Small country experiences during COVID-19

Seventh high-level meeting of small countries

Online
28 June 2021, 10:00–11:30 hours CET
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Abstract
This report summarizes the main findings derived from the Seventh high-level meeting of small countries. At the meeting, representatives of 11 small countries in Europe identified their needs in building forward during and after COVID-19, as well as priorities and opportunities for joint action in the implementation of the European Programme of Work 2020–2025. Solidarity among the small countries was clear and the importance on capitalizing on their experiences regarding the COVID-19 pandemic was agreed. The meeting concluded with a Statement from the small countries, which would act as a soft agreement about priority areas for action.

Keywords
COVID-19
SMALL COUNTRIES INITIATIVE
SMALL COUNTRIES’ NEEDS
SMALL COUNTRIES’ COLLABORATION
EPW IMPLEMENTATION

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Background

The Small Countries Initiative (1) was established in 2013 at an informal meeting held during the 63rd session of the WHO Regional Committee for Europe in Çeşme Izmir, Turkey. It provides an opportunity for high-ranking health officials in participating countries to meet annually to discuss their agendas and joint activities and to leverage common needs at the regional and international levels. The Initiative has grown into a platform through which 11 Member States in the WHO European Region with populations of 2 million and less are able to share their experiences in implementing the European Programme of Work 2020–2025. United action for better health (EPW) (2). The countries participating in the Initiative are Andorra, Cyprus, Estonia, Iceland, Latvia, Luxembourg, Malta, Monaco, Montenegro, San Marino and Slovenia.

Small countries share unique contexts, needs and vulnerabilities many of which have become even more apparent during the COVID-19 pandemic. Fully resonating with the essence of the European Programme of Work (EPW) (2) and the Thirteenth General Programme of Work 2019–2023 (GPW13) (3), the Seventh high-level meeting of small countries was entitled, “COVID-19: lessons learned and building forward in small countries”.

Member countries were invited to send high-level delegations to the meeting, headed by the minister of health or equivalent. The participants are listed in Annex 4.

Objectives of the meeting

The objectives of the meeting were to identify:
- the needs of small countries in building forward during and after COVID-19;
- priorities and opportunities for joint action in the implementation of EPW (2).

Experiences and lessons emanating from the meeting were to be further discussed during a side event of the Small Countries Initiative at the 71st session of the WHO Regional Committee for Europe. The aim of these discussions would be to inform the development of the draft Small Countries Initiative Roadmap for the recovery of populations and health systems in small countries. Furthermore, the side event would aim to:

- articulate a forward-looking and common vision as a united group of countries, and identify the most immediate areas of need and short-term health priorities for a fair recovery that leaves no one behind; and
- reflect on common priorities for the medium term, taking into account national health plans and using the European Programme of Work, 2020–2025, as an overarching umbrella for guiding national policies and activities.

Ministries of Health were asked to prepare 3-minute presentations related to two key questions:
- what are the lessons learned from the COVID-19 pandemic and the key priorities for your country in building forward?
- how can the Small Countries Initiative best support joint action and leverage opportunities to build better forward through the implementation of EPW (2)?

The programme of the meeting is found in Annex 1.
Methods

The discussions held at the Seventh high-level meeting of small countries, along with the experiences and the lessons learned reflected in this report, derive from a preparatory process held in the months leading up to the meeting. The process consisted of a series of informal interviews and a desk review.

Firstly, individual interviews were held with the Small Countries Initiative Focal Points to collect relevant information. Subsequently, a planning meeting was held to discuss further input to the meeting. Finally, follow-up interviews of the Focal Points were held to solicit their input to the draft Small Countries Initiative Roadmap, which was under development. In parallel, a desk review of relevant WHO documents, such as EPW (2) and GPW13 (3), and a review of the country reports were carried out. The meeting provided a forum for validating the information collected. The discussions at, and conclusions of, the meeting reflect the body of qualitative evidence collected in the preparatory phase.

Opening of the meeting

Dr Hans Kluge, WHO Regional Director for Europe, provided a political overview of the situation in Europe regarding COVID-19, highlighting the importance of solidarity. At the end of June 2021, the numbers of confirmed cases and deaths were, respectively, 56 million and 1.2 million. To avoid a resurgence of the virus in autumn 2021, protective measures would need to be adhered to and COVID-19 immunizations intensified. Leaving no one behind should be at the heart of response and recovery activity. Countries had been impacted differently by the pandemic for a number of reasons. The challenges of a country with a population of half a million are significantly different to those of one with a population of 50 million. A concrete example of these challenges – and a crucial one for smaller countries within and outside the European Union (EU) – is access to medicine and finding innovative approaches to tackling the pandemic. This is on the radar of the Oslo Medicines Initiative (5), an ambitious programme on establishing new, visionary collaboration between the public and private sectors to improve access to novel, high-price medicine.

