



GOVERNMENT OF SAMOA

ANNUAL REPORT

Financial Year 2018/2019

MINISTRY OF HEALTH



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Ofisa o le Auaunaga Faale-Soifua Maloloina

The Honourable Speaker
Legislative Assembly of Samoa
MULINU'U

Dear Honorable Speaker,

On behalf of the Ministry of Health, I have the honour of submitting its Annual Report for the Financial Year Period July 2018 ending June 2019 for tabling at the next meeting of the Legislative Assembly of Samoa.

Ma le fa'aaloalo lava.

Hon. Faimalotoa Kolotita Stowers
MINISTER OF HEALTH

FOREWORD

HON. MINISTER OF HEALTH



As the new Minister of Health, I respectfully submit the Annual Health Report for Financial Year 2018/2019. I wish to pay tribute and acknowledge the outgoing and former Minister of Health, Hon. Tuitama Leao Dr. Talalelei Tuitama on his foresight and leadership on the current developments of the Health Sector. Thank you for your perseverance and the many years of dedicated years of service as a physician, Associate Minister and Minister of Health for Samoa.

The unexpected changes of Ministerial portfolios led to my appointment as Minister of Health for the last quarter of the Financial Year 2018/2019.

I was introduced to the Ministry at a time when the merge was at its infancy stages. As a non-health professional with a media background and extensive community experience my approach was to ensure support, encouragement and guidance of the health sector on its challenging journey.

This Annual Report records the Ministry of Health and the former NHS activities implemented, achieved with the challenges encountered during the Financial Year 2018/2019. All activities are linked to obligations of the Samoan government as outlined in the Strategy for the Development of Samoa FY2016/2017-FY2019/2020 and the Health Sector Plan FY2008-2018.

We continue to work on enhancing governance and leadership in Samoa's health system through the delivery of accessible, safe, affordable and appropriate people-centred health care services, including monitoring and regulatory functions in order to achieve a healthy Samoa.

Ma le fa'aaloalo lava.



Hon. Faimalotoa Kolotita Stowers
MINISTER OF HEALTH

KEY MESSAGE

DIRECTOR GENERAL OF HEALTH



This year of review brought about opportunities and challenges. Many were pursued to ensure that mandated roles and functions are effectively and efficiently implemented.

Major highlights of the Ministry of Health activities in the reporting financial year include:

- ✓ Effectiveness of the merge on 1st February 2019
- ✓ Approval of the MOH Amendment Act 2019 to guide the implementation of the merge undertaken for the Ministry of Health and National Health Service
- ✓ Implementation of the Mass Drug Administration for Lymphatic Filariasis
- ✓ Hypertension Cascade Study with the World Bank 2019
- ✓ Initiation of the School Nurse Program trialling the biggest primary schools in the island of Upolu to implement the action plan of the National School Nurse Policy.
- ✓ National Health Security Preparations for the Pacific Games, 2019.


Despite the highlights, there were notable challenges. These consisted of:

- ✓ Commission of Inquiry on the Merger Task Force's proposed Organisational Structure
- ✓ 2 infant deaths related to the EPI programme at Safotu District Hospital
- ✓ Commission of Inquiry following the death of 2 babies

However, both the Ministry of Health and former National Health Services (NHS) was able to implement its work outlined in the Performance Measures for this financial year. The MoH was also able to implement other activities funded by health development partners as detailed in this annual report.

I would like to acknowledge the effort and commitment of our HPAC, our community at large, and partners in health, and all staff of the Ministry.

Ma le fa'aaloalo lava.



Leausa Samau, Dr. Take Naseri
DIRECTOR GENERAL OF HEALTH

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EXECUTIVE SUMMARY

The financial year ending 30 June 2019 brought about opportunities and challenges. Many of these were followed through to ensure that mandated roles and functions of the Ministry are effectively and efficiently implemented.

This Annual Health Report combines the Ministry of Health and the National Health Services as the merge effectiveness on 1st February 2019.

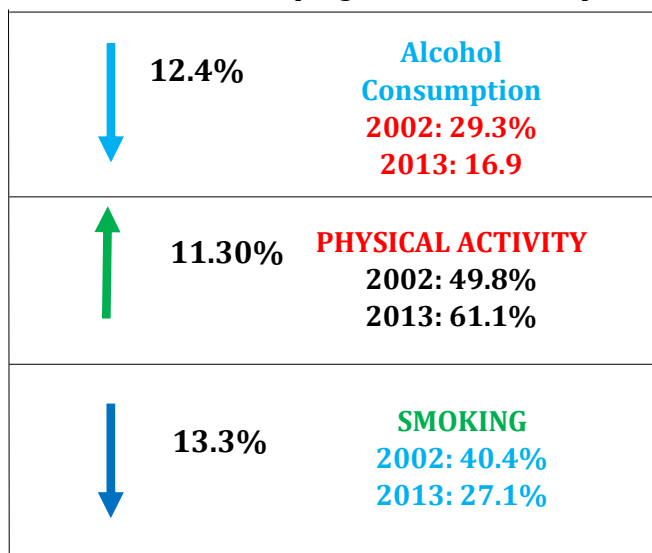
The successes and failures of the sector's performance are reported under three areas:

- Health sector's performance against the health strategic outcomes and indicators in the Strategy for the Development of Samoa FY2016/17 – FY2019/20 Key Outcome 6;
- Health sector's performance against the seven health key outcomes in the Monitoring and Evaluation Operational Manual 2011; and
- Health sector's performance against the key components of the health system.

A. *Health Sector's Performance against Health Strategic Outcomes and Indicators in the Strategy for the Development of Samoa FY2016/17 – FY2019/20 Key Outcome 6*

Strategic Outcome 1: Health promotion, protection and compliance improved.

The indicators under this strategic outcome are related to the risk factors of non-communicable diseases. The baseline data was obtained from the results of the STEPS 2012 while the results from the STEPS 2013 were used to track progress. In 2013, the prevalence of lifestyles behavior was reported.



Strategic Outcome 2: Primary Healthcare improved.

The baseline data for indicators under this strategic outcome were sourced from the Population Census 2011 and the update from the Census 2016 was used to track progress. The Infant Mortality Rate has increased by 0.8%. The Maternal Mortality Rate has significantly increased by 10.8%.

<p>INFANT MORTALITY RATE</p> <p>2011: 15.6 deaths per 1,000 live births</p> <p>2016: 14.8 deaths per 1,000 live births</p>	<p>MATERNAL MORTALITY RATE</p> <p>2011: 40.2 deaths per 100,000 live births</p> <p>2016: 51 deaths per 100,000 live births</p>
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Since non-communicable diseases are identified as one of the health sector priorities in the current sector plan, the number of the population being screened for Non-Communicable Diseases is important. There were 23,302 people screened for non-communicable diseases from 138 villages covered by the Village Health Fair in 2010. This number does not include the population visiting the health facilities for general outpatients and the private diabetic clinic (Diabetic Association of Samoa clinic) that existed since 2008. The number of people screened is gradually increasing since the initiation of the PEN Fa'a-Samoa program in 2015. So far, the PEN Fa'a-Samoa program has been able to screen an additional 1,568 people from 2 villages in 2015, 1,126 people in 5 villages in 2016 and 1,033 people in 7 villages in 2017.

Strategic Outcome 3: Safety/Quality of Healthcare Services.

Indicators under this Strategic Outcome relates to healthcare service provision. Baseline data for these indicators are obtained from various sources such as Ministry of Health Annual Reports, Ministry of Health Quality Assurance and Clinical Audit Reports and National Health Service Overseas Treatment Financial Year Reports. There has been an increase in the number of health care professionals since 2015. This is a result of concerted efforts by the health sector to address workforce shortages through increasing opportunities for health targeted scholarships under the Samoa Scholarship Scheme, providing more training opportunities under health projects such as health sector wide approach program and WHO fellowships. There has been a decrease in the number of patients sent overseas for treatment from 307 patients in financial year 2014-15 to 167 in financial year 2015-16 but increase in spending. There has been an improvement on patients' waiting time in emergency. The concern is the increase in waiting time at the general outpatient and triaging as compared to emergency. In terms of healthcare professionals with their professional standards, only two healthcare professionals (pharmacists and allied health professionals) were able to meet the 100% compliance in 2016 and 2017. There is a need for a new health information system for the sector to address the issue experienced with the existing system i.e. PatIS so the challenge with health information is minimized and data can be validated to respond to the monitoring of health indicators.

Strategic Outcome 4: Management and response to disasters, emergencies and climate change improved.

The health sector had performed well with the response to natural disasters and disease outbreaks that occurred within the lifetime of the Health Sector Plan 2008-2018. These include the public health response during the H1N1 influenza pandemic and tsunami in 2009; Cyclones Evans in 2012, Chikungunya outbreak in 2014, dengue fever outbreak in 2017, Cyclone Gita and typhoid fever outbreak in 2018.

B. Health Sector's performance against the Seven Key Outcomes of the Health Sector Monitoring and Evaluation Operational Manual 2011

Key Outcome 1: Improved healthy living through health promotion and primordial prevention. Similar to the Strategic Outcome of the SDS FY2016/17 – 2019/20 Key Outcome 6, indicators under this sector key outcome are related to health lifestyle behavior.

LIFESTYLE BEHAVIOUR	STEPS 2002 * DHS 2009	STEPS 2013 * DHS 2014	PROGRESS
ALCOHOL	29.3%	16.9	REDUCE BY 12.4
SMOKING	40.0%	27.1%	REDUCE BY 13.3
PHYSICAL ACTIVITY	49.8%	61.1%	INCREASE BY 11.3%
2-3 SERVINGS OF FRUITS & VEGETABLES	Women: 20% Men: 26%	Women: 6% Men: 16%	Women: reduce by 24% Men: reduce by 10%

- Note: DHS is sourced for servings of fruits and vegetables only

Key Outcome 2: Improved prevention, control and management of Chronic and NCDs.

The baseline data for indicators under this key outcome are from various sources of information so as the progress. It appears that the prevalence and incidence of NCDs being tracked by these indicators are increasing. Admission to public health facilities for the 2 – 3 most common types of cancer varied over the period. There has been a reduction in admissions for injuries in the population aged less than 5 years. Attempted suicide appears to have declined from 2011 to 2017 while the number of suicide deaths is gradually increasing.

