



MINISTRY OF HEALTH

ANNUAL REPORT

FINANCIAL YEAR 2019/20

LOVE
MY SAMOA
PREVENT
COVID-19



GOVERNMENT OF SAMOA

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MINISITA LAGOLAGO O TAUI O FAALAVELAVE FA'AFUASE'I

The Honorable Speaker
Legislative Assembly of Samoa
MULINU'U

Dear Honorable Speaker,

Pursuant to Part III section 7 (f) of the Ministry of Health Act 2006, I have the pleasure of forwarding the Annual Report of the Ministry of Health for the Financial Year 2019/20 for tabling at the next meeting of the Legislative Assembly of Samoa.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Kika Stowers'.

Hon. Faimalotoa Kika Stowers
MINISTER OF HEALTH



Hon. Faimalotoa Kika Stowers
MINISTER OF HEALTH

FOREWORD

It gives me great pleasure to introduce the second Annual Report for the Ministry of Health for Financial Year 2019/20 since the merge on 1st February 2019.

This Annual Report continues to report on Ministry of Health's activities during the twelve months as well as activities that were implemented in the Financial Year 2019/20 and were successfully achieved within this financial year. All activities are based on Ministry of Health's commitments identified in performance measures that have significant linkages to obligations of the Samoan Government as outlined in the Strategy of Development for Samoa FY2016/17 – FY2019/20 and the Health Sector Plan FY2019/20 – FY2029/30.

It must be noted for public information and records, that the Ministry of Health together with its public health sector partners faced many challenges during this financial year. Three significant challenges are the public health and clinical efforts to implement disease prevention and control during the 2019 Pacific Games, respond to measles epidemic in 2019 and public health efforts to effectively implement border control measures as part of Samoa's preparations and responses to COVID-19 pandemic. The Ministry of Health conducted its coordinating role for these events with great assistance from the government leaders, government ministries and corporations, development partners, health sector, and local communities. .

Despite all these challenges, the Ministry of Health maintained its focus in strengthening its mandated roles to ensure quality healthcare is available for the Samoan population. The Ministry pursued with Health Promotional and Community Awareness programs to advocate in lowering the number of people with Non Communicable Diseases (NCD's) such as diabetes, hypertension and cardiovascular to name a few, which are the leading causes of death in Samoa; and promote hand-washing, hygiene, wearing masks and social distancing as prevention interventions for COVID-19.

Overall the Ministry of Health in this financial year has made tremendous performance progress in implementing hospital and clinical services, public health services and above all, the execution of its monitoring and evaluation role in maintaining high quality of health service delivery for all.

Ma le fa'aaloalo lava.

Hon. Faimalotoa Kika Stowers
MINISTER OF HEALTH



Leausa Samau T. Dr. Take Naseri
DIRECTOR GENERAL

KEY MESSAGE

The Financial Year 2019/20 has been both challenging and awarding for the Ministry of Health. As the health-lead for Samoa, the Ministry was tasked as the prime Government focal point for the implementation of the disease prevention and control and health response to the 2019 Pacific Games, the 2019 Measles Epidemic and the 2019/2020 COVID-19 Pandemic. By the MOH Amendment Act 2019, the Ministry's national responses were undertaken through the mandated pillars of Public Health, Hospital and Clinical and Corporate Governance. The merger approach was fairly new and it served as the cornerstone of the Ministry of Health's national response, as well as providing the testing grounds for its credibility.

Thus, by February 1, 2019, the MOH was expected to accelerate the country's focus on prevention, revive the community's engagement in health; strengthen the pace of primary health care (public health) and; to reduce the costs associated with duplicated organizational arrangements. Based on a Whole-of-Government Approach, the Ministry depended by and large on the assistance of central government agencies, our development partners in health and key government stakeholders in trying to meet its refocused development agenda.

In that connection, the overall performance of the health sector against the Strategic Outcomes and Indicators for Health under the SDS Fy2016/17 – FY2019/20 is diverse. By the end of the FY2019/20, about forty six percent (46%) of the indicators were achieved with the remaining in the progressive and shortfall categories. The preceding years being take up with the MOH-NHS merger implementation aside from the health response, presented various challenges in the Ministry's ability to focus on producing outcome-based results. It was a period of organizational transition marked by public health disasters and the Ministry had to refocus its stance within one financial year.

By the end of this period of review, we are just starting to see the reality of our new mandated roles and responsibilities. The practical application of the merger transition is encouraging with improved communication flows at all levels within the Ministry, across-sector from central government to the communities and with our Partners in Health. Our Health Advisory Committees – Health Programs Advisory Committee (HPAC) and Komiti Faufautua (Health Advisory Committees) continue to provide the strategic and policy guidance in how the sector positions itself in terms of the national interest and we are appreciative of their direction.

In ending it, it is imperative that as we move forward, we must put in place substantially improved mechanisms to enable better planning and most suitable responses in health. Thus this financial year has dedicated much of its efforts on our Monitoring and Evaluation and e-Health developments given the importance of accurate and quality data on disease burden, financing opportunities, as well as meeting the indicators in the Sustainable Development Goals related to health. These in essence will assist us in our strive to enhance population health, by placing our communities and families at the centre of Samoa's health services.

Soifua ma ia manuia.

Leausa Samau T. Dr. Take Naseri
DIRECTOR GENERAL OF HEALTH

ACRONYMS AND ABBREVIATIONS

ACEO	Assistant Chief Executive Officer
AG	Attorney General
AUS. DFAT	Australia's Department of Foreign Affairs and Trade
CDC	Cabinet Development Committee
CEO	Chief Executive Officer
DGOH	Director General of Health
EN	Enrolled Nurse
ENT	Ear, Nose, Throat
F&P	Finance and Procurement
FY	Financial Year
GoS	Government of Samoa
HCWM	Health Care Waste Management
HEAPS	Health Education and Health Promotion Services
HISM&E	Health Information System and Monitoring & Evaluation
HPED	Health Protection and Enforcement Division
HSCRMD	Health Sector Coordination, Resourcing and Monitoring
MDA	Mass Drug Administration
MOF	Ministry of Finance
MOH	Ministry of Health
MTII	Malietao Tanumafili II Hospital
NCDs	Non-Communicable Diseases
NGO	Non-Government Organizations
NHA	National Health Accounts
NHS	National Health Service
NUS	National University of Samoa
NZMFAT	New Zealand Ministry of Foreign Affairs and Trade
PHC	Primary Health Care
PSC	Public Services Commission
RN	Registered Nurse
SPPRD	Strategic Planning, Policy and Research
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBA	Traditional Birth Attendance
TTM	Tupua Tamasese Meaole Hospital
WHO	World Health Organization
WB	World Bank

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INTRODUCTION

The Ministry of Health introduces its Annual Report for FY2019/20 as it continues to report on the translation and implementation of its mandated roles and functions in accordance with the MOH Amendment Act 2019, the Health Sector Plan FY2019/20 – FY2029/30 and Ministry of Health Corporate Plan FY2019/20 – FY2022/23.

The report for the FY2019/20 looked at the trends on the practical application of the MOH's mandated function through the achievements and progress of activities implemented by all Divisions/Outputs within the Ministry of Health. These activities derived from priority areas of specific legislations used by MOH to guide its work plan for the financial year. This is the second fully fledged reporting to Government after the official merge of the former Ministry of Health and National Health Service on 1st February 2019.

This report continues to report on the progress of activities implemented and achieved by the Ministry laid out in its MOH Corporate Plan 2007-2010 and Management Plan 2009/2010, as well as challenges encountered by the Ministry of Health for the fiscal year 2009-2010.

The reporting of achievements and challenges faced by the Ministry of Health during this financial year, will be based on the Ministry's Outputs.

MOH Corporate Plan FY20220/21-FY2022/23

Vision:

"Accelerating Health and Wellbeing for a Healthy Samoa"

Mission:

"To provide comprehensive people-centred healthcare services through delivering preventative, promotive, curative and rehabilitation services; and continue to empower people of Samoa to take ownership of their health"

HEALTH STATUS AND OUTCOME INDICATORS (MINIMUM CORE DATA SET FOR ANNUAL REPORTING)

Life Expectancy

The 2016 Population Census reported that the total population of Samoa was approximately 195,979. To compare to the last five years (2011-2026, the population has increased by 8,159 people¹. Almost half of the population belong to dependant age groups (age 0-14 and 65 or older), and the other half belong to the working age group (age 15-64). The Life Expectancy at birth for Samoa is 73.7 years for males and 76 years for females.

Leading Underlying Causes of Mortality

Table 1: Top Ten Leading Causes of Mortality Reported and Certified in Financial Year 2019/20

Underlying Causes	Numbers of Mortalities
Essential Hypertension	107
Measles with other complications	83
Pneumonia	59
Septicaemia	65
Stroke	34
Type 2 Diabetes mellitus with circulatory complications	33
Atrial fibrillation and flutter	26
Acute Myocardial infarction	19
Mental and behavioural disorders	12

Source: TTM Hospital Medical Records, 2020

The Measles Epidemic that affected Samoa from September till December 2019 impacted on the number of deaths for the reported period. Of the total deaths reported and certified, essential hypertension and measles are the major causes of deaths for this financial year. All measles deaths are fatalities from the measles epidemic last year. Based on their medical history, none of them had completed immunization program for Measles, Mums and Rubella (1st and 2nd doses).

Leading Underlying Causes of Morbidity

Table 2: Top Ten Leading Causes of Morbidity Admitted to all Public Health Facilities in Financial Year 2019/20

Underlying Causes	Numbers of Admissions
Measles with other complications	1,386
Pneumonia	896
Essential Hypertension	623
Diarrhoea and gastroenteritis of presumed infectious origin	479
Type 2 Diabetes mellitus with other specific complications	304
Type 2 Diabetes mellitus with circulatory complications	217
Atrial fibrillation and flutter	166
Volume Depletion	146
Heart Failure	134
Stroke	131

¹ Samoa Bureau of Statistics. 2016. *2016 Census Brief No.1: Population Snapshot and Household Highlights*. Apia

There were some significant changes in the morbidity data compare to the previous financial years. Measles with other complications was one of the health problems that contributed to the increase in numbers of hospital admissions in all public health facilities during this financial year. This is due to the large numbers of the population being infected with measles during the measles epidemic late last year.

MOH's Performance against the National Health Indicators

The specific national development goal for health in the Strategy for the Development of Samoa FY2016/17 – FY2019/20 is reflected under Key Outcome 6: A Healthy Samoa and Wellbeing Promoted. The strategic outcomes and indicators that the Ministry of Health as the leading agency for the health sector has to implement in collaboration with its sector partners are as follow:

Table 3: Health Strategic Outcomes and Indicators under SDS FY2016/17 – FY2019/20

KEY OUTCOME 6: A HEALTHY SAMOA AND WELLBEING PROMOTED	
Strategic Outcomes	Indicators
1. Health Promotion, Protection and compliance improved	1.1 Prevalence of alcohol drinkers reduced by 5%
	1.2 Prevalence of smokers reduced by 5%
	1.3 Number of physically active people increased by 5%
2. Primary healthcare improved	2.1 Infant mortality rate reduced
	2.2 Mortality Ration reduced
	2.3 Population screened for early Non Communicable Diseases detection and diagnose increased
3. Safety and Quality of Healthcare Services	3.1 Number of Health Professionals is increased
	3.2 Patient sent for overseas treatment reduced by 5%
	3.3 Waiting time in emergency department general outpatient and triaging reduced
	3.4 100% compliance of healthcare workers with professional standards
	3.5 Health information system implemented and
	3.6 Access to health products and services increased
4. Management and response to disasters and emergencies and climate change improved	4.1 100% compliance with disaster and climate resilience plans

The national health indicator implementation status are highlighted using color-coding where green indicates achieved indicators; olive green for indicators that are progressive, red for indicators that are shortfall and grey for indicators with unknown implementation status.

Strategic Outcome 1: Health Promotion, Protection and Compliance Improved

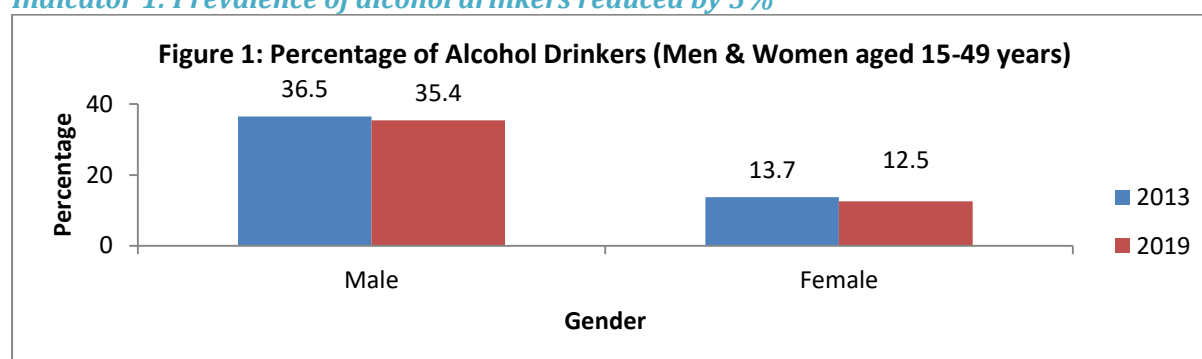
The Table 4 below summarizes the overall performance of the Ministry of Health and the health sector against the national health indicators under Strategic Outcome 1.

Table 4: Strategic Outcome 1: Health Promotion, Protection and Compliance improved

KEY OUTCOME 6: A HEALTHY SAMOA AND WELLBEING PROMOTED				
Strategic Outcome	Indicators	Baseline	Progress	Status
1. Health Promotion, Protection and compliance improved	1.1 Prevalence of alcohol drinkers reduced by 5%	Male = 36.5% Women=13.7% (STEPS 2013)	Male=35.4% Women=12.5% (SDHS/MICS 2019)	Shortfall
	1.2 Prevalence of smokers reduced by 5%	Male = 36.5% Women=13.7% (STEPS 2013)	Male=35.4% Women=12.5% (SDHS/MICS 2019)	Achieved
	1.3 Number of physically active people increased by 5%	Male = 36.5% Women=13.7% (STEPS 2013)	Male=35.4% Women=12.5% (SDHS/MICS 2019)	Shortfall

Within this financial year, the Ministry of Health and the health sector was able to achieve 1 out of 3 national health indicators under Strategic Outcome 1. The detailed information on implementation is reported below.

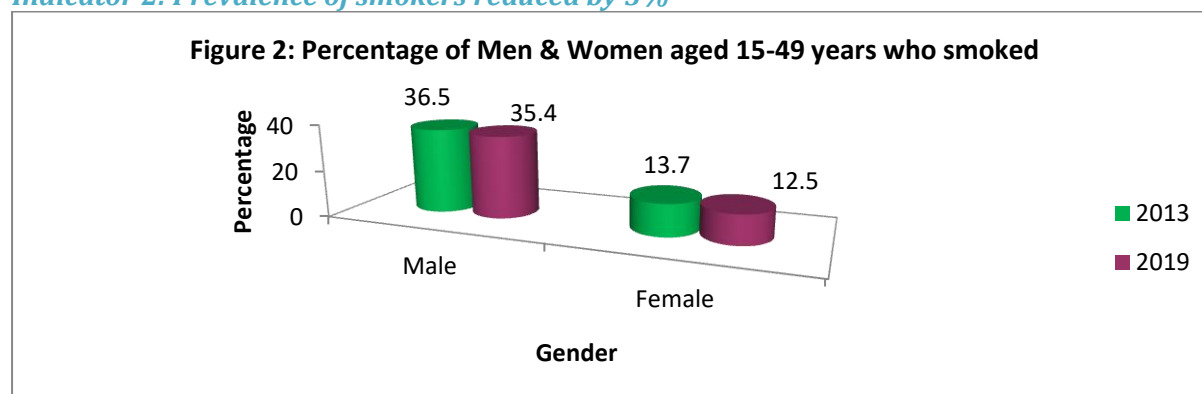
Indicator 1: Prevalence of alcohol drinkers reduced by 5%



Source of Information: NCD STEP Survey 2013 & Samoa DHS MICS 2019-20 Preliminary Findings

The prevalence of alcohol drinkers for has been increased by 13.8% and for women by 2.4%. This means that there is a significant increase in percentage of men consuming alcohol while the percentage of women consuming alcohol is gradually increasing compared to the results from the STEP Survey in 2013. This highlights the need to strengthen the implementation of alcohol control community awareness programs and effective monitoring of the National Alcohol Control Policy 2016-2021 to ensure interventions that contribute in reducing alcohol consumption are well implemented and measured.

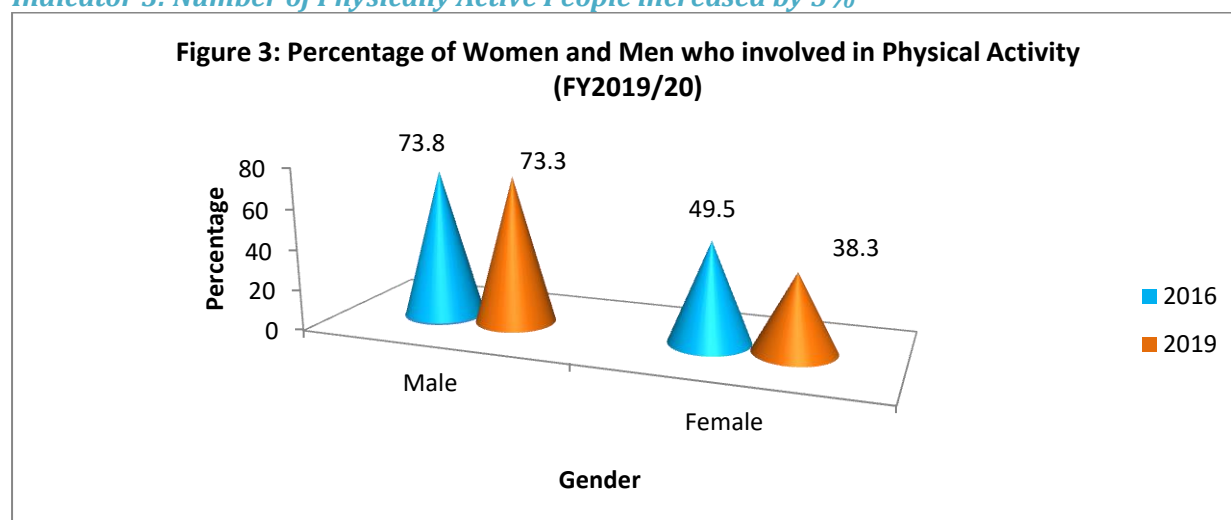
Indicator 2: Prevalence of smokers reduced by 5%



Source of Information: NCD STEP Survey 2013 & Samoa DHS MICS 2019-20 Preliminary Findings

The prevalence of men and women aged 15-49 years who smoked has been decreased by 1.1% for men and 1.2% for women. This results reflects the effective implementation and enforcement of the Tobacco Control Act 2008 and Tobacco Regulations 2013 as well as interventions and control measures put in place through Community Awareness and Health Promotion Programs; implementation of the National Tobacco Control Policy 2019-2024 with the great support from the Samoa Framework Convention on Tobacco Control Project.

Indicator 3: Number of Physically Active People increased by 5%



Source of Information: NCD STEP Survey 2013 & Samoa DHS MICS 2019-20 Preliminary Findings

There is slight decrease in percentage of men (0.5%) who are physically active compared to the decrease in percentage of physically active women which is very significant (11.2%). This indicates that there is a need to push and promote the community participation to any form of physical activities. It is assumed that the decrease in population's participation to physical activities was due to minimizing of mass gatherings as a result of measles outbreak State of Emergency Procedures in 2019 and the COVID-19 pandemic from the beginning of this year which is the last six months of this financial year.

Strategic Outcome 2: Primary Healthcare Improved

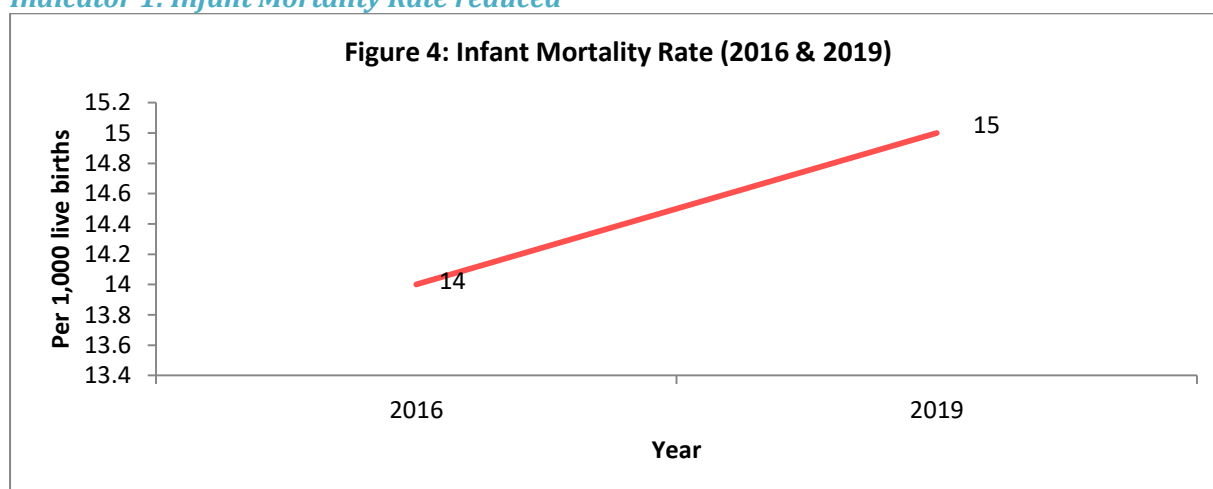
The Table 5 below summarizes the overall performance of the Ministry of Health and the health sector against the national health indicators under Strategic Outcome 1.

Table 5: Strategic Outcome 2: Primary Healthcare Improved

KEY OUTCOME 6: A HEALTHY SAMOA AND WELLBEING PROMOTED				
Strategic Outcome	Indicators	Baseline	Progress	Status
2. Primary Healthcare Improved	2.1 Infant Mortality Rate reduced	14.3 deaths per 1,000 live births (Census 2016)	15 deaths per 1,000 live births (SDHS/MICS 2019)	Shortfall
	2.2 Maternal Mortality Rate decreased	2 deaths (PaTIS FY2018/19)	1 death (PaTIS FY2019/20)	Achieved
	2.3 Population screened for early Non Communicable Diseases detection and diagnosed increased	1,033 people screened in 7 villages in 2017 (PEN Fa'a-Samoa Progress Report 2017)	Additional 336 people screened in 4 villages in 2019 (PEN Fa'a-Samoa Progress Report 2019/20)	Achieved

Within this financial year, the Ministry of Health and the health sector was able to achieve 2 out of 3 (67%) national health indicators under Strategic Outcome 2 and 1 indicator has not been achieved as the significant increase in mortality rate was due to the huge numbers of infants died as a results of measles epidemic in the first six months of the reporting financial year. The detailed information on implementation is reported below.

Indicator 1: Infant Mortality Rate reduced

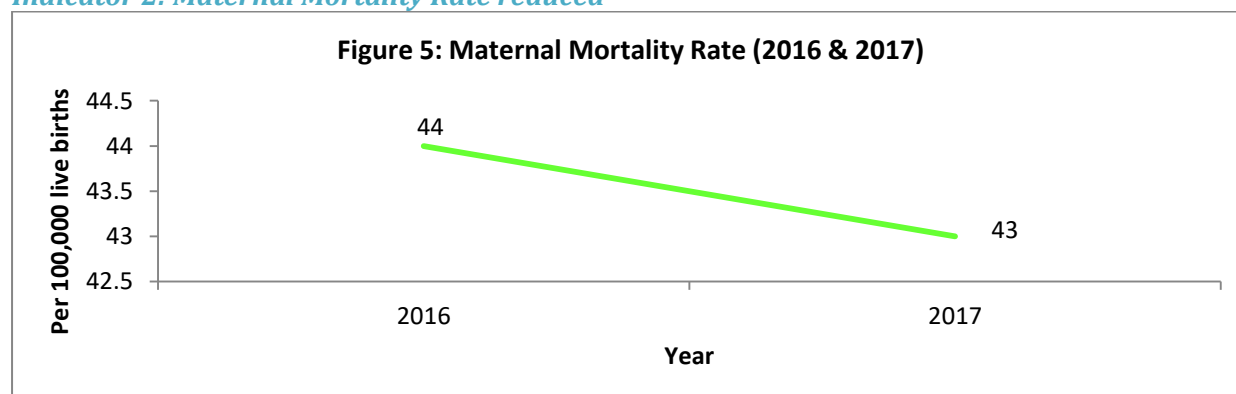


Source of Information: Census 2016 & Samoa DHS MICS 2019-20 Preliminary Findings

There was an increase on infant mortality rate from 14 per 1,000 live births during the 2016 Census to 15 per 1,000 live births during the Samoa Demographic Health Survey and Multi Indicator Cluster Survey 2019. The 1% increase was due to the significant increase in numbers of infants died in this financial year as a result of measles epidemic late last year.

