Eighth high-level meeting of the Small Countries Initiative

Bečići (Budva), Montenegro, 2–3 June 2022
Towards better health and well-being in the small countries in the WHO European Region
Meeting report
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Abstract

The Small Countries Initiative (SCI) is a WHO Regional Office for Europe platform that enables countries with populations of 2 million and less to work together on sharing experiences in addressing common issues with the aim of improving health in the WHO European Region and beyond. SCI’s annual high-level meetings provide a forum for countries to come together, report on progress and plan future joint activities. The Eighth high-level meeting of the SCI, entitled “Towards better health and well-being in the small countries in the WHO European Region”, took place in Bečići (Budva), Montenegro, on 2–3 June 2022, the first in-person meeting of the Initiative since 2019. It brought the 11 member countries together, along with other partners, to discuss how to strengthen health-system preparedness and response, mobilize financial and human resources, and strengthen health and well-being through sustainable tourism. The “Roadmap towards better health in small countries of the WHO European Region, 2022–2025” and the Montenegro Statement were adopted during the meeting. While placing health at the centre of sustainable tourism, the countries made concrete commitments to better addressing uncertainty, emergency response and recovery, financial hardship, and the lack of human resources for health.

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The meeting report was written by Amy Jo Collins (WHO Regional Office for Europe, Copenhagen).
Executive summary

The theme of the Eighth high-level meeting of the Small Countries Initiative (SCI)\(^1\), held on 2–3 June 2022 in Bečići (Budva), Montenegro, was “Towards better health and well-being in the small countries in the WHO European Region”. The meeting took place during a unique period, with a war in Ukraine, an ongoing pandemic, an economic recession, and an increasing demand on health systems. The COVID-19 pandemic was an unprecedented shock to the world, not least to the small countries of the WHO European Region which were each impacted at different times, in different ways, and in varying degrees.

Structured around five sessions, the meeting aimed to understand how best to strengthen health-system preparedness and response to emergencies in the long-term, and support the small countries in their commitments to placing health at the centre of sustainable tourism.

During the meeting, the 11 WHO Member States participating in SCI (the SCI countries) and WHO Regional Office for Europe adopted the *Roadmap towards better health in small countries of the WHO European Region, 2022–2025* (1) and the Montenegro Statement (Annex 1).

The SCI countries agreed to:
- cooperate in the implementation of the Roadmap (1);
- work together to strengthen leadership capacity and support each other in emergency response and recovery;
- continue to design appropriate coverage policies to protect people from experiencing financial hardship and unmet health-care needs;
- prioritize health-workforce planning and supply so that, by 2025, all small countries in the Region will have developed and implemented national strategies for human resources for health;
- cooperate and collaborate on health and tourism to ensure protection against health emergencies and global risks, adjust to transitions and shocks, manage and recover from adverse conditions, and be better able to address change and uncertainty;
- support the creation of a coalition of partners on health and tourism, jointly coordinated by the United Nations World Tourism Organization (UNWTO) and WHO Regional Office for Europe.

The SCI countries requested WHO Regional Office for Europe to:
- work with them on analyzing financial risk protection, coverage policy, and budgetary space for health, and on facilitating evidence-informed policy dialogue;
- continue to take the human-resources-for health work forward, targeting country support and action across the SCI network through the SCI Working Group on Human Resources for Health.

As a next step, the SCI would consider increasing interaction with subregional groups of countries and regional bodies in other WHO regions through, for example, information exchange and the sharing of experience towards achieving a healthier and more resilient future for all.

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\(^{1}\) SCI constitutes a platform that enables small countries in the WHO European Region, namely those with populations of 2 million and less, to collaborate on improving health.
Background

The SCI is a WHO Regional Office for Europe platform that enables countries with populations of 2 million and less to work together on sharing experiences in addressing common issues with the aim of improving health in the European Region and beyond. The Initiative was established in 2013 at an informal meeting held during the 63rd session of the WHO Regional Committee for Europe. The objective was to foster political commitment to, and the development of, good practice in the implementation of regional and global frameworks. Since 2019, 11 countries have been participating in the Initiative: Andorra, Cyprus, Estonia, Iceland, Latvia, Luxembourg, Malta, Monaco, Montenegro, San Marino and Slovenia.

Opening of the meeting

“After such a long period of separation with the pandemic, this meeting is a great opportunity to bring 11 countries together. Together, small countries can be great incubators of change.”

Dragoslav Šćekić
Minister of Health of Montenegro

In opening the meeting, Dragoslav Šćekić, Minister of Health of Montenegro, welcomed the representatives of the 11 WHO Member States participating in the SCI to the first in-person meeting of the Initiative since 2019. He noted that SCI’s strength lies in the ability of its members, as small countries, to be agile in adopting new strategic approaches and acting as incubators of change. As the COVID-19 pandemic highlighted inequities in the health systems, with vulnerable populations being most at risk, he emphasized the need for the SCI countries to ensure risk protection through preparedness, accessibility, innovation, and financial coverage. He urged them to address the structural determinants, and not to create parallel systems for different socioeconomic groups. Together, the SCI countries have the capacity to set priorities for, and contribute to, the achievement of sustainable development, with health and well-being at its core. Dragoslav Šćekić also referred to Montenegro’s collaboration with WHO through a 2-year joint framework, and confirmed the continued commitment of the country to the SCI.
In welcoming the participants, Hans Henri P. Kluge, WHO Regional Director for Europe, noted the significant geopolitical changes that had occurred since the previous meeting. These expose inequity and have stalled progress towards attainment of the United Nations Sustainable Development Goals (SDGs). Although the deadliest phase of the pandemic was over, its impact on economies, communities and families has been far-reaching, requiring action.

“Health may not be everything, but without health there’s nothing – damaging the economy, compromising security, and driving down the tourism that’s essential for so many countries.”

Hans Henri P. Kluge
WHO Regional Director for Europe

The outbreak of monkeypox, the war in Ukraine, and other social, political, and economic phenomena highlighted the need to renew the global-health architecture. The meeting was an ideal time to consult, align, learn, and sharpen focus on the objectives set out in the Roadmap towards better health and well-being in small countries in the WHO European Region, 2022–2025 (1). As complex and multidimensional threats arise, the Roadmap (1) will contribute to rethinking health across policy sectors and help focus on areas where small countries need support. This includes governance to ensure emergency preparedness and response, health security, human resources for health, sustainable public financing for health, and healthy tourism. Cooperation across all levels can ensure protection from health emergencies and global risks, allow adjustment to shocks, support management and recovery, and better address change and uncertainty. The ability of small countries to sustain financing varies widely, but tourism was vital to all of them and dependent on health and the health workforce. The policy brief on putting health at the heart of tourism development in small countries of the WHO European Region, developed in collaboration with the United Nations World Tourism Organization (UNWTO), supports management and recovery, based on financing options stable enough to absorb and withstand shocks, such as the COVID-19 pandemic (2). The SCI has proven to be a unique and strategic platform that facilitates the exploration of solutions to pressing challenges; the Eighth high-level meeting provided an opportunity to further strengthen this platform and alliance, and to build back better.

The programme of the meeting and list of participants can be found in Annexes 2 and 3, respectively.
Session I. System governance for prevention, preparedness, response and recovery

From left to right: (1) Matthias Wismar, European Observatory on Health Systems and Policies; (2) panellists: Michael Hadjipantela, Minister of Health, Republic of Cyprus; Willium Þór Pórsson, Minister of Health, Iceland; Roberto Ciavatta, Minister of Health, San Marino; and Helena Mas, Secretary of State, Andorra; and presenters: Chris Fearne, Deputy Prime Minister and Minister of Health, Malta, and Paulette Lenert, Minister of Health, Luxembourg; (3) facilitator Josep Figueras Marimont, European Observatory on Health Systems and Policies.

