



SIDS SUMMIT FOR HEALTH:

For a healthy and resilient future
in Small Island Developing States



28-29 June 2021

POLICY BRIEF

Noncommunicable Diseases and Mental Health Conditions in SIDS

The Challenge

As a group, Small Island Developing States (SIDS) share a disproportionately high burden of the risk factors, morbidity and premature mortality caused by non-communicable diseases (NCDs) and mental health conditions and their determinants.

- **NCDs are a leading cause of premature mortality**, with 52% of people with NCDs in SIDS dying prematurely (aged 30-69 years). In the Pacific, NCDs account for approximately 70% of mortalities.
- **Mental health conditions are common in SIDS**. According to the latest Global Burden Disease (GBD) 2019 estimates, 15.2% of the Caribbean population has a mental disorder; this is an estimated 11.2% in the Pacific.
- **Suicide rates are high in SIDS**, with Kiribati and Micronesia (Federated States) having the 5th and 6th highest age standardized suicide rates globally.
- **The risk factors for NCDs and mental health in SIDS are strikingly high**: 28% of adults aged 18 years and above do not engage in enough physical activity, 23% smoke tobacco, 56% are overweight with half of them obese.
- **Unhealthy diets and physical inactivity mean Pacific island countries and territories (PICTs) account for eight of the world's ten most obese nations, and seven of the ten with the highest rates of diabetes**.
- **SIDS have some of the highest rates of tobacco use in the world**. Five Pacific SIDS are among the top 10 countries in the world for smoking prevalence.
- **Alcohol use in many SIDS is high**. In eight Pacific Island Countries and territories, over 60% of the population reported using alcohol.¹
- **Experiencing violence is a risk factor for mental illness**. Globally, 1 in 3 (35%) of women will experience interpersonal violence in their lifetime. In the Pacific Island countries, this rate is much higher; in some of these countries, it is more than 60%.²

¹ Kessaram, T. et al. (2016) Alcohol use in the Pacific region: Results from the STEPwise approach to surveillance, Global School-Based Student Health Survey and Youth Risk Behavior Surveillance System. *Drug Alcohol Rev.* 35, pp. 412-423. Accessed online from: <https://onlinelibrary.wiley.com/doi/pdf/10.1111/dar.12328>

² National surveys, as cited in Asian Development Bank & The Pacific Community (2016) Gender Statistics The Pacific and Timor-Leste. Accessed online from: <https://www.adb.org/sites/default/files/publication/181270/gender-statistics-pacific-tim.pdf>



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- **Commercial determinants of health and trade are important drivers of NCDs in SIDS.** Trade agreements and policies, through their influences on price, availability and promotion of food products, cigarettes and alcohol, have helped accelerate nutritional transition away from traditional diets, a process which 'has been a driver of high levels of obesity, food insecurity, and NCDs in SIDS countries'.³ Over half of SIDS in the Caribbean and Pacific import over 80% of their food.
- **Health systems in SIDS are under-resourced**, and many health services are struggling to transition to a chronic care model to reflect the changing epidemiology and move towards universal health coverage. Small markets, high transport costs and lack of economies of scale for negotiating prices for drugs and medical technology result in high, variable prices.
- In many SIDS, the **workforce capacity to respond to NCDs and mental health conditions is limited** despite a dire need. A recent report predicted a 74% increase in the years of human life lost due to mental and substance use disorders by 2050 in the Pacific region that would need to be met by a commensurate substantial increase in the mental health workforce, but investment and resource allocation remains too limited to realize this increase.
- **Health information systems in SIDS are mostly weak, underdeveloped and fragmented**, which further limits the effectiveness of the response to NCDs and mental health needs in SIDS.
- According to the 2019 Global Health Security Index, a measure of the **health system's readiness** to manage an event like a global pandemic, **the large majority of SIDS fall into the "Least prepared" category**.⁴
- The high burden of NCDs in SIDS predisposed the SIDS population to higher vulnerability to **becoming more severely ill with COVID-19**. There is also evidence that obesity is an *independent* risk factor for increased COVID-19 illness severity and mortality.
- The impact of **climate change** is most pronounced in developing nations, with SIDS facing an even higher level of vulnerability. The consequences of sea level rise, extreme weather events and air pollution threatens any vision of sustainable development in SIDS. A recent review of mental health and wellbeing under climate change in SIDS identified growing evidence linking climate-related hazards to increased distress and higher rates of mental health problems.
- Public visibility of **people living with NCDs (PLWNCDs)** or with mental health conditions, or both, is essential to co-creating relevant, contextually appropriate and acceptable interventions at the community level, and helps ensure a timely, robust and sustainable response to NCD and mental health.