Hence, it is very crucial to effectively monitor the implementation of the Expanded Program for Immunization to ensure all children of Samoa are fully immunized.

Indicator 2: Maternal Mortality Rate reduced



Source of Information: WHO & UNICEF; 2019

There is a slight decrease in maternal mortality rate for Samoa of 1%. This reflects the improvement in antenatal mothers visiting the antenatal clinics during their pregnancies to minimize pregnancy with complications. In addition, antenatal care services are now available in all health facilities both in urban and rural areas for antenatal mothers.

Indicator 3: Population Screened for early Non Communicable Diseases detection and diagnosed increased

In financial year 2019/20, the PEN Fa'a-Samoa Program implementation targeted seven villages to be covered in the Apia Urban Area. These include:

- (i) Fa'ato'ialemanū
- (ii) Ma'agao
- (iii) Levili
- (iv) Apia Park
- (v) Vaivase Tai
- (vi) Fusi Saoluafata and
- (vii) Salelesi.

Unfortunately, the PEN Fa'a-Samoa Program team covered only four villages (Fa'ato'ialemanū, Ma'agao, Levili and Apia Park) due to measles epidemic in October till December 2019. The total number of people in the age group of 40 years and above being screened from these villages was 336.

The results from the PEN Fa'a-Samoa Program screening in this financial year indicates that although we have legislations and policies in place to control and minimize the risks of NCDs upon our population, there is an increased numbers of people who are still affected by NCDs risk factors. Hence, it is very important for the Ministry of Health in collaboration with its stakeholders and partners to further strengthen community engagement to implement effective prevention interventions to control the risks of NCDs upon the health and wellbeing of our people.

Strategic Outcome 3: Safe and Quality of Healthcare Services

The Table 6 below summarizes the overall performance of the Ministry of Health and the health sector against the national health indicators under Strategic Outcome 1.

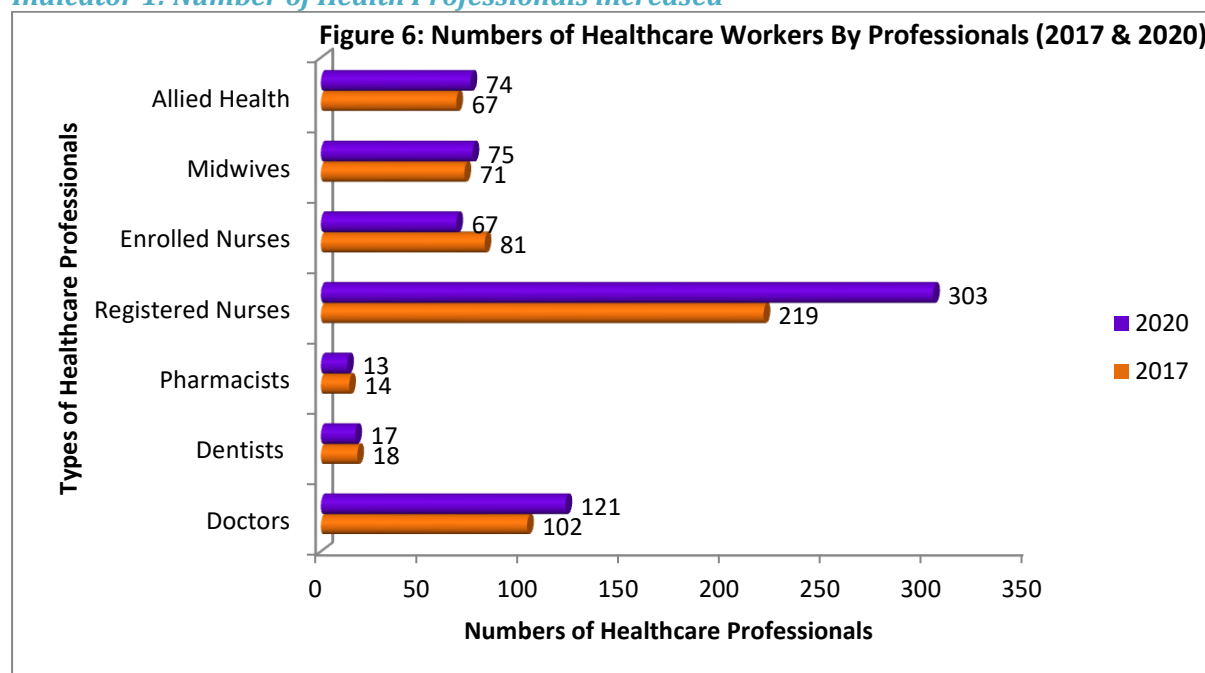
Table 6: Strategic Outcome 3: Safe and Quality of Healthcare Services

KEY OUTCOME 6: A HEALTHY SAMOA AND WELLBEING PROMOTED				
Strategic Outcome	Indicators	Baseline	Progress	Status
3. Safe and Quality of Healthcare Services	3.1 Number of Health Professionals increased	Doctors = 102 Dentists = 18 Pharmacists = 14 R/Nurses = 219 E/Nurses = 81 Midwives = 71 Allied Health = 67 (MOH, 2017)	Doctors = 121 Dentists = 17 Pharmacists = 13 R/Nurses = 303 E/Nurses = 67 Midwives = 75 Allied Health = 74 (MOH, 2020)	Achieved
	3.2 Patient sent overseas for treatment reduced by 5%	FY2018/19 = 139 patients (OVT Progress Report FY2018/19)	FY2019/20 = 133 patients (OVT Progress Report FY2019/20)	Achieved
	3.3 Waiting time in emergency department, general outpatient, triaging reduced	<1hr = 5.6% 1-2 hrs = 32.4% > 2 hrs = 61.9% (MOH QA Report, 2017)	General Outpatients = 1 hr and 28 minutes Triage = 29 minutes & 23 seconds Emergency = n/a	Progressive
	3.4 100% compliance of healthcare workers with professional standards	Average for all healthcare professionals = 93% (MOH QA Report 2018)	-	Unknown
	3.5 Health information system implemented	e-health information system implemented	The implementation of e-health information system is currently in progress with the installation of the Pharmacy component is 85% complete. The installation of other components such as Public Health Information System, Laboratory Information System and Medical Imaging & Radiology System will be realized in the next financial year (FY2020/21)	Progressive
	3.6 Access to health products and services increased	n/a	The population can access the health services and products in all public health facilities at affordable prizes. Some of the population groups receive free	Achieved

KEY OUTCOME 6: A HEALTHY SAMOA AND WELLBEING PROMOTED				
Strategic Outcome	Indicators	Baseline	Progress	Status
			healthcare services and medical products. These include children below 12 years old, antenatal mothers, elderlies at the ages of 65 years and above and those with chronic conditions and disabilities	

Within this financial year, the Ministry of Health and the health sector was able to achieve 2 out of 3 (67%) national health indicators under Strategic Outcome 2 while 2 indicators are progressive because it takes a while to realize the full implementation; and 1 indicator is in unknown status because there was not any monitoring and evaluation done for the compliance of healthcare professionals with their services standards due to the involvement of all MOH staff in measles epidemic and COVID-19 pandemic preparedness and responses. The detailed information on implementation is reported below.

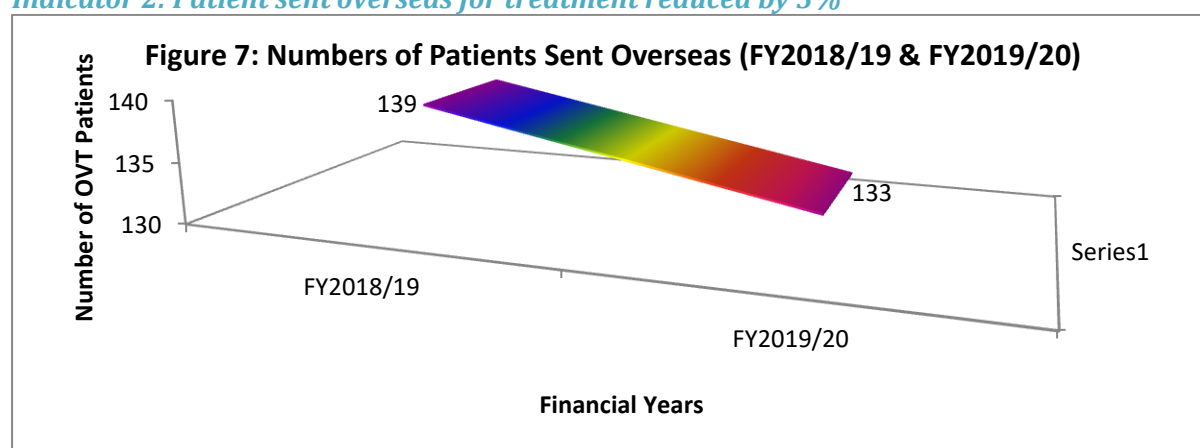
Indicator 1: Number of Health Professionals increased



Source of Information: Office of the Registrar; 2020

There is increase in numbers of allied health, midwives, registered nurses and doctors from 2007 to 2020 as depicted in the bar graph above (Figure 6). The decrease in numbers of enrolled nurses was due to the effective monitoring of nursing students who are fully sponsored by the government of Samoa through the Ministry of Health, to ensure that students do not take advantage of the opportunities given to fully fund their nursing studies. Starting from Financial Year 2018/2019, the numbers first year of sponsored nursing students enrolled at National University of Samoa Faculty of Nursing had been reduced to 30 students per year.

Indicator 2: Patient sent overseas for treatment reduced by 5%



Source of Information: OVT Progress Report Financial Years (2018/19 & 2019/20)

The numbers of patients sent overseas for medical treatment under the Government Overseas Medical Treatment Scheme (OVT) is decreased from 139 in FY2018/19 to 133 in FY2019/20.

Sending patients overseas under the Samoa Medical Treatment Scheme (SMTS) for treatment that are not available in country is one of the major challenges faced by the health sector and the This is due to the increase in numbers of overseas medical teams visiting the country and conducting medical surgeries for patients in country. In addition, some patients that were planned to be transferred overseas for treatment from November 2019 till June 2019 were put on hold because of international travels lockdown as a result of COVID-19 global pandemic.

The Ministry of Health as the leading agency for Samoa's health sector officially launched the second edition of the National Overseas Medical Treatment Policy for Samoa and Plan of Action to be used as a tool to effectively manage and control unnecessary overseas referral of patients with poor prognosis. Despite the decrease in the number of patients sent for overseas treatment, government expenditure remains at a high. Government has sourced alternatives for overseas treatment, and has Memorandum of Understandings (MoU) signed with Fortis Hospital and Apollo Hospitals in India. Both hospitals have had Samoan patients referred for medical treatment, returning with positive stories of their treatments.

Indicator 3: Waiting time in emergency department, general outpatient, triaging reduced

As shown in Table 6 above (3.3), waiting time in general outpatients is still a challenge due to late release of patients' records from Medical Records Unit to Triage Area for triaging area. Hence, there is a need to improve the performance of the staff at the Medical Records Unit Staff on patients' records searching. In addition, the Ministry considers the development of the e-medical records for ease of patients' records search.

Indicator 4: 100% compliance of healthcare workers with professional standards

There had not been any monitoring and evaluation of healthcare workers compliance with professional standards implemented within this financial year due to the involvement of the Quality Assurance Staff in implementing responses for measles epidemic and COVID-19 global pandemic.

Indicator 5: Health information system implemented

The implementation of e-health information system is currently in progress with the installation of the Pharmacy component is 85% complete. The installation of other components such as Public Health Information System, Laboratory Information System and Medical Imaging & Radiology System will be realized in the next financial year (FY2020/21)

Indicator 6: Access to health products and services increased

The population can access the health services and products in all public health facilities at the most affordable prizes. Some of the population groups receive free healthcare services and medical products. These include children below 12 years old, antenatal mothers, elderlies at the ages of 65 years and above and those with chronic conditions and disabilities.

The positioning of doctors in all rural health facilities and changeover of district hospitals and health centres to public health facilities with the establishment of multi-disciplinary public health teams to implement public health services in these facilities will further improve the access of Samoa's population to health products and services.

Strategic Outcome 4: Management and Response to Disasters, Emergencies and Climate Change Improved

Indicator 1: 100% compliance with disaster and climate resilience plans

KEY OUTCOME 6: A HEALTHY SAMOA AND WELLBEING PROMOTED				
Strategic Outcome	Indicators	Baseline	Progress	Status
4. Management and Response to Disasters, Emergencies and Climate Change improved	4.1 100% compliance with disaster and climate resilience plans	72% of health facilities was rated satisfactory of their compliance with disaster and climate resilience plans (MOH & MNRE, 2016)	Resilient plans were developed and distributed to health facilities in 2017 with the hope that the implementation will be commenced in this financial year. Unfortunately, this did not happen in the first financial year of the Health Sector Plan i.e. this financial year (2019/20) due to measles epidemic and COVID-19 global pandemic. The monitoring of these plans' implementation will be reflected in the next financial year's annual report (FY2020/21)	Shortfall

Overall Summary of MOH's Performance against the Strategic Outcomes and Indicators for Health under SDS FY2016/17 – FY2019/20

Overall, the Ministry of Health and the health sector are expected to achieve 13 indicators under 4 Health Strategic Outcomes of the SDS FY2016/17 – FY2019/20 Key Outcome 6 in this financial year, which is the final year of the current Strategy for the Development of Samoa.

Unfortunately, the Ministry was able to achieve 6/13 indicators (46%) while 2 indicators (15%) are progressive, 4 indicators (31%) are shortfall and 1 indicator (8%) with unknown implementation status because the data is not available during the reporting period. This result was mainly due to the shift of the Ministry's focus to effectively respond to two diseases outbreaks during the last six months of the financial year i.e. Measles epidemic and COVID-19 Pandemic.

National Health Indicators Snapshot for Financial Year 2019/20

Other indicators that the Ministry of Health are responsible for reporting under our Health Sector Plan FY2019/20 – FY2029/30 is summarized in the Snapshot below (Figure 8).

Figure 8: National Health Indicators Snapshot (FY2019/20)



BASIC HEALTH SITUATION

1. Food Safety

The Ministry of Health has a mandated role in monitoring and regulating food for sale. It works collaboratively in this role with other sector partners in the National Codex Committee. The MOH food safety function is mandated by the Food Act 2015 and the Health Ordinance 1959. The food legislation and standards will strengthen the national food control system and improve collaboration with other stakeholders to support the effective implementation of the system

In terms of monitoring and enforcing the implementation of the Food Act 2015 by food premises including hotels, restaurants and food stalls, their compliance recorded this year is 99.5%. This reflects the importance of strengthening community engagement through the support of the village councils and other sector partners including government ministries, corporations, and health related NGOs in promoting awareness programs for sanitation and hygiene and healthy eating.

2. Healthcare Waste Management

The Health Care Waste Management regulatory and monitoring function of the Ministry of Health is mandated under the MOH Amendment Act 2019, Health Ordinance 1959, Lands Survey & Environment Act 1989, and the Healthcare Waste Management Strategy 2019. The objective of this function in the Ministry of Health is to minimize the health risks to public health by ensuring proper and safe healthcare waste disposal.

The health care waste collectors are responsible for collecting clinical and general wastes from quarantine sites and the RDHs. These are specified as Infection waste/contaminated which means treatment and disposal only in the incinerator at Tafaigata. HCW bins have been distributed to quarantine sites. The team also distributed rubbish bags on a daily basis.

The new supplies of safety protective clothing which includes safety overalls, boots, heavy duty gloves, safety glasses and masks were given to waste collectors for their safety and protection. These different teams of waste collectors include the infectious wastes collectors working at the quarantine sites and all health facilities, the general wastes collectors at the hospitals, maintenance, and the oxygen team. Time and motion inspection is conducted daily to monitor the daily collection of wastes by HCW collectors and ensure full PPEs are worn in accordance with the HCW guidelines. HCW staffs are also tasked to monitor all HCW collectors around TTM hospital with their performance and ensure full PPES must be worn daily.



All wastes from quarantine sites are collected and incinerated at Tafaigata's Incinerator regularly. Landfill disposal is discouraged. All Healthcare Wastes Collectors have been trained in terms of collection, containment, transportation and disposal.

Healthcare Wastes collection for Savaii is conducted on daily basis and safety protective clothing were distributed to the healthcare waste management staff for protection.

Monitoring visits were on quarterly basis to all health facilities and private morgues to monitor the compliance of healthcare waste sources with these legislations and strategy.

In this financial year, the compliance of Healthcare Waste Management Producers with the National Healthcare Waste Management Strategy is 90%.

3. Nutrition

The monitoring and regulatory of food safety is implemented by the Food Safety Section and the Nutrition Centre of the Ministry of Health's Health Protection and Enforcement Division through the implementation and enforcement of the Food Safety Act 2015 and National School Nutrition Standards.

During this financial year, the Nutrition Centre conducted monitoring visits to 206 schools to monitor their compliance with the School Nutrition Standards. 2 monitoring visits were held biannually. During the first monitoring visits, only 36% of schools were complied i.e. 169 schools while the second monitoring visits reported only 42% were complied. Even though it's increasing, but there is a dire need for community educational and awareness programs conducted in schools to strengthen the role of school principals, teachers, school committees and Parents and Teachers Association to support the Ministry in implementing School Nutrition Standards that promote healthy eating for children.

4. Sanitation

Under the Ministry of Health's protection role, the Ministry of Health's Sanitation Section under National Health Surveillance and International Health Regulation's Division, is responsible for regulating and monitoring hygienic conditions and sanitation practices at all settings. This role is mandated under the Ministry of Health Amendment Act 2019, Health Ordinance 1959 and the National Sanitation Policy and Master Plan by the Ministry of Natural Resources and Environment.

During this financial year, the Sanitation Section conducted monitoring visits to 24 primary schools and 8 colleges to monitor their compliance with the Sanitation guidelines. These monitoring visits were conducted on quarterly basis. As a result, 70% of these schools were fully complied with the Sanitation guidelines while 30% are non-complied. The warning letters were given to the non-compliant to improve their performance against the guidelines.

For the Samoa Typhoid Control Program implementation status, this program was able to effectively perform and timely investigate reported typhoid cases through conducting of home visits, contact tracing, environmental assessments and collection of samples to find healthy carriers for all confirmed cases within 24 hours of lab notification. In this financial, the program was able to detect 122 cases from June 2019 till July 2020 (87 in Upolu and 35 in Savaii). The case investigations had been conducted with the total of 35 healthy carriers being detected and treated.

5. Water Quality

The Water Quality Section under the Ministry of Health National Health Surveillance and International Health Regulations Division is mandated to effectively monitor the quality and safety of drinking water sources. These include Samoa Water Authority Boreholes, Independent Water Schemes and Bottled Water Companies. The National Drinking Water Standards 2015 is used to monitor and evaluate the compliance of these water sources on different timelines.

Samoa Water Authority Boreholes

Within this financial year, the Samoa Water Authority managed to achieve 100% compliance with the National Drinking Water Standards 2016. They have been consistent with their chlorination processes at their water treatment plants.

Samoa Independent Water Schemes

The Monitoring of Independent Water Schemes during this financial year was done on quarterly basis. As usual, this is the most challenging drinking water source because every financial year, their level of compliance is always below 20%. For this financial year (FY2019/20), their compliance is only 11.7% because the water is not treated and it is an issue that had been raised and discussed with Samoa Water Authority and the Ministry of Women, Community and Social Development for years. The community with these water sources should be on top of implementing their Water Safety Plans.

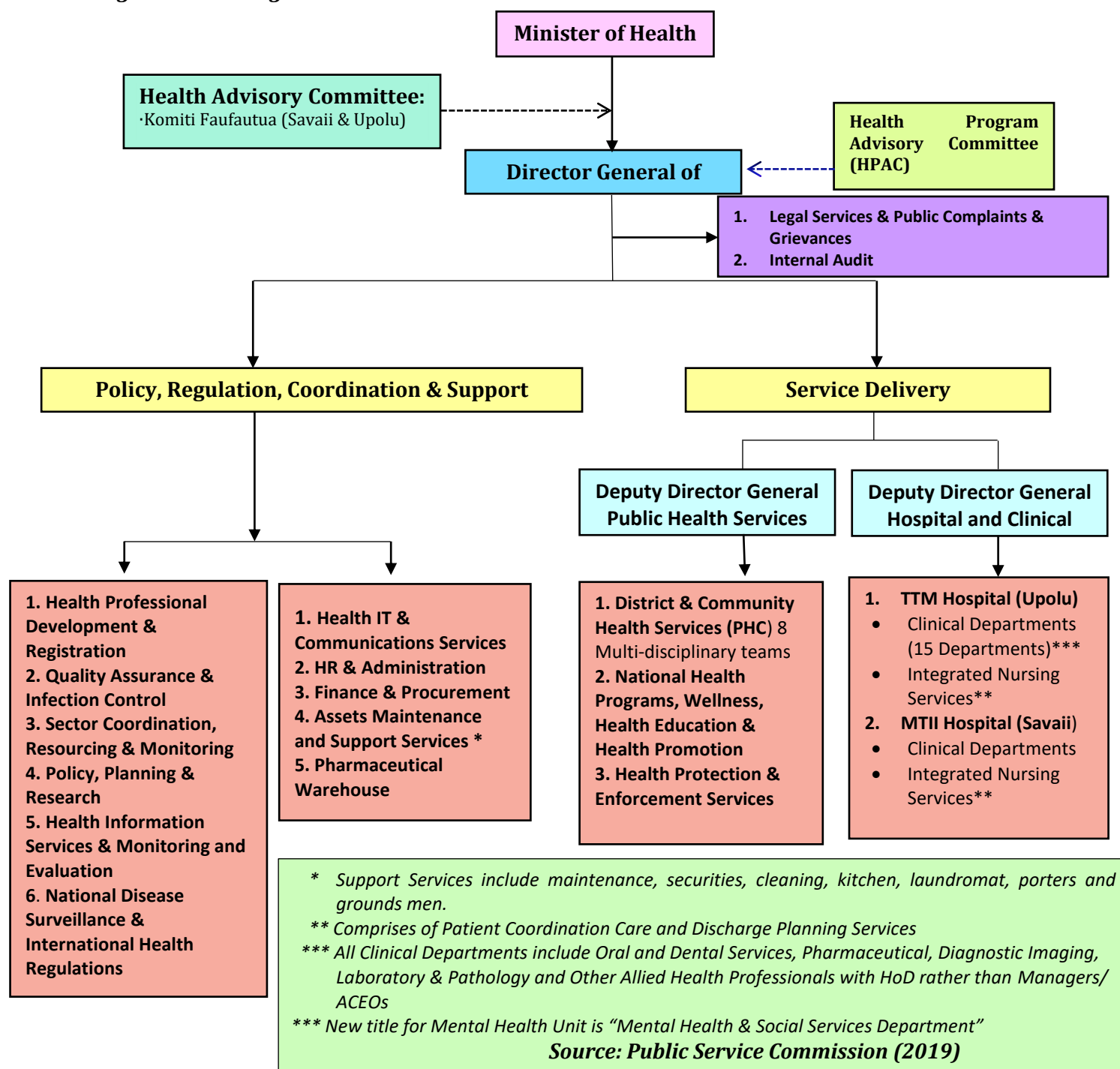
At the moment, the Ministry of Health is working closely with them in developing water safety plans and informing them about their water quality results. Advices were given to all communities to always boil water from these water sources before drinking.

