

AMERICAN SAMOA

1. CONTEXT

1.1 Demographics

In 2010, American Samoa had an estimated population of 65 896. Based on 2010 population estimates, around 35% of the population is below 15 years of age, while 4% is above 65 years. Life expectancy at birth for men is estimated to be 69.3 years, while for women it is 75.9 years. The crude birth rate of 30.0 per 1000 population in 2000 was estimated to drop to 23.5 per 1000 population in 2010, with a crude death rate of 4.5 per 1000 population.

1.2 Political situation

American Samoa was defined by an 1899 treaty between the United States of America, the United Kingdom of Great Britain and Northern Ireland, and Germany, which gave the United States of America control of all Samoan islands east of 171°W. In 1978, the first popularly elected Samoan governor was inaugurated. Governor Togiola Tulafono, who was re-elected in November 2008, has been serving as Governor of American Samoa since April 2003. He has a cabinet made up of 12 department directors. There is a bicameral legislature (*Fono*), consisting of a senate (18 members chosen by county councils) and a house of representatives (20 members elected by popular vote, plus one non-voting member from Swains Island, which is privately owned). The next elections will be held in November 2012.

1.3 Socioeconomic situation

American Samoa has a small developing economy that depends on two main sources of income: the United States Government and tuna canning. Federal expenditures and the canning business together account for 93% of the economy. The remaining 7% comes from the small tourism industry and the service sector. Transfers from the United States Government add substantially to the country's economy, and annual budget revenues of US\$ 121 million comprise grants from the United States of America (63%) and local revenue (37%). The United States is also the main trading partner. Gross domestic product (GDP) per capita was estimated at US\$ 9041 in 2005.

Water supplies and sanitation systems are well organized and maintained, and 99% of the population have access to safe water. Water is increasingly supplied from deep bores, with a smaller portion from reservoirs, and is chlorinated. However, although 99% of the population have adequate excreta disposal facilities, solid waste disposal is still a problem. Waste collection systems have improved significantly, but space for solid waste landfill operations is very limited.

1.4 Risks, vulnerabilities and hazards

No available information.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

The most serious health issues relate to the increase in chronic diseases associated with lifestyle, with their roots in improper nutrition and physical inactivity. Significant increases in the prevalence of obesity, in both sexes and at increasingly younger ages, are associated with a number of these conditions. Hypertension, cardiovascular diseases, cerebrovascular diseases, type II diabetes mellitus and its complications, arthritis, gout and some forms of cancer are among the most important chronic diseases.

American Samoa reported one positive HIV infection in 2001. The Government is taking the issue of HIV/AIDS seriously and has developed a national policy and a prevention programme.

Filariasis is a major endemic problem. The mass drug administration (MDA) campaign in 2001 reported a coverage rate of 52% for the target population, an improvement compared with the 19% coverage rate of the 1999 MDA. In 2008, MDA coverage among the total population at risk was 52.9%. Blood survey results for filariasis were 2.6% (microfilaria) and 11.5% (immunochromatographic test) in 2001.

2.2 Outbreaks of communicable diseases

No available information.

2.3 Leading causes of mortality and morbidity

The morbidity pattern has shifted significantly over the past three decades from infectious diseases to a predominance of noncommunicable diseases related to modernization and lifestyle changes. Based on hospital discharge data and notifiable disease records, the leading causes of morbidity in 2001 were dengue fever, chickenpox, dog bites, road traffic injuries and food poisonings. Heart diseases and malignant neoplasms remained the leading causes of mortality in 2005. Other common causes of death are diabetes mellitus, cerebrovascular diseases, chronic obstructive pulmonary and allied conditions, pneumonia and influenza, hypertension, accidents, perinatal conditions and septicaemia.

2.4 Maternal, child and infant diseases

There has been considerable progress in primary health care in recent years. The total fertility rate for women aged 15-49 years was 4.0 in 2000, while the maternal mortality ratio was 123 per 100 000 live births in 2002.

The infant mortality rate dropped from 15.2 per 1000 live births in 2004 to 11.3 per 1000 live births in 2006-2008. The under-five mortality rate was 4.9 per 1000 live births in 2002.

2.5 Burden of disease

No available information.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

The Department of Health and the Hospital Division continue to co-exist as two separate systems. The Department of Health is responsible for public health issues, communicable disease control (including tuberculosis and HIV/AIDS) and health dispensaries at district and community levels. The national hospital in Pago Pago is under the management of the Hospital Board, designated by the Governor, and is subject to the federal rules and regulations of the United States of America (i.e. the hospital does not have to report to the Department of Health). Nevertheless, coordination between the Department of Health and the hospital is generally well conducted at the technical level. Most public health programmes continue to be funded by federal grants.

The territorial health priorities are as follows:

- (1) Increase the capacity of the health system to meet the health challenges of the 21st century by:
 - improving health policy development mechanisms,
 - developing the health workforce,
 - improving management processes at all levels, and
 - strengthening long-range health planning and programme planning.
- (2) Identify emerging and re-emerging diseases and implement effective interventions.
- (3) Implement effective interventions to decrease the burden of chronic diseases related to unhealthy lifestyles, especially cardiovascular disease, cancer and diabetes mellitus.
- (4) Actively implement the Healthy Islands concepts of health promotion, health protection and primary health care in priority settings, particularly through community health centres and school-linked programmes.

Increase the effectiveness of public investment in health through development of decision-oriented information systems, applied research, effective deployment of the health workforce, application of appropriate technology, and increased allocation of funding for health promotion, health protection and primary health care.

3.2 Organization of health services and delivery systems

See Section 3.1.

