



SIDS Action on NCDs and Mental Health



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Introduction

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 commitments page](#).

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.

Country stories

The 2023 SIDS Ministerial Conference and Bridgetown Declaration laid the foundation for greater political commitment and targeted action. 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 subnational 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](#).



Action to reduce hypertension by 25% by 2025

In the multi-island nation of St Vincent and the Grenadines, hypertension is the fourth leading cause of death among adults aged 18 years or older, accounting for 8.4% of deaths in 2021. Ischemic heart disease and cerebrovascular disease, of which hypertension is an intermediate risk factor are the second and third leading causes of death among adults in St Vincent and the Grenadines, with mortality rates of 15.8% and 10.54% respectively. Among the current adult population ages 30–79, the reported prevalence of hypertension is 39% (2022). However, 38% of these people remain undiagnosed (2022). Additionally, 20.5% were treated and had the disease under control versus 24.9% who were treated and unable to control this disease (2022). Over 16% of people were aware of their diagnosis but remained untreated (2022).

To address these challenges, the Ministry of Health, Wellness, and the Environment has committed to reducing the incidence of raised blood pressure by 25% by 2025. As a part of this effort, the specific actions include adopting evidence-based guidelines for the management of raised blood pressure in all public health care facilities, developing and maintaining an electronic registry for patients with raised blood pressure, and reducing by 50% the number of undiagnosed persons suffering from the condition through screening programmes, by 2025.

Additionally, the Health Promotion and Nutrition units continue to execute island-wide initiatives that further cement the Ministry's commitment. The ongoing Vincy Moves campaign continues to encourage and educate the public on the importance of exercise in controlling and preventing hypertension and other NCDs. The Workplace Wellness Initiative, launched in October 2023 focuses on promoting health and well-being in various professional settings by offering free health education and screening for hypertension and other NCDs. Monthly, collaborative activities with community-based hypertensive and diabetic support groups have also proven effective in educating and enhancing the quality of life among senior citizens, in which hypertension is most predominant.

The upcoming launch of the HEARTS initiative and Know Your Number campaign will further strengthen the Ministry's dedication to the prevention and control of hypertension and by extension cardiovascular diseases (CVDs) and improve the performance of health services through better control of high blood pressure and the promotion of secondary prevention with emphasis on the primary health care.

Samoa

Scaling up implementation of PEN Fa'a-Samoa

Noncommunicable diseases (NCDs) account for around 82% of total deaths in Samoa, a small island developing state in the Western Pacific. Alarming, Samoans have a 31% probability of dying prematurely (under the age of 70) from cardiovascular diseases, diabetes, cancer or chronic respiratory diseases (2019).

To address this challenge, Samoa is committed to reduce, by one third, the premature mortality from NCDs by 2030, by scaling up early detection, management and awareness of NCDs in the community.

As a part of these efforts, Samoa, with support from the World Bank, and other development partners such as NZ-MFAT and Australian DFAT, envisions upscaling the implementation of the Package of essential NCD interventions (PEN Fa'a-Samoa) which is an innovative and action-oriented response to addressing the NCD challenge burdening Samoa's health system. This is done by adapting the WHO protocol to suit the local Samoan context, operating along its three pillars: early detection, management, and awareness of NCDs in the community.

In line with this commitment, the Samoan Government is training the health workforce and

strengthening the capacity of health systems, particularly at the primary care level.

The PEN Fa'a-Samoa emphasizes engagement at the community level and aims to expand rural populations' access to services. This is done by empowering and training members of the Village Women's Committees, engaging village level governing mechanisms to deliver promotional activities on NCD risk factors and measuring key metrics for early detection of NCDs. Schools provide children with preventive screening services for NCD risk factors, health promotion and education on healthy lifestyles to address obesity/overweight and physical inactivity. and expanding on all myriads of other social determinants of health. Specific sub-targets on main NCD risk factors have been put in place. To improve NCD monitoring, a target was also set for a 30% increase in NCD patient tracking in rural facilities, per year.

This commitment aligns with Samoa's national priorities for NCDs including the Health Sector Plan 2019/20-2029/30, National NCD Control Policy 2018-2023, Samoa National Food and Nutrition Policy 2021-2026 and the Samoa National Health Promotion Policy 2022-2027.



