Converging on Small Countries’ health priorities

Tenth High-Level Meeting of the Small Countries Initiative

Limassol, Cyprus, 10–12 April 2024
Cyprus Statement on converging on small countries’ health priorities

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We, the Ministers and high-level delegates of Member States in the Small Countries Initiative, and partners, met in person in Limassol, Cyprus, on 10–12 April 2024 to attend the Tenth High-level Meeting of the Small Countries Initiative: converging on small countries’ health priorities. This was an opportunity to share our progress in implementing the Roadmap towards better health in small countries in the WHO European Region, 2022–2025, and to address the growing challenges in our Region and beyond that call for converging of our efforts and increased cooperation.

- Cancer has overtaken cardiovascular diseases as the leading cause of premature death in countries of the Small Countries Initiative (SCI), highlighting the urgent need for concerted action. We reaffirm our commitment to a 25% relative reduction in risk of premature mortality from noncommunicable diseases (NCDs), and commend the recent endorsement of the updated list of WHO’s “NCD best buys” at the Seventy-sixth World Health Assembly in 2023. We confirm our commitment to improving cancer care through the strengthening of early diagnosis pathways. We recognize the critical importance of having robust systems prior to the implementation or expansion of cancer screening programmes. Our approach will prioritize adherence to evidence-based international guidance, with the aim of preventing the harms of screening and optimizing the allocation of limited resources. We are dedicated to upholding the highest standards of quality across the pathway of these screening programmes, with the necessary data collection and analysis systems in place, ensuring that they serve the needs of our populations effectively while maximizing their impact on cancer control.

- Childhood cancers are still the leading cause of death from disease among children and adolescents. Some SCI countries do not have access to comprehensive specialist paediatric cancer services in their own countries. The socioeconomic burden on families can be high. Discrepancies persist in accessing essential cancer medicines and clinical trials for children and adolescents. We advocate for high-quality multidisciplinary cancer care for children and adolescents within our countries, alongside access to such care from partners. We pledge to protect families against social and financial risks; promote the highest national standards of care for childhood cancer management; enhance the capabilities of health professionals to detect childhood cancer promptly; improve the quality and rapidity of diagnostic services; provide treatment and palliative care in a child-centred manner; and ensure comprehensive survivorship care. To achieve these commitments, we believe it will be crucial for SCI

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countries to strengthen cooperation across borders and with childhood cancer oncological networks, both in the European Union (EU) and abroad.

- We recognize that climate change increasingly affects the health and well-being of our citizens and challenging the health security of our countries. Climate change is amplifying the burden of NCDs and communicable diseases, affecting mental health, exacerbating inequalities, driving environmental change, and challenging the core functions and resilience of our health systems. We aim to make our health systems and facilities climate-resilient, decarbonized and environmentally sustainable, and to promote health and well-being in our national and local efforts to reduce greenhouse gas emissions and adapt to climate change. To this end, we will develop standalone or integrated national health and climate action plans, by 2026, in accordance with the national context and priorities in line with the Declaration on Climate and Health adopted at the 28th Conference of the Parties to the UN Framework Convention on Climate Change, the commitments set out in the Declaration of the Seventh Ministerial Conference on Environment and Health, and the actions proposed by the Working Group on Health in Climate Change (HIC) in its Zero regrets position paper. We will engage in and be guided by WHO-led initiatives, such as the HIC Working Group, the Partnership for Health Sector Climate Action of the European Environment and Health Process, and the global efforts of the Alliance for Transformative Action on Climate and Health. We will cosponsor the forthcoming World Health Assembly resolution on climate change and health, and report back on efforts and progress at the Twelfth High-level Meeting of the SCI in 2026.

- We acknowledge the progress, since the Eighth High-level Meeting of the SCI on 2–3 June 2022 in Bečići (Budva), Montenegro, on the development of national strategies for human resources for health (HRH). We are committed to meeting our goal of having standalone or integrated HRH strategies by 2025 and recognize that policies made today will influence how the workforce will look in 10 years’ time. We are guided by the Framework for action on the health and care workforce in the WHO European Region 2023–2030, the opportunity provided to us to build up HRH executive leadership in our countries and continued collaboration with the support of the SCI Working Group on HRH. We thank the Ministry of Social Affairs of Estonia for hosting the meeting of the SCI Working Group on HRH: accelerating trust and transformation, in December 2023, where we stressed the importance of digital competence for our workforces and its integration into all training, regulations and service design. We ask WHO for assistance in the process of mapping our current strategy against the WHO framework for action, improving health workforce working conditions, achieving optimum roles for nurses and other health professionals, and improving HRH data for decision-making. We will continue to support national strategy development and improved collaboration within ministries to

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strengthen the health and care workforce.

● We acknowledge the progress made in advancing access to and affordability of medicines in our countries. Over the past year, 10 of the 11 SCI countries have joined the WHO/Europe Access to Novel Medicines Platform. The challenge of equitable treatment among our countries remains: a solution should be found, as five of the SCI countries are not EU members and cannot benefit directly from the EU pharmaceutical strategy for Europe. We propose to direct our focus to the lack of availability of novel and essential medicines, and to address our limited negotiating power – which results in higher prices and supply chain issues and shortages that persist and remain a challenge to our countries. Access to medicines for cancer (especially for children) and rare diseases is a further area of inequality faced by the SCI countries.

● We welcome the launch of the Coalition of Partners on Health and Tourism, which was jointly established by the WHO Regional Office for Europe and UN Tourism in October 2023. The Coalition has been joined by 24 Member States, including six SCI countries. Its main objectives are to identify major needs and challenges in the relationship between health and tourism, generate knowledge, consolidate the lessons learned from the coronavirus disease (COVID-19) pandemic to improve preparedness for future emergencies, and map risk-assessment tools and procedures. We look forward to the 2024 compilation of lessons learned from the COVID-19 pandemic for health and tourism.

● We welcome North Macedonia as the twelfth country within the SCI.

We thank the SCI Secretariat at the WHO European Office for Investment for Health and Development in Venice, Italy, and the WHO Regional Office for Europe for their continued attention to the needs of small countries, outreach and training, and for the enabling mechanisms put in place, and we will further support the Secretariat’s efforts.

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