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LANCET COUNTDOWN: TRACKING PROGRESS ON HEALTH AND CLIMATE CHANGE
In collaboration with Wellcome
A decade tracking progress on health and climate change

2026 CLIMATE AND HEALTH POLICY PRIORITIES FOR TRINIDAD AND TOBAGO

This document summarises key priority areas of focus for Trinidad and Tobago, supported by the evidence from the 2026 Global Report of the Lancet Countdown.

1 PRIORITISE HEAT-HEALTH ACTION IN THE HNAP

Ensure that the HNAP currently under development prioritises a comprehensive national approach to heat-health action. Coordinate implementation through the Ministry of Health, establishing health-sector preparedness protocols that link Trinidad and Tobago Meteorological Service (TTMS) heat warnings to predefined responses, including public communication and targeted measures for vulnerable populations and heat-exposed workers.

Extreme heat is imposing measurable health harms and economic costs on Trinidad and Tobago. In 2025, almost all of the heatwave days people in Trinidad and Tobago were on average exposed to were attributable to climate change **(Indicator 1.1.1)**. Exposure was estimated to be particularly high among older and younger age groups who are more physiologically vulnerable to heat. From 2021to 2025, infants experienced an average of 17.2 heatwave days per year, and adults aged 65 and older experienced 17.9 days, increases of 878% and 905%, respectively, compared with 1986–2005 **(Indicator 1.1.1)**. As a result, heat-related mortality increased between 1990 and 2021, with rates rising by 90% among men and 62% among women, while mortality among adults aged 65 years and older remained substantially higher than the population average and exceeded 4 deaths per 100,000 in some years[1].

Heat also creates substantial risks for workers. From 2016 to 2025, heat exposure caused an annual loss of 71.5 million potential labour hours, which is 55.4% higher than in the 1990s; construction accounted for 54.6% of these losses **(Indicator 1.1.3)**. A 2025 study at a Trinidad cement facility measured Wet Bulb Globe Temperatures of 30.7–44.9°C in kiln work areas, providing local evidence of potentially hazardous occupational heat exposure which can result in severe health implications including heat stress and cardiovascular strain[2]. In 2025, the estimated potential income lost to heat-related reductions in labour capacity reached US$390 million **(Indicator 4.1.3)**.

Trinidad and Tobago's National Adaptation Plan already identifies heat stress and dehydration among workers as health risks and calls for improved public-health early warning and climate-risk management in health services[3], but these health-sector adaptation actions were reported as not yet commenced. The HNAP, currently under development, provides an opportunity to prioritise heat-health action within health adaptation planning and implementation. Establishing clear health-sector protocols in advance of extreme heat, coordinated through the Ministry of Health, can strengthen preparedness and define the actions triggered by TTMS heat warnings. These can include public communication and targeted measures for vulnerable populations and heat-exposed workers, enabling earlier and more coordinated health-sector responses during periods of extreme heat.

2 INTEGRATE CLIMATE INFORMATION INTO INFECTIOUS-DISEASE SURVEILLANCE AND EARLY ACTION

Integrate climate information into Ministry of Health infectious-disease surveillance, linking epidemiological, laboratory, and vector data with meteorological and environmental information. This can help identify periods and locations of elevated disease risk and enable earlier, disease-specific action, including vector control, environmental-health monitoring and public risk communication.

Climatic conditions are becoming more suitable for the transmission of dengue and pathogenic *Vibrio* in Trinidad and Tobago.

The transmission potential (R_0) of dengue by *Aedes albopictus* mosquitoes increased by 6% to 2.16 in 2015–2024 compared to the 1951–1960 baseline, reflecting environmental conditions increasingly suitable for transmission **(Indicator 1.3.1)**. This risk has an established health consequence: during the 2024 dengue outbreak, the Trinidad and Tobago Ministry of Health (MOH), recorded more than 2,004 laboratory-confirmed cases and 19 deaths between January and November 2024[4]. In 2025, it was estimated that 302 km of Trinidad and Tobago's coastline had environmental conditions suitable for pathogenic *Vibrio*, 89% more than in 1982–1991 **(Indicator 1.3.2)**. Pathogenic *Vibrio* occurs naturally in aquatic environments, and human exposure can occur through contaminated water or food, including raw or undercooked seafood. Monitoring environmental conditions that favour pathogenic *Vibrio* can therefore provide information on where and when exposure risks may increase.

