



QUESTIONNAIRE

Implementation of the SAMOA Pathway and the MSI, BPOA for the Sustainable Development of SIDS

Please note that strict word limits have been established for each question. The Secretariat is unable to consider any information beyond these established word limits. In this regard, you are requested to report only on new or updated information. Information conveyed in previous surveys will not be considered.

PART A VULNERABILITY REDUCTION AND RESILIENCE BUILDING IN SIDS

1. Enhanced Support for a resilient Post COVID 19 Recovery in SIDS

Vulnerability reduction and resilience building are critical issues that must be addressed by SIDS. Briefly elaborate on any resilience building interventions or strategies (proactive or preventative) that have been or are being implemented at national or regional levels that aim specifically at improving resilience in SIDS. Please include financial resources expended in this regard, if available (750 words).

Proposed UNFPA Response

Tailored interventions in all programme countries are geared towards accelerating progress through advancing the International Conference on Population and Development (ICPD) Programme of Action. **Thirty-six (36) small island developing States are covered by two multi-country programmes: 14 in the Pacific and 22 in the Caribbean and joint offices in the Atlantic, Indian and South China Sea regions.** UNFPA increased its support to small island developing States and multi-country offices, given their vulnerabilities and the impact of the COVID-19 pandemic. This prioritisation responded to the 2020 quadrennial comprehensive policy review and aligns with the Doha Programme of Action for LDC, and the SIDS Accelerated Modalities of Action (S.A.M.O.A.) Pathway.

In the context of the coronavirus (COVID-19) pandemic, SIDS were responding to other crises related to climate change such as drought; natural disasters such as volcanic eruptions and tsunamis. UNFPAs proactive and preventative interventions addressed a range of issues including response to and the recovery from the COVID-19 pandemic.

- In the **Pacific** region, capacity development training was rolled out to strengthen emergency preparedness for health pandemics and climate crises.
 - In the **Independent State of Samoa**, through the family planning in-service training, supportive supervision toolkit, adolescent and youth friendly services guidelines, national antenatal care guidelines for standard management of pregnancy and childbirth, and the midwifery curriculum revision.

- In the **Kingdom of Tonga**, UNFPA emergency assistance focused on sexual and reproductive health (SRH) service delivery and maternal health and psychosocial support. 3,618 women and girls received essential hygiene supplies.
- In the **Atlantic, Indian and South China Sea region**, during the pandemic, the Joint Office of UNDP, UNFPA, and UNICEF played an important role in reducing acute vulnerabilities and strengthening resilience.
 - In the **Republic of Cabo Verde**. In the health sector, the Joint Office supported the mobilisation of COVID-19 vaccines through the COVAX Platform and other channels. As a result, the country achieved one of the highest vaccination rates in Africa. This significantly contributed to national control over the pandemic situation and to the tourism recovery.
 - In the **Republic of Guinea-Bissau**, UNFPA-UNICEF-WFP came together with the UNRCO to implement an SDG-funded joint project, to support the government establish the building blocks for the development of a shock-responsive social protection system. UNFPA is also responsible for enhanced health service delivery in the Bijagos islands, one of the hardest to reach areas of the country and is hosting the monitoring evaluation.
 - In the **Republic of Madagascar**, in line with the Sendai Framework on Disaster Risk Reduction, UNFPA partnered with the Ministry of Health and other stakeholders to develop an action plan to strengthen the country's capacity to provide SRH responses in emergencies. This action plan was integrated into the national contingency plan. This integration is expected to strengthen the capacity of health personnel to respond to future health pandemics and climate crises.
 - In the **Union of the Comoros**, UNFPA supported state actors to respond to the need for continuity of reproductive health care and services, including family planning in 12 targeted districts in direct response to the increased number of gender-based violence cases, and supported vulnerable women and girls whose access to health services was limited due to the COVID-19 pandemic.
- In the **Caribbean region** there was emphasis on build resilience and minimising risk associated with natural and man-made disasters
 - The Common Operational Data-Population Statistics (COD-PS) was developed to ensure the most recent population estimates were available to reach the most vulnerable based on age-sex profiles. Gridded population estimates for all the countries in the region were generated using the estimates as well as population projections. These estimates were used to inform and position the response by humanitarian entities responding to the volcanic eruption in Saint Vincent and the Grenadines 2020-2021, as well as post eruption build-back better activities.
 - Similar to actions taken in the Republic of Madagascar in relation to integrating actions related to sexual and reproductive health into emergency response and preparedness, UNFPA is currently supporting the governments of **Belize**, **Jamaica**, the **Co-operative Republic of Guyana**, the **Republic of Suriname** and the **Republic of Trinidad and Tobago** to develop their respective National Health Sector Emergency Plans. Training of health and emergency personnel is a key component of this initiative.

