



PARLIAMENTARY STATEMENT

On the COVID-19 Pandemic

Delivered by The Most Honourable Andrew Holness, ON, MP

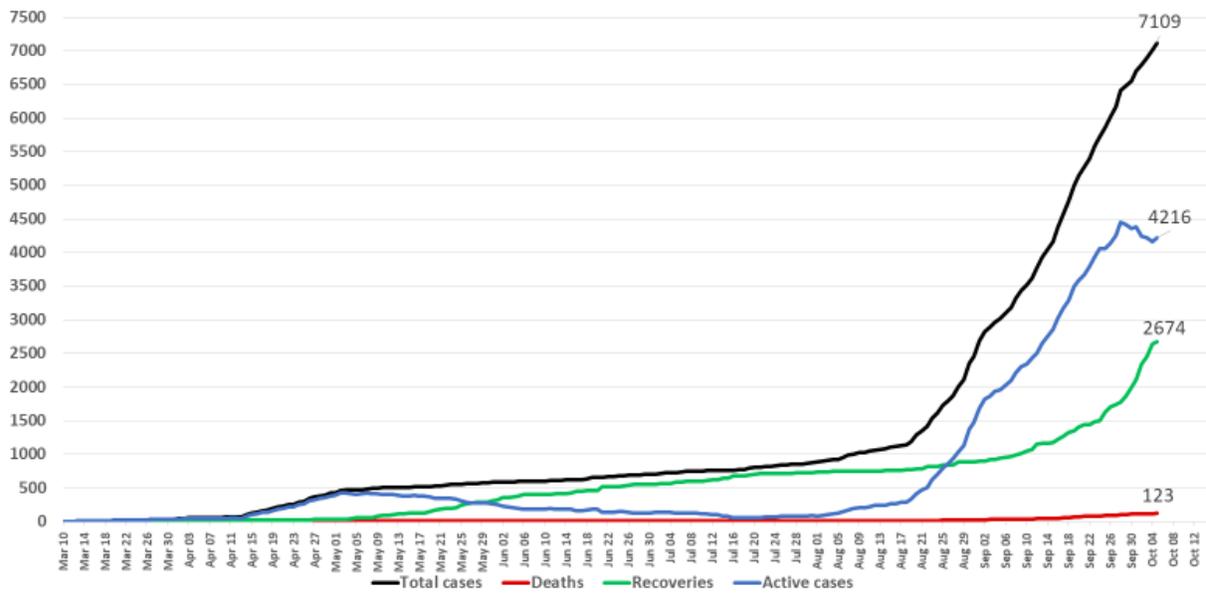
Prime Minister

Tuesday, October 6, 2020

Madam Speaker, let me begin with a situational analysis of the pandemic in Jamaica.

On the graph displayed, the solid black line which is now appearing shows the cumulative number of cases (7,109) as at yesterday, October 5, 2020.

Jamaica COVID-19 Trend



Unfortunately, since our first case, we have had one hundred and twenty three (123) deaths, as depicted by the red line. I pause here to offer my sincere condolences to the families and friends of the deceased. One life lost is one too many. The passing of our loved ones is further compounded by not being able to be with them when they are ailing or to mourn together at a funeral service makes it even more difficult. It affects us psychologically, emotionally and spiritually. In giving this overview; each number represents a life that has been affected and not merely a statistic. We project these graphs today with deep empathy as we continue to track the progression of the virus in an effort to emphasize the

importance of the infection control and prevention measures.

The green line that you are now seeing shows that we have had 2,674 persons who have recovered. Our recovery rate is now 37.6%.

The final line in this graph (which is the blue line) shows that we have 4,216 active cases; that is the number of persons who still have the virus.

As of yesterday, we had 140 persons hospitalized, with 39 being moderately ill and 12 critically ill. We also have 5 persons quarantined in a government facility and 22,385 persons quarantined at home.

