



Noncommunicable Diseases and Mental Health in Small Island Developing States

A DISCUSSION PAPER BY CIVIL SOCIETY

The Healthy Caribbean Coalition (HCC) is a not-for-profit Caribbean regional alliance of civil society organizations (CSOs) working towards the prevention and control of noncommunicable diseases (NCDs). HCC has led the development of this discussion paper in collaboration with a group of like-minded civil society representatives from other Small Island Developing States (SIDS) regions, and with the support of the NCD Alliance (NCDA), a global network of CSOs also dedicated to NCD prevention and control worldwide.

This discussion paper was developed as a contribution to the High-Level Technical Meeting and Ministerial Conference on NCDs and Mental Health in SIDS, which will be convened by the World Health Organization (WHO) in Barbados, in January and June 2023 respectively.

Authors welcome comments on this discussion paper at hcc@healthycaribbean.org until 28 February 2023.



Acknowledgements

This discussion paper was written in December 2022 by Dr. Beverley Barnett, a Healthy Caribbean Coalition consultant, and was informed and overseen by an *ad hoc* policy group formed by:

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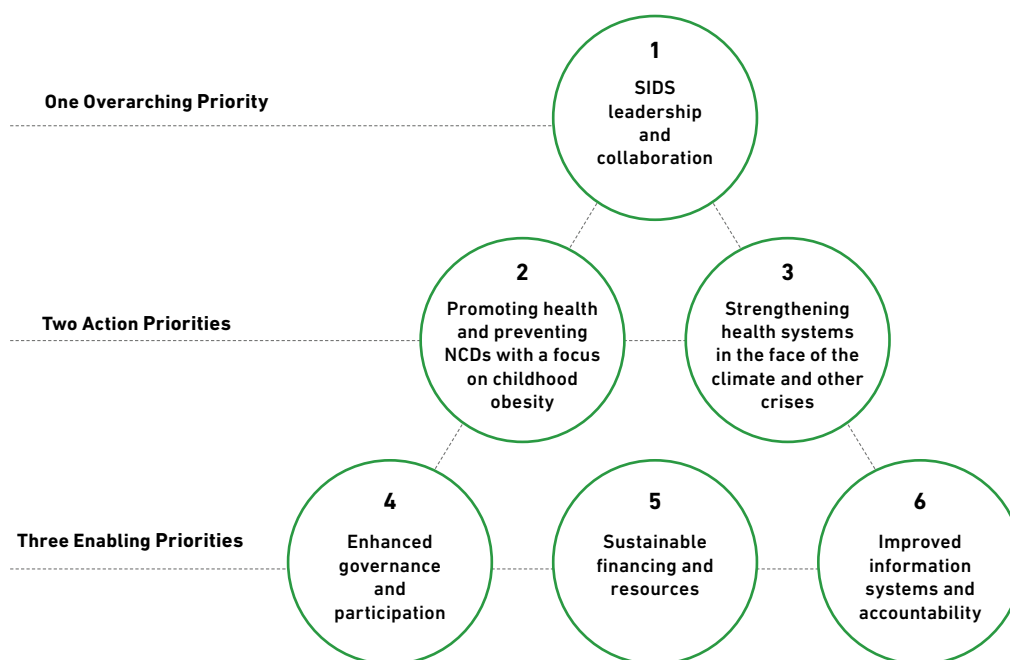
This discussion paper also received valuable contributions on relevant sections from the Global Alcohol Policy Alliance, Global Climate and Health Alliance, Movendi International and World Obesity Federation.

Executive summary

This discussion paper outlines the unique characteristics of SIDS and the challenges they face, particularly related to their size, geography, and small populations; constraints for achieving economies of scale due to their small domestic markets, limited resources, and undiversified economies; and threats from the climate crisis and food and nutrition insecurity. These challenges, among others, have been aggravated by the 2019 coronavirus (COVID-19) pandemic, which has put at further risk SIDS' efforts to mount efficient and effective responses to their disproportionate burden of NCDs, using approaches that are equity- and rights-based, multisector, and multistakeholder.

Civil society is a critical stakeholder, along with government and the private sector free from conflicts of interest, in the response to the major NCDs—heart disease and stroke, diabetes, cancer, chronic respiratory diseases, and mental, neurological, and substance abuse disorders (MNSDs). CSOs advocate for and contribute to interventions that address NCDs and their risk factors—particularly poor diets, tobacco use, alcohol use, physical inactivity, and air pollution—as well as the determinants of health—social, economic, environmental, commercial, political, legal, and other non-medical factors that strongly influence health outcomes. In producing this discussion paper, HCC, NCDCA, and SIDS civil society representatives analysed the NCD situation in SIDS across various regions, built on global and regional frameworks for the reduction of NCDs and their underlying causes, and identified priorities, recommendations, and key asks for inclusion in the report of the January 2023 High-Level Technical Meeting and the outcome document of the June 2023 Ministerial Conference on NCDs and Mental Health in SIDS.

Seeking to enhance equity- and rights-based approaches, and pursuing the empowerment of people living with NCDs, women, youth, indigenous people, and other persons and groups in situations of vulnerability, **this discussion paper identifies six priorities for action by SIDS governments in collaboration with relevant stakeholders and partners at national, regional, and global levels.** The **overarching priority** speaks to leadership and collaboration in and among SIDS; **two action priorities** address critical areas of focus for SIDS, and **three enabling priorities** address strategies to facilitate effective action in the areas of focus. The paper provides a rationale for the selection of these priorities, and under each priority, offers **recommendations and associated key asks**, proposing not only which actions should be taken, but also how they might be implemented.



The **priorities** and **recommendations** are as follows:

PRIORITY 1

(Overarching)

Demonstrating leadership and enhanced collaboration among SIDS across all regions to address the drivers and impacts of the NCD epidemic and the climate crisis.

RECOMMENDATION 1

Take a leading role in relevant high-level meetings between 2023 and 2025 to promote, advocate for, and contribute to accelerated action, increased financing, and support for NCD responses in SIDS; collaboration for NCD prevention and control across SIDS, including among CSOs; and resource mobilisation and capacity building for inter-SIDS knowledge sharing and technical cooperation.

PRIORITY 2

(Action)

Promoting health and preventing NCDs, with a focus on childhood obesity.

RECOMMENDATION 2

Create and/or strengthen health-enabling environments and food systems to prevent NCDs and obesity, focusing on childhood obesity, in alignment with the Convention on the Rights of the Child (CRC) and youth empowerment, and including through the implementation of public health regulations and the promotion and improvement of health literacy at all levels.

PRIORITY 3

(Action)

Strengthening health systems in the face of the climate crisis and the COVID-19 pandemic.

RECOMMENDATION 3

Strengthen health systems in SIDS to enhance their resilience, reduce related NCD impacts, and enhance health security, thereby mitigating and adapting to climate change, and preparing for and responding to emergencies and disasters.

PRIORITY 4

(Enabling)

Enhancing governance, participation, and coordination to efficiently and equitably prevent and control the priority NCDs, and their modifiable risk factors and determinants.

RECOMMENDATION 4

Lead and strengthen 1) multisector, multistakeholder actions that address the social, economic, environmental, commercial, political, legal, and other determinants of health, free from conflicts of interest, and demonstrate policy coherence, removing tensions between health policies and policies in other sectors, such as trade; and 2) meaningful engagement and capacity building of key stakeholders, including people living with NCDs, women, youth, indigenous people, and civil society.

PRIORITY 5

(Enabling)

Providing adequate, sustainable resources—financial and human—for NCD prevention and control.

RECOMMENDATION 5

Develop and implement strategies and mechanisms for 1) adequate, sustained financing for NCD prevention and control, including through pro-health taxes and climate financing mechanisms; and 2) strengthening of human resources for health in support of universal health coverage (UHC).

PRIORITY 6

(Enabling)

Strengthening information systems for health to improve transparency, strategic planning and management, and accountability related to NCD prevention and control.

RECOMMENDATION 6

In collaboration with partners such as academic institutions, and regional and international development agencies, strengthen information systems for health to collect and analyze disaggregated data on NCDs and NCD interventions—including for MNSDs—and provide timely reports to improve transparency, equity- and rights-based strategic planning and management, and accountability related to NCD reduction.

In addition, the discussion paper urges SIDS governments to endorse, support, and implement various relevant frameworks and initiatives developed to date. These include, but are not limited to:

- The **Outcome Statement** of the **SIDS Summit for Health** convened by WHO in June 2021, which underscored SIDS' challenges and highlighted their common values of solidarity, collaboration, and partnership, and resolution WHA75.18, approved at the World Health Assembly (WHA) in May 2022, proposing the establishment of a Voluntary Health Trust Fund open to all States and asking WHO to support the 'SIDS Leaders Group for Health' that was created at the SIDS Summit for Health.
- The 2021 **Global Charter on Meaningful Involvement of People Living with NCDs**, spearheaded by NCDA, with defined principles —'rights-based, respect and dignity, people-centeredness, equity, and social participation' — and a call for institutions and organizations to recognize the value of the lived experiences of people living with NCDs and the community. The Charter urges active involvement of people living with NCDs in all aspects of the NCD response that affect them, including governance, policies, programmes, and services.
- The **Global NCD Compact 2020-2030**, which aims to accelerate progress towards the Sustainable Development Goal (SDG) targets 3.4 and 3.8 to address, respectively, NCDs and Universal Health Coverage (UHC). The Global NCD Compact calls on countries to align strategies and operations with universal commitments made to accelerate and scale up global collective efforts to prevent and control NCDs and achieve UHC, and identifies 'engage, accelerate, invest, align, and account' as specific actions to achieve its commitments in five key areas related to NCD prevention and control.
- The **Global Group of Heads of State and Government (HoSG) for the Prevention and Control of NCDs**, established at the 2022 International Strategic Dialogue on NCDs and the SDGs to champion the NCD agenda, and promote and advocate for implementation of the Global NCD Compact.
- The **WHO NCD 'best buys' and other recommended interventions**, a menu of cost-effective policies that supports governments in prioritising and accelerating action on NCD prevention and care, while unlocking substantial returns on investment to strengthen health systems and health promotion efforts.
- The **WHO Recommendations for the prevention and management of obesity over the life course**, and its proposed targets as endorsed by the WHA in May 2022, and consideration to join the **WHO Acceleration Plan to STOP Obesity** where appropriate, which aims to consolidate, prioritize, and accelerate country-level action against the obesity epidemic.
- The **WHO Global Alcohol Action Plan 2022-2030**, which was unanimously adopted by the WHA in May 2022, providing strong momentum and guidance for accelerating action on alcohol harm as a public health priority, based on six action areas centered around the 'best buys' and other recommended interventions on alcohol policy and WHO's technical package on alcohol policy (SAFER).
- The 2016 **WHO Global Strategy on Human Resources for Health: Workforce 2030**, which has a vision of accelerating progress toward UHC and the SDGs by ensuring equitable access to health workers within strengthened health systems.