Setting the stage

Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe, set the stage for the meeting by providing background information on the pandemic and its relevance to small countries. The meeting provided small countries the opportunity to jointly reflect on what could be done to recover and move forward. The countries were commended on their declining numbers of COVID-19 cases, though it was noted that the numbers needed to be reviewed carefully. For example, in countries with small populations, there is a big difference between having one case and no cases, and one death and no deaths. Variants of concern (VOC) continue to be a challenge in all countries, large and small. Of growing concern today is the increasing circulation of some VOC, which could not
only increase transmissibility and virulence, but also change the clinical presentation of the disease. In addition, any decrease in the effectiveness of public health and social measures, or in the availability of diagnostics, vaccines and therapeutics, would be cause for concern. As of 15 June 2021, 52 countries or territories in the WHO European Region had reported cases of SARS-CoV-2 VOC (Alpha, Beta, Gamma and Delta).

The focus now should be on how to gain sustainable control of the virus, taking all lessons learned into account. Public health measures, including mask-related policies, increasing restrictions, such as those related to domestic movement and international travel, have been key in reducing the numbers of new cases and need to be continued, particularly in the light of the rapidly rising number of cases of the Delta variant. At the time of the meeting, 39 countries and one territory in the WHO European Region had eased some of their lockdown restrictions. In response to the detection of the Delta variant in some countries, another 25 had implemented additional travel restrictions (entry bans, testing and quarantine requirements). Thirty-four countries were continuing to require people arriving in the country to present vaccination certificates, and two countries required proof of vaccination and negative COVID-19 tests from specific categories of non-nationals. In some small countries in Europe, vaccination certificates will be a key requirement for restarting social and economic activities. Finally, 32 Member States in the Region had implemented a mandatory risk-based mask approach in the month leading up to the meeting. Although vaccinations alone will not end the pandemic, they are indispensable, and the challenges related to these in small countries need to be understood. Communication strategies are also important and need to focus on improving vaccine uptake and reaching vulnerable groups or those with vaccine hesitancy.

All population groups need to be protected and it is critical to find ways of supporting the economy when emergencies, such as the pandemic, occur. Health workers need support; there are too few of them and not enough resources dedicated to them, especially in small countries. Vaccine procurement is still a challenge in small countries in and, even more so, outside EU, due to the small size and characteristics of their populations. All countries are struggling to
cover hard-to-reach or hesitant population groups, gain better and provide wider access
to effective medicines, cope with pandemic fatigue (which needs to be addressed through
communication), and protect people from financial hardship and increasing mental-health
issues and noncommunicable diseases due to the pandemic. The European Immunization
Agenda 2030 (6) will set the course to address inequalities in vaccination coverage between
and within countries by systematically tackling constraints in the supply and delivery of
vaccines, including those related to community demand and acceptance, and confronting
vaccine hesitancy and the spread of misinformation.

In supporting small countries throughout, not only is EPW (2) aligned with the triple billion
targets of GPW13 (3), but it also goes a step further in identifying four flagship areas to
complement work in implementing it in the coming years, namely:
• mental health
• digital health
• the European Immunization Agenda 2030 (6)
• behavioural and cultural insights.

The Regional Office is also planning to convene a meeting of Member States’ representatives
and non-State actors (NSAs) to develop a new vision of patient access to effective, high-price,
novel medicines through the Oslo Medicines Initiative (5). Additionally, the Pan-European
Commission on Health and Sustainable Development will draw lessons from the ways in which
the health systems of different countries have responded to the COVID-19 pandemic and
make recommendations on investments and reforms, which could improve the resilience of
health- and social-care systems. The Regional Office is updating its strategies for cooperation
with Member States to incorporate the implementation of EPW (2) core priorities in national
contexts.

Small country experiences during COVID-19

During the meeting, statements from the small countries revealed the following challenges
and lessons learned from the pandemic.

*There is a need for changes in pandemic plans and crisis-management systems*
Small countries face the challenge of finding the right balance between taking virus-control
measures and minimizing the negative socioeconomic impacts of the pandemic on populations
and economies. During the pandemic, countries have adapted pandemic plans and crisis-
management systems as situations evolved, sometimes restructuring national legislation to
clarify the responsibilities of different authorities and respond more effectively. This adaptation
was fundamental to small-country responses and should be planned for the next 24 months.

