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Working Together for Better Health and Well-being for All

Fifth High-level Meeting of
Small Countries

Reykjavik, Iceland,
26–27 June 2018



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Abstract

The Small Countries Initiative was established in 2013, and has developed into a platform through which the eight Member States in the WHO European Region with populations of less than 1 million – Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino – share their experiences in implementing Health 2020, the 2030 Agenda for Sustainable Development and its Sustainable Development Goals and the WHO European roadmap to implement the 2030 Agenda. Members meet yearly to take stock of their progress, experience and challenges in improving population health and reducing health inequities. Fully resonating with the very essence of both Health 2020 and the 2030 Agenda, the Fifth High-level Meeting of the Small Countries, with the theme of working together for better health and well-being for all, addressed a technical agenda informed by the latest European and global events, positioning the Initiative as a unique, forward-thinking platform.

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Abbreviations

COP23	23 rd Conference of the Parties to the United Nations Framework Convention on Climate Change
COSI	WHO's Childhood Obesity Surveillance Initiative
EHII	European Health Information Initiative
three I's	three words that start with the letter i (include, invest, innovate)
GPW13	(WHO) Thirteenth General Programme of Work 2019–2023
JMP	WHO and UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
NCDs	noncommunicable diseases
NGOs	nongovernmental organizations
OECD	Organisation for Economic Co-operation and Development
PHC	primary health care
SCHIN	Small Countries Health Information Network
SDGs	Sustainable Development Goals
SIDS	small island developing states
UNFCC	United Nations Framework Convention on Climate Change
UHC	universal health coverage
UNICEF	United Nations Children's Fund

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Executive Summary

The Fifth High-level Meeting of the Small Countries, with the theme of working together for better health and well-being for all, addressed a technical agenda informed by the latest European and global events, positioning the Initiative as a unique, forward-thinking platform.

Specifically the meeting sought to:

- provide effective examples of implementation of the 2030 Agenda (3) in small countries through whole-of-government and -society approaches;
- strengthen small countries' commitment to implementing the Protocol on Water and Health (5) as a multilateral instrument to link the water- and sanitation-related SDGs 3 and 6 and the Ostrava Declaration of the Sixth Ministerial Conference on Environment and Health (6);
- discuss the findings and recommendations from the high-level meeting on health systems for prosperity and solidarity (7), held in Tallinn, Estonia, and discuss policy options for small countries to address inequalities in policy design for financial protection and coverage, including essential services and medicines;
- review effective practices in tackling issues related to nutrition, physical activity and obesity in the specific context of small countries;
- provide state-of-the-art knowledge on the various aspects of resilience and its relation to health and well-being at the individual, community and system levels;
- review the progress of the work of the Small Countries Health Information Network and its direct relevance for small countries in the European Region; and
- engage the mass media as a partner for health and development by building capacity within a critical mass of communications professionals in participating countries.

A set of overarching conclusions were drawn from the High-level Meeting, some of which apply to all public health issues faced by small countries and others apply to water as the core topic of the Iceland statement.

- Continue to **work together and network** as small countries; their unique size and needs call them to come together to pursue common goals and approaches to make them stronger.
- Whether in policy-making or health-system reforms, **put citizens first** by using **participatory approaches** and working towards setting up **people-centred** health systems.
- **Preserve the planet**; water affects many sectors, so link water to climate change and the SDGs.
- **Intersectoral and multifaceted actions** can curb and prevent NCDs. No one solution works for all, and the country and regional situation and needs must be understood.
- Continue to **foster resilience** at the individual, community and system levels and create environments that encourage working together and for everyone. Resilience is the unique bridge between Health 2020 and the SDGs.
- **UHC and financial protection** of the population are not choices but duties. UHC and financial protection within it are the most powerful health equalizers.

The topic of water accurately reflects the way the small countries need to continue their work: across sectors and together. Water is a tracer for multisectoral approaches bringing together

the health, water and environment sectors, as well as other sectors such as education and rural development. The Iceland statement on ensuring safe and climate-resilient water and sanitation stresses the need for sustainable and safe water and sanitation services as fundamental to human health and well-being. It also puts forward the long-term goal of climate resilience – to be secured for future generations by cooperative work for better health and well-being for all, leaving no one behind – at the forefront of the coming year’s work of the Small Countries Initiative.

Introduction

In 2013, as a result of an idea put forward by San Marino, the Small Countries Initiative (1) was established at an informal meeting held during the 63rd session of the WHO Regional Committee for Europe, which met in Çeşme Izmir, Turkey. San Marino and the WHO European Office for Investment for Health and Development of the WHO Regional Office for Europe co-lead the Initiative, which has developed into a platform through which the eight Member States in the WHO European Region with populations of less than 1 million are able to share their experiences in implementing Health 2020 (2), the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) (3) and the WHO European roadmap to implement the 2030 Agenda (4). The countries participating in the Initiative are Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino. The Small Countries Initiative seeks to foster political commitment to and the development of good practices in the implementation of Health 2020 (2) in small countries. Members meet yearly to take stock of their progress, experience and challenges in improving populations health and reducing health inequities. Fully resonating with the very essence of both Health 2020 and the 2030 Agenda, the Fifth High-level Meeting of the Small Countries, with the theme of working together for better health and well-being for all, addressed a technical agenda informed by the latest European and global events, positioning the Initiative as a unique, forward-thinking platform.

In 2017, the WHO Regional Director for Europe asked for an assessment of the Initiative to gain insight into the key issues for the eight participating countries, as well the Initiative' impact to date, and to explore suggestions for change. This assessment informed the technical agenda of the Fifth High-level Meeting, which adopted the Iceland statement (Annexes 1–4).

Objectives

The objectives of the High-level Meeting were:

- to provide effective examples of implementation of the 2030 Agenda (3) in small countries through whole-of-government and -society approaches;
- to strengthen small countries' commitment to implementing the Protocol on Water and Health (5) as a multilateral instrument to link the water- and sanitation-related SDGs 3 and 6 and the Ostrava Declaration of the Sixth Ministerial Conference on Environment and Health (6);
- to discuss the findings and recommendations from the high-level meeting on health systems for prosperity and solidarity (7), held in Tallinn, Estonia, and discuss policy options for small countries to address inequalities in policy design for financial protection and coverage, including essential services and medicines;
- to review effective practices in tackling issues related to nutrition, physical activity and obesity in the specific context of small countries;
- to provide state-of-the-art knowledge on the various aspects of resilience and its relation to health and well-being at the individual, community and system levels;
- to review the progress of the work of the Small Countries Health Information Network and its direct relevance for small countries in the European Region; and
- to engage the mass media as a partner for health and development by building capacity within a critical mass of communications professionals in participating countries.

Participants were welcomed by the Mrs. Svandís Svavarsdóttir, Minister of Health of Iceland and Dr Zsuzsanna Jakab, Regional Director of the WHO Regional Office for Europe.

Session 1. Iceland – a living example of whole-of-government and -society approaches for better health and well-being for all: the sustainability agenda at the core of policies.

Session 1 aimed:

- to discuss progress in the nationalization of the 2030 Agenda as a means to improve health and well-being for all at all ages;
- to highlight the strategic direction taken by WHO and its Member States; and
- to discuss accelerators for development.

“Sustainable development is not an option; it is the only option”

The **Prime Minister of Iceland** opened the session, noting that gender equality is the foundation for all equality in the world. While Iceland is currently top in gender equality, it is important to keep an eye on other goals that also need to be achieved. For example, Iceland’s young people live with high levels of anxiety and depression, affecting their mental health. To raise awareness of the 2030 Agenda (3), Iceland carried out a media campaign; as a result, almost 60% of the population was now aware of the SDGs. Iceland’s youth are so important that the Government has founded a youth council with members aged 12–18 years, which will discuss the 2030 Agenda. Youth today are more conscious and aware of the environment than those in decades past. Health promotion is also on people’s minds – 80% of the population is part of a health-promoting community. While Iceland has achieved gender equality, income inequality persists and the effect of wealth accumulation at the top needs to be better understood.



The **WHO Regional Director for Europe** reaffirmed that the 2030 Agenda (3) provides a further opportunity to improve health and well-being in the WHO European Region. Thirty-five European countries, including six of the eight small countries, have voluntarily reported to the United Nations high-level political forum (8) on SDG implementation. The roadmap to

implement the 2030 Agenda (4) aims to support European Member States in achieving health and well-being for all at all ages, through:

- increasing governance for health;
- focusing on leaving no one behind;
- strengthening health systems to achieve universal health coverage;
- working upstream, with an emphasis on health promotion and disease prevention, within the life course approach, and addressing all the determinants of health; and
- strengthening communities and settings to enable health for all.

While Europe is growing healthier, with life expectancy increasing by two years (most small countries have high life expectancies), it is important to ask if these are healthy years. Data collected by the WHO Regional Office for Europe show that healthy years of life are lost to neoplasms, cardiovascular diseases and musculoskeletal, mental and other conditions. Some of these conditions are associated with high levels of disability. Further, the gap in life expectancy between males and females is still 15–20 years, and the gap between the richest and poorest remained unchanged in 2008–2015. Premature mortality from noncommunicable diseases (NCDs) in Europe shows a steady decline, mostly owing to health care, early diagnosis and treatment, but more needs to be done to reduce risk factors if the Region is to meet SDG target 3.5 by 2030. Young people's life satisfaction is good but declines with age. There are close links between SDGs 3 and 5 (addressing health and gender equality and women's empowerment, respectively); the Regional Committee adopted strategies for both women's and men's health in 2016 and 2018, respectively. Men's involvement in work for gender equality brings better health outcomes for all.

Universal health coverage (UHC) is a unifying concept, a platform for the integrated delivery of health services and public health, one of the most powerful social equalizers and a priority for the new WHO Director-General. WHO's Thirteenth General Programme of Work 2019–2023 (GPW13), adopted by the World Health Assembly in May 2018, underlines the global importance of UHC (9). Efforts must be made to reaffirm the values of the Tallinn Charter (10), and strengthen health systems to achieve more equitable health gains, pushing the SDG and UHC agendas (Box 1).

Box 1. Recalling the Tallinn Charter (10) with renewed momentum

With the tenth anniversary of the Tallinn Charter, the WHO Regional Office for Europe organized a conference on "health systems for prosperity and solidarity – leaving no one behind", with the support of the Estonian Government. It focused in three words that start with the letter I (three I's): include, invest and innovate.

Include means to move towards UHC for a Europe free of impoverishing payments for health, specifying ways of improving coverage, access and financial protection for everyone.

Invest means to offer options for health policy-makers to make the case for investing in health systems.

Innovate means to acknowledge the need for health systems to strategically accelerate up take, roll out and scale up innovations to meet people's needs, reconsidering governance mechanisms for harnessing future generations in Europe with technological and systems innovations, also with a view to promote resilience.

Source: Health systems for prosperity and solidarity: leaving no one behind [website] (7).

Small countries rank high in the SDG health index, which consists of 37 health indicators, but scores are consistently not good for risk factors such as alcohol and tobacco, obesity, injuries,

violence and sexual abuse, mental health and occupational health. In addition, the indicators for air quality and UHC require improvement in some countries. These improvements can only be achieved by working with the whole of society and of government to address the determinants of health.



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Water, sanitation and hygiene require great attention. In 2015, more than 62 million people in the Region lacked access to an adequate sanitation facility and 14 million do not use a basic drinking-water source (11). Providing people with safe and sustainable water and sanitation services remains unfinished business in the Region. The Protocol on Water and Health (5) provides an intersectoral platform to translate aspirations of SDGs 3 and 6 into national targets and action. The statement presented to the Fifth High-level Meeting for adoption (Annex 3) builds on the Monaco statement on climate change (12), reinforcing small countries' responsibility to address health and water in adapting to climate change.

The **Minister of Health of Luxembourg** described how the country is implementing the 2030 Agenda for Sustainable Development (3), and how it is adopting collaborative/participatory (whole-of-government and -society) approaches to ensure sustainability. Such action requires the involvement of different stakeholders and key actors; strong and effective long-term partnership, alliances and coalitions with public- and private-sector organizations; multidisciplinary skills; and interdepartmental collaboration. Different stakeholders (practitioners, academic and professional organizations, public institutions) are involved in the development and implementation of national health plans and programmes. In addition, collaboration with private companies raises awareness of risk reduction and health and wellness or in order to facilitate healthy choices. Every 12–18 months, the Ministry of Health organizes a national health conference to get feedback from the health sector. This has become a must-go event for everyone in the national health care sector (physicians including general practitioners, hospital management, nongovernmental organizations (NGOs) and public institutions) and where the Ministry of Health addresses topics at the centre of political priorities and public debate and with recognized experts. Collaboration among different ministries has now become commonplace in Luxembourg and helps achieve common agenda/goals of the Government's programme.

The value of a patient-centred health system is also alive in the country; Luxembourg found that listening to patients' preferences and involving them in decision-making leads to better outcomes at lower cost. Citizens' dialogues have become an important tool to better involve users in the governance of the health system and the construction of health policies, based on innovative approaches and closer to users. The mechanisms described above have given deeper insight on the main health-related concerns of the citizens of Luxembourg, while engaging them in shaping the national health agenda.

The **Minister of Health of San Marino** presented their approach to achievement of the 2030 agenda (3) which involves taking action to support healthy behaviour for healthy lives, correct information and positive messages to citizens, and helping to make the entire population responsible for its health. In October 2017, San Marino set up an intersectoral working group for the achievement of the SDGs. Its mission is to share the current status of SDG implementation; extrapolate relevant activities from existing cross-sectoral working groups (dealing with road-traffic accidents, creation of a sustainable city; accessibility to medicines, healthy lifestyles, childhood obesity and NCDs) and coordinate and integrate government departments' activities, with the aim of presenting San Marino's achievements at the United Nations High-level Political Forum on Sustainable Development in 2019.