Key Outcome 3: Improved prevention, control and management of communicable diseases and infectious diseases.

Improvement in surveillance services over the years in the control of communicable and infectious diseases in Samoa has led to rapid elimination of the chikungunya outbreak in 2015 and dengue outbreak in late 2017. There has been one new case of HIV in 2017. There has been an improvement in the incidence of STIs while the prevalence did not progress very well. There is also the need to redefine the baseline measures for notifiable and vaccine preventable diseases. Tuberculosis has seen a significant increase in new cases and some ending in death. The compliance of drinking water supplies with the National Drinking Water Standards has improved.

Key Outcome 4: Improved Sexual Reproductive Health.

The indicators specific for sexual reproductive health have shown a lot of improvement since the Health Sector Plan 2008-2018 mid-term review in 2013. The life expectancy for both males and females has increased from 74.2 years in 2011 to 75 years in 2016. Female life expectancy is 79 years and is higher than males who are at 76 years. The increase in fertility rate was not highly significant between 2011 and 2016. Adolescent births showed a decline of 13% from 2009 to 2016. The contraceptive prevalence rate has decreased.

Key Outcome 5: Improved Maternal and Child Health.

While the sector performance of most of indicators specific for maternal and children health is progressing, there is a need for further improvements on few indicators. The Maternal Mortality Rate has increased by 10.0% deaths per 100,000 live births from 2011 to 2016. There is an increase in the percentage of births attended by skilled health personnel from 2009 to 2014. Exclusively breastfeeding babies after six months after birth have increased. The antenatal care coverage was high in 2009 at 92.7% and continued to increase to 93.3% in 2014. There has been a decrease in both infant and under-five mortality rates at .4.6% and 0.75% respectively. Recent progress has been made in the area of immunization with 80% of 1 year olds being immunized for MMR1 and 60% for MMR2.

Key Outcome 6: Improved Health Systems, Governance and Administration.

As realized during the mid-term review, there is still a lack of comparative data for most of the indicators under this sector key outcome and thus need to modify these indicators or consider changing in the future. Limited information about monitoring the implementation of services standards was encountered. Comparative data to measure indicators on “waiting time” and “clients’ satisfaction” is insufficient; and there is no proper monitoring and evaluation system in place to monitor health services compliance with standards, policies and protocols. The increase in number of healthcare workers in various fields is an outcome of health sector’s untiring effort in addressing the shortages of healthcare workers. The registration and issuance of practicing certificates for health professionals is progressing well and health professional standards that are in place needs to be implemented and monitored.

Key Outcome 7: Improved risk management and response to disasters, emergencies and climate change.

The indicators under this key outcome need to be reviewed as the current indicators are not outcome indicators and do not measure the long-term effects of strategies to address response to disasters or climate change. The health sector response to the three natural disasters (2009 tsunami, Cyclone Evan in 2012 and Cyclone Gita in 2017) and two disease outbreaks (Chikungunya outbreak in 2015, dengue outbreak in 2017) that affected Samoa in the life of the Health Sector Plan was reported and acknowledged.

C. *Health Sector’s Performance against the Health Sector Plan 2008-2018 Work Program*

Strategy 1: Health Promotion and Primordial Prevention as highlighted above, the Ministry of Health and the health sector had done a lot in this area and these services were taken out to the community in order to achieve the universal health coverage goal of providing the health services needed by the population close to them.

Some of noteworthy achievements under this strategy include:

- (i) Development, implementation and monitoring of health promotion and primordial prevention legislations, policies and strategies.

HEALTH LEGISLATIONS & REGULATIONS	HEALTH POLICIES	HEALTH STRATEGIES/STANDARDS
Regulations: Food Regulations 2017 Tobacco Regulations 2013 Legislations: Health Promotion Foundation Act 2015 Food Act 2015 Tobacco Control Act 2008	National School Nurse Policy 2018-2023 National NCD Policy 2018-2023 National HIV/AIDS & STI Policy 2017-2022 National Alcohol Control Policy 2016-2021 National Patients Grievance and Complaints Policy 2015-2020 National Food and Nutrition Policy 2013-2018 National Health Prevention Policy 2013-2018 National Health Promotion Policy 2013-2018 National NCD Policy 2010-2015 National Tobacco Control Policy 2010-2015	National School Nutrition Standards Health Workplace Guidelines Samoa Health Guideline for Tattooing

(ii) Multimedia campaign

The Ministry of Health in collaboration with sector partners continues to conduct multimedia campaign to promote healthy living in Samoa, and inform the public of prevention methods to prevent them from disease outbreaks, NCD risk factors and effects of natural disasters and/or climate change.

(iii) Building supportive environment through multi-sectoral approach that facilitate healthy lifestyles such as building footpaths, sea wall, sports grounds and children's parks in Apia.

(iv) Community Engagement

The community engagement to health programs has been improves as most of world and national health events are conducted in the community such as Physical Activity Expo during National Health Weeks every November, and commemoration of World Health Days.

(v) Political Support

There were two high level advocacy groups established to advocate health at the political level. These include the Women in Leadership Advocating Health (WinLAH) and Samoa Parliamentary Advocacy Group for Healthy Living (SPAGHL). The WinLAH contributed a lot in boosting advocacy programs for Sexual Reproductive Health and STI while the SPAGHL concentrated on monitoring the supportive environment in schools.

Strategy 2: Quality Healthcare Service Delivery

(i) Public Health Services

The monitoring and surveillance of communicable and neglected tropical diseases has become more systematized. This was reflected during the health sector's response to H1N1 pandemic and Tsunami in 2009, Cyclone Evans in 2012, Ebola and Chikungunya in 2015.

The Communicable Disease Committee conducted their meetings on monthly basis to provide update on suspected outbreaks and the trends of communicable and neglected tropical diseases in Samoa.

(ii) Maternal and Child Health Services

As also noted in the mid-term review, health services provided for maternal and child health has been improved. The antenatal clinics are continually conducted in all health facilities. There is an increase in numbers of midwives being graduated and from the National University of Samoa and being distributed to health facilities including district hospitals.

The coverage of the Expanded Program of Immunization has been intensely increased since the nursing workforce has been significantly increased.

Regardless of improvements in health services provided for mothers and children, there are other areas that need to be strengthened. These include breastfeeding and effective implementation of Baby Friendly Initiative in hospitals.

(iii) Sexual Reproductive Health Services.

The Sexual Reproductive Health and Adolescent Health Section under the Ministry of Health oversee and monitors the implementation of the National Sexual Reproductive Health Policy 2012-2017 by stakeholders. The update of this policy is now under development aiming at enhancing sexual reproductive health services provided for those who need the service.

The National Sexual Reproductive Health Stakeholders' Meetings are conducted on monthly basis to discuss the progress of services provided, and identify gaps that need improvements.

(iv) Primary Health Care

The establishment of the Samoa Primary Health Care Centre under the National Health Service was the government of Samoa's initiative to revitalize Primary Health Care Services provision in Samoa.

The Ministry of Health and the health sector had for the past decades invested much into building stronger and more resilient health systems and will continue to work on transforming the current fragmented public health system to provide high quality services.

The expansion of the National Kidney Foundation of Samoa and Samoa Family Health Association services to Savai'i were some of the significant milestones by the sector in trying to ensure what is good for the health of the people residing in Upolu are also good for people residing in Savai'i.

Strategy 3: Governance, Human Resource for Health and Health Information Systems

(i) Governance.

A lot of the new health legislations, policies, strategies and services standards had been developed since 2008 as highlighted above. These are to guide the work of the Ministry of Health as the leading agency for Samoa's health sector and its partners/stakeholders.

Refurbishment had been undertaken for five district hospitals (Lalomanu, Poutasi, Sataua, Safotu and Foailalo) with the building of the new health centres at Faleolo and Avao. The rebuilding of the TTM Hospital and renovation of MTII hospital were also noted.

The building of the new Orthotics and Prosthetics Workshop aims to provide higher standards of care for amputees, disabilities and people with deformities.

Building of the Pharmaceutical Warehouse in 2016 contributed greatly to saving lives of Samoan people as this was designed and built to keep vaccine and medicines installed at the right temperature, so that they could maintain a lifesaving dependency.

(ii) Human Resources for Health.

The healthcare workforce of Samoa's health sector has been gradually increased from time to time since 2008.

Even though there is increase in numbers of healthcare workforce every financial year since 2008, the apparent insufficient supplies of health workers in Samoa's health system remains one of the major challenges faced by the health sector given the fact that the current workforce cannot meet the health demands of the population. This will be taken into account with the development of the new Human Resources for Health Policy and Plan of Action that are in pipeline.

(iii) Health Information Systems.

Health information remains one of the major challenges faced by the health sector since the beginning of the current sector plan's implementation in 2008. Providing accurate data and information to provide baseline data and progress for the current sector plan's outcome and indicators was very challenging as the information systems used at that time i.e. Patient Information System (PaTIS) and Community Health Nurse Information System (CHNIS) did not function properly.

Because of this long overdue difficulty in the sector, the e-health project was proposed and approved by the government to be funded under the Asian Development Bank with the aim to enhance Samoa's health sector information system. This project is in its planning stage, and it is expected to be fully realized in the next sector plan of the health sector.

Strategy 4: Partnership Commitment.

The Ministry of Health and the health sector valued the importance of collaboration of all public and private health partners in achieving the objectives of the Health Sector Plan 2008-2018. This partnership was strengthened and enhanced through monthly public health sector management meetings, annual health sector forums and reviews, Health Programs Advisory Committee (HPAC) meetings and bilateral health summits with American Samoa.

Strategy 5: Financing Health

The limitation in availability of resources to a Pacific Island country like Samoa has prompted the Ministry of Finance to redirect its focus from an output-based budgeting mechanism to a more outcome focused one for all the government ministries including corporations. This is to ensure that finances are managed effectively in achieving outcomes that contribute to strategic issues which impact on the overall welfare of the general population.

The role of the Ministry of Health since 2006 as a newly established entity has since changed from that of an implementer of services to a regulating authority not just for the public health services but that of the whole health sector inclusive of the private health sector. With this new role in place mandated under the Ministry of Health Act 2006, having the right mechanism and tool in place to further articulate and to fully realize the Ministry's role and mandate has been a

challenge financially and strategically. Capacities are forever tested as we try to keep up with the changes in the global economy.

