SAMOA HEALTH SECTOR PLAN

2007– 2015

Compiled by the Ministry of Health Samoa
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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 2004-2006. This Health Sector Plan covering the years 2007-2015 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 in 1998.

This period sees the implementation of the restructuring of the Ministry of Health into two entities. The Ministry of Health and the National Health Services. The Ministry concentrates its efforts into providing overarching legislative and regulatory direction for the health sector. The Ministry is also responsible for health promotion and prevention of disease programs. The National Health Service is responsible for all government owned health services facilities. Likewise it will also see a more 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 Life Style Diseases affecting our people necessitates building capacities in health promotion that fully utilize partnerships and health care provision that is expected to be strongly focused on primary, secondary and tertiary levels of care. Partnerships involving the individuals, communities and government agencies will ensure that health outcomes are improved for the health sector 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 health services. Health promotion acknowledges peoples own contribution to improving their health status through informed choices.

Partnership as used in this plan is about the government and the sector providers sharing knowledge, resources and power in order to ascertain good health and quality health care provision in communities

It is my firm belief that through committed partnership our vision of a Healthy Samoa will become a reality.

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. Together with these is the inclusion of the implementation 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 is determined to continue championing collective action amongst sector partners to implement the primary health care and health promotion strategy as a means of achieving the vision of our Pacific Islands Health leaders.

Partnership is acknowledged as the way forward to a Healthy Samoa. The commitment to continue strengthening collaboration with and among the government agencies, traditional healers, community based and non-government organizations to promote health and healthy life styles is recognized as an important strategy to attain our vision for a Healthy Samoa.

The challenges for the Sector in practically translating the idea of Partnership as defined by the Minster 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.

It is vital 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 high standards performance.

Palanitina Tupuimatagi Toelupe
Chief Executive Officer
MINISTRY OF HEALTH
I. INTRODUCTION

This Health Sector Plan for Samoa is linked to Samoa’s Strategy for Development (SDS) 2005-2007. It addresses issues and challenges relating to maintaining good health status and meeting priority health care needs of the Samoan people. The Plan is committed to the strengthening of health promotion, provision of high quality health care, sector collaboration and partnership as well as evidence based programs for the prevention of disease and rehabilitation.

It closely pursues regional and international mandates as recognized by:

*The Alma Ata Declaration* in 1978 on using Primary Health Care as a vehicle to achieving global health. 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 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. 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. 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. From there a more Pacific Islands initiative evolved. The Healthy Islands vision was declared by the Pacific Islands Health Ministers declaration in Yanuca Islands, Fiji 1995. 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 Health Sector Plan recognizes the need to work towards the achievement of *The Millennium Development Goals* 2000-2015, centered around: improving health, poverty alleviation and socio-economic development. It is recognized that good health status and a healthy population is necessary to enabling the attainment of all eight goals expressed in Millennium Development Goals.

*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 Samoa Development Strategy 2005-2007 recognizes the need to develop skilled human resources in health as also documented in previous SDS. In 1993 Samoa began an active program to meet challenges of ensuring sufficient numbers of skilled nurses through the amalgamation of the School of Nursing into the National University of Samoa. The School of Nursing has rapidly developed into the Faculty of Nursing and Health Science in 2004.

The Oceania University of Medicine, Samoa, was also established in 2002 in recognition of the need to have sufficient skilled health workers. This Institute of learning is mandated with the study, training and research in medicine and health care in its various disciplines inclusive of medical, dental and nursing.

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.

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 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 July 2006.

Much still remains to be done to continue the momentum of development in this sector. The purpose of this sector plan is to provide a systematic guide, in order to facilitate the utilization of all resources available for health in a collaborative manner for the continuing improvements of the health status of our people. In order to achieve 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 strategic document that will guide, monitor and assess the performance of the health sector to facilitate improvement of health and well being for all the people of Samoa.
II. VISION

A Healthy Samoa’

Is 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.

Source:
Pacific Health Ministers
Yanuca Islands Declaration
On Health in the Pacific
In the 21st Century (1995)

This has been the vision of the Health Sector since its first Health Sector Strategic Plan 1998 – 2003. Although documented differently, the vision of the Health Sector is now well defined and focused.

III. MISSION

‘To Regulate and Provide Quality, Accountable and Sustainable Health Services through people working in partnership’

This health sector mission derives from the health system reform according to the MOH Bill (Act 2006) and NHS Bill (Act) 2006.