Bottled Water Companies

The Bottled Water Companies were monitored in this financial year on monthly basis and they should be 100% complied with the National Drinking Water Standards 2016. Unfortunately, the results fluctuate from time to time. For this financial year, their level of compliance was 87%. The companies that failed to comply with the Drinking Water Standards received notification letters from the Ministry and they were also announced publicly for the awareness of the public. Ongoing assessments were conducted for non-compliance including re-tests until they complied.

MINISTRY OF HEALTH ORGANIZATIONAL STRUCTURE

Figure 9: MOH Organizational Structure



In order for the Ministry of Health to fully realize its new mandated functions since the merge in February 2019, the Ministry was able to realign its above structure and submitted to the Public Service Commission for consideration. This was approved in approved in October 2019 and the organizational structure by the Ministry's Outputs will be realized in the next financial year's annual report as the Ministry is currently working with the Public Service Commission to finalize structures for each Output.

MINISTRY OF HEALTH WORKFORCE

This section presents the summary of the Ministry of Health's workforce for this Financial Year.

Overall MOH Workforce:

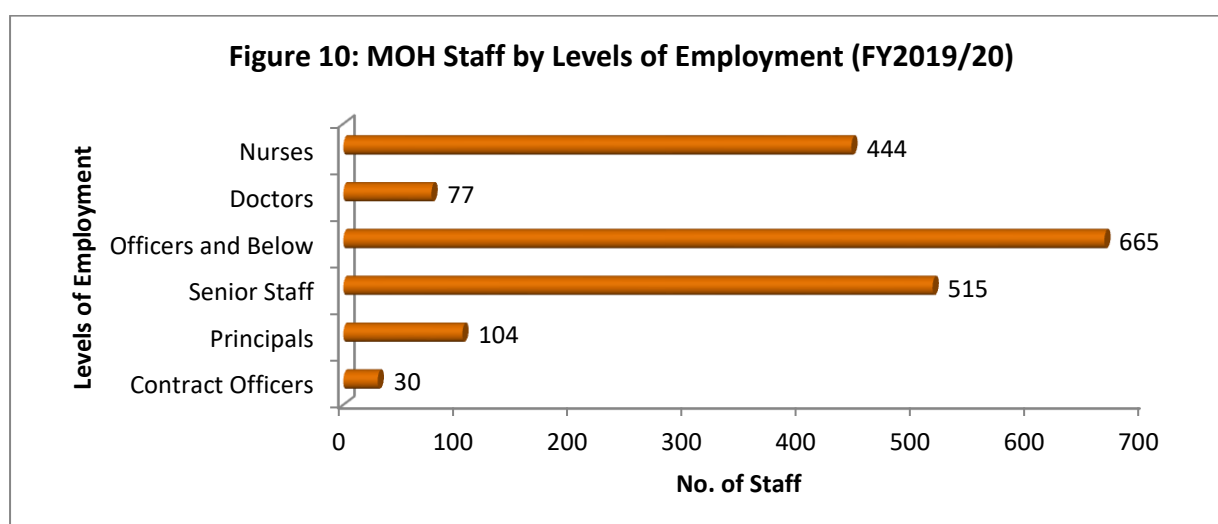
As shown in Table 7 below, the total number of the Ministry of Health Workforce within this financial year is 1,386. The Ministry's workforce is predominantly dominated by female staff which took 62% of the total workforce (855) while the remaining 38% are males (531).

Table 7: Summary of MOH Staff for Financial Year 2019/20 (By Gender)

Ministry of Health Staff By Gender	Total
Females	531
Males	855
TOTAL	1,386

Classification of MOH Staff by Levels of Employment

The classification of staff by levels of employment is illustrated by the bar graph below.



Source of Information: MOH Human Resources Database, 2020

The majority of the workforce are senior staff and officers and below. In terms of healthcare professionals, the nursing profession predominantly dominates the clinical workforce. Hence, there is a need to recruit more doctors in order to meet the health demands of the population and to achieve what the government wants to mobilize doctors to all rural health facilities for the healthcare services to be provided closer to where the population lives.

New Recruits and Resignation:

In this financial year, the total number of new recruits is 1,215. These were the positions that had been created and approved by the Public Service Commission to perform the new mandated functions of the Ministry as articulated in its new organizational structure. The majority of these positions are for Public Health Services and Hospital and Clinical Services.

The total number of MOH staff being resigned from their positions in this financial year is 120. The majority of these staff are the retirees and few were resigned from their previous positions and promoted to higher positions within the Ministry.

MINISTRY OF HEALTH BUDGET FOR FINANCIAL YEAR 2019/20

GOVERNMENT OF SAMOA

SCHEDULE 2.11

STATEMENT OF MINISTRY RECEIPTS BY REPORTING CATEGORY AND EXPENDITURE BY OUTPUT APPROPRIATION ACCOUNT *for the financial year ended 30 June 2020*

	Notes	2020 \$	Original Estimate \$	Final Estimate \$	(Over)/Under \$	2019 \$
HEALTH						
RECEIPTS						
Ordinary Receipts						
Other Revenues						
Fees & Other Charges		4,522,083	9,490,515	9,490,515	4,968,432	5,148,585
TOTAL RECEIPTS		4,522,083	9,490,515	9,490,515	4,968,432	5,148,585
PAYMENTS						
Outputs						
1.0 Policy Advice to the Responsible Minister		661,821	1,637,174	1,425,174	763,353	1,491,880
2.0 Ministerial Support		512,322	562,176	562,176	49,854	516,573
3.0 Strategic Planning, Policy and Research Division		662,594	658,399	658,400	(4,195)	560,195
4.0 Health Protection and Enforcement Division		1,311,467	1,294,712	1,294,712	(16,755)	1,477,595
5.0 Health Services, Performance & Quality for Medical, Dental & Allied Health Services		604,413	678,508	678,508	74,095	549,991
6.0 Health Services, Performance & Quality Assurance (Nursing/Midwifery)		1,587,621	1,347,843	1,607,844	20,223	1,268,878
7.0 Registrar of Healthcare Professional Services	1.2	363,612	494,244	494,244	130,632	288,252
8.0 Health Information System and Information, Communication & Technology		734,776	727,161	727,161	(7,614)	561,996
9.0 National Health Surveillance & International Health Regulations		1,394,761	1,268,362	1,418,362	23,601	1,028,967
10.0 Health Sector Coordination, Resourcing & Monitoring		939,300	947,282	947,282	7,982	872,754
11.0 Clinical - TTM Hospital Health Services	1.4	21,829,316	19,036,162	22,703,162	873,846	19,748,703
12.0 Laboratory Services	1.5	2,894,542	3,217,357	3,217,357	322,815	3,007,967
13.0 Medical Imaging & Radiology Services		2,921,879	2,735,084	2,867,094	(54,785)	2,392,232
14.0 Dental Health Services		2,790,659	2,978,168	2,978,168	187,509	2,455,052
15.0 Pharmaceutical Services	1.5	2,441,525	2,503,420	2,536,420	94,895	2,474,959
16.0 Malietoa Tanumafili II Hospital Services (Savali)		9,977,706	9,503,937	9,703,937	(273,769)	9,389,759
17.0 Nursing & Midwifery Services		9,724,805	8,793,459	9,043,459	(681,346)	6,613,098
18.0 Other Allied Health & Support Services		4,774,704	4,757,531	4,857,531	82,827	4,736,368
19.0 Infrastructure, Plant & Non Medical Equipment	1.3	2,349,679	2,582,923	2,550,913	201,234	2,458,358
20.0 Primary Health Care & Outreach Services		5,698,604	5,476,004	5,576,005	(122,599)	5,705,101
21.0 Information Communication Technology		2,347,778	1,964,628	1,964,628	(383,150)	2,446,781
Total Outputs		76,523,884	73,164,538	77,812,538	1,288,655	70,045,458
Third Party Outputs						
Grants and Subsidies						
Samoa National Kidney Foundation		7,557,844	7,557,844	7,557,844	0	6,688,766
Non Communicable Diseases Clinic		249,683	250,000	250,000	317	249,532
Samoa Aids Foundation		0	0	0	0	30,000
Red Cross		50,000	50,000	50,000	0	50,000
Samoa Cancer Society		40,000	40,000	40,000	-0	40,000
GOSHEN Trust		30,000	30,000	30,000	0	0
Provision for Medical Fees		8,000,075	8,000,000	8,000,000	-75	4,390,823
Total Third Party Outputs		15,927,601	15,927,844	15,927,844	242	11,449,121
Transactions on Behalf of State						
Membership						
WHO Contribution		26,515	35,000	35,000	8,485	0
Red Cross Contribution		5,800	5,800	5,800	-0	5,800
Government Policies / Initiatives						
Returning Graduates (Doctors/Nurses)		2,712,268	2,000,000	2,000,000	-712,268	2,875,510
Drinking Water Quality and Sanitation Monitoring and Awareness Program	1.1	95,576	99,000	99,000	3,424	132,995
2 Samoas Biennial Bilateral Summit		0	0	0	0	121,359
Satupaitea Clinic		0	0	0	0	139,446
Land Payment - Hospital at Faleolo		0	73,750	0	0	57,500

GOVERNMENT OF SAMOA

SCHEDULE 2.11

STATEMENT OF MINISTRY RECEIPTS BY REPORTING CATEGORY AND EXPENDITURE BY OUTPUT APPROPRIATION ACCOUNT for the financial year ended 30 June 2020

	Notes	2020 \$	Original Estimate \$	Final Estimate \$	(Over)/Under \$	2019 \$
HEALTH						
Health Sector Program Counterpart Funds		94,957	116,000	116,000	21,044	0
Sleep Apnoea	1.1	98,691	100,000	100,000	1,309	97,537
Bulk Food Supplies (Output 2: TTM and Allied)	1.1	1,045,620	1,600,000	1,600,000	554,380	1,399,777
Consumables & Pathology Reagents (Output 3 Lab Services)	1.1	2,881,113	4,600,000	4,600,000	1,718,887	4,562,153
Dental Health Medical Consumables (Output 5: Dental)	1.1	387,025	852,287	852,287	465,262	843,404
Pharmacy Medical Consumables (Output 6: Pharmacy)	1.1	2,094,022	2,500,000	2,500,000	405,978	2,440,132
Supply of Pharmaceutical/Medical Drugs (Output 6: Pharmacy)	1.1	4,077,950	4,500,000	4,500,000	422,050	4,434,838
Vaccine Supplies (Output 8: Nursing)	1.1	236,832	590,000	590,000	353,168	573,546
Imaging X-Ray Films	1.1	57,892	145,000	145,000	87,107	140,340
X-Ray Consumables	1.1	41,492	55,000	55,000	13,508	52,017
Bulk Cleaning and Disinfection Supplies		660,170	850,000	850,000	189,829	0
ACC Levies		285,000	0	285,000	0	0
		14,768,609	18,081,037	18,292,287	3,523,678	17,870,554
Rents & Leases		92,965	34,200	107,950	14,985	34,200
VAGST Output Tax	1.1	2,934,109	4,833,255	4,833,255	1,899,146	3,717,294
Total Transactions on Behalf of State		17,827,997	22,989,292	23,274,292	5,446,295	21,627,849
TOTAL PAYMENTS - HEALTH		110,279,482	112,081,674	117,014,674	6,735,192	103,122,428
RECEIPTS OVER PAYMENTS		(105,757,399)	(102,591,159)	(107,524,159)	(1,766,760)	(97,973,843)

GOVERNMENT DEVELOPMENT PROJECTS

	Notes	2020 \$	Original Estimate \$	Receipts \$	Payments \$	Opening Balance \$
Grants - GDP						
WHO Grants (World Health Organisation)		1,082,132	0	601,060	742,490	1,223,562
Reproductive Health Programme/Project (United Nations Population Fund)		5,686	0	79,527	267,371	193,530
UNDP Global Fund to fight Aid, TB & Malaria (UNDP)	2	96,882	233,640	139,606	104,131	61,416
Integrated Landscape Management to Boost Food & Nutrition & Security in SIDS Project (FAO)		6,724	85,270	0	43	6,767
An Inventory Logistics Management System for Pharmaceutical Supplies (Samoa) (Australian Aid)		1,411,180	822,110	0	373,305	1,784,485
Integrated Landscape Management to Boost Breastfeeding in Samoa (Other)		5,305	0	0	32	5,338
Motivation Australia Sub-Grant Mobility Unit (Mobility Device) (AusAid)		92,924	178,465	0	1,435	94,359
Eye Care Services (Other)		(5,492)	65,100	0	7,845	2,353
Strengthening Typhoid Surveillance & Microbiological Lab Capacity in Samoa (Other)		217,035	225,861	0	221,342	438,379
Digital Radiography System General X-Ray Machine (AusAid)		1,853,868	1,850,378	11,495	0	1,842,374
Samoa Nursing Community Training Centre (NZ)		3,529,623	0	30,379	0	3,499,244
Capacity Building of Procurement & Supply Chain Management for MoH Staff (AusAid)		274,238	0	2,040	95,521	367,719
Australian Support for Measles Outbreak (AusAid)		36,451	0	183,421	146,970	0
Immunization Multimedia Awareness Campaign (UNICEF)		62,817	0	224,562	161,745	0
Measles Outbreak WHO (WHO)		115,998	0	1,000,000	884,002	0
Providing Medical Equipment Against Measles & Infection Diseases (JapAid)		1,677,135	0	1,832,643	155,508	0
Samoa Covid-19 Emergency Response Project (World Bank)	2	1,379,825	0	1,379,310	0	0
German Medical Funds (Medical Equipments for NHS) (Other)	a	35,337	0	0	0	35,337
Landing Costs- Medical Equipment Republic of South Korea (Other)	a	148,668	0	0	0	148,668
Cessation Project (Other)	c	(2,906)	0	0	0	(2,906)
Masima Project (George Institute for Global Health)	d	27,584	0	0	0	27,584

GOVERNMENT OF SAMOA

SCHEDULE 2.11

STATEMENT OF MINISTRY RECEIPTS BY REPORTING CATEGORY AND EXPENDITURE BY OUTPUT APPROPRIATION ACCOUNT for the financial year ended 30 June 2020

GOVERNMENT DEVELOPMENT PROJECTS

	Notes	2020 \$	Original Estimate \$	Receipts \$	Payments \$	Opening Balance \$
Biennium Grants Programme (WHO)	e	0	2,091,394	0	0	0
e-Health System	e	0	1,176,409	0	0	0
Becoming Baby Friendly Research (Yale University)	e	0	50,015	0	0	0
Samoa Health Program for Results (WB)	e	0	1,307,121	0	0	0
Supply of Medical Equipment (Germany)	e	0	35,700	0	0	0
Nursing Workforce Development (NZ)	e	0	1,158,204	0	0	0
Addressing Population & Development, Reproductive Health and Gender based Violence in Samoa (UNFPA)	e	0	527,707	0	0	0
Expanding Universal access to HIV Treatment & targeting extreme STI prevalence [Grant #MWP-708-G06-H] (SPC)	f	9,781	0	0	0	9,781
UNFPA Strengthening Reproductive Health (UNFPA)	i	(11,958)	0	0	0	(11,958)
TOTAL GOVERNMENT DEVELOPMENT PROJECTS		12,050,857	9,807,374	5,484,043	3,161,740	9,726,031

Notes

1 Unspent funds at total of \$5,556,373.45 have been transferred into Special Accounts reported under Schedule 12 to utilise in new financial year 2021 for:

1.1 Medicines and Consumable Supplies

Drinking Water Quality and Sanitation Monitoring and Awareness Program	3,423.64
Sleep Apnoea	1,308.95
Bulk Food Supplies (Output 2: TTM and Allied)	554,380.41
Consumables & Pathology Reagents (Output 3 Lab Services)	1,718,886.87
Dental Health Medical Consumables (Output 5: Dental)	465,261.52
Pharmacy Medical Consumables (Output 6: Pharmacy)	405,978.07
Supply of Pharmaceutical/Medical Drugs (Output 6: Pharmacy)	422,050.37
Vaccine Supplies (Output 8: Nursing)	353,167.78
Imaging X-Ray Films	87,107.51
X-Ray Consumables	13,508.31
VAGST Output Tax	903,926.57
	4,929,000.00

1.2 Staff Benefits & Overtime

Registrar of Healthcare Professional Services	104,000.00
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1.3 Doctors Rotation Program

Infrastructure, Plant & Non Medical Equipment	91,533.33
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1.4 NCD Clinic (Doctors & Nurses Salaries)

Clinical - TTM Hospital Health Services	50,254.61
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1.5 Pharmaceutical Services

Laboratory Services	300,000.00
Pharmaceutical Services	81,585.51
	381,585.51
	5,556,373.45

2 Non-cash transactions are not reflected on this Statement but on Schedule 11.

a No movements during current financial year - 2020

b No movements in the last 2 financial years

c No movements in the last 3 financial years

d No movements in the last 4 financial years

e Projects operated outside of the Government Financial Management Information System (Finance One). Estimates declared by donor for FY2019 per Approved Budget Document.

f No movements in the last 7 financial years

i No movements in the last 8 financial years

PERFORMANCE ACHIEVEMENTS BY BUDGET OUTPUTS (DIVISIONS)

OUTPUT 1: POLICY ADVISE TO THE RESPONSIBLE MINISTER

Output Description:

Provide overarching regulatory governance and leadership. Provide policy advice to Government through the Minister of Health. Manage the administration and implementation of legislations, regulations, and policies for safe and quality of health systems/services. Provide oversight or the conduct of the monitoring and evaluation of health standards to maintain an efficient, transparent, and accountable Health System/Services that will impact on health status of Samoans.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,425,174.00	SAT661,821.00	SAT763,353.00	46.44%

The underspend of 53.56% for this Output was due to vacant positions such as the two Deputy Director Generals positions (Public Health & Hospital and Clinical Services); Assistant Chief Executive Officer for Internal Audit and others.

In addition, as part of under spending, savings were granted by the Chief Executive officer of the Ministry of Finance to identify the Ministry of Health's savings to roll over for Special Purpose Accounts (SPA) and thus approved by the Cabinet to:

- (i) Pay outstanding overseas suppliers' payment for procurement of medicines and consumables during the National Health Service time,
- (ii) Bulk purchase of MOH vehicles to replace the vehicles that were written off
- (iii) Payment of staff overtime
- (iv) Doctor's Rotation in rural health facilities as one of the focus of the merge
- (v) Establishment of the NCD clinic at Lotemau Centre and
- (vi) Procurement of partition offices for the Pharmaceutical Warehouse.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Regional and international technical obligations fully attended	Incomplete	The Director was able to attend only 2 international health meetings in this financial year due to measles epidemic from September-December 2020 & COVID-19 pandemic. These include: (1) 13th Pacific Health Ministers Meeting 5 - 8 August 2019, Tahiti. (2) Samoa Health Systems Strengthening Programme), Washington DC, 18-26 October 2019.
Evidence of overall Health system Strengthening through policy and legislative compliance	Complete/Achieve	The following policies were completed: (1) National Tobacco Control Policy 2019 - 2024 (2) National Sexual Reproductive Health Policy 2019-2024 (3) National Overseas Medical Treatment Policy & Plan of Action 2019 (4) Revised National NCD Policy 2018-2023. The following Legislations was completed: (1) Tobacco Control Amendment Act 2019

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
		(2) Tobacco Control (Licensing) Regulations 2020 (3) Ministry of Health (Immunization and Records fees) Regulations 2019.
Evidence of oversight of Strategic Planning Monitoring and Evaluation of Health Services	Complete/Achieve	The following plans were completed: (1) Health Sector Plan FY2019/20-2029/30 (2) Health Sector Plan FY2019/20-2029/30 Implementation Plan (3) Health Sector Plan 2008-2018 Full Review (4) MOH Interim Corporate Plan FY2017/18 Full Review The following plans that are in development process: (1) National COVID-19 Response Plan 2020 (2) National Epidemic and Pandemic Preparedness and Response Plan FY2020/21 – FY2024/25
Percentage of legal opinions provided, follow up and actioned (implementation of some depends on outside factors)	Complete/Achieve	Please refer to attachment
Percentage of Internal Audit Work-plan completed and recommendations actioned/implemented	Complete/Achieve	(1) NHS Audit March 18 – June 19 (2) Stocktake for FY2018/19 (3) Cash Count Spot Check at TTM Hospital (4) Overtime Verification – Medical Imaging and Radiology (5) COVID-19 Donated PPEs (6) Investigation – Lelefu Materials

The Respective Policy Advice to the Responsible Minister's (Director General's Office) mandated functions with the ministry of health focusing on:

- (i) Secretariat support to the CEO and
- (ii) special support services which provide responsibilities of legal services and internal auditing services.

As shown in the table above, this Output was able to achieve four (4) out of five performance indicators they were responsible for to implement within this financial year. The one indicator that hadn't been achieved was not because of poor performance but because most of the international obligations that were supposed to be held overseas from September 2019 till June 2020 were put on hold because international borders had restrictions and most were locked down due to COVID-19 pandemic.

Other Achievements:

1. *Provision of Technical Advice to the Minister and the Cabinet*

The provision of technical and policy advices averaged 4 Cabinet Submissions weekly on health issues by the Director General and Executive Management of the Ministry to the Minister of Health as an ongoing process which eventually informs Cabinet. All advices from respective divisions were submitted through the Office of the Director General, who in turn scrutinized the content and policy direction for submission to the Minister of Health and if endorsed by the Minister to Cabinet for endorsement. During this financial year, the majority of policy advices were related to preparations, response and recovery initiatives to measles epidemic and COVID-19 pandemic.

2. *Ministry's management and administrative meetings*

The Ministry's Executive Management continued their management meetings on a weekly basis to report and discuss implementation of plans and programs and to make certain that the Ministry's work and activities are in line with health priorities. In addition, the technical meetings held every Tuesday morning were utilized by the Ministry as an avenue to share knowledge and skills obtained from training and meetings attended overseas by MOH staff. The technical meetings also discussed priority staff matters.

3. *Provision of Technical Advices to the Health Sector and Stakeholders Meetings*

The Ministry, as the leading agent for the Health Sector, continues to coordinate health partners and stakeholders consultations on any health policy or plan developed or reviewed. In addition, the Health Programs Advisory Committee meeting were ongoing for the Ministry of Health Executive Management, Health Sector Partners and Development Partners to discuss health developments that need financial and technical assistance.

4. *12th Annual Health Forum*

The Ministry of Health since 2006 continues to host Annual Health Forums at the end of each calendar year. This has facilitated the bringing together of health partners in both the private and public sector to discuss developments and programmes to improve and strengthen Samoa's health system in order to accomplish the Health Sector Plan FY2019/20 – FY2029/30 vision of a Healthy Samoa. For this financial year, the 12th Annual Health Sector with theme: ***"A Renewed Focus on Public Health and Primary Healthcare: Together We Can Shape the Future"*** was held on 13th March 2020 due to measles epidemic at the end of 2019. The objectives of the forum are to:

- (i) discuss public health areas that need to be strengthened;
- (ii) introduce the new Health Sector Plan FY2019/20 – FY2029/30 and
- (iii) revitalize Primary Health Care and strengthen Public Health System through understanding the realignments for Samoa's Health System.

As an outcome, the health sector was well informed and aware of:

- (i) what had been reorganized in Samoa's public health system, and
- (ii) new mandated functions of the Ministry of Health as the leading agency for Samoa's health sector and realignment of its organizational structure and responsibilities.

OUTPUT 2: MINISTERIAL SUPPORT

Output Description:

The Ministerial Support Output provides secretariat and support services for the Office of the Hon. Minister of Health and the Associate Minister of Health.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT562,176.00	SAT512,322.00	SAT49,854.00	91%

The underutilize of funds for this Output in this financial year was due to less number of Health Advisory Committees (Komiti Faufautua o le Soifua Maloloina) meetings for both Upolu and Savaii due to measles epidemic and COVID-19 pandemic.

Since the majority of activities implemented under this Output is more ministerial support services, hence there are no key performance indicators to be evaluated and measured.

OUTPUT 3: STRATEGIC PLANNING, POLICY AND RESEARCH

Output Description:

The Strategic Planning, Policy and Research division provides strategic policy and planning advices to the Director General on strategic health sector planning and policy issues in accordance with the Ministry of Health Amendment Act 2019, and all relevant legislations.

