



MESSAGE FROM THE MINISTER OF HEALTH

This is the third Health Sector Plan following the Health Sector Strategic Plan 1998-2003 and the Health Sector Plan 2004-2008. This Health Sector Plan covering the years 2008-2018 comes at a time when the fruits are coming to bear of the health sector reform, which emanated from the Government reform through the Public Service Institutional Strengthening Program since 1998. This period sees the implementation of the restructuring of the former Ministry of Health into two entities: the Ministry of Health (the Ministry) and the National Health Service (the NHS).

The Ministry concentrates on legislative and regulatory directions for the health sector. This includes policy development, monitoring and evaluation of all public health services. The Ministry is also responsible for the new public health movement through health promotion and preventive programs.

The NHS is responsible for the delivery of clinical services from Government owned health facilities. This will contribute to achieving an inclusive sector approach to health in Samoa.

The rapid increase in private health service providers and growing recognition of the roles of NGOs, Traditional Healers, Communities and individuals in improving sustainable health outcomes has made it more urgent for the health sector partners to work together. There is a growing acknowledgement of the need to adopt a greater shared responsibility and commitment amongst partners in health in order to achieve a common vision of *A HEALTHY SAMOA*.

The increasing incidence of non communicable diseases affecting our people necessitates building competencies in health promotion and prevention that fully utilize genuine partnerships and health care provision. The emphasis will be focused strongly on health promotion and primordial prevention, primary, secondary and tertiary levels of health care. Partnerships involving individuals, communities and government agencies will ensure that health outcomes are achieved through the *Health Sector Plan* over this period.

Health promotion in the context of this health sector plan is community development in health: which encompasses functions like advocacy, mediation, enabling and empowerment for good health and quality health services. Health promotion acknowledges peoples own contribution to improving their health status through informed choices.

Partnership refers to the government and the sector providers sharing knowledge, resources and power in order to achieve good health and quality health care delivery services.

It is my firm belief that it is through genuine partnership that our vision of *A HEALTHY SAMOA* can become a reality.

A handwritten signature in black ink, reading 'Gatoloaifaana Amataga Alesana Gidlow'.

Gatoloaifaana Amataga Alesana Gidlow
HONORABLE MINISTER OF HEALTH



FOREWORD

The vision for ***A HEALTHY SAMOA*** dates back to Samoa's response to the "Health for All" goal of the *Alma Ata Declaration on Primary Health Care (1978)*; followed by the *Ottawa Charter on Health Promotion (1986)*; the *New Horizons in Health (1995)* for the WHO Western Pacific Region; and the *Pacific Health Ministers Yanuca Islands Declaration on Health in the Pacific in the 21st Century, (1995)*, which adopted the vision of *Healthy Islands*. The country level implementation of the *Healthy Islands' vision* was further endorsed in the *Tonga Commitment to Promote Healthy Lifestyles and Supportive Environments (2003)* and *Samoa Commitment (2005)* by Pacific Islands' Ministers of Health. Together with these is the realisation of the *Millennium Development Goals 2000-2015* and health related aspects of the *Pacific Plan 2005* while we embark on the achievement of Samoa's health goals as documented in the *Samoa Development Strategy 2005-2007*.

Samoa continues to champion collective action amongst sector partners in order to implement the primary health care and health promotion strategies as a means of achieving the vision of our Pacific Islands Health Ministers. Partnership is acknowledged as the way forward to achieving ***A HEALTHY SAMOA***. Continuing collaboration amongst sector partners and stakeholders to promote health and healthy lifestyles is vital to attaining our vision.

The challenges for the sector in practically translating the idea of Partnership as defined by the Minister of Health involves *Networking* – the exchange and linking of information for mutual benefit; *Coordination* – the exchange of information and the subsequent altering of activities for a common purpose; *Cooperating* – the exchange of information, altering of activities and the sharing of resources for a common purpose. *Collaboration* – involves all of the above plus a willingness to realize the capacities of each other in health.

It is crucial that the sector has a common vision, shared values and principles and a commitment to work together to achieve these.

Lastly the Ministry of Health as the ***Regulator*** of health will articulate the coordination of the sector in legislative, policy compliance, partnership agreements and collective action. In this way the sector partners will in turn strive for higher standards of performance.

Palanitina Tupuimatagi Toelupe
Chief Executive Officer
MINISTRY OF HEALTH

ACKNOWLEDGEMENT

We wish to acknowledge with sincere gratitude the contribution of our sector and development partners in the formulation of the *Health Sector Plan 2008 - 2018 (the Plan)*. *The Plan* has also benefited greatly from contributions and editions by the Ministry of Health Management and the Samoa Health Project advisors.

The Sector Wide Approach (SWAp) model for the health sector of Samoa is premised on genuine partnerships with sector partners and stakeholders as the key ingredient to achieving *the Plan's* vision with the Ministry of Health as focal point for the health sector.

The strategy is a realistic and holistic approach given the challenges of the sector, mainly:

- Rapid and new emerging health issues
- Funding constraints
- Limited physical and human resources

The complete list of sector and development partners that were consulted and contributed to the development of the *Health Sector Plan* is attached as Annex 2.

INTRODUCTION

The *Health Sector Plan 2008 – 2018* for Samoa is founded on the Government of Samoa's (the Government) priorities through *Samoa's Strategy for Development* (SDS). Although the SDS is a three year planning document, *the Plan* reflects national health priorities currently and in the immediate future. For the last two triennia, Government identified health as one of its focus priority areas. The *SDS 2005 – 2007* identified five main goals for the health sector:

- strengthening **health promotion**¹ and prevention programs;
- developing skilled human resources;
- improving health facilities and equipment;
- financing health services; and
- strengthening the Ministry to realize...

...the Government's overall vision of "*For Every Samoan to Achieve a Better Quality of Life*"².

This is the third Sector Plan undertaken by the Ministry since the start in 1998 of the public sector reforms. Building on the strength of the previous two plans, this Plan seeks to not only address but to also realise Government's vision of "*A Healthy Samoa*".

The Health Sector Situational Analysis (May 2006) commissioned by the Ministry of Health reaffirmed that the health sector of Samoa is facing challenges to the provision and continued development of health care services and health promotion services³. Focus will be directed towards addressing the changes in population structure, economics and settlement needs for sectoral planning of distribution, modality and configuration of health services. The concern about equity in health services access and status will continue to be actively addressed.

Several government agencies have expressed interest in supporting health. There is willingness from the private and community based agencies to build on partnerships to support the health sector. Health promotion must be strengthened and partnerships capitalized upon. The capacity of the Ministry needs to be strengthened and orientated to support partnerships with these agencies. Moreover, the planning, monitoring and evaluation capabilities of the Ministry will be further strengthened to manage the roles and responsibilities inherent in the reorientation of the health services towards outsourcing, contracting and advocacy for multi - sectoral approaches to health. The ongoing demand for improved quality service delivery requires increased and innovative approaches for better solutions.

The willingness of health sector partners to collectively give life to this Plan will not only enhance its principle purpose but will also foster a positive environment in achieving its outcomes. The Plan promotes the understanding that health is a human rights issue and is every individual's responsibility.

The Ministry of Health as the mandated regulatory authority is responsible for the successful coordination of the *Health Sector Plan*. *The Plan* targets the concerns of the Government and the people of Samoa. It was widely consulted with Government agencies, private health care providers, civil societies, non-governmental and community based organizations including religious bodies and village representatives of both Upolu, Savaii, Manono and Apolima.

¹ Ministry of Health addition to make SDS current and in line with the health reforms
² SDS 2005 – 2007, pg i
³ Health Sector Situational Analysis, May 2006

VISION

'A HEALTHY SAMOA'

Defined as a place where:

- Children are nurtured in Body, Mind and Spirit,
- Environments invite learning and leisure,
- People work and age with dignity,
- Ecological balance is a source of pride and,
- The Ocean that surrounds us is protected for future generations.

Adopted from the Pacific Health Ministers,
*Pacific Health Ministers Yanuca Declaration On Health in
The Pacific in the 21st Century (1995)*

Although slightly reworded, the Vision of the sector remains the same as that of the first two Health Sector Strategic Plans 1998 – 2003 and 2004 – 2008. This is a sector specific vision of the national vision – ‘*For every Samoan to achieve a better quality of life*’⁴.

This Plan focuses on the health sector, which can, if it works effectively and cohesively, make a substantial contribution to a healthy Samoa. The health sector will also need to work in close partnership with other sectors to achieve this Vision.

⁴ SDS 2005 - 2007

MISSION

'TO REGULATE
AND
PROVIDE QUALITY,
ACCOUNTABLE AND
SUSTAINABLE HEALTH
SERVICES
THROUGH PEOPLE
WORKING IN PARTNERSHIP.'

PRINCIPLES

In achieving our Mission, the sector will be guided by the following Principles:

☞ Accountable governance in health

- Striving for improved, transparent and accountable capacity of individuals, families, communities and the country to look after and protect health and well being.

☞ Sharing

- Encouraging technical reciprocity through multi-sectoral and multi-disciplinary action for health.

☞ Accessibility

- Promotion of appropriate and affordable health services which enables equal access by all the people of Samoa.

☞ Affordability

- Addressing the health needs and health rights of the vulnerable members, communities and people.

☞ Cultural appropriateness

- Acknowledging cultural and religious differences with tolerance and respect

VALUES

The sector is committed to uphold the following values in achieving its Mission:

- genuine partnerships
- ava fatafata (fa'a-Samoa) and respect
- human rights
- quality leadership and stewardship

PRIORITIES

The *Health Sector Plan 2008 – 2018* has been developed in response to the Health Sector Situational Analysis, May 2006 (Situational Analysis), and previous Ministry of Health documents and reports.

In summary the Situational Analysis identifies four crucial areas of health challenges:

- Rapidly increasing levels of non communicable diseases, which will have major impacts on the health system, community mortality and morbidity and the economy of Samoa
- Importance of reproductive and maternal and child health for the long term health of the community
- Emerging and re-emerging infectious diseases
- Injury as a significant cause of death and disability

The Situational Analysis also stressed the importance of government's institutional reform processes underway with the realignment of roles and functions. This process needs to be completed and continuously developed into the future to strengthen governance of health systems, resource allocation and management, and health partnerships.

To respond to these challenges, this sector plan is based on six key strategies:

- strengthen health promotion and primordial prevention
- enhance quality health care service delivery including management of infectious diseases
- strengthen governance, human resources and health systems in the sector
- partnership commitment
- financing health services
- donor harmonization

STRATEGIES AND OBJECTIVES

For each of the six strategies, an objective has been specified to further explain what the sector plan is aiming to achieve. In addition a number of outputs have been identified to explain how this will be achieved.

1. Health Promotion and Primordial Prevention

Objective: To strengthen health promotion and primordial prevention

- √ Strengthen and build healthy public policies
- √ Improve environmental health
- √ Strengthen community action
- √ Build up personal life skills and healthy choices for individuals
- √ Continue strengthening reorientation of health services

2. **Quality Health Care Service Delivery**

Objective: To improve access to and strengthen quality health care delivery in Samoa

- ✓ Control and manage selected communicable (infectious) and non communicable diseases
- ✓ Improved reproductive, maternal and child health
- ✓ Improved health care physical infrastructure and equipment
- ✓ Implementation of professional and service standards
- ✓ Skilled and competent health professionals and support staff
- ✓ Accessibility and affordability of health care services and supplies
- ✓ Strengthened community integrated health care
- ✓ Essential clinical and diagnostic supportive health services
- ✓ Establish Consumer Complaints and Community Engagement for health care services

3. **Governance, Human Resource for Health and Health Systems**

Objective: To strengthen regulatory, governance, Human Resources for Health(HRH) and leadership role of the Ministry of Health

- ✓ Strengthened strategic linkages with other sectors and sector partners
- ✓ Increased accountability and transparency at all levels
- ✓ Increased availability of appropriately qualified and skilled health workforce
- ✓ Effective statutory bodies
- ✓ Evidence based policies, monitoring and regulatory frameworks
- ✓ Legislative framework in place
- ✓ Strengthened national educational institutions as a foundation of ‘self-help’ for health
- ✓ Health Systems Strengthened in Samoa and linked to regional and international initiatives

4. **Partnership Commitment**

Objective: To strengthen health systems through processes between the Ministry and health sector partners.

- ✓ Develop appropriate performance measurement indicators and contractual arrangements
- ✓ Promote and develop sectoral policies enhancing health impacts and opportunities
- ✓ Strengthen communication linkages and collaboration between all health service providers
- ✓ Equitable and quality health care service delivery

5. **Financing Health**

Objective: To improve health sector financial management and long term planning of health financing

- ✓ Improve equitable allocation of resources
- ✓ Strengthen financial management systems including procurement
- ✓ Long term financial health plan
- ✓ Develop appropriate financial sector policies

6. Donor Assistance

Objective: To ensure greater development of partner participation in the health sector

- ✓ Increasing country led donor participation in health
- ✓ Strengthen strategic linkages with donor funded regional and international programs

RATIONALE

The rationale for *the Plan* incorporates the global agendas as mandated by the Rome Declaration on Harmonisation⁵ (2003) and Paris Declaration on Aid Effectiveness⁶ (2005). Many a times, the lack of country level coordination is



perpetuated by development assistance fragmentation. This *Health Sector Plan* is an attempt to translate the current shift to a harmonious approach as a continuing response to the Government reforms and challenges ahead.

Under the climate of the public sector reforms in 1998 mandated by the Government of Samoa (GOS) which included the Ministry of Health, the shift towards a sector wide approach (SWAp) in health was inevitable.

There is compelling evidence⁷ of the need to better coordinate, better manage and improve quality of health promotion and health care service delivery in Samoa. It has also been recognized that public funded health institutions alone cannot cope with the increase in demand for better services as well as the increase in emerging health issues. Moreover, there has been a genuine shift from curative services to health promotion and preventative services due to the rise in chronic lifestyle diseases. The emphasis therefore has moved from the medical model to the health model⁸. The rapid changes and challenges in health issues necessitated new thinking into country leadership, institutional and management capacity, flow of resources, monitoring and evaluation of the health sector.

Equally important was external influence through the development cooperation agenda of donor harmonization largely driven by the Organisation for Economic Co-operation and Development⁹ (OECD). In recent years much development assistance has moved from the framework of the 'project' to that of multi-donor support to sector programs. This in turn is part of a wider shift in development thinking which focuses on the importance of developing consistent and effective policy frameworks at the macro and sectoral levels as a prerequisite for sustainable poverty reduction.