Aware of SIDS' limited resources, including financial resources, this paper suggests possibilities for resource mobilization for NCDs, such as the recently established United Nations (UN) Multi-Partner Trust Fund to Catalyze Country Action for NCDs and Mental Health. It also outlines opportunities for exploring resource mobilization through non-traditional sources in order to take advantage of co-benefits and 'win-win' solutions, including the Green Climate Fund and the Loss and Damage Fund that was established at the 27th annual Global Conference of the Parties (COP27) to the UN Framework Convention on Climate Change (UNFCCC) in November 2022 and is pending further development.

Additional, selected information about SIDS and resources relevant to NCD prevention and control in SIDS are summarized in Annexes 1, 2, and 3 of this discussion paper.

Introduction

As a contribution to the WHO-convened High-Level Technical Meeting and Ministerial Conference that will take place in Barbados in January and June 2023, respectively, to advance the prevention and control of NCDs—including MNSDs—in SIDS, the HCC, along with SIDS civil society representatives working in NCD prevention and control, supported by the NCDA, developed this discussion paper.

This discussion paper, developed from a civil society perspective, provides priorities, recommendations, and associated key asks for inclusion in the meeting report of the January 2023 High-Level Technical Meeting on NCDs and Mental Health in SIDS, and subsequently in the outcome document of the June 2023 Ministerial Conference on NCDs and Mental Health in SIDS. This will feed into the preparatory process for the Fourth High-Level Meeting (HLM) of the UN General Assembly on the Prevention and Control of NCDs in 2025.¹ The Fourth HLM on NCDs, like its predecessors, will discuss progress toward the achievement of **SDG 3**, the SDG most directly related to health in the **UN 2030 Agenda for Sustainable Development**, and **target 3.4**, which addresses NCDs and mental health. A critical element to attain SDG target 3.4 is **SDG target 3.8**, which addresses **universal health coverage** to enable advances toward equity and realisation of the right to health.

1 World Health Organization. Document A75/10 Add.5, Annex 11, 27 April 2022. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add5-en.pdf.

Civil society priorities, recommendations, and key asks

As critical stakeholders, CSOs working in NCD prevention and control in SIDS endorse the ongoing efforts and the attention being given to the NCD burden in their vulnerable countries and territories. As a group, these CSOs commit to continuing their support for and contribution to equitable, rights-based, whole-of-government, whole-of-society interventions, free from conflicts of interest, with the overall aim of preventing and controlling NCDs, for the health of all people and the equitable, sustainable national development of SIDS.

In their analysis, the CSOs considered the “who”, “what”, and “how” for the implementation of priority NCD prevention and control interventions in SIDS. In selecting the priorities, recommendations, and key asks, the CSOs considered criteria related to *prevention* of NCDs; **double- and triple-duty interventions** that concurrently address more than one priority issue and have the potential to provide the greatest return on investment and make more efficient and effective use of SIDS’ limited resources; and **empowerment of people**, especially people living with NCDs, women, youth, indigenous people, and other groups facing situations of vulnerability, enabling them to contribute to policy development and the observance and fulfillment of their rights.

NCD civil society calls on SIDS governments, in collaboration with relevant stakeholders and partners at national, regional, and global levels, to take action in line with the following six priorities and their associated recommendations and key asks. One **overarching priority** speaks to leadership and collaboration in and among SIDS; **two action priorities** address critical areas of focus for SIDS; and **three enabling priorities** address strategies to facilitate effective action in the areas of focus.

PRIORITY 1 (Overarching)

Demonstrating leadership and enhanced collaboration among SIDS across all regions to address the drivers and impacts of the NCD epidemic and the climate crisis

Given their common characteristics, vulnerabilities, and challenges, SIDS are well-placed to exhibit leadership in identifying, advocating for, promoting, and contributing to solutions, at both government and civil society levels. There is much value in sharing information, achievements, and lessons learned, to enable the adoption or adaptation of successful interventions for NCD prevention and control. There have been efforts to strengthen solidarity and exchanges among SIDS in various geographic regions, and several platforms and mechanisms exist, but challenges related to inter-regional transportation and limited resources, among other issues, have resulted in less-than-desired outcomes.

The upsurge in the use of digital platforms during the COVID-19 pandemic offers opportunities for improved contact. SIDS can also take advantage of resources available for co-benefit issues, such as responding to the climate crisis, to enable exchanges that strengthen their leadership, collaboration, solidarity, and commitment to equitable NCD reduction at national and regional levels.

RECOMMENDATION 1

Take a leading role in relevant high-level meetings between 2023 and 2025 to promote, advocate for, and contribute to accelerated action, increased financing, and support for NCD responses in SIDS; collaboration for NCD prevention and control across SIDS, including among CSOs; and resource mobilisation and capacity building for inter-SIDS knowledge sharing and technical cooperation.

KEY ASK 1.1

Participate in all NCD-relevant high-level meetings between 2023 and 2025²—including the Second WHO Global Dialogue on Financing National NCD Responses scheduled to be held in 2023. Take a leading role to advocate for increased financing and support for NCD responses in SIDS, including the development and use of a **Multidimensional Vulnerability Index**, rather than gross domestic product (GDP) or gross national income, to determine SIDS' ease of access to international funding and development aid.

KEY ASK 1.2

Endorse, commit to, support, and implement global and regional frameworks and initiatives for NCD prevention and control, including but not limited to the Global NCD Compact 2020-2030; the WHO Recommendations for the prevention and management of obesity over the life course (including implementation of the recommended policy actions outlined in the WHO global action plan on physical activity 2018–2030) and the WHO Acceleration Plan to STOP Obesity; the Framework Convention on Tobacco Control; the WHO Global Alcohol Action Plan 2022-2030; and actions proposed by the SIDS Leaders Group for Health and the Global Group of HoSG on Prevention and Control of NCDs, making use of the HoSG platform, tailoring approaches, establishing SIDS subgroups to drive and enhance collaboration, and innovating to take into consideration national and local needs.

KEY ASK 1.3

Enhance collaboration among SIDS intergovernmental entities such as the **Alliance of Small Island States** (AOSIS), the **Caribbean Community** (CARICOM), and the **Pacific Community** (SPC), promoting and supporting the inclusion of CSOs in political decision-making spaces and processes, and fostering collaboration among CSOs working in NCD prevention and control. Strengthen and promote fora and platforms for sharing information and lessons learned—virtually and in person—and create more opportunities for inter-SIDS interactions, including through the **SIDS Partnership Framework** and the **SIDS Action Platform**.

KEY ASK 1.4

Promote South-South and Triangular Cooperation among SIDS to enhance NCD prevention and control, including through the PAHO **Cooperation among Countries for Health Development** (CCHD) programme and the **SIDS National Focal Points (NFP) Network**.³

KEY ASK 1.5

Advocate for and enable SIDS CSO access to international funding to support their capacity strengthening, participation in international NCD-related fora, and contribution to the achievement of national, regional, and international goals for NCD prevention and control.

Greater political will for health equity will require new norms which stress the human right to health and the moral imperative in favour of equity within and between nations.

Fram Baum, et al. International Journal of Health Policy and Management, 2022⁴

2 World Health Organization. On the road to 2025: the global NCD deadline. <https://www.who.int/teams/noncommunicable-diseases/on-the-road-to-2025>.

3 The SIDS National Focal Point Network is convened by the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (**UN-OHRLLS**).

4 Baum F, Townsend B, Fisher M, et al. Creating political will for action on health equity: practical lessons for public health policy actors. *Int J Health Policy Manag.* 2022;11(7):947–960. doi:10.34172/ijhpm.2020.233. Available at: https://www.ijhpm.com/article_3978_bbbb77712d1f439af164c06ceb1194f0.pdf.

PRIORITY 2 (Action)

Promoting health and preventing NCDs, with a focus on childhood obesity

As a group, SIDS are disproportionately affected by the NCD burden and have some of the highest rates of NCDs in the world. 52% of people living with NCDs in SIDS die prematurely (aged 30-69 years); mental health disorders affect an estimated 15.2% of the population in the Caribbean and 11.2% in the Pacific;⁵ and Pacific SIDS are among the top ten countries with the highest rates of diabetes in the world.⁶ The average NCD mortality rate in SIDS (600.2 per 100,000 population) is higher than the global average (561.6 per 100,000 population), with higher average NCD mortality rates among men than women.⁷

Risk factor prevalence is also particularly high in SIDS. 28% of adults aged 18 years and older do not engage in adequate physical activity, 23% smoke tobacco, and 56% live with overweight, with half of these living with obesity,⁵ meaning that more than 1 in 4 people in SIDS are living with obesity. Exposure to sub-optimal, unhealthy diets that are high in sugar, salt, trans-fat, and processed meat, and that contribute to NCDs, are responsible for one in five deaths globally,⁸ and cause high rates of overweight and obesity, which are aggravated by inadequate physical activity levels. The ten countries with the highest adult obesity prevalence in the world are Pacific SIDS,⁹ and in ten Pacific SIDS, about 50% or more of women were insufficiently physically active.¹⁰ In eight Pacific SIDS, over 60% of the population reported using alcohol and more than 40% of men and 20% of women were current smokers.¹⁰ In the Caribbean, approximately one in five men reported binge-drinking¹¹ and the highest rates of recorded alcohol consumption per capita in the Americas were identified in the Caribbean.¹² The prevalence of current tobacco smoking in the Caribbean ranges from 13.3% to 23% for adult males and from 7.7% to 12.6% for adult females.¹³

In many SIDS, over 80% of the food is imported.⁵ This leads to insufficient consumption of fruits and vegetables; greater consumption of energy-dense, nutrient-poor, ultra-processed products high in sugar, salt, and fats; and ever-increasing rates of childhood obesity.¹⁴ Half of the top 24 countries with the highest prevalence of childhood obesity are SIDS, and the prevalence has increased from an average of less than 5% in 1980 to 20% in 2015 in these States.¹⁵ In the Pacific region, though the need for accurate surveillance data has been noted,¹⁶ studies have

