Japanese International Cooperation Agency (JICA)

Survey of Effective Methods of Assistance for the Health Sector in Samoa

(Final Report)

FEBRUARY 2003

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KK Consult Ltd

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APPENDICES

ACRONYMS

NCD	:	Non Communicable Disease
JICA	:	Japan International Cooperation Agency
ADB	:	Asian Development Bank
WHO	:	World Health Organisation
AusAID	:	Australian Development Cooperation
NZAID	:	New Zealand Development Cooperation
NGOs	:	Non Government Organisations
TTM	:	Tupua Tamasese Meaole National Hospital
YMCA	:	Young Men's Christian Associations
IPPF	:	International Planned Parenthood Federation
EU	:	European Union
HACC	:	Department of Health Aid Coordinating Committee
HRPIRD	:	Human Resource Planning, Information, Research and Development
SUNGO	:	Samoa Umbrella of Non Government Organisations
UNESCO	:	United Nations Economic and Social
UNFPA	:	United Nations
SPC	:	South Pacific Commission
CDC	:	Cabinet Development Committee
PCC	:	Health Sector Reform Program Project Coordinating Committee

I. EXECUTIVE SUMMARY

Study Objectives

The key objectives of the health study included (i) compilation of the most recent information, data and knowledge on the current status of the health sector in the areas of health policy, health sector reform, current initiatives and programmes of government and other development partners, and (ii) identification of possible areas for additional assistance that could be considered by JICA for the health sector, with due considerations of ongoing initiatives and programmes of government and other donors.

Methodology

The study methodology comprised of a desk research, consultations and a sample survey. The survey together with consultations provided some direct feedback from the key stakeholders on public perceptions and the current status of the key health issues, as well as an indication of the likely priority areas for additional assistance. The final terms of reference[1] and work plan for the study was jointly developed and agreed to by JICA and KVA Consult.

Key Findings

The study indicated the following:

The Health Sector Profile

- **Life expectancy has increased from circa 57 years in 1970 to an estimated 68.4 years in 1998[2].** Females show a significantly better life expectancy at 71.9 years, than males, 65.4 years. Infant mortality is low at around 17 per 1,000 live births (census 2001), and has been steadily improving over the past decade or more. At around an estimated 27 per 1,000 births, down from 35 in 1991 (Unicef 2000), under-5-year-old mortality rates are also low by PDMC standards.

- **At 30 per 100,000 births, maternal mortality is low and reflects the high level of attended births.** The total fertility rate (number of children each woman will be expected to have) is 4.2, and the teenage (15-19 years) fertility rate is 2.6. The prevalence rate of contraception is reported at 31 percent.

- **Patterns of disease in Samoa are changing.** Lifestyle diseases, such as diabetes, hypertension and heart problems have become significant health issues. There is evidence of striking increases for all three diseases in men, and some increase in hypertension and obesity in women. The key lifestyle issue is a Samoan diet that is high in fat and carbohydrates. Malnutrition is not a serious issue in Samoa (ADB 2000d).

- **Infectious diseases have been almost eliminated.** Poliomyelitis, tetanus and diphtheria are regarded as being virtually eliminated, while the incidence of whooping cough, tuberculosis and measles remains low. Immunization rates are high. In 2001, immunization rates for DPT (95 percent), polio (95 percent), BCG (98 percent), measles (97 percent) and hepatitis B (96 percent) were all in the high ninety percent range. There is however some evidence that the rates of child immunization are lower in the rural areas than in Apia and North West Upolu.

- **The distribution of doctors and nurses indicates a degree of disparity in access to health services between the urban/rural areas.** Over sixty percent of registered nurses are urban based, primarily servicing 22 percent of the population. However many rural people travel to the central hospital in Apia for health services as they feel that they get a better service than from

[1] See Contract for Health Study August 2002, Survey of Effective Methods of Assistance for the Health Sector in Samoa

[2] Demographic and Vital Statistics Survey, 2000; Dept of Statistics, Apia

the local clinics. The ratio of health professionals to population is one doctor per 3,150 persons, and one nurse per 680. The recent introduction of a mobile clinic system will help redress the imbalance in rural peoples' access to health professionals.

- There are a number of important institutional challenges within the health sector. These include the need for new **planning and regulatory requirements** given the growth of private sector health providers; the huge **gap in relative costs** between public and private health services; the need for improved financial and human resource management in the sector and opportunities to outsource selected services to improve efficiency;

- There is concern with **overall performance of the health services** reflecting weaknesses in the areas of sector policy and institutional arrangements. Some of the key constraints include the limited number of medical personnel, poor facilities, relatively few incentives for medical workers, poor skills and lack of funding;

- The main health facilities, the **national and the only private hospitals are both located in the Apia urban area.** There were 476 public hospital beds available in 1998compared to 539 in 1997. The bed occupancy rates have been very low;

- The concentration of most physicians at two public/central hospitals (Motootua in Upolu and Tuasivi in Savaii) has caused some concern in communities with regard to **access and transportation costs;**

- The available data (1997 and 1998) on out-patient/consultations indicate that the most **common reasons for outpatient visits in order of importance were influenza and other respiratory diseases, wounds and injuries, headaches, body pains and unclassified diarrhea.** These reasons for consultation are similar to many other developing countries. For the same period, the five principal reasons for admission include obstetric admissions, respiratory diseases, injury and poisoning;

- Diseases of the **circulatory system have been the leading cause of hospital deaths in Samoa;**

- The **shortages in medical officers/staff are an on-going problem.** Between 1998 and 2003, approximately four newly qualified doctors were expected to return each year. Some 30 percent of government medical officers (doctors) have reached retirement age;

- Approximately **a third of the nurses** who are now working have **reached retirement age;**

- Suicide remains a serious problem averaging some 20 persons a year. The **main causes of suicide are linked to social tensions** within the families reflecting lack of education and opportunities. The use of *Paraquat* (a highly toxic herbicide) ingestion as a method for committing suicide still predominates. Public health authorities, NGOs and others have tackled the problem, which appears to have subsided slightly since 1995. The World Health Organization is presently sponsoring a study on this multifaceted problem that should shed light on the situation and suggest further means to reduce suicide rates.

The Field Survey

The results of the field survey undertaken as part of the study can be summarized as follows:

- The majority of the survey respondents have sought medical services from the national hospital and the Tuasivi hospital compared to just over 10% that sought medical services from district health centers in the past twelve months;

- More than 50% of the respondents rated available health services as unsatisfactory for the following reasons: (i) inadequacy of and lack of maintenance of facilities, (ii) few doctors and nurses, (iii) the high cost of medical services, (iv) perception that rural centers cannot handle emergency cases, (v) inability of doctors to treat illness, and (vi) slow services;

- The ratings of services provided through health centers are higher for Upolu than for Savaii;

- More than 60% of those surveyed said they had difficulty in getting appropriate or accessing medical services because of (i) absence of a doctor, (ii) transport problems (iii) lack of money and (iv) unavailability of medicine;

- The main suggestions for improving medical services include the need for more doctors to be on duty, subsidized or free medication, provision of transport to hospitals and free medical consultations;

- For district medical/health centers, suggestions for improvement include maintaining or upgrading building facilities, provision of proper ambulance services, provision of proper equipment and medical supplies and appointing doctors to work fulltime at these centers;

- The majority of the respondents have not sought medical services from MEDCEN because of high costs and access difficulty;

- Most respondents would not use a private practitioner as they are perceived as too expensive and also unavailable in the rural areas;

- About 50% of the Savaii respondents were not aware of the availability of an ambulance service on the island;

- The main suggestions for donor intervention in order of priority included the need for better buildings and facilities, appropriate equipment and medical supplies, improved and reliable ambulance services, more doctors assigned to hospital, improved availability of First Aid Kits to village communities, improved training for doctors and nurses and providing improved transportation from rural areas to the main hospitals.

The Health Sector Policy and Reforms

The current health sector reform program has the following three main components.

Component 1: Institutional Strengthening (Lead Agency AusAID). This component addresses health sector policy development, health sector management and developing of partnerships.

Component 2: Primary Health Care/Health Promotion Services (Lead Agency – WHO). This component focuses on primary health care services, primary and secondary prevention/treatment programs for specific Non Communicable Diseases, child health and adolescent health programs, integrated program on women's health and the development of mechanisms to monitor, review and evaluate the effectiveness of primary and public health programs.

Component 3: Quality Improvement (Lead Agency – World Bank). This component focuses on the development of service standards, quality management systems, and provides access to tertiary health care through facilities development.

The financing and implementation of the three components of the health sector reform program is supported by various development partners through the 3 key inter-linked health sector projects which includes the Samoa Health Sector Management Project (co-financed by the government and the World Bank), the Samoa Health Project (co-funded by the government and AusAID) and World Health Organization (WHO) programmes.

Current National Initiatives and Programmes

Improving Samoa's social sectors, particularly health and education are key development goals for the Government. The Strategy for the Development of Samoa 2002 – 2004, propose that "The

government will continue to strengthen and promote the health sector to ensure all have access to efficient and effective health services".

The initiatives being planned and promoted at the national level are summarized below:

Primary Health Care Services

- Improving primary and secondary prevention/treatment programs for specific NCDs, and developing and implementing a national NCD strategy,
- Improving child health and adolescent health programs by promoting the healthy islands, healthy village and healthy family concept,
- Integrating programs on women's health
- Strengthening environmental health through the finalization of legislation and legal framework
- Developing mechanisms to monitor review and evaluate the effectiveness of primary and public health programs
- Continuing on-going programs including immunization programs, filarisis, leprosy and tuberculosis, care for elderly, breast feeding, rheumatic fever and AIDS awareness.

Improve Community Services

- Introduction of integrated community health services
- Strengthening planning, management and resource utilization within the geographic areas
- Introduction of integrated strategy for prevention and control of NCDs including treatment guidelines

Improve Health Facilities

- A health sector investment master plan will be developed to include upgrading of the Tupua Tamasese Meaole (TTM) National hospital that will encompass upgrading to the maternity ward, general outpatient, operation theater and laboratories,
- Refurbishment of community facilities in conjunction with local communities
- Development of a health care waste management system.

Strengthen Partnership with the Private Sector

- Sharing of training programs, facilities and expertise, information
- Finalizing legislative and regulatory framework
- Stakeholder consultations on strategic direction,
- Establishing of Samoa Medical School

Strengthen the Management of the Department of Health

- Strengthening human resource planning, information and research division,
- Strengthening integrated community health services,
- Develop and implement NCD program,
- Finalize human resource plan
- Upgrading health information system by installation of fibre optic link within the department's network.
- Improving TTM management.
- Training output managers.
- Devolution of financial and human resource management to divisional levels

Health Department Outputs

- The output structure of the health department currently include (i) policy advice, (ii) ministerial support (iii) clinical services, (iv) preventive health services (v) dental health services (vi) nursing services (vii) laboratory services (viii) radiology and ultrasound services,
- Close to $5 million is spent on overseas medical treatment annually.

- The department is in the process of refining these outputs to ensure consistency with the outputs designed under the health sector reforms,
- There is a need for donors to ensure their programs are consistent with the outcomes sought by government and particularly through closer coordination of outputs with those of the health department and health sector reform.

NGO Programmes

A number of non-government organizations are also active in health services. These include:

- Samoan Diabetes Association
- YMCA youth promotion/suicide prevention
- Flame Youth Center
- Faataua le Ola (suicide prevention and counseling)

Current Involvement of the Donor Community

The Samoa government has worked closely with the World Bank, AusAID, WHO, JICA and others to develop and support the health sector reforms implemented over the last five years.

An outline of donor activities is provided below:

Health Policy Area	Donors
Policy Development	World Bank, AusAID, NZODA, ADB
Project Implementation and Co-ordination	AusAID
Technical assistance to strengthen capacity of Health Department to develop and manage health system focused on primary health care	WHO
Institutional Framework	
Health Care Legislation and Regulations	World Bank, AusAID
Computerized Information System	AusAID
Patient services and training in tertiary health services	AusAID
Training scholarships	AusAID
Support to medical personnel improve diagnosis and treatment (part of overseas medical treatment in NZ)	NZODA
Training for medical personnel in integrated primary and secondary health service	WHO
Development of drug policy and pharmaceutical management	WHO
Strengthen laboratory and imaging services	WHO
Health education and promotion	WHO
Dental training and services	WHO
Financial and technical assistance on family health	IPPF, AusAID
Infrastructures and Resources	
Service Planning and Infrastructure Improvement	World Bank
Advisor on medical equipment, maintenance and repair (regional support)	AusAID
National hospital maintenance and refurbishment	NZODA (this is not an ongoing project)
Medical equipment experts	
Orthopaedic Building (not ongoing)	French Government
Upgrading of district hospitals	JICA
Buildings and renovation to health centers and sub centers (micro-projects and grassroots projects)	JICA, EU Micro-projects, Canadian Fund, and others
Specific Outputs	
Priority Interventions for Women's Health	World Bank

Specific programmes for children health care	NZODA
Rheumatic fever heart disease programme (regional)	NZODA
Medical treatment in NZ (treatment not available in Samoa)	NZODA
Technical assistance working on the following projects: Healthy Islands, Health Promoting Schools and New Horizons in Health	WHO
Food production and nutrition	WHO
Vaccines and Immunization	WHO
TB and Leprosy control	WHO
Eradication of filariasis	WHO
Reproductive health services, family planning and sexual health	UNFPA

The finding indicates that despite the many interventions currently implemented, more can be done if government is to provide effective health services in the near future.

The "Gaps" Identified in Health Care Sector

A broad assessment of the current initiatives and programmes of government and donors is summarized as follows:

Health Sector Policy
• The main planning documents need to be updated regularly. • Much of the strategic outcomes sought through the planning documents have yet to be turned into specific programmes and outputs if they are to be realized within the planning framework.

Institutional Framework
• Market distortions exist arising from the huge differences in costs of public and private health service. • There is shortage in the number of key medical personnel as well as capacity constraint in the management and administration of health services. • The incentive framework for health workers needs to be significantly improved. • Partial devolution of responsibilities for management of human resources to the Health Department • Lack of effective networking amongst health service centers/facilities within the public and also with the private sector • Brain drain to private sector and overseas employment

Infrastructure and Resources
• Almost all hospital buildings suffer from lack of regular maintenance and repair. • The Leulumoega District hospital, in particular, requires much needed refurbishment. • Health Department main office buildings require upgrading or new office buildings. • To improve access, further means such as through more ambulance services and mobile clinics need to be procured. • Limited budgets and significant proportion of budgets spent on overseas treatment. • High cost of medical supplies

Risk Management and Lessons for JICA

The key lessons for JICA that can be drawn from the Health Department Risk Management Plan can be summarized as follows:

General Planning and Governance

- JICA to work with the Health department to identify skills that are not available in country, which can be provided under JICA volunteer programme;
- Need to ensure additional intervention are promoted through the established mechanisms and process for national aid coordination (Cabinet Development Committee and Aid Coordinating Committee) and also the Health Department Aid Coordinating Committee (HACC) and Health department planning division. Human resources Planning. Information, Research and

Development, (HRPIRD). The Treasury department and Foreign Affairs Department also have roles in the aid coordinating process;
- The need for greater involvement of the general public in policy development process;
- Need to minimize conflict between any additional JICA intervention and those of existing department or donor programs;

Organization and Structures and Systems

- Need to establish clear outputs and performance measures for project monitoring as basis for review of accountabilities between donors and department;
- Need to synchronize the work plans for both donors and department and to develop simple but effective reporting frameworks;
- JICA to see if it can provide technical assistance to conduct research;
- JICA programmes need to be coordinated under the overall health sector reforms and Health Department Institutional Strengthening Programme;

Human and Financial Resources

- Need to be mindful of "political" projects that cannot be supported through current resources;
- Need to work with the Health Department to identify human resource needs which can be supported through JICA volunteers;
- Ensure any additional projects do not overload local staff.

Priority Policy Initiatives and Interventions

The findings from the survey undertaken as part of this study confirm the need for policy initiatives and well-targeted interventions in the following three broad areas:

(i) Significant improvement in health sector services for the rural areas through greater decentralization of health services which meet the needs of rural communities;
(ii) Significant improvement in resources availability including medical personnel, equipment, medical supplies and building infrastructures;
(iii) Services provisions need to take account of hardship factors to ensure that access to medical services is maintained and improved.