Strategy 6: Donor Assistance.

The birth of the Sector Wide Approach Program was and had been Samoa's answer to its health sector in facilitating donor assistance in a more harmonious way. This approach is on-going and the government of Samoa in collaboration with the World Bank, NZ MFAT and Australian DFAT are the main development partners.

PART 1: ORGANISATION PROFILE

INTRODUCTION

This annual report presents the overarching results of activities performed by both the Ministry of Health as well as the National Health Services given effectiveness of the merge 1 February 2019. It reports to the government and the public key accomplishments as well as notable challenges of the Ministry for period ending June 2019.

These results are provided on the publicly committed strategies, actions and performance measures identified in the Ministry of Health and the National Health Services Work plan for FY 2018/2019. The implementation of operations and performance by the NHS highlights the delivery of Clinical Health Services outcomes.

This report also demonstrates progress made on government commitments as stated in the Health Sector Plan 2008 – 2018. It sets the stage for the new Health Sector Plan for the next ten years (i.e. FY2019/20 – FY2029/30) and the Ministry's Work Plan for the next financial year (FY2018/2019) planning and budgeting processes by providing an opportunity to assess the achievements, results and lessons learnt, and identifying how to build on past successes for the benefit of Samoan people.

The report is based on the 4 Health Strategic Outcomes under Key Outcome 6 of the SDS FY2016/2017 – FY2019/2020, 7 Health Key Outcomes of the Health Sector Plan 2008-2018 Mid-Term Review and are aligned to budget output achievements and progress.

The incident of 6 July 2018 in Safotu Savai'i, two 12-month-old children died within hours after receiving their MMR vaccinations. This was followed by a period of hesitation for the EPI program as a result of the two recorded cases of Adverse Effects Following Immunisation (AEFI). The government acted immediately to recall and suspend the MMR vaccination programme for 10 months, until it was declared safe to resume when the adverse effects were clarified. The incident generated a sense of mistrust in the healthcare system.

There was a Commission of Inquiry (COI) on the incident, which also added to the delay in the re-launch of the vaccination programme.

This report also narrates on major events the Ministry organised and led within this financial year. These events include the preparation for the Pacific Games, Bilateral Health Summit with American Samoa, the coordination of the Mass Drug Administration for Lymphatic Filariasis and the commemoration of national health days.

The total budget allocation for the Ministry of Health including those below the line costs was \$27,400,525 (including allocated for NHS-\$88,870,113). The MOH specific budget was \$18,530,412) and this was allocated to each output according to their proposed performance measures. Budget utilization and performance achievements for each output are reflected under each output report and specific section for Finance in this report.

HEALTH SITUATION OF SAMOA

Population:

The findings from the 2016 Housing and Population Census indicate that the annual population growth of Samoa has increased by 0.85% since 2011ⁱ. In comparison to the past Housing and Population Census the 2011-2016 censuses had shown the rapid increase of Samoa's population than in 2006-2011 as shown in Table 1 below.

Table 1: Population Growth of Samoa (2001 – 2016 Population Censuses)

Census Year	Total Population	Period	Annual Growth Rate (%)
2001	176,710	1991-2001	-
2006	180,741	2001-2006	0.5%
2011	187,820	2006 – 2011	0.63%
2016	195,843	2011 – 2016	0.85%

Source: Samoa Bureau of Statistics – Samoa Population Censuses 2001 – 2016

Samoa's Population Health Status

Table 2: Samoa Population Health Status

HEALTH INDICATOR	POPULATION CENSUS 2011 FIGURES	POPULATION CENSUS 2016 FIGURES
Population Census	187,820	195,843
Annual Population Growth	0.63%	0.85%
Crude Birth Rate	31.6 births/1,000 live births	21.4 births/1,000 live births
Crude Death Rate	5.19 deaths/1,000 live birth	5 deaths/1,000 live births
Life Expectancy Rate (both sexes)	74 years	75 year
Life Expectancy (Female)	76 years	79 years
Life Expectancy (Male)	73 years	72 years
Total Fertility Rate	4. children per woman	3.9 children per woman
Infant Mortality Rate	16 deaths/1,000 live births	18.6 deaths/1,000 live births
Under five Mortality Rate	20 deaths/1,000 live births	19.25 deaths/1,000 live births
Maternal Mortality Rate	40.2 per 100,000 live births	51 per 100,000 live births

Source: Samoa Bureau of Statistics (2011 & 2016) Samoa Population Censuses

Table 2 above shows that the fertility rates for Samoa has dropped from 4.7 children per woman in 2011 to 3.9 children per woman in 2016. This trend indicates that there is contributing factors to the decrease in fertility rate such as smoking, poor nutrition, alcohol, physical inactivity and sexually transmitted diseases. Moreover, this indicates the high level of educations that the general population had accessed; especially the female population, as well as the increased participation of female to high level employment, and the increased availability and accessibility of family planning methods for birth control.

Another significant change encountered is life expectancy whereas females have higher life expectancy (79 years) than male (76 years). This indicates that the female population have longer lifespan than male population.

PART 2: MANDATED FUNCTIONS OF THE MINISTRY

LEGISLATIVE AND POLICY FRAMEWORK

The Ministry of Health is guided in its daily operations by the following legislations, regulations, policies, services standards, protocols and strategies/plans:

Figure 1: Ministry of Health Legislative and Policy Framework



MINISTRY OF HEALTH'S COMMITMENT



Vision:

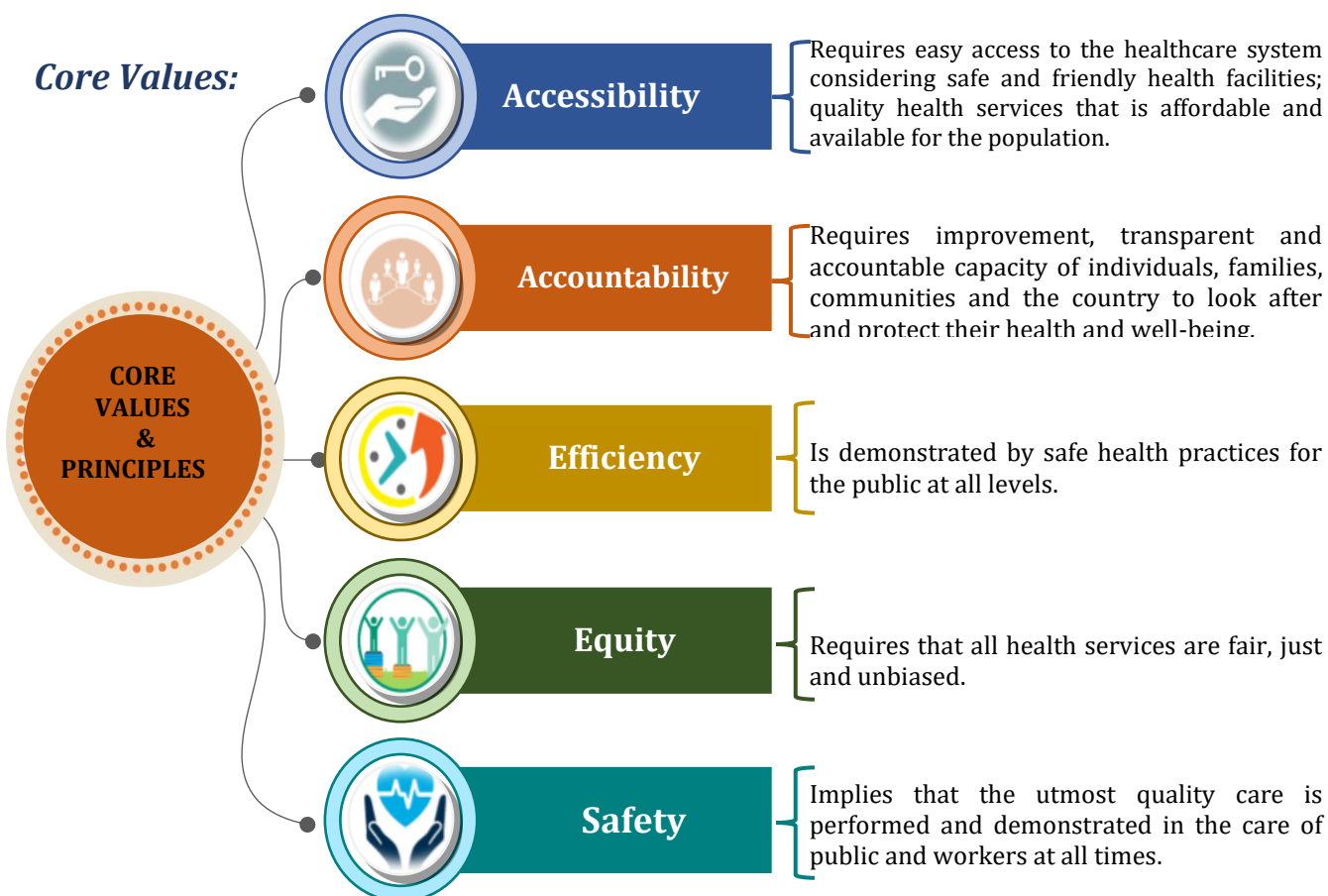
A Healthy Samoa



Mission:

Regulate and provide quality, accountable and sustainable health services through people working in partnership

Core Values:










Principles:

The Ministry upholds the values of "Health Promotion" and "Primary Health Care" as the founding principles of its work.

Strategic Priorities

As the lead agency for Samoa's Health Sector, the health sector priorities and seven key outcomes indicated in the Health Sector Plan 2008-2018 mid-term review and its Interim Corporate Plan FY2017/2018 were the strategic priorities when implementing its programmes and activities within this reporting financial year. These include:

Figure 2: Ministry of Health Priorities and Key Outcomes

STRATEGIC PRIORITIES	MINISTRY OF HEALTH KEY OUTCOMES
 1. Health Promotion and Primordial Prevention	Key Outcome 1: Improved healthy living through health promotion and primordial prevention
 2. Non Communicable Diseases	Key Outcome 2: Improved prevention, control and management of chronic diseases (NCDs)
 3. Communicable and Neglected Tropical Diseases	Key Outcome 3: Improved prevention, control and management of Communicable Diseases
 4. Sexual and Reproductive Health	Key Outcome 4: Improved Sexual and Reproductive Health
 5. Maternal and Child Health	Key Outcome 5: Improved maternal and child health
 6. Human Resources for Health 7. Health Information System	Key Outcome 6: Improved health systems, governance and administration
 8. Climate Change, Disasters & Public Health Emergencies	Key Outcome 7: Improved risk management and response to disasters, emergencies and climate change.

