GOVERNMENT OF SAMOA

NATIONAL EPIDEMIC AND PANDEMIC PREPAREDNESS AND RESPONSE PLAN

FY2020/21 – FY2024/25

Ministry of Health

ACRONYMS

AA	Airport Authority
ARI	Acute Respiratory Infection
AusAID	Australian AID
CBOs	Community Based Organizations
COVID-19	Novel Coronavirus 2019
DAC	Disaster Advisory Committee
DCCs	Disaster Community Committees
DDG	Deputy Director General
DGoH	Director General of Health
DMO	Disaster Management Office
DRR	Disaster Risk Reduction
EPC	Electric Power Cooperation
EPI	Expanded Program for Immunization
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
FESA	Fire and Emergency Services Authority
H1N1 2009	Swine Influenza in 2009
H1N1 1977	Russian Flu in 1977
H2N2 1957	Asian Flu in 1957
H3N2 1968	Hong Kong Flu in 1968
H5N1 2005	Avian Influenza (Bird Influenza) in 2005
HEOC	Health Emergency Operations Centre
HERMH	Holistic Emergency Risk Management for Health
HSP	Health Sector Plan
IATA	International Airport Transport Association
IHR 2005	International Health Regulations 2005
ILI	Influenza Like Illness
MAFF	Ministry of Agriculture, Forestry and Fisheries
MCIT	Ministry of Communication and Information Technology
MESC	Ministry of Education, Sports and Culture
MERS-CoV 2013	Middle East Respiratory Syndrome Coronavirus Infection in 2013
MFAT	Ministry of Foreign Affairs and Trade
MNRE	Ministry of Natural Resources and Environment
MOF	Ministry of Finance
MOH	Ministry of Health
MOP	Ministry of Police
MPMC	Ministry of Prime Minister and Cabinet
MTII Hospital	Malietoa Tanumafili II Hospital
MWCSD	Ministry of Women, Community and Social Development
NEOC	National Emergency Operations Centre
NGOs	Non-Governmental Organizations
NZAID	New Zealand Aid
PPE	Personal Protective Equipment
PSC	Public Service Commission
SARI	Severe Acute Respiratory Infection
SARS-CoV 2002	Severe Acute Respiratory Syndrome Coronavirus in 2002
SDS	Strategy for the Development of Samoa
SHA	Samoa Hotels Association
SHC	Samoa Shipping Corporation

SPA	Samoa Ports Authority
STA	Samoa Tourism Authority
SWA	Samoa Water Authority
TTM Hospital	Tupua Tamasese Meaole Hospital
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

FOREWORD

The pandemic influenza is realized as one of the most significant global health threats nowadays because its nature and extent is unpredictable, but it can cause higher mortality rates and higher rates of infection nationally and globally.

The 1918 Influenza Pandemic killed more people than any other disease in the 20th century worldwide. It killed two thirds of Samoa's population at the time because Samoa's health system did not have the capacity and resources available to respond to such a devastating epidemic influenza.

When the Avian Influenza (H5N1) evolved as a global public health threat in 2005, Samoa's Ministry of Health in collaboration with the Ministry of Agriculture, Forestry and Fisheries (MAFF) and Health partners including development partners such as WHO, FAO, Secretariat of the South Pacific, AusAID, NZAID, government ministries and corporations and the community worked together in developing its first National Avian and Pandemic Influenza Preparedness Plan in 2008 to layout their plans, preparations and response for future pandemics. This was to ensure that the devastation, chaos and abruption experienced in 1918 would not be repeated.

The National Avian and Pandemic Influenza Preparedness Plan 2008 was put into trial in 2009 when Samoa was affected by the H1N1 and assisted Samoa's public health preparedness and response at the time during the epidemic, and resulted in only 2 fatalities.

While we have experienced the social and economic impacts of the measles epidemic which accounted for 83 fatalities in Samoa in late 2019 and early 2020, the rapid growth of the mortality rates and rates of infections as a result of the global spread of COVID-19, this new edition of the National Epidemic and Pandemic Preparedness and Response Plan FY2020/21 – FY2024/25 for Samoa is updated with the changes that have been made to the 2008 version to reflect changes in terminologies, legislations and policies, response agencies, planning, preparedness, response and recovery actions taking into consideration the nature and extent of the recent emerged and re-emerged epidemic and pandemic and other infectious diseases in the near future.

The success of this plan's implementation depends heavily on the commitment of the Ministry of Health as the leading agency for Samoa's health sector, health sector partners, development partners, government agencies and corporations, health NGOs, and the community.

Ma le fa'aaloalo lava.

Leausa T. Dr. Take Naseri
DIRECTOR GENERAL OF HEALTH

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EXECUTIVE SUMMARY

Epidemic and pandemic outbreaks have the potential to cause widespread illness and even deaths among our people. For instance the measles epidemic that Samoa as had experienced at the end of last year, where many lives were lost due to measles epidemic especially our young children and the devastated COVID-19 global pandemic which is currently severely affect the world. These kinds of events can also affect operations at the international, regional, national and community levels due to disruption of exported and imported supply chains, social and economic impacts. Although seasonal flu epidemics strike every year, a pandemic influenza or other pandemic disease would likely result in a crippling effect on our community. Historically, pandemics have included diseases such as cholera, plague, coronavirus, and various strains of influenza.

In 2008, the Ministry of Health in collaboration with its health sector partners (both in public and private health sectors) developed its first National Pandemic Plan namely National Avian and Pandemic Influenza Plan to prevent, control and mitigate the effects of avian influenza viruses that pose high risks to people of Samoa at that time. Since then, Samoa's health sector had made substantial progress in pandemic preparedness and response during the 2009 H1N1 pandemic, Chikungunya outbreak in 2014, Ebola outbreak in 2015 and the Measles epidemic in 2019.

In this new edition, the health sector reviewed the progress to highlight both the successes and remaining gaps in the health sector's preparedness and response activities for the 2019 Measles Epidemic in Samoa and COVID-19 Pandemic that had been recently declared by the World Health Organization (WHO) as a global public health emergency for all countries' concerned and other future epidemics and pandemics.

The 2008 plan consisted of nine (9) essential pandemic influenza preparedness and response elements. These 9 essential elements remain important for this edition of the Plan. They are:

(i)   Leadership and coordination
(ii) Healthcare Services and Other Essential Services
(iii) Surveillance and Laboratory Capacity
(iv) Communication and Health Education
(v)   Non-Pharmaceutical Measures and Interventions
(vi) Pharmaceutical and Medical Interventions
(vii) Management of the sick and the deceased
(viii)   Community based response centers and
(ix) Legal and Ethical Issues.

This new edition builds upon goals and the above-cited essential pandemic influenza preparedness and response key elements, by adapting the World Health Organization Guideline for Pandemic Influenza Preparedness and Response 2018 and contextualizes it to suit Samoa's context. The National Epidemic and Pandemic Preparedness and Response Plan FY2021/FY2024/25 focus areas are categorized into the three phases of: (i) preparedness and prevention; (ii) emergency response; and (iii) recovery.

The activities in this document's work-plan addresses these three phases and focus areas are classified in six (6) key components which are:

(i)   Public Health Emergency Preparedness
Having a clear understanding of what is needed to prepare for and manage a public health emergency such as an epidemic or pandemic influenza is very important. Therefore it is very important to consider the following:

a) Proper planning, coordination and ensure sufficient resources
b) Legal framework to be in place to guide the implementation of a pandemic preparedness and response
c) Ethical framework to be used during the response to ensure that the vulnerable populations are not affected
d) Formal structures to be in place for risk communication and strengthen community engagement and
e) Domesticate the International Health Regulations 2005 through strengthening port health services.

(ii)   Surveillance, Investigation and Assessment
Surveillance encompasses the routine collection, analysis, interpretation and dissemination of data regarding a disease pattern to enable the development and implementation of evidence-based interventions that can control the spread of diseases and minimize diseases outbreaks or pandemics.

Hence, it is very important to have a surveillance system in place during a pandemic with the capacity to detect outbreaks, collect data rapidly, data analysis, assessment and timely reporting.

The key focus areas of this component include:

a) Enhance laboratory services
b) Strengthen and improve Public Health Surveillance System
c) Contact Tracing and Response and
d) Evaluate pandemic risk and severity.

(iii)   Health Services and Clinical Management
Hospitals play a very crucial role within the health system in providing essential health services especially during a health crisis such as a pandemic. A prolonged disease outbreak such as the measles outbreak experienced by Samoa in late 2019 and early 2020, can lead to the drastic spread of the disease with high demands of health services thus possibly overwhelm the capacity of health facilities and the health system as a whole.

To improve the readiness of Samoa's health facilities to face with the challenges of a pandemic or any other public health emergency or disaster, the following are areas that all health facilities should consider to minimize stress, illness and deaths caused by a pandemic:

a) A plan should be developed in advance for health services prioritization
b) Optimize the use of available facilities, medicines and supplies
c) Clinical management guidelines are in place to guide the work of healthcare workers and community awareness
d) Build the capacity of the healthcare workers on public health emergency preparedness and response.

(iv) Preventing Illness in the Community

From Samoa's experience during the measles epidemic in 2019, epidemics and pandemics affect the social structure of the community. People live in unique social-cultural contexts, with dynamic relationships, and their own perceptions of risks, and trusted sources of advice. Experience has shown that merely telling people what to do, does not always work to prevent the community from illness during pandemics or any other diseases outbreaks. There are other important mechanisms in place to help. These include:
a) Upgrade and strengthen the National EPI Program
b) Strengthen health advocacy and promotion programs and
c) Foster community engagement and empowerment.

(v) Maintaining Essential Support Services

During a pandemic, the community needs other essential health services apart from healthcare services such as clean water and safe food for consumption, sanitation and hygiene and other essential items to help them sustain their wellbeing and stability during a pandemic. Hence, there is a need to consider the continuity of such essential services during a pandemic from the national level to the community level. Focus areas for this component include:

a) Ensure access to quality drinking water
b) Strengthen public health inspections for food safety and quality
c) Monitor sanitation and hygiene and
d) Encourage other essential services required for health security and safety.

(vi) Recovery

If a pandemic influenza hits our shores like the 1918 Influenza Pandemic, it will affect almost every sector, not just health but finance, education, environment, water, transportation, the community and others. It will require a coordinated whole-of-country multi-sectoral response which will also require the involvement of the private sector, the community and all of us as individuals to be prepared.

As predicted by the WHO, pandemics have a tendency to occur in a series of two or three waves on national and international spread[1]. Therefore, national pandemic actions must be leveled with preparedness activities to prepare for potential follow-on waves.

These six key components reflect a whole-of-country multi-sectoral holistic approach to improving the way preparedness; response and recovery are integrated across sectors and disciplines, while remaining flexible for the conditions surrounding a specific pandemic. This will allow Samoa's health sector and its national, regional and international partners to respond more quickly to a future influenza pandemic and, at the same time, strengthen response to seasonal influenza to mitigate the next influenza pandemic.

In the next ten years, definitely there will be new changes introduced into Samoa's health system in terms of service delivery settings where the focus will be to accelerate Universal Health Coverage through strengthening its public health system, sharing of health information through the e-Health

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[1] WHO, 2017, *Pandemic Influenza Risk Management: A WHO Guide to inform and harmonize national and international pandemic preparedness and response.* Geneva

system, referral patterns and expanded individual choices. Despite these changes, Samoa's health care system must be prepared to respond to an epidemic or pandemic.

INTRODUCTION

Background Information:

A pandemic is widely known as the sudden outbreak of emerging and re-emerging Neglected Tropical Diseases and Communicable Diseases such as influenza that becomes very widespread and affects a whole country, region, a continent or the world to a susceptible population which will lead to causes of high degree of mortality rates and high rates of infection[2].

According to the WHO, influenza pandemic occurs when a new influenza virus emerges and globally spread and most people that have been affected and died do not have immunity. Most of viruses that caused the past and recent global pandemics such as SARS in 2003, H5N1 in 2005, H1N1 in 2009, MERS-CoV in 2012, Ebola in 2015 and the current Novel Coronavirus (COVID-19) typically originated from animal influenza viruses[3].

The major influenza pandemic that had caused profound physical, psychological, social and economic negative effects upon Samoa was the 1918 Influenza Pandemic. The total number of deaths attributed to this Pandemic reached 8,500 i.e. 22% of Samoa population at the time[4]. This is the most disastrous public health emergency anywhere in the world especially Samoa as far as the proportion of deaths to the population is concerned. This influenza pandemic had taken Samoa years to recover.

With the rapid increase in global mortality rates and rates of infection from the current pandemic (COVID-19), the world and in particular Samoa worries that this new flu virus could someday emerge with the potential to cause the kind of destruction experienced in 1918.

The recurring nature of influenza pandemics and infectious diseases such as the measles outbreak experienced by Samoa makes them an important public threat requiring early planning and preparations to responds to the pandemic. It also presents us as vulnerable small islands the opportunities to enhance our plans, preparedness and response to manage other future public health threats.

To help us with our preparations and response to COVID-19 and management of future public health emergencies, we need to domesticate the core capacities identified in the International Health Regulations 2005 and update our actions articulated in the 2008 National Avian and Pandemic Influenza Plan for Samoa. These core capacities focus on coordination, surveillance, laboratories and risk communication.

Aims and Objectives:

Aim:

The main aim of this plan is to provide guidance for the Ministry of Health and its sector partners as to the preparations for Samoa's health sector response to an epidemic or pandemic threat.

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[2] WHO (2009), *Pandemic Influenza Preparedness and Response Plan,* Geneva
[3] WHO (2018), What is a pandemic?,
https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/
[4] Ministry for Culture and Heritage (2018), *The pandemic begins abroad,* https://nzhistory.govt.nz/culture/1918-influenza-pandemic/begins

This document details procedures, guidelines and actions to be taken within and by the Ministry of Health and the health sector, and actions to be taken by the related government ministries and response agencies.

Hence, this plan focuses on all those who will be involved in planning and responding to an epidemic or pandemic influenza such as: strategic health planners, public health personnel, clinical staff or healthcare providers, essential services providers, immigration and customs workers and those involved in media and communications. As such, it is intended to provide national guidance for key actors in developing and operationalizing public health emergency preparedness and response across all levels to ensure that Samoa is optimally prepared and has the capacity to respond to an epidemic or pandemic threat.

The National Epidemic and Pandemic Preparedness and Response Plan FY2020/21 – FY2024/25 can be used at all times during the phases of the pandemic: from preparedness to response and recovery.

Objectives:
The main objectives of this plan are to:
  (i)   ensure adequate surveillance is in continued and strengthened for early detection of an emerging threat and define the epidemiology of the situation on an on-going basis;
  (ii)   adequately prepare the health sector and guide other sectors to enable smooth and timely implementation of the specific activities required in all phases of pandemic planning, preparedness and response;
  (iii)   strengthen laboratory capacity and international links for early detection of the new virus and notification of the response;
  (iv)   delay entry of the pandemic virus into Samoa;
  (v)   limit pandemic spread through implementation of containment measures;
  (vi)   limit morbidity and mortality arising from the infection with the pandemic strain of the virus;
  (vii)   provide the public, healthcare providers, government ministries and agencies, the media and other service providers with accurate information at all stages of epidemics and pandemics;
  (viii)   reduce the impact on the health system and Samoa through early identification and deployment of additional resources required; and
  (ix)   implement sound public health and social measures aimed at slowing the spread of the virus.

Scope:
The Ministry of Health has broader powers and responsibilities to monitor and protect the health of the population of Samoa under various legislation including the Health Ordinance 1959, the Disaster and Emergency Management Act 2007, the Ministry of Health Act 2006, and the International Health Regulations 2005. Powers and responsibilities such as disease notification, outbreak management, isolation, quarantine, public health orders, inspection, ports of entry control and closing and enforcement orders are largely covered under the Health Ordinance 1959. An updated list of Acts and Regulations can be found on the Parliament of Samoa webstie, currently at: http://www.palemene.ws/new/parliament-business/acts-regulations/.

This document has been developed and guided by the following legislations and plans:
  a) Ministry of Health mandated functions under the Ministry of Health Amendment Act 2019
  b) health system core capacity requirements as per International Health Regulations (2005)

c) public health actions mandated under the Health Ordinance 1959
d) Ministry of Health and health sector's commitments to the National Disaster Risk Management Plan 2017, Health Sector Disaster Risk Management 2017-2020,
e) lessons learned from the H1N1/09 pandemic in 2009 and Measles Epidemic 2019 and
f) roles and responsibilities of all response agencies relevant to pandemic preparedness, response and recovery.

The National Epidemic and Pandemic Preparedness and Response Plan FY2020/21 – FY2024/25 advocates a holistic emergency risk management for health (HERMH) approach to epidemics and pandemics. This approach strongly emphasizes prevention and mitigation of health risks before they develop into health emergencies and underscores whole-of-country, multi-sectoral and multi-disciplinary approaches to pandemic preparedness and recovery planning. It recognizes the contributions needed from all partners of health including other sectors, government ministries and corporations, non-governmental organizations and the community.

Targeted Audiences:

The National Epidemic and Pandemic Preparedness and Response Plan FY2020/21 – FY2024/25 for Samoa is for anyone who is involved in planning, preparation or response to an epidemic or pandemic. The audiences are listed in the table below with their areas of interest in this document:

Table 2:   *List of audiences of Samoa's National Epidemic and Pandemic Preparedness and Response Plan FY2020/21- FY2024/25 with their areas of interest*

| AUDIENCES	RELEVANT SECTION OF THE DOCUMENT	SUPPORTING INFORMATION
Public	Entire Document	National Epidemic and Pandemics Preparedness and Response Summary Sheets from the Ministry of Health
Health Professionals	Entire document	National Disaster Risk Management Plan 2017-2020 Health Sector Disaster Risk Management Plan 2017-2020 International Health Regulations 2005 Health Ordinance 1959 Burial Ordinance 1961
Government ministries and corporations	Entire document	Samoa Disaster and Emergency Management Act 2007 National Disaster Risk Management Plan 2017 Health Sector Disaster Risk Management Plan 2017-2020 International Health Regulations 2005
All health sector partners including NGOs, regional & international partners	Entire document	Samoa Disaster and Emergency Management Act 2007 National Disaster Risk Management Plan 2017 Health Sector Disaster Risk Management Plan 2017-2020 International Health Regulations 2005
Government Leaders	Entire document	Samoa Disaster and Emergency Management Act 2007 National Disaster Risk Management Plan 2017 Health Sector Disaster Risk Management Plan 2017-2020 International Health Regulations 2005 Health Ordinance 1959

Legislative Framework:

The development of this document considers compliance and linkages to the following national, regional and international health legislations, strategies/plans and policies as shown in Figure 2 below.

Figure 1: *List of legislations, plans/strategies relevant to Samoa's National Epidemic and Pandemic Preparedness and Response FY2020/21 – FY2024/25*

WHAT IS PANDEMIC?
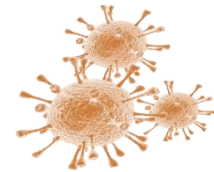
Understanding Pandemic

A pandemic is generally defined as "an outbreak of disease that occurs worldwide or over a very wide area, crossing international boundaries and usually affecting a large number of people.[5] The classical definition includes nothing about population immunity, virology or disease severity. Hence, by this definition, pandemics can be said to occur annual in each of the temperate southern and northern hemispheres, given that seasonal epidemics cross international boundaries and affect a large number of people. Seasonal epidemics are not considered epidemics.

According to the World Health Organization, a true pandemic occurs when almost simultaneous transmission takes place worldwide. In case of the H1N1 pandemic in 2009, the widespread transmission was documented in both hemispheres between August and September 2009. The transmission occurred early in the influenza season in the temperate southern hemisphere but out of season in the northern hemisphere. This out-of-season transmission is what characterizes and pandemic, as distinct from a pandemic due to another type of virus.

To be well protected, mass immunization is the most important intervention to mitigate the impact of epidemic and or pandemic, with antiviral medications playing an adjunctive role and more importantly treatment. However, there are significant limitations on both the availability and use of each of these counter measures. Factors contributing to these limitations include production capacity of vaccines and antivirals as well as an inevitable delay between recognition of pandemic strain and the first availability of a vaccine to prevent it[6] like what the world is currently facing with the Coronavirus pandemic.

Pandemic Influenza in 20thCentury

In 100 years since the devastating Spanish Influenza epidemic in 1918 four global influenza pandemics has happened:

Table 1: List of Four Major Influenza Pandemics in 20th Century

NAME	SUBTYPE	DATE	PEOPLE INFECTED (est.)	DEATHS
Asian Flu	H2N2	1957 – 1958	1,000 million	1.5 million
Hong Kong Flu	H3N2	1968 – 1969	1,000 million	1 million
Russian Flu	H1N1	1977 - 1978	n/a	n/a
2009 Flu Pandemic	H1N1/09	2009-2010	200 million	395,600

Source: Finnegan (2018)

None of these pandemics were as disastrous as the 1918 Spanish Influenza Pandemic. However, annual outbreaks of seasonal influenza had caused between 290,000 and 650,000 deaths per year globally[7].

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[5] Last J.M. 2001. *A dictionary of epidemiology, 4th edition.* Oxford University Press. New York
[6]Fauci A.S. 2006. *Emerging and Re-Emerging Infectious Diseases: Influenza as a Prototype of the Host-Pathogen Balancing Act*. http://www3.niaid.nih.gov/about/directors/pdf/2-23-06_Cell.pdf(accessed on 04/02/2020)
[7] WHO, (2018), Influenza (Seasonal), https://www.who.int/en/news-room/fact-sheets/detail/influenza-(seasonal)

The death rates from seasonal influenza are lower nowadays because:
    a)   vaccines are available
    b)   healthcare and hygiene has improved compared to the past 100 years and
    c)   viruses that cause seasonal flu are less dangerous and less likely to be fatal to those infected.

WHO Pandemic Phases

The World Health Organization has categorized a pandemic into four main phases to help with assessing the risks of any pandemic and its potential to infect humans at the global level

Figure 3 shows the global phases of a pandemic: inter-pandemic, alert, pandemic and transition[8].