The Way Forward

Recommended Framework for Interventions

There is strong support from the Government, development partners and general public (as evidenced from the survey results) for additional assistance for the health sector that builds on existing reform programmes. There is also support for specific programmes aimed at improving health services and access to such services in the rural areas.

The suggested framework is premised on the realization that whilst important steps have been initiated to address the central weakness in the health sector, much more needs to done, particularly in the immediate to medium term to support the long term goals now established for the sector.

Outcome Sought:
Greater access to quality health services (through improved infrastructures, increased number of trained health personnel, adequate medical equipment, and supplies, increased support to local medical personnel and increased public awareness and education in the importance of preventative and primary health care)

The framework takes account of the initiatives and programmes already instituted by government and other development partners. The recommendations have been allocated under the broad areas of health sector policy, institutional framework, human resources and infrastructures as follows:

Strategic Area 1: Health Sector Policy Framework Outcome: Health Sector Policy Implemented	
Focal Point	*Probable Area of Assistance*
Health Dept, District Hospitals, Health Centers and Sub-centers. Rural areas.	• Identify possible areas for assistance in the implementation of the health sector policy already developed by government. • Minimize or duplication of areas already addressed by government and other development partners. • Reverse the tendency for centralization of health services and to provide means to improve access of the rural population to effective health services. • The World Bank and AusAID are current key players in the policy area. JICA overall approach may aim to provide sustainable assistance that is consistent with this policy objective.

Strategic Area 2: Institutional Framework Outcome: Improve Management of the Health Sector	
Focal Point	*Probable Area of Assistance*
Health Dept, National Hospital, District Hospitals, Health Centers and Sub-centers	• Assist with human resources, systems and procedures. • More medical officers and specialist's personnel are needed to fully service the main hospitals, district hospital, health centers and sub centers. • Identify assistance to provide technical support for the management of the health department in the implementation of the reform program. • Identify possible additional assistance for the hospital information system and IT network. • Identify possible additional assistance within the areas of procurement and supply of medical supplies. • Identify additional assistance to provide adequate incentives for health workers. • Identify additional assistance for health training, skills upgrading etc. • Provision of specialist maintenance personnel and procurement specialists to ensure needs in the areas of medical supplies and medicine are met in most cost effective manner and to train local counterparts.

Strategic Area 3: Infrastructure and Other Resources Outcome Sought: Improved quality of all health facilities both urban and rural	
Focal Point	*Probable Area of Assistance*
Health Dept, National Hospital, District Hospitals, Health Centers and Sub-centers	• Assist with improving quality of infrastructures, medical supplies and equipment. • Provision of mobile health units. • Develop an ongoing development and maintenance plan for the main hospitals, district hospitals, health centers and sub-centers. • Provision of trained personnel especially in district hospitals and selected health centers. • Identify areas where infrastructure development may be required to complement assistance to be provided by the World Bank.

Possible JICA Interventions

JICA 's development assistance programmes in the health sector has been mainly involved in the development of hospital facilities and provision of equipment. Through its volunteer programme JICA also provides medical/technical staff through its volunteer programmes. The JICA grassroots projects targeting rural community developments has also provided for the development of district hospitals, rural health centers/facilities, tools and equipment. With this experience, JICA is well placed to continue with further assistance to the health sector, in particular, to address some of the areas where additional support is still needed.

On the basis of the recommended framework of interventions, the following projects are submitted for consideration by JICA as possible candidates for future assistance by the Government of Japan. The focus is on providing additional support to those key areas that are not adequately addressed presently by current initiatives and programmes of both government and donors. In line with the strategic approach envisioned in the Department of Health Risk Management Plan, it is vitally important that the planning, and implementation of additional intervention is coordinated closely with the Department of Health.

Policies and Development Framework

- Assist with strengthening public awareness of key health issues affecting most Samoans. The main objective would be to support the government reforms through improving public awareness of the reforms strategies, initiatives and programmes including the key health issues now facing Samoa, primary health care and health prevention etc.;

- Further Support to improve access to health services. The main objective is to support the efforts of government and other development partners to ensure basic health services are available to all, through improved access (greater decentralization);

- Support to improve reduce the congestion at the main national hospital and to improve access for the traveling public through the development of centrally located health out-patient center. The objective is to support the development of a town office and health service center that can provide outpatient thereby reducing the congestion of services at the national hospital services.

Institutional Framework

- Support the training of all professional staff on the details of health sector reforms including outcomes sought, strategies, programmes and initiatives. The objective include improving awareness, ownership and responsibilities of health workers for the health sector reform program and to disseminate objectives of reforms to all levels of health sector services;

- Support the institutional strengthening of the Health Department. The main objectives may include improving quality of medical staff, improving employment contracts and the training of medical staff and nurses, improving the relevance of training / qualifications to the needs for the Samoan health sector, provide support for design and implementation of new regulations and procedures, and to review the procurement policies and assist with reforms in this area.

Infrastructures and Resources

- Support infrastructure network of health facilities. The key objective is to improve infrastructures, particularly in the rural areas;

- Mobile clinics for rural communities to ensure greater and affordable access by rural population to health services. The objective is to improve access for the rural population.

II. INTRODUCTION

1. Terms of Reference

This study provides a review of the key issues and challenges facing Samoa's health sector and ongoing initiatives now undertaken by Government, the support provided by development partners, as well as the activities undertaken by NGO's and the private sector. It also indicates possible options for additional intervention in this sector for the Japan International Cooperation Agency (JICA) to consider.

In accordance with the terms of contract[3] for this project, the specific issues for research requested by JICA have been allocated under the broad categories of health sector policy, institutional framework and administration and infrastructure assets and resource management.

A key objective for this study is to develop a comprehensive account of current information to assist the planning of possible interventions by JICA over the medium term. Towards this goal, the study provides the most recent data available, information and knowledge including an account of the Government's youth policy, programmes and activities, as well as the programmes of other development partners. A sample survey was also conducted.

An interim report was submitted for review by JICA to provide a summary of the progress of work, as specified in the Contract agreement between JICA and KVA Consult in respect of the conduct of the Health study. In addition, a draft executive Summary was also provided to JICA before finalization of the report.

The key outcomes sought through the health study included:

- Compilation of up-to-date information, data and knowledge on the current status of the health sector in the areas of health policy, health sector reform, current initiatives and programmes of government and other development partners.

- Identification of possible areas for additional assistance that could be considered by JICA for the health sector, taking into consideration the ongoing initiatives and programmes of government and other donors.

2. Methodology

The study methodology comprised of a desk research, a survey, and community consultations. The survey together with consultations provide direct feedback from key stakeholders on the current status of the health sector, likely priority areas for additional assistance for consideration by JICA, and public expectations on health care services.

The desk research included:

- Review of the most recent reports on the health sector, national planning documents, and education sector reforms and;
- Review of current initiatives undertaken by government, donors, NGO's and private sector;
- Review of the 1991 and Census and 2001 Population Census;
- Identification of additional intervention (gaps) for the health sector.

The survey was designed to gather anecdotal accounts from the public on the current state of health services, and to identify areas for additional resources and assistance for the sector. This direct feedback would supplement available information and data from the desk research.

[3] See Contract for the Health Study, 16 October 2002

3. Outline of the Survey

The survey comprised of three components, (i) a small sample field survey conducted on the main islands Upolu and Savaii by a team of 6 enumerators (Table 1), (ii) individual and group consultations with representatives from some of the main stakeholders, (iii) specific consultations with representatives of selected health service centers (district hospitals, health centers and sub-centers). The field surveys for both the youth and health studies were conducted concurrently. The field survey, with its relatively small sample, adopted a qualitative approach and placed emphasis on participatory consultation and the involvement of local village representatives in locating the participants.

The approach for both studies enabled the majority of the key service providers, i.e. vocational schools and secondary schools for the youth study, and national hospitals, districts hospitals and health centers for the health study, to participate fully in all areas of the survey using the same questionnaire. (See Appendix 2) For both studies, a total of 237 participated, 204 through the field survey and 33 through consultations. The areas selected and covered under the survey are listed in Table 1. Site visits to view premises, condition of buildings, tools and equipment were also undertaken which are summarized in the photo album of the field survey and stakeholder consultations in Appendix 1.

Table 1.
Selected villages & areas covered in the Health Study Survey.

Upolu	Region/Village Surveyed
Apia Urban Area (AUA)	Central Apia Township Taufusi Saleufi Lalovaea Vailoa Faleata
North West Upolu (NWU)	Leulumoega Manono Uta
Rest of Upolu	Poutasi Siumu Lalomanu Amaile
Savaii	Salelologa Township Tuasivi Palauli Safotu Sataua Papa Asau Vaisala Manse

Source: Health Study 2003

4. Consultations

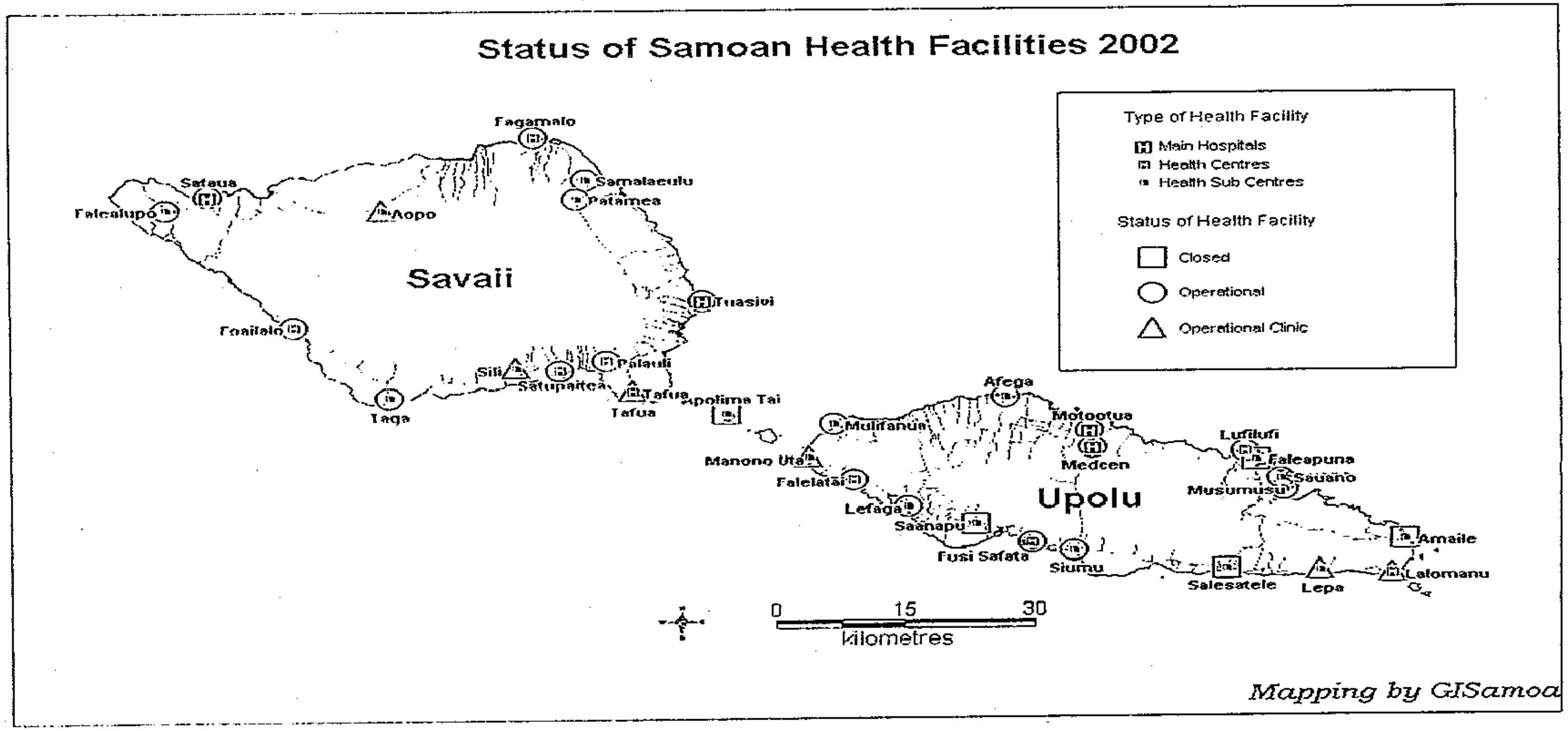
Consultations were undertaken with government and private sector organizations, including the Treasury, Ministry of Youth Sports and Culture, Education Department, Health Department, Labor Department, Treasury, Internal Affairs, Women's Affairs, Public Service Commission, Statistics Department, National Provident Fund, SUNGO and private health service providers. These organizations were consulted on government policies and institutional environment including their assessment of the outcomes of ongoing and past programmes.

Donors including NZODA, AUSAID, and UNDP, were asked to describe the scope and nature of their assistance and to identify linkages amongst themselves, with those of government, and to outline future plans for intervention. The support of the donors was also sought to identify any existing reports on relevant policy, programmes or activities. Consultations with community groups included Ministers of Churches, village councils, parliamentarians and NGO's.

5. The Map and Details of all Health services

The map in Figure 1 shows the location of health facilities and villages/areas covered under the survey and outlines the general concentration of the main health services around the Apia urban area. Appendix 3 lists health sector resources, including medical officers and staffing for each respective health sector service facility.

MAP 1: Health Facilities and Villages Covered in the Health Study 2003



III. KEY ISSUES AND CHALLENGES

1. *Key Issues and Challenges Sector – Health Sector*

1.1 Introduction

The health sector in Samoa faces a number of key challenges. These challenges have underpinned fundamental health sector programmes of Government with the support of several development partners and can be summarized as follows:

- An epidemiological transition with an upsurge in "life-style", non-communicable diseases with corresponding resource implications;
- Growth in the non-government health service sector, bringing new planning and regulatory requirements;
- Devolution of financial and human resource management powers from central government agencies under a public sector reform program designed to improve efficiency and effectiveness;
- Wide recognition of the dissatisfaction with current sector and department management arrangements;
- Requirement of government for upgraded policy and initiatives;
- Need to consider opportunities for contract out.

The Department of Health have developed a number of strategic plans/documents (including the health Sector Policy, Health Sector Strategic Plan and Management Improvement Strategy) to address these imperatives and has since 1999 began to implement a host of reform initiatives supported by a number of development partners. The World Bank and AusAID support the central reform programme, Samoa Health Project. Other development partners actively involved or have been involved previously in the Health sector include Asian Development Bank, WHO, NZODA, JICA, UNESCO, UNFPA, IPPF, EU, YWCA. JICA provided assistance to upgrade the two district hospitals, Leulumoega in Upolu and Tuasivi (and recently rebuild the Foailalo helath center in Savaii).

1.2 Life Expectancy

Life expectancy has increased from circa 57 years in 1970 to an estimated 68.4 years in 1998[4]. Females show a significantly better life expectancy at 71.9 years, than males, 65.4 years. Infant mortality is low at around 17 per 1,000 live births (census 2001), and has been steadily improving over the past decade or more. At around an estimated 27 per 1,000 births, down from 35 in 1991 (Unicef 2000), under-5-year-old mortality rates are also low by PDMC standards.

1.3 Hospital Morbidity

Hospital consultations averaged 220,000 a year in 1997 and 1998. For these years the most common reasons for outpatient visits in order of importance were influenza and other respiratory diseases, wounds and injuries, headaches, body pains and unclassified diarrhea. These reasons for consultation are similar to many other developing countries. During this same period, hospital inpatients averaged 11,000 a year in Samoa. The five principal reasons for admission in 1998 (the latest year available) are compared to previous years in the Table below. The table shows a health system primarily caring for a youthful population, with obstetric admissions generally accounting for a third of all admissions every year. The Health Department reports that respiratory diseases have consistently decreased during the last 10 years, indicative of an improving health situation with changing priorities. Injury and poisoning is the third most common reason for inpatient status and indicates a potentially increasing area for public health prevention activities focusing on youth and other age groups at risk through the increasing use of motor vehicles, alcohol, drugs and other elements of change to society.