- 5 World Health Organization. SIDS Summit for Health, 28-29 June 2021. Policy brief: Noncommunicable disease and mental health conditions in SIDS. Available at: https://cdn.who.int/media/docs/default-source/sids-summit/sids-ncds-policy-brief.pdf?sfvrsn=bc82e209_5.
- 6 International Diabetes Federation (IDF). IDF Diabetes Atlas, 10th edition, 2021. Available at: https://diabetesatlas.org/idfawp/resource-files/2021/07/IDF_Atlas_10th_Edition_2021.pdf.
- 7 World Health Organization. WHO country presence in small island developing states (SIDS). Geneva: WHO; 2021. Available at: <https://www.who.int/publications/i/item/9789240027657>.
- 8 Global Burden of Disease Diet Collaborators. Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2019; 393:1958–1972. Available at: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930041-8>.
- 9 World Population Review. Obesity rates by country, 2022. Available at: <https://worldpopulationreview.com/country-rankings/obesity-rates-by-country>.
- 10 Kessaram T, McKenzie J, Girin N, et al. Noncommunicable diseases and risk factors in adult populations of several Pacific Islands: results from the WHO STEPwise approach to surveillance. *Aust N Z J Public Health*, 2015; 39(4): 336–343. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744741/>.
- 11 Healthy Caribbean Coalition. Alcohol consumption in the Caribbean. Infographic, November 2017. Available at: https://www.healthycaribbean.org/wp-content/uploads/2017/11/HCC_04-2-4.png.
- 12 Pan American Health Organization. Regional Status Report on Alcohol and Health in the Americas 2020. Washington, D.C.: PAHO; 2020. Available at: <https://iris.paho.org/handle/10665.2/52705>.
- 13 Caribbean Public Health Agency. Quitting smoking is one of the most important things you can take to improve your health. Article, May 2021. Available at: <https://www.carpha.org/More/Media/Articles/ArticleID/472/Quitting-smoking-is-one-of-the-most-important-steps-you-can-take-to-improve-your-health>.
- 14 World Health Organization. SIDS Summit for Health, 28-29 June 2021. Policy brief: Nutrition, food systems, and biodiversity. Available at: https://cdn.who.int/media/docs/default-source/sids-summit/sids-nutrition-policy-brief.pdf?sfvrsn=4e3185fb_5.
- 15 Sobers N and Samuels TA. Diet and childhood obesity in small island developing states. *Lancet Child & Adolescent Health* 2019; 3(7):445–447. Available at: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(19\)30149-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(19)30149-X/fulltext).
- 16 Ravuvu A and Waqa G. Childhood obesity in the Pacific: opportunities and challenges. *Curr Obes Rep* 2020; 9(4):462–469. Available at: <https://pubmed.ncbi.nlm.nih.gov/33079338/>.

shown that more than 20% of children aged 13-15 years are living with obesity;¹⁷ and in the Caribbean, one in three children is living with either overweight or obesity.^{18,19} This increases the likelihood of worsening adult obesity, poor oral health and the development of other NCDs later in life. Moreover, childhood overweight and obesity are associated with psychological comorbidities such as depression, lower scores on perceived health-related quality of life, emotional and behavioural disorders, and lower self-esteem during childhood.²⁰ Children living with obesity and overweight are more likely to experience multiple associated psychosocial problems than their healthy-weight peers, aggravated by stigma, teasing, and bullying, which can have serious consequences for emotional and physical health and performance.²⁰

Reducing exposure to NCD risk factors involves building health-enabling environments that are accessible to all. It is therefore critical to address the root causes of these risk factors, including the social, economic, environmental, commercial, political, legal, and other determinants of health—these are the non-medical factors that influence health outcomes, comprising the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.²¹ Different people, groups, and countries experience these determinants in markedly varied ways, contributing to health inequities—differences in health outcomes that are avoidable, unfair, and unjust. These occur both within and among countries, creating barriers to countries' obligations to respect, protect, and fulfill the human rights of their populations, including the right to health.

The **commercial determinants of health**—private sector activities that affect people's health positively or negatively—are particularly important. Many companies are transnational, undertake global marketing, and take advantage of agreements that aim to encourage international trade, such as those promoted by the **World Trade Organization (WTO)**. SIDS, with their small populations, intertwined societal relationships, and—often—dependence on multinational companies for significant contributions to their economies, are vulnerable to undue influence by these companies, and other vested interests, on the development of health policies.²² The commercial determinants of health are linked to increases in NCD prevalence and obesity from an early age, as health-harming industries (including the unhealthy food and beverage industry) often target children and youth in their production and promotion of harmful products, including tobacco, alcohol, and ultra-processed ('junk') foods (UPFs). This is in direct conflict with the tenets of the **Convention on the Rights of the Child** and governments' obligation to respect, protect, and fulfill the right of the child to the enjoyment of the highest attainable standard of health (CRC Article 24). There is recognition that some aspects of trade are drivers of NCDs, but at national and regional levels there can be tensions between the framing of policy objectives for health, agriculture, and fisheries, and policy objectives for trade.

17 Pacific Community (SPC) Web Stories. Childhood obesity, a major concern in the Pacific. SPC, 19 September 2019. <https://www.spc.int/updates/blog/2019/09/childhood-obesity-a-major-concern-in-the-pacific>.

18 Abdulkadri A, Floyd S, Mkrtyan I, et al. Addressing the adverse impacts of non-communicable diseases on the sustainable development of Caribbean countries. Studies and Perspectives series, Economic Commission for Latin America and the Caribbean (ECLAC) Subregional Headquarters for the Caribbean, No. 100. Santiago: ECLAC; 2021. Available at: https://repositorio.cepal.org/bitstream/handle/11362/46642/1/S2000964_en.pdf.

19 Healthy Caribbean Coalition. Childhood obesity prevention portal. <https://www.healthycaribbean.org/childhood-obesity-prevention/>.

20 Rankin J, Matthews L, Cogley S, et al. Psychological consequences of childhood obesity: psychiatric comorbidity and prevention. *Adolesc Health Med Ther* 2016; 7:125-146. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5115694/>.

21 World Health Organization. Social determinants of health. Available at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

22 Healthy Caribbean Coalition. Managing conflict of interest for NCD prevention and control in the Caribbean – Meeting report. Bridgetown: HCC; 2019. Available at: <https://www.healthycaribbean.org/wp-content/uploads/2019/09/Managing-Conflict-of-Interest-for-NCD-Prevention-and-Control-in-the-Caribbean-WEB.pdf>.

In the context of promoting healthy diets, minimizing the environmental impacts and prioritizing the production of nutritious foods are essential qualities of a sustainable food system. The production and consumption of UPFs has impacts on carbon emissions, land degradation, herbicide use, eutrophication,²³ and packaging use. This environmental degradation—already a threat in SIDS—is of significant concern due to the substantial resources used in the production and processing of UPFs, and also because these products are superfluous to basic human needs.²⁴ The widespread availability of comparatively cheap UPFs, foods high in sugar, salt, and fats, and sugar-sweetened beverages (SSBs), all heavily and cleverly marketed to children and their caretakers, combined with increased screen time and limited structural opportunities for physical activity for children, especially in the school environment, creates obesogenic environments, which promote high energy intake and sedentary behavior, to the detriment of health.

RECOMMENDATION 2

Create and/or strengthen health-enabling environments and food systems to prevent NCDs and obesity, focusing on childhood obesity, in alignment with the Convention on the Rights of the Child (CRC) and youth empowerment, and including through the implementation of public health regulations and the promotion and improvement of health literacy at all levels.

KEY ASK 2.1

Implement a package of priority evidence-based policies for NCD and childhood obesity prevention, in line with WHO NCD 'best buys' and other recommended interventions,^{25,26,27} including:

- a) Promotion of breastfeeding (including exclusive breastfeeding for the first six months of life), which reduces the likelihood of developing overweight, obesity, and diabetes in later life,²⁸ and implementation of legislation and regulations in alignment with the **International Code of Marketing of Breast-milk Substitutes**.
- b) Front-of-package nutrition warning labels to guide healthy consumer choices, aligned with the statement by the UN Special Rapporteur on the Right to Health in July 2020²⁹ and the PAHO-recommended octagonal 'high-in' system.³⁰
- c) Development and implementation of healthy school nutrition policies aligned with national food-based dietary guidelines.

23 Eutrophication may be defined as 'excessive richness of nutrients in a lake or other body of water, frequently due to runoff from the land, which causes a dense growth of plant life and death of animal life from lack of oxygen': <https://lakemax.org/water-pollution-begins-on-land/>.

24 Anastasiou K, Baker P, Hadjikakou M, et al. A conceptual framework for understanding the environmental impacts of ultra-processed foods and implications for sustainable food systems. *Journal of Cleaner Production* 2022; 368(4):133155. Available at: <https://doi.org/10.1016/j.jclepro.2022.133155>.

25 World Health Organization. Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: WHO; 2017. Available at: <https://apps.who.int/iris/handle/10665/259232>. Note: The WHO best buys and other recommended interventions are being updated at the time of writing. See: <https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030>.

26 World Health Organization. Saving lives, spending less: a strategic response to noncommunicable diseases. Geneva: WHO; 2018. Available at: <https://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf>.

27 World Health Organization. Saving lives, spending less: the case for investing in noncommunicable diseases. Geneva: WHO; 2021. Available at: <https://www.who.int/publications/i/item/9789240041059>.

28 World Health Organization. The International Code of Marketing of Breast-milk Substitutes: frequently asked questions. 2017 update. Geneva: WHO; 2017. Available at: <https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NMH-NHD-17.1-eng.pdf>.

29 United Nations Human Rights Office of the High Commissioner. Statement of the UN Special Rapporteur on the right to health on the adoption of front-of-package warning labelling to tackle NCDs. 27 July 2020. Available at: <https://www.ohchr.org/en/statements/2020/07/statement-un-special-rapporteur-right-health-adoption-front-package-warning>.

30 Pan American Health Organization. Front-of-package labeling as a policy tool for the prevention of noncommunicable diseases in the Americas. Washington, D.C: PAHO; 2020. Available at: <https://iris.paho.org/handle/10665.2/52740>.

- d) Promotion of physical activity in schools and communities, aligned with WHO recommendations, guidelines,^{31,32} and the ACTIVE technical package (see **Annex 2**) modelling and adapting programmes, such as **Jamaica Moves** and **Caribbean Moves**.
- e) Bans on the provision, sale, and marketing of UPFs and other unhealthy products, including SSBs, in and around schools, undertaking awareness raising among children, parents, teachers, and vendors, exemplified by **actions in Barbados** and in Jamaica.^{33,34}
- f) Restrictions on the marketing of UPFs to children in all other settings, including through digital platforms, and on the sponsorship of sports and other youth-oriented events by health-harming industries.
- g) Implementation of fiscal policies to increase the affordability of healthy foods and decrease the affordability of unhealthy products, including the imposition of taxes on tobacco, alcohol, and SSBs, at the WHO-recommended level of at least 20%.³⁵ This is exemplified by actions in 12 of the 21 Pacific Island Nations—taken by 2014³⁶— and in six of 14 independent countries in the Caribbean, as of March 2019.^{37,38}

KEY ASK 2.2

Engage youth in the design, implementation, and evaluation of childhood obesity prevention policies of which they are direct beneficiaries, using mechanisms such as the multisector, multistakeholder **National NCD Commissions (or their equivalents)** established in CARICOM countries, and national or regional youth councils, parliaments, or other youth groupings.

31 World Health Organization. Physical activity Fact Sheet, 5 October 2022. Available at: <https://www.who.int/news-room/fact-sheets/detail/physical-activity>.

32 World Health Organization. Promoting physical activity through schools: a toolkit. Geneva: WHO; 2021. Available at: <https://apps.who.int/iris/bitstream/handle/10665/350836/9789240035928-eng.pdf?sequence=1&isAllowed=y>.

