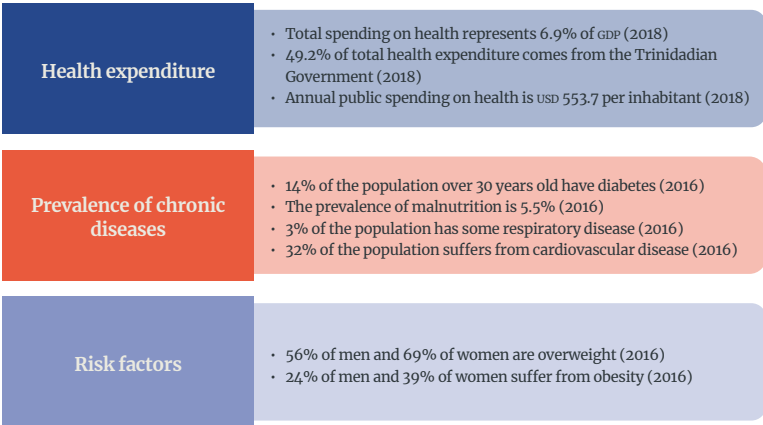
**Source:** prepared by the author based on information from the World Bank Open Data (2021).

Lastly, in the health sector, in 2017 Trinidad and Tobago was the second country in Latin America and the Caribbean region regarding annual per capita spending on health, equivalent to TTD 14,706.67 (USD 2,206) PAA, above countries such as Chile, Uruguay, Argentina, or Mexico (OECD, 2020). This information is of relevance since medical resources available in countries during the COVID-19 pandemic were critical to ensuring access to health services. In 2015, the WHO recommended approximately 23 nurses and midwives per 10,000 inhabitants in order to provide essential services to the population; Caribbean countries had an average of 13.8 (WHO, 2015), while Trinidad and Tobago had 35 nurses. Finally, in 2020 the country had 38.7 doctors per 10,000 inhabitants (Government of the Republic of Trinidad and Tobago, 2020., pp. 22).



According to the WHO, people with chronic diseases such as high blood pressure, diabetes, heart disease, cerebrovascular accidents, chronic respiratory conditions, and cancer present more complications from COVID-19 (WHO, n.d.). Figure 1 compiles information from WHO (2016), World Bank Open Data (2021), and the Government of Trinidad and Tobago (2020), related to chronic diseases and risk factors for COVID-19.

**Figure 1. Trinidad and Tobago Health outlook**



**Source:** prepared by the author based on information from WHO (2016), the World Bank Open Data (2021), and the Trinidad and Tobago Government (2020).





## 2. DEVELOPMENT OF THE COVID-19 PANDEMIC

It is difficult to accurately identify the first case of COVID-19 in the world. However, the first record occurred on December 31, 2019, in Wuhan, China, where the Municipal Health Commission notified a conglomerate of new cases of pneumonia in the city, caused by a new type of coronavirus. The virus spread throughout the world, reaching Trinidad and Tobago. Table 1 shows information about the progress of the COVID-19 pandemic until it reached Trinidad and Tobago.

**Table 1. COVID-19 timeline in Trinidad and Tobago**

Date	Event
12/31/2019	China's Municipal Health Commission Reports a Cluster of Pneumonia Cases Caused by Novel Coronavirus
01/04/2020	The WHO informs the world about new cases of pneumonia without deaths
01/12/2020	The genetic sequence of the COVID-19 virus is made public
01/13/2020	Thailand reports its first case of COVID-19; the first outside of China
01/21/2020	The United States reports its first case of COVID-19, the first on the continent.
01/22/2020	WHO confirms human-to-human transmission of COVID-19
02/26/2020	The first case of COVID-19 is recorded in Brazil, being the first in the Latin America region

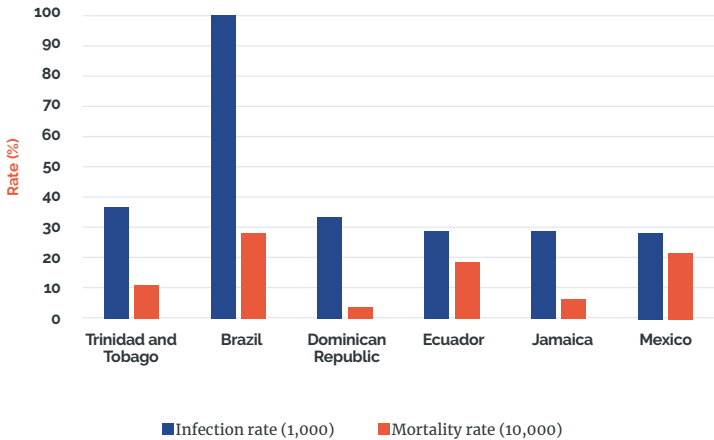
Date	Event
03/09/2020	Trinidad and Tobago's first case of Covid-19 is officially recorded
03/11/2020	WHO declares COVID-19 a pandemic
03/22/2020	The Government of Trinidad and Tobago announces the closure of its international borders to all travelers, including Trinidadians outside the country (U.S. Embassy in Trinidad and Tobago, 2020)
03/23/2020	Trinidad and Tobago records its first death from COVID-19
02/22/2021	First COVID-19 vaccines in Trinidad and Tobago
07/17/2021	Trinidad and Tobago announce the reopening of its borders for fully vaccinated tourists (CNN Network, 2021).

**Source:** prepared by the authors based on information from WHO (2020) and Johns Hopkins University (2021).

From January 2021, the beginning of the pandemic, until September 2021, in Trinidad and Tobago has been observed 51,387 infections from COVID-19 and 1,508 deaths from this virus have been registered (European Centre for Disease Prevention and Control [ECDC], 2021). This can be translated into a contagion rate of 36 infected per 1,000 inhabitants and a rate of 10.7 deaths per 10,000 inhabitants. Graph 3 shows the infection rate per 1,000 inhabitants in Trinidad and Tobago, Brazil, Mexico, Ecuador, the Dominican Republic, and Jamaica, and the mortality rate per 10,000 inhabitants for the same countries (ECDC, 2021). It is observed that the Caribbean countries showed a lower mortality rate than the continental Latin American countries.<sup>2</sup>

<sup>2</sup> It must be noted that to make this analysis comparable with other countries of the Caribbean region or with the Organization for Economic Co-operation and Development (OECD) in future studies, information from the ECDC was used. Hence, progress of COVID-19 infections and deaths, as well as the death rate of those infected.