Figure 3: WHO Pandemic Phases
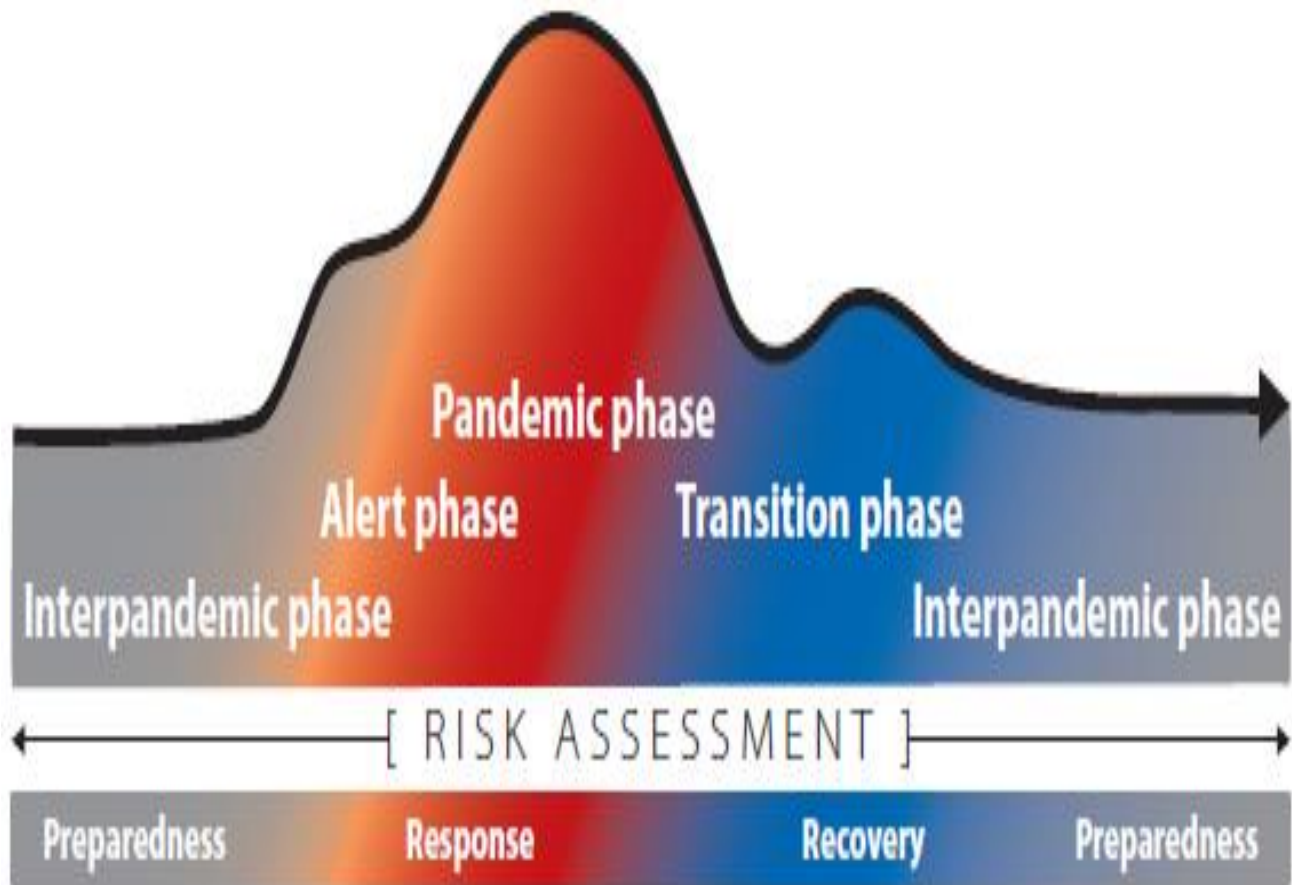
Source: WHO, 2017

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[8]WHO. 2017. *Global Influenza Programme: Pandemic Influenza Risk Management: A WHO Guide to inform and harmonize national and international pandemic preparedness and response.* Geneva

Table 3 provides detailed information on the above WHO Pandemic Phases[9].

Table 3: Description of WHO Pandemic Influenza Phases

WHO PANDEMIC PHASES	DESCRIPTION
1) Inter-pandemic Phase	This is the period between pandemics
2) Alert Phase	This occurs when infection caused by a new subtype has been identified in humans. This requires increased vigilance and careful risk assessment at both national and global levels. If the risk assessment indicates that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the inter-pandemic phase may occur.
3) Pandemic Phase	This refers to the global spread of human infections caused by a new subtype based on global surveillance. Movement between the inter-pandemic, alert and pandemic phases may occur rapidly based on epidemiological and clinical data.
4) Transition Phase	As the global risk of a pandemic reduces, the de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions at the national level will be appropriate based on the national risk assessment.

Source: WHO, 2009 & 2017

These global pandemic phases describe the spread of the new influenza subtype around the world, taking into account the diseases it causes. This can be adopted by countries around the world to help with assessing the pandemic influenza risks at the national level as different countries and regions have faced different risks at different times with different levels when pandemic viruses emerge.

Epidemic and Pandemic Preparedness, Response and Recovery

Preparing for an epidemic or a pandemic requires the leveraging of all instruments of national power and coordinated actions by all sectors and the community. Various viruses, bacteria and other infectious organisms that cause epidemics and pandemics these days do not respect the distinctions of race, sex, age, profession or nationality and are not constrained by geographic boundaries. The uncertainties associated with the recent pandemic virus requires this new edition of Samoa's National Epidemic and Pandemic Preparedness and Response Plan FY2020/21-FY2024/25 to be adaptable, to ensure that Samoa's health sector in collaboration with the government and development partners is well prepared for any public health emergency such as pandemics and epidemics.

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[9]WHO. 2017. *Global Influenza Programme: Pandemic Influenza Risk Management: A WHO Guide to inform and harmonize national and international pandemic preparedness and response.* Geneva

NATIONAL EPIDEMIC AND PANDEMIC PREPAREDNESS AND RESPONSE PLAN FY2020/21 – FY2024/25 STRATEGIC AGENDA

Mission:
"Optimize national capacities through multi-sectoral and multi-disciplinary approaches to protect the health and wellbeing of the population from social, economic and psychological impacts of an epidemic or pandemic"

MISSION   VISION

VALUES

Vision:
"Accelerating public health prevention and control measures to protect people of Samoa's health and wellbeing from potential epidemic or pandemic"

Human Rights:
Everyone has the right to access health services including essential services before, during and after epidemics and pandemics

Responsiveness:
We are responsible to provide prevention and control measures to protect the health and wellbeing of our population.

Engagement:
Empower everyone from the political level to the community to participate in preventing and controlling of epidemics and pandemics

Genuine Partnership:
Strengthen partnership with all stakeholders and partners from the community, government, regions and global during epidemics and pandemics

Guiding Principles:

In achieving the vision and the mission of this plan, the health sector will be guided by its principles articulated in its new Health Sector Plan FY2019/20 – 2029/30[10]. These include:

ACCESSIBILITY	ACCOUNTABILITY	EFFICIENCY	EQUITY	SAFETY	QUALITY
Requires easy access to health and essential services before, during and after epidemics or pandemics	Requires improvement, transparent and accountability of all to protect health and wellbeing of the population	Requires efficient allocation of resources (fund, workforce, equipment, infrastructure)	Requires all services provided before, during and after epidemics or pandemics are fair, just and unbiased	Providing services before, during and after epidemics or pandemics is performed in the care of the public and workers as all times	Strive to achieve high standards of operation of epidemics or pandemics preparedness, response and recovery services

[10]Ministry of Health. 2019. *Health Sector Plan FY2019/20 – FY2029/30.* Apia

SCENARIOS AND PLANNING ASSUMPTIONS

The National Epidemic and Pandemic Preparedness and Response Plan for Samoa FY2020/21 – FY2024/25 is based on the following three broad scenarios:

SCENARIOS	PLANNING ASSUMPTION
1. **No Confirmed Case: Preparedness**	✓ National Surveillance systems are able to detect and respond rapidly to an outbreak and link to Reference Laboratories are strong and well-functioning ✓ The disease will primarily hit urban and peri-urban areas and is unlikely to spread rapidly in rural areas. However, in localized areas, the consequences for people's livelihoods and food security are significant ✓ The Government of Samoa and its development partners is responsible for national: prevention, mitigation and preparedness including capacity building, procurement of materials and establishment of treatment centres. At this level, the main aim is to: • Mobilize and pre-position materials (PPEs, thermo scanners, infrared thermometers, infection prevention control materials • Identifying and designating isolation facilities • Build capacity (refurbishment of infection disease treatment centres, training of health workers on case management and IPC practices) • Raise public awareness to the general public and community engagement among workers at points of entry • Screening for epidemics/pandemics • Investigations for epidemics/pandemics • Coordination activities with relevant multi-sectoral stakeholders for response
2. **Confirmed case: Enhanced preparedness in high risk locations (districts/cities with entry points)**	✓ Virus spreads quickly but is limited to a small number of specific areas in Samoa ✓ Initial human-to-human transmission may be highly localized but can easily escalate if containment measures are inadequate. ✓ Severe infection will be high amongst the elderly population and those with underlying conditions and compromised immunity, and mortality rates will be high among this population. ✓ Many staff will not be able to report to work in affected areas ✓ Non-attendance rates may be 30% for a period of six weeks. Essential services and governance, law and order will deteriorate within the affected areas.

SCENARIOS	PLANNING ASSUMPTION
	✓ Setting up quarantine parameters/zones with index case as point zero, red zone (5 miles radius from index case), amper zone (10 miles radius from index case) and green zone beyond the 10 mile radius. ✓ Restrictions put in place based on number of cases and possible clusters identified The main aim is to manage and contain the case at source to prevent further spread of the disease. The level also aims to promote the adoption of preventive measures and increase public awareness and engagement including risk communication.
3. Confirmed Case in Multiple Locations (urban/semi-urban) or overwhelming numbers of cases	✓ There is rapid spread of the disease among the general population of Samoa with high infection rate ✓ A significant proportion of staff are not able to report to work as they are either sick or high risk group ✓ Essential services, governance, law and order will deteriorate within the affected areas The main aim is to manage and contain the case to prevent further spread of the disease. The level also aims to promote the adoption of prevention measures and increase public awareness and engagement including risk communication.

RISK ANALYSIS		
FACTORS	**DEGREE OF RISK**	**COMMENTS**
Probability	Likely	International travel with presence of international airports, other point of entries and the volumes of people travelling from the very high risk transmission areas as well as local transmission
Consequence	Major	Severe consequences to lives, livelihoods and service delivery as well as governance, law and order. There may be need for strong preparedness measures by relevant stakeholders including communities and citizens.
Overall risk	Very high	The whole population of Samoa could be at risk if the outbreak occurs. Health workers, the elderly and persons with underlying conditions are at higher risk. Availability of confirmed cases in neighboring countries. Adequate levels of preparedness should be put in place by the government and all stakeholders to

RISK ANALYSIS		
FACTORS	**DEGREE OF RISK**	**COMMENTS**
		ensure effective preparedness and response regardless of the scenario realized
Likely triggers	Very high	The thresholds for triggering or declaring an outbreak vary betrween diseases and syndromes. Thresholds for each disease should be reviewed if there significant changes in disease incidence. Examples of thresholds include: - Single cases for certain diseases such as acute flaccid paralysis or suspicion of measles or cholera - When the total number of cases reaches a threshold - When the number of linked cases or cluster of cases reaches a threshold. Linked cases are people who have been potentially exposed to the same infection source, e.g. household members, neighbours, attend the same school, work in the same place, drink from the same water source, or attended the same gathering - When the number of expected cases during a time period is greater than a threshold, e.g. more than 2 standard deviations above the above the average for the past 5 years for that week or month - When the incidence is greater than a threshold. E.g. > x cases//100,000 population/month (Reference: National Communicable Disease Surveillance and Control Guideline 2020)

EPIDEMICS AND PANDEMICS LEVELS OF ALERT

The Levels of Alert is established to manage and minimize the risk of epidemics and pandemics in Samoa. The system helps the public understand which level of risk and restrictions that legally must be followed.

The measures may be updated on the basis of:
- (i)   Scientific knowledge of the epidemic/pandemic and
- (ii)   Information about the effectiveness of intervention and control measures in Samoa and elsewhere.

The levels or alert are applied to the whole country.

Alert Level 1:   Prepare

At Alert Level 1, there is no suspected or confirmed case in Samoa.

Risk Assessment:
- ✓ the pandemic is manageable nationally but uncontrolled overseas

Range of measures that can be applied:
- ✓ Border control measures is activated and strengthened to minimize the risk of importing pandemic cases. Controls at all points of entries remain for those entering Samoa. This includes health screening and testing for all arrivals, and mandatory 14 day managed isolation or quarantine.
- ✓ Self-isolation and quarantine of incoming travellers required
- ✓ Schools and workplaces open
- ✓ Stay home if sick, report flu-like symptoms
- ✓ No restrictions on domestic transport – avoid public transport or travel if sick
- ✓ No restrictions on workplaces or services
- ✓ Maintain good hygiene. Keep up good hand washing practices using soap and water for at least 20 seconds, and drying thoroughly. Cough and sneeze into the elbow. Keep surfaces clean.
- ✓ Wear a face covering. Continuing good habits with face coverings will keep you and others safe, even at alert level 1. It helps stop droplets spreading when someone speaks, laughs, coughs or sneezes.

Alert Level 2:   Prepare and Respond

At alert level 2, there is suspected case but no confirmed case in Samoa.

Risk assessment:
- ✓ Limited community transmission could be occurring.
- ✓ Active clusters in more than 1 area
- ✓ Range of measures that can be applied nationally
- ✓ Limited numbers of people in mass gatherings
- ✓ Keep physical distancing of 2 meters from people we do not know when out in public or in shops and keep 1 meter physical distancing in controlled environments like workplaces, schools and churches where practicable.
- ✓ Limited number of people in mass gatherings in any event or function
- ✓ Business will be open according to the opening hours under the proclamation
- ✓ Face coverings required on public transports, aircrafts and public places.

Range of Measures that can be applied:
- ✓ If unwell or sick, stay home. Do not go to school, work or church. Do not socialize
- ✓ If have symptoms of cold or flu, call the Health Emergency Operation Centre (HEOC) call centre to seek medical advice from the doctor.
- ✓ If have been told to self-isolate, you legally must do so immediately. If have been advised to come to the hospital, make sure you wear mask and keep the distance from the driver. Do not use public transport.
- ✓ Self-isolation, quarantine and testing. At Alert Level 2, there may be some situations where you need to self-isolate or go into a quarantine facility.
- ✓ It is very important that we use basic hygiene measures, including washing our hands, coughing or sneezing into our elbow and cleaning surfaces.
- ✓ Keep 1-2 meter distance when in public and in retail stores, like supermarkets and shops and 1 meter in most other places like workplaces, schools, churches, restaurants and gyms.
- ✓ At Alert Level 2, the risk of pandemic being present in the community is higher. Hence it is very important to wear a face coverings/masks on public transport, aircrafts and in public areas
- ✓ Border control measures is activated and strengthened to minimize the risk of importing pandemic cases. Controls at all points of entries remain for those entering Samoa. This includes health screening and testing for all arrivals, and mandatory 14 day managed isolation or quarantine.

Alert Level 3: Respond: Restrict and Lock Down
At Alert Level 3, there is a confirmed case in Samoa.

Risk Assessment:
- ✓ 1 – 2 positive cases confirmed

Range of Measures that can be applied:
- ✓ Restrictions to instruct the public to stay at home
- ✓ Inter-islands travelled lockdown
- ✓ Seal all infected areas
- ✓ All mass gatherings cancelled and all public venues closed
- ✓ Educational facilities closed
- ✓ Workplaces closed except essential services
- ✓ Rationing of supplies and requisitioning of facilities possible
- ✓ Reprioritization of healthcare services and healthcare services consider use virtual, non-contact consultations where possible
- ✓ People at high risk of severe illness, such as older people and those with existing medical conditions are encouraged to stay at home where possible
- ✓ Healthcare workers providing the service and port health staff should not return to their families. They should be quarantined and isolated in a secured place/s.

Border Lockdown:
- ✓ All points of entries closed

NATIONAL EMERGENCY RESPONSE CAPACITY ANALYSIS

The Samoa Disaster Management Act 2007 was enacted by the Parliament to make provision for coordination and implementation of measures to address the effects of disasters. It included the establishment of the National Disaster Council and the Disaster Advisory Committee to assist with policy guidance to work on technical issues.

The government of Samoa at the national, district and community levels faces many challenges including the following:

- ✓ Scarce financial resources for maintenance of existing disaster response structures and to ensure effective emergency response
- ✓ Inadequate Early Warning and Surveillance systems for many disasters including disease outbreaks
- ✓ Inadequate transport and communication facilities impeding dissemination of early warning messages, rapid assessments, verifications and emergency response
- ✓ Inadequate capacity (human, technical, material and financial) for coordination at both national and district levels which negatively impact timely and effective assessment, response and information management during disasters and
- ✓ Inadequate cross border coordination at both national and community level.

The following capacity areas and gaps are being highlighted for effective epidemic and pandemic preparedness and response.

Points of Entry
All main points of entry are attended by port health staff who have already been trained to conduct public health screening services. Close to Faleolo International Airport is the health centre (Faleolo Health Centre) which is assigned as quarantine facility, however the main challenge is the lack of space or holding rooms for suspected cases and office for port health staff.

Infectious Disease Treatment Centres
At the moment, there is no specific centre for infectious disease treatment. Hence, there is a need for the government to consider establishing special infectious disease treatment centres separated from main hospitals, and equip them with standard and advanced medical equipment and kits.

Capacity for Case Management
Health workers in all health facilities were trained on highly infectious disease case management and most of them need to orientate to the specifics of disease/s that is/are outbreak such as respiratory support, IPC precautions and specimen collection.

There is a need to have core teams that are committed and motivated to work in environment of highly infectious diseases. These teams will lead in serving all districts including those without health facilities.

Epidemic/Pandemic Required Materials
Funding is required to procure and distribute PPEs, IPC materials, drugs, supplies and medical equipment for prevention, investigation and management of cases.

Epidemic/Pandemic Surveillance Activities

As part of COVID-19 preparedness at the moment, Samoa has intensified screening and surveillance and Points of Entry where travelers from very high risk areas are identified and monitored for 14 days. There are limited quarantine facilities for these travelers hence; the self-quarantine option in their homes was opted for. However, resources to maintain daily visits to clients and to ensure compliance of IPC and mobility rules for the travelers under surveillance is a challenge.

IMPLEMENTATION, COORDINATION, COMMUNICATION AND MONITORING ARRANGEMENTS

This section provides the summary of how implementation, coordination, communication and monitoring of epidemics/pandemics activities will be carried out.

Implementation Arrangements

The National Disaster Council is the high level coordination structure overseeing cross-government preparedness and response activities of any disease outbreak. The Disaster Advisory Committee consisting senior officials from all government ministries and corporations will provide policy guidance and leadership in implementation of the plan. The Ministry of Natural Resources and Environment through Disaster Management Office is responsible for facilitating resource mobilization, effective and efficient implementation and coordination of epidemic and pandemic preparedness and response needs. The Ministry of Health is the lead technical agency for implementing epidemic and pandemic preparedness and response activities and will provide all the necessary technical support and expertise, supported by other Ministries and agencies through the Disaster Management Office.

Whole-of-Country and Multi-Sectoral Approach to Epidemic and Pandemic Preparedness, Response and Recovery

Responding to a public health emergency such as epidemics and pandemics, cannot be done by the health sector alone. This requires the collaborative efforts by all sectors and the country as a whole. This is why Samoa's health sector has adopted the whole-of-country multi-sectoral approach while developing this plan in order to reflect the contribution and commitment of other sectors and the community in mitigating health risks and avoiding preventable deaths.

Key Focus Areas of Whole-of-Country Multi-Sectoral Approach to Public Health Emergency Preparedness, Response and Recovery

This document takes into account the three main phases of disaster or public health emergency preparedness and response as articulated in the WHO Key Components for Public Health Emergency Response and Preparedness Framework[11], Samoa's National Disaster Risk Management Plan 2017-2020, and the National Health Sector Disaster Risk Management Plan 2017-2020. These include:

Figure 4: Three Phases of Disaster & Public Health Emergency Risk Management

1. **Public health emergency preparedness and prevention** requires planning and intervention activities to prevent, respond to and recover from incidents and emergencies that may put the health of Samoa's population at risk.

3. **Public health emergency recovery** requires whole-of-country approach for collaborative actions to help lead the community down the road to recovery.

2. **Public health emergency response** requires actions by all response agencies at the national, regional and international level to promote health and prevent the widespread of avian/pandemic influenza or any other communicable diseases outbreak and avoid preventable deaths and disabilities.

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[11]WHO. 2019. *Health Emergency and Disaster Risk Management Framework.* Geneva

This approach ensures that all sectors of the Samoan government are involved in implementing public health emergency preparedness, response and recovery activities and services through concerted and collaborative efforts to mitigate the impacts of epidemic and pandemic on the health of Samoa's population.

1. *Public Health Emergency Preparedness and Prevention*

Public Health Emergency Preparedness and Prevention is the responsibility of everyone from the government leaders to the community and individuals. We cannot control the world around us, but we can plan to be ready for when a public health emergency strikes.

The Ministry of Health takes the lead role for any epidemic or pandemic preparedness and prevention programs and services while other relevant government ministries and corporations as well as health stakeholders and partners provide the financial, support services and technical assistance.

This section presents key areas that Samoa's Ministry of Health and the health sector should focus on to improve their preparedness and prevention measures to a possible epidemic, pandemic of any communicable disease outbreak/s.

1.1 Health Sector Preparedness and Planning

1.1.1 *Planning and Coordination*

Multi-Sectoral Public Health Emergency Management Mechanisms

To provide coordinated management of public health emergencies such as epidemics and pandemics, a national public health emergency management mechanisms should be activated with the engagement of national disaster committees and councils, relevant government ministries and state-owned enterprises (SOEs) such as health, education, tourism, public works, environment, social and community, agriculture, transportation, environment and communication.

Table 4 lists each sector of Samoa's government and their involvement in Public Health Emergency Preparedness and Response during an epidemic and pandemic influenza of any communicable disease outbreak/s.

