



# SIDS SUMMIT FOR HEALTH:

For a healthy and resilient future  
in Small Island Developing States



28-29 June 2021

## POLICY BRIEF

### COVID-19 Response

### The Challenge

The pandemic is far from over. New variants, ongoing transmission and low vaccination rates threaten the global recovery. To date, COVID-19 has so far claimed 3.83 million lives and infected over 176 million people worldwide, bringing health systems to breaking points and devastating economies. SIDS countries, 28% of which are low income countries, have been particularly hard hit, and continue to be vulnerable in the face of prevailing inequity in access to COVID-19 tools.

While global trends have been declining for over 2 months, many SIDS have reported increasing trends, and incidence of COVID-19 cases and deaths across SIDS remain at the highest levels observed since the beginning of the pandemic. Cumulatively to date, SIDS have reported a total of 887 472 cases and 9844 deaths have been reported (<1% of global cases and deaths), of which 28 453 cases and 365 deaths were reported in the last 7 days.

The countries classified as SIDS sit across 4 of WHO's six regions. These countries are often at a disadvantage for direct technical and operational assistance and resource mobilisation due to the lack of local partners and donors and low visibility due to small populations and great distances from global and regional centres. Many SIDS are showing slowing growth rates in the daily number of cases, however a select few have increased growth rate. In particular, Fiji, Saint Kitts and Nevis and Mauritius and Cuba are showing increasing growth rates.

SIDS in the Western Pacific Region have reported a substantial increase in the number of cases (72%) and deaths (175%) compared to the previous week, predominantly due to increasing trends in Fiji, Papua New Guinea and Singapore. Fiji, Maldives, Cuba and Saint Kitt and Nevis are showing a number of concerning trends including effective reproductive number > 1, percentage increase in cases and increasing mortality.

Eight countries have reported no confirmed cases to date, and a further 6 countries have not reported cases in the past 7 days. Nonetheless, SIDS remain affected by the direct and indirect impacts of the pandemic, and have to sustain substantive prevention and containment efforts and strict travel controls measures to achieve this.

The Alpha variant is the most predominant variant of concern reported in 17 countries across all WHO regions. Delta variant is reported in only 3 countries so far. This distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries. For most SIDS there is limited testing data available, including testing rate, test positivity, and testing strategy that is



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important for interpreting epidemiological trends and identifying hot spots to effectively target response measures. However, for those with available data, Dominican Republic, Saint Kitts and Nevis and Trinidad and Tobago reported TPR >10% last week.

Especially during emergencies, SIDS suffer disproportionately from disruption to transport networks, particularly via air routes when their natural isolation becomes enhanced. SIDS that are not categorized as LMIC struggle to access tools and financing made available for traditional LMIC's and SIDS in this category may face high disease burden and severe economic downturns if their economies are reliant upon human mobility. SIDS also face challenges, particularly when acting alone, in accessing key markets, as their volumes are small, compounded by population size adding to logistics difficulties as loads are relatively small, and dedicated aircraft are hard to fill.

Only 1% of people in LICs have received at least one COVID-19 vaccine dose compared to 12.6% of the global population. For SIDS specifically, as of 23 June, only 17.1M vaccines have been administered which corresponds to 25.5 doses per 100 population, lower than the global rate of 31.0. Vaccination rates remain relatively low in many countries, and only four countries (Cook Islands, Maldives, Seychelles and Singapore) have fully vaccinated over 30% of the population. Moreover, variance is large across SIDS. Vaccine rollout is progressing fast in some countries – e.g., Dominican Republic (61.5 doses per 100 population, 10.8M inhabitants) or Bahrain (115.0 doses per 100 population, 1.7M inhabitants). At the same time, other countries have very low vaccination rates (e.g., Papua New Guinea, 0.43 doses per 100 population, 8.9M inhabitants) and Haiti has yet to start its vaccination campaign. SIDS continue to experience a number of challenges in their ability to roll out vaccines including high dependency on other countries for vaccines (limited resources to purchase and no domestic production<sup>1</sup>), delays faced by in the COVAX rollout of vaccines, remote and splintered geographic locations, growing vaccine hesitancy and strained health systems. SIDS cannot be left behind in the race to administer vaccines.