San Marino has seen that building a dialogue between different departments – each pursuing its own goals – is only the starting point and the next step should be to foster synergy among stakeholders to build a common vision of sustainable development. Already in line with SDGs 3 (on good health and well-being), 4 (quality education), 5 (gender equality) and 10 (reduced inequalities), San Marino established a Health and Education working group in 2013, to create a school system in which everybody works together to offer students positive experiences and structures that promote more sustainable and fair lifestyles, as well as healthy and safe school environments. The country has also embarked on a new general planning scheme, called "SM2030 – Garden of Europe – Microcosm of Biodiversity", to secure better urban planning and management to create a healthy city; make urban spaces more inclusive, safe, resilient and sustainable; and favour socialization and contact with nature. The scheme is in line with SDGs 3, 7 (on affordable and clean energy), 11 (sustainable cities and communities), 13 (climate action), and 15 (life on land). The planning scheme will seek:

- to reduce soil consumption
- to regenerate degraded areas
- to protect the heritage and landscape
- to preserve biodiversity
- to create a slow and sustainable mobility system
- to create a network of footpaths and cycling routes.

Finally, a sustainable tourism initiative, "San Marino for All," aims to expand tourism based on concepts of quality, sustainability and accessibility; responsibly promote the country's natural and cultural heritage; and create a culture of hospitality, accessible and transparent, with the involvement of sports and cultural associations in the field of disability, private sponsors and other stakeholders.

Malta is chairing a global initiative, the SDG consultative council, which offers another opportunity for reaching the SDGs. The SDGs are being mainstreamed outside the health sector, with NGOs funding social initiatives based on the 2030 Agenda (3). Over the past

three years, Malta has experienced change marked by substantial economic growth but also a number of challenges.

The country's economic growth has led to massive migration, with the official population increasing from 420 000 to 460 000 over two years. Such population growth (especially in the group aged 30–39 years) is significant for a small country. Foreigners now use 30% of the country's reproductive health services, and a substantial proportion of psychiatric facilities. The country's vaccination rates have dropped below 90%. Malta now faces the need to invest in acute psychiatric care, preventing infectious diseases and raising awareness of HIV transmission among those aged 30–39. Many of these issues are being addressed through advocacy and social media. Increasing numbers of migrant workers come to Malta; the number of births to foreigners is increasing and many mothers access antenatal care very late. The Ministry of Health recently dedicated a team to working with foreign mothers. As population increases, so does the need for accommodation, which is affecting Malta's environment, with fewer open spaces and trees. Road safety is a concern as more people now use the roads, including those riding high powered motorcycles. Challenges such as these in a small country can quickly affect its SDG standing and make demands on its resilience. Malta is also striving to find innovative solutions while staying within budgets.

The health sector cannot act alone; other players need to be engaged, such as the European Union (EU). The EU is emphasizing sustainability in health care, more strongly than WHO. Malta believes that whole-of-government and -society approaches are key. Malta is proud of its resilience as a small state and of its health workforce, and hopes that the health workforce will be resilient enough to deal with these changes.

Session 1 highlights

- The SDGs are linked; achievement of one creates momentum to achieve others.
- Adopt participatory approaches, engage and involve civil society in the implementation of the SDGs, which foster dynamism.
- Recognize the pertinence of intervening in the early years of life and using a life-course approach, which has benefits that extend to the entire population and to future adults.
- Work to achieve gender equality and eliminate income inequality, which persists in many countries, with wealth accumulating at the top.
- Garner political commitment and engage champions by reaching out to high-level people such as presidents and prime ministers and encouraging them to come to events such as the high-level meetings of the Small Countries Initiative.
- Capitalize on the practical know-how and experiences arising from small countries, which serve as laboratories for effective solutions.

Session 2. Climate change and health – a focus on water

Session 2 focused on climate change and health, with special regard to water and sanitation, the theme of the Iceland statement (Annex 3).

Session 2 aimed:

- to provide background information about the current situation of water, sanitation and climate change in the WHO European Region;
- to raise awareness about the impact of climate change on water and sanitation with regard to health issues in the small countries;
- to illustrate the context, content and implications of the Protocol on Water and Health (5);
- to contextualize the action points of the Iceland statement (Annex 3) within small countries' experience and their specific solutions.



The **Programme Manager for Water and Climate** at the WHO European Centre for Environment and Health provided an introduction to past and current work to ensure safe and climate-resilient water and sanitation. A poll of *BMJ* readers rated water and sanitation as the greatest medical milestone since 1840. They recognized this sanitary revolution as the most important public health intervention, a key contributor to the reduction of child death and an enabler of economic growth. The provision of sustainable and safe water and sanitation services is the cornerstone for creating healthy and resilient communities, as well as a pillar of the WHO constitution (13) and Health 2020 (2).

In 2010, the United Nations General Assembly acknowledged and endorsed the world's right to water and sanitation. While the WHO European Region is frequently considered well-off, many people in the Region still do not enjoy access to water and sanitation services. Disturbing and persisting gaps in access remain, particularly in rural areas, health care facilities and schools, and for the poor and other disadvantaged groups. Healthy learning spaces for children should provide clean toilets, safe drinking-water, soap for handwashing and adequate facilities

for managing menstrual hygiene. Nevertheless, the lack of these necessities is a common challenge across the Region, hampering good learning, health and well-being.

WHO and the United Nations Children's Fund (UNICEF) are the custodian agencies for measuring progress in achieving the SDG targets on water and sanitation through their Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) (14). In the WHO European Region, about 57 million people do not have a tap at home and 36 million do not have access to appropriate toilets. Two million people in Europe still drink water from open sources (e.g. ponds or lakes) and 328 000 still defecate in the open (14). In the Region, 14 deaths a day can be attributed to inadequate or inexistent water, sanitation and hygiene (15). Outbreaks of waterborne disease are still common across the entire Region. One fifth of investigated outbreaks of infectious disease are estimated to be linked to water with viral gastroenteritis, hepatitis A, *Escherichia coli* diarrhoea and legionellosis the most frequent disease outcomes (16). This is reason enough to accelerate efforts to help those being left behind.

The 2030 Agenda for Sustainable Development (3) puts water, sanitation and hygiene at its core, setting a high bar to reach universal, equitable, gender-sensitive and safely managed water and sanitation services. Sustainable and safe provision of drinking-water inevitably needs to go hand-in-hand with safe and sustainable sanitation management.



The water-safety-plan approach (17) is WHO's health response to the 2030 Agenda's call for safely managed services. Iceland championed the approach and Luxembourg is introducing it. Soon, it will become mandatory through the recasting of the EU Drinking-water Directive, which will adopt key WHO recommendations. Water safety plans have a number of advantages. They reduce water-quality incidents, increase compliance, bring health gains and improve climate-resilience.

The provision of sustainable water and sanitation services, however, needs to be seen in an integrated manner, because the management of water resources is inevitably linked with energy and food production. This is known as the water–food–energy nexus. Sufficient water is needed to grow food. In turn, food production affects water quality, owing to the use of agrochemicals. Sufficient water is also essential for energy production, and energy in turn is needed for producing and distributing drinking-water. The water–food–energy nexus

necessitates close cooperation among sectors, as well as between cities and surrounding regions, as their needs will vary (i.e. drinking-water production in cities versus food production in regions).

Climate change significantly affects water resources. EU areas under water stress will increase by 19–35% by the 2070s, with an additional 16–44 million people affected (18). Extreme weather events, such as torrential rains, are increasing in the Region, with flooding as one of the most severe consequence, causing death, infectious disease, damage, economic loss and human tragedy. Climate-resilient water management has become a necessity. Rethinking and adapting water and sanitation services to make them climate resilient are essential, and should consider measures in water-resource management, measures at the utility level to adapt infrastructures and operations, and the establishment of regional and municipal plans for disaster-response. Transitions in water management need to focus on the protection of public health and environmental health. For example, while increasing the reuse of wastewater in agriculture is an effective response in regions experiencing water scarcity, it needs to be safely managed to prevent contamination of water resources and to protect the health of, for example, agricultural workers and people consuming produce.

The Ostrava Declaration of the Sixth Ministerial Conference on Environment and Health (6) provides a strong policy framework to tackle the environmental health related disease burden in the WHO European Region. Water- and climate-change-related issues are at the forefront of its priorities; it stipulates actions to ensure access to safe drinking-water, sanitation and hygiene and to strengthen adaptation to and mitigation of climate change.

The Protocol on Water and Health (5) provides an important regional, multilateral instrument for stimulating national action on water, sanitation and hygiene. It links sustainable water management and the protection of health. It has a legally-binding requirement for time-bound target setting, thereby acting as an engine to translate and operationalize the water- and climate-related commitments of the 2030 Agenda and the Ostrava Declaration at the national level. Further, the Protocol provides a platform for cooperation between the water, health, environment and other sectors and offers a regional hub for mutual support and capacity building. The Iceland statement (Annex 3) will help to close the persisting water and sanitation gap in the Region and driving transformation towards safely managed and climate-resilient water and sanitation services, while upholding health as a key driver.

The **Minister of Environment and Natural Resources of Iceland** discussed climate change, water and health, and Iceland's work in this area. Domestic energy production in Iceland is based on water; geothermal water is used to heat homes, and steam and surface water to generate electricity. The majority of drinking-water comes from groundwater that does not need disinfection or other treatment before distribution. Iceland's regulation on drinking-water, which sets quality criteria, corresponds to EU directive on the quality of water intended for human consumption. Icelandic law defined water as food in 1995; since then the water utilities comply with food-law requirements and corresponding regulations, resulting in a lower incidence of waterborne microbial outbreaks in the country. Iceland has incorporated the framework for the protection of water established by the EU Water Framework Directive into Icelandic law. This legislation creates a framework for the protection of groundwater, surface water and coastal waters in the country. This integrated water-resource management has created a basis for long-term sustainable use and protection of the water resources in Iceland.

Iceland's wetlands store important amounts of carbon, provide invaluable ecosystem services and support the country's unique natural habitat. Restoration of drained wetlands, revegetation and reforestation are priority areas for Iceland, with the aim of halting carbon-dioxide emissions, increasing carbon sequestration and preserving and enhancing biodiversity (thus maximizing

synergies between three important international agreements on climate change, biodiversity and combating desertification and land degradation). Iceland has set a common target with the EU and Norway under the Paris agreement for 2030 (19) and Iceland is aiming for carbon neutrality by 2040. An action plan for cutting emissions and increasing carbon sequestration in vegetation and soil before 2030 is being prepared and a special Climate Board has been commissioned to report on ways to achieve the carbon-neutrality goal.

Iceland is seeing the effects of global warming through changes in the water cycle; glaciers will largely disappear in the next two centuries if global warming continues as models predict. Icelandic scientists produced a new report in 2018 on the effects of climate change in Iceland, highlighting the effects that rises in sea level and increased intensity and frequency of heavy rain may have on discharges of urban wastewater. Sea-level rise reduces the height difference between land and the recipient, causing a reduced flow rate in the collecting system, which makes it less efficient. The risks of inflow of seawater into the systems at high tide increases and heavy rain or snowmelt can cause flood damage when the collection system becomes overloaded. Like other small countries, Iceland faces many challenges from climate change, water and health, but optimism is needed to overcome these and success stories help countries learn from past mistakes. Moving forward together with a common goal for climate change and water will make small countries even stronger.

The **Assistant Director-General for Climate Change and Other Determinants of Health at WHO headquarters** affirmed the reality of health risks from climate change, which was one of the WHO Director-General's four health priorities and central to GPW13, which has a major focus on measuring impact at the country level (9). The WHO Executive Board called for an action plan, initially in small island developing states (SIDS), which covers over 40 countries. While climate change has long been a priority for WHO, it is now taking centre stage. For this reason, involving the Small Countries Initiative in the WHO European Region is opportune.

More and more, health is gaining a high position in climate negotiations. The United Nations Framework Convention on Climate Change (UNFCCC) refers to the protection of "human health and well-being", along with the natural environment and socioeconomic systems, as the core justifications for international climate action (20). The Paris agreement (19) mentions the "right to health" on its first page. It was natural that an initiative on climate change and health was highlighted as one of the main outcomes of the 23rd Conference of the Parties (COP23) to the United Nations Framework Convention on Climate Change, held in Bonn, Germany (21). WHO will produce the first official report on health and climate change for COP24, to be held in Katowice, Poland, in December 2018.

The special Initiative on climate change and health in SIDS (21) was launched at COP23 by the Prime Minister of Fiji, the UNFCCC Executive Secretary and the WHO Director-General, showing the highest level of endorsement. The vision is clear. It is essential not to think of climate change as an abstract issue, but to understand how it affects people every day. In such a context, the case needs to be made for not just adapting to but also mitigating climate change. This will call for:

- empowering and cooperating with SIDS;
- strengthening the evidence base to make the case that health is a good investment of adaptation funding and health co-benefits can cover the cost of mitigation measures;
- financing and addressing the lack of support for climate and health; and
- scaling up implementation by increasing coverage of climate and health programmes.

