High-level Technical Meeting on Noncommunicable diseases and Mental Health in Small Island Developing States: summary brief
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BACKGROUND

The High-level Technical Meeting on Noncommunicable Diseases (NCDs) and Mental Health in Small Island Developing States (SIDS) co-hosted by the Government of Barbados, the World Health Organization, and the Pan American Health Organization, took place in Barbados 17-18 January 2023, almost 30 years after the 1994 Global Conference on the Sustainable Development of SIDS was held in that country. The Technical Meeting served as preparation for the Ministerial Conference on NCDs and mental health in SIDS, to be held on 14-15 June 2023.

The meeting, a hybrid of in-person and virtual sessions, was attended by approximately 260 people, with at least 130 in-person and 130 online participants from 44 countries and territories, representing 40 ministries of health, 33 non-governmental organisations (NGOs), and people with lived experience. The purpose was to build political momentum for the Ministerial Conference and promote increased domestic action and international cooperation on NCDs and mental health in SIDS.
HIGHLIGHTS OF PRESENTATIONS

The Honourable Dr Sonia Browne, Minister of State in the Ministry of Health and Wellness, Barbados; Dr Tedros Adhanom Ghebreyesus, WHO Director-General; Ms Maria Divina O’Brien, a voice of small island developing states (SIDS) and person with lived experience; and Senator Dr the Most Honorable Jerome Walcott, Minister of Health and Wellness, Barbados, opened the meeting. In his keynote address, Minister Walcott highlighted the need to address SIDS’ unique challenges, disproportionate burden of noncommunicable diseases (NCDs) and mental health conditions (MHCs), and diverse economic resources.

The first plenary session provided an overall context, and was opened by the voices of SIDS, with Dr Marawa Kini and Ms Vernée Sobers providing compelling information on the experiences of living with an NCD and mental health condition. Dr Bente Mikkelsen presented the situation on NCDs in SIDS countries, proposed a SIDS Implementation Roadmap linked with the Global NCD Compact 2020-2030, and launched the SIDS Data Portal. A panel with representatives from the Kingdom of Bahrain, Union of the Comoros, Trinidad and Tobago and the Kingdom of Tonga discussed important advances in their countries, noting the use of WHO guidelines.

The second plenary focused on health system strengthening for NCDs and mental health, and opened with Mr Fale Andrew Lesa, and Ms Xarriah Nicholls sharing their experiences, and urging for increased access to medicines and technologies to support self-management. Dr Anselm Hennis and Dr Devora Kestel reviewed the WHO guides and strategies on strengthening NCD and mental health programmes. A panel with representatives from Jamaica, Republic of Cabo Verde, Maldives, Micronesia and Solomon Islands provided examples of their initiatives, highlighting physical activity and mental health; screening for diabetes and for depression in primary care and other activities.

The third plenary, on health emergencies and climate change impact on NCDs and mental health began with moving remarks by Dr Marvin Manzanero, and Dr Georgiana Gordon-Strachan calling for greater attention to the impact of COVID, including long-COVID and improved mental health services. Dr Christian Schweizer presented on WHO’s work on climate change impact on health and noted over 70% of SIDS identified NCDs as one of the highest priority climate-sensitive risks. The panel with the Republic of Guinea-Bissau, Republic of Kiribati, Saint Vincent and the Grenadines and Tuvalu stressed the need to build meaningful, effective, and sustainable multisector relationships.

The final plenary, on multistakeholder engagement included Dr Abdul Malik advocating for the inclusion of indigenous voices and communities and Ms Ytannia Wiggins promoting physical activity to promote positive mental health. Ms Sarah Williams presented on strategies to mobilize an all-of-government and all-of-society response for NCDs and mental health and highlighted the enormous challenges faced by industry interference in policy development for NCD prevention. The final panel had representatives from Republic of Mauritius, Democratic Republic of Sao Tome and Principe, Independent State of Samoa, and Republic of Vanuatu discuss their advances with NCD policies, especially to prevent obesity.

Deep dive discussions were held, and recommendations developed; and side events, led by partner organizations, also allowed for more in-depth review of the following areas: communicating on NCDs, childhood obesity, youth engagement, mental health, and UN Agencies supporting SIDS with NCD and mental health programmes.
RECOMMENDATIONS BASED ON THE DISCUSSIONS

Numerous recommendations were made during the meeting on the following themes.