**Graph 3. Infection rate per 1,000 population and mortality rate per 10,000 population**

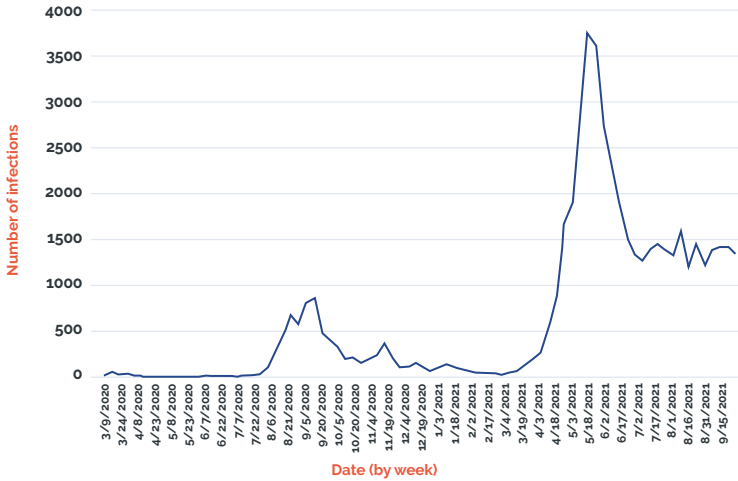


**Source:** prepared by the author based on information from ECDC, 2021.

**Note:** data correspond to the period from 01/2020 to 09/2021.

Therefore, a first finding is that the death rate of COVID-19, as in most Caribbean countries where information is available, was lower than that of the rest of the countries of the Latin America and the Caribbean region. Graph 4 shows total cases of COVID-19, specifically contagions in absolute values that allow identifying the peaks that occurred in Trinidad and Tobago. The Graph presents two significant growths: the first during the third and fourth quarters of 2020 and a second larger one during the second quarter of 2021. The latest peak coincided with the economic reopening; therefore, the Government has announced new measures to restore confinement and hybrid models for schools.

**Graph 4. COVID-19: total cases**

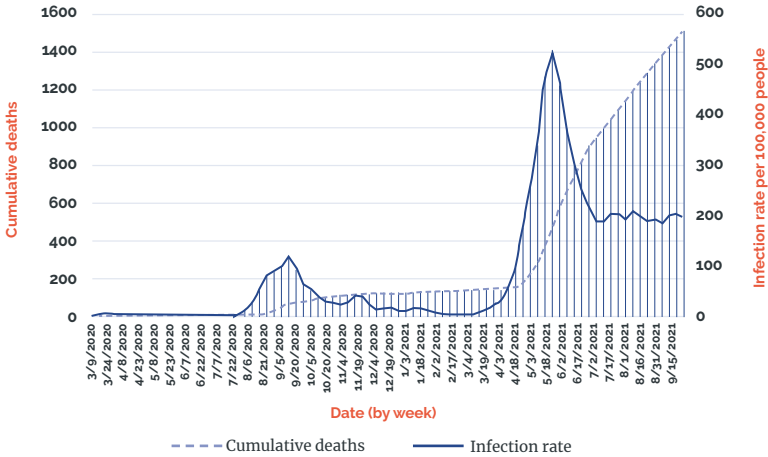


**Source:** prepared by the author based on information from ECDC, 2021.

**Note:** data corresponding to the period from March 9, 2020 to September 27, 2021

Additionally, Graph 5 shows the cumulative deaths from COVID-19 and the rate of infection per 100,000 inhabitants. In the period shown, deaths amount to 1,508 until September 2021. At the same time, the graph shows the infection rate per 100,000 inhabitants, with peaks showing approximately 527 infected per 100,000 inhabitants. When comparing both lines, it is clear that at the second peak, Trinidad and Tobago experienced a high increase in the mortality rate along with the rate of infection: 74% of deaths occurred at the second peak when the infection rate increased to 527 per 100,000 population.

**Graph 5. Cumulative deaths and infection rate**



**Source:** prepared by the author based on information from ECDC, 2021  
**Note:** data corresponding to the period from March 9, 2020, to September 27, 2021

Finally, the death rate from COVID-19 allows visualizing the percentage deaths in the infected population. Even though this measurement does not include exogenous factors, such as the population’s health or the resources available to provide care for the sick, it provides the probability of death for infected people.<sup>3</sup> The mortality rate for COVID-19 in Trinidad and Tobago is 2.9%, close to the global average of 2.1% and lower compared to other countries, such as Mexico (7.5%), Ecuador (6.4%), and Peru (9.1%) (Johns Hopkins University, 2021).

<sup>3</sup> Let “M” be the mortality rate, “d” the number of deaths and “C” the number of infections from age “i” to the maximum observed value “L”. The superscript “c” refers to population infected by COVID-19. The mortality rate of the infected population is as follows:

$$M^c = \left( \frac{\sum_i^L d_i}{\sum_i^L c_i} \right) \cdot 100$$





### 3. RESPONSE OF THE SOCIAL SECURITY SYSTEM

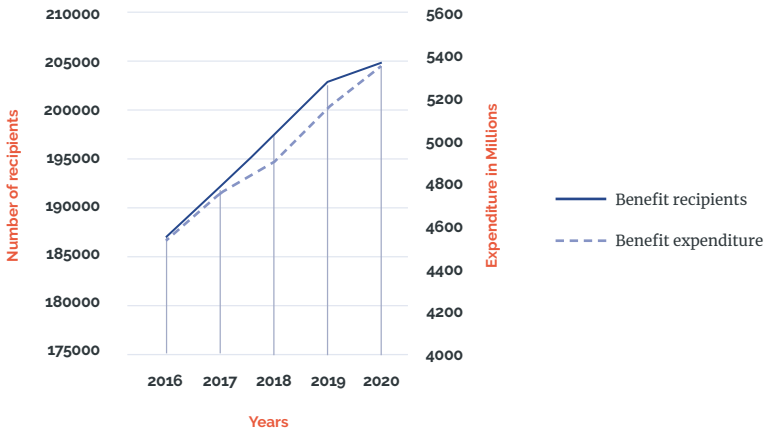
This section reviews the response of the social security system to the COVID-19 pandemic, with a particular focus on the nine social security branches. Legal coverage in social security is described based on information from the International Social Security Association (ISSA). For the analysis of effective coverage, we use the latest NIBTT report; specifically, the Annual Report 2018-2019 and 2019-2020. Additionally, we use information retrieved from the NIBTT through a letter dated August 24, 2021, kindly provided by the Policy, Planning and Actuarial Services. The section also includes information from the MSDFS, through the "P&SD 3/3/12 Vol. 1" letter dated on August 6, 2021. Information from the MSDFS is presented during the description of the branches. Also, Annex 1 contains all the data collected by the MSDFS regarding the response to the COVID-19 pandemic.

The social security system in Trinidad and Tobago includes various institutions. Contributory benefits are led by the NIBTT which oversees 23 benefits in 7 categories, and by the Ministry of Finance, responsible of overseeing the National Insurance System as a whole. Benefits include coverage for old-age, survivors, occupational accidents, sickness, and maternity, among others. On the other hand, MSDFS also provides coverage of various non-contributory benefits, such as unemployment, old age, invalidity, and family benefits. Finally, the health care benefits are led by the Ministry of Health.