There is growing recognition of the need to strengthen health systems as the solution to existing and emerging challenges in health. The prevention and control of non communicable diseases is a case in point. This was endorsed at the Commonwealth Ministers' Health Meeting in Geneva (May, 2006). The WHO

Western Pacific Regional Committee Meeting in Auckland (New Zealand) on September 2006 further reaffirmed the need to strengthen health systems at the country level.

⁵ Rome Declaration on Harmonisation, Rome, Italy, February 25, 2003

⁶ Paris Declaration on Aid Effectiveness, Paris, 28 February – 2nd March, 2005

⁷ National and Ministry of Health reports on quality of health care and service delivery

⁸ Ottawa Charter on Health Promotion (1986), WHO New Horizons in Health (1995),

⁹ Rome and Paris Declarations see footnotes 4 & 5 above

The SWAp for quality health for Samoa will focus on:

- genuine and effective partnerships
- donor participation, coordination and contribution
- consistent collaborative planning, monitoring and evaluation arrangements
- human resource development for health (HRH) and skills transfer
- a Samoan perspective of health

LINKAGES

The Vision for the health sector was adopted from the Pacific Health Ministers' Yanuca Islands Declaration in 1995. The Vision adequately captures the strategic outcome the Government and the Ministry aspires to achieve for the people of Samoa. It also reinforces the Ministry's commitment to link its planning frameworks to the relevant regional and international initiatives to improve health. Some of the notable initiatives directly linked to this Plan are:

The Alma Ata and Primary Health Care Declaration (1978) expresses the need to transform and translate the concepts of primary health care into social, political and developmental context as an integral part of national health systems. Primary health care is seen as a health model involving universal and community based preventive and curative services with substantial community involvement. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. The crucial aspect of this Declaration is equity in allocation of resources so that the vulnerable groups will have better opportunities to minimize gaps between their health conditions and those in wealthier communities.

The Ottawa Charter on Health Promotion 1986 builds on the principles of primary health care and applying these in the area of health promotion. In moving from primary health care to health promotion it is necessary to shift from illness prevention to a wellness orientation. Health promotion as a strategy for health is based on enabling people to increase control over and improve their own health.

In essence the Ottawa Charter sees health as a resource for life and life not the objective for living – the strategy goes beyond healthy lifestyles to well being with behavioral and environmental adaptations. The focus on more health promotion is characterized by regulatory frameworks, educational strategies, modifications of environmental structures and reorienting health services.

The integration of these action strategies will bring better health standards and improved quality of life, prerequisites for health being: peace, shelter, education, food, income, a stable economic system, sustainable resources, social justice and equity. Health promotion being the tool and working with the community to better health being the strategy to health.

The WHO Western Pacific Region initiated the *New Horizons in Health 1995* that set the scenes for future years considering the highest standard of health care as one of the essential human right. This was a platform for health that looked at measures that can be taken to encourage healthy behavior and enhance what people can do for themselves in conjunction with their families communities and nation: to improve and manage their own health.

The three life stage themes being *preparation for life, protection for life and quality of life* in later years. The ‘*Healthy Islands Vision*’ endorsed by the Ministers of Health of the Forum Countries in 1996 (Fiji) was directly influenced by this concept.

Samoa’s response to this vision was realized in August 1996 when the Ministry of Health launched the implementation of the Healthy Islands vision through a settings approach. This is further reaffirmed as the vision for *this Health Sector Plan*.

This Plan also recognizes the *WHO Global Health Agenda specified at the Eleventh General Program of Work 2006-2015*. This highlights the seven priority agendas, the first three being broad areas closely related to health: investing in health to reduce poverty; building individual and global health security; and promoting universal coverage, gender equity and health related human rights. The other four priorities are more specific focused: tackling the determinants of health; strengthening health systems and equitable access; harnessing knowledge, science and technology; and strengthening governance, leadership and accountability.¹⁰

Samoa is also a party to the *WHO International Health Regulations (IHR)* and this Plan recognizes the need for compliance with the IHR to prevent, protect against, control and respond to the international spread of disease.

This Plan responds to the *Millennium Development Goals (MDGs)* and recognizes the MDGs health objectives and the cross cutting nature of health in social and economic development.

The *Pacific Plan 2005* endorsed by the Pacific Islands Forum Heads of Governments is an initiative that recognizes the cross cutting role that health plays in achieving Pacific Leaders vision of:

- Enhancing and stimulating economic growth
- Sustainable development
- Good governance
- Security for Pacific countries through regionalism.

Community participation and empowerment in decision making is articulated in all these mandates as being pertinent to achieving the expressed goals.

The Work Program and Strategies 2008 – 2018 presented in this Plan has specific and general links to the Pacific Plan.

¹⁰ World Health Organisation, Engaging for Health, Eleventh General Programme for Work 2006-2015, May 2006.

The Universal Declaration of Human Rights (1989) advocates human rights principles. The protection of these rights is well enshrined in Samoa's Constitution and is not a foreign notion to its people. Interpretation, however, of the application of these rights may be contentious, however, the people of Samoa are finding their own perspective in the application of these principles.

The *Health Sector Plan* advocates a rights-based approach to not only safeguard and promote human rights and values but to also incorporate Government's international obligations at the national level. One of the values upheld by *the Plan* is the promotion of human rights. *The Plan* advocates the understanding that health is a human rights issue, directly linking to the New Horizons in Health (1995) concept.

The Government of Samoa was the first Pacific Island Country to ratify the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) in 1992. In 2001, it reported to the Committee on the Elimination of All Forms of Discrimination Against Women. Among the international human rights treaties, the Convention takes an important place in bringing the female half of humanity into the focus of human rights concerns¹¹.

The Plan advocates for engendering of programmes to enhance the health status of all women in Samoa.

Similar to the CEDAW, the "first call for children" officially at the international level was mandated by the *Convention on the Rights of Child* (CRC). Whilst Samoa ratified the CRC in 1994 with Reservations to a particular Clause on free education, the Government and the people of Samoa continues to enhance the rights of children in the Samoan context. Samoa recently reported in September 2006 to the UN Committee on CRC on its progress in promoting and implementing the CRC Articles.

The Plan highlights health issues relating to children and will provide specific programmes targeting children through the Work Programme and Strategies 2008 – 2018.

This Sector Plan also takes into account the Government of Samoa's ruling party's mandate (*HRPP Anavatau 2006-2011*), which advocates strengthening health promotion and prevention of lifestyle diseases. This commitment is reflected in:

- the refurbishment of the TTM hospital
- establishment of the National Kidney Foundation of Samoa
- launching of the Heart Foundation
- the passion in the establishment of educational institutions to address the shortage of skilled workers eg. Oceania University of Medicine and the National University of Samoa (Faculty of Nursing and Health Science).

Much has and is happening in the health sector of Samoa, especially in the Ministry of Health, as the lead agent of the health sector. The Government's reforms, which resulted in the rearrangement and realignment of government

¹¹ Convention on the Elimination of All Forms of Discrimination Against Women, UN, pg1

ministries between 1998 and 2003, included the MOH reform, which started with PSC delegation of authority in 2000. Cabinet endorsed the Ministry of Health's realignment in April 2003 and the structural reorganization in July 2005. The actual separation into two entities was realized in 1 July 2006.

This Plan is directly linked to the ***Samoa Public Sector Administration Plan*** implemented by the Public Service Commission. The key objectives remain relevant in driving high performance oriented Ministries and Government Bodies.

There still remains much to be done to continue the momentum of development in the health sector. The purpose of this sector plan is to provide a systematic guide in order to facilitate the appropriate, efficient and effective utilization of all resources available for health. Working in a collaborative manner for the continuing improvements of our peoples' health status is encouraged. This will ensure the achievement of successful and sustainable health outcomes. It is crucial that all partners in the health sector own this Plan.

It is envisaged that this plan provides the basis upon which Corporate Plans and Strategic directions of all institutions with a role in health will be founded. It is a dynamic guideline to steer, monitor and assess the performance of the health sector to deliver improved health care services for the people of Samoa.

PARTNERS

In seeking to achieve the Sector Vision, the Ministry is fully aware of its resource constraints and competency limitations. Collaboration with sector partners is articulated in the Work Programme and Strategies 2008 – 2018. The challenges in the health sector can only be met by working together with sector partners:

- The Public
- Government Ministries and Agencies
- Development Partners
- Private Health Providers
- Health Professional Associations
- Traditional Health Providers (including Traditional Birth Attendants)
- Non-government organizations (NGOs)
- Religious Organizations
- Community Based Organisations
- Academic Institutions

DEVELOPMENT ASSISTANCE

Over the years there has been a significant reliance on development assistance funding and resourcing for the health sector of Samoa. The global agenda on poverty elimination directly targets improved health as one of the crucial contributing factors to eliminating and reducing poverty. This has also provided the general platform for donor intervention in the fight for health in developing countries including Samoa.

The critical issues relating to development assistance include:

- (i) Improving donor coordination as mandated by the *Rome Declaration on Harmonisation (2003) and Paris Declaration on Aid Effectiveness (2005)*¹²
- (ii) Responding to Samoa's health needs articulated in *the Plan*
- (iii) Ensuring effective linkages with health initiatives at the national, regional and international levels
- (iv) Direct bilateral and multilateral funding arrangements as opposed to the regional funding approaches

SERVICE PROVIDERS IN THE SECTOR

Partnership is a central strategy to achieving the health sector vision of *A Healthy Samoa*. The rhetoric of the *Samoa Development Strategy* regarding the importance of health as one of the pillars of development and a right for all Samoans is genuinely translated into the support and actions by other sectoral, NGOs and private sector agencies. The following challenges are being highlighted for this plan period:

- (i) The role of the government and the responsibilities of the various agencies in the health sector are becoming more clearly defined, and implementation is the challenge. Issues such as what are the objectives of the various partnerships, how to manage these effectively, the capacity of the Ministry of Health to manage the sector, how many partnerships in the short to medium term, and which partnerships will needed to be strengthened in the medium term will be addressed in this plan period.
- (ii) Risks of various partnerships also need to be identified and management plans developed. For example, international experience does point to potential problems in working with the private sector if clear performance, cost and quality standards are not embedded in contractual relationships.

The role of multi - sectoral, non-governmental, religious, civil society and community organizations and the private and traditional health providers are being increasingly recognized as important in the health sector. The sector partnerships are beginning to be more defined, but need careful deliberation. Issues such as performance measurement, partnership approaches, formal contractual arrangements, cost structures and incentives, and targeting of vulnerable and underserved populations and health problems must be considered. These issues will be discussed and rolled out over the period of the plan.

There is a need to ensure that the Government of Samoa's objectives for development, partnership and of equity, quality and affordable health care for all citizens are addressed through these partnership forums.

¹² Rome Declaration on Donor Harmonisation, Italy, 2003 and Paris Declaration on Aid Effectiveness, 2005

The three basic prerequisites for managing the public – private partnerships are:

- (i) knowledge on the part of the public sector health management of the private sector and vice versa
- (ii) ongoing communication and discussions between public and private providers; and
- (iii) institutionalised policy instruments for interacting with the private sector especially regarding financing, regulation, reporting and dissemination of information.

Short briefs of the different sector partners and their roles as at 2007 are attached as Annex 3

MONITORING AND EVALUATION

Monitoring and evaluation is implicit and inbuilt in every aspect of quality health service. The health sector must be continuously monitoring the quality, effectiveness and safety of what we do in hospitals, hospital wards, community clinics and in health promotion. With the health reforms to Samoa's health system, the health sector is committing to improve monitoring and evaluation at every level. This is central to the mission of the Ministry of Health under the Ministry of Health Act 2006.

To implement this Plan, the Work Program and Strategies 2008 – 2018 (the WPS) is a central guide to the practical realization of this Plan. There will be three levels of assessment identified within the WPS, which can be interpreted as linking the hierarchical structure of the strategic programs. At any given time, a number of activities will be in progress to realize stated outputs as identified to address the given priorities highlighted in this Plan.

The three levels by which this Plan will be assessed are:

Reporting: the CEO of the MOH is required to report to Parliament on an annual basis on the work of the Ministry and the sector. This annual report to Parliament will cover:

- a report on achievements and the delivery of sector programs based on approved initiatives outlined within relevant Ministerial plans;
- financial report on approved budget; and an
- analysis of how the work has contributed to improving the health sector and health status of Samoa.

Monitoring: certain line Government agencies consistently monitor the Ministry and its work relating to the sector, namely the Ministry of Finance and the Public Service Commission. Where appropriate, monitoring groups and committees are also set up to monitor not only the delivery of service, but also

the utilization of resources. The current practice of reporting to Parliament provides an effective mechanism to monitor program implementation and delivery of outputs.

The Indicators attached as Annex 4 will be a monitoring tool to assess the progress of the health sector.

Evaluation: A transparent, independent and cost-effective evaluation process will be developed for *the Plan*. Taking into consideration the realities of the Samoa context, the evaluation will look not only at whether the outputs have been delivered but more at whether the outputs when delivered are, over time, contributing to meeting the priorities of *the Plan*.

One of the central reporting, monitoring and evaluation tools is the Mid Term Financial Framework Action Plan where the Ministry of Health through its mandated role will assist sector partners where required, identify key constraints in the implementation of activities and develop strategies to address these risks.

In ensuring effective monitoring it is important that information systems are in place to enable monitoring and evaluation. The MOH has a Patient Information System as well as a Community Health Nursing Information System that captures information in regard to hospital and community based services. Work continues to improve the collection and dissemination of this information to provide evidence for policy and planning. A system will also be developed to capture information from the private sector, community and NGOs in order to provide a more holistic and sector oriented information base for monitoring and evaluation in order for more effective decision making for all sector partners and service providers

RISK MANAGEMENT

In assessing the risks given the timeframe of the Plan, the Ministry of Health as the lead Government agency, in collaboration with sector partners and service providers will focus on those risks that can be managed as opposed to those that will be outside the scope of this Plan. Assessment of the risks is focused also on the positive rather than negative risks.

Six major risks have been identified: (i) the breakdown of cooperation or partnership with health sector partners and providers (ii) the inconsistency of development partner priorities (iii) the SWAp approach may be too technocratic and centrally driven, (iv) economic, (v) fiduciary and (vi) capacity risks.

For risk (i) some notable examples relate:

- (a) to duplication, unnecessary competition and wastage of resources and programs
- (b) lack of people focused service delivery
- (c) disintegration of sector cohesion

In relation to risk (ii), there is the risk of lack of funding and in-kind support to health sector programs and other health initiatives.