Climate change does not invent new diseases or health threats; it worsens existing ones. Rather than inventing new programmes, policy-makers should integrate climate resilience into existing ones. Vulnerable populations must have the best possible protection from the range of health risks that climate change presents and that no one must be left behind. The survival of the most vulnerable populations and countries will depend on cutting carbon emissions and building health resilience to climate risks. With regard to communicating risks, the fact that the Iceland statement (Annex 3) includes this topic means that it is being considered proactively instead of as a by-product of an action plan. Effective communication, convincing people to change their behaviour requires understanding what information they already have and whether it is accurate and/or has been consumed and learned from social media. Further, most actions are based on feelings, not knowledge. Once these elements are put together, it is easier to know how better to communicate with the public.

Monaco made a statement on climate change and shared the country's perspective and actions on the issue. Monaco has taken measures to prevent climate risk; it is the most densely populated country in Europe, with 40 000 inhabitants over an area of 2 km. In 2017 Monaco presented its first voluntary national report on implementation of the 2030 Agenda (3). All people living in Monaco have access to affordable and drinkable tap water and a modern sanitation network, although 75% of the country's drinking-water is imported from France. Monaco's policy on water-resource management promotes a sustainable approach, which combines balanced management and handling of pollution (22). As a Mediterranean country, it faces more periods of drought as a consequence of climate change.



The Government has thus decided to curb water demand as part of the country's climate-resilient policy. The actions taken have resulted in a 15% reduction in consumption since 2000 (22). The Government also seeks to prevent waterborne diseases by controlling pollution due to water, particularly wastewater, by adopting preventive measures including strict procedures to collect specific industrial wastes and industrial wastewater. Another example can be seen in the use of insecticides and the choice to opt for organic options (ladybirds) and an integrated pest-management approach. While Monaco is not far from reaching most of its objectives, further work needs to be done, some of which can be seen in its efforts to prevent sanitary risks related to climate change, drinking-water and sanitation.

San Marino described its actions on climate change. The Government officially established a working group on climate change with many sectors involved (i.e. education, health, environment, foreign affairs and civil protection) and the aim of defining the policies and measures necessary to adapt to changing environmental conditions and identifying long-term solutions through raising educational and cultural awareness in all population groups. Recent legislation on water focused on proper monitoring. Climate change and water are very prominent in the country's national health plan. The country's work on climate change focuses on disease prevention (primary adaptation measures) by means of notification systems, through wastewater treatment and integrated environmental management for pollution reduction. Early detection of disease is also being carried out using secondary measures such as monitoring and monitoring systems, disease monitoring and control of vectors, water and food. Responses to lower morbidity and mortality rates are also in place, such as emergency interventions responding to extreme weather conditions and early detection and treatment of people with infectious diseases. San Marino has already put in place some adaptation measures in the field of human health and is working to apply measures in the field of water supply and agriculture.

San Marino is extremely vulnerable in terms of water supply. Insufficient supplies of water have been a problem for several years. The country's internal resources can meet only a small part of the total requirements, so the country depends on external sources. The reduced rainfall and increasingly dry weather have decreased the amount of water available during summer months. For this reason, the entity that manages water distribution has often been forced to put in place legislative provisions to limit water consumption in dry periods to essential use only. San Marino is working to strengthen its resilience and adaptive capacity to climate-related hazards and natural disasters, and seeks to improve education, raise awareness and build human and institutional capacity on climate-change mitigation, adaptation, impact reduction and early warning.

Cyprus, an island country, is located in one of the most sensitive hotspots and most vulnerable regions in the world with regard to climate change. The country's infrastructure, energy, health, forestry, agriculture and water sectors are most vulnerable to the impacts of climate change, which also affects biodiversity. Cyprus ratified the Paris agreement (19) in January 2017 and is developing its economy to reduce greenhouse-gas emissions, while taking appropriate measures to adapt to climate change. Water scarcity is of vital importance, and a major constraint for economic welfare and sustainable regional development. Among EU countries, Cyprus has the least available water per capita and, is considered a water-poor country. Domestic use and irrigation are the two main water-consuming sectors in Cyprus. Government data show that irrigated agriculture, including livestock, accounts for about 62% of total water demand; the domestic water sector, for 30%; tourism, for 5%; and the industrial sector, for 3%. Cyprus has passed national legislation implementing the EU Water Framework Directive. This provides the legal framework to ensure sustainable and integrated water-resource management on the island. Today, recycled/reused water supplies 14% of the total water demand for irrigation, and this figure is expected to increase to 40% after the completion of all the facilities for wastewater treatment.

The Government's policy for sustainable development and management of the country's water resources is based on a plan involving:

- long-term actions to improve the reliability of each system to meet future demands under scarcity conditions (e.g. legislation, institutional restructuring, storage and recharge works, pricing policies and public awareness); and

- short-term actions to face particular drought spells within the existing framework of infrastructure and management policies (e.g. quota system by priority, downstream recharge of dams and water kept for future needs).

Within the framework of the country's external relations, its development cooperation policy and the EU's development and enlargement policy, Cyprus collaborates with other Mediterranean countries in activities related to water and sanitation through bilateral assistance programmes and regional initiatives.



Session 2 highlights

- All small countries experience the effects of climate change, including on water resources. It is important to take concerted action to decrease the burden of disease linked to environmental factors and to protect health from the effects of climate change. Environmental and climate-change issues are reminders of the crucial need to work together across sectors.
- Urbanization, population growth, societal demands and climate change all put stress on the water–food–energy nexus. Sustainably addressing these interdependencies to protect the environment and health requires strong multisectoral action.
- Safe water and sanitation remain essential in creating resilient communities. Today's actions on water and sanitation management have consequences for tomorrow's health and well-being. Making water and sanitation services climate resilient safeguards health and the environment.
- The effects of climate change clearly necessitate improvement of adaptive and response capacities. Effective policy instruments are available, such as the Ostrava Declaration (6) and the Protocol on Water and Health (5), which are flexible instruments for setting national targets and framing interventions.
- In tackling the health effects of climate and environmental change, it is important to focus on how such change affects individuals on a day-to-day basis, not as an abstract issue. It is therefore important to improve communication about environment and climate change issues by understanding the various target audiences and how to reach them and appropriately communicate risk. One should bear in mind that facts seldom propel action, while emotions, including outrage, shape people's reactions and behaviour in the face of risks.
- The Iceland statement (Annex 3) is very timely, as it will help moving towards closing the persisting water and sanitation gap in the Region and driving transformation towards safely managed and climate-resilient water and sanitation services, while upholding health as a key driver.

Session 3. Addressing inequalities in designing policy for financial protection and coverage: policy options for small countries

This session reminded participants of the Tallinn Charter's role in the Region's commitment to value-based health systems, and its continued importance in a changed environment, 10 years after its adoption (10).

Session 3 aimed to enable the participants:

- to learn about key issues regarding the need for monitoring financial protection and extending coverage in support of UHC;
- to understand the challenges commonly faced by health decision-makers when seeking more resources for the health system, including for public health, and the need to modify their approach;
- to appreciate the enablers of and barriers to the spread and scaling up of innovations, particularly around service delivery, and the need to be more open and responsive, rather than reactive.

The **Director of the Division of Health Systems and Public Health at the WHO Regional Office for Europe** described how to act on what is known as the three "I"s, as an outcome of the WHO conference celebrating the Tallinn Charter's tenth anniversary (23). In 2008, Member States' unanimous adoption of the Tallinn Charter: "Health Systems for Health and Wealth" (10) gave major impetus to work to strengthen health systems in the WHO European Region. The Charter set out seven commitments that continue to drive such efforts today. In emphasizing solidarity, equity and participation as the first of these, the Charter reflected Member States' joint pledge to a values-driven agenda for health systems, which has since been a consistent thread in the work of Member States and the WHO Regional Office for Europe. The Charter was the outcome of a multiyear process, culminating in the June 2008 ministerial conference held in Tallinn, Estonia (23). Ten years later, the European and global environments are very different. The political sphere is increasingly polarized and characterized by confrontational dialogue and decision-making, challenging the processes and norms of consensus-building and compromise. The economic climate is uncertain, with due concern for health and social budgets. NCDs are the leading cause of death, disease and disability in the Region, and health systems are at the forefront of responding to this increasing burden. The Region is still feeling the effects of the financial and economic crisis that hit right after the Charter was signed. All of these elements challenge the values of the Charter, to which health systems in Europe aspire.

Further, public health crises, such as H1N1 influenza and Ebola virus disease, and the rise in antimicrobial-resistant infections, highlight the need for improving resilience through working together and for everyone. The challenge of shifting from a medicalized model to one that is people centred, with dedicated performance assessment to drive improvements, calls for inclusion and transparency in decision-making. These issues, as well as the challenges mentioned, are reminders of the importance of equity, solidarity and a values-driven approach to strengthening health systems for all. Reviewing and reaffirming the relevance of the Charter within this new environment are key to ensuring that people in the Region are able to benefit from their health systems.

In view of this changed environment, the WHO Regional Office for Europe held a tenth-anniversary meeting, "Health Systems for Prosperity and Solidarity – Leaving No One Behind", on 13–14 June 2018 – again in Tallinn – both to celebrate the Charter's legacy and to consider

what the new environment means for activities to strengthen health systems (24). The starting point was the fact that efforts must focus on preserving this value base, and the event was oriented around three overarching themes that are united by a commitment to solidarity: the three I's or Include, Invest, Innovate (see also Box 1).

Include means ensuring that health systems reach and serve everyone, a key tenet of UHC and SDG 3, and improving coverage, access and financial protection for everyone, including addressing unmet need. No one should have to choose between health care and other basic needs. The Regional Office made 25 country profiles on financial protection, with a focus on pro-poor policies, to see if people in Europe can still afford health care. The profiles showed out-of-pocket spending as a percentage of total expenditure to be a good proxy for financial protection, with spending under 15% considered safe and beyond that figure, risky.

Invest is about making the case for ensuring that health systems, including public health services, are adequately and sustainably financed. The evidence on health outcomes and, increasingly, on the economic returns from such investment is strong, yet governments do not fully prioritize this spending and investment. Health economists and macroeconomists are on board, but it is still important for the health ministry to have some knowledge of health economics, since there is still a big gap between rhetoric and action. Health funding is crucial today and tomorrow.

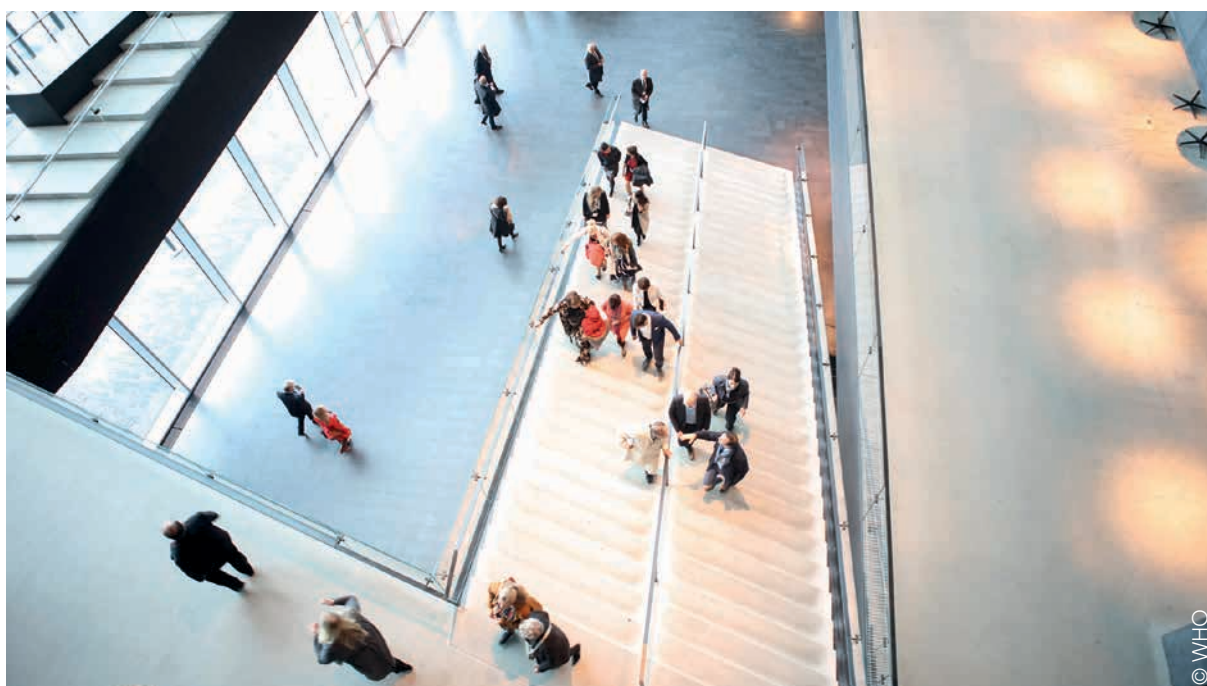
Innovate means recognizing that the health system tends to lag behind others in adopting innovations. The focus is on improving uptake and the harnessing of new technologies, as well as novel ways of service design, organization and delivery. Health innovation is important, since no country can provide everything to everyone. Technology should follow health care, and money needs to follow the patient and not vice versa. A key issue to consider is how to best update innovations, scale them up and ensure that necessary technologies are used. In sum, each of the three I's represents a crucial direction for strengthening health systems in Europe, and all three must be pursued in tandem.



Malta provided an example of its work to improve access to medicines. One of the risks of focusing too much on only one of the three I's is that there tends to be pressure to choose innovation. Innovation necessitates investment, but ensuring that inclusion remains at the

forefront is also critical. Public health professionals have an important role in maintaining a balance between the three I's. Investing in strong overall governance is needed to keep the three I's working in synergy.

