



## **SIDS Summit for Health: Outcome Statement**

### **For a Healthy Resilient Future in Small Island Developing States**

We, representatives of SIDS WHO Member States attending the Summit, acknowledge that the **SIDS Summit for Health on 28-29 June 2021 is the first time** WHO Member States that are Small Island Developing States (SIDS) have come together, albeit virtually, across all regions with partners to focus exclusively on health and well-being.

At this Summit, we have agreed on the following key points and actions:

1. **Small island developing states (SIDS) face acute and existential health and development threats**, including climate change and related natural disasters, the burden of noncommunicable diseases (NCDs) and malnutrition, and the ongoing unprecedented COVID-19 pandemic and its profound social and economic impacts. These all are threats to lives, livelihoods, health and wellbeing, and can only be addressed through multisectoral actions, including on the environmental, economic and social determinants of health.
2. **SIDS have confronted unprecedented challenges**, given the curtailment of trade, travel and tourism, combined with the relatively small size of SIDS economies, their remoteness, and other vulnerabilities they face, which are not necessarily reflected in the classification of their economies, and which have been exacerbated by the COVID-19 pandemic.
3. There is a rich history of **commitment by the SIDS to health and development**, through the SAMOA Pathway; the Millennium Development Goals (MDGs), and the Sustainable Development Goals (SDGs) and their targets; as well as global, regional, subregional and national health and development plans, strategies and programmes.
4. **SIDS are committed to common values** of solidarity, collaboration and partnership, with the United Nations and the Alliance of Small Island States (AOSIS), and the numerous regional and subregional bodies that unite and support them.
5. SIDS have been innovators in the field of health and have been **a rising and resonant collective voice**, from governments and from those affected, for action on climate change, on planetary health and biodiversity, and for integrated people-centered health care and promotion, as well as to fulfill a One Health response.



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6. SIDS have been **aided by international institutions**, at global and regional levels, and by partner governments and non-state actors, that have helped strengthen policy, technical and administrative capacity and health systems.
7. Yet, SIDS are still **far from realizing their potential to accelerate actions to meet the SDGs**, and they are hindered in progress due to unmet needs and constraints, in strengthening the capacity of their workforces, data systems and supply chains; and in their capacity for ever-ready emergency preparedness and response, and climate change adaptability.
8. For a healthy resilient future, **SIDS will work more intensively together**, within and across governments, with international institutions and non-state actors, including women, youth and the populations most vulnerable to these extreme health threats. SIDS will continue to collaborate with WHO, the whole UN system and partners for strengthened partnerships and more specific platforms and financing frameworks.
9. For the survival of SIDS **health must be addressed fully in the climate change movement – “One-Point-Five-to-Stay-Alive”**. Health and climate change action must be whole-of-government and whole-of-society priorities at home in SIDS and globally. SIDS will seize political opportunities that are presented in the run up and convening of the 26<sup>th</sup> Climate Change Conference to put health at the heart of climate change action, with the pillars of building climate-resilient as well as sustainable low-carbon health systems.
10. Collaboration and action led by SIDS helped attract global attention to the rapid rise in the burden of NCDs and their economic and social determinants. SIDS have committed to reducing premature mortality from NCDs by a third by 2030. The accelerated use of **a set of effective and prioritized NCD interventions**, through primary health care and advances in universal health coverage, is the best strategy moving forward; a refined country-specific pathway is needed, with models of care uniquely adapted to challenges and constraints faced.
11. To address the multi-faceted crises facing SIDS, **mental health and psychosocial support must be viewed as a cross-cutting issue**. The COVID 19 pandemic has had a major impact on people’s mental health, including increases of harmful use of alcohol, substance abuse, mental health conditions and gender-based violence, which is expected to increase needs to access treatment, services and other forms of support and rehabilitation. To advance on the updated Comprehensive Mental Health Action Plan 2013-2030, a reorganization of mental health services is needed, expanding community-based mental health care.
12. To address the multiple burden of malnutrition, **healthy, sustainable and resilient food systems that focus on the preservation of biodiversity and deliver healthy diets are essential** in SIDS. SIDS need coordinated, multisectoral action, guided by national food-based dietary guidelines addressing integrated environmental sustainability; attention needs to be paid to the adverse conditions today contributing to all forms of malnutrition; SIDS can strengthen their integrated policy action under the Global Action Programme on Food Security and Nutrition in SIDS which support healthy, safe and sustainable food environments, with special attention to school food environments.