For example:

- (a) non implementation of core sector activities
- (b) donor driven programs
- (c) duplication, wastage and negative competition in the sector

Risk (iii) relates to the risk that there is a potential danger that the sector wide approach may focus on improving the efficiency of top-down delivery systems and therefore resulting in the perspectives of stakeholders not being included in the development of policy frameworks.

In managing these risks, the Ministry as well health sector partners during consultations will ensure support for genuine commitment to fostering healthy relationships and partnerships through ongoing communication, collaboration and sharing of resources where appropriate.

Risk (iv) involves the risk of decline in resources available to meet recurring as well as development needs of providing appropriate and effective health care services and prevention programs in government budgets.

Risk (v) includes possible weaknesses in financial management and procurement that may emerge to undermine confidence in the system.

Risk (vi) relates to the capacity to undertake needed health programs caused by financial or skills deficiencies in the health system. This risk may also be articulated in terms of overly ambitious health programs that are not mirrored in terms of resource availability.

WORK PROGRAMME AND STRATEGIES 2008 - 2018

A number of essential features of the following work program are important to note. Both Outputs and Indicators will be strengthened and refined through biennial review throughout the life of the Health Sector Plan, until 2018. Relationships with partners and funding sources will also be further developed through continuous planning and dialogue over the life of the Plan.

1. HEALTH PROMOTION AND PRIMODIAL PREVENTION

Objective: To strengthen health promotion and primordial prevention

	Outputs	Indicator	Means of Delivery
1.1.1	Effective healthy public policies developed and implemented	<p>Evidence of the implementation of the National Health Promotion and Prevention Council decisions.</p> <p>Develop and implement an infant and young child feeding policy.</p> <p>Develop and Implement an Effective Communicable Disease Policy and Plan of Action</p> <p>Compliance with International Health Regulations</p> <p>Evidence of increasing healthy living practices</p> <p>Evidence of appropriate policies developed in response to emerging health issues, including health threats arising from increased urbanization</p> <p>Annual reduction in sales of tobacco in Samoa</p> <p>Implementation of legislative restrictions to passive smoking exposure in public places</p>	<p>MOH, all sector partners</p> <p>- NCD Strategy and Action Plan</p> <p>MOH and all partners</p>
1.1.2	Improve environmental health	<p>Evidence of collaboration with and between health sector partners to create safe and healthy village environments for Samoan families and children</p> <p>Evidence of strengthened programs related to poverty, vulnerability and hardship</p> <p>Design and implement effective programs to reduce endemic typhoid, diarrhea, filarisis and tuberculosis in Samoa</p> <p>Design and implementation of programs to reduce all communicable diseases in Samoa</p> <p>Implement and monitor the Health Care Waste Policy</p> <p>Develop a Safe water Policy and Plan of Action</p> <p>Evidence of improved water quality through testing and monitoring</p>	MOH, all sector partners

	Outputs	Indicator	Means of Delivery
1.1.3	Community actions strengthened	<p>Evidence of collaboration with community, cultural, and religious social structures in health promotion and primordial prevention campaigns</p> <p>Evidence of community action to support improved diet and exercise options for Samoans – e.g. home fruit and vegetable gardens; work with school canteens</p> <p>Evidence of community initiated actions on health.</p> <p>Evidence of collective advocacy on health.</p>	MOH, all sector partners
1.1.4	Build up personal healthy life skills and choices for individuals	<p>Evidence of increasing healthy living practices</p> <p>Evidence of increasing sector partner programs aimed to enhance life skills and healthy choices.</p> <p>Evidence of increasing awareness on available health options and health choices</p> <p>Evidence of regular evaluation of the effectiveness of existing programs</p> <p>Annual reduction in amount of alcohol consumed and monitoring of meaningful indicators of alcohol related injury and/or illness.</p> <p>Annual reduction in tobacco consumed and monitoring of indicators of tobacco related illnesses</p>	MOH, all sector partners
1.1.5	Continue and strengthen health services reorientation	<p>Evidence of the share of health responsibilities by district level health services and non government health sector</p> <p>Increase over time in share of resources dedicated to health promotion</p>	MOH, all sector partners

2. STRATEGY: QUALITY HEALTH CARE SERVICE DELIVERY

Objective: To improve access and strengthen quality health care delivery in Samoa

	Outputs	Indicator	Means of Delivery
2.1.1	Control and manage selected communicable and non communicable diseases	<p>Development in priority order of clinical protocols that are evidence based, adapted to local conditions and cover the range of health care settings in Samoa, including specific patient referral pathways.</p> <p>By 2018, all communicable and non-communicable diseases of significance in Samoa will be managed by these clinical protocols.</p> <p>Protocols specify resource, staffing, training and technology implications and programmatic implementation.</p> <p>Regular clinical audits of the implementation of these protocols</p> <p>Strengthen closer working relationships including negotiating referral pathways with Traditional healers, involving village mayors</p> <p>Decrease hospital readmission and post operative infection rates (NB This indicator will require development to PATIS hospital system report programming)</p> <p>Establishment of chronic disease registers and evidence based programs for screening and early intervention, including at least cancers, diabetes and rheumatic heart disease.</p> <p>Compliance with International Health Regulations</p>	All health care institutions and agencies
2.1.2	Improved reproductive, maternal and child health	<p>Clinical audits of the implementation of safe motherhood protocols across health care system</p> <p>Increased intake of vegetables and fruits by households</p> <p>Increase in pre schools and schools compiling with school healthy food / canteen standards</p> <p>Increased availability of micro-nutrient fortified foods in shops (e.g. iodized salt, flour fortified with iron and other micro nutrients)</p> <p>Each annual audit shows evidence of increasing compliance of main hospitals with WHO/UNICEF Baby Friendly Hospital protocol</p> <p>Annual increase in the proportion of pregnant women attending ante natal clinics in the first 20 wks of gestation</p>	<p>All health institutions and agencies, MWCSO, Women's Committees in Villages and Traditional Birth Attendants</p> <p>MOH, MESC and partners</p> <p>All sector partners</p>

	Outputs	Indicator	Means of Delivery
		<p>Evidence based interventions to reduce anemia in children are implemented</p> <p>Decrease in the proportion of babies born less than 2500 grams or over 4500 grams</p> <p>Annual decrease in the proportion of women attending antenatal clinics who are anaemic at 36 – 40 weeks.</p> <p>Strengthen closer working relationships including negotiating referral pathways with Traditional Birth Attendants, involving village mayors</p> <p>Increase in the proportion of babies exclusively breastfed at 5 months</p> <p>Annual decrease in the number of infants admitted to MTII and TTM hospitals with diarrhea and respiratory tract infections</p> <p>Annual increase in the proportion of babies fully vaccinated at 18 months to at least 90 % for all vaccines on schedule within 5 years</p> <p>Annual reduction in the incidence of rheumatic fever</p> <p>Annual increase in the proportion of rheumatic fever patients complying with treatment</p> <p>Develop and implement a national pap smear screening program</p> <p>Develop and implement a national well women’s health screening program (to include pap smear, breast screening, blood pressure and blood glucose checks etc)</p> <p>Increase in the proportion of new school entrants who receive a comprehensive community health assessment</p> <p>Sexually Transmitted Infections program designed, resourced and effective at measuring and then reducing prevalence rates</p> <p>Increase in the proportion of women using modern contraceptive methods</p> <p>Evidence of strengthened coordination of health services with family and children services in Ministry of Health</p> <p>Evidence of decreasing rates of children brought to hospital suffering from injuries</p>	

	Outputs	Indicator	Means of Delivery
2.1.3	Improved health care physical infrastructure and equipment	<p>Establishment of an Asset Management Policy and Plan for all publicly funded health care facilities and equipment.</p> <p>Priority medical equipment purchased/upgraded and utilized</p> <p>Establishment and monitoring of regular preventive maintenance program for health care infrastructure</p> <p>Standardized physical infrastructure and equipment for different levels of care at referral and district level hospitals in line with services to be provided at these different locations and levels of health care</p> <p>Improve facilities and equipment at the national referral hospital (TTMH)</p>	<p>National Health Service</p> <p>All health care institutions</p>
2.1.4	Implementation of professional and service standards	<p>Applicable health services standards developed for each professional group and health service provider</p> <p>Performance indicators and / or audit strategy developed for each health profession</p> <p>Regular, timely and comprehensive reports by NHS and other health services against these performance indicators to MOH</p> <p>Evidence of policy and regulatory action taken by MOH in response to performance reporting</p> <p>Quarterly clinical audits completed and aggregated results reported to MOH, highlighting areas of concern</p>	All health care institutions and agencies
2.1.5	Skilled and competent health professionals and support staff	<p>Increase in number of Samoan students undertaking health related studies</p> <p>Reduction in staff turnover rate in all health sector employers every year</p> <p>Development and Implementation of appropriate career paths for health workers</p> <p>Median age of staff cohorts, reflecting succession planning and workforce sustainability</p> <p>Professional supervision structures and processes for both clinical and professional staff developed reflecting professional standards</p> <p>Implementation of staff appraisals for MOH and NHS staff</p> <p>Progress toward workforce progress targets across the health sector, starting with their development</p>	<p>Academic institutions including in particular NUS and OUMS</p> <p>All health care institutions and agencies</p>

	Outputs	Indicator	Means of Delivery
2.1.6	Accessibility and affordability of health care services and supplies	<p>Improve public access for all Samoans to publicly funded health care facilities with clear guidelines on accessibility and affordability, complementary to private sector</p> <p>Elimination of deficits in NHS Pharmacy stock of WHO Essential Medicines list</p> <p>Development of public dental health program with clear guidelines on accessibility and affordability, complementary to private sector</p>	<p>MOH</p> <p>NHS</p> <p>NHS, MOH and All health care institutions/agencies and sector partners</p>
2.1.7	Strengthened community health care sector	<p>Development of community health capacity and program activities and standards in Districts</p> <p>Development and implementation of distinct roles, standards and workforce for District hospital services and development and implementation of referral protocols for patients being referred to MTII and TTM hospitals</p> <p>Increase in the proportion of suspected mental health cases referred to the mental health unit who are followed up</p> <p>Rate and type of preventable hospital admissions decrease consistently over the plan period.</p> <p>Reduction in the rate of amputation amongst diabetics as a measure of system of care effectiveness</p>	<p>MOH and NHS</p> <p>All providers</p>
2.1.8	Essential clinical and diagnostic supportive health services	<p>Establishment and annual progress in the implementation of a development program for laboratory, pharmacy, sterilization, radiology and allied health services.</p> <p>Service standards for each of these services established and implemented.</p>	<p>NHS</p> <p>MOH and NHS</p>
2.1.9	Establish Consumer Complaints and Community Engagement for health care services	<p>Consumer complaints mechanism required by MOH Act designed and implemented.</p> <p>Decreased Rates of complaints received by MOH.</p>	MOH

3. GOVERNANCE, HUMAN RESOURCE FOR HEALTH & HEALTH SYSTEMS

Objective: To strengthen regulatory governance and leadership role of the Ministry of Health

	Outputs	Indicators	Means of Delivery/Responsible Agency
3.1.1	Strengthened strategic linkages with other sectors and sector partners	<p>Health Sector Plan (HSP) approved, funded and implemented</p> <p>Evidence that sector partners' Corporate Plans, development partners plans, govt. investment are increasingly aligned with HSP</p> <p>MOUs and Contracts agreed and implemented with sector partners and service providers to reflect this alignment</p> <p>Coordinating and financial planning role of MOH strengthened</p> <p>NGO health sector strengthened as integrated component of health system</p>	<p>MOH and all sector partners</p> <p>-through Corporate Plans</p> <p>- country level application of Strategies</p> <p>MOH</p> <p>All partners</p>
3.1.2	Increased accountability and transparency at all levels	<p>Sector partner specific Communication Strategies developed, approved and implemented</p> <p>Internal & External audit reports reveal good financial probity including procurement</p> <p>Public Service Commission monitoring finds appropriate implementation of human resource policies</p> <p>Ministry of Finance & Audit offices monitoring finds accurate financial accounting, reporting and probity</p>	MOH and all sector partners
3.1.3	Increased availability of appropriately qualified and skilled health workforce	<p>Human Resources for Health Plan 2008 – 2015 developed, approved and implemented</p> <p>Increase over time of qualified specialists in Samoa, consistent with priorities identified in the Human Resources for Health Plan</p> <p>Increasing utilisation of Samoa nationals with relevant expertise and competencies to fill key positions in Samoan health sector</p> <p>Professional credentialing for health service providers introduced for all professions and strengthened</p> <p>Evidence of continuing professional education and competency based re-credentialing</p> <p>Evidence of increasing numbers of midwives to meet demand.</p>	MOH and other health sector partners

	Outputs	Indicators	Means of Delivery/Responsible Agency
		<p>Develop, approve and implement Health Service Marketing Strategy to aggressively attract Samoans to health careers</p> <p>2 yearly review of the implementation of Human Resources for Health Plan 2008 – 2015</p>	
3.1.4	Effective statutory bodies	<p>Accountable and effective Professional Boards/Councils established under legislation:</p> <p>- NHS, Medical, Nursing, Dental, Pharmacy, Allied Health Service Providers</p> <p>MOH monitoring reports and NHS reports to NHS Board & CEO indicate quality standards being met within budget with transparent due diligence</p>	MOH, all sector partners
3.1.5	Evidence based policies, monitoring and regulatory frameworks	<p>Consolidate and communicate existing policies across health sector</p> <p>Establish performance monitoring and regulatory framework for MOH with NHS and all other health service providers</p> <p>Evidence of performance monitoring leading to policy and regulatory action to improve health services</p> <p>Professional and Service Standards developed, approved and implemented for all health service providers</p> <p>Evidence of effectiveness of monitoring and regulating by MOH</p>	<p>MOH, sector partners</p> <p>- regional & international strategies</p>
3.1.6	Legislative framework in place	<p>All health related legislation reviewed and updated by 2008</p> <p>Evidence of sound administration of legislation, including legislation specified in Schedule 1 of MOH Act 2006</p>	<p>Ministry of Health and Attorney Generals Office,</p> <p>MOH</p>
3.1.7	Strengthened national educational institutions	<p>Evidence that National University of Samoa, Faculty of Nursing and Health Science and Oceania University of Medicine curriculum are acceptable to health professions, employers and students</p> <p>Curriculum quality assured by Samoan Quality Assurance Authority</p> <p>Increase in yearly numbers of new health graduates in all health professions</p>	MOH, Academic institutions