Source: Ministry of Health (2013) – HSP 2008-2018 Mid-term Review Report

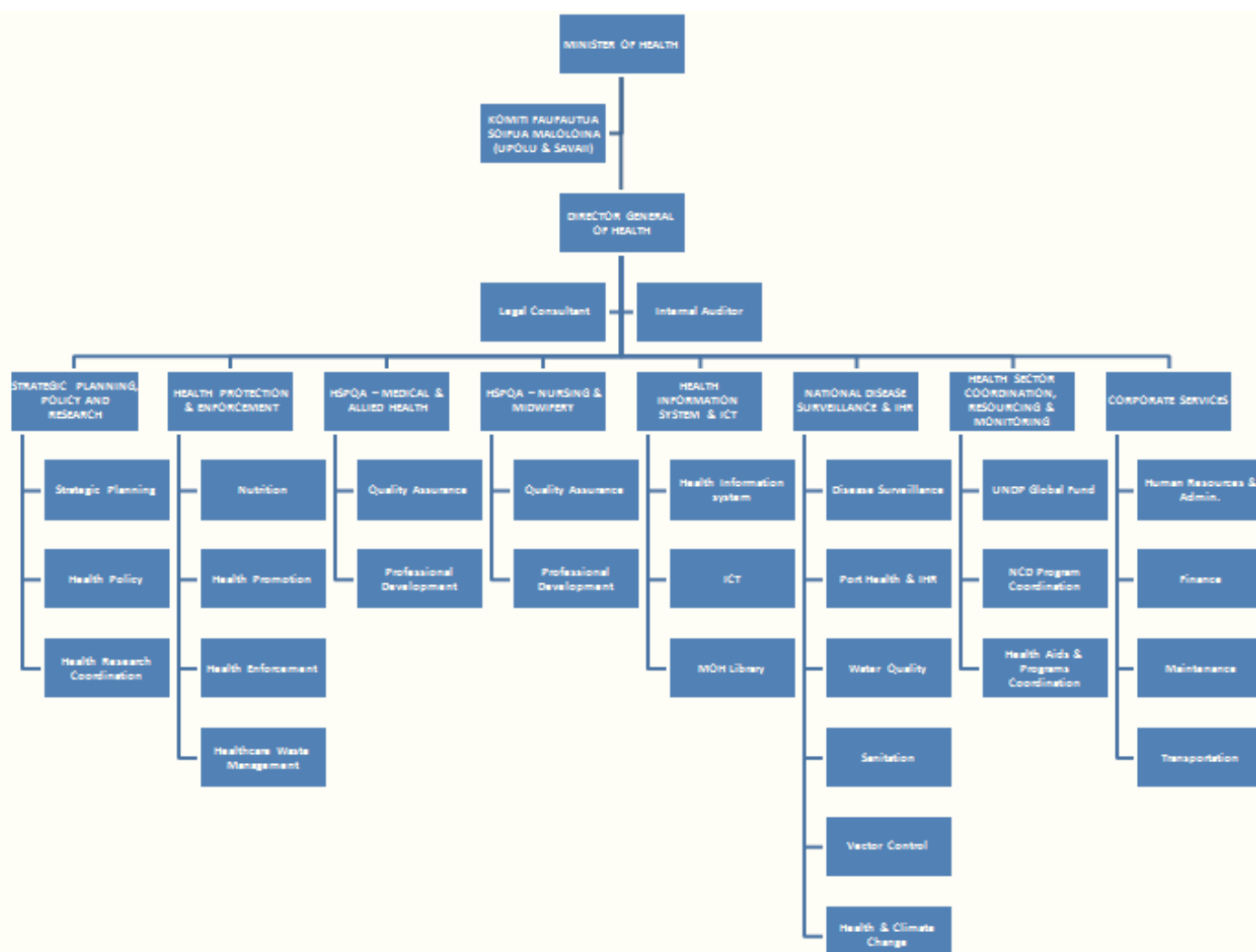
MINISTRY OF HEALTH ORGANIZATIONAL STRUCTURE

At the completion of this financial year, the Ministry of Health's Governance and leadership was led by the Director General of Health/ Chief Executive Officer signifying one organization with a mammoth task of ensuring that the remerged ministry would be well organised with established manpower to deliver on both Public Health responsibilities as well as strengthening Clinical Service delivery which will be the underlying focus of the renewed Ministry of Health going forward.

Although the MoH Amendment Act was official on the 1st of February 2019, the organisation structure and the staff realignment would be guided by the DG/CEO to ensure that the roles and responsibilities of the MoH are not compromised. Thus through his leadership and stewardship determine the most appropriate and practical organization structure that will allow the MoH to deliver on its obligations to our Samoan people.

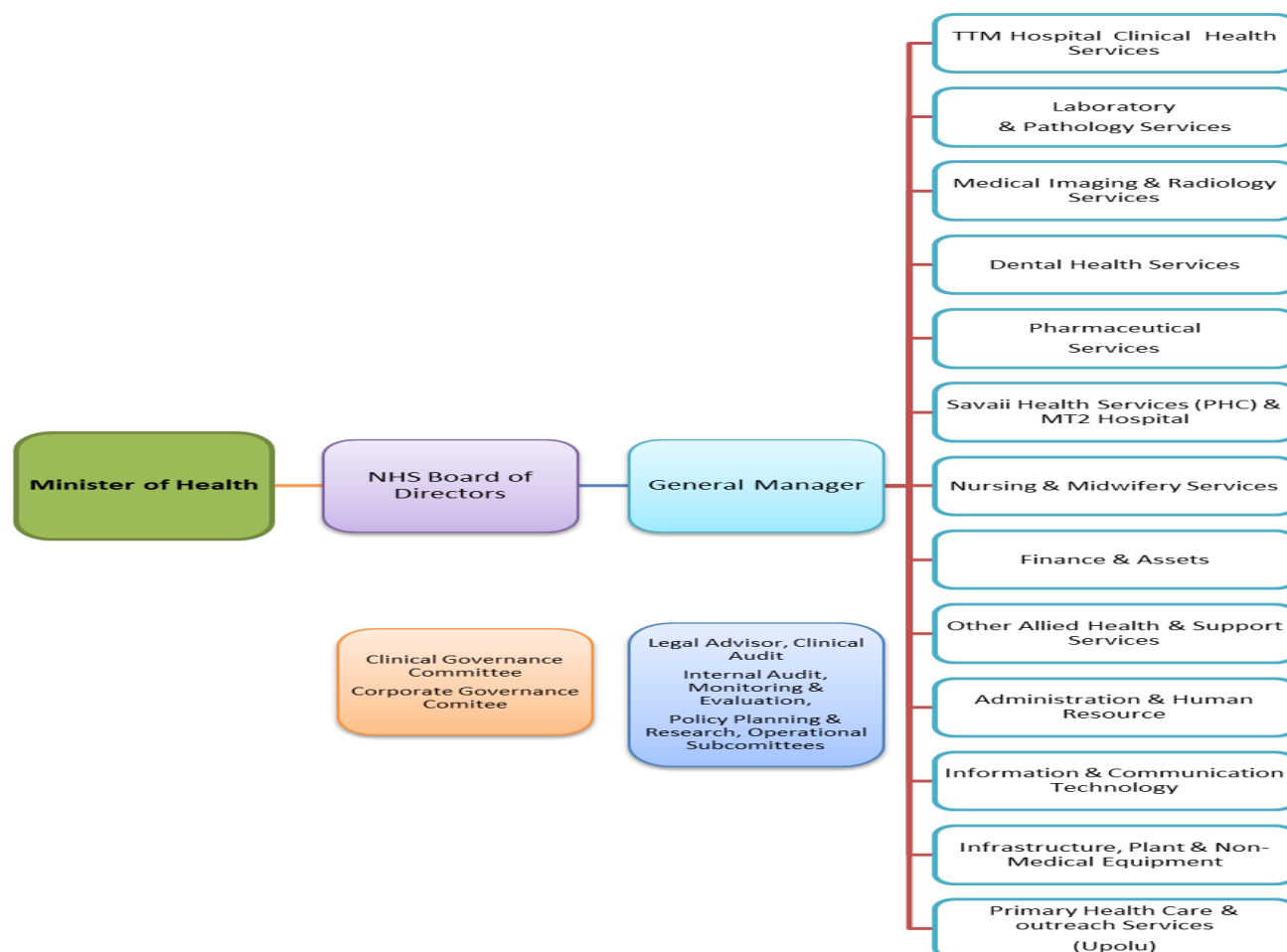
This report provides an account of the variance in the organization structure to be merged which will be anticipated to have its own challenges. The former MoH Management and NHS Management teams was tasked to arrange and align divisional core functions and responsibilities in order to guide the required and most appropriate organization structure for the MoH for the remainder of this reporting period.