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13. The COVID-19 pandemic is not over. Today SIDS are still vaccinating at lower rates than the global average. **SIDS must not be left behind in the race to administer vaccines**; support to date has been essential, but SIDS need wealthier countries to share more vaccine doses now ideally through COVAX. Vaccines alone will not end the pandemic. SIDS also need COVID-19 tests, treatments for those ill with COVID-19, and health systems to support delivery of these lifesaving tools. **SIDS needs full financing of the ACT-Accelerator**, as do other vulnerable countries. SIDS call upon the G20 and others to contribute their full fair share and close the remaining gap.
  14. **Access to innovation and deepening of capacity to deliver** have helped SIDS better address **communicable disease epidemics and maternal and child health**; these are needed now, too, to address recent setbacks in these areas, and to continue progress towards SDG targets.
  15. For **SIDS to build more equitable and resilient health systems**, a focus on primary health care and universal health coverage is needed, with reinforced domestic and international partnerships within and beyond health. Similarly, national health planning today in SIDS depends on multisectoral actions and embedding health in other sectoral efforts, especially for robust emergency preparedness, health promotion and prevention, food safety and healthy, sustainable and resilient food systems, and for health vulnerability and adaptation assessments as part of national adaptation plans for climate change.
  16. **Among the bedrock concerns for SIDS in facing these health crises are human resources**, and the Agenda for Sustainable Development recognizes the priority for action for human resources for health in SIDS. Noting 2021 is the International Year of Health and Care workers, SIDS are committed to work with WHO and partners to address workforce recruitment, development, training and retention and the full promotion of decent work.
  17. Many SIDS have benefitted through pooled procurement mechanisms and joint regulatory approaches to help **reduce costs and enable access to quality-assured medicines and medical supplies**. SIDS are committed to continue strengthening their operation, to enhance collaboration and information exchange, working with WHO to mobilize further support for under or unfinanced initiatives, especially to serve SIDS not yet reached.
  18. Global digital health strategies and local innovation has helped advance health data systems and platforms; yet, the pandemic has created even **more demand for digital health technology and other tools for rapid data collection and analytic capacity**, and SIDS continue to look to WHO and partners to enable fit-for-purpose approaches to accommodate the challenges in SIDS to access technology and scale up systems in remote and human resource-constrained settings.
  19. Some SIDS have benefitted from new financing schemes for COVID-19 response, as well as climate change response. Yet, SIDS need opened-up access to **new mechanisms and sustainable financing**, given the challenges ahead to implement all health priorities, especially given limited human resources and frequent emergencies. WHO and other SIDS partners need to work together to enhance **access to development finance, including**



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**finance for the prevention and control of NCDs and climate change action**, for health infrastructure and adaptation, as well as health risk assessment, and more robust domestic and international financing for strengthened health and social protection systems.

20. To enable more cross-regional opportunities for dialogue and mutual action and advocacy, SIDS wish to call on WHO to support them by promoting and enabling a **SIDS Leaders Group for Health** for high-level advocacy, and in launching a broader **SIDS Voices for Health Forum**, which could involve a wide array of stakeholders, including civil society, youth and persons affected most by the threats we have addressed here. The Group and the Forum can complement AOSIS, existing regional or subregional bodies, or action networks, that bring SIDS leaders together on common priorities.
21. SIDS can work with WHO to establish **specific platforms** to support specific areas of work, building on the value added of the Action Plan and strategic initiative on climate change in health in SIDS. Among the first priorities could be a SIDS NCD resource center and collaborative platform. SIDS have shown the value of such action platforms in other fields and at regional level in health.
22. WHO, other UN agencies and other SIDS partners are encouraged to further **strengthen coordinated country support** with SIDS to address these health crises.
23. Looking ahead, SIDS can move effectively to **put forward this joint vision for health**, in collaboration with WHO, at the UN Food Systems Summit in September, the COP26 in November, the Nutrition for Growth Summit in December, planned SIDS high-level and ministerial meetings on NCDs in 2022, and other upcoming major forum of SIDS leaders and other global leaders to address the acute needs of this critical time for the people, especially the most vulnerable, in small island developing States.
24. As WHO Governing Bodies meet in **2022**, SIDS can seek endorsements and dialogue to support their joint path forward to overcome these ongoing crises and as part of the route to the SDGs.
25. In **2023**, with actions taken in the short-term on these points above, SIDS can join with WHO in organizing a next SIDS Summit for Health, to achieve a healthier and more resilient future for current and future generations.