IV. MANDATES

- Ministerial and Department Arrangements Act 2003
- Ministry of Health Bill (Act) 2006
- National Health Service Bill (Act) 2006
- Cabinet Directives
- International Conventions and Agreements
- The National Kidney Foundation of Samoa Act 2004
- The Oceania University of Medicine Samoa Act 2002
- Other Relevant Government Sector Partner Mandates and Non Government Organization Constitutions.
- HRPP Anavatau 2006 – 2011
V. PRINCIPLES & VALUES
As we seek to achieve our Mission, we are guided by the following Principles and Values:

1. Principles:
   - Promotion of appropriate and affordable health services which enables equal access by all the people of Samoa.
   - Addressing the health needs and health rights of the vulnerable members, communities and people.
   - Encouraging Multi-Sectoral and Multi-Disciplinary Action for Health.
   - Striving for Improved Capacity of Individuals, Families, Communities and Country for Looking After and Protecting Health and Well – Being
   - Acknowledging cultural and religious differences with tolerance and respect

2. Values:
The health sector partners will:

Strive for collectiveness and effective partnership in the regulation and provision of health services.

Practical application of the Samoan value “Ava fatafata” to respect and acknowledge each other’s role in the health Service.

VI. NATIONAL SECTOR GOALS
Improved Health standards primarily through focus on:
   - Strengthening Health Promotion and Prevention of Diseases programs,
   - Developing skilled human resources in health,
   - Improving Health facilities and equipment,
   - Financing Health Services,
   - Strengthening of the Health Sector.

VII. IDENTIFIED STRATEGIES FOR THE NATIONAL HEALTH SECTOR GOALS.

1. Strengthening health promotion and prevention of illness, treatment and rehabilitation, as well as disease programs
   - Advocate the Effective Implementation of Health Promotion in all aspects of health (Food Safety, Health & Fitness, Tobacco Controls, Safe Water etc)
   - Strengthen prevention programs
   - Providing an enabling environment to facilitate greater community, NGO and private sector participation in health matters
   - Strengthen Prevention of Chronic Diseases
   - Better Coordination of the Council and Advisory Committee Responsibilities
   - Continue Integrated Community Health Care
   - Strengthen Safe Motherhood Programs
   - Strengthen Fanau ma Aiga Manuia Programs
   - Strengthen Adolescent Health Programs
   - Strengthen Well-being of the Elderly Activities
   - Strengthen Environmental health & sanitation
   - Strengthen mental health activities and encourage community and family participation
   - Monitor the Implementation of the mental health policy
   - Continue and strengthen the Aiga ma Nuu Manuia program
   - Continue Elimination/control programs for leprosy, Filariasis, TB
   - Continue Consultation on Health matters
   - Collaboration amongst stakeholders on health related programs
   - Reinforce Capacity Building of human resources in health
   - Develop and Promote Utilization of a Samoa specific Sector-wide Approach
   - Strengthen Work Collaboration with Village level Government representatives (Pulenuu, Sui o Malo Tina ma Tamaita’i, Youth Directors)
   - Continue Collaboration with other Ministries and NGOs
   - Increase Marketing of Health as an Asset
   - Develop and Implement Regulations in Health
   - Conduct Research for the development of evidence based policies and plans
   - Continue the conduct of Surveillance.
   - Continue Identification of Vulnerable and Special Needs groups
   - Intensify Strategic Development to minimize vulnerability of special groups
   - Continue the Improvement of Health Care Standards and Practices
   - Intensify individual and community management of their health status
   - Continue Safe Blood Donation Program
   - Strengthen HIV/AIDS National Response Programs
   - Register and Develop Standards for Traditional Health Practitioners
   - Register and Develop Standards for Alternative Health Practitioners
   - Monitor and Regulate Health Institutions Infrastructures and Physical Assets
   - Ensure Food Security and Strengthen Nutrition Programs
   - Implement Food and Nutrition Policy Plan of Action
   - Strengthen cancer programs
   - Strengthen Heart Foundation program in Samoa
   - Work with partners on programs for the prevention of rheumatic fever in children
   - Implement systems to enable early diagnosis of illness and disorders
   - Strengthen prevention of injuries programs especially for children
   - Regulation of the Health Sector
   - Strengthen environment for evidence based medicine
(Sector Partners are encouraged to incorporate any strategies they are involved in but not included)

2. Developing skilled human resources in health

- Capacity Building of human resources for health for the sector (In-house/on the job training, Formal training, short term attachments)
- Encourage Post-Graduate Training in Specialized Health Care Services
- Strengthen and further develop The Faculty of Nursing and Health Science (NUS) and the Oceania University of Medicine (SAMOA)
- Continue to Improve Terms and Conditions (Compensation, Benefits, Working Environments, Contracts, Job Descriptions, Performance appraisals)
- Improve Marketing of Health Worker as a Profession
- Conduct Peer Reviewing
- Develop and Implement Workforce Planning (Occupational Health and Safety)
- Improve working conditions
- Develop and Implement for Capability Plans
- Establish Career Pathways
- Establish an Information Database on all Human Resources for Health in Samoa
- Continual professional training
- Supportive environment for private practitioner work in public hospitals
- Strengthen links between health practitioners and Ministry of Police and Prisons and NGOs for the referral of suspected abuse cases (physical and sexual abuse)
- Strengthen links between health practitioners and NGOs for suspected substance abuse cases especially to access counseling