Table 4: Sector of Samoa's Government involved in Epidemic and Pandemic Preparedness and Response and Recovery

GOVERNMENT SECTORS	PUBLIC HEALTH EMERGENCY INVOLVMENT	LEADING AGENCY	SUPPORTING AGENCIES
Health	✓ Lead the health sector's response ✓ Use epidemic and pandemic preparedness activities to strengthen basic and emergency health related capacities such as primary healthcare system, respiratory disease surveillance and laboratory diagnostic capacities ✓ Provide planning and technical inputs for the development of epidemic and pandemic	Ministry of Health	• DMO • MNRE • Private Health Service Providers • MWCSD • Samoa Red Cross Society • Samoa Family Health Association • Samoa Bureau of Statistics • Samoa Medical Association

GOVERNMENT SECTORS	PUBLIC HEALTH EMERGENCY INVOLVMENT	LEADING AGENCY	SUPPORTING AGENCIES
	preparedness and response plans by other sectors ✓ Provide public awareness and education and other communication strategies ✓ Provide advice on reducing risk of infection in essential workers and the population as a whole ✓ Accurate data and information collection and reporting		• Samoa Nurses Association • Samoa General Practitioners Association
Environment	✓ Integrate epidemics/pandemics preparedness into national emergency preparedness plans, frameworks and activities	MNRE/DMO	• All sectors
Water	✓ Ensure availability and sustainable management of safe and quality drinking water supply for all	Samoa Water Authority	• MOH • MNRE
Transportation	✓ Minimize infection risks and staff absences in vital transportation, airports, and seaports, and loading and unloading facilities to enable continued supplies of medicines and food ✓ Ensure mechanisms for communication and education of public transport users are in place for their awareness	Ministry of Works, Transport and Infrastructure	• AA • SPA • SSC • LTA • MoP
Finance	✓ Plan to maintain essential and sufficient fund to support implementation of possible epidemics and pandemics preparedness, response and recovery services ✓ Coordinate the collection, allocation and provision of monitory aid to epidemic/pandemic affected population.	Ministry of Finance	• MfR • CBS • MFAT • SIFA • Development Partners
Education	✓ Surveillance and reduction of epidemics and pandemics risks to students at all educational levels ✓ Raise awareness of mental health to students ✓ Surveillance of absenteeism in schools to be used as proxy indicator of an outbreak in school compounds	Ministry of Education, Sports and Culture	• All schools at all levels; • PSC • MOH

GOVERNMENT SECTORS	PUBLIC HEALTH EMERGENCY INVOLVMENT	LEADING AGENCY	SUPPORTING AGENCIES
	✓ Link school surveillance systems with the Ministry of Health to ensure that school-based interventions including closures are guided by public health principles.		
Communication	✓ Use epidemic and pandemic preparedness activities to actively build communication channels between sectors and communities ✓ Ensure that communication channels remain open at times of epidemics/pandemics or any public health emergency/crisis ✓ Disseminate information on behalf of the government including epidemic and pandemic mental health related information ✓ Public to be well informed and to minimize public panic and uncertainties	Ministry of Communication and Information Technology	• All Media Outlets; • MFAT • MOH • MPMC • EPC
Public Administration	✓ Effectively monitor the public servants performance and ensure their occupational health and safety during epidemics and pandemics ✓ Monitor the development, implementation and update of government ministries and corporation's Business Continuity Plans ✓ Support the Ministry of Health in promoting proper hygiene practices in public workplaces	Public Service Commission	PSC All Government Ministries and Corporations
Agriculture and Fisheries	✓ Surveillance and monitoring of non-seasonal zoonotic viruses and on preparedness, prevention, risk assessment and risk reduction ✓ Monitor bio-security and animal health ✓ Establish appropriate biosecurity arrangements for the agricultural and fisheries sector, and collect and communicate the scientific evidence on safe biosecurity practices as swiftly as possible. ✓ Ensure the safety of animal health personnel during animal	Ministry of Agriculture and Fisheries	MNRE MOH MfR (Customs & Quarantine)

GOVERNMENT SECTORS	PUBLIC HEALTH EMERGENCY INVOLVMENT	LEADING AGENCY	SUPPORTING AGENCIES
	disease epidemics/pandemics through provision of PPEs. ✓ Maintain and monitor food security		
Security	✓ Ensure the safety of the community and the nation ✓ Monitor and assist in maintaining peace and security in affected areas	Ministry of Prime Minister and Cabinet	• FESA • MFAT • MoP • AA • Samoa Shipping Corporation • Samoa Ports Authority • MWCSD
Community	✓ Assist the Ministry of Health with informing the community of epidemics/pandemics risks, prevention and control measures ✓ Monitor and assess the community environment by households ✓ Assist the Ministry of Health in tracing contacts of a suspected community case/s ✓ Ministry of Health to collaboratively work with community leaders to disseminate information including information on mental health	Ministry of Women, Community and Social Development	• MOH • MNRE • SWA • SBS • Samoa Red Cross Society
Tourism	✓ Work in collaboration with the Ministry of Health in implementing health education and awareness programs as well as building the capacity of the staff and tourists on preventative measures and infection control as their commitment to pandemic and epidemic response. ✓ Develop or modify tourism business continuity plans specifically tailored to epidemics and pandemics	Samoa Tourism Authority	• Samoa Hotels Association • Tourist Operators • Chamber of Commerce • MOH

National Command Structure for Public Health Emergency Response

All part of the health system have a role in preparing for, and responding to an epidemic or pandemic. The impact of an epidemic/panedmic will reach beyond the health sector and be experienced by all parts of the society. Therefore, the community and other sectors should be involved in pandemic planning. Clearly defined roles and responsbilities, and clear lines of communication are essential so that both planning and response activities are coordinated.

This section outlines the roles and responsibilities of all partners and stakeholders who work alongside with the Ministry of Health in providing services for three phases of public health emergency i.e. preparedness, response and recovery.

At the national level, the government has already made institutional arrangements for Samoa at all levels to follow through in the event of a disaster including public health emergencies preparedness and response. This is shown in Figure 5 below.

Figure 5: Institutional Arrangements for Disaster Risk Management in Samoa
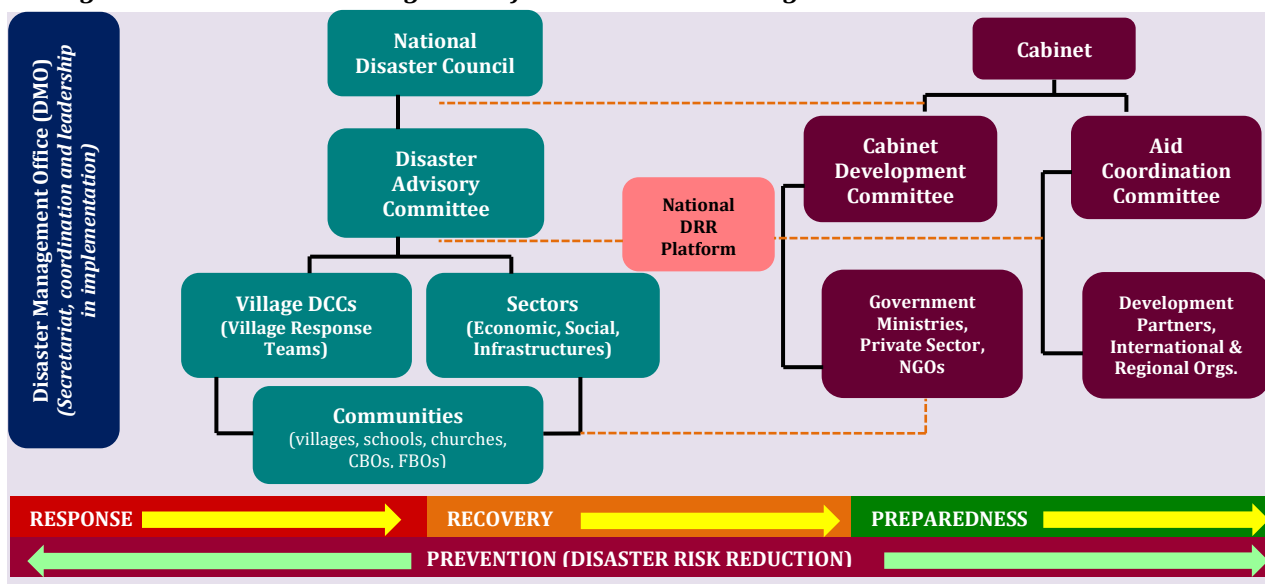
Source: Samoa National Disaster Risk Management Plan 2017 - 2020

This core structure of the Disaster Risk Management in Samoa depends on the Disaster Management Office and Disaster Advisory Council initiating the focal point for coordination and implementation of all three phases of disaster risk management which are (i) risk reduction; (ii) preparedness; and (iii) response and recovery.

The Table 5 below provides the summary of roles and responsibilities played by each national response agency and committees as depicted in Figure 5 above during disasters and emergencies.

Table 5: Roles and Responsibilities of the National Disaster Risk Management Response Agencies

RESPONSE AGENCIES/COMMITTEES	ROLES AND RESPONSIBILITIES
National Disaster Council (NDC)	✓ Provider overall control of the disaster situation. ✓ Provide strategic direction and decision-making as required. ✓ Provide advice to the Head of State for a proclamation of an emergency ✓ The chair of this council has the authority to declare a disaster
Disaster Advisory Committee (DAC)	✓ Provide advice to the National Disaster Council ✓ Implementation decisions and directions of the National Disaster Council ✓ Develop policies and plans including the National Disaster Risk Management Plan for approval of the National Disaster Council and the Cabinet. ✓ Responsible for execution of their roles and responsibilities under the Disaster Risk Management Framework including provision of resources to support the implementation of the National Disaster Risk Management Plan.
Disaster Management Office (DMO)	✓ Undertakes the service delivery role for the national risk disaster management

RESPONSE AGENCIES/COMMITTEES	ROLES AND RESPONSIBILITIES
	✓ Leadership for and relationship building across all sectors, and from a national level to local level
	✓ Ensure the going coordination, development and implementation of the Disaster Risk Management programs and activities
	✓ Responsible for administrative, secretarial and other arrangements for the efficient functioning of the NDC and DAC.
	✓ Oversee all administration and activities of the DAC and NDC.
Sectors	Sectors involved in any Epidemic and Pandemic or any Public Health Emergency include: Health, Education, Finance, Public Administration, Agriculture and Fisheries, Environment, Water, Transport, Communication, Tourism and Community. Their overall responsibilities are to: ✓ Mainstream disaster risk management into their disaster and emergency risk management plans ✓ Serves as channels of communication and information to NDC and DAC
Communities	✓ Coordinate disaster mitigation and preparedness programs and activities at the community level ✓ Coordinate various village response teams for specific threats ✓ Work in close collaboration with the Ministry of Women, Community and Social Development and Disaster Management Office (CDCRM & Community Section) to provide information to DAC of the level of village preparedness

Command Structure for the Health Sector during Epidemics and Pandemics:

In the event of an epidemic or pandemic, the Ministry of Health as the leading agency for Samoa's health sector is tasked to lead and facilitate the coordination of planning, preparation and response before, during and after an epidemic or pandemic through multi-sectoral approach. This requires the Ministry to work closely with relevant partners from the community and government agencies under the Health Ordinance 1959 and Disaster Management Act 2007, regional and international agencies under the International Health Regulations 2005.

Figure 7 illustrates the coordination and collaboration role of the Ministry of Health to accelerate Samoa's health sector epidemic and pandemic planning process.

Figure 7: Samoa's Epidemic and Pandemic Planning Process for Health Sector
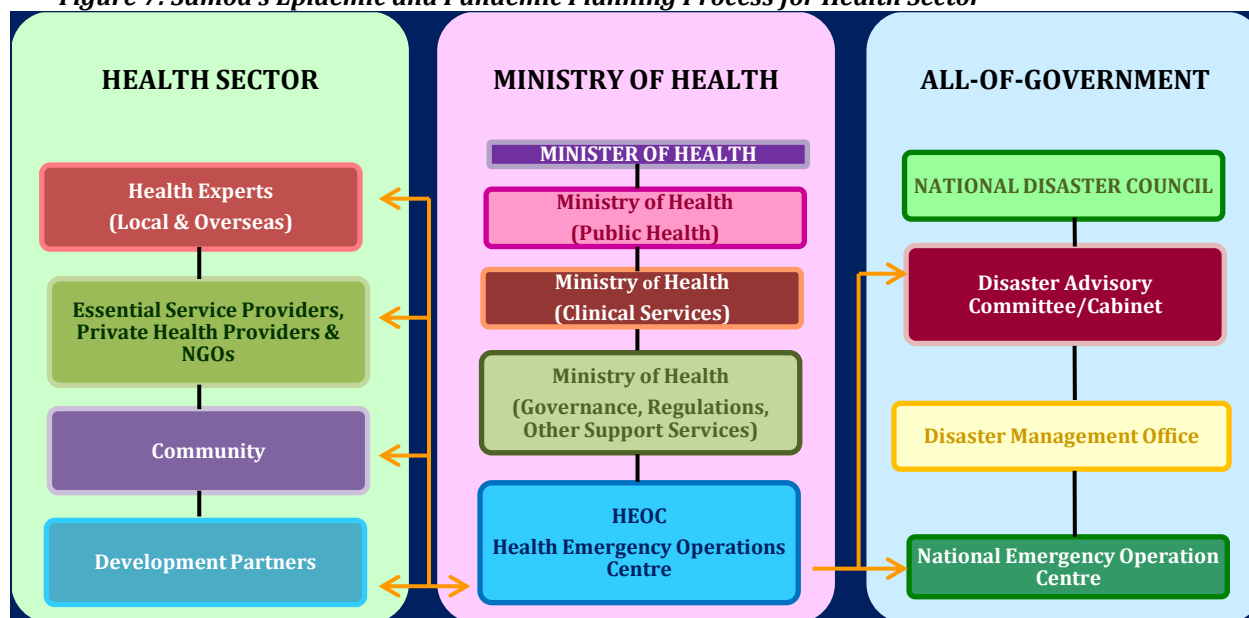
Ministry of Health

The mandated responsibilties of the Ministry of Health under the Ammended Ministry of Health Act 2019, the Health Ordinance 1959 and International Health Regulations 2005 for epidemic/pandemic planning and response are to:

✓ Provide guidance to the health sector during epidemic/pandemic or public health emergency;
✓ Provide guidelines and direction to public health department/teams to ensure consistent panning and response operations across the province by the health sector;
✓ Initiate, activate and escalate a national health emergency response through the Health Emergency Operations Centre (HEOC) and as required, the National Emergency Operations Centre (NEOC);
✓ Ensure efficient staff both clinical and non-clinical staff are trained and exercised to support the Health Emergency Operations Centre at short notice, and maintain a knowledge base on pandemic planning, response and recovery, including effects on mental health and basic psychological skills;
✓ Liaise with the World Health Organization Apia Country Office and other international bodies responsible for providing technical advices and provide recommendations to the National Disaster Council, Disaster Advisory Committee and National Emergency Operations Centre;
✓ Maintain national surveillance activities and report diseases or syndromes of public health importance with potential to cause disease outbreaks and clusters of influenza-like illness (ILI);
✓ Undertake tasks most effectively done at the national and community levels such as bulk medical equipment purchasing, stockpiling and distribution of antiviral medications and vaccines and the distribution of medical supplies when available;
✓ Procure and distribute diagnostic reagents and technical information to recommended international public health laboratories for testing;
✓ Support special studies to enhance the capability of health service providers to manage a pandemic
✓ Coordinate public health education campaigns and
✓ Develop Public Health Communication Strategies.

Health Emergency Operating Centre (HEOC)

The HEOC is established to provide expert clinical, epidemological, infection control and ethical advice to inform the Ministry of Health pandemic response planning. This is chaired by the Director General of Health and they are responsible to inform the Ministry on communications, key messages, public health interventions and a range of associated issues. It is convened to provide technical advices to the Minister of Health, the Prime Minister as the Chair of the National Disaster Council, the Cabinet and the National Emergency Operation Centre.

Ministry of Health Public Health Department

The Ministry of Health Public Health Department which is headed by the Deputy Director General for Public Health is responsible for coordinating epidemic/pandemic planning for Samoa's health sector with direction from the government of Samoa through the Ministry of Health as the lead agency for Samoa's health sector. Planning involves liaising and coordinating in advance of a public health emergency with health sector partners/stakeholders such as relevant government ministries and corporations, health NGOs, health professionals from both the public and the private sector and the community.

During an epidemic/pandemic, the Director General of Health will be an important member of the Health Emergency Operation Center, which will direct the epidemic/pandemic response in Samoa

through the National Emergency Operation Centre. The Deputy Director General for Public Health and the Public Health Department is responsible to provide leadership and guidance to the health sector through the Health Emergency Operations Centre.

The specific roles and responsibilities for Public Health in an epidemic/pandemic include:
- ✓ Coordinating the Health Emergency Operations Centres
- ✓ Strengthen and enforce port health services
- ✓ Maintain an epidemic/pandemic surveillance system
- ✓ Coordinate mass immunization clinics/program
- ✓ Coordinate the distribution of vaccines and antiviral drugs as assigned by the Ministry of health
- ✓ Implement public health measures
- ✓ Provide public health information
- ✓ Communicate with health sector partners including the community
- ✓ Assess the capacity of local health services
- ✓ Liaise with the National Emergency Operations Centre and other national emergency response agencies/partners.

Healthcare Service Providers (Clinical Services)

The role of healthcare service providers in an epidemic/pandemic is to provide care for those who are affected by the disease outbreak while continuing to deal with affected patients with life threatening conditions. It is understandable that the healthcare system will be under great stress to meet the demands put on it, and this situation will continue over many weeks. While this National Epidemic and Pandemic Preparedness and Response Plan provides the overall vision and direction for the health sector's response, it is expected that each healthcare service provider both in the public and private will have its own epidemic and pandemic plan or annex to a general emergency response plan in order to function at maximum capacity during the pandemic.

Essential Emergency Service Providers

The provision of essential emergency services during an epidemic or pandemic influenza is the core responsibilities of the Ministry of Health in collaboration with the Ministry of Police, Fire Emergency Services Authority, Ministry of Natural Resources and Environment, Samoa Water Authority, Samoa Airport Authority, Samoa Ports Authority and Electoral Power Corporation.

Rapid Public Health Emergency Response Team

To ensure early detection, control and containment of the disease, the Rapid Public Health Emergency Response Teams should be formed at the national and district levels.

The National Rapid Public Health Emergency Response Team is composed of relevant officials and experts from the Ministry of Health and other government response agencies such as Disaster Management Office, Airport Authority, Samoa Port Authority, Ministry of Police, and Fire Emergency Services Authority to provide technical emergency backup services as and when required.

The District Rapid Public Health Emergency Response Teams are established to provide technical emergency backup services to district and rural health facilities during epidemics/pandemics or disease outbreaks.

During the initial phase of the disease outbreak, the Ministry of Health Public Health Team will be deployed to the ports of entry for initial investigation, assessment and verification based on the information collected from the suspected area/cases and the National Rapid Public Health Emergency Response Team will be mobilized for additional support for the control and containment of the epidemic/pandemic or disease outbreak.

The proposed Rapid Public Health Emergency Response Team members consist of the following experts:

- ✓ Epidemiologist or Public Health Physician
- ✓ Chief Medical Officer at the Main Hospital
- ✓ Chief Nurse of the Main Hospital
- ✓ Mental Health Expert
- ✓ Private General Practitioner
- ✓ Laboratory technician
- ✓ Principal Port Health Officer
- ✓ Risk Communication Specialist
- ✓ Logistics and Coordination Officer and
- ✓ Representative from the Ministry of Police and
- ✓ Representative from FESA

Risk and Capacity Assessment:

The assessment of the severity and risks of epidemics and pandemics is very important to inform decisions made about response strategies, public health interventions and patient treatment. Hence, once a human-to-human transmission of influenza virus is confirmed, ongoing assessments should be conducted to monitor the severity of the epidemic/pandemic and the public health risks that poses to the public and the communities in order to minimize the preventable morbidities and mortalities.

In order to determine the level of risks, the World Health Organization provides guiding tools to assist Samoa with leveling and characterizing epidemics and pandemics risks. These include:

Figure 5: WHO Criteria to determine the level of Epidemics and Pandemics Risks

1. Hazard/s
- Identify the hazard/s that could be causing the epidemics/pandemics and its potential impacts
- Rank potential hazards when one or more is considered a possible cause

2. Exposure of Individuals and Populations
- Numbers of people known or likely to have been exposed
- Number of groups of people who are likely to be susceptible
- Extent/intensity of exposure and geographical distribution

3. Context
- Evaluation of the environment /location in which epidemics and pandemics occur in terms of: health impact, number of cases, number of deaths, number of hospitalizations and case fatality ratios
- Examine the vulnerability of exposed population, capacity of response agencies to address and respond to the risks and impact on the healthcare system

Source: WHO (2017)

The conducting of this initial risk assessment should be done by the National Disease Surveillance and International Health Regulations Team.

Risk Communication and Community Engagement
It is very critical to communicate and inform the public of what is known about the disease/s that is/are epidemic and pandemic, what is unknown, what is being done, and actions that needs to be taken on a regular basis. Preparedness activities should be conducted in collaboration with relevant sectors such as community, transportation, tourism, agriculture, environment, water and communication and should be delivered through community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors and misinformation.

Any changes made in preparedness interventions should be announced and explain ahead of time, and be developed based on community perspectives.

Case Management
All health facilities should prepare for large increases in the number of suspected/confirmed cases and the staff should be familiar with the suspected cases definition and have the ability to deliver the appropriate care pathway.

Patients with or at risk of severe illness should be given priority over mild cases. A high volume of cases will put staff, facilities and supplies under pressure. Hence, epidemic/pandemic clinical guidelines should be made available on how to manage mild cases in self-isolation, when appropriate. Plans to provide business continuity and provision of other essential healthcare services should be reviewed and special considerations and programs should be continually implemented for most at-risk groups such as elderlies, patients with chronic conditions, pregnant women and young children.

The implementation of case management is clearly explained in the Standard Operating Procedures for Epidemic/Pandemic Case Management.

Continuity of Operations
The goal of continuity of operations planning for the health sector is to ensure that all partners and stakeholders of health are able to maintain, at a minimum, its critical program areas and key deliverables before, during and after a public health emergency.

Continuity of operations planning uses a risk management approach to ensure critical functions and services, by identifying and assessing the following:

- ✓ Threats and hazards and the risk and probability of occurrence
- ✓ Impact and consequence of emergencies and other critical incidents and
- ✓ Criticality of program areas and services

This section will provide basic information to assist Samoa's health sector in developing and maintaining a continuity of operations program. Specifically, it will address the following components of continuity of operations:

Operational Support and Logistics
Logistical arrangements to support incident management and operations should be reviewed. Expedited procedures are required in key areas such as:

Procurement of Essential Equipment and Supplies
The Ministry of Health and the health sector will require large quantities of equipment and supplies to provide preparedness, response and recovery services to protect the people of Samoa and health care workers during an epidemic/pandemic influenza.

It is anticipated that supplies, equipment, and medications will be in high demand, and that breakdowns in the supply chain may occur due to a lack of raw materials, personnel or border closures.

Some areas of healthcare services will require specific, or specialized, equipment and supplies. For example, the public health laboratories may have requirements for reagents and disposables. It is recommended to calculate in advance the stockpile requirements for specialized equipment. Please note that these lists are not inclusive; for example, medications and antibiotics are not addressed.