Figure 3 Former Ministry of Health Organizational Structure



DIVISION	
Director General of Health	<u>Leaosa Samau</u> <u>Dr. Take. Naseri</u>
Strategic Policy, Planning and Research Divisions	<u>Quandolita Reid-Enari</u>
Health Protection and Enforcement	<u>MaeleUalesi Silva</u>
Health Sector: Performance and Quality Assurance - Medical & Allied Health	<u>Tagaloa</u> <u>Dr. Robert Thomsen</u>
Health Sector Performance and Quality Assurance - Nursing & Midwifery	<u>Lesa Fuatai Maiava</u>
National Health Surveillance and International Health Regulations	Vacant
Registrar	<u>Iiga Ruby Tofilau</u>
Health Information and Information and Communications Technology	<u>Rumanusina Maua</u>
Health Sector Coordination, Resourcing and Monitoring	<u>Gavalofa Matalavea Saaga</u>
Corporate Services	<u>Darryl Anesi</u>

Figure 4: Former National Health Services Organizational Structure

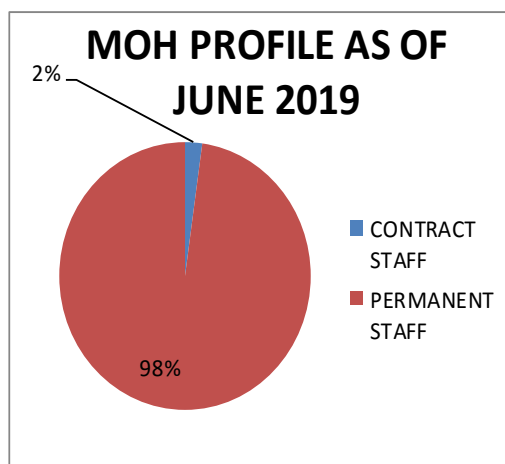


DIVISION	
General Manager	<u>Palanitina Tupuimatagi Toelupe</u>
Savaii Health Services & MT2 Hospital	<u>Pili Alatimu</u>
Dental Health Services	<u>Dr Sale Fau</u>
Laboratory and Pathology Services	<u>Talamatavao Hinauri Leaupepe - Ngau Chun</u>
Medical Imaging and Radiology Services	<u>Funefeai Tuiala Tiotio</u>
Pharmaceutical Services	<u>Lilomaiaava Aharoni Viliamu</u>
Primary Health Care Services (Upolu)	<u>(Acting) Avaia Lautusi</u>
Finance, Assets & Procurement	<u>Finken Misimoa</u>
Human Resources	<u>(Acting) Suemalo Mose Tofa</u> <u>(Acting) Tala Tui</u>
Hospital Information, Communication & Technology	<u>Lenara Tupai - Fui</u>
Other Allied Health and Support Services	<u>Asomua Epenesa Pouesi Young</u>
TTM Clinical Health Services	<u>(Acting) Dr Monalisa Punivalu</u>
Nursing and Midwifery Services	<u>(Acting) June Scanlan</u> <u>(Acting) Latama Peteru</u>
Infrastructure, Plants and Non-Medical Equipment	<u>(Acting) Leilua Olataga</u>

MINISTRY OF HEALTH PERSONNEL

Staff Profile

Figure 5: Staff Profile



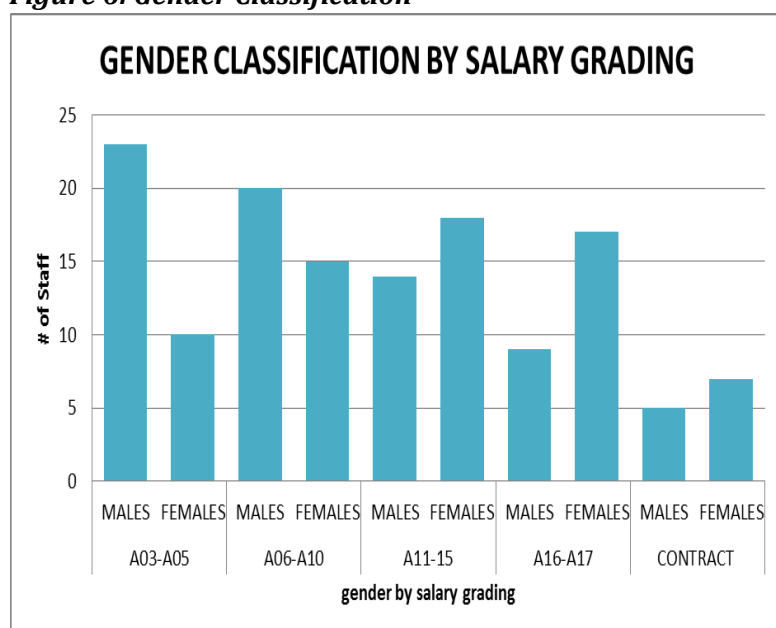
By 30th June 2019, the newly merged Ministry of Health employed 1364 staff in total.

This includes 31 Contract Officers

- 17 Line Managers / ACEOs
- 11 Consultant Physician Specialists
- 3 Nurses Consultants Specialities
- 1,333 permanent staff

The total number does not include the 324 vacant positions that were put on hold by the office of the Public Service Commission to await the realignment of the merge.

Figure 6: Gender Classification



The majority of employees were females with 98% of the active workforce being permanent staff while 2% was filled by contract staff. Females also dominated the higher salary grade as compared to males.,

- A03-A05 – (\$7,307-\$11,310)
- A06 – A10 – (\$13,474-\$24,515)
- A11 – A15 – (\$27,484-\$42,191)
- A16 – A17 – (\$49,310-60,353)
- Contract- (\$88,301)

Staff Mobility & Cessation of Employment

Despite efforts to retain staff, push and pull factors contributed to staff mobility as noted by end of June 2019. Overall there was an injection of 123 nurses under the orientation program and 12 non-technical staff –new recruits. 14 staff were promoted within the organization. Contrary to that, 25 staff resigned due to opportunities such as New Zealand quota (6) and 19 due to personal reasons. 28 staff had reached retirement age. 7 staff was terminated due to breaches to the code of conduct.

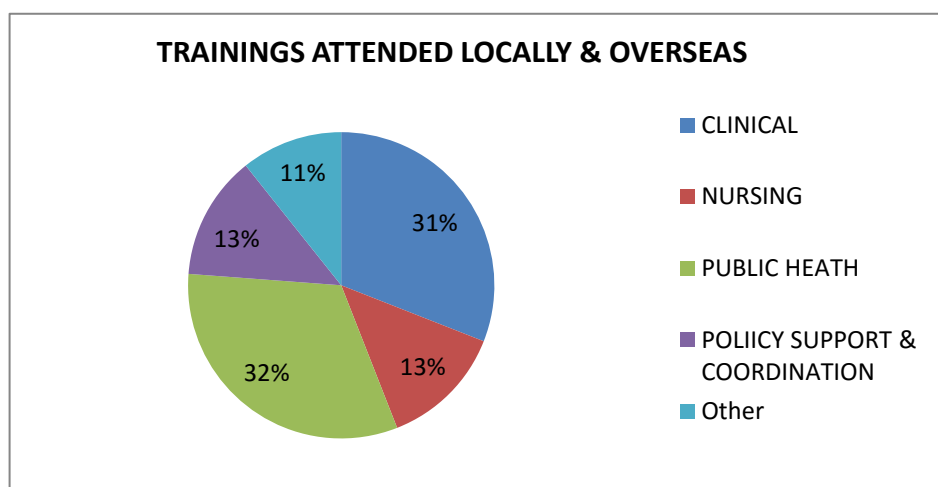
Due to the merge effectiveness in February 2019, most executive management contract positions were varied as the Ministry transitioned into the implementation of the next phase of the MOH merge.

Table 3: Staff Mobility & Cessation of Employment

	No. of staff
New Recruit	135
Promotions	14
Resignation	25
Retirement	28
Termination	7
End of Contract	9
Contract renewed	1

Human Resource for Health Development

Figure 7: Training Attended by Staff over FY18/19



The Ministry's participation in Overseas Trainings depends on securing fully funded Invitations from foreign organizations. These training workshops are invaluable capacity development for staff mostly on technical areas. Sponsorships are received from our development partners and coordinating countries and organisations.

The ministry also places an emphasis on conducting generic and technical trainings as part of on-going in house training development programs as not all staff have the opportunity to attend overseas trainings. These include;

- Induction Courses facilitated and coordinated by the HR division biannually for all new recruits on their obligations, entitlements, working conditions and values to uphold as a public servant.
- Continuous professional development for staff coordinated by Ministry's Technical Committee every Tuesday for staff who attend overseas meetings, trainings and workshops to report back and share outcomes.
- Continuous professional development (CPD) for doctors, nurses, dental staff and allied health professionals are conducted weekly
- Induction programme for new doctors (House Surgeons)
- The Fellowship Program funded by the World Health Organisation (WHO) assists in the professional development capacity of the Staff.
- NUS Nursing Programme
- Post Graduate Midwifery Programme
- Refresher training for Nurse Vaccinators funded by UNICEF
- Twinning Program for Nurse Vaccinators from Counties Manukau District Health Board

These continuing professional development sessions are also uploaded on line so staff in rural district health facilities throughout Upolu and Savaii are also informed.

PART 3: OUTCOMES AND ACHIEVEMENTS

REGULATORY AND MONITORING

The Ministry of Health as the national authority in health is mandated to ensure that all health service providers in Samoa (public, private, non-government and traditional) and health sector stakeholders collaborate in order to achieve the National Health Outcome Indicators and Targets as articulated under the Key Outcome 6 of the Strategy for the Development of Samoa FY2016/17 – FY2019/20.

The Health Sector Monitoring and Evaluation Operational Manual that was developed and approved for implementation in 2011 is the tool that is being continuously used by the Ministry of Health and the health sector to monitor and evaluate the overall sector performance towards achievement of the health related sustainable development goals and core health outcome indicators.

This section provides the overall status of the Ministry's performance against the:

- (i) National development goals and strategic outcomes under the Key Outcome 6 of the Strategy for the Development of Samoa FY2016/2017-FY2019/2020: ***A Healthy Samoa and Well-being*** Promoted; and
- (ii) Ministry's approved Performance Measures for Financial Year 2018/2019 using the seven (7) Health Key Outcomes articulated in the Ministry of Health Interim Corporate Plan FY207/2018 and Health Sector Plan 2008-2018 Mid-term Review Report FY2013.