Aim: to identify, prioritize and commit to effective governance strategies to strengthen health-system resilience.

Summary of presentations

Governance has been identified as the most important lever for mobilizing health systems and strengthening health-system resilience. While the COVID-19 pandemic was an unprecedented shock, other diverse shocks must be anticipated, and the structural deficits of health systems addressed. In 2021, an analysis and monitoring exercise undertaken by the European Observatory on Health Systems and Policies, the European Commission, and WHO Regional Office for Europe, with input from all 53 WHO Member States, identified nine strategies effective in governing crises (Box 1) (3).

The analysis (3) highlighted the different styles of national leadership, each reflecting the cultural and social particularities of the countries. During crises, science, policy, and politics can become entangled. While navigating such situations, it is important that leaders not only consider their specific contexts, but also base their response on the evidence. Communication within government and with the public, on both the evidence and uncertainties, can be central to building trust. The pandemic has seen an increase in the use of experts and advisory groups for evidence-informed policy-making.

The response to the pandemic highlighted the need for a multidisciplinary approach, embracing input from all disciplines, as well as the importance of transparency in informal coordination mechanisms, the alignment of priorities and joint responses, and overall accountability. These factors played a much more significant role in the successful response measures taken than centralization or decentralization of governance. Beyond national borders, challenges often experienced were related to differences between national policies, for example, on testing, vaccination, and cross-border mobility.
Box 1. Nine strategies for effective governance

1. Steering the response through effective leadership
2. Delivering a clear and timely response
3. Strengthening monitoring, surveillance, and early-warning systems
4. Transferring the best available evidence from research and policy
5. Coordinating effectively within (horizontally) and across (vertically) government levels
6. Ensuring transparency, legitimacy, and accountability
7. Communicating clearly and transparently with the population and relevant stakeholders
8. Involving nongovernmental stakeholders, including the workforce, civil society, and communities

Source: (3).

The pandemic demonstrated the immense vulnerability of the health workforce. The workforce in response has shown its agility, skill and perseverance in taking on new assignments, working in challenging environments, and adapting to new technologies. The crisis brought about some exceptionally rapid innovation, including joint procurement (vaccines, personal protective equipment), new forms of primary health care to avoid unnecessary hospital referrals (such as remote patient monitoring), the restructuring of hospital activities and strengthening of hospital networks, and collaboration on cross-border patient movement. The significant rise in the use of telemedicine provided the opportunity to maintain and utilize these innovations going forward.

Building trust is required for effective governance and can be achieved through transparent, accountable, evidence-informed, clear and consistent communication. In Malta, the role of trust was identified as having been central to governance and successful vaccination coverage during the crisis. Willingness to communicate both positive and negative news illustrated transparency and allowed senior management to maintain the public’s trust. However, trust within and across government is also required and is pivotal in the implementation of multisectoral responses.

“Building trust is a long process, and one that can easily be eroded, yet it is trust in the health system and in government that enables contentious policies and activities to be implemented more effectively.”

Chris Fearne
Minister of Health of Malta

The pandemic highlighted underlying inequities within and between the small countries. Studies undertaken in Luxembourg and globally have indicated that the virus did not affect everyone equally. Those from lower socioeconomic groups were more likely to become infected and require hospitalization, and less likely to seek vaccination. Shortages of, and gaps in, human resources for health, disparities in how populations were affected, and levels of infection and severity were all contextually specific. They showed how underlying inequities (access to health care, information and clinical resources) determined the evolution of the
pandemic, with harsher implications for specific socioeconomic groups. Ensuring health equity is crucial, yet challenging, as this is shaped by a number of social, political, economic and environmental factors, requiring solidarity. Countries are responsible for ensuring health equity and solidarity as they reflect on and address lessons learned.

“It is our duty to make sure health care systems work equally for everybody.”

Paulette Lenert
Minister of Health of Luxembourg

Discussion – session 1

It was agreed that having a preparedness plan in place allowed for quicker reaction times, as had strong leadership with identified and understood roles and responsibilities. While many of the small countries had preparedness plans, the situation illustrated that further work is needed to develop them. In doing so, consideration would need to be given to the current reality and the many weaknesses highlighted, including financial mismanagement at multiple levels. Montenegro noted that the response to the pandemic in the country had been both political and social. It highlighted the need for a joint and coordinated effort both vertically and horizontally, with an emphasis on the use of digital platforms and efforts aimed at ensuring preparedness for all potential health challenges. Several countries highlighted the pivotal role that a designated scientific board, COVID team or governance body could play in effectively communicating the situation and supporting decision-making. While there were challenges in establishing bilateral agreements (for example, on procurement and/or training of the health workforce), they found that global and regional mechanisms and institutions, such as COVAX and WHO ACT, played a positive role in supporting their efforts.

The discussion also touched on the role of the private sector in the health-care ecosystem and in setting standards, and it was concluded that more thought would need to be given to their role. There was consensus around the importance of good governance and trust. During the pandemic, trust specifically played an important role in building solidarity within and among countries around procurement, vaccination, and the implementation of restrictions. As the pandemic did not affect all countries equally, addressing health and social inequities was noted as being crucial to preparedness and response plans.

“Trust is a pre-requisite for solidarity.”

Willum Þór Pórsson
Minister of Health of Iceland
Several strategies for effective leadership were identified as having steered the response to the pandemic in the small countries, including the nine listed in Fig.1.

**Fig.1. Nine strategies for effective leadership in steering health-emergency response proposed by the small countries**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a preparedness and response strategy available, deliver it in a timely manner, and address health and social inequities</td>
<td>Ensure monitoring, surveillance, and early-warning systems are in place</td>
</tr>
<tr>
<td>Ensure transparency, legitimacy and accountability</td>
<td>Use a multidisciplinary approach that embraces input from all disciplines and coordinates horizontally and vertically across all levels of government</td>
</tr>
<tr>
<td>Engage nongovernmental stakeholders, including workforce, civil society, and communities, early on</td>
<td>Rapidly scale up information, health and knowledge technologies</td>
</tr>
<tr>
<td>Maintain objectivity and independence by ensuring that science and evidence are embedded in all processes</td>
<td>Coordinate beyond borders and enable solidarity within and between borders</td>
</tr>
<tr>
<td>Build trust through transparent, accountable, evidence-informed, consistent communication, including the sharing of successes, failures and challenges for problem solving, while engaging the public</td>
<td>Ensure transparency, legitimacy and accountability</td>
</tr>
<tr>
<td>Ensure monitoring, surveillance, and early-warning systems are in place</td>
<td>Use a multidisciplinary approach that embraces input from all disciplines and coordinates horizontally and vertically across all levels of government</td>
</tr>
<tr>
<td>Involving civil society and communities, early on</td>
<td>Rapidly scale up information, health and knowledge technologies</td>
</tr>
<tr>
<td>Rapidly scale up information, health and knowledge technologies</td>
<td>Maintain objectivity and independence by ensuring that science and evidence are embedded in all processes</td>
</tr>
</tbody>
</table>

It was agreed that **solidarity is more important than ever**; therefore, countries must act together to incorporate lessons learned and ensure equitable and fair access for all (Box 2).

**Box 2. Relevant excerpt from the Montenegro Statement**

“We recognize that dealing effectively with multiplying, complex and multidimensional threats requires a strengthened **health-governance** approach to provide timely emergency preparedness and response, health security, service delivery, innovation in digital health, social protection and an optimal coordination between systems, services and functions. Recognizing the diversity of our countries, we agree to work together to strengthen leadership capacity and support each other in emergency response and recovery” (Annex 1).
Session II. Creating resilient integrated systems for health security

Aim: to build on and discuss the emergency-management cycle, sharing existing concepts and tools, and introducing a new global-health infrastructure to support countries in better identifying and understanding innovative approaches to health-emergency preparedness and response.