Therefore, the Ministry of Health in collaboration with other relevant government ministries should develop a/an:

(i)   epidemic/pandemic procurement strategy that includes a stockpile of personnel protective equipment and medical supplies
(ii)   effective system for purchasing, storing and distributing equipment and supplies and
(iii)   process to manage perishable supplies

Planning for Generic Supplies
The Ministry of Health should develop preliminary templates to assist agencies in estimating their generic equipment and supply stockpile requirements. Preliminary templates will assist agencies in identifying stockpile needs for PPE, diagnostic equipment, and supplies for direct patient care supplies.

Separate templates should be provided for hospitals, community healthcare, and emergency services. Each sector is fully responsible for the procurement of their own PPEs, essential/special equipment and generic supplies required for implementation of their responsibilities before, during and after epidemics and pandemics.

Workforce and Human Resources
It is essential that all health workers should be trained on epidemic/pandemic prevention, control, rapid response, investigation and containment, clinical management and infection control, and also on different laboratory aspects like biosafety and safe handling of specimen: collection, storage and transportation.

They should also be well trained on proper use of PPEs and infection control. The laboratory staffs should be regularly trained on sample collection, storage, transportation and other diagnostic tests including rapid tests.

The hospital supporting staff such as cleaners, drivers, porters, securities and others should also be given regular trainings at least on a yearly basis on basic infection control, PPE use, disinfection and decontamination, handling of sick person and dead bodies. They should also be trained on proper waste disposal especially the used PPEs.

There will be a possibility for increased of health workers who may be absent from work either due to illness or care-giving responsibilities at home at the peak of the epidemic/pandemic in the absence of

vaccines or antivirals. Hence, it is very important for the Ministry of Health and the health sector to utilize a competency-based approach to human resource planning, and urges all parts of Samoa's healthcare system to work together including private health service providers to plan a coordinated and comprehensive approach to optimize the workforce during an epidemics and pandemics.

Overall, it is very prudent to train all categories of health workers at all levels so that they will have knowledge and skills to respond when the Ministry of Health requires mobilizing them from one facility to another and from one areas of work to another during epidemic/pandemic influenzas.

While we are working on our preparations and response for COVID-19 at the moment, we need to consider the following too:

- ✓ prepare for providing remote support through training in remote working, telehealth and or tele-consultations
- ✓ all responders should be trained in recognizing and providing basic psychological support, and know where to refer to in case of protection needs for instance gender-based violence and child protection services.

It is also very crucial to look after the staff wellbeing to reduce stress and risk of burnout. This can be done through supervision, setting up peer support networks and ensuring access to confidential, mental health support with clear referral routes for all staff e.g. staff counseling services.

Utilization of Volunteers and Private Health Service Providers

As experienced during the measles epidemic in 2019, international and local health volunteers played essential roles in public health emergency response by filling in service gaps. To further improve the utilization of volunteers before, during and after an epidemic/pandemic, the Ministry of Health should look beyond the traditional workforce and utilize qualified volunteers and private health service providers.

It is very important to:
(i)   engage and integrate private health service providers and local volunteers early in the planning process i.e. before an epidemic/pandemic influenza occurs.
(ii) develop effective working relationships and partnership with local and overseas volunteers and
(iii) develop effective communication among them, government ministries, the community and other stakeholders to enhance planning capabilities.

In addition, volunteers should be trained in recognizing and providing basic psychosocial support, and know where to refer to in case of protection needs. Similar to the caring of the mental health of health staff, volunteers and private health service providers should also be well taken care through supervision, peer support networks and ensuring access to mental health support.

The effective utilization of volunteers and private health service providers requires advance planning, which includes identification of appropriate roles for volunteers and private health service providers; development of volunteers' temporary job descriptions and terms of references for private health service providers; volunteer recruitment and screening strategy including reference check, registration and other screening tools as appropriate.

Occupational Health and Safety

While planning for preparedness, response and recovery interventions of an epidemic/pandemic, it is very important for all agencies involved to develop guidelines to ensure health and safety of the staff during pandemic emergencies.

Referral System Strengthening

Delays in access to clinical assessment, diagnostic testing and subsequent medical treatment or procedural intervention during epidemics and pandemics definitely will adversely impact patience. Hence, it is very important to plan and set up referral mechanisms for those who need to access essential services during epidemics and pandemics either via tele-health hotlines, referrals between services, or referrals for testing, with a focus on how to manage acute and emergency presentations such as suicide and protection concern.

1.1.2 National Implementation of the International Health Regulations 2005

The Public Health Emergency management is the Ministry of Health's mandated core function under the Health Ordinance 1959. The implementation of this national public health legislation and emergency plans must take into account the health international obligations for the management of public health emergencies as articulated in the International Health Regulations 2005 with a focus to prevent and manage the public health risks arising from the international spread of diseases, while avoiding "unnecessary interference with international traffic and trade"[12].

The important obligations of Samoa to the International Health Regulations 2005 include:

✓ Establishing a National International Health Regulations Focal Point to be in contact with WHO all times for public health events update.
✓ Develop and maintain the capacity of Samoa's health system to assess health risks and notify WHO of any public health event that may constitute a public health emergency of international concern using the set notification procedures as shown in Annex 1 and Annex 2 to guide decision making.
✓ Strengthen and maintain the surveillance systems and response capabilities at the national level and at the designated airports, ports and ground crossings[13].

1.1.3 Travel Restrictions

Travel restrictions are one of the strategies that can be used by vulnerable countries with limited resources and capacity such as Samoa to delay the spread of epidemic/pandemic virus/es during the early stages of an epidemic/pandemic. The effectiveness of this approach include the reduction of virus transmission, narrowing the geographical widespread of the virus and minimize the risks of widespread increases of mortality and morbidity.

Some key areas to focus on while developing travel restrictions include:
✓ How to make travel restrictions more effective in decelerating the epidemic/pandemic spread
✓ What are social and economic impacts of implementing restrictions
✓ Who are the relevant government response agencies and stakeholders to be accountable and responsible in enforcing travel restrictions and

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[12]WHO. 2005. *International Health Regulations 2005.* Geneva
[13]ibid

✓ Ensure timely communication with the public, transport sector and international partners such as IATA, neighboring countries of any travel restriction.

1.1.4 Conducting Drill and Simulation Exercises

It is very important to conduct trainings and drill exercises to enhance competencies in public health emergency management for both the agencies involved and the community. It also helps to test the effectiveness and capacity of response agencies epidemic and pandemic preparedness and response plans and to identify gaps to fine-tune procedures and policies.

Training
The key areas that need to be addressed during trainings include:
(i)   principles of emergency management
(ii)   four pillars of emergency management i.e. mitigation, preparedness, response and recovery
(iii)   public health emergency operations
(iv)   roles and responsibilities of response agencies and individuals involved during epidemic/pandemic
(v)   personal protective equipment and infection control practices and
(vi)   emergency communications and notification procedures.

Drill Exercises
The Ministry of Health as the leading response agency during any public health emergency or epidemic/pandemic should work closely with other response agencies to conduct drill exercises on a regular basis to test and evaluate personnel training, response time, inter-agency cooperation, equipment and resources, workforce capabilities and policies and procedures in place. The drill exercises should take place after public health emergency response agencies or personnel are trained and can be announced in advance or spontaneous.

1.1.5 Border Control Measures

The Port Health in the context of an epidemic/pandemic acts as the main arm of prevention for the country. The primary function of Port Health is to enforce the articles of the national Health Ordinance 1959 and the International Health Regulations 2005. With these powers, port health can deliver interventions of quarantine, port screening and border control. Additionally, Port Health teams (clinicians and public health teams) will be conducting thorough screenings of all vessels at all ports of entry and incoming flights at Faleolo International Airport[14]. The Points of Entries public health screening processes is illustrated in Annex 3.

If anyone is suspected of having epidemic and pandemic virus depending on the circumstances some or all of the people on the flight or vessel might need to be quarantined, possibly on a home basis or at a location that is set up by the Airport Authority or the Ministry of Health. It is understood that isolation and quarantine measures in general may only be most effective during the early phases of the pandemic when there are small clusters, and limited spread from region to another. However, during the pandemic period, the magnitude of those to be quarantined and isolated may involve a whole village or a large area.

Another possible (though extreme) public health intervention is closing the border, and particularly stopping people arriving by planes or boats/yachts. There is a need to consider

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[14]WHO. 2005. *International Health Regulations 2005.* Geneva

these carefully in terms of when to execute such decision, and how long to close it for. In relation to this, there is the question of whether Samoa is prepared to be self-sufficient and for how long will that be sustained. If such decision is taken (and taken early enough) it does give Samoa the opportunity to stop a pandemic entering the country.

In order of decreasing effectiveness there are four air border management options:

- Full Closure of Air Border or Sea Border
- Closure of Air Border or Sea Border to passengers originating from or transiting to affected countries/areas
- On arrival flight screening and quarantine – note any symptomatic passenger would require the whole flight to be quarantined
- No action

The strict air management is important due to the quick travel time and the possibility of asymptomatic passengers. The sea border can be effectively managed via the application of Pratique. If a vessel declares sickness then passengers may remain in quarantine or isolation aboard that vessel. The much longer travel time means that ill passengers are likely to be symptomatic and identifiable. Where individuals are placed in quarantine they will need to be monitored on a daily basis and those displaying symptoms should be placed in a separate isolation facility.

Border measures either travel restrictions, or quarantine and isolation can theoretically delay the peak of the epidemic/pandemic curve, but in most simulations, only by a maximum of a few weeks.

The objective of controlling transmission by delaying introduction, delaying the peak incidence, reducing the peak incidence or increasing the time course of an epidemic are not feasible using currently available methods. Considering this evidence, using border control measures to achieve such an objective should not be attempted.

1.1.5.1 Communication Measures

Communication with all potential stakeholders is crucial to a successful border response to epidemic/pandemic influenza both in the very early stages to limit its importation and communicate influenza messages to all arrivals and at later stages to advise passengers with symptoms about relevant containment measures and where to obtain clinical care.

Communications should include all transport and ground staff, and other airport and ship personnel. Along with communication, effective strategies to inform and educate the community, decision makers and health workers are essential to increase engagement and improve preparedness.

a. *Inflight announcements/onboard announcements (ships)*
By providing information on the symptoms and the modes of disease transmission, inflight and onboard announcements aim to increase awareness of the symptoms of influenza, as well as options for screening and access to clinical care. This measure encourages and legitimizes self-reporting of symptoms by travelers, thereby reducing the time from onset of symptoms until isolation.

Inflight and onboard announcements are much less resource intensive than entry and exit screening, although if they are used as part of entry screening, border nurses and port health officers would still be required to follow up incoming passengers who report having symptoms.

b. *Distribution of Communication Materials*
   The resources required for providing information to passengers will depend on the mode used. More effective communication is likely to be more resource intensive, as effective communication requires multiple modes of communication and messages tailored for the audience.

c. *Information for Border Staff*
   Providing information to staff is also vital. Ensuring that they receive adequate information about the risks associated with contact with infected passengers and other staff, and about measures they can take to help protect themselves, is likely to reduce transmission among this high-risk group, and from them to others. However, as information alone does not necessarily result in behavior change, individuals also need to be provided with both education and the means to prevent infection (such as personal protective equipment).

1.1.5.2 Identification Measures

Border measures for epidemic/pandemic must be implemented very early in the disease outbreak, when a new strain is identified in a country other than Australia. This usually occurs in World Health Organization (WHO) phase 4 when there is sustained human-to-human transmission.

However, if WHO phase 4 is missed, or is too short to be recognized, the identification and characterization of the new strain is only possible during WHO phases 5 or 6. Any delay in recognizing the potential for an epidemic/pandemic results in delays in developing effective methods to prevent or reduce further spread.

Although an early and effective detection strategy cannot prevent the entry of infected individuals, it constitutes an important basis for the implementation of an effective intervention. In fact, the effectiveness of the intervention strategies depends on how well and promptly the cases are identified.

1.1.5.3 Entry Screening

Exit and entry screening are a combination of two or more public health measures that aim to detect infected passengers arriving from or departing to affected areas.

Although entry and exit screening are similar, exit screening has a higher reported effectiveness, which seems to be related to the reduced numbers of infected passengers on board the aircraft and consequent decreased transmission.

The value of entry screening is questionable since, at best; modeling suggests that it can only delay local epidemics/pandemics for a short period of time. It is also resource intensive, and both evaluations and modeling studies have concluded that entry screening is not particularly effective in preventing the introduction of epidemic or pandemic into a country. However, despite the ineffectiveness of entry

screening, it may be useful in providing valuable information for increasing the traceability of cases with travel history, but only for those cases identified through screening.

1.1.5.4 Passenger locator documents

Health declaration and locator cards for passengers and crew arriving at or departing from affected areas may contain questions about the presence of influenza-like symptoms (e.g. runny nose, blocked nose, sore throat, cough), the use of any medications that might influence the presence of symptoms, previous contacts with ill people, aircraft seat, and previous vaccination and travel history.

What is actually asked on the cards varies by jurisdiction (e.g. Samoa Immigration cards do not ask about vaccination and medications), and some countries include personal details for contact tracing. Detection of viruses through this measure heavily relies on the veracity of the answers provided and the willingness of people to respond to follow-up. The provision of passenger locator cards is not resource intensive, and customs or port health staff can screen the cards.

However, if potential cases are to be identified and managed at the border, border nurses and port health officers are required to assess any incoming passengers who identify as having symptoms that are consistent with virus/es.

1.1.5.5 Thermal Scanners

Thermal scanners can be used at the border to identify febrile passengers who may be infected with influenza. Scanners are appealing because they are quick and easy to implement, have limited impact on passenger transit time (compared with the use of traditional thermometers), and minimize the risk of transmission between staff and passengers,[26] while not violating any rules of the International Health Regulations relating to restrictions to traffic and trade.

1.1.5.6 Border Nurses

It is important that travelers have access to health care in case of infection with epidemic/pandemic influenza. The presence of skilled healthcare workers, such as border nurses, at exit and entry points can provide information and support for incoming passengers with symptoms. They are essential for entry screening processes, as the screening method alone cannot identify cases.

Border nurses are required to interview possible cases, collect samples and arrange testing, perform clinical examination (such as assessing body temperature), provide antiviral treatment, and arrange for the management of probable cases. However, their effectiveness is linked to the effectiveness of entry screening: if the methods are not effective in detecting possible cases, border nurses will not have a significant impact on preventing further transmission from imported cases.

The provision of border nurses is highly resource intensive, with two or three shifts required at airports, supported by the port health staff and resources to recruit and train them. Ideally during pandemics, border nurses should be in place as soon as possible after the detection of a new strain of influenza overseas (i.e. during the WHO pandemic phase 4).

1.1.5.7 Screening of passengers on cruise ships prior to disembarkation

Both historical and modeling evidence suggest that maritime quarantining was successfully implemented in past epidemics because of its greater practicality and acceptability; however, this may not be the case anymore. Cruise ships involve close interactions between large groups of people in enclosed environments, and respiratory diseases are common and can spread rapidly in these environments. Disease surveillance is usually performed on board by designated crew.

Public health measures used on cruise ships include isolation of cases, training, advising, cleaning, education about respiratory etiquette and surface disinfection. In the case of suspected cases of quarantinable diseases on board ships, authorities are required to collect samples for diagnosis and report cases so that appropriate measures can be applied on disembarkation.

Overall, cruise ships are more important as incubators of disease than as sources of new influenza strains, given the relatively small numbers of incoming passengers via this route. In fact, due to the more important role of air traffic in spreading the virus, the implementation of control measures at shipping ports seems to be of low value for global disease control. Furthermore, inconsistency of public health measures implemented within and between countries decreases the effectiveness of the control efforts, given that cruise ships visit ports in many different countries.

1.1.6 Quarantine and Isolation

1.1.6.1 Quarantine and Isolation of Inbound Travelers and Crews

Quarantine health services are a part of a comprehensive system that serves to limit the potential introduction and spread of contagious diseases in Samoa. Quarantine health services at Faleolo International Airport and wharves are provided in collaboration between the Ministry of Health, Airport Authority, Ministry of the Prime Minister and Cabinet, Samoa Ports Authority and the Ministry of Police. During routine operations, port health staff evaluate international travelers entering Samoa and determine what measures should be taken to minimize the spread of epidemics/pandemics or any infectious diseases outbreaks.

Before the global pandemics enters the country, the port health staff of the Ministry of Health in collaboration with the clinical staff will actively screen all inbound passengers arriving into Samoa from affected areas for symptoms AND exposures consistent with potential pandemic influenza as well as providing health education and other resources. They also have the powers to quarantine asymptomatic inbound passengers who have spent time or at least 14 days prior to arrival in a country with active transmission of suspected epidemic or pandemic influenza[15]. The Port Health Screening Process is illustrated in Annex 3 of this document.

The Ministry of Health through the work of its port health staff have the legal authority under the Health Ordinance 1959 and International Health Regulations 2005 to detain any person who may have suspected or confirmed infection with epidemic and pandemic influenza.

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[15] Department of Health. 1959. *Health Ordinance 1959. Apia*

The Faleolo District Health Centre will be converted into a 24/7 quarantine facility for persons under investigation, suspected and confirmed cases of epidemic and pandemic influenza due to its proximity to the main port of entry (Faleolo International Airport).

Facility managers will make plans to annex the adjacent primary school in the event of overflow of cases beyond the bed capacity. The school will be refurbished to accommodate 100 patients in this case. Faleolo District Health Centre will be the main site to handle cases detected at the Faleolo port of entry.

1.1.6.2 Quarantine and Isolation of Suspected and Confirmed Cases in Health Facilities

For all other healthcare facilities, cases presenting must be allocated to isolation wards or ICU's (if warranted) within each facility with a transfer plan to the Main Hospitals (TTM and MT2) based on the facility capacity and level of care needed for cases.

1.1.6.3 Self Quarantine and Home Isolations

Isolation and care at home for patients should be determined by medical providers on a case by case basis and considering the facility capacity or need to transfer.

1.1.6.4 Quarantine and Isolation of Front Liners and Health Workers

While the priority is given to control the spread of disease through transmission from inbound travelers and crews, the safety and health of front liners and health workers and their families during the epidemic and pandemic is very crucial. Hence it is very important for the government through the Ministry of Health to assign a secured quarantine and isolation sites for the front liners and health workers to stay for at least 14 days while they provide the services for health of our people and those who infected from the virus or admitted due to the outbreak/s.

This will protect the rapid spread of the disease and virus transmission to their families and relatives.

Smaller capacity quarantine units will be established at all ports of entry for port health officers while the government and the Ministry of Health should consider quarantining the staff at TTM Hospital to nearby government premises. For rural health facilities in both Savaii and Upolu and MTII Hospital in Savaii, small capacity quarantine units should be established for the staff.

Routine mental health screening for people in quarantine and isolation sites should be set up, in particular for those in vulnerable situations such as those with pre-existing mental health conditions, women and children. It is very important to safely follow-up and refer those with mental health needs.

1.1.7 Risk Communication and Health Promotion

Good communication is very important before and during an epidemic/pandemic to provide and exchange relevant information with the government, partners, stakeholders and the public to allow them to make well informed decisions and take appropriate actions for health and safety. Effective communication about the risks related to epidemic or pandemic influenza is critical at every stage of preparedness and response and is a fundamental part of effective risk management.

A national public health emergency communication strategy detailing the communication actions and standard operating procedures should be developed for effective communication about risk related to influenza pandemics.

The key aspects that need to be reflected in the National Public Health Emergency Communication Strategy include:

a. Establishment of Public Health Emergency Communication Team (PHECT);
b. Standard Operating Procedure for dissemination of information and communication essentials;
c. Advocacy and awareness program for high level officials and government leaders regarding global and national pandemic influenza risks;
d. Development of effective communication strategies and messages to inform, educate, and communicate with individuals and families;
e. Initiation of public health education campaigns in coordination with other partners and stakeholders on individual level infection control measures;
f. Increase public awareness of prevention and control measures to reduce the spread of epidemic/pandemic influenza; and
g. Increase public awareness of when and how to access mental health and psychosocial support, including mental health and protection services.

Effective, clear, and timely communication is a critical component of public health emergency management. Open communication with the community and key stakeholders and partners is essential to secure support and co-operation, build confidence, and dispel rumors and misinformation.

<u>**Communication at the national level**</u>
At the time of a pandemic, if a public health emergency or pandemic is declared, the Disaster Advisory Committee will take charge of all aspects of the emergency. This provides the government, through the Ministry of Prime Minister and Cabinet in collaboration with the Ministry of Communication and Information Technology the overall responsibility for pandemic communications at the national and international levels.

To ensure consistency and accuracy of messages, communication to all target audiences will be controlled and monitored. The Hon. Prime Minister as the Chair of the National Disaster Council is designated to be the national spokesperson for the government.

When communicable disease outbreaks occur in non-pandemic situations, the Ministry of Health's Public Health Department is responsible for communications to the general public, health professionals and other stakeholders and the media.

In these situations, the Ministry of Health or designate is the usual spokesperson. It is anticipated that the Public Health Department will continue to have overall responsibility for public, media, and key stakeholder communication during epidemics and pandemics.

<u>**Communication at the sectoral level**</u>
At the sectoral level, the Ministry of Health will be the key spokesperson during all phases of pandemic influenza and they will prepare the health messages and content for public

communications and continue to serve as the main conduit of epidemic/pandemic information to the health sector.

The Public Health Department of the Ministry of Health had developed the Public Health Risk Communication Strategy that guides the implementation of communications before, during and after epidemics and pandemics.

Communication at the community level
At the community level, the Ministry of Health in collaboration with the Ministry of Women, Community and Social Development and the Ministry of Education, Sports and Culture are responsible for delivering public health awareness information to increase the awareness of the community, and schools of the epidemic/pandemic influenza risks and prevention and control measures. This includes disseminating of information on effects of epidemics and pandemics response on mental health and protection (e.g. increase in family violence, feelings of anxiety), and where to go for support (e.g. details of Gender-Based-Violence), child protection and suicide hotlines and mental health support.

1.1.8   Surveillance

Surveillance is one of the important areas of focus for public health emergency that greatly helps with the early detection of disease outbreaks.

The rapid response, situation monitoring, virus characterization, propagation, transmission and early warning for epidemics/pandemics or disease outbreak are important activities of this focus area.

For Samoa, disease surveillance services are done prior, during and post epidemics/pandemics to provide us updates of origin of the virus, its ways of transmission and how to control its spread. The Influenza like Illness (ILI) surveillance at all levels will be intensified and all health facilities will be notified to be extra vigilant with ILI and ARI cases visiting health centres, district hospitals and main hospitals. The health facilities are required to record and analyze the ILI/ARI cases every day and they should notify the Deputy Director General of Public Health and Director General of Health of any unusual increase in number of cases.   Routine monitoring of influenza circulation through disease surveillance system provides baseline data to establish seasonal trends and detect unusual clusters of influenza like illness.

