SIDS Action on NCDs and Mental Health

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Small Island Developing States (SIDS) are in the crossfires of multiple crises: climate change, loss of biodiversity, economic challenges, and health threats – including a disproportionate risk of dying prematurely from noncommunicable diseases (NCDs) and a high burden of mental health conditions. Momentum has been growing to support SIDS Member States in addressing NCDs and mental health conditions. The pivotal SIDS Ministerial Conference held in Barbados in June 2023 culminated in the 2023 Bridgetown Declaration on NCDs and mental health with a strong push to accelerate progress towards achieving SDG target 3.4 in these 39 Member States. Now, SIDS Member States are making specific commitments to take action by sharing their plans in the online SIDS Commitment Page.

Introduction

Objective

To connect, celebrate and support SIDS countries in championing action on NCDs and mental health. This periodic newsletter will spotlight individual commitments by SIDS Member States, share reflections from the voices of SIDS, and provide key updates on news and events.
Commitments at the highest level

The 2023 SIDS Ministerial Conference and Bridgetown Declaration laid the foundation for greater political commitment and targeted action to address the health burden of NCDs and mental health in SIDS. Drawing from key elements of the Declaration, the Ambassadors of Fiji and Barbados presented the following 10-point action plan, outlining actions to be taken by SIDS to address their disproportionate vulnerability to premature mortality from NCDs.

1. We must do this by committing to continued global leadership and speaking with a unified voice across all relevant high-level platforms to ensure priority is given to the prevention and control of NCDs and mental health conditions across the interconnecting agendas, such as health and climate change, emergency-resiliency, pandemic preparedness, development financing, biodiversity conservation, sustainable food systems and their commercial drivers.

2. SIDS have committed to engage and support SIDS Heads of State and Government in the Global Group of Heads of State and Government for the prevention and control of NCDs and at the 4th UN High-level meeting on NCDs, as well as the 2nd UN High-level meeting on universal health coverage (UHC), ensuring prioritization and action on NCDs, mental health and their risk factors in SIDS at the highest level of government.

3. We must do this by committing to act in unity and call on the global community including regional and international development banks, bilateral funders, the UN system, non-State actors including civil society organizations, as well as people living with NCDs and mental health conditions, and the private sector to support SIDS through coherent political action, partnerships, resource mobilization and innovations to ensure that the challenges and multi-dimensional vulnerabilities specific to SIDS are addressed.

4. We must do this by recognizing that addressing this devastating trajectory for SIDS requires building better resilience, strengthening monitoring and prevention, reducing vulnerability, raising awareness, improving emergency preparedness and response and investing in multi-hazard risk reduction, and addressing the underlying social, economic, and environmental drivers of risk.

5. We must do this by recognizing the most premature deaths from NCDs and mental health conditions are largely preventable by enabling health systems to respond more effectively and equitably to the health-care needs of people living with and affected by health conditions, and influencing public policies in sectors outside health that tackle shared risk factors.

6. We must commit to addressing the nexus of factors through whole-of-system, rights-based and equity approaches that are grounded in local culture and traditional knowledge.

7. We must commit to actions that can address NCDs and mental health conditions as an integral part of climate change resiliency and pandemic preparedness and response and protect people, communities and economies in the face of future emergencies by ensuring uninterrupted access to quality essential and affordable service and medicines throughout the life course, while reducing the exposure to their shared risk factors.

8. This can be achieved through the full integration of essential NCD and mental health services into primary health care (PHC) as the foundation for progress towards universal health coverage (UHC), catalysed by a greater integration of the prevention and management of NCDs and mental health conditions into UHC commitments at the 2023 UN High-Level Meeting on UHC.

9. SIDS must call on the global community to ensure all people in SIDS are covered by 2030 with climate change-resilient and environmentally-sustainable quality essential health services and quality, safe, effective, affordable, and essential medicines, vaccines, diagnostics and health technologies for the prevention and control of NCDs and the promotion, protection and care of mental health conditions across the continuum of care.

10. This ambition must be underpinned by establishing financial and social protection programs, such as social health insurance, including essential benefit packages, to enable equitable access to quality services, medicines, and health technologies, especially for persons and groups in situations of vulnerability based on their inputs and contributions.
**VANUATU**

Reducing prevalence of tobacco use to less than 16.6% by 2025

The tobacco epidemic is one of the biggest public health threats the world has ever faced, causing over 8 million deaths per year. The prevalence of tobacco use among adults in Vanuatu, a small island developing state in the Pacific, has shown a steady decline from 25% in 2000 to approximately 18% in 2019. To accelerate this momentum in tobacco control, Vanuatu has committed to reduce prevalence of tobacco use among adults to less than 16.6% by 2025.

This commitment aligns with the enforcement of the Tobacco Control Act first passed in 2008 to eliminate exposure to second-hand tobacco smoke in indoor workplaces, public places and public transport; implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use as well as provide cost-covered, effective and population-wide support (including brief advice, national toll-free quit line services) for tobacco cessation to all those who want to quit.

At a broader level, this plan entails strengthening the Multisectoral National NCD Task Force and Provincial NCD Working Group to be fully functional by the end of 2024.