The three core mandated core functions of this Output include:

- (i) strategic planning
- (ii) health policy formulation and
- (iii) health research

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT658,399.00	SAT662,594.00	(SAT4,195.00)	101%

The over utilization of fund allocated for this Output was due to too many publications that the division is performing but insufficient funds allocated for printing and publication. One of the huge printing undertaken by the division which supposed to be done by the responsible division was the printing and publication of the MOH Annual Report FY2018/19 that was submitted to Cabinet and Parliament within the reporting financial year.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of health plans or strategies developed and reviewed on annual basis and are aligned with national health priorities	Completed/Achieved	<p>The division was able to develop the following plans in this financial year:</p> <ul style="list-style-type: none"> (1) Health Sector Plan FY2019/20 – FY2029/30 (2) Health Sector Plan FY2019/20-FY2029/30 Implementation Plan (3) Health Sector Plan 2008-2018 Full Review Report (4) National Epidemic and Pandemic Preparedness and Response Plan and (5) MOH Corporate Plan FY2020/21 – FY2022/23. <p>The three plans that were officially launched in this financial year during the 12th Annual Health Sector forum include:</p> <ul style="list-style-type: none"> (1) Health Sector Plan FY2019/20 – FY2029/30 (2) Health Sector Plan FY2019/20-FY2029/30 Implementation Plan (3) Health Sector Plan 2008-2018 Full Review Report
Percentage of endorsed research reports utilized for policy development and advice	Completed/achieved	<p>Three research reports received within this financial year include:</p> <ul style="list-style-type: none"> (i) Knowledge and Use of Mouth Guards in Samoa

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
		<p>(ii) The success rates of diagnosing acute appendicitis within the Samoan population at TTM and</p> <p>(iii) Prescribing patterns of various medicine classes by medical practitioners at TTM hospital.</p> <p>At the end of this financial year, 7 research proposals had been approved and research studies now underway.</p> <p>It is important to note that depending on the duration of each research project that we make constant reminders for all researchers to submit in their progress reports upon completion of research for policy development purposes.</p> <p>For this financial year, these are some of health research findings that were utilized for policy development:</p> <p>(i) Risk Factors profile, prevalence, treatments and outcome of cancer in Samoa by Filipina Amosa was used in the development of the HSP FY2019/20 - FY2029/30 and the Revised NCD Policy 2018-2023.</p> <p>(ii) Pacific MCessation by Judith McCool was used in the development of the Samoa National Tobacco Control Policy 2019 - 2024.</p> <p>(iii) Apia Birth Health Study by Robert Carney was used in the development of the new Sexual Reproductive Health Policy 2018-2022.</p> <p>(iv) 2 studies by Courtney et al namely (1). The Samoan Home Environment Study "Mothers views on their 24 - 59 month old children's eating and activity and understanding of environment influences on healthy behaviour,(2)Child maternal household level correlates of nutritional status, are now being used in the development of the new Food and Nutrition Policy.</p>
Number of health policies	Completed/Achieved	During this financial year, the division as

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
developed and existing health policies reviewed on annual basis: new policies developed, 2 existing policies reviewed		able to formulate and officially launched the following national health policies: (i) National Tobacco Control Policy 2019-2024 (ii) National Sexual Reproductive Health Policy 2019-2024 (iii) National Overseas Medical Treatment Policy and Plan of Action 2019 and (iv) Revised NCD policy 2018-2023. These policies were also reviewed within this financial year.
Increase in number of POLHN intake on annual basis	Incomplete	There was any health staff attending this course in this financial year as there is longer sponsored by WHO. This indicator is proposed to be removed from this Output since the Ministry has the specific Output that deals with Human Resources Development and Management i.e. Human Resources and Administration Division.

As shown in the table above, this Output was able to achieve three (3) out of four performance indicators they were responsible for to implement within this financial year. The one indicator that hadn't been achieved should be under this division as it contradicted their monitoring and evaluation functions for monitoring the implementation of the National Human Resources for Health Policy 2006.

Other Achievements:

1. *Principal Health Planning Officer to Represent the Ministry of Health at the 72nd World Health Assembly in May 2019, Geneva – Switzerland*

Every year in May, the World Health Organization holds their annual World Health Assembly at the WHO Headquarters in Geneva, Switzerland for all its 194 member states to assemble and discuss issues that contribute in strengthening their health systems.

In this financial year, the Principal Health Planning Officer of this division was nominated by the Director General and approved by the Cabinet to be the representative of the Ministry to the 72nd World Health Assembly that was held in Geneva, Switzerland from 20th till 29th May 2019 with the former Minister of Health, Hon. Tuitama Leao Dr. Talalelei Tuitama.

The nomination for the Principal Health Planning Officer to be the most suitable candidate from the Ministry to attend was due to the fact that she, as the Strategic Health Planner of the Ministry, had a better understanding of Samoa's health sector activities and programs that have impacted our social determinants of health as well as introducing the new focus of Samoa's health system from hospital-centred to population-centred; which were the main agenda items of the Assembly. In addition, the theme for the 72nd World Health Assembly was on "Universal Health Coverage: Leaving No one Behind: which was also the focus of the new Health Sector Plan for Samoa's health sector, which the Principal Health Planner drove the development.

2. ACEO and Principal Health Planning Officer to be the Members of the Savaii Emergency Operation Centre during Measles Epidemic

When Samoa was severely affected by the Measles Epidemic from September till December 2019, all health staff were bombarded with so many responsibilities to perform to minimize and control the risks posed by measles epidemic on the health and wellbeing of the population. One of the initiatives that the government of Samoa through the National Emergency Operating Centre assigned the Ministry of Health to implement was to assist the government with setting up the Emergency Operating Centre for Savaii to deal with providing public health services especially the measles epidemic mass vaccination program conducted for Savaii.

The Assistant Chief Executive Officer and the Principal Health Planning Officer of the Strategic Planning, Policy and Research Division were the Ministry's representatives in this initiative.

3. Official Launching of Health Plans, Strategies and Policies

The Strategic Planning, Policy and Research Division had undertaken a great job during this financial year in developing and updating some of health plans, strategies and policies that would help the Ministry with implementing its realigned responsibilities. Some of the new health documents that were developed and officially launched are shown below:

Health Plans/Strategies



Health Policies



OUTPUT 4: HEALTH PROTECTION AND ENFORCEMENT DIVISION

Output Description:

The role of the Health Protection and Enforcement Division is to provide regulatory and monitoring services of health standards and conducting public health risk assessments in order to protect the health of the public; improve healthy living standards and upgrade environmental conditions for better health.

It further provides strategic directions and professional leadership to enforce compliance to health standards obligated under key health legislations in order to improve the health status of all Samoans: MOH Amendment Act 2019, MOH Act 2006, Health Ordinance 1959, Food Act 2015, Burial Ordinance 1961, Occupational Health and Safety Act 2002, Quarantine (Biosecurity) Act 2005 and Tobacco Control Act 2008.

The division is also mandated to provide strategic leadership in the development of Health Promotion Programs and health communications strategies to increase awareness on health prevention in order to modify risk behaviours. Health Promotion continues to foster working in close partnerships and collaboration with stakeholders and the wider community through national coordination.

The core mandated core functions of this Output include:

- (iv) Food Safety and Tobacco Control Regulatory Services
- (v) Healthcare Waste Management, Occupational Health and Safety and Burial Regulatory Services
- (vi) Health Promotion Monitoring and Educational Services and
- (vii) Nutrition Monitoring and Regulatory Services and

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,294,712.00	SAT1,311,467.00	(SAT16,755.00)	101%

The over utilization of funds allocated for this Output was due to too many awareness programs implemented and risk communication IEC materials produced for measles epidemic and COVID-19 pandemic.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Percentage of inspected schools complied with school nutrition standards during biannual monitoring visits (Healthy Food & Drinks)	Incomplete	2 monitoring visits conducted biannually. A total of 206 monitoring school visits conducted in this FY19/20. Compliance is 36%(n=169) Food in Schools in first biannual visit with 48% (n=37) Complied to School Nutrition Standards. Total compliance on average was 42% achieved. The reduction in schools monitored in the next biennium was due to Measles Outbreak in the latter half of the calendar year and through to the COVID-19 health response with staff being assigned to

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
		different duties for COVID-19 response.
Percentage of inspected public places that complied with Tobacco Control Act 2008 during biannual monitoring	Completed/Achieved	2 schools monitoring on tobacco control compliance conducted (Oct - Nov 2019) - Upolu: 57%, Savaii: 94%; Jan 2020 - 29% of schools covered during the monitoring. Food Premises (refer to Food Safety); Total 99.73% of inspected public places comply with Tobacco Control Act 2008.
Percentage of monitored workplaces that comply with the Healthy Workplace Guideline biannually	Completed/Achieved	STA Visits- hotels, resorts visited during Pacific Games for monitoring of Accommodation for athletes - xx hotels, Faleula houses in Savaii and Upolu, Sports Venues 23 sporting sites, Catering venues x 2 main and catering 7 in July . 12 hospitals and health facilities monitoring in Dec 2019. COVID-19 workplace consultation conducted in March for 62 participants from government, corporation, public and private. Consultation and capacity building Samoa Investment Case FCTC Report Attached.
Percentage of inspected food businesses that comply with Food Act 2015 biannually	Completed/Achieved	99.5% of inspected food businesses comply with the Food Act 2015
Percentage of Baby Friendly Hospital Initiative (BFHI) standards implemented by TTM and MTII Hospitals per calendar year	Completed/Achieved	11 of 13 steps (84%) achieved for MTII Hospital and 10 of 13 (76%) steps achieved for TTM Hospital during 2019 as reporting is done per calendar year. Average Compliance is 80%
Percentage of healthcare waste producers complying with National Healthcare Waste Management Plan and Guidelines	Completed/Achieved	90% compliance of Health Care waste Producers complying with National HCW management plan and guidelines.
Percentage of notified burial matters complying with health requirements – Burial Ordinance 1968 and National Healthcare Waste Management Plan and Healthcare Waste Policy	Completed/Achieved	100% -50 repatriation and 14 expatriation burials. Complying with health requirements, Burial Ordinance Act 1961 accordingly.
Annual testing of tobacco products to determine the level of constituents as required by Tobacco Control Act 2008	Completed/Achieved	100% of annual testing of tobacco products submitted as stipulated under the Tobacco Control Act 2008
Number of health promotion materials developed and	Completed/Achieved	Pacific Games Smokefree Games - 4 TV/radio advertisements Smokefree

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
produced annually		games, 6 billboards Smokefree PGs, 6 different kinds of messages on 25 Teardrop banners Smokefree, 10 Information Banners for Health Booths at PG venues, MMR restart campaign 2019 - 3 TV/Radio Advertisements, 5 posters MMR restart campaign, Measles please refer to (Measles Report attached) - 6 TV/radio advertisement, COVID-19 health communication/promotional materials (please see attached SITREP report) MDA 1 advertisements, Food Safety - 1 radio/TV advertisement.
Percentage of requested HIA conducted and reported (PUMA development consent request and others)	Completed/Achieved	No HIA requested in this Financial Year 2019/2020

As shown in the table above, this Output was able to achieve nine (9) out of ten performance indicators they were responsible for to implement within this financial year. The one indicator that hadn't been achieved by the division was due to their commitment as public health division to respond to measles epidemic and COVID-19 pandemic.

OUTPUT 5: HEALTH SERVICES, PERFORMANCE AND QUALITY ASSURANCE FOR MEDICAL, DENTAL AND ALLIED HEALTH SERVICES

Output Description:

The Health Services, Performance and Quality for Medical, Dental and Allied Health Services division provides overarching strategic professional leadership and technical policy advice to enable the effective monitoring, regulation and ongoing development of the medical and allied health services within the context of the total health sector. In accordance with the MOH Amendment Act 2019, MOH Act 2006, Medical Practitioners Act 2007, Dental Practitioners Act 2007, Pharmacy Act 2007, and Health Professional Registration and Standards Act 2007 and any other relevant professional Acts.

The mandated core functions of the division include:

- (i) Strategic professional and technical leadership and advices
- (ii) Health services quality improvement and quality assurance professional development and
- (iii) Regulate and monitoring of practice

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT678,508.00	SAT604,413.00	SAT74,095.00	89%

The under spending of funds allocated for this division in this financial year, was due to number of vacant positions incurred in the Output. The filling of these positions will be realized in the next financial year's annual report.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Compliance to Standard of Procedures (SOPs) for Pharmaceutical, Dental and Laboratory Services at TTM Hospital (quarterly visits)	Completed/Achieved	Compliance review of TTM Hospital was completed for Infection Control Prevention, HCW & During the Outbreak for Measles (i) Report onsite inspection to Apia Chinese Acupuncture (ii) TTM APCC Waiting time report (iii) Audit report on Vaccine administration Error Leulumoega DH (iv) Quarantine sites reports (v) Feedback Report on IPC with TTM hospital (vi) Monitoring Preparedness of Measles in Health Facilities in Savaii (vii) Hand hygiene compliance audit (viii) Action Plan for Post-Measles Cleaning of Health Facilities in SAVAII (ix) Samoa EYE Care Clinic service audit 2019
Six monthly regulatory and monitoring audits of outpatient, dental, lab and pharmacy services at TTM and MTII	Completed/Achieved	✓ Monthly audits for Regulatory and Monitoring have WASH FIT modules completed for each hospital for Savaii & Upolu

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
hospitals and district hospitals according to relevant legislations, regulations and standards (e.g. Occupational Health and Safety, adequate and appropriate supplies and resources used for the job, infection control)		<ul style="list-style-type: none"> ✓ Audit report for health facilities in UPOLU ✓ District Hospitals Leulumoeaga and Faleolo Brief Report assessment during Measles ✓ - QA & IC service Audits to MT2 and District Hospitals in Savaii
Six monthly mortality audits	Completed/Achieved	✓ Measles Outbreak Mortality and Clinical Audits completed and case-report submissions for mortality audit
PEN implementation in district hospitals and communities in line with the three pillars of PEN Fa'a-Samoa	Incomplete	✓ Report to compile and submit through NCD coordinator and implementing agencies at MWCSO community
Training and monitoring for healthcare professionals (Bachelor of Health Science, Death Certification process and Infection Control)	Incomplete	✓ This indicator needs to be removed as the training and monitoring is under healthcare professional development in a new division.
Monitoring of new healthcare professional graduates so they meet requirements for full registration according to relevant regulations, including annual induction workshop (House surgeons, dental, pharmacy and allied professionals)	Completed/Achieved	✓ Already compiled report on induction training for new allied health graduates of 2019. This indicator needs to be transferred to Health Professional Development indicator for training and registrations of full requirements, induction and annual workshops.

This Output was able to achieve four (4) out of six performance indicators they were responsible for to implement within this financial year. The two indicators that hadn't been achieved by the division in this financial year were due to the reorganization of the Ministry of Health's divisions functions. Hence the new division was established under the Ministry of Health's new structure to implement these indicators. These changes will be realized in the next annual report.

OUTPUT 6: HEALTH SERVICES, PERFORMANCE AND QUALITY ASSURANCE FOR NURSING AND MIDWIFERY SERVICES

Output Description:

The Health Services, Performance and Quality Assurance for Nursing and Midwifery Services Division provides strategic oversight and professional leadership for Nursing and Midwifery services within the context of the total health sector, in accordance with the MOH Amendment Act 2019, and the Nursing and Midwifery Act 2007.

The mandated core functions of the division include:

- (i) Strategic professional and technical leadership and advice
- (ii) Quality assurance
- (iii) Professional development and
- (iv) Regulations of nursing and midwifery services

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,607,844.00	SAT1,587,621.00	SAT20,223.00	99%

The underutilization of funds allocated for this division in this financial year was due to the number of vacant positions that have yet to fill in. In addition, varied in budgeted funds and actual spending of tuition fees leads underspend by \$16,223.00. The numbers fluctuates based on successful nursing sponsored students who managed to complete the whole program in both semesters.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Percentage of sponsored nursing and midwifery students at NUS that successfully complete the program	Completed/Achieved	All students successfully completed their program and achieved 100%. Total number of students achieved with Certification in Foundation =31 students, Diploma=36 students, Bachelor Yr1=32, Yr2=40 students, Yr3=60 students. Midwifery Post Grad students =11. Total of 199 students sponsored in 2019-2020.
Percentage of nursing graduates in Orientation program who meet registration requirements	Completed/Achieved	Achieved 100% of nursing graduates in Orientation meeting registration requirements with total of 73 new registrations for 2019.
Percentage of nurses/midwives credentialed (1 mental health, 1 acute care programs) by June 2020	Incomplete	Acute care program was successfully completed in September, report attached and the Mental Health and Midwifery was deferred due to the Measles outbreak. 50% achieved in 2019.
Percentage of Quality Assurance Audit recommendations are implemented	Completed/Achieved	Achieved 80% of Quality Assurance Audits in October 2019, Including a Regional Pacific Heads of Nursing meeting with experience of Measles in Samoa. Audits also completed during the Measles Outbreak and the Quarantine Period for COVID-19.

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Quarterly clinical audits completed annually for TTM Hospital and all community health facilities (district hospitals/health centre/SFHA/General Practitioners)	Incomplete	Only 2 Audits were conducted and completed for district hospitals in Savaii and Upolu for the Measles Outbreak.
Number of spot checks completed annually for TTM hospital	Incomplete	4 screening of clinical audits completed, but the reports are pending.
Secretariat for oversight stakeholders meeting (Sexual Reproductive Health Stakeholders Meetings and Nursing Sector Leadership Meetings) on monthly basis	Incomplete	There is only one SRH stakeholder meeting was held in October 2019 and no meeting health in 2020 due to the declaration of the state of emergency for COVID-19.
Quarterly monitoring of Sexual Reproductive Health including Youth Friendly Services and VCCT clinics at Rural District Hospitals, Community Health Centres and Samoa Family Health Association Clinic and TTM Hospital.	Incomplete	Q3 visit conducted in August 13th to 16th 2019. No quarterly monitoring visit in Q4 2020 due to the declaration of the state of emergency of the measles crisis. Quarter 1 visit conducted in March 2020 for Savaii and May for Upolu. All were checked for sufficiency, expiry dates, securely storage and safety for all RH commodities in all health service delivery points. Monitoring of Periodic Presumptive Treatments for fist booking Ante-Natal mothers was also reported as well as Youth Friendly Health Services

This Output was able to achieve three (3) out of eight performance indicators they were responsible for to implement within this financial year. The five indicators that hadn't been achieved by the division in this financial year were due to mobilizing the staff to assist with nursing clinical services provided to respond to measles epidemic in health facilities and COVID-19 pandemic to terms of implementing clinical assessments for all repatriates.

OUTPUT 7: REGISTRAR OF HEALTHCARE PROFESSIONAL SERVICES

Output Description:

This division assures the implementation of the Healthcare Professionals Registration and Standards Act 2007; and provides advice to professional councils on matters relating to professional registrations, practicing certification and breaches to professional standards.

The mandated core functions of the division are to:

- (i) Monitor and implement the registration of all healthcare professionals and allied health professionals as per health professionals councils' approval and
- (ii) Receives and process complaints made against registered professionals.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT494,244.00	SAT363,612.00	SAT130,632.00	74%

The underutilization of funds allocated for this division in this financial year was due to the Assistant Chief Executive Officer being vacant and yet to be filled, and less council meetings conducted to measles epidemic and COVID-19 pandemic.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Percentage of legally mandated healthcare professionals registered in line with legal requirements for registration	Completed/Achieved	Medical Practitioners there were 17 new doctors that are now enter into the House Surgeon Programme for 2 years and issue with Provisional Registration. Also new team of nurses just graduated in March total of 132 (ENs - 30, RNs - 92 and Registered Midwives - 10). Allied Health Professionals there were 5 new members issued with Provisional Registration and 1 dentist. All applications were submitted with the requirements also approved by the Councils.
Percentage of registered health professionals who are issued practicing certificates that meet legal and council requirements.	Complete/Achieved	587 nurses were issued with Annual Practicing Certificates (ENs 104, RNs 397 and RMs 86) also a total of 277 Temporary Practicing Certificates were issued most of them were here for the Measles Epidemic. Medical Practitioners were issued with Annual Practicing Certificate were 120 (111 issued with Full Registrations and 9 issued with Provisional Registration); 193 Temporary Practicing Certificate were issued and most of them were here for the Measles Epidemic as well as for the Recovery Period. 17 Dentists issued with Annual Practicing Certificates and 18 Temporary Practicing Certificates; Allied Health Professionals 63 Annual Practicing Certificates were issued and 21 Temporary Practicing Certificates. 13 Pharmacists issued with Annual Practicing Certificates, 5 Assistants and 15 Technicians.

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
		Issue of Annual Practicing Certificates is from January to December for every year applied to the Medical, Dental, Pharmacy and Allied Health but the Nurses their APC goes together with the financial year period July to June of the following year
Percentage of complaints made against registered by healthcare professionals received by the Registrar that are processed in line with Registrar's responsibilities in the Healthcare Professionals Registrations and Standards Act 2007 (4 hearings started and will continue into 2017) 8 Disciplinary processes completed	Incomplete	There were no complaints received only the outstanding from 2017 and still awaiting the schedule from the MJCA
Provide support to 5 Healthcare Professional Councils for collating all requests received through Registrar's office	Completed/Achieved	All the administrative work provided for every Council meeting once a month for the 5 Councils

This Output was able to achieve three (3) out of four performance indicators they were responsible for to implement within this financial year. The one indicator that hadn't been achieved by the division in this financial year was beyond the Ministry's control.

OUTPUT 8: HEALTH INFORMATION SYSTEM AND INFORMATION, COMMUNICATION AND TECHNOLOGY

Output Description:

This division provides Strategic Health Information and data for policy and decision making in priority areas of health, library services to support professional and credentialing centre as well as maintain and support all Ministry of Health and Health Sector Information and Communication Technology.

The mandated core functions of the division include:

- (i) Health information management
- (ii) Information communication technology and
- (iii) Health library

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT727,162.00	SAT734,776.00	SAT7,614.00	101%

The over-spend of funds allocated for this division in this financial year was due to the procurement of supplies to assist with measles epidemic data entry.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Community and district health facility data collection to inform health information reporting on core areas: vital statistics, health indicators, and health program services provision	Incomplete	Upolu Report June - July 2019, Savaii Report April - August 2019. No data collection since then as we involved with Measles Outbreak, COVID-19 pandemic. Ministry Merge new structure as all the data that NHS has received electronically were transferred down to the Ministry, since then we still awaiting all the Hospitals report to put together into one Ministry's report so far we only managed 2 reports as attached
Quarterly library services utility report	Completed/Achieved	2 Reports compiled and submitted as biannually reported
Quarterly assessment and evaluation reporting of TTM hospital and health promotion and public health indicators	Incomplete	Data collection already completed but due to the involvement of staff on Measles outbreak and COVID-19 pandemic causes the incomplete of Reporting process.
Implement Plan of Work targeted under the e-Health Policy and Strategy. (Implementation of Set Plan of Work as approved with ToR deliverables)	Incomplete	
Security of information systems and communication technologies for MOH and health sector partners – outlook support, firewalls, backup solutions, capacity building	Incomplete	

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Quality maintenance and support of information systems and communication technologies for MOH and Health Sector Partners – Licenses, Warrants and Replacements (biannual reporting)	Incomplete	

This Output was able to achieve only one (1) out of six performance indicators they were responsible for to implement within this financial year. The five indicators that hadn't been achieved by the division in this financial year was due to the shift of the division's priorities due to their involvement in measles epidemic data entry in the first six months of the financial year and Expanded Program Immunization data entry in the last six months of the financial year.

OUTPUT 9: NATIONAL HEALTH SURVEILLANCE AND INTERNATIONAL HEALTH REGULATIONS

Output Description:

The roles of the National Health Surveillance and International Health Regulations Division are manifold. This division play a health protective role by the collection and analysis of communicable and non-communicable disease data to inform management decision making in response to any major health issues that may arise from time to time. Its outcomes contribute to improving health status and the quality of life, reducing health inequalities, safeguarding the public's health and reducing the burden of disease.