Ministry of Health Performance against National Health Strategic Outcomes and Indicators

Under the Key Outcome 6 of the Strategy for the Development of Samoa FY2016/2017–FY2019/2020, there are four strategic outcomes and 13 indicators that the Ministry of Health is committed to achieve. These include:

Table 4: National Health Strategic Outcomes and Indicators

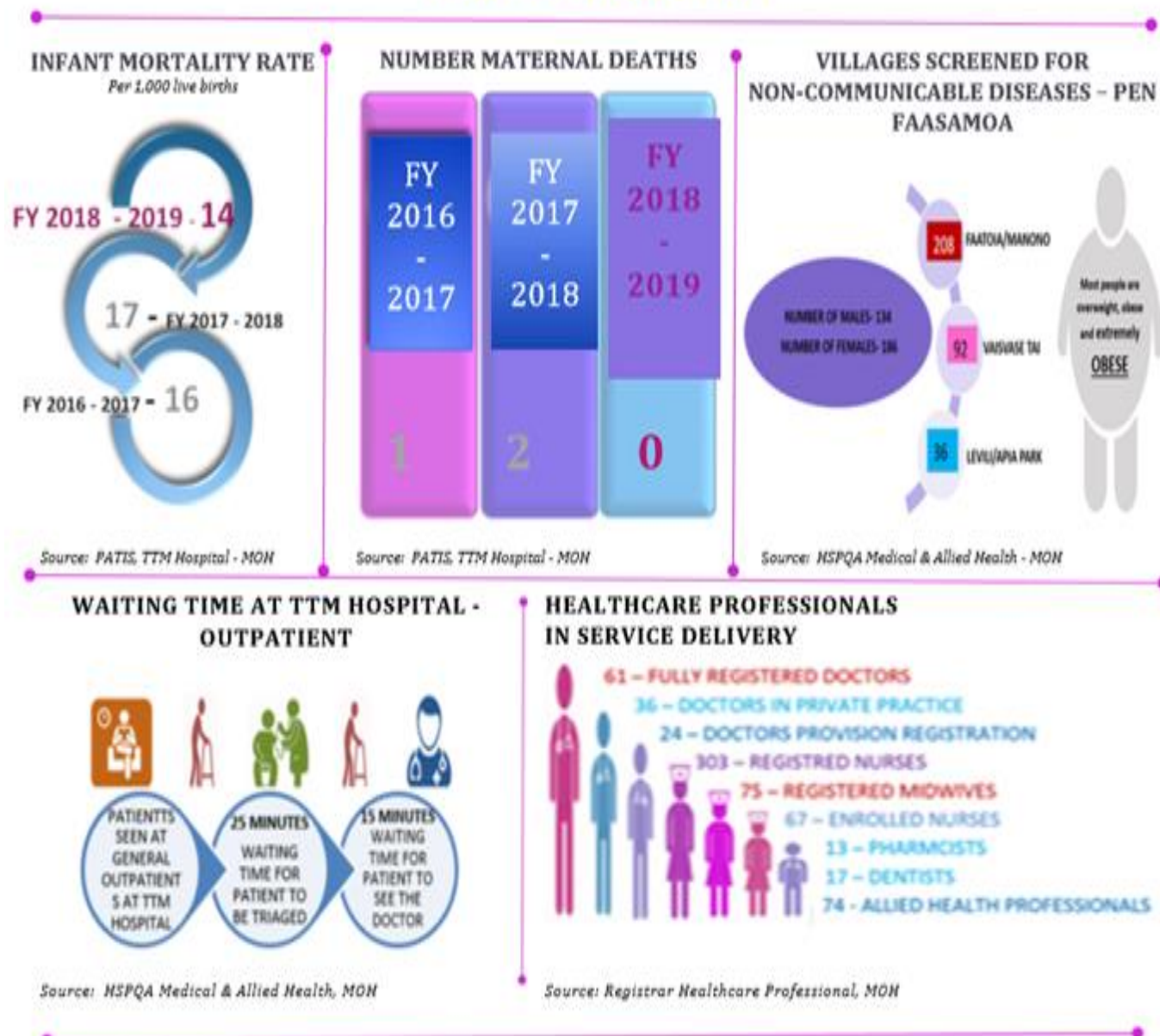
STRATEGIC OUTCOMES			INDICATORS
1. Health Promotion, Protection and compliance improved			1.1. Prevalence of alcohol drinkers reduced by 5%
			1.2. Prevalence of smokers reduced by 5%
			1.3. Number of physically active people increased by 5%
2. Primary Health Care improved			2.1. Infant mortality rate reduced
			2.2. Maternal Mortality ratio reduced
			2.3. Population screened for early Non Communicable Diseases detection and diagnosed increased
3. Safety/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, triaging reduced
			3.4. 100% compliance of healthcare workers with professional standards
			3.5. Health information system implemented
			3.6. Access to health products and services increased
4. Management and response to disasters and emergencies and climate change improved.			4.1. 100% with disaster and climate resilience plans.

Source: Ministry of Finance (2017) – Strategy for the Development of Samoa FY2016/17-FY2019/20

Samoa's Population Health Snapshot below (Figure 6) summarizes the Ministry's commitments in achieving the above mentioned health strategic outcomes and indicators within the reporting financial year (FY2018/2019).

Figure 8: Ministry of Health's Performance against the National Health Strategic Outcomes and Indicators

ANNUAL REPORT FINANCIAL YEAR 2018-2019 HEALTH SNAPSHOT



Ministry of Health's Performance against its Key Performance Indicators for Financial Year 2018/2019

The Ministry of Health's performance against its Key Performance Indicators for Financial Year 2018/2019 are classified under the Ministry's seven health key outcomes as articulated in its MOH Interim Corporate Plan FY2017/2019 which its implementation was extended and expected to be completed by the end of the reporting financial year (FY2018/2019).

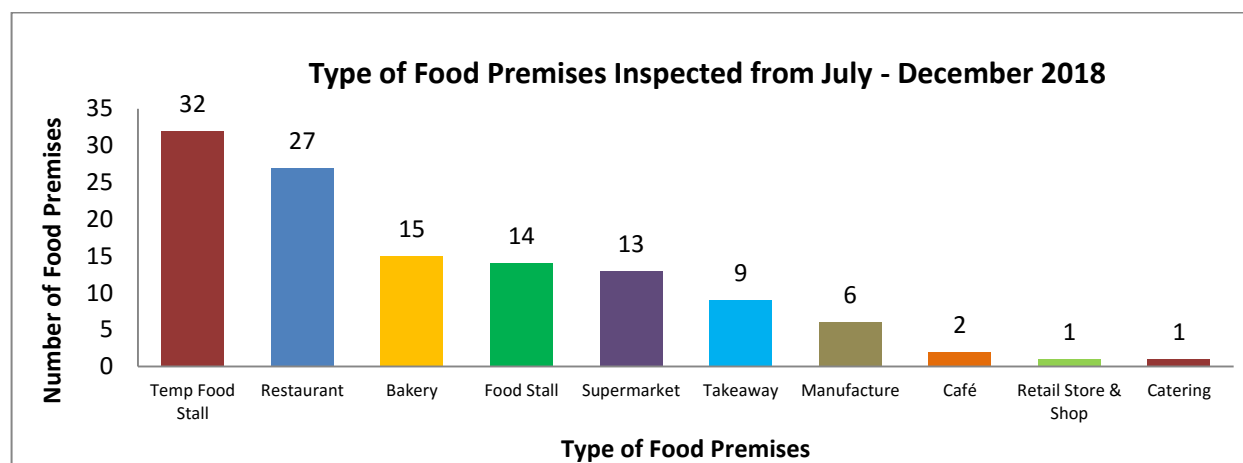
Key Outcome 1: Improved healthy living through health promotion and primordial prevention

Food Safety

The Ministry of Health under the Food Act 2015 and the Health Ordinance 1959 is mandated to monitor and regulate food production, manufacture, importation and exportation, sale, donation, processing, cooking, handling, labelling, advertising, promotion of and information on food

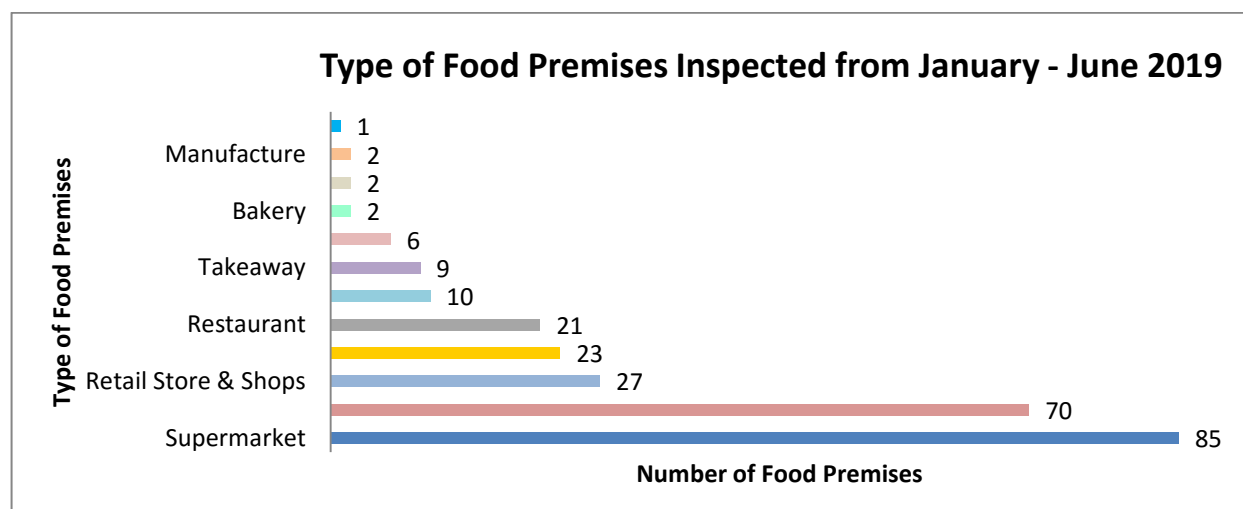
Food Safety Unit and its monitoring and regulatory role, inspection it covers any type of food premises such as restaurants, bakeries, wholesales and general stores, the exporting of food and conducting