[4] Demographic and Vital Statistics Survey, 2000; Dept of Statistics, Apia

Table 1. Principal Reasons for Admission to Hospital

Hospital Morbidity	1994	1996	1998
	%	%	%
Pregnancy, childbirth and the puerperium	31	35	35
Diseases of the respiratory system	14	15	14
Injury, poisoning and certain other consequences	7	7	7
Infectious and parasitic diseases	8	7	7
Conditions originating from the perinatal period	5	4	6
All other	35	32	31
Total inpatient number	**12,123**	**11,395**	**11,036**

Note: In 1994 and 1996 circulatory and digestive admissions ranked fractionally higher than perinatal.
Source: Department of Health Statistics.

1.4 Hospital Mortality

Hospital mortality, that is the number of deaths reported from hospitals, decreased to 256 in 1998 compared to 297 in 1997. The data demonstrate the variation that occurs within a small population annually. They indicate the need for close monitoring in order to respond most effectively to health needs. Table below compares the leading causes of reported deaths in 1998 with those for 1995 and 1996:

Table 2. Primary Causes of Death Among Hospital Inpatients

Hospital Morbidity	1995	1996	1998
	%	%	%
Diseases of the circulatory system	24	26	25
Diseases of the respiratory system	10	12	14
Conditions originating from the perinatal period	8	10	14
Infectious and parasitic diseases	8	8	14
Diseases of the digestive system	7	8	7
Other	43	35	26
Total recorded inpatient deaths	288	318	256

Source: Department of Health Statistics.

Diseases of the circulatory system have been the leading cause of hospital deaths in Samoa. This reflects the epidemiological transition now underway where the risk of communicable disease is being reduced while lifestyle and other factors increase the risks from non-communicable disease.

1.5 Youth Suicide

Since 1970, there has been a considerable increase in the number of people, particularly youths, reported to be committing suicide. The increase may have been a function of improved reporting. Notwithstanding, it remains a serious problem averaging some 20 persons a year. From 1992 to 1998, suicide was among the ten leading causes of mortality. Between 1996 and 1998, the number of suicides has declined by almost 50 percent from the peak in 1994.

The use of *Paraquat* (a highly toxic herbicide) ingestion as a method for committing suicide still predominates and figured in 13 out of 25 attempts in 1997 and 10 out of 19 attempts in 1998. Interestingly, the *1999 Demographic and Health Survey* recorded the equivalent of only 12 suicides per annum for 1997 and 1998; but for accidental death, recorded some 107 cases per annum leading to an inference that suicide remains a problem. Public health authorities, NGOs and others have

tackled the problem, which appears to have subsided slightly since 1995. The World Health Organization is presently sponsoring a study on this multifaceted problem that should shed light on the situation and suggest further means to reduce suicide rates.

2. HEALTH SECTOR POLICY AND REFORMS

2.1 Priorities in the Health Sector

Over the past five years, the development strategies of the Government have placed emphasis on developing Samoa's social sectors, particularly health and education. This reflects the recognition of the key roles of health and education in the overall development process for the Samoan people. The National Health Sector Strategic Plan encapsulates the vision for Samoa's health sector as that of participatory, healthy life styles with adequate access to primary, secondary and tertiary health care to be provided through sustainable health system. The priority objective is to improve, promote and protect public health. Towards this main objective, the following three broad strategies have been adopted.

- To re-orient health services toward the principle of primary health care, preventive health and health promotion which encourages health settings approaches to health promotion;
- To promote and encourage individual, family group, community and workplace responsibility for health;
- To foster health promoting partnerships with individuals, families, communities, organizations and workplaces.

Whilst the government has promulgated a policy emphasizing the effectiveness of primary health care and has increased budgetary support, it has been unable to deliver. One of the underlying causes has been the breakdown of an effective primary health care delivery system giving rise to an increasingly expensive demand for secondary and tertiary curative services. This demand stems from people's expectations for an improved service and from a change in disease patterns requiring extended and expensive interventions. These factors have led to a centralization of resources around TTM Hospital and a high level of expenditure on overseas referrals for a small number of people.

The reform program now undertaken by government together with the support of a number of development partners, aims to pursue initiatives which can help to *reverse the tendency for centralization* and which can give substance to its primary health care approach.

2.2 Greater Decentralisation

At present health policy is increasingly committed to a more integrated medical service placing the great majority of public sector doctors into two hospitals, one on each of the main islands of Upolu and Savai'i. A few doctors will remain in several district hospitals, but change is being directed to the integrated use of central facilities through improved roads transportation and radiotelephone communication and computer networking.

Village clinics under registered nurses continue as the key source for primary health services with further support coming from an expansion of environmental health officers (one planned per district). The village clinic is now operated in the morning by a registered nurse, who may then do extension work in the afternoons to include services for persons not entitled to use the village clinics. Note that access to clinics is generally strictly limited to villagers represented by the Village Women's Committee. Families that have been expelled or otherwise placed in an anomalous position have not had access to clinics in the past. The new system improves universal access to primary health care.

The concentration of most physicians at two central hospitals has caused some concern in communities with regard to access and transportation costs. This should be remedied through a system of mobile clinics that is now commencing. It will increase the importance of village access to rapid transport for medical emergencies. The Department of Health has been supplied with a fleet of

vehicles primarily through donor assistance. An ambulance system is emerging but presently requires strengthening.

2.3 Samoa Health Sector Reform Program

The Health Sector Reform is a "sustained process of fundamental change in policy and institutional arrangement in the health sector". The Government of Samoa has been undergoing a comprehensive economic and public sector reform program over the past decade and this has also prompted the need for a reform program for the health sector. Other factors which has triggered the need for a reform program include the need for efficiency and effectiveness in terms of sustainability and development; changing disease pattern and demographic profile and health needs; rapid growth of the non-government health sector; increasing demands for high quality client focused care, and increasing health care expenditure.

The Health Sector Reform Program is based on several key documents like the Statement of Economic Strategies, Health Sector Strategic Plan (1998-2003) and the Health Sector Overview (1999).

The goal of the Health Sector Reform Program is "to improve the health status and health outcomes of Samoan people". There three key objectives of the program are:

- To strengthen the capacity of the Department of Health to develop and implement appropriate health plans, policies and legislation to improve access to quality health services that are appropriate, affordable and sustainable.
- To strengthen the management and operational capacity of the Department of Health to focus on improving the health of the Samoan population
- To strengthen primary health care and health promotion services for improved health outcomes
- The three objectives of the Health Sector Reform Program are being addressed under the three key components of the program namely Institutional Strengthening, Primary Health Care/Health Promotion and Quality Improvement. The main parameters and the relevant development partners providing support are detailed below:

2.3.1 Component 1: Institutional Strengthening (lead Agency – AusAID)

This component addresses health sector policy development, health sector management and developing of partnerships. The activities include:

(i) Sector Policy Development (World Bank, WHO and AusAID)
(ii) Sector Management (AusAID, World Bank)
(iii) Developing Partnerships (World Bank, AusAID)

2.3.2 Component 2: Primary Health Care/Health Promotion (lead Agency – WHO)

This component focuses on primary health care services, primary and secondary prevention/treatment programs for specific Non Communicable Diseases, child health and adolescent health programs, integrated program on women's health and the development of mechanisms to monitor, review and evaluate the effectiveness of primary and public health programs. The activities include:

(i) Primary Health Care Services (WHO)
(ii) Primary and Secondary prevention/treatment programs for specific non-communicable diseases (WHO, AusAID, World Bank)
(iii) Child Health and Adolescent Health Program (NZODA, WHO,UNFPA)
(iv) Integrated program on women's health (UNFPA,WHO)
(v) Develop mechanism to monitor, review and evaluate the effectiveness of primary and public health programs (AusAID, WHO)

2.3.3. Component 3: Quality Improvement (lead Agency – World Bank)

This component focuses on the development of service standards, quality management systems, and provides access to tertiary health care through facilities development. The activities include:

(i) Develop service standards (AusAID, WHO)
(ii) Access to tertiary health care (NZODA,AusAID)
(iii) Facilities development (World Bank, JICA)
(iv) Service, facilities, equipment master planning
(v) Health Care Waste Management System (World Bank, JICA)

The financing and implementation of the three components of the health sector reform program is supported by various development partners through the 3 key inter-linked health sector projects as follows.

Samoa Health Sector Management Project – World Bank

The project objective is to support Health Reform in the areas of Institutional Strengthening and Quality Improvement. The focus of the Institutional Strengthening component is on policy framework which includes services planning, resource planning and management, financing health care options and strengthen health care legislation, and development and implementation of a communication and consultation strategy. The focus of the Quality Improvement Component is on improving facilities planning, improving quality of key infrastructure and developing a Health Care Waste Management System. To improve facilities planning, support will be provided to prepare a health sector investment master plan (equipment and facilities). The key infrastructures to be improved include the Tupua Tamasese Meaole Hospital and selected health centers.

Samoa Health Project - AusAID

The objective of the Samoa Health Project is to strengthen the Department of Health's reform in the areas of management and operational capacity with a focus on "improving the Health of the Samoan population". There are four sub-components of the project which include strengthening the HRPIRD Division; Tupua Tamasese Meaole Hospital Management; Strengthening Integrated Community Health Service Delivery and a Non-communicable Disease Program. In strengthening HRPIRD, the focus is on further developing the function of HRPIRD within the department in the areas of policy, planning, setting quality standards, monitoring, coordinating and promoting research and resource allocation. The focus of the second component is to strengthen the Tupua Tamasese Meaole Hospital as a tertiary and referral hospital and continuing to improve efficiency and effectiveness of TTM through strengthening planning and resource utilization within the hospital.

To strengthen Integrated Community Health service delivery, the focus is to provide assistance to improve efficiency and effectiveness of primary, preventive and promotive service delivery at the community level through strengthening planning, management and resource allocation in the community. With regards to NCD program, the focus is in assisting the department in its efforts to achieve sustainable improvements in national health status, assist in implementing an integrated strategy for the prevention and control of NCDs and assist in producing treatment guidelines where needed in this area. The focus of project management of the Samoa Health Project is to manage the project efficiently and effectively to achieve designed goals and objectives within the budget allocated and timeframe given.

General Support Programs - WHO

The overarching objective of the WHO programs is the "attainment by all people of the highest possible level of health". Functions to be performed under this overarching objective include promoting technical cooperation, strengthening health services, prevention and control epidemic, endemic and other diseases, improve standards of teaching and training in health medical and related professions and assist in the establishment of international standards for biological, pharmaceutical and similar products.

Samoa is covered by WHO programs for the Western Pacific Region which has four themes. The first theme is combating communicable diseases through an overall communicable disease surveillance and response with the focus on immunization programs, malaria and other vector borne and parasitic diseases, elimination of leprosy, STDs including HIV Aids and eradication of TB. The second theme involves building healthy communities and populations with the crosscutting focus on a Tobacco Free Initiative. Other focus of this theme includes links to healthy settings and environment, child and adolescence health, reproductive health and NCDs.

The third theme looks at healthy sector development with a cross cutting focus on emergency and humanitarian action. Other areas of focus include Health System Reform in terms of policy, health financing and service delivery, human resource development and health information and evidence for policy. The last theme is aptly named reaching out and focuses on information technology, that is improvement of information dissemination to the public, external relations and information sharing and the use of technology for training and telemedicine in the public information arena.

3. HEALTH SECTOR INSTITUTIONAL & ENVIRONMENT, INFRASTRUCTURE AND RESOURCES

3.1 Introduction

The government is currently in the process of a wide-ranging public sector reform program. This program will also result in the delegation of financial and human resource management powers, currently exercised by the central agencies of Treasury and the Public Service Commission, to line agencies. This will enable the line agencies to manage their resources effectively and will facilitate the concept of accountability. An important part of the reform process focuses on institutional strengthening, where assistance is provided to the agencies to institutionalize planning processes and to develop their institutional capacity to take on these new roles and responsibilities.

3.2 Distribution of Health Services

The public health services in Samoa are provided throughout the country by hospitals, health centres and sub-centres. These are grouped into three health regions namely Upolu Urban (Apia) region, Upolu Rural region and Savaii Island as illustrated by the following table.

Table 2. The National Distribution of Health Services

	Upolu Urban	Upolu Rural	Savaii Island
Population	55,692	66,031	45,020
% Of total population	33.4	39.6	27.0
Type of Health Institutions	• National Hospital	• 2 District hospitals • 7 health centres • 10 sub-centres	• Referral hospital • 2 district hospital • 4 health centres • 8 sub-centres
Bed capacity	201	187	88
Occupancy rate (%)	85.9	3.5	26.4

Source: Department of Health, 1998 figures

3.3 Health Care Systems

The government health care services is essentially based on a five-tier system:

Level 5:
Overseas treatment funded by Government and donors for qualified patients for which in-country treatment is not available.

Level 4:

The Tupua Tamasese Meaole National Hospital at Motootua, situated on the island of Upolu, which offers the highest level of in-patient care for the country, as well as general outpatient services and specialist clinics. It offers the widest range of health consultation services including internal medicine, general surgery, obstetrics and gynaecology, ophthalmology, paediatrics, radiology, anaesthesia, pathology and dentistry. It is staffed by the largest number of Samoa's doctors working in the government health service, as well as nurses and long and short-term overseas specialists. Table 3 summarises the situation with bed capacity at Tupua Tamasese Meaole Hospital in 1998.

Table 3. Bed Capacity at TTM Hospital

	No. Of Beds
Medical	30
Surgical & Orthopaedic	62
Paediatrics	33
Obstetrics	60
Infectious Disease	6
Psychiatry	4
High Dependency Unit	6
TOTAL	**201**

Source: Department of Health, 1998

Level 3:
The Malietoa Tanumafili II Hospital at Tuasivi, Savaii, receives patients from the vicinity of the hospital and referred cases from more distant locations on the island. Built in 1993, this 20-bed hospital is relatively well equipped with medical equipment and supplies. It serves as the base hospital and administration centre for the island of Savaii. Referrals of patients from health facilities on the island to the Tupua Tamasese Meaole Hospital in Apia are made through Malietoa Tanumafili II Hospital.

Level 2:
Three district hospitals, one at Sataua on Savaii, the other at Leulumoega, northwest of Upolu and one at Lalomanu, on the southeast of Upolu. The Sataua and Leulumoega district hospitals recently re-opened following reconstruction work with assistance from the Japanese Government after back-to-back cyclones in the early 1990s. Teams of registered and enrolled nurses who are qualified to make limited diagnosis and prescriptions for minor illnesses staff district hospitals. They have telephone or radio telephone links to the Tupua Tamasese Meaole or the Malietoa Tanumafili II hospitals to discuss the treatment or referral of more serious medical cases. At present, a resident doctor is based at one of the district hospitals. Although facilities are limited, there is ward and Intensive Care Unit (ICU) accommodation available with a bed capacity of 66, a delivery room as well as a small dispensary, which stocks the commonly used medication.

In addition there are also eleven health centres around the country, 7 catering for rural Upolu and 4 for the island of Savaii. They are the basic health units for delivering health care services to the rural areas. A team of registered and enrolled nurse's staffs each health centre with periodical visits by a doctor. Like district hospitals, a visiting doctor or a senior nurse will usually make the decision to refer patients from rural areas to Malietoa Tanumafili II Hospital or Tupua Tamasese Meaole Hospital for specialist investigation or treatment. Health centres are also the operational bases for community nurses. Every health centre offers maternal and child health clinics, immunisation programmes, conduct clinics through village women's committees and, under certain circumstances, nurses make home visits.

Level 1:
Health sub-centres are strategically located around the country and are the most peripheral facilities in the set up for health care delivery. Each sub-centre is staffed by an enrolled nurse who provides simple curative and preventive services for a certain number of villages within the same health area. Health sub-centres operate during the day from 8.00am to 4.00pm. Facilities are basic but there is a room available where patients requiring further medical care are kept while awaiting transfers to either the district hospitals or in more acute cases, Malietoa Tanumafili II Hospital or the Tupua Tamasese Meaole National Hospital.

3.3.1 Other Health Services

Both Tupua Tamasese Meaole and Malietoa Tanumafili II hospitals have mobile health inspectorates that work in rural and urban communities. Health inspectors' work through the Pulenu'u (an elected representative of the village council of matai who serves as a link between the village and the government). One of the main objectives of establishing the inspectorate was to ensure minimum standards of water, sanitation and vector control were maintained uniformly throughout Samoa. The provision and upgrading of water supplies has subsequently been taken over by the Samoa Water Authority, a statutory corporation responsible for all water supplies in the country. The Department of Health's responsibility is now in monitoring and regulating the quality of water sources provided and managed by the Samoa Water Authority.