But vaccines alone will not end the pandemic. SIDS also need COVID-19 tests, treatments for those ill with COVID-19, and support for delivery of these lifesaving tools. Tests are needed to identify disease hotspots and track the emergence of new, dangerous variants. High income countries are testing at more than 100 times the rate of low income countries. In addition, growing oxygen shortages, a central part of COVID 19 treatment regimens, continue to be a key challenge for a number of countries. Oxygen needs across all LICs and LMICs are at 15 million cubic metres per day; at an estimated annual cost of US\$ 3.16 billion.

The ACT Accelerator, with its core objectives of developing and providing equitable access to COVID-19 tools, along with WHO's Health Emergencies programme and operational partners (central to emergency preparedness and response) are playing a vital role supporting all member states, particularly those with specific contexts like SIDS, to stop transmission, end this pandemic and build resilience against future public health threats.

<sup>1</sup> With the exception of Cuba, who has begun to roll out its own vaccines, Phase III trial Soberana 02 and Abdala, manufactured locally by Finlay Institute of Vaccines and the Genetic Engineering and Biotechnology Center of Cuba (CIGB), respectively. More than 415,000 doses have been administered during the testing process (3 dose regimen), as part of Cuba's ambition to vaccinate 70% of its population by August. As of June 16, 2021, for Soberana 02 and Abdala vaccines were submitted for WHO's Emergency Use Listing review process.



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## Recent and ongoing actions

In response to the COVID-19 situation in SIDS the following actions have been taken:

The WHO Strategic Preparedness and Response Plan for the COVID-19 pandemic was rolled out in early 2020 and revised in 2021. It provides guidance across 10 pillars on coordinated action for all countries to take, including SIDS, to overcome the ongoing challenges in the response to COVID-19, address inequities, and end this pandemic.

Of 39 SIDS a large number are engaged on the [COVID-19 Partners Platform](#), sharing their planning and coordination with stakeholders globally. The Platform gives the power to the country to upload plans and share needs transparently to the world - over 6500 stakeholders from 900 entities, UN, partner and donor entities are engaged. WHO and partners are supporting implementation of these plans and providing direct support when requested. Specifically:

- 27 SIDS uploaded COVID-19 National Action Plans onto the Partners Platform;
- 28 SIDS uploaded National Deployment and Vaccination Plans;
- 32 used the Platform to track their planned actions that were being implemented for COVID-19 as aligned to global guidance;
- 18/39 submitted resource needs requests totaling over USD 250 million.

WHO is working directly with SIDS across a number of health emergency preparedness and response areas including simulation exercises to improve emergency communication and COVID-19 vaccine roll out as a useful way to identify and address challenges and gaps to strengthen systems and processes. Mauritius conducted an inter-action review to assess its own capacity to respond - identifying best practices, strengths, and weaknesses. Areas requiring urgent improvements or sustained actions have been identified and are being addressed. Kiribati also conducted a Measles after action review during 2020; unfortunately, many nations are faced with concurrent health emergencies on top of COVID-19.

This pandemic clearly illustrates the devastating potential of zoonotic pathogens, and the urgent need to improve our capacities to detect them rapidly after their emergence and to control their diffusion both in human and wild or domestic animal populations. Through Tripartite coordination, WHO, OIE and FAO, recently joined by UNEP, are intensifying support to member countries to strengthen multisectoral coordination using a One Health approach.

Using the evaluations of national capacities through the IHR Joint External Evaluation and the OIE Performance of Veterinary Services (PVS), National "Bridging" Workshops enable countries to plan activities to improve coordination at the human-animal interface. Until now, only Belize benefited from such a workshop, but several SIDS have expressed interest.

It is clear that national implementation of all IHR core capacities has remained a challenge for most SIDS. The strongest capacities reported by SIDS in 2020 were in Laboratory and Surveillance while the lowest average scores were for points of entry, chemical events and radiation emergencies. To comply fully with all the obligations to increase core capacities





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under the International Health Regulations in an island setting can be complex and in some cases may not make economic sense.