Figure 9: Food Premise Inspections from July – December 2018



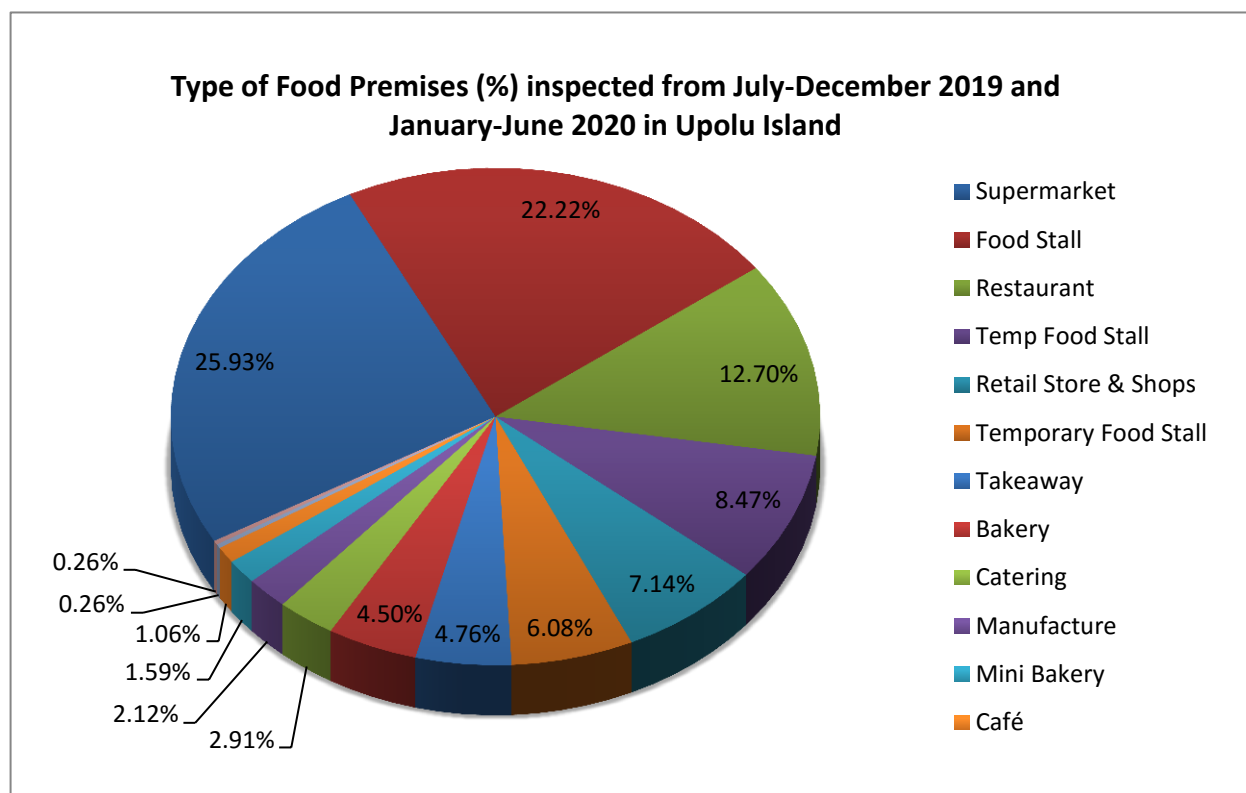
A total of 120 food premises inspection from July – December 2018; all of which had complied with standards and health requirements on food safety.

Figure 10: Food Premise Inspections from January – June 2019



A total of 258 food premises were inspected from January – June 2019. Of the Of the 258 inspected, 96.9% complied with standards and requirements on food safety, while 3.1% did not comply.

Figure 11: Overall Food Premise inspections from July-December 2018 to January-June 2019.



For financial year 2018/2019, 378 food premises were inspected. In the first six months of the financial year 120 food premises were inspected with 99% compliance, while the last 6 months 258 food premises were inspected with 100 % compliance.

The Ministry of Health food safety team conducted several inspections on 3 major caterers selected to accommodate meals for athletes in the Pacific Games, 2019, moreover there are also 3 caterers also that provide food for all the volunteers that work during the Pacific Games and was all inspected by the food safety team.

Health Cards for Food Handlers for all Caterers during the Pacific Games 2019.

A total of 106 food handlers underwent their medical screening tests and were issued to their health cards. These food handlers worked under the major caterers that were responsible for catering meals to athletes in the Pacific Games, 2019.

This is an improvement from previous financial years. The number of inspected premises has increased due to expansion of monitoring which included the STA inspections of all hotels, in collaboration with the Nutrition Unit monitoring shops and supermarkets. These inspections were conducted as an essential part of the Pacific Games preparation.

The Ministry issued warning letters and closing orders to those inspected food premises which continued to defy and not adhere with the legislation.

The Ministry continues to work to ensuring that all complaints received from the public regarding food safety violations are attended to within 3 days. The multi-sectorial approach is very crucial in the regulating and monitoring work of the Ministry as the limited resources cannot cover the whole country so reliance on our partners including the public is essential.

Monitoring Water Quality and Safety

The Ministry of Health has a mandated role in monitoring and regulating the quality and safety of drinking water to ensure it is safe for public consumption. For Financial year 2018/2019, the Ministry of Health through its Water Safety and Quality Unit conducted monitoring and regulatory visits to main water sources for public consumption, such as bottled water companies, Independent Water Schemes, the Samoa Water Authority (SWA) Treatment Plants and Boreholes, to ensure safety and quality of water.

The following table summarizes the tests conducted throughout the reporting period on different water sources and their level of compliance with the National Drinking Water Standards 2008.

Table 5: Water Source level of compliance with National Drinking Water Standards

Water Source	FY 2018/2019
Independent Water Schemes	2%
SWA Bore holes	22%
SWA Treatment Plants	100%
Bottled Water Companies	88%

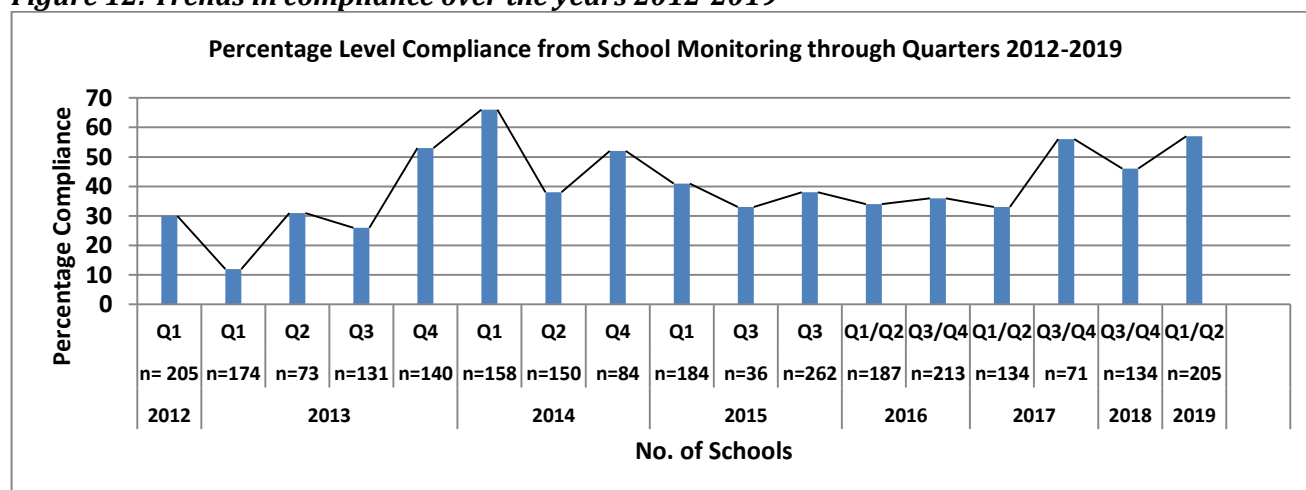
Source: MOH Water Quality Section Monitoring Reports (2018)

As shown in the Table 5 above, sample tests conducted for Independent Water Schemes and SWA boreholes specifically show a significant non-compliance for the reporting period. These figures have been submitted to SWA for their information. The challenge in these two sources is that the quality and safety of water is heavily dependent on the progress of works being undertaken by the SWA through implementing Water Safety Plans at the community level. The Ministry of Health nevertheless, continues to work collaboratively with the SWA and other key partners in ensuring the quality of water consumed by the public is safe and minimize the risks of waterborne-diseases.

Nutrition in Schools

Nutrition related health problems such as obesity and dental decay are becoming increasingly obvious amongst school children in Samoa. Obesity related diseases such as Type 2 diabetes and Hypertension are also highly prevalent in adults at 24.8% and 28.9% respectively. For children the prevalence of overweight and obesity in Samoan 13-15 year olds was estimated to be 51% and 19.2% respectively in 2011 and has increased to 58% and 23.3% respectively in 2017 are at increased risk of developing health problems according to the most recent Global School Health Survey 2018. These nutrition related health concerns are linked to poor eating habits. -children who regularly consume foods, which are high in fat, sugar, salt and low in fibre such as ice pops, pancakes, soft drinks, doughnuts, noodles, chips, including taro and banana chips, sweets and lollies.

Figure 12: Trends in compliance over the years 2012-2019



As illustrated in the figure above, the Nutrition Unit conducted 2 biannual visits with 46% compliance in Q3/Q4 2018 (n=134 schools) which had increased to 57% compliance in Q1/Q2 2019 (n=205) schools monitored.

Baby Friendly Hospital Initiative

The *Baby Friendly Hospital Initiative* (BFHI) is a best practice initiative that improves breastfeeding rates, not only in the hospital but also after discharge into the community.¹ The initiative involves implementing the “Ten Steps to Baby Friendly Campaign”. (In addition to the 10 Steps three extra optional criteria have been added recently making the total number of criteria thirteen.)

During the reporting period, the target percentage of implementation is in all government owned hospitals, particularly MTII Savaii Hospital and TTM Hospital which had a 80% for the financial year. TTM hospital was able to implement and achieve 10 out of 13 steps while MT II implemented and achieved 11 out of 13 steps. Progress in the increase of the steps achieved are due to regularizing annual capacity buildings trainings such as the WHO Breastfeeding 20 Hour Training for all new Health Care Workers annually as well the endorsement/launch of the Breastfeeding Hospital Policy during World Breastfeeding Week 2018, which is breastfeeding policy that is routinely communicated to all health care staff.