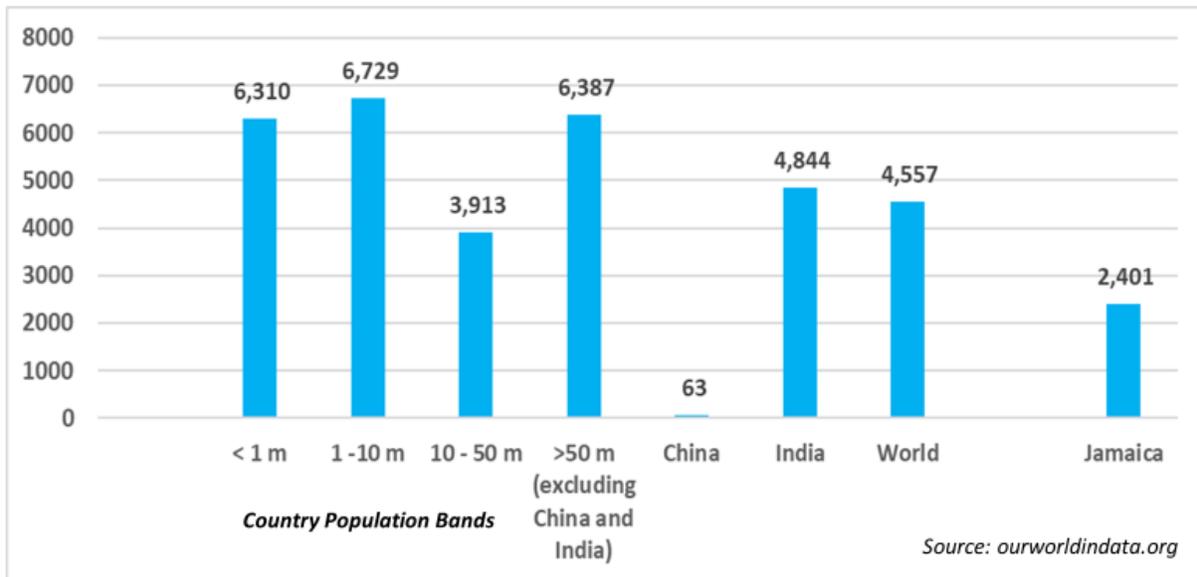
Madam Speaker, in order to best manage the pandemic we must track what is happening globally. Let us now examine how we have done relative to other countries. For purposes of this comparison, we have analysed the performance of all countries in different population bands –

- less than one million (such as Barbados, Bahamas, St. Lucia, Iceland)
- one to 10 million (such as Trinidad and Tobago, Costa Rica, Panama, Israel, New Zealand, Finland, Singapore, El Salvador)
- 10 to 50 million (such as Dominican Republic, Haiti, Guatemala, Cuba, Chile);
- over 50 million (such as South Korea, Kenya, Italy, United Kingdom, USA, Nigeria, Brazil).

We have separated China and India due to their disproportionate impact on the averages. The most relevant group to compare ourselves with, Madam Speaker, is of course the 1 – 10 million population group.

