



**QUESTIONNAIRE**  
**SUBMITTED BY THE WORLD HEALTH ORGANIZATION**

**Implementation of the SAMOA Pathway and the MSI, BPOA for the Sustainable Development  
of SIDS**

Please note that **strict word limits** have been established for each question. The Secretariat is unable to consider any information beyond these established word limits. In this regard, you are requested to report only on new or updated information. Information conveyed in previous surveys will not be considered.

**PART A**  
**VULNERABILITY REDUCTION AND RESILIENCE BUILDING IN SIDS**

**1. Enhanced Support for a resilient Post COVID 19 Recovery in SIDS**

**Vulnerability reduction and resilience building are critical issues that must be addressed by SIDS. Briefly elaborate on any resilience building interventions or strategies (proactive or preventative) that have been or are being implemented at national or regional levels that aim specifically at improving resilience in SIDS. Please include financial resources expended in this regard, if available (750 words).**

**WHO submission**

The COVID-19 pandemic triggered a dire health crisis in the SIDS, exposing deep structural weaknesses in the health systems and placing unprecedented pressures on their constrained financial and human resources. To address the COVID-19 crisis, WHO provided tailored support to all of its SIDS Member States, including facilitating access to COVID-19 vaccines and other life-saving health products, and providing financial and human resources as well as technical guidance on pandemic preparedness and response. In the Pacific, WHO provided nearly 15 million items valued at more than US\$ 21.5 million.

During the period under review, WHO also provided **emergency support** to many of the SIDS experiencing extreme weather events and climate-induced emergencies. For example, WHO supported Tonga after the volcano eruption and tsunami of January 2022, Belize after hurricane Lisa in November 2022, or Vanuatu after cyclone Kevin in March 2023 in addressing immediate medical needs, ensuring continuity of health care services, and undertaking risk and disaster assessments. Beyond immediate aid for emergencies, WHO also supported the SIDS to

strengthen the resilience of the health sector. A few examples are included below.

- a) Due to the impacts of climate change and natural disasters, the majority of health facilities in the SIDS are in high-risk areas and thus require adaptation. WHO supported the SIDS through **disaster and vulnerability assessments in the health sector**, and the retrofitting of health facilities to make them energy efficient and resilient to climate-induced disasters. The Smart Hospitals initiative in the Caribbean (a joint initiative of WHO/PAHO and the Government of the United Kingdom) has been instrumental in creating safer and greener health facilities to deliver health care in disasters and reduce disaster losses in seven English-speaking Caribbean countries.
- b) WHO supported the establishment, or strengthening, of **emergency medical teams** to provide life-saving care during major outbreaks or disasters, as well as building capacities to provide medicinal oxygen for patients with respiratory diseases, and laboratories that can also test for measles, dengue and tuberculosis. While in the past the SIDS often had to rely on the deployment of international emergency medical personnel during disasters, the majority of SIDS now have in-country capacities.
- c) In the Caribbean, WHO/PAHO supported SIDS countries to increase the resilience of **national immunization programmes** by strengthening health information systems, risk communication and community engagement, cold chain capacity, and vaccine safety. In the area of data collection and statistical analysis, WHO/PAHO prioritized support in the production, management, access, and governance of critical data, with emphasis on vital statistics and civil registration systems.
- d) To address the **growing burden of obesity and noncommunicable diseases**, WHO delivered tailored programmes across the SIDS. In the Caribbean, WHO/PAHO developed investment cases for NCDs and mental health (Guyana and Suriname) and supported the introduction of HPV testing to strengthen cervical cancer screening (Antigua & Barbuda and Belize). To strengthen NCD surveillance, STEPs surveys were conducted in Antigua & Barbuda, Bahamas, and St. Lucia to generate population-based NCD data. In the Pacific, WHO supported health promotion initiatives, such as the Health Promoting Schools (HPS) initiative to promote healthier diets, physical activity, good hygiene and mental wellbeing.
- e) Given the pressing health workforce challenges in the SIDS, WHO also prioritized the **strengthening and training of the health workforce**. In the Pacific, a partnership between the European Union, the Pacific Community (SPC), the World Food Programme (WFP) and WHO reached more than 2,500 health workers by the end of 2022. Training was provided on clinical management, the use of therapeutics, critical care nursing, laboratory testing, clinical services, surveillance and epidemiology. In the Caribbean, support was provided on clinical management, the elaboration of evidence-informed interventions and strategies, with an emphasis on the implementation of a Telehealth platform focused on primary care.
- f) WHO/PAHO also supported Caribbean SIDS in addressing COVID-19 vaccine hesitancy among health workers, and strengthening human resources for health to respond to COVID-19 and other emergencies. In 2023 a study was conducted on “Mobility among physicians and nurses in the Caribbean” with support from The University of West Indies, to quantify the issue of brain drain and mobility of health professionals. Together with partners, WHO/PAHO also conducted a study to document the profiles, roles and competencies of community health workers in the Caribbean, and launched an initiative