33 Ministry of Health and Ministry of Education, Youth and Information, Jamaica. Interim guidelines for beverages in schools (November 2018). Available at: <https://www.moh.gov.jm/wp-content/uploads/2020/07/Interim-Guidelines-For-Beverages-In-Schools.pdf>.

34 Loop Jamaica News, December 5, 2018. Restriction placed on sugary drinks in and around schools. <https://jamaica.loopnews.com/content/restriction-placed-sugary-drinks-and-around-schools>.

35 World Health Organization. WHO manual on sugar-sweetened beverage taxation policies to promote healthy diets. Geneva: WHO; 2022. Available at: <https://www.who.int/publications/i/item/9789240056299>.

36 McDonald A. Sugar-sweetened beverage tax in Pacific Island countries and territories: a discussion paper. Noumea: Secretariat of the Pacific Community; 2015. Available at: <https://www.otago.ac.nz/wellington/otago665562.pdf>.

37 Pan American Health Organization. Sugar-sweetened beverage tax indicators in Latin America and the Caribbean: results from a 2019 survey. Washington, D.C.: PAHO; 2022. Available at: https://iris.paho.org/bitstream/handle/10665.2/56103/PAHONMHRF220006_eng.pdf?sequence=1&isAllowed=y.

38 Wetzel M, World Cancer Research Fund International, 1 April 2022. Good health doesn't need to be taxing. <https://www.wcrf.org/good-health-doesnt-need-to-be-taxing/>.

KEY ASK 2.3

Promote, support, and contribute to improved health literacy among key stakeholders, and develop and implement evidence-based and innovative behavior change interventions, taking into consideration prevailing cultural and social norms.

- a) Enable people to better understand how to take action against NCDs and their risk factors and determinants in order to prevent disease, navigate healthcare systems, and enable good health outcomes, taking into consideration their levels of education and cultural and social norms, and fostering their role as advocates.^{39,40,41} Actions should target sectors other than health, as well as people living with NCDs, women, youth, indigenous people, other persons and groups in situations of vulnerability, communities, organizations, and users and providers of health services.
- b) Counter misinformation and disinformation with accurate, evidence- and science-based information, using methods appropriate for the various audiences.

KEY ASK 2.4

Develop and implement health and agricultural policies aimed at promoting healthy diets and food and nutrition security, and integrate them into policies for climate change mitigation and adaptation.

KEY ASK 2.5

Promote, support, and provide funding for local farming and food production—including by young entrepreneurs—reviving, adapting, and integrating traditional indigenous knowledge to contribute to sustainable national and regional food and nutrition security.

One of the most alarming signs was the high incidence of childhood obesity, a major risk factor for NCDs. We simply cannot afford to continue the lifestyle and food consumption patterns which are literally killing us.

Dr. the Right Honourable Keith Mitchell Former Prime Minister of Grenada Thirty-eighth Meeting of the Conference of CARICOM Heads of Government, July 2017

39 Editorial. Why is health literacy failing so many? *Lancet* 2022, 400(10364): 1655. Published November 12, 2022. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02301-7/](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02301-7/).

40 World Health Organization. Health literacy development for the prevention and control of NCDs, Volume 1 – Overview. Geneva: WHO; 2022. Available at: <https://www.who.int/publications/i/item/9789240055339>. (Links to Volumes 2-4 are provided at the website).

41 Osborne RH, Elmer S, Hawkins M, et al. Health literacy development is central to the prevention and control of non-communicable diseases. *BMJ Global Health* 2022; 7(12):e010362. Available at: <https://gh.bmj.com/content/7/12/e010362>.

PRIORITY 3 (Action)

Strengthening health systems in the face of the climate crisis and the COVID-19 pandemic

In addition to challenges in building health-enabling environments, health systems in SIDS are frequently under-resourced. Many are struggling to address the epidemiological transition from communicable diseases to NCDs and the move to UHC, which has a people-centered **primary health care (PHC) approach** at its core. The workforce capacity to respond to NCDs is limited, and there are challenges in the procurement of essential medicines and health technologies, with little or no domestic production, costly diagnostic solutions and devices,⁴² and limited availability of in-country, advanced, specialized NCD diagnostic and treatment services. Weak health information systems leave data gaps for most countries on service coverage, financial protection, and gender and equity markers.⁴³

SIDS have been politically engaged on climate change issues, through frameworks such as the 1994 **Barbados Programme of Action**, the 2005 **Mauritius Strategy of Implementation**, the 2014 **SIDS Accelerated Modalities of Action (SAMOA) Pathway**, and, most recently, the **Sharm el-Sheikh Implementation Plan** that was adopted at COP27 on the UNFCCC in November 2022. The Implementation Plan makes operational the Sharm el-Sheikh Adaptation Agenda, which aims to enhance resilience for people living in the most climate-vulnerable communities by 2030. However, to date, health systems strengthening has not been widely integrated into climate adaptation planning.

SIDS face challenges in the provision of climate-resilient health systems to serve populations that are exposed to the impact of climate change, including increasingly extreme weather events and rising sea-levels.⁴⁴ In 2017, WHO launched a **Special Initiative on Climate Change and Health in SIDS**, recognizing that these countries and territories are on the front line, facing a range of acute and long-term risks caused by climate change. There are increased risks of water-, vector-, and food-borne infectious diseases, threats to fragile healthcare facilities, and aggravation of food and nutrition insecurity, given the impact of the climate crisis on agriculture, food systems, and the availability of, and access to, healthy diets.⁴⁵ The climate crisis also has the potential to exacerbate the incidence and outcomes of NCDs, and well-designed climate change policy can reduce the occurrence and severity of major NCDs, including MNSTDs, in local populations.⁴⁶ Resilient health systems should be prepared to prevent, control, and manage these issues, including the provision of mental health and psychosocial support,⁴⁷ especially in emergencies and disasters. Thus, integrating NCDs into climate change adaptation efforts, in addition to more traditional health programs and advances to UHC, is a critical strategy for SIDS.

42 World Health Organization. SIDS Summit for Health, 28-29 June 2021. Policy brief: Health systems challenges: workforce and medicines. Available at: https://cdn.who.int/media/docs/default-source/sids-summit/sids-health-systems-policy-brief.pdf?sfvrsn=b57828e8_5.

43 World Health Organization. SIDS Summit for Health, 28-29 June 2021. Policy brief: Universal health coverage and primary health care. Available at: https://cdn.who.int/media/docs/default-source/sids-summit/sids-uhc-phc-policy-brief.pdf?sfvrsn=9342b64b_5.

44 World Health Organization. SIDS Summit for Health, 28-29 June 2021. Policy brief: Climate change and health. Available at: https://cdn.who.int/media/docs/default-source/sids-summit/sids-climate-policy-brief.pdf?sfvrsn=c1536f14_5.

45 Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development United Nations Children's Fund, World Food Programme, and World Health Organization. The state of food security and nutrition in the world 2022. Repurposing food and agricultural policies to make healthy diets more affordable. Rome: FAO; 2022. Available at: <https://www.fao.org/3/cc0639en/cc0639en.pdf>.

46 Friel S, Bowen K, Campbell-Lendrum D, et al. Climate change, noncommunicable diseases, and development: the relationships and common policy opportunities. *Annual Review of Public Health* 2011; 32: 133-147. Available at: <https://www.annualreviews.org/doi/10.1146/annurev-publhealth-071910-140612>.

47 World Health Organization. Mental health and climate change: policy brief. Geneva: WHO; 2022. Available at: <https://www.who.int/publications/i/item/9789240045125>.

Health co-benefits of climate change action

Climate change mitigation and adaptation measures can offer health co-benefits. For example, with regard to mitigation, transitioning to renewable energy both reduces emissions and offers improvements in air quality, preventing air pollution-related NCDs. Promoting plant-rich diets with a lower carbon footprint also increases access to fresh vegetables and fruits, reducing the risk of diet-related NCDs. Transport systems which prioritize walking and cycling over expanding car infrastructure lead to reduced emissions, improved air quality, and increased physical activity. With regards to adaptation, building climate-resilient food systems improves nutrition security, and can protect affordable access to locally grown vegetables and fruits, rather than needing to rely on imported products which may be highly processed. Green urban space reduces the urban heat island effect and promotes physical activity.

For more information: [Health community policy recommendations for COP27](#)

The fragility inherent in SIDS was convincingly demonstrated by the health, social, and economic havoc wreaked on all countries by the COVID-19 pandemic that was declared in March 2020 and national responses to contain its spread. Among other effects, COVID-19 resulted in national lockdowns; closures of schools, businesses, and other key institutions; loss of employment and income; greater reliance on social safety nets; disruptions in services for NCDs, including MNSTDs, and in transportation and supply chains; and increased food and nutrition insecurity. SARS-CoV-2, the causative agent of COVID-19, resulted in more severe illness and deaths among persons with underlying health conditions, including NCDs, showing the importance of investing in healthy societies. While mortality from COVID-19 was higher among men, women were disproportionately affected in comparison to men, experiencing greater loss of employment, disruption of education, and increased gender-based violence.⁴⁸

The pandemic, ongoing at the time of writing, has been a wake-up call for concerted, accelerated action to address NCDs. It has focused attention on the importance of multisector, multistakeholder responses that include government sectors, civil society, and the private sector, as well as the need to prevent, mitigate, and manage conflicts of interest. Globally, many health-harming industries used the pandemic as an opportunity to promote their unhealthy products under the guise of corporate social responsibility,⁴⁹ while CSOs proved their value and strengthened their crucial roles in NCD prevention and control at international, regional, and national levels. They called attention to industry tactics⁴⁹ and complemented actions by governments and other key stakeholders, working as frontline responders and defenders of human rights, including the rights of vulnerable and excluded groups.⁵⁰ COVID-19-related issues persist in many SIDS, with issues ranging from equitable access to vaccines to slow recovery from the pandemic-related economic downturn,⁵¹ especially given the tourism-dependent economies of many of these countries and territories. Calls for 'building back better and fairer' during and post-COVID-19 have come from several quarters, especially related to NCD reduction,^{52,53} and the case for investing in NCD prevention to improve people's health and reduce the burden on health systems has been clearly made.

48 Morgan R, Nacif Pimenta D, and Rashid S. Gender equality and COVID-19: act now before it is too late. *Lancet* 2022; 399(10344):2327-2329. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00278-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00278-1/fulltext).

49 Collin J, Ralston R, Hill SE, and Westerman L. Signalling Virtue, Promoting Harm: Unhealthy commodity industries and COVID-19. Geneva: NCD Alliance, SPECTRUM; 2020. Available at: https://ncdalliance.org/sites/default/files/resource_files/Signalling%20Virtue%2C%20Promoting%20Harm_Sept2020_FINALv.pdf.