Although the NIBTT has not been the leading institution during the COVID-19 pandemic in Trinidad and Tobago, it managed the Salary Relief Grant from the Ministry of Finance. The NIBTT implemented measures to comply with the social distancing requirements, in order to continue offering Short Term Benefits (Sickness Benefit, Materni-

ty Benefit, Special Maternity Benefit and Funeral Grant), Long Term Benefits (Retirement Pension, Retirement Grant, Survivor' Benefit and Invalidity Benefit), and Employment Injury Benefits (Disablement Pension, Disablement Grant, Death, Medical Expenses and Injury Allowance). As we can see in Graph 6, both the number of beneficiaries of social programs, and social spending, have increased in recent years. This is clear when comparing the 2016 expenditure, which was TTD 4,513,240,000 (USD 676,986,000) which represents 2% GDP, and reached 186,839 beneficiaries, while in 2020 it was TTD 5,494,171,131 (USD 824,125,669.65) almost 3% GDP, reaching 204,613 people. A total of 17,774 new beneficiaries, which means 1% of total population.

**Graph 6. Recipients and Expenditure of Trinidad and Tobago National Insurance Benefits (2016-2020)**



**Source:** prepared by the author based on information retrieved from the NIBTT, 2021 (letter dated August 24, 2021, from the Policy, Planning and Actuarial Services).

The MSDFS provides four major grants/pension schemes: Unemployment (Public Assistance Grant), Old age (Senior Citizens Pension), Family (Food Support Grant), and Invalidity (Disability Assistance Grant, Disability Assistant Grant for Minors). In this regard, availability of the budget is crucial to ensure these benefits for the population, especially during the pandemic. Table 2 shows the public spending budget allocated to MSDFS for the fiscal years 2020 and 2021. It is observed that the economic contraction also has had a negative impact on public spending, with a huge decrease in the budget for social development

**Table 2. Social development budget**

Year	Budget of Ministry of Social Development and Family Services
Fiscal 2020	TTD 5,494,171,131 (USD 824,125,669.65) equivalent to 3% of GDP
Fiscal 2021	TTD 4,963,845,000 (USD 774,576,750) equivalent to 2.8% of GDP

**Source:** prepared by the author based on information retrieved from the MSDFS (P&SD 3/3/12 Vol 1 letter dated on August 6, 2021)

The budgeted outflow for social development in 2021 had a negative impact. It had a contraction of almost 7% compared to 2020. It is important to note that the figures presented reflect the budgeted fiscal year for 2021, a figure that can be modified at the end of 2021 when the expenditure executed is calculated, resulting in a greater or smaller figure.

Finally, the health sector is another vital component regarding the response to COVID-19 pandemic. The information in this section was provided by the Ministry of Health, which manages the health system

and the Regional Health Authorities (RHAs). These authorities are autonomous and manage health centers in their respective geographical areas: the Eastern Regional Health Authority (ERHA), the North Central Regional Health Authority (NCRHA), the Northwest Regional Health Authority (NWRHA), the South-West Regional Health Authority (SWRHA), and the Tobago Regional Health Authority (TRHA). All together have over ten hospitals, around 80 health centers, and various centers, district facilities, and health-related complexes, among other facilities (Government of the Republic of Trinidad and Tobago, 2021).

The health system has perhaps played the most important role during the COVID-19 pandemic, and health expenditure is crucial to maintain that leading. The public expenditure of the Ministry of Health had a small decrease from TTD 4,755,450,505 (USD 713,317,575) in 2019 to TTD 4,721,297,036 (USD 708,194,555) (Table 3). (Report of the Auditor General, 2019 and 2020, pp. 19 and pp. 33).

**Table 3. Public expenditure of the Ministry of Health**

Year	Budget of Ministry of Health
Fiscal 2019	TTD 4,755,450,505 (USD 713,317,575) equivalent to 2.64% of GDP
Fiscal 2020	TTD 4,721,297,036 (USD 708,194,555) equivalent to 2.62% of GDP

**Source:** prepared by the author based on information from the Public Account of the General Auditor of Trinidad and Tobago (2019 and 2020).

Investment for improving medical facilities increased from TTD 206,318,700 (USD 30,947,805) in 2019 to TTD 236,775,266 (USD 35,516,290) in 2020. Expenses to acquire medical equipment remained practically unchanged from TTD 58,948,200 (USD 8,842,230) in 2019 to TTD 54,017,993 (USD 8,102,699) in 2020. Also, until June 2021, TTD

146,388,026 (USD 21,958,204) have been spent to improve medical facilities and TTD 49,107,266 (USD 7,366,090) to purchase medical equipment (Ministry of Planning and Development, 2019 and 2020, pp. 170 and pp. 177).

### 3.1 Health care

Health care is managed and provided by the Ministry of Health and the RHAS. Health care, universal for all residents in the country, consists of free medical services in public hospitals and health centers. Also, through the *Chronic disease assistance program*, people certified as ill can receive medicine or other pharmaceutical items free of charge (ISSA, 2019).

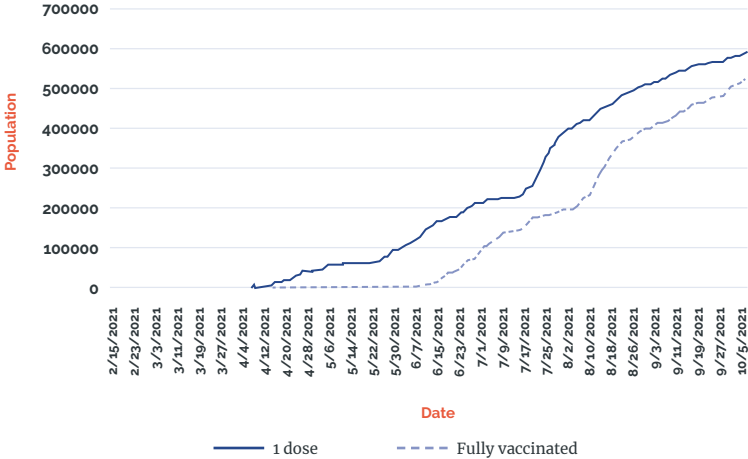
During the COVID-19 pandemic, several measures have been taken to contain the crisis, such as a pandemic communication campaign, hospital reconfiguration, and a vaccination strategy. The Ministry of Health has had an extensive campaign to communicate everything related to COVID-19 to the population; for instance, they created a dashboard to monitor the progress of the pandemic and published guidelines and regulations related to COVID-19, as well as information on symptoms and prevention, and a section for MythBusters, etc. (Ministry of Health, 2021).

Additionally, facilities in primary, secondary, and tertiary care hospitals were built to provide care for COVID-19 patients. Medical equipment was also purchased to provide biomedical care, such as ventilators, infusion pumps, and cardiac monitors. In addition, the number of beds in hospitals was increased, medical staff and nurses were hired, and protection equipment and tests for COVID-19 were purchased (Government of the Republic of Trinidad and Tobago, 2020, pp. 11-13).

The first 33,600 doses of vaccines arrived through the COVAX Facility, and by October 7, the first dose had already been applied to 376,226 people and the second to 186,690 (Ministry of Health, 2021). In order to better observe the behavior of vaccination in Trinidad and Tobago, Graph 7 shows how the number of people with at least one dose

has been growing since April 2021, reaching 588,038 people in October of 2021 (42.02% of the total population) (Our World in Data, 2021). The number of fully vaccinated people reaches 525,220 inhabitants (37.53% of the total population). It is important to mention that the number of people with at least one dose has been growing rapidly since June, while the percentage of people with the complete scheme seems to have stagnated during the last month.