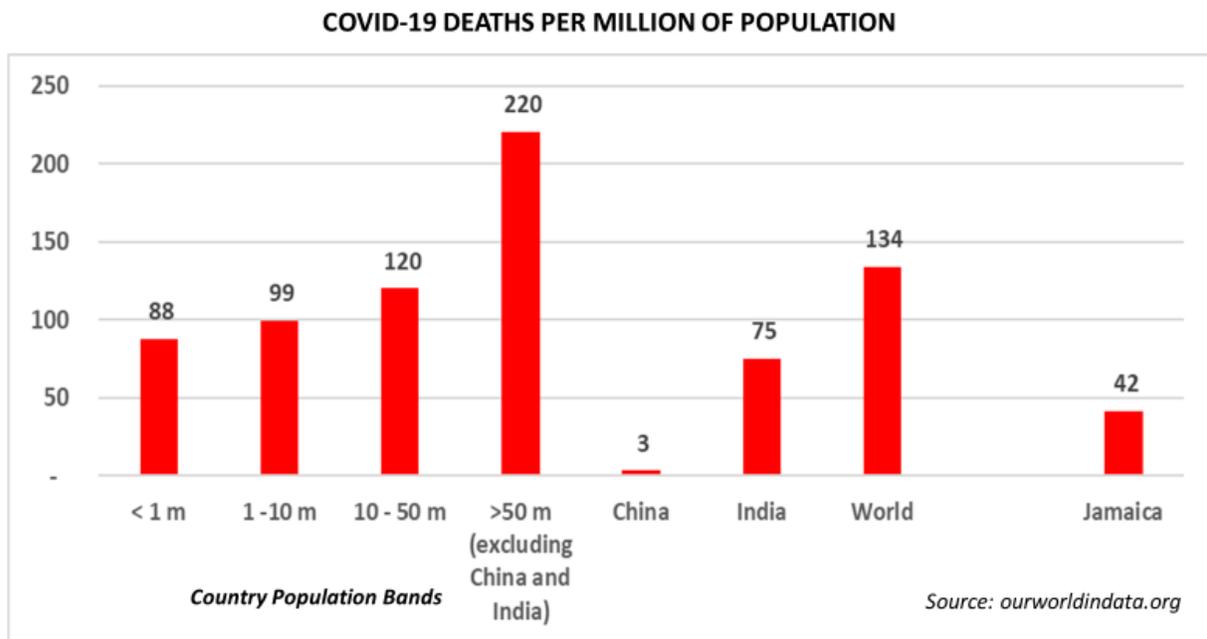
The graph now displayed shows how Jamaica compares in relation to total confirmed cases of COVID-19 per million of population.

COVID-19 CASES PER MILLION OF POPULATION



The average for most countries is over 6,000 cases per million and the world average is 4,557 cases per million. The average for countries with 1-10 million population is 6,729 per million. Jamaica is at 2,401 which is 64% below our peer group and 47% below the world average.

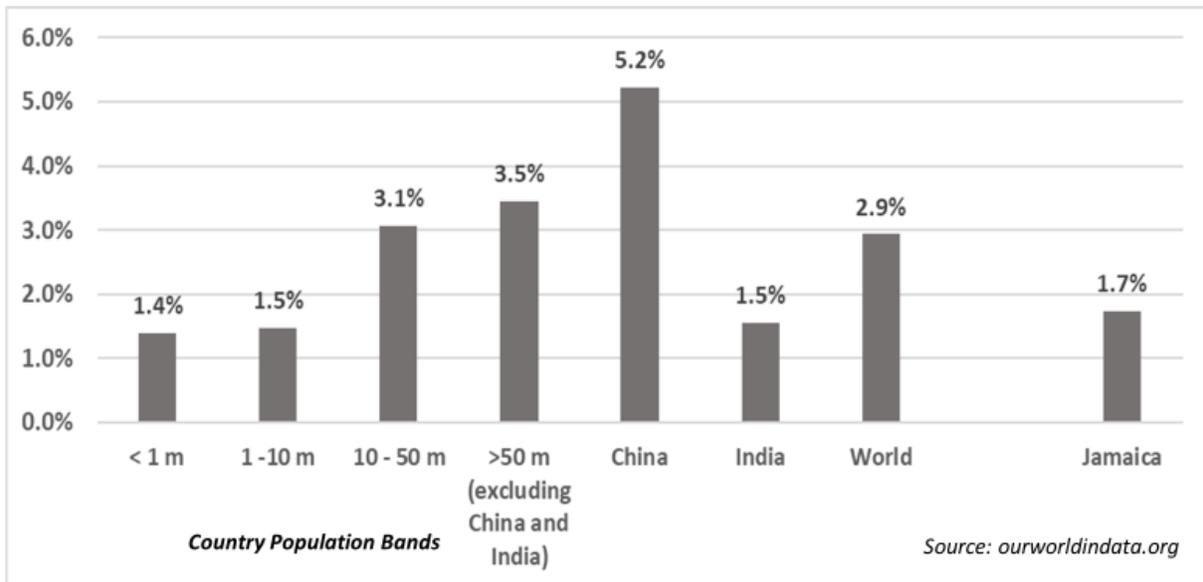
Madam Speaker, the graph now displayed shows a similar comparison of deaths from COVID-19. Again Madam Speaker, I emphasize that one life lost is one too many.



The average for countries with 1-10 million population is 99 per million and the world average is 134 per million. Jamaica is at 42 per million which is 58% below our peer group and 69% below the world average.