A nutrition centre, based at the Tupua Tamasese Meaole National Hospital, assists referred cases and undertakes community education programmes in association with the health education unit, which runs a programme, based on concepts of "Healthy Island, Healthy Town, Healthy Village and Healthy Family" which included a school-based initiative. The latter two programmes have recently been delegated to the Ministry of Women's Affairs.

In terms of dental health, mobile dental teams conduct clinics for schools around the country on an annual basis.

3.3.2. Operation of Health Facilities

The two main hospitals, Tupua Tamasese Meaole National Hospital and Malietoa Tanumafili II Hospital are fully operated and funded by government under the auspices of the Health Department. On the other hand, while the government provides the initial facilities and resources (including staffing) for district hospitals and sub-centres, the district or the village in which the hospital, health centre or sub-centre is located is largely responsible for the management and maintenance of the facilities. In reality however, the Department of Health cannot divorce itself entirely from the maintenance of the rural health facilities for various reasons. Firstly, some of the rural health facilities were initially built and have since undergone maintenance and rehabilitation work under various aid programmes. Under arrangements with donors, Government through the Department is responsible for the maintenance of the facilities and equipment provided under aid. Secondly, the revenues generated from the services provided through these facilities are often inadequate to fund their necessary maintenance. Thirdly, the standard of maintenance has been rather poor in some cases that the Department has no choice but to fund the maintenance itself or else the facility will be closed down.

People who live in the district or village where a health facility is located pay a registration fee to be a committee member, hence, entitle them to lower charges when using the facilities. The system of payment to register as a committee member varies from village to village. Some villages charge a monetary fee to be paid while other villages use rotational contributions of food and other items to pay in kind.

3.3.3 Private Sector Services

Since the early 1980s, Samoan doctors have been permitted to operate private practices. At the end of 1998, there were eleven registered private practitioners and two private dental clinics. Most of the doctors running such clinics are general practitioners offering a range of services such as general surgery and paediatrics. In addition, one doctor specialises in ENT (ears, nose and throat) and another in obstetrics, gynaecology and women-related medical conditions.

Private pharmacies have operated in Apia for quite some time and there are currently four in operation, which dispense between 2 to 50 prescriptions a day. One of the private pharmacies also offers after hours services daily.

The only private hospital in Apia, Med-Cen, opened in December 1998. When fully completed it will have an operating theatre, medical laboratory, pharmacy, X-ray and ultrasound service, and a 24-hour clinic. It is currently offering a range of services including medical, surgical, obstetrics and

paediatric clinics and operates on a fee for service basis. It also offered an introductory membership scheme by which a down payment provides a wide range of services to families with two children for ten years with a scale of extra payments for additional children. A similar offer has also been made to businesses under a corporate care scheme.

3.3.4 Communities and NGOs

Women's committees throughout rural Samoa organise the rotational services of village women's hygiene committees (Komiti Tumama o le nu'u) for district health facilities. Members of committee working groups take turns to stay at the district hospital, or health centre in a separate committee house on the hospital premises and assist the nurses with patient care, cleaning the premises and compound, and collecting fees from people using the facilities to fund maintenance and supply the needs of the institution. Other NGO's include the following.

Table 4. Non-Government Organizations

	NGO	Contact Address/ Telephone	Remarks
1.	Samoa Family Health Association	Matafele (next to Development Bank of Samoa) Ph. 26929	The Samoa Family Health Association is an NGO funded by the International Planned Parenthood Federation. It collaborates with the Department of Health, women's committees and other NGOs to provide family planning, antenatal care and counselling services through a clinic in Apia and mobile units in rural areas.
2.	Mapusaga o 'Aiga	Wesley Arcade Ph: 22549	Counselling centre for young mothers and women victimised.
3.	Young Men's Christian Association (YMCA)	Saleufi Ph. 23185	Christian based programmes including carpentry, but also AIDS awareness/prevention.
4.	Samoa Red Cross	Saleufi Ph. 23686	Disaster management
5.	Rotary and Lions Clubs	Arthur Penn (President) Ph. 20321	Assists the disabled
6.	Catholic Home for the Elderly at Mapulfagalele	Vailele Ph. 22636	Care for elderly.
7.	The Cancer and Diabetes Societies	Apia	Awareness and prevention information.
8.	The Flaola Clinic	Fetu o le Moana Complex Ph. 20484	Catholic centre for young single mothers, family planning and youth suicide.
9.	Sautiamai	Lalovaea Ph. 26156	A Catholic centre dealing with issues relating to AIDS awareness.

Traditional medicine is practised in Samoa and there are a number of practitioners (fofo) in Samoa and even among overseas Samoan communities. Most Samoans use them to supplement, or as an alternative to, allopathic medicine. The practices of traditional healers involve a synthesis of old and introduced curative practices, including therapeutic massage and exorcism. The Health Department has declared in its Health Sector Strategic Plan that it will "work with traditional healers to set safety standards including safe referral standards, with a view to establishing a voluntary register for traditional healers".

3.4 Utilisation of Health Services

According to the World Bank Health Sector Review (1998), both urban and rural people seem to 'prefer' the Tupua Tamasese Meaole National Hospital at Motootua. This is due to the comprehensive services offered by Tupua Tamasese Meaole and the availability of more specialised staff.

In 1991 85,536 outpatients and 7,116 inpatients used the services of the Tupua Tamasese Meaole Hospital. In 1996 outpatients rose to 104,856 (an increase of 26.0%) while inpatients rose to 11,629 (an increase of 63.4%). Of these, outpatients from the Upolu rural areas numbered 41,947 in 1991 and 36,721 in 1996 (a decrease of –12.5%) and inpatients numbered 1,607 in 1991 and 1,385 in 1996 (a decrease of –13.8%).

Outpatients from Savaii utilising the services of the Tupua Tamasese Meaole Hospital numbered 47,336 in 1991 and 53,748 in 1996 (an increase of 13.%) and inpatients 2,439 in 1991 and 2,857 in 1996 (an increase of 17.1%). Although a number of these patients were undoubtedly referred, the figures indicate a high level of self-referral due to the public perception of better government medical services in Apia.

Government will need to look at rationalising rural health services through providing some services, albeit at much small levels, currently available at the Tupua Tamasese Meaole Hospital to rural health facilities. Alternatively, the Department can improve health outreach programmes to enable rural population to benefit from some specialised services currently available only at the Tupua Tamasese Meaole Hospital. This will minimise related costs to patients of travelling to Apia and also avoid the high level of congestion experienced by the Tupua Tamasese Meaole Hospital particularly during the day.

By and large, the results of the small sample survey undertaken as part of this study also align closely with these past observations and serves to suggest that more needs to be done to improve overall delivery of health services in Samoa.

The latest Department of Health statistics in terms of outpatients and inpatients by health region are summarised in Table 4.

Table 5. Total Outpatients and Inpatients by Health Region

Region	Outpatients 1997	Outpatients 1998	Inpatients 1997	Inpatients 1998
Upolu Urban	97,157	101,121	7,993	7,785
Upolu Rural	30,576	27,846	821	1,417
Savaii	91,526	92,526	2,129	1,813
TOTAL	219,259	221,056	10,943	11,015

Source: Department of Health, 1998

In 1997, Upolu Urban region catered for 44.3 percent of all outpatients, Upolu Rural accounted for 13.9 percent and Savaii for 41.7 percent. These figures changed slightly in 1998 with Upolu Urban regional accounting for 45.7 percent of total outpatients, Upolu Rural 12.6 percent and Savaii 41.9 percent. The same pattern emerges for inpatients whereby Upolu Urban region admitted 73.0 percent of patients in 1997 and 70.7 percent in 1998; Upolu Rural admitted 7.5 percent in 1997 and an increase to 18.2 percent in 1998 and Savaii admitting 19.5 percent in 1997 and 16.5 percent in 1998. It should be noted that during the period reported above, both the Sataua and Leulumoega District Hospitals were closed to undergo major rehabilitation work. The Malietoa Tanumafili II Hospital had also suffered serious damages during the back-to-back cyclones of the early 1990s and was undergoing reconstruction work.

3.5 Health Human Resources

There has been a shortage of health human resources as Government health services have had difficulty in retaining the services of their more highly trained staff. Attrition is due mainly to emigration and doctors going into private practice.

At the end of 1998, there were 919 employees for the Department of Health, of whom 759 were permanent staff. Table 5 shows the situation for key medical staff during the selected years 1991-1998. See Appendix 4 for more distribution of medical officers to hospitals, health centers and sub centers.

Table 6. Medical Staff for 1991 to 1998

	1991	1996	1998
Medical doctors	60	57	57
Samoan Nationals	42	49	52
Expatriates	18	8	5
Registered nurses (RN)	258	257	248
Total Medical Officers and RNs	318	305	305

Source: Health Department Statistics

Staff shortages are an on-going problem with no simple solution. One means presently being entertained is allowing professional staff to work part time across public and private practice. This is not presently allowed and could ease staff shortage pressures. Other measures are in operation. Seven newly qualified doctors returned and joined the health service at the beginning of 1998. To the end of 2003, approximately four newly qualified doctors should return each year to continue strengthening health services. Some 30 percent of government medical officers (doctors) have reached their retirement ages of 56 and over. Assuming the stream of newly qualified entrants to service can be maintained, this should allow the newly emerging integrated system to function efficiently. It will provide the institutional strengthening program with targets and reinforce the importance of the government reforms to devolve management, leadership and service aspects of decision-making to line agencies.

Nursing personnel consist of some 250 registered nurses and 100 enrolled nurses, the latter having but one year post secondary training. The geographic distribution of registered nurses is provided in the Table below. Approximately a third of the nurses who are now working are older than the official retirement age of 55 for government workers. This is indicative of the general problem of attracting and keeping nursing staff that make up close to half of the professional health work force. The problems appear to parallel those of teachers. As with teachers, further focus on primary health care providers will be necessary.

Nurses provide the foundation to primary health care including health promotion, health maintenance, rehabilitation and care. They manage and implement immunization, disease surveillance, maternal and child health care, school health, other public and preventative health activities, and family planning.

Table 7. Registered Nurses in Upolu and Savai'i Islands 1991 and 1998

	1991	1998
Registered Nurses	298	248
Upolu Urban Services	205	159
Upolu Rural Services	50	52
Savai'i Island	43	37
Ratio of persons per registered nurse	631	672

Source: Department of Health Statistics.

3.6 Medical Facilities and Equipment

Table 6 provides an overview of health facilities. There were 476 public hospital beds available in 1998, in comparison to 539 in 1997. The reductions generally reflect low utilization rates of health facilities that have meant bed occupancy rates in the past of around 50 percent for the two major hospitals and less than 10 percent for other facilities.

Table 8. Hospital Facilities and Hospital Beds in 1991 and 1998

Year	1991	1998
Total number of health facilities	33	33
Total number of hospital beds	670	476
Ratio of persons to one hospital bed	241	350

Source: Department of Health Statistics.

3.7 National Coordinating Structures and Processes for Health Sector Development

The coordinating structures and processes for health sector programs put in place by government and the Health Department supports the programmes and activities including the reform program and to ensure a smooth implementation process. The coordinating structures and processes of the Health Sector Reform Program can be seen at two levels. One level involves Donor Coordinating Structures within the Department of Health itself and the other looks at the linkage to National Donor Coordinating structures. The donor coordinating processes for the Health Sector Reform Program include:

- Biannual Project Coordinating Committee meetings,
- Biannual Project Monitoring Group (PMG) consultations
- Annual Health Donor Coordinating Workshop/Meeting and
- Quarterly meetings of the Cabinet Development Committee (CDC).

These processes are supported by the biannual reports of the PMG, quarterly project reports to the CDC, monthly reporting to HACC.

3.8 Internal Donor Coordinating Structures

Within the Department of Health, donor coordinating processes and structures are the responsibility of the Health Resource Planning, Information, Research and Development Division (HRPIRD) and the Health Aid Coordinating Committee (HACC). HRPIRD is the focal point within the Department of all donor assistance and activities. It acts as the Secretariat for both the HACC and Project Coordinating Committee (PCC) and is responsible for project development, monitoring and evaluation. The Director of HRPIRD oversees all the donor-related projects, which form the Health Sector Reform Program. The HACC is the department's steering committee for all health donor projects and programs. It provides policy advice to the Director General on donor projects and policy advice and information to the Project Coordinating Committee (PCC). The HACC comprises the directors of HRPIRD, Clinical Services, Nursing Services, Corporate Services and Laboratory Services and is chaired by the Director of Preventive Health Services.

3.9 Linkages to National Donor Coordinating Structures

The Health Sector Reform Program Project Coordinating Committee (PCC) chaired by the Director General of Health provides the linkage between the Health Sector Reform Program and national donor coordinating activities. Members include all HACC members, representatives of the three central government agencies namely Treasury, the Ministry of Foreign Affairs and the Public Service Commission and representatives of the three development partners AusAID, WHO and the World Bank. The PCC is the national coordinating and decision-making body for the three key health reform projects. It should be noted that other donor-related projects currently happening in the health sector have their respective PCCs.

The Cabinet Development Committee (CDC) oversees all donor activities in the country, including those for the health sector. It is the highest-level decision-making body for all projects including those in the health sector. CDC meets twice annually on Social Sector development programs, which include health and education sector programs. Chaired by the Prime Minister, it includes all Cabinet Ministers, and Heads of Departments and government corporations.

4. DONOR ASSISTANCE IN THE HEALTH SECTOR

4.1 Outline of Donor Activities

Many donors set a high priority on health and education as targets for bi-lateral or multilateral donor support. The health and education sectors in Samoa are no exception – there are a plethora of donor projects currently programmed.

A summary of the initiatives and programmes currently undertaken by the donors (as part of the overall health sector reforms) is provided in Table 7. The initiatives and programmes are categorized

under the three components of the health sector reform project. The Appendix 3 provides more details on donor programmes.

Table 9. Donor Activities

Component 1: Institutional Strengthening		
Issues	*Lead Support*	*Additional Support*
1.1 Health Sector Policy Development	**World Bank**	
1.1.1Health Financing policy	World Bank	WHO
1.1.2 Resource Allocation	World Bank	WHO/AusAID
1.1.3 Health Service Planning and Provision	World Bank	AusAID/WHO
1.1.4 Health Service Monitoring	World Bank	AusAID/WHO
1.1.5 Developing Policy Options for Tertiary Health Care	World Bank	WHO
1.1.6 Health Legislation review and regulatory framework	World Bank	WHO
1.2 DOH Institutional Strengthening	AusAID	*WHO*
1.2.1 Department of Health Organizational Review	AusAID	WHO
1.2.2 Strategic/Corporate Planning	AusAID	WHO
1.2.3 Operational plans alignment with annual budgets	AusAID	WHO
1.2.4 Strengthen management processes and supervisory skills	AusAID	WHO
1.2.5 Financial / performance budgeting and monitoring	AusAID	WHO
1.2.6 Human resource management and development	AusAID/WHO	WHO
1.2.7 Epidemiological and health information system	AusAID/WHO	World Bank
1.2.8 Improved communication within and outside the DOH	World Bank	AusAID
1.2.9 Stores management and protocol	AusAID	WHO/WB
1.3 Partnerships, multisectoral approach to health	WHO, AusAID	World Bank
Component 2: Primary Health Care/Health Promotion Services		
2.1 Primary Health Care Services	**WHO**	
2.1.1 Health Promotion Programs	WHO	JICA, AusAID, UNICEF, SPC, NZODA,
2.1.2 Environmental Health Programs	WHO	Canada Fund, UNDP, FAO
2.1.3 Reproductive Health/family planning/sexual health program	UNFPA, IPPF, WHO	AusAID Reg AFPA, JICA
2.1.4 Immunization program	UNICEF, WHO	UNFPA, JICA
2.1.5 Nutrition awareness programs	WHO	UNICEF, UNDP, FAO, SPC
2.1.6 STIs/HIV/AIDs awareness programs	WHO, UNAIDS	SPC, AusAID, UNFPA
2.1.7 TB/Leprosy, Filariasis prevention/treatment programs	WHO	NZ Leprosy Board, SPC,JICA
2.2 Primary and Secondary Prevention of NCDs		
2.2.1 Diabetes and related illnesses	WHO	AusAID, SPC, IDF,
2.2.2 Hypertension	WHO	AusAID
2.2.3 Heart Disorders	WHO	NZODA, AusAID,
2.2.4 Cancer	WHO	NZODA
2.2.5 Rheumatic Fever	NZODA	WHO, UNICEF
2.2.6 Injuries	NZODA	Samoa ACB
2.3 Child and Adolescent Health Program	NZODA	WHO, UNFPA SPC
2.4 Women's Health Program	UNFPA	WHO, JICA, World Bank
2.5 Evaluate primary health care, health promotion programs	WHO	AusAID, UNFPA, JICA, SPC, WB
Component 3: Quality Improvement		
3.1 Medical Treatment Scheme	NZODA,	AusAID
3.2 Facilities Development	World Bank	JICA
3.2.1 Services / facilities/ equipment master planning	World Bank	NZODA
3.2.2 Upgrading / construction of:	World Bank	JICA

• TTM hospital (National Hospital)	World Bank	AusAID
• *Primary Health Care Facility for Urban Apia (new)*	World Bank	AusAID
• MTII Hospital upgrade	JICA	*Negotiating*
• Public Health Center / Administration block	JICA/ DOH	*Negotiating*
3.2.3 Rationalization and refurbishment of rural health facilities	World Bank	AusAID WHO
3.2.4 Establish a National Health Waste Management System	World Bank	WHO

Source: Department of Health, 2002 for Health Sector Development

5. GENERAL ASSESSMENT OF ADDITIONAL ASSISTANCE

The following provides a general assessment of the current programmes and activities in the health sector, which includes current outputs and programmes undertaken by government and donors, the outcomes sought by government, and the identification of the "gaps" that are likely to be faced by government over the medium term. It is based on the information collected, however, it is not intended as a comprehensive assessment of the health sector.

