



Government of Samoa

**HEALTH SECTOR PLAN
FY2019/20 – FY2029/30
IMPLEMENTATION PLAN**

Ministry of Health

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Introduction

The Health Sector Plan 2019/20 – 2029/30 is the primary tool that will guide Samoa's health sector for the next ten years. It adopts the vision and mission set forth by the sector to assist the government of Samoa in providing people-centred health services that promotes health and well-being of its population.

This Implementation Plan will support the sector and its partners to monitor and report on the health sector progress to provide evidence to assess progress towards achievement of the key outcomes identified in the HSP. This implementation approach is based on the sector's commitment to the identification of indicators to measure progress linked to the health related Sustainable Development Goals, the health commitments in the 2014 SIDS Samoa Pathway, Government's Goals in its Manifesto 2016-2021, Healthy Islands Framework indicators and the national health strategic outcomes and indicators in the Strategy for the Development of Samoa 2016/17 – 2019/20.

The Ministry of Health will lead the implementation, monitoring and evaluation of the Health Sector Plan FY2019/20-FY2029/30 in collaboration with the health sector partners and stakeholders. This Implementation Plan is developed to achieve the outcomes of the Health Sector Plan FY2019/20 – FY2029/30 and ultimately its outputs and strategic goals. Annual reviews and a Mid Term Review (MTR) will measure progress across the sector against this Implementation Plan and make necessary adjustments.

Costing of the Health Sector Plan FY2019/20 / FY2029/30

The costing of the Health Sector Plan FY2019/20 – FY2029/30 was undertaken in 2018 using broad health sector inputs: human resources, drugs and commodities, capital investment and programme activities with varying cost scenarios as presented in Table 2 of the Health Sector Plan¹.

The total cost over the ten years of implementation is estimated to be SAT1, 225,008,094.85 as summarized in the table below.

¹ Health Sector Plan FY2019/20 – FY2029/30; pages 33

Table 1 provides an indicative expenditure by health sector key outcomes, over the life of the Sector Plan

Key Outcome	GoS	DPs	Private Sector (SCS & SFHA)	Total Annual Budget	New Initiatives (NI) - WB NCD Project	NI - expected of GoS	NI - GCF	NI - Typhoid Project & SCS	NI - ADB (e-Health and Vaccination projects)	Total NI	HSP2020-2030	% Share of Total Funding
1. Improved Health Systems, governance and administration	\$ 22,087,907.28	\$ 614,905.00	\$ 55,000.00	\$ 22,757,812.28	\$ 219,600.00				\$ 16,250,000.00	\$ 16,469,600.00	\$ 266,805,535.08	21.78%
2. Improved Prevention, control & management of CDs and NTDs	\$ 21,948,221.72	\$ 1,025,967.50	\$ 319,000.00	\$ 23,293,189.22		\$ 2,654,000.00		\$ 617,317.00		\$ 3,271,317.00	\$ 259,496,398.40	21.18%
3. Improved Prevention Control & management of NCDs	\$ 49,988,513.23	\$ 301,556.25	\$ 25,000.00	\$ 50,315,069.48	\$ 10,718,245.60					\$ 10,718,245.60	\$ 564,184,009.92	46.06%
4. Improved S&RH	\$ 8,234,187.77	\$ 1,671,296.00	\$ 75,000.00	\$ 9,905,483.77					\$ 18,750,000.00	\$ 18,750,000.00	\$ 127,710,321.45	10.43%
5. Improved Maternal & Child Health		\$ 59,530.00	\$ 75,210.00	\$ 59,530.00						\$ -	\$ 654,830.00	0.05%
6. Improved Healthy Living through Health Promotion & Primordial Prevention			\$ 45,000.00	\$ 45,000.00	\$ 2,723,000.00					\$ 2,723,000.00	\$ 3,218,000.00	0.26%
7. Improved Risk Management & Response to disasters, PH emergencies and Climate Change		\$ 75,000.00	\$ 65,000.00	\$ 140,000.00	\$ 24,000.00		\$ 1,375,000.00			\$ 1,399,000.00	\$ 2,939,000.00	0.24%
Total	\$ 102,258,830.00	\$ 3,748,254.75	\$ 659,210.00	\$ 106,516,084.75	\$ 13,684,845.60	\$ 2,654,000.00	\$ 1,375,000.00	\$ 617,317.00	\$ 35,000,000.00	\$ 53,331,162.60	\$ 1,225,008,094.85	100%

Note: DPs include only WHO, GF and UNFPA. Excludes DFAT – Aus, MFAT – NZ

This table provides an indicative expenditure by health sector key outcomes over the life of the Health Sector Plan FY2019/20 – FY2029/30. It should be noted that the figures are estimates available as of the time of the development of this Sector Plan and may need some adjustments to these initial estimates.

Health Sector Plan FY2019/20 – FY2029/30 KEY STRATEGIC RESULTS

The table below presents the summary of key strategic results to be achieved over the course of the Health Sector Plan and to be commenced in 2019/20.

Table 4: Summary of the Health Sector Plan 2019/2020 to 2029/30 with a summary of key strategic results to be achieved over the course of the Plan, and to be commenced in 2019/20.

Strategic intervention	Strategic rationale	Strategic result measurable by 2029/30 (and by the Mid Term Review in 2024).	Specific action point to be achieved by end 2019/20 including budget allocation in 2019/20
Five strategic areas where there will be <u>increased</u> resources and allocations under the Sector Plan.			
1. Increase the share of public expenditure going to preventive care. Increase the allocation of resources going to health promotion, primary and secondary prevention of the main drivers of the disease burden,² and public health within the total government health budget.	<p>Effective health promotion, disease prevention, and public health can avert or at least postpone the main drivers of health burdens and health costs in Samoa. However, only 3% of the Government's health budget was allocated to prevention³, amounting to SAT 14 per person per year in 2014/15 (latest year available).</p> <p>Government policy is very clear that “reversing the trends of NCDs as well as facing challenges of emerging and re-emerging communicable diseases and neglected tropical diseases remains the focus of the health sector over this plan period”.⁴</p>	<p>The share of government expenditure allocated to prevention consistently increases from 3% in 2014/15 to 10% by the Mid Term Review in 2024 and to 15% by 2029/30.</p> <p>AND / OR</p> <p>More than half of future increases in the government health budget over the life of the ten year plan to be allocated to health promotion, primary and secondary prevention, and public health including sexual and reproductive health.</p> <p>AND</p> <p>There is an increase in real per capita expenditure on health promotion, primary and secondary prevention, and public health, disaggregated by gender.</p>	<p>District hospitals have been reclassified from the “curative services” category to the “public health” category. This is an important distinction, illustrating and emphasizing the Government's commitment to move away from a hospital-centric, curative, focus to a more rural based health promotion and disease prevention focus.</p> <p>A more detailed financing plan, linked to the MTEF, covering the first 5 years of the Sector Plan, will be finalized within the 2019/20 financial year after discussions with Ministry of Finance, and development partners, about the financing gap.</p>
2. Reallocate resources within individual	There are significant missed opportunities for increasing health outcomes within existing	A transition to program budgeting, and more regular updates of the National Health Accounts,	Increase the Government allocation to immunization, and screening for sexually transmitted infections

²Primary prevention can be defined as interventions that prevent or delay the onset of a disease. Secondary prevention can be defined as interventions that prevent or delay the *development or progression* of a disease in a patient once they have acquired the disease.

³It is important to note that the 3% allocated to prevention may under-estimate the total extent of Government resources going to prevention. That is because there is – or at least should be – opportunities for preventive care messages being delivered during ante-natal classes and during outpatient services. Nevertheless, even taking that possibility into account, it is clear that a very small percentage of total Government expenditure has been allocated to prevention, including important large scale services such as immunization.