**Graph 7. Vaccination in Trinidad and Tobago**



**Source:** prepared by the author with information from Our World Data, 2021

The vaccination strategy was designed to have three phases divided by risk level. Phase 1 treated groups with the highest risk: health-care workers, the elderly (60 years and over), persons with non-communicable diseases (NCDs) such as hypertension (high blood pressure) and diabetes (high blood sugar). Phase 2 includes frontline essential workers (i.e., teachers, national security personnel, sanitation workers). Phase 3 includes all other persons for whom vaccination is not contraindicated (Ministry of Health, 2021).

### 3.2 Old age

Various institutions manage benefits for the elderly (pensions, disability, survivors).

The Government covers the *Senior-age Social Pension* (Senior Citizens Pension, social assistance, income tested), intended for people aged 65 and over with income equal to or less than TTD 5,500 (USD 825) per month. From the first quarter of 2019 to the first quarter of 2021 MSDFS provided a total of 307,227 *Senior Citizen Pension*: 31.5% in 2019, 33.1% in 2020, and 35.4% in 2021. During the beginning of the COVID-19 pandemic all outstanding applicants of the Senior Citizens Pension were provided with interim relief for 3 months pending the finalization of their applicants. This measure applied to applicants that are already in the system being processed and awaiting home visit. The sum will be TTD 1,500 (USD 225) and as of June 2021, 2,818 persons benefited from it. (Information retrieved from the MSDFS).

Social insurance covers employees in the public and private sectors, including agricultural and domestic workers and paid apprentices (ISSA, 2019). The retirement pension is instrumentalized in two benefits. The first covers retired people between 60 and 65 years old with at least 750 weeks of contributions paid or credited (ISSA, 2019). It provides a minimum payment of TTD 3,000 (USD 450) to contributors. Pensions can be paid abroad through reciprocal agreements (ISSA, 2019). The second, the retirement grant, enables retirement for people with less than 750 weeks of contributions paid or credited. A global sum of three times the total contributions of the employee and the employer is paid. The expenditure on *retirement grants* was TTD 200,502,683.80 (USD 30,075,402.57) for 5,334 beneficiaries (4% total population over 65 years) and TTD 201,429,147.03 (USD 30,214,372.05) for 4,680 (3.8% total population over 65 years)<sup>4</sup>, during the 2018-2019 and 2019-2020 periods, respectively (NIBTT, 2019 and 2020).

<sup>4</sup>Number of populations over 65 years old was retrieved from the Central Statistical Office.



### 3.3 Invalidity

The NIBTT and MSDFS are responsible for providing disability benefits through social insurance and social assistance

The first, the *disability pension* is granted to persons who are under the age of 60, who have a disability to work and comply with the following requirements: at least 150 weeks of contributions, including 50 in the three years prior to the onset of disability, 250 weeks of contributions in the seven years prior to the onset of disability or a total of 750 weeks before the onset of disability. The pension ceases when the insured person reaches the age of 60 and is replaced by the old-age pension of the social insurance and is also payable abroad with reciprocal agreements (ISSA, 2019).

According to the Annual report of NIBTT, during the 2018-2019 fiscal year TTD 76,700,595.93 (USD 11,505,089.39) were delivered to 3,763 beneficiaries through social insurance system, while in 2019-2020 TTD 76,580,838.33 (USD 11,487,125.75) were provided to 3,616 beneficiaries of *invalidity benefit*. Both benefits and beneficiaries decreased slightly (NIBTT, 2019 and 2020).

The second is the *disability social pension* (Disability Assistance Grant, social assistance, income-tested) which grants a monthly amount of TTD 2,000 (USD 300) for adults and TTD 1,500 (USD 225) for children. The disability must be certified by a doctor and the interested party must prove a monthly income that does not exceed TSD 1,000 (USD 150) (ISSA, 2019). For the first quarter of 2019 to the first quarter of 2021 the MSDFS provided a total of 70,495 *Disability Assistance Grants* through social assistance: 33% in 2019, 33% in 2020 and 34% in 2021. It should be noted that these numbers also include the *Disability Assistance Grant for Minors*. Additionally, during the pandemic recipients of these grants received an additional TTD 146.67 (USD 22) per month of an initial duration of 3 months. (Information retrieved from the MSDFS).

### 3.4 Survivors

These benefits include the Survivor pension and the social security Funeral grant, as well as the *social welfare funeral grant*, all of them are administrated by the NIBTT.

The survivor pension is granted to people with at least 50 weeks of contributions or that had been receiving an old-age or invalidity pension at the time of their death. In addition, widows or spouses with at least three years of cohabitation can receive this benefit. (ISSA, 2019).

In the case of orphans, they must be single, unmarried and under the age of 16, however, there are two exceptions. The first extends the age limit to 19 years, only if the person is a full-time student; the second has no age limit if the orphan is disabled. Orphans must have been conceived before the death of the insured person. It can be paid abroad under reciprocity agreements (ISSA, 2019).

Benefits are divided into the following pensions: the *Spouse's pension* is 60% of the social security old-age or disability pension that the deceased received or was entitled to receive. The minimum pension is TTD 589.27 (USD 88.39). If the spouse remarries, they are paid a global sum equivalent to 52 weeks of the deceased's pension. *The Orphan's pension* is 30% of the social security pension or disability that the deceased received or was entitled to receive to every descendent, and 60% for a single orphan. In the first case, the minimum monthly pension is TTD 500 (USD 75) and in the second, TTD 1,200 (USD 180). The *Dependent parent's pension* is 30% of the old-age or disability social security pension that the deceased received or was entitled to receive; in the case of two living parents, the pension is divided equally among them. The minimum monthly pension is TTD 500 (USD 75) for one beneficiary and TTD 300 (USD 45) for two (ISSA, 2019).

According to the Annual report of NIBTT, during the 2018-2019 fiscal year, the expenditure for survivors' benefits was TTD 415,688,562.62 (USD 62,353,284.39), reaching 45,859 beneficiaries, while in 2019-2020 it amounted to TTD 435,566,787.38 (USD 65,335,018.11), for 46,886 beneficiaries (NIBTT, 2019 and NIBTT, 2020).

The *Funeral grant* becomes valid if the death was due to an accident at work, if the person was receiving a benefit for an accident at work, or if they had at least 25 weeks of contributions. This benefit provides a global sum of TTD 7,000 (USD 1,050) to the person who took care of funeral expenses, which can be adjusted based on changes in costs, and can be paid abroad (ISSA, 2019). It should be noted that this benefit is also in the section of work accidents; however, they are different since they belong to different branches of social security.

According to the Annual Report of NIBTT, during the 2018-2019 fiscal year, the funeral grant was given to 7,935 beneficiaries for TTD 59,490,000.00 (USD 8,923,500.00). While, in 2019-2020 the sum amounted to TTD 61,635,000.00 (USD 9,245,250.00), reaching 8,232 beneficiaries (NIBTT, 2019 and NIBTT, 2020).