*COVID-19 has had an impact on all aspects of the health system*
COVID-19 exacerbated the weak points and challenges of the health systems. Small
countries have been particularly affected by limited health-care resources, hospital and other
capacities, and medical and personal protective equipment (PPE), as well as by challenges in
the procurement of medicines and vaccines. COVID-19 vaccines have not been distributed
equitably in some countries for a number of reasons, ranging from vaccine hesitancy to access
issues and pockets of hard-to-reach populations, all of which have left many people still
vulnerable to the virus. Some small countries have been faced with insufficient stockpiles of
medicines and medical supplies; others have responded by setting up monitoring systems to gain regular overviews of the needs and stocks of the health- and social-care sectors.

There is a need to increase the resilience of the health systems
The pandemic tested the resilience of small-country health-care systems and the importance of investing in these systems was found to be paramount. During acute phases of the pandemic, some small countries increased the capacity of their intensive care units to accommodate COVID-19 patients by transferring resources from some other departments. To prevent the collapse of their health systems, small countries quickly introduced modifications to maximize their efficiency, for example, by establishing early-detection and contact-tracing mechanisms. The Small Countries Initiative (1) could capitalize on this development by creating joint strategies for building resilience to future threats that may arise at the regional and country levels.

Solid primary health care is important
During the pandemic, most of the burden was absorbed at the primary-health-care (PHC) level. PHC played an important role in providing information to patients and in monitoring and treating mild and moderate cases. Other essential health services were delivered through separate patient pathways to secure timely and safe medical treatment for non-COVID pathologies. Remote consultations (by e-mail or phone) and the utilization of eHealth services also increased considerably. During the second wave of COVID-19, PHC engagement was key to protecting hospitals from being overburdened. All small countries agreed that the role of PHC was and will be key in furthering the pandemic response.

Investment in innovation and digitalization facilitates recovery
The pandemic made it clear that digital technologies should complement efforts to strengthen the health system and are necessary for health security and transitioning to safe, inclusive, and people-centred health services. Small countries quickly adapted their existing information systems to accommodate real-time data collection and information exchange during the pandemic. Some used a system of e-consultations to alleviate hospital overload. This was possible thanks to the extended use of telemedicine and remote consultations between family doctors and specialists. The countries agreed that strengthening their digital services had assisted their response to the pandemic. Many stressed the need to establish a crisis-coordination centre, which could be activated at any time.

Better access to medicines, medical supplies and vaccines in small countries should be ensured
During the pandemic, small countries used different means to acquire medicines and medical supplies. Regarding vaccines, the six EU small countries were able to take part in the EU joint procurement of vaccines agreement approved by the European Medicines Agency (EMA) (7). The non-EU small countries represented at the meeting secured vaccines through different mechanisms, such as, direct agreements with AstraZeneca, Janssen, Moderna and Pfizer. These mechanisms tended to be hybrid, combining direct or bilateral purchases with COVAX (8). Bilateral-cooperation agreements were critical to ensuring that some small countries had adequate supplies of COVID-19 vaccines.

The countries expressed an interest in taking part in the Oslo Medicines Initiative (5), which was developed by the Norwegian Ministry of Health and Care Services, the Norwegian Medicines Agency and WHO. The Initiative (5) offers a new vision of collaboration between the public and private sectors on, and a neutral platform for, ensuring equitable and sustainable access to effective, innovative and affordable medicines.

The country statements are found in Annex 2.
Priorities and opportunities for joint action

The countries also shared information on their priorities and where they saw opportunities for joint action.

Assessing the capacity of the health sector post COVID-19 and using innovation to strengthen the health system

The countries agreed that there was a need for a better understanding of the capacity and integrity of health systems in small countries and stressed that national crisis-management plans would have to be improved in the light of lessons learned from the pandemic. They also emphasized the value and importance of cooperation and investment at the EU level and beyond in the development and implementation of innovative solutions to creating resilient health systems. The importance of capitalizing on such solutions was also brought to the forefront and would be supported by Slovenia during the country’s EU Presidency (1 July–31 December 2021).