3.3 Health policy, planning and regulatory framework

See Section 3.1.

3.4 Health care financing

Financial management of public health programmes is mainly grant-driven rather than programme-driven. The hospital generates financial resources from user fees, local government appropriations and federal health care financing through the Medicaid and Medicare programmes. The total government health budget amounts to 14% of the territory's total budget, the bulk going towards curative care, with only about 10% going to public health. Total health expenditures amount to around US\$ 32.3 million, which corresponds to per capita health expenditure of US\$ 500.

The United States Health Care Financing Administration provides about US\$ 3 million per year to the hospital, the LBJ Tropical Medical Center (16% of its funding), most of which is used to purchase medicines and medical supplies used at the centre. Pharmaceuticals and vaccines are purchased from the United States of America as United States Federal Drug Administration regulations prevent the territory from purchasing pharmaceuticals from foreign sources. There are frequent shortages due to problems with ordering logistics and financial shortfalls.

A planned project to build a new acute care hospital to replace the LBJ Tropical Medical Center has been deferred due to cost. An alternative plan to renovate and expand the existing facility is being implemented.

3.5 Human resources for health

The health infrastructure consists of one hospital (LBJ Tropical Medical Center) and five primary health centres. The LBJ Tropical Medical Center, a 128-bed general acute-care hospital, is the only hospital in the territory. It provides a reasonable range of general inpatient and outpatient services covering: medicine; surgery; obstetrics and gynaecology; ear, nose and throat (ENT) problems; eye problems; paediatrics; mental health; and renal dialysis.

The 2003 health workforce included 49 physicians (American doctors, Fiji School of Medicine graduates and foreign doctors), 15 dentists, 2 pharmacists, 127 nurses, 1 midwife, 98 other nursing/auxiliary staff, 146 paramedical personnel, and 13 other health personnel. However, the absence of an available health workforce pool in a small island population, along with severe government financial difficulties, make long-range health workforce planning uncertain, and recruitment and retention problematic. Both the Hospital Division and the Department of Health have inadequate resources to fund continuing education for their staff members. This leaves the Department of Health with a rapidly growing gap between evolving professional responsibilities and existing workforce competencies. The long-standing problem of health workforce deficiencies is one of the greatest challenges to health development. Human resource development for health has therefore been identified as a priority area for national health development, particularly for WHO collaboration.

Training of nurses takes place both locally and through overseas education in the American system and, as recognition of qualifications requires certification and/or registration by American professional associations, much undergraduate and postgraduate training is also undertaken in that system. Adequate numbers of licensed practical nurses are produced this way, but the supply of registered nurses is insufficient to meet the quality standards required for United States federal health care financing programmes.

Specialized training courses and workshops sponsored by WHO and American sources are also conducted, and help to improve the quality of health services, particularly those related to public health. The telecommunications capability at the LBJ Tropical Medical Center provides additional opportunities for distance learning through the telemedicine/telehealth system housed in that facility.

Medical and dental officers are trained at the Fiji Schools of Medicine and Dentistry, and postgraduate training through short-term courses and attachments is arranged in Australia and New Zealand. In addition, a number of medical students are attending medical schools in the United States of America, although this practice does not provide any assurance that these individuals will return to the island to practise as doctors after their training.

3.6 Partnerships

No available information.

3.7 Challenges to health system strengthening

No available information.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	<i>Statistical yearbook 2006 American Samoa Factsheet</i>
<i>Operator</i>	:	Statistics Division, American Samoa Department of Commerce
<i>Web address</i>	:	http://www.asdoc.info/statistics/statshp.htm
<i>Title 2</i>	:	<i>Reports</i>
<i>Operator</i>	:	Department of Health, American Samoa
<i>Title 3</i>	:	<i>Basic indicators (Country Statistics- American Samoa)</i>
<i>Operator</i>	:	Pacific Regional Information System, Secretariat of the South Pacific
<i>Web address</i>	:	http://www.spc.int/prism/Country/AS/ASindex.html
<i>Title 4</i>	:	<i>American Samoa population: 2007</i>
<i>Operator</i>	:	ASG Department of Commerce, Statistics Division
<i>Web address</i>	:	http://www.asdoc.info/2007_Mid-year_population_estimate.pdf
<i>Title 5</i>	:	<i>Pacific Island Populations - Estimates and projections of demographic indicators for selected years (updated April 2010) Population 2000-2015 by 1 and 5 year age groups, February 2010</i>
<i>Operator</i>	:	Secretariat of the Pacific Community (SPC), Statistics and Demography Programme
<i>Web address</i>	:	http://www.spc.int/sdp/
<i>Title 6</i>	:	<i>CIA – The World Factbook</i>
<i>Web address</i>	:	https://www.cia.gov/library/publications/the-world-factbook/geos/aq.html

5. ADDRESSES

MINISTRY OF HEALTH

<i>Office Address</i>	:	Pago Pago, American Samoa 96799
<i>Postal Address</i>	:	American Samoa Government Territory of American Samoa, Pago Pago, AS 96799
<i>Telephone</i>	:	(684) 633 4606
<i>Fax</i>	:	(684) 633 5379

WHO REPRESENTATIVE IN SAMOA

<i>Office Address</i>	:	Office of the WHO Representative 4 th Floor Ioane Viliamu Building Beach Road, Tamaligi, Apia, Western Samoa
<i>Postal Address</i>	:	P.O. Box 77 Apia, Western Samoa
<i>Official Email Address</i>	:	who@sma.wpro.who.int
<i>Telephone</i>	:	(685) 23756
<i>Fax</i>	:	(685) 23765

6. ORGANIZATIONAL CHART: Ministry of Health