5.1 Health Policy Area

Government Outputs/Activities

The following documents provide strategic plans, policies and planned outputs developed by *Government for the Health Sector:*

- Samoa Development Strategy 2002-2004
- Health Sector Strategic Plan 1998-2003
- Health Sector Overview 1999
- Department of Health Corporate Plan

Donor Outputs/Activities

Various donor agencies have assisted government in the development of these strategic documents including AusAID, NZODA, World Bank, ADB and UNDP.

Outcomes Sought

These document the situation analysis of the current state, key issues and challenges in the health sector and identifies the strategic outcomes sought by Government for the health sector, provide overall health sector policy guidelines, as well as mapping out the broad strategies and priorities for addressing the challenges and key issues. The planning documents also:

- Spells out goals and expectations of government and public for health development.
- Determines coordination framework for development efforts amongst government and development partners.
- Develop an integrated approach to health sector development, building on progress made so far.

Gaps Identified

- The target time frames encompassed in the health sector strategic plan is unrealistic relative to the magnitude of the tasks currently facing the health sector.
- Political leadership and senior management stewardship will be important.
- There is a need to clearly map out the priorities and to implement effective medium term programmes to address the main issues and concerns.
- These planning documents need to be reviewed from time to time. Although there has been a significant improvement in the capacity of the Health Department in developing these, there may still be a need for external assistance in future review and updating process.

- There is a need for better coordination of activities amongst the government, development partners, private sector, NGO's, departments etc.
- The risk management plan has identified key risk areas for overall health reform, including capacity constraints, coordination of efforts and sustainability of resources, reforming for economic efficiency and not for improvement in health, limited consultation and ownership, competing demands of various reform activities on limited human resources.
- The exist a significant market distortion resulting from the heavily subsidized public medical services relative to the cost of private medical services. The public services continue to carry the largest share of national medical costs.

5.2 Health Sector Institutional Framework

Government Outputs/Activities

Public sector reform, which encompass budget system and management reform (capital, operating, personnel costs), hire and fire, procurement (including outsourcing), devolution of responsibilities. Some of the outputs achieved thus far include:

- All government Departments have, for the first time, developed Corporate Plans, designed to be consistent with the governments Samoa Development Strategy and respective sector plans,
- Introduction of performance budgeting,
- Identification of outputs and performance measures,
- New policy on hire and fire of staff has been introduced giving greater flexibility to departments,
- Decentralized stores and procurement allowing departments to seek best available terms for own supplies including decisions on capital items,
- Greater responsibility for setting of user charges.
- Developing mechanisms to monitor, review and evaluate the effectiveness of primary and public health programmes.

Donor Outputs/Activities

Various development partners have assisted government in this area.

AusAID is undertaking the main role with institutional strengthening of the Health Department. See matrix of donor activities for details.

AusAID is also heavily involved in the wider public sector reform undertaken by the Public Service Commission which seeks to review operating polices of the Commission as well as devolution process whereby Departments will have greater authority and responsibility over resource management (budget and personnel).

Outcomes Sought

These are aimed at improving the efficiency and effectiveness of the management and administration of the health sector resources, through:

- Strengthen capacity of Health department to develop and implement appropriate health policies, legislation and regulation and to improve the functional and technical quality of health facilities.
- Development of health services networking and data storage systems.
- Identification of services that could be contracted out including revision of user charges.

Gaps Identified

- Current levels of incentives (salaries and wages) are still considered inadequate to attract adequate personnel into the health sector. This is an area that government is looking into under its overall public sector reforms.
- There are inadequate number of doctors and qualified nurses.
- Limited administrative and management capacity in the health service organizations.

- Total resources allocated to the health sector considered inadequate. The needs that for the sector are well above the resources afforded by government.
- User charges considered too low relative to the costs of health services
- The health department faces capacity constraint to fully implement reforms.
- Many health centers remain idle due to lack of qualified personnel or sufficient medical supplies.
- Access from rural areas remains a concern.
- Services and facilities are still heavily concentrated in urban area.
- Situation of medical supplies remains a problem related to poor stores management, planning and lack of funding.

Other Government Outputs/Activities

- Primary health care, health prevention and combating non-communicable diseases, eradication of communicable diseases, child health and adolescent health programmes, integrated programme on women's health,
- Health medical insurance scheme. The scheme now being developed through the national provident Fund is aimed at assisting with the cost of medical services. It is not known as to when the scheme could be finalized.

Donor Outputs/Activities

A number of development partners, such as UNESCO, UNDP, FAO, NZODA, AusAID, do support specific programmes aimed at particular areas of diseases or health issues. See matrix of donor activities for details.

Outcomes Sought

- Improve awareness and prevention of diseases.
- Eradication of communicable diseases.
- Reduction/elimination in the incidence of the main diseases now facing Samoa.

Gaps Identified

- Cost of overseas medical treatment continues to increase.
- Incidence of non-communicable diseases continues to be a significant problem for Samoa.
- Cost of health services high relative to the user charges.
- Primary health care is still a significant problem for Samoa. The cost of secondary medical care is becoming very expensive.
- Specific challenge still persists, for instance, in the high incidence of youth suicide.
- More effort is needed to improve health awareness and to inform and promote primary health care throughout the population.
- There is a need for greater coordination of efforts from other players/sectors for instance from Education, Agriculture, Commerce and Trade, Environment, Sports and Recreation.

5.3 Infrastructures, Facilities, and Equipment

Government Outputs/Activities

- The government undertakes maintenance and some capital works.
- Villages contribute to the development of own health centers with most assisted by development partners and NGO's.
- A large part of the annual health sector budget is allocated to the purchase of medical supplies, cost of specialized treatment including the sending of patients for overseas treatment.

Donor Outputs/Activities

- World Bank is providing, as part of the Health sector Project, financing for upgrading and maintenance of the national hospital.

- JICA provided financial assistance with the construction of the Tuasivi hospital, upgrading works for the Leulumoega district hospital and also a range of medical equipment including water tanks etc.
- European Union, NZODA and AusAID provide funding for development of rural health service facilities.

Outcomes Sought

- Adequate and suitable facilities.
- Quality Improvement.
- Development of rural health centers to cater for rural areas.
- Number of available hospital beds to meet in-patient numbers.
- Facilities meet hygiene requirements.
- Adequate facilities to cater for major disasters.
- Scale of facilities need to be able to be maintained with available resources.

Gaps Identified

- The national hospital is still the main service center and therefore continuing to receive the largest amount of public visits, resulting in long waiting times for patients. The overall states of the main hospitals are considered inadequate through lack of maintenance and upgrading.
- Many service facilities remain in poor state.
- Many service facilities remain unmanned or unutilized due to lack of personnel or medical equipment and supplies.
- Specialized equipment already installed in some centers but are either underutilized or not utilized at all.
- There is evidence of significant difficulty in accessing the main health centers due the lack of transportation and availability of health services in the rural areas, however, little formal record is kept or released concerning such incidence.
- There only four ambulance, 2 stationed at Tuasivi and 2 at the Motootua national Hospital.
- There are 2 mobile clinic servicing both Upolu and Savaii.
- The main services are still concentrated in the greater urban Apia area.
- The Leulumoega District hospital is situated strategically to cater for the most populated area of Samoa, Apia West, (which covers Savaii, Manono and Apolima), but also the closest to the international airport and inter-island ferry terminal at Mulifanua. However, the services currently provided through the district hospital would not allow it to fully service these areas or cater for any significant emergency from the airport or inter-island wharf.
- The number of health centers created through the political process are not properly maintained and unmanned due to the shortage of medical personnel, adequate tools and equipment.

6. RISK MANAGEMENT

The large number of programmes now undertaken by the government through the Health Department calls for careful coordination, management and monitoring. It has also raised concerns over the ability of the department to manage coordinate all the activities it currently undertake. In 2001, the Department of Health, together with development partners of the health sector, developed a Risk Management Plan, which identified the key risks and recommended actions to be undertaken by the Department and donors. To improve the effectiveness of any additional assistance, it will be important that they are coordinated well with the current programmes of the government as well as the support provided by other donors. This will be the general approach and basis for the recommendations provided in this report. This approach is vitally important in order to maximize the effectiveness of any additional assistance.
The Risk Management Plan identified the key risks issues/areas summarized below:

General Planning & Governance

- *Relationship between planning documents*
  - No clear linkages between SES, HSRP, corporate plan, Health Department Management Plan and Health Department budget outputs and output performance measures
  - Overarching framework non-existence, not understood, inappropriate or out of date
  - Budget output structures and resource allocation not aligned with sector strategies and plans

- *Parliamentary & community support*
  - lack of understanding and acceptability by community of programs
  - community not taking responsibility for their health (prevention, promotion and awareness)
  - community and parliament not actively engaged in policy development

- *National coordination and management of aid resources; national planning and budget*
  - conflicting agendas of development partners
  - other government departments, enterprises and private businesses not taking responsibility for health prevention, promotion and awareness
  - change of government focus on public sector reform including health

Organizational Structures and Systems

- *Authorities, Monitoring, Verification and Approvals*
  - lack of mechanism for regular reviews
  - Quality Assurance Group not functioning
- *Development Partners*
  - work plans of development partners not taking into account work plans of the Department of Health
  - preoccupation of development partners and consultants with milestones and timelines

- *Health Department management*
  - lack of research and dissemination of available research/information
  - accessibility of services
  - mismatch of scheduling due to absence of information sharing and operational level

- *Project Coordinating Committee*
  - impacts of other programs outside the project which may compete or duplicate project activities on DoH staff and work priority and performance
  - current structures are not applicable to policy development process; current committee management structures do not have full support of government; development partners not adhering to spirit of cooperation in MOU
  - lack of coordination of programme

Human and Financial Resources

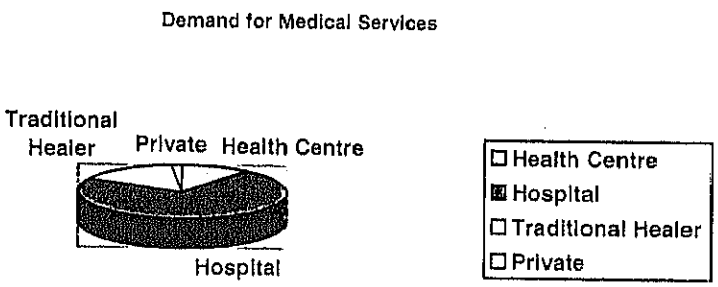
- *Funding Mechanisms*
  - sustainability of programs when development partner funding runs out
  - high access costs to health services by private sector
  - political considerations on decisions to continue operations of underutilized facilities
- *Personnel Skills*
  - lack of local ownership of reforms
  - cost effective/appropriate use of resources and technology
  - lack of qualified local staff in specialised areas
- *Scheduling*
  - overloading of staff with introduction of reforms

The Department of Health has developed an implementation plan risk responses, which could be implemented from existing resources. The risk responses requiring additional resources is planned to schedule only when the Department of Health and its development partners have secured the relevant funding. JICA assistance needs to take this into account so that its assistance can help minimize risks facing the sector, particularly those dependent on availability of additional financial resources.

IV. THE HEALTH SURVEY RESULTS

1. Analysis of Answers from the Questionnaire

Figure 1.



Source: Health Study Survey Results 2002

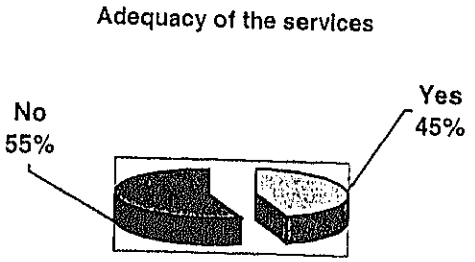
Demand for Medical Services

Seventy one percent of respondents sought medical services from the hospitals; with 16% resorting to traditional healers and 11% attending the district health centers. The relatively low proportion seeking medical services from health centers compared to (Figure 1) those seeking services from traditional healers may partly reflect the perceptions/state/standard of services available from health centers generally. However, it may also reflect Samoan preference for traditional medicine, which continues to play a significant role in Samoan rural society.

Adequacy of Services

In terms of rating the adequacy of the services currently available, 55% of respondents in both Upolu and Savaii indicated their dissatisfaction with available health services whilst the balance said they were satisfied with the services offered (Figure 2).

Figure 2. Adequacy of Health Services



Source: Health Study Survey Results 2002

Some of the reasoning given in support of the perceived "inadequacy" of health services included:

- The inadequacy/poor state of the building facilities,
- The lack of doctors and nurses,
- Deterioration/lack of maintenance of medical facilities,
- High cost of medicine,
- And a major concern about the inability of the Savaii hospitals to handle emergency cases,
- Inability of doctors to treat all illnesses,
- Slow service,
- Hospital facilities/equipment is old.

Access to Services

For Savaii, 29% of respondents indicated that they had problems in *obtaining* appropriate medical services when needed and the 71% indicated that they had problems with *accessing* medical services. See Table below.

Savaii		%
1.	Problems in *obtaining* appropriate medical services	29
2.	Had problems with *accessing* medical services	71

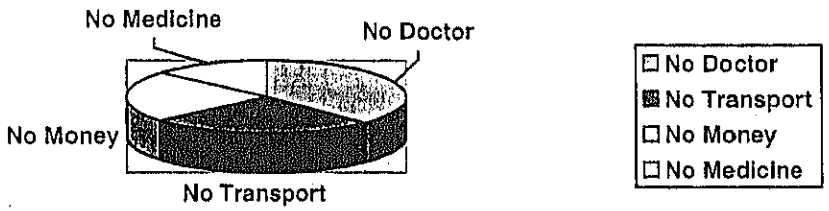
Of the 71% who said they had problems *accessing* medical services, 74% said they always encountered such problems *all the time* they needed medical help, 21% said they encountered this problem *after hours* with only 3% saying that they have problems accessing medical help *during normal working hours*. See Table below.

Savaii		%
1.	always encountered such problems *all the time* they needed medical help	74
2.	21% said they encountered this problem *after hours*	21
3.	3% saying that they have problems accessing medical help *during normal working hours.*	3

For Upolu, 63% indicated that they had problems in *obtaining* appropriate medical help when needed; 35% had problems *during after hours*, **and 70%** of those had problems during *anytime* when they needed help.

Figure 3.