	Outputs	Indicators	Means of Delivery/Responsible Agency
3.1.8	Health Systems Strengthened in Samoa	<p>Health sector research and surveillance capacity improved for evidence based policy and clinical strategies.</p> <p>Establish information database on all Human Resources for health in Samoa</p> <p>Compliance with health related regulations and conventions endorsed by Samoa – Compliance IHR, CRC, CEDAW, WHO, Tobacco Free Initiative etc.</p>	MOH, all sector partners

4. PARTNERSHIP COMMITMENT

Objective: To strengthen health systems through processes between the Ministry and health sector partners

	Outputs	Indicator	Means of Delivery
4.1.1	Complementarities in sector planning	Health indicators links evident in other sector plans and policies	All sector partners
4.1.2	Strengthened communication and collaboration	<p>Sector partner specific Communication Strategies implemented</p> <p>Evidence that private practitioners are effectively utilised in public sector, where cost effective</p> <p>Effectiveness of National Councils and Advisory Committees in health</p> <p>Strategic Sector policies and strategies widely consulted and approved</p> <p>Public feedback is positive</p>	All sector partners
4.1.3	Effective response to international and regional programs	<p>International and regional initiatives translated and applied where appropriate to sector programs</p> <p>Sharing of information on development assistance funding schemes and programs</p>	All sector partners

5. FINANCING HEALTH

Objective: To improve health sector financial management and long term planning health financing

	Outputs	Indicator	Means of Delivery
5.1.1	Improve equitable allocation of resources	<p>Funding allocation based on well researched health priorities guided by governance principles</p> <p>Establish benchmarks for accessibility and affordability for vulnerable groups and annually monitored against these benchmarks</p> <p>National Health Accounts produced every two years and findings incorporated into health financial decision making by government and health care financiers</p>	MOH, all sector partners
5.1.2	Improvement on efficiency, accountability and transparency of the health sector	<p>High Standards of Performance measures monitored and reported</p> <p>Partner specific Performance management system implemented</p> <p>Sector partner specific Communication Strategy implemented</p> <p>Evidence of outsourcing and sub contracting based on performance, efficiency and cost effectiveness</p> <p>Audit reports verify compliance with GOS probity requirements</p> <p>Effective Contractual relationships between the MOH and partners in place including monitoring systems to ensure safety of practice and most effective/efficient use of financial resources</p> <p>Public feedback</p>	MOH, all sector partners
5.1.3	Long term financing plan for Samoa health sector	Health Resourcing Policy and Action Plan developed and implemented, led by Ministry of Health	MOH with all health service providers

6. DONOR ASSISTANCE**Objective: To ensure greater development partner participation in the health sector**

	Outputs	Indicator	Means of Delivery
6.1.1	Increased donor participation in health	Evidence of 10% increase in effective donor assistance to the sector Increased harmonization of donor assistance with government prioritized areas Evidence of country led as opposed to donor led assistance	MOH, all sector partners
6.1.2	Increased access and utilisation of donor resources under regional and international programmes for health programmes	Evidence of 10% increase in regional and international programs based on government of Samoa prioritized programs	Donor Partners and Donor Funded Organisation All health service providers
6.1.3	Increased number of stakeholders and donors at health sector meetings	Evidence of increase in number of stakeholders participating at health sector meetings	All sector partners

ANNEXES

ANNEX 1

HEALTH SECTOR ANALYSIS

Demographic Situation



The total population of Samoa in 2001 was 176,710 of which 92,050 were male and 84,660 were female.¹³ The annual population growth rate recorded in 2001 was 1%, an increase of 0.5% from 1991.¹⁴ The mid-year 2002 estimated population for Samoa was established as 174,853 with an annual growth rate of 0.6 percent and natural growth rate of 2.45 percent.¹⁵ Further estimates have been made for 2004, which have the total population at 182,700.¹⁶ The revised (2005) WPRO Country Health Information Profile of Samoa states that approximately 39 percent of the total population is comprised of young people less than 15 years, with only 4 percent aged over 65 years.¹⁷

The National Population Policy¹⁸ aims to attain a national population growth rate, which will contribute to continuous improvement in the quality of life in Samoa. It projects that the population will increase by 21% from 2004 until the year 2012, even with the current emigration rates.

Population trends have highlighted an increasing internal migration from rural to urban areas.¹⁹ The rural population has declined over the last 10 years, mainly due to migration to the urban area and overseas. While the rural population of Upolu (where the capital and the administrative center, Apia, is located) increased slightly between 1991 and 2000, the population of Savaii fell by 7%. Important to note in terms of patterns of internal migration is that the only rural areas where there was recorded growth were those closest to Apia – Leulumoega in the North West, LufiLufi in the North East and Fusi on the south coast, but with easy access to the capital via the cross island road.

Over a three-year period, the percentage of the population living in urban areas illustrates this migration with 22.3% in 2003 and 22.5% in 2005²⁰. In total this represents 138 villages in Upolu (approximately 7 persons/household) and 115 villages in Savai'i (approximately 8 persons/household).

The population density of Samoa mirrors the trend in global rural-urban migration where the number of people per square kilometer has increased comparably in recent years. In 1990 the population density was recorded at 57.3²¹ with an increase of 7.7 to reach 65 people per square kilometer by 2004.²² The National Health Service Planning Framework has noted that there has been rapid population increase in the urban Apia area. Urban drift is reported in the Framework to be resulting in sub-standard living conditions in some areas and increasing impact on urban infrastructure including services such as education and health (The Tupua Tamasese Meaole Hospital- national referral hospital with a congested outpatient and emergency unit). The percentage of the population residing in the urban area was 22.3 percent in 2003.²³

¹³ Government of Samoa 2002

¹⁴ Ministry of Finance Statistical services

¹⁵ Ministry of Health 2003a, p. 17

¹⁶ WPRO, 2005,

¹⁷ Ibid.

¹⁸ GoS 2000

¹⁹ WPRO, 2005. p. 18

²⁰ World Health Organisation, 2005 and WPRO 2005,

²¹ United Nations Economics and Social Commission for the Asia Pacific (UNESCAP)

²² Asian Development Bank, 2005

²³ WPRO 2006

Critical issues

The rural-urban migration exacerbates the diminishing agriculture and fishery industry in rural areas. The settlement along the coastal areas of Samoa allows for the potential greater accessibility to services. Tropical vegetation, tidal mudflats and mangrove areas situated along the coastline with high humidity, create the prime environment for vector-borne diseases such as dengue, and for complications of conditions such as wound healing and tropical ulcers. Samoa's susceptibility to cyclones and other natural disasters raises the importance of developing well-planned mechanisms for disaster preparedness. The Ministry of Health has put in place a Ministry of Health and National Health Service Emergency Continuity Response Plan to articulate response mechanisms in the event of natural disasters, such as cyclones, tsunami, earthquakes etc.



The rural-urban migration is also impacting upon the health of urban communities in Samoa. The ready access to unhealthy foods combined with smoking, alcohol and physical inactivity is contributing to the increasing prevalence of Non Communicable Diseases (NCDs).²⁴

The social consequences of the rural to urban migration can be witnessed in the changing domestic/social structures in urban areas.²⁵ In urban Upolu the population gender breakdown is male skewed (52% male and 48% female), relatively young (37% under range 15 years) with a high percentage of the population in the reproductive age range. Whilst the community support structures such as women's committees have been reduced with the rise of freehold housing developments, the result has been an increasing existence of religious women's groups to fill this gap.²⁶

The demographic transition being experienced in Samoa – an increasingly elderly population as life expectancy improves and a large cohort of adolescents – provides challenges for management of aging and NCDs (in both groups) and reproductive health issues including clinical cervical cancer in older people. The likelihood is that the need for care for complications of hypertension, obesity and diabetes are likely to increase in the next 10 years as the cohort ages, however a well managed and well articulated primordial, primary and secondary prevention program could help avert the major burden.

As a result of rural – urban migration trends and the consequent changes in lifestyle, demands for health care have increased coupled with the availability of a broader range of health services.²⁷ This has corresponded to an increasing need for promotion and preventive services as well as the continuing demand for curative and rehabilitation services.

These population patterns which impact on the economic capabilities of the population also presents challenges to health when addressing financing health care strategies, ensuring efficiency in the allocation of health resources and supplies to meet the health needs of all the people of Samoa.

²⁴ Ministry of Finance 2003. p. 18

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

INFANT AND MORTALITY RATES

Improvements have been noted over the decades in the infant (IMR) and child mortality rates and maternal mortality ratio²⁸. The Millennium Development Goals Report (MDG) for 2004 states that “Samoa has surpassed its 2015 target” to reduce by two thirds the Infant Mortality Rate (IMR) and Crude Mortality Rate (CMR) but still faces challenges in maintaining this success.²⁹ The report highlights that despite recording a significant decline in IMR it has not been a continuous downward trend.³⁰ For the years 1992, 1995, 1997 and 1998 there were reported increases in both indicators.³¹ The report notes with particular concern the increase of IMR levels for the years (1990-1999) where the rate was recorded above the 1990 level to peak at 25.7. This suggests “the need for a re-evaluation and further strengthening of child and maternal health services both in the public and the private health sectors”.³²

The MDG report also outlines concerns regarding the CMR stating, “There is still a large number of children suffering from preventable diseases as well as those associated with changing lifestyles”.³³ Suggested action for decreasing CMR points to strengthening already “existing partnerships with sectors that influence child health such as education, social sectors and community groups”.³⁴

Critical Issues

Further reduction and/or maintaining the decrease in infant mortality rate remain a challenge. Continuous efforts to strengthen child and maternal health services in both the public and private health sectors (both in rural and urban centers) remain a priority. Strengthening partnership with sectors that influence child health such as education, social educators and community groups remains crucial.

LIFE EXPECTANCY

The population census in 2001 reported that life expectancy figures for Samoa are improving compared to previous years. Average life expectancy for both males and females have increased to 71.8 for males and 73.8 for females from the 1991 figures of 63.5 and 64.5 respectively. What is noticeable is the decline, however marginal, in the female population with a 1.3-year decrease between 2000 and 2002.

Critical Issues

The demographic transition being experienced by Samoa – is an increasingly elderly population involved in less-intensive work. The sedentary lifestyle and less nutritious food including alcohol and tobacco intake in urban areas increases the likelihood of NCD prevalence in the Samoan population³⁵.

WOMEN AND CHILDREN’S HEALTH

Safe motherhood is a global initiative defined as a woman’s ability to have a safe and healthy pregnancy and delivery of a healthy baby. Safe motherhood is achieved through improving the social and economic status of women and providing high quality maternal health services accessible to all women. In Samoa there is a strong cultural system of assistance in childbirth provided by the

²⁸ UNFPA 2005
²⁹ Government of Samoa, 2004, p. 23
³⁰ Ibid. p. 24
³¹ Ibid.
³² Ibid.
³³ Ibid.
³⁴ Ibid.
³⁵ Samoan Health Sector Situation Analysis, May 2006, pg 13

community through traditional birth attendants (TBAs) whose role in Samoa has been retained and encouraged through the Ministry of Health with the provision of training to registered TBAs. The safe motherhood program in Samoa consists of the combined efforts of the Ministry of Health and its coordination in terms of quality and safe care with the National Health Service, Non Government Organizations, Private Practitioners and TBAs.



A focus role of the Ministry of Health now is ensuring that protocols and standards of care and safe practice are maintained and periodically reviewed, ensuring that there is continuing appropriate professional education as well as collection and analysis of data to enable review and monitoring of safe health systems.

The Ministry of Health Act 2006 mandates the Ministry to provide Health Services Performance, which include Nursing, Midwifery and Traditional Birth Attendants Services. This mandates the Ministry to regulate and monitor service provision for these critical areas in maternal health, in the sector, to ensure quality midwifery and TBA services.

Critical Issues

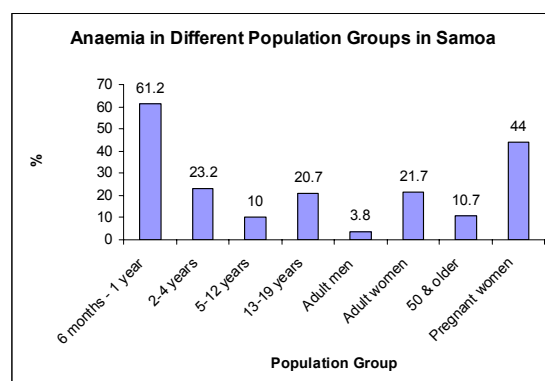
One of the main areas of ensuring safe practice is the credentialing system that is a mechanism to assess and recognize the competency and capability of nurses to practice as Clinical Nurse Consultants and Midwives as Clinical Midwifery Consultants, particularly in health centers and district hospitals in rural areas. It is regionally recognized that in small developing island countries like Samoa, without strong medical resources, nurses and midwives work in isolation from doctors and other medical professions and so require additional skills and recognition in order to work or teach how such professional practice at an independent level should occur.

Within the health sector in Samoa it is recognized that in order to achieve higher levels of care for safe motherhood and care for young children credentialing of nurses and midwives requires strong partnership's between the medical profession and the National University of Samoa, Faculty of Nurses and Health Science. The potential to further develop the Oceania University Medicine Samoa (OUMS) to be able to assist in credentialing of nurses as well as doctors other medical professions is another avenue that is recognized.

Breast and cervical cancer are emerging areas of concern for women in Samoa. The biggest impact in reducing rates are through encouragement of pap smears and breast screening for early detection. A National cervical screening program is required as well as the initiation of well women's check ups, which include pap smears and breast screen.

High rates of rheumatic fever in children also cause concern. Efforts towards reducing incidence and complications from rheumatic fever are continuing and need to be further strengthened.

NUTRITION



High rates of anaemia are observed in some groups within the Samoan population, especially young children and pregnant women³⁶ (Refer to graph). Anything over 5% is considered a public health problem. Anaemia impairs cognitive development of children, increases the risk of women dying during childbirth and reduces physical and mental productivity in teenagers and adults.

Evidence based interventions are required to address the anaemia problem and a health promotion approach would be a valuable component of a prevention program.

Pregnancy and the first 24 months of life are important for the development and lifelong health of any individual. Evidence shows that children born with low birth weights have higher mortality rates, cognitive deficits and a higher risk of NCDs in later life than people born with a normal weights. Equally important is the need to control high birth weights because high birth weight babies are more likely to suffer from childhood obesity and possibly other NCDs.