The mandated core functions of the division include:

- (i) Epidemiological surveillance response
- (ii) Disease prevention and control and
- (iii) International Health Regulations coordination and implementation.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,418,362.00	SAT1,394,761.00	SAT26,601.00	98%

The underspend of funds allocated for this division in this financial year was due to number of vacant positions, including include the ACEO position and the Principal Disease Surveillance that were vacant for the almost a financial year.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Timely response to events exceeding threshold levels as detected from the weekly syndromic surveillance report	Completed/Achieved	All syndromes remain below their alert thresholds. Syndromic surveillance is ongoing. All queries of infectious diseases are immediately followed up and investigated. Environmental health assessments are also conducted.
Provide secretariat role for relevant national committees: CDCC, IVCC, IHR, Water Quality Sub-Sector Committee and others	Completed/Achieved	Provided secretarial roles to CDCC meetings monthly and HEOC Meetings for Measles Epidemic and COVID-19 pandemic every week on Mondays, Wednesdays and Fridays.
Surveillance reports completed and endorsed by DG (NCD-annual, CD-quarterly, Mortality-weekly) and other reports including situational and bulletins	Incomplete	Monthly CD bulletins were completed and endorsed for the months of July and August. However, CD bulletins were delayed due to the measles outbreak and COVID preparations and operation of quarantine. However, HEOC Situation Reports were generated and endorsed on a regular basis for the Measles Outbreak since October 19 to March 20, and continued as COVID-19 since March 20 to date. Mortality weekly line listing was submitted and endorsed on a weekly basis until the measles outbreak; monthly mortality bulletins have been

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
		generated and endorsed since then.
Provide technical advices on surveillance and IHR work as required	Completed/Achieved	Technical advices were always provided on surveillance during HEOC meetings in times of measles epidemic and so as IHR during the COVID-19 pandemic
Timely responses to public health emergency at points of entry (PoE)	Completed/Achieved	100 % response to by port health services to any public health emergency at our international point of entry.
Percentage of lab confirmed typhoid cases responded to within 24 hours of notification	Completed/Achieved	Typhoid control program is performing effective and timely case investigation, home visits, contact tracing, environmental assessment and collection of samples to find healthy carriers for all confirmed cases within 24hrs of lab notification. There are 122 (98%) confirmed cases from JUN19-JUN20 (Upolu 87 cases + Savaii 35) completed case investigation with total of 35 healthy carriers detected and are treated.
Percentage of schools complying with Sanitation Guidelines per quarterly monitoring	Completed/Achieved	2 assessments of leptospirosis cases (Lalomanu, Satitua Aleipata), 1 assessment of dengue fever case at Papaloa. Completion ongoing spraying fumigation of 3 district hospitals in Upolu (Lalomanu, Poutasi, Leulumoega), TTM2 main hospital and health centres including Lufiufi, Saanapu and Faleolo. In Savaii the team covered Foailalo, Sataua and Safotu plus MT2 referral hospital. The staff were all involved in the MOH preparation of COVID-19 prevention. Some of the staff were roster at the ports while other utilised in hospital services.
Percentage of nuisances (including vector) complaints investigated according to local and international legislations and regulations	Completed/Achieved	Treatment Plants Endpoints were monitored on weekly basis, SWA Boreholes and Registered Bottling Companies on monthly and IWS on quarterly basis.
Percentage of compliance with the National Drinking Water Standards: IWS, SWA Treatment Plants, Bottled Water Companies, Bore Holes	Completed/Achieved	1) Monitoring of Independent Water Schemes was done on quarterly basis. Percentage of compliance is 11.7%. The water is not treated therefore the results is always questionable. In order for them to improve water quality, they need to be on top of their water safety plans. Each scheme should have a water safety plan in place. Ministry of Health is working very closely with IWSA in developing water safety plans and informing them about their water quality results. Advice is given to all communities to always boil water before drinking. 2) SWA managed to achieve 100% for the last FY. They have been consistent with their chlorination processes at these water treatments plants. 3) Bottle water companies are monitored on monthly basis

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
		and should be 100% compliance to the NDWS 2016 at all times. Unfortunately the results fluctuate from time to time. BWCs only achieved 87%. Companies that failed to comply with the Standards within these time periods received notification letters from MOH. Assessments were conducted including re-tests till they complied. Notification letters were issued and solved 4) Not all Boreholes are chlorinated and there is a great possibility of water being contaminated from different factors such as leakages, or maybe the power was off. Boreholes achieved only 52%. Water Service Providers really need to seriously push water safety plans in order to improve water quality

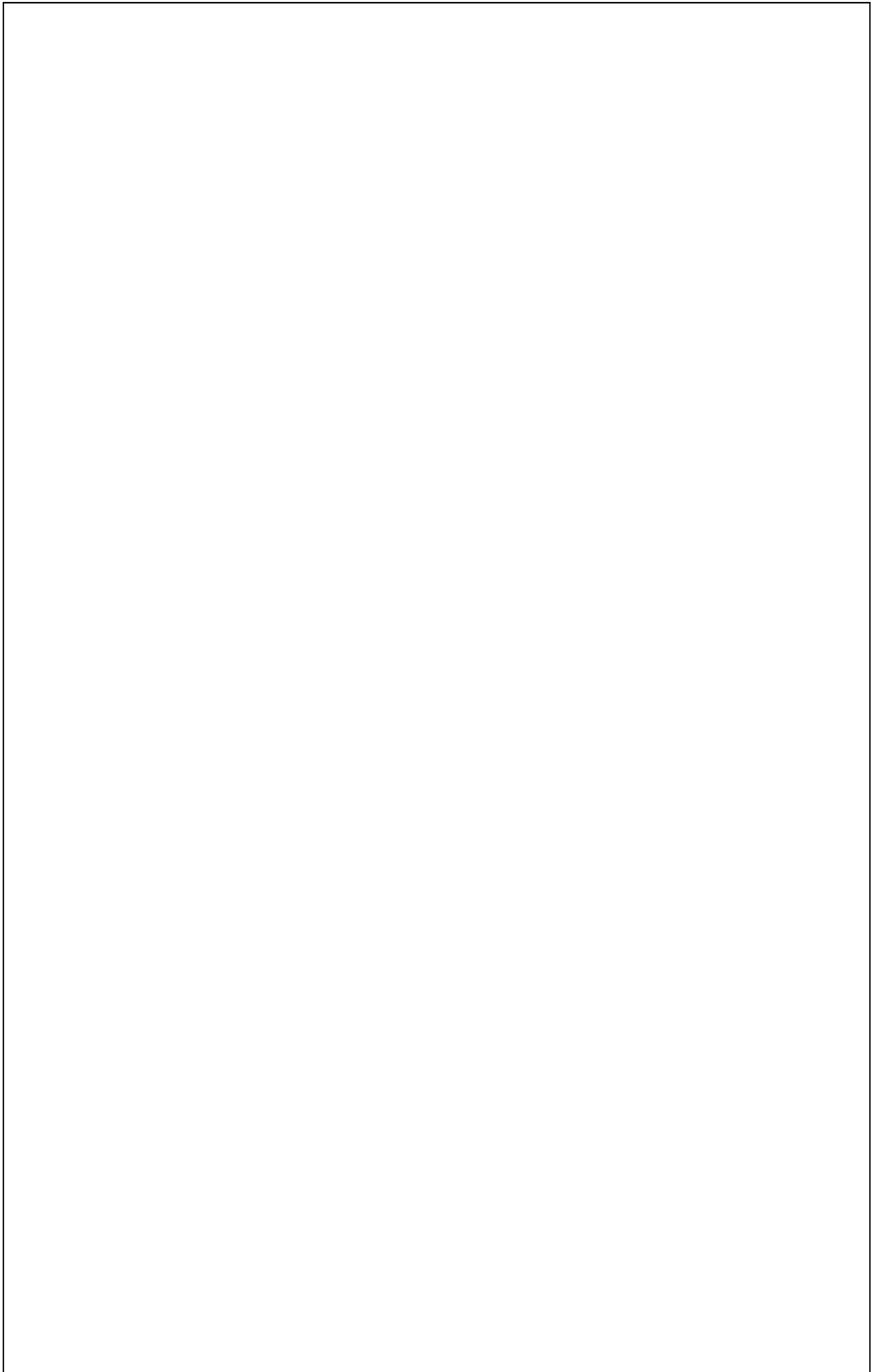
This Output was able to achieve ten (10) out of eleven performance indicators they were responsible for to implement within this financial year. The only one indicator that hadn't been achieved by the division in this financial year was due to the shift of the division's priorities due to implementing health surveillance for measles epidemic and COVID-19 pandemic.

Other Achievements:

Port Health Services during Public Health Emergencies

The Port Health team has been able to conduct health clearance checks on the vessels arriving at the Matautu Wharf, incoming repatriation flights and the fishing vessels in compliance with Samoa's current travel restrictions (COVID-19).

The Port Health team had to make sure the Health Clearance documents are in place, all crew temperatures are checked, all crew members shows no signs and symptoms of illness, make sure the Vessel crew members are not allowed to disembark once the vessel proceeds with the get alongside procedure (No shore leave). In addition, they have to ensure the crew members and stevedores wear appropriate Personal Protective Equipment (PPE) through the entire operation as well as the disposal of PPE for all workers involved in vessel operation at the allocated area for disposal near the wharf.



Health Teams operation for the Repatriation Flights

The Health Emergency Operation Center (HEOC) with the assistance of the National Emergency Operation Center (NEOC) continues to be at the frontline of Samoa's response to the flight repatriations since April 2020. The different unit that made up HEOC includes the Surveillance team whose main function is to collect and analyze the data daily to be presented to the HEOC meetings, the Risk Communication looks into media campaigns, communication and coordinate the 24/7 Covid19 Call Center, the Coordination and Logistic Teams' role is to ensure the needed supplies and equipment are catered to, the Infection, Prevention and Control (IPC) team looks into the compliance of facilities to the Health regulation and standards, and the Clinical team plays a crucial role and as well as the Public Health team.

For each flights, there were health teams in place conducting daily health visit to the quarantine sites and home quarantine sites. The health teams had to make sure the information was distributed to the passengers before and after the quarantine period emphasizing the importance to continue to practice good hand hygiene, maintaining social distancing, practice cough etiquette and wear a facial covering while out in the public if not maintaining social distancing. Quarantined passengers were also advised to seek medical advice should they develop fever or cough during the next 7 to 10 days after discharge from the quarantine sites.

OUTPUT 10: HEALTH SECTOR COORDINATION, RESOURCING AND MONITORING

Output Description:

The Health Sector Coordination, Resourcing and Monitoring Division coordinates and monitors health sector institutional strengthening activities inclusive of commissioning and resourcing in line with funding role of the Ministry of Health as mandated in the Ministry of Health Amendment Act 2019.

The mandated core functions of the division include:

- (i) Strategic coordination of the Health Sector Program
- (ii) Effective resourcing and managing of development assistance and
- (iii) Effective monitoring of health sector programs.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT947,282.00	SAT939,300.00	SAT7,982.00	99%

The remaining allocation for this division in this financial year was attributed to attributed to the position that is still vacant.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Biannual reporting of health sector programs (WHO, Health SWAp, UNFPA, SPC/Global Fund, NCD Program) in accordance with relevant agreements and policies	Completed/Achieved	1) July - Dec 2019 Program Management Report (PMR); 2) Jan - June 2020 PMR (FY19-20)
Full participation in regional and international technical obligations	Completed/Achieved	1. Sexual Health & HIV/AIDS Conferences 16th - 18th Sept 2019 (Aaone); 2. ICPD25 - Nairobi Summit; Kenya, 12th - 14th Nov 2019; (Aaone); 3. Strengthening implementation of NCD priority actions in the Pacific: Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and Legislative Framework, 25th Nov - 28th Nov 2019
Quarterly/biannual financial reports on the health sector programs submitted to MOF and development partners	Completed/Achieved	All projects' FRs are reflected in the PMR FY19-20
Manage and coordinate development partners' implementation support missions	Completed/Achieved	(1) World Bank Pre-Appraisal Mission, Aug 5 to 14, 2019; (2) World Bank Mission Implementation Support Virtual Mission, Feb 28 to 29, 2020
Annual audits of health sector programs completed (Health SWAp, Global Fund and UNFPA)	Completed/Achieved	No audits undertaken during this period because the Health SWAp Program was completed by 2016, thus it should be

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
and complies with relevant legislations and standards		deleted from this section.

This Output was able to achieve all five (5) performance indicators they were responsible for to implement within this financial year.

Other Achievements:

Management and Control of STI/HIV and TB in Samoa through the UNDP Global Fund Project

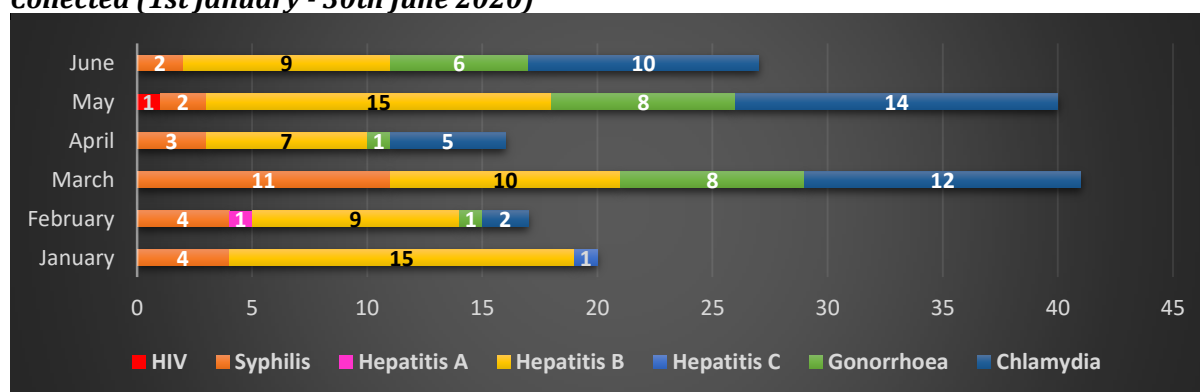
Samoa continues to face high rates of STI's in the midst of the Recovery Phase of the Measles Epidemic 2019-2020 and the COVID-19 Pandemic. These events have posed challenges for sustaining testing coverage, necessary to link people to treatment and decrease prevalence.

Surveillance of HIV, STI's and TB 2020

Data for this report are taken from National Laboratory Surveillance records which captures all testing conducted nationally. This includes routine serology testing from Antenatal Care (ANC) visits for pregnant women, Immigration Clearance Screening for outgoing citizens and incoming foreign residents, and mandatory screening of blood donations. Chlamydia and gonorrhoea testing comes from urinalysis conducted by the Microbiology department of the national laboratory. These tests come from both routine ANC testing and suspected STI patient investigations.

Findings

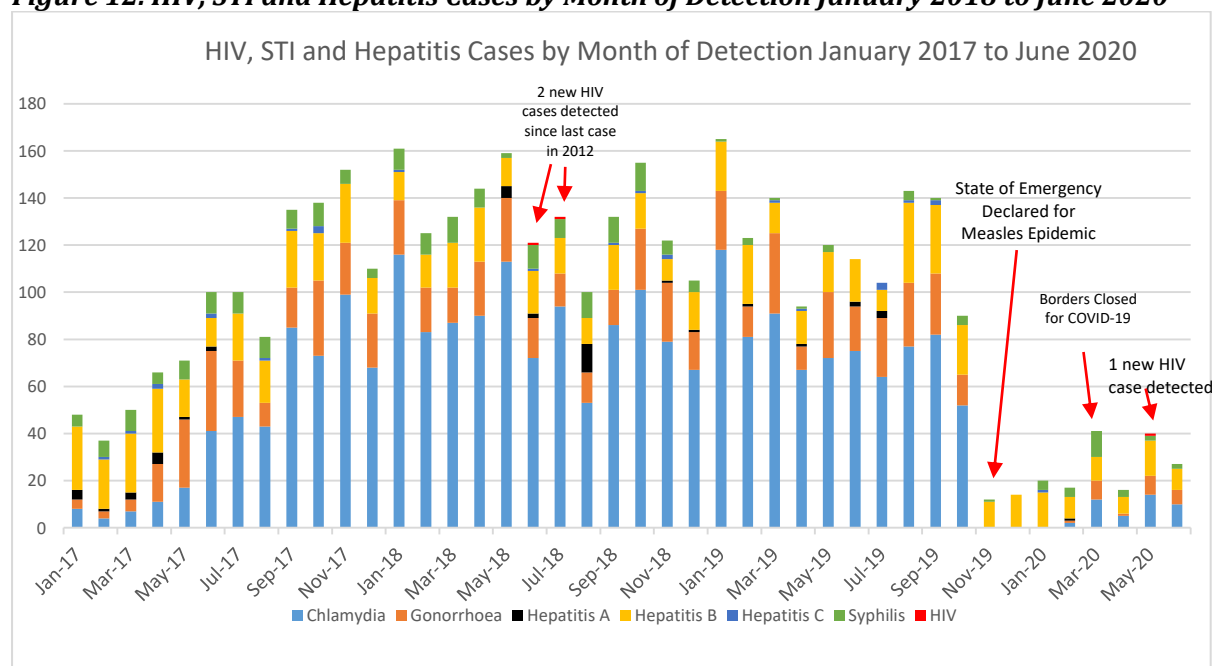
Figure 11: Sexually Transmitted Infections and Hepatitis Cases by Month Sample was Collected (1st January - 30th June 2020)



Testing for HIV, STI's, and Hepatitis was greatly decreased during 2020 due to procurement interruptions and health sector response to both the Measles Recovery Phase and the emergence of the COVID-19 Pandemic. This has greatly decreased the number of cases detected (as opposed to a true decrease in incidence of disease), which will impact the number of people tested and linked to treatment services.

The lockdown for the state of emergency which occurred 21st of March may have impacted reporting of cases of STI's and Hepatitis for the month of April, as less people were likely to attend healthcare services. Maintaining testing is critical to ensuring prevention, especially during this period of COVID-19 where these diseases are likely to be neglected during the state of emergency.

Figure 12. HIV, STI and Hepatitis Cases by Month of Detection January 2018 to June 2020



One new case of HIV was detected in May 2020, marking the first new case since 2018. This individual has been linked to treatment services and contacts are being traced by the Communicable Disease Clinic.

Despite decreases in testing, syphilis has significantly increased (188.9%, or from 1 case in March 2019 to 11 cases in March 2020). None of the syphilis cases for 2020 were congenital cases; all were adults over age 18. This increase in cases occurred from 24th of February to the 20th of March, detected via laboratory surveillance. Due to lower testing in 2020, additional undetected cases are probable. The detection of chlamydia, gonorrhoea, and Hepatitis cases is also decreasing as the number of tests decrease for 2020.

Table 8. Case Comparison by Month of Detection 2019 vs. 2020

Chlamydia	Cases 2020	Cases 2019	Overall Status
January	0	118	91.5% decrease with a decrease in number of tests
February	2	81	
March	12	91	
April	5	67	
May	14	72	
June	10	75	
Total	43	504	

Gonorrhoea	Cases 2020	Cases 2019	Overall Status
January	0	25	81.4% decrease with a decrease in number of tests
February	1	13	
March	8	34	
April	1	10	
May	8	28	
June	6	19	
Total	24	129	

Hepatitis A	Cases 2020	Cases 2019	Overall Status
January	0	0	75% decrease with a decrease in number of tests
February	1	1	
March	0	0	
April	0	1	
May	0	0	
June	0	2	
Total	1	4	

Hepatitis B	Cases 2020	Cases 2019	Overall Status
January	15	21	46.3% decrease with a decrease in number of tests
February	9	25	
March	10	13	
April	7	14	
May	15	17	
June	9	18	
Total	58	108	

Hepatitis C	Cases 2020	Cases 2019	Overall Status
January	1	0	50% decrease with a decrease in number of tests
February	0	0	
March	0	1	
April	0	1	
May	0	0	
June	0	0	
Total	0	2	

HIV	Cases 2020	Cases 2019	Overall Status
January	0	0	1 new detected case with average number of tests compared to previous years
February	0	0	
March	0	0	
April	0	0	
May	1	0	
June	0	0	
Total	1	0	

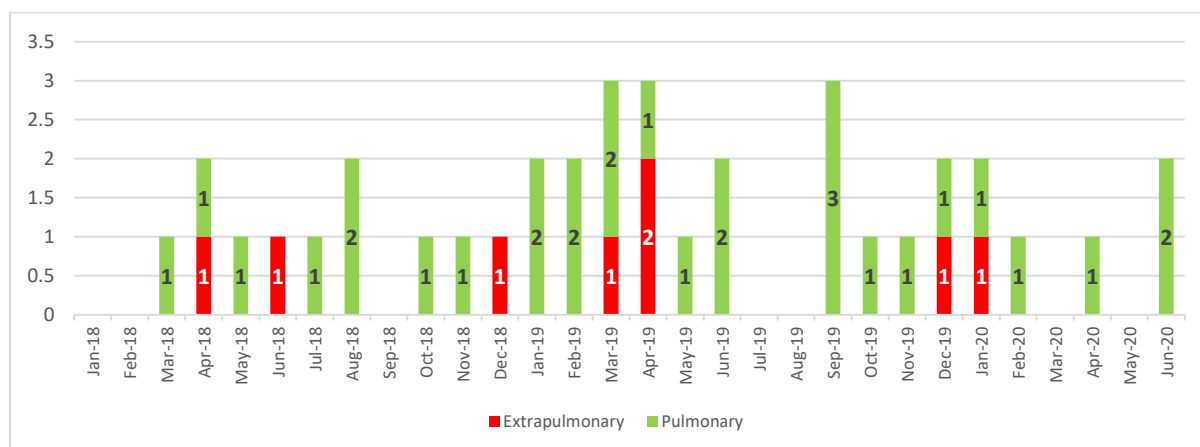
Syphilis	Cases 2020	Cases 2019	Overall Status
January	4	1	188.9% increase with a decrease in testing
February	4	3	
March	11	1	
April	3	1	
May	2	3	
June	2	0	
Total	25	9	

Current Tuberculosis (TB) Cases Detected

Numbers of newly detected cases of Tuberculosis in 2020 (6 new cases) remain similar to previously detected cases in 2018 (5 new cases) but lower than 2019 (13 new cases) during the months Jan-June. The challenge is sustaining DOTS and contact tracing during the state of

emergency operations, as staff are reallocated to COVID-19 preparations and quarantine monitoring.

Figure 13: Incident TB Cases by Date of Registration and Classification 1 Jan. 2018 to 30th Jun. 2020



Keeping them closer – our people living with HIV/AIDs Workshop:

Although we are small in our numbers, but one is too many as it's always said. Our People Living with HIV/AIDs (PLWHA) came together to raise their awareness on issues of HIV/AIDs and the COVID-19 pandemic. It is noted worldwide that COVID has a huge negative impact on the progress of reaching the 90/90/90 targets set by the UNAIDS to achieve by the year 2030. With their immunity system already being suppressed, having COVID anytime in the future would affect their statuses profoundly.

The workshop is their usual quarterly activity, where they all come together to get well acquainted in a joyful manner, but an opportunity to receive more educational sessions on their health as HIV cases, and possibility of any future COVID-19 infection in Samoa.

They were given IECs on COVID-19 preventions for them and their families. They were taken through each IEC material. They were educated on the importance of:

- Respiratory Hygiene
- Hand Hygiene
- Do not touch face anytime, all the time.
- Sanitation et al.
- Social Distancing & NO MORE handshake when greeting others – elbow/angle or air hugs encouraged
- Do not go to where people congregate
- The importance of taking their treatments on time
- Drink a lot of water
- DO NOT SMOKE ANYMORE given the adverse impacts known to do to their health
- Healthy eating at all time
- Looking after their families well and DO NOT STRESS as it won't help at all.

Support was also provided in other means such as:

- All children of PLWH (i.e.: positive and non-positive children) were given \$100 voucher each for their food and other stuff.
- Each PWLH were given \$50.00 allowance.

They are all good, and advice to come in for their Viral Load count next month and for some other cases should come in May. RN Serafi is keeping them in line with their VL & CD4 counts, and follows up on their treatments regularly.

Our partners in HIV/AIDS & TB:

Our efforts are not without the significant contribution from our partners.

Partners such as Samoa Fa'afafine Association, Samoa Family Health Association, Samoa Red Cross Society, the THRIVE Initiative, Samoa AIDS Foundation, and UNDP Global Fund have all launched their own campaigns advocating for voluntary testing, knowing your status, and conducting community screenings. This has contributed greatly to testing referrals and overall awareness.



