

Part A: Vulnerability reduction in SIDS

1. Enhanced Support for a Resilient Post-COVID-19 Recovery in SIDS (750 words)

Almost all countries were hit during the COVID crisis, and SIDS were no exception. The following table provides information on COVID cases, fatalities, and COVID vaccine coverage for all SIDS as of 20 May 2022:

<i>Country</i>	<i>Number of COVID infections to date</i>	<i>Number of COVID-related deaths to date</i>	<i>% total population fully vaccinated</i>
Antigua and Barbuda	7,855	138	62.7
Bahamas	34,011	801	39.8
Bahrain	579,932	1,480	71.7
Barbados	77,767	435	53.0
Belize	58,215	677	52.3
Cabo Verde	56,156	401	55.3
Comoros	8,115	160	34.6
Cuba	1,104,830	8,529	88.0
Dominica	13,116	63	42.0
Dominican Republic	581,044	4,377	55.0
Fiji	64,841	862	70.6
Grenada	17,061	223	33.9
Guinea-Bissau	8,242	171	17.3
Guyana	64,020	1,228	46.3
Haiti	30,725	835	1.1
Jamaica	133,538	3,018	23.4
Kiribati	3,098	13	50.8
Maldives	179,643	298	71.04
Marshall Islands	17	0	46.6
Mauritius	225,428	996	75.7
Micronesia (Federal States)	30	0	49.8
Nauru	3	0	79.2
Palau	4,936	6	99.3
Papua New Guinea	44,394	651	2.9
St Kitts and Nevis	5,643	43	49.3
St Lucia	24,655	368	29.2
St Vincent and the Grenadines	8,591	106	27.5
Samoa	6,072	30	81.7
Sao Tomé and Príncipe	5,970	73	39.6

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Seychelles	43,729	167	81.9
Singapore	1,258,691	1,371	85.1
Solomon Island	18,184	146	24.2
Suriname	80,240	1,339	40.1
Timor Leste	22,893	131	50.4
Tonga	11,394	11	91.9
Trinidad and Tobago	156,327	3,883	50.7
Tuvalu	0	0	52.2
Vanuatu	8,666	14	38.4
Source	https://covid19.who.int/	https://covid19.who.int/	https://ais.paho.org/imm/l_M_DosisAdmin-Vacunacion.asp

The post-pandemic period (which has not yet started, in view of the continued caseload) will involve concerted efforts by both national and international players in the health sector to help ensure the near collapse of health systems that occurred in many countries does not repeat in the next major health crisis, when it comes. SIDS reported serious disruptions to emergency and operative care, rehabilitation and palliative care, first-level care, and community health services during the pandemic.

Each member state would have spent millions of USD for COVID-19 response, in between peaks of an outbreak, it would be good to conduct Intra action reviews of the response activities. This will help to identify where funds are most needed, identify gaps as well as wastage. This intra action review would be different from an After-Action review and could include indicators related to health of migrants and vulnerable populations.

A number of areas will be supported by WHO for recovery:

- Prevention, mitigation, preparedness, response and recovery are the five steps of Emergency Management. Since preparedness is key to emergency response and quick recovery, it important for countries to invest in preparedness. E.g., Conduct surveys to see existing capacities and enhance where necessary. Stocking up and management of test kits, medications etc. could make a huge difference.
- Strengthening health information system, availability and accessibility of data for timely decision making with expansion of data availability for public health programmes, surveillance and human resources needs is critical.
- Implement health reforms, build national capacity of health workforce using primary health care approach for critical care management, conducting point of care quality improvement initiatives at health facilities and ensuring patient and health worker safety at all times.
- Review of health system and increase public funding for health and social protection
- Strengthen essential public health functions with a view to resilience and financial sustainability
- Expand equitable access to health services in both normal and crisis times, especially for vulnerable populations

The case for investment in health has never been stronger as we emerge form the current pandemic and seek to better prepare SIDS for the future.

2. Enhanced and Tailored Development Cooperation for SIDS (750 words)

The Global Action Plan for SDGs spells out a very effective and efficient process of enhancing and tailoring the development agenda to achieve SDGs. Some countries have utilized the GAP framework to develop their own National Action Plans, especially for SDG 3 where the country had jointly aligned the development assistance of multiple agencies to achieve their SDG targets.

One “silver lining” of the COVID crisis is that it has amply demonstrated the clear link between public health and economic development, a case that many health advocates have been making for years. The shut-down of the tourist industry in many small island states had a profound impact on economic productivity from 2020 through early 2022. The case for investment in health has never been stronger, and a key priority for international cooperation agencies is to provide evidence-based analysis of what worked and what did not during the COVID response, both in terms of resilient health systems and the implementation of specific public health measures (e.g. travel bans, mask mandates, school closings, and vaccination campaigns, among others). This will inform development priorities going forward and support elaboration of not only public health impact-based arguments for investment in health, but also the economic arguments that often drive public policy.

In the meantime, UN, multilateral agencies and their health partners continue to provide technical and financial assistance to assist SIDS economies to emerge stronger from the effects of the pandemic. From the health perspective this includes: strengthening health systems with a focus on resilience and financial sustainability; communication and advocacy to combat vaccine hesitancy and opposition, for both COVID and routine vaccinations; combating the scourge of NCDs, which led to far more severe outcomes from COVID infections, in addition to already being by far the largest cause of premature death in the Caribbean; and continued interventions to combat and eliminate communicable diseases. All of these involve the provision of cooperation tailored to country-specific situations, with a view to getting SIDS back on track to help achieve the health-related SDG targets by 2030.

Part B

Many of these island nations provide services due the population with expat labour as seen for example in Maldives where nearly 1/3rd of the population is from expats. Therefore, in this evaluation framework under cluster 23 – 29, indicators for assessing the inclusive economic growth and decent work for migrants should also be included.

No health system indicator is observed in the framework. In many of the SIDS the health system is challenged by Human Resources for Health and therefore in-service delivery. Therefore, inclusion of an HRH related indicator and that of the UHC service coverage indicator with Financial Risk Protection indicator be considered.

It would be good to have Health as a cluster in the framework too as health is now reflected only in Health and NCDs.

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Under cluster 72-75 (attachment B) health and noncommunicable diseases, primary health care and NCD is well covered. However, Mental Health and Sexual and Reproductive Health should also be mentioned specifically as these are also important areas to focus on.

Under cluster 72-75 point (a) it mentions 'sports', we believe 'physical activity' would be a better word than 'sports' in this context. Or 'physical activity including sports'.