In this context, social determinants and health systems need to go hand in hand and small countries need to support each other. Malta recently faced the need to invest in the face of hepatitis C, which affects population groups normally shunned by society. Malta decided to take action to ensure that these groups had access to needed medications and thus invested in this area. It also adopted an innovative way of paying for this treatment: payment is based on successful outcomes. The transferability of innovation and sharing among other small countries can yield easily applicable outcomes. With regard to upscaling, it is easier to introduce an innovation and show results in small countries, so these examples could be considered demonstration sites, leading the way in finding solutions.



San Marino shared an example of how it has modified its approach to seeking more resources for the health system. The San Marino health system is funded by general income taxes and the state pays for and provides the services, defines legislation and regulations, and employs health care professionals. Despite positive health outcomes (i.e. high life expectancy and no maternal or newborn mortality), the financial crisis strengthened the arguments of those believing that the existing welfare system is unaffordable.

As a result, San Marino is redefining health-system management in the areas of service delivery and financing and health governance. With regard to service delivery, frontline services are being expanded, particularly primary health care (PHC). The departments of the Institute of Social Security (the service-delivery arm of the Ministry of Health) are being redesigned to consider alternatives to hospital care, reduce inappropriate hospital admission and length of stay, make links across health and social services including for long-term care, and achieve better integration between PHC and other health services, including hospitals. As to human resources, San Marino is scaling up investment in skilled health workers and accelerating recruitment, revising remuneration policies and redefining and creating new roles for nurses and case managers. With regard to improving access to medicines and health technologies, a law on procurement of quality medicines and medical devices is being redefined by means of an efficient regulatory process that will evaluate the appropriate prescribing and use

medicines. The country is seeking improvements in patient safety and the quality of health services, and the redefinition of an accreditation system for continuous quality improvement. Service coverage of a number of interventions is being assessed, including family planning, antenatal care, child immunization, HIV retroviral treatment, basic sanitation, blood pressure, fasting plasma glucose, cancer screening, tobacco smoking, hospital bed density, health worker density, and access to medicines and technology. Implementation of the International Health Regulations is also under way to strengthen the country's resilience.

As to health care financing, the focus is on increasing the efficiency of health spending, including transparency and accountability in budget preparation and monitoring; identifying services that generate better results at lower cost; and ensuring the efficient use of resources. Governance in San Marino uses the whole-of-government and -society approaches. Improving health and well-being is no longer seen as the role of the public health sector alone; other relevant sectors are involved in the development of UHC and stakeholders are engaged in its design, implementation and follow-up. The San Marino National Health Plan provides further support to this governance approach, as it is based on the principles of collective decision-making and including the population's voice in policy choices, oversight of institutions, quality of information, stakeholder consultative processes, people's health literacy and ethical aspects. These principles have been discussed with citizens in each of the nine municipalities, and interministerial commissions have been established. In San Marino, a considerable share of health spending goes to people with no direct participation in the labour market. The Health Authority (the policy arm of the Ministry of Health) is preparing guidelines to introduce value-based (rather than volume-based) evaluation for service, and particularly to use clinical results to improve the quality and safety of acute inpatient care. The timetable for demonstrating results is also under revision, with the use of indicators reflecting shorter time frames for e.g. the reduction of falls, observed adverse effect drugs, infections, the use of generic drugs and workplace health promotion. Results in both the medium (e.g. the reduction of tobacco and alcohol use, and new approaches for treatment of NCDs) and long term (e.g. the impact of physical activity, vaccines and road safety) will also be assessed.

Cyprus provided an example of how it has extended population coverage in support of UHC. The country focuses on inclusion, with a vision of improved health equality. Cyprus provides health services through both private and public systems. While the population is eligible for free-of-charge health care, half opt for the private sector. In 2019, Cyprus will undergo a health-care reform:

- to implement a national health insurance scheme to ensure UHC; and
- to give autonomy in the financing of public hospitals to facilitate the improvement of access to quality health care, appropriate utilization of infrastructure and staff, and the efficient use of hospital property.

Phase one (June 2019) will involve personal doctors, outpatient specialists, pharmacies and laboratories, and Phase 2 (June 2020) will involve the remainder of health care providers (e.g. physio-, occupational and speech therapists; psychologists; dieticians; midwives; dentists (prevention only); and the staff of emergency departments and ambulance, palliative care and rehabilitation services). The important role of PHC, as the gatekeeper of the new health-care system, has to be emphasized, as well as its role in prevention and health promotion. The forthcoming health-care reforms will secure UHC, strengthen the role of PHC and minimize out-of-pocket payments.

The **Andorran** health-care system is based on social security; all employers, self-employed people and employees contribute to the fund. Social-security coverage covers the health

expenditures of contributors and their relatives, with 98.5% of the resident population covered. The remainder consists of residents who pay for their own foreign insurance or people in special situations who are covered by the Ministry of Social Affairs. Patients pay the provider directly for services received and are reimbursed by social security (90% for hospital stays and 75% for ambulatory care, medications, etc). In some cases, social security acts as a third payer and the patients pay only their part to service providers, who receives the rest from the social-security system.

As to the three I's, a recent survey of people over 65 in Andorra showed that requiring payment in advance for health services could lead them not to access services at all, even if they would later be reimbursed. To ensure that people are included, the Ministry of Social Affairs will act as third payer for these people. The Government also decided that health care services for vulnerable groups – such as older people, families with low incomes, people with chronic diseases and those who require expensive treatments – would bear no cost. The cost of extending the third-payer function to most of the population living in the country is now under consideration.



With regard to investment, Andorra noted that the strengthening and optimizing of the health system goes hand in hand with that of the health information system. Andorra has now designated human resources to collect, organize and process health data to transform them into information useful for decision-makers, thanks to the country's involvement in the Small Countries Health Information Network. Shared electronic medical records are being put in place in Andorra, and will allow the sharing of clinical information among different health-care providers and ministries, thus avoiding duplication of procedures. The shared system will allow epidemiological, anonymous and protected data to be obtained on the use and cost of health services and resources.

As to innovation, Andorra is moving towards a system using PHC (the general practitioner) as the entry point into the health system, creating incentives for patients to receive integrated health services. This will also involve the early administration of procedures, facilitating access to the most up-to-date medical devices for diabetes control and treatments to control hepatitis C. Innovation for Andorra also means learning from the experiences of other small countries in fora such as the High-level Meeting.

Session 3 highlights

- Action for people-centred health systems should be accelerated to ensure investments in a strong overall architectural for governance, so that the three I's can catalyse and scale up work to transform health systems.
- Endeavour to achieve a balance in addressing the three I's; be cognizant of the risks of focusing too much on only one of them, which could result in imbalance. Public health professionals can help ministers keep the three I's balanced and coherent within an overarching structure.
- Renew the strong commitment made in Tallinn to UHC and move to protect the poor and the vulnerable; acknowledge the central role of UHC in achieving the SDGs, while striving to eliminate impoverishing payments for health and improving coverage, access and financial protection, thus leaving no one behind.
- Give priority to preventing the so-called brain drain of health professionals in small countries; invest in a health workforce that is properly trained and specialized to be an added value to the country.
- Use reforms of health care as opportunities to strengthen the role of PHC. Strong health systems, based on people-centred PHC, with a focus on health promotion and disease prevention, are the best investment that can be made in the fight against NCDs.

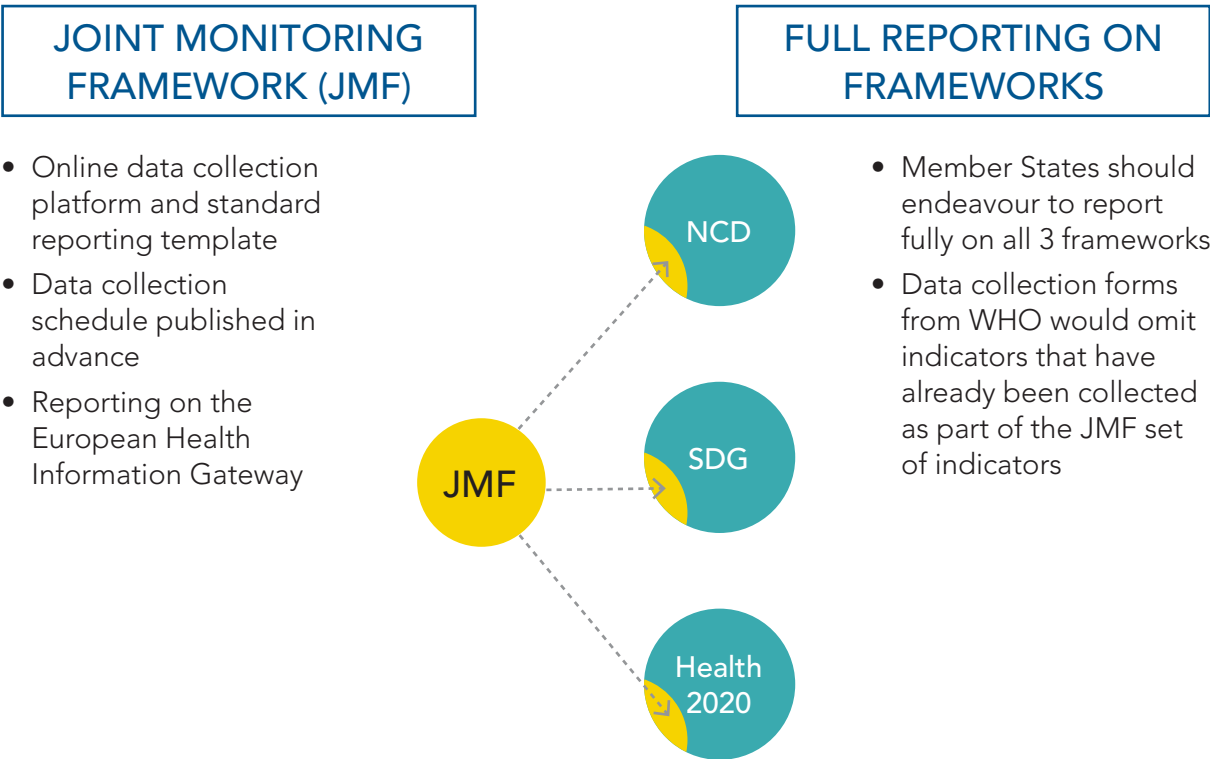
Session 4. Progress report on health information and communication networks

This session reported on important networks – for health information and communication – to which the small countries belong.

The **Director of the Division of Information, Evidence, Research and Innovation at the WHO Regional Office for Europe** reviewed the work of the Small Countries Health Information Network (SCHIN), which is part of the European Health Information Initiative (EHII). EHII is committed to improving the evidence on which policy is based. It has 39 members, mostly Member States, and focuses on measurement, access, building capacity, networking, strategy and communication.

Countries are asked to report health data for a range of initiatives, such as Health 2020 (2), the SDGs (3) and the global action plan on NCDs 2013–2020 (25). The Regional Office proposed a joint monitoring framework to streamline reporting and reduce duplication (26), with a set of 40 indicators spanning all three frameworks. Reporting from Member States under the joint monitoring framework will be annual, with the information being passed further to WHO headquarters and then to the United Nations. It is hoped that the 2018 Regional Committee will adopt a common set of indicators. The Regional Office also reduced requests for data to countries by instituting a new gatekeeper function, resulting in only 27 such requests in 2017. This function was so well received that the WHO Director-General decided to institute it globally. Fig. 1 shows reporting for all three frameworks with WHO data-collection processes.

Fig. 1. Reporting mechanisms for joint monitoring and full reporting frameworks



Source: WHO Europe, 2017.

SCHIN was established in 2016. It is an initiative of the Minister of Health of Malta, who hosted its first technical meeting. SCHIN meets yearly, immediately after the High-level Meeting of the

Small Countries Initiative. The small countries share SCHIN chairmanship, with Malta passing this role to Iceland at the end of June 2018. SCHIN has achieved agreement on reporting on a rolling average of selected indicators, and is developing a joint indicator list for reporting on assessments of health-system performance and Health 2020.

To build capacity and shape the landscape for health information, the WHO Regional Office for Europe organizes an annual autumn school, with a follow-up advanced course 6–8 months later. The most recent advanced course addressed issues relevant to small countries, such as how to deal with indicators for small amounts of data. Small countries are leading larger ones by showing what can be achieved with health information, by actively networking in ways from which large countries can learn.

WHO EHII networks are expanding, to include: the European Health Research Network, to promote strengthening of national health research systems and development of national health research strategies; the European network for the measurement of health literacy; the Commonwealth of Independent States health information network; and the South-eastern Europe Health Network health information network. The 2017 session of the WHO Regional Committee for Europe included two technical briefings on health information: on collaboration between the EU, the Organisation for Economic Co-operation and Development (OECD) and the WHO Regional Office for Europe, and on big data. Member States requested WHO to advance work on big data under EHII and called on the WHO Director-General to establish a global health information initiative develop an action plan to strengthen the use of evidence for policy-making, on the lines of the European action plan (27). EHII's expansive network and capacity building enable it to help countries both small and large to exchange expertise and harmonize processes in data collection and reporting. On handing the chair of SCHIN to Iceland at the High-level Meeting, a representative of Malta remarked that, thanks to SCHIN, small countries' issues with health information are heard and acted upon.



Next followed a brief summary on communications activities carried out for the Small Countries Initiative over the previous 12 months. These included coverage in social-media platforms such as Facebook and Twitter and a recent Information Note in the WHO Regional Office's *Public Health Panorama* describing the Initiative and its aims. In addition, a communications workshop was held at the Fifth High-level Meeting of the Small Countries Initiative (Box 2).