50 CIVICUS. Solidarity in the time of COVID-19: civil society responses to the pandemic. CIVICUS, November 2020. Available at: <https://reliefweb.int/report/world/solidarity-time-covid-19-civil-society-responses-pandemic>.

51 World Health Organization. SIDS Summit for Health, 28-29 June 2021. Policy brief: COVID-19 response. Available at: https://cdn.who.int/media/docs/default-source/sids-summit/sids-covid19-policy-brief.pdf?sfvrsn=6117cfc7_5.

52 Editorial. COVID-19: a new lens for non-communicable diseases. *Lancet* 2020; 396:649, September 5, 2020. Available at: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31856-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31856-0.pdf).

53 Healthy Caribbean Coalition. NCDs and COVID-19 in the Caribbean: a call to action—the case for a Transformative New NCD Agenda. Bridgetown: HCC; 2021. Available at: <https://www.healthycaribbean.org/wp-content/uploads/2021/01/TNA-NCD-FINAL.pdf>.

RECOMMENDATION 3

Strengthen health systems in SIDS to enhance their resilience, reduce related NCD impacts, and enhance health security, thereby mitigating and adapting to climate change, and preparing for and responding to emergencies and disasters.

KEY ASK 3.1

Undertake sensitization of key stakeholders in health including government sectors, civil society, the private sector and healthcare workers regarding the impact of climate change, emergencies, and disasters on people's health, particularly the health of people living with NCDs. Build capacity for mitigating, adapting to, and reducing the impact, including the provision of equitable access to mental health and psychosocial support services.

KEY ASK 3.2

Conduct health vulnerability and adaptation assessments based on WHO guidance, including the 2021 **WHO Checklists to Assess vulnerabilities in Health Care Facilities in the Context of Climate Change** and the 2021 **WHO Climate change and health: vulnerability and adaptation assessment**. Develop, implement, and evaluate health national adaptation plans (H-NAPS), based on the 2021 **WHO Quality criteria for health national adaptation plans** and 2014 **WHO guidance to protect health from climate change through health adaptation planning**.

KEY ASK 3.3

Build and retrofit health facilities to be safe and 'green', based on the **PAHO Smart Hospitals initiative** and the 2017 **PAHO Smart Hospitals Toolkit**, taking advantage of the activities, outputs, and outcomes of the **EU/CARIFORUM Climate change and health project: Strengthening climate-resilient health systems in the Caribbean** and implementing, as appropriate, the low-carbon strategies advanced in the 2017 World Bank publication **Climate-Smart Healthcare: Low-carbon and Resilience Strategies for the Health Sector**.

KEY ASK 3.4

At global, regional, and national levels, advocate for and contribute to multisector, multistakeholder action for climate change adaptation and mitigation, and for the inclusion of health at the heart of the climate change movement '1-Point-5-to-Stay-Alive',⁵⁴ in line with the 2015 Paris Agreement.

We are not responsible for climate change. We didn't even contribute a minimum. And here we are, the most affected. We might even disappear.⁵⁵

Participant from a Small Island Developing State SIDS Summit for Health, June 2021

We need to understand why we're not moving any further. We have the collective capacity to transform. We're in the country that built pyramids. We know what it is to remove slavery from our civilization. We know what it is to find a vaccine within two years, when a pandemic hits us... But the simple political will that is necessary not just to come here and make promises, but to deliver on them, and to make a definable difference in the lives of the people who we have a responsibility to serve, seems still not to be capable of being produced.

Her Excellency Mia Amor Mottley, Prime Minister of Barbados Remarks at COP27, November 2022, Egypt

⁵⁴ More on the movement '1-Point-5-to-Stay-Alive': <http://www.1point5.info/en/>.

⁵⁵ Thornton J. Focusing on island health. *Lancet* 2021; 398:569, August 14, 2021. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01853-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01853-5/fulltext).

PRIORITY 4 (Enabling)

Enhancing governance, participation, and coordination to efficiently and equitably prevent and control the priority NCDs, and their modifiable risk factors and determinants

Globally and regionally, intergovernmental technical cooperation and development organizations and agencies have developed frameworks and tools to guide their Member States in responding to NCDs, some of which are mentioned in **Annex 3**. However, assessments of the extent to which progress is being made have revealed disappointing results and ‘implementation deficits’ on the road to the achievement of SDG target 3.4.^{56,57}

In common with the SDGs, these frameworks underscore multisector (whole-of-government) and multistakeholder (whole-of society) actions to reduce both NCDs and their determinants, as the latter often lie outside the purview of the health sector, and several note the importance of preventing, mitigating, and managing conflict of interest, especially in addressing the commercial determinants of health and involving private sector entities. The High-Level Technical Meeting and the Ministerial Conference on NCDs and Mental Health in SIDS scheduled for 2023 aim to build on existing frameworks and commitments, and the impetus provided by outputs from more recent fora that also stress collaboration. Among them are the following:

- The **Outcome Statement** of the 2021 **SIDS Summit for Health** convened by WHO under the theme ‘For a Healthy and Resilient Future in Small Island Developing States’, which underscored SIDS’ challenges and highlighted their common values of solidarity, collaboration, and partnership, exemplified by **AOSIS** and the regional and subregional bodies that unite and support SIDS, including CARICOM and SPC.
- The creation of the ‘SIDS Leaders Group for Health’ at the SIDS Summit for Health, comprising several SIDS HoSG to champion global health issues.
- Resolution **WHA75.18**, approved by the WHA in May 2022, urging Member States to strengthen their multisectoral collaboration and partnership in support and recognition of the unique vulnerabilities of SIDS in addressing the health needs and priorities, as highlighted in the Outcome Statement of the SIDS Summit for Health. The resolution included a decision to propose a Voluntary Health Trust Fund for SIDS, open to all Member States, aimed at facilitating SIDS’ participation in WHO meetings and providing support to strengthen their capacity to address their priority issues, and asked WHO to support the ‘SIDS Leaders Group for Health’.
- The development of the 2021 **Global Charter on Meaningful Involvement of People Living with NCDs**, spearheaded by the NCDA. The Global Charter’s principles—rights-based, respect and dignity, people-centredness, equity, and social participation—promote the value of the lived experiences of people living with NCDs and the community. It calls for institutions and organizations to recognize that value and actively involve people living with NCDs in all aspects of the NCD response that affect them, including governance, policies, programmes, and services. WHO’s **Global Coordination Mechanism of the Prevention and Control of NCDs** (GCM/NCD) is also in the process of developing a WHO framework on the meaningful engagement of people living with NCDs.

56 World Health Organization. Document A74/10, Add.1, 15 April 2021. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_10Add1-en.pdf.

57 NCD Countdown 2030 collaborators. NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. *Lancet* 2020; 396(10255):918–934. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31761-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31761-X/fulltext).

- The **launch** of the **Global NCD Compact 2020-2030** at the inaugural **International Strategic Dialogue on NCDs and the SDGs** held in Accra, Ghana in April 2022, aiming to accelerate progress towards SDG targets 3.4 and 3.8 by 2030. The Global NCD Compact calls on countries to align strategies and operations with universal commitments made to accelerate and scale up global collective efforts to prevent and control NCDs and achieve UHC.⁵⁸ It focuses on **five key areas**:
 - a. Saving, by 2030, the lives of 50 million people who could die prematurely of NCDs, by implementing the most cost-effective prevention measures.
 - b. Protecting 1.7 billion people living with NCDs by ensuring that they have access to the medicines and care they need during humanitarian emergencies.
 - c. Integrating NCDs within PHC and UHC.
 - d. Comprehensive NCD surveillance and monitoring.
 - e. Meaningfully engaging 1.7 billion people living with NCDs and mental health conditions in policy-making and programming.

The Global NCD Compact is aligned with the WHO Implementation Roadmap 2023-2030 for the NCD GAP 2013-2030,⁵⁹ and identifies **specific actions to achieve its commitments**—engage, accelerate, invest, align, and account.

- The establishment of the **Global Group of HoSG on Prevention and Control of NCDs** at the April 2022 Strategic Dialogue in Ghana, to champion the NCD agenda, promote the Global NCD Compact, and advocate for its endorsement and implementation. Four of the five HoSG who participated in the first annual meeting of this Global Group, which was held during the September 2022 UN General Assembly, are from SIDS.⁶⁰
- The implementation of the **WHO Recommendations for the prevention and management of obesity over the life course** and the **WHO Acceleration Plan to STOP Obesity**,⁶¹ both approved by the WHA in May 2022, aiming to consolidate, prioritize, and accelerate country-level action against the obesity epidemic, addressing the multiple drivers of obesity.

RECOMMENDATION 4

Lead and strengthen 1) multisector, multistakeholder actions that address the social, economic, environmental, commercial, political, legal, and other determinants of health, free from conflicts of interest, and demonstrate policy coherence, removing tensions between health policies and policies in other sectors, such as trade; and 2) meaningful engagement and capacity building of key stakeholders, including people living with NCDs, women, youth, indigenous people, and civil society.

58 Accelerating the national response to NCDs through the Global Group of Heads of State and Governments; and A Global NCD Compact. Output of the International Strategic Dialogue on NCDs and SDGs (Accra, 12 April 2022). Available at: https://cdn.who.int/media/docs/default-source/ncds/final_accelerating-the-national-response-to-ncds-through-the-global-group-of-heads-of-state-and-governments.pdf?sfvrsn=fea7a782_1.

59 World Health Organization. Document A75/10 Add.8, Annex 1, 27 April 2022. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add8-en.pdf.

60 H.E. Pravind Kumar Jugnauth, Prime Minister, Mauritius; Hon. Mia Amor Mottley, Prime Minister, Barbados; H.E. Siaosi Sovaleni, Prime Minister, Tonga; and H.E. Fiamē Naomi Mata afa, Prime Minister, Samoa.

61 World Health Organization. Document A75/10 Add.6, 27 April 2022. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add6-en.pdf.

KEY ASK 4.1

Promote, support, and implement mechanisms for effective multisector, multistakeholder policy development that addresses the social, economic, environmental, commercial, political, legal, and other determinants of health, and is coherent across sectors.

- a) Sensitize government sectors other than health to the critical roles they play in achieving NCD-related health goals and contributing to equitable, national sustainable development, and build their capacity to participate.
- b) Develop, implement, enforce, monitor, and evaluate evidence-based, cost-effective policies, regulations, and legislation based on WHO 'best buys' and other recommended interventions that are coherent across sectors.
- c) Identify WTO rules governing international trade—the **General Agreement on Tariffs and Trade (GATT)**—which may be contrary to SIDS' efforts to reduce the importation and consumption of unhealthy products, as defined by standards such as the **PAHO Nutrient Profile Model** or the **WHO Nutrient Profile Model for the Western Pacific Region**. Take advantage of exemptions provided under **GATT Article XX on General Exceptions** to improve food systems and food and nutrition security, and preserve and protect the health of the population and the environment, presenting evidence and justifying the planned action.⁶²

KEY ASK 4.2

Take action to prevent, mitigate, and manage conflict of interest, and prevent industry interference in policymaking for NCD prevention and control.