Summary of presentations

The development of tools and systems for global health governance, which has long been underway, has increased greatly over the last 15 years. Strengthening capacity to respond to global health threats as the world becomes more interconnected and threats more complex is an ongoing process. In response to the COVID-19 pandemic, 343 recommendations were presented to the Seventy-fifth World Health Assembly (WHA) in May 2021. Expert panels and commissions concluded that global health security can only be achieved or strengthened if global health governance post COVID-19 is: better coordinated, inclusive, less fragmented, and ensures more efficient intersectoral collaboration. The white paper, Strengthening the global architecture for health emergency preparedness, response and resilience (4), released during the WHA in May 2022, highlighted the following three main constituents of a global pandemic architecture:

1. governance that ensures coherent, equitable and coordinated global preparedness and response to health emergencies;
2. systems and tools for use in preparing for and preventing, detecting, and rapidly responding to health emergencies;
3. financing to support these systems and tools (Fig. 2).

Fig. 2. Proposals for strengthening health-emergency preparedness, response and resilience

The Seventy-fifth WHA took several crucial steps towards strengthening the global architecture for health-emergency preparedness and response. One of the main decisions taken was that
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the Working Group on WHO Preparedness and Response to Health Emergencies should continue its deliberations, with a revised mandate and name, which henceforth would be the Working Group on International Health Regulations (IHR) Amendments (WGIHR).

Led by the Member States, WGIHR will facilitate an inclusive process with a view to proposing a package of targeted amendments to IHR (5) for consideration by the Seventy-seventh WHA in 2024. Before October 2022, the WHO Director-General will convene an IHR review committee with the aim of providing WGIHR with technical support throughout the process (Fig. 3). The SCI countries were invited to submit proposals and contribute to the work of the committee.

Fig. 3. Outcomes of the Seventy-fifth World Health Assembly

- Strengthening of the global architecture for Health Emergency preparedness, response and resilience
- Increased and sustainable financing of the WHO

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The second aspect discussed concerned the creation of national action plans for health security (NAPHS). These provide countries with a strong framework for developing a multisectoral response that seeks to prevent, detect, and respond to health emergencies, strengthen health systems, and address challenges around governance (Fig. 4).

Fig. 4. NAPHS

- Comprehensive, multisectoral multi-year plan to coordinate evidence-based priority actions of various sectors for the purpose of strengthening country health emergency preparedness
- Using principles of all-hazard and one-health, NAPHS should link health emergency preparedness and response to corresponding components in the health system
- Operationalizes recommendations and findings of the Joint External Evaluation and other relevant assessments
- Should have a robust national accountability mechanism for ensuring actions are implemented and can demonstrate outcomes and impact

Source: Slide from Dr Ihor Perehinet’s presentation, reproduced with permission © WHO.
An example from the United Kingdom illustrated that strengthening health-security systems can make countries more agile, resulting in the ability to adapt and respond to unpredictable and pressing concerns, such as the monkeypox outbreak. Experience from the Ebola response also illustrated a number of significant challenges. This included a lack of uniform guidelines and cooperation at the regional level, and the need for more centralized coordination, regular communication and meetings, and institutional preparedness at different levels of government. In Luxembourg, the solution to addressing this challenge was to implement a centrally coordinated platform for specific diseases, with clearly established roles and responsibilities for all stakeholders. One of the overarching conclusions of Session II was that cooperation was needed between the public health and other sectors, at the highest level, along with preparedness and clear communication. The importance of using existing mechanisms and tools (such as NAPHS) and adapting them to country contexts was noted (Box 3).

“When we have a problem, we need to recognize that we cannot sort it out ourselves, which is why the WHO plays a critical role in coordination, and investment is essential.”

Michael Hadjipantela
Minister of Health of the Republic of Cyprus

Discussion – session II

Many countries expressed the opinion that the use of real-time reporting systems, simulations, interim evaluations, and other tools to guide and shape preparedness and response was invaluable. The importance of coordination and having a management team/leadership that is embedded in preparedness plans with clear roles and responsibilities was emphasized, as was the necessity to review, evaluate and learn from successes and failures (Box 3).

“For Estonia, success means implementing the 3C’s – collaboration, communication, and coordination.”

Heidi Alasepp
Deputy Secretary General on Health of Estonia
Box 3. Highlights of Session II

Mechanisms are available (for example, IHR and NAPHS) that offer solutions to identified challenges to effective response, such as, cross-border collaboration and information exchange. They also facilitate synergy among health systems in tackling health emergencies.

Preparedness is essential for effective response and relies heavily on planning, communication, coordination, and clarity of purpose.

Governance and trust remain the key elements of effective response. Action is being taken at the global level to address some of the complexities of these elements that were experienced during the pandemic.

Further discussion is required on how best to integrate all sectors (including the private sector) in response plans.

Session III. Mobilizing and supporting the health workforce

From left to right: (1) moderator Natasha Azzopardi Muscat, WHO Regional Office for Europe; (2) panellists: Willum Thor Thorsson, Minister of Health, Iceland; Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg; Chris Fearne, Deputy Prime Minister and Minister of Health, Malta, with moderator Natasha Azzopardi Muscat; (3) Tomas Zapata, WHO Regional Office for Europe.

Aim: to prioritize and plan next steps regarding human resources for health, based on recent initiatives and discussions.

Summary of presentation

Some of the most significant challenges small countries faced during the pandemic related to the health workforce. While the situation varied across the 11 SCI countries, the need to attract, retain and care for the health workforce was central to all. The proportion of ageing doctors was identified as a significant concern. In five of the small countries, 50% of their doctors were over 55 years of age. Thus, in one decade, half of them will retire. While the case with nurses was less dramatic, they comprised double the density of doctors across the WHO European Region, and challenges in recruiting and retaining them will require action.
Alongside this was the increasing migration of health workers to other countries, a situation seen globally. The third round of the Global pulse survey on continuity of essential health services during the COVID-19 pandemic (6) affirmed that the bottlenecks experienced at the beginning of the pandemic, and the disruption in services seen in the Region, were the result of insufficient numbers of staff. While there had been challenges in securing adequate financing for health and the health workforce in the past, the pandemic has shown that policy changes can be made – and quickly – where there is political will.

In many countries, innovative approaches have been adopted to repurpose and redeploy health workers. Telehealth and telemedicine continue to be utilized, and models of care rethought and reorganized. Alongside innovation, investment is still needed. While the pandemic put the health workforce under immense pressure, the demand for their services continued to increase as patients sought treatment for ailments in other areas with significant backlog. Health-care workers face a challenging environment, and their salaries are not commensurate with the work involved. As a result, there has been an increase in mental-health challenges among these workers, including anxiety, depression, and the threat of suicide.

Strengthening the health workforce will be one of the most important actions to be taken in the future (Box 4). One of WHO Regional Office for Europe’s priorities was the flagship report, Health and care workforce in Europe: time to act (7), which was presented to the WHO Regional Committee for Europe in September 2022. The Ad Hoc Working Group on Human Resources for Health in Small Countries will continue to concentrate on these issues. The quality of human-resources-for-health data needs to be improved to better support national policy-making decisions, workforce planning and governance, including the development of health-workforce strategies.

Discussion – session III

Many of the SCI countries echoed the need to invest in and protect health-care workers, and address the challenges related to attracting and retaining them. The pandemic also exposed another significant issue, namely, border closures and the reliance of neighbouring countries on each other for health-workforce capacity. In many small countries, dependence on migration, coupled with the challenges of ageing populations and workforces and an untenable work–life balance, has led to burnout. Many countries have been re-evaluating ways of retaining existing health workers, attracting new talent, and supporting those already suffering from mental-health challenges because of their work. In addition, health-workers’ salaries cannot compete with those offered in other industries, making it difficult for the industry to remain competitive in the employment market.