Exclusive breastfeeding for the first six months of life is associated with decreased risk of diarrhea, respiratory tract infection and other communicable diseases in infants and also chronic health problems such as obesity in later life. Although initiation rates of exclusive breastfeeding are high (93.7% in 1999³⁷), the exclusive breastfeeding rate at 4 months of age is low (only 58.3% in 1999). Thus there is a need to increase exclusive breastfeeding rates in infants up to 6 months of age

³⁶ Mackerras, D. And kiernan, D. 2002, Samoa National Nutrition Survey 1999, Part 1: Anaemia Survey Technical Report.

³⁷ Mackerras, D. And kiernan, D. 2002, Samoa National Nutrition Survey 1999, Part 2: Breastfeeding and Early Infant Feeding Practices Survey Technical Report.

Infant, child and maternal mortality rates have improved, but there is still scope for further improvement.

Studies have indicated that immunization rates in Samoa are not as high as they seem. Steps taken in 2003 after the measles outbreak to strengthen the cold chain for the vaccine has improved the situation, however, Samoa must remain vigilant to ensure high immunization rates of children and infants.

The Ministry of Health will continue to work closely with national health training academic institutions and professional regulating bodies to ensure that all the critical issues covered above are reflected in training curricula.

FERTILITY RATES

There has been noticeable decline in the number of births per woman between the ages of 15-45 years for the years 2001 and 2004. In 2001 the total fertility rate (TFR) for Samoan women was 4.4, compared to 3.4 in 2004. This is better than the TFR of 3.8³⁸ aimed for under the Samoa National Population Policy.



This trend could be due to a number of factors including: increased educational levels of the general population, greater female participation in the workforce; migration to urban areas and overseas; and increased access to knowledge of and availability of family planning methods. The average parity of women (amongst those who have had children) aged 15-19 is 1.5 children whereas of women aged 40-49 is 5.2 children. The average age for first birth amongst Samoan women is reported as 22.3 years.

Critical Issues

There remains much to be done to improve the crude birth weight, total fertility rate and maternal mortality rates in Samoa. Greater efforts in encouraging pre natal and postnatal coverage for mothers needs to be made. Encouragement of contraceptive use also needs to be an on-going exercise.

INJURIES IN CHILDREN

An information paper on **'Samoa Child Health: Needs Analysis for the years 1995-1996'**, carried out by the Ministry of Health with assistance through the NZAID financed Child Health Project showed that:

- For children aged 1-4 years injury and poisoning accounted for eight percent (160) of admissions to hospitals.
- For children aged 5-14 years admissions to hospitals caused by injury or poison were 21 percent (320) of admissions to hospitals.



Further information collected which included a ten day injury surveillance study conducted through the Emergency and Outpatient Department of the Tupua Tamasese Hospital as well as in seven Health Centers on Upolu and three on Savaii indicated that sharp objects, mainly knives and falls, were either recorded or believed to be the most frequent cause of injuries to children.

Motor vehicle injuries and bites (mainly from dogs) burns and poisons were the next most frequent causes of injuries to children.

Critical Issues

The majority of injuries and child accidents occur at home. This needs cooperation with families and the communities to lessen these types of injuries.

The easy access of poisonous and lethal chemicals must also be controlled. For example, the Ministry of Agriculture, Fisheries and Forestry has a new system whereby only authorized adults can purchase paraquat.

There is also a need to increase road safety programs by the Ministry of Police and Prisons, the Ministry of Education and NGOs. The issues relating to injuries highlights the need for strengthening partnership with other sectors, parents, religious and community leaders³⁹.

³⁸ GoS 2000
³⁹ Samoan Health Sector
Situation Analysis, May
2006, pg 55

LITERACY AND EDUCATION

Samoa, amongst other Pacific Island Countries (PICs) has “reported rates of net primary school enrolment well in excess of the average figure for developing countries.”⁴⁰ The literacy rate for Samoa is at the 90 percentile across gender and age groups, with literacy rates being recorded for the age group 15-24 years at 94%.⁴¹

The total net primary enrolment rate, for children aged between 5-14 years, has increased from 93.1% in 1991 to 94.7% in 2001.⁴² For the period 2000-2004, the net primary school enrolment was calculated/estimated at 98%.⁴³ The percentage increase of 5.6% (1994-2002) for net primary school enrolment has indicated that Samoa is on target for reaching its 2015 MDG of achieving universal primary education.⁴⁴ To assist in achieving 100% enrolment rate at primary level for Samoa there is a significant need for continued progress towards compulsory education in Samoa.⁴⁵

One of the objectives of the Ministry of Education, Sports and Culture (MESC) Corporate Plan, (2003), is to increase the retention, transition and grade 13 completion rates in the medium term.⁴⁶ There is some concern about the number of students not attending school. Of the total population of 4-15 year olds, 5.1% have never attended school.⁴⁷

The Ministry for Education, Sports and Culture (MESC) in collaboration with the MOH and other education sector partners collectively developed the physical education and health curriculum in 2000 which is currently being taught in secondary level schools across the country. This is a major development that has evolved out of the health promoting school and health education initiatives that the MOH and MESC championed since the early 1980s.

Critical Issues

High literacy and education levels support good access to health promotion and education and it is important that these high levels are sustained.

Increased health literacy, large educational enrolments provide a good avenue for primary prevention of NCDs and promoting healthy lifestyles and self-reliance of management of minor health issues.

However, there are 5 percent of children not accessing schools, and the older adult cohort has up to 20 percent illiteracy rates. These are potentially vulnerable populations and need alternative strategies for accessing health information, self health messages and skills development

FINANCING HEALTH CARE

The Samoa Ministry of Health has been actively involved in the development of National Health Accounts (NHAs). NHAs covering the periods: 1998/99; 2000/2001; 2002/2003 and 2004/2005 (in final draft) has provided detailed information of sources of financing levels, as well as directions of expenditure and resource allocation. The NHAs provides one of the critical foundations on the information regarding allocation of health care finance in Samoa and high lights areas of health care that are under funded and require assistance.

⁴⁰ Secretariat of the Pacific 2005

⁴¹ UNESCO 2006

⁴² Government of Samoa, 2004, p. 20.

⁴³ UNICEF

⁴⁴ Government of Samoa 2004, p. 20.

⁴⁵ Ibid.

⁴⁶ Ministry of Education, Sports and Culture 2003

⁴⁷ Ibid.

For example, although health promotion and prevention of disease has been a priority for Government over the last decade, current NHA findings show that for the 2002-2003 financial year, most of the Ministry of Health budget went into curative, treatment and rehabilitation areas of health care with only 6% of finance going into health promotion and prevention of disease services.

The private health sector is also primarily focused on curative, treatment and rehabilitation services with very little expenditure going into health promotion or primordial prevention programs. Donor programs in the 2002-03 NHA shows that 17% of donor funding went into public health programs while for NGOs, 47% of expenditure went into prevention and promotion programs with 41% of NGO finance going into administration of programs. However it must be recognised that finance from NGOs into the sector remains minimal as a percentage of total health expenditure for Samoa.

The National Health Accounts 2002/03 demonstrates that Government and Private Health expenditure as a percentage of total health expenditure has fallen marginally since 1998/99, whilst donor funding has increased by 4% in the corresponding period. This indicates the growing importance of the donor community in attaining increased health outcomes.

These studies also highlight the major role of Traditional healers in Samoa as well as the role of the private sector in the provision of health care services. Government however remains the major financier of health care.

Critical Issues

Strengthening the range of service delivery options and strategies such as broadening advocacy and education of the public about the broadened skills of the rural nurse workforce, the role of preventative and health promotion care, increasing role of NGOs and traditional service providers including private sector. Clear planning and resourcing linkages need to be made between service provision and financing. Financial management is seen as being vital to further developing the health system in Samoa.

The rising costs of overseas treatment to the GOS, some of the inequities that have been experienced with this scheme and the proportion of the conditions requiring treatment could be prevented by better primordial, primary and secondary prevention programs⁴⁸. There is a need for advocacy, education and transparency on these issues.

Currently the majority of health care services provided in all government run hospitals are highly financed through the government budget. Samoa is now looking at ways to finance government run and operated health care services in ways that will complement available government funding and ensure that there is enough finance to meet the rising health care expectations of the Samoan people. Schemes that will cover the formal and informal sector are being reviewed to ensure that if these are adopted these will be sustainable through:

- Ensuring Universal coverage
- Enabling the health system to develop further i.e. more money for health care rather than decrease the amount of money for health care provision

⁴⁸ Samoan Health Sector
Situational Analysis,
May 2006, pg 37

- Ensuring that health care needs of the poor and vulnerable groups are not disadvantaged but are benefited from developments and changes in the health sector.

This plan recognises that there is an urgent need to secure more funding for health promotion and prevention programmes and to build national capacities and capabilities in this area. There is also increasing recognition that in order for a more effective and efficient health care service system better coordination and management of all service providers is required.

SEXUALLY TRANSMITTED INFECTIONS (STIS) AND HIV/AIDS



The high levels of STIs highlight the need for an extensive prevention and management programmes in Samoa. Informants suggested that there is reluctance, especially amongst youth and men, to use the routine public health services for STI treatment, and that there is a need for improvement. Although syndromic management of STIs have guidelines available, capacities amongst staff in both the public and private sector to implement these needs to be strengthened.

STIs and HIV-AIDs are issues that are considered in tandem. The close relationships between STIs and HIV has required an approach whereby it has become compulsory that control of STIs is seen as essential to the prevention and control of HIV. Recognition that tuberculosis is an opportunistic infection observed among HIV infected people has made it an important part of the control of HIV to prevent an epidemic. It has therefore been recognised that for STIs and HIV-AIDS: education and prevention activities; treatment, care and support for people infected with HIV and their families; surveillance and epidemiology, safe blood activities are interlinked and complementary (Universal Access).

Several organisations and providers stated that they were providing HIV counselling services, however many noted that there were no national standards or guidelines available, and often limited range of modes of delivery for example, peer support programmes. Stigma is another major problem that needs to be addressed within the community at large and amongst health care providers.

Because of the presently low-recorded levels of HIV and AIDS, there is little recognition of the potential problem this will be in Samoa. The NGO sector is slowly building up their response to the potential problem. More effort must be placed on all areas of HIV/AIDS prevention in Samoa utilising the partnership approach.

Critical Issues

The prevention and early as well as appropriate management of STIs needs to be continuously addressed. Emphasis on the implementation of the syndromic management approaches in primary health care settings must continue and be prioritised – both in the public and private sectors. Condom promotion needs to be more widely implemented.

Efforts to promotion of safe sexual practices, and provision of community accessible (especially for various segments of the population) as well as

counselling services must be strengthened and broadened to include NGOs, community based organisations (CBOs) and the private sector. The capacity needs of CBOs and NGOs to provide these services, as well as manage outsourced service contracts by the Ministry need to be mapped and strengthened as required.

Furthermore, HIV related policies or guidelines need to be reviewed and strengthened especially in regard to issues such as confidentiality, stigma and workplace policies for health workers.

NON COMMUNICABLE DISEASES (NCDS)

The last decade has brought to the fore that NCDs in particular; Diabetes, Heart Diseases, High Blood Pressure, Cardiovascular Accidents-Stroke and Cancer, are a top health priority in Samoa. Not only of concern is the rising prevalence of NCDs but also the fact that these diseases are appearing in the younger age groups with increasing numbers of presented cases on complications caused by NCDs.



The Ministry of Health in 2002 undertook a STEPS survey to quantify the magnitude of NCDs and NCD risk factors in Samoa. Findings from this survey were used by the Ministry of Health to put together a Non Communicable Disease Strategy and Plan of Action for the years 2004-2008. This was seen as government's commitment to emphasize the importance of primordial, primary and secondary prevention as well as the promotion of healthy lifestyles as a means to reverse high trends in NCDs in Samoa.

Findings from the STEPS Survey in Samoa in 2002 showed that:

- The prevalence of NCDs is increasing.
- These diseases are now appearing in younger age groups.
- Complications arising from NCDs are also more common. For example, 4.2% of all people admitted to the Acute 8 Ward at Tupua Tamasese Meaole Hospital in 1998 had a diabetes related amputation and this increased to 12.9% in 2003
- Diabetes prevalence increases with age. A comparison for findings from the 2002 STEPs Survey and a previous survey (1991) shows that diabetes prevalence has doubled.
- An increasing number of people have been diagnosed with high blood pressure. High blood pressure is higher in males (24.2%) than females (18.2%) and increases with increasing age in both males and females.

In summary changes to the face of health in Samoa have included:

Changing disease patterns, highlighting the rapid increase of non-communicable lifestyle diseases such as obesity, diabetes, high blood pressure and mental problems have put greater emphasis on the need to continue building on health promotion programs. These programs must empower individuals, families, and communities to protect their own health and to make better more informed lifestyle decisions.

There is also continuing emphasis on the need to inform people with NCDs on how to manage these in order to avoid these leading to chronic diseases associated with heart, liver and kidney failure.

There is also growth in the number of renal impairment cases with a corresponding increase in number of Samoans requiring dialysis treatment. Since the establishment of the National Kidney Foundation of Samoa in 2005 there was a reported 600% increase in dialysis patients in the first twenty months of operations. The National Kidney Foundation of Samoa has reported that since November 2006 their waiting list for Dialysis is approaching 400 with a prediction that this will continue to grow.

Critical Issues

NCDs are very costly to the affected individual and family, the national health system and government. NCDs accounted for 43.3% of total health care expenditure in Samoa in 2000. Adopting healthy life styles and empowering individuals and communities with information on how to minimise the risks associated with contracting NCDs is important. If the prevalence continues to increase, the Samoan government and health care system will not be able to sustain financing this upward trend; hence health promotion and primordial prevention must remain the mainstay of national NCD management and control.



To better manage and reverse the incidence of NCDs and complications arising from NCDs, it is vital that primordial prevention programs are vigorously pursued with and through communities and existing community institutions. Primary, secondary and tertiary prevention must also be emphasised at all health care service delivery outlets as well as through media programs to enable people to better manage their conditions.

The four high-risk areas identified to focus on through health promotion programs are: Smoking, Nutrition, Alcohol and Physical Activity.

COMMUNICABLE DISEASES

Communicable diseases remain a priority to Samoa. Changing patterns of communicable diseases associated with: a mobile population; and an increasing number of tourists visiting the country demands vigilant protection from communicable diseases from outside Samoa's borders. The current SARS and Avian Flu scare which was and continues to be a worldwide health issue has made this more urgent.

Samoa became a party to the World Health Organization **International Health Regulations** in 2006. Strengthening national infectious disease control capacity as well as collaboration with other countries to control regional and international infectious disease is a challenge that the Samoa is prioritizing over the 2007-2015 Health sector plan period,

Dengue fever, meningococcal infection, measles and tuberculosis remain the main areas of concern for communicable disease control in Samoa. Working with individuals and communities on prevention and early detection programs are proven effective strategies to minimizing deaths from Communicable Diseases as well as Non Communicable Diseases.