Main Difficulties in Getting Medical Assistance

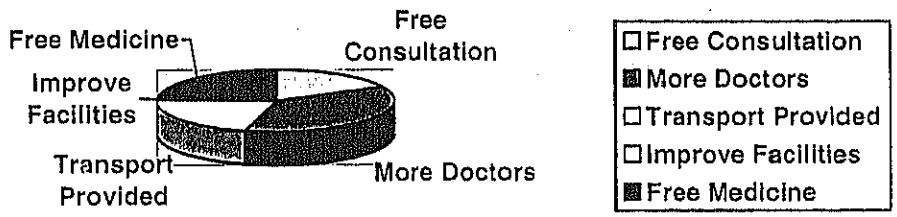


Source Health Study Survey Results 2002

The main reasons behind the difficulties of getting medical assistance are; 37% of respondents said it is due to *absence of doctor* on duty, 26% indicated the difficulty of getting *transport* to the main hospitals, 23% had *no money* for pay for transport and medical services and 14% indicated there was *no medicine* available to cater for their illness. (Figure 3).

Figure 4

Suggestions for Improving Medical Services

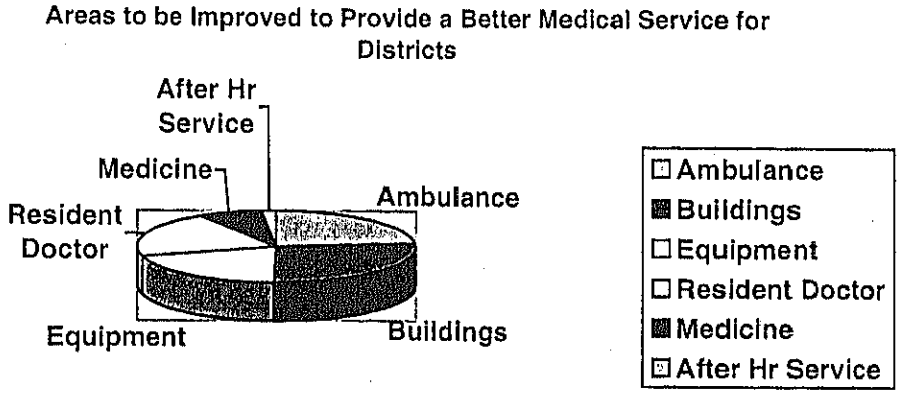


Source: Health Study Survey Results 2002

Improvements to Services

The survey sought from the respondents of some of their suggestions to improving the existing medical services and 37% of respondents indicated the need *for more doctors* to be on duty at all times, 23% wanted *free medications*, 21% wanted *free transportation* to and from the hospital and 18% wanted *free of charge medical consultations*. (Figure 4)

Figure 5



Source: *Health Study Survey Results 2002*

Areas for Improvement

For the district medical centers, 27% wanted an improvement in the *buildings and facilities*, 23% wanted *ambulance services*, 20% wanted *more equipment and resident doctors* to be available.

Use of Private Sector Services

On the use of the only private hospital, Medcen, 75% of the Savaii respondents *have not used Medcen* at all and mostly everyone agreed that it was *too expensive* for them. For Upolu 87% of respondents have not used Medcen at all. Other reasons why Medcen was not used is the lack of knowledge/awareness of Medcen and also that the location was too far/not easily accessible.
Asked if they would not use a *private practitioner*, the majority said was that it was *too expensive*. However, it should be noted that there are no private practices in the rural areas with only one in Savaii.

The general service ratings for the services provided through health centers in Savaii are as follows:

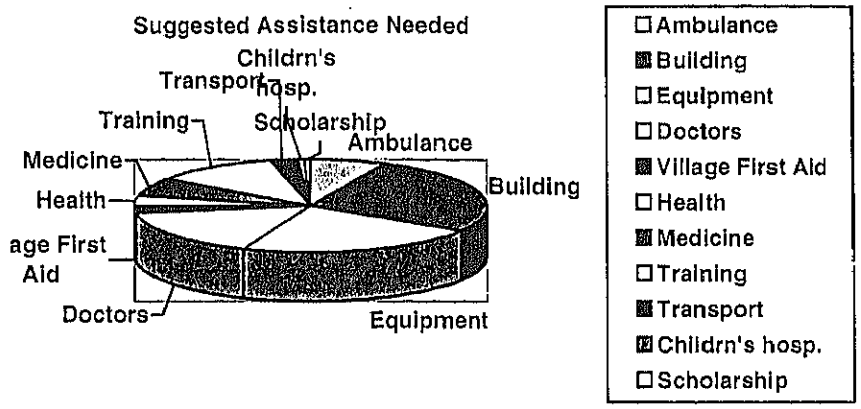
- Sataua – satisfactory to poor
- Faala - satisfactory to poor
- Safotu – satisfactory to fair
- Tuasivi – good

The reported ratings for health services provided through Health Centers in Upolu together with the National Hospital are mostly "satisfactory" and "good"

Ambulance Use

There is a 50/50 awareness on the availability of the ambulance service in Savaii.

Figure 6.



Source Health Study Survey Results 2002

Suggestions for JICA Assistance

Most of the respondents when asked on how JICA could provide assistance in the health sector preferred (Figure 6)

- Improvement to buildings and facilities particularly at the district medical centers,
- More equipment to facilitate the servicing of the medical center,
- More ambulance/mobile clinic service,
- More doctors,
- The availability of a village first aid kit,
- The provision of more medicine,
- Training for doctors and nurses,
- Improving the transportation from the rural areas to the main hospitals.

2. *Community Expectations*

The following specific responses have been recorded from direct consultations and interviews conducted with administrators and medical officers from selected district hospitals. They do *not* intend to provide a full account of the issues and needs of these hospitals.

Leulumoega District Hospital

The Leulumoega District Hospital services the district with a population of 12,000, which includes the villages/districts of Afega, Falelatai, Mulifanua, Manono and Apolima Island. Leulumoega is the main hospital identified as the first center expected to respond in an emergency at Faleolo Airport and Mulifanua inter-island wharf. With its current resources, the Leulumoega district hospital would not be able to provide for any relatively large-scale emergency. There are no resuscitation equipment; no fully equipped trauma unit and is staffed by a few medical staff (with basic level of expertise); inadequate means for transportation.

The main *health issues* reported include:

- High proportion of patients NCD's;
- Low standard and inadequacy of specialty care for old people, both in the hospital and in their homes (geriatric care);
- Inadequate transport for transferring patients and for regular outreach clinics and other programs conducted by the medical teams.

The hospital would *need* the following items to upgrade it into a viable emergency response center:

- Small fully equipped laboratory;
- ECG Machine;
- Resuscitation Unit;
- Defibrillator;
- X Ray Unit & Ultra Sound Scan.

In addition it would need fully furnished wards, with beds, mattresses, bedding and curtains in a state of readiness at all times.

Repairs would also need to be carried out to the whole complex/building to install doors and screen wire to wards to ensure safety from insects and other animals. Some areas need proper flooring/tiles to be installed for ease of cleaning and better hygiene.

Two water tanks installed under past assistance from JICA need to be connected to the water mains pipes to ensure a consistent supply. Currently they are connected only to the water heater and water is hand carried around the ward when the main water supply is off (which often occurs for a several hours daily). Staffing resources needs to be built up together with the level of expertise.

An assessment of its potential to be an emergency response center, the benefits to the district and its surrounding areas, further decentralization of health services and the likely costs could be undertaken as a possible project. This was regarded as a possible area that JICA could assist in.

Poutasi District Hospital

The *main health issues* reported include:
- Shortage of medical staffed, there are doctors, and no midwife;
- Transportation is a problem, only one vehicle (in poor condition) is available to cover a large geographical area for mobile clinics (for antenatal and post natal care) and outreach programs that are conducted by the nurses;
- Facilities in poor condition, beds not up to standard, no trolleys, insufficient lockers for patients;
- Equipment are outdated and considered inadequate;
- Buildings are rundown and windows missing;
- Communication is limited to a CB radio which is often engaged/busy; sometimes doctors are hard to find;
- Ambulance cover is inadequate as there are only 2 for Upolu. Sometimes ambulances are not available in times when needed.

The suggestions for *possible assistance* from JICA include:
- Another vehicle to use for mobile clinic and outreach, as well as transport patients
- Building renovations to existing facility
- Equipment needed – nebuliser (for asthma), unit to measure BP (sphyg), lockers for patients use
- Staff needed – more nurses & midwives
- Improve communications network, install a phone line

Lalomanu District Hospital

The main health issues/concerns identified include:
- Lack of facilities and medical equipment;
- Short staffed, unable to substitute staff on-leave;
- Poor quality of beds and old instruments.

Some of the suggestions for possible assistance to be considered by JICA include:
- Full/comprehensive tools and equipment;
- More staff;
- Laboratory facilities;
- Dental clinic.

The needs identified are considered crucial particularly given the long distance from Apia. Overall, improved services are necessary for the region/district. The needs identified through most district hospital also highlight the classic challenges facing government in providing services in remote areas, and where, the issue of subsidies for the costs of providing services need to be addressed.

Sataua, Savaii District Hospital

The main issues reported include:

- Transport is a problem since they are the only ones serving Asau to Falelima and Fagafau to Taga. Need an additional vehicle either a van or a minibus which could be operated in partnership with the village for)running costs & maintenance)
- Distance, time and money are problems preventing people from attending the hospital either at Tuasivi (or even at Motootua).
- Utilization of hospital services is quite high with both inpatient and outpatient care provided specific needs include fully staff with addition of a radiographer and a lab technician, fully equip with a lab and X Ray facility for full blood counts and emergency patients needing transfusions

Some suggestions for *possible assistance* from JICA include:

- Equipment such as ECG machine, delivery bed, electric suction, Sonic Aid (for fetal heart monitoring), Oxygen Heads, Ultra Sound Scan;
- Renovations that are necessary include tiling floors for hygienic cleaning, replacing broken windows and installing missing doors;
- An ambulance to be located at Sataua to ensure that distances for traveling are halved (since the only one in Tuasivi has to come out to pick up a patient, doubling the time taken);
- A second set of full resuscitation equipment, delivery & suture sets to be installed in the ambulance to allow the escort to sustain the patient while on route and reduce the need to install/remove the hospital set each time they respond to emergencies;
- A fully equipped dental clinic and a volunteer dentist.

Tuasivi District Hospital

The main issues raised include:

- Tuasivi Hospital is classified as a "referral hospital" so acute/serious cases are referred to Motootua Hospital. This in itself creates difficulties since transfers rely heavily on ferry schedules.
- There was some anecdotal evidence to suggest that late transfer of patients as well as the shortage of medication may have caused patient complications and some deaths. (These were withheld from the interviewer because of the sensitive nature of the information) However, the situation is said to have improved as of 4 years ago.
- Medical supplies are limited and heavily reliant on the ferries as well, so are dependent on accurate and timely ordering by the staff. When there is a general shortage it is felt acutely there since their orders may not be given priority
- As in the case of Leulumoega District Hospital, Tuasivi Hospital is the main hospital to cater for its surrounding districts but also the main base for serious cases from all over Savaii. In this role, the hospital in its current state is considered under equipped/inadequate. The Tuasivi hospital is expected to provide medical service for to other Savaii districts for treatments which can not be provided by other health centers, however, they are constrained by distance, limitations in transport modes available, staff numbers as well as expertise, limited variety of medication and few equipment on hand.

The suggestions for *possible assistance* from JICA include:

- There is currently a plan to implement Phase II of an existing aid project from the Government of Japan to extend the hospital. This is considered urgent and would greatly alleviate the present difficulties.
- Other suggestions include an ECG machine, fetal heart monitor, special beds e.g. air beds which prevent the formation of bedsores, a fully equipped laundry, including a dryer (currently these have to be done privately) and a fully equipped kitchen.

V. CONCLUSIONS AND RECOMMENDATIONS

1.1. Conclusions

The results of the study indicate that a substantial amount of effort by both government and developing partners is now dedicated to the health sector. Also important is that reform process has lead to the development of improved processes for planning and coordinating all health sector programmes amongst the donors and government. The reform program now undertaken by government together with the support of the development partners will be vital to improving the prospects for improved health services in the future. However, despite those additional ongoing initiatives, much needs to be done if the overall delivery of health services is to be improved in the short to medium term.

The findings from the survey undertaken as part of this study confirm the need for policy initiatives and well-targeted interventions in the following three broad areas:

(i) Significant improvement in health sector services for the rural areas through greater decentralization of health services which meet the needs of rural communities;
(ii) Significant improvement in resources availability including medical personnel, equipment, medical supplies and building infrastructures;
(iii) Services provisions need to take account of hardship factors to ensure that access to medical services is maintained and improved

In addition, the study has highlighted the following factors:

- The government has since 1999 began to implement wide ranging health sector reforms with donors and development partners supporting a large part of the reform programmes;
- The reforms included the development of strategic plans, programmes and activities/outputs to address the key challenges and priorities identified by the government including institutional strengthening components aimed at strengthening the management and improving processes within the health sector;
- The issues and challenges facing the health sector include an upsurge in "life-style", non-communicable diseases, the need for new planning and regulatory requirements; the devolution of financial and human resource management powers from central government agencies under a public sector reform program designed to improve efficiency and effectiveness; the recognition of the dissatisfaction with current sector and department management arrangements; the need for upgraded policy and initiatives including the need to identify opportunities for contract out;
- Health and education are central sectors in the overall reform program of government, with both sectors being allocated increasing share of total domestic as well as donor and loan financial resources;
- Reflecting the large number of players currently involved in the health sector, and also in view of available implementing capacity, the Department in 2001, developed and began implementing a Risk Management Plan. The Risk Management Plan identifies the key areas of risks and appropriate remedial strategies;
- There are now new processes in place to facilitate and strengthen the coordination of all interventions in the health sector. It will be important that any new interventions that they are consistent with and provide additional impetus to ongoing reform programmes with due considerations of the associated risks already identified by the Department of Health in the Risk Management Plan;

In line with the outcomes sought by JICA through this study, and the associated objectives for likely intervention by JICA, it can be expected that JICA assistance could be linked to the health policy objectives to reverse the tendency for centralization and reinforcing the primary health care approach/strategies.

1.2 Recommendations

1.2.1 Policy Level and Development Framework

The government has initiated a lot of work in this area over the past five years, supported by development partners. It is not recommended that any further assistance be considered in this area for the time being.

Strategic Area 1: Health Sector Policy Framework **Outcome: Health Sector Policy Implemented**	
Focal Point	*Probable Area of Assistance*
Health Department, District Hospitals, Health Centers and Sub-centers. Rural areas.	• Identify possible areas for assistance in the implementation of the health sector policy already developed by government. • Minimize or duplication of areas already addressed by government and other development partners. • Reverse the tendency for centralization of health services and to provide means to improve access of the rural population to effective health services. • The World Bank and AusAID are current key players in the policy area. JICA overall approach may aim to provide sustainable assistance that is consistent with this policy objective.

1.2.2 Institutional Management and Process

An important component of ongoing health sector reform is aimed at strengthening the institutional capacity (management, processes etc including procurement). Opportunities for further support could be provided through technical personnel, for instance, in the procurement area. There is an ongoing need for additional trained personnel, doctors and nurses.

Strategic Area 2: Institutional Framework **Outcome: Improve Management of the Health Sector**	
Focal Point	*Probable Area of Assistance*
Health Department, National Hospital, District Hospitals, Health Centers and Sub-centers	• Assist with human resources, systems and procedures. • More medical officers and specialist's personnel are needed to fully service the main hospitals, district hospital, health centers and sub centers. • Identify assistance to provide technical support for the management of the health department in the implementation of the reform program. • Identify possible additional assistance for the hospital information system and IT network. • Identify possible additional assistance within the areas of procurement and supply of medical supplies. • Identify additional assistance to provide adequate incentives for health workers. • Identify additional assistance for health training, skills upgrading etc. • Provision of specialist maintenance personnel and procurement specialists to ensure needs in the areas of medical supplies and medicine are met in most cost effective manner and to train local counterparts.

1.2.3 Infrastructure and Equipment

The World Bank is providing assistance under the health sector reform to upgrade some of the health facilities, particularly the hospitals and selected medical equipment. However, there are opportunities for additional assistance in this area given the scope of the task involved. Other possible areas of assistance may also include support for additional mobile services, ambulance, mobile clinic, etc, which would improve, access and facilitate decentralization of health services.

The Department has also indicated plans for the development of alternative office facility and service centers with the aim of improving access.