Painting of the White Wall at TTM Hospital

The painting of the White TTM Hospital Emergency Wall as part of the ministry's health prevention and promotion health messaging mechanism is completed. This project is made possible due to the support from World Bank under the Catastrophe Deferred Drawn Down Option Fund (Cat DDO). The portraying of health messages related to NCDs and CDs as planned are in the form of storytelling which Samoans are most familiar with. Based on an individual's life from childhood to adulthood, the display wall depicts a positive support enabling environment in the form of painting and drawing.



(White Wall TTM Hospital before)



(White Wall TTM Hospital Wall after)

The painting covers health messages on NCD risk factors to raise awareness and promote health interventions gaged towards NCD efforts. Communicable Disease messages have been painted on the wall as it is considered as equally vital as NCDs. CDs prevalence in the past years especially that of the 2019 Measles Outbreak has identified for MOH some key lessons and the acknowledgment of past practices which should never be repeated. From the evaluated lessons learnt, health messages around immunization, STI/HIV, Sexual Reproductive Health and the like are included as means of taking a quantum leap in addressing these health priorities. The early preventive measures are necessary for health protection and continuous public awareness in which the TTM Hospital Emergency Wall project is intended to serve.

Zoomed in details of the Painted White Emergency Wall:



(Front side view of the Wall when entering Emergency section)



Design and Supervision of the Construction of the New Rural District Hospital (RDH) and New Doctor's Residence at Falelatai and Sa'anapu

The Government of Samoa has received a grant from the World Bank to support its NCD control program through the PfR (Performance for Results) financing instrument. Through this program, the construction of the new RDHs and new Doctors Residence at Falelatai and Sa'anapu will be made possible.

Currently this project is on the RFP phase in which there are currently four (4) bidders that are given time to submit their technical and financial proposals. The pre-proposal meeting and initial site visit with these four (4) bidders has been conducted.

E-Health and Mobile Based Patient Tracking System

Mobile App-based Patient Tracking System and Potential e-Health Framework. The mission continued the discussion with the MOH regarding the mobile app-based patient tracking system and organized a briefing session on the HeartCare App developed by WHO for patient tracking and its possible application in Samoa. A challenge identified for the use of the HeartCare App is the requirement for a Linux-based server, which is not aligned with the Government's overall plan to continue to use the Windows based server in Samoa; all MOH servers are currently Windows-based servers.

The team held discussions with the MOH regarding options for an eHealth project and the Mobile App-based patient tracking system. Under the financing of the Australian Government, MOH has signed a contract with an Australian based company (Beyond Essential System) to

support MSupply (a pharmaceutical warehouse and dispensing management system), eLMIS (an Electronic Logistics Management pharmaceutical management system), and Tupaia (a health data aggregation and visualization tool) in Samoa in 2020. Tupaia has also been implemented across eight Pacific Island countries including in Tonga over the last two years. The planned next step is to implement District Health Information Software 2 (DHIS2) integrated with Tupaia. DHIS2 is a free and open-source health database used for digitizing disease surveillance and public health reporting, including aggregating monthly reports from health facilities, and is used in more than 70 countries worldwide.

These planned works set up a basic structure for an eHealth system, with one critical element still missing: the patient electronic medical records (EMR). The Tumanu system, an EMR system specially designed for use in low resource and remote settings, is being considered by the MOH to be implemented in Samoa; this system will be able to support Mobile App-based patient tracking system for NCD management. The World Bank team supports this proposal and is willing to provide financing support using the unspent PPA funds. The World Bank team also held discussion with Government and Australia's Department of Foreign Affairs and Trade (DFAT) to explore the possibility of additional financing to support this proposal. Actions to implement the proposal have been incorporated in the implementation roadmap for the next two years.

Program Effectiveness, Launch and Implementation:

The Samoa Health System Strengthening PforR was approved by the Board on December 5, 2019. However, due to challenges accessing the Document Sign platform, the Financing Agreement was not signed until February 28, 2020. With the need to focus on COVID-19 pandemic emergency response, the Program progress was delayed and didn't become effective until May 27, 2020; Program implementation is expected to begin in July. The team has been in discussion with Government on the arrangement for a Program launch training workshop under the current circumstance, as well as the arrangement for the World Bank to provide implementation support and supervision remotely during travel restrictions.

Although the measles outbreak and the COVID-19 pandemic inevitably affected the progress of the PforR, Government has taken actions to work on a few key policy developments which set the foundation for Program implementation. These include (a) the development of the PEN Fa'a Samoa screening scale up roadmap; and (b) formulation of a Human Resource Policy regarding recruitment, rotation and deployment of public health physicians in rural district hospitals.

Implementation Roadmap and Program Operations Manual (POM):

The team had rounds of discussions with the Government regarding the development of the implementation roadmap for the Program, with a focus on the first 2 years of implementation (from July 2020 to June 2022). The draft roadmap covers eight technical areas including: M&E, Strengthening Frontline Services, Health Promotion, PEN Fa'a Samoa Screening, Referral and Diagnosis, Non-Communicable Disease (NCD) Case Management, Social and Environment, and Fiduciary, as well as Multi-Sectoral NCD Program Stewardship and Capacity Building. The divisions and the lead officials responsible for the implementation of the actions for each area were identified and agreed on. The draft roadmap will inform the development of the health sector budget for FY2021 (which starts on July 1, 2020).

A workshop was held by the MOH and MoF during the February mission to progress the development of the POM based on the agreed outline. All relevant departments and divisions of MOF/MOH joined the workshop. The CEO and ACEO of SBS also participated in the workshop and provided inputs to the draft POM. It was agreed that the draft POM should be shared with the World Bank for comments in March, with a revised version submitted to the World Bank for approval in July.

Program Preparation Advance (PPA). The measles outbreak and the COVID-19 pandemic affected the implementation of the TA and capacity building activities planned under the PPA financing; Table 1 summarizes the final status of all the planned activities under PPA. Overall, out of the US\$800,000 PPA budget, about US\$240,000 has been spent; of the 6 planned TA activities, 3 have been completed. These include TA (a) to assist MOH in developing the Health Sector Plan (2019/20 - 2029/30); (b) for Medical Waste Management System Assessment; and (c) to assist in developing the Human Resources for Health (HRH) Strategy and MOH Workforce Plan 2019/20 -2024/25. Three planned activities were cancelled or not completed as the selected consultants withdrew their bids due to international travel restrictions as a result of the measles outbreak and COVID-19 pandemic. These activities will be carried out under the implementation of the PforR. The purchase of office information communication technology (ICT) devices and all the capacity building activities proposed have been completed.

OUTPUT 11: CLINICAL – TTM HOSPITAL HEALTH SERVICES

Output Description:

The TTM Hospital and Clinical Health Services provides the overarching management of safe, effective and efficient clinical governance for the Ministry of Health. It is crucial to note from the outset that the TTM Hospital Healthcare Services provides services for Primary Health Care (PHC), Clinical Health Care Services (CHCS), which includes Secondary (Clinical) Care and tertiary (Clinical) Health Care.

In the interior services, 9 departments specifically identify for each essential health care service as nature and core mandated functions of the service. These services include Emergency department, Paediatrics, Obstetrics and Gynaecology, Intensive Care Unit, Ophthalmology, Medical departments, Mental Health Department and Surgery Department. Their comprehensive goal is to strengthen, maintain, enforce and action effective and efficient healthcare services delivery in health facilities.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT22,703,162.00	SAT21,829,316.00	SAT873,846.00	99%

The under-spend of funds allocated for this division in this financial year was mainly due to the number of vacant positions that yet to fill in.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of visiting teams	Completed/Achieved	Measles epidemic visiting teams added to the usual
Number of patients approved for medical treatment (patients)	Complete/Achieved	The number of patients approved for medical treatment (patients) had been decreased due to measles epidemic and COVID-19 pandemic global lockdown
Compliance to OVT criteria and within budget allocation	No information provided	
Number of patients consulted and treated in Emergency Department	No information provided	
Number of patients treated with minor surgeries	No information provided	
Number of undergone general anaesthesia	No information provided	
Number of consultations in ICU	No information provided	
Number of patients admitted in ICU	No information provided	
Total numbers of surgery – elective and emergency	No information provided	
Number of consultations – surgical	No information provided	
Number of patients admitted and treated in Acute 7 (Surgical)	No information provided	
Number of patients accessing	No information provided	

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
surgical outreach clinics	provided	
Number of patients consulted and treated in ENT clinic	Completed/Achieved	
Number of ENT Operations	Complete/Achieved	
Number of patients consulted and treated in Endoscopy clinic	No information provided	
Number of patients consulted and treated in Urology Clinic	No information provided	
Number of consultations in medical clinic	No information provided	
Number of patients treated and admitted in Acute 8 (Medical)	No information provided	
Number of consultations in the Paediatric Clinic	No information provided	
Number of patients admitted and treated in Paediatric Ward	No information provided	
Number of patients admitted and treated in NICU	No information provided	
Total number of rheumatic fever consultations/treatments	No information provided	
Number of consultations in Obs and Gynae Clinic	No information provided	
Number of patients consulted and treated in eye clinic	No information provided	
Number of eye operations	No information provided	
Number of patients consulted, admitted and treated in Mental Health	No information provided	
Number of patients accessing mental health outreach community programs	No information provided	
Number of patients attendances to GP outreach clinics	No information provided	
Number of consultations/treatments by Mental Health team	No information provided	
Number of local and international medical students clinical and elective rotations processed	No information provided	
Number of free drug supply processed and issued	No information provided	

This Output was able to achieve four (4) out of thirty-one performance indicators they were responsible for to implement within this financial year and they were failed to provide the update on the remaining 27 indicators. Hence, there is a need for this division to be more proactive on reporting the implementation status of their performance indicators taking into account the bulk of local budget for health is spent on clinical services and personnel.

Other Achievements:

Clinical Staff Capacity Building

COVID-19 Clinical Preparedness and Response Training

During the last six months of this financial year (January-June 2020), the Clinical Unit had initiated near-daily trainings for its doctors and nurses revolving around COVID-19 i.e. what every individual should know about the virus, its mode of spread, effective control measures such as cough etiquette, social distancing as well as effective hand-washing technique. Staff had also been trained on the most recent approved technique for proper donning and doffing of PPE's (personal protective equipment).

These trainings had followed the “train the trainer” approach with the trainees themselves encouraged to take the stage on subsequent trainings in propagating this newly gained knowledge to their peers and co-workers. This training has since been extended to include additional front-line personnel within the workforce which include security, porters and kitchen staff, for example.

Clinical Covid19 Preparation

Clinical continues to rev up its preparations for COVID19 with its main focus on preparing the refurbished Isolation Ward 1 and organizing the response teams and identified staff for a clinical response. This preparation has not only been in the form of introduction of healthcare consumables into Iso1- i.e. masks, gloves, PPE's, patient bed sheets, towels etc, but the undertaking of different infrastructural modifications to address adequate control and treatment of possible COVID-19 patients, such as the installation of wall and bedside brackets for hand sanitizers, installation of paper towel dispensers and the identification of areas external to the ward for doffing and showering of health care personnel.



As of the last two weeks Clinical has striven towards initiating a hospital screening program (known in other countries as fever clinics). Given the setting of the increased number of inbound flights from New Zealand, Clinical realizes the small albeit increased risk of COVID19 reaching our shores and with this in mind, will be rolling out an initiative to identify any potentially undetected transmission and monitor flu-like outbreaks within our communities.

This initiative will result in limited public access to most hospital entrances, with the intention of screening the general public at two (2) main hospital entrance(s) - i.e. the front of APCC (General Outpatients) and the main entrance to the Emergency Department (within the new hospital building).



Once the Screening Program is rolled out, all visitors and patients will be subject to a brief evaluation process whereby which they will be queried on questions pertaining to COVID19 symptoms i.e. do they have cough, fever, runny nose, loss of smell? etc and further assessed for any positive epidemiological history i.e. a

history of travel, contact with a patient who had suspected or confirmed COVID19 etc.

All patients and visitors who screen **negative** will be stamped with a mark on their forearm noting the "all clear" whilst those screen **positive** will have their temperatures taken and then be carefully directed to a Testing and Treatment tent located between the old doctors common room and Isolation 1 where they will be examined in detail and set up for a COVID19 swab or test. If they further test positive for COVID19 at this Testing & Treatment tent, they will then be isolated and/or admitted, but if they test negative for COVID19, they will be released.

In preparation for initiating this Screening program, specifically identified staffs have been subject to an intimate training program this past Friday 3rd July, which included the following topics: rational use of PPE, understanding the screen forms and screening process and calibration of the IR thermometers (please see attached photos). This training was well attended and included up to 30 staff that was comprised of nurses, cleaners, securities and medical officers.

COVID-19 training for all health facilities in Upolu and Savaii

In anticipation of a potential spread of novel corona virus into the community with the borders soon to re-open, it is important that all the health care facilities are well prepared. In preparation for this, a standard training for all district hospitals took place at the end of June, 2020. The training focused on teaching the staff to confidently identify, isolate and manage safely any suspected COVID-19 patient at the community level. The training aims to safely standardize the management of potential COVID-19 cases and re-enforce public health measures for all health facilities in Upolu and Savaii.

The training focused primarily on the following topics:

- i. Reiteration of novel corona virus, mode of transmission and prevention methods. Scenarios e.g pain exercise
- ii. Case Definition: elaboration of flow chart. How to correctly identify a follow through with work plan and response if there is a suspected patient
- iii. Brief glance through the guidelines to ensure rural clinicians and nurses are aligned with current accepted management of cases out at the district level
- iv. Screening Station & Explanation of Forms: Elaboration of how the screening station must be set up and walk through of how the patient flow must be.
- v. Surveillance Response: Elaboration of when and how to use COVID19 forms. And to educate on Contact tracing and its importance. This will also be the opportunity to familiarize health staff on contract Monitoring sheets
- vi. Home Base Care: Teaching the staff how to teach the families when dealing with a case at home
- vii. Exercises and Mock Scenarios: Screening exercise & Patient Flow
- viii. Infection Prevention and Control & waste management
- ix. Contact tracing exercise
- x. Hand hygiene competition
- xi. Facility scope and documentation

Special Clinical Training on Intensive Care

More recently Clinical has also initiated additional specialized training centred on intensive care i.e. intensive care basics, ventilation and respiratory distress conditions, basics of ventilator set up and settings – all in a collective effort to increase healthcare staff and ICU capacity should there be a surge of COVID-19 critical patients.

The Clinical proposal entitled "Surge Capacity Plan" is in place with its core objectives noted below:

1. *To enable a timely response to a surge of clinical operations; and to*

2. *Provide optimized care for all patients – i.e. both COVID-19 and Non-COVID 19, patients, particularly the seriously ill.*

This proposal utilized a prediction model based on the experiences of neighbouring countries and involved several strategized solutions which included the merging of the local APCC & ED workforce and reorganization of APCC and ED facilities (resulting in separate facilities to deal with COVID-19 and non-COVID-10 patients).

To minimize cross infection between COVID-19 and non-COVID-19 patients, a two-zoned approach has been proposed so that these two separate populations can receive care for outpatients, emergencies, inpatients, intensive care, maternity and surgical care as well as common diagnostic and pharmaceutical (dispensary) needs.

The plan also took into consideration the availability of oxygen therapy and intensive care for COVID-19 inpatients, seeking to minimize risk to non-COVID-19 patients and hospital staff. As a result, one hundred and forty (140) bed spaces with ready access to oxygen supply have been identified for COVID-19 inpatients, with the possibility of further expansion depending on staff availability.

At this stage, early implementation of this plan is now in discussion, with its early commencement involving the re-arrangement of ED & APCC resources and staff, as well as the “clearing out” of the Ground Floor of the Emergency building with the ultimate aim of the conversion of this floor into a primary COVID-19 ward.

OUTPUT 12: CLINICAL – LABORATORY AND PATHOLOGY SERVICES

Output Description:

The Laboratory and Pathology division, provide the overarching management of quality service delivery with procedures to strengthen performance in patient care through relevant laboratory service.

Its core function is to provide services for diagnostics and therapeutically evaluation.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT3,217, 357.00	SAT2,894,542.00	SAT322,815.00	90%

The under-spend of funds allocated for this division in this financial year was mainly due to the number of vacant positions that yet to fill in.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Total number of blood transfusion related tests completed	Incomplete	Target was too high compared to FY2018/19 and it was unachievable. Total number of transfusions related tests completed for FY2019/2020 is 40,541.
Total number of biochemistry tests completed	Incomplete	Target submitted in the budget preparations is not this one. Therefore, the 361,299 target is too high for the current workload. The total number of biochemistry tests completed is 215,405.
Total number of haematology tests completed	Incomplete	Target stated is too high for the normal workload. This was not the target submitted. The total number of haematology tests completed is 45,374.
Total number of microbiology tests completed	Incomplete	Again, this was not the target submitted for this KPI. Total number of completed microbiology tests is 110,857.
total number of serology tests completed	Incomplete	Again, this was not the target submitted for this KPI. Total number of completed serology tests is 38,309.
Total number of histology and cytology specimens reported	Completed/Achieved	Again, this was not the target submitted for this KPI. Total number of completed Histo and Cyto reported is 22,705.
Average TAT of critical results/urgent requests for: biochemistry, haematology, positive blood culture, pregnancy test, cerebral spinal fluid, urgent blood units, histology, cytology	Incomplete	Current average TAT is 75%. The absence of an Lab Information System and not enough staff contributes to the long Turn Around Time
Total number of bodies in the hospital morgue: died from natural cause, police cases	Completed/Achieved	400
Total number of post mortems conducted (clinical & forensic)	Incomplete	The target was not the one submitted as it is unrealistic to have such a number for post mortems compared to the population of

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
		Samoa. On the other hand, the border lockdown may contribute to the reduced total number of post mortems to 33.
Number of stock takes conducted (no. of tests)	Completed/Achieved	1,984 tests
Number of tests not available (stockouts)	Completed/Achieved	42
Total incidents (processes) reported and investigated	Completed/Achieved	42
Number of immigration and other non-illness related tests	Incomplete	8,469
Number of quality controls completed (internal and external)	Incomplete	7,848
Percentage of satisfied stakeholders of the laboratory	Incomplete	72%
Percentage of complaints received	Incomplete	26%
Total number of referral tests	Completed/Achieved	2,338

Within this financial year, the Clinical Laboratory and Pathology Services Division was able to achieve six (6) out of 27 performance indicators while the remaining eleven indicators were not achieved. Having more unachieved indicators than achieved ones does not mean they failed to implement, but there were miscalculation of targets for most of unachieved indicators. These are taken into consideration for the next financial year's forward estimates to ensure every indicator is properly screened with their confirmed targets before submission to MOF for submission.

OUTPUT 13: CLINICAL – MEDICAL IMAGING AND RADIOLOGY SERVICES

Output Description:

The Medical Imaging and Radiology services engage with the important role in monitoring treatment and predicting outcome of health services with the Ministry of Health. They have indicating key performance highlighting most effective role as part of their involvement for the service. They will ensure that the development and implementation of their proposed activities will be consistent with the ministry aims and objectives and shall meet the needs of public and the community.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,867,094.00	SAT2,921,879.00	(SAT54,785.00)	102%

The overspend of funds allocated for this division in this financial year was mainly due to overtime trend of staff during measles epidemic and COVID-19 pandemic from August 2019 till June 2020. Furthermore, it also leads to rapid increase in unbudgeted meal allowances and shift allowances due to the aforementioned outbreaks.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of Chest x-rays (medical)	Completed/Achieved	There were 13,083 medical x-ray cases recorded in this financial year
Number of x-rays (non-medical)	Completed/Achieved	There were 4,987 cases recorded in this financial year
Number of bone x-rays	Completed/Achieved	There were 13,753 bone x-rays recorded
Total number of CT scans	Completed/Achieved	There were 2,109 CT cases within this financial year
Total number of ultrasounds	Completed/Achieved	There were 5,378 ultrasound cases recorded
Total number of mammograms	Incomplete	Only 1332 mammogram cases recorded. There were no mammograms in December and in April due to SOE except for inpatients and emergencies. Usually, we have pinktober campaign every year but not this year due to SOE
Total number of specials examinations	Incomplete	Only 223 special cases recorded. These examinations were also halted during the SOEs except for inpatients and emergencies
Number of emergencies services and procedures	Completed/Achieved	There were 16,540 emergency cases recorded.
CSO Category (Free OC)	No comments provided	
Number of children less than 15	Completed/Achieved	There were 6,653 cases recorded
Mental Health Patients	Incomplete	Only 2 less mental health patients referred
Disability patients	Incomplete	Wrong target
TB cases	Completed/Achieved	Zero presentation
Maternal patients	Completed/Achieved	There were 1,727 maternal cases
Number of patients treated at Emergency Services/Night Shift	Completed/Achieved	There were 16,540 emergency cases recorded
Day shift from 8.00 am till 8 pm	Incomplete	11602 less referral during morning shift due

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
		to COVID-19, however general emergency target of 10,000 p.a is exceeded.
Night shift from 8.00 pm till 8.00 am	Completed/Achieved	July 2019 to June 2020 there were 6214 cases recorded.

Within this financial year, this division was able to achieve eleven (11) out of sixteen indicators they were responsible for to implement. The remaining five unachieved indicators should be revisited by the division whether they are still relevant for the next financial year or need to be redefined.

OUTPUT 14: CLINICAL – DENTAL AND ORAL HEALTH SERVICES

Output Description:

The Dental health services provide an overarching role in the health system, to assure safety of care for all people from those participating in the provision of health services. Encompasses in their responsibilities is the ability to strengthen and robust the effectiveness of service conduct in a professional way that will maintain public trust and confidence in the dental profession.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,978,168	SAT2,790,659.00	SAT187,509.00	94%

The under-spend of funds allocated for this division in this financial year was mainly due to discontinuation of dental on-call duty.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of tooth extractions	Completed/Achieved	
Number of endodontic (root canal tx)	Incomplete	Only 73% achieved as result of measles epidemic
Number of oral surgical treatment	Completed/Achieved	
Number of prosthodontics cases	Completed/Achieved	
Number of orthodontic cases	Incomplete	95% achieved due to close down of schools
Number of gold inlay	Incomplete	60% achieved due to less demand/affordability
Number of fissure sealants	Incomplete	Consumables needed for implementation
Number of temporary fillings	Incomplete	76% achieved for resumption of school services
Number of scaling and polishing	Incomplete	83% achieved hoping for full implementation
Number of permanent restorations and fillings	Incomplete	93% achieved, hoped of restart of school program
Number of pericoronitities/celluttis cases	Completed/Achieved	
Number of miscellaneous cases e.g. ring removals, etc	Incomplete	83% achieved depending on number of cases
Total number of patients seen	Incomplete	88% achieved as schools closed due to measles
Total number of prescriptions	Completed/Achieved	
Average number of complications post treatments and rectified	Incomplete	79% achieved, either improved or under-reported
Number of dental community	Incomplete	KPI to be eliminated being merged with

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRRESS TOWARDS ACHIEVEMENT
outreach visits/services (early childhood pre-school team)		below
Number of dental school visits/services	Completed/Achieved	

Within this financial year, the Dental Health Services division was able to achieve six (6) out of seventeen performance indicators they were responsible for to implement. The incompleteness of the remaining eleven indicators were mostly due to restricting in provision of these services due to measles epidemic and COVID-19 pandemic.