(Sector Partners are encouraged to incorporate any strategies they are involved in but not included)

3. Improving Health Services, facilities and equipment

- Strengthen Integrated Community Health Services
- Strengthen partnerships to protect boundaries from importation of drugs, and illegal substances that will affect the health of Samoans
- Strengthen efforts with partners to protect from diseases from outside Samoa
- Intensify the Implementation of Hospital maintenance plans and standards
- Develop and Implement Regulations in Health
- Strengthen Monitoring of Regulatory Compliance
- Develop and Implement Standards and Protocols in Health Services
- Intensify the conduct of Clinical Audits
- Advocate Appropriate Resourcing
- Ensure continuing Refurbishment of facilities
- Develop sustainable and appropriate Outsourcing and Sub-contracting systems
- Continue Monitoring of Occupational Health and Safety Standards
- Ensure Up to date Services Plans.
- Work with partners to uphold principles of CEDAW and CRC
- Work with partners to implement International Tobacco Framework Convention
- Ensure easy access for customer complaints

(Sector Partners are encouraged to incorporate any strategies they are involved in but not included)
4. Financing Health Services
- Ensure Efficient Billing Systems are implemented (Service fees and charges, revenue collection)
- Develop and Implement Regulations in Health Financing (Monitoring Private fees and charges)
- Continue to consult and advise on the Appropriate MediSave Scheme for Health
- Monitor the implementation and impact of the Overseas Treatment Scheme
- Research and Solicit More Funding Schemes for Health
- Advise and Appropriately Utilize Foreign aid programs for Health
- Intensify Fund-raising activities for Health Care Services.

5. Strengthening the Health Sector and strengthen partnerships
- Monitoring and Further Developing Effective Partnerships
- Enabling Effective coordination amongst all key stakeholders
- Ensure Capacity Building for the sector
- Monitoring and Evaluating of all Regulations
- Ensuring Sufficient Resourcing according to compliance with Standards and Protocols
- Legislative/Policy Awareness
- Encourage Good Governance principles
- Compliance with the International Health Regulations.
- Training of health managers in the sector
- Implementation of the devolution of financial and HR management to divisional levels
- Strengthen links with private sector and review ways to work together in provision of health care
- Establish guidelines and protocols for contracting of health care services to NGOs, private sector as well as community groups
- Improved effectiveness of management of the Ministry
- Effective implementation of the realignment of the Ministry and service provision
- Revising health services plans
- Promotion of Disaster preparedness
- Strengthening ability to monitor effect of climate change on Health
- Strengthening counseling programs run by NGOs (includes church based organization counseling services such as RHEMA)
- Strengthen links between Pule Nuu, Sui o Malo, Taulasea, Faatosaga, and government health workers in the communities.
VIII. SITUATION ANALYSIS

This Sector Plan covering the period 2007-2015 recognizes the importance of all partners in the health sector working together to achieve the sector vision of *A Healthy Samoa*. The use of a sector wide approach for this plan is vital in successfully addressing current health issues of today and the future. This plan is founded on the understanding that health is every one’s responsibility. Likewise, the protection of health must begin with the individual, the family and the community, so as to achieve progressive national health outcomes.

It is important that all health sector partners understand each other’s roles in the sector so as to collectively achieve the identified Health goals. Minimizing wastage of limited resources through duplication of services must be avoided. Just as important is the need for health service providers to complement rather than compete with each other’s efforts and to work together to attain the highest quality of health care for all Samoans.

The following situational analysis gives the realities and issues facing the health sector. It recognizes the interrelated roles of the various health services and health service providers in addressing these.

1. Demographic Situation

The total population of Samoa in 2001 was 176,710 of which 92,050 were male and 84,660 were female.\(^1\) The annual population growth rate recorded in 2001 was 1%, an increase of 0.5% from 1991.\(^2\) 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.\(^3\) Further estimates have been made for 2004, which have the total population at 182,700.\(^4\) 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.\(^5\)

The National Population Policy\(^6\) 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.\(^7\) The percentage of the population living in urban areas illustrates this migration between 2003 and 2005 with 22.3% in 2003 and 22.5% in 2005.\(^8\) 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 57.3\(^9\) with an increase of 7.7 to reach 65

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1. Government of Samoa 2002
2. Ministry of Finance Statistical services
3. Ministry of Health 2003a, p. 17
4. WPRO, 2005,
5. Ibid.
6. GoS 200?
7. WPRO, 2005. p. 18
9. United Nations Economics and Social Commission for the Asia Pacific (UNESCAP), 200?
people per square kilometer by 2004.\textsuperscript{10} The National Health Services Planning Framework has noted that there has been a 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.\textsuperscript{11}