1.1.9   Laboratory Diagnostic Capacity

The TTM Hospital Laboratory should be upgraded to test samples for disease outbreaks and other urgent tests needed during epidemics and pandemics. Currently, these tests are sent overseas and take days and weeks to receive the results.

In addition, they also need to ensure to acquire the necessary laboratory required resources to effectively implement laboratory response operations.   A comprehensive assessment of the earliest cases of the new, novel virus, including documenting epidemiological changes and clinical characteristics for possible revision of the national case definition would be undertaken.

A well-equipped Public Health Laboratory should be established for Samoa to deal with different strains of influenza. This laboratory needs a full set of components comprising well trained and qualified laboratory personnel, infrastructure, equipment, PPEs, testing protocols,

diagnostic kits and reagents and essential laboratory resources to protect the safety of staff from the high risk environment. In addition, this laboratory facility needs to be able to handle hazardous materials safely and protect its staff and the environment.

1.1.10 *Pharmacy and Pharmaceutical Warehouse Capacity*

The Tupua Tamasese Meaole Hospital Pharmacy and Pharmaceutical Warehouse play a key role in supporting hospital and clinical services during a pandemic including the managing of antiviral drugs for hospitalized and emergency department patients and for hospital staff.

The M-Supply system that is recently being installed aims at enhancing the distribution and effectively monitor the utilization of PPEs, medical supplies and vaccines across all health facilities both in Upolu and Savaii.

To further enhance the readiness and response of the Pharmacy and Pharmaceutical Warehouse Capacity, it is very important to have a plan in advance for upgrading its stockpile as well as its personnel.

2   *Public Health Emergency Response*
2.1 Healthcare Services and Human Resources Capacity

Epidemics and Pandemics may be managed in three settings depending on the volume and severity of illness. Severe illness would be managed in hospital settings to the extent possible. Excessive case of less severe illness can be relocated and managed in assigned secondary healthcare sites during epidemics or pandemics such as school buildings while mild illness would be managed through home care.

To manage excessive cases of less severe illness during large scale pandemic, secondary healthcare settings like schools and municipal buildings should be identified by all districts across the country. These sites would have basic hygiene facilities like toilets, bathrooms, good quality water and food supplies, and other basic needs for both patients and healthcare providers in the secondary healthcare sites.

The logistical support for supply of basic needs in the secondary healthcare sites will be done through the National Emergency Operations Centre and Health Emergency Operation Centre administration using unforeseen budget or public health emergency contingency funds. Therefore, it is very important for the Ministry of Health and other public health emergency relevant response agencies in collaboration with the Ministry of Finance to have yearly earmarked budget for pandemics or disease outbreaks containment operations. The Ministry of Health should also develop a Hospital Health Emergency Contingency Plan.

2.2 Surge Capacity (Health Workers and Other Healthcare Facilities and Supplies)

During large scale epidemics and pandemics, there will be increased demand of additional health care workers, isolation wards, ICUs, and other health care facilities and supplies. Demand for mental health services is likely to increase. All efforts should be made to continue essential services during epidemics and pandemics period.

The operational capacity of hospitals may diminish due to staff illness and absences and, therefore, it is very critical to identify first and second line staff to ensure continuation of essential services. It is also important for hospitals to identify critical functions that will need to continue during the epidemic/pandemic (for at least 4–6 weeks) and those who will perform them and non-essential functions that will be temporarily halted.

Therefore, roster of health workers should be established and maintained within the main hospitals, district hospitals and health centres and also roster of retired health workers that can be called in to assist if experiencing the shortages of active staff. The list of retired health workers should also be maintained for unforeseen circumstances.

2.3 Stockpile of Antiviral Drugs and Personal Protective Equipment

2.3.1 Antiviral

The Ministry of Health should arrange a basic stockpile of antiviral capsules in the country at the Pharmaceutical Warehouse as national stockpile to prepare for possible epidemics or pandemics. In case of emergency requirement of additional antivirals in district hospitals and health centres during influenza outbreak/pandemic, the main hospitals in Upolu (TTM Hospital) and Savai'i (MTII Hospital) will make temporary supply to these health facilities as per their requests which will be later replenished by the main hospital Pharmacy from the national stockpile.

Additional antiviral should be requested from the WHO regional stockpile through WHO Apia Country Office during the epidemic/pandemic or disease outbreak as per the official arrangement made by the Ministry of Health.

2.3.2 Personal Protective Equipment (PPEs) and Masks

The Ministry of Health is responsible for supplying and stockpiling PPEs at the national and district levels. If additional PPEs are required by district hospitals and health centres during epidemic/pandemic influenza outbreak, it will be mobilized from the national stockpile at the Pharmaceutical Warehouse by the main hospital's Pharmacy as per health facilities requests.

The distribution of the PPEs and antivirals will be done by the Pharmacy and Logistics and Coordination Team upon request from health facilities and other response agencies during disease outbreaks and during the epidemic/pandemic preparedness phase.

During epidemics and pandemics, if the situation demands additional supplies, the Ministry of Health would make direct procurement as per the approval from the Director General of the Ministry of Health and the Ministry of Finance to procure essential medical equipment and supplies, pharmaceutical and non-pharmaceutical supplies. For the increased need of antibiotics, antipyretics, ventilation and hydration during epidemics or pandemics, the Ministry of Health should stockpile these at the Pharmaceutical Warehouse.

2.4 Public Health Surveillance

The National Disease Surveillance team should carry out enhanced surveillance in at risk areas and populations during epidemics and pandemics. Target surveillance needs to be carried out in family members of the suspected and confirmed cases and those individuals involved directly or indirectly with the confirmed infected patient/s.

2.4.1 Targeted Surveillance

Targeted surveillance refers to the surveillance of infected community or areas and those who are taking care of any suspected case/s in the infected areas. This requires the surveillance team to conduct:

- ✓ house-to-house surveillance on a daily or regular basis
- ✓ active surveillance of the groups that may be at a higher occupational risk of exposure
- ✓ active surveillance of communities in the infected and surveillances zones
- ✓ daily monitoring of any suspected or confirmed case/s of epidemic and pandemic influenza
- ✓ active surveillance in hospitals, particularly targeting patients having influenza like illness attending General Outpatient and Emergency Departments in the outbreak areas and
- ✓ daily monitoring of any suspected or confirmed case/s of seasonal influenza or epidemic/pandemic influenza.

2.4.2 Surveillance following confirmed epidemic/pandemic cases

The National Disease Surveillance team of the Ministry of Health should also undertake enhanced surveillance of the community, family members and those individuals who had direct and indirect exposure to the epidemic/pandemic influenza case/s through conducting of:

- ✓ house to house surveillance on regular basis with various communication means
- ✓ active surveillance of family members and individuals who are involved in taking care of suspected cases
- ✓ active surveillance of the groups that may be at a higher occupational risk of exposure
- ✓ active surveillance in hospitals, particularly targeting patients having flu-like illness attending General Outpatient and Emergency Departments in the outbreak areas and
- ✓ daily monitoring of any suspected or confirmed case of epidemic/pandemic influenza or seasonal influenza.

2.4.3 Surveillance in the Containment Zone

A containment and surveillance zone should be declared by the National Disease Surveillance team from the index cluster based on epidemiological risk assessment and geographical settings.

Intensive surveillance should be carried out to rapidly contain the disease and to prevent further spread of the disease from the index cluster.

Surveillance in the Containment Zone is needed to identify suspect cases. This information is very important for:

- (i)   the laboratory to confirm or exclude persons as cases
- (ii)   monitoring the evolution of the outbreak
- (iii)   evaluating the effectiveness of the containment operation and
- (iv)   help guide decisions to modify, continue or end the containment operation.

2.4.4 Case Investigation and Contact Tracing

Case investigation and contact tracing as core disease control measure employed by public health staff, is a key strategy for preventing further spread of viruses during epidemics and pandemics. Immediate action is needed and communities must scale

up and train a large workforce and work collaboratively across public and private health sectors to stop the transmission of virus/es.

Certain core principles of case investigation and contact tracing must always be adhered to the following:
- ✓ case investigation is part of the process of supporting patients with suspected or confirmed infection;
- ✓ in case investigation, public health officials work with a suspected/confirmed patient to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious;
- ✓ public health officials then begin contact tracing by warning these exposed individuals/contacts of their potential exposure as rapidly and sensitively as possible
- ✓ to protect suspected/confirmed cases privacy, contacts are only informed that they may have been exposed to patient/case with the infection. They are not told the identity of the patient who may have exposed them.
- ✓ Contacts are provided with education, information and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- ✓ Contacts are encouraged to stay home and maintain social distance from others at least 2 metres until fourteen (14) days after their last exposure, in case they also become ill. They should monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath.
- ✓ To the extent possible, public health officials should check in with contacts to make sure they are self-monitoring and have not developed symptoms. Contacts who develop symptoms should promptly isolate themselves and notify public health officials. They should be promptly evaluated for infection and for the need for medical care.

The National Disease Surveillance Team of the Ministry of Health is encouraged to make every effort to trace the individuals who had been in contact with the confirmed infected case/s or had moved out of containment zone before and after establishment of containment zone to mitigate the widespread of the virus. By doing this, this division of the Ministry of Health works closely with the community through the assistance of the Ministry of Women, Community and Social Development, Immigration Division of the Ministry of the Cabinet and the Prime Minister and village male and female government representatives (Pulenu'u ma Sui Tama'ita'i o Nu'u).

To further strengthen and enhance the implementation of epidemic and pandemic case investigation and contact tracing, the investigation and surveillance team will initiate active surveillance by making house to house visit at the incident area to find out any suspect cases as per the Standard of Procedure for disease outbreak investigation and surveillance.

2.5 Other Public Health Measures

Certain public health measures should be routinely reinforced as part of general response for either seasonal influenza or a new, novel pandemic strain.

2.5.1 Hygiene and Sanitation

In public health education programs in any setting such as schools, workplaces, churches and other public gatherings, **hand washing and respiratory hygiene** should be emphasized as ongoing personal health protection measures.

2.5.2 Infection Control

One of the important objectives during the epidemic/pandemic is to prevent human from infectious diseases.

Continued education and training regarding the potential risk of transmission and correct use of Personal Protective Equipment is essential. Measures to reduce human contact like use of gloves and masks while handling potentially infected animals should be emphasized as part of public health education programs.

The public and the community should be sensitized at all levels on public health measures as an ongoing activity so that people are frequently reminded on the prevention and control measures.

2.5.3 Healthcare Waste Management

Healthcare Wastes during epidemics/pandemics preparedness and response are generated from the care of patients in healthcare facilities, cleaning and disinfection of contaminated surfaces, as well as from the use of personal tissues and masks to contain coughs and sneezes.

Although the main ways that influenza is thought to be transmitted from person to person is via large droplets produced when someone coughs or sneezes, some transmission may also occur by a person touching a surface contaminated with influenza viruses and then touching their nose, eyes or mouth.

To reduce the chances that influenza may transmitted after touching surfaces, it is recommended to conduct routine disinfection of surfaces in any community environments such as households and health facilities where people are caring for individuals with influenza like illness; , schools and workplaces.

The management of laundry in the main hospitals, utensils, PPEs and medical wastes in all health facilities should be performed in accordance with Healthcare Waste Management Procedures as articulated in the National Healthcare Waste Management Strategy FY2020/21-2024/25.

Some of healthcare wastes management actions that need to be considered for any influenza viruses in circulation include:

For Healthcare Facilities:
- Use standard precautions when working with solid waste that may be contaminated with influenza outside of patient isolation areas
- Use Personal Protective Equipment such as gloves when handling open waste containers.
- No changes in waste containment need to be made during periods of influenza activity such as single bag lining of routine clinical wastes and appropriate labeled containment for regulated medical wastes.

- Current medical waste procedures should be used to characterize, handle and treat medical waste in accordance healthcare waste management relevant legislations
- Safe disposal of medical wastes in allocated solid waste landfills as per normal procedures

For Households, Schools and Workplaces:
- Disposable tissues and masks use to contain coughs, sneezes or nasal discharges should be placed in waste receptacles and
- Hand washing and hygiene are required to be done regularly after disposal and emptying waste receptacles.

2.5.4 *Mental Health and Psychosocial Support*

Mental health exists along a continuum and a persons' mental health will fluctuate throughout their life. Good mental health supports the capability of individuals to perform key roles within families, communities and societies. Supporting the mental health of individuals and communities is critical for each country to respond to, and recover from pandemics. Efforts should be made to promote and prevent mental health difficulties such as finding safe ways to connect with others, awareness raising on healthy coping strategies, and respond to people with mental health needs through setting up referral pathways, identifying people who are in vulnerable situations, and continuation of mental health services.

2.5.5 *Community Engagement*

Households & Individual

At the individual and household level, hand and respiratory hygiene should be promoted routinely. Therefore, it is very important to develop a guideline for infection control at household settings in order to prevent spread of influenza infection within the household members.

In addition, a guideline on home based management should be developed to provide necessary support for ill persons isolated at home and their household contacts.

During large scale pandemic, moderately severe ill persons may be managed and isolated at home with proper home based management procedure. In such cases, basic necessary support like food and other logistics to the household should be supplied.

Mental health needs may increase during epidemics and pandemics, due to stress related to:
(i)   the disease itself
(ii) restrictions imposed to limit spread of diseases and
(iii) reduction in access to mental health services.

Individuals and households should receive information on when and how to access mental health support, and basic psychosocial coping strategies. Individuals in vulnerable situations such as women, children, at risk population of violence and those with pre-existing mental health conditions should be identified and followed-up with on a regular basis.

Schools and/or Academic Institutions

The protocols and guidelines should be developed to suspend classes in the event of severe pandemic which will guide school authority and health officials in school closure.

In the event of a school closure, children who are in vulnerable situations (e.g. at risk of family violence) should be identified and followed-up with.

Public Gatherings

Promoting reduction of unnecessary travel within and out of the country and overcrowding of mass transport systems would also considered as this will help in delaying the spread of influenza infection. Therefore, the Ministry of Health is responsible for advising the public for deferral, cancellation or restriction of mass gatherings at the time of epidemics/pandemics.

Therefore, the Ministry of Health is responsible for advising the public for deferral, adaptation, cancellation or restriction of mass gatherings at the time of epidemics and pandemics for example; finding alternative ways to grieve.

3   Public Health Emergency Recovery

Recovery from an epidemic/pandemic requires a whole-of-country multi-sectoral collaboration between development partners, government leaders, government ministries and corporations, non-governmental organizations (NGOs), faith based organizations, and community based organizations and the public.

It also requires collective efforts to restore economies and most importantly recover health and wellbeing of the affected population in the short, medium and long term. Hence recovery actions should focus on:

3.1 Situation Monitoring and Risk Assessment

During the recovery phase, it is very crucial to monitor the epidemiological, virological and clinical features as well as the course and impact of the epidemic/pandemic influenza at the national level in order to forecast the trends and optimize the use of resources.

In addition, the post-epidemic/pandemic assessment of the effectiveness of public health interventions undertaken before and during epidemic/pandemic will be conducted during the recovery phase in order to guide future actions.

The public health post-epidemic/pandemic assessment is also part of the recovery phase to assess the quality of water and food consumed by affected population, sanitation and hygiene.

3.2 Mental Health and Psychosocial Support

The focus on mental health and psychosocial pandemic planning during public health emergency recovery phase is to restore and increase the capacity of individuals to go on with their lives by addressing their social, emotional, psychological and material needs. This includes supporting and strengthening social systems and helping them to regain a sense of control, diminish psychological arousal, effectively manage stress and improve adaptive coping strategies.

This requires the multi-sectoral, collaborative and holistic planning process that supports and enhances partners in cooperation within health and across other sectors and integrates the expertise of those already providing mental health and psychosocial supports.

Most people are reluctant to seek out mental health services and support, often only accessing help when the coping and emotional difficulties they are experiencing reach crisis proportions. The current best practice in psychosocial tragedy support involves outreach and ongoing process of assessment and surveillance of psychosocial needs, issues and trends. This includes the assessment of individual and collective capacity and vulnerability over time, particularly when working with populations who are more likely to experience specific dimensions of vulnerability (e.g. mobility, hearing, dependency on others).

Psychological assessment and referral may be required for individuals who experience an exacerbation or the onset of a mental health disorder as a result of their exposure to extraordinary stressors, critical incidents, and/or death associated with an epidemic/pandemic influenza.

Mental health effects of pandemic are likely to be continued when the epidemic or the pandemic is over. Hence, mental health should continue to be prioritized in all three stages of emergency preparedness and response.

It is important to maintain any investments made in mental health throughout previous stages of pandemics to build back better mental health services provision for instance: maintaining suicide hotlines, training and supervision provided to staff.

It is important to continue to strengthen mental health service provision where possible e.g. through training for healthcare workers, supervision and training for mental health practitioners, investing in human resources.

Ongoing mental health and psychosocial support services training should be provided to frontline workers to support mental health need.

There is also a need to identify and follow up with those in vulnerable situations through community outreach e.g. people at risk of violence, older adults.

Work with community leaders to restore community resilience and support networks. For example, through reducing stigma and fractions in community (e.g. towards healthcare workers, people who survived the illness during the pandemic, family members of those who had illness).

Work with education to promote mental wellbeing in schools.

Raise community awareness on normal stress symptoms, when to seek support, referral pathways.

3.3 Continued Public Health Surveillance

Public Health Surveillance is an ongoing process from the pre-pandemic till post epidemic/pandemic periods. It is very important to ensure routine public health surveillance is expanded in response to incidents of epidemic/pandemic influenza or any public health significance.

KEY COMPONENTS OF THE NATIONAL EPIDEMIC AND PANDEMIC PREPAREDNESS AND RESPONSE PLAN FY2020/21 – FY2024/25 ACTION PLAN

In order for the key focus areas to be well addressed in this document, the Action Plan is divided into six (6) key components which are:

1. **Public Health Emergency Preparedness & Prevention**

2. **Surveillance, Investigation and Assessment**

3. **Health Services, Clinical Management and Human Resources Capacity**

4. **Preventing Illness in the Community**

5. **Maintaining Essential Support Services**

6. **Public Health Emergency Recovery**

NATIONAL EPIDEMIC AND PANDEMIC PREPAREDNESS AND RESPONSE PLAN FY2020/21 – FY2024/25

Key Component 1: Public Health Emergency Preparedness and Prevention

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
Health Sector Preparedness and Planning	Establishment of effective and well-organized national coordination and operational support	Evidence of strong partnership between MOH and health sector partners and stakeholders during epidemics/ pandemics	Activation and Coordination of National Emergency Operation Centre during epidemics and pandemics	SAT2,000,000.00	MOH All Sectors Development Partners
			Activation and coordination of Health Emergency Operation Centre during epidemics and pandemics	SAT2,000,000.00	
			Effective implementation of the National Epidemic and Pandemic Preparedness and Response Plan	SAT5,000,000.00	
	Existence of effective Integrated Incident Management System during epidemics and pandemics	Integrated Management System is well established when required	Develop Terms of Reference for Integrated Management System	Not required	MOH HEOC
			Effectively implement the Integrated Management System	SAT1,000,000.00	MOH HEOC Development Partners
	Effective implementation of epidemiological analysis and forecasting	Epidemiological analysis and forecasting are regularly implemented and reported	Effectively carry out early epidemiologic investigations in any disease outbreak to detect the virus as early as possible	SAT600,000.00	MOH WHO Development Partners
Risk Communication and Health Promotion	Reduction and or avoidance of info-demic (over-abundance of information)	Risk Communication Strategy is developed and implemented	Develop and implement the National Public Health Risk Communication Strategy to guide the development of communications and IEC	SAT600,0000.00	MOH WHO Development Partners Health Sector

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
			materials for epidemics and pandemics		partners and stakeholders
			Regularly update the government, NEOC and HEOC with all information about the epidemics/pandemics including sign and symptoms; preventative measures; syndromic reports	SAT600,000.00	MOH WHO Development Partners
			Develop protocols and guidelines to guide school authorities and health officials in suspending classes in schools at all levels and school closure in the event of severe epidemic and pandemic	SAT200,000.00	MOH MWCSD MESC WHO Development Partners
			Further enhance the implementation of communication flow from the national level to the community level	SAT2,000,000.00	MOH MESC MWCSD WHO Development Partners Other relevant response agencies
	Coverage of Epidemics/ Pandemics multi-sectoral community awareness and educational programs	At least 95% of the population receive and understands epidemics/ pandemics multi-sectoral community awareness and educational programs	Strengthen the implementation of epidemics/ pandemics multi-sectoral community awareness and educational programs in collaboration with relevant government ministries, NGOs and FBOs	SAT6,000,000.00	MOH MWCSD MNRE NCC All sectors Development Partners
Effective Border Control Measures	Effective inbounding travel restrictions	Virus transmission and geographical spread of	Ensure the development of communication information,	SAT1,000,000.00	MOH Response Agencies

Key Component 1: Public Health Emergency Preparedness and Prevention

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
	implemented	epidemics and pandemics is minimized to 0%.	health declaration cards to be distributes on sea crafts and air craft for passengers and crews		Development Partners
		100% compliance of all inbounding travel airlines with travel advisories issued by the government through the Ministry of Health at points of entries	Strengthen the implementation of port health services at all points of entries including filling of health declaration cards and proper health screening	SAT1,000,000.00	MOH AA SPA SHC Other Response Agencies
	Effective communication measures for border control	Communication measures for border control is developed and strengthened	Strengthen communication measures for border control through: - Development of trusted and evidence-based travel advisories and disseminated to travel agencies and airlines - Strengthening the entry and exit screening at all points of entry	SAT4,000,000.00	MOH AA SPA SHC Other relevant Response Agencies WHO Development Partners
Application of 13 core capacities of International Health Regulations 2005	Compliance of epidemics and pandemics response agencies with 13 core capacities of the International Health Regulations 2005	All 13 core capacities of IHR are fully complied with by Samoa	Ensure the provision of regular trainings on IHR 2005 implementation application	SAT50,000.00	MOH WHO
			Conduct simulation exercises and drills to: - demonstrate the application of IHR 2005 core capacities every two years and - test and evaluate public health emergency preparedness and	SAT500,000.00	MOH DMO WHO All response agencies Development Partners