to strengthen nursing education in the Caribbean.

- g) Across all SIDS, WHO worked with countries to **improve national responses to mental health conditions**, including strengthening primary care in the prevention and promotion of mental health, and training of primary care providers in mental health and psychosocial support in emergencies. In the Caribbean, stigma reduction communication campaigns were implemented in 7 SIDS countries. In 3 countries (Suriname, Guyana, Trinidad & Tobago) suicide surveillance was improved.

## 2. Enhanced and Tailored Development Cooperation for SIDS

**Improved, tailored development co-operation approaches, calibrated to the specific needs, capacity constraints, and economic challenges facing SIDS are necessary if SIDS are to effectively recover from the COVID Pandemic. Briefly elaborate on any planned or ongoing strategies/approaches to improve and deliver on more tailored development support to SIDS. What are the expected results from these interventions in the targeted countries. Please include indications of resource allocations if available (850 words)**

### WHO submission

WHO is committed to increasing its high-level advocacy to improve health outcomes in the SIDS, and expanding its collaboration with the SIDS in line with the priorities set by the countries. A few priority areas are detailed below.

**Engagement with Heads of State and Government.** On 28-29 June 2021, WHO convened Heads of State and Government, Ministers of Health and other senior officials from the SIDS and partner countries for the first WHO SIDS Summit for Health. The summit established a comprehensive set of priority actions for the SIDS, development partners, and agencies of the United Nations inter-agency system, and adopted a leaders' statement<sup>1</sup>. Following the summit, WHO expanded its efforts to support the SIDS agenda, including through high-level advocacy around environment, climate change and health, which included the launch of the Alliance for Transformative Action on Climate and Health<sup>2</sup>. The SIDS Summit will be held on a regular basis, with a second summit scheduled for 2024. In September 2022, WHO convened a number of SIDS leaders (Prime Ministers of Barbados, Mauritius, Samoa, and Tonga) for the first annual gathering of the Global Group of Heads of State and Government for the Prevention and Control of NCDs.

**Prioritizing the SIDS through World Health Assembly resolutions and collaboration agreements.** WHO is following up on a number of decisions and resolutions adopted by the World Health Assembly on SIDS. In line with the Plan of Action on Climate Change and Health in the SIDS (decision WHA72.10 adopted in 2019), WHO continues to provide support for the development of national health and climate change strategies in the SIDS. WHO is also following up on the first-ever comprehensive SIDS resolution at the World Health Assembly entitled the "Outcome of the SIDS Summit for Health: For a Healthy and Resilient Future in Small Island Developing States"

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<sup>1</sup> Statement entitled "For a Healthy Resilient Future in Small Island Developing States" can be found at: [https://cdn.who.int/media/docs/default-source/sids-summit/sids-summit-for-health---final-outcome-statement.pdf?sfvrsn=7a5db89f\\_5](https://cdn.who.int/media/docs/default-source/sids-summit/sids-summit-for-health---final-outcome-statement.pdf?sfvrsn=7a5db89f_5)

<sup>2</sup> See: <https://www.who.int/initiatives/alliance-for-transformative-action-on-climate-and-health>

(2022) that urged Member States to strengthen their collaboration and partnership in support of the diverse health needs of the SIDS. Further, WHO is implementing a Memorandum of Understanding with the Commonwealth Secretariat, signed in February 2022 to strengthen collaboration with the Commonwealth (which includes 24 of the SIDS).