The next graph shows a comparison of our case fatality rate. That is, the percentage of confirmed cases that have resulted in death.

COVID-19 CASE FATALITY RATE



The average for countries with population size of 1-10 million is 1.5% while the world average is significantly higher at 2.9%. Jamaica at 1.7% is approximately in line with our peer group but significantly lower than the world average.

This evidence-based comparison shows that relative to many, if not most, countries, Jamaica has done well in its management of the pandemic. The main credit for this must go to our public health workers and front line responders. They have done an outstanding job in extremely difficult and trying circumstances. Credit should also be given to all well thinking Jamaicans who have abided by the protocols.

This comparative data analysis clearly dispels the false narratives that have been circulating about the management of the pandemic. Madam Speaker, such false narratives do a disservice to our country and creates a demoralizing mood and a sense of fear. While there is room for improvement, negativism and self-reproach does not serve us well as a nation. As I have said many times, our approach must never be driven by panic and mindless fear; it must be rooted in data and scientific evidence, proportionate and situationally appropriate.

Madam Speaker, it is important to understand that as a small open economy with:

- a very large diaspora (more than a million persons in North America alone);
- heavy dependence on tourism and travel which accounts for 34% of total economic output and 31% of employment,
- extensive trade integration into the global economy based on our strategic location;

we could not remain closed off from the world. As a result; it was virtually inevitable that we would at some point enter the community transmission phase.

According to the WHO's latest Situation Report, there are now over 100 countries in the community transmission phase. Through our containment and control measures, we managed to delay the onset of this phase by nearly six months since our first case. Our strategy was to delay it for as long as possible and in the meantime to build our health system capacity through increased hospital beds and equipment as well as personnel. This is exactly what we have done.

Now that we are in the community transmission phase, we must recalibrate and rebalance our approach to the management of the pandemic.

Our economy has already taken a significant hit from the pandemic and many businesses both large and small are doing their best to survive.

Just last week, STATIN released the second quarter GDP numbers showing a decline of 18.4 per cent compared to the second quarter of 2019. This resulted from declines in both the Services Industries (20.3%) and the Goods Producing Industries (12.7%). In the Services Industries, seven of the eight industries recorded declines with the most severe being Hotels & Restaurants which recorded a decline of 85.6%. This was largely due to the closure of our sea and air ports to incoming passengers between March 21, 2020 and June 15, 2020.

We are seeing some green shoots of recovery in the third quarter but, make no mistake, the economic damage has been severe.

Madam Speaker, quite apart from the economic damage, is the severe impact the pandemic is having on the emotional and psychological health of our people. Many of our citizens are suffering from “COVID fatigue”.

There is a psychosocial dimension to the pandemic. In the initial phases of the pandemic, there would have been a

higher level of cooperation and cohesion around the national response. As we transition to community transmission with higher numbers of confirmed cases and the prospects of more restrictive measures this can lead to stress and fatigue and fear can overcome hope.

The Government is sensitive to the mental health impact of the pandemic and Minister Tufton will address this in his presentation.

Our challenge as leaders, Madam Speaker, is to craft an approach to managing the pandemic that preserves the lives of our citizens while minimizing further damage to their livelihoods and their psychosocial health.

There are those who continue to propagate a narrative that a lockdown is the solution to eliminating the virus and keeping everyone safe. While a lockdown is a tool available to the Government in the management of the pandemic ,it is not practical and sustainable solution in Jamaica's context. A lockdown would entail closing our borders and tighter and stricter limits on movement and gathering within our borders.

This would decimate the economy and further exacerbate the psychosocial issues.

Instead, the strategy of the Government of Jamaica is to limit the spread of the virus and manage the risk while maintaining productive activities in a safe way through observing the protocols. In other ways, empowering our citizens to live with COVID-19. This means being far more health conscious, socially aware and working smarter and safer.

In this context of increased personal responsibility, increasing public knowledge and awareness to engender behaviour change becomes even more important.

The key elements of the Government's approach going forward are:

1. Greater public education – Increased information on why we have the protocols and how they work to protect persons. We need to reinforce the message that it is possible to go about your normal, productive everyday activities AND keep safe at the same time.