Key Component 1: Public Health Emergency Preparedness and Prevention

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
			response		
Quarantine and Isolation	Limitation of potential introduction and spread of contagious diseases in Samoa	All quarantine and isolation facilities are secured and safe for quarantining and isolating of suspected/ confirmed cases	Ensure all assigned quarantine and isolation sites are properly assessed through the implementation of Health Impact Assessment and certified	SAT100,000.00	MOH WHO
			Effectively quarantine/isolate asymptomatic inbound passengers at quarantine/isolation sites at least 14 days prior to arrival in the country	SAT5,000,000.00	MOH MOF All response agencies Development Partners
			Upgrade Faleolo Health Centre as health facilities catered for quarantine and isolation of suspected and confirmed epidemic and pandemic influenza cases	SAT3,500,000.00	MOH MOF Development Partners
			Ensure all village leaders and hotel owners are informed in advance when schools and church halls adjacent to points of entry and nearby hotels are considered as quarantine and isolation sites	SAT5,000,000.00	MOH MWCSD STA All Response Agencies
			Ensure all places that are selected to become quarantines sites (schools, churches, hotels etc.) are fully equipped for the health and safety of those who are quarantined.	SAT2,000,000.00	

Key Component 1: Public Health Emergency Preparedness and Prevention

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
			Conduct routine mental health screening for people in quarantine and isolation sites and their families	SAT5,000,000.00	MOH WHO Medical Volunteers
	Effective management of home isolation and self-quarantined	Home isolation and self-quarantine should be determined by Public Health Physician on a case by case basis	Develop home isolation and self-quarantine Standard Operating Procedures and effectively monitor the implementation	SAT25,000.00	MOH WHO Private Health Service Providers Medical Volunteers
			Effectively conduct routine public health surveillance and assessment for people who are home isolated and self-quarantined including mental health assessment	SAT2,500,000.00	MOH WHO Private Health Service Providers Medical Volunteers
Proper Referral System during Epidemics and Pandemics	Establishment of Proper Referral System between health facilities including private health clinics	All referred patients from rural health facilities, MTII hospital and private health clinics access essential services at the main hospital (TTM) on time	Establish a proper referral system for patients during epidemics and pandemics	SAT50,000.00	MOH Private Health Service Providers WHO
			Set up referral mechanisms for those who need essential services during epidemics and pandemics	SAT500,000.00	
Effective management of Epidemics and Pandemics Procured Essential and Generic Supplies	Effective management of Epidemics and Pandemics required supplies and procurement	Effective Procurement System is in place	Establish a Procurement System to guide the procurement of essential equipment and supplies as well as generic supplies for epidemics and pandemics	SAT500,000.00	MOH MOF Development Partners
			Develop a Procurement Guideline	SAT20,000.00	
			Ensure all essential and generic supplies procured for epidemics and pandemics are registered and audited before	SAT50,000.00	MOH MOF Audit Office

| | | Key Component 1: Public Health Emergency Preparedness and Prevention |

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
			distribution to health facilities		
			Equip and supply health facilities according to the Epidemic and Pandemic Priority List	SAT10,000,000.00	MOH MOF Development Partners All response agencies
Infection Prevention and Control	Reduction in Epidemics or Pandemics infection related mortalities including health workers	Epidemics or Pandemics related hospital admissions rate is reduced to at least 5%	Properly train the front liners and staff on the implementation of the Infection Control Guidelines	SAT500,000.00	MOH MOF Development Partners
			Conduct infection control and sanitation trainings for hotels staff when assigned as quarantine sites	SWAT100,000.00	
			Effectively monitor the compliance of all health workers including hospital supporting staff with the Infection Control Guideline implementation	SAT650,000.00	MOH MOF WHO Development Partners
			Ensure PPEs are sufficiently procured and provided for those working within quarantine sites and response teams	SAT3,000,000.00	
			Effectively conduct Healthcare Waste Management trainings for all health workers and front liners to minimize exposure to infection due to decontamination and waste disposal	SAT65,000.00	MOH MOF WHO Development Partners

Key Component 1: Public Health Emergency Preparedness and Prevention

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
			Develop Occupational Health and Safety Guidelines to ensure the health and safety of health workers during epidemics/pandemics	SAT50,000.00	MOH MOF WHO Development Partners
Laboratory Diagnostic Capacity	Establishment of Public Health Laboratory of Samoa	Public Health Laboratory for Samoa is established and fully equipped with qualified human resources and required essential equipment and testing	Establish a Public Health Laboratory for Samoa	SAT6,000,000.00	MOH MOF Development Partners
			Ensure sufficient supplies of required reagents, swaps and cartridges for testing	SAT1,000,000.00	
			Recruit more qualified laboratory personnel	SAT2,500,000.00	MOH MOF PSC WHO
Pharmaceutical Capacity	Effective management of pharmaceutical supplies including PPEs, antivirals and vaccines	Pharmaceutical Warehouse has sufficient supplies of medical supplies including antivirals, vaccines, drugs and PPEs during epidemics and pandemics	Develop and maintain stockpile of pharmaceuticals, equipment, supplies, sundries and other emergency materials for the response.	SAT5,000,000.00	MOH MOF WHO Development Partners
			Ensure fair distribution of pharmaceutical supplies, equipment, furniture, reagents and supplies, etc. for health and other identified sectors during epidemics and pandemics	SAT100,000.00	MOH MOF Audit Office Development Partners
Community Engagement	Evidence of great involvement of the community in epidemics and pandemics preparedness and response operations	Information sharing and actions for epidemics and pandemics preparedness and response is	Strengthen community engagement through sharing of information and implementing non-pharmaceutical interventions for prevention at the community level	SAT3,000,000.00	MOH MWCSD CBOs FBOs

		Key Component 1: Public Health Emergency Preparedness and Prevention			
KEY FOCUS AREAS	**KEY PERFORMANCE INDICATORS**	**TARGETS**	**ACTIONS**	**COSTS**	**RESPONSIBLE AGENCIES**
		strengthened through community engagement enhancement	Encourage and strengthen the supporting roles of village councils, Komiti Tumama and Komiti a Tina in promoting healthy villages, healthy families programs in villages.	SAT1,000,000.00	MOH MWCSD Development Partners
			Encourage and strengthen the supporting roles of all government ministries and corporations in promoting hygiene practices during pandemics ensure the effective implementation of prevention control measures in all public workplaces	SAT50,000.00	All government ministries and corporations
			Effectively monitor the development, implementation and update of all government ministries and corporations Business Continuity Plans during epidemics/pandemics	SAT100,000.00	PSC All Government Ministries and Corporations

Key Component 2: Surveillance, Investigation and Assessment

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
Risk and Capacity Assessment	Effective implementation of Risk Assessment	Severity of the epidemic and pandemic and impacts on public and community is identified and addressed	Implement ongoing assessment to monitor the severity of the epidemic/ pandemic and impacts on the health of the public and community	SAT3,000,000.00	MOH MOF WHO Private Health Service Providers
			Procurement of essential equipment and supplies required for risk assessment	SAT2,000,000.00	MOH MNRE MOF Development Partners
	Proportion of health workforce fully equipped with expertise required for epidemics/pandemics preparedness and response operations	All health staff including supporting staff are trained and fully equipped with relevant skills and knowledge required for epidemics/pandemics preparedness and response operations	Ensure the provision of the following capacity building trainings for all health staff and front-liners: - Proper Use of PPEs - Infection control - Hygiene and sanitation - Proper and disposal of healthcare wastes and PPEs - Proper handling of dead bodies and sick persons - Mental Health and Psychosocial Support	SAT5,000,000.00	MOH WHO Private Health Service Providers All Response Agencies
			Provide trainings for clinical staff for remote provision of health services through telehealth and virtual consultations	SAT500,000.00	MOH WHO Private Service Providers Development Partners
Points of Entry	Effective provision of port health services at all points of entry in country	All inbounding passengers and crew entering the country	Strengthen the implementation of health screening and compulsory	SAT500,000.00	MOH AA SPA

Key Component 2: Surveillance, Investigation and Assessment

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
		should be properly screened by health staff at points of entry	filling of health declaration cards before arrival		SHC Other Relevant Response Agencies
			Ensure sufficient supplies of PPEs for front liners and port health staff	SAT2,000,000.00	MOH MOF Development Partners
			Establish the position of Border Nurses to assist the Port Health team with conducting of health screening, assessment and referral at points of entry	SAT60,000.00	MOH MOF PSC
			Ensure the provision of health risk allowance and overtime for all personnel operating port health services at all points of entries	SAT5,000,000.00	MOH MOF PSC
National readiness and response operations	Scaling up national readiness and response operations	Rapid identification, diagnosis and management of cases is strengthened	Develop and install a disease surveillance and GIS app to assist with rapid identification of suspected and confirmed cases and contact tracing	SAT100,000.00	MOH MCIT SBS WHO Development Partners
			Strengthen data collection, collation and analysis	SAT50,000.00	MOH SBS Development Partners
			Enhance existing respiratory disease surveillance systems including indicator-based surveillance, community event-based surveillance and sentinel surveillance on daily	SAT50,000.00	MOH SBS

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
			basis in all health facilities and report on timely manner for a suspected disease outbreak		
			Establish active case finding at points of entry, health facilities and in communities in collaborative effort with private health service providers where appropriate	SAT100,000.00	MOH Private Health Service Providers WHO
			Effectively conduct contact tracing for all close contacts of suspected or confirmed cases to mitigate the spread of the virus/disease	SAT600,000.00	MOH WHO Private Health Service Providers Medical Volunteers
National Laboratory Testing Capacity	Strengthening national capacity for detection of suspected virus	Evidence of rapid diagnosing testing available in country for epidemic and pandemic testing	Procure and distribute required testing kits to national laboratories	SAT5,000,000.00	MOH MOF WHO Development Partners
			Ensure sufficient stockpiling of reagents, swaps and cartridges used for diagnostic testing	SAT,000,000.00	
			Establish transportation procedures for specimen referral in accordance with national and international transport regulations and requirements	SAT500,000.00	
			Utilize the expertise of SROS to assist with conducting of epidemic and pandemic tests when necessary	SAT500,000.00	MOH SROS
Health Information System	Acceleration of the e-Health Project implementation	Evidence of e-Health System modules established and run	Ensure the effective establishment and implementation of e-Health system and has a specific	SAT6,500,00.00	MOH MOF ADB Other development

		Key Component 2: Surveillance, Investigation and Assessment			
KEY FOCUS AREAS	**KEY PERFORMANCE INDICATORS**	**TARGETS**	**ACTIONS**	**COSTS**	**RESPONSIBLE AGENCIES**
			component for public health surveillance		partners
			Build close relationship between the public and private health service providers for the ease of data collection on epidemics and pandemics from the private health sector		MOH
Clinical Response	Development of Standard Operating Procedures	All clinical areas have SOPs or guidelines to guide the implementation of their services and performances	Prepare and distribute: - Case Finding guidelines including case definitions - Clinical guidelines, protocols and algorithms - Triage guidelines - Surge capacity management strategies and - Staffing strategies	SAT50,000.00	MOH WHO Private Health Service Providers
Environmental and Public Health Assessment	WASH related morbidity and mortality rates during epidemics or pandemics	Reduced WASH related morbidity rate by at least 5% and mortality rate by at least less than 1%	Conduct Nutrition and WASH assessment for suspected and confirmed cases and their families, affected areas including schools, workplaces, churches and households	SAT500,000.00	MOH MNRE WHO Private Health Service Providers Medical Volunteers
			Conduct environmental and public health assessments for allocated quarantine and isolations sites before, during and after epidemic or pandemic	SAT500,000.00	

Key Component 3: Healthcare Services, Clinical Management and Human Resources Capacity

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
Health Facilities Pandemic/Public Health Emergency Response	Numbers of health facilities both public and private with Pandemic or Public Health Emergency Response Plans	All health facilities should have pandemic or public health emergency response plans	Develop pandemic or public health emergency response plan for all health facilities both in public and private health sectors	SAT50,000.00	MOH WHO Private Health Service Providers
	Establishment of Rapid Public Health Emergency Response Team	Rapid Public Health Emergency Response Team in place and active	Develop Terms of Reference for Rapid Public Health Emergency Response Team and membership should include but not limited to the following: - Public Health Physician, Epidemiologist, Chief Medical Officer of the TTM Hospital, Laboratory Technician, Principal Port Health Officer, Principal Health Surveillance Officer, Risk Communication Specialist, Mental Health Physician, Private Practitioner, Logistics and Coordination Focal Point	No fund required	MOH WHO Private Health Service Providers
Clinical Management	Effective implementation of clinical management procedures	Standard of Operating Procedures for clinical services developed and implemented	Develop and implement Standard of Operating Procedures and Guidelines for all clinical areas in both TTM and MTII hospitals	SAT50,000.00	MOH WHO Development Partners
		Clinical Management Guidelines in place and effectively implemented	Develop and/or update clinical management guidelines to guide the works of healthcare workers during epidemics and pandemics	SAT25,000.00	MOH WHO Development Partners Private Health Service Providers
	Sufficient supplies and proper allocation of health workforces in all	Health workers both clinical and support staff are fairly	Establish and maintain roster of healthcare workers and supporting staff in all health	No fund required	MOH PSC

	Key Component 3: Healthcare Services, Clinical Management and Human Resources Capacity				
KEY FOCUS AREAS	**KEY PERFORMANCE INDICATORS**	**TARGETS**	**ACTIONS**	**COSTS**	**RESPONSIBLE AGENCIES**
	health facilities	distributed amongst all health facilities	facilities to assist if experience the shortages of active staff during epidemics and pandemics		
			Cross-train healthcare providers in high demand services (e.g. infectious disease wards, emergency and intensive care units)	SAT20,000.000	MOH WHO
	Utilization of retired healthcare workers	All retired healthcare workers are physically and mentally fit to provide supporting clinical services during epidemics and pandemics	Establish and maintain list of retirees for unforeseen circumstances	No fund required	MOH
			Provide refresher clinical trainings for retirees to enable to provide the healthcare services at low risk wards	SAT10,000.00	MOH
			Ensure the allocation of funds for retirees' wages/salaries	SAT1,000,000.00	MOH MOF
Human Resources Capacity	Healthcare workers readiness to respond to public health emergencies such as epidemics and pandemics	All healthcare workers are well informed and enable to perform public health emergency preparedness and response services during epidemics and pandemics	Build the capacity of all healthcare workers on public health emergency preparedness and response through trainings and simulation exercises	SAT50,000.00	MOH WHO
			Provide specialized public health laboratory trainings for public health lab personnel and ensure they are qualified to conduct public health surveillance tests	SAT50,000.00	MOH WHO Development Partners
			Provide trainings for health staff on safe disposal of medical wastes in allocated color-coded waste bins	SAT20,000.000	MOH WHO
			Provide professional	SAT50,000.00	MOH

			Key Component 3: Healthcare Services, Clinical Management and Human Resources Capacity		
KEY FOCUS AREAS	**KEY PERFORMANCE INDICATORS**	**TARGETS**	**ACTIONS**	**COSTS**	**RESPONSIBLE AGENCIES**
			vaccination trainings for all nurses and certify them as qualified vaccinators		UNICEF WHO
			Second of public health servants as volunteers for pandemic response when required	SAT500,000.00	PSC MOH MOF All Government Ministries and Corporations

Key Component 4: Preventing Illness in the Community

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGET/S	ACTIONS	COSTS	RESPONSIBLE AGENCIES
National EPI Program implementation	Coverage of EPI Program	All eligible populations are fully immunized with the new National Vaccines Schedules introduced	Boost and upgrade the National EPI Program for Samoa to mitigate preventable admissions and deaths	SAT3,000,000.00	WHO, UNICEF, MOH, MWCSD, MESC
			Conduct community awareness and educational programs on vaccination	SAT100,000.00	MOH MWCSD MESC
		100% compliance of parents with requirements of the Infant Amendment Act 2019 pertaining to immunization	Strengthen and enforce the implementation of the Infant Amendment Act 2019 article pertaining to compulsory immunization for all children	SAT50,000.00	Development Partners
WASH Program implementation	Effective ongoing implementation of WASH programs in the community	Percentage of WASH related morbidity and mortality rate reduced to at least 1% annually	Strengthen the implementation of WASH programs in schools, workplaces and churches	SAT200,000.00	MOH MESC MWCSD MNRE SWA SRC Development Partners
Infection Control at Community Level	Effective implementation of infection control measures in the community	Number of infection associated hospital admissions and deaths reduced	Provide education and public awareness programs for the community on how to use Personal Protective Equipment such as gloves, sanitizers, masks while handling sick and/or dead people, and infected animals in the community	SAT200,000.00	MOH MESC MWCSD MNRE SWA Development Partners
			Develop a guideline for Infection Control at the community settings too prevent spread of viruses or	SAT50,000.00	MOH WHO Private Health Service Providers

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGET/S	ACTIONS	COSTS	RESPONSIBLE AGENCIES
			infection within different community settings such as households, churches, schools and workplaces		
			Implement methods of cleaning and disinfecting the healthcare facilities in accordance with the national infection control guidelines and standards	SAT80,000.00	MOH SRC MWCSD MESC
Healthcare Waste Management	Effective implementation of National Healthcare Waste Management Strategy	National Healthcare Waste Management finalized and implemented	Implement methods for the disposal of medical and non-medical solid waste in accordance with the National Healthcare Waste Management Strategy	SAT200,000.00	MOH MNRE Development Partners
Community Engagement	Evidence of community involvement in epidemic or pandemic preparedness and response operations	Effective management of home isolation cases and self-quarantined is strengthened	Develop a guideline on home based management to provide necessary support for ill persons isolated at home and their household contacts	SAT50,000.00	MOH MWCSD WHO Development Partners
			Engage the community to participate in public health emergency preparedness and response activities such as drills and provide trainings to build their capacity	SAT250,000.00	
			Revive or reactivate public health committees (Komiti Tumama) in all villages to work collaboratively with the Ministry of Health in providing community public health services	SAT500,000.00	

	Key Component 4: Preventing Illness in the Community				
KEY FOCUS AREAS	**KEY PERFORMANCE INDICATORS**	**TARGET/S**	**ACTIONS**	**COSTS**	**RESPONSIBLE AGENCIES**
Morgue Services	Effective provision and management of morgue services during epidemics and pandemics	Temporary morgue established and activated for mass fatalities during epidemics and pandemics	Designate a safe area to use as temporary morgue for mass fatalities	SAT2,000,000.00	MOH MOF MNRE Development Partners
			Ensure the adequate supplies of body bags and shroud packs for safekeeping of dead bodies		
			Formulate a post mortem care contingency plan with appropriate partners such as undertakers, funeral parlors		

Key Component 5: Maintaining Essential Support Services

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COST	RESPONSIBLE AGENCIES
Health Security and Safety	Effective provision of health security and safety services	Samoa is 100% protected from epidemics and pandemics	Align and develop jointly with our national health security partners the appropriate preparedness policies, plans and tools for a faster, more efficient response to public health emergencies of national and international concerns. Activation and regularization of National Security Taskforce	SAT600,000.00	MPMC MOH, MOP FESA AA SPA MFAT EPC
			Ensure the Ministry of Police support the Ministry of Health in provision of port of entries health services especially during screenings of vessels and cruise ships offshore during epidemics/pandemics	SAT500,000.00	MOH MOP
		100% compliance of all points of entry with requirements of IHR 2005	Ensure the 100% compliance of airports, wharves and airlines with requirements of the International Health Regulations 2005 on health security and safety	SAT50,000.00	MPMC MOH, MOP FESA AA SPA MFAT EPC
		Back-up system established and activated during epidemics and pandemics	Ensure the availability of appropriate back-up arrangements for essential life-lines, ambulance services, water, power and oxygen supplies	SAT100,000.00	MOH, MOP FESA AA SPA MFAT EPC SWA

Key Component 5: Maintaining Essential Support Services

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COST	RESPONSIBLE AGENCIES
			Solicit the input of hospital security in identifying potential security constraints and optimizing the control of facility access, essential pharmaceutical stocks, patient flow, traffic and parking.	SAT50,000.00	MOH
Food Safety	Effective provision of sufficient of food supplies that are healthy for public consumption during epidemics or pandemics	Risks of getting food borne diseases during epidemics and pandemics reduced to at least 5%	Strengthen and enforce the implementation of the Food Safety Act 2015 and Food Regulations	SAT50,000.000	MOH
			Provide trainings for food handlers, restaurant and hotel owners on safe preparation of cooked food	SAT35,000.00	MOH WHO Development Partners
			Enforce medical checks and issuing of health cards for any food handler	SAT25,000.00	MOH WHO Development Partners
			Conduct nutrition assessments for families or communities of affected individuals	SAT25,000.00	MOH
			Community awareness and education programs to promote farming, planting and vegetable gardening for food supplies sustainability	SAT1,000,000.00	MOH MAF Development Partners
1. Water Quality, Sanitation and Hygiene	Access to safe quality drinking water	100% compliance of drinking water supplier with the National Drinking Water Standards	Conduct drinking water quality tests for all families or communities of affected individuals as well as drinking water sources	SAT25,000.00	MOH/NDS&IHRD MOH/HPED

	Key Component 5: Maintaining Essential Support Services				
KEY FOCUS AREAS	**KEY PERFORMANCE INDICATORS**	**TARGETS**	**ACTIONS**	**COST**	**RESPONSIBLE AGENCIES**
			Stockpile essential materials and supplies to ensure safe water provision during epidemics/pandemics	SAT500,000.00	SWA MOH MNRE SRC
			Maintain appropriate storage and delivery of water in case of epidemics/pandemics		
			Maintain appropriate drainage and waste water removal procedures		

			Key Component 6: Public Health Emergency Recovery		
KEY FOCUS AREAS	**KEY PERFORMANCE INDICATORS**	**TARGETS**	**ACTIONS**	**COSTS**	**RESPONSIBLE AGENCIES**
Monitoring and Risk Assessment	Ongoing implementation of Monitoring and Risk Assessment strengthened	Clinical features, course and impact of epidemics or pandemics at the national level is effectively monitored	Ensure and strengthen the ongoing monitoring of the epidemiological, virological and clinical features, course and impact of the epidemic/ pandemic at the national level	SAT50,000.00	MOH WHO
			Effectively conduct the post-pandemic assessment of the effectiveness of the public health interventions implemented before and during epidemics or pandemic including assessing of water and food quality consumed by affected families or individuals and sexual and reproductive health	SAT3,000,000.00	MOH WHO Private Health Service Providers Medical Volunteers GOSHEN Samoa Cancer Society Samoa Family Health Association
Mental Health and Psychosocial Support	Effective provision of mental health and psychosocial support services for patients, health workers, government officials involved and affected families/communities	All affected individuals/ families/communities are mentally assessed	Conduct mental health and psychosocial support outreach assessments and surveillance of psychosocial issues, needs and trends	SAT3,000,000.00	MOH WHO Private Health Service Providers Medical Volunteers GOSHEN Samoa Cancer Society Samoa Family Health Association

Key Component 6: Public Health Emergency Recovery

KEY FOCUS AREAS	KEY PERFORMANCE INDICATORS	TARGETS	ACTIONS	COSTS	RESPONSIBLE AGENCIES
			Recruit more social works and mental healthcare workers in the TTM Mental Health Unit		MOH MOF PSC
Continued Public Health Surveillance	Effective provision of disease surveillance services post-epidemic and pandemic	Routine health surveillances is expanded and ongoing post-epidemic and pandemic	Ensure routine public health surveillance is expanded in response to incidents of epidemic/pandemic or any infectious diseases outbreaks	SAT50,000.00	MOH WHO Medical Volunteers Private Health Service Providers

MONITORING AND EVALUATION

Monitoring and Evaluation is one of the fundamental areas of epidemic and pandemic operations because it provides valuable information about the effectiveness of epidemic and pandemic preparedness, response and recovery activities implemented by response agencies. It also helps with assessing the allocation of resources during the epidemic or pandemic in order to inform and improve actions for future pandemics and disease outbreaks.