Mauritius

Preventive measures to reduce prevalence of dental caries and strengthen oral health by 2025



Oral diseases, while largely preventable, pose a major health burden for many countries and affect nearly 3.5 billion people globally and 480 million people (43.7%) in the WHO African Region in 2019. Untreated dental caries (tooth decay) in permanent teeth is the most common health condition according to the Global Burden of Disease 2019.

The burden of untreated oral conditions is also felt in Mauritius, a small island developing state in the African Region, which observed a 43.4% prevalence of caries in deciduous teeth in children 1-9 years of age, and 26.8% prevalence of untreated caries of permanent teeth in 2019.

In addition to promoting a healthy diet low in free sugars, adequate exposure to fluoride is an essential factor in the prevention of dental caries. Inadequate fluoride exposure in Mauritius has, therefore, exacerbated the oral health burden and prompted research over the years on different potential public health measures to increase exposure to fluoride.

In light of these reports, Mauritius has committed to implement preventive measures (particularly through the use of fluoride) to reduce the prevalence of dental caries among school children in Mauritius, Rodrigues and Agalega and strengthen oral health promotion by 2025.

These efforts target school children, as the Government aims to distribute oral health kits

(a toothbrush, fluoride toothpaste, an oral health educational pamphlet and a bookmark with oral health advice) to 76 000 children by May 2024, along with demonstrations of proper tooth brushing techniques, and reinforcements of the restrictions on sale of sweets/chocolates/sugary drinks in school canteens. Furthermore, efforts will commence towards the application of fluoride varnish for 30 000 primary school children by mid-2025, and the application of pit and fissure sealant on permanent molars for around 10 000 children, also to be completed by mid-2025. Additionally, the value added tax on toothpaste and toothbrushes was removed in 2023 in collaboration with the Ministry of Finance, Economic Planning and Development to increase the accessibility of these products.

This commitment complements the implementation of the National Action Plan for Oral Health 2022-2027, which is in line with the WHO global strategy on oral health and takes a common risk factor approach to address both NCDs and oral diseases. Oral conditions share risk factors common to the leading NCDs, including sugar consumption, tobacco use, alcohol use and poor oral hygiene, and their underlying social and commercial determinants. Thus, efforts towards this commitment further advocate for integrating management of oral diseases and other NCDs in primary health care.

Cook Islands

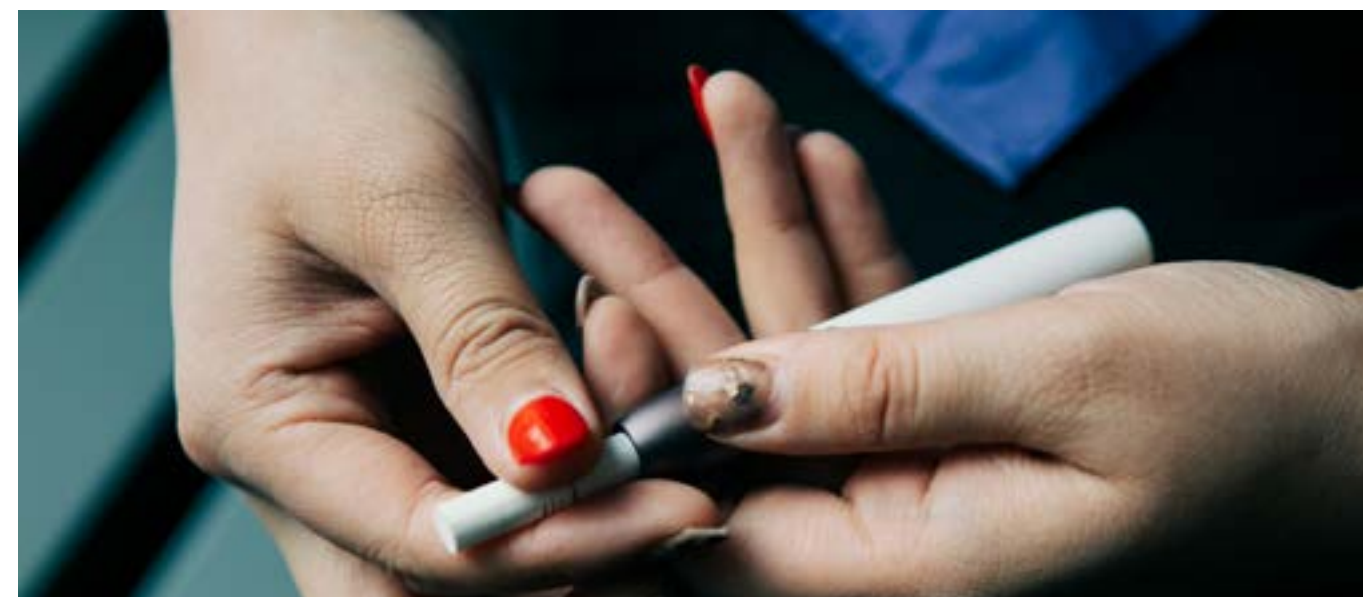
Cook Islands raises smoking age to 21 and bans vapes