OUTPUT 15: CLINICAL – PHARMACEUTICAL SERVICES

Output Description:

The Pharmaceutical Services provides the quality healthcare service through stock taking of medicines, medical supplies within the main hospital and all health facilities. Providing service for distribution of medicines, preparing of medications as prescribed for diagnostics.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,536,420.00	SAT2,441,525.00	SAT187,509.00	96%

The under-spend of funds allocated for this division in this financial year was mainly due to number of vacant positions within the division. Hopefully these will be filled in the next financial year.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Orders supplied to private sector and other ministries from Pharmaceutical warehouse	Completed/Achieved	571 (The Measles Outbreak and then the COVID19 Pandemic Preparations saw an increased number of orders from some of the Government Ministries)
Orders supplied to clinics and divisions of Ministry of Health from Pharmaceutical Warehouse	Completed/Achieved	705 (Increased in orders during the Measles Outbreak & COVID19 Pandemic preparations)
Requisitioned orders supplied to hospital wards from warehouse	Completed/Achieved	763 (Increased in orders during the Measles Outbreak & COVID19 Pandemic preparations)
Orders supplied for MTII hospital from warehouse	Completed/Achieved	56 (Increased in orders during the Measles Outbreak & COVID19 Pandemic preparations)
Orders from Upolu Rural Health Facilities	Completed/Achieved	715 (Increased in orders during the Measles Outbreak & COVID19 Pandemic preparations)
Orders from TTM Hospital dispensary to warehouse	Completed/Achieved	76 (Increased in orders during the Measles Outbreak & COVID19 Pandemic preparations)
Number of stock takes completed at warehouse	Completed/Achieved	18 (Increased in number of stock takes in preparation for the Medicines Tender 2019/2020 as well as donations and supplies received during the Measles Outbreak and COVID19 Pandemic)
Number of scripts dispensed at the National Pharmacy Dispensary	Completed/Achieved	163,100 (Increased in prescriptions during the Measles Outbreak)
Number of items dispensed to outpatients from National Pharmacy Dispensary	Completed/Achieved	49,512 (increased in prescriptions during the measles outbreak)

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of inpatient medicine dispensed at TTM Hospital National Pharmacy Dispensary	Completed/Achieved	72,689 (Increased in prescriptions during the Measles Outbreak)
Number of community outreach visits	Completed/Achieved	364 (Increased in visits during the Measles Outbreak)
Number of internal requisition orders supplied by the National Pharmacy Dispensary	Completed/Achieved	7,343 (Increased in orders during the Measles Outbreak & COVID19 Pandemic preparations)
Availability of essential medicines in the district hospitals	Completed/Achieved	95% (The baseline Data should be 95% availability which is ideal for all district hospitals)
Value of expired drugs as percentage of annual budget	Completed/Achieved	3% (the baseline data should 5% and this is a big plus for the new warehouse as the 5 of expired drugs has dropped to 3%)
Number of imprest orders done for TTM wards from warehouse	Completed/Achieved	647 (Increased in orders during the Measles Outbreak & COVID19 Pandemic preparations)
Number of visits to District health facilities both in Upolu and Savaii	Incomplete	4 (The short staffing issue with the Pharmaceutical Warehouse is the main cause of the discontinuation of the rural visits to the district hospitals by the warehouse team. This will be revived this FY with the filling of the vacancies)

The implementation of the performance indicators set for this division reflected the excessive efforts putting in to ensure targets for each indicator are achieved. Within this financial year, this division was able to achieve fifteen (15) out of sixteen performance indicators they were responsible for implementation. Orders of medications and supplies that had been distributed to health facilities and private pharmacies were due to high demand during the measles epidemic and the COVID-19 pandemic.

OUTPUT 16: CLINICAL – SAVAII HEALTH SERVICES & MALIETOA TANUMAFILI II HOSPITAL

Output Description:

The Savaii and Malietoa Tanumafili II Health Services provides the overarching management functions to oversee the compliance and implementation and clinical support services that all health facilities in Savaii performed. The provision of the service is identical with the TTM Hospital in Upolu. Their comprehensive goal is to strengthen, maintain, enforce and actionable the effective and efficient of the service delivery in health facilities. Special services offered for the public are Primary Health Care, Laboratory and Pathology service and Dental Health service.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT9,703,937.00	SAT9,977,706.00	SAT(273,769.00)	103%

The over spend of funds allocated for this division in this financial year was mainly due to doctors and nurses overtime and allowances when five doctors were deployed to MTII and four to district hospitals around Savaii as one of the merger's focus to ensure medical services are available in all health facilities including rural facilities.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of consultations at Outpatient at MTII hospital	Completed/Achieved	
Number of patients treated and admitted at MTII inclusive of referrals	Incomplete	Target 1,800, actual YTD 1,337, underachieved by 463 or 26%, doctors deployed on a fulltime basis to District Hospitals (DHs) having an impact where less patients being referred from DHs. Another reason also was Measle/Covid Outbreak when SOE's started. Kindly see ttached database.
Number of referrals for more specialized treatment	Completed/Achieved	Overachieved by 5% number of referrals to TTM. Due to the
Number of emergency operations at MTII hospital	Completed/Achieved	Increasing in trend from May to June is due to most Doctors (Dr Aleki & Dr Junior Posini).
Number of medical outreach clinics to district health facilities in Savaii	Incomplete	Doctors now deployed on full time basis to all district hospitals in Savaii resulting no outreach clinics done.
Number of specialized visiting teams in Savaii	Completed/Achieved	Overachieved by 75% as per data collection. Refer attach data
Number of patients referred for OVT from MTII hospital	Incomplete	All patients for OVT are referred to Apia for final approval.
Number of patients referred to TTM Hospital for more treatment requiring ambulance services	Incomplete	Underachieved by 27% due mainly to doctors now deployed to Savaii on full time basis resulting in patients not being referred to Apia

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of patient consulted and treated in A&E	Completed/Achieved	
Number of minor surgeries	Completed/Achieved	Achieved by 250 refer attach report.
Number of patients accessing outreach surgical clinics	Completed/Achieved	Achieved by 57% due mainly to surgical staff issues in Apia responsible for all surgeries in Savaii
Number of patients accessing Outreach clinics by GPs in all health facilities of Savaii	Completed/Achieved	70% achieved due mainly to discontinuation GP services and in-house doctors deployed in Savaii
Number of patients consulted and treated by Mental Health team	Completed/Achieved	Refer attach report for reference
Number of patients consulted, treated and admitted in the district health facilities	Completed/Achieved	Refer attach report for reference
Number of pregnant mothers receiving tetanus vaccine immunization	Completed/Achieved	Achieved by 75% due mainly to a result of issues arising from baby deaths last year
Number of patients accessing palliative care	Completed/Achieved	Report will submit by Henry T
Number of patients consulted, treated and admitted under maternal care	Completed/Achieved	43% over-achieved due mainly to effectiveness of family planning programs, etc.
Number of patients consulted, treated and admitted under paediatric care	Completed/Achieved	11% over-achieved due mainly to family planning programs. People are well aware due to outreach programs
Number of chest x-rays (medical and non-medical) requested and completed	Completed/Achieved	Refer attach report for reference
Number of ultrasounds	Completed/Achieved	Refer attach report for reference
Number of laboratory tests inclusive of biochemical, microbiological, haematology, serology, etc	Completed/Achieved	Refer attach report for reference
Number of patients seen and treated under dental care	Completed/Achieved	Refer attach report for reference
Number of tooth extractions	Completed/Achieved	Refer attach report for reference
Number of orders from main pharmacy warehouse	Incomplete	94% under achieved due mainly to KPI being unrealistically high, should be 3 orders a month or 36 per year will review target and amend accordingly
Percentage of availability of essential medicines at district health facilities in Savaii	Completed/Achieved	Refer attach report for reference
Number of medical records registered	Completed/Achieved	Medical records to provide update
Number of new patients	Completed/Achieved	

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
registration		
Number of outpatient records processed	Completed/Achieved	
Number of admission episodes coded	Completed/Achieved	
Number of death certification coordinated	Completed/Achieved	
Number of birth notifications processed	Completed/Achieved	
Number of "Size G" oxygen cylinder refill	Completed/Achieved	Refer attach report for reference
Number of "Size 50" Oxygen cylinder refill	Completed/Achieved	Refer attach report for reference
Number of "Size 12" oxygen cylinder refill	Incomplete	97% under achieved due mainly to low need for this type of cylinder nitrous
Total number of oxygen cylinders distributed	Completed/Achieved	Refer attach report for reference
Number of oxygen cylinder issue for homecare	Completed/Achieved	Refer attach report for reference
Number of preventative maintenance for medical air plan	No comments provided	n/a. there is no medical air plant in Savaii
Number of preventative maintenance for vacuum plant	No comments provided	n/a. we have a new vacuum plant installed but hasn't been fully hooked or commissioned
Number of preventative maintenance for steam boiler	No comments provided	n/a. there is no such KPI for Savaii as we do not have a facility to treat water
Number of Treated Water Bottle Distributed	No comments provided	n/a. no such facility in Savaii
Number of Write-Off Bottles container	No comments provided	n/a. no such facility in Savaii
Number of checks on hospital surveillance systems	Incomplete	Cameras system breakdown, awaiting repairs and maintenance
Number of work completed for cardiac mission	No comments provided	n/a. KPI not applicable to Savaii

In this financial year, this division was able to achieve thirty (30) out of forty three performance indicators they were responsible for implementation while seven indicators were incomplete and six indicators with unknown implementation status.

To further enhance the implementation of performance indicators, this division needs to consolidate their performance indicators and provide realistic targets in order for their work efforts to be measurable.

OUTPUT 17: NURSING AND MIDWIFERY SERVICES

Output Description:

The Nursing and Midwifery service is responsible for providing the quality of health service in accordance to nursing standards and procedures. The comprehensive function targets the most crucial part of the process and the operation at birth delivery. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people. Nurses play a critical role in health care and are often the unsung heroes in health care facilities and emergency response. They are often the first to detect health emergencies and work on the front lines of disease prevention and the delivery of primary health care, including promotion, prevention, treatment and rehabilitation. Providing primary and specialty health care for women, including conducting physical exams and diagnosing, treating, and managing medical conditions. Treat women's male partners for sexually transmitted diseases. Counseling and educating patients.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT9,043,459.00	SAT9,724,805.00	(SAT681,346.00)	107%

The over spend of funds allocated for this division in this financial year was mainly due to doctors and nurses overtime during the Measles Epidemic and COVID-19 Pandemic.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
80% of total patients that nurses seen and managed at the district level are satisfied with their care	Completed/Achieved	See attached database
80% of total patients admitted and under 24 hours nursing care are nursed in accordance with nursing standards and competencies	Completed/Achieved	4,640 patients seen and kept in for later review and discharged before 24 hours.
80% of total referred patients that nurses escorted to TTM and MTII hospitals arrived the referral destination alive	Completed/Achieved	Indicator achieved
Number of patients seed by nurses specialists receiving comprehensive health assessment and successfully managed at Eye Specialist Clinic	Completed/Achieved	9,150 total patients seen by Eye Specialist in TTM and Savaii
80% of nurses and midwives comply with safe motherhood protocols	Completed/Achieved	Safe motherhood protocol provided
80% of midwives are found	Completed/Achieved	95% of midwives are competent in

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
competent to manage complicated deliveries		managing complicated deliveries. 80 complicated deliveries successfully managed by midwives
80% of nurses comply with the nursing and midwifery disaster and emergency response plan	Completed/Achieved	Nursing and midwifery disaster and emergency response plan provided
100% of nursing workforce across MOH have valid practicing certificates assuring safety of the public	Completed/Achieved	100% achieved. All nurses have had their practicing certificates renewed
5 new protocols and guidelines for nursing care procedures developed for 10 priority areas assuring patient safety.	Completed/Achieved	100% achieved. More than 5 protocols and guidelines for nursing care procedure have been developed for safety and consistency of practice. 5 protocols provided
100% of practising nurses have attended and completed 20 hours of nursing related continuing training for updated knowledge and skills caring for patients/clients	Completed/Achieved	100% of practicing nurses have completed 20 hours of nursing continuing education based on meeting eligibility criteria for renewal of annual practicing certificate
Number of incidents in patient care involving nurses practice: 1. Neonatal deaths 2. maternal deaths 3. patient fall 4. hospital acquired bedsore	Completed/Achieved	17 neonatal deaths and 4 maternal deaths
Number of incidents reported and assessed	Incomplete	4 incidents only had been reported, staff have disciplined through the disciplinary process according to PSC , Ministry of Health policies. 3 incidents completed and one ongoing.
Number of clinical audits conducted and completed within the month	Completed/Achieved	8 clinical audits (minimum) conducted every month by senior nurse specialist of each unit / ward. Narcotic Audit
80% of registered nurses are found competent in the care of neonates	Completed/Achieved	90% of registered nurses are competent in the care of neonates. Improved survival rate less neonatal deaths.
Reduced by 10% the number of medication errors	No comments provided	
100% of patient treatments are given by nurses	No comments provided	
80% of nurses comply with 5 moments of hand washing guidelines	Completed/Achieved	Indicator achieved by 95%. See attached database for review. Guidelines and protocols provided
80% of nurses comply with Infection Control Policy	Completed/Achieved	Achieved more than 90%. Kindly see reports of Infection Control Policy provided
80% of nurses are found	Completed/Achieved	More than 80% nurses comply with ICU

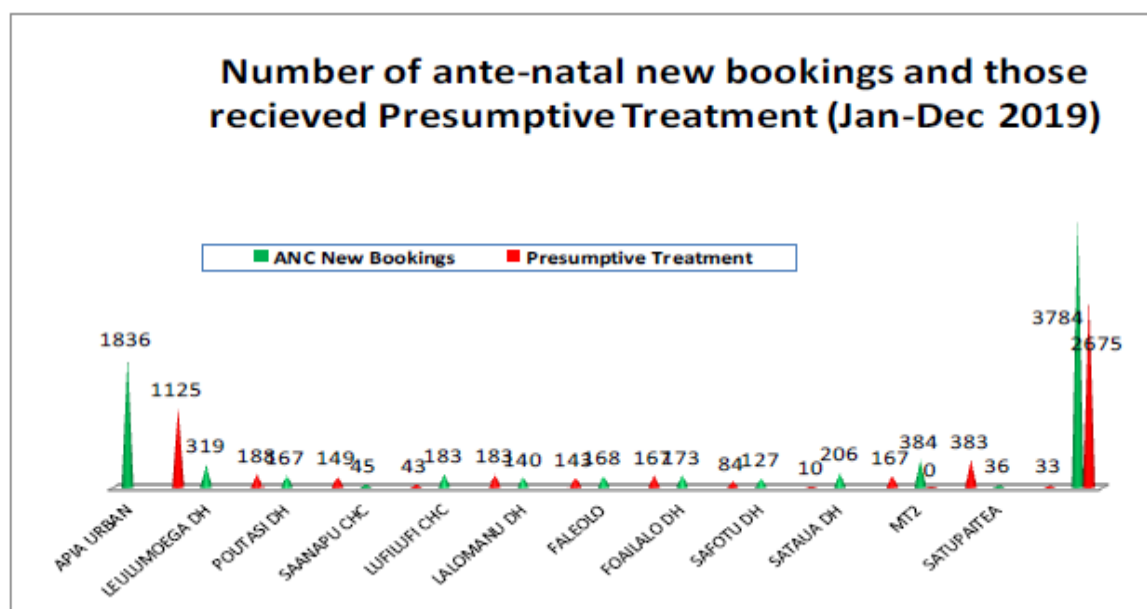
PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
competent with the ICU flowchart		Flowchart and guidelines provided
90% of nurses practice according to the Nursing and Midwifery Standards	Completed/Achieved	Attach list of registered nurses PCs. 100% achieved
80% of registered nurses are found competent in neonatal points protocol	Completed/Achieved	Kindly see Neonatal POINTS of Care Protocol provided. This has been 100% achieved.
80% of nurses comply with Early Warning Score protocol	Completed/Achieved	100% achieved. Documents will obtain from Lemalu and Tinei and each unit will submit copies of their score protocols. See EWS forms provided
Reduced by 10% the number of immunized children with adverse reactions	No comments provided	

This division was responsible for implementation of the above-cited 25 performance indicators. At the end of the reporting financial year, they were able to implement and achieve 23 indicators. However, they were able to achieve nineteen (19) indicators while one is unachieved and three with unknown implementation status.

Other Achievements:

Provision of Antenatal Services

Figure 13: *Total number of Ante-natal mothers and New Bookings received Azithromycin from health facilities in Upolu and Savaii*



The graph above (Figure 2) shows the number of new booking pregnant mothers attended the clinic and received their azithromycin for the treatment of Chlamydia from January to December 2019. However, according to the STI protocol, all new bookings/first visits must have taking azithromycin; unfortunately, 29.3% of first visitors (bookings) have no records of presumptive

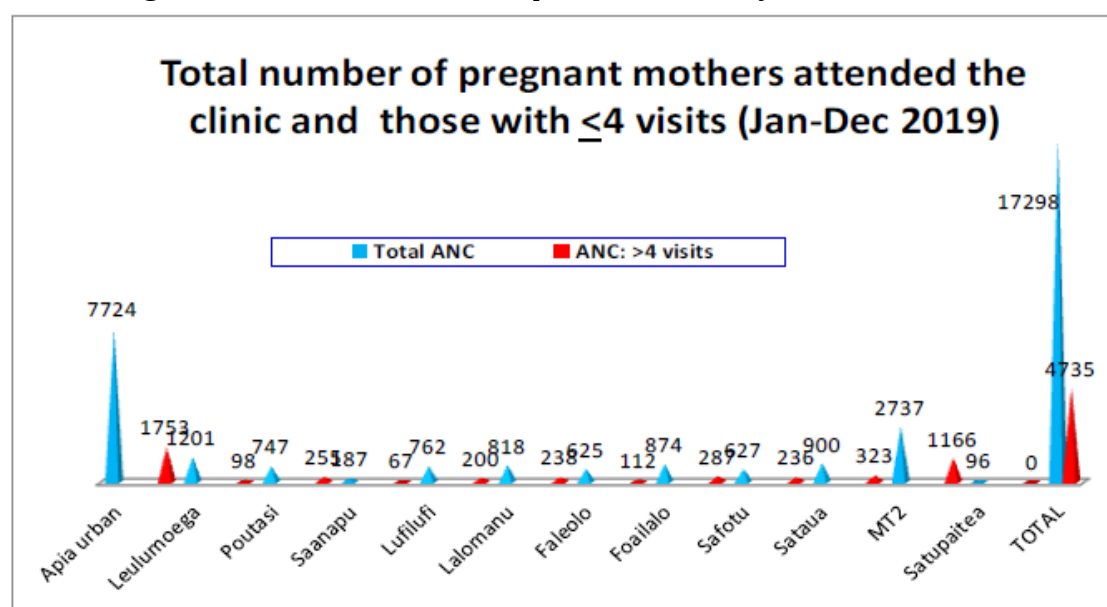
treatments. Other hospitals reported an insufficient or out of stocked supply of azithromycin tablets whilst others are obviously due to poor documentations.

Table 9: ANC Comparison of 2017 to 2019

	<i>Jan - Dec 2017</i>	<i>Jan - Dec 2018</i>	<i>Jan - Dec 2019</i>
Mothers received ANC		15162	17,298
Mothers attending ANC (New Bookings)	4646	4074	3784
Mothers received Azithromycin	3962 (85%)	3230 (79.2%)	2675 (70.6%)
Mothers attending ANC: >4 visits		5034 (33.2)	4,735 (27.3%)

The table stated the comparison of mothers had their presumptive treatment in 2017, 2018 and in 2019. The percentage of mothers received azithromycin in 2019 has decreased compared to 2017 & 2018. In fact, mothers had more than 4 visits also dropped from 33.2% in 2018 to 27.3% in 2019.

Figure 14: Pregnant Mothers with ≥ 4 visits per Health Facility



The graph above stated the total of 17,298 pregnant mothers attended the ANC clinic in 2019. Twenty seven percent (27.3%) of them recorded more than four visits (>4) since their first booking, whilst others visited twice or three times despite the gestational age.

OUTPUT 18: OTHER ALLIED HEALTH SERVICES AND SUPPORT SERVICES

Output Description:

The Allied Health Professionals provides health services in partnership with other health service providers, to promote, protect, treat and/or manage a person(s)' physical, mental, social, emotional, spiritual and environmental health and wellbeing.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT4,757,531.000	SAT4,774,704.00	SAT82,827.00	99.6%

The under spend of funds allocated for this division in this financial year was mainly due to some vacant positions that were yet to be advertised.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of biomedical equipment assets in service recorded in register	Completed/Achieved	Biomedical Engineering services has exceeded their Target. Please note that Biomedical Engineering is not under the Other Allied Health & Support Services Division anymore since the Merge in Feb 2019.
Number of preventative maintenance planned	Completed/Achieved	Biomedical Engineering services has exceeded their Target. Please note that Biomedical Engineering is not under the Other Allied Health & Support Services Division anymore since the Merge in Feb 2019.
Number of corrective maintenance requests received	Completed/Achieved	Biomedical Engineering services has exceeded their Target. Please note that Biomedical Engineering is not under the Other Allied Health & Support Services Division anymore since the Merge in Feb 2019.
Number of biomedical equipment failures reported to Biomedical Unit	Completed/Achieved	Biomedical Engineering services has exceeded their Target. Please note that Biomedical Engineering is not under the Other Allied Health & Support Services Division anymore since the Merge in Feb 2019.
Number of added/new biomedical assets procured inclusive of donation	Completed/Achieved	Biomedical Engineering services has exceeded their Target. Please note that Biomedical Engineering is not under the Other Allied Health & Support Services Division anymore since the Merge in Feb 2019.
Number of referrals for Social Services	Completed/Achieved	Social services have surpassed their target. Jut in the beginning of this month, the Social Services has been directed by the DG to be directly under the Clinical Manager
Number of social work	Completed/Achieved	Social services have surpassed their target. Jut in the beginning of this month, the Social

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
occasion of services		Services has been directed by the DG to be directly under the Clinical Manager
Number of patients receiving counselling for Grief, Bereavement, Suicide, Trauma and Crisis	Completed/Achieved	Social services have surpassed their target. Jut in the beginning of this month, the Social Services has been directed by the DG to be directly under the Clinical Manager
Number of patients receiving social work services for social issues, mental health issues and disorders	Completed/Achieved	Achieved by 2,154
Number of meals prepared and provided	Completed/Achieved	Dietary services have exceeded their target. Achieved by 469,955
Number of dietary consultations and counselling	Completed/Achieved	Dietary services have exceeded their target. I would also like to inform that dietary services are now under the Corporate Service Divisions as per DG's directive
Number of patients receiving dietary services	Completed/Achieved	Dietary services have exceeded their target. I would also like to inform that dietary services are now under the Corporate Service Divisions as per DG's directive
Number of nutritional supplements provided	Completed/Achieved	Dietary services have exceeded their target. I would also like to inform that dietary services are now under the Corporate Service Divisions as per DG's directive
Number of referrals for physiotherapy	Completed/Achieved	Physiotherapy services surpassed their set target and is one of the sections that still remains in this division now known as Other Allied Health Professional Services Division because the Support Services have been moved to be under the Corporate Services as per DG's directive.
Number of physiotherapy assessments and treatments	Completed/Achieved	Physiotherapy service surpassed their set target and is one of the sections that still remains in this division now known as Other Allied Health Professional Services Division because the Support Services have been moved to be under the Corporate Services as per DG's directive.
Number of orthopaedics and surgical patients for physiotherapy	Completed/Achieved	Physiotherapy service surpassed their set target and is one of the sections that still remains in this division now known as Other Allied Health Professional Services Division because the Support Services have been moved to be under the Corporate Services as per DG's directive.
Number of neurological patients for physiotherapy	Completed/Achieved	Physiotherapy service surpassed their set target and is one of the sections that still remains in this division now known as Other Allied Health Professional Services Division because the Support Services have been moved to be under the Corporate Services as per DG's directive.
Number of cardio-respiratory	Completed/Achieved	Physiotherapy service surpassed their set target and is one of the sections that still

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
patients for physiotherapy		remains in this division now known as Other Allied Health Professional Services Division because the Support Services have been moved to be under the Corporate Services as per DG's directive.
Number of sterilized supplies delivered	Completed/Achieved	CSSD has achieved their set target and they have been under the Corporate Services since February 2019.
Number of dressing packets completed	Completed/Achieved	CSSD has achieved their set target and they have been under the Corporate Services since February 2019.
Number of bed sheets collected, washed and redistributed	Completed/Achieved	Laundry services has achieved their set target and they have been under the Corporate Services since February 2019
Number of treatment linen collected, washed and redistributed	Completed/Achieved	Laundry services has achieved their set target and they have been under the Corporate Services since February 2019
Number of washing loads outsourced	Completed/Achieved	Laundry services has achieved their set target and they have been under the Corporate Services since February 2019
Number of general supplies provided (hand towels, toilet rolls, trash bags, etc)	Completed/Achieved	General supplies for TTM hospital has achieve its set target and it is currently still under the Other Allied Health Professional Services Budget
Number of cleaning chemicals supplied	Completed/Achieved	General supplies for TTM hospital has achieve its set target and it is currently still under the Other Allied Health Professional Services Budget
Number of patients transported by porters inclusive of deaths	Completed/Achieved	Porter services have achieved their set target and they have been under the Corporate Services since February 2019.
Number of miscellaneous duties performed by porters (specimen, x-ray films, prescriptions, etc)	Completed/Achieved	Porter services have achieved their set target and they have been under the Corporate Services since February 2019.
Number of treatment linen sewn	Completed/Achieved	Seamstress services had achieved their set target and they have been under the Corporate Services since February 2019.
Number of uniforms (nurses sewn)	Completed/Achieved	Seamstress services had achieved their set target and they have been under the Corporate Services since February 2019.
number of other hospital general sewing (curtains, shower curtains, towels, etc)	Incomplete	Other hospital general sewing have been incomplete as the priority was given to the high demands during measles epidemic and COVID-19 pandemic
Number of patients assessed and provided for wheelchair services	Completed/Achieved	Mobility device services has surpassed their target for Wheelchair Services but there is still a great need for wheelchairs to meet the high demands from patients. Mobility device services are still currently under the Other Allied Health Professional Division as per DG's directive
Number of patients assessed	Completed/Achieved	Prosthetic and Orthotics services had

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
and provided for orthotics services		surpassed their target for orthotics services but there is still a great need for orthoses to meet the high demands from patients. Prosthetics and orthotics services are still currently under the Other Allied Health Professional Division as per DG's directive.
Number of patients assessed and provided for Prosthetic services	Completed/Achieved	Prosthetic and Orthotics services had surpassed their target for prosthetic services but there is still a great need for prostheses to meet the high demands from patients. Prosthetics and orthotics services are still currently under the Other Allied Health Professional Division as per DG's directive.
Number of patients assessed and provided for walking aids services	Completed/Achieved	Mobility device services had surpassed their target for walking aids services but there is still a great need for crutches, walkers, walking frames etc. to meet the high demands from patients. Mobility device services is still currently under the Other Allied Health Professional Division as per DG's directive.