### 3.5 Sickness

The benefit is a cash sickness benefit administered by the NIBTT. This benefit is given to people who are 16 to 65 years old and have contributed a minimum of 10 weeks in the 13 weeks prior to the onset of their illness. They receive 60% of their average weekly income after a waiting period of 3 days for up to 52 weeks. This benefit is granted to public and private sector employees, including agricultural workers, domestic workers, and apprentices with pay, and does not apply to the self-employed. The cost of benefits is covered by the insured and the employer (ISSA, 2019).

During the 2018-2019 and the 2019-2020 fiscal year, 9,318 beneficiaries received TTD 49,415,597.82 (USD 7,412,339.67), and 7,749 beneficiaries in the category of sickness benefit received TTD 42,746,741.62 (USD 6,412,011.24) (NIBTT, 2019 and 2020).

### 3.6 Maternity

The National Insurance Board of Trinidad and Tobago manages the Maternity benefits. Other institutions also participate in additional tasks,

such as the Ministry of Labor and Small Enterprise Development, which provides general supervision for the employer-liability program.

The benefits are divided into those that are the responsibility of social security and those of the employer. Both types of benefits cover employees in the public and private sectors, including agricultural and domestic workers, and paid apprentices. Self-employed workers and employees of international organizations are excluded (ISSA, 2019).

There are two types of benefits in the social insurance framework: the *cash Maternity Benefit* and the *maternity grant*. In the first, the beneficiary receives 60% of the average monthly salary for up to 14 weeks. While the second pays a lump sum of TTD 3,500 (USD 525) for each live birth, applying for multiple births. The benefit is adjusted based on changes in maternity-related costs (ISSA, 2019).

According to the Annual report of NIBTT, during the 2018-2019 fiscal year TTD 117,501,549.92 (USD 17,625,232.49) were provided to 6,824 beneficiaries of maternity benefits. In contrast, in the 2019-2020 fiscal year TTD 96,748,177.23 (USD 14,512,226.58) were provided to 5,709 receivers; this represents a very small decrease in benefit and beneficiaries. Likewise, a total of TTD 4,007,902.00 (USD 601,185.30) was provided to 1,037 beneficiaries of special maternity benefit and TTD 2,857,500.00 (USD 428,625.00) to 754 receivers, during the 2018-2019 and the 2019-2020 periods, respectively (NIBTT, 2019 and 2020).

The framework for the maternity benefits provided by the employer establishes that the employee is paid 100% of their monthly income for one month and 50% of their income for two months (ISSA, 2019).

### 3.7 Accidents at work and occupational diseases

The NIBTT manages occupational accident benefits, aided by the Judiciary of the Republic of Trinidad and Tobago, which resolves occupational injury claims under the employer's liability system.

Two different programs provide these benefits: social insurance and the employer responsibility system. The benefits are divided into two categories, temporary and permanent. *Temporary disability*

*benefits* consist of 66.6% of the insured person's average weekly income, paid for up to 52 weeks. There is no waiting period and for the disease to be considered a disability, it must last at least three days (ISSA, 2019).

In the latter, the *Permanent disability pension*, a doctor evaluates the degree of disability, and if it is at least 20%, a percentage of the temporary disability benefit is paid. There is no minimum pension, and it is paid after the temporary disability benefit ceases (ISSA, 2019).

A grant for people with at least 20% of disability is paid through a lump sum calculated according to the worker's weekly income. If the degree of disability is 3% or less, a proportional amount is paid. This allowance is paid after the temporary disability benefit ceases and can be paid abroad (ISSA, 2019).

Another benefit is *medical care*, which includes medical expenses, doctors' and specialists' fees, hospital expenses, medications, operations, physical therapy, appliances, and transportation costs. Medical costs are reimbursed, up to TTD 28,000 (USD 4,200) for each injury (ISSA, 2019).

In case the insured person dies, there is a *funeral grant*. It becomes valid if the death was due to an accident at work, or if the person was receiving a benefit for an accident at work or had at least 25 weeks of contributions. This benefit provides a lump sum of TTD 7,500 (USD 1,125) to the person who took care of funeral expenses, which can be adjusted based on changes in costs, and can be paid abroad (ISSA, 2019).

According to the Annual report of NIBTT, during the 2018-2019 fiscal year 4,985 beneficiaries received employment injury benefits for TTD 79,039,442.75 (USD 11,855,916.41), while in the 2019-2020 fiscal year 4,759 people received TTD 79,683,545.37 (USD 11,952,531.81). This is a tiny increase in benefits but not in the number of beneficiaries (NIBTT, 2019 and 2020). Table 4 shows information disaggregated by benefit for both fiscal years. It is observed that the most representative benefits are the disablement pension, the injury allowance, and the death benefits.

**Table 4. Beneficiaries for accidents at work and occupational diseases**

Benefits	2018–2019		2019–2020	
	Beneficiaries	%	Beneficiaries	%
Disablement pension	3,155	63	3,159	66
Disablement grant	64	2	48	1
Death	439	9	434	9
Medical expenses	58	1	39	1
Injury allowance	1,269	25	1,079	23
Total	4,985	100	4,759	100

**Source:** prepared by the author based on information from the Annual report of NIBTT 2019 and 2020.

### 3.8 Unemployment

The social security system does not provide any unemployment benefits. However, under the Redundancy and Reduction Benefits Act of 1985, employees are entitled to payment of severance pay.

Employees who are paid weekly are entitled to two weeks of income for each of the first four years of employment, plus three weeks of income for each additional year of employment. While employees who are paid monthly receive 50% of their monthly income for each of the first four years of employment, plus 75% of their monthly income for each additional year of employment (ISSA, 2019).

Additionally, the Government provided for three months the following grants: TTD 1,500 (USD 225) per month through the MSDFS to

people who lost their jobs or suffered reduced income. 48,887 persons were paid in June 2021. MSDFS expanded its Rental Assistance Program for households where a wage earner was retrenched or terminated. The value of this assistance was TTD 2,500 (USD 375) per month for three months initially and up to six months. If this rental support was required beyond the six months, it would be reduced to TTD 1,500 (USD 225) for any additional month required. As of June 2021, 4,322 persons benefited from this program (Information retrieved from the MSDFS).

### 3.9 Family and household benefits

The MSDFS administers Family and household benefits. Various benefits are provided to citizens and residents through the social assistance system. Verification is required to acquire them.

In order to support low-income families, public assistance is provided for adults that do not earn an income due to health problems or disability; for children with deceased, hospitalized, incarcerated, or missing parents; and for low-income single parents caring for children with severe disabilities. There is also a set of assistance grants to protect the families' income: the funeral grant, clothing grant, dietary grant, education grant for children in secondary education, and the school supplies grant for students in elementary school and high school (ISSA,2019).

Other benefits include the *Rental assistance* grant that provides cash directly to the owner for three months or in some cases for a year; the Medical equipment grant that provides a global sum of money to buy wheelchairs, glasses, hearing aids, among others. The Pharmaceutical grant paid once a year to purchase three months of prescribed medicine when not covered by other programs (ISSA,2019).