Tobacco use is a key risk factor for NCDs. In the Cook Islands over a quarter of people over 15 years of age use tobacco products, equivalent to about 27% of the population.

To address this key health challenge, Cook Islands passed the Tobacco Control Amendment Bill 2024 in March. The bill bans the manufacture, importation, sale, distribution and advertising of imitation tobacco products, including vapes and e-cigarettes. The bill also requires those selling tobacco to apply for permits to import and distribute

tobacco products. The legal age of sale for tobacco products is now increased from 18 to 21 years and smoking in all public places will be prohibited with limited exceptions. The bill builds on the Tobacco Products Control Act passed in 2007 which regulated the distribution, sale and use of tobacco products.

This is part of a phased-out approach that aims to make the Cook Islands smoke free by 2030. Initial implementation is being rolled out in Atiu, Mitiaro, Mauke and Mangaia in 2025, with the rest of the islands following by 2030.



This is far from the first steps that Te Marae Ora, the Ministry of Health in the Cook Islands have taken. Ngaki’anga Kapiti Ora’anga Meitaki, the Cook Islands Strategic Action plan to prevent and control noncommunicable diseases 2021–2025, highlighted tobacco control. In 2023, the National Health Strategic Plan 2023–2027 (TMO Ara-Tango Angaánga) published a winning essay written by a student, Anne Browne, calling on the Government to ban vapes.

The National Health Road Map outlining Te Marae Ora’s health plans, identifies challenges such as the rise in NCDs. Cook Islands are already signatories of the WHO Framework Convention on Tobacco Control and measures have been taken along each category of the WHO–MPOWER package. Next steps will include setting up the Tobacco Licensing Committee for new licensing process and for shops or vendors to remove vape products.

Antigua and Barbuda

Antigua and Barbuda to provide HPV testing at all primary care centres and increase uptake of HPV vaccine and screening



Cervical cancer can be eliminated within a generation, if a comprehensive approach to prevent, screen and treat is implemented. And yet it remains the fourth most common cancer in women today. In 2022, an estimated 660 000 women were diagnosed with cervical cancer worldwide and about 350 000 women died from the disease. Effective primary prevention (HPV vaccination) and secondary prevention approaches (screening for and treating precancerous lesions) will prevent most cases.

Antigua and Barbuda aims to be the first country in the Caribbean region to reach the 90–70–90 goals to accelerate the elimination of cervical cancer as a public health problem. Potential challenges may include a lack of HPV vaccination knowledge and awareness, HPV vaccine hesitancy; insufficient capacity and resources in cytology and colposcopy to meet the increased need; and insufficient quality assurance for histopathology services.

To address this challenge, Antigua and Barbuda has committed to increase access to and acceptance of HPV vaccination and screening towards eliminating cervical cancer by 2033. Specifically, by 2024, the Government commits to providing HPV testing at all primary care centres. Additionally, plans are in place to conduct a public education and promotion campaign to increase the uptake of the HPV vaccine and HPV screening in communities by addressing beliefs, attitudes, and behaviours.

The initiative encompasses the publishing of the National Guidelines for Cervical Screening and Treatment of Pre-cancer Lesions. All three pillars of cervical cancer elimination, prevention via HPV vaccination, cervical screening, and treatment of cervical lesions, have been emphasized and continue to be implemented at facilities across the country, in line with the [Cervical Cancer Elimination Initiative](#).