WHO has been engaged with UN DRR and partners in high level advocacy since the beginning of the pandemic, communicating with policy makers and emergency health managers in all countries – with a strong focus on SIDS - to scale up risk informed actions for better pandemic preparedness and response including enhancing capacity of hospitals to reduce COVID-19 transmission and deaths associated with COVID-19 and concurrent emergencies. The suite of health service capacity assessments in the context of COVID-19 provides a key baseline moving forward, to strengthen hospital preparedness and response to COVID-19 including hospital readiness checklist, biomedical equipment for COVID-19 case management, diagnostics, therapeutics, vaccine readiness as well as ensuring a safe environment for patients and staff in COVID-19 health care facilities (IPC etc.).

WHO fully support 'localisation' particularly in the context of COVID-19 and concurrent emergencies, focused on communities in SIDS, it is fundamental to the principles of Disaster Risk Reduction in preparing the community to achieve self-sufficiency throughout the disaster impact and immediate post-impact phases following a whole-of-society approach.

WHO has also been supporting coordination between the Sendai Framework Monitoring institutions and entities in the Ministries of Health to understand the impacts of COVID-19 on public health and health services. WHO published the Health Emergency and Disaster Risk Management Framework to accelerate the implementation of health targets and indicators of Sendai Framework for disaster risk reduction through a whole-of-society approach.

The Global Fund, in collaboration with the WHO Health Emergencies programme, and as part of the ACT Accelerator Health Systems Connector is rolling out the COVID 19 Response Mechanism (C19RM) that provides grants to countries to mitigate the impact of COVID-19 on programmes to fight HIV, TB and malaria, and initiates urgent improvements in health and community systems, which SIDS can access. A total of US\$ 3,850 million is available for full and fast track funding requests. Fast-track funding requests allow countries to accelerate procurement of critical non-vaccine supplies including urgent PPE, diagnostics and therapeutics (including oxygen) and the costs relating to the effective deployment of these health products. SIDS like Timor Leste, Papua New Guinea and Solomon have already received funding this month<sup>2</sup>.

The World Bank, also a co-convenor of the ACT Accelerator's Health Systems Connector, continues to roll-out its Multiphase Programmatic Approach program that aligns with the WHO Emergencies Strategic Preparedness and Response Plan (SPRP). This \$12 billion USD program provides financing for countries for their COVID-19 response. Already SIDS like Fiji and Haiti have accessed this financing.

COVAX, the ACT-A vaccines Pillar has shipped 2.0M vaccine doses to 31 SIDS, as of 25 June. 10 SIDS countries started the vaccination campaigns due to COVAX (e.g. Timor-Leste,

<sup>2</sup> Live tracking is available on Global Fund's website at <https://www.theglobalfund.org/en/covid-19/allocations-and-funding-request-tracker/>.



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Fiji or Kiribati). 35 out of 40 SIDS are COVAX participants (Seychelles, Cuba, Cook Islands, Marshall Islands and Niue are not). Dose donations are critical for SIDS, and countries have begun to donate doses. Among the first countries to donate, as of 23 June, was France, which has donated and delivered through COVAX, 24,000 doses to Sao Tome and Principe and 31,000 doses to Cabo Verde. New Zealand has shared a total of over 200,000 doses to Pacific Islands (Papua New Guinea, Timor-Leste, Fiji, Tuvalu, Solomon Islands and Tonga).

SIDS countries may also benefit from donations from the substantive announcements by the US. For example, as part of a 55 million vaccine donation, approximately 14 million – or 25% of these 55 million vaccines – will also be shared with regional priorities and other recipients, including Haiti and other CARICOM countries.

Coordinated efforts have also been made so supply diagnostic tests to SIDS, as they are the eyes and ears of the response. With regards to procurement of tests across, for example, WHO (PAHO and WPRO) have bought diagnostics commodities for Antigua and Barbuda, The Bahamas, Barbados, Palau, Seychelles, St. Kitts and Nevis, and Trinidad and Tobago. The volumes are the following in aggregate (from Feb 2020 – June 2021): 7,956 extraction kits; 1,500 reaction kits; 104,450 sample collection kits; 207,000 Ag RDTs; 9680 Automated PCR kits; 14,962 manual PCR kits. Support has also been provided for the implementation of molecular platforms in SIDS without prior national testing capacity (i.e., Antigua and Barbuda, Grenada, St Kitts and Nevis, and St Vincent and the Grenadines) and provided remote and/or in-country training for SARS-CoV-2 molecular testing to all 16 SIDS in the Americas as well as continued support through a platform for data review and troubleshooting. In addition, support has been provided for the implementation and expansion of Ag-RDTs in Barbados, Belize, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, and Trinidad and Tobago, through catalytic procurement and training of trainers and end-users. The ACT-Accelerator consortium-members (i.e. Global Fund, UNICEF and UNDP) have procured 1,000 sample collection kits; 34,900 automated PCR kits for Antigua and Barbuda, Barbados, Palau, Seychelles, and Trinidad and Tobago.