Digital technologies were acknowledged as a means of providing support, for example, in reaching remote areas and reducing the burden on health workers. It was noted, however, that digital technologies have their limitations as the human element remains crucial to care. While training and education programmes on implementing digital technologies had been started or expanded in many of SCI countries, it was recognized that they did not address underlying issues of inequity.
“What we have learned is the necessity to have appropriate preparedness, and to start early.”

Roberto Ciavatta
Minister of Health of San Marino

Emphasized was the importance of social-protection measures (including psychosocial interventions), as well as environments that support and ensure work–life balance. In addition, the need to re-evaluate salaries and ensure a sustainable, competitive, engaged workforce were noted. In several countries, the development of sustainable migration policies and the use of private-sector tools and approaches are being considered as ways of addressing health-workforce shortages. The development of national health-workforce strategies in small countries was discussed as a next step.

Strengthening the workforce requires rethinking strategies to attract and retain health workers and build systems that will ensure adequate social-protection measures and cultivate a pipeline of talent as the population ages. None of these measures can be taken without the engagement of the finance sector and the use of digital technologies.

“As you know, over time, the SCI has gained a central position in the WHO European Region, something we aim to strengthen.”

Roberto Ciavatta
Minister of Health, San Marino
**Box 4. Relevant excerpt from the Montenegro Statement**

“We reaffirm the critical role our health and care workers have played during the COVID-19 pandemic and the importance of strengthening our workforces to build more resilient health systems. We underscore the need to make health-workforce planning and supply capability a priority so that, by 2025, all small countries will have developed and implemented national strategies for human resources for health. The SCI Ad Hoc Working Group on Human Resources for Health in Small Countries in the European Region will continue to take this process forward and target country support and action across the Network” (Annex 1).

**Session IV. Mobilizing financial resources**

From left to right: (1) Aleksandar Damjanović, Minister of Finance, Montenegro; (2) Jon Cylus . European Observatory on Health Systems and Policies; (3) panelists: Roberto Ciavatta, Minister of Health, San Marino; Isabelle Rosabrunetto, Vice Minister, Ministry for Foreign Affairs and Cooperation, Monaco; Heidi Alasepp, Deputy Secretary General on Health, Estonia; Gregor Presker, Ambassador, Embassy of the Republic of Slovenia in Podgorica, Montenegro; Michael Hadjipantela, Minister of Health of the Republic of Cyprus; and Indra Dreika, Secretary of State, Latvia.

Aim: to discuss well-designed health-financing systems in the countries by examining existing conditions and policy mechanisms that prioritize communication between the ministries of health and finance to effectively demonstrate the benefits of health-system investment.

**Summary of presentations**

The cornerstone of effective and responsive health systems is stable and predictable financing, even in the face of shocks, that allows sufficient, equitably managed public spending on health from government budgets. **While public spending on health varies considerably from country to country, there are better health outcomes in those where this is the case.** Those with lower levels of public spending on health have higher rates of treatable mortality and are more reliant on out-of-pocket spending, which can cause significant financial hardship. Comparing two models of health financing – one mainly from the labour market and the other from general taxes – neither was a predictor of better outcomes. When looking at both models in relation to ageing populations however, the more diverse the source of revenue, the more
Montenegro provided an example of the multiple challenges facing countries around financing and the adoption of new financing models. In Montenegro, the shift away from the Bismarck model (whereby health is financed through mandatory contributions anchored in the constitution) meant that guaranteed revenue was no longer certain. This situation was coupled with debt incurred as a result of the pandemic, as well as salary increases. The diversification of revenue was being investigated, including the use of tobacco taxation; however, further examination of how tax revenues could be used within health care was needed. Economic development is crucial to Montenegro, as is putting health at the centre of the political agenda as none of the non-health sectors can function without a strong health system. As a next step, it would be valuable to conduct an external assessment of the impact of the new model of financing on the health-care system.

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Discussion – session IV

As the allocation of public finances for health is a political choice, it was strongly stressed that working closely with other ministries to create an environment in which health is recognized as being central to economic development and growth was imperative. Being aware of ways to create the fiscal space to finance public health (for example, taxation, rebudgeting, efficiency gains and economic growth) could enable the development of contextually specific financing models. In highlighting the diversity of their financing systems,
the countries agreed that sustainable health financing was a challenge. Dealing with it would require the adoption of diverse revenue streams and the normalization of health as critical to sustainable development and economic growth.

“Health systems are facing significant challenges from a health financing perspective … with COVID-19 putting additional pressure … requiring sustainable investments in health. For Slovenia this has been ensuring sustainable investments in health services, and implementing innovative solutions, mostly in primary health care, including upgrading innovative health-promotion centres to address the growing burden of noncommunicable diseases, and introducing mental-health centres for adults and for children and youth.”

Gregor Presker
Ambassador, Embassy of the Republic of Slovenia in Montenegro

In most SCI countries, it was noted that additional taxation would have an impact on economic development. It is important therefore to understand best-value financing models. **It was agreed that the support of WHO Regional Office for Europe in providing external assessments of national health-care financing, and further utilization of the SCI platform for sharing case studies, would be welcome.** The countries with diversified revenue streams and stronger health systems acknowledged the establishment of health- and social-protection measures as being central to their narratives around economic prosperity, with the pandemic illustrating to non-health sectors that health is wealth. The countries agreed that it was an opportune time to build and strengthen relationships with other sectors, including finance, to address the chronic underinvestment in health.

**More spending on public health from government budgets leads to better health outcomes, making the case for health as an economic investment and a political priority central to sustainable development (Box 5).** With a range of places in which to create fiscal space for health financing, gaining a better understanding of these and of the different types of revenue streams could create more stable and predictable financing. As countries look at redesigning health-system financing, examples of successful models and an assessment of current designs would be beneficial.

**Box 5. Relevant excerpt from the Montenegro Statement**

“We underscore that health financing must be sufficient, stable, predictable and equitably generated to meet health-care needs. Small countries vary widely in their fiscal capacity to secure sustainable public financing for health. Where spending is insufficient, we will aim to increase it to levels commensurate with health-care needs. Spending more on health from public budgets is also an important tool for protecting households from financial hardship. We agree to design appropriate coverage policies to protect the most vulnerable households from out-of-pocket payments and reduce unmet needs. We request WHO to work together with the SCI countries to analyse financial protection, coverage policy and budgetary space for health, facilitate evidence-informed policy dialogue, and provide support where needed” (Annex 1).
Session V. Promoting health and sustainable tourism in small countries

Aim: to place health and well-being at the centre of national tourism strategies, identify common areas of interest for investment, and build collaboration to amplify the vision of healthy people and communities as being central to economic growth and prosperity.

Summary of presentations

During the pandemic, the small countries faced unique challenges as a significant proportion of their economies were reliant on the tourism sector. The pandemic has shown the level of interconnectedness between sectors. As the tourism sector rebuilds, it can reframe and rebrand itself by putting equity, human rights and sustainability at its core to ensure the protection of travellers and those working in the sector.

Tourism is one of the world’s largest economic sectors. This is especially true of small countries where for some, tourism makes up over 20% of the gross domestic product (GDP). Putting health at the centre of tourism is required to mitigate the socioeconomic impacts of crises, build resilience and competition, and foster the growth of sustainable tourism. The impact of the pandemic on tourism has significantly impacted the livelihoods of those working in the tourism sector, or sectors associated with tourism, with vulnerable populations most at risk. There is a need to build and strengthen partnerships among all sectors, taking lessons learned into consideration.