2. Critical demographic issues for health care
The rural-urban migration exacerbates the diminishing agriculture and fishery industry in rural areas, and the ability to support the population

The social consequences of the rural to urban migration can be witnessed in the changing domestic/social structures in urban areas.\textsuperscript{12} 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.\textsuperscript{13}

The rural-urban migration is also impacting upon the health of urban communities in Samoa. The ready access to unhealthy imported foods combined with smoking, alcohol and physical inactivity is contributing to the increasing prevalence of NCDs.\textsuperscript{14}

The demographic transition being experienced by Samoa – an increasingly elderly population as life expectancy improves and a large cohort of adolescents – provide challenges for management of aging and NCDs (in the former) and reproductive health issues in the latter. The likelihood is that 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 secondary prevention programme for older cohort, 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.\textsuperscript{15} This has corresponded to an increasing demand for curative and rehabilitation services.

3. Infant and Mortality Rates
Improvements have been noted over the decades in the infant (IMR) and child mortality rates and maternal mortality ratio\textsuperscript{16}. 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.\textsuperscript{17} The report highlights that despite recording a significant decline in IMR it has not been a continuous downward trend.\textsuperscript{18} For the years 1992, 1995,

\textsuperscript{10} Asian Development Bank, 2005
\textsuperscript{11} WPRO 2006
\textsuperscript{12} Ibid.
\textsuperscript{13} Ibid.
\textsuperscript{14} Ministry of Finance 2003. p. 18
\textsuperscript{15} Ibid.
\textsuperscript{16} UNFPA 2005
\textsuperscript{17} Government of Samoa, 2004, p. 23
\textsuperscript{18} Ibid. p. 24
1997 and 1998 there were reported increases in both indicators.\textsuperscript{19} 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”.\textsuperscript{20} The MDG report also outlines concerns regarding the CMR stating that “there is still a large number of children suffering from preventable diseases as well as those associated with changing lifestyles”.\textsuperscript{21} 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”.\textsuperscript{22}.

The MDG report outlines concerns regarding the Crude Mortality Rate stating that “there is still a large number of children suffering from preventable diseases as well as those associated with changing lifestyles”. 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”.

4. 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.

5. Fertility Rates
There has been noticeable decline in the number of births per women 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 aimed for under the Samoa National Population Policy of 3.8\textsuperscript{23}. 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.

6. Injuries in Children
An information paper on ‘Samoan 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 this amount rose to 21 percent (320)

Further information collected which included a ten day injury surveillance study

\textsuperscript{19} Ibid.
\textsuperscript{20} Ibid.
\textsuperscript{21} Ibid.
\textsuperscript{22} Ibid.
\textsuperscript{23} GoS 200?
conducted through the emergency and Outpatient department of the Tupua Tamasese conducted in seven Health Centers in Upolu and three in 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.

7. 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.” 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%.25

The total net primary enrolment rate, for children aged between 5-14 years, has increased from 93.1% in 1991 to 94.7% in 2001.26 For the period 2000-2004, the net primary school enrolment was calculated /estimated at 98%.27 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.28 The MDG Report of 2004 does note that there was a drop to 85% for that year, signifying the need for continued progress towards compulsory education in Samoa.29

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.30 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.31

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.

8. Critical Literacy and Education Issues
High literacy and education levels support good access for health promotion and education 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

24 Secretariat of the Pacific 2005
25 UNESCO 2006
27 UNICEF, 2007
29 Ibid.
30 Ministry of Education, Sports and Culture 2003
31 Ibid.
9. How health care is financed
The Samoa Ministry of Health has been actively involved in the development of National Health Accounts (NHAs) since 2001 which provide detailed information of sources of financing, levels as well as directions of expenditure and resource allocation. These NHAs have provided a basis of information on how health care is financed in Samoa.

Although health promotion and prevention of disease has been a priority for Government over the last decade, the 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 sector health is also primarily focused on curative, treatment and rehabilitation services with very little expenditure going into health promotion 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.

10. Disease Patterns
Changes to the face of health in Samoa has included:

Changing disease patterns, highlighting the rapid increase of Non Communicable lifestyle diseases such as diabetes, high blood pressure and mental problems have put more emphasis on the need to continue building on health promotion programs to empower individuals, families, and communities to protect their own health. 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.

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

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. The current SARS and Avian Flu scare which was and continues to be a worldwide health issue has made this more urgent.

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

There is still a need to continue efforts to containing and managing known communicable diseases such as typhoid, leprosy etc.
IX. 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, NGO and private sector agencies. The following challenges are highlighted for this plan period.

- 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, the capacity of the Ministry of Health to manage how many partnerships in the short to medium term, and which partnerships will needed to strengthen in the medium term needs to be decided.