- a) Develop and implement policies and mechanisms to prevent, mitigate, and manage conflict of interest and prevent industry interference and undue influence at NCD policy-making level, identifying health-harming industries and their products, and excluding industry and other vested interests from policy-making spaces, in alignment with regional and international guidance and tools.^{22,63,64}
- b) Formulate and enact access-to-information legislation to facilitate transparency, monitoring, and accountability.

KEY ASK 4.3

Ensure meaningful engagement of people living with NCDs, women, youth, indigenous people, other persons and groups in situations of vulnerability, and civil society.

- a) Identify and establish social participation mechanisms^{65,66} and spaces to enable meaningful engagement with people living with NCDs, women, youth, indigenous people, and other persons and groups in situations of vulnerability, to determine their needs and enable their input and contribution to solutions and interventions for NCD prevention and control. This may include but is not limited to granting them observer status at relevant meetings, providing support for strengthening their capacity, and entering into agreements with them to provide services as appropriate.
- b) Endorse and promote the 2021 **Global Charter on Meaningful Involvement of People Living with NCDs**, commit to its principles, and take action to implement its strategies; support the complementary framework on meaningful engagement of people living with NCDs being developed by the WHO GCM/NCD.
- c) Ensure the participation of civil society in policy development, implementation, and evaluation, thereby creating spaces, mechanisms, pathways, and formal platforms for CSO engagement and input.

62 World Trade Organization. WTO agreements and public health – a joint study by WHO and the WTO Secretariat. Geneva: WTO and WHO; 2002. Available at: https://www.wto.org/english/news_e/pres02_e/pr310_e.htm.

63 World Health Organization. Document EB142/23, 4 December 2017. Available at: <https://apps.who.int/iris/handle/10665/274165>.

64 Pan American Health Organization. Preventing and managing conflicts of interest in country-level nutrition programs: a roadmap for implementing the World Health Organization's draft approach in the Americas. Washington, D.C.: PAHO; 2021. Available at: <https://iris.paho.org/handle/10665.2/55055>.

65 World Health Organization. Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: WHO; 2021. Available at: <https://www.who.int/publications/i/item/9789240027794>.

66 World Health Organization. Nothing for us, without us. Geneva, WHO; 2021. Available at <http://apps.who.int/iris/handle/10665/340737>.

PRIORITY 5 (Enabling)

Providing adequate, sustainable resources—financial and human—for NCD prevention and control

Despite their well-recognized vulnerabilities, including limited institutional capacity and scarce financial resources in comparison with the magnitude of their challenges, most SIDS are classified as upper-middle- or high-income, based on their GDP, and their eligibility for concessionary funding is assessed using their gross national income. They are therefore frequently denied access to funding from international sources, despite the fact that their vulnerabilities and challenges often limit available resources and leave them struggling to advance UHC. Even countries categorized as high-income are in precarious positions regarding gains made in health and other development areas, as they can be rapidly and negatively impacted by emergencies and disasters due to natural and man-made events, such as the climate crisis, and their populations face significant economic disparities.

While NCD-related development assistance for health has grown over the past 30 years, spending on NCDs has not kept pace with the NCD burden, and was only 1.6% of total development assistance for health in 2020⁶⁷ against 41 million NCD deaths globally, 77% of which occur in LMICs. The COVID-19-related economic decline in SIDS has the potential to aggravate the chronic underfunding of NCD prevention and control programs. Countries including SIDS will need to increase domestic financing of NCDs and implement multiple financing mechanisms and sources,⁶⁹ working to access traditional sources as well as newer mechanisms such as the **UN Multi-Partner Trust Fund to Catalyze Country Action for NCDs and Mental Health**.

In exploring win-win solutions, the opportunity exists for NCD funding to be mobilized using non-traditional sources of funding that focus on NCD-associated issues, such as the **Green Climate Fund**, the Loss and Damage Fund that was established at COP27 in November 2022,⁶⁸ (which is pending further development). Funds from the GCF could be directed to the health sector itself, or to interventions across other sectors which offer health co-benefits. Finance from the Loss and Damage Fund could be disbursed to repair or rebuild hospitals other healthcare infrastructure damaged during extreme weather events, or directed towards enhanced social protection schemes for vulnerable communities to improve their access to healthcare services. **Annex 2** contains a list of other climate-related funds, as well as additional, selected resources that key stakeholders in SIDS, including CSOs, may find useful in addressing NCDs.

Health workforce challenges of shortages and inequities in distribution are mainly due to SIDS' capacity constraints to produce, recruit, and retain HRH. Especially in the context of international migration, several SIDS face significant HRH challenges related to UHC.⁴² The situation has been aggravated by the COVID-19 pandemic, where health workers at the forefront of the response face increased risk of infection, burnout, social discrimination, and increased mental health issues.⁴²

The future sustainability of NCD funding will be based on domestic and international leaders prioritising NCD prevention and control. Low- and middle-income country governments will also have to formalise their economies, increase the tax base, and improve the efficiency of their revenue collection agencies to sustain government insurance schemes and safeguard future financing.

Luke Nelson Allen, Global Health Action, 2017⁶⁸

67 Institute for Health Metrics and Evaluation (IHME). Financing Global Health 2020: The impact of COVID-19. Seattle, WA: IHME; 2021. Available at: <https://www.healthdata.org/policy-report/financing-global-health-2020-impact-covid-19>.

68 United Nations Climate Change News, 20 November 2022. <https://unfccc.int/news/cop27-reaches-breakthrough-agreement-on-new-loss-and-damage-fund-for-vulnerable-countries>.

RECOMMENDATION 5

Develop and implement strategies and mechanisms for 1) adequate, sustained financing for NCD prevention and control, including through pro-health taxes and climate financing mechanisms; and 2) strengthening of human resources for health in support of UHC.

KEY ASK 5.1

Increase domestic funding for health to the WHO-recommended level of a minimum of 6% of GDP (or as close to that figure as possible), and allocate at least 30% of the health budget to the first level of care, in support of the PHC approach and advances to UHC.^{69,70}

KEY ASK 5.2

Apply fiscal measures to unhealthy commodities, including tobacco, alcohol, fossil fuels, SSBs, and—more broadly—UPFs, not only to achieve NCD prevention and control objectives, but also to generate revenue, with consideration of modifying national financial systems, where necessary, to allow earmarking of the tax revenue for public health interventions, including the response to NCDs. The **National Health Fund in Jamaica** may provide a model for analysis, adaptation, or adoption.

KEY ASK 5.3

Establish social protection programs, including national health insurance schemes, to enable access to essential quality services, medicines, and health technologies, especially for persons and groups in situations of vulnerability.

KEY ASK 5.4

Implement mechanisms for sectors other than health – such as the education, agriculture, energy, transport, finance, business and trade sectors – to include resources for their contributions to the achievement of national health goals in their plans and budgets, rather than being dependent on the health budget to fund such activities.

KEY ASK 5.5

Mobilize resources from development partners and prospective funders, including but not limited to UN agencies such as WHO and PAHO; philanthropic foundations; international funding institutions; and national, regional, and international CSOs, to contribute to the development and implementation of national NCD prevention and control strategies, plans, and interventions, taking advantage of funding for issues such as climate change mitigation and adaptation, and food and nutrition security, to achieve 'win-win' solutions.

KEY ASK 5.6

Implement a mix of financing mechanisms to boost funding for NCD prevention and control, based on political objectives, fiscal capacity, the domestic burden of disease, and the nature of existing relationships with international donors,⁶⁹ based on review of recommendations and guidelines on NCD financing, including but not limited to the report of the Global Coordination Mechanism Financing Working Group,⁶⁹ the **report of the 2018 Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control**; the April 2022 NCDA brief **Invest to Protect: NCD financing as the foundation for healthy societies and economies**; and the September 2022 NCDA brief **Mobilising Private Investments to Address the NCD Funding Gap**.

KEY ASK 5.7

Implement global and regional guidance on HRH development, such as the WHO 2016 **Global Strategy on Human Resources for Health: Workforce 2030**; the **PAHO Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023**; and the **Caribbean Roadmap on Human Resources for Universal Health 2018-2022**, adapting the components as needed to the national and local situation to address health workforce planning, forecasting, education, recruitment, retention, and distribution.

69 Pan American Health Organization. Brochure - Compact 30-30-30: PHC for universal health. Washington D.C.: 2019; PAHO. Available at: <https://www.paho.org/en/documents/brochure-compact-303030-phc-universal-health>.

70 De Maeseneer J, Li D, Palsdottir B, et al. Universal health coverage and primary health care: the 30 by 2030 campaign. Bulletin of the World Health Organization 2020; 98(11): 812-814. Available at: <https://apps.who.int/iris/handle/10665/336825>.

PRIORITY 6 (Enabling)

Strengthening information systems for health to improve transparency, strategic planning and management, and accountability related to NCD prevention and control

Accurate, timely information on NCDs, their risk factors, their determinants, and the outcomes and impact of interventions to prevent and control them, is crucial for the planning, implementation, and evaluation of NCD programs. Access to essential data disaggregated by equity variables such as age, sex, gender, ethnicity, religion, geographic location, and socio-economic status, as well as data on health system performance and access to health care, allows evidence-based policy development and coherence, prioritization of interventions, assessment of implementation, and identification of successes, challenges, gaps, and lessons learned. Such information, in turn, enables scale-up and provision of the most feasible and impactful interventions. These principles are no less important for SIDS, and despite the challenges that these countries and territories face, information systems for health that provide dependable, essential, timely data are an indispensable component of resilient health systems, and a critical enabling strategy in the fight against NCDs.

RECOMMENDATION 6

In collaboration with partners such as academic institutions, and regional and international development agencies, strengthen information systems for health to collect and analyze disaggregated data on NCDs and NCD interventions—including for MNSDs—and provide timely reports to improve transparency, equity- and rights-based strategic planning and management, and accountability related to NCD reduction.

KEY ASK 6.1

Set practical, achievable, and evaluable SIDS-specific national objectives and targets for prevention and control of the priority NCDs, aligned with regional and global targets—adapted to the national situation as appropriate—and commit to monitoring, evaluating, and reporting progress toward their achievement, incorporating health inequality monitoring based on WHO guidance,⁷¹ as a follow-up to the SAMOA Pathway⁷² and the 2019 **Mid-term review of the SAMOA Pathway: High-level Political Declaration**.

KEY ASK 6.2

Enhance NCD surveillance and monitoring on the burden of NCDs and risk factors and also on NCD policy implementation as per WHO guidance. This includes implementation of the STEPwise approach to NCD risk factor surveillance (**STEPS**), the **Global Youth Tobacco Survey**, and the **Global School-based Student Health Survey**. Strengthen mental health information systems,⁷³ collecting and analyzing essential quantitative and qualitative data from key age groups, disaggregated by equity stratifiers to identify persons and groups in situations of vulnerability, inform decision making and relevant interventions, and monitor and evaluate their effects, ensuring timely dissemination of results to various audiences for transparency and accountability.