This month, we feature two stories from advocates who might surprise you. Their stories tell us about the work they were inspired to do from the gravity of the experiences and crises they encountered within their own lives. In SIDS our crises have been the source of many powerful social movements. However, it is fair to say that much of our community action is happening in silos. The things that separate us are the reasons we must cast aside limiting beliefs and build our relationships and opportunities together. Doing this increases our impact, it forges alliances and connects the dots that otherwise remain unseen.

From my own experience building [First Citizens Sustainable Minds Youth Volunteer Programme's Youth Gatekeepers Initiative](#) with Mindwise Project and the First Citizens Foundation, I have seen the power of connecting existing networks instead of forging entirely new ones. We have brought together extraordinary groups such as the University of the West Indies, Rotary 7030, Rotaract 7030 and youth leadership organizations throughout the Caribbean to tackle one issue – the high rates of suicide in our Region.

It is through the shared experiences and knowledge gathering that we will see how to build our future better, stronger and more resilient than before. In this issue, we celebrate those who are doing the work of forging this future – health professionals and advocacy leaders. Thank you for your partnership.

Voices of SIDS

Stories of persons with lived experience



Maria O'Brien
Focal Point – Voices of SIDS

Learn more about Mindwise and the Youth Gatekeepers Initiative at:

www.preventsuicidett.com/gatekeepers
www.mindwisett.org/volunteers

Voices of SIDS

Bula Vinaka!

I first came to know that I was a diabetic in the year 2004 through a consulting doctor in Suva. When I was told I was diabetic, I really didn't understand the severity of the condition then due to my limited knowledge of the condition and the only thing that came to my mind was increased sugar levels in the body. So I thought "if I stop eating sugar, I should be ok".

In reality, I had already been diabetic long before 2004, without being aware until I was forced to visit the doctor due to the sudden swelling of my feet. I was confirmed to have type 2 diabetes.

It took me a few years to come to terms with this reality and change my mindset. The more I read about it on the news, the more it affected me because of the fear of judgement and death.

Then I started doing my own research and realized that I can continue to live my life and manage the condition through medication, exercise, a controlled diet and manage my stress level. I did a self-assessment and concluded that it was my lifestyle that got me to where I am. I made sure I did not miss my 6-monthly checkups and blood tests through the Diabetic Health Clinic in Suva which has a very helpful staff who provide you with the appropriate guidance.

My blood sugar became more manageable after incorporating exercise into my routine and small changes to my lifestyle. The support from my wife and children was overwhelming and motivated me to believe that I can live a normal life and not be treated like sick man.

Victor Adrian
Suva, Fiji



I am now retired from full-time employment and have joined Diabetes Fiji as a volunteer. We are currently working on the 10th anniversary, scheduled for 10 July this year. I have also joined the WHO discussion forum on living with type 2 diabetes and recently had the opportunity to share my story on a global platform.

By helping those with diabetes through education, awareness, listening to their stories and supporting them emotionally, I feel that I am giving back to the community. I feel blessed to help even if one person; I know I am making a difference.

There is so much work to be done with limited resources but we must move on one day at a time.

When I wake up in the morning I can immediately tell if it's a bad Sahara dust day. My sinuses are all blocked up and I can feel my chest tightening with early signs of asthma. Today was such a day. On such days I must have my asthma inhaler handy and take antihistamines to avoid congestion.

Sahara dust originates in West Africa. It is getting worse as climate change increases heat, drought and desertification, associated with deforestation, logging, farming, and construction. An estimated 100 000 tons of topsoil is blown across the Atlantic to the Americas every year.

Data from the meteorological services of Trinidad and Tobago show that Sahara dust has been getting more frequent in recent years. In the 1980s there were less than 50 dust days a year increased to some 200 days recently. On bad days driving visibility can be impaired. Pharmacists tell me there is a surge in people buying asthma and allergy medicines during bad Sahara dust periods. Children get sent home from school with asthma, visits to hospital and admissions for asthma increase.

More studies on the health effects of Sahara dust is needed to guide policy and medical practice, and provide clear guidance to vulnerable populations.