Box 2. Communications workshop at the Fifth High-level Meeting of the Small Countries Initiative

After the High-level Meeting, a workshop was held for communications professionals or focal points, with climate change as the theme, to further strengthen the community of journalists and communication staff operating in small countries by encouraging constructive discussions on challenges and opportunities to communicate on climate change and health. The workshop also sought to link all the climate-change commitments and declarations made since 1992 and discuss how to communicate risk.

A presentation was made on risk communication: providing information on communicating risk versus hazard. Then followed a case study on how to communicate about possible environmental risks when visiting Iceland. According to the 2016 world risk report, despite its volcanic activity, frequent earthquakes and geysers, Iceland is the sixth safest country when it comes to natural disasters. This is due to the country's capacity to cope with acute disasters, to take risk-reduction measures to prepare for natural hazards and to properly communicate about natural disasters to community stakeholders, diversifying communication tools to reach the public and private sectors and the international tourism population. The participants then formed groups to discuss how to reach people and convey messages on the problem of water scarcity and climate change.

The workshop provided communications professionals from small countries with support to access resources and communicate about climate change and health, with a particular focus on safe and climate-resilient water and sanitation. Participants became familiar with some of the key arguments they may face in addressing climate-change issues and effective ways to respond, aiming messages to different stakeholders.

Monaco stressed the need for continuous communication throughout the year, using the examples of communication on colorectal cancer and a screening campaign for breast cancer. These efforts raise an issue almost every month, from transmission of HIV/AIDS (with so-called fast tests done around bars in Monaco) to a tobacco-free November, to raising awareness of childhood vaccination in collaboration with France, awareness of tiger mosquitoes and Zika virus transmission, and heat-waves.



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A representative of **Luxembourg** described how the country managed to both standardize and customize communications. The Government puts a lot of effort into brand recognition for different ministries, to give a coherent and consistent global image of the Government whenever they communicate with the press and citizens. This means that press releases have

a standardized format with fixed elements. The press department of the Ministry of the State has set up an extranet with specific templates to ensure uniform communications. A recently launched multilingual web portal, with all ministries represented, provides a unified image of the Government. Each ministry identifies itself with its chosen colour and context while following a single visual and editorial framework. Ministries are free to develop their own thematic web sites with specific designs. In 2009, the Ministry of Health launched a health portal focusing on disease prevention and health promotion. There people can find all the laws and regulations, as well as all information on awareness campaigns and publications; it has about 140 000 individual users per month and has become a reference website for health in Luxembourg (linked to social-media activities with Facebook and Twitter). Microwebsites have been created to reach specific target groups such as teenagers and older people. The multilingual aspect is the biggest communication challenge. While the health portal has grown over the years, there is a high demand from citizens for a multilingual version.

Session 4 highlights

Health information

- SCHIN is going from strength to strength and is a major influencer in the coordination of health information in the European Region through EHII.
- SCHIN has brought new and innovative thinking to EHII, which is of value to all Member States.
- WHO headquarters is establishing a global gatekeeper function, modelled on that in the WHO Regional Office for Europe, as a result of the impetus given by small countries.

Communication

- The Small Countries Initiative has increased its outreach through an expanded social-media presence and member countries have been pioneers in discussing specific issues in thematic workshops. The Initiative continues to share best communication practices among its members to improve their communication skills and outcomes.
- Successful policy implementation and desired behaviour change can only be achieved when necessary resources are directed to communication activities; communications should be an integral part of both.

Session 5. Resilience: the backbone of better health and well-being

Strengthening resilience and ways to address countries' specific vulnerabilities is key to securing health and development for small countries in Europe and globally. For this reason, strengthening resilience and developing supportive environments has been a constant item on the agenda for the WHO Small Countries Initiative since the Third High-level Meeting in Andorra in 2015.

Session 5 aimed to provide participants with:

- a full review of WHO's work on resilience;
- an understanding of the relevance of resilience for progress towards both Health 2020 and the SDGs (2,3);
- an appreciation of the importance of resilience in GPW13 (9);
- practical ideas on the key importance of strengthening resilience to address the vulnerabilities of small countries

WHO's work on resilience included three publications on the topic. Before this work started in 2015, the concept of resilience was unclear in many Member States. Three years later, it has become a term that countries understand and can identify with. Resilience refers to the capacity and resourcefulness of an individual, community, society or system to deal with an undesirable or harmful situation. Also called bouncing back from adversity, it is related to processes and skills that influence good individual and community well-being and health outcomes in spite of negative events, serious threats and hazards. Resilience can be adaptive, absorptive, anticipatory and transformative. Adaptive capability relates to individuals, communities and systems' ability to adjust to disturbances and shocks. Absorptive capacity is the ability to absorb and effectively cope with disturbances and shocks. It involves managing and recovering from adverse conditions by using available skills, assets and resources. Anticipatory resilience means the ability to predict and reduce disturbances and risks by taking proactive action to minimize vulnerability. Transformative capacity applies mainly to systems. It refers to systems' ability to transform their structures and operations to better address change and uncertainty. This might involve developing new systems that are more suited to the changing conditions. Transformative capacity is critical when ecological, economic, technological, cultural or demographic changes make existing policies and practices obsolete. Small countries know well the importance of these capacities for their current and future national identity and development.

The Small Countries Initiative has been instrumental to WHO in following up its work on resilience in both the Health 2020 and SDG frameworks (2,3). In fact, resilience has become the unique bridge linking the two. Specifically, the goals on poverty, hunger, industry, sustainable cities, climate action and life below water all underline the importance of resilience in their wording.

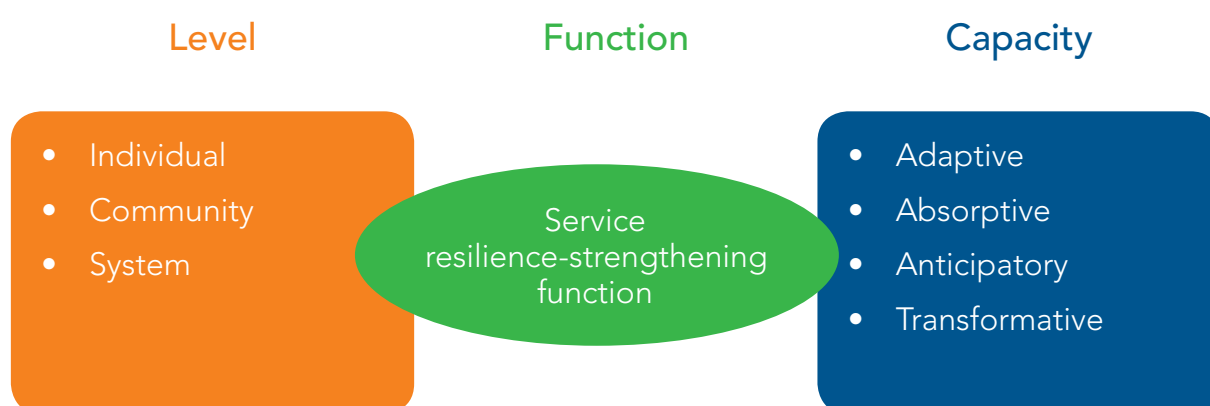
This work has resulted in three publications: providing the scientific rationale for incorporating resilience in the Health 2020 framework, with inspirational examples of action from Iceland, Malta and San Marino (28); and showing how resilience acts as a bridge between Health 2020 and the SDGs (29). The third product, a compendium of examples of action to strengthen resilience, provides descriptions of actions that could be relevant to small population countries (30).

In sum, resilience is clearly key to:

- population health and well-being
- people's control over their lives and destinies
- high-performing health systems
- modernizing of the delivery of public health programmes
- implementation of action to tackle health inequities

Resilience unfolds over the lifetime, and today interest focuses more on system-level resilience that results in policy sectors integrating it within their work. As seen in Fig. 2, adopting a resilience lens and deploying a resilience-strengthening function are important in the design and delivery of services and programmes.

Fig. 2. Strengthening resilience as a built-in function of service design and delivery



Source: Health 2020 priority area four: creating supportive environments and resilient communities. A compendium of inspirational examples (30).

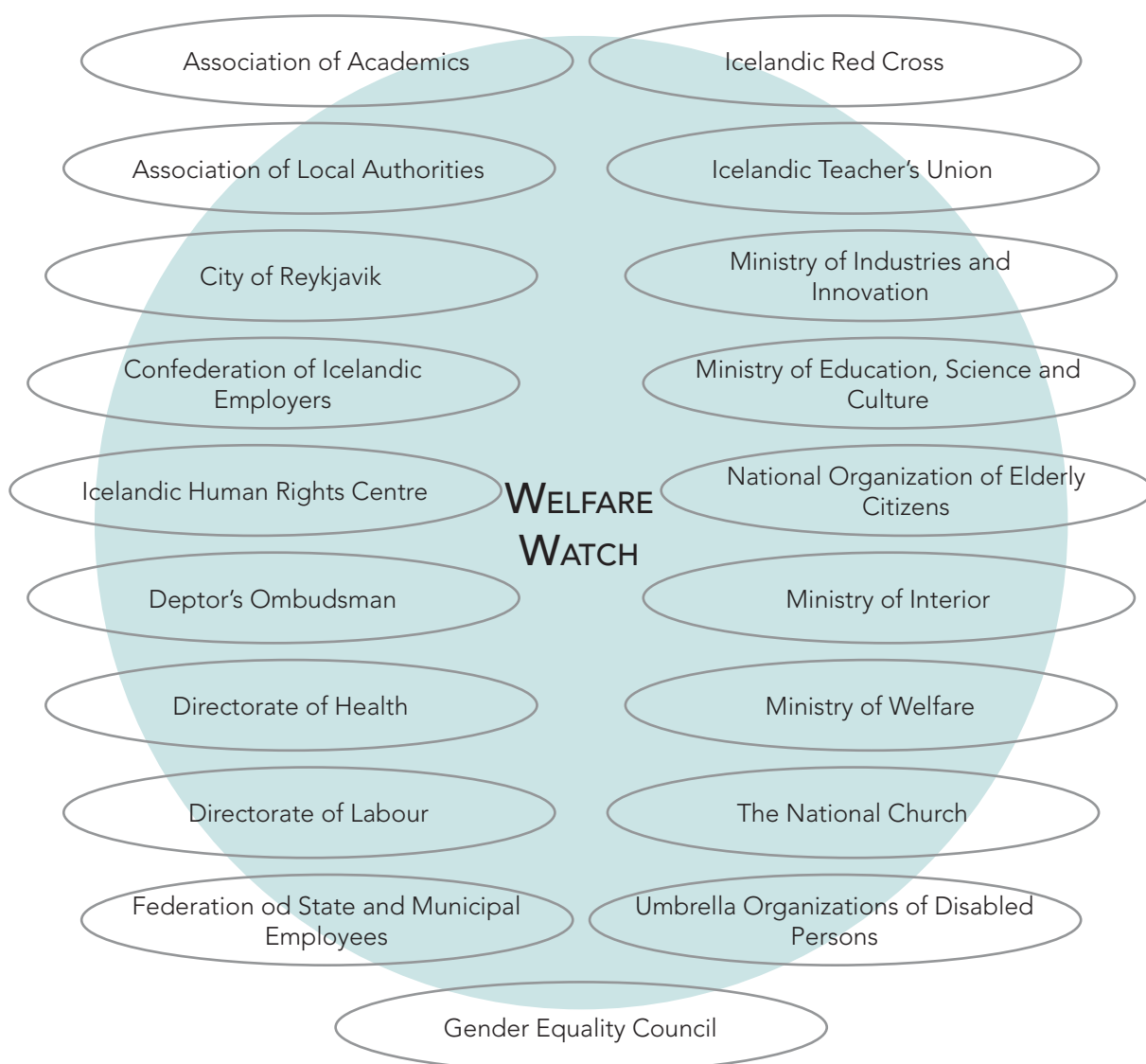
The **Minister of Tourism, Industry and Innovation** of Iceland spoke about how resilience is in all the country's portfolios. Iceland is trying to achieve a balance between environmental, economic and social factors related to tourism. The Government of Iceland has made developing comprehensive policies for energy, innovation and tourism a long-term priority. Iceland's location makes the cultivation of crops a challenge, but an innovative company developed a variety of barley that survives cold winters. It now employs 70 people in Iceland and is internationally acclaimed. Iceland has a population of 333 000, but 2.4 million tourists, and faces the challenge of how to develop a positive and sustainable kind of tourism. The solid data available on Icelanders helps the country figure out where to focus, and this is a benefit of being a small country. Iceland's experience with the tourism sector is a clear example of capacity for transformative resilience.

Iceland highlighted the factors that make the country resilient. The country's physical isolation and geographical location mean that it has had to be self-reliant and to cope with many types of dangers. In Iceland, people live near each other, creating a strong interconnection between families and the custom of mutual support and assistance. As mentioned, Iceland has gender equality and low unemployment (2.2%); the people have a generally optimistic and positive attitude, and, according to OECD, one of the highest scores in for general satisfaction with life.

In addition to natural disasters and geographical challenges, Iceland surmounted the global financial crisis, thanks to Welfare Watch. In October 2008, the banks in Iceland collapsed and trust in the country's financial stability was lost. People in Iceland had a bleak vision of the future.