I. **Improve sustainable and innovative financing for NCDs and mental health**

   - Improve (re)allocation and investment of resources. Do more with available resources through the use of priority-setting mechanisms, conduct investment cases, rebalance investments towards health promotion, prevention and primary healthcare (PHC)-based services.

   - Enhance social protection for NCDs. Ensure integration of NCDs and mental health into essential packages of care and publicly financed health protection schemes.

   - Take advantage of new sources of international funding, such as the UN Multipartner Trust Fund to Catalyse Country Action for NCDs and mental health; the Global Fund, through its allocation funding for strategic initiatives; climate-related funds, such as the Green Climate Fund (GCF) and results-based funding, such as social impact bonds.

   - Seek domestic financing, applying fiscal measures such as unhealthy commodity taxation; access to official development assistance (ODA), with advocacy for use of the multidimensional vulnerability index, rather than gross national income (GNI) per capita.

II. **Address the impact of climate change on NCDs and mental health in SIDS**

   - Seize opportunities for SIDS to act with a collective voice and political will to be heard at, and lead, global discussions on health and climate change, particularly with respect to NCDs and mental health.

   - Leverage frameworks and action plans for climate change and health that already exist, such as the 2020 WHO Global Strategy on Health, Environment and Climate Change, and regional frameworks and action plans for SIDS and adapt instruments for the national situation for climate change adaptation and mitigation.

   - Simplify tools, processes, and systems for SIDS to develop proposals and access funding for climate change and health.

   - Establish a SIDS Secretariat in WHO that provides a platform for SIDS and health, and, among other functions, collects information on the needs of Member States regarding climate change and health.
III. Improve emergency preparedness and response for NCDs and mental health

- Improve coordination and cooperation among UN and other agencies that address emergency preparedness and response, including with regional entities such as the Caribbean Disaster Emergency Agency and enhance coordination and definition of roles and responsibilities among the various agencies that come into countries to assist with emergency and disaster responses.

- Train a cadre of individuals in mental health and psychosocial support (MHPSS) after an event, to have a rapid response team that can be scaled up and mobilised quickly to SIDS, with skills in addressing mental health and psychosocial support needs.

IV. Strengthening multisectoral engagement and policy coherence for NCDs and mental health in SIDS

- Urgently address the need for more coherent engagement across government sectors on NCDs, especially given related agendas, including the commercial determinants of health, and specific challenges in SIDS, for example, with trade.

- Ensure more capacity building for multisector action to build a value proposition for NCD action that highlights not only the health, but also the social, economic, and environmental benefits of reducing the burden of NCDs and Mental, neurological and substance use (MNS) conditions.

- Engage the right expertise for effective multistakeholder engagement, including meaningful involvement of those most affected by NCDs, youth, women and girls, and other civil society representatives.

- Undertake engagement with the pro-health private sector as a component of multistakeholder collaboration in an environment of sustained principles and processes that manage risks, including conflict of interest.

- Develop and implement legally-binding instruments to sustain multisector, multistakeholder action.
V. Commercial determinants of health and addressing conflicts of interest

- Prioritise the management of conflict of interest in response to commercial and economic determinants of health as essential for good governance, and for functional whole-of-government and whole-of-society responses, including policy coherence across sectors.

- Endorse this approach at the highest levels, through the implementation of conflict-of-interest measures within national and regional governance mechanisms (such as CARICOM), including those decision-making structures which engage the private sector.

- Use the collective power of SIDS to counter the power asymmetries leveraged by the unhealthy commodities industry, in respect of tactics, influence, and systems.

- Establish and strengthen relationships and partnerships with health-neutral and health-supporting private sector actors to encourage them to assume the roles traditionally played by health-harming actors, including with respect to corporate social responsibility.

- Develop, implement, and enforce norms and regulations to restrict the participation of actors from private or regulated sectors (and related actors) in the public consultation stage of policy design, and prevent them from participating in policy design, formulation, adoption, monitoring and enforcement stages.

- Build the capacity of SIDS governments to identify, prevent, mitigate, and manage conflict of interest and prevent industry interference through the development of tools and mechanisms, training, and research recognising the unique context of SIDS.
CONCLUSIONS

The meeting was concluded through reflections from representatives of people with lived experience with NCDs and mental health conditions, Ms Marguerite Jennifer Joseph, and Professor Alafia Samuels, as well as the SIDS High-level Policy Expert Group co-chairs Sir George Alleyne and Sir Colin Tukuitonga, echoing the needs for advocacy, resource mobilization and capacity building in SIDS countries to better address NCDs and mental health, in the context of climate change.