- 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 the contractual relationships.

The development, management and maintenance of these strategic partnerships need to be dialogued and understood by all parties.

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

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 reforms.

The three basic prerequisites for managing the public–private partnerships are: Knowledge on the part of the public sector health management of the private sector and vice versa
Ongoing communication and discussions between public and private providers and Institutionalized policy instruments for interacting with the private sector especially regarding financing, regulation, reporting and dissemination of information.

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.
1. GOVERNMENT PROVIDERS
   a) MINISTRY OF HEALTH:
   The Ministry of Health has been mandated the responsibility of:
   1) Providing the government and the Minister of Health with advice as to strategies, policies and planning concerning the development, Resourcing, provision and planning of Health Services.
   2) Regulating and enforcing standards concerning the training, qualifications and performance required for providers in accordance with any applicable laws.
   3) Monitoring the performance of providers.
   4) Establishing and providing the quality control in consumer complaint systems for the provision of Health Services in accordance with any applicable laws
   5) To provide health promotion and preventative services.

   Source: Ministry of Health Bill (2006)

b) NATIONAL HEALTH SERVICE (NHS)
This is the entity that is responsible for all health care services and health facilities financed by government. The National Health Service has been mandated the following functions:
   1) To provide, maintain and manage all health services, institutions and bodies as listed:
      a) TTM Hospital, 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

   2) 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;

   3) To comply with any written directions issued by the Minister under section 13 of the National Health Service Bill (Act) 2006

   4) 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

   5) 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

c NATIONAL KIDNEY FOUNDATION OF SAMOA
The National Kidney Foundation of Samoa established in 2005 has been mandated the following functions:
1) To raise funds in Samoa and elsewhere for the Purpose of the Foundation
   a) The provision of preventive health care programs by the Foundation or otherwise to minimise the incidence of kidney related diseases and disorders,
   b) 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;
   c) The provision by the Foundation or otherwise of healthcare education and information concerning kidney related diseases and disorders, their prevention, treatment and care;
   d) The conduct and publication by the Foundation or otherwise of research concerned with or related to the Foundation’s purposes; and
   e) Such other functions as the Minister, acting on the advice of Cabinet, may approve in writing.
2) 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.


d THE OCEANIA UNIVERSITY OF MEDICINE (SAMOA)
The Oceania University of Medicine (Samoa) established in 2002 has the mandated functions:

1) 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;
2) The acquisition and transmission of knowledge in medicine and health care by teaching, research and consultancy;
3) The encouragement of intellectual independence;
4) The fulfilment of the goals and guiding principles of the University as set out in the Charter.

Source: OUMS Act 2002

e NATIONAL HEART FOUNDATION (SAMOA)
In November 2005 the cabinet approved the establishment of a committee chaired by the minister of Health to look into setting up a national Heart foundation in Samoa. In early 2006 the Prime Minister opened the National Heart foundation for Samoa. The focus of this being 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.
f  THE NATIONAL UNIVERSITY OF SAMOA: FACULTY OF NURSING AND HEALTH SCIENCES
(FNHS to provide mandated functions during consultations)

g  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. The following ministries also through their work programs have roles to play in health. For example the MWCSD 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 in teaching students the value of health promotion programs. The following list gives a list of the primary government bodies that impact on health and it is important that these work together to strengthen health in Samoa so as to achieve the sector vision. 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.

- 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
2. 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;

a PRIVATE HOSPITAL (MEDCEN)
The MedCEN Private hospital established in 1999 is a 21-bed facility providing 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.

b METI MEDICAL CLINIC - SLEEP APNOEA CLINIC
The Sleep Apnoea Clinic was established in ????. Their Constitutional Functions include:
(Meti to provide mandated functions during consultations)

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

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

d PRIVATE PHARMACIES,
There are four private pharmacies in Samoa. These are Apia Pharmacy Ltd; Maria’s Health care Pharmacy Ltd; Multipharm Laboratories Ltd and Samoa Pharmacy Ltd. Several private physicians with specific specialities not available or in short supply in the public health sector such as in ENT, anaesthesia, obstetrics and gynaecology provide part time services for the public at the TTM Hospital.
(PPs to provide mandated functions during consultations)

e DENTAL PRACTITIONERS
There are two private dental practitioners in Samoa. These are Leavai Dental Clinic and
Soonalele Dental Clinic. The private Hospital MedCEN also has a dental practice. All are registered under the Dental Practitioners Act 1975. The Samoa Dental association is also linked to the Federation Dental International.