The policy brief on putting health at the heart of tourism development in small countries of the WHO European Region was considered a useful starting point for strengthening the joint capacity of the health and tourism sectors. It provides an understanding of the vulnerability of many of the workers in the tourism sector who are exposed to substandard working conditions. In most of the small countries, tourism is a key sector that impacts population health, the health system, income, revenues, employment, social protection, the environment, culture, the quality of life in host communities, and economic growth. Thus, tourism has a critical role to play in achieving the SDGs, both directly and indirectly. The brief focuses on the importance of putting mechanisms in place to build back better, in a more sustainable,
inclusive, and resilient way – beyond business as usual. It is based on an evidence review and summarizes what is known about the interrelationship between health and tourism as seen through a sustainability lens. The aim is to build and normalize conditions that support healthy tourism, health communities and healthy economies. The resilience model – anticipate, adapt, absorb, and transform – provides a useful framework (8).

There is an opportunity in the current climate to build systems that ensure decent and safe working conditions, while providing an environment that supports healthy and sustainable tourism. **Directly and indirectly, health is central to tourism, with many livelihoods reliant on its existence and growth.** Safety and security related to travel, water, sanitation and food, and the general hygienic, environmental and socioeconomic aspects of the community, are all important aspects of travellers’ health and well-being. These elements are also important for the host communities themselves. Within the tourism sector, the pandemic has disproportionately affected women and youth, informal workers, and micro, small, and medium-sized enterprises, taking a heavy toll on their livelihoods and development prospects (2).

“One of the lessons learned from the crisis is the importance of coordination for international mobility. It is essential to have harmonized criteria and other key measures for cross-border travel.”

Patricia Carmona
UNWTO

The pandemic has illustrated that any crisis that threatens the health, safety and security of people, communities and the environment is also a risk to tourism. The tourism sector was among those most affected by the pandemic. Globally, the volume of international travellers declined by over 70%, reaching levels seen 30 years ago, with an immense impact on employment and the global economy. In 2019, before the outbreak of the pandemic, tourism was one of the world’s major sectors of the economy, accounting for 7% of global trade. In the following two years, GDP from direct tourism decreased by half in most regions. Tourism supports one in ten jobs and provides livelihoods for many millions more. The number of international tourists declined by 73% in 2020 and by 71% in 2021 as compared with previous years (9). Global improvements in 2022 had largely been driven by Europe, where vaccination rates were high, and coordination around travel restrictions more developed. As of 1 June 2022, 46 countries (31 of them in Europe) had lifted all COVID-19 travel restrictions. Every week, destinations worldwide continued to remove restrictions. In 2021, the UNWTO General Assembly approved the *International Code for the Protection of Tourists* (10), which provides a minimum set of international standards for the protection of tourists in emergency situations and tourist consumer rights. Harmonization of protocols and standards has helped to strengthen the response. There was, however, a need to step up mechanisms for coordinating international mobility, including travel-related risk assessments, travel documents, and health and safety protocols. Communication and coordination were also considered key to ensuring updated, transparent, and reliable data for travellers.
Montenegro provided an example of the importance tourism plays in the economy of the country, where it accounts for 25% of the GDP. To this end, contingency plans and diversified revenues are necessary, along with a healthy tourism sector. There is huge potential for health tourism and the creation of a tourism sector that thrives all year round. Thus, sharing experiences and challenges within the SCI, and building capacity, will be pivotal to success in the future.

The experience of the Caribbean in working to promote health and tourism was also shared. As the most tourism-dependent region in the world, strengthening the capacity of the health and tourism sectors has been critical to the Caribbean economy. In 2014, with epidemics of Chikungunya and Zika, and recognizing the unique vulnerability of its people and communities, the Caribbean Public Health Agency launched a programme to address the challenges posed by emerging and existing health threats. The approach was multifaceted, aiming to address health, safety, and environmental challenges, and strengthen the preparedness and response capacity needed to face public health threats related to tourism. The programme brought together the public and private sectors and included a tourism-and-health information system that captures episodes of illness in real time. Over the last two years (2021–2022), 10,000 health and tourism stakeholders have been trained in using the system, and new hospitality, health, safety, and environmental standards developed. The most important components of the programme are partnership development and public- and private-sector collaboration. Development of the programme required strong stakeholder agreement and the leadership of ministers of health and heads of state, with the support of a steering group that includes public and private partners. The procurement of funding from various donors and the development of policy to ensure reporting from all sectors were also crucial.

Discussion – Session V

It was noted that, while the impact of COVID-19 has been significant and saving lives was important, securing livelihoods was critical. Prior to the pandemic, links between health and tourism had been viewed mainly through a medical-tourism lens.
The small countries acknowledged that they themselves were responsible for providing safe tourism and that, while this required a shift in thinking, there was huge potential for developing tourism around health. This includes ecotourism, tourism promoting healthy and active lifestyles, rehabilitation tourism, medical tourism, and beyond. It was noted that this approach would also enable the possible extension of the traditionally short tourism season from four months a year to all year round.

“The pandemic made us realize how vulnerable we are as a small-island state. With tourism largely contributing directly and indirectly to our GDP, we need systems/solutions to put health at the centre of sustainable tourism in order to save lives and livelihoods.”

Peggy Vidot
Minister of Health of Seychelles

Countries identified that they were still in a period of transition and seeking ways of building back better. They noted that there were opportunities for continued joint action, for example, to strengthen the harmonization of risk assessments, further harmonize and implement consumer standards, and ensure updated, transparent and reliable data. The timing was opportune as dialogue on the measures needed to address different health issues was increasing. Initiatives, such as those presented by the Caribbean Public Health Agency, illustrated innovative approaches to monitoring and addressing potential threats and risks and strengthening health tourism through a regional platform. Such approaches not only reassure travellers, but also enable countries to protect their citizens. Travellers are increasingly interested in destinations with strong health systems and, therefore, it is in the interest of the tourist industry to meet this demand. This entails the presence of a healthy and strong workforce, and coordination across the different sectors to ensure ease of travel and movement, a good primary-health-care structure, and the ability of the services to respond to all ecosystems. Tourism provides livelihoods for a large proportion of the population. Therefore, social-protection floors and the registration of employees in government systems are critical to ensuring the stability and longevity of the sector. While the countries noted that a one-size-fits-all approach does not work, they identified the SCI platform as a crucial space for sharing experiences and adapting best practice (Box 6). Many countries echoed the statement that there is no tourism without health.

“For Andorra, health also means security for all – for tourists, populations, and workers.”

Helena Mas
Secretary of State of Andorra
Box 6. Excerpt from the Montenegro Statement

“We recognize that health and tourism are deeply interconnected in a globalized world, and reopening travel and tourism is crucial for economic recovery, jobs and livelihoods in the small countries. Cooperation and collaboration are required to ensure protection against health emergencies and global risks, adjust to transitions and shocks, manage and recover from adverse conditions, and better address change and uncertainty. We welcome and support the creation of a coalition of partners on health and tourism, jointly coordinated by WHO Regional Office for Europe and the United Nations World Tourism Organization (UNWTO), to elaborate evidence of the need for policy measures and facilitate intercountry dialogue. We invite the proposed coalition to report on its deliberations at the Ninth high-level meeting of the SCI” (Annex 1).

Session VI. Towards better health and well-being in the small countries in the WHO European Region

From left to right: Hans Henri P. Kluge, WHO Regional Director for Europe; Hans Henri P. Kluge, WHO Regional Director for Europe, and Dragoslav Šćekić, Minister of Health of Montenegro; Dragoslav Šćekić, Minister of Health of Montenegro.

Aim: to endorse the Montenegro Statement and launch the Roadmap for better health in small countries of the WHO European Region.