2. Enhanced and Tailored Development Cooperation for SIDS

Improved, tailored development co-operation approaches, calibrated to the specific needs, capacity constraints, and economic challenges facing SIDS are necessary if SIDS are to effectively recover from the COVID Pandemic. Briefly elaborate on any planned or ongoing strategies/approaches to improve and deliver on more tailored development support to SIDS. What are the expected results from these interventions in the targeted countries? Please include indications of resource allocations if available (850 words)

Proposed UNFPA Response

Given the range of capacity constraints faced by small island developing states, UNFPA's interventions in the context of UNCTs, Joint Offices, mechanisms such as south-south cooperation, strengthened partnerships with non-state actors, and financing initiatives such as the Joint SDG Fund, supports SIDS to strengthen :

- understanding of population dynamics and development, including the interventions related to the climate change and population nexus for planning and emergencies.
- national statistical offices using population data, including population and household censuses, to understand population vulnerability and risk to climate change.
- social protection systems, such as in the health sector including Reproductive Maternal New-born Child and Adolescent Health (RMNCAH), maternal health outcomes of marginalised populations such as indigenous and afro-descendant populations.
- legal frameworks and programmatic interventions related to addressing gender inequality, with focus on GBV, women's empowerment and invest in girls, young people, and other marginalised groups.
- Humanitarian coordination

As a response to requests from six countries in the Pacific region for support to respond to and recover from the COVID-19 pandemic, UNFPA rolled out the 'Transformative Agenda for Women, Youth and Adolescents' program and utilised south-south cooperation mechanism to deploy midwives from the **Republic of Fiji to Republic of Vanuatu** to cater for the needs those in locations with high transmission of COVID-19 cases. This programme was supported by the government of Australia.

Secondly, upon the request by the **Republic of Marshall Islands** (RMI) Ministry of Health and Human Services, after the declaration of a State of Emergency following the first community transmission case of COVID-19 in the country in August 2022, UNFPA deployed a physician to RMI to address the specific COVID-19 related needs, through the UN Pacific Strategy Fund, supported by the government of **New Zealand**, in the context of the UN Pacific Strategy.

In the **Atlantic, Indian and South China Sea region**, in the **Republic of Cabo Verde**, the Joint Office's interventions led to the development of more inclusive and cost-effective policies to address GBV prevention and care. This additional impetus resulted in amendments of the Penal Code and the Code of Penal Procedure to strengthen the protection of victims and prosecution of perpetrators.

In the **Republic of Guinea-Bissau**, a health development partners' platform was established to better coordinate the response to COVID-19. In 2022, the platform was reconfigured to ensure continuity in the momentum generated during COVID, to jointly identify and address challenges, and to better support the government in its efforts towards health system strengthening.

In **São Tomé and Príncipe**, UNFPAs interventions as part of the UNCT resulted in progress in enabling environments to make progress on gender equality and the empowerment of women. In 2022, 36% of ministerial positions were held by women, and a Ministry for Women's Rights was established. Further, 14.5% of the National Assembly seats were won by women. In the same year, a Parity Law was approved by the National Assembly, which will significantly contribute to advancing gender equality. Finally, for the first time since the introduction of the multiparty system in the country in 1990, a woman was elected President of the National Assembly.

In the **Union of the Comoros**, the **Republic of Madagascar**, the **Republic of Mauritius** and the **Republic of Seychelles**, UNFPA as part of UNCT is supporting the elaboration of the UN cooperation framework to realise the achievement of the sustainable development goals through evidence-building for emerging priorities and strategies for the participation and inclusion of young people and women, promoting access to inclusive and equitable health services; harnessing the demographic dividend.'

Further, the Joint SDG Funds Programme 2022-2023 focuses on the Blue and Green Economies in the **Republic of Mauritius** and the **Republic of Seychelles**, through the development and implementation of policies and frameworks developed which are gender responsive. The aim of which is to facilitate the integration of the voices and experiences of women in the renewable energy sector in Mauritius and the circular economy in Seychelles. This is a collaborative effort between UNEP, UNDP, UNFPA and UNECA, local private sectors and academia.

Additionally, in the **Republic of Madagascar** and the **Union of the Comoros**, UNFPA, with the financial support of **Japan** and the private sector, is implementing projects in order to scale-up the access to lifesaving SRH, family planning, GBV services through innovative advanced mobile strategies and new technologies to reach and to assist the most vulnerable women and girls including those living with disabilities and Internally Displaced Persons affected by the drought, COVID-19 pandemic and unforeseen events.

In the **Caribbean region**, in 2022, through the Joint SDG Fund and its partners, UNFPA engaged young people from indigenous tribal peoples (ITPs) umbrella organisations to develop a work plan for the inclusion and implementation of adolescent SRH into policy guidance based on their knowledge and respective contexts. Further, the "Build Back Equal" UNFPA-UN Women joint initiative, funded by the government of **Canada**, to address barriers to economic empowerment of women, will strengthen legislative and policy frameworks for SRH, and improve capacity of government and civil society to provide quality family planning services in the **Commonwealth of Dominica**, **Grenada**, **Saint Lucia** and **Saint Vincent and the Grenadines**.