Strategic intervention	Strategic rationale	Strategic result measurable by 2029/30 (and by the Mid Term Review in 2024).	Specific action point to be achieved by end 2019/20 including budget allocation in 2019/20
programs to improve efficiency, achieve better value for money from government expenditure, and better target the drivers of the burden of disease.	budgets including in areas such as diabetes prevention and control; screening for sexually transmitted infections; investing in secondary prevention in community settings; and increasing the investments in preventive maintenance of expensive diagnostic and other equipment.	will generate specific results showing an increase in the allocation of resources to higher impact / higher health burden programs.	Assess options for better targeting and managing pre-dialysis diabetes patients. Update training of front-line health workers, especially community health workers, beginning in 2019/20, on the strategic importance of <i>secondary prevention</i> ⁵ , including patients' adherence to medications so as to avert - or at least postpone - the progression of high burden / high cost diseases such as diabetes and hypertension in anticipation of the scale up of PEN Fa'a Samoa.
3. Reallocate resources to respond to population changes over the coming decade, including ageing of the population.	Samoa's population is projected to increase by 19,851 people, or nearly 10%, over the life of Sector Plan. ⁶ This includes an increase of 3,194 newborn and infants with implications for additional maternal, pediatric and child services. It also involves an additional 3,729 people ⁷ aged 60 years and older with implications for rehabilitation, dementia management, and palliative care. As with many issues in the health sector, the ageing of a population is a strategically important, but not necessarily a visible or "urgent" challenge. It therefore tends to be neglected.	See specific action point column.	A review will be undertaken within the 2019/20 year to plan for such changes in population. That review will be tasked with recommending shifts in the budget – and skill mix of the workforce – to meet the increasing and changing population needs over the life of the Sector Plan. Furthermore, it could recommend an increase in the absolute amount (that is, an amount in Tala) and / or the relative amount (that is, the share of the overall Government health budget) that needs to be allocated to geriatric care, o rehabilitation, mental health, and palliative care in response to the ageing of the population over the life of the Sector Plan. In 2019 MOH will be updating the <i>MOH Human Resources for Health Strategy 2019/20-2024/25</i> and <i>Samoa's Health Workforce Development Plan 2019/20-2024/25</i> .

⁵Primary prevention aims to prevent or delay the **onset** of a disease. Secondary prevention then aims to prevent or delay **the development or progression** of a disease once it has occurred. It is very important to note that secondary prevention can also – and often should be – managed in primary health care settings including in small rural clinics. Secondary prevention – preventing or delaying the **progression** of a disease - does not necessarily require treatment at the secondary level of the health system or in a secondary level district hospital.

⁶According to the Samoa Bureau of Statistics, the population of Samoa will increase from 199,243 at the end of 2018 to 218,824 by 2030, which is an increase of 9.8% over that period.

⁷From 15,439 at the end of 2018 to 19,168 by 2030 according to the Samoa Bureau of Statistics

Strategic intervention	Strategic rationale	Strategic result measurable by 2029/30 (and by the Mid Term Review in 2024).	Specific action point to be achieved by end 2019/20 including budget allocation in 2019/20
			Those updating those human resources for health strategies will be tasked to estimate how many additional workers – and specific new skills – will be required to meet the projected increase demand for maternal and child care, and the ageing population, over the life of the Sector Plan.
4. PEN Fa'a Samoa to be the renewed and revitalized centerpiece of the Sector Plan	PEN Fa'a Samoa is specifically designed to focus resources on early detection and referral of at-risk patients to rural facilities and district hospitals, supported by community engagement. That, in turn, will strengthen primary and secondary prevention in rural settings, improving efficiency, effectiveness, equity and sustainability.	PEN Fa'a Samoa to be scaled up to cover 50% of the population by the Mid Term Review in 2024 and to 100% of the eligible population by 2030.	To prepare for the accelerated scale up of the PEN Fa'a Samoa, there will be an intensive short-course training program of health workers on PEN Fa'a Samoa principles and approaches, and a diagnostic study of likely increased demand for pharmaceuticals as a result of the scale up, completed in 2019/20.
5. PEN Fa'a Samoa to be broadened to include prevention and treatment of communicable diseases, sexual and reproductive health and health security: a "PEN Fa'a Samoa" approach to public health	Samoa clearly faces a double burden of disease: an increase in NCDs but an unfinished agenda of addressing communicable diseases; sexual and reproductive health; health security; and health system resilience. If PEN Fa'a Samoa is to be the centerpiece of the Sector Plan it should therefore not be a "vertical" disease program focused "just" on NCDs, important as they are in Samoa.	<p>The Sector Plan proposes 4 pilot programs, to be introduced in 2021, to test the feasibility, cost, and effectiveness of expanding PEN Fa'a Samoa to address prevention and treatment of communicable diseases, public health, reproductive health services, and health security.</p> <p>Depending what the 4 pilot programs reveal about the feasibility, costs, and benefits of expanding PEN Fa'a Samoa then indicators for scaling up "PEN Fa'a Samoa" will be developed during the Mid Term Review in 2024.</p>	Scoping, costing and feasibility study to be completed by 2019/20 on expanding PEN Fa'a Samoa to include other areas of health services.

Strategic intervention	Strategic rationale	Strategic result measurable by 2029/30 (and by the Mid Term Review in 2024).	Specific action point to be achieved by end 2019/20 including budget allocation in 2019/20
Five strategies for financing the Sector Plan without putting additional strains on the budget.			
1. Continue to progressively reduce the budget for the Overseas Medical Treatment (OVT) scheme, in a phased manner every year, reallocating funds to health promotion, disease prevention and public health.	<p>The OVT is an expensive program with limited health benefits. It has, until recently, absorbed 10.5% of the Government's total budget for health on just 0.1% of the population, many with a poor prognosis and eventual health outcomes. Government expenditure on OVT has recently been 82 times more than the average SAT 463 the Government spent on all health per person per year and 2,700 times more than what the Government spent per capita on preventive care services. Reallocating funds from OVT in a phased manner over time will free up resources for health promotion, disease prevention and public health at the community level.</p>	<p>The budget for OVT will be reduced by 5% every year from the SAT 5 million in 2019/20, and there will be no increase for inflation in any year after 2019/2020.</p> <p>Funding that would have gone to OVT as a result of inflation increases to be allocated to health promotion and disease prevention.</p> <p>The reduction in nominal, and real (adjusted for inflation), resources should allow OVT managers to show that, over the course of the Sector Plan, they have been increasingly able to prioritize patients with a good prognosis for recovery. Evidence that expensive interventions including organ transplants will be particularly scrutinized for cost-effectiveness and equity.</p>	<p>In 2019/20 the OVT will be SAT 5 million (i.e. no increase due to inflation over previous year) and specific plans developed for prioritizing patients with a good prognosis as a result of OVT budget being reduced by 5% each year thereafter.</p> <p>OVT to be SAT 5 million (no increase due to inflation over previous year) and plans developed for reducing the budget by 5% each year thereafter.</p>
2. Increase the excise duty on tobacco, alcohol and other unhealthy products, and allocating that additional revenue to health promotion and disease prevention.	<p>There is no safe use of tobacco: tobacco use causes or exacerbates all major NCDs. Samoa has committed itself to a Tobacco Free Pacific and other regional and international obligations.</p> <p>Raising excise duties on tobacco to the WHO recommended 70% of retail price of cigarettes will simultaneously raise</p>	<p>Increase the excise duty on tobacco from 49.5% of the retail price of cigarettes in 2019 to the WHO recommended level of 70% by the Mid Term Review in 2024, allocating the additional revenue to health promotion and disease prevention.</p> <p>Increase taxes by 25 % on other unhealthy products by 2024, especially sugar-</p>	<p>Finalize and approve the tobacco control strategy 2019-2024.</p> <p>Examine the experience of other Pacific Island countries that have raised taxes on unhealthy products, including especially SSBs and design appropriate excise duty increases in 2019/20.</p>

Strategic intervention	Strategic rationale	Strategic result measurable by 2029/30 (and by the Mid Term Review in 2024).	Specific action point to be achieved by end 2019/20 including budget allocation in 2019/20
	additional tax revenue for Government as well as reduce the incidence and prevalence of a leading cause of NCDs	sweetened beverages (SSBs) given their risk factor for diabetes, and evaluate the impact on consumption of unhealthy products, with a view to increasing the taxes further if they reduce their consumption.	
3. Strengthen the evidence base, and manager's accountability, for decision-making through better monitoring and evaluation, linked to budget planning.	Samoa cannot afford to allocate scarce resources on programs that are not effective, efficient, equitable or sustainable. A useful and reliable Monitoring and Evaluation (M&E) mechanism is therefore an essential tool to allow program managers to scale up those programs that "work" and scale down or even discontinue those that do not, as well as providing accountability for resources used.	<p>This Sector Plan will strengthen the evidence base for decision making through a more useful, usable – and used - M&E framework by the time of the Mid Term Review in 2024.</p> <p>The M&E framework will include its own indicators to track the extent to which program managers are using M&E reports as part of the evidence base for better decision-making and helping the Ministry to be a learning organization.</p> <p>The Sector Plan will also pilot and then move to a program budget and reporting system by 2022, better linked to the Medium Term Expenditure Framework.</p> <p>The National Health Accounts, perhaps in a simplified version, will be produced each year by the time of the Mid Term Review in 2024 so as to track trends in the sources and uses of funds across the sector, an important basis for</p>	Key actions to be completed in the coming 2019/20 year to strengthen M&E are identified in Chapter 6.