There is still a need to continue efforts to containing and managing known communicable diseases such as typhoid, leprosy etc.

Vigilant protective measures from new emerging infectious diseases, such as the Avian Influenza, need strengthening and appropriate capacity building. This ongoing work needs to happen continue in the health work force but also requires collaboration with border control staff as well as communities.

QUALITY SERVICE DELIVERY

The Ministry of Health officially split into two separate entities on 1 July 2006: the Ministry is now mandated through the Ministry to Health Act 2006 to regulate the health sector. It is also responsible for policy formulation, planning and quality assurance of all health care service delivery. Health promotion and preventative services are one of the key functions of the Ministry.

The Ministry of Health Act 2006 sets out the structure as well as the role and functions of the Ministry of Health. Recognition of this role to regulate and ensure quality health services from all health care providers in Samoa is seen as a priority to ensure consumer protection.

The National Health Service is the lead Government agency in the provision of quality public health care services. The National Health Service Act 2006 sets out the structure as well as the legal functions and role of NHS.

The NHS operates and manages all government owned and operated primary, secondary and tertiary health care. The Tupua Tamasese Meaole Hospital located on the main island of Upolu provides tertiary level care as well as being the referral point for all cases requiring treatment outside of Samoa. The Malietoa Tanumafili II hospital in Savaii is the referral hospital for that island and provides limited tertiary care. Cases from the District hospitals on Savaii are referred here with onward referral to the main hospital on Upolu as needed. District Hospitals on Upolu also refer cases to the TTMH. Community Health Centres located in many villages carry out health promotion and some prevention care services.

The MedCEN Private hospital, established in 1999, is a 21-bed facility. It provides inpatient medical, surgical, obstetric, paediatric services in addition to emergency and outpatient consultation. It also has radiology, pathology and pharmacy services on the hospital site at Vailima.

Partnerships with private health care service providers are crucial to success of *the Health Sector Plan 2007-2015*. Currently (February 2007) there are fourteen general medical practitioners offices in Samoa, two private dentists, one private nursing service and four private pharmacies. There are also a growing number of private physiotherapists, alternative therapists and practitioners, as well gymnasiums including a newly established government gymnasium. Traditional Healers and Traditional Birth Attendants are increasingly recognised as playing key roles in health care service delivery.

There is also a large number of non-governmental and community based organisations that provide health services: HIV/Aids prevention, Suicide Awareness, youth programs and social issues, drug and alcohol abuse victim support, environmental health and nutritional information, care for the elderly,

sexual and reproductive health, safe blood and first aid, safe motherhood programs, health human rights issues and care for pre-school children and people with disabilities.

The National Kidney Foundation of Samoa (NFKS) established in 2005 provides renal dialysis treatment as well as secondary prevention care. Its mission is to provide effective care, treatment and support for Samoans suffering from kidney-related diseases. The NFKS also ensures that a sustainable and effective Dialysis Centre is established and that the number of Samoans suffering from kidney-related ailments and illnesses receive needed care.

The Diabetes Association of Samoa was established in 1995. The focus of this organisation is the prevention, early detection and management and control of diabetes in Samoa. The diabetes clinic, formerly operated by the Ministry of Health was outsourced to the Diabetes Association of Samoa in 2004.

The National Heart Foundation was established in 2005. It focuses on the prevention of complications of heart disease through early detection of any heart problems as well as health promotion programs to prevent heart disease caused by Non Communicable Diseases. Work is on going to build the capacity and strengthen this Foundation.

There is also increasing recognition of the roles of the National University of Samoa, School of Nursing and Natural Science and The Oceania University Of Medicine in meeting the challenge of ensuring adequate numbers of trained health professionals to meet the demand for health care services in Samoa. Opportunities to utilize these training facilities at the regional level need to be seriously explored.

Critical Issues

To achieve quality service, it is crucial to strengthen governance structures and systems within the National Health Service and the Ministry of Health. Equally important is putting in place practical strategies to address the long-standing issue of human resource – recruitment and retention. The WHO Regional Strategy on human resource is the framework that the Ministry is adopting as not only is it adaptable to Samoa's environment but it can be sustained primarily through the WHO and other development partners.

Funding constraints at all levels continue to affect accessible and equitable service delivery. The ability also of the sector at the national level to meet the global and regional agenda on health is largely dependent on the availability of funds and resources.

Establishment of sustainable and adequate referral systems as well as sharing of information by all health care service deliverers is a challenge that will continue to be faced in this plan period.

The link and collaboration between all health care service deliverers is crucial to ensure a health care system based on quality of care.

ANNEX 2

SECTOR AND DEVELOPMENT PARTNERS CONSULTED IN THIS PLANS FORMULATION

The following sector and development partners attended the consultations and round table discussions:

Community	
• Pulenuus – Savaii	• Pulenuus – Upolu
• Sui o le Malo Tina & Tamaitai - Savaii	• Sui o le Malo Tina & Tamaitai – Upolu
• Youth Directors/Reps - Savaii	• Youth Directors/Representatives – Ipoli
• Traditional Healers	• Traditional Birth Attendants
Academic Institutions & Health Organizations	
• Oceania University of Medicine Samoa	• National Health Service
• National Kidney Foundation	• National University of Samoa – Faculty of Nursing & Health Science
Private Health Sector	
Private Medical Clinics	Private Pharmacies
• Iopu Tanielu Medical Clinic	None turned up
• Soifua Manuia Medical Clinic	
	Private Nursing Practitioner
Private Dental Practitioners	• Tavana Nursing on Wheels
• Soonalole Dental Surgery	
	Alternative Therapists
Private Physiotherapist	• EMIs Tropical Treatment – Acupressure
• Epenesa – Maa o le Fesoasoani Physiotherapy	• Herbal Natural Center
Other Clinics	
• Fiaola Crisis Center and Clinic	
• LDS Pesega School Health Center	
• Peace Corps Clinic	
• Yazaki Eds Samoa Clinic	

Non Government Organizations	
• Samoa AIDS Foundation	• Samoa Health Employees Association
• Faafafine HIV/AIDS Advocacy Group	• Samoa Red Cross
• Samoa Family Health Association	• Samoa Women's Committee Development Organisation (Komiti Tumama)
• Samoa General Practitioners Association	• Sautia Mai
• Traditional Healers Association	
Religious Groups & Organizations	
• Piula Theological College	• Rhema South Pacific Bible Training Center
Health Professional Bodies / Associations	
• Samoa Medical Association	• Samoa Nursing Association
• Samoa Dental Association	
Government Ministries and Corporations	
Ministry of Women's, Community and Social Development	• Samoa Ports Authority
• Division for Women's	
• Division for Internal Affairs	
• Policy, Planning & Research Division	
• Public Service Commission	• Ministry of Finance
• Ministry of Works, Transport and Infrastructure	• Ministry of Revenue (Customs Department)
• Ministry of Health	• Airport Authority
Development Partners	
• WHO	• NZAID
• JICA	• AusAID
• South Pacific Commission	• World Bank
• The Republic of China	• UN Agencies
• Secretariat of the Pacific Community	

ANNEX 3

HEALTH SECTOR PROVIDERS

The following section shows the various service providers and partners in health in the sector and gives a brief overview of the core functions and responsibilities of these, as at January 2007.

A. GOVERNMENT PROVIDERS

Ministry of Health

The Ministry of Health Act 2006 sets out Ministry's duties, functions and responsibilities as:

1. In performing the functions set out in section 5 of this Act, and subject to any applicable laws and available resources, the Ministry has the following responsibilities, functions and duties:
 - 1.1 To provide the Government and the Minister with advice as to strategies, policies and planning concerning the development, resourcing, provision and management of health services; advice as to strategies, policies and planning concerning the development, resourcing, provision and management of health services;
 - 1.2 To establish, regulate and enforce standards concerning the training, qualifications and performance required for providers in accordance with any applicable laws;
 - 1.3 To monitor the performance of providers;
 - 1.4 To establish and provide for quality control and consumer complaints systems for the provision of health services in accordance with any applicable laws;
 - 1.5 To provide the following health services:
 - Strategic Development Services, including:
 - (a) Health Resourcing;
 - (b) Health Planning;
 - (c) Health Information; and
 - (d) Health Research.
 - Health Library
 - Health Promotion and Preventive Services, including:
 - (a) Health Education and Health Promotion;
 - (b) Preventive Services;
 - (c) Public Health Services;
 - (d) Environmental Health Services;
 - (e) Dental Promotion;
 - (f) Nutrition; and
 - (g) Reproductive Health.
 - Health Services Performance, including: Medical Services;
 - (a) Dental Services;
 - (b) Pharmacy Services;
 - (c) Allied Health Professional
 - Services;
 - (a) Nursing Services;
 - (b) Midwife Services;
 - (c) Traditional Healing and Birth
 - Attendant Services; and
 - (a) Other Providers of Health Services;

- Corporate Services for the Ministry, including Corporate Services;
 - (a) Administration;
 - (b) Finance; and
 - (c) Legal Services.
- 1.6 Such other responsibilities, functions and duties required by this Act and any applicable laws; and
- 1.7 To report to the Government and the Minister, as required, concerning any matter referred to in paragraphs 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6.
2. In undertaking the above responsibilities, functions and duties the Ministry shall:
- (a) Cooperate with, assist and support the Government, the Minister, the National Health Service, other Ministries, Statutory Bodies, Government Agencies and Persons in undertaking their constitutional and statutory functions and duties under this Act, the National Health Service Act 2005 and any applicable laws; and
 - (b) Assist the Government, the Minister and the National Health Service to arrange for and provide any health service by or through any provider where the Government determines that such provider can provide the health service most effectively and efficiently.

Ministry of Health
Act 2006

National Health Service (NHS)

The NHS is responsible for all health care services and health facilities financed by government. The National Health Service has been mandated the following functions:

- To provide, maintain and manage all health services, institutions and bodies as listed:
 - (a) Tupua Tamasese Meaole Hospital (TTM), Motootua (Medical, Nursing, and Allied Health Services)
 - (b) Malietoa Tanumafili II Hospital, Tuasivi (All Clinical Services)
 - (c) Laboratory Services
 - (d) Dental Services
 - (e) Mental Health Services
 - (f) Pharmacy Services
 - (g) Drugs and Therapeutic Goods and Devices Procurement Program
 - (h) Radiology Services
 - (i) Nursing and Integrated Community Health Services
 - (j) Overseas Treatment Program
 - (k) Safotu Health District
 - (l) Foailalo Health District
 - (m) Sataua Health District
 - (n) Urban Upolu Health District
 - (o) Leulumoega Health District
 - (p) Aleipata Health District
 - (q) Fusi Health District
 - (r) Poutasi Health District

- To cooperate with, assist and support the Government, Minister, Ministry, Chief Executive Officer and Staff of the Ministry, other Ministries, Statutory Bodies, Government Agencies and Persons in undertaking their constitutional and statutory functions and duties under this Act, the Ministry of health Act 2006 and any other law;
- To comply with any written directions issued by the Minister under section 13 of the National Health Service Bill (Act) 2006;
- To comply with any written directions issued by the Chief Executive Officer of the Ministry under section 14, of the National Health Service Bill (Act) 2006; and
- Such other functions or duties as are conferred or imposed on the Service by this or any other law.

Source: National Health
Service Bill 2006

National Kidney Foundation of Samoa

The National Kidney Foundation of Samoa established in 2005 has been mandated the following functions:

- (a) To raise funds in Samoa and elsewhere for the Purpose of the Foundation;
- (b) The provision of preventive health care programs by the Foundation or otherwise to minimise the incidence of kidney related diseases and disorders;
- (c) The provision by the Foundation or otherwise of treatments, care and support for persons with kidney related diseases and disorders, including but not limited to:
 - (i) Haemodialysis;
 - (ii) Peritoneal dialysis; and
 - (iii) Such other treatments, care and support as the Board may determine from time to time;
- (d) The provision by the Foundation or otherwise of healthcare education and information concerning kidney related diseases and disorders, their prevention, treatment and care;
- (e) The conduct and publication by the Foundation or otherwise of research concerned with or related to the Foundation's purposes; and
- (f) Such other functions as the Minister, acting on the advice of Cabinet, may approve in writing.

In undertaking the functions under subsection (1) the Foundation may:

- (a) Do so on such terms and conditions; and
- (b) Impose such fees and charges, as the Board determines from time to time.

Source: NKFS Act (2004)

The Oceania University of Medicine (Samoa)

The Oceania University of Medicine (Samoa) established in 2002 has the mandated functions:

- (a) The establishment of a centre of excellence in the study, training and research in medicine and health care in its various disciplines inclusive of medical, dental and nursing;
- (b) The acquisition and transmission of knowledge in medicine and health care by teaching, research and consultancy;
- (c) The encouragement of intellectual independence;
- (d) The fulfilment of the goals and guiding principles of the University as set out in the Charter.

Source: Oceania University of Medicine
(Samoa) Act 2002

National Heart Foundation of Samoa

In November 2005, Cabinet approved the establishment of a committee chaired by the Minister of Health to look into setting up a national Heart Foundation in Samoa (NFS). In early 2006 the Prime Minister opened the National Heart foundation for Samoa.

The focus of NFS is the prevention of complications of heart disease through early detection of any heart problems as well as health promotion programs to prevent heart disease caused by Non Communicable Diseases. Work is ongoing to build the capacity and strengthen the Foundation.

The National University of Samoa: Faculty of Nursing and Health Science

The Faculty of Nursing & Health Science is currently governed by both the National University of Samoa Act 2006 and the Nursing Act 1969/Amendment 1981. The Nursing and Midwifery Bill 2006 (review of the above Nursing Act) maintain its approval for the National University of Samoa to be the principal school of nursing education in Samoa.

The Faculty of Nursing & Health Science (FONHS) regards learning as a lifelong experience and offers a range of undergraduate and postgraduate programmes to cater for the needs of health professionals in a changing health care system. The various programmes offered within the FONHS were developed by the relevant disciplines for example nursing, dental and medical laboratory technician.

The Faculty regularly revises its programmes of study in partnership with industry, government, professional bodies and international communities so that its undergraduate and postgraduate degrees are based on the latest professional standards and current practices.