The *Household item grant* provides a sum of money that also includes victims of disaster; however, it can only be requested once in a three-year period. Another benefit is a *Home help grant* for paying the caregiver per month for up to 6 months. The *Special child grant* is paid to parents of children up to the age of 18 with a physical or mental

disability who do not receive public assistance. It is provided for each child up to four in a household. The *Free bus pass*, for social assistance beneficiaries and retirees over 65 years of age (ISSA,2019).

The MSDFS developed a set of measures to address the financial challenges of the population due to the COVID-19 pandemic. For instance, for an initial period of three months, households already receiving Food Support (Top-Up) received an additional amount of TTD 150 (USD 22) for households up to three persons; TTD 300 (USD 45) for households with four to five persons; and TTD 450 (USD 67.5) for households with six and more persons (Information retrieved from the MSDFS).

Additionally, income support was provided to existing recipients of the *Public Assistant Grant* (PAG) for an initial duration of three months. One person families receive TTD 150 (USD 22.5); TTD 300 (USD 45) for families receiving the grant for two persons; TTD 450 (USD 67.5) for families receiving the grant for three persons; and TTD 500 (USD 75) for families receiving the grant for four or more persons. Another income support was provided to existing recipients of the *Disability Assistance Grant*. As of June 2021, 24,627 persons have been benefitted (Information retrieved from the MSDFS).

The MSDFS also developed an entire set of responses to the COVID-19 pandemic. Fiscal measures such as the *Temporary Income to New Beneficiaries*; the *Rental Assistance Grant*; the *Food Support Program*; the *Temporary Income Support to Persons with a Disability* whose applications are outstanding; the *Additional income support* to existing beneficiaries – *Public Assistance Grant*; the *Temporary Income Support to Older Persons* whose applications were outstanding. The Ministry implemented policies such as Senior Citizens; National Policy on Ageing; Call Centers; Care Program for Street Dwellers; Counselling and Psychosocial Support; Creation of the National Register of Vulnerable Persons (NRVP) (See Annex 1).





## 4. OTHER MEASURES

This section describes measures taken by the Government that do not fit within the nine branches of social security but were implemented to protect the income of the population.

In the economic field, the legal reserve required for commercial banks was reduced to increase liquidity in the country. Commercial banks also lowered their interest rates to promote access to credit. At the same time, the refund of the outstanding Value Added Tax (VAT) to consumers and entrepreneurs was accelerated, and government lines of credit at preferential rates for individuals and small businesses were implemented (Government of the Republic of Trinidad and Tobago, 2021, pp. 11-13).

According to the Ministry of Finance, 5,010 companies and 25,095 individuals have received early repayment of their outstanding VAT. About 200 companies have received loans at preferential or zero rates and about 5,000 microenterprises have received subsidies. Also, support was provided to different economic sectors, for example around 527 projects have been initiated in the construction sector to inject TTD 3,142.8 million (USD 471.42 million) into the economy, the procedures for private projects in the construction sector exceeding TTD 588.66 million (USD 88.3 million) were accelerated, and the VAT of technological products was eliminated until December 2021. In addition, special economic zone projects were implemented and completed, among other actions (Colm Imbert, 2020, pp. 51).

Various international agencies financially supported measures to deal with the pandemic. For instance, the World Bank PROVIDED TTD 133.33 million (USD 20 million); the Inter-American Development Bank TTD 866.66 million (USD 130 million); the Latin American Development

Bank TTD 1,000 million (USD 150 million); and the International Financial Market TTD 1,666.66 million (USD 250 million) (Government of the Republic of Trinidad and Tobago, 2021, pp. 8). The sum of all international financing represents approximately 0.002% of Trinidad and Tobago's GDP in 2019.

Conclusively, the Government, the civil society, the academia, the private initiative, and the labor sector created a committee to develop a *Roadmap to recovery*. This committee defined three priorities: a) Minimizing the negative impact of COVID-19, b) economic reopening, and c) laying the foundation for the recovery of a sustainable economy. Under these priorities, the committee proposed strategies to expand social spending to protect the most vulnerable groups, creating economic stimuli that allow economic recovery in strategic sectors, maintaining or creating new jobs and recovering the demand for services lost due to the pandemic.





## CONCLUSIONS

The main objective of this report was to describe the measures of the Government of Trinidad and Tobago to deal with the COVID-19 pandemic, particularly to understand how the social security system responded to such a situation.

The conclusions have two aspects: on the one hand, those that account for the limitations in the preparation of this report, and on the other, those related to the research content.

### *Gaps and limitations of the research*

The analysis of the social security system's response to protect people's income was partially glimpsed. It was not possible to present the measures taken in the face of the pandemic for each social security branch provided in the country. This can be due to two reasons. First, public information is not disaggregated by branch of social security, but by benefits to protect income. Secondly, no specific programs or strategies were created for various branches of social security. This does not mean that the Government of Trinidad and Tobago did not attend to their population to protect them from income reduction due to the COVID-19 pandemic.

### *Trinidad and Tobago response to COVID-19*

Trinidad and Tobago presents a particular set of conditions compared to other countries in the region. First, it has a high proportion of elderly people, as well as people living in inequality. In contrast, the country has universal access to health care, organized in autonomous regions. Another factor to consider is that Trinidad and Tobago has a higher

proportional spending on health than other countries in the continent. These conditions probably allowed Trinidad and Tobago to outline rapidly measures and actions to face the pandemic.

The progress of the pandemic continues to be kept under control. The pandemic has had two peaks and has just recently started to come out from the last one. In the beginning, Trinidad and Tobago controlled the spread; they had a low case count even during their first peak. Unfortunately, 70% of the infections that occurred in the country to date happened during the second wave, which took place in the second half of 2021; therefore, it is urgent to accelerate the vaccination campaign to avoid the third wave.

The health sector was reconfigured. There was an increase in the budget to strengthen hospitals, and for the construction of specialized areas for first and second-level care. The number of beds, equipment, and medical personnel was also increased. At the same time, the health sector developed an information campaign on COVID-19 to prevent the spreading. The vaccination strategy has recently begun, prioritizing people at higher risk, like the elderly.

Social benefits, especially family benefits, were expanded. Although no information was found regarding how they addressed each of the social security branches, there was information related to family and unemployment benefits. The MSDFs provided benefits for food, rent and public assistance; support was also given to people who suffered income losses due to unemployment. It should be noted that the latter is not exactly a benefit of the social security system *per se*, but a right subscribed to in the country's labor regulations. Many people suffered unemployment.

The COVID-19 pandemic is not over yet. Due to the new strains, the third waves suffered by some countries and the slow vaccination process, the reopening of Trinidad and Tobago must be gradual and orderly. In this sense, a year after the pandemic, it is still too early to make conclusions; however, it is not too early to document the response and the lessons learned in the country, especially from a social security approach.