Addressing persistent inequalities and issues arising from the pandemic

The pandemic has resulted in growing demands for mental-health services in small countries and EPW’s mental-health flagship was welcomed as timely (2). The issue of mental health and the adverse effects of “COVID fatigue” should be integrated into emergency management regarding both the COVID-19 pandemic and future crises. Rehabilitation is also needed now and should be integrated into the overall pandemic response plans since more than half of the patients with moderate to severe COVID-19 infection experience various persistent complications. Some small countries have started to develop clinical algorithms and pathways to the dynamic monitoring of post-COVID-19 patients.
The pandemic has also revealed that there are inequalities that, even in rich countries, tend to widen in critical situations, such as epidemics. Clusters of infection have occurred in communities of illegal migrant workers living in very difficult housing situations; many were without social security and, therefore, without access to health care for months. In some cases, governments had to rent empty hotels to relocate people that had no place to isolate. This shows that even with universal health coverage (on paper), some social gaps in society were not preventable. Linked to inequalities is the fact that communication with, and measures targeted to, some population groups will be needed to increase the uptake of COVID vaccines. Communication is also key to successfully implementing non-pharmaceutical measures and countering mis- and disinformation in the vaccination process.

Aligning strategies with EPW and its flagships
The countries were unanimous in their intentions to align their countries’ strategic documents and monitoring frameworks with EPW (2), with a focus on strengthening primary health care, developing health-workforce competencies and providing continuous, secure and quality care for all citizens without causing them financial hardship. They also recognized the value of having a common, single strategy through which they can speak with one voice in a unified manner.

Preparing and working across sectors and among countries in pandemic recovery
Small-country responses to the pandemic relied on the collaboration of all sectors, irrespective of sphere of competence, the health sector generally taking the lead. Preparedness for pandemics was critical for most countries and the small countries represented at the meeting showed their support of strengthening WHO preparedness for health emergencies. Intercountry collaboration for future crises was deemed important. Some countries were in favour of the creation of an international treaty on pandemic preparedness and the benefits such a legal instrument could bring but requested that it take the characteristics of small countries into account.

Strengthening access to and capacity for negotiating medicines and medical supplies
Access to medicines and medical supplies, including vaccines, was a challenge during the pandemic for most small countries. Even EU countries, which were able to take part in joint negotiations for COVID vaccines encountered problems, such as shortages of essential medicines, personal protective equipment, and other medical supplies. Small countries consider it important to be part of joint negotiations with manufacturers to increase the availability of and access to medicines and medical supplies. This could be an area for future collaboration, which should include setting up monitoring systems to provide regular overviews of the needs and stocks of the health- and social-care providers.

Supporting the health workforce
The health workforce in small countries was put to the test during the pandemic. Preventive services and elective treatments were postponed, and the health workforce was pushed to the limit. Today, as portions of the repurposed workforce return to their pre-pandemic roles, the future outlook of the health workforce needs to be carefully considered. Health-workforce planning needs to consider fatigue, workforce losses due to illness or job change, and possible future waves of the pandemic. Health-workforce situations in small countries vary (diaspora workforce, commuting workforce, shortages). The small countries represented at the meeting welcomed cooperation in the field of human resources to address the aforementioned issues. The health workforce is at the forefront of small-country concerns due to their scarcity in numbers and the fatigue they experience as a result. WHO could be of enormous support to the health workforce in the coming period.
Strengthening digitalization
Digitalization is key to future data systems in small countries. In many, data are fragmented between primary health care, hospitals, social security, long-term care, and the health authority, and this has not been conducive to information exchange, or the generation of relevant indicators for monitoring the epidemic. The digital exchange of data with neighbouring regions, for instance for contact tracing, has also been a challenge. The small countries welcomed EPW’s digital-health flagship (2) as an opportunity to improve and fine-tune their data systems, using lessons learned during the pandemic on what is most needed.

Strengthening mental health
The countries expressed the growing need for attention to be paid to mental health, indicating that the issue should be integrated into emergency management. They specifically mentioned the importance of connecting EPW’s mental-health flagship (2) to understanding the long-term impact of COVID-19. The Regional Office was planning to convene a meeting on mental health and youth on 23–24 July 2021. It would also launch the Mental Health Coalition in October 2021 (9) and build a mental-health data platform. Current data on mental health in the Region, which are still very sparse, are much needed for measuring and monitoring progress while building back better.

Allowing tourism and reopening rank high on the agenda of several small countries
As many small countries depend on tourism, the need to reopen safely was clearly expressed by a number of them. Some non-EU small countries expressed concern about the recognition of vaccines other than those approved by the European Medicines Agency (EMA) in the EU Digital Green Certificate process (10). A request was made for WHO to help guarantee the freedom of movement of all people who have been vaccinated, regardless of the vaccine used. Small countries wish to be considered safe destinations for travel and this includes having their vaccine certificates considered internationally valid.
Conclusions and the way forward

Solidarity among the small countries is very clear. Despite the toll of victims from COVID-19 in these countries, there are opportunities to capitalize on their experiences to build back better. Empathy with pandemic fatigue is needed as people are very tired; this is why working to gain an insight into the behavioural and cultural aspects of the pandemic is very important.