Strategic intervention	Strategic rationale	Strategic result measurable by 2029/30 (and by the Mid Term Review in 2024).	Specific action point to be achieved by end 2019/20 including budget allocation in 2019/20
		<p>verifying the efficient allocation of resources against program priorities.</p> <p>By 2029, at least 5% of the government's public health budget will be allocated to program evaluations. By 2029 the majority of external independent evaluations will be led by Samoan nationals (as distinct from international consultants).</p> <p>By 2021 there will be a separate Evaluation Office reporting directly to the Director General of Health, and there will be evidence that their function has contributed substantively to the performance management, and learning, of the Ministry. See also Chapter 6.</p>	
4. Better align the health workforce to the current and future needs of the country.	The skill set, and geographical distribution of health workers, is not well aligned to the people-centred health system envisaged by the Government. Only around 6% of the current curriculum is devoted to "public health" including health promotion and disease prevention, compared to a much heavier focus on curative care. Nor is the curriculum, or the geographical distribution of health workers, well aligned to the proposed	<p>This Sector Plan will increase the focus of public health, especially primary and secondary prevention of high burden diseases such as diabetes, cardiovascular diseases and TB and sexually transmitted infections to 0% of the curriculum by 2024, and to 10% by 2030.</p> <p>Furthermore this Sector Plan will increase the number health workers in rural settings to support PEN Fa'a Samoa including, for example,</p>	The MOH <i>Human Resources for Health Strategy 2019/20-2024/25</i> and <i>Samoa's Health Workforce Development Plan 2019/20-2024/25</i> will be finalized in 2019/20. There will be a specific chapter on how the health workforce can better align to the strategic focus set out in the Sector Plan.

Strategic intervention	Strategic rationale	Strategic result measurable by 2029/30 (and by the Mid Term Review in 2024).	Specific action point to be achieved by end 2019/20 including budget allocation in 2019/20
	scaling up PEN Fa'a Samoa in rural settings	increasing the percentage of doctors and nurses working in rural areas to 13% and 16% by the time of the Mid Term Review in 2024, and to 13% and 18% by 2030.	
5. The internal coherence of the Sector Plan should lead to resources being freed up over time.	All of the main interventions proposed in the Sector Plan have the goal of progressively reallocating resources from the existing focus on curative, hospital-centric, care towards health promotion, disease prevention and public health, delivered at primary and secondary levels of the health system via a scaled up, and broadened, PEN Fa'a Samoa.	<p>Number of out-patients treated at rural and district hospitals will increase from the baseline in 2019/20 and the number of out-patients treated at TTM and MT11 will decrease by the Mid Term Review in 2024, and again by 2030.</p> <p>There will be clear evidence that bypassing of rural and district hospitals to present at TTM and MT11 has decreased significantly.</p> <p>The share of total Government health budget allocated to TTM hospital is then reduced from 75% in 2018/2019 to 49% by 2030.</p> <p>Clear evidence that TTM and MT11 hospitals are increasingly able to focus on more complex cases rather than cases that could have, and should have, been seen at rural clinics and district hospitals.</p>	Invest in better understanding the numbers, and reasons, why patients are bypassing rural and district hospitals to present at the outpatients department of TTM and MT11. Where possible, establish the baseline of number of patients bypassing primary and secondary facilities.

Health Sector Plan FY2019/20 – FY2029/30 Results Chain

The matrix below presents the results chain of the health sector strategic goals, seven key outcomes, output indicators and targets of the Health Sector Plan FY2019/20 – FY2029/30.

Table 4: Health Sector Plan FY2019/20-FY2029/30 Results Chain			
Health Key Outcomes	Output Indicators	Targets	Strategic Goal
Outcome 1: Improved health systems, governance and administration	Health Worker Density (<i>Skilled health professional density (per 10,000 population)</i>)	Increased proportion of health professionals by at least 5% each year of its baseline year.	Strengthen health system governance for Universal Health Coverage
	Healthcare professionals standards compliance (<i>Compliance of healthcare professionals with registration and professional standards</i>)	100% compliance of healthcare workers with professional standards by 2024. Proportion of healthcare professionals not issued with Annual Practicing Certificates	
	Overseas Treatment Referrals (<i>No. of patients sent for overseas treatment</i>)	Patient sent for Overseas Treatment reduced by 5% by 2024 and 10% by 2030	
	Health Information System (<i>Health Information System implemented</i>)	e-Health System officially launched, implemented and tangible evidence that it is being used to inform policy and programming decisions and increased learning of “what works, when, why, for whom and at what cost”	
	Hospital Performance (<i>Waiting time reduced in emergency department at TTH hospital, general outpatient and triaging at public health facilities</i>)	< 1 hour = at least 60% by mid-term review ≥ 1 hour = at least 10% by mid-term review	
	Health Workforce Aptitude (<i>No. of health professionals increased</i>)	Health professionals increased by 5% every year	
	Death registration coverage (<i>Percentage of deaths that are registered with age and sex in a given period</i>)	At least 90% of registered deaths are certified	
Outcome 2: Improved prevention, control and management of communicable and neglected tropical diseases	Human Papillomavirus Coverage (<i>Female adolescent [aged 13-15 years] who have had three doses of HPV vaccine</i>)	Evidence of number of female adolescent receiving course of HP Vaccine	End the epidemics of Neglected Tropical Diseases and combat Communicable Diseases
	Incidence of Sexually Transmitted Infections	Reduce incidence of Sexually Transmitted Infections by 25% by mid-term review and 50% by 2030	
	WASH related mortality and morbidity rate (<i>morbidity rate attributed and exposure to unsafe water, unsafe sanitation and lack of hygiene</i>)	95% reduction of typhoid cases by 2030 50% reduction of diarrhea syndrome by 2030	

Table 4: Health Sector Plan FY2019/20-FY2029/30 Results Chain			
Health Key Outcomes	Output Indicators	Targets	Strategic Goal
	Tuberculosis incidence (<i>Number of new and relapse TB cases arising in a given year, expressed as a rate per 100,000 population</i>)	Total new cases identified Total new and relapse TB Treatment Coverage	End the epidemics of Neglected Tropical Diseases and combat Communicable Diseases
	Lymphatic Filariasis prevalence (<i>Prevalence of filarial antigenia among children aged 5 years in all Evaluation Units – AUA/NWU/ROU/ Savaii</i>)	Eliminate Lymphatic Filariasis by 2024 (<1% prevalence of antigenia)	
	New HIV infections among adults 15-49 years old (per 1,000 uninfected population)	Reduce number of new HIV infections 25% by 2030	
	Proportion of people living with HIV receive Antiretroviral Treatment	At least 90% of all people with HIV/AIDS being detected and receive ARV treatment	
	Incidence of HIV/AIDS (<i>new HIV infections among adults 15 – 49 years old (per 1,000 uninfected population)</i>)	Reduce number of new HIV infections by 25% by 2030	
	Prevalence of HIV/AIDS (<i>Proportion of people living with HIV receive Antiretroviral Treatment</i>)	At least 90% of people with HIV/AIDS being detected and receive Antiretroviral Treatment	
	AIDS related mortality rate reduced	At least 100% of People Living with HIV with support viral load	
Outcome 3: Improved prevention, control and management of Non-Communicable Diseases	Risks of premature death from target NCDs (<i>Percentage of 30 year old people who would die before their 65th birthday from CVD, cancer, diabetes and CRD</i>)	Reduce premature mortality from CVD, cancer, diabetes and CRD by 33% through prevention and treatment by 2030	Combat Non Communicable Diseases and their risk factors and minimize NCD preventable deaths
	Cancer incidence (<i>Cancer incidence per 100,000 population</i>)	Cancer incidence by type of cancer per 100,000 population reduced	
	Suicide Mortality Rate (<i>Absolute number of deaths due to suicide among the adult aged 18 years and older in a specified time</i>)	Number of suicide deaths decreased by 10% by 2030.	
	Obesity in adolescents (<i>Percentage of obese adolescents aged 13-15 years</i>)	25% reduction of overweight and obesity incidence in adolescents aged 13 – 15 years by 2030	
	Obesity in children (<i>percentage of obese among children aged 0-5 years</i>)	25% reduction of overweight and obesity incidence by 2030	
	Mortality rate from road traffic injuries (<i>Estimated road traffic fatal injury deaths per 100,000 population</i>)	Half the number of deaths (including children 0-15 years from road traffic accidents) by 2030	