Iceland has a Civil Protection Act and a very well established national crisis-coordination centre, which can be activated at any time to handle emergencies. The Government of Iceland decided to establish Welfare Watch to monitor the consequences of the financial crisis for individuals and families, and propose solutions. Welfare Watch is an independent observing body making proposals to the Government, local authorities and NGOs; its steering group took a cross-sectoral approach to welfare issues in partnership with NGOs, social actors and local and state governments. Figure 3 shows stakeholders initially involved in Welfare Watch when it began. Today, many more entities have become involved. Examples of actions taken by Welfare Watch include: provision of lunch to all schoolchildren while keeping extra costs to families as low as possible; exercising caution in cuts to welfare service; ensuring dental services for children in poor families; and securing employment and access to training for young people aged 16–25. Most findings show that Welfare Watch prevented serious harm to families and individuals from the economic crisis. Its approach was found to be so useful that Welfare Watch continues to exist today.

Fig. 3. Stakeholders initially involved in Welfare Watch, in Iceland



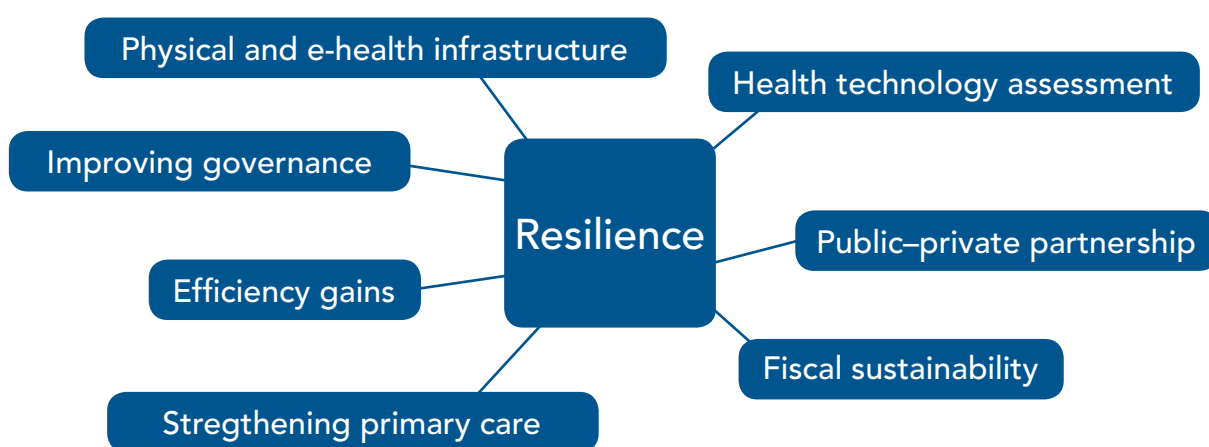
Source: Ministry of Welfare, Iceland, 2018.

Malta shared the results of an exploratory analysis of factors contributing to resilience in a small state health system (Fig. 4). This work started with three concepts:

1. resilience as applied to health systems is increasingly promoted as a dimension of health-system performance in spite of the insufficient research and lack of operationalization of the term;
2. the utility of resilience as a factor that promotes stable and sustainable performance of health systems requires proper characterization; and
3. literature on the vulnerability–resilience nexus in small states provides a theoretical framework from which to depart.

For this reason, the study sought to identify: the definitions of resilience according to international and health-system experts (academics and policy and decision-makers); the key factors that build, strengthen or break down health-system resilience, or hinder its development; and ways to strengthen the resilience of the Maltese health system.

Fig. 4. Contributory factors to resilience in Malta, from a profile of the country



Source: *State of health in the EU. Malta: country health profile 2017* (31).

A qualitative case study was carried out, consisting of 15 semistructured interviews with international health-systems experts, as well as ethnographic research in the Maltese health system by means of a workshop for senior policy-makers and academics and a short survey. The study identified a number of general and Malta-specific factors that impede building resilience. General factors include multiple health-system challenges occurring simultaneously, lack of understanding of the resilience concept and lack of research. For Malta, hindering factors include:

- the inherent vulnerability associated with geographic and sociodemographic features;
- vulnerability due to finite and limited human and financial resources, and fragmentation of the health system; and
- the erosion of social values.

The study also identified implicit and explicit actions and policies to foster resilient health systems, including:

- policy formulation in accordance with the vision of the health system
- investment in adequate and appropriate resources
- capacity sharing: working across boundaries
- improving the health system's capacities to understand and change.

A new definition of resilience was proposed:

Resilience is the capacity of a health system to cope, absorb, adapt, transform, predict, prepare and defend. It encompasses being reactive, flexible, dynamic, constantly striving to learn to apply innovative solutions to tackle challenges with limited resources. Innovation and change is pursued whilst simultaneously managing the delivery of the necessary services.

In general, the study concluded that resilience should be viewed as a building block or prerequisite for strong health-system performance. Identifying the absence of resilience is often easier than positively describing its value. These difficulties could arise owing to a relative lack of awareness of the term and its application, as well as complexity of health systems. Literature on learning organizations and the broader determinants of system governance can inform the development of health-system resilience at the micro, meso and macro levels.

With regard to small countries' resilience, the study found the following.

- Small island states face unique challenges, owing to their culture, inherent features and limited resources.
- In this context, factors that foster resilience are: the importance of culture and values, working together across boundaries, networking, awareness of the limited resources, having a helicopter view and having unbiased, accountable decision-makers at all levels.
- In spite of the barriers and gaps encountered, health systems in small island states can foster resilience through smart, interrelated decision-making, which identifies and grasps opportunities to minimize vulnerabilities.

San Marino shared its experience with integrating individual, community and system-level resilience in the country's 2015–2017 national health plan and in practice in a hospital. The country has a national framework for planning over the long term, involving more than one sector. This acts as a stable national mechanism in addition to a multisectoral working group. San Marino took over two years of consultation with all parties/stakeholders to develop the national health plan, moving from vision to strategy to policy to finding solutions.



The health plan was developed with input from the individual, community and system levels that changed the vision, and a campaign to raise awareness at all levels about the plan's development. San Marino's approach to improving resilience has entailed increasing the number of supportive environments in every way and at different levels, utilizing innovative approaches proposed by paediatricians, going beyond boundaries by thinking in a completely different way and trying to find alliances.

Resilience in practice can be seen in the changes made in the San Marino hospital's paediatric unit due to a shortage of doctors. The idea was to find a structured pathway to coherent care that would be clear for patients, parents and health care practitioners. The triage system had nurses as the first meeting point for the parents, and referral to doctors only when necessary. This new arrangement gave nurses a cross-cutting role. They also welcomed the opportunity to work closely with families and children.

Session 5 highlights

- Resilience at three levels (individual, community and system) is key to ensuring progress in the implementation of Health 2020 and the SDGs (2,3). Health systems, through their stewardship function, can join with other sectors, including civil society, to increase individuals' ability to address their health conditions.
- The four resilience capacities (absorptive, adaptive, anticipatory and transformative) can deal with potential vulnerabilities, shocks and disturbances in systems. Achievement of the SDGs calls for a proactive approach to resilience, involving transformative capacities to better address change and uncertainty, and the development of systems that are more suited to new conditions.
- Health policies should require the adoption of a resilience lens in designing, implementing, monitoring and evaluating action within the health system and public health interventions. This will allow the evaluation of any action carried out by the health sector, and the policy domains covered by the SDGs.
- Sectors other than health can strengthen resilience; it depends on systems that naturally span a variety of sectors.

Session 6. Accelerating action on nutrition, physical activity and obesity to tackle NCDs and achieve the SDGs – from evidence to action highlighting good practices from small countries

With a commitment to achieve SDG 3, to “Ensure healthy lives and promote well-being for all at all ages” (3), WHO leads a transformative agenda that supports countries in reaching all health-related SDG targets, especially in advancing UHC. NCDs account for 70% of all deaths globally and are a growing threat to every country, bringing increased costs for health systems and a financial burden that is often underestimated. For this reason, investments in health promotion and disease prevention are a priority and UHC is the best defence against the onrushing tide of NCDs. Strong health systems, based on people-centred PHC, with a focus on health promotion and disease prevention, are the best investment that can be made in the fight against NCDs.

Session 6 aimed:

- to focus on a few aspects where small states have particular opportunities and tools to exert the greatest leverage;
- to highlight successful initiatives and good practices that could eventually be rolled-out in other small countries, particularly around:
 - standards for foods and physical activity in institutional settings (kindergarten, primary and secondary schools, hospitals);
 - PHC services for obesity but also exercise and diet prescription, particularly for children;
 - health literacy, guidelines and communicating with the public (i.e. including promoting traditional diets and feeding for infants and young children) and monitoring and surveillance of childhood obesity (through WHO’s Childhood Obesity Surveillance Initiative – COSI) and tools to monitor dietary and sodium intake).



The Head of the WHO European Office for Prevention and Control of Noncommunicable Diseases of the WHO Regional Office for Europe stressed that, while some of the members of the Small Countries Initiative are located around the Mediterranean basin and have traditionally healthy diets, they also have some of the highest levels of obesity in Europe. Member States were reminded of the renewed European policy mandate on NCDs as well as the importance of engaging the whole of society in implementing solutions, with participatory governance for health as well as consideration of the determinants of health to reduce health inequalities. GPW13 sets bold targets for NCD reduction and the WHO European Region is already off track for the nine global targets, especially with regard to adult obesity, salt reduction, breastfeeding and physical activity (Fig. 5). The Region may reach the target for child obesity if overweight and obesity remain stable.

Fig. 5. Nine global targets for NCDs for 2025



Source: Noncommunicable diseases: campaign for action – meeting the NCD targets [website] (32).

WHO has identified a number of so-called best buys that will save money and help reach targets, but they need to be implemented in synergy if they are to have an impact. Europe is doing well because there are good data with a surveillance mechanism covering about 70% of Member States in the Region (COSI) (33). Some small countries have about 40% obesity among children with very low levels of vegetable consumption. According to COSI data, only four out of 19 countries report over half of children consuming vegetables every day. In seven out of 19 countries, more than 20% of the children consume sugary soft drinks more than three times per week. Out of 38 countries in the WHO European Region, 22 report implementing measures to regulate or guide the marketing of food and non-alcoholic beverages to children. Among these, 55% (12 countries) report that these measures clearly define the foods and beverages covered, mainly through nutrient profiling and only for children under age 12. The Mediterranean and Nordic diets are being promoted as effective in preventing NCDs.

Action needs to be taken outside the health sector, to put in place fiscal tools, food labelling, regulation of marketing of foods and increased health literacy in schools and for healthy diets. The capacity for integrating services related to diet, physical activity and weight management into PHC, as well as counselling on healthy diets, should be assessed.

Montenegro shared its experience with addressing NCDs and obesity among children. The Government has a powerful instrument: the national council on prevention and control of NCDs, which was established in February 2017, is chaired by the Prime Minister and brings together ministers responsible for finance, health, agriculture, environment, education, social welfare and physical activity. Through the council, the Government seeks to ensure the coherence of sectoral policies and actions in addressing the epidemic of chronic diseases and related risk factors. The council concluded that Montenegro will take a leading role, with WHO expert support, in promoting the use of public-finance measures such as increased tobacco excise tax among the countries in the South-eastern Europe Health Network. In addition, the Government reconfirmed its commitment to reducing obesity, reflected in the United Nations political declaration on NCDs. In Montenegro obesity has been framed as not only a major public health challenge but also a societal problem that calls for health-promoting policies in other sectors. The response to obesity should be integrated, comprehensive and delivered through a whole-of-government approach.

Data on Montenegro, collected for COSI by the National Institute of Public Health, show that the prevalence of overweight, including obesity, was 37% in boys and 29% in girls in 2017. Montenegro has the third-highest rate of soft-drink consumption in the European Region, with more than 30% of children aged 7–8 consuming sugary soft drinks. Further, 52% of children do not engage in sport or other physical activity.

The problem with childhood obesity is clear. Obese children are more likely to become obese adults, which puts them at increased risk for NCDs such as heart disease, type 2 diabetes and some cancers. COSI data underline the importance of protective environments for children and young people to prevent weight gain and help break the harmful cycle of obesity from childhood into and beyond adolescence, with an increased risk of ill health, stigma and discrimination throughout life. The data are also a reminder that an effective response to the childhood obesity and overweight epidemic in Montenegro requires a paradigm shift to address this issue. Protecting children is everyone's responsibility. Food marketing strongly influences children's food choices, which can lead to obesity. The Government of Montenegro feels it imperative to address upstream determinants of obesity in order to make an impact.

In **Luxembourg**, the results of the 2014 Health Behaviour in School-aged Children study, and the country's extensive medical follow-up of schoolchildren, show that 5.4% of children aged 6–12 years are obese and 8.4% are overweight. Less than 50% of young people aged 11–15 eat fruits or vegetables every day and less than 40% engage in physical activity for at least 60 minutes a day. The results for adults are even more worrisome. The European Health Interview and Health Examination Studies show that 15.5% are obese, with close to 40% of men and 25% of women being overweight. Only 15.2% eat fruits and vegetables every day, and 40.8% practice moderate-to-intensive aerobic physical activity for the recommended 150 minutes a week.

More than 10 years ago, Luxembourg launched an intersectoral prevention programme under the leadership of the Ministry and Directorate of Health and actively supported by the ministries responsible for sport, national education and youth, and the family. Close collaboration on food production and on transport and mobility was also set up with the Ministry of the Agriculture with the Ministry of Sustainable Development, respectively. There was a need to get the Ministry of Finance on board when considering the need for introducing new tax policies

against unhealthy foods (such as a sugar tax); such actions call for alignment at various levels of government and the coordination of all ministries and administrations linked to nutrition, health or sports. Different ministries have different objectives and reaching consensus is often difficult, due to differences in priorities. Luxembourg faces additional challenges related to lack of food production; the country depends heavily on food imports from Belgium, France and Germany, so there is room for impact only on bread and meat.