Strategic Area 3: Infrastructure and Other Resources Outcome Sought: Improved quality of all health facilities both urban and rural	
Focal Point	*Probable Area of Assistance*
Health Department, National Hospital, District Hospitals, Health Centers and Sub-centers	• Assist with improving quality of infrastructures, medical supplies and equipment. • Provision of mobile health units. • Develop an ongoing development and maintenance plan for the main hospitals, district hospitals, health centers and sub-centers. • Provision of trained personnel especially in district hospitals and selected health centers. • Identify areas where infrastructure development may be required to complement assistance to be provided by the World Bank.

1.2.4 Possible JICA Interventions

JICA 's development assistance programmes in the health sector has been mainly involved in the development of hospital facilities and provision of equipment. Through its volunteer programme JICA also provides medical/technical staff through its volunteer programmes. The JICA grassroots projects targeting rural community developments has also provided for the development of district hospitals, rural health centers/facilities, tools and equipment. With this experience, JICA is well placed to continue with further assistance to the health sector, in particular, to address some of the areas where additional support is still needed.

On the basis of the recommended Framework of Interventions, the following projects are submitted for consideration by JICA as possible candidates for future assistance by the Government of Japan to support Samoa's endeavors to address the challenges faced by the health sector.

The candidate project are split into the broad areas of policy, institutional framework, infrastructures and resources. The focus is on providing additional support to those key areas that are not adequately addressed presently by current initiatives and programmes of both government and donors.

1.2.5 Policies and Development Framework

Project 1 : Assist with strengthening public awareness of key health issues affecting most Samoans

Objective:
To support the government reforms through improving public awareness of the reforms strategies, initiatives and programmes including the key health issues now facing Samoa, primary health care and health prevention etc.

Resources required:
(i) Grant funding to support development of specific public awareness campaign/education,
(ii) Mobile clinics,
(iii) Trained health personnel in the form of experts and volunteers.

Project 2 : Further Support to improve access to health services

Objective:
To support the efforts of government and other development partners to ensure basic health services are available to all, through improved access (greater decentralization).

Resources Required:
(i) Provide essential equipment and medical supplies to rural based health facilities,
(ii) Provide support to medical personnel in the health services for the rural areas through volunteer programme,
(iii) Mobile clinics to serve rural communities,
(iv) Ambulance service in rural communities.

Project 3 : Support to improve reduce the congestion at the main national hospital and to improve access for the traveling public through the development of centrally located health out-patient center

Objective:

(i) To support the development of a town office and health service center that can provide outpatient thereby reducing the congestion of services at the national hospital services

Resources Required:

(i) Grant financing,
(ii) Building infrastructure,
(iii) Tools and equipment,
(iv) Medical personnel,
(v) Mobile clinics,
(vi) Ambulance

1.2.6 Institutional Framework

Project 1 : Support the training of all professional staff on the details of health sector reforms including outcomes sought, strategies, programmes and initiatives

Objectives:

(i) Improve awareness, ownership and responsibilities of health workers for the health sector reform program.
(ii) Disseminate objectives of reforms to all levels of health sector services.

Resources required:

(i) Grant financing to fund awareness/educational programmes,
(ii) Trained medical personnel to assist/train local counterparts in implementation of tasks under the reform programmes.

Project 2 : Support the institutional strengthening of the Health Department

Objectives:

(i) To improve quality of medical staff
(ii) To improve employment contracts
(iii) Improve the training of medical staff and nurses
(iv) To improve relevance of training / qualifications to the needs for the Samoan health sector
(v) Provide support for design and implementation of new regulations and procedures,
(vi) To review the procurement policies and assist with reforms in this area.

Resources required:

(i) Technical Assistance funding of consultancy services to examine issues relating to institutional arrangements that will improve staff morale, staffing situations etc,
(ii) Technical teaching staff, at expert level,
(iii) Medical personnel,
(iv) Medical supplies.

1.2.7 Infrastructures and Resources

Project 1 : Support infrastructure network of health facilities

Objectives:

(i) Improve infrastructures, particularly in the rural areas.

Resources required:

(i) Technical personnel, such as architectural, computer networking
(ii) Building construction, and transfer of skills,
(iii) Tools and equipment and medical supplies

Project 2 : Mobile Clinics for rural communities to ensure greater and affordable access by rural population to health services

Objectives:

(i) Improve access for the rural population

Resources required:

(i) Mobile clinics
(ii) Trained medical personnel and volunteers to support rural based medical personnel
(iii) Tools, equipment and medical supplies

VI. BIBLIOGRAPHY

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3. Samoa Health Sector Project Draft design Document 1999
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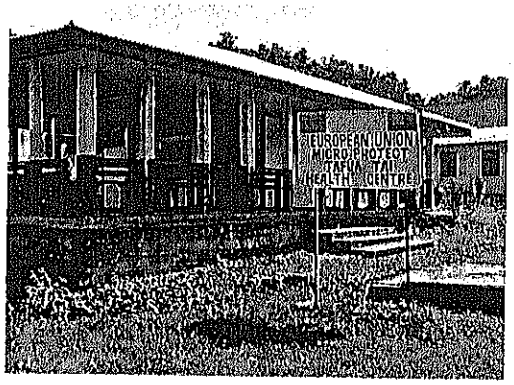
5. World Health Report 2000, World health Organization
6. Health Financing Study 2001, KVA Consult and Brandeis University, MA, USA
7. Risk Management Draft Report 2001, KVA Consult
8. Health department Corporate Plan 2001

Appendix 1 - Health Survey Photo Album

(Above Left) Administration Staff at Malietoa Tanumafili II Hospital, Tuasivi, Savaii share their views with our survey team
(Above Right) Survey team in front of the Hospital at Tuasivi

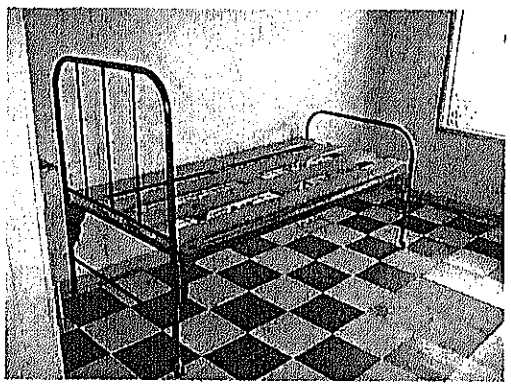


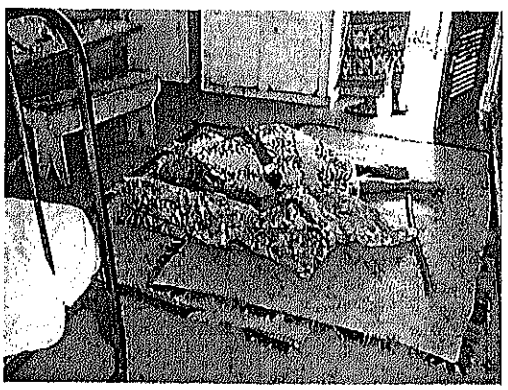
(Above Left) Health Centre at Tafua, Savaii
(Above Right) Interviewing the Enrolled Nurse at Palauli Sub Centre, Savaii

(Right) A common problem faced by Health Centres, facilities in run down condition. A patients ward at Palauli Health Centre, Palauli, Savaii

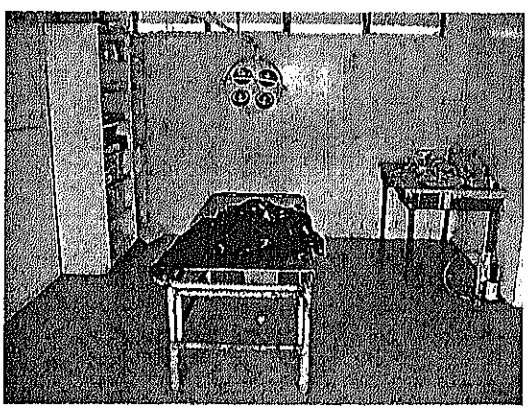
(Left) Survey team at Palauli Health Centre, Palauli, Savaii

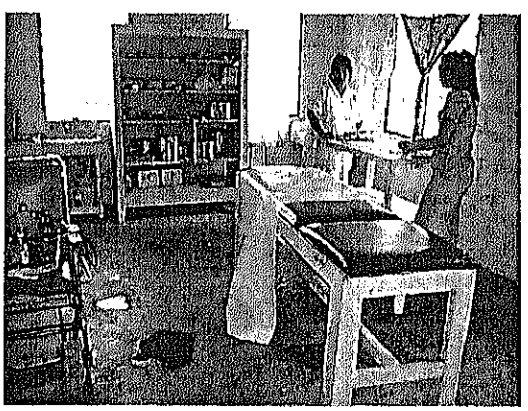
Survey Hospital Visits. (Above Left) Interviewing the Principal Medical Officer at Malietoa Tanumafili II, Hospital, Tuasivi, Savaii.
(Above Right) Interviewing the Registered Nurse at Lalomanu District Hospital, Lalomanu, Upolu





(Above Left) Beds are scarce and often in such poor condition that they cannot be used by patients, One of the few beds at Lalomanu District Hospital.
(Above Right) Elderly Patient at Lalomanu District Hospital rests on the floor after an operation due to beds being in an unwelcome state.

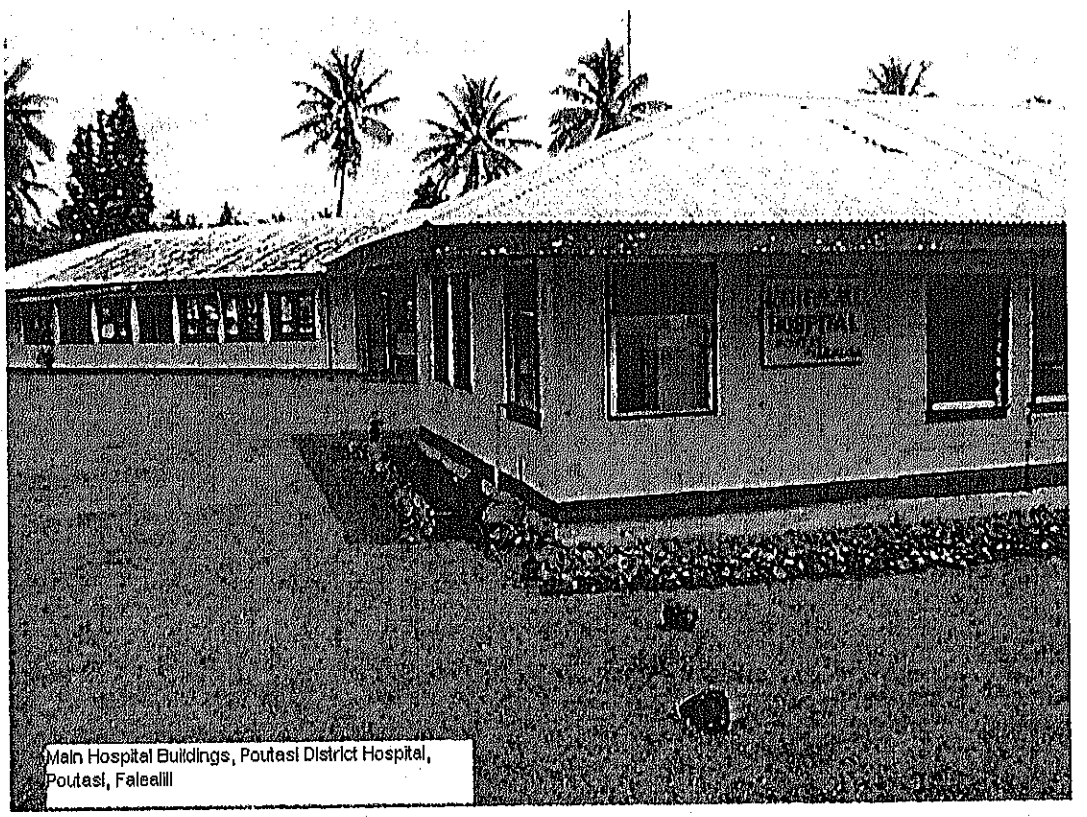




(Above Left) Maternity ward at Lalomanu District Hospital, still operating despite a lack of equipment and facilities.
(Above Right) Interviewing the Registered Nurse at Poutasi District Hospital, Poutasi, Upolu

(Above Left) Some of the facilities at Poutasi District Hospital, Poutasi village, Upolu

(Above Right) An empty patients ward at Poutasi District Hospital, Poutasi, Upolu



Main Hospital Buildings, Poutasi District Hospital, Poutasi, Faleallil

Appendix 2. Health Study Survey Questionnaire

1. SURVEY QUESTIONNAIRE

All answers are *confidential*. Please DO NOT put your name on the form.

I. Biographical Data

1. How old are you?

i. ☐ Under 10years
ii. ☐ 10-15years
iii. ☐ 16-29years
iv. ☐ 30+ years

2. What village are you from?

_____

3. What is your marital status?

i. ☐ Single
ii. ☐ Married
iii. ☐ Separated
iv. ☐ Divorced
v. ☐ Widowed

4. Sex:

i. ☐ Male
ii. ☐ Female

II. Formal Education

5. What level in formal education did you reach?

i. ☐ Primary
ii. ☐ Secondary
iii. ☐ Tertiary
iv. ☐ Technical/Vocational

6. At what level (or class) did you leave school?

_____

7. Why did you leave school? (Give 2 reasons)

_____

8. Would you continue your education if the opportunity arose?

i. ☐ Yes
ii. ☐ No

III. Formal Employment

9. How do you spend your time each day?

i. ☐ Maintain family home
ii. ☐ Work in plantation
iii. ☐ Look after younger children at home
iv. ☐ Other _____

10. Are you receiving wages or salaries for the work you do?

i. ☐ Yes
ii. ☐ No

11. If no, have you been looking for paid work?

i. ☐ Yes
ii. ☐ No

12. *Would you prefer/consider work in the government or private sector?*

i. ☐ Government
ii. ☐ Private Sector

13. *Give reasons for your choice.*

_____

14. *If you have been looking for paid work, but did not find it, give 2 reasons why.*

_____

15. *Are you expected by your family to find a job?*

i. ☐ Yes
ii. ☐ No

IV. Non Formal Education

16. *Have you sought additional training in the past?*

i. ☐ Yes
ii. ☐ No

17. *Are you aware of the following schools offering vocational courses/training?*

i. ☐ Yes
ii. ☐ No

18. *Which of these would you attend and why? (Use extra paper for answers)*

i. ☐ The Samoa Polytechnic_____
ii. ☐ Don Bosco_____
iii. ☐ Leulumoega Fou School of Fine Arts_____
iv. ☐ Punaoa Technical Institute_____
v. ☐ Samoa School of Music and Culture_____
vi. ☐ Tiapapatu Art Centre_____
vii. ☐ Motivational Art, Dance and Drama (MADD)_____
viii. ☐ Beautiful Expressions of Nature School of Fine Arts_____
ix. ☐ Uesiliana College_____
x. ☐ Vaiola College_____
xi. ☐ Pesega College_____

19. *Are you aware of the following organizations who also provide assistance to youth?*

i. ☐ Yes
ii. ☐ No

20. *Which ones would you attend or seek help from and why?*

i. ☐ Small Business Enterprise Center_____
ii. ☐ Women In Business_____
iii. ☐ YMCA_____
iv. ☐ Youth for Christ_____
v. ☐ Girl Guides_____
vi. ☐ Faataua le Ola_____
vii. ☐ Boy Scouts_____
viii. ☐ Boys Brigade_____
ix. ☐ Flame Youth Center_____