2. Greater enforcement of protocols under the Disaster Risk Management Act (DRMA) – It is clear with the experience of the last few months that greater enforcement of the protocols is needed to ensure compliance.

The language of the new Enforcement Measures Order under the Disaster Risk Management Act (Order No. 14) has been clarified to address concerns that have been widely discussed in certain segments of society about prosecution of those who fail to comply with the “protocols”. The language has been adjusted to make it abundantly clear that directions are being given under the Order and these directions are enforceable under section 52 of the Disaster Risk Management Act.

Further, work is underway to assess the feasibility of using a ticketing regime for offences under any Order made under section 26 of the Act. The work is being done by the Ministry of Local Government and Rural Development with support from the Ministry of Justice and the Ministry of National Security.

3. Increased availability of testing - The Ministry of Health and Wellness had announced that we are expanding our testing to include the use of antigen tests following WHO/PAHO approval. While the PCR test remains the gold standard, the antigen test achieves a high degree of reliability at a fraction of the cost with results being available within 30 minutes. Antigen testing will be for persons who are symptomatic and will be done at suitable sites and approved laboratories. We will also be assessing and approving private laboratories to conduct COVID-19 testing. It is extremely important, however, that the Ministry has full visibility of all the test results. All private labs conducting testing will therefore be mandated to report the results to the National Public Health Laboratory.

4. Streamlining of border protocols - Regarding our border restrictions under our Controlled Entry Programme, Madam Speaker, we have to streamline the process and increase efficiency so as to facilitate timely

processing of much larger numbers of applicants under the Programme.

Cabinet has therefore approved the following changes to take effect on October 10, 2020:

- The pretesting requirement for visitors from high-risk countries will be maintained. However, consistent with the local acceptance of antigen testing, the pretesting requirement will be modified to permit both PCR and antigen tests. Mr. Speaker, this should make it easier for visitors – both tourists and our Jamaican diaspora – to meet the pretesting requirement as antigen tests are much more readily available and are faster and cheaper than PCR tests.
- Applicants on the visitjamaica platform will no longer be required to upload their COVID-19 test certificate. They will however be required to present it, and the usual Travel Authorization at the airport when they check in for their flight.

- Residents of Jamaica will continue to apply for their Travel Authorization on the Jamcovid site and are not subject to the pretesting requirement.
- The Government is in advanced discussions to implement a Health Services and Logistics insurance plan that will be mandatory for visitors to Jamaica. We are targeting an effective date of November 1, 2020. This plan will provide for local medical care and air ambulance services where necessary for visitors who fall ill while in Jamaica.

5. Measures to restrict movement and gatherings - Madam Speaker, the main intent of our measures to restrict movement and gatherings is to minimise the risk of “super spreader” events.

In order to control the spike that we have had, we will be extending the current measures until the end of the month.

- The islandwide curfew time will remain at 8 pm – 5 am day to day until 5:00 am on October 18, 2020. We have considered where we are with the progression of the virus in country and we have taken a decision to discourage the parties and gatherings which are normal during the Heroes Weekend. Therefore, the curfew hours during the Heroes Weeend will be from 3 pm Sunday, October 18, 2020 ending 8 am Monday, October 19, 2020. The curfew will resume Monday, October 19, 2020 at 3 pm and will end at 5 am Tuesday, October 20, 2020. Thereafter, as we have done before, the curfew will move to 9:00 pm to 5:00 am the following day each day ending 5:00 am Sunday, November 1, 2020.
- Operators of public passenger vehicles will be allowed one hour before the start and one hour after the end of the curfew to move between their base and destination.
- The gathering limit will remain at 15 persons until October 31, 2020.
- The provision of public transportation by motor car being limited to one person less than the maximum number of

persons allowed to be carried under the relevant licence will remain until October 31, 2020.