Table 4: Health Sector Plan FY2019/20-FY2029/30 Results Chain			
Health Key Outcomes	Output Indicators	Targets	Strategic Goal
	Population Screened for Non-Communicable Diseases (<i>Population aged 20 years and above screened for early NCDs detection and diagnosed</i>)	At least 90% of those identified with NCD or at high risk of acquiring NCD are referred within one month to a health centre for appropriate counseling and treatment including where necessary medication. An increase in the number of people receiving primary prevention of NCDs as well as an increase in the number of people receiving secondary prevention of NCDs	Combat Non Communicable Diseases and their risk factors and minimize NCD preventable deaths
	Access to essential NCD drugs (<i>Essential NCD drugs available and accessible in public health sector primary care facilities</i>)	80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major Non-Communicable Diseases in both public and private facilities by 2030	
	Lower-extremity amputation among patients with diabetes (<i>proportion of diabetes related amputations focusing on lower limb amputation only</i>)	Reduce proportion of diabetes related amputations by 20% by 2030	
	Service coverage for people with severe mental disorders (<i>Percentage of people with severe mental health disorder who are using services</i>)	100% of people with severe mental health disorders visiting and being treated by the Mental Health Unit and community.	
Outcome 4: Improved Sexual and Reproductive Health	Demand for family planning satisfied by modern methods (<i>Percentage of women reproductive age (15-49) who are currently on family planning satisfied with modern methods – injectable, female sterilization, pills</i>)	At least 95% of women at reproductive age who are currently on family planning are satisfied with the modern methods by 2030	Promote universal access to reproductive health related services
	Adolescent Birth Rate (<i>Adolescent birth rate aged 10-14 and 15-19 per 1,000 women in these aged groups</i>)	Reduce adolescent birth rate to 10% for all age groups	
	Life Expectancy (<i>Life expectancy at birth for both sexes</i>)		
	Contraceptive Prevalence (<i>percentage of women aged 15 – 49 years who are sexually active, who are currently using or whose sexual partner is using at least one method of contraception regardless of method used</i>)	Increase contraceptive prevalence rate to 80% by 2030	
	Cervical Cancer Screening (<i>Coverage of the cervical cancer screening program</i>)	80% coverage depending on their age	

Table 4: Health Sector Plan FY2019/20-FY2029/30 Results Chain			
Health Key Outcomes	Output Indicators	Targets	Strategic Goal
Outcome 5: Improved Maternal and Child Health	Percentage of antenatal care 4+ visits <i>(Women aged 15 – 49 years with a live birth received Antenatal Care four times or more)</i>	Increase percentage of antenatal care 4+ visits to 95% by 2030	Reduce maternal and perinatal mortality, and reduce child morbidity and mortality
	Maternal Mortality Ratio <i>(Maternal Mortality ratio per 100,000 live births)</i>	Continued reduction in Maternal Mortality Ratio over the coming decade	
	Maternal deaths <i>(Number of maternal deaths related to childbearing in a given time period)</i>	Less than 2 deaths per year	
	Births attended by skilled health personnel <i>(Proportion of births attended by skilled health personnel)</i>	At least 90% of births attended by skilled health personnel	
	Under five mortality rate <i>(Under five mortality rate per 1,000 live births)</i>	Continued reduction in Under five mortality rate over the coming decade	
	Neonatal mortality rate <i>(neonatal mortality rate per 1,000 live births)</i>	Continued reduction in neonatal mortality rate over the coming decade	
	Low birth rate among newborn <i>(percentage of newborns with low birth weight – weigh less than 2500 grams in a given time period)</i>	30% reduction in low birth weight among newborns by 2030	
	Birth registration coverage <i>(estimated level of coverage of birth registration)</i>	100% of births are registered within 3 months after birth	
	Immunization coverage <i>(proportion of infants receiving doses of Hepatitis B vaccines within 24 hours after birth)</i>	100% of infants receive three doses of Hepatitis B vaccines	
	Proportion of infants receiving DTP3	At least 95% of infants receive DTP3 doses of Hepatitis Vaccines	
	Proportion of 1 year old children immunized against measles	At least 100% of 1 year old children immunized against measles every year	
	Percentage of fully immunized children	At least 95% coverage	
	Exclusive breastfeeding rate <i>(infants aged 0-6 months who are fed exclusively with breast milk)</i>	Increase to 80%	
	HIV prevalence among pregnant women <i>(pregnant women aged 15-24 years who are tested for HIV and STI during antenatal care visits and are treated if they have positive test results)</i>	At least 90% of pregnant women are tested and know HIV and STI status	
	Children who are stunted <i>(Percentage of stunting among children aged 0-5 years)</i>	10% reduction in the number of children under 5 who are stunted by 2030	

Table 4: Health Sector Plan FY2019/20-FY2029/30 Results Chain			
Health Key Outcomes	Output Indicators	Targets	Strategic Goal
Outcome 6: Improved Healthy Living through Health Promotion and Primordial Prevention	Alcohol Consumption Control (Prevalence of alcohol drinkers)	Reduce the prevalence of dangerous and harmful consumption of alcohol by 10% by 2024 and by 20% by 2030	Improve and strengthen people-centred health promotion and primordial prevention
	Tobacco excise tax (Evidence of legislation to reduce affordability of tobacco products by increasing tobacco excise taxes)	Increase the excise duty to at least 70% of the retail price of cigarettes by the time of the Mid-Term Review in 2024	
	Prevalence of tobacco smoking (Prevalence of tobacco smoking among persons 15 years and older (male and female))	Reduce prevalence of tobacco smoking among persons 15 years and older by 20% by 2030	
	Insufficient physically active adults (Number of physically active people increased)	Increase number of physically active people by at least 5% each year	
	Excise tax on retail price of sugar-sweetened beverages (Excise duties levied on imported and/or locally produced SSBs of at least 20% of retail price/or fiscal import tax imposed on raw materials for local products)	Development and implementation of policies relating to provision of healthy food choices in schools	
	Evidence of nationally endorsed policies relating to the provision and promotion of healthy food choices in schools	Development and implementation of health policies relating to provision of healthy food choices in schools	
Outcome 7: Improved risk management and response to disasters, public health emergencies and climate change	Compliance with International Health Regulations 2005 13 core capacities (Average of 13 International Health Regulations 2005 core capacities score)	100% compliance with IHR 2005 13 core capacities	Strengthen resilience and adaptive capacity, capacity building and integrating climate change measures into health policies and plans, and raise awareness on climate adaptation and early warning
	Improved sanitation and drinking water sources (Proportion of the population access to improved sanitation)	100% of the population access to improved sanitation by 2030	
	Proportion using improved drinking water sources in a specific time period	100% of the population access to improved drinking water by Samoa Water Authority and Bottled Water Companies and 10% improved for Independent Water Schemes by 2030	
	Improved food safety and compliance with food legislations, standards and guidelines	At least 5% increase every year of food premises, food handlers, food importers and food manufacturers compliance with Food Act 2015 and food related guidelines and standards	

Table 4: Health Sector Plan FY2019/20-FY2029/30 Results Chain			
Health Key Outcomes	Output Indicators	Targets	Strategic Goal
	Disaster risk reduction (<i>Percentage of health sector partners that adopt and implement local Disaster Risk Reduction strategies</i>)	<p>At least 90% of health sector partners with Disaster Risk Management Strategies and Climate Change adaptation Response Plans developed, reviewed and updated and should be in line with the health sector Disaster Risk Management and Climate Adaptation Strategies</p> <p>Number of health sector agencies and partners who have adopted and implemented local Disaster Risk Management strategies</p>	Strengthen resilience and adaptive capacity, capacity building and integrating climate change measures into health policies and plans, and raise awareness on climate adaptation and early warning
	Compliance with Disaster and Climate Resilience Plans (<i>compliance of health facilities with disaster and climate resilience plans</i>)	<p>At least 80% of health facilities are fully complied with disaster and climate resilience plans</p> <p>Climate Resilience Plans for health facilities are in place by 2030</p>	

Source: Health Sector Plan FY2019/20 – FY2029/30 (2019)