Building on the core priorities and flagships of the European Programme of Work (EPW) (11), and the unique priorities of the SCI countries, the Montenegro Statement was endorsed, and the first-ever regional strategy for small countries, the Roadmap towards better health in small countries of the WHO European Region, 2022–2025 (1), launched.

It is envisaged that the Roadmap (1) will contribute to rethinking health across policy sectors and serve as a guide to pursuing agile transformation and innovation. It focuses on areas where small countries need support, such as governance for longer-term emergency preparedness and response, HRH, and sustainable public financing for health, including healthy tourism. It aims to ensure that health and well-being are central to political agendas, advocate the needs of small countries at the regional and international levels, promote investment for
health and well-being, build a solutions platform for better health and resilient health systems, and measure progress made. Based on the three pillars of the EPW (11), the Roadmap (1) will support the SCI countries in continuing their transition to a sustainable and coordinated response, recovery, and control, and encourage stronger political, technical, and resource-related cooperation (Box 7).

**Box 7. Excerpt from the Montenegro Statement regarding the 2022-2025 Roadmap**

“We welcome the objectives, priority areas and work modalities of the Roadmap towards better health in small countries of the WHO European Region, 2022–2025 as a valuable instrument for delivering the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”, and agree to cooperate to ensure its implementation.

“We suggest increasing SCI interaction with subregional groups of countries and regional bodies in other WHO regions to exchange innovation and experiences towards achieving a healthier and more resilient future for current and future generations” (Annex 1).

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**First meeting of the communications hub of the small countries (online)**

Communications experts from ministries of health in eight of the countries participating in the Small Countries Initiative met virtually to discuss the outcomes of the Eighth high-level meeting of the Small Countries Initiative as a first step in building capacity around communication, and to identify regional and national channels of dissemination. As this was the first meeting of the SCI Communicators Network, the participants committed to building a strategy for strengthening communications among the SCI countries. They also discussed relevant ongoing communications projects in the countries, provided knowledge around communications challenges and successes, and proposed ways of developing tools to give communicators a united voice and a more significant reach.
As evidenced by the COVID-19 pandemic, the economies of small countries can be particularly vulnerable to shocks. As a result, they face a shortage of health workers, inequitable access to medicines and vaccines, and an increase in noncommunicable diseases and mental-health problems. During the pandemic, social and economic development was delayed as a result of restrictions on tourism and movement, which put a significant burden on domestic resources. To address these issues and ensure resilient economies in the future, health systems must be strengthened through political commitment and investment. The ability to strengthen systems in this way requires trust, transparency, and solidarity. Experience in the SCI countries highlighted that those with higher levels of trust are better able to mobilize political and social support, secure funding, and build communication channels within and between borders.

To date, the focus of SCI has been on: identifying the most immediate areas of need; addressing short-term priorities for a stable recovery, leaving no one behind; addressing shared priorities related to national health plans, using EPW (11) as an overarching policy framework; and disseminating good practice.

The Montenegro Statement (Annex 1) and the Roadmap towards better health in small countries in the WHO European Region 2022-2025 (1) will support the small countries in placing health and well-being high on their key political agendas, advocating their needs at the regional and international levels, promoting investment for health, and measuring progress to inform future decisions.

According to a proposal made by San Marino, the SCI will develop a workplan on, and further support participating countries in transforming primary health care; strengthening HRH, ensuring longer-term sustainable health financing; and improving access to medicines,
mental-health services and innovative digital-health technologies. Understanding their shared reliance on tourism, they will collectively strengthen links between health and tourism as outlined in the policy brief on putting health at the heart of tourism development in small countries of the WHO European Region (2).

It was announced that the Ninth high-level meeting of the Small Countries Initiative would be held in Luxembourg on 11–12 May 2023.

From left to right: Paulette Lenert, Minister of Health of Luxembourg; Dragoslav Šćekić, Minister of Health of Montenegro; Hans Henri P. Kluge, WHO Regional Director for Europe.
References


Unless otherwise indicated, all references accessed 30 September 2022.
Annex 1. The Montenegro Statement

Towards better health and well-being in Small Countries in the WHO European Region: the Montenegro statement

Eighth high-level meeting of the Small Countries Initiative, 2–3 June 2022, Bečići (Budva), Montenegro

We, the Ministers and high-level delegates of the 11 Member States in the WHO European Region with populations of two million and less, met in person in Budva, Montenegro, on 2–3 June 2022 to attend the Eighth high-level meeting of the Small Countries Initiative (SCI): Towards better health and well-being in small countries of the WHO European Region. We meet at a time when the European Region is facing war in Ukraine and its enormous consequences; an ongoing pandemic; economic recession; and an ever-growing demand on national health systems. With great concern, we observe the impacts of these challenges on our people, prosperity, partnership, peace and our planet.

At this Eighth high-level meeting of the SCI, we agreed on the following key points:

1. We welcome the objectives, priority areas and work modalities of the Roadmap towards better health in small countries of the WHO European Region, 2022–2025 as a valuable instrument delivering the European Programme of Work, 2020–2025 – “United Action for Better Health”, and agree to cooperate to ensure its implementation.

2. We recognize that dealing effectively with multiplying, complex and multidimensional threats requires a strengthened health governance approach to provide timely emergency preparedness and response, health security, service delivery, access to medicines, innovation in digital health, social protection and an optimal coordination between systems, services and functions. Recognizing the diversity of our countries, we agree to work together to strengthen leadership capacity and support each other in emergency response and recovery.

3. We underscore that health financing must be sufficient, stable and predictable, and equitably generated to meet health care needs. Small countries vary widely in their fiscal capacity to secure sustainable public financing for health. Where spending is insufficient, we will aim to increase it to levels commensurate with health care needs. Spending more on health from public budgets is also an important tool for protecting households from experiencing financial hardship. We agree to continue to design appropriate coverage policies to protect people from experiencing financial hardship and any unmet need for health care. We request the WHO Regional Office for Europe to work together with the SCI countries to analyse financial protection, coverage policy and budgetary space for health, facilitate evidence-informed policy dialogue, and support the SCI countries where needed.

4. We reaffirm the critical role our health and care workers have played during the COVID-19 pandemic and the importance of strengthening our workforces to build more resilient health systems. We underscore the need to make health–workforce planning and supply capability a priority so that, by 2025, all small countries will have developed and implemented national strategies for human resources for health. The SCI Working Group on Human Resources for Health in Small Countries in the European Region will continue to take this process forward and target country support and action across the SCI network.

5. We recognize that health and tourism are deeply interconnected in a globalized world, and the reopening of travel and tourism is crucial for economic recovery, jobs and livelihoods in small countries. Cooperation and collaboration are required to ensure protection against health emergencies and global risks, adjust to transitions and shocks, manage and recover from adverse conditions, and better address change and uncertainty. We welcome and support the creation of a coalition of partners on health and tourism, jointly coordinated by the WHO Regional Office for Europe and the United Nations World Tourism Organization (UNWTO), to elaborate the evidence for policy measures and facilitate country dialogue. We invite the proposed coalition to report on its deliberations at the Ninth high-level meeting of the SCI.

6. We suggest increasing the SCI interaction with other subregional groups of countries and regional bodies among WHO regions to exchange innovation and experiences to achieve a healthier and more resilient future for current and future generations.
Annex 2. Programme

Thursday 02 June 2022

Opening of the meeting

Dragoslav Šćekić, Minister of Health, Montenegro; Hans Henri P. Kluge, WHO Regional Director for Europe

Session I. Strengthening health-system governance for prevention, preparedness and recovery

Aim
To discuss:
• the key lessons learned from COVID-19 for health-system governance
• how small countries can generate trust for health-system resilience in stakeholders and partners

Presentations
• *What are the effective governance strategies for strengthening health-system resilience?* (Matthias Wismar, European Observatory on Health Systems and Policies)
• *Creating trust in population for addressing pandemics effectively* (Chris Fearne, Deputy Prime Minister and Minister of Health, Malta)
• *Socioeconomic determinants in the COVID-19 pandemic response: are we all equal?* (Paulette Lenert, Minister of Health, Luxembourg)

Panel discussion among delegation heads (Facilitator: Josep Figueras Marimont, European Observatory on Health Systems and Policies)
• Has your country effectively implemented those strategies?
• What would you do differently? If so what and how?