- The ban on funerals and parties or events will continue until October 31, 2020. Burials will continue to be allowed with strict observation and enforcement of the 15-person rule.
- Normal church or religious services operating in compliance with the established protocols have worked well and may continue. Congregants are reminded that gatherings in excess of 15 persons are not allowed outside the place of worship.
- We are lowering the age limit for the stay at home measure from 70 to 65. Persons 65 years and older must continue to stay at home but will be allowed to leave home once each day for the necessities of life. Given the high vulnerability of persons in this age group, particularly those with comorbidities, I cannot overemphasise the importance of strict adherence. Most of our deaths are persons in this category. While

persons in this age group need to be extra careful, so do younger persons who may come into contact with them. While you may be asymptomatic, you may inadvertently pass on the virus to your mother, your grandmother or grandfather putting their lives at risk.

- Madam Speaker, I must emphasise also that young people are not invincible. Young people are being infected; young people have died; and young people have transmitted the virus to others. While many persons recover completely within a few weeks, some persons, even those who had mild versions of the disease, continue to experience lingering symptoms after their initial recovery. Although COVID-19 is seen as a disease that primarily affects the lungs, it can damage many other organs as well, which may increase the risk of long-term health problems. We all need to remember that COVID-19 is a new disease so very little is known about the longer-term implications of the virus. Why take the chance? Why take the risk?

- We are also encouraging all businesses to facilitate persons to work from home if they are able to do so. The following categories of employees may request the employer's permission to work from home:
 - employees who are immunocompromised with underlying illnesses that are not under control and cannot be in an environment where many persons are gathered and this is certified by a doctor; and;
 - employees who have no suitable arrangements available to care for a child; for an elderly or ill family member, or for a "person with a disability".

Employers who grant employees permission to work from home must do so without imposing any adverse consequences to the employee.

Madam Speaker, these are the general measures which will apply across the island.

There are sections of the island, however, that pose greater concern. Kingston & St. Andrew and St. Catherine account for almost 70% of the new cases in September. Outside of St. James which started to see a rise in the latter half of September, the number of cases in the other parishes depicts slow transmission throughout the month.

KSA and St. Catherine represent the most densely populated areas in the country and there is a potential for exponential rise in these parishes. Therefore enhanced measures must be employed in these parishes.

While the cases in these parishes are spread across communities, there are some communities that are particularly affected and show a high concentration of cases. Special measures targeted at controlling the spread of the virus in these densely populated and highly trafficked communities will be implemented. These defined communities will have longer periods of curfew, reducing gathering limits and strict enforcement of all protocols as outlined below. However in these areas; persons are allowed to undertake necessary productive activities such as going

to work, take public transport, carry out their essential activities of daily living such as shopping, visiting the doctor and carrying on their business activities. Details of the measures are as follows:

1. The curfew will start at 6 pm today, October 6, 2020 to 5 am the following day, each day, ending at 5 am on October 20, 2020. During curfew hours, only essential workers with identification will be allowed to enter or exit.
2. The gathering limit will be no more than six (6) persons in any public place from October 7 to October 19.
3. All the other existing restrictions such as mask wearing and physical distancing will be strictly enforced.

Madam Speaker, these actions will be underpinned by increasing public education and awareness through extensive community engagement.

The communities in which these measures are being implemented are Whitfield Town in Kingston and Waterford in St. Catherine. (Whitfield Town – 21 Cases; Waterford 24 active cases and 5 deaths)

Madam Speaker, given that we are now in the community transmission phase, you have to assume that everyone you come into contact with could be carrying the virus. This means each citizen must take responsibility for their own protection by employing these measures. We need each citizen to understand that they have the ability through their behaviour, to influence their own risk and that of those they come in contact with.

Madam Speaker, in addition to social distancing, wearing a mask and sanitising, I urge all Jamaicans to pursue healthy lifestyles and boost their immune systems by eating healthy, exercising regularly and maintaining a healthy weight. Evidence has shown that persons with strengthened immune systems are better able to fight the virus even if infected.

Madam Speaker, I want the Jamaican people to understand that until a safe and effective vaccine is developed and widely available, the only sustainable way for us to protect both our lives and livelihoods is to learn to go about our normal, productive everyday activities but to do so in a safe

and responsible manner. The more people comply with the measures, the faster we will control the spread and be able to loosen the restrictions and get our economy to full productive capacity.

I thank you.