Health Sector Plan FY2019/20 – FY2029/30 Output Indicators and Key Interventions

Key Outcome 1	Improved Health Systems, Governance and Administration					
Strategic Goal	To strengthen health system governance for Universal Health Coverage					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
1.1 Compliance of healthcare professionals with registration and professional standards (SDG3.c.1, Healthy Islands Framework, SDS FY16/17-FY2019/20)	93% average for all healthcare professionals	100% compliance of all healthcare workers with professional standards by 2024	Annually	MOH Annual Reports	Registration and issuance of health professional Annual Practicing Certificates	MOH
		Proportion of healthcare professionals not issued with APCs			Capacity Building for healthcare professionals on their professional standards	MOH
					Development, update and publication of healthcare professional standards by mid-term review	MOH
1.2 Number of patients sent for Overseas Treatment (SDS FY16/17-FY2019/20)	167 patients (OVT Report FY2015/16)	Patient sent for Overseas Treatment reduced by 5% by 2024 and 10% by 2030	Annually	OVT Progress Report	Processing of documents and payments for patients referred overseas for treatment.	MOH MOF
				MOH Annual Reports	Implementation and review of the National Overseas Treatment Policy	MOH
1.3 Health Information System implemented (SDS FY16/17-FY2019/20)	PatIS system implemented	e-Health system officially launched, implemented and tangible evidence that it is being used to inform policy and programming decisions and increased learning of “what works, when, why, for whom and at what cost”	By 2030	Minutes of e-Health Taskforce meetings	E-Health Strategy officially implementation	MOH and relevant stakeholders
					Develop the digital health architecture and digital HIS model	MOH E-Health Taskforce
				Annual Health Sector Review Reports	Procurement of rural district hospitals robots	MOH, MOF, Development Partners
					Health Sector Progress Reports	Support the strengthening of the HIS data (maternal health)
				Hiring of technical support team		MOH MOF
				Procurement of pharmaceutical warehouse inventory control system		MOH
				Strengthen electronic immunization registry system	MOH	

Key Outcome 1	Improved Health Systems, Governance and Administration					
Strategic Goal	To strengthen health system governance for Universal Health Coverage					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
		Integrated Public Health Information system in place	By 2030	Annual Health Sector Review Reports Health Sector Progress Reports	Integrated Public Health Information System including syndromic surveillance installed and operated	MOH Development partners
1.4 Waiting time reduced in emergency department at TTM referral hospital, general outpatient and triaging at public health facilities (SDS FY16/17-FY2019/20)	< 1 hour = at least 5.6% ≥ 1 hour = at least 57.1%	< 1 hour = at least 60% by mid-term review ≥ 1 hour = at least 10% by mid-term review	Annually	Clinical Audit reports	Health Facility Utilization Assessment	MOH
				Quality Assurance reports	Development and implementation of Health Sector Communication Strategy	MOH and Health Sector
				MOH Annual Reports	Update of the MOH Services Standards	MOH
1.5 Number of health professionals increased (SDS FY16/17-FY2019/20)	Doctors = 102 Dentists = 18 Pharmacists = 14 Registered Nurses = 219 Enrolled Nurses = 81 Midwives = 71 Allied Health = 67	Each health professional to be increased by 5% every year	By mid-term review	Healthcare Professional Registrar	Development and implementation of the Human Resources for Health Policy and Plan of Action	MOH and relevant stakeholders
				MOH Annual Reports	Development of the new MOH Workforce Plan	MOH
					Induction Programs for Medical Professionals and allied health professionals	MOH Medical & Allied Professionals
					Annual Nursing Orientation Program	MOH
1.6 Percentage of deaths that are registered with age and sex in a given period (Healthy Islands Framework)	No baseline data available	At least 90% of registered deaths are certified	Annually	Death reports	Death certification capacity building trainings for healthcare professionals	MOH, WHO Development partners
					CRVS trainings for relevant stakeholders and health staff	MOH SBS & MWCSO
					Stakeholders consultations on death certification	MOH relevant stakeholders

Key Outcome 1	Improved Health Systems, Governance and Administration					
Strategic Goal	To strengthen health system governance for Universal Health Coverage					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
					Strengthen vital and civil registration systems to improve medical cause of death in reporting	MOH SBS

Key Outcome 2	Improved prevention, control and management of Neglected Tropical Diseases (NTDs) and Communicable Diseases					
Strategic Goal	To end the epidemics of Neglected Tropical Diseases and combat Communicable Diseases					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
2.1 Female adolescent [aged 13-15 years] who have had three doses of HPV vaccine (Healthy Islands Framework)	NIL	Evidence of number of female adolescent receiving course of HPV	By mid-term review	HPV Immunization Progress Reports	Implement HPV immunization for female adolescent aged 13-15 years	MOH SFHA Development Partners
2.2 Incidence of Sexually Transmitted Infection (Healthy Islands Framework)	569.8 per 100,000 population (MOH, 2017)	Reduce incidence of Sexually Transmitted Infections by 25% by mid-term review and 50% by 2030	Annually	HIV & STI Monitoring Reports	Conduct STI screening	MOH SFHA Other Health Service Providers Development Partners
				Disease Surveillance Reports	STI Control Educational Programs	
					Capacity building for STI clinic staff	
2.3 Morbidity rate attributed to exposure to unsafe water, unsafe sanitation and lack of hygiene (SDG3.9.2)	Typhoid = 50 cases per 100,000 population	95% reduction of typhoid cases	By 2030	Morbidity Reports	Strengthening typhoid surveillance and microbiological laboratory capacity in Samoa and public health response	MOH Samoa Typhoid Program WHO
					Commemoration of the World Hand Hygiene Day	MOH and relevant sector partners and stakeholders
					Develop and implement Capacity Building for WASH	MOH, WHO

Key Outcome 2 Improved prevention, control and management of Neglected Tropical Diseases (NTDs) and Communicable Diseases						
Strategic Goal	To end the epidemics of Neglected Tropical Diseases and combat Communicable Diseases					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
	Diarrhea syndrome = 2,990 cases per 100,000 population (MOH, 2017)	50% reduction of diarrhea syndrome	By 2030		Strengthen syndromic surveillance by conducting trainings for health professionals	MOH, WHO and Other development partners
					Hiring of a Technical Assistant to review and design health surveillance to track and manage health issues	MOH
					Procurement of PPEs for National Disease Surveillance and IHR division	MOH
					Construction and equipped Public Health Laboratory	MOH Development Partners
					Technical Assistant to review the 2013 Healthcare Waste Management Plan	MOH
					Healthcare Waste Management Monitoring visits for all health facilities in Upolu and Savaii	MOH
					Commemoration of World Toilet Day	MOH, STA, MNRE
					Procurement of Healthcare Waste Management facility and incinerator for Vai'aata, Savaii	MOH World Bank
2.4 Number of new and relapse Tuberculosis cases arising in a given year, expressed as a rate per 100,000 population (Healthy Islands Framework)	New cases = 30 Relapse cases = 0 (MOH, 2017)	Total new cases identified	Annually	Lab test results TB Monitoring Reports Disease Surveillance Reports	Improve TB detection, treatment and community engagement in prevention and infection control through: - Development of the TB Strategy and Guideline - Health advocacy and awareness programs on TB - Strengthen TB Community	MOH, WHO, UNDP Global Fund
		Total new and relapse				
		Tuberculosis treatment coverage				

Key Outcome 2 Improved prevention, control and management of Neglected Tropical Diseases (NTDs) and Communicable Diseases						
Strategic Goal	To end the epidemics of Neglected Tropical Diseases and combat Communicable Diseases					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
					intervention with TB prevention education and screening	
2.5 Prevalence of Filarial Antigenia among children aged 5 years in all Evaluation Units (AUA, NWU, ROU, Savaii) (SDG3.9.2)	AUA & ROU = 1.43% NWU = 6.79% Savaii = 5.25% (TAS Survey 2017)	Eliminate Lymphatic Filaris by 2024 (< 1% prevalence of filarial antigenia)	By 2021	LF TAS Report LF MDA Report	Lymphatic Filaris Mass Drug Administration (2019)	MOH WHO MWCS
2.6 New HIV Infections among adults 15-49 years old (per 1,000 uninfected population) (SDG3.3.1, Healthy Islands Framework)	2 new cases 3 (MOH, 2018)	Reduce number of new HIV infections by 25% by 2030	By 2030	HIV monitoring reports	Conduct workshops for key affected population	MOH, SFHA, Samoa Red Cross Society
				Disease Surveillance Reports	Develop and implement the wellness and capacity building for People Living with HIV/AIDS	MOH, SFHA, Samoa Red Cross Society
					Monitoring and review of the National HIV/AIDS and STI Policy 2018-2023 implementation	MOH and relevant stakeholders and partners
2.7 Proportion of people living with HIV receive Antiretroviral Treatment (SDG3.3.1, Healthy Islands Framework)	100% of all people living with HIV receiving ARV treatment	At least 90% of people with HIV/AIDS being detected and receive ARV treatment	Annually	HIV patients Registered Reports (Every 6 months)	Monitoring visits to all health centres and data collection	MOH
				HIV Monitoring Reports	Multi-media campaign on HIV/AIDS	MOH, WHO UNDP Global Fund
					Commemoration of the World AIDS Day	MOH, WHO UNDP Global Fund SFHA, Samoa Red Cross
2.8 AIDS related mortality rate reduced	1 death (MOH 2017)	At least 100% of people living with HIV/AIDS	Annually	HIV Patients Registered Reports (every 6	Revive and implement the National AIDS Coordination Committee Meetings	MOH