Dr C. James Hospedales
Trinidad and Tobago



Increasing Sahara dust is one of the signs of accelerating climate change. Climate change, along with the related crises of pollution and loss of biodiversity, represents the greatest threat to public health in the 21st century. The Caribbean, one of the most vulnerable regions in the world to the effects of the climate crisis, experiences many adverse health effects. Intense hurricanes, floods and landslides, accelerating sea level rise, extreme heat, warming oceans, and drought are causing increased injuries and deaths, heat-related illness, vector borne diseases, mental health disorders, noncommunicable diseases, and population displacement.

In 2020, these crises led me to found the EarthMedic and EarthNurse Foundation for Planetary Health with the aim of mobilizing the health professions worldwide as trusted messengers in society to tackle the climate crisis – beginning in the Caribbean, through advocacy, training, research, and partnerships. Together, we have led the development of the first comprehensive Caribbean Research for Action Agenda on Climate Change and Health. Finally, climate action is also important for NCD prevention and control. For example, reducing fossil fuel use in transportation improves air quality, reducing respiratory and cardiovascular diseases, and helps prevent cancer. Switching to more plant rich diets reduces risk of NCDs and also reduces carbon footprints synergistically protecting health and the environment.

Highlights

SIDS4 conference: Charting the course toward resilient prosperity



The [Fourth International Conference on Small Island Development States \(SIDS4\)](#) took place from 27 to 30 May 2024, in St John's, Antigua and Barbuda under the theme "Charting the course toward resilient prosperity".

During the 4-day conference, there were:

8 plenary meetings

5 interactive dialogues

200+ side events and special events

1. Revitalizing SIDS economies for accelerated and sustainable growth
2. Making climate finance work for SIDS: building on the outcomes of UNFCCC COP28
3. Enhancing critical forms of financing and aid effectiveness through collaborative partnerships: a conversation
4. Leveraging data and digital technologies and building effective institutions for a resilient future in SIDS
5. Investing in human capital: addressing health crisis in SIDS and building the potential of youth in SIDS

‘By the SIDS, for the SIDS’: next decade of action on NCDs and mental health

The next [decade of action](#) on NCDs and mental health in SIDS will require tailored solutions, strategic partnerships and investment to ensure sustained impact. This was the premise of a high-level side event convened by WHO/PAHO, the government of Antigua and Barbuda, and Healthy Caribbean Coalition, during the SIDS4 conference on 28 May 2024. The event brought together national leaders, key partners and individuals with lived experience to discuss how to catalyse attention and investment to address NCDs and mental health conditions in SIDS. The moderator, **Dr Kenneth Connell, Vice President of the Healthy Caribbean Coalition**, energized the room – sharing the urgency of addressing this health agenda and building political commitment at the highest level.

Hon. Dr Molwyn Joseph, Minister of Health of Antigua and Barbuda, shared his vision for healthier small island states, showcasing the strong efforts already taken by Antigua and Barbuda. The **Rt Hon. Patricia Scotland KC, Commonwealth Secretary General**, emphasized the power of partnership, including through the Commonwealth’s youth focused guiding framework for physical inactivity and unhealthy diets.

Ms Eunetta Bird, a breast cancer survivor, shared her personal story in accessing NCD care and the challenges that millions of people need to overcome. **Mr Kerrie Symmonds, Foreign Minister of Barbados**, noted the need for increased financing for the NCD response in many small island states, and the nuanced realities of private sector engagement. **Dr Anselm Hennis, Director, Department for NCDs and mental health, PAHO**, stressed the value of strengthening primary health care to deliver services and urged Caribbean countries to join the PAHO Better Care for NCDs Initiative. **Dr Georgiana Gordon-Strachan, Director, Tropical Metabolism Research Unit, Caribbean Institute for Health Research**, emphasized the critical need for data and research to move the NCD and mental health agendas forward in the SIDS. The **Hon. Charmain Scotty MP, Minister for Health and Medical Service of Nauru**, shared an optimistic message, noting that 20 countries had submitted over 60 actions to the online SIDS commitments page for NCDs and mental health. The Hon. Minister closed the session with a call to action, urging all SIDS Member States to share their commitments and accelerate implementation of WHO “best buys” ahead of the fourth UN high-level meeting on NCDs in 2025.