Source: Nursing and Midwifery Bill 2006
Institute of Higher Education (NUS), Calendar 2006
National University of Samoa Act 2006

OTHER GOVERNMENT MINISTRIES AND CORPORATIONS WITH RELEVANT HEALTH RELATED MANDATED FUNCTIONS

Health is a cross cutting service and it is important to note that the Ministry of Health and the National Health Service are not the only government bodies that play a role in health. Some Government Ministries and Agencies through their work programs have roles to play in health.

The Ministry of Women Community and Social Development carry out a lot of programs in the communities that impact on the health and well being of communities. Likewise the Ministry of Education, Sports and Culture also play a role an educational role in teaching students the value of health promotion and health prevention programs. Recognition of these cross cutting programs will also minimise any wastage of resources through vertical programs and maximise use resources efficiently and effectively through partnerships in areas of common interest.

The following list gives a list of the key government institutions that impact on health. It is important that all these institutions work together with the Ministry of Health to improve the status of health in Samoa:

- Ministry of Education Sports and Culture
- Ministry of Finance
- Ministry of Women, Community and Social Development
- Ministry of Natural Resources and Environments
- Ministry of Agriculture, Fisheries and Forestry
- Samoa Water Authority
- Samoa Housing Corporation
- National Provident Fund
- Accident Compensation Board
- Ministry of Revenue and Customs
- Ministry of Commerce Industry and Labour
- The Public Service Commission
- The Office of the Attorney General

B. THE PRIVATE SECTOR

The private health sector is a major provider of health services for the Samoa and in particular for the urban population. There are several reasons for developing more strategic partnerships with the private health sector and private health institutions. These are:

- The need to plan for the role of the private sector to ensure that the overall vision of the Samoan health sector of equitable access to quality services for all is attained;
- The public sector health workforce shortages which could be addressed by more effective utilization of the private sector especially in areas of primary health care and minor surgical and obstetrical procedures and health screening programmes.

MedCen Private Hospital

The MedCEN private hospital was established in 1999. It is a 21-bed facility providing inpatient medical, surgical, obstetric, paediatric services in addition to emergency and outpatient consultation. It also provides radiology, pathology and pharmacy services on the hospital site at Vailima.

Meti Medical Clinic – Sleep Apnoea Clinic

The Sleep Apnoea Clinic was established in 1999 and the Meti Medical Clinic in 2001. The Sleep Apnoea Clinic provides diagnostic and treatment services for sleep conditions. The Meti Medical Clinic attends to people with sleep related conditions, as well as following up after treatments.

General Practitioners

In Samoa, there are 14 private medical clinics with approximately sixteen full time doctors, providing a range of general and specialist services.

- Alama Medical Clinic
- Apia Medical Clinic
- Diabetes Clinic
- Enosa and Sons
- Iopu Tanielu Medical Clinic
- Matatumua/ Vermullen Medical Clinic
- MedCen Hospital
- Moataa Clinic
- Peters Medical Clinic
- Potoi Medical Clinic
- Savaii Medical Clinic
- Soifua Manuia Clinic
- Titi Lamesi Clinic
- Tuitama Medical Clinic

Private Pharmacies

There are four private pharmacies in Samoa:

- Apia Pharmacy Ltd
- Maria's Health care Pharmacy Ltd
- Multipharm Laboratories Ltd
- Samoa Pharmacy Ltd.

There are several private physicians with specific medical expertise who provide part time services to the Tupua Tamasese Meaole Hospital in efforts to address the short supply in the public health sector eg. ENT, anaesthesia, obstetrics and gynaecology.

Dental Practitioners

There are three private dental practitioners in Samoa:

- Leavai Dental Clinic; and
- Soonalole Dental Clinic.
- The private Hospital MedCEN also has a dental practice.

All are registered under the Dental Practitioners Act 1975. The Samoa Dental Association has professional links to the Federation Dental International.

Nursing Practitioner

There is one private nursing practitioner in Samoa – ‘Tavana Nurse on Wheels’, founded and operated by RN Simealai Tavana. In Partnership with the public and private health services, the Tavana Nursing on Wheels provides the following Home Care Nursing Service:

- Checking sugar level & blood pressure
- Providing education on home care, counselling for pre & post-operative care & dressing
- Following up on patients discharged from hospital
- Attending to the terminally ill, suffering from stroke, cancer & cardio-vascular diseases
- Training hygiene techniques to family members
- Offering support services in hospitals, convalescent homes or private residences
- Advice & support on teenage pregnancy, (family planning) and counselling
- Elderly care
- Children immunization

Source: Tavana Nursing on Wheels

Physiotherapist

A privately run physiotherapist clinic was established in Samoa by Epenesa Pouesi, a New Zealand qualified physiotherapist.

‘Epenesa Ma’a o le Fesoasoani Physiotherapy Clinic’ aims to help people move and participate in life and in their communities, especially when movement and function is threatened by injury, disease, aging or disability.

The physiotherapy process involves assessment, diagnosis, planning, intervention, treatment or rehabilitation. Physiotherapy in this case is provided in a private practice setting.

After assessing a patient’s potential for movement and function, the physiotherapist establishes (together with the patient and family) treatment goals designed to restore or develop that potential, and then maintain it.

Physiotherapists are involved in health promotion, injury prevention, treatment and rehabilitation.

C. ALTERNATIVE THERAPISTS

Rosenberg BodyCare Clinic
Acupuncturists etc
EMI’s Tropical Clinic – acupressure
Natural Herbal Center

Ken’s Island Massage

This is a private massage Therapist. Mandated Functions includes:

- Develop, maintain, rehabilitate or augment physical function
- Relieve or prevent physical dysfunction and pain
- Relax tight and tense muscles
- Improve circulation, recovery time and immune system function
- Reduce overall stress

D. TRADITIONAL HEALERS

Taulasea

It is estimated that there are 900 traditional healers (does not include Traditional Birth Attendants) in Samoa. Traditional Healers acquire their trade through passing of skills from healers to an apprentice or receiving skills and knowledge through dreams and communication with the supernatural or ancestors. Traditional healers make up an integral part of the informal health care in Samoa - herbalists, bonesetters, masseurs, midwives, acupuncturists, psychic or magicians. The integration of services provided by traditional healers into government health care programs in Samoa has been limited. The building of referral relationships between traditional healers and hospitals are a priority for Government.

The Traditional Healers Association was established in 2000. They recently developed a Constitution and it was approved by the Ministry of Health through its former Director General. The Association is currently working together with the Ministry of Health and the National Health Services in ensuring partnership in particular referral of patients to the hospitals and vice versa. A registration for Traditional Healers who have joined the association is now available for contacts and easy patient referrals.

Traditional Birth Attendants – Fa’atosaga

The MOH in its efforts to foster collaboration with traditional birth attendants has actively worked towards strengthening this relationship. The main success of this relationship is the development and implementation of the ‘BIRTH BOOK’ as a component of the Safe Motherhood Project. The birth book is a ‘register’ used by the TBAs to record all the births they attend, and duplicate copies of these records are collected by the Community Nurses. The information registered includes conditions of mother and baby at birth, apart from the mothers name, age and village and sex of baby.

Currently, a total of 119 active traditional birth attendants are registered with the MOH and they work together with Government nurses who carry out training programs for registered TBAs. The consultations highlighted a need to build closer relationships between taulasea and Sui o le Malo in communities to assist in referrals to hospitals for difficult births as well as in terms of birth and death registrations.

E. NON-GOVERNMENTAL ORGANISATIONS (NGOs)

In Samoa, NGOs continue to play a supportive role to the health sector in the provision of health services, particularly at the grassroots level. The National Health Accounts for Samoa 2000-2001 summarizes the primary focus of NGOs as major providers of primary health care related activities, with a particular focus on enforcing the implementation of grassroots involvement for health promotion programs.⁴⁹ NGOs in Samoa have been involved in the Convention on the Rights of the Child (CRC) and the Convention of the Elimination of Discrimination against Women (CEDAW) special programs.⁵⁰ These programs include the delivery of services such as promotion of suicide awareness, shelters for abused women, help lines and other counseling services.⁵¹

Recently, interest in the provision of clinical services by NGOs especially for targeted populations such as youth, high risk populations, has become part of the NGO agenda. For several years the Samoa Family Health Association (an IPPF affiliate) has been providing clinical and promotive reproductive health services, and the Diabetes

⁴⁹ Ministry of Health 2003b pp. 22-23.

⁵⁰ *ibid*

⁵¹ GoS 2005

Foundation is in the process of formalizing through an MOU a partnership with the Ministry of Health to provide clinical services to people living with diabetes. This is an area that needs to be explored, planned for, and needs regularity, monitoring, reporting and financial arrangements clearly defined.

The Samoan Umbrella Group for Non Governmental Organizations (SUNGO) was founded in 1997 as an administrative body for the purpose of providing support to local NGOs.⁵² SUNGO assists other NGOs in promoting their programs and policies, through capacity building of its members and obtaining funding through government and development partners.⁵³ SUNGO has a fluctuating membership of around 50 NGOs several of whom are classified (by the NGO itself) as health-focused NGOs in Samoa. It has programs of support for improving the financial and management capacities of the NGOs in the country, as well as its own program of activities such as human rights education and work in HIV/AIDS.

The high percentage of indigenous NGOs in Samoa provides an opportunity to enhance and strengthen community partnerships through pre-established village communication mechanisms.

In line with recognition outlined by the NHA, “there are limits to the extent to which private sector activity can supplement or replace government provision, but as yet these limits have not been explored.”⁵⁴ Previous consultations coordinated by the Ministry of Health with private, allied and community based health care providers indicated support for the strengthening of partnerships within the health sector as a means for providing a more overarching, inclusive delivery of services, particularly at the local community level.

The Diabetes Association of Samoa

The Diabetes Association of Samoa (DAS) was established in 1995. It focuses on prevention, early detection, management and control of diabetes in Samoa. The diabetes clinic was outsourced to be managed by the Diabetes Association of Samoa in 2004. A Memorandum of Understanding (MOU) between the MOH and the DAS is yet to be finalized. The MOU will provide the basis for future directions.

Samoa Family Health Association

The Samoa Health Family Association (SFHA) became fully established in Samoa in 1993. The main functions of this Association include:

- Sexual and Reproductive Health
- Family Planning
- Prevention of Sexually transmitted diseases (including HIV/AIDS)
- Antenatal Clinics (including Safe Motherhood programs)

In 1998 the SFHA took part in a regional project on *Sexual and Reproductive Health*. Focus of this project being primarily on:

- Targeting teachers
- Ministry of Education
- Nurses
- Community Representatives (Pule Nuu and Sui O Le malo)
- Vulnerable Groups

⁵² Faatauvaava-Vavatau, R. 2005,

⁵³ Ministry of Health 2003b, pp. 22-23

⁵⁴ Ibid. p. 50

Samoa Red Cross

The Samoa Red Cross Samoa Act was passed by Parliament in 1993. In 1997 a Memorandum of Understanding was signed between the Red Cross and the Ministry of Health. There exists a close working relationship between the SRC and the Ministry of Health as well as with the National Health Service. Core functions of the Samoa Red Cross include:

- Safe blood (voluntary blood donations includes Blood policy 2003)
- National Disaster (Has in place a SRC Disaster Plan and is a member of the National Disaster Committee)
- Health Awareness and Education Programs (includes First Aid programs)

Samoa Fa'afafine Associations

The Samoa Fa'afafine Association was recently established this year. They have conducted a lot of health related awareness programs particularly in HIV/AIDS and STI. They also hold a major annual fundraising event to provide assistance for the care of the elderly. It is a very active association in health and social related issues.

Samoa Aids Foundation (Incorporated)

The Samoa AIDS Foundation (SAF) was established 1 December 2004 as a non profit, non political, non governmental organisation. The SAF Strategic plan for the period 2005-2007 stipulates its core mission as being to facilitate and advocate for the prevention of the infection of STIs/HIV/AIDS. The Strategic Priority areas for the SAF for this plan period are:

- Governance and Leadership
- Information/Communication/Networking
- Awareness and Prevention of STIs/HIV/AIDS
- Treatment and Care of STIs/HIV/AIDS
- Capacity Building and Human Resource Development
- Financial and Human Resources

Faataua Le Ola (FLO)

The FLO focuses on suicide cases. They conduct awareness and prevention programs on suicide. They also provide counselling service for both victims and their families. Faataua le Ola works together with the National Health Services when there are suicide cases presented to the hospitals. They are a member of both the CEDAW and the CRC.

Mapusaga o Aiga

MOA provides counselling service mainly for abused victims and families. They deal with all kinds of abuse, and they conduct public awareness and prevention programs. They are a member of both the CEDAW and the CRC.

Nuanua o le Alofa

Nuanua o le Alofa plays a special role in advocacy for health issues, particularly physical disability cases. They are also involved with a lot of health related health promotion and prevention activities and programs. They conduct training and education programs for the physically disabled as well as advocating for the disabled equal rights for education.

Church College of Western Samoa (CCWS)

In 1996 the CCWS expanded their services for the safety and health programs for students to include teachers and other employees.

Health services at this college focus on:

- Nutrition
- Environmental Health
- Sports and physical education
- First Aid as well as
- Counseling

Rhema School

The Rhema School, a Ministry funded by church partners and charity organizations was established in Samoa in 1997 with a focus on bible training for men and women. The main role in health for Rhema is good health through spiritual development and this includes counseling programs. There are currently more than 18 countries included in the Rhema School.

F. RELIGIOUS ORGANISATIONS HEALTH SECTOR PARTNERS

This Sector Plan acknowledges all the churches of Samoa's contribution to health especially the main line churches: the Catholic Church; the Methodist Church and the Congregational Christian Church of Samoa.

Catholic Church of Samoa Mapuifagalele Old People's Home

Mapuifagalele Old Peoples Home is run by the Catholic Church. They provide care for the elderly as in accommodating old people brought in by their families for care. They also work together with the National Health Services as well as private GPs in providing visiting medical services for the elderly. They also conduct health promotion and prevention activities such as nutrition, physical activity, prevention of NCDs.

Catholic Media Communications Ministry

This NGO has taken over most of the functions of the SAUTIA MAI NGO which was established in 1994. One of the main functions of the SAUTIA MAI now being conducted by the CMCM is the annual AIDS Candle Light Memorial Service. The CMCM also has the following core functions:

- Assistance for drug and alcohol victims (includes assistance to those that require assistance due to alcohol and drug addiction)
- Educational awareness on HIV/AIDS
- Carry out reach programs to schools and parish members

The focus of this NGO is on youth groups although they also respond to general public needs in their areas of expertise.