The government of Samoa through the work of the Ministry of Health in collaboration with the implementing agencies of the National Epidemic and Pandemic Preparedness and Response Plan FY2020/21 – FY2024/25 and the support from all partners and stakeholders both at the national and international levels will closely monitor the situation and interventions to ensure progress and accountability. Leading agencies in the relevant areas of interventions will provide technical, coordination and leadership support to guide and prioritize interventions.

Strategic objectives have been developed around the priorities. In order to measure these objectives, a set of priority activities are classified under the six key components of the Action Plan. The responsible implementing agencies for each component will regularly monitor their implementation using matrix provided in annexes of this plan.

At the national level, indicators listed below will be used to monitor the implementation of this plan and systems will be established to monitor these key performance indicators on a regular basis.

CATEGORY	KEY PEFORMANCE INDICATORS	TARGET	RATIONALE FOR USE
Epidemiology Situation	Number of suspected/ confirmed imported cases reported in country	n/a	This basic epidemiological data enables us to understand the scale and evaluation of the event.
	Number of cases that are not directly associated with travel to affected areas affected by community spread		
	Percentage of alerts, suspects or confirmed cases detected at points of entry		
	Number of deaths reported by health facility		
	Percentage of positive cases and fatalities who are workers	To be determined	This measure is useful to strengthen IPC over time.
National	Percentage of National	At least 90% every	This measure helps to assess

CATEGORY	KEY PEFORMANCE INDICATORS	TARGET	RATIONALE FOR USE
Preparedness and Response	Epidemic and Pandemic Preparedness and Response Plan budget funded	epidemic/pandemic	the financial support to the national response as per our National Epidemic and Pandemic Preparedness and Response plan
Procurement	Evidence of sufficient stockpiling of essential equipment, medical supplies including PPEs, vaccines and antivirals	n/a	This indicator focuses on national capacity to procure sufficient required essential and generic supplies during epidemics and pandemics
National Readiness and Capacity	Evidence of effective activation of National Emergency Operating Centre and Public Health Emergency Operations Centre	n/a	This indicates the government and health system preparedness to manage the epidemic/pandemic or any public health event.
	Existence of Referral System to care for infected patients	To be determined	This addresses health system readiness and the government through the Ministry of Health should have designated a referral hospitals or health facilities for patients
Surveillance and rapid detection	Active reporting of first case within 24 hours of confirmation as per IHR 2005	100% active	This focus on enhancing national collaboration and information sharing to facilitate national risk management
Risk Communication and community engagement	Number of people reached with tailored information through multi-media community awareness and educational programs and took action	To be determined	This measure focuses on selecting the best alternative sources of information to reach every individual from the national to the community levels.

ACKNOWLEDGEMENT

The Ministry of Health as the leading agency for Samoa's health sector would like to extend its gratitude to the following for their participation, commitment and contributions in the development of the Samoa's National Epidemic and Pandemic Preparedness and Response Plan for Health Sector for Financial Years 2020/21 – 2024/25.

Private General Practitioners
(i)   Vaitele Village Clinic
(ii)   Ah Ching Private Medical Clinic
(iii)   Leavai's Dental Clinic
(iv)   NPF Plaza Healthcare Clinic
(v)   Potoi's Medical Clinic

We also highly acknowledge with appreciation the critiques provided by the development partners and public health technical experts.

Your views and comments on epidemic and pandemics preparedness and response for ongoing improvements strengthen the evidence basis of this national plan for Samoa and its health sector.

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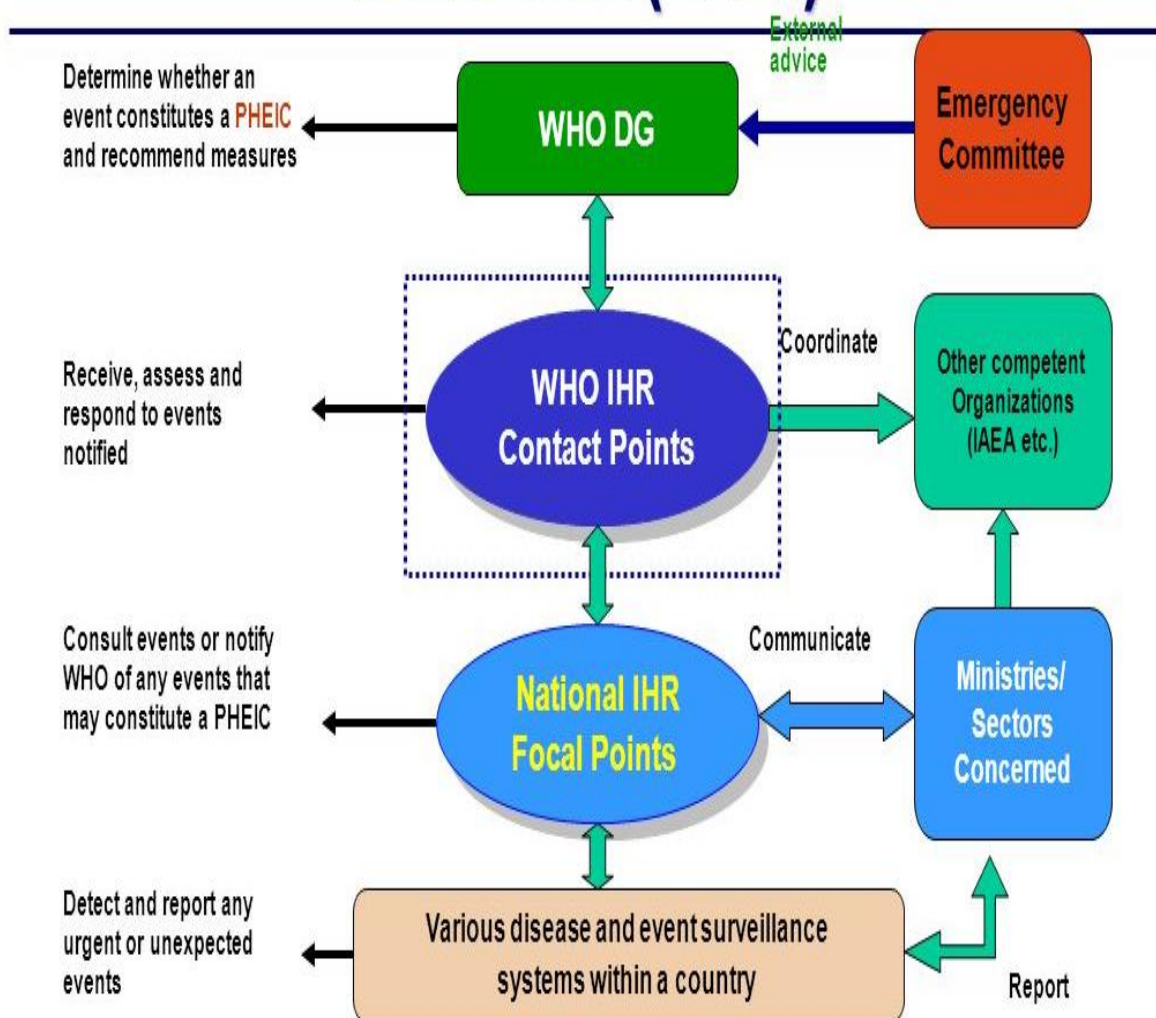
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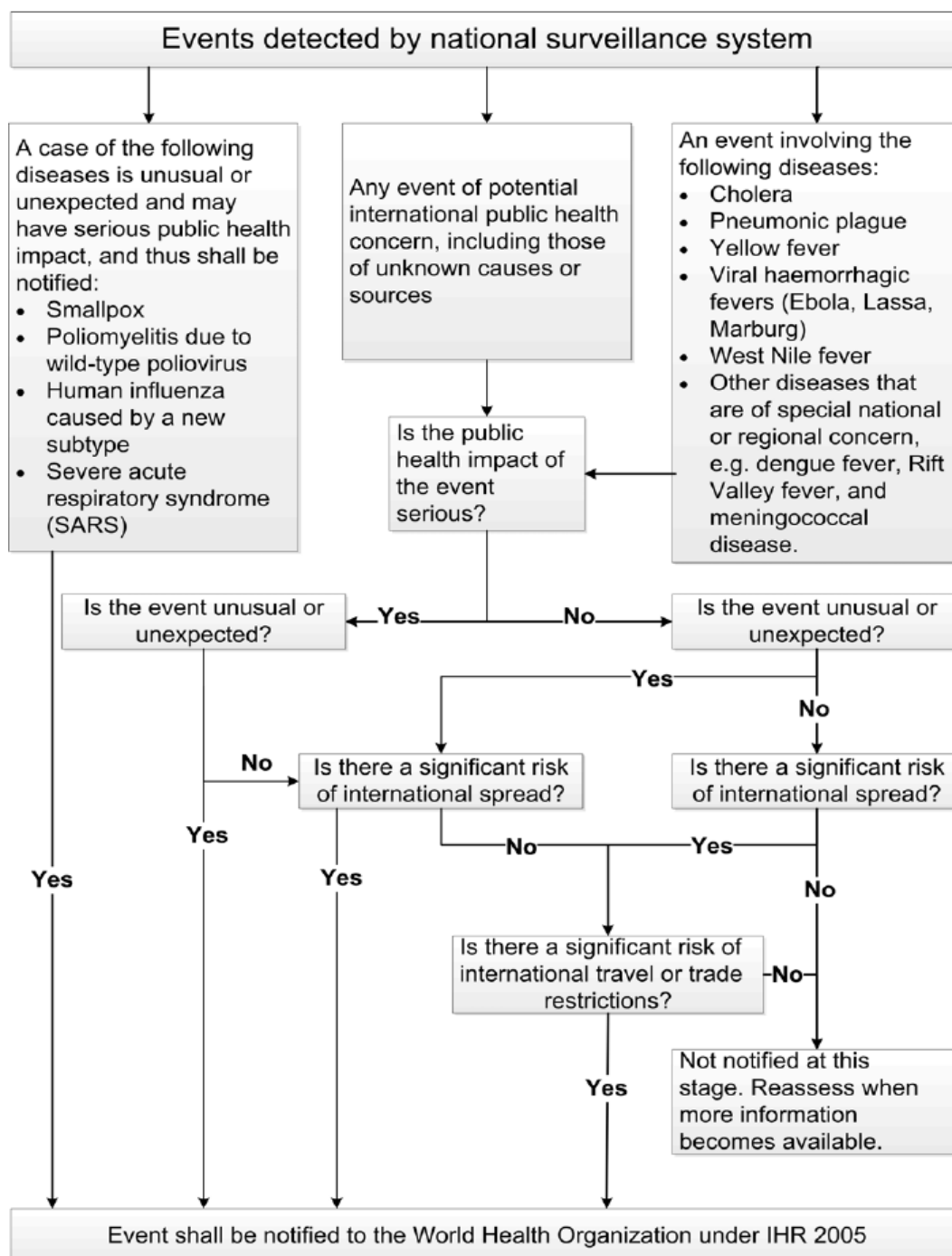
ANNEXES

Annex 1:   WHO Public Health Event Notification and Determination for Epidemic and Pandemic Alert and Response under International Health Regulations (IHR) 2005

Source: WHO International Health Regulations, 2005

Annex 2:   International Health Regulations (IHR) 2005 Decision Instrument for Assessing and Notifying of Events Constituting a Public Health Emergency of International Concern

Events detected by national surveillance system

A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified:
- Smallpox
- Poliomyelitis due to wild-type poliovirus
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS)

Any event of potential international public health concern, including those of unknown causes or sources

An event involving the following diseases:
- Cholera
- Pneumonic plague
- Yellow fever
- Viral haemorrhagic fevers (Ebola, Lassa, Marburg)
- West Nile fever
- Other diseases that are of special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease.

Is the public health impact of the event serious?

Is the event unusual or unexpected? ←Yes— ... —No→ **Is the event unusual or unexpected?**

Yes

No

Is there a significant risk of international spread? — No — **Is there a significant risk of international spread?**

Yes ... No — Yes

No

Yes

Yes

Is there a significant risk of international travel or trade restrictions? —No—

Yes

Not notified at this stage. Reassess when more information becomes available.

Event shall be notified to the World Health Organization under IHR 2005

Source: WHO International Health Regulations, 2005

Annex 3: Ministry of Health Port Health Screening Process for Epidemic and Pandemic Influenza

PORT HEALTH

Port Health Services is a requirement under the International Health Regulation 2005 which aims at the monitoring of emergence and re-emergence of international disease threats and other public health risks as a result in growth in international travels and trade. The following guidelines are provided for all Environmental Health Officers (EHO) who will be involved with health quarantine services at our international airport and sea ports.

SEA PORT: On Arrival Clearance
In accordance with IHR Article 1 and Article 2 When the ship berth alongside the wharf, The Ship Master or responsible agency should provide the following to the Port Health Officer:

✓ The Port Health Officer should board the vessel first and ask for the following documents

✓ Maritime Declaration of Health with crew list, vaccination list and copy of sanitation exemption certificate with a validity time as per required under IHR

✓ In terms of cruise liners and naval ships the passengers list is the additional list to the above documents

✓ If the sanitation certificate is expired the Port Health Officer should proceed with health quarantine clearance formalities but a recommendation should be given to the master of the ship to proceed to next port of call as per required under article 20 part 3 sub section c of IHR whereby the extension of the ships sanitation control exemption certificate for a period of one month until the arrival of the ship in the port at which the certificate maybe received.

✓ Any health emergency or any person suspected to be suffering from any infectious disease should be reported by the Ship Master or the Ship medical officer prior to arrival in Samoa

✓ Upon receipt of any notification regarding any health emergency or any person suffering with any infectious disease the Port Health Officer should make adequate and appropriate arrangements with our Public Health physician to ensure all appropriate measures will be taken to prevent emergence or re-emergence of this health threat with special consideration to seek medical treatment of the sick person on board

✓ Display the quarantine signal before coming to the designated port

- ✓ Suspected of having quarantifiable disease or coming from and infected area
  - • Day time – Q flag / Yellow flag
  - • Night time – 3 lights in the form of an equilateral triangle. Lights to be 6 feet apart, apex to be white and two to be red

- ✓ When Pratique is granted the quarantine signal will no longer in force the yellow flag should be lowered if its daytime

- ✓ Declare and report any outbreak of disease or other health emergencies on board the vessel to their local shipping agent

- ✓ Prepare and deliver a maritime declaration of health to the port health officer

- ✓ Berth anywhere on land unless being granted a Pratique by the port health officer

- ✓ No person or any article is allowed to disembark or to be removed from the ship until and unless the health quarantine clearance is complete to the satisfaction of the Port Health Officer

- ✓ All information received from the International Maritime Declaration of Health should be recorded in a registration book or special database for reference and report updates as well as necessary actions to be taken for way forward

CLEARANCE PROCEDURES DURING EPIDEMIC OR OUTBREAK
- ✓ Board any vessels arriving into the country and inspect every person therein

- ✓ Check the Health Maritime Declaration and supporting documents as per requirements under IHR 2005

- ✓ Arrange inspection of crews and passengers of an infected or suspected vessel coming from an infected ports

- ✓ Inform Public Health Physician of any suspected case of infectious disease or heath emergency

- ✓ Grant Pratique once all requirements have been fulfilled

- ✓ Enter vessel Clearance particulars in the registration book and database

AIRPORTS
The health quarantine services at our International airports are also conducted on accordance with guidelines of the IHR 2005 and Samoa Health Quarantine Regulations 1945.

Captain's Duties
✓ Land at no other place except the designated airport of entry

✓ Declare any suspected case of illnesses or other health emergency on the aircraft.

✓ Inform tower as soon as possible of any health emergency on board the aircraft.
  • Tower to inform EHO on duty immediately or responsible airline agency and provide all information pertaining to the health emergency

✓ Prepare and deliver the health part of the Aircraft General Declaration to the port health officers

✓ Do not allow any person to disembark or board the aircraft until the port health officer has given permission

**Clearance Procedures for Incoming Aircrafts**
1. **Blocks-away Disinfection**
   ✓ The aircraft should be sprayed prior to departure from the last port of destination and the blocks-away certificate should be filled by the captain of the aircraft

   ✓ The Port Health Officer should check the information in the blocks-away certificate and record serial number of the spray can used upon arrival of the aircraft

   ✓ No person or article is allow to leave or to be removed from the aircraft unless and until the port health officer grant permission after all formalities of the health quarantine clearance

   ✓ The port health officer should record all information pertaining to this flight in the registration book or database for reference and report update

2. **In Flight Spraying Disinfection:**

➢ The aircraft should be sprayed at least 20 minutes prior to arrival at the next port of destination and the spraying certificate should be filled by the crew members who carried out the inflight spraying

Annex 4:   Triage of Patients Presenting with Symptoms of Pandemic-Prone Acute Respiratory Diseases
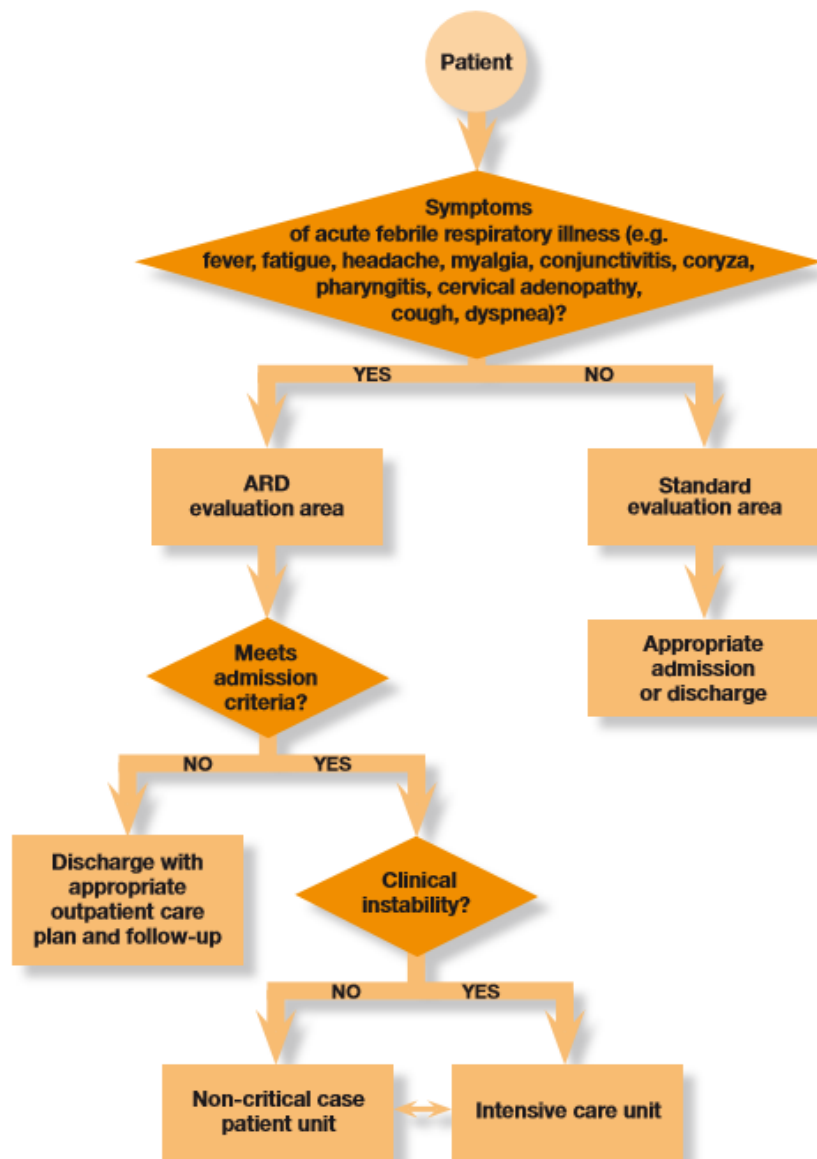
Source: WHO Hospital Preparedness Checklist for Pandemic Influenza, 2009

Annex 5: Standard Operating Procedures for Case Investigation and Contact Tracing during Epidemics and Pandemics

Government of Samoa

MINISTRY OF HEALTH
STANDARD OPERATING PROCEDURES FOR CASE INVESTIGATION AND CONTACT TRACING DURING EPIDEMICS AND PANDEMICS

RATIONALE:

Case investigation and contact tracing are essential measures for timely containment of an outbreak.

Case investigation establishes the source/cause of infection based on which measures to control and prevent outbreak are determined.

Contact tracing is the identification and follow-up of persons who have been exposed to an infected person to determine whether they have been infected. It is the single most important activity to break the chain of transmission of the disease and control diseases such as 2019-novel coronavirus acute respiratory disease (COVID-19). One exposed contact developing into an undetected case has the potential to start an outbreak.