³ FAO and CDB Study on the State of Agriculture in the Caribbean, 2019: <https://doi.org/10.4060/CA4726EN>

⁴ UN-OHRLLS, Assessment of Financing for Sustainable Development and the Achievement of the Samoa Pathway, 2020. <https://www.un.org/ohrrls/news/financing-sustainable-development-samoa-pathway>



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Commitments and Progress

As early as 1999, SIDS recognised the importance of action on NCDs, including the critical role played by WHO. Throughout the early 2000's, SIDS, particularly those in the Pacific and Caribbean, were alarmed by the urgent need to address the exponentially growing NCD disease burden both nationally and globally, with some SIDS nations declaring a state of health emergency.

Their advocacy contributed to bringing about the first international declaration in 2011 to combat NCDs through a "whole of government" response. This commitment was reflected in Sustainable Development Goal 3.4, which aims to reduce the level of NCD-related mortality by one third by 2030. Within the last decade, governments have developed increasingly urgent "road maps" and policy options to combat the NCD epidemic with parallel monitoring frameworks.

- UNGA resolutions and Political Declarations in 2011, 2014, 2018, and 2021 include the urgent need to address NCDs in the context of both health and sustainable development. In 2019, world leaders pledged "to progressively cover 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030."
- The Pacific Island NCD crisis was recognised in 2011, and Economic and Health Ministers, together with international partners, committed to taking proactive action against the health and economic impacts of NCDs. In 2014, this was followed by the development of the SAMOA Pathway, a comprehensive plan to support sustainable development – including improved health and reduction of NCDs – among SIDS countries.
- Heads of Government of the Caribbean Community (CARICOM) held a Regional Summit in 2007 on Chronic NCDs in the Caribbean. The resulting CARICOM declaration made ambitious pledges (e.g., ensuring that 80% of people with NCDs would receive quality care, and using all tobacco and alcohol taxation for NCD/health promotion purposes).
- In 1995, Pacific Health ministers declared a vision of Healthy Islands (Yanuca Island Declaration). In 2011, Ministers of Health for the Pacific islands countries endorsed a Framework of Action, which covered improved health policies (including urgently addressing NCDs and mental health) and health systems. The plan recognised the need for an all-of-society approach, including education, workplaces, and strong multisectoral and international cooperation.

In 2013, Member States adopted the global monitoring framework developed by WHO to track progress in achieving these commitments and the nine global NCD targets for the prevention and control of the four major NCDs (cardiovascular diseases, cancer, chronic lung disease and diabetes) and their risk factors, using 10 key indicators of the national NCD response. Based on the framework, SIDS countries are lagging behind the global average, particularly on measures to reduce tobacco use and unhealthy diets and on "evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach."



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Recent and ongoing actions

A variety of efforts are under way at national, regional and global levels targeting NCD prevention and control and mental health, with varying degrees of impact.

- **Cost effective NCD interventions** - A menu of cost-effective policies and interventions to prevent and control NCDs have been promoted for implementation in SIDS countries. While significant progress has been made in some countries, efforts in SIDS have been inconsistent.
- **Health System Strengthening for Universal Health Coverage Partnership 2020 - 2023** - Through a proposal of the ACP (African, Caribbean and Pacific) group of states with WHO, EU support has been provided for 79 ACP countries, 38 of which are SIDS, to strengthen their health systems to deliver on NCD services. This consists mainly of technical assistance and catalytic funding for local activities through the WHO.
- **2023-2030 NCD Implementation Roadmap** - In May 2021, the World Health Assembly asked WHO to prepare a new implementation "roadmap" for NCDs⁵ that will look specifically at country groupings including SIDS and provide guidance on implementation with the support necessary to allow them to reach SDG target 3.4 in the next decade.
- **WHO's Comprehensive Mental Health Action Plan 2013-2030**, recently endorsed by the 74th World Health Assembly, identifies global targets and associated indicators and options to urgently address mental health needs and expand community-based mental health services in order to achieve sustainable development. As a result, development of regional and national mental health plans in SIDS countries has progressed.
- **WHO Global Sodium Benchmarks** - WHO has recently launched a new initiative to introduce harmonized global benchmarks for the maximum allowed levels of sodium in 60 categories of processed food,⁶ which will support the promotion of healthy diets in SIDS.
- Hundreds of **global partnerships** were initiated after the 2014 SIDS summit in Samoa, leading to investment and collaboration on climate change, sustainable energy and biodiversity. Unfortunately, only 1% of these partnerships targeted health.
- All six WHO Regional Offices have developed **regional nutrient profile models** which will serve as the tool for SIDS to develop and implement their national policies to restrict the marketing of certain foods and non-alcoholic beverages to children in order to improve the environment for promoting healthy diets.
- The **Global Action Programme on Food Security and Nutrition**, aims to support SIDS countries to achieve the SAMOA Pathway goals. It works "to create sustainable and local food value chains" and shift the balance of the SIDS food environment away from unhealthy import-based food chains.^{7,8}
- Many SIDS in the Pacific and Caribbean regions are working to reduce highly processed imported foods, such as sweetened beverages. Of the 21 pacific island nations, 12 had