The small countries agreed on a Statement, which would act as a soft agreement on areas of collaboration (Annex 3). The Secretariat of the Small Countries Initiative (1) is also developing a roadmap, which will outline a possible way forward for small countries. This will be shared with the countries for their input before being discussed at a side event of the Small Countries Initiative on 17 September 2021 in connection with the 71st session of the WHO Regional Committee for Europe.
References


1 All URLs accessed 25 August 2021.
Annex 1. Programme

Opening of the meeting

Dr Hans Henri Kluge, WHO Regional Director for Europe

Presentation

Dr Natasha Azzopardi-Muscat, Director, CPS Division of Country Health Policies and Systems, WHO Regional Office for Europe

Country statements on challenges and lessons learned from the COVID-19 pandemic

Andorra (Ms Helena Mas Santuré, Secretary of State of Health, Ministry of Health)

Cyprus (Dr Olga Kalakouta, Chief Medical Officer and Acting Director of Medical and Public Health Services, Ministry of Health)

Estonia (Mr Tanel Kiik, Minister of Health and Labour, Ministry of Social Affairs)

Iceland (Ms Ásthildur Knútsdóttir, Director General, Ministry of Health)

Latvia (Ms Agnese Valuliene, Deputy State Secretary on Resources and Change Management, Ministry of Health)

Luxembourg (Dr Jean-Claude Schmit, Director of Health, Ministry of Health)

Malta (Dr Neville Calleja, Director, Department for Policy in Health, Directorate for Health Information and Research, Ministry for Health)

Monaco (Ms Isabelle Rosabrunetto, Vice-Minister, Director-General, Department of External Relations and Cooperation, Ministry of State)

Montenegro (Dr Jelena Borovinić Bojović, Minister of Health, Ministry of Health)

San Marino (Dr Roberto Ciavatta, Minister of Health and Social Security, Welfare and Social Affairs, Political Affairs, Equal Opportunities and Technological Innovation)

Slovenia (Dr Alenka Forte, State Secretary, Ministry of Health)

Conclusion of the meeting. Statement of the Small Countries Initiative on building forward for all in the face of COVID-19 (Dr Hans Henri Kluge)
Annex 2. Statements of the small countries

**Andorra** (Ms Helena Mas, Secretary of State of Health, Ministry of Health)

Andorra believes in equitable access to vaccines and has participated in COVAX from the start of the pandemic. The country has adapted its health system to make it more efficient in dealing with COVID-19 and has established systems for the early detection of the virus and contact tracing.

Andorra expressed the wish to reopen the country as a safe tourist destination, which involves gaining international recognition of the country’s Digital COVID certificate. Andorra was in favour of setting up an international pandemic treaty and the benefits it would bring as an international legal instrument but would request that it take the characteristics of small countries into account.

**Cyprus** (Dr Olga Kalakouta, Chief Medical Officer and Acting Director of Medical and Public Health Services, Ministry of Health)

Cyprus established a coordinated approach to addressing the pandemic-related challenges, with a focus on prevention, preparedness and response. Being an island country, which relies on a significant source of its income from tourism, Cyprus prioritizes safeguarding people’s lives during hospitalization; achieving a high vaccination level in a short time; shielding elderly people and vulnerable groups from COVID-19; and safely opening its borders to tourism. Other challenges arising from this pandemic included the struggle to persuade younger people about the importance of vaccination, the emergence of new COVID-19 variants, and fatigue among the general population and health-care workers.

For Cyprus it was essential to increase small-country capacity and autonomy with regard to access to medicines and medical supplies. Being a member of EU, Cyprus fully supports a coordinated European approach to enabling the free movement of citizens and the use of the Digital Green Certificate to this end. Cyprus would also welcome a coordinated approach to sharing scientific advice and information on other initiatives, such as common procurement.