Panellists
• Michael Hadjipantela, Minister of Health of the Republic of Cyprus
• Willium Þór Þórsson, Minister of Health, Iceland
• Roberto Ciavatta, Minister of Health, San Marino
• Helena Mas, Secretary of State, Andorra

Discussion
• Heidi Alasepp, Deputy Secretary General on Health, Estonia
• Igor Galić, Institute of Public Health, Montenegro

Concluding remarks
• Hans Henri P. Kluge, WHO Regional Director for Europe
Session II. Creating resilient integrated systems for health security

Aim
• to update ministers and delegations on concepts, lessons learned, tools and innovations on health-emergency and governance concepts
• to obtain feedback on the adaptability of the approaches to small countries

Presentations
• Strengthening health security: from global consensus to coordinated actions (Ihor Perehinets, WHO Regional Office for Europe)
• What is needed for a resilient integrated health-emergency management system to support health security? (Tina Endericks, UK Health Security Agency) (online)
• Lessons learned from outbreak preparedness and response in the Netherlands: Ebola and COVID-19 (Corien Swaan, National Institute for Public Health and the Environment (RIVM), Netherlands) (online)

Feedback from Member States and institutions
• Nebojsa Sekulić, Institute of Public Health, Montenegro
• Michael Hadjipantela, Minister of Health of the Republic of Cyprus

Concluding remarks
• Ihor Perehinets, WHO Regional Office for Europe

Session III. Mobilizing and supporting the health workforce

Aim
To discuss:
• the key lessons learned from the COVID response with regard to the health workforce
• ways of integrating the lessons learned into a sustainable health-workforce strategy that is under implementation

Presentation
• Lessons learned from the COVID-19 response and the way forward on human resources for health (Tomas Zapata, WHO Europe)

Discussion among Member States (Moderator: Natasha Azzopardi Muscat)
• How has the pandemic changed your priorities for HRH policy and planning?
• What are the most important areas for continued policy action? How best to support the health and well-being of the health workforce?
• What are your plans for the future?

Panel discussion
Panellists
• Willum Þór Þórsson, Minister of Health, Iceland
• Paulette Lenert, Deputy Prime Minister and Minister of Health of Luxembourg
• Chris Fearne, Deputy Prime Minister and Minister of Health, Malta

Concluding remarks
Session IV. Mobilizing financial resources

Aim
To address:
• how health systems can demonstrate that they are worthy of additional investment

Presentations
• What makes a well-performing health-financing system? (Jon Cylus, European Observatory on Health Systems and Policies and the Barcelona Office for Health System Financing)
• Prioritizing health spending? (Aleksandar Damjanović, Minister of Finance, Montenegro)

Panel discussion among delegation heads (Moderator: Jon Cylus, European Observatory on Health Systems and Policies and the Barcelona Office for Health System Financing)
• Does your country meet the key objectives of health financing? Why or why not? Have you managed to create budgetary space (either through more spending or reallocating spending) to cover the costs of new innovations and address the most vulnerable?
• How does your country decide how much money to spend on health?
• How do you demonstrate that your health system needs more budget?

Panellists
• Roberto Ciavatta, Minister of Health, San Marino
• Isabelle Rosabrunetto, Vice-Minister, Ministry for Foreign Affairs and Cooperation, Monaco
• Heidi Alasepp, Deputy Secretary General on Health, Estonia
• Gregor Presker, Ambassador, Embassy of the Republic of Slovenia in Podgorica, Montenegro
• Michael Hadjipantela, Minister of Health of the Republic of Cyprus
• Indra Dreika, Secretary of State, Latvia

Concluding remarks
• Hans Kluge, WHO Regional Director for Europe
• Dragoslav Šćekić, Minister of Health, Montenegro

Friday, 03 June 2022

Session V. Promoting health and sustainable tourism in small countries

Aims
• to present the policy brief on putting health at the heart of tourism development in small countries of the WHO European Region
• to discuss how to get back to business, but not business as usual
• to identify priority joint action within SCI to promote health and tourism

Speakers
• Natasha Azzopardi Muscat, WHO Regional Office for Europe - Putting health at the heart of tourism development in small countries of the WHO European Region: policy brief
• Goran Durović, Minister of Economic Development and Tourism, Montenegro
• Patricia Carmona, UN World Tourism Organization
• Lisa Indar, Caribbean Public Health Agency (online)
Panel discussion among delegation heads (Facilitators: Chris Brown and Pavel Theodorakis, WHO Regional Office for Europe)
• Health is a prerequisite of tourism: how to make it happen?
• Which international, national and local mechanisms/incentives are required to promote health in the tourism sector?

Panellists
• Chris Fearne, Deputy Prime Minister and Minister of Health, Malta
• Peggy Vidot, Minister of Health, Seychelles
• Roberto Ciavatta, Minister of Health, San Marino
• Helena Mas, Secretary of State, Andorra
• Isabelle Rosabrunetto, Vice Minister, Ministry for Foreign Affairs and Cooperation, Monaco
• Frederico Guanais, Organization for Economic Co-operation and Development (online)

Discussion
• Michael Hadjipantela, Minister of Health of the Republic of Cyprus

Concluding remarks
• Hans Henri P. Kluge, WHO Regional Director for Europe
• Dragoslav Šćekić, Minister of Health of Montenegro

Session VI: Towards better health and well-being in small countries in the WHO European Region

Aims
• to endorse the Montenegro Statement
• to launch the Roadmap for better health in small countries of the WHO European Region
• to announce the next high-level meeting of SCI

Brief presentation of the statement
• Comments by heads of delegations

Information corner
• A strategy for collaboration between WHO Regional Office for Europe and Member States in the WHO European Region

Meeting of SCI Communicators (online)

Aim
• to discuss the outcome of the Eighth high-level meeting of the Small Countries Initiative
• to agree on next steps for the SCI communicators network next steps
Annex 3. Participants

**Andorra**
Helena Mas Santuré  
Secretary of State of Health  
Ministry of Health

Josep Romagosa Massana  
Public Health Officer  
Promotion, Prevention and Health Surveillance Unit, Ministry of Health  
Statistics Department, Ministry of Finance

**Cyprus**
Michael Hadjipantela  
Minister of Health  
Ministry of Health

Georgios Savva  
Public Health Officer  
Ministry of Health

**Estonia**
Heidi Alasepp  
Deputy Secretary General on Health  
Ministry of Social Affairs

Elen Ohov  
Advisor  
European Union Affairs and International Cooperation Department  
Ministry of Social Affairs

**Iceland**
Sigrurður Jónsson  
Political Advisor to the Minister of Health  
Ministry of Health

Ásta Valdimarsdóttir  
Permanent Secretary  
Ministry of Health

Willum Þór Pórrsson  
Minister of Health

**Latvia**
Eliza Berzina  
Director  
Department of European Affairs and International Cooperation  
Ministry of Health

Indra Dreika  
Secretary of State  
Ministry of Health

**Luxembourg**
Thomas Dentzer  
International Affairs  
Directorate of Health
Paulette Lenert  
Vice-Prime Minister  
Government of Luxembourg  
Minister of Health