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# ANNEX. MEASURES TAKEN BY THE MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES DURING THE COVID-19 PANDEMIC

## 1.1 Fiscal measures

### A. Temporary Income to New Beneficiaries

The MSDFS implemented the Income Support Grant (ISG) in the amount of TTD1,500.00 (USD 225)<sup>5</sup> per month per family, where a family member was retrenched/terminated or experienced reduced income. This grant was paid for a period not exceeding three (3) months. As at June 2021, 48,887 persons were paid.

To mitigate the financial challenges experienced by persons as a result of the most recently introduced COVID-19 prevention measures, the MSDFS opened applications for Phase II of the ISG. In this phase, the value of the grant will be up to a maximum of TTD 1,500 (USD 225) for the months of May and June, 2021. Once eligible, persons who lost their income with effect from May 1, 2021 will receive TTD 1,500 (USD 225) Persons who lost their income with effect from May 8, 2021 will receive TTD 1,000 (USD 150).

### B. Rental Assistance Grant

Ministry of Social Development and Family Services expanded its Rental Assistance Programme for households where a wage earner was retrenched/terminated or where the household income was re-

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<sup>5</sup>An exchange rate of USD 0.15 per TTD was used.



duced due to a cut in salary. The value of the assistance is TTD 2,500 (USD 375) per month for 3 months initially and up to 6 months. If this support is required beyond the six months, the rental assistance grant will be reduced to TTD1,500 (USD 225) and then a further reduction to TTD 1,000.00 (USD 150) for any additional months required. The total period of rental assistance must not exceed twelve (12) months. As of June 2021, 4,322 persons were paid.

### C. Food Support Programme

In addition to the food support measures outline on page 14 of the subject report, the MSDFs implemented the following:

- i. **Temporary Food Support to New Beneficiaries** – in considering the stay-at-home measures and closure of businesses, it is anticipated that many employed persons may be impacted by being retrenched or terminated from their job or may experience reduced earnings or loss of income. The Ministry provides temporary Food Support to households in the case of persons who were retrenched/terminated/income reduced. This measure also applies to persons who are self-employed. Food Support in the sum of TTD 510 (USD 75). per month for a period of three months is being provided. Where there are children under 18 years, the grant will be extended for a further period not exceeding three months. The number of applications for the Food Support grant was 49,433 totalling TTD 75,632,490.00 (USD 11,344,873).<sup>6</sup> Each card was valued at TTD 510 (USD 75) per month for a three-month period.
- ii. **Temporary Food Support to Existing School Feeding Beneficiaries** – a Temporary Food Card Grant was administered by the MSDFs but financed by the Ministry of Finance. The MSDFs

<sup>6</sup> Revised estimate as provided in draft estimate of expenditure for fiscal 2021.

issued temporary Food Cards to the Members of Parliament for distribution to their constituents who had children registered in the National School Feeding Programme. As at June 2021, 20,497 Temporary Food Cards were issued to forty-one (41) Members of Parliament. Each card was valued at TTD 510 (USD 75) per month.

- iii. **Emergency Food Support to New Beneficiaries** – food hampers were provided to households that were not in receipt of any of the Government’s social welfare grants and persons without any form of income, by the Disaster Management Units of the Regional Corporations of the Ministry of Rural Development and Local Government. One Hundred Emergency Food Support Hampers were delivered to each of the 14 Municipalities for distribution. As at June 2021, 1,400 hampers were distributed.
  
- iv. **Emergency Food Support to New Beneficiaries (Food Vouchers and local food baskets)** – this initiative was launched in May 2020 by the MSDFs in collaboration with the Ministry of Agriculture, Land and Fisheries to provide emergency food support to families in direct need during the stay-at-home period who were unable to access social support grants, as well as those households with children under the School Feeding Programme that were unable to access food cards. Recipients received a TTD 250.00 (USD 37.5) supermarket voucher. Additionally, food baskets sourced from local farmers were supplied by the National Agricultural Marketing and Development Corporation. As at June 2021, 24,999 households benefitted from this distribution.
  
- v. **Food Support for vulnerable persons through Faith Based Organisations** – Faith Based Organisations (FBOs) in Trinidad and Tobago began to receive funding from the Government on May 01, 2020, to provide food to vulnerable individuals and fami-

lies within various communities in the country over a 3 month period. The sum of TTD 30,000,000 (USD 4,500,000) was approved for the implementation of this initiative. Both nationals and non-nationals benefitted from this measure.

#### **D. Temporary Income Support to Persons with a Disability whose applications are outstanding**

In addition to the information provided in the subject report concerning the Disability Assistance Grant (DAG), it should be noted that all applicants of the DAG were provided with interim relief for 3 months pending the finalisation of their applications. This measure applied to applications that are already in the system being processed and awaiting home visits. The sum of relief is TTD 1,000.00 (USD 150) and became eligible from mid-April 2020. As of June 2021, 488 persons benefitted from this measure.

#### **E. Additional income support to existing beneficiaries – Public Assistance Grant**

The Public Assistance Grant (PAG) provides financial aid to persons who cannot support themselves or earn a living because of ill health. It is also granted on behalf of necessitous children where the father or both parents is/are dead, incarcerated, disabled from earning or has/have deserted the family and cannot be found. Effective January 01, 2019 the monthly payment schedule of the grant is as follows:

Household Size	Grant Amount TT
1	TTD 1,300.00 (USD 195)
2	TTD 1,550.00 (USD 232.5)
3	TTD 1,750.00 (USD 262.5)
4 and more	TTD 1,900.00 (USD 285)

During the pandemic, additional Income Support was provided to existing recipients of the PAG for an initial duration of three (3) months as follows:

- TTD 150 (USD 22.5) where the Public Assistance Grant is paid to one (1) person;
- TTD 300 (USD 45) for families receiving the grant for two persons;
- TTD 450 (USD 67.5) for families receiving the grant for three persons;
- TTD 500 (USD 75) for families receiving the grant for four or more persons.

### F. Temporary Income Support to Older Persons whose applications were outstanding

All outstanding applicants of the Senior Citizens Pension (SCP) were provided with interim relief for 3 months pending the finalisation of their applications. This measure applied to applications that are already in the system being processed and awaiting home visits. The sum of relief will be TTD 1,500.00 (USD 225) and will be eligible from mid-April 2020. As at June 2021, 2,818 persons benefitted from this measure.