Key Outcome 2 Improved prevention, control and management of Neglected Tropical Diseases (NTDs) and Communicable Diseases						
Strategic Goal	To end the epidemics of Neglected Tropical Diseases and combat Communicable Diseases					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
(SDG3.3.1, Healthy Islands Framework)		suppressed viral load		months) HIV Monitoring Reports	Development and Implementation of the STIs guideline	MOH and relevant partners and stakeholders

Key Outcome 3 Improved prevention, control and management of Non Communicable Diseases						
Strategic Goal	Combat Non Communicable Diseases and their risk factors and minimize NCD preventable deaths					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
3.1 Percentage of 30 year old people who would die before their 65 th birthday from CVD, Cancer, Diabetes and CRD (SDG3.3.1, Healthy Islands Framework)	New indicator	Reduce premature mortality from CVD, Cancer, Diabetes and CPD by 33% through prevention and treatment by 2030	Annually	NCD Monitoring Reports Mortality Reports	Review and implement National NCD Policy 2018-2023	MOH WHO Other Development Partners
					Review the NCD Surveillance System	
3.2 Cancer incidence by 4 common types of cancer per 100,000 population (Healthy Islands Framework)	Lung = 13.3 per 100,000 population (26) Breast = 9.7 per 100 population (19) Stomach = 8.7 per 100,000 population (17) Prostate = 7.1 per 100,000 population (14) (MOH, 2017)	Cancer incidence by type of cancer per 100,000 population reduced	Annually	NCD Reports Cancer Registry	Commemoration of World Cancer Day Procurement of assistive devices for people with disabilities as a result of Cancer	MOH Samoa Cancer Society SFHA
					Mass Breast Cancer Screening for Women and Prostate Cancer Screening for Men	MOH Samoa Cancer Society SFHA
					Advocacy and Education Programs on Cancer Prevention	MOH Samoa Cancer Society SFHA

Key Outcome 3 Improved prevention, control and management of Non Communicable Diseases						
Strategic Goal	Combat Non Communicable Diseases and their risk factors and minimize NCD preventable deaths					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
3.3 Absolute number of deaths due to suicide among the adult (aged 18 years and older) population in a specified time (SDG3.4.2, Healthy Islands Framework)	Deaths = 19 (MOH, 2017)	Number of deaths due to suicide reduced by 10% by 2030	Annually	Mortality reports	Awareness programs for the youth on suicide	MOH Fa'ataua le Ola GOSHEN Health related Faith and Community Based Organizations
				Annual reports Health Sector Annual Review Reports	Multi-media campaign and awareness programs on suicide prevention	
3.4 Percentage of obese among adolescents aged 13-15 years (Healthy Islands Framework)	Obesity = 19.2% Overweight = 51.7%	25% reduction of overweight and obesity prevalence	Every 2 years	Monitoring survey reports	Eat the rainbow and Go Local Campaigns	MOH,MAF, MESC
				Global School Health Survey	National Health Promoting Schools Symposiums	MOH, MESC
					Strengthen the implementation of Health and Physical Education Curriculum	MOH, MESC
3.5 Percentage of obese among children aged 0-5 years (Healthy Islands Framework)	5% of children 0-5 years overweight (DHS 2014)	25% reduction of overweight and obesity prevalence by 20204 and 50% by 2030	Every 5 years	Monitoring Survey Reports	Integration of health as component of MICS Survey	SBS, MOH
3.6 Estimated road traffic fatal injury deaths per 100,000 population (Healthy Islands Framework)	17 deaths (ACC, FY2015/16)	Half the number of deaths (including children 0-15 years) from traffic accidents by 2030	Annually	Civil Registration with full coverage	Capacity building training on civil registration	MOH, SBS
				Mortality Reports	Advocacy Programs on Injury Prevention	MOH, LTA
					Review and update o the National Injury and General Prevention Policy	MOH and relevant stakeholders & partners

Key Outcome 3 Improved prevention, control and management of Non Communicable Diseases						
Strategic Goal	Combat Non Communicable Diseases and their risk factors and minimize NCD preventable deaths					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
3.7 Population (age 20 years and above) screened for early NCDs detection and diagnosed (SDS FY2016/17 – FY2019/20)	1,033 people screened in 2017	At least 90% of those identified with NCD or at high risk of acquiring NCD are referred within one month to a health centre for appropriate counseling and treatment including where necessary medication	Annually	Hospital records PEN Faa-Samoa Progress Reports	Implementation and expansion of NCD PEN Fa'a-Samoa Screening	MOH, NKFS, MWCSO, WHO Other development partners
		An increase in the number of people receiving primary prevention of NCDs as well as an increase in the number of people receiving secondary prevention of NCDs	Annually	Hospital records PEN Faa-Samoa Progress Reports	Establishment and sustainability of NCD clinics for Upolu & Savai'i	
3.8 Essential NCD drugs available and accessible in public health sector primary care facilities (Healthy Islands Framework & SDS)	No baseline data available	80% availability of the affordable basic technologies and essential medicines including generics, required to treat major	By mid-term review	New Medicine Policy	Development of the new Medicine Policy by mid-term review	MOH, NKFS Public and Private Pharmacists
				Updated Essential Medicines List MOH Annual	Bi-annual stakeholder consultation on Essential Medicines List including NCDs concentrating on diabetes and hypertension	MOH, NKFS, Public and Private Pharmacists, WHO

Key Outcome 3 Improved prevention, control and management of Non Communicable Diseases						
Strategic Goal	Combat Non Communicable Diseases and their risk factors and minimize NCD preventable deaths					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
FY2016/17 – FY2019/20)		non-communicable diseases in both public and private facilities by 2030		Reports Quality Assurance Monitoring Reports	Annual Clinical Audit and Health Facilities Assessment	MOH
					Antimicrobial Resistance Awareness programs including Antimicrobial Resistance Awareness Week	MOH, NKFS, WHO, Relevant stakeholders
3.9 Proportion of diabetes related amputations – focus on lower limb amputation only (Healthy Islands Framework)	26 lower limb cases (NHS, 2017)	Reduce proportion of diabetes related amputations by 20% by 2030	Annually	Health information statistical bulletins MOH Annual Reports	Advocacy programs specific for diabetes and procurement of assistive devices for people being amputated and have disabilities as a result of NCDs including cancer	MOH NKFS Development Partners
3.10 Percentage of people with severe mental health disorder who are using services (Healthy Islands Framework)	Number of mental health patients receiving treatment at Mental Health Unit = 774 Number of mental health patients receiving treatment in the community = 532 (NHS, 2017)	100% of patients with severe mental health disorders visiting and being treated at mental health unit and community	Annually	Mental Health Unit Register MOH Annual Reports Health Information Statistical Bulletins	Review of the Mental Health Policy 2006	MOH, GOSHEN, Fa'ataua le Ola, Mental Health Related Faith Based and Community Based Organizations
					Development of the new Mental Health Policy	
					Commemoration of the World Mental Health Day	
					Capacity building for health professionals on mental health	MOH Development Partners

Key Outcome 4 Improved Sexual and Reproductive Health						
Strategic Goal	Promote Universal Access to Reproductive Health Related Services					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
4.1 Percentage of women of reproductive age (15-49) who are currently on family planning satisfied with modern methods (injectable, female sterilization, implant, pills) (SDG3.7.1)	Injectable = 10% Female sterilization = 7% Pills = 6% Implant = 0% (DHS, 2014)	At least 95% of women at the reproductive age who are currently on family planning satisfied with modern methods by 2030	By 2030	SRH monitoring reports MICS Reports	Review and update family planning guidelines to include newly adopted modern contraceptive methods with a focus on Family Planning needs of young people aged 15-35 years	MOH SFHA
					Build capacity of nurses and pharmacists on family planning counseling, commodity supply chain management and LIMS to effective 5 recommended contraceptive methods	MOH SFHA
					Implement antenatal care and family planning outreach advocacy awareness programs for Upolu and Savaii targeting faith-based organizations, teen mothers and school leavers	MOH SFHA
4.2 Adolescent birth rate aged 10-14 and 15-19 per 1,000 women in these age groups (SDG3.7.2, Healthy Islands Framework)	56 per 1,000 women (DHS, 2014)	Reduce adolescent birth rate to 10% for all age groups	By 2030	MICS report	Conduct media campaign to publicize Youth Friendly Services available at service delivery points targeting young people aged 15-24 years	MOH Sexual Reproductive Health Service Providers
					Develop Youth Friendly Services Sexual Reproductive Health Guidelines and provide trainings for health workers on Youth Friendly Services	MOH
					Procure goods and medical supplies for School Nurse Program in 7 major schools to strengthen interface between Family Life Education and	MOH Development Partners