71 World Health Organization. Health inequality monitor: explore health inequality monitoring evidence, tools, resources, and training. <https://www.who.int/data/inequality-monitor>.

72 See SAMOA Pathway paragraphs 72-75. <https://www.un.org/ohrlls/sites/www.un.org.ohrlls/files/samoa-pathway.pdf>.

73 World Health Organization. Guidance on community mental health systems: promoting person-centred and rights-based approaches. Geneva: WHO; 2021. Available at: <https://apps.who.int/iris/handle/10665/341648>.

KEY ASK 6.3

Digitally transform information systems for health as appropriate to national situations, based on UN⁷⁴ and WHO/PAHO guidance;^{75,76} collect and disaggregate essential data to provide evidence for equity-enhancing NCD policy and program development, monitoring, and evaluation; and use and disseminate the results to enable transparency and accountability.

KEY ASK 6.4

Invest in research on the health, social, economic, and developmental costs of the NCD burden in SIDS—including MNSDs—adapting guidance and tools to conduct NCD investment cases,⁷⁷ and collaborating with academic and other institutions at national, regional, and international levels. Disseminate and use the results to advocate for and justify increased allocation and mobilization of resources for NCD reduction.

We reiterate the need for improved data collection and statistical analysis, including high quality and disaggregated data, to enable Small Island Developing States to better plan, monitor and evaluate the implementation of the SAMOA Pathway, the 2030 Agenda and the Sendai Framework Monitor.

High-Level Political Declaration by Heads of State and Government, Ministers, and High Representatives Mid-Term Review of the SAMOA Pathway September 2019

74 United Nations Economic Commission for Asia and the Pacific. UN calls for more inclusive and fair digital transformation in Asia and the Pacific. Press release, 30 August 2022. <https://www.unescap.org/news/un-calls-more-inclusive-and-fair-digital-transformation-asia-and-pacific>.

75 World Health Organization. Global strategy on digital transformation for health 2020-2025. Geneva: WHO; 2021. Available at: <https://apps.who.int/iris/bitstream/handle/10665/344249/9789240020924-eng.pdf>.

76 Pan American Health Organization. 8 principles for digital transformation of public health. Available at: <https://www.paho.org/en/is4h-project/8-principles-digital-transformation-public-health>.

77 World Health Organization and United Nations Development Programme. Non-communicable disease prevention and control: a guidance note for investment cases. Geneva: WHO; 2019. Available at: <https://apps.who.int/iris/bitstream/handle/10665/311180/WHO-NMH-NMA-19.95-eng.pdf;sequence=1>.

ANNEX 1

Selected information on SIDS

The **38 UN Member States** recognized as SIDS in five WHO regions are: **Africa** - Cabo Verde, Comoros, Guinea-Bissau, Mauritius, São Tomé & Príncipe, Seychelles. **Americas** – Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago. **Eastern Mediterranean** – Bahrain. **South-East Asia** – Maldives, Timor-Leste. **Western Pacific** – Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu.

The **20 Associate Members of Regional Commissions** recognized as SIDS in WHO regions are: **Americas** – Anguilla, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Curaçao, Guadeloupe, Martinique, Montserrat, Puerto Rico, Sint Maarten, Turks and Caicos Islands, U.S. Virgin Islands. **Western Pacific** – American Samoa, Commonwealth of Northern Marianas, Cook Islands, New Caledonia, Niue, French Polynesia, Guam.

The special nature and needs of SIDS have long been acknowledged. In 1992 the UN recognized SIDS as a distinct group of 58 Member States and Associate Members spread over three geographical regions: the Caribbean, the Pacific, and the Atlantic, Indian Ocean, and South China Sea.⁷⁸ The 1994 **Declaration of Barbados**, adopted at the UN Global Conference on the Sustainable Development of Small Island Developing States held in Bridgetown, Barbados in that year, affirmed the importance of SIDS' human resources and cultural heritage, their responsibility for a significant portion of the world's oceans and seas, and the need for partnerships between SIDS and the international community.

SIDS are distinguished not only by their geographical characteristics, fragile land and marine ecosystems with environmental degradation and loss of biodiversity, and vulnerabilities to the climate crisis, but also by their small population size; constraints for achieving economies of scale due to their small domestic markets, limited resources, and undiversified economies; and threats from the climate crisis and food and nutrition insecurity. They are also characterized by remoteness from international markets, high transportation costs, susceptibility to external economic shocks, dependence on development aid, and limited means to exploit natural resources on a sustainable basis, among other challenges.

However, SIDs' challenges, compounded by limited institutional capacity and scarce financial resources, have considerable impact on health environments, systems, and services, and subsequently on the health status of their people. Their populations are particularly vulnerable to the health effects of climate change, in the form of exposure to natural disasters and new patterns of water- and vector-borne diseases,⁷⁹ as well as to food and nutrition insecurity, and other global threats to health. There is increasing global recognition of the devastating effect of major NCDs such as heart disease and stroke, diabetes, cancer, chronic respiratory diseases, and MNSDs on the health and sustainable development of countries, including SIDS. These conditions result in significant premature mortality, morbidity, and disability, and have substantial socio-economic costs.⁸⁰

78 United Nations Office of the Representative for the Least Developed Countries, Landlocked Developing Countries, and Small Island Developing States. About Small Island Developing States. <https://www.un.org/ohrlls/content/about-small-island-developing-states>.

79 World Health Organization. WHO country presence in small island developing states (SIDS). Geneva: World Health Organization; 2021. Available at: <https://www.who.int/publications/i/item/9789240027657>.

80 World Bank. The economic costs of non-communicable diseases in the Pacific Islands: a rapid stocktake of the situation in Samoa, Tonga, and Vanuatu. Final report, November 2012. Available at: <https://www.worldbank.org/content/dam/Worldbank/document/the-economic-costs-of-noncommunicable-diseases-in-the-pacific-islands.pdf>.

ANNEX 2

Selected resources relevant to NCD prevention and control in SIDS

WHO technical packages

- **WHO package of essential noncommunicable (PEN) disease interventions for primary health care** (September 2020)
- **PEN-Plus Toolkit**
- PEN digital application—WHOPEN⁸¹—an innovation to contribute to NCD service delivery
- **HEARTS** (2020) for cardiovascular disease management and **HEARTS-D**, (2020) expanding the type 2 diabetes module
- **MPOWER** for tobacco control
- **SAFER** (2019) for alcohol policy making
- **SHAKE** (2016) for salt reduction
- **REPLACE** (updated June 2019) for elimination of industrially-produced trans fatty acids from the diet
- **ACTIVE** (2018) for physical inactivity reduction
- **CureAll** (2018) for managing childhood cancer

Multisector, multistakeholder actions and the use of law for NCD prevention and control

- Flavel J, van Eyk H, Baum F. Intersectoral models to build healthy public policy: a review of the evidence. Adelaide: University of Adelaide; 2022. Available at: <https://www.adelaide.edu.au/stretton/ua/media/652/review-of-intersectoral-collaboration-models.pdf>.
- Patay D, Friel S, Schram A, and Sell S. How do interests, ideas, and institutions affect multisectoral governance? The case of tobacco governance in two Pacific small island developing states. *Regulation & Governance* 2022. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/rego.12458>.
- Bennett S, Glandon D, and Rasanathan K. Governing multisectoral action for health in low-income and middle-income countries: unpacking the problem and rising to the challenge. *BMJ Global Health* 2018; 3:e000880. Available at: https://gh.bmj.com/content/3/Suppl_4/e000880.
- Rasanathan K, Atkins V, Mwansambo C, et al. Governing multisectoral action for health in low-income and middle-income countries: an agenda for the way forward. *BMJ Global Health* 2018; 3:e3000890. Available at: https://gh.bmj.com/content/3/Suppl_4/e000890.

81 WHOPEN is available for Android at <https://play.google.com/store/apps/details?id=org.who.WHOPEN&hl=en&gl=US> and for IOS at <https://apps.apple.com/ch/app/whopen/id1566338877?l=en>.

- Promotion of, support for, and contribution to, the use of law to tackle NCDs, particularly human rights law, trade law, and investment law, noting specific legal interventions to prevent and control NCDs and their risk factors:
 - PAHO. High-Level meeting on the use of law to tackle noncommunicable diseases: a critical step to accelerate progress in the Caribbean. Meeting report (Port of Spain, 10 March 2018): Washington, D.C.: PAHO; 2018. Available at: https://iris.paho.org/bitstream/handle/10665.2/34942/PAHONMH18017_spa.pdf?sequence=1&isAllowed=y.
 - PAHO. The Use of Law to Address Noncommunicable Diseases in the Caribbean. Subregional Workshop Report. Miami, 3–5 March 2020. Washington, D.C.: PAHO; 2021. Available at: https://iris.paho.org/bitstream/handle/10665.2/53821/PAHONMHCRB210003_eng.pdf?sequence=1&isAllowed=y.
 - Establishment of the **Law and Health Research Unit, University of the West Indies**, Cave Hill in July 2021, and examples of courses offered – Introduction to Global Health Law, NCDs and the Law.

Prevention of industry interference and prevention, mitigation, and management of conflict of interest

- Perl R, Hamill S, et al. Fool me twice. Vital Strategies 2019. Available at: https://www.vitalstrategies.org/wp-content/uploads/2019/06/FoolMeTwice_Report.pdf.
- **WHO Civil Society Working Group on NCDs**. Protecting the development and implementation of public health policies from undue influence of unhealthy commodity industries. Statement, 11 September 2020. Available at: <https://ncdalliance.org/resources/protecting-the-development-and-implementation-of-public-health-policies-from-undue-influence-of-unhealthy-commodity-industries>.

Meaningful engagement of people living with NCDs, women, youth, indigenous people, and other persons and groups in situations of vulnerability

- NCD Alliance Our Views, Our Voices. Global Charter on Meaningful Engagement of People Living with NCDs. Geneva: NCDA; 2021. Available at: <https://www.ourviewsourvoices.org/global-charter>. Call for SIDS governments and other stakeholders to endorse the Charter.
- Other Our Views, Our Voices resources. Available at: <https://www.ourviewsourvoices.org/amplify/resources/publications>.
- Webinar: **Building towards healthy and sustainable food systems in Small Island Developing States: listening to voices from young people**

Climate change adaptation and climate-resilient health systems

- WHO **Call to action to increase climate resilience of health care facilities and air quality through sustainable energy**, October 2022.
- PAHO. Caribbean Action Plan on Health and Climate Change 2019-2023. Available at: <https://www.paho.org/en/documents/caribbean-action-plan-health-and-climate-change-2019>.
- WHO. Climate change and health in Small Island Developing States — Regional Plan of Action for SIDS in the African and South-East Asian Regions 2019-2023. Available at: <https://www.afro.who.int/publications/climate-change-and-health-small-island-developing-states-regional-plan-action-sids>.
- WHO. Regional Office for the Western Pacific. Pacific islands action plan on climate change and health 2019-2023. Manila: WHO WPRO; 2019. Available at: <https://apps.who.int/iris/handle/10665/275484>.
- **Initiative on Climate Action and Nutrition** (I-CAN) launched at COP 27, November 2022.