**Estonia** (Mr Tanel Kiik, Minister of Health and Labour, Ministry of Social Affairs)

For Estonia, finding the right balance between taking virus-control measures and minimizing the negative socioeconomic impacts of COVID-19 have been the biggest challenges. Some parts of the country would benefit from targeted communication and measures to increase vaccine uptake. Estonia was able to adapt its pandemic-related plans and crisis-management systems as the pandemic evolved, restructuring national
legislation to clarify the responsibilities of the different authorities and enable a more effective response. Information systems for real-time data collection and information exchange in the country were also adapted. Thanks to the extended use of telemedicine, allowing family doctors to consult specialists remotely, a system of e-consultations has been in use for some time to prevent and alleviate hospital overload. The Estonian Health Insurance Fund has also started to reimburse specialist-care providers for remote patient consultations. In the early phase of the pandemic, Estonia’s stockpile of medicines, medical supplies, especially personal protective equipment (PPE), was insufficient. Monitoring systems have since been set up to provide a regular overview of the needs and stocks of the health- and social-care providers.

Experience involving access to COVID-19 vaccines has demonstrated just how dependent small countries are. The availability of and access to medicines remain a challenge for Estonia, representing an area for future collaboration between small countries. For example, as is the case in other small countries, Estonia does not produce pharmaceuticals and depends on importing them. Estonia considers it important, therefore, for these countries to be included in joint negotiations with medicine manufacturers.

Iceland (Ms Ásthildur Knútsdóttir, Director General, Ministry of Health)

Iceland removed COVID-19-related restrictions on gatherings at the end of June 2021. The Icelandic health authorities secured over a million doses of vaccine via a collaborative EU project. In the spirit of solidarity, they planned to sell the surplus to other countries or share them among those in need. Equality in access to and the distribution of COVID-19 vaccines has been of the utmost importance to Iceland, which continues to advocate this position while contributing financially, for example, to the Access to COVID-19 Tools (ACT) Accelerator with a focus on COVAX.

Iceland declared its full support of the work of WHO in combatting COVID-19, which includes adhering to Resolution WHA74.7 on strengthening WHO preparedness and response to health emergencies adopted by the World Health Assembly in May 2021, implementing the WHO European Programme of Work 2020–2025 and achieving the United Nations Sustainable Development Goals. For example, at the time of the meeting, Iceland was in top place regarding gender equality, but high levels of anxiety and depression among Iceland’s young people were affecting their mental health. There was a need to focus on the long-term effect of COVID-19 on mental health, as well as on public health in general. Regarding non-COVID-19 issues, Iceland reminded fellow small countries of the soft commitment they took in 2018 to the Iceland Statement on climate change and water.
Latvia (Ms Agnese Valuliene, Deputy State Secretary on Resources and Change Management, Ministry of Health)

Latvia believes in the importance of investing in and strengthening health-care systems, resilience being the key word. In addition, intersectoral collaboration is paramount, irrespective of sphere of competence and delegation, as was proven during the pandemic. Work has started on the development of clinical algorithms for and pathways to the dynamic monitoring of post COVID-19 patients. Telemedicine services have been proven essential: communication was the key both to the successful implementation of nonpharmaceutical measures and to countering misinformation in the vaccination process.

An overall assessment of the capacity and integrity of the health sector is needed at all levels of health care, and existing national crisis-management plans would be modified in the light of lessons learned. Rehabilitation is also needed since more than half of the patients with moderate to severe COVID-19 infection experience various and persistent complications: consideration would be given to integrating rehabilitation into the overall pandemic-response plans. The adverse effects of COVID-19 on mental health and COVID fatigue have been felt in Latvia and it was considered important to integrate measures to address them into emergency-management plans with a view to future crises. Latvia would welcome cooperation on human resources with other participants in the Small Countries Initiative: addressing shortages of health-care professionals is one of Latvia’s priorities.

Luxembourg (Dr Jean-Claude Schmit, Director of Health, Ministry of Health)

COVID-19 has been a challenge for Luxembourg despite the fact that the country’s health and social-care system has always been inclusive. The pandemic has shown Luxembourg that issues, which do not always seem critical, can in fact be of the utmost importance, especially when it comes to preparedness. Since the start of the pandemic, Luxembourg has lived through shortages of PPE and medications, most of which were produced outside of Europe. As a result, Luxembourg has established a centralized national facility for stockpiling important equipment and medicines. At the beginning of the pandemic, Luxembourg had a data system, which was fragmented between services dealing with primary health care, social security and long-term care, the hospitals and the health authority. This did not cater for the easy exchange and centralization of the data required to generate relevant indicators for monitoring the epidemic. The digital exchange of data with neighbouring regions (for example, for contact tracing) was also a challenge, especially considering the number of people who commute to work in Luxembourg every day. The country has since established an integrated national platform for data exchange.