PART B

IDENTIFYING POLICY PRIORITIES IN SIDS FOR THE NEW AGENDA

The SAMOA Pathway contains a number of action areas which require policy formulation, programmes or projects to be implemented at national, sub regional and/or regional levels. While SIDS have made a fair amount of progress with actioning these over the last decade, a number of gaps remain. As the international community prepares for the 4th International Conference on SIDS, what are the key priority policies, programmes and projects that are needed to further advance the SIDS development agenda and why? (750 words)

[Proposed UNFPA Response](#)

The 2023 special edition of the report of the Secretary-General, “Progress towards the Sustainable Development Goals: Towards a Rescue Plan for People and Planet”, notes that “...only about 12% are on track; close to half, though showing progress, are moderately or severely off track and some 30% have either seen no movement or regressed below the 2015 baseline.” The progress for SIDS across the regions is mixed, uneven, and lagging behind.¹

Unfinished agenda

As interventions respond to gaps in implementation in SIDS which are also high-income countries, MICs and LDCs. The new development framework for SIDS should account for key actions required to promote social and economic development through human capital, inclusion and mobility, reduction of inequalities, and the eradication of extreme poverty. The following issues which remain relevant and unfinished as noted in the S.A.M.O.A. Pathway, particularly given the socio-economic impacts of the recent COVID-19 pandemic, also need to be addressed:

- Health and non-communicable diseases
- Gender equality and women’s empowerment
- Promoting peaceful societies and safe communities
- Disaster Risk Reduction
- Data and Statistics
- Implementation of the ICPD agenda

Data and Statistics

Timely, high-quality, and disaggregated population and development data, the bedrock for effective and evidence-based policy design, implementation, monitoring, and evaluation, for climate change preparedness, early warning and responses, has long been a major challenge to be addressed by SIDS. Data obtained from a fully functional national statistics system should comprise of population and housing censuses, household surveys as well as complete and continuous administrative registers. With the modernization process of data collection, there is an increasing availability of “geo-referenced” census and survey data, which provide opportunities to evaluate who constitutes populations in vulnerable situations, in relation to exposure to negative climate change impacts based on socio-economic and demographic characteristics, such as older persons, children, pregnant women, people with disabilities, people living in poverty, and map where are they located at subnational and local levels. Therefore, investments in [population data portals](#) with the support of the international community are required.

SIDS continue to require targeted interventions geared towards making progress across the SDGs noted in Part I with an emphasis on SDG 3, 4 and [5](#) and 11. Actions are also needed to support [monitoring efforts to meet the following SDG targets](#):

- 5.6.1
- 5.6.2
- 11.a.1

Human Capital and Well-being

Targeted interventions are required to make progress on **SDG 3** “Good health and well-being” for example, the Pacific region scores the lowest among all the regions in the world on the Universal Health Coverage index. SIDS face chronic and systematic shortage of health

¹ [The 2030 Agenda: Are Latin America and the Caribbean on Track to Achieve the Sustainable Development Goals by 2030?](#)
[Asia-Pacific not on track to achieve any Sustainable Development Goal by 2030](#)

professionals, and a lack of qualified health professionals due to frequent turnover of trained staff especially due to emigration of specialised staff. Similarly, making progress on the S.A.M.O.A. Pathway priority on Health, Pacific member states will require:

- the strengthening of overburdened and under-resourced primary health care systems, especially in rural and remote areas.
- adequate financial investment in the education and training of specialised human resources to provide quality RMNCAH services.
- investment in regular supportive supervision and mentoring to improve quality of care.
- integration of sexual and reproductive health (SRH) and gender-based violence (GBV) prevention and response in national disaster-risk reduction plans, climate change adaptation or resilience-building strategies.

Targeted interventions are also required to make progress on **SDG 5** “Gender Equality.” Various factors contribute to the high prevalence of gender-based violence (GBV). Therefore, in relation to the SAMOA Pathway’s priority on Gender Equality and Women’s Empowerment, SIDS would benefit from

- accelerated inclusion of the Domestic Violence module into the Multiple Indicator Cluster Survey (MICS) for cost effectiveness and implementation before the SDG target year of 2030.
- investments in GBV administrative data systems with enhanced multi-sectoral coordination, to sustain and update GBV data and track the effectiveness and efficiency of essential GBV prevention and response services; and
- evidence generation, analysis and measurement of the impacts and changes related to social and gender norms.

As it relates to **disaster risk reduction**, SIDS continue to need to strengthen disaster preparedness and emergency response, and resilience building particularly for those most vulnerable and hardest-to-reach including women and adolescent girls, displaced persons, elderly, and persons with disabilities, considering their specific needs for sexual and reproductive health (SRH) and GBV services.