OBJECTIVES:
(i) Identify the potential source/cause of infection in cases
(ii) Rapidly identify all contacts of confirmed cases
(iii) Promptly refer contacts for isolation and treatment if they become symptomatic
(iv) Prevent additional transmission from contacts to others, through promotion of preventive measures such as enhanced infection prevention and control and social distancing including home, institutional or community quarantine
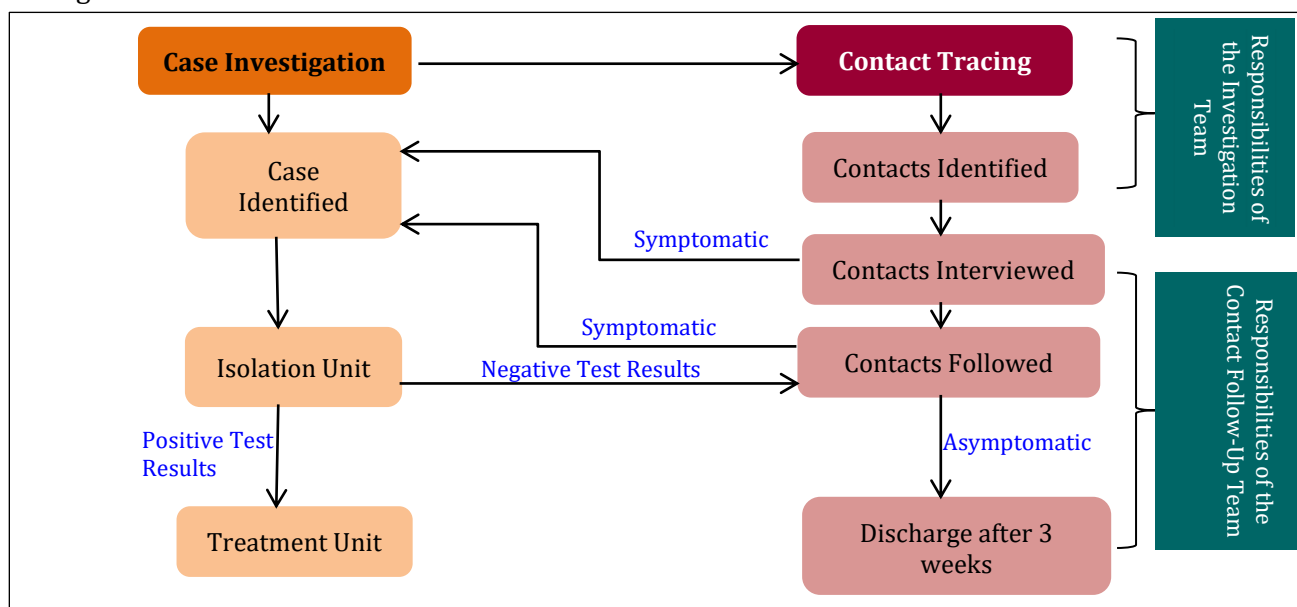
KEY PRINCIPLES:
(i) Laboratory confirmation should not delay the initiation of case investigation and contact tracing
(ii) Public health investigation team should be thoroughly trained and socially skilled as first interaction with the case or contact and their family/ies is critical.
(iii) Electronic data management is the key when the number of contacts becomes difficult to manage
(iv) Contact tracing can only be meaningful with effective detection of cases, lab testing, quarantine and isolation capacity and effective patient care and management.

DEFINITIONS:

Suspected Case	Any person with shown signs and symptoms of the disease that is outbreak and meet most of the suspected cases criteria
Probable Case	A suspect case for who testing for the disease is inconclusive or is tested positive and without laboratory evidence of other respiratory pathogens
Confirmed case	A person with laboratory confirmation of infection, irrespective of clinical signs and symptoms
Close Contact	A close contact is a person involved in any of the following exposures during the 2 days before and 14 days after the onset of symptoms of a suspected or confirmed case: 1. Close contact with a suspected or confirmed case (within 1 meter) for more than 15 minutes 2. Direct physical contact with a probably or confirmed case 3. Direct care for a patient with probable or confirmed disease without using proper personal protective equipment 4. Sitting within two rows of a suspected/confirmed case in a conveyance *Note: For confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation*
High Risk Contact	Contacts who lived in the same household at the case; contacts who cared for the case during his/her illness without any precautionary measures; and contacts that are pregnant, with diabetic or other chronic disease conditions and who are older than 60 years.

IMPLEMENTATION OF CASE INVESTIGATION AND CONTACT TRACING:

The diagram below (Figure 1) presents the relationship between case investigation and contact tracing.

Case Investigation:
Contact tracing can only break the chain of virus transmission if it is implemented immediately upon identification of a case, including suspected, probable and confirmed cases. Laboratory confirmation should not delay the initiation of contact tracing. When an alert of a potential case is first detected, an Investigation Team should be immediately mobilized to investigate. The Investigation Team should evaluate the person in question for symptoms, the type of exposure they had, and any risk factors. If the person meets the definition of a confirmed case, then the Incident Management Framework is activated. Working simultaneously with the Case Management Team, the Investigation Team should interview the confirmed case, systematically identifying all potential contacts since the case's onset of symptoms. They should ask probing questions to ascertain all of the case's activities since the onset of illness and identify everyone involved in those activities. This interview should be comprehensive, detailed, and extensive. No aspect of the case's daily activities since becoming ill should be missed.

If the case is well enough to talk, the Investigation Team should interview the case directly. If the case is unable to talk or has died, the team should talk to people who were likely involved in the case's routine activities and in the events leading up to their identification as a case. The team should talk to family and other contacts regardless of whether the case is alive or dead. Sometimes a case may forget or deliberately not name contacts or the case might be too sick to provide an accurate list. The team should gather information from people who cared for or had geographic proximity to the case, including healthcare workers, family and neighbours, and funeral attendees (if applicable). Thus, the Investigation Team must visit the household of each case and any health facilities visited by the case. To ensure a complete and accurate list of contacts, the Investigation Team may have to conduct several interviews and visit places that the case went to after they started to have symptoms to get the names of contacts that the case does not know or remember (i.e., others at a restaurant, hotel, conference, market, place of worship, clinic or workplace). The Investigation Team should verify and double check the exposure information for consistency and completeness during re-interview in later visits to ensure that all contacts and potential chains of transmission are identified. Failure to identify even a single contact may lead to ongoing transmission. All persons, including the case, their family and other close contacts, should be provided with an easy way to reach the Investigation Team if he or she recalls more contacts after an interview is over. An outline of step-by-step procedures is available. [See Annex 1].

Key considerations:
✓ Laboratory confirmation should not delay the initiation of contact tracing.
✓ Case and contact interviews should be conducted in a safe and conducive environment to establish trust and rapport between the team, case, family and community.
✓ Members of the Investigation Team should be persons trained in contact tracing, and interviewing (e.g., actively listen, know how to ask probing questions, show empathy, adjust the interview based on the case's or family members' emotional state, etc.).
✓ Probing questions should be dependent on the culture and local customs/activities in the area, and should focus on the period when the case developed symptoms.
✓ Questions should be designed to elicit the names of:
   o People with direct physical contact
   o People with sexual contact
   o All people who lived with the case (alive or deceased) since symptom onset in the same household
   o All people who visited the case (alive or deceased) since symptom onset (e.g. at home, healthcare facility)

- All places the case visited since symptom onset (e.g., work, pharmacy, place of worship, extended family, traditional healers)
- All healthcare facilities visited by the case and all healthcare workers who cared for the case Emergency guideline for the implementation and management of contact tracing for virus disease
- In the event that the case is a healthcare worker, all patients and colleagues of this healthcare worker.
- In the event that the case has died, all persons who had contact with the deceased person, including those who attended burial ceremonies
- Anyone else who might have been exposed to the case • It may be helpful to use a calendar or specific dates, such as local holidays, to help potential cases recall activities.

✓ When cases are first notified of their status, fear can inhibit their ability to recall persons with whom they have had contact. Including psychosocial support staff on the Investigation Team may help to reassure the case, and thereby facilitate contact identification.

✓ During initial contact tracing, it may be helpful to split the Investigation Team so that one group focuses on healthcare contacts and one focuses on community contacts. However, it is important to maintain strong communication between teams, and to remember that there may be overlap between community and healthcare contacts.

✓ Finding all contacts can be a logistical challenge. Common difficulties include: contacts without addresses, locations with no street names, use of personal nicknames, countries with no national identification program (e.g., no licenses, or birth certificates). Some solutions to these problems have included engaging community leaders to help find where contacts live and enlisting the help of cell phone companies to track contacts through Global Positioning Systems (GPS) with the assistance of the Samoa Bureau of Statistics.

Contact Listing:
Any person considered to have had a potential exposure and meeting the contact definition criteria should be listed as a contact using the Contact Listing Form (Annex 2). Information should be collected about:

✓ A contact's relationship to the case
✓ Date of last interaction and
✓ Type of interation.

Additional information should include the address and whenever available, a contact.

The Investigation Team should make very effort to personally identy and interview every listed contact. During this interview, the contact should be asked about their last date of interaction with the case. If there is a discrepancy between the date provided by the case and by the contact, the most recent date since the case's symptom onset should be used as the start of the 21 days incubation period. If no risk of exposure is identified, the person will not longer be considered a contact and will not need follow-up.

When contacts are identified and confirmed, they should be informed of their risk status and the plan for follow-up. Contacts should be educated about the signs and symptoms of the disease and preventive measures they should take to protect themselves and others.

The Contact Tracing Team should explain that getting early and good clinical care improves outcomes and that immediate isolation reduces the risk of infecting family members. Contacts should be given the Contact Tracing Team's contact information. Should the contact develop symptoms, the contact should be instructed to self-isolate and notify the team, in order to keep others from getting the disease/virus. The contact should also be made awae of the importance of notifying the team if they move or leave the area.

Any contact that is found to be symptomatic during this initial interview is a potential suspected case. In this situation, the Investigation Team will contact the Epidemiologist, Assistant Chief Executive Officer of the National Disease Surveillance and IHR Division and the Deputy Director of Public Health Department who will active the Case Management Team. The suspected case will then be transported to a transit/isolation unit for further testing. While awaiting testing, contact identification and contact listing should be initiated for this new suspected case.

Key considerations:
✓ The first meeting with a contact is critical. It should be conducted by an epidemiologist

HEALTH ORDINANCE 1959:

PART 4: INFECTIOUS DISEASES & SCHEDULE 1

28. Powers of Chief Executive Officer on outbreak of infectious disease – **(1)** If
there is an outbreak of any infectious disease, the Chief Executive Officer may, with
the authority in writing of the Minister, exercise any of the following powers:

(a) take possession of and occupy and use such lands and buildings whether public or
private as in his or her opinion are required for the accommodation and treatment of
patients;

(b) by requisition in writing served on the owner or other person for the time being in
charge of any vehicles, require the exclusive use of such vehicles for the conveyance
of patients or of persons in attendance on patients, or otherwise for use in connection
with the outbreak of disease as aforesaid;

(c) by requisition in writing served on the occupier of a premises or on a person from
the time being in charge of any premises, require to be delivered to him or her or in
accordance with his or her order such drugs, and articles of food or drink, and such
other materials as he or she deems necessary for the treatment of patients.
(2) A person who suffers a loss or damage by the exercise of any of the powers
conferred on the Chief Executive Officer by this section is entitled to compensation to
be   determined   in   case   of   dispute   by   the   Supreme   Court.
(3) A person who refuses or fails to comply with a requisition under this section, or
who counsels, procures, aids, or incites any other person so to do, or who interferes
with or obstructs the Chief Executive Officer or a person acting under the authority of
the Chief Executive Officer in the exercise of any powers under this section, is liable
on conviction to a fine not exceeding 2 penalty units.

29. Special powers of Chief Executive Officer – **(1)** The Chief Executive Officer
may, if authorised in writing so to do by the Minister, exercise the following special
powers for the purpose of preventing the outbreak or spread of any infectious disease:

(a) declare a land, building, or thing to be insanitary and may prohibit the use for any specified purpose of any such land, building or thing;

(b) cause any insanitary building to be pulled down, and the timber and other materials thereof to be destroyed or otherwise disposed of as he or she thinks fit;

(c) cause insanitary things to be destroyed or otherwise disposed of as he or she thinks fit;

(d) cause infected animals to be destroyed in such manner as he or she thinks fit;

(e) require persons to report themselves or submit themselves for medical examination at specified times and places;

(f) require persons, places, buildings, premises, animals, and things to be isolated, quarantined, or disinfected as he or she thinks fit;

(g) forbid persons, ships, aircraft, animals, or things to come, or to be brought to a port or place in Samoa from a port or place which is or is supposed to be infected with any infectious disease;

(h) forbid persons to leave the place in which they are isolated or quarantined until they have been medically examined and found to be free from infectious disease, and until they have undergone such preventive treatment as he or she may in such case prescribe;

(*i*) forbid the removal of ships, aircraft, animals, or things from one port or part of Samoa to another or from the place where they are isolated or quarantined, until they have been disinfected or examined and found to be free from infection;

(j) prohibit the keeping of animals or of any species of animal in a specified part of Samoa;

(k) forbid the discharge of sewage, drainage, or insanitary matter of any description into any watercourse, stream, lake, or source of water supply;

(l) by order published as widely as he or she considers practicable in Samoa, or by notices posted in conspicuous places, require all theatres and other places of public amusement, all billiard rooms, all churches, reading rooms and public halls, and all other premises where people are accustomed to assemble for a purpose within Samoa or within a defined area thereof, or any of such premises as aforesaid, to be closed for

admission to the public either until further order or for a fixed period, and either absolutely or subject to such qualifications as he or she thinks fit;

(m) by order published in like manner, prohibit until further order or for a fixed period, and either absolutely or subject to such qualifications as he or she thinks fit, the congregation of people at any racecourse, recreation ground, or other place within Samoa; or

(n) prohibit until further order or for a fixed period the attendance of children under the age of 16 years in schools, Sunday schools, theatres, or places of public amusement within Samoa, or within a defined area thereof. **(2)** The Chief Executive Officer, and any inspector or other person authorised in that behalf by the Chief Executive Officer, may at any time, with or without assistants, enter on any lands or premises and inspect the same and all things thereon or herein, and may do, with respect to any persons, places, land, buildings, premises, animals, or things, whatever in the opinion of the Chief Executive Officer is necessary or expedient for the purpose of carrying out subsection (1). **(3)** In no case shall the Chief Executive Officer or any inspector or other authorised person incur any personal liability by reason of anything lawfully done under the powers conferred by this section.

30. Penalties for obstructing Chief Executive Officer – **(1)** A person who in any way, directly or indirectly, by any act or default:

(a) obstructs or hinders the Chief Executive Officer in the exercise of the functions and powers under the foregoing provisions of this Part, or obstructs or hinders any inspector or other person acting with the authority or by direction of the Chief Executive Officer; or

(b) does anything which the Chief Executive Officer in the exercise of the aforesaid functions and powers forbids to be done;

(c) refuses, delays, or neglects to comply with any direction or requirement of the Chief Executive Officer in the exercise of the aforesaid functions and powers, – commits an offence and is liable on conviction to a fine not exceeding 2 penalty units, and in the case of a continuing offence to a further fine not exceeding 2 penalty units, for any day on which the offence is continued after the first day. **(2)** A person who is isolated or quarantined by order of the Chief Executive Officer under the foregoing provisions of this Ordinance, and who unlawfully leaves the place of isolation or quarantine, may be arrested by any officer of the Ministry or by any constable without warrant and returned forthwith to the place of isolation or quarantine.

31. Register of infectious diseases – The Chief Executive Officer shall keep a register of a case of infectious disease to his or her knowledge occurring in Samoa. A medical practitioner who becomes aware that any person is suffering from an infectious disease shall notify the Chief Executive Officer.

32. Duty of occupier of building – When a person is suffering from any sickness the symptoms of which create a reasonable suspicion that it is an infectious disease, the occupier or other person for the time being in charge of the land or building in which the sick person is living shall consult a medical practitioner employed by the Ministry or to notify the Chief Executive Officer of the existence of a disease suspected to be an infectious disease.

33. Duty of master of ship or aircraft – When a person on board a ship or aircraft in any harbour, port, or other place in Samoa is suffering from any sickness the symptoms of which create a reasonable suspicion that it is an infectious disease, the master of the ship or person-in-charge of the aircraft shall notify the Chief Executive Officer of the existence of the infectious disease.

34. Chief Executive Officer may enter premises – The Chief Executive Officer or any medical practitioner employed by the Ministry may:

(a) at all reasonable times enter any premises in which he or she has reason to believe that there is or recently has been any person suffering from an infectious disease or recently exposed to the infection of the disease; and

(b) medically examine a person on such premises for the purpose of ascertaining whether such person is suffering or has recently suffered from the infectious disease.

35. Chief Executive Officer may order post mortem – If:

(a) the death of a person is suspected to have been due to an infectious disease and the facts relating to the death cannot with certainty be ascertained without a post mortem examination; or

(b) it is desirable for preventing the occurrence or spread of an infectious disease that the facts relating to the death of a person should be ascertained,– the Chief Executive Officer may order a post mortem examination of the body of the deceased person to be made by a medical practitioner.

36. Isolation of persons likely to spread infectious disease – **(1)** The Chief Executive Officer or any medical practitioner employed the Ministry or any inspector, in any case where in the interests of the public health he or she thinks it expedient so to do, may make an order ("order") for the removal of a person suffering from any infectious disease to a hospital or other place where such person may be effectually isolated.

(2) An order is to be made in a case where the Chief Executive Officer or such medical practitioner or inspectors is satisfied that the patient cannot without removal be effectually isolated or properly attended.

(3) An order may be executed by the Chief Executive Officer or such medical practitioner or inspector or by a person authorized in that behalf by the Chief Executive Officer or such medical practitioner or inspector, and may be executed by force if necessary.

(4) A person who willfully disobeys an order or who obstructs or delays or in a way interferes with the prompt execution thereof commits an offence and is liable to a fine not exceeding 1 penalty unit.

37. Offences in respect of infectious diseases – **(1)** A person commits an offence and is liable to a fine not exceeding 1 penalty unit who:

(a) while to the person's own knowledge suffering from any infectious disease willfully is in any public place without having taken proper precautions against the spread of infection; or

(b) while in charge of a person suffering as aforesaid takes that person into or allows that person to be in a public place without having taken proper precautions against the spread of infection; or

(c) while suffering as aforesaid enters any public conveyance, or while in charge of any person so suffering takes that person into any public conveyance, without in every such case notifying the driver or conductor of the fact; or

(d) being the owner or driver or conductor of a public conveyance fails or neglects to disinfect the conveyance or cause the same to be disinfected after it has to his or her knowledge been entered by a person suffering as aforesaid.
(2) If an offence under this section relates to a public conveyance, the convicting Court shall order the defendant (not being the owner) to pay to the owner of the conveyance the expenses incurred in disinfecting the same.

38. Offences in respect of property exposed to infection – A person commits an offence and is liable to a fine not exceeding 1 penalty unit who:

(a) lends, sells, transmits, or exposes any things which to his or her knowledge have been exposed to infection from any infectious disease, unless they have first been effectively disinfected or proper precautions have been taken against spreading the infection; or

(b) lets for hire a dwelling or part of a dwelling in which there then is or within the previous 6 months has been, any person to his or her knowledge suffering from an infectious disease, unless the dwelling or part thereof as the case may be, and all things therein liable to infection, have been effectively disinfected to the satisfaction of the Chief Executive Officer, before the person hiring goes into occupation; or

(c) when letting or negotiating to let to any person for hire any dwelling in which any person suffering from an infectious disease is then living, or any part of such dwelling, does not disclose the fact.

39. Disinfecting of premises – **(1)** When the Chief Executive Officer is of opinion that the cleansing or disinfecting of any premises or of any article is necessary for preventing the spread or limiting or eradicating the infection of any infectious disease or otherwise for preventing danger to health or for rendering premises fit for occupation, he or she may by notice in writing require the owner or occupier to cleanse or disinfect such premises or article within a time specified in the notice. **(2)** If the owner or occupier fails to carry out any work within the time specified in the notice or in any other case where the Chief Executive Officer thinks fit to do so, the Chief Executive Officer may authorize any person he or she thinks fit with or without assistants to enter on any premises and to carry out such disinfecting and cleansing, and the cost of such disinfection or cleansing is recoverable from the owner or occupier as a debt due to the Government.

40. Power as to burials – **(1)** If the body of any person who has died is in such a state as to be dangerous to health, the Chief Executive Officer or medical practitioner may order the body to be buried forthwith, or within a time limited in the order, and may if he or she thinks fit order the body, pending burial, to be removed to the nearest mortuary or other suitable place.

(2) A person who, in any way, prevents or obstructs the due and prompt execution of any order under this section or of any of the powers exercisable under this section is liable to a fine not exceeding 1 penalty unit.

SCHEDULE 1
(Section 2)

INFECTIOUS DISEASES

PART 1: Cholera
Plague
Relapsing fever (epidemic louse-borne)
Small pox
Typhus (epidemic louse-borne)
Yellow fever

PART 2: Acute anterior poliomyelitis
Anthrax
Cerebro-spinal meningitis (meaning gococcal)
Chickenpox (Varicella)
Dengue
Diphtheria
Dysentry: Amoebic
Bacillary (Shigellosis)
Other types
Encephalitis

Enteric fevers (Typhoid fever, Paratyphoid fever)
German measles (Rubella)
Infantile diarrhoea
Infective hepatitis
Influenza
Leprosy
Leptospirosis
Measles (Rubeola or Morbilli)
Mumps
Ophthalmianeonatorum (gonococcal)
Psittacosis (Ornithosis)
Puerperal fever
Scarlet fever
Tetanus
Tuberculosis: Syphilis
Other sites
Typhus (flee borne)
Typhus (mite borne)
Undulant fever (Brucellosis)

Venereal diseases: Gonorrhea
Syphilis
Other types
Whooping cough (Pertussis)
Yaws (Framboesia)

This Schedule was substituted for the original Schedule 1 by section 2 of the [Health Amendment Act 1969](#).

PUBLIC HEALTH TERMINOLOGIES

TERMINOLOGY	DEFINITION
Acute Respiratory Diseases (ARD)	ARD is the acute respiratory tract illness caused by an infectious, human-to-human transmitted agent. The onset is typically rapid, over a period of hours but can take up to several days. Symptoms include fever, fatigue, cough, sore throat, headache, coryza and dyspnea. Examples of the pathogens causing ARD include rhinovirus, respiratory syncytial virus, para influenza virus, severe acute respiratory syndrome-associated coronavirus and influenza virus
Capacity	The combination of all of the strengths, attributes and resources available within an organization that can be used to achieve agreed goals
Contingency Plan	A management process that analyzes specific potential events or emerging situations that might threaten the community or the environment and establishes arrangements in advance to enable timely, effective and appropriate responses to such events and situations. Contingency planning results in organized and coordinated courses of action with clearly-identified institutional roles and resources, information processes, and operational arrangements for specific actors at times of need.
Disaster	A serious disruption of the functioning of a community or a society involving widespread human, material, economic, or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources
Public Health Emergency	A sudden and usually unforeseen public health event that calls for immediate measures to minimize its adverse consequences
Epidemic	The occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events that are clearly beyond normal expectancy
Pandemic	An epidemic occurring worldwide, or over a very wide area crossing international boundaries, usually affecting a large number of people
Preparedness	The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current hazard events or conditions
Response	The provision of public health emergency services and public assistance during or immediately after a disaster or public health event in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected
Surge capacity	The ability of a health service to expand beyond its normal capacity to meet an increased demand for clinical care
Surveillance	Systemic ongoing collection, collation and analysis of disease data and timely dissemination of information to those who need to know so that action be taken