21. *If vocational training were available in your village/district, would you consider attending?*

i. ☐ Yes
ii. ☐ No

21. *What kind of training do you want?*

i. ☐ Fixing engines (specify)_____
ii. ☐ Home construction_____

iii. ☐ Hotel management _____

iv. ☐ Building furniture_____

v. ☐ Other_____

22. *What do you intend to do after you get the training?*

_____

V. Youth Policy

23. *Are you aware of the newly developed youth policy of government?*

i. ☐ Yes
ii. ☐ No

24. *List any youth groups or programmes that you participate in.*

_____

25. *What services do they offer you?*

_____

26. *What other services would you like to have access to in youth groups?*

_____

27. *Have you attended the "Annual Youth Week" celebration organized by the Government?*

i. ☐ Yes
ii. ☐ No

28. *Has it been of any use to you?*

i. ☐ Yes
ii. ☐ No

29. *If so can you describe?*

_____

VI. Awareness of Initiatives for Youth

30. *Are you aware of any of government programmes aimed specifically at helping school leavers gain life skills to improve their participation in society? (Give examples)*

i. ☐ Yes
ii. ☐ No

_____

31. *Are you aware of any of the donors' programmes aimed specifically at assisting school leavers improve their participation in society?*

i. ☐ Yes
ii. ☐ No

VII. JICA Involvement in Youth Activities

32. *JICA is looking into options for providing assistance to vocational schools or providing assistance for schools to also provide vocational courses. Would you support such a programme to be provided by JICA?*

i. ☐ Yes
ii. ☐ No

33. *What would you like to see JICA contribute? (Such as teachers, facilities, equipment etc)*

_____

34. *How could such a programme be sustained in the longer term?*

_____

35. *Do you think the village can contribute anything towards such a programme?*

i. ☐ Yes
ii. ☐ No

36. *If vocational training were available in your district within the next twelve months, would you consider enrolling?*

i. ☐ Yes
ii. ☐ No

VIII. Expectations of the Medical Services Provided

37. *Where do you go for medical assistance?*

i. ☐ Hospital
ii. ☐ Private doctor
iii. ☐ Tāulasea
iv. ☐ Health Center or Sub Center
v. ☐ Other_____

38. *Are there adequate medical services in your village?*

i. ☐ Yes
ii. ☐ No

39. *If not, why is that?*

_____

40. *Do you have any problems getting appropriate medical service when needed?*

i. ☐ Yes
ii. ☐ No

41. *When is that?*

i. ☐ Normal work hours
ii. ☐ After hours

42. *What main difficulties do you have in accessing medical assistance?*

i. ☐ No transport
ii. ☐ No money
iii. ☐ No doctor on duty
iv. ☐ No medicine
v. ☐ No nurse available
vi. ☐ Other _____

43. *What suggestions do you have for improving the medical services available to you?*

i. ☐ Provide transport (eg an ambulance)
ii. ☐ More doctors and nurses
iii. ☐ More medicine supplied to the hospital
iv. ☐ Free medical consultation & medication
v. ☐ Other _____

44. *What other areas do you feel should be improved to provide a better medical service for your district? (eg buildings, equipment)*

_____

IX. Use of Private Hospital and Practitioners

45. *Have you or members of your families ever used MedCen hospital or private doctor?*

i. ☐ Yes
ii. ☐ No

46. *If yes, did you use MedCen for outpatient/consultation or inpatient?*

i. ☐ Yes
ii. ☐ No

47. *If no, list 3 reasons why you do not use MedCen.*

_____

48. *List 3 reasons why you would not use a private doctor (if different from above).*

_____

X. Adequacy of Current Facilities

49. *How would you rate the services provided through your health center/district hospital?*

i. ☐ Excellent
ii. ☐ Good
iii. ☐ Satisfactory
iv. ☐ Fair
v. ☐ Very poor

50. *Is your village covered under mobile clinic services?*

i. ☐ Yes
ii. ☐ No

51. *Is your village covered under ambulance services?*

i. ☐ Yes
ii. ☐ No

52. *What do you think would improve access to medical services (including emergency service) if your village is not covered by the above?*

_____

XI. JICA Involvement in Health Services

53. *JICA is looking into options for providing assistance to health services for Samoa. What would you like to see JICA contribute? (Such as equipment, facilities, training etc)*

_____

54. *If health centers, sub centers and hospitals were fully equipped how could they be sustained in the longer term?*

_____

55. *Do you think the village can contribute anything towards the centers, sub centers, hospitals?*

i. ☐ Yes
ii. ☐ No

56. *What do you think JICA should assist with to contribute to overall health services for your village?*

_____

Faafetai Lava
Thank You

Appendix 3

Major Donor Activities in the Health Sector, Samoa as at October 2002

DONOR AGENCY	LOCATION & TIMING OF ACTIVITY	PROJECT TITLE & DOLLAR VALUE	BRIEF DESCRIPTION OF PROJECT (including commencement & completion date)	COMPLEMENTARY COMPONENTS OR ACTIVITIES WITH SAMOA HEALTH INSTITUTIONAL REFORM PROJECT
World Bank	Samoa mid 1999 for 5 years	Samoa Health Sector Management Project. Up to US$7m plus technical assistance	The five components of the project include: • Policy Development (including sector funding mechanisms); • Health Care Legislation & Regulation; • Service Planning & Infrastructure Improvement; • Priority Interventions for Women's Health; • Project Implementation & Coordination	In its current form, there is considerable potential for duplication with this SHIRP design. The current WB proposal does not sit well with the draft DoH Institutional Reform Strategy and its KRAs. By the time this project is mobilised, it is expected the World Bank will have refined their design and that some work will have commenced. Coordination will be critical not just in terms of coverage and approach but also in terms of timing. For example, DoH will need to have reviewed & resolved a number of key policy issues with SHIRP support before legislative changes are drafted with WB support.
AusAID	Samoa	Health Information System Project AUD$ 2.17m	Computerized Health Information System 1997-2000	Restructuring of DoH & the development of management delegations & accountabilities will create requirements for management information on both epidemiological and financial aspects. There may need to be some amendments made to HIS in order to accommodate these requirements
AusAID & Royal College of Surgeons	Pacific Island Countries (10)	Provision of Tertiary Health Services to Pacific Island Countries Phase 11 1998-2001 AUD$3.65m	Second phase of this project will again provide direct patient services for tertiary health care, accompanied by training and development for host country medical, nursing and allied health professionals	Close liaison should be adopted, to maximise opportunities for training, and health workforce development in accordance with the workforce plan to be further developed under SHIRP

Major Donor Activities in the Health Sector, Samoa as at October 2002

DONOR AGENCY	LOCATION & TIMING OF ACTIVITY	PROJECT TITLE & DOLLAR VALUE	BRIEF DESCRIPTION OF PROJECT (including commencement & completion date)	COMPLEMENTARY COMPONENTS OR ACTIVITIES WITH SAMOA HEALTH INSTITUTIONAL REFORM PROJECT
AusAID & Royal Australian College of Surgeons	Pacific Island Countries (10)		A long term adviser to be located in Fiji to provide regional support across 10 countries for hospital equipment, maintenance & repair. Actual impact of a broad regional project for Samoa is yet to be identified	The objectives of this project appear to be consistent with DoH Institutional Reform Strategy. There are policy development implications which need to precede actual implementation of any systematic program of preventive maintenance.
AusAID	Australia & Pacific Regional Institutions	Training scholarships AUD$4.7m annually	Scholarships for postgraduate & upgrading qualifications in Australia for diploma, degree & postgraduate qualifications in Pacific Institutions	Potential for candidates to be identified for training in support of the operational management initiatives of SHIRPand the workforce planning strategies which will be developed
AusAID	Pacific Region	Proposed Regional NCD project	Proposed design mission to be fielded soon.	Proposed new project – little information currently available. Needs to be monitored for potential linkages but not expected to be extended to Samoa.
NZODA	Samoa 1995-1998	TTM Hospital Maintenance & Refurbishment Program NZ$2,420,175	Maintenance & refurbishment of key elements of the TTM hospital in Apia following cyclone damage, wear & tear, includes provision for training in maintenance. Project due for completion in 1998. No decision yet on ongoing funding.	Not known if this will proceed.
NZODA	Samoa (commenced 1998/99)	Child Health Project NZ$400,000 2002/03, $150,000 2003/04	A four year project focussed on strengthening the policy capacity of government in child health issues, strengthening and developing primary health care services and developing health promotion and protection programmes. Project interfaces with NZODA Regional Rheumatic Fever Project.	DoH provides counterpart staff and infrastructure support.

Major Donor Activities in the Health Sector, Samoa as at October 2002

DONOR AGENCY	LOCATION & TIMING OF ACTIVITY	PROJECT TITLE & DOLLAR VALUE	BRIEF DESCRIPTION OF PROJECT (including commencement & completion date)	COMPLEMENTARY COMPONENTS OR ACTIVITIES WITH SAMOA HEALTH INSTITUTIONAL REFORM PROJECT
NZODA	Regional	NZ$350,000 1995-1998	To reduce the level of rheumatic fever, heart disease by 85% by the year 2000, and to improve early detection of disease among children as well as provide medication for patients	Complimentarity relatively minor.
NZODA	Samoa	Medical treatment & medical experts NZ$500,000 2002/03 & 2003/04 Visiting Medical Specialists NZ$80,000 2001/02 Ongoing	To assist with treatment of patients for which treatment is not available in Samoa. A subsidiary scheme exists to support Samoan health professionals improve diagnosis & treatment.	Maintain liaison – especially in the subsidiary program which aims to maximise the effectiveness of assignments by short term medical consultants and to strengthen local expertise.
WHO	Samoa	WHO ongoing role	Frameworks and technical assistance for projects to promote Healthy Islands, Health Promoting Schools, New Horizons in Health	Linkages exist with a number of SHIRP components
WHO	Samoa	National Health Systems & Policies US 364,000 1998-1999	To strengthen the capacity of the DoH to develop & manage a health system focused on primary health care	Close liaison needed at all stages of project activity. WHO may be able to provide technical assistance.
WHO	Samoa	Human Resources for Health US$419,900 1998-1999	To train the appropriate number of professionals to sustain a high quality integrated primary & secondary health service. Currently supporting 13 students at medical school.	Close liaison needed, especially in relation to the health workforce planning & HR development policies and programs, to be facilitated by the proposed new project
WHO	Samoa	Essential Drugs & Vaccines US$38,000 1998-1999	To develop a comprehensive drug policy and to improve the effectiveness & efficiency of pharmaceutical management	Close liaison needed in the development of quality operational management systems.

Major Donor Activities in the Health Sector, Samoa as at October 2002

DONOR AGENCY	LOCATION & TIMING OF ACTIVITY	PROJECT TITLE & DOLLAR VALUE	BRIEF DESCRIPTION OF PROJECT (including commencement & completion date)	COMPLEMENTARY COMPONENTS OR ACTIVITIES WITH SAMOA HEALTH INSTITUTIONAL REFORM PROJECT
WHO	Samoa	Clinical Laboratory & Imaging Technology US$98,000 1998-1999	To stregnthen the quality of laboratory & imaging services	Linkages not particularly strong.
WHO	Samoa	Health Promotion & Education US$19,000 1998-1999	To work with NGOs and GOs in promoting healthy lifestyles, healthy schools and to provide health education for at risk groups	Close liaison needed to ensure linkage in the development of partnerships with relevant NGOs and in the prevention and care of NCDs
WHO	Samoa	Family Food Production and Nutrition US$62,000	To improve the nutrition status of families especially targetting areas of malnutrition which leads to NCDs in adults.	Close liaison needed and a partnership should be developed in food and NCD policy and programs.
WHO	Samoa	Vaccines and Immunisation US$18,000 1998-1999	To immunise all children against target diseases including total eradication of polio as well as strengthening immunisation surveillance	Data available can provide a useful indicator of program effectiveness for planning and management
WHO	Samoa	TB & Leprosy Control US$18,400 1998-1999	To have an active surveillance system for identification and treatment of all cases as well as achieve 80% of the cure rate.	Data available can provide a useful indicator of program effectiveness for planning and management
WHO	Samoa	Control of Tropical Diseases US$60,800 1998-1999	To eradicate filariasis by the year 2000 as well as initiate a maintenance program to control outbreaks	Data available can provide a useful indicator of program effectiveness for planning and management
WHO	Samoa	Oral Health US$72,000 1998-1999	To provide a quality dental service with the availability of appropriately trained personnel	Liaison needed with the workforce planning components of the proposed SHIRP

Major Donor Activities in the Health Sector, Samoa as at October 2002

DONOR AGENCY	LOCATION & TIMING OF ACTIVITY	PROJECT TITLE & DOLLAR VALUE	BRIEF DESCRIPTION OF PROJECT (including commencement & completion date)	COMPLEMENTARY COMPONENTS OR ACTIVITIES WITH SAMOA HEALTH INSTITUTIONAL REFORM PROJECT
Govt of France	Samoa	Funding applied for but not yet approved	Modifications & improvement to French built orthopaedic wing at the TTM Hospital in Apia. Will commence in 1999 if funding approved.	Project should be monitored to determine if any cooperation possible.
JICA	Samoa	Development Assistance	Upgrading 2 district hospitals - one on each island.	SHIRP will result in a clearer picture of facilities requirements and optimum location for effective population/health based primary health service.
EU	Samoa	Development Assistance	Refurbishing 4 rural sub health centers, planning for more.	SHIRP will result in a clearer picture of facilities requirements and optimum location for effective population /health based primary health service.
UNFPA	Samoa	Strengthening Utilisation of Quality Reproductive Health Services US$460,000 1998-1999	To develop institutional capacity for school of nursing, improve skills development and training to provide quality reproductive health and family planning services. To promote community awareness of reproductive health, family planning, sexual health.	
IPPF	Samoa	Family Health Association Ongoing Support	Financial & human resource support for Family Planning/Reproductive Health AusAID also supports the Family Health Association through management training provided by FPA Australia	
Samoan Diabetics Association	Samoa	Local NGO	Newly established Association	Liaison needed. Proposed new project may need to develop means of supporting and enhancing the association's activities.
YWCA	Samoa	Local NGO	Youth health promotion/suicide prevention activities, support, counselling	Some linkages with NCD component of SHIRP.

Appendix 4.

Health Facilities and Medical Resources

1. **Upolu**

Main Hospital		Max. Ward Bed Capacity	Health Centers	Health Sub Centers	Staff				Comments
					Doctor	Midwife	Registered Nurse	Enrolled Nurse	
1.	Motootua (TTM)	5	Lufilufi		-	(2)	6	5	1N/Manager
				Sauano				1	EN rotate from Lufilufi
				Faleapuna (C)				1	Team visit *
				Musumusi					
				Lona					
2.	Aleipata	10	Lalomanu			(2)	5	5	1N/Consultant *
				Lepa (Clinic)		-	-	-	1N/Manager
				Amaile (C)		-	-	-	Team visit
				Lotofaga					Team visit
3.	Poutasi	10-15	Fusi (Safata)			-	2	5	1 volunteer doctor for 3 months
						-	3	-	1 part time to continue
				Siumu		-	-	1	
				Saanapu (C)		-	-	-	Team visit
				Lotofaga (C)		-	-	-	Team visit
				Salesatele (C)		-	-	-	Team visit
				Lefaga		-	-	-	Team visit
4.	Leulumoega	25	Falelatai			1	7	7	1N/Manager I CWC
							1	1	
				Mulifanua		-	-	1	Roster from Leulumoega
				Manono (Clinic)		-	-	-	Visiting team
				Apolima (C)		-	-	-	
				Afega		1	1	81	Roster from Leulumoega

Source: Health Department
Clinic - weekly visits
C - closed

2. Savaii

	Main Hospital	Max. Ward Bed Capacity	Health Centers	Health Sub Centers	Staff				Comments
					Doctor	Midwife	Registered Nurse	Enrolled Nurse	
1.	Tuasivi (1 vehicle plus 14 corporate services staff)	35			3	(3)	10	13	- Radiographer - Dental therapists - Dental assistants - Pharmacist, 1 lab tech, porter, domestic, security staff.
			Satupaitea		-	-	1	1	
			Palauli		-	-	-	1	
			Tafua (Clinic)		-	-	-	-	Visiting Clinic
			Sili (Clinic)		-	-	-	-	1 RN/2 EN weekly clinics
		10-15	Safotu		-	(3)	5	6	Including 1 Nurse manager and 1 nurse consultant plus 2 RNs are part time. 3 MW qualified & post-grad
				Fagamalo	-	-	-	1	Team visit
				Patamea	-	-	-	1	Team visit
				Samalaeulu	-	-	-	1	Team visit
				Aopo (Clinic)	-	-	-	1	Team visit once weekly
2.	Sataua 1 vehicle - old 1988	20 10	Foailalo		1 -	(2) (2)	4 5	3 4	Currently being renovated also a new vehicle 2002 shared with all its subcenters
				Taga	-	-	5	4	Foailalo staff temporarily relocated here
				Falealupo	-	-	-	-	Visiting team

Source: Health Department