### G. Other National Fiscal Measures

- i. **Supplemental Funding** – during fiscal 2019/2020, it was necessary to have a Supplementation of Appropriation of resources to fund urgent and critical initiatives related to COVID-19. The source of these additional funds was the Consolidated Fund. Supplementations totalling TTD 1,415,188,285 (USD 212,278,242) specifically related to COVID-19 were granted to the 5 Heads of Expenditure. This represented 52.7% of the total supplementation to the appropriation for fiscal year 2020 of TTD 2,686,000,800 (USD 402,900120).<sup>7</sup>

<sup>7</sup> *The COVID-19 Pandemic and the National Budget. Trinidad and Tobago Parliament.* <http://www.ttparliament.org/documents/2987.pdf> (Page 33)

In May 2020, it was announced that the Government of Trinidad and Tobago's projected COVID-19 relief spending would reach TTD 6 billion (USD 0.9 billion) by September 30, 2020. This represents 3.8% of Trinidad and Tobago GDP. By mid-June 2020, relief expenditure had crossed TTD 3 billion (USD 0.45 billion). As at October 5, 2020, COVID-19 relief expenditure has reached TTD 4 billion (USD 0.6 billion).<sup>8</sup>

- ii. **Cultural Relief Grant** – the Cultural Relief Grant was approved by Cabinet on July 2, 2020 as one of a suite of relief measures for persons in the creative industry. The grant was a one-off payment of Five Thousand Dollars TTD 5,000 (USD 750) in financial assistance for artistes and creatives who lost income between March-December 2020, as a result of the necessary measures implemented due to the COVID-19 pandemic. This Grant was administered, by the Ministry of Community Development Culture and the Arts and targeted Creatives and Artistes who are citizens of Trinidad and Tobago and who have not received any other COVID-19 relief. More specifically, Creatives and Artistes who fell within the genres of Music, Visual Arts, Literary Arts, Dance, Theatre Arts, Film, Craft and Fine Art would have been eligible to apply for this Grant.
- iii. **Entrepreneurial Relief Grant** – as part of its national COVID-19 relief programme, the Government of Trinidad and Tobago implemented an Entrepreneurial Relief Grant to provide financial assistance to Micro and Small Enterprises (MSEs) that have been negatively impacted by the COVID-19 pandemic. The MSEs that earn less than TTD 1,000,000 (USD 150,000) in annual revenues are eligible for financial help through the Entrepreneurial Relief Grant Programme. The MSEs can access up to TTD 20,000 (USD 3,000) in grant funding to help cover business- related expenses-

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<sup>8</sup> *The COVID-19 Pandemic and the National Budget. Trinidad and Tobago Parliament.* <http://www.ttparliament.org/documents/2987.pdf> (Page 26)

es such as salaries, rent, stock and other working capital. This Grant is being administered by National Entrepreneurship Development Company Limited (NEDCO).

## 1.2 Policy measures

### H. Senior Citizens

The MSDFS continues its review of the SCP Legislation Act 15 of 1939. The goal of the review is to determine the sustainability of the non-contributory plans and the current gaps in the legislation in order to adequately address the needs of those who are to administer the legislation and those who are seeking support through it.

The MSDFS, in an effort to protect the elderly who are considered the most vulnerable to the effects of the COVID 19 pandemic, has also established a list of recommendations and operational measures to be implemented at Homes for the Aged. The Ministry has also instituted measures to limit exposure of older persons who are required to visit their Local Boards to sign the Life Certificate Register, by removing this requirement until further notice.

### I. National Policy on Ageing

The MSDFS is currently in the process of reviewing the National Policy on Ageing for Trinidad and Tobago 2006. The updated policy will promote healthy ageing in a way that addresses the present and projected needs of older persons in Trinidad and Tobago. The objectives of the policy will be executed through a National Plan of Action on Ageing for Trinidad and Tobago.

## **J. Call Centres**

As an emergency response to the pandemic, the MSDFS provided call centre services to the general public for the following: 1) General Queries related to the Social Support Assistance Grants including Income Support, Food Support and Rental Assistance; 2) Emergency Food Support; and as 3) Psychosocial Support and Counselling – established with officers of the National Family Services Division of the Ministry. These Call Centres were operated daily from 8:00 am to 4:00 pm, Monday to Friday. At the beginning of May 2020, this service was extended beyond working hours and also offered on weekends. On average, during peak operation, more than 2000 calls are received per week.

## **K. Care Programme for Street Dwellers**

The MSDFS, in collaboration with the Port-of-Spain City Corporation and the Trinidad and Tobago Defence Force, established a special centre for care and support of homeless persons. The shelter is operated by the Society of the St. Vincent De Paul, a Non- Governmental Organisation, on behalf of the Ministry. This facility provided beneficiaries with cots to sleep on, bathroom facilities, a dining/recreation facility and three meals daily. The facility's capacity is 60 persons and it accommodates persons according to physical distancing stipulations and guidelines.

## **L. Counselling and Psychosocial Support**

Counselling and psychosocial support services were also provided for victims of domestic violence and any other form of abuse which may have been on the increase, given the 'stay at home' measures taken to flatten the curve against COVID-19. The MSDFS also collaborated with various stakeholders to provide crisis intervention and referral services where necessary. Issues related to child abuse were being addressed

by the Children's Authority of Trinidad and Tobago, while Lifeline or the Rape Crisis Society were providing additional support in cases of abuse and similar issues. The Ministry also collaborated with appropriate agencies and civil society organisations to make necessary arrangements to direct victims and their families to places of shelter and safety.

### **M. Creation of the National Register of Vulnerable Persons (NRVP)**

Emerging out of the Government's "*Roadmap for Trinidad and Tobago: Transforming to a New Economy and New Society*", post-covid-19, is a recommendation for the creation of the National Register of Vulnerable Persons (NRVP). The Ministry of Social Development and Family Services (MSDFS), in collaboration with the United Nations Development Programme (UNDP), is leading a project to establish and operationalise a National Register of Vulnerable Persons (NRVP) for Trinidad and Tobago. The NRVP is intended to be a cutting-edge computerised database that will be used to collect, store, and process vital information on vulnerable people on a single platform. It would improve the coordination of activities within the social sector and enhance the overall efficiency of the social protection system in Trinidad and Tobago, as well as facilitate the rapid response to emergencies/shocks and adverse situations of vulnerable groups. The NRVP will also ensure that the government can easily identify citizens in need, the programmes and services available, the eligibility criteria and the type and level of intervention required, as well as track clients' graduation/exit from the system. In this regard, the Ministry has developed a preliminary conceptualisation brief to guide the creation of the said Register using a consultative approach. This approach will allow the Ministry to collaborate with key stakeholders to identify the key data components to be captured, stored, and managed in the Register.



## N. Other National Policy

The Government of Trinidad and Tobago established a Cabinet appointed Roadmap to Recovery Committee on April 16, 2020, to focus on three (3) immediate priorities:

1. address and mitigate the hardship inflicted by COVID-19;
2. restart the economy; and
3. lay the foundation for sustained economic recovery.

The said Committee prepared the following Roadmaps that can be used to supplement CISS' report further:

1. Roadmap for Trinidad and Tobago Post Covid-19 Pandemic.<sup>9</sup>
2. Roadmap for Trinidad and Tobago: Transforming to a New Economy and New Society.<sup>10</sup>

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<sup>9</sup> [https://www.planning.gov.tt/sites/default/files/Report%20of%20the%20Roadmap%20to%20Recovery%20Committee\\_1st\\_.pdf](https://www.planning.gov.tt/sites/default/files/Report%20of%20the%20Roadmap%20to%20Recovery%20Committee_1st_.pdf)

<sup>10</sup> <https://www.opm.gov.tt/wp-content/uploads/RoadMap-PHASE-2-REPORT-.pdf>





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