In this financial year, this division was able to achieve thirty three (33) out of 34 performance indicators they were responsible for implementation. The one indicator that had not been achieved was due to shift of priority to diseases outbreaks response.

OUTPUT 19: INFRASTRUCTURE, PLAN AND NON-MEDICAL EQUIPMENT

Output Description:

The respective Infrastructure, Plant and Non-Medical Equipment division provides the overarching managements of maintenance strengthen and ensure the safe and secure the hospital buildings development. They oversee the compliance of building hospitals with standards, codes and international regulations. They also assessed the health facilities with in line to the disasters preparation plan and safe shelter maintenance service plan.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,550,913.00	SAT2,349,679.00	SAT201,234.00	92%

The under spend of funds allocated for this division in this financial year was mainly due to ACEO and other vacant positions.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of preventive maintenance for Oxygen machine generator plan	Completed/Achieved	1 services by ATLAS Copco repair part and services from last year also new compressor provide by Atlas Copco install and testing use to fill oxygen cylinder
Number of oxygen cylinder refill	No comments provided	
Total number of oxygen cylinders distributed	No comments provided	
Number of oxygen cylinder issued for homecare	No comments provided	
Number of preventative maintenance for medical air machine and plant	Incomplete	1 services by ATLAS Copco repair part and services
Number of preventative maintenance for vacuum machine plant	Completed/Achieved	New vacuum motor replacing already done and services by maintenance plan technician recommend order new part for full service for those 2 vacuum pump use for theatre operation
Number of preventative maintenance for steam boiler machine plan	Completed/Achieved	Water treatment softener already changed for the steam boiler, but 2 steam boiler recommended a specialized person doing services and testing water treatment also train staff operator
Number of treated water bottle distribute	No comments provided	
Number of preventative maintenance for dispensary cooler	Completed/Achieved	2 services already done by AC technician for dispensary and warehouse cooler, services including clean filter and check compressor also check fan motor, some part changed order by contractor, Cool Line
Number of preventative maintenance for air condition	Completed/Achieved	2 PMS services done for main hospital, and district hospital, including changed, cleaning

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
systems		and services also replacing faulty parts some part order local, so central unit breakdown recommend to change as split unit type, because part is not available locally
Number of preventative maintenance to standby generators	Completed/Achieved	Normal services by EPC checking and testing 2 main standby generator for main hospital every month, recommend outsourcing services for all district hospitals generators. Need to order all generator set for district hospitals and main hospital
Number of preventative maintenance for medical incinerator machine plan	Completed/Achieved	Regular services by MOH maintenance staff are ongoing, repair machine breakdown, request to order some part that are out of order eg. Control, 2 complete burner, motor, fuel pump, etc.
Number of preventative maintenance for sewage waste treatment plant	Completed/Achieved	Normal duties clean and clear rubbish everyday also clean screen at sewage line
Number of preventative maintenance to fire alarm system	No comments provided	
Number of preventative maintenance to gas line and manifold	Completed/Achieved	2 services done by boiler and plant team, new manifold changed a one of manifold leaking at CSSD already done repair steam line pipe leaking to reduce boiler fuel uses
Number of preventative maintenance of elevators	Completed/Achieved	contractor services all elevator only 2 services already done by Samoa International LTD ,minor fault plant maintenance staff responsible
Number of carpentry preventative maintenance for hospital buildings	Completed/Achieved	2 pm services already done repaint all interior wall, acute 7&8, pediatric ward and maternity ward labour ward, theatre and CSSD, some door changed by contractor new door, mostly floor tiles and ceiling tiles renovation Dr house Saanapu hospital ,Tent flooring preparation for Covid19 2 Faleolo and one TTM isolation1 replacing, door lock repair or changed, fermentation for need more gallon paint, floor tiles ceiling also door lock for next pm services
Number of plumbing preventative maintenance	Completed/Achieved	1 preventative services complete, more corrective maintenance breakdown waste system at new hospital blockage ,patient shower, sink so staff available doing this services everyday
Number of electrical preventative maintenance	Completed/Achieved	1 electrical pm services at new hospital complete, mostly of corrective taken repair faulty tubes, ballast, led bulb etc
Number of preventive maintenance services to mechanical system	No comments provided	
Number of medical waste incinerated (in kilogram)	Completed/Achieved	Normal duties to corrective medical waste everyday delivery to Tafaigata to burn by incinerator machine

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of general rubbish collected (in tonne)	No comments provided	
Number of lawn mowing and garden maintenance	No comments provided	
Number of checks on buildings and supporting infrastructure	No comments provided	

Within this financial year, this division was able to achieve fourteen (14) out of twenty four performance indicators they were responsible for implementation while 1 had not been achieved and 9 nine indicators with unknown implementation status. There is a need for this division to provide updates on other indicators as the supporting services they provide are very essential in provision of effective and quality healthcare services in all health facilities.

Other Achievements:

Procurement of cold chain equipment and associated supplies

Based on the cold chain assessment report from 2018, the recent cold chain inventory, and considering the cold chain equipment that was procured during the measles outbreak in 2019, the list of cold chain equipment requirements was revised. The final list was prepared and endorsed by the Ministry of Health (MOH). Table 1 indicates the cold chain equipment ordered by UNICEF, with an expected delivery date to Samoa in Q4 2020. All equipment ordered comply with World Health Organization (WHO) performance, quality and safety (PQS) pre-qualification standards.

Table 15: Equipment procured

Type of Equipment	Quantity
Ice-lined refrigerator	10
Freezer	5
Cold box with extra ice-pack set	27
Electronic freeze indicator	60
Electronic temperature logger	40
Voltage stabilizer	35
TCW 2000 AC spare parts	1
TCW 4000 AC spare parts	1

Delivery and installation of cold chain equipment and associated supplies

UNICEF is expecting the delivery of the cold chain equipment during Q4 2020. Once cleared by the MOH, the government, with technical support from UNICEF, will identify an appropriate supplier to assist in the inbound logistics and installation according to manufacturer guidelines. UNICEF will commence the procurement of new vaccines (rotavirus, pneumococcal conjugate vaccine (PCV) and human papillomavirus vaccine (HPV)) upon the increase of Samoa's VII credit line.



OUTPUT 20: PRIMARY HEALTHCARE AND OUTREACH SERVICES

Output Description:

The Primary Health Care and Outreach Promotion identify as a division responsible with the priority given with the public consulting health service. They provide quality of health care service through people centered health care programs; strengthen processes for community align with the protocols and clinical audits.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT5,576,005.00	SAT5,698,604.00	(SAT122,599.00)	102%

The over-spending of funds allocated for this division in this financial year was mainly for payments of Staff Overtime during measles epidemic and COVID-19 pandemic.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Improvement in patient waiting time at APCC	Completed/Achieved	Refer Clinical APCC
Reduction in the percentage of outpatients not seen at APCC in a year (%age)	Completed/Achieved	Refer Clinical APCC
Improvements in the % coverage rate of MMR2 (% age)	Incomplete	57% coverage - not reaching the 59% target coverage
Improvement in the % coverage rate of pentavalent 3 (% age)	Incomplete	90% coverage – not reaching the 91% target coverage
Improvement in the hepatitis B vaccine birth dose coverage within 24 hours (% age)	Completed/Achieved	90% coverage – reaching the 82% target coverage
100% monitoring visits for EPI are conducted	Completed/Achieved	3 visits per facilities
100% monitoring visits to Apolima and Manono	Incomplete	Not achieved 50% coverage due to measles epidemic and COVID-19 pandemic
At least 80% of weekly outreach services to all district hospitals and Tafaigata Prison are conducted	Incomplete	Not achieved 80% visit due to measles epidemic and COVID-19 pandemic
Improvement in the treatment success rate for tuberculosis (% age)	Completed/Achieved	Achieved 85% success of treatment done
Increase in the number of patients seen at the diabetic foot clinic	Completed/Achieved	Refer Clinical APCC
At least 80% of primary	Incomplete	Not achieved. Only 70 schools were seen

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
schools are visited for health monitoring		due to measles epidemic and COVID-19 pandemic
At least 80% cases referred to home care are seen and followed up	Completed/Achieved	Achieved 100% follow up for the total number of 1079 cases
Increase in the number of safe deliveries performed in the district hospitals	Completed/Achieved	Achieved estimates of 700 deliveries
Increase in the number of new family planning methods users in a year	Completed/Achieved	Achieved with estimates of 7,000 users from July 2019-June 2020
80% of total patients that nurses seen and managed at the district level are satisfied with their care	Completed/Achieved	98% patients cared were satisfied/discharged admission documents piled.
80% of total patients admitted and under 24 hours nursing care are nursed in accordance with nursing standards and competencies	Completed/Achieved	80% patients care based under the Nursing Standards, admission document
80% of total referred patients that nurses escorted to TTM and MTII hospitals arrived the referral destination alive	Completed/Achieved	Same documents referral documents TTM
Number of patients seen by nurse specialists receiving comprehensive health assessment and successfully managed at eye specialist clinics	Completed/Achieved	1,206 cases from district plus Eye clinics total number
Number of patients referred from hospitals across the MOH for homecare services across the community	Completed/Achieved	Total number home cares 1,079 docs piled.
Number of school children identified with health problems in school health clinics at all settings	Incomplete	1,200 but less due to measles epidemic and COVID-19 pandemic
Number of new confirmed cases of TB and Leprosy seen and cared for in the Communicable clinic and outreach visits	Completed/Achieved	TB – 10, Lebrosoy – 8
Number of new cases of Sexually Transmitted Infection in pregnant mothers receiving comprehensive treatment and prompt management	Completed/Achieved	Refer Clinical SNS Robyn

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Average number of visits per pregnant mother within the 40 weeks gestation across all healthcare settings	Completed/Achieved	Refer clinical SNS Robyn
Number of mothers that visit the antenatal clinic for first antenatal assessment within the 20 weeks of gestation across all settings	Completed/Achieved	Refer clinical SNS Robyn
Number of pregnant mothers receiving tetanus vaccine immunization	Completed/Achieved	Refer clinical SNS Robyn
80% of deliveries by midwives are managed according to the standards and competencies	Completed/Achieved	Refer clinical SNS Robyn
Number of children that are exclusively breastfed in the first six months of their lives	Completed/Achieved	650 achieved based on Breastfeeding Week commemoration update
Number of children completing MMR vaccinations at 15 months of age	Completed/Achieved	1,794 from January to June 2020
Number coverage of children fully immunized at 15 months of age	Incomplete	Not known at this stage. Waiting for transfer of data into electronic system

This division was able to achieve twenty one (21) out of 28 performance indicators they were responsible for implementation while 7 indicators were incomplete. Most of incomplete indicators were mainly due to measles epidemic and COVID-19 SOE.

Other Achievements:

Reaching Out through Multi-media Campaign during COVID-19 Pandemic

A Community Outreach Program through multimedia campaign was initiated. This was due to the COVID-19 State of Emergency put in place where a gathering of more than 5 people is disallowed.

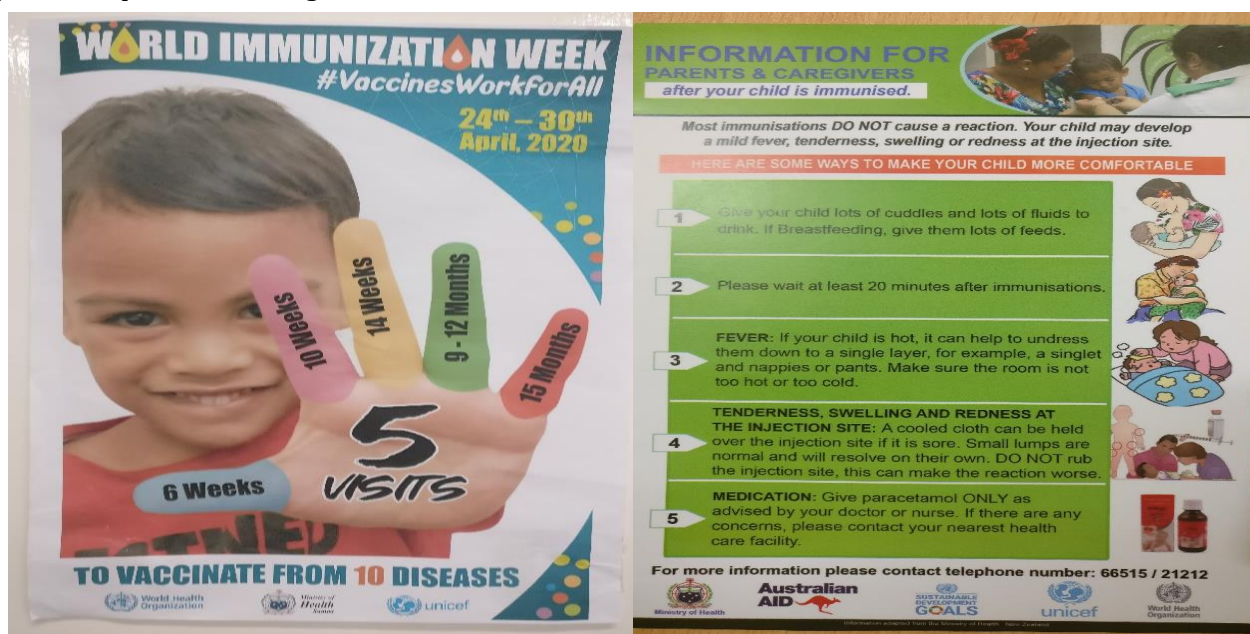
- There were 2 live TV programs on the 18th and 24th of March to mark and raise awareness on Tuberculosis in association with COVID-19 preventive measures.
- 4 billboards with hand washing messages installed in different parts of Upolu Island.
- TV packages for advertising of TB spots for next 6 months – advertisement is on hold until payment is through to supplier.

A group session was held for PLWH raising their awareness on COVID-19 preventions and how vulnerable they are if COVID-19 ever comes to Samoa.

Enhancing Community Engagement and Awareness

Due to COVID-19 restrictions, most of the planned community engagement activities could not be completed. Nevertheless, the following activities were implemented:

- Community-level competitions for the development of videos and artwork on positive messaging related to immunization was conducted, with the top three submissions receiving an award.
- Parents meetings were organized in all health facilities during World Immunization Week. Approximately 1,000 parents and children were provided with utility items (e.g. coloring books, pencil sets, coloring kits) as an incentive to actively participate in the national programme and spread the positive message about immunization.



- Television and radio spots were developed on issues related to immunization, such as the number of visits required for complete immunization, the age at which different vaccines are given, and the importance of the child health book.

Poster on the number of visits and diseases covered by the vaccines under national programme and pamphlet developed for awareness on adverse events following immunization (AEFI).





Immunization Week Activities 24th – 30th April, 2020:

The celebration of the World Immunization Week every year is in the last week of April with the aim to upscale activities on the importance of immunization to protect the lives of people from certain diseases. This year's activities are aligned with the Measles Recovery Plan and also the COVID-19 Preparedness and Response Plan on its theme of 'Vaccines work for all' elucidating on the significance roles of the 'people, who develop, receive and deliver this service, as heroes of immunization. With the COVID-19 pandemic and the absence of a vaccine, it is absolutely critical that every child is to be well protected by being informed of the preventive measures and primary health care. Generally, children are prone to any diseases especially the immune compromised; therefore, full immunization of all other preventable diseases is critical to reduce the risks of the deadly impacts of this virus.

In compliance to the SOE of COVID-19, the activities are focusing on multi-media programs with the 'Fai Tui Puipui' message highlighting the vital role and responsibilities of parents to complete children's vaccinations. The week was officially launched on Sunday 25th April, through the Health of the Nation TV program on a special panel discussion featuring the Minister of Health and the Director General of Health. Both speakers emphasized the importance of routine vaccinations and the collaborative and committed multi-sectoral response that determines the success of immunization.

On this program, the Minister of Health has also reminded the parents of their child's Child Health Book available during routine vaccinations and the revitalization of Village Women's Committees as the best mechanism to support this program. One of the activities is a Tik Tok video competition which is currently undertaking, and the Ministry has received a lot of positive feedback with over 30 entries now submitted. A contest on the Child Health cover book design is also advertising and both competitions will end by tomorrow. Winners will be announced on the 5th of May. Aside from the public's tiktok videos competition, nurses and other influential public figures such as the current Miss Samoa/Miss Pacific are also contributing towards supporting this week by submitting their own tiktok videos on immunization. All entries have been posted on the Ministry of Health Public Health Facebook page for public awareness.

A radio and TV talk program on all TV stations and radio channels on immunization has been held throughout this week featuring nurses who deliver this service and also some of our paediatricians. In addition, a draw has been conducted since Wednesday 29th and will end on the 1st of May at every district health facility including the main hospital and health centres. The lucky winners are drawn out from all those who have children that have completed their vaccination since birth until 15months old. During the routine vaccinations this week, a small group parent's health education has been conducted by the nurses enhancing the knowledge and motivation of parents on the importance of full immunization.

Highlights of the Immunization Week as illustrated below;	
<i>Celebration of the Immunization Week at Foailalo Hospital</i>	
<i>MTII Hospital at Tuasivi Savaii 4. RN Henry Taylor during routine vaccinations this week</i>	
<i>Immunization Draw at the TTM Hospital – Mo to'otua</i>	
<i>RN Filifilia provided 'Small Parent Group Health Education' on the importance of Immunization at TTM Moto'otua Hospital.</i>	

OUTPUT 21: HEALTH INFORMATION COMMUNICATION TECHNOLOGY

Output Description:

This division is responsible for effective maintenance and monitoring of Health Information and Communication Technologies that have been used by the Ministry of Health and the Health Sector for health information storage and health communication.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,964,628.00	SAT2,347,778.00	(SAT383,150.00)	120%

The over-spending of funds allocated for this division in this financial year was mainly for payments of overtime and allowances of staff and telephone operators during measles epidemic and COVID-19 pandemic.

Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Ensure standards for ICT network, system connectivity and information system interoperability are complied with (eHealth, CUG, SNBH, WAN, LAN, Outsourcing contracts).	Completed/Achieved	Upgrade the network settings, lay fiber for the Pharmaceutical Warehouse, joining MOH and old NHS,
Implementation of relevant electronic and mobile Health Information System components - PLIMS, Digital Xray, EIR, EHR, DHIS2, appointment systems	Completed/Achieved	Implementation of the COVID19 app, msupply, initiation of the Tamanu system, upgrade works for the Immunization system, upgrade to server works.
Quality Preventative maintenance and support of Information Systems and Communication technologies for MOH and Health Sector Partners - Licenses, Warrants, and Replacements. (biannual reporting) (Quarterly Reporting)	Completed/Achieved	Preventative maintenance visits to the district hospitals.
Security of Information Systems and Communication Technologies for MOH and Health Sector partners - email security, website SSL, firewalls, backup solutions, capacity building.	Completed/Achieved	Licensing for email, antivirus, firewall, SSL, backup solutions etc.
Support high quality research	Completed/Achieved	Bought ZOOM licenses, upgrade wifi

PERFORMANCE MEASURE/ INDICATOR	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRRESS TOWARDS ACHIEVEMENT
and training (telehealth and online capacity as well as digital archives)		stations, improved CCTV

Overall, this division was able to complete and achieve all of its key performance indicators for this financial year.

OVERALL CHALLENGES

The realisations of the new mandated functions of the Ministry of Health since the merger took place in February 2019 were real and immediate challenges for the Ministry in terms of:

- ✓ Technical and personal relationships in a forever changing work environment
- ✓ Knowledge and skills capacity on reformed roles and operations
- ✓ Confidence of MOH staff to pursue these new roles
- ✓ Understanding and acceptance by staff and service providers of the restructuring/reorganizations of the Ministry of Health's new mandated functions and responsibilities
- ✓ Political leaders expectations of demonstrated actions and outcomes within the year of merger
- ✓ Impact of the global, regional and national shortage of human resources for health
- ✓ Realization by sector partners of the value to practise and commit to professional standards
- ✓ Drive for MOH staff and service providers compliance and dedication to make health service(s) effective and efficient
- ✓ Justifying to central and partner Ministries the associated cost and human resources implication of the MOH's restructuring of its duties in order to facilitate help
- ✓ Shift in sectoral orientation for the MOH to lead the preparations and realisation of the Public Health System Strengthening
- ✓ Community understanding and acceptance of the practical realities associated with the merger
- ✓ Health sector staff understanding of legislations and the laws governing the health system in Samoa
- ✓ Development partners appreciation of the merger taken place and its focus in order to help and
- ✓ Awareness by all significant partners and organizations that the new MOH is new in name but continuing all the traditional functions of the former MOH in the past 100 years; that the management and staff have tried during this financial year to practically translate, implement and establish.

In stating these challenges, the Ministry is also committed in ensuring that there are continuous efforts to address them in the most constructive possible way that will benefit the health sector as a whole. It has been a trying time for the Ministry in its second year realising its new mandated functions and responsibilities while also tried to respond to two disease outbreaks (Measles Epidemic & COVID-19 Pandemic) within one financial year; however there is also a lot of potential in the Ministry to continuously facilitate change through ongoing discussions with all its partners, stakeholders and the community to effectively and efficiently address these issues.

CONCLUSION

As the Ministry of Health assesses its work undertaken during this Financial Year, it is important to note that we had a daunting task of reorienting skills and work processes to focus on both health service provider and monitoring and regulatory roles.

The burden of NCDs, emerging and re-emerging infectious diseases are obviously visible which have directed the Ministry to put more efforts in providing comprehensive people-centred healthcare services through delivering preventative, promotive, curative and rehabilitation services; and continue to empower the community to take ownership of their health. There is also a desire to strengthen the utilization of existing village and community structures as the vehicle for building awareness and changing lifestyles from within communities.

The Ministry is aware that our vision and mission as articulated in the Ministry of Health's Corporate Plan FY2020/21-FY2022/23, remains a vital and compelling part of the Ministry's corporate culture that requires much attention to fashion and sustain.

We look forward to increasing the scope of our work. We will continue to enhance the provision of effective, efficient, and safe quality healthcare services and increase our knowledge of monitoring and regulating in ways that will inform health sector and development partners, policymakers and others, leading to improvements in health for all Samoans and achievement of the Health Sector Plan FY2019/20 – FY2029/30 vision of a "Healthy Samoa".