Jean-Claude Schmit  
Chief Medical Officer  
Directorate of Health

Laura Valli  
International Affairs/Communication  
Ministry of Health

**Malta**  
Walter Busuttil  
Chief Medical Officer  
Ministry of Health

Paula Cauchi  
Advisor and Communications person, Office of the Deputy Prime Minister  
Government of Malta, Ministry of Health

Hon. Chris Fearne  
Deputy Prime Minister  
Government of Malta  
Minister of Health

**Monaco**  
Alexandre Bordero  
Director  
Department of Health Affairs  
Ministry of Health and Social Affairs

Isabelle Rosabrunetto  
Vice-Minister  
Ministry for Foreign Affairs and Cooperation

**Montenegro**  
Tatjana Boljević  
Independent Advisor on Public Relations  
Ministry of Health

Sladana Ćorić  
Director General  
Directorate for Health Protection, Pharmacology and Regulated Professions  
Ministry of Health

Luka Đukanović  
Director General  
Directorate for Projects (IPA), Innovations, and Health Tourism  
Ministry of Health

Mirjana Duranović  
Head of Department  
Department for International Cooperation  
Ministry of Health
Slobodan Mandić
Director General
Directorate for Quality Control of Health Protection, Improvement of Human Resources in Health, and Regulatory Bodies
Ministry of Health

Vladimir Obradović
State Secretary
Ministry of Health

Jelena Pavićević
Independent Advisor on Public Procurements
Ministry of Health

Srdjan Pavićević
Committee for Health, Work and Social Care
Parliament of Montenegro

Jelena Rabrenović
Independent Advisor on Public Relations
Ministry of Health

Milena Šćekić
Independent Advisor
Ministry of Health

Dragoslav Šćekić
Minister of Health
Ministry of Health

Aleksandar Sekulić
Director General
Directorate of Digital Health
Ministry of Health

Lazar Vlaović
State Protocol
Government of Montenegro

Željka Vulanović
Independent Advisor
Ministry of Health

Ivana Živković
Director General
Economic Affairs and Development Cooperation

San Marino
Roberto Ciavatta
Minister of Health and Social Security
Ministry of Health

Claudio Muccioli
Director
Health Authority of San Marino
Ministry of Health
Seychelles
Bernard Valentin
Principal Secretary for Health
Ministry of Health of Seychelles

Peggy Vidot
Minister of Health
Ministry of Health of Seychelles

Slovenia
H.E. Gregor Presker
Ambassador of the Republic of Slovenia in Montenegro
Ministry of Foreign Affairs

International Organizations
Patricia Carmona Redondo
Programme Officer
Market Intelligence and Competitiveness Department
World Tourism Organization (UNWTO)

Frederico Guanais
Deputy Head
Health Division
Organization for Economic Cooperation and Development (OECD)

Invited speakers
Aleksandar Damjanović
Minister of Finance
Ministry of Finance

Goran Đurović
Minister of Economic Development and Tourism
Ministry of Economic Development and Tourism of Montenegro

Tina Endericks
Head of Global Health Security, Global Operations
Head of WHO Collaborating Centre for Global Health Security
UK Health Security

Igor Galić
Director
Institute of Public Health of Montenegro

Lisa Indar
Director
Surveillance, Disease Prevention and Control Division
Head of the Regional Tourism and Health Program (THP) and Foodborne Diseases
Caribbean Public Health Agency (CARPHA)
Trinidad and Tobago

Nebojša Sekulić
Epidemiology Specialist
Institute of Public Health of Montenegro

Corien Swaan
National Institute for Public Health and the Environment (RIVM)
National Coordination Centre for Outbreak Management (LCI)
Božidarka Rakočević  
Epidemiology Specialist  
Institute of Public Health of Montenegro

**Invited guests**

Peter Lundberg  
UN Resident Coordinator to Montenegro  
United Nations – Montenegro UN Eco House

Ljiljana Radulović  
Director  
Clinical Center of Montenegro

Zoran Terzić  
Medical Director  
Clinical Center of Montenegro

H.E. Christian Thimonier  
Ambassador  
Embassy of the Republic of France

Audrone Urbonaviciute  
Deputy Head of Cooperation  
Delegation of the European Union to Montenegro

H.E. Robert Weber  
Ambassador  
Embassy of the Federal Republic of Germany

**WHO Regional Office for Europe**

Natasha Azzopardi Muscat  
Director  
Division of Country Health Policies and Systems

Mina Brajovic  
Head  
WHO Country Office, Montenegro

Chris Brown  
Head  
WHO European Office for Investment for Health and Development  
Division of Country Health Policies and Systems

Amy Jo Collins  
WHO Temporary Advisor (Rapporteur)  
WHO European Office for Investment for Health and Development  
Division of Country Health Policies and Systems

Jonathan Cylus  
Hub Coordinator  
EU/OBS European Observatory on Health Systems and Policies

Cristina Da Rold  
WHO Consultant for social media and communications  
WHO European Office for Investment for Health and Development  
Division of Country Health Policies and Systems
Gabrielle Jacob
RD Special Advisor
EUR/ORD Transformation and Organization Development RDD

Hans Henri P. Kluge
WHO Regional Director for Europe

Kristina Köhler
Liaison Officer
WHO Country Office, Estonia

Josep Figueras Marimont
Director
EU/OBS European Observatory on Health Systems and Policies

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Division of Country Health Policies and Systems

Leda Nemer
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Division of Country Health Policies and Systems

Lazar Nikolic
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Division of Country Health Policies and Systems

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WHO Consultant on Tourism and Health
WHO European Office for Investment for Health and Development
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Ihor Perehinets
Technical Advisor for Health Security
EU/WHE WHO Health Emergency Programme (WHE)

Darja Radovic
Business Operations Associate
WHO Country Office, Montenegro

Ramy Srour
Communications Officer
Division of Country Health Policies and Systems

Pavlos Theodorakis
Senior Advisor, Health Policy
WHO Regional Office for Europe

Matthias Harald Wismar
Programme Manager
EU/OBS European Observatory on Health Systems and Policies

Tomas Zapata
Regional Advisor
EU/CPS Division of Country Health Policies and Systems Health Workforce and Service Delivery
WHO Collaborating Centres
Neville Calleja
Co-Lead
WHO Collaborating Centre on Health Systems and Policies in Small States
Tina Endericks
Head
WHO Collaborating Centre for Global Health Security
UK Health Security
Hervé Raps
Physician Delegate for Research
Centre Scientifique de Monaco

FIRST MEETING OF THE COMMUNICATIONS HUB OF THE SMALL COUNTRIES

Andorra
Judit Pedros Caba
Second Press Officer of the Communication Cabinet
Government of Andorra

Cyprus
Konstantinos Athansiou
Ministry of Health
Alexandra Phasaria
Ministry of Health

Estonia
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Advisor on Media Relations
Ministry of Social Affairs

Latvia
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Head, Communication Division
Ministry of Health

Luxembourg
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Communications Expert
Directorate of Health
Julia Feilen
Head of Communications
Ministry of Health and Health Directorate

Malta
Paula Cauchi
Ministry Communications Officer
Office of the Deputy Prime Minister and Ministry of Health

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Tatjana Boljević
Public Relations
Ministry of Health
Tijana Mićović  
Head  
Import/Export Department

Dušanka Praščević  
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Department for International Cooperation

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Gorica Soković  
Public Relations, Clinical Center of Montenegro

Jelena Zonjic  
Head of Blood Donor Testing, Component Preparation and Distribution Department  
Institute for Blood transfusion

**San Marino**

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Communications Officer  
Government of San Marino

Alan Gasperoni  
Communications Officer  
Government of San Marino

Andrea Mularoni  
Communications Officer  
Government of San Marino
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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Italy
Kazakhstan
Kyrgyzstan
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Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
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