Luxembourg's national action plan for health is under review and was to be available in the summer of 2018. It will focus on a wider target audience: healthy adults and elderly people (e.g. promoting healthy food and physical activity at work in the public and private sector) but also on people with chronic diseases. The action plan will also promote healthy meals, including in schools. Around 50% of the 600 000 people living in Luxembourg are foreigners, and an additional 160 000 people from Belgium, France and Germany commute to Luxembourg for work. The Luxembourg Health Insurance System covers all these people, and sometimes their family members living abroad. This means that the Luxembourg health system needs to produce information in five languages.

As a small country, Luxembourg also faces the challenge of food reformulation, which comes into play when trying to reduce the amount of salt intake in the country. Unfortunately, most industrially prepared food in Luxembourg is imported from other European countries, meaning that Luxembourg only benefits if those countries have restrictive regulations. Europe-wide harmonization is needed on, for example, food reformulation, taxation and labelling. Health promotion needs to continue without forgetting the importance of physical activity.

Monaco also sees increasing child obesity, so it recently joined COSI. It will begin collecting data at the start of the 2018 school year, and adjust national policies depending on survey results. Monaco is pursuing the implementation of its current national plan to fight against overweight and obesity, which has two pillars: promoting better nutrition and encouraging physical activity. Nutrition policy starts at birth, with the promotion of breastfeeding through a weekly group for young mothers at the public hospital centre. Free information days on breastfeeding are also held, and the rate of breastfeeding has increased in recent years. Special attention is given to the preparation of meals for children in day institutions and schools, where a dietician devises new meals to ensure a balanced and diverse diet. In parallel, workshops are organized to give babies the chance to discover new types of food, new tastes and textures. In primary and secondary schools, the policy of balanced diet continues in the same way. As annual medical check-ups are compulsory for every schoolchild, emerging weight problems can be easily detected. A so-called week of taste has been organized yearly since 1998, in which professional chefs from Monaco introduce pupils to different, varied tastes and to the consumption of healthy foods.

Actions to promote physical activity for all age groups are also in place in Monaco. Children engage in sports for two hours per week at primary schools and three hours per week at secondary schools, with an additional hour of swimming per week. Facilities have been set up to allow the entire population, including elderly and disabled people, to engage in sports at low cost. In addition, a free medical sports centre is accessible to the public, where one can receive clearance to engage in a particular sport. Lastly, the Government gives subsidies to sport associations and facilities; there are 160 sports associations in Monaco. Monaco would like to better understand the situation of physical activity in children, because, even if a child has a low body mass index, he or she may not be physically fit. In addition, more work needs to be done to promote exclusive breastfeeding among the population.

Malta has made obesity a high priority, as seen in the Council Conclusions of its Presidency of the EU. The Malta statement on childhood obesity, signed by all members of the Small

Countries Initiative at the 2017 High-level Meeting, also emphasizes this issue. Malta has seen little improvement in obesity in adolescents; the reduction has been higher in boys than in girls. The strategy for a healthy weight for life was drawn up in 2012, with actions structured along the life-course and a focus on identifying transitions in life. It also includes a number of interventions for children in schools and in family settings. An example of this is public procurement for food and health in schools, put in place during the Maltese Presidency. Actions to promote physical activity in schools have also been carried out and evaluated. Dietary guidelines target families and children, using an image of food on a plate, rather than a food pyramid. Programmes are also in place to address conditions from under- and overnutrition such as anorexia, bulimia and obesity. Malta drew up a declaration in which the food industry makes a commitment to reducing the sugar content of soft drinks. Nevertheless, as a small country, Malta is subject to external marketing and imports many foods the production of which it does not control. Research is under way to understand where children get their nutrition information. Malta has also recently become part of a European social-fund project on the social determinants of health, to sensitize ministries to them and mainstream them. An advisory council on healthy lifestyles has been set up involving the health and other sectors.

San Marino's work on nutrition and physical activity included setting up a multidisciplinary and intersectoral working group on education and health in 2013, to plan and coordinate health promotion and education activities in schools, to strengthen intersectoral collaboration and lifestyle interventions. In 2010, the Italian National Institute of Health supported San Marino in carrying out a survey on childhood obesity (33). San Marino is also involved in COSI; it carried out surveys every two years until 2016 and will carry out the 2019 survey with Italy, to enable comparison of results with the nearest Italian regions.



The working group on education and health will benefit very much from information obtained through COSI. For example, while the percentage of overweight and obese children in schools decreased in 2016 (to 25.72%), trends should be monitored. A number of actions taken in San Marino might explain this result, including communication of actions to counteract obesity to parents, teachers and children; provision of balanced menus in school canteens; and good multidisciplinary collaboration (among dietitians, paediatricians, biologists and veterinarians, and teachers) allowing the procurement of healthy food for school canteens. Paediatricians and midwives also play an important role in supporting breastfeeding and providing information

on healthy nutrition for mothers and children. The working group will continue to focus on physical activity, with the support of Ministry of Education and Sport, the national Olympic committee and sports federations, to create a network that will work towards having more physical activity and sports for children.

Session 6 highlights

- Countries need support in engaging with the corporate sector on nutrition, to help strengthen the understanding of the commercial determinants of health.
- Nutrition is a cross-cutting issue and non-health sectors can play an essential role in preventing overweight, obesity and their effect on NCDs. Other sectors should be brought in as partners, to identify common goals and interests and establish a mechanism for cooperative work, ensuring the flow of continuous dialogue and feedback and use of participatory approaches.
- The field of nutrition has a wealth of success stories to draw from. Scale up successful experiences where nutrition issues have been addressed alone or with other factors, and adapt them to specific contexts.
- Grounding actions on data is essential. Setting up and maintaining sound nutrition monitoring systems in countries will provide the evidence needed to make the case for investing in nutrition, which policy-makers need to obtain financing later.
- Countries' commitments in the Malta statement on ending childhood obesity, adopted at the Fourth High-level Meeting of Small Countries, encourage them to join forces in launching comprehensive initiatives to address obesity in children. Adopting a life-course approach in tackling nutrition, physical activity and obesity is central to this commitment.

Conclusions

This section presents a set of overarching conclusions drawn from the presentations and discussions at the Fifth High-level Meeting of the Small Countries Initiative. Some apply to all public health issues faced by small countries and others apply to water as the core topic of the Iceland statement (Annex 3).



- Continue to **work together and network** as small countries; their unique size and needs call them to come together to pursue common goals and approaches to make them stronger.
- Whether in policy-making or health-system reforms, **put citizens first** by using **participatory approaches** and working towards setting up **people-centred** health systems.
- **Preserve the planet**; water affects many sectors, so link water to climate change and the SDGs.
- **Intersectoral and multifaceted actions** can curb and prevent NCDs. No one solution works for all, and the country and regional situation and needs must be understood.
- Continue to **foster resilience** at the individual, community and system levels and create environments that encourage working together and for everyone. Resilience is the unique bridge between Health 2020 and the SDGs.
- **UHC and financial protection** of the population are not choices but duties. UHC and financial protection within it are the most powerful health equalizers.

The topic of water accurately reflects the way the small countries need to work: across sectors and together. Water is a tracer for multisectoral approaches bringing together the health, water and environment sectors, as well as other sectors such as education and rural development. The Iceland statement on ensuring safe and climate-resilient water and sanitation (Annex 3) stresses the need for sustainable and safe water and sanitation services as fundamental to human health and well-being. It also puts forward the long-term goal of climate resilience – to be secured for future generations by cooperative work for better health and well-being for all, leaving no one behind – at the forefront of the coming year's work of the Small Countries Initiative.

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Annex 1. Scope and purpose

Background

The Small Countries Initiative was established in 2013 as a result of an idea put forward by San Marino at an informal meeting held during the sixty-third session of the WHO Regional Committee for Europe, in Çe me Izmir, Turkey. San Marino and the WHO European Office for Investment for Health and Development of the WHO Regional Office for Europe co-lead the Initiative.

The Small Countries Initiative has developed into a platform through which the eight Member States in the WHO European Region with populations of less than 1 million can share their experience with fostering political commitment to and developing good practice in the implementation of Health 2020: the European policy for health and well-being, the United Nations 2030 Agenda for Sustainable Development and the WHO roadmap to implement the 2030 Agenda, which builds on Health 2020. These countries are Andorra, Cyprus, Iceland, Luxemburg, Malta, Monaco, Montenegro and San Marino. Small countries share unique contexts and needs: their size and multifaceted similarities are likely better to enable them to navigate the increasingly complex and turbulent global environment. Thanks to their size and shared sense of purpose, small countries can more easily set and implement policies quickly and effectively. This strategic agility makes small countries ideal settings for policy experimentation and innovation.

The benefits of the countries' small size can be maximized, especially in the implementation of broad, multisectoral policies, such as Health 2020 and the 2030 Agenda, which by their very nature require whole-of-government and -society approaches. On the other hand, small countries are sometimes more vulnerable than their larger counterparts. The Initiative provides a valuable forum through which they can share experience and find solutions to common challenges, many of which are applicable in larger countries. This makes the case for ensuring that scientific guidelines, recommendations on policy direction and the experiences of both large and small countries are taken into consideration in setting norms and developing protocols.

The annual meetings of the Small Countries Initiative provide a high-level forum in which the countries can discuss their health agendas and ways to move forward. The meetings focus on issues, such as the life-course approach, intersectoral action for health and resilience, health information systems (through the Small Countries Health Information Network – SCHIN) and communication (through a subnetwork of communication officers from the participating countries).

At the request of the WHO Regional Director for Europe, an assessment of the Initiative was carried out in the middle of 2017 to gain insight into the Initiative's impact in the countries and any issues they were facing, and to explore the possible need for change. The assessment found that, despite its short existence, the Initiative had developed very quickly and created products of both political and technical/scientific relevance. In addition, the Initiative had allowed the small countries to speak with one voice on several occasions in both European and global settings, thus lending strength to their participation.

The assessment informed the technical programme of the Fifth High-level Meeting of Small Countries, which will cover the following topics:

- the roadmap to the implementation the 2030 Agenda (the meeting will start with a session showcasing how the host country is adopting whole-of-government, whole-of-society and life-course approaches in all its policies, within and outside the health domain, with a specific focus on sustainable development);
- environment and health, with a focus on climate change and water (the session will link specifically to Sustainable Development Goals (SDGs) 3 and 6 and the commitments made by the European Member States at the Sixth Ministerial Conference on Environment and Health in June 2017);
- financial protection and UHC (this area will be the focus of the forthcoming WHO meetings on health systems for prosperity and solidarity (Tallinn, Estonia, June 2018) and PHC (Almaty, Kazakhstan, October 2018));
- nutrition, physical activity and, as a follow up to the Initiative's Malta Statement, the call to end premature mortality of the WHO Global Conference on NCDs [Noncommunicable Diseases] (Montevideo, Uruguay (October 2017) and the forthcoming Third United Nations High-level Meeting on Non-communicable Diseases (New York, United States of America, 2018);
- resilience: the backbone of better health and well-being (the session will be informed by a major compendium of WHO case studies on this topic);
- progress reports on health information activities in WHO European Region, specifically those of SCHIN and the subnetwork of communication officers.

Considering the unique value of natural resources in the local ecosystem, Iceland pointed to water as the core topic of the Reykjavik statement on environment and health, which will be the outcome of the meeting. Water is indeed a tracer of truly multisectoral approaches, bringing together the sectors for health, water and environment, and other sectors, such as those for education and rural development. The statement will link well with the Monaco Statement on climate change (October 2016), which called for joint action on reducing greenhouse gas emissions and scaling up cooperation on climate-related emergencies.

Main objectives

The main objectives of the Fifth High-level Meeting of Small Countries are:

- to provide effective examples of the implementation of the 2030 Agenda in small countries through whole-of-government and -society approaches;
- to strengthen the small countries' commitments to the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes as a multilateral instrument to link the water- and sanitation-related SDGs 3 and 6 and the commitments of the Sixth Ministerial Conference on Environment and Health;
- to propose policy options for small countries in addressing inequalities in the design on policies on financial protection and coverage, including essential services and medicines in the light of the findings and recommendations of the WHO meeting on health systems for prosperity and solidarity;
- to review effective practices in tackling issues related to nutrition, physical activity and obesity with a view to small countries' achieving the SDGs;

- to provide state-of-the-art knowledge on the various aspects of resilience and how it relates to health and well-being at the individual, community and system levels;
- to review progress in SCHIN's work and its direct relevance for the small countries in the European Region;
- to engage the mass media as a partner for health and development by building the capacity of a critical mass of communications professionals in the participating countries.

In addition, two publications produced within the framework of the Small Countries Initiative will be presented: case stories showing the outcome of the life-course approach in Iceland and Malta and a compendium of in-depth case studies on resilience from across the WHO European Region. The assessment of the Initiative carried out in 2017 will also be available at the Meeting.

Participation

All eight Member States in the WHO European Region with populations of less than 1 million will be invited to nominate a high-level delegation headed by the minister of health or equivalent and accompanied by the SCHIN focal point, as well as a communication professional or a journalist. Owing to the interest expressed by WHO regional directors in other WHO regions, it is suggested to invite one Member State with a population of less than 1 million from each of the other five WHO regions. The delegation would be headed by the minister of health or a designated representative and would be welcome to bring additional delegates to participate as observers in the health information and communication workshops.