(DPs to provide mandated functions during consultations)

**f. NURSING PRACTITIONER**

There is one private nursing practitioner in Samoa – Nurse on Wheels. Founded and operated by RN Simealai Tavana. The Nurse on Wheels Practice is registered under the Nursing Act ??, and operates under Nursing Standards. (Say something re: Annual Practice Certificate). This service provides home care nursing service such as:

- 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

(NP to provide mandated functions during consultations)

**g. PHYSIOTHERAPIST**

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

**h. ALTERNATIVE THERAPISTS/PRACTITIONERS**

Rosenberg Body care Clinic
Natural Herbal Medicine Shop
EMI's Tropical Clinic

Kens 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
(to provide mandated functions during consultations)

3. THE TRADITIONAL SECTOR
   a. Traditional Healers – Taulasea Samoa
   In Samoa there are an estimated 900 traditional Healers (does not include Traditional Birth Attendants). 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. Traditional Healers may be herbalists, bonesetters, masseurs, midwives, acupuncturists, psychic or magicians. Their integration into government health care programs in Samoa has been limited. However building referral relationships to hospitals are a priority for government.

   (Refer drafted constitution for TH)
   (Mandates/ functions and roles to be discussed in consultations)

   b. Traditional Birth Attendants – Fa’atosaga
   The MOH in its efforts to foster collaboration with traditional birth attendants has actively worked towards building 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 TBA’s 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 mother’s 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 the government Nurses who carry out training programs for registered TBA’s. 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.
4. NON-GOVERNMENT 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 the providers of primary health care related activities, with a particular focus on enforcing the implementation of grassroots involvement for health promotion programs. 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 programmes. These programmes include the delivery of services such as promotion of suicide awareness, shelters for abused women, help lines and other counseling services.

Recently interest in 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 promotes reproductive health services, and the Diabetes 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 indigenous NGOs. SUNGO assists other NGOs in promoting their programmes and policies, through capacity building of its members and obtaining funding through government and development partners. 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 programmes of support for improving the financial and management capacities of the NGOs in the country, as well as its own programme 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 the 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.” 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.

a THE DIABETES ASSOCIATION OF SAMOA

The Diabetes Association of Samoa was established in 1995. The focus being prevention, early detection and management and control of diabetes in Samoa. This diabetes clinic was outsourced to be managed by the Diabetes Association of Samoa in 2004. A Memorandum of Understanding between the MOH and the DAS is yet to be

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32 Ministry of Health 2003b pp. 22-23.
33 ibid
34 GoS 2005
36 Ministry of Health 2003b, pp. 22-23
37 Ibid. p. 50

finalized. This MOU will provide the basis for future directions.

b SAMOA FAMILY HEALTH ASSOCIATION
The Samoa Health Family Association became fully established in Samoa in 1993. The main functions of this Association include:

- Sexual an 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 a Representatives (Pule Nuu and Sui O Le malo)
- Vulnerable Groups

c 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)

d CANCER SOCIETY
(Mandates to be discussed in consultations)

e SAMOA AIDS FOUNDATION (INCORPORATED)
The Samoa AIDS Foundation was established ON THE 1ST December 2004 as a non-profit, non-political, non-government 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

f FAATAUA LE OLA
The Faataua Le Ola was established in (to be confirmed during consultations). Their
Constitutional Functions include:
(Mandates to be discussed in consultations)

**g. MAPUSAGA O AIGA**
The Mapusaga O Aiga was established in (to be confirmed during consultations). Their Constitutional Functions include:
(Mandates to be discussed in consultations)

**h. NUANUA O LE ALOFA**
Nuanua o le Alofa plays a special role in advocacy for health issues.
(Mandates to be discussed in consultations)

**i. 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

**j. RHEMA SOUTH PACIFIC BIBLE TRAINING CENTER RHEMA**
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.

**5. 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.

**a. CATHOLIC CHURCH OF SAMOA MAPUIFAGALELE OLD PEOPLES HOME**
(Mandates to be discussed in consultations)

**b. CATHOLIC CHURCH OF SAMOA FIAOLA CLINIC**
The Catholic Church of Samoa Fiaola Clinic was established in ???. Their Constitutional Functions include:
(Mandates to be discussed in consultations)

**c. CATHOLIC MEDIA COMMUNICATIONS MINISTRY (SAUTIA MAI)**
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.

(Mandates to be discussed in consultations)

d **FIAOLA CRISIS CENTER**

This 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

e **METHODIST CHURCH MAFUTAGA A TINA SOOFATAASI**

(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

f **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 includes:

- 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.

g **THE SEVENTH-DAY ADVENTIST CHURCH HEALTH PROGRAMS**

The Seventh-Day Adventist Church Health Programs was established in ???. Their Constitutional Functions include:

(Mandates to be discussed in consultations)

h **BAHAI FAITH HEALTH PROGRAM**

(Mandates to be discussed in consultations)

6. **COMMUNITY BASED SOCIAL STRUCTURES**

The establishment of Women’s Committee in the village setting in the 1920s was initially
to provide support to maternal and child health Programmes through the delivery of preventive health care services and to promote sanitation at the village level. 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). There are also women’s committees, which belong to neither of these two umbrella NGOs. They work closely with the MWCSD.