Key Outcome 4 Improved Sexual and Reproductive Health						
Strategic Goal	Promote Universal Access to Reproductive Health Related Services					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
					Adolescent Services	
					Implement National Sexual Reproductive Health Policy 2019 - 2024	MOH Sexual Reproductive Health Stakeholders
					Develop clinical/medical protocols or guidelines for management of victims of gender based violence (including sexual violence)	MOH
					Undertake training on protocol for health personnel in responding effectively and managing gender based violence in emergencies	MOH Sexual Reproductive Health Service Providers Development Partners
4.3 Percentage of women aged 15-49 years who are sexually active, who are currently using of whose sexual partner is using at least one method of contraception regardless of method used (Healthy Islands Framework)	27% (DHS, 2014)	Increase contraceptive prevalence rate to at least 80% by 2030	Every 5 years	MICS Reports	MICS Survey	MOH SBS
4.4 Coverage of the national cervical cancer screening	1,814 women being screened for cervical cancer	80% coverage depending on their age	Every 3 or 5 years	Cervical cancer monitoring reports	Conduct national cervical cancer screening	MOH NKFS Samoa Cancer

Key Outcome 4 Improved Sexual and Reproductive Health						
Strategic Goal	Promote Universal Access to Reproductive Health Related Services					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
program (Healthy Islands Framework)	(NHS, 2012)			Annual Health Sector Review Reports Health Information Statistical Bulletin		Society WHO Other development partners

Key Outcome 5 Improved Maternal and Child Health						
Strategic Goal	Reduce maternal and perinatal mortality and reduce child morbidity and mortality					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
5.1 Women aged 15-49 years with a live birth received antenatal care four times or more (SDG3.1.1, Healthy Islands Framework)	72.9% (DHS, 2014)	Increase percentage of antenatal care 4+ visits to 95%	Annually	Antenatal Care Quality Assurance Reports	Undertake clinical audit and spot checks on antenatal care for all health facilities	MOH
				MOH Annual Reports	Procurement of mobile ultrasound for rural health facilities	MOH Development partners
					Awareness programs and campaign on maternal health and antenatal care	MOH SFHA
					Review and update Antenatal Care Guidelines to integrate the new WHO Antenatal Care recommendations for young pregnant mothers aged 15-35	MOH, SFHA Health Service Providers (Public & Private)
					Antenatal screening in rural health facilities	MOH

Key Outcome 5 Improved Maternal and Child Health						
Strategic Goal	Reduce maternal and perinatal mortality and reduce child morbidity and mortality					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
5.2 Maternal Mortality Ratio per 100,000 live births (Healthy Islands Framework)	51 per 100,000 per live births (Census 2016)	Continued reduction in Maternal Mortality Ratio over the coming decade	By 2030	Mortality Reports Population Census MICS Reports	Development, review and implementation of the National Safe Motherhood Policy and Protocols	MOH SFHA All health service providers WHO UNFPA
5.3 Number of maternal deaths related to childbearing in a given time period (Healthy Islands Framework)	2 maternal deaths (Census, 2016)	Less than 2 deaths per year	Annually	Mortality Reports	Quarterly clinical audit and spot checks on maternal deaths	MOH SFHA All health service providers WHO UNFPA
				MOH Annual Reports	Capacity building for midwives on maternal health Capacity building and credentialing programs for acute care midwives, mental health nurses on safe motherhood	
5.4 Under five mortality rate (per 1000 live births) (SDG3.1.2, Healthy Islands Framework)	20 per 1000 live births (MOH, 2017)	Continued reduction in under five mortality rate over the coming decade	Annually	Quality Assurance Monitoring Reports	Review of the National Child and Adolescent Health Policy 2013-2018	MOH and relevant stakeholders & partners
				Clinical Audit Reports	Pediatric Specialized Training for Nurses	MOH and development partners
				Surveillance Mortality Reports	Quality assurance monitoring visits and spot checks for both Upolu and Savaii	MOH
					Establishment of Pediatric ICU Unit	MOH, ICU Unit
5.5 Neonatal Mortality Rate per 1,000 live births (SDG3.2.2, Healthy Islands Framework, SDS)	7 per 1000 live births (DHS, 2014)	Continued reduction in neonatal mortality rate over the coming	Annually	Quality assurance monitoring reports	Peri-natal meetings to improve maternal, perinatal and childcare	MOH WHO Other development partners

Key Outcome 5 Improved Maternal and Child Health						
Strategic Goal	Reduce maternal and perinatal mortality and reduce child morbidity and mortality					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
FY2016/17-FY2019/20)		decade		Clinical audit reports	POINT Trainings for neonatal unit staff	MOH, WHO Other development partners
				Population Census reports	Trainings for Pediatric Unit	MOH, WHO Other development partners
				MICS reports		
5.6 Percentage of newborns with low birth weight (weigh less than 2500 grams in a given time period) (Healthy Islands Framework)	5% (DHS 2014)	30% reduction in low birth weight among newborns by 2030	Annually	Health Statistical Information Bulletins	Education sessions for antenatal mothers	MOH SFHA
				Annual Reports	Review and update Baby Booklet to Child Health Booklet	MOH and relevant stakeholders
5.7 Estimated level of coverage of birth registration (Healthy Islands Framework)	No baseline available	100% of births are registered within 3 months after birth	Annually	Birth register	Education sessions with Sui o Nu'u and Pulenu'u and health professionals	MOH MWCS SBS
5.8 Proportion of infants receiving dose of Hepatitis B vaccines within 24 hours after birth (SDG3.3.4, Healthy Islands Framework)	84.4% (DHS 2014)	100% of infants receive three doses of Hepatitis B vaccines	Annually	EPI Reports MICS Reports	Implementation of infants 0-5 years immunization Sustain the EPI outreach programs in the community and schools	MOH WHO UNFPA UNICEF
5.9 Proportion of infants receiving DTP3 (SDG3.3.4, Healthy Islands Framework)	53.7% (DHS 2014)	At least 95% of infants receive DTP3 doses of Hepatitis Vaccines	Annually			
5.10 Proportion of 1 year old children	MMR1 = 88% MMR2=66%	At least 100% of 1 year old children	Annually			

Key Outcome 5 Improved Maternal and Child Health						
Strategic Goal	Reduce maternal and perinatal mortality and reduce child morbidity and mortality					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
immunized against measles (SDG3.3.4, Healthy Islands Framework)	(NHS EPI 2016)	immunized against measles every year				
5.11 Percentage of fully immunized children (SDG3.3.4, Healthy Islands Framework)	86% coverage (NHS FY2015/16)	At least 95% coverage	Annually			
5.12 Infants aged 0-6 months who are fed exclusively with breast milk (Healthy Islands Framework)	70% (DHS 2014)	Increase to 80%	By 2030	Nutrition Monitoring Reports MICS Reports	World Breastfeeding Week Commemoration	MOH WHO
					Review of the Breastfeeding Policy	MOH SFHA WHO
					Breastfeeding training for mothers and health workers	MOH SFHA
5.13 Pregnant women aged 15-24 years who are tested for HIV and STI during antenatal care visits and are treated if they have positive test results (Healthy Islands Framework)	NIL	At least 90% of pregnant women are tested and know HIV and STI status	Annually	HIV monitoring reports Antenatal Care Progress Reports	HIV Testing conducted for pregnant women during antenatal care	MOH UNDP Global Fund
				MOH Annual Reports Health Information Bulletins	Implementation of the Integrated Community Health Approach Program (ICHAP)	MOH UNDP Global Fund MWCS SFHA Samoa Red Cross
5.14 Percentage of stunting among children aged 0-5 years (Healthy Islands Framework)	5% of children are in moderate to severe stunting (DHS 2014)	10% reduction in the number of children under 5 who are stunted by 2030	By 2030	MICS Reports	Integration of health questions in the MICS Survey	MOH SBS