The Trinidad and Tobago National Adaptation Plan reports that increases in dengue cases have historically followed increases in rainfall and temperature by around three weeks, indicating a potential window for climate-informed anticipatory action. Trinidad and Tobago already has national systems for infectious-disease surveillance and response. The Ministry of Health's Epidemiology Division is responsible for national health surveillance, the Trinidad Public Health Laboratory provides laboratory-based surveillance and outbreak support, and the Insect Vector Control Division continuously monitors mosquito populations and conducts vector-control responses.

Linking epidemiological, laboratory and vector surveillance with meteorological and environmental information can help identify periods and locations of elevated transmission risk and support action. For dengue, this can inform vector control, transmission prevention, and healthcare preparedness when climatic conditions favour transmission; for pathogenic *Vibrio*, environmental information can inform environmental-health monitoring and public communication when coastal conditions become more suitable for the bacteria, and the risk of transmission increases.

Integrating climate information into Ministry of Health surveillance and response systems can translate information on changing climatic suitability into earlier disease-specific preventive action.

3 ACCELERATE THE TRANSITION TO ZERO-EMISSION ROAD TRANSPORT TO REDUCE AIR-POLLUTION HEALTH RISKS

Reduce exposure to harmful air pollution by accelerating the transition away from fossil-fuelled road transport and expanding safe active travel. Expand electrified public transport, strengthen vehicle-emissions standards, support the uptake of electric vehicles through charging infrastructure and invest in safe infrastructure for walking and cycling. This can reduce traffic-related air pollution and its associated health risks, alongside expansion of renewable electricity generation.

Road transport in Trinidad and Tobago remains entirely dependent on fossil fuels. In 2023, fossil fuels accounted for 100% of road-transport energy **(Indicator 3.1.3)**. This dependence contributes to air pollution, a major risk factor for respiratory and cardiovascular disease and premature mortality. According to IQAir data, Trinidad and Tobago recorded an annual average $PM_{2.5}$ concentration of 5.8 μg/m³ in 2023.[5] Prolonged exposure increases the risk of respiratory and cardiovascular disease, and premature mortality. Traffic is an important local pollution source: measurements in Trinidad found that black-carbon concentrations were around three times higher near major roads than at locations away from major roads, indicating higher exposure to traffic-related air pollution near major roads.[6]

Current efforts to expand electric vehicles provide an opportunity to reduce fossil-fuel use in the transport sector and exposure to harmful emissions. Scaling up electrified public transport, strengthening vehicle-emissions standards, expanding charging infrastructure, and enabling safe walking and cycling can reduce reliance on fossil-fuelled road transport and associated air pollution. Safe active travel can also increase physical activity, delivering additional health benefits. Electrifying transport must be accompanied by expanding renewable electricity generation to reduce fossil-fuel dependence. Integrating air-quality and health objectives into transport planning can prioritise transport interventions that reduce population exposure to air pollution and protect health while supporting the transition away from fossil fuels.

Call to Action

Action to protect health from climate change in Trinidad and Tobago is increasingly urgent. Embedding action on extreme heat and climate-sensitive infectious diseases within national health adaptation planning, while accelerating the transition away from fossil fuels, can protect health and livelihoods. Strengthening climate-informed health surveillance and early warning, translating warnings into effective health responses, and advancing renewable, zero-emission energy and transport can reduce current health risks while building resilience to a changing climate.

Contributors

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For more of the latest data on health and climate change, you can find country data sheets by scanning the QR code.

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