The Samoa Development Strategy 2004-2007, has highlighted 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. These Programmes also include responses to the impact of HIV/AIDS, and the implementation of the Aiga Ma Nuu Manuia programme (since 1998) promoting active participation by women in community development, healthy homes and healthy villages. These Programmes have been implemented across both Upolu and Savai‘i with particular emphasis on rural areas.

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 MWC&SD 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).

**a** Pule Nuu - Village Mayors  
(Mandates to be discussed in consultations)

**b** Women’s Committees  
(Mandates to be discussed in consultations)

**c** Youth & Children – Fanau Lalovaoa & Tupulaga Talavou  
(Mandates to be discussed in consultations)

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38 UNESCO, 2006,  
39 Government of Samoa, 2005 p. 37  
40 English translation to Healthy Families, Healthy Villages. Toelupe et al 2003  
41 Government of Samoa, 2005, p. 37  
42 ibid
d Gyms and Exercise Facilities

There are currently three gyms in Samoa: Health Attack, Heems Fitness and Joes gym.

These focus on providing exercise classes as well as personal fitness programs in Samoa. Their role in health focuses on promoting exercise and fitness to maintain and improve physical health.

X. DEVELOPMENT PARTNERS

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 Accounts\(^43\) indicates that development partner (donor) spending has increased gradually from 15 percent in 1998/99 to 19 percent in 2002/2003\(^44\) 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%).\(^45\)

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.”\(^46\) The Government of Samoa has detailed the Guiding Principles for Development Partner Harmonisation\(^47\) as:

- Donor harmonization being Samoan driven, led and owned.
- Mutual accountability.
- Clear and simplified processes and mechanisms tailored to local circumstances and institutional capacity.
- Work within Samoa’s national development frameworks and systems.
- Provide development assistance in ways that build sustainable national capacity including civil society, NGOs and the public sector.
- 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; NZODA; WORLD BANK; UNICEF SPC; UNAIDS; UNDP; FAO; GLOBAL FUND; AND Others

\(^{43}\) 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,

\(^{44}\) Ministry of Health 2003b, p. 26

\(^{45}\) Ministry of Finance, 2005 p. 45

\(^{46}\) Government of Samoa, AusAID and NZAID, 2006, p. 16

\(^{47}\) Ibid.
**Other Organizations:** THE ROTARY, LIONS CLUB; SOROPTOMIST, LEPROSY FOUNDATION, FAMILY HEALTH AUSTRALIA, INTERNATIONAL COUNCIL OF CHURCHES, THORNE MINISTRY, PROTESTANT CHURCH MEN OF PROMISE. (Mandates to be discussed in consultations)

**XI. 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.

1. Samoa Medical Association
2. Samoa Nursing Association
3. Samoa Dental association
4. Samoa Pharmacy Association
5. Samoa Health Employees Association

**XII. HEALTH SECTOR PLANNING COORDINATION**
The Ministry of Health as the mandated, regulating authority is responsible for coordinating and collating the Health Sector Plan. It is envisaged that Health sector Plans will be able to demonstrate the linkages with and amongst the health work of sector partners.

Willingness of the health sector partners to make this plan a collective, living document will not only enhance its principle purpose but will foster better understanding of what each and everyone is doing for the health of the people living in Samoa. The ultimate dream is *A Healthy Samoa*.

**XIII. ISSUES DISCUSSED DURING SECTOR PLAN CONSULTATIONS:**
1. Roles and Functions in Health Sector of Partners
2. Managing Partnerships (Agreements and MOUs)
3. How to work with the MOH to regulate the health service providers to strengthen the Samoan health system
4. Developing Health Care standards (assistance require from MOH in developing)
5. Develop an agreed system for regulating and monitoring care for the sector.
6. Financing Issues
7. Any other Issues

**XIV. BODIES CONSULTED**
1. Sio o le Malo Tina & Tamaitai (Upolu & Savaii)
2. Pulenuus (Upolu & Savaii)
3. Youth Directors (Savaii)
4. Fiaola Clinic
5. Samoa Health Employees Association
6. Samoa Faafafine Association
7. Samoa Red Cross
8. Samoa Family Health Association
9. SWCDO
10. Samoa Dental Association
11. Samoa Medical Association
12. Yazaki Eds Samoa Clinic
13. EMI’s Tropical Clinic
14. General Practitioners
15. NUS Faculty of Nursing & Health Science
16. Nurse on Wheels
17. Herbal Natural Center
18. Dental Practitioners
19. Ma’a o le Fesoasoani Physiotherapy
20. Peace Corps Clinic
21. Samoa General Practitioners Association
22. Ministry of Women, Community and Social Development
23. Samoa Ports Authority
24. Public Service Commission
25. Ministry of Works, Transport & Infrastructure
26. Customs Department (Ministry of Revenue & Customs)
27. Airport Authority
28. National Health Services
29. Oceania University of Medicine in Samoa
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WHO (1996) The Rarotonga Agreement on Progressing Healthy Islands
### Table 1  
Demographic Indicators for Samoa