Vanuatu has been consistently committed to its efforts, incorporating bans on heated tobacco products in 2016 and increasing the excise tax from 15% to 20% on tobacco products in 2019, as well as enacting comprehensive bans on tobacco advertising, promotion and sponsorship. Recognizing these efforts, Vanuatu has also been awarded by WHO for their important contributions to tobacco control as a regional champion.

As a follow-up to the Bridgetown Declaration, countries have been encouraged to submit individual commitments for NCDs and mental health in the form of targets with specific deadlines and corresponding action plans in line with national and sub-national priorities.

These targets and action plans address different risk factors including tobacco use, harmful use of alcohol, physical inactivity, unhealthy diet, and NCDs and mental health conditions through a range of policy areas, and are based on country specific context and epidemiology. These individual country commitments not only exhibit persistent efforts but also help accelerate progress towards the 2030 SDG targets.

All SIDS member states are encouraged to submit their set of commitments, and more details can be found on the [SIDS Commitment webpage](#).
Overweight and obesity poses an increasing concern in Belize today. Average obesity rates for adults, adolescents and children have all seen a persistent increase, reaching 24%, 11%, and 15% respectively in 2016. Since the start of the century, the proportion of overweight children aged 5-9 has also increased by more than half, reaching a new high of 31% in 2016. These alarming facts demand serious attention to protect young people from developing NCDs later in life. In response, the government of Belize has focused its priority on building capacity for NCD prevention, control and management through health promotion and education strategies.

The government of Belize has committed to tackling overweight and obesity issues among school children by creating an environment conducive to accessing healthy and nutritious foods. Specifically, the Ministry of Health launched a comprehensive National Nutrition Policy in June 2023, which aimed to promote equitable access to nutritious food and build awareness about healthy diets.

The “Healthy Habits, Healthy Schools, Healthy Belize Exposition”, the first of a series of Health and Nutrition Expos, was held in February 2024 in Belize City. By targeting school-aged children and adolescents to reduce their exposure to junk food in childhood, the nutrition policy strives for a long-lasting change in behavioural and cultural attitudes towards healthy food consumption.

This effort is complemented by other Health Promotion Initiatives such as the Healthy Lifestyle Caravan, which is deployed to remote areas to promote healthy eating, physical activity as well as to provide essential NCD health services to vulnerable populations. A forthcoming National Operational Plan will further define the implementation strategies of the National Nutrition Policy, harnessing the synergies of intersectoral collaboration in line with a Health in All Policies approach, to address food security issues and promote proper nutrition for the whole population.
Cardiovascular diseases (CVDs) are the leading cause of death globally, and intermediate risk factors, such as raised blood pressure (hypertension), blood glucose and blood lipids, as well as overweight and obesity, can indicate an increased risk of heart attack, stroke, heart failure and other complications.

In Timor-Leste, a small island nation in South-East Asia, CVDs accounted for 26% of total deaths in 2019 and there was a 35% prevalence of hypertension among adults aged 30-79 (2019). However, only 37% of these people were diagnosed – or aware – of their condition, of which 24% were put on treatment and 11% were controlled (2019).

To address this challenge, **Timor Leste has committed** to place 50,000 people with hypertension and diabetes on protocol-based management to improve control rates by 2025. The Ministry of Health aims to extend current implementation of **WHO-PEN** through primary health care across all municipalities, through the adaptation of the **SEAHEARTS** Interventions.

This commitment aligns with national priorities including the National Health Strategic Plan 2011-2030, the Multisectoral Action Plan for NCDs, 2018-2022, and the Essential Service Package for Primary Health Care, 2022 which aim to increase skills of health workers to manage chronic diseases through capacity building, improve availability of essential medicines, standardize diagnostic services and technology, including laboratory services, essential equipment for blood pressure measurement and drugs for diseases management and strengthen the information system for facility based monitoring.

People living with NCDs and mental health conditions face daily, and lifelong, experiences and hardships of managing their health. By sharing their stories, they contribute to reducing stigma, which is one of the greatest cultural and social barriers to accessing care. The SIDS Lived Experience Alliance is a collective of Lived Experience Experts from a variety of backgrounds whose mission is to advance the inclusion of lived experience expertise in research, policy-making and crisis response design through storytelling, data collection and sustainable community building. The following stories shed a light on the human experience of NCDs and mental health conditions.

**Maria O’Brien**
Focal Point - Voices of SIDS.
Director - Mindwise Project.
Member - National MHPSS Committee of Trinidad and Tobago.

The Voice of SIDS has taken many forms lately, all of which we are used to, but should we be? When suffering is normalized, it is where advocacy and collective action must step in. To remind us of our collective duty to make our communities safe and to protect and secure our peoples’ right to equitable, accessible and affordable healthcare, and of course, to bravely have discussions around cultural barriers like stigma.

We are growing a knowledge sharing and advocacy building community with the vision to amplify the Lived Experience of SIDS and bring those voices to the forums that could change both our collective inner and outer worlds. We are all the Voices of SIDS, and we are stronger - together.