Although COVID-19 has been big challenge for Luxembourg, it has also prompted improvement in many areas. Luxembourg welcomed EPW Flagship Initiative 2 (Empowerment through Digital Health) and reaffirmed the importance of boosting the national health workforce. Efforts to this end are underway. Health inequalities exist even in rich countries: a study on these disparities among communities of illegal workers and other people at risk was underway.
Malta (Dr Neville Calleja, Director, Department for Policy in Health, Directorate for Health Information and Research, Ministry for Health)

Malta stressed the importance of planning the logistics related to the distribution of booster doses of COVID-19 vaccine ahead of time, and of collaboration among small countries for their procurement. Joint vaccine procurement has saved tens of thousands of lives in Europe, and Malta would like to see this extended to the purchase of medicines for other pathologies. Malta is committed to the Oslo Medicines Initiative and is already working with the European Observatory on a designated policy brief. High vaccination coverage was possible in Malta as a result of regular, open communication with the public and family doctors.

Vaccination coverage had made it possible for Malta to reopen the country to tourism in as safe a manner as possible. Work to support the health-care workforce was continuing. Malta thanked WHO for its ongoing support in the areas of patient safety and tobacco (provided through a Biennial Collaboration Agreement). Malta was committed to supporting further work on antimicrobial resistance, also in international fora. The work programme of the WHO Collaborating Centre on Health Systems and Policies in Small States (University of Malta) had recently been renewed.

Monaco (Ms Isabelle Rosabrunetto, Vice-Minister, Director-General, Department of External Relations and Cooperation, Ministry of State)

Monaco has been cooperating with the French health authorities to manage COVID-19, based on a 2017 agreement on health-security cooperation to fully implement the International Health Regulations 2005. The country’s response to COVID-19 was based on four pillars: barrier measures; test, trace, isolate; care system; and vaccination. General health measures were adapted to the evolution of the crisis. The country’s only hospital was able to increase the capacity of its ICU by transferring the Orthopaedic Department to the country’s Sports Clinic. After six weeks’ lockdown (until May 2020), shops, museums, cultural activities, and restaurants gradually reopened. Monaco is autonomous in the analysis of COVID-19 samples, thanks to having its own PCR-testing facility. During the pandemic, Monaco did not face a shortage of hospital beds, and has regularly accepted patients from neighbouring areas in France who needed intensive care. When a vaccination centre was set up in December 2020, Monaco administered COVID-19 vaccines through the afore-mentioned agreement between Monaco and France on health-security cooperation.

At the time of the meeting, Monaco was being supplied with vaccines acquired by France under the pre-purchase agreements between the European Union and the vaccine suppliers.
Montenegro (Dr Jelena Borovinić Bojović, Minister of Health, Ministry of Health)

The pandemic has posed challenges for Montenegro in the form of limited health-care resources, hospital and other capacities, medical equipment, and difficulties in procuring medicines (primarily vaccines). Initially, COVID-19 vaccines were not distributed equitably in the country, leaving many people vulnerable to the virus. The pandemic has also exposed weak points in Montenegro’s health system.

Montenegro stressed the importance of capitalizing on innovative solutions to strengthening health systems and making them more resilient, and supported investment in innovation and digitalization as the key to recovery. In October 2021, Montenegro hosted the 4th Western Balkan Digital Summit in Podgorica. The pandemic has made it clear that digital technologies are equally important where resources are scarce. In complementing efforts to strengthen health systems, they provide health security and enable transitioning to safe, inclusive and people-centered health services.

Montenegro aimed to align the country’s strategic documents and monitoring framework system to the European Programme of Work, with a focus on strengthening primary health care, developing health-workforce competencies, and providing continuous, secure, quality care for all citizens without causing them financial hardship. The Small Countries Initiative could use this opportunity to build joint strategies and more resilient health systems to face any future threats that may arise at the regional and country levels. Despite diversity, small countries have many issues in common and can support each other.

San Marino (Dr Roberto Ciavatta, Minister of Health and Social Security, Welfare and Social Affairs, Political Affairs, Equal Opportunities and Technological Innovation)

COVID-19 vaccinations began in San Marino on 1 March 2021, first with Sputnik V and then with the Pfizer vaccine. At the time of this meeting, there had been no new cases in the country since the end of May 2021. San Marino confirmed the country’s dependence on tourism, stating that issues regarding vaccine recognition posed a challenge to the country.