Key Outcome 6 Improved healthy living through health promotion and primordial prevention						
Strategic Goal	Improve and strengthen people-centred health promotion and primordial prevention					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
6.1 Prevalence of alcohol drinkers (SDG, SDS FY2016/17 – FY2019/20, Healthy Islands Framework)	16.9% (DHS 2014)	Reduce the prevalence of dangerous and harmful consumption of alcohol by 10% by 20204 and by 20% by 2030	Every 5 years	MICS Report	Multi-media campaign on NCD risk factors including alcohol	MOH and Development Partners
					Establish a multi-sectoral National Alcohol Coordinating and Control Committee	MOH
					Monitoring of alcohol content and production	MOH
					Monitor hygiene standards of liquor manufacturers/producers	MOH
6.2 Evidence of legislation to reduce affordability of tobacco products by increasing tobacco excise tax (Healthy Islands Framework)	5% excise tax increase on tobacco products from SAT221.60 per 1,000 sticks to SAT232.68 (MfR, 2017)	Increase the excise duty to at least 70% of the retail price of cigarettes by the time of the Mid-term review in 2024	By 2030	Excise taxation reports	Prepare evidence based proposal to MOF and or relevant government agencies for increase on tobacco	MOH
					Development and implementation of the new Tobacco Control Policy 2019-2024	MOH and relevant stakeholders
					Enforcement of Tobacco Control Act 2008 and Regulations 2013	MOH
6.3 Prevalence of tobacco smoking among persons 15 years and over (male & female)	35.9% (DHS 2014)	Reduce prevalence of tobacco smoking among persons 15 years and over by 20% by 2030	Every 5 years	Monitoring survey reports	Undertake Global Youth Tobacco Survey	MOH WHO
				MICS reports	Commemoration of the World No Tobacco Day	MOH, NKFS, WHO Samoa Cancer Society
					Conduct National Tobacco Control Committee Meetings	MOH
6.4 Number of physically active people increased	61.1% (STEP Survey 2013)	Increase numbers of physically active people by at least 5% each year	Every 5 years	Monitoring survey reports	National Health Week Physical Activity and Nutrition Expo	MOH MAF MESC Sports Federations
				MICS reports	Annual Teuila Wellness is	MOH

Key Outcome 6 Improved healthy living through health promotion and primordial prevention						
Strategic Goal	Improve and strengthen people-centred health promotion and primordial prevention					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
					Beauty Program	STA
					Conduct National Physical Activity Committee Meetings	MOH and health sector partner
					Update the National Physical Activity Guideline	MOH WHO
6.5 Excise duties levied on imported and/or locally produced Sugary Sweetened Beverages of at least 20% of retail price/or fiscal import tax imposed on raw materials for local producers to an equivalent level (Healthy Islands Framework)	3% increase from 51 cents to 52.5 cents on Sugary Sweetened Beverages in 2018 (MfR, 2018)	30% increase of excise duties on SSBs both local and imported by 2030	By 2030	Ministry of Revenue Excise Tax Reports	Prepare evidence-based proposal to MoF and/or relevant government agencies for increase on sugary sweetened beverages	MOH
6.6 Evidence of nationally endorsed policies relating to the provision and promotion of healthy food choices in schools (Healthy Islands Framework)	National Food and Nutrition Policy 2013-18	Development and implementation of health policies relating to provision of healthy food choices in schools	By 2030	Health Promotion related policies	Review of the Health Promotion 2010-2015 and Health Prevention Policy 2013-2018	MOH, NKFS, SFHA, SRC, MESC, MWCSO, Development Partners, Health NGOs, Faith and Community Based Organizations
	National Health Promotion Policy 2010-2015			Annual Health Sector Review Reports	Development of the new Health Promotion and Prevention Policy	
	School Nutrition Guideline 2012			Annual Health Forum Reports	Strengthen and monitor the implementation of the school Health Program and School Nurse Policy	MOH MESC MOH
					Conduct Oral Health Survey in Schools	

Key Outcome 7 Improved Risk Management and Response to Disasters, Public Health Emergencies and Climate Change						
Strategic Goal	Strengthen resilience and adaptive capacity, capacity building and integrating climate change measures into health policies and plans, and raise awareness on climate adaptation and early warning					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
7.1 Average of 13 IHR 2005 core capacities score (SDG3.d.1, Healthy Islands Framework)	90% compliance with IHR 2005 13 core capacities (MOH, 2013)	100% compliance with all 13 IHR core capacities	Annually	IHR Implementation Reports	Capacity Building on IHR implementation for health professionals and relevant stakeholders including communicable diseases outbreaks and other public health emergencies response	MOH WHO
					Domestication of the IHR in line with the MOH Act 2019	MOH
					Trainings on the application of APSED III	MOH WHO
					Review and update the National Pandemic and Avian Influenza Strategic Plan 2008	MOH and health sector
7.2 Proportion of the population access to improved sanitation (SDG3.6.1, Healthy Islands Framework)	95.6% (DHS, 2014)	100% of the population access to improved sanitation by 2030	Annually	Sanitation Monitoring Reports MICS reports	Monitoring visits for sanitation and healthcare waste management for schools and public lavatories	MOH MNRE
7.3 Population using improved drinking water sources in a specific time period	99% of population accessing improved drinking water (Census 2016)	100% of the population access to improved drinking water by SWA and Bottled Water Companies and 10% improved for IWS by 2030	Annually	Water Quality Monitoring Reports MICS Reports	Monitoring visits and lab tests for water quality	MOH
					Development and monitoring of the implementation of Water Safety Plans for all water service providers	MOH SWA
					Annual consultations for Bottled Water Companies and community consultations on water quality	MOH SWA
7.4 Improved food safety and compliance with	98% compliance of food premises and food handlers with	At least 5% increase every year of food	Annually	Food Safety Monitoring Reports	Enforcement of the Food Act 2015 and Food Regulations through:	MOH WHO

Key Outcome 7 Improved Risk Management and Response to Disasters, Public Health Emergencies and Climate Change						
Strategic Goal	Strengthen resilience and adaptive capacity, capacity building and integrating climate change measures into health policies and plans, and raise awareness on climate adaptation and early warning					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
food legislations, standards and guidelines (SDG3.6.1, Healthy Islands Framework)	Food Act 2015 (MOH, 2018)	premises, food handlers, food importers and food manufacturers compliance with Food Act 2015 and food related guidelines and standards			<ul style="list-style-type: none"> - Consultations and implementation of food labeling requirements - Consultations on food handling, hygiene and sanitation - Health certification for food businesses 	
					Development of grading system for restaurants	MOH WHO
					Establish National Food and Nutrition Committee as per Food Act 2015	MOH
					Enforcement of Food Labeling Standards	MOH
					Development and implementation of inspection system for imported food at point of entries	MOH WHO
					Risk assessment and awareness on donated food during disasters	MOH
7.5 Percentage of health sector partners that adopt and implement local Disaster Risk Reduction strategies (SDG13.1)	Disaster Risk Management and Climate Adaptation Strategy for Health Sector in place	At least 90% of health sector partners with DRM strategies and Climate Adaptation Response Plans developed, reviewed and updated and should be in line	By 2030	Annual Health Sector Review Reports	Implementation of the CASH (Climate Adaptation Strategy for Health) work plan	MOH and Health Sector
				Annual Health Forum Reports	Train health practitioners in flood related emergencies	MOH, WHO and Other development partners
					Awareness and response programs for village institutions on preparations and evacuation plans for flood related victims	MOH DMO MWCS

Key Outcome 7 Improved Risk Management and Response to Disasters, Public Health Emergencies and Climate Change						
Strategic Goal	Strengthen resilience and adaptive capacity, capacity building and integrating climate change measures into health policies and plans, and raise awareness on climate adaptation and early warning					
OUTPUT INDICATORS	BASELINE	TARGET	REPORTING FREQUENCY	MEANS OF VERIFICATION	KEY INTERVENTIONS	RESPONSIBLE AGENCY/IES
		with the Health Sector DRM & CASH strategies				
		Number of health sector agencies and partners who have adopted and implemented local Disaster Risk Response strategies			Awareness raising among health practitioners and village councils about flood related Early Warning System (EWS)	MOH DMO MWCSO
					Development of the Action Plan for the Health Sector Disaster Risk Management Strategy	MOH and health sector
7.6 Compliance of health facilities with disaster and climate resilience plans (SDS FY2016/17 – FY2019/20)	72% of health facilities was rated satisfactory of their compliance with disaster and climate resilience plans (MOH & MNRE, 2016)	At least 80% of health facilities are fully complied with disaster and climate resilience plans Climate resilience plans for health facilities in place	By 2030	Climate Change and Health Monitoring Reports Annual Health Sector Reviews	Merge Hospital Risk Resilience Assessment and Health Facility Service with Utilization Audit Assessment to ensure health facilities comply to disaster preparedness and response plans	MOH DMO