- Costello A, Romanello M, Hartinger S, et al. Climate change threatens our health and survival within decades. Lancet 2022. Published November 15, 2022. DOI: [https://doi.org/10.1016/S0140-6736\(22\)02353-4](https://doi.org/10.1016/S0140-6736(22)02353-4).
- [SIDS Acceleration Actions database](#) and [information brief](#).
- [Defeat-NCD Partnership](#).

Health-enabling environments, childhood obesity prevention, healthy nutrition, and food and nutrition security

- Relevant [WHO 'best buys' and other recommended interventions](#).
- [Report of the WHO Commission on Ending Childhood Obesity](#).
- Taxation on unhealthy products (and subsidies on healthy products):
 - WHO. Health taxes: a primer (a WHO policy brief). Geneva: WHO; 2019. Available at: <https://apps.who.int/iris/bitstream/handle/10665/329757/WHO-UHC-HGF-PolicyBrief-19.7-eng.pdf?sequence=1&isAllowed=y>.
 - PAHO. Health taxes. Available at: <https://www.paho.org/en/topics/health-taxes>.
 - PAHO. Sugar-sweetened beverage taxation in the Region of the Americas. Washington, D.C.: PAHO; 2021. Available at: <https://iris.paho.org/handle/10665.2/53252>.
 - World Cancer Research Fund International (WCRFI). Building momentum: lessons on implementing a robust sugar-sweetened beverage tax. WCRFI; 2018. Available at: <https://www.wcrf.org/wp-content/uploads/2021/04/PPA-Building-Momentum-Report-WEB.pdf>.
 - World Bank. Using taxation to address noncommunicable diseases: lessons from Tonga. World Bank, Nuku'alofa, Tonga; 2019. Available at: <https://openknowledge.worldbank.org/handle/10986/32063>.
 - La Foucade A, Metivier C, Gabriel S, et al. The potential for using alcohol and tobacco taxes to fund prevention and control of noncommunicable diseases in Caribbean Community countries. Rev Panam Salud Publica. 2018; 42:e192. Available at: <https://iris.paho.org/handle/10665.2/49691>.
 - WHO. WHO technical manual on tobacco tax policy and administration. Geneva: WHO; 2021. Available at: <https://www.who.int/publications/i/item/9789240019188>.
 - Sandoval, R. Using fiscal policies to address NCD risk factors. Presentation. Available at: https://www.cepal.org/sites/default/files/events/files/eclac-_ms_rosa_sandoval_presentation.pdf.
- Food and nutrition security:
 - FAO. 2017 [Global Action Programme on Food Security and Nutrition in SIDS](#).
 - Healthy Caribbean Coalition. NCDs and trade policy in the Caribbean: informing civil society advocacy for action. Bridgetown: HCC; 2017. Available at: https://www.healthycaribbean.org/wp-content/uploads/2017/11/Trade-Brief_web.pdf.
 - CARICOM 2010 [Regional Food and Nutrition Security Policy](#)
 - CARICOM 2012 [Common Agriculture Policy](#): pillars - Food and Nutrition Security; Sustainable Development of Natural Resources; A modern Agricultural Knowledge and Information System; Rural Modernization and Youth Programmes; and Production and Trade Value Chains Development.
 - CARICOM 2014 [Regional Food and Nutrition Security Policy – Action Plan](#).
 - CARICOM 2020 ['25 in 5' COVID-19 Response Agri-food Plan](#).

- Resources for other NCD risk factors:
 - **WHO Framework Convention on Tobacco Control (FCTC)** – including **guidelines**.
 - WHO 2010 **Global strategy to reduce the harmful use of alcohol**.
 - **WHO Global Alcohol Action Plan 2022-2030**.
 - **WHO Global Action Plan on Physical Activity 2018-2030**.

Information systems for health and digital transformation

- WHO. **SCORE** technical package (2020) for improving health information systems.
- WHO. **Digital Health**.
- Freeman EJ, Colpe LJ, Strine TW, et al. Public health surveillance for mental health. *Prev Chronic Dis* 2010; 7(1):A17. Available at: https://www.cdc.gov/pcd/issues/2010/jan/09_0126.htm.
- Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013–2019. *MMWR Suppl* 2022; 71(Suppl-2):1–42. DOI: <http://dx.doi.org/10.15585/mmwr.su7102a1>.

Possible non-traditional funding sources for NCD programs

- **Global Environment Facility**.
- **Special Climate Change Fund**.
- **Adaptation Fund**.
- WHO. Finance for health and climate change. <https://www.who.int/teams/environment-climate-change-and-health/climate-change-and-health/country-support/building-climate-resilient-health-systems/climate-and-health-financing>.
- Inside Philanthropy. **Grants for climate change**.
- Climate Links. <https://www.climatelinks.org/content/financing-climate-health-nexus-tool-accessing-funds>.
- United States Agency for International Development (USAID). Financing the climate-health nexus: a guide for developing countries to access funds. June 2019. <https://www.climatelinks.org/resources/financing-climate-health-nexus-guide-developing-countries-access-funds>.

ANNEX 3

Selected global and regional frameworks to guide NCD responses in SIDS

Intergovernmental

- Outputs of UN High-Level Meetings (HLMs) on NCD prevention and control in 2011, 2014, and 2018: respectively, a **Political Declaration** grounded in equity and human rights, recognizing the critical importance of whole-of-government, whole-of-society approaches to address the NCD burden; an **Outcome Document** that assessed progress and included four time-bound commitments to intensify action; and a **Political Declaration** aimed at accelerating the response.
- WHO **Global Action Plan (GAP) on the Prevention and Control of NCDs 2013-2020** and the **Comprehensive Mental Health Action Plan (MHAP) 2013-2020**. Both the NCD GAP and the MHAP have been extended to 2030, as part of efforts to accelerate progress toward the achievement of **SDG 3**, especially **target 3.4 and its indicators on NCDs and mental health disorders**, and **target 3.8**, on UHC.
- The October 2021 **CARICOM Declaration on Climate Change leading up to COP26**, prepared for the 26th annual global COP (COP26) on the UNFCCC, prepared by CARICOM Ministers with responsibility for Climate Change. The Declaration demanded climate justice and the assurance that the Caribbean region's survival will not be compromised.
- SIDS regional frameworks related to NCD prevention and control, including but not limited to:
 - **Africa**: 2017 **Regional framework for integrating essential NCD services in primary health care**, and 2022 **PEN-Plus – a regional strategy to address severe NCDs at first-level referral health facilities**. The meeting of the WHO African Regional Committee in August 2022 also discussed a framework to strengthen the implementation of the 2013-2030 mental health plan (Document **AFR/RC72/5**) and financial risk protection towards UHC (Document **AFR/RC72/6**).
 - **Americas**: **Plan of action for the prevention and control of NCDs in the Americas 2013-2019; 2022** Policy for improving mental health (Document **CSP30/9**); 2022 Policy on integrated care for improved health outcomes (Document **CSP30/10**); 2022 Policy for recovering progress toward the Sustainable Development Goals with equity through action on the social determinants of health and intersectoral work (Document **CSP30/8**); and 2022 Policy to strengthen national regulatory systems for medicines and other health technologies (Document **CSP30/11**).
 - **Eastern Mediterranean**: 2012 **Framework for action to implement the UN Political Declaration on NCDs**, updated 2019; discussions of the WHO Eastern Mediterranean Regional Committee in October 2022 on building resilient health systems to advance UHC and ensure health security (Document **EM/RC69/4**) and the promotion of health and wellbeing to achieve the SDGs (Document **EM/RC69/6**).
 - **South-East Asia**: **Action plan for the prevention and control of NCDs in South-East Asia, 2013-2020: extended to 2030** and the **Paro Declaration by Health Ministers** on universal access to people-centered mental health care and services at the meeting of the WHO Regional Committee for South-East Asia in September 2022; the South-East Asia Regional Committee also discussed addressing mental health through primary care and community engagement (Document **SEA/75/3**) and adopted resolutions on monitoring progress and the acceleration plan for NCDs, including oral health and integrated eye care (Document **SEA/75/R2**) and on enhancing social participation in support of PHC and UHC (Document **SEA/75/R3**).

- *Western Pacific*: 2007 **Pacific framework for the prevention and control of NCDs**, 2014 **Pacific Islands: non-communicable diseases roadmap**, **Western Pacific regional action plan for the prevention and control of NCDs 2014-2020**, and 2022 '**Regional action framework for NCD prevention and control in the Western Pacific**'. The WHO Western Pacific Regional Committee meeting in October 2022 discussed plans and strategies to address cervical cancer (Document **WPR/RC73/6**), mental health (Document **WPR/RC73/7**), and primary health care (Document **WPR/RC73/9**).
- In the Caribbean subregion, the landmark 2007 **Declaration of Port of Spain** by the CARICOM HoSG 'Uniting to Stop the Epidemic of Chronic NCDs' continues to guide relevant action, despite the less-than-optimal implementation of several of the key recommendations.⁸²
- In the Pacific, in 2010 the **Pacific Islands Health Officers Board Resolution #48-01 (2010)** recognized the urgent need to respond to NCDs, and in 2011 the SPC recognized a **Pacific NCD Crisis – Time for Action**.

Civil society

- HCC's development of the seminal framework **NCDs and COVID-19 in the Caribbean: A Call to Action - the Case for a Transformative New NCD Agenda** (TNA-NCDs). Noting the lessons of the COVID-19 pandemic, the TNA-NCDs calls for a new approach to NCD prevention and control, underpinned by principles of equity and human rights; aimed at enhancing human security and human capital; based on social activism by people living with NCDs and other key stakeholders; and focusing on a life course preventive approach. As the only alliance of CSOs working in NCD prevention and control in the Caribbean, the HCC has been extremely active at regional level, including in high-level advocacy, and in its support for national interventions,⁸³ including through:
 - **Development of other frameworks for strategic action**, such as the **HCC Strategic Plan 2017-2021** and the **Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean**.
 - **Promotion of youth participation**, with establishment of the HCC youth arm, **Healthy Caribbean Youth**, and interventions to build their capacity, exemplified by the 2021 **Youth Voices in Advocacy Spaces** toolkit.
 - **Support for multisector, multistakeholder actions for NCD prevention and control**, focused on capacity building of National NCD Commissions (or their equivalents), aligned with the POSD mandate.^{84,85}
 - **Development of myriad publications** to provide information and guidance, including, but not limited to: **Climate change, NCDs, and SIDS (2016)** and **NCDs and trade policy in the Caribbean (2017)**.

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