For more details see [here](#) or contact: hogendorfm@who.int



“Heart disease, cancer, diabetes, and respiratory diseases, as well as mental health conditions, impact the life and well-being of millions of people. In SIDS, their impact is strongly felt, due to climate change, the commercial determinants of health, fragile economies and weakened health systems”

[Dr Tedros Adhanom Ghebreyesus, WHO Director-General](#)

Antigua and Barbuda Agenda for SIDS ([ABAS](#)): Renewed Declaration for Resilient Prosperity

At the conclusion of the SIDS4 conference on 30 May 2024, world leaders adopted the “Antigua and Barbuda Agenda for SIDS: A Renewed Declaration for Resilient Prosperity,” pledging support for SIDS to achieve priorities across the sustainable development agenda over the next 10 years. The ABAS features key commitments on NCDs and mental health:

Member States acknowledge the inadequacy of SIDS’ health and social protection systems, and the prevalence of communicable and noncommunicable diseases (NCDs) in SIDS, which pose a threat to sustainable development and economic productivity, disproportionately affecting the poorest and those in vulnerable situations.

Member States seek support to strengthen health systems by:

- Integrating essential NCDs and mental health services into PHC and UHC.
- Enhancing health literacy to promote healthy lifestyles and preventive measures to address NCD risk factors, including obesity, unhealthy diets, physical inactivity, harmful use of alcohol, tobacco use and exposure to air pollution and addressing the linkages between the environment and nutrition.

Member States call for safe and healthy societies by: providing financial and technical assistance and capacity building support to prevent and address the impact of NCDs and mental health conditions, including in support of the Bridgetown Declaration on NCDs and Mental Health, as appropriate.

Looking ahead:

The International dialogue on sustainable financing for NCDs and mental health

The [International dialogue on sustainable financing for NCDs and mental health](#) took place in Washington, USA between 20 and 21 June 2024. It is the second meeting of the series initiated in 2018 with the WHO Global dialogue on Partnership for Sustainable Financing of Noncommunicable Disease Prevention and Control held in Copenhagen, Denmark.

Leading up to the fourth high-level meeting in 2025, the dialogue presents a great opportunity to define and build consensus among various stakeholders on actionable strategies and policy recommendations on health financing reforms; to identify approaches for integrating NCDs and mental health within national health and financing plans; and to inform an agenda to guide countries in accelerating progress towards reaching targets under SDG3.4 by 2030.



Highlights

AFRO SIDS establishes secretariat for joint medicines procurement : elects Mauritius as host

Health ministers from small island developing states (SIDS) in the African Region of WHO convened in Seychelles this March for the 8th AFRO SIDS health ministers meeting, to take stock of their progress towards achieving the SDGs. Emerging from this critical meeting is the establishment of a secretariat overseeing joint operations in pooled procurement of essential medicines. Mauritius has been elected as the host and will lead AFRO SIDS’ efforts towards harmonizing medicines management systems, improving supplier performance, reducing procurement workload, and ultimately increasing access to affordable and quality medicines and medical products through expanding collective bargaining power.

“As a collective we have come together to explore different ways of working so we can make our voices heard in all the important global arenas. Even if we don’t always have the capacity on our own, through SIDS we can do it. We may be small, but we can be big in our actions”

said Hon Peggy Vidot, Minister of Health of the Seychelles

The conversation began in 2019. Due to increasing prevalence of NCDs in the Africa Region in the wake of socioeconomic transitions and a rapidly ageing population, AFRO SIDS recognized that affordability of essential NCD medicines was a crucial obstacle to overcome. Building on this momentum, the establishment of a secretariat marks an important milestone, and will pave the way for closer collaboration between AFRO SIDS in the future.

Expanding SIDS’ access to affordable and quality medicines through pooled procurement

Caribbean SIDS continue pooled procurement initiative under OECS



The Organisation of Eastern Caribbean States (OECS) established its Pool Procurement Services (PPS) in 1986 to aid Member States in accessing quality medicines at an affordable price with long-term consistency. Then titled the Pharmaceutical Procurement Service, the agency has continuously worked to address obstacles faced by its SIDS Member States, through collective bargaining and economies of scale.