**Strengthening engagement on noncommunicable diseases and mental health.** In 2023, WHO and the Government of Barbados held two high-level meetings on noncommunicable diseases and mental health in the SIDS. A technical meeting held in January 2023 was followed by the SIDS Ministerial Conference on the Prevention and Control of Noncommunicable Diseases and Mental Health on 14-16 June (note to editor: this will take place after the submission deadline but WHO would like it to be included, if possible). SIDS countries were invited to submit specific commitments and actions for implementation of cost-effective interventions to accelerate progress on NCDs, mental health and environmental actions, to be included in an online SIDS Commitment Portal. The outcome statement from the ministerial meeting will serve as input into the Fourth International Conference on SIDS in 2024, the fourth High-level meeting of the UN General Assembly on Noncommunicable Diseases in 2025, and future global summits on mental health. To guide this work, WHO has created a High-level Steering Committee and a High-level Policy Expert Group, and has launched a SIDS Noncommunicable Diseases data portal, providing detail on the morbidity and mortality of the main noncommunicable diseases and risk factors, and information on actions taken to address these.

**Health financing and new Pooled Procurement Programmes.** WHO will continue to support the SIDS with policy guidance on improving health financing and the establishment of National Health Insurance schemes, with emphasis on equitable access to medicines and other health products and technologies. In the African Region, WHO will continue to support the operationalization of the African SIDS Pooled Procurement Programme. Formally launched in 2020, the programme aims to reduce costs and improve access to quality medicines for five SIDS WHO Member States in the African region. In its first two years, participating countries agreed the technical and regulatory requirements to be used in pooled procurement tenders, and conducted the first open tender through the United Nations Market Place platform.

**Digital health.** WHO will support the digital transformation of the health sector in the SIDS, which will require efforts to strengthen the governance of information systems for health, including data governance policies, interoperability, digital literacy programs, and telehealth projects.

**Facilitating the participation of SIDS in WHO's work.** In May 2023, the World Health Assembly approved the establishment of a Voluntary Health Fund for SIDS<sup>3</sup> to facilitate the participation of SIDS in WHO meetings and to support the provision of expanded technical assistance and capacity-building to benefit the SIDS. WHO will serve as the Secretariat of the new Fund.

## **PART B**

### **IDENTIFYING POLICY PRIORITIES IN SIDS FOR THE NEW AGENDA**

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<sup>3</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA76/A76\\_34-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_34-en.pdf)

**The SAMOA Pathway contains a number of action areas which require policy formulation, programmes or projects to implemented at national, sub regional and/or regional levels. While SIDS have made a fair amount of progress with actioning these over the last decade, a number of gaps remain. As the international community prepares for the 4<sup>th</sup> International Conference on SIDS, what are the key priority policies, programmes and projects that are needed to further advance the SIDS development agenda and why? (750 words)**

### **WHO submission**

The SIDS have long been disproportionately affected by the climate crisis, health emergencies, and external economic shocks. WHO recommends that the next 10-year SIDS development agenda contains a strong focus on the progressive realization of universal health coverage and on building health system resilience for future crises, including strengthening primary health care and essential public health functions. In order to ensure efficiency of all health system investments, efforts to strengthen health system resilience should be aligned with efforts to increase investments in, and improving policies for, addressing obesity, noncommunicable diseases, comorbidities, and mental health, as well as improving food systems, maternal and child health, and immunization programmes.

In view of the specific vulnerabilities faced by the SIDS – including the prevalent social, economic, commercial and environmental determinants of health – WHO urges the development and implementation of comprehensive, whole-government policies and strategies on health, and an emphasis on expanding access to health care for groups in vulnerable situations (persons living with disabilities or comorbidities, migrants, the elderly, women), as well as the youth. WHO also recommends prioritizing the digital transformation of the health sector to ensure universal connectivity in the health sector by 2030, and to establish interoperable, open, and sustainable digital health and information systems in all SIDS.

WHO further recommends reiterating the commitment to hold the WHO SIDS Summit for Health at regular intervals, and dedicated ministerial conferences for all SIDS on the most pressing health challenges, including noncommunicable diseases, mental health, and climate change and health. Given that COVID-19 uncovered severe gaps and inefficiencies in both the management of human resources for health and the collection, analysis and use of health information to inform decision making, WHO recommends targeted efforts to reinforce human resources for health, and the strengthening of health data systems. Further, development partners should join forces to mobilize financial resources for the development of climate resilient, environmentally sustainable health care facilities in the SIDS, and establish a co-financing facility on climate and health that prioritizes SIDS and Least Developed Countries.