The ACT Accelerator Health Systems Connector (HSC) provide support for the uptake of COVID-19 tools at the country level. HSC is revising its workplan and will include more focus on country level uptake of tools. The Health Systems connector supports countries in conducting needs assessment for diagnostics, treatments, vaccines and personal protection equipment, including detailed operational costing and technical support requirements. This supports countries with the rollout of these critical tools. Questions for WHO can be addressed at [healthsystemsconnector@who.int](mailto:healthsystemsconnector@who.int).



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## Recommendations

Governments, supported by WHO and the wider development community, are encouraged to:

- Continue to develop and adapt national COVID-19 testing strategies and protocols, taking into consideration the available human resources, laboratory and supplies based upon epidemiology and risk assessment.
- Provide technical and operational support to strengthen surveillance, early warning and response systems to detect, verify and respond to the rapid evolving COVID-19 situation and other concurrent emergencies, improving detection and response capacities at the human-animal-environment interface – including engagement of SIDS in the Tripartite Bridging Programme.
- Provide support to national and sub-national incident management planning with clear definition around IM roles, functions and operational support.
- Support planning and implementation of evidence- based appropriate public health measures to control COVID-19 transmission.
- SIDS must pay particular attention to stockpiling, buffer stocks, stock sharing on the presumption that transport shutdowns will isolate them for prolonged time periods.
- Obtain and share market intelligence, particularly on access and pricing and utilise coordinated or pooled procurement amongst multiple SIDS (especially those in proximity to each other) for all critical supplies – strengthening regional bodies and groupings would be a key mechanism.
- Ensure multiple supplying partners, this is critical so that transport assets can be shared.
- Share technical guidance related to strengthen the network of safe and green hospitals.
- Support the development of the international treaty for pandemic preparedness and response to strengthen the International Health Regulations and address gaps highlighted by the pandemic. This will be vital for SIDS to better prepare for pandemics and health emergencies taking an all-of-government approach, sustained investment, international cooperation, and political commitment to a global system to prevent, respond to and recover from health crises.
- Support development of National Disaster Risk Reduction strategies based upon comprehensive risk assessment with an all-hazard, the whole of society approach at national, subnational and local levels to prioritize hazards based on vulnerability, exposure and coping capacity to inform all policies, strategies and plans for disaster risk management.



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- For countries with slow vaccination campaigns: (i) Take regulatory steps to receive wide range of vaccines (i.e. list for domestic use), (ii) Work closely with WHO and partners to prepare for supply increase in Q3/Q4.
- Continue to advocate for urgent dose sharing, especially in the near term, to accelerate the drive to vaccinate at least 10% of the population of every country by September, toward achievement of the goal of vaccinating at least 30% by the end of the year. This concretely means that 100 million doses need to be shared by at least the end of July and 250 million doses by the end of September.
- For countries with advanced vaccination campaigns to consider sharing any excess doses, ideally through COVAX.
- Support the in-country response in SIDS and uptake of tests, treatments, vaccines and PPE.
- Carry out continuous needs and gap assessments through existing response mechanisms and country demands to enable timely support to solve bottlenecks and challenges hampering the uptake of COVID-19 tools.
- Countries are reminded of the importance of having comprehensive and holistic testing strategies which includes PCR, Ag RDT, and sequencing which are all linked to a public health response. WHO counterparts are available to support strengthening testing strategies.
- Continue to advocate for full funding of ACT-A in order to end the pandemic through equitable access to Covid-19 tools including vaccines, diagnostics, treatments, personal protective equipment, and solutions to tool delivery impediments.