Join us! Become a partner to the Voices of SIDS by contacting voicesofsids@gmail.com and contributing to the **Voices of SIDS Lived Experience Expert and Stories Registry**.
Over the past 7 months, I have been partnering with local youth groups, NGOs and both state and private entities in Barbados promoting Mental Wellness. Being a Stakeholder in regards to legislative change with the Mental Health Reform Action Plan in partnership with the Ministry of Health and Wellness as well as the Pan-American Health Organization and being recognized as a “Motivational Speaker” of sorts has left my soul and spirit fulfilled. Recognizing that we have all but touched the surface of reshaping the stigma surrounding Mental Health and Illness, it is tough navigating personal relationships, family and even workplace environments without sometimes feeling very lost. Having suffered from Mental Illness for over 25 years, this road is not for the weak, even though I often times feel as though I am, as the vulnerability of being an Expert in Lived Experience is a heavy role. Alas, the work will continue to be done and the philosophy of “Because she did, I can” will always be my mantra while I look forward to sharing more of my story and work on effective change of the perception of Mental Health in Barbados, the Diaspora and the International community.

My volunteerism emphasizes and empathizes the prevalent challenges of youth suicidality & the unsung everyday struggles of neurodivergent individuals. I desire more visibility towards welcoming psychological counselling & accessibility to evaluations for both children and adults because the social and economic barriers posed to Caribbean communities in light of such necessary healthcare services had prevented me from receiving a formal diagnosis: and just as many others, I was left to unpack, unmask and relearn about my neurodiversity at 23 years of age.

I remember those times of uncertainty, isolation and learned helplessness that created false narratives of being unworthy of support or acceptance as a young child within the early care & primary school systems...That lost and distant feeling of being unable to create fulfilling connections with my fellow peers or colleagues still lingers –yes, I have found strategies and the resilience to cope, but the younger version of who I was needed the comfort and reassurance that what I experienced was very vivid, valid and a definitive turning point of my life.

I deem it necessary to approach mental wellness with compassion, tolerance & patience, and such a trajectory would afford us to heal and transform ourselves–beyond the suppressed traumas and limitations.
At the 154th WHO Executive Board meeting, several SIDS member states reiterated their commitment to addressing their health burden (particularly for NCDs and mental health) in the context of their unique vulnerabilities.

Under Agenda Item 7 - “Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases”:

**Maldives** highlighted the challenges faced by SIDS as import-dependent and climate vulnerable countries, particularly helpless in adequately addressing the commercial determinants of NCDs. Maldives urged the WHO to work closely with SIDS through tailored interventions and provision of flexible resources.

**Barbados** echoed the need for tailoring global health strategies to address specific challenges, further highlighting its role in hosting the 2023 SIDS Ministerial Conference and resulting Bridgetown Declaration. Barbados also advocated for sustained investments with resources earmarked for NCDs, and greater information sharing with countries.

**Micronesia** emphasized the disproportionate burden of NCDs on SIDS with a particular focus on alcohol use and unhealthy diet stemming from cheap imported food options, and therefore suggested the exploration of commonly traded food items partnerships to tackle the commercial aspect of this burden.

Furthermore, several member states including Togo, Ecuador, & Dominican Republic among others also highlighted the disproportionate risk and vulnerability to climate change faced by SIDS nations such as rising sea levels, resulting in a unique health burden which necessitates innovative strategies.

These comments are significant in strengthening the outcome of the 2023 Declaration. They not only display the shared resolve of SIDS members towards improving their health systems and achieving targets, but also spotlight the challenges faced by this distinctive group of states, generating greater awareness among non-SIDS countries on a global level.

Recap: SIDS in the 154th WHO Executive Board meeting
NCD Hard Talks: What will the next decade of SIDS action look like?

Tune in to our upcoming NCD Hard Talks Webinar on April 25 and 26 at 13:00 – 14:30 CET for two sessions dedicated to unpacking SIDS’ unique experiences at the intersection of the NCD and climate crises, and exploring next steps.

4th International Conference on Small Island Developing States (SIDS4)

The SIDS4 Conference will be held from 27 to 30 May 2024 in Antigua and Barbuda along the theme “charting the course toward resilient prosperity,” during which participants will take stock of the ability of SIDS to achieve the Sustainable Development Goals (SDGs) by 2030. Importantly, the conference will redefine the priorities for the next decade of action in SIDS, following the review of the Small Island Developing States Accelerated Modalities of Action Pathway (SAMOA Pathway) 2014-2024.

Five high-level interactive dialogues will be held over the three days, harnessing the potential of climate finance, data and digital technologies, investment in human capital, and other key areas, to address current vulnerabilities and build resilience for the future. WHO will co-lead the preparation for the interactive dialogue titled “Investing in human capital: addressing health crisis in SIDS and building the potential of youth in SIDS.” A special side-event on NCDs will be planned, with more details to be shared soon. Other special events, including programmes on youth action, gender equality, and civil society engagement, will take place in the margins of the conference.

◊ To get involved in the NCD side-event, please contact: hogendorfm@who.int
◊ To submit an application for another side-event, please do so by the deadline of March 8th.

Visit the SIDS4 webpage for more information or email kiegelee@who.int