⁵ <https://www.who.int/news/item/27-05-2021-update-from-the-seventy-fourth-world-health-assembly-27-may-2021>

⁶ <https://www.who.int/news-room/events/detail/2021/05/05/default-calendar/launch-event-who-global-sodium-benchmarks-for-different-food-categories>

⁷ <http://www.fao.org/sids/en/>

⁸ <http://www.fao.org/3/ca5170en/ca5170en.pdf>



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implemented a **sugar sweetened beverage tax** by 2014.⁹ Caribbean SIDS have launched multiple regional initiatives targeting NCDs, including food labeling, taxes on unhealthy foods, campaigns to limit sugar in drinks, and food chain incentives.

- The Pacific Ministers of Health agreed in 2013 on the **target of eliminating tobacco use** in the Pacific by 2025 and follow up action is needed to achieve the target.
- In 2020, WHO/PAHO and the Caribbean Development Bank's "Stronger Together" campaign raised awareness of mental health and provided tools and information to promote psychosocial support across the Caribbean Region.
- WHO/PAHO's launched the second edition of its "Psychological First Aid (PFA) in disaster management in the Caribbean" self-learning virtual course. Students from 61 countries worldwide accessed the course.
- During 2020 and 2021, WHO/PAHO has supported Caribbean countries in establishing and strengthening mental health coordination mechanisms through webinars and a tutored virtual course. Participants from 14 Caribbean countries have successfully completed the course through the PAHO Virtual Campus for Public Health.
- In 2020, WHO/PAHO hosted an mental health and psychosocial support (MHPSS) expert in Guyana deployed through the Dutch Surge Support mechanism to support the COVID-19 and migration response. A second deployment to a SIDS is also underway to support WHO/PAHO's response to the St Vincent and the Grenadines volcano eruption.
- A virtual training series for journalists and other media personnel on good reporting on the COVID-19 pandemic was conducted in the Caribbean, with a focus on mental health and well-being. A total of 527 participants registered for the sessions. Following the training series, participants were invited to enter the PAHO/CDB/CBU Awards "Celebrating Responsible Coverage of Mental Health and Psychosocial Support During COVID-19", giving them the opportunity to demonstrate their use of the training.
- In the PICTs, COVID-19 responders were supported to respond to mental health issues through Basic Psychosocial Skills training (adapted for PICTs).
- Communication materials were provided to support general public and frontline workers during COVID-19 and other emergency responders to concurrent disasters, such as Tropical cyclones Yasa and Bina in Fiji in 2020/2021.
- Support to strengthen PICT mental health services provision through WHO's Mental Health Gap Action Programme (mhGAP) training conducted in many of the Pacific islands including incorporation of mental health assessment questions into the WHO Package of essential NCD services (PEN) in some SIDS countries.
- Mental health policy has been developed and endorsed in quite a few of the SIDS countries including review and update of mental health legislation.

⁹ <https://www.otago.ac.nz/wellington/otago665562.pdf>



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Recommendations and deliverables: 2021- 2022

In the last decade, the crisis of NCDs and mental health conditions in SIDS has been clear, and many commitments have been made at local, regional and global levels to address them. WHO and partners have spearheaded regional and global coordination and cooperation mechanisms and numerous other initiatives, but most countries not on track to achieve the SDG 3.4 2030 targets. More action is urgently needed to reduce the NCD and mental health burden globally, and SIDS face particular challenges that will require support and international cooperation to achieve targeted reductions.