Fiaola Crisis Centre/Clinic

The center was established in Samoa in January 1987. The main focus of this NGO is:

- The rehabilitation of suicide victims as well as support for families
- Suicide prevention programs concentrating on schools, communities and parish members
- Family Life Education programs (includes natural family planning education)
- Counseling for abuse victims and families

Methodist Church Mafutaga a Tina Soofatasi ((Includes Mainline Churches)

This is a church group program that is run by the Methodist church which offers assistance through:

- Youth programs that focus on healthy lifestyles awareness
- Seminars on Social issues affecting the youth
- Offers programs for pre schools on health promotion
- Assistance to the elderly

Samoa Komiti Tumama

There are currently 68 branches of the Komiti Tumama working with communities on both Upolu and Savaii. The core functions of this NGO include:

- Nutrition programs in schools with particular emphasis on pre schools (at the moment covering 14 pre schools in Samoa).
- Running exercise programs with women's committees
- Provide baby care services for working mothers
- Inspection programs in villages concentrating on children's well being, clean home and environment
- Assisting those families that are seen as being in the economically vulnerable group
- Encouraging home gardening projects with women's committees
- Monitoring rubbish collection in villages

Currently the Komiti Tumama is working with the Ministry of Health Nutrition Center on a pilot program covering 7 schools.

The Seventh Day Adventist Health Programs

The Seventh Day Adventist Church is very active with health prevention and promotion programs. They conduct awareness programs in their schools as well as church groups such as women's and youth groups; and every time they have church conferences and gatherings. They play a very active role in advocating for health issues.

Bahai Faith Health Program

The Bahai Faith conducts health awareness programs and prevention sessions every time they have church gatherings and conferences. They strongly advocate for health issues and they also conduct clean up days in town area as well as assisting families that require any kind of assistance. They also invite health care workers to assist them with their awareness programs.

G. COMMUNITY BASED SOCIAL STRUCTURES

The establishment of Women's Committee in the village setting in the 1920s was to a health led initiative to provide support to improve maternal and child health mainly by improving sanitation and hygiene at village and district levels through the services of the district health nurses. Most women are members of the Women's Committee in the majority of Samoan villages, with many committees affiliating into two National Non Government Organizations (National Council of Women and Samoa Women's Development Committee Association).⁵⁵ There are also women's committees that belong to neither of these two umbrella NGOs. They work closely with the MWCSO.

⁵⁵ UNESCO, 2006,

The *Samoa Development Strategy 2005-2007*, has high lighted the strengthening of the role of women through skills training under the Convention on the *Elimination of Discrimination Against Women* (CEDAW), and CRC implementation Programmes focusing on greater awareness of women’s rights and rights of the child.⁵⁶ These Programmes also include responses to the impact of HIV/AIDS, and the implementation of the *Aiga Ma Nuu Manuia*⁵⁷ programme (since 1998) promoting active participation by women in community development, healthy homes and healthy villages.⁵⁸ These Programmes have been implemented across both Upolu and Savai’i with particular emphasis on rural areas.⁵⁹

Programmes with the women’s committees are often supported by, and financed through the Ministry of Women, Community and Social Development (MWC&SD) and provide entry for the Ministry into other community advancement initiatives including mothers and adolescent daughters, wives and husbands programme, and work with vulnerable groups. The focus of this work is also to increase the self-reliance and empowerment of the communities to identify management and appropriately seek support for community development in their communities, including for health related issues. The MWCSD highlights that 200 villages are now involved in the *Aiga Ma Nuu Manuia* programme, and that there are have been developed successful tools and facilitation manuals that assist in the dissemination of health awareness messages.

An emphasis of this sector plan is to encourage collaboration between community groups, women’s committees, Pulenuu and government workers in the planning and delivery of health services and to provide more support overall to health programs including:

- Environmental health (sanitation, rubbish disposal, water supply).
- Maternal and child health
- Mass drug administration (MDA)
- Healthy lifestyle (eg physical activity, vegetable gardening).

Pulenuu - Village Mayors

Village Mayors or Pulennus act as mediators between the Government and the Village through the Village Councils. Each village consists of a Pulenuu, and their roles and functions are mandated under the Village Fono Act as:

- Assisting in enforcing the bylaws in the villages – restrict consumption of alcohol and tobacco in villages, especially the restriction of purchasing tobacco by minors, and also marijuana or any type of illicit drugs, fishing restrictions.
- Villages access roads inspections – encourage villagers to cultivate their lands
- Assisting the SMTT in conducting hygiene inspections – environment, homes (toilets)
- Assisting SMTT in encouraging villagers to produce vegetable gardens – nutrition purposes & healthy diets
- Ensuring safe drinking water supply
- Village beautification

Government Women’s Representatives – Sui o le Malo Tina ma Tamaitai (SMTT)

SMTT act as the link between the Government and villages through the Village Women’s Committees. They are strong advocators of health issues in the villages, and they work together with the Pulenuus, Youth Directors, and a lot of Government Ministries, NGOs and Religious Groups in the implementation of the *Aiga ma Nuu Manuia* Program in the villages. Their roles and functions are mandated under the Ministry of Women’s Affairs Act 1990 and the Ministerial and Departmental Arrangements Act as:

⁵⁶ Government of Samoa, 2005 p. 37
⁵⁷ English translation to Healthy Families, Healthy Villages. Toelupe et al 2003
⁵⁸ Government of Samoa, 2005, p. 37
⁵⁹ ibid

- Monthly hygiene inspections in families including environmental health.
- Fundraising to provide assistance for vulnerable families and groups in the villages
- Promoting vegetable gardens
- Working together with the Pulenuu in conducting the village beautification scheme
- Liaising and negotiating with the MOH and NHS through the MWCSO in terms of basic drugs supplies for the Village First Aid Cupboards that are managed by the Women’s Committee
- Advocating for the prevention of child abuse (CRC and CEDAW)
- Birth Registration
- Assisting in conducting training and health awareness programs to address health issues and in particular the move to reduce non communicable diseases in Samoa – through their Aiga ma Nuu Manuia Program
- Working together with Traditional Birth Attendants in ensuring safe practice.
- Assisting NHS and MOH in getting people to hospitals during epidemics and preparations for pandemics and disasters

Youth & Children – Fanau Lalovaoa & Tupulaga Talavou

Youth and Children programmes and activities are mainly coordinated and facilitated by the Division for Youth in the MWCSO. They conduct awareness programs on HIV/AIDS and STI as well as other health related issues such as nutrition, drugs, alcohol, and tobacco. They run a National Youth Initiatives and Services Award where they promote economic initiatives especially for the unemployed youths, for instance, agricultural projects that includes vegetable gardens and farming that not only assist them financially but also helps improve their health.

Gyms and Exercise Facilities

There are currently three gyms in Samoa:

- Health Attack,
- Heems Fitness, and
- Joes gym.

Their role in health focuses on promoting exercise and fitness to maintain and improve physical health.

H. DEVELOPMENT PARTNERS

⁶⁰ It is not clear whether regional organizations inputs – whatever kind – such as from the Secretariat for the Pacific Communities, WPRO and WHO-Geneva and Global Fund (GFATM) for example are included in these accounts, nor perhaps are the funds provided from regional and international partners to the NGOs providing health related services such as International Red Cross Regional HIV/AIDS initiatives,

The development partners including the bilateral, multilateral and UN agencies, and the international NGOs and other regional organizations are major players in the health sector of Samoa. The National Health Accounts⁶⁰ indicates that development partner (donor) spending has increased gradually from 15 percent in 1998/99 to 19 percent in 2002/2003⁶¹ with the primary focus on institutional strengthening, public health/health promotion and quality improvement (table 12). The major development partners (DP) for health and the respective percentage of total DP expenditure for 2003-04 are AusAID (29%), WHO/SHSMP (26%), NZAID (22%), JICA (14%) and World Bank (9%).⁶²

The Joint Samoa Program Strategy (JSPS) 2006-2010 has developed a framework for partner “development assistance strategies, management and initiatives in order to enhance development impact and accountability and strengthen Samoa’s ownership and management of development cooperation.”⁶³ The Government of Samoa has detailed the Guiding Principles for Development Partner Harmonisation⁶⁴ as:

1. Donor harmonization being Samoan driven, led and owned.
2. Mutual accountability.
3. Clear and simplified processes and mechanisms tailored to local circumstances and institutional capacity.
4. Work within Samoa's national development frameworks and systems.
5. Provide development assistance in ways that build sustainable national capacity including civil society, NGOs and the public sector.
6. Utilize existing analytical work to the maximum extent possible and strengthen Government of Samoan capacity to undertake this work.

The Ministry of Health is currently looking at utilizing a sector wide approach in its development aid program with health. This is seen as an appropriate system at this time given the need to coordinate donor expenditure into the health sector. It is however important that a Swap take into consideration the unique institutions and features of the health sector in Samoa.

Following are the major donor development partners for the Health Sector:

- WHO; UNFPA; JICA; AusAID; NZAID, WORLD BANK; UNICEF
- SPC; UNAIDS; UNDP; FAO; GLOBAL FUND; AND Others

OTHER HEALTH SECTOR PARTNERS ORGANIZATIONS

The Rotary, Lions Club; Soroptomist, Leprosy Foundation, Family Health Australia, International Council of Churches, Thorne Ministry, Protestant Church Men of Promise

I. HEALTH PROFESSIONAL ASSOCIATIONS

There are five professional Associations working with the Ministry of Health on health staff issues and development. They too contribute significantly to the professional development of the sector.

Samoa Medical Association

- Samoa Nursing Association
- Samoa Dental association
- Samoa Pharmacy Association
- Samoa Health Employees Association

⁶¹ Ministry of Health 2003b, p. 26

⁶² Ministry of Finance, 2005 p. 45

⁶³ Government of Samoa, AusAID and NZAID, 2006, p. 16

⁶⁴ Ibid.

ANNEX 4

DEFINITIONS

In the context of this *Plan*, the following definitions apply:

Communicable disease an infectious disease that is transmitted from one individual to another either directly or indirectly in contact with infectious agents.

Chronic disease disease that persists for a long time. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear⁶⁵

Governance exercise of economic, political and administrative authority to manage a country's resources at all levels⁶⁶

Health care prevention, treatment and management of illness and the preservation of mental and physical wellbeing through services offered by the medical and allied professions⁶⁷

Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Therefore, health promotion is not just the responsibility of health sector, but goes beyond healthy lifestyles to wellbeing⁶⁸

Non communicable disease disease not capable of being passed on or transmitted from one person to another (lifestyle disease)

Primordial prevention prevention of risk factors beginning with change in social and environmental conditions in which these factors are observed to develop and continuing high risk to the health of all age groups⁶⁹

Sector wide approach (SWAp) an approach characterized by the existence of a comprehensive sector policy framework, with a clear strategy and priorities:

⁶⁵ Webster's New World, Medical Dictionary

⁶⁶ Governance for Sustainable Human Development, UNDP

⁶⁷ Encyclopedia on Public Health

⁶⁸ Ottawa Charter on Health Promotion (1986)

⁶⁹ Department of Public Health and History of Medicine, Timisoara, Romania

- Short and medium term sectoral expenditure programmes in place (recurrent and development)
- Ongoing participation of key stakeholders
- Sectoral activities sit within a sound macroeconomic framework
- Government led donor coordination
- Donor support identified within sector policy framework, and directed to priority areas
- Donors move to the use of Government systems⁷⁰

Standards

indicators or benchmark to regulate, guide and/or measure the quality of the performance and/or practice of health care professionals and service⁷¹

⁷⁰ Definition obtained from Noumea Simi, ACEO Aid Coordination Unit, Ministry of Finance, GOS

⁷¹ MOH Nursing Standards from Professor Pelenatete Stowers, ACEO Nursing & Midwifery and Quality Assurance

GLOSSARY

ACEO	Assistant Chief Executive Officer
AusAID	Australian Assistance for International Development
CBOs	Community Based Organisations
CCCS	Congregational Christian Church of Samoa
CCWS	Church College of Western Samoa
CDC	Communicable Disease Control
CDC	Cabinet Development Committee
CDC	US Center for Disease Control
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEO	Chief Executive Officer
CMCM	Catholic Media Communication Ministry
CMR	Crude Mortality Rate
CRC	Convention on the Rights of the Child
CVD	Cardiovascular Disease
DAS	Diabetes Association of Samoa
FAO	Food & Agriculture Organization
FEMPS	Ministry of Health Facilities and Equipment Maintenance Policy and Strategy
FONHS	Faculty of Nursing and Health Science
GOS	Government of Samoa
GPs	General Practitioners
HRPP	Human Rights Protection Party
IMR	Infant Mortality Rate
IPPF	International Planned Parenthood Federation
IQ	Intelligent Quotient
JICA	Japanese International Cooperation Agency
LBW	Low Birth Weight
LDS	Latter Day Saints
Low BP	Low Blood Pressure
MDA	Mass Drug Administration
MDG	Millennium Development Goals
MESC	Ministry of Education Sports and Culture
MOH	Ministry of Health
MOU	Memorandum of Understanding
MTIIH	Malietao Tanumafili II Hospital
MWCSD	Ministry of Women Community and Social Development
NCDs	Non Communicable Diseases
NGOs	Non-Government Organizations
NHAs	National Health Accounts
NHS	National Health Service
NKFS	National Kidney Foundation of Samoa
NPPC	National Promotion and Prevention Council
NUS	National University of Samoa
NZAID	New Zealand Assistance for International Development
OECD	Organization for Economic Co-operation and Development
OHS	Occupational Health and Safety
OUMS	Oceania University of Medicine of Samoa
PICs	Pacific Island Countries
PSC	Public Service Commission
RN	Registered Nurse

SARS	Severe Acute Respiratory Syndrome
SDA	Seventh Day Adventist
SDS	Strategy for the Development of Samoa
SFHA	Samoa Family Health Association
SMTT	Sui o le Malo a Tina ma Tamaitai (Government Representative for Women in the Villages)
SQA	Samoa Qualifications Authority
SPC	South Pacific Commission
SRC	Samoa Red Cross
STEPS Survey	Non Communicable Diseases Survey
STIs	Sexually Transmitted Infections
SUNGO	Samoa Umbrella for Non Government Organizations
SWAP	Sector Wide Approach
SWCDO	Samoa Women's Committees Development Organization (Komiti Tumama)
TBA's	Traditional Birth Attendants
TFR	Total Fertility Rate
TTMH	Tupua Tamasese Meaole Hospital
UK	United Kingdom
UN	United Nations
UNAID	United Nations Assistance for International Development
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United National Children's Funds
WHO	World Health Organization
WPRO	Western Pacific Regional Office
WPS	Work Programme and Strategies

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