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude Birth Rate</td>
<td>37.6</td>
<td></td>
<td></td>
<td>1990&lt;sup&gt;48&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>29.0</td>
<td></td>
<td></td>
<td>1995&lt;sup&gt;******&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>20.8</td>
<td></td>
<td></td>
<td>2003-2004*</td>
</tr>
<tr>
<td>Crude Death Rate</td>
<td>6.8</td>
<td></td>
<td></td>
<td>1990**</td>
</tr>
<tr>
<td></td>
<td>6.0</td>
<td></td>
<td></td>
<td>1995&lt;sup&gt;******&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>3.0</td>
<td></td>
<td></td>
<td>2003-2004*</td>
</tr>
<tr>
<td>Health-adjusted life expectancy at birth (years)</td>
<td>57.8</td>
<td>58.2</td>
<td>61.6</td>
<td>2000&lt;sup&gt;59&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>72.8/57.7</td>
<td>71.8/56.0</td>
<td>73.8/59.5</td>
<td>2001&lt;sup&gt;60&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>59.7</td>
<td>59.2</td>
<td>60.3</td>
<td>2002&lt;sup&gt;61&lt;/sup&gt;</td>
</tr>
<tr>
<td>Neo-Natal Mortality Rate (per 1000 births)</td>
<td>4.2</td>
<td></td>
<td>4.2</td>
<td>2002&lt;sup&gt;62&lt;/sup&gt;</td>
</tr>
<tr>
<td>Infant mortality Rate per 1000 births</td>
<td>22.4</td>
<td></td>
<td>19.0</td>
<td>1990&lt;sup&gt;63&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>19.3</td>
<td>19.5</td>
<td>19.0</td>
<td>2001</td>
</tr>
<tr>
<td>Child Mortality Rate (under 5 Years) per 1000 births</td>
<td>42</td>
<td>26</td>
<td>30</td>
<td>2000&lt;sup&gt;66&lt;/sup&gt;</td>
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<td></td>
<td>24</td>
<td>27</td>
<td>21</td>
<td>2003&lt;sup&gt;67&lt;/sup&gt;</td>
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<tr>
<td>Maternal Mortality Ratio per 100,000 live births (15-49 years)</td>
<td>35.0</td>
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<td>35.0</td>
<td>1990&lt;sup&gt;68&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>19.6</td>
<td></td>
<td>19.6</td>
<td>2002&lt;sup&gt;69&lt;/sup&gt;</td>
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<td></td>
<td>5.3</td>
<td></td>
<td>5.3</td>
<td>2004&lt;sup&gt;70&lt;/sup&gt;</td>
</tr>
<tr>
<td>Rate of Natural Increase % per annum</td>
<td>2.75</td>
<td></td>
<td></td>
<td>2001</td>
</tr>
<tr>
<td>Total Fertility Rate (15-49 years)</td>
<td>4.4</td>
<td></td>
<td>4.4</td>
<td>2001&lt;sup&gt;61&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>3.4</td>
<td></td>
<td>3.4</td>
<td>2004&lt;sup&gt;62&lt;/sup&gt;</td>
</tr>
<tr>
<td>Number of Maternal Deaths</td>
<td>4</td>
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<td>4</td>
<td>2002-2003&lt;sup&gt;63&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
<td>2003-2004&lt;sup&gt;64&lt;/sup&gt;</td>
</tr>
<tr>
<td>Number of Teenage Pregnancies</td>
<td>341</td>
<td>341</td>
<td>341</td>
<td>2002-2003&lt;sup&gt;65&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>303</td>
<td>303</td>
<td>303</td>
<td>2003-2004&lt;sup&gt;66&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>48</sup> UNFPA 2005  
<sup>49</sup> WHO 2005  
<sup>50</sup> WHO 2005  
<sup>51</sup> Ibid  
<sup>52</sup> WPRO 2004a  
<sup>53</sup> GOS 2004a  
<sup>54</sup> MOH 2003a  
<sup>55</sup> GOS 2004a  
<sup>56</sup> WHO 2005  
<sup>57</sup> Ibid  
<sup>58</sup> UNFPA 2006  
<sup>59</sup> WPRO 2004a  
<sup>60</sup> WHO 2005  
<sup>61</sup> WPRO 2004a  
<sup>62</sup> WHO 2005  
<sup>63</sup> MOH 2003a  
<sup>64</sup> Ibid  
<sup>65</sup> Ibid  
<sup>66</sup> Ibid