Outcomes of the meeting

The expected outcomes of the Fifth High-level Meeting of Small Countries are:

- an in-depth knowledge of the countries' processes of pursuing the SDGs, with a specific focus on whole-of-government and -society approaches;
- an increased awareness of environmental issues in small countries, with a focus on the protection of natural resources, such as water;
- an insight into the policy options available to increase financial protection in small countries;
- information about best practice in tackling issues, such as nutrition, physical inactivity and obesity in small countries;
- a better understanding of the different layers of resilience and their importance to the implementation of the 2030 Agenda;
- an insight into progress made in addressing challenges related to the collection of health information and data in small countries through SCHIN;
- an insight into how to improve small countries' reporting on the social determinants of health, health inequities and sustainable development in terms of the critical mass of communications professionals;
- proposals on how to take the Small Countries Initiative forward;
- the endorsement of the Reykjavik statement on environment and health.

Annex 2. Programme

Monday, 25 June 2018

Informal reception hosted by the Minister of Health of Iceland to welcome the participants (Minister's Residence)

Tuesday, 26 June 2018

Opening of the meeting:

- Mrs Svandís Svavarsdóttir, Minister of Health, Iceland
- Dr Zsuzsanna Jakab, WHO Regional Director for Europe

Session 1. Iceland: a living example of whole-of-government and whole-of-society approaches for better health and well-being for all. The sustainability agenda at the core of policies:

- Chair: Dr Bettina Menne, Coordinator, Health and Sustainable Development, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe
- Panel:
 - Mrs Katrín Jakobsdóttir, Prime Minister of Iceland
 - Dr Zsuzsanna Jakab, WHO Regional Director for Europe
 - Ms Lydia Mutsch, Minister of Health, Luxembourg
 - Dr Franco Santi, Minister of Health and Social Security, National Insurance, Family and Economic Planning, San Marino
 - Dr Neville Calleja, Director, Department for Policy in Health - Health Information and Research, Malta

Session 2. Climate change and health. Focus on water:

- Chair: Dr Pirooska Ostlin, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe
- Panel:
 - Mr Oliver Schmoll, Programme Manager, WHO European Centre for Environment and Health, Division of Policy and Governance for Health and Well-being
 - Dr Joy St John, Assistant Director-General for Climate and Other Determinants of Health, WHO headquarters
 - Mr Guðmundur Ingi Guðbrandsson, Minister for Environment and Natural Resources, Iceland
 - Ms Isabelle Rosabrunetto, Vice-minister, Director-General, Department of External Relations and Cooperation, Ministry of State, Monaco
 - Mr David Barrett, Communications Officer, Corporate Communications, Office of the Regional Director, WHO Regional Office for Europe

- Interventions from the floor:
 - Dr Andrea Gualtieri, Chief, Institute of Social Security, San Marino
 - Ms Charitini Frenaritou, Environment and Health, State General Laboratory, Cyprus

Session 3. WHO High Level Meeting Health Systems for Prosperity and Solidarity: Leaving No One Behind, 13–14 June 2018, Tallinn, Estonia: INCLUDE – INVEST – INNOVATE:

- Chair and presenter: Dr Hans Kluge, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe
- Panel:
 - Dr Natasha Azzopardi Muscat, Department for Policy in Health - Health Information and Research, Ministry for Health, Malta
 - Dr Gabriele Rinaldi, Director, Health Authority of San Marino, Ministry of Health and Social Security, San Marino
 - Dr Vasos Scoutellas, Coordinator, Health Monitoring Unit, Ministry of Health, Cyprus
- Intervention from the floor: Mr Josep Romagosa Massana, Public Health Officer, Promotion, Prevention and Health Surveillance Unit, Ministry of Health, Andorra

Session 4. Progress report on health information and communication networks:

- Chair: Dr Lucianne Licari, Director, Country Support and Communications, WHO Regional Office for Europe
- Panel:
 - Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe
 - Mr David Barret, Communications Officer, Corporate Communications, Office of the Regional Director, WHO Regional Office for Europe
 - Mr Alexandre Bordero, Director, Department of Health Affairs, Ministry of Health and Social Affairs, Monaco
 - Ms Sneja Dobrosavljevic, Communication Officer, Ministry of Health, Luxembourg

Closed meeting between the WHO Regional Director for Europe and ministers/heads of delegations

Wednesday, 27 June 2018

Session 5. Resilience: backbone for better health and well-being:

- Chair and presenter: Dr Erio Ziglio, Professor, Health University of Applied Sciences Tyrol, Austria
- Panel:
 - Mrs Pórdís Kolbrún R. Gylfadóttir, Minister of Tourism, Industry and Innovation, Iceland
 - Mrs Vilborg Ingólfssdóttir, Director-General, Ministry of Welfare, Iceland

- Dr Natasha Azzopardi Muscat, WHO Collaborating Centre on Health Systems and Policies in Small States, Malta
- Dr Maurizia Rolli, Director, Health and Social Sector, Institute of Social Security, San Marino



Session 6. Accelerating action on nutrition, physical activity and obesity in tackling NCDs to achieve the SGDs. From evidence to action, highlighting good practice in small countries:

- Chair and presenter: Dr Joao Breda, Head, WHO European Office for the Prevention and Control of Noncommunicable Diseases, WHO Regional Office for Europe
- Panel:
 - Dr Carles Álvarez Marfany, Minister of Health, Andorra
 - Mr Drazen Blazic, State Secretary, Ministry of Culture, Montenegro
 - Dr Jean-Claude Schmit, Chief Medical Officer, Ministry of Health, Luxembourg
 - Mr Alexandre Bordero, Director, Department of Health Affairs, Ministry of Health and Social Affairs, Monaco
 - Dr Neville Calleja, Director, Department for Policy in Health - Health Information and Research, Malta
- Intervention from the floor: Dr Andrea Gualtieri, Chief, Institute of Social Security, San Marino

Session 7. Take-home messages and closure of the meeting:

- Mrs Svandís Svavarsdóttir, Minister of Health, Iceland
- Dr Zsuzsanna Jakab, WHO Regional Director for Europe

Press conference

Fourth meeting of the Small Countries Health Information Network (SCHIN) focal points

Workshop for communications professionals

Annex 3. Ensuring Safe and Climate-resilient Water and Sanitation: the
Iceland Statement, Fifth High-level Meeting of the WHO Small Countries
Initiative, Reykjavík, Iceland

ENSURING SAFE AND CLIMATE-RESILIENT WATER AND SANITATION: THE ICELAND STATEMENT

Fifth high-level meeting of the WHO small countries initiative, Reykjavík, Iceland

We, the Ministers and the delegates of the eight Member States of the European Region of the World Health Organization (WHO) with populations of less than one million inhabitants, met in Reykjavík, Iceland on 26–27 June 2018, to participate in the fifth high-level meeting of the small countries initiative.

We reconfirm our previous commitments to implement the core principles, approaches and values of Health 2020: the WHO European policy framework for health and well-being.

We will work wholeheartedly on achieving the objectives of the 2030 Agenda for Sustainable Development, promoting safe and climate-resilient water and sanitation. It is our joint responsibility to protect health from environmental risks, including the effects of climate change. This includes being aware of the consequences of our behaviour and actions.

We emphasize that every government and public authority, at all levels, shares the common responsibility for safeguarding the environment through intersectoral collaboration and citizens' participation and promoting and protecting human health from environmental hazards across generations and in all policies.

We recognize that the Ostrava Declaration on Environment and Health (2017) provides a strong mandate towards achieving this obligation. Building on the commitments of the Paris Agreement, we continue to protect health from climate change and hereby reinforce our commitments in the Monaco Statement and its *Call for action on climate change*.

Ensuring universal and equitable access to safe drinking-water and sanitation services for all and in all settings plays a catalytic role in achieving these commitments and remains a priority in our countries. Such services are essential to human health and well-being, and in respecting human rights, they are an important enabler of economic and social development and thus for creating and supporting resilient communities. We recognize the importance in promoting sustainable management of water resources, strengthening adaptive capacity and long-term resilience of water and sanitation services under climate change.

Climate change increasingly affects availability, quality and use of freshwater resources, threatening the provision of safe water and sanitation services. We recognize that the challenges addressed in the WHO special initiative on climate change and health in small island developing States also affect many small countries around the world. We acknowledge that our challenges include increasing water scarcity, putting additional stress on water resources and ecosystems; more frequent and intensive extreme weather events, such as heavy precipitation, floods or droughts, threatening the provision of safe services; and sea-level rise.

Action is possible. Intersectoral action is needed to guarantee success. Drawing on our intrinsic strengths of responsive adaptation, innovation and participation, we commit to:

- build climate-resilient water supply and sanitation services and promote sustainable water management to prevent water-related disease, in national as well as transboundary contexts, by ratifying or acceding to the Protocol on Water and Health by 2022;
- maintain and strengthen safely-managed water and sanitation services, including safe use of wastewater, by adopting WHO-recommended water safety planning (WSP) and sanitation safety planning (SSP) approaches;
- promote universal and equitable access to water, sanitation and hygiene in all settings, including in schools, health care facilities and workplaces, as well as in urban and rural areas;
- protect our people from climate-induced and water-related disasters by strengthening disaster risk reduction, preparedness and response; and
- inspire climate-resilient behaviours of communities and individuals and encourage their participation in local decision-making by developing action plans for public education and communication with citizens.

With this statement, we, the members of the small countries initiative, commit to supporting each other through enhanced intersectoral and multilateral cooperation and coordination. We call on the WHO Regional Office for Europe and other partners to support us in meeting these commitments.

Sustainable and safe water and sanitation services are fundamental to human health and well-being, and it is in our hands to ensure their long-term climate resilience for future generations by working together for better health and well-being for all, leaving no one behind.



Andorra



Cyprus



Iceland



Luxembourg



Malta



Monaco



Montenegro



San Marino



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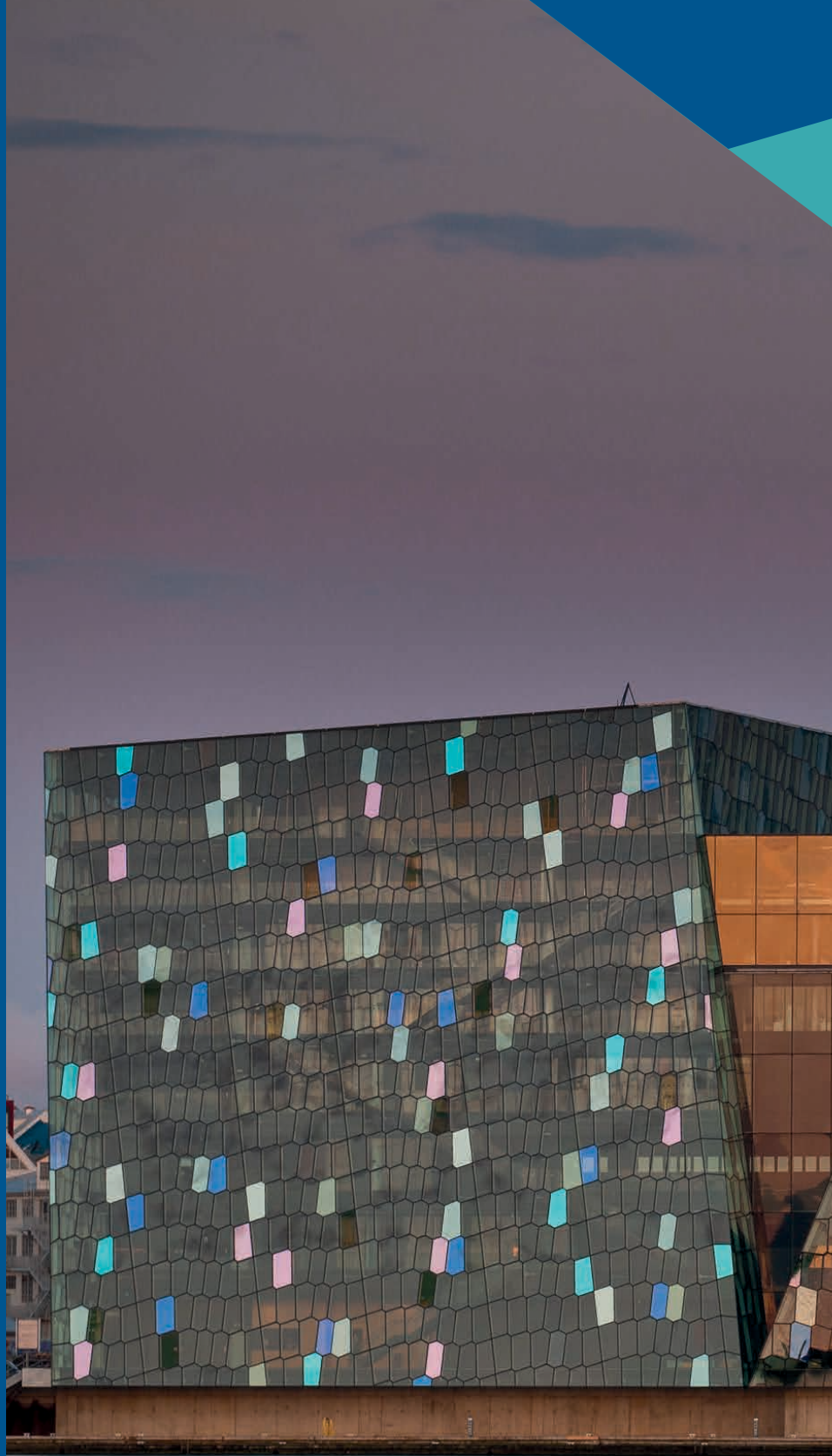


The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
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Denmark
Estonia
Finland
France
Georgia
Germany
Greece
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Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
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The former Yugoslav
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