- **Establish a SIDS NCD Action Centre and collaboration platform** - Given the urgent need for locally adapted structures to accelerate the response to NCDs, WHO would mobilize expertise and resources to establish a **SIDS NCD Action Centre** to support SIDS countries in all stages of developing and implementing an effective NCD and Mental Health response. This centre would focus on providing and facilitating direct support to SIDS countries, including:
 - 1) Drafting and adapting technical guidelines for the context of SIDS;
 - 2) Supporting resource mobilization for SIDS initiatives, including through UN and other international mechanisms;
 - 3) Facilitating South-South "peer support" among SIDS countries, regional bodies and civil society to stimulate creative solutions to the NCD and related health crises;
 - 4) Supporting SIDS countries to address urgent shortages in health human resources through training and support.
- **SIDS commitment to implement an NCD Roadmap towards achieving SDG 3.4 by 2030 through accelerating NCD interventions through primary health care (PHC) and universal health coverage (UHC)** – Reducing premature mortality from NCDs by a third by 2030 is ambitious for SIDS, but every country can accelerate progress through country specific pathways. Models of care need to be developed that are uniquely adapted to the challenges and constraints faced by each country, while acknowledging the progress made to date. The rapid acceleration of a set of effective and prioritized interventions through PHC and UHC is the best strategy for reducing the risk of premature death from NCDs and achieving SDG 3.4 in SIDS.
- **Scale up of resources to support NCD and mental health services in SIDS** - As the WHO High Level Commission on NCDs recommended, It is essential that both governments and the international community develop a "new economic paradigm" to fund action against NCDs, recognizing that money invested today will yield at least a fivefold rate of return on future health and productivity. Under UNGA Resolution 74/3 (SAMOA Pathway), the international community has been tasked with scaling up resources to support SIDS countries to meet SDG targets, which includes the prevention and control of NCDs, recognizing that SIDS countries face unique challenges to sustainable development. SIDS together with WHO and partners can use this commitment as leverage to scale up resources, including through:
 - 1) National health taxes;
 - 2) Health system strengthening for UHC Partnership with focus on NCDs;



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- 3) Bilateral regional grants;
 - 4) Climate disaster relief financing;
 - 5) COVID-19 recovery financing;
 - 6) Sustainable private financing sources (e.g., green, blue, or diaspora bonds).
- **Integrate mental health considerations into health system strengthening.** WHO recommends a systematic approach to strengthening the climate resilience of health systems reflected in the WHO Operational Framework for Building Climate resilient health systems. This is particularly relevant to SIDS countries disproportionately affected by climate change. However, mental health is an under-prioritized area in many health systems generally, as well as in climate change adaptation and mitigation. It is necessary to identify the operational considerations and approaches that can effectively guide countries in increasing mental health system resilience within ongoing health system strengthening as well as actions related to climate change. Many existing tools and programmes are directly relevant, including WHO's mhGAP, for scaling up services for mental, neurological and substance use disorders in low- and middle-income countries. Further work is necessary to ensure the uptake of this guidance and its integration into climate change and health adaptation and mitigation efforts.
 - **Scale up MHPSS preparedness and disaster risk reduction (DRR).** Despite the fact that MHPSS is only mentioned briefly in priority four of the Sendai Framework focused on disaster recovery, strong arguments exist for integrating MHPSS into all areas of DRR. The WHO Health Emergency and Disaster Risk Management Framework (Health-EDRM; 2019) highlights MHPSS as a core component of Disaster Risk Management while the recently published Inter-Agency Standing Committee (IASC) Technical Note Linking MHPSS and DRR: Practical Tools, Approaches and Case Studies outlines guidance to better support MHPSS and DRR integration. All countries, including SIDS and those most affected by climate change, can benefit from scaling up preparedness to provide MHPSS in response to climate-related hazards and in ensuring DRR initiatives include MHPSS.
 - **Increase commitment to achieving the objectives of the Comprehensive Mental Health Action Plan 2013-2030.** The action plan focuses on four key objectives: 1) to strengthen effective leadership and governance for mental health; 2) to provide comprehensive, integrated and responsive mental health and social care services in community-based settings; 3) to implement strategies for promotion and prevention in mental health; and 4) to strengthen information systems, evidence and research for mental health. This plan represents formal recognition by WHO Member States of the importance of mental health and serves as a commitment to taking action to achieve the four agreed objectives. However, meeting the targets identified in this plan will require adequate resource allocation. Though an intersectoral approach is required, ministries of health in countries will need to take a leading role. WHO will continue to provide technical assistance to countries and partners, in line with their needs, to support implementing the plan.