San Marino is in favour of working with other countries to set up a management agreement for future emergencies. A single common strategy enabling small countries to speak with one voice would be welcome.
Slovenia (Dr Alenka Forte, State Secretary, Ministry of Health)

Throughout the pandemic, the Slovenian health system has been pushed to the limit, but the country found innovative solutions to organizing and financing human resources and service provision, taking population ageing and noncommunicable diseases into account. Slovenia also saw a growing demand for mental-health services during this time. As a result of the pandemic, preventive services and elective treatments were postponed. Primary health care absorbed most of the COVID-19 burden, playing an important role in providing patient information and monitoring and treating mild- and moderate- cases. COVID clinics were established at the primary-health-care level to receive patients with undiagnosed respiratory symptoms, or patients with confirmed COVID-19 who needed medical treatment outside hospital. Testing and vaccination sites were organized by health centres, in cooperation with local communities and civil protection, to provide these services as quickly as possible to increasing numbers of people (including the most vulnerable) near their homes. Other essential health services were delivered through separate patient pathways to secure timely and safe medical treatment for non-COVID pathologies. Remote consultations by e-mail or phone and the utilization of eHealth services also increased considerably. During the second wave of COVID-19, the engagement of the primary-health-care services made it possible to prevent hospitals from becoming overburdened.

Many of the lessons learned from the pandemic, such as the added value of cooperation and investment at the EU level and beyond in the development and implementation of innovative solutions for resilient health systems, will be the focus of the Slovenian Presidency of the EU Council. Slovenia is also interested in improving accessibility to and the availability of medicines, which may not have a commercial interest.
Annex 3. Statement of the Seventh high-level meeting of small countries: building forward for all in the face of COVID-19

We, the Ministers and delegates of the 11 Member States in the WHO European Region with populations of less than two million met on 28 June 2021 to participate in the Seventh high-level meeting of small countries, “COVID-19: lessons learned and building forward in small countries”.

We confirm our commitment to implementing the core principles – good governance and leaving no one behind – objectives and approaches of the European Programme of Work, “United Action for Better Health”¹ the United Nations 2030 Agenda for Sustainable Development² and WHO’s Thirteenth General Programme of Work 2019–2023³.

We recognize that the European Programme of Work⁴ provides a strong framework for addressing health inequities exacerbated by the coronavirus disease (COVID-19) pandemic and driven by the interrelationships between economic, social and environmental determinants of health.

We confirm that the pandemic has had a severe effect both globally and in small countries alike. Prior to the pandemic, small countries were already facing specific challenges, such as shortages and the migration of health workers, limited bargaining power for affordable access to medicines and vaccines, and lack of effective stockpiles, supply-chain management, and production capabilities. COVID-19 has added more layers to an already complex situation and put small countries to the test.

The pandemic has also further amplified other pre-existing challenges in small countries. These include: dependence on larger neighbouring countries for trade, production and access to medicines and vaccines; health workforce supply and distribution (further restricted as a result of border closures); economic and financial constraints (which developments over the past year have aggravated, resulting, for example, in reduced tourism on which some small countries depend); and limited domestic-resources capacity (for example, for monitoring and addressing the pandemic).

We emphasize that governments, health systems and public authorities, at all levels, have a role to play in ensuring pandemic preparedness, early detection, response and recovery. We recognize the leadership role that the health sector has taken in this pandemic and wish to capitalize on the experience derived to better prepare for future health emergencies.

At the Seventh high-level meeting of the small countries, we agreed to further unite our efforts to address the immediate COVID-19 challenges, while planning at the same time for longer-term action related to COVID-19 response and recovery, building forward in a sustainable manner over the coming years in alignment with the European Programme of Work⁴.

We aim to:
1. advocate the needs of small countries to WHO and other international bodies or partners; 
2. ensure equity and leaving no one behind are at the heart of COVID-19 response and recovery; 
3. further develop, implement and share long-term COVID-19 preparedness and response action, addressing:
   a. governance and command, control and coordination 
   b. financial resource allocation 
   c. communication, risk communication and community engagement 
   d. surveillance and laboratories 
   e. case management 
   f. supply of medicines, diagnostics, vaccines, oxygen, personal protective equipment (PPE) and consumables 
   g. immunization 
   h. accelerated implementation of the International Health Regulations (2005); 
4. develop a roadmap to implement the European Programme of Work\textsuperscript{1} and engage in joint action and/or share examples of good practice in the areas of:
   a. access to medicines and vaccines 
   b. human resources for health 
   c. health financing 
   d. digital health 
   e. mental health.
Annex 4. List of participants

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

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