BREASTFEEDING WEEK 2018
Sini Autu: Fa'asusuina o Pepe i Tina o le fa'avae mautu o le ola.
(Breastfeeding: Foundation of Life)

**FA'ASUSU PEPE NA'O
LE SUASUSU O TINĀ
MO LE ULUA'I
6 MASINA**

WEEK PROGRAMME

Date	Event	Venue
30th July 2018	Official Launch, Itu Asau Community	Vaisala EFKS HALL
1st August 2018	Launching Baby Friendly Project Findings and Hospital Policy	MOH Con Rm 1
2nd August 2018	Sexual Reproductive Health and Breastfeeding Community Programme	Manono Tai

During the week:

- Fathers Poem Competition Reading: Radio 89.1 at 9:30am during the week.
- Facebook Competition: Best Workplaces Photo, Best Individual Picture, Best Video Clip raising awareness about Breastfeeding #WBWfSamoa
- Breastfeeding Health Education Sessions at all District Hospitals
- Radio Programme Talk back on Zap during the week

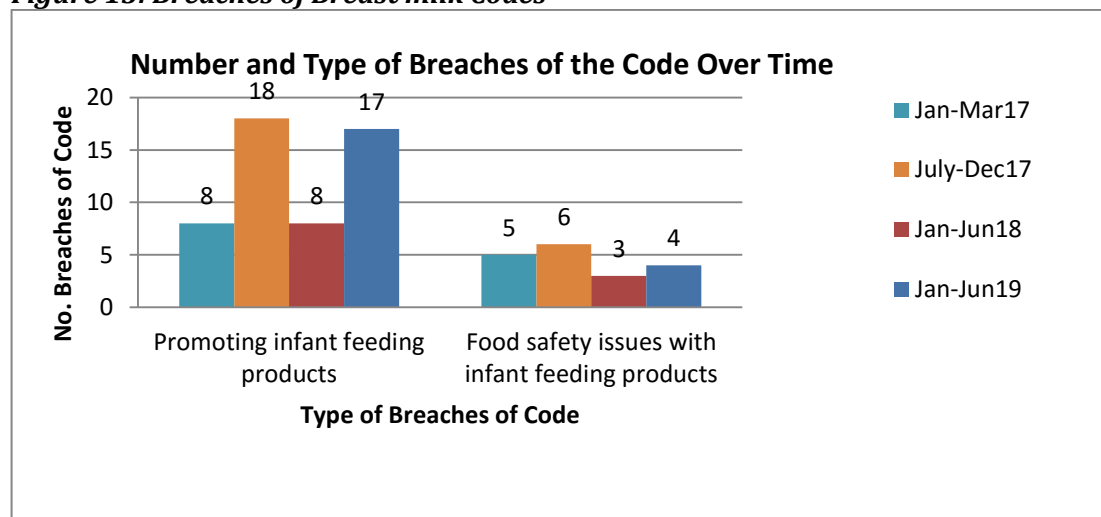
Monitoring of the Implementation of the International Code of Marketing of Breast milk Substitutes and Related WHA Resolutions in Supermarkets and Shops in Samoa

The International Code of Marketing of Breast milk Substitutes and associated relevant World Health Assembly Resolutions (Code) ensures that mothers are not discouraged from breastfeeding and that infant feeding products are used safely if needed. The Code includes these 10 important provisions that primarily the marketing of infant formula and associated products. It is a set of rules that stop promotion of the products and ensures that all products that are sold are of good quality. Infant feeding products include infant formula, soft baby foods and juices (complementary foods), feeding bottles and teats. The Code applies to all health workers and manufacturers and distributors of infant feeding products.

The final reporting shows results from January-June 2019 covered all the large shops and wholesales including pharmacies. A total number of (140) supermarkets, large shops and wholesales were monitored for Upolu and Savaii with 20(14%) were found to be breaching the Code when selling their infant feeding products. It is expected that passage of the draft Food Regulation (Marketing of Products for Infants and Young Children) Regulations will help enact and enforce the Code.

¹ The WHO *Global Strategy on Infant and Young Child Feeding*, WHO, Geneva, 2003

Figure 13: Breaches of Breast milk Codes



Sanitation

Sanitation is a key component for good public health. Improved sanitation facilities and promoting hygiene in schools benefits learning and the health of children. Schools that offer private and separate bathrooms for boys and girls as well as facilities for hand washing with soap, is the standard for all schools in Samoa to aspire towards.

Sanitation monitoring visits are conducted as part of the Health Promoting Schools Program. The Ministry conducted 2 monitoring visits for this Financial Year. The overarching goal of these visits is to monitor the level of compliance of schools with the School Sanitation Guidelines. During the 2018/2019 Financial Year, 240 schools were inspected and assessed. By end of June 2019 88% of schools achieved satisfactory level, indicating improved performance by schools management and committee, and 12% of **schools** required follow up and monitoring. Despite the high compliance rate, there is still the need for the Ministry of Health to strengthen its regulatory role given there is an increased number of emerging infectious diseases from time to time as a result of poor sanitation and hygiene.

Tobacco Control

Under the Tobacco Control Act 2008, Health Ordinance 1959, Tobacco Control Regulations 2013 and the WHO Framework Convention on Tobacco Control (FCTC), the Ministry of Health through the Tobacco Control Section is mandated to protect the health of the people from diseases and premature deaths caused by tobacco use and exposure as well as monitor and regulate the marketing, promotion and distribution of tobacco products in compliance with these legal frameworks including the Tobacco Control Policy. Some of the common offenses monitored include the illegal selling of tobacco to underage children or minors; selling of uncertified tobacco; smoking in public transportation; and non-compliance with smoke free zones policy.

Monitoring and regulating of tobacco control involves spot checks and inspections by the MoH Tobacco Control Section.. The staff are also responsible for food safety monitoring program, hence the limited monitoring of Tobacco Control compliance of shops and premises which sell tobacco.

At the end of this reporting period, the level of compliance of the public with the Tobacco Control legislations has improved immensely. For the first 6 months of the Financial Year, overall compliance of inspected premises including schools workplaces and restaurants was 94%, and 80.7% for the last 6 months.

The Ministry of Health continues to look at more cost-effective strategies to enforce Legislation across the country, considering the limited resources available. The role of the Multi-sectoral Tobacco Control committee is crucial to ensure the continuous tobacco control messages is approached from a whole of

country perspective involving not only the public sector but civil society through the participation of Non-Government Organisations. An amendment to the Tobacco Control Act 2008 has been developed to incorporate licensing fees for manufacturers and appropriate tobacco outlets to be able to sell tobacco products.

Samoa as one of the recipients of the Framework Convention of Tobacco Control (FCTC) 2030 Project has been able to establish the position of the FCTC2030 Project Coordinator to assist the Tobacco Control and Food Safety Unit with matters relating to tobacco enforcement and continuous capacity building of staff.

Samoa is also one of the first countries for the Western Pacific region to ratify the Protocol for the Elimination of the Illicit Trade of Tobacco Products and also represents the Western Pacific Region as the Bureau Member for the FCTC Protocol to Eliminate the Illicit Trade of Tobacco Products in the Meeting of the Parties (MOP) annual meetings.

Physical Activity Programs

The Ministry had seen the huge success in the shift of behaviour and attitudes of our population towards healthier lifestyle choices. Moreover, there are increasing numbers of private organizations developing physical activity programs such as Fana & Lee ZUMBA, NOBESITY targeting children and “Lose Weight Challenges Competition like FIKA FOU hosted by Samoa Quality Broadcasting Ltd, to name a few. At the community level, the villages continue to take ownership of their physical exercise programs.

The Ministry continued to host the Physical Activity Exhibition since it was first instituted in 2017. The ministry in collaboration with our national sporting bodies come together in November as part of the National Health Week to stage this event. This exhibition has attracted a lot of support and participation from our schools and the youthful population to take part in the programme.

Physical Activity and Nutrition Expo (PANE)

The Ministry of Health in partnership with selected Sports Organisations and Recreational Partners conducted the second Physical Activity and Nutrition EXPO (PANE) on November 9th, 2018 at the Methodist Grounds at Faleula. The aim is to accelerate efforts to empower and engage children to be physically active while practising good nutrition habits.

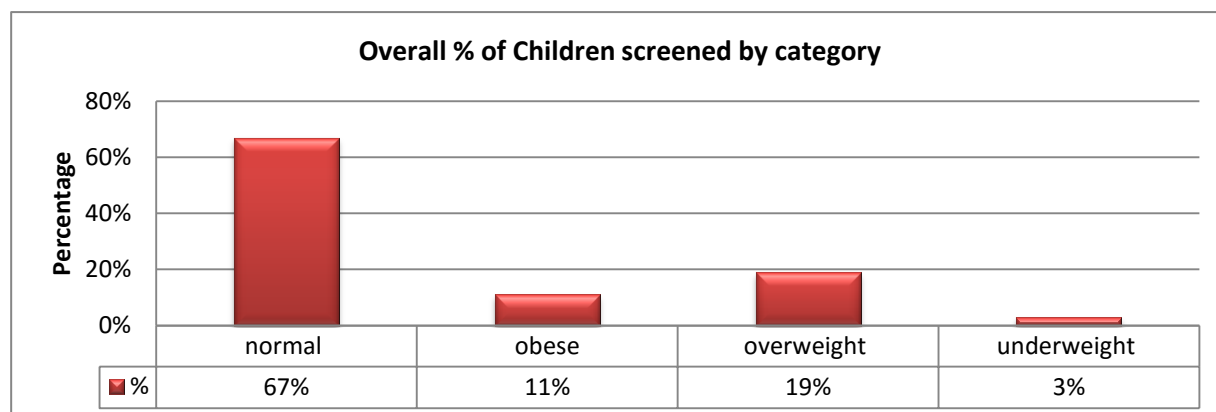
Table 6: BMI Recording for EXPO Participants

BMI	Males		Females		All	
	<i>Number</i>	<i>Percent of males</i>	<i>Number</i>	<i>Percent of females</i>	<i>Number</i>	<i>Percent of all screened</i>
Underweight	2	3.3%	2	2.1%	4	2.5%
Normal	50	82.0%	55	57.3%	105	66.9%
Overweight	6	9.8%	24	25.0%	30	19.1%
Obese	3	4.9%	15	15.6%	18	11.5%
Total	61	100%	96	100%	157	100%

Source: Project Monitoring Report 2018.

Table 6 and Figures 14 & 15 shows the number of students screened disaggregated by gender. Of the 157 students that were screened, females dominated the representation at 96 compared to 61 males. Female students recorded a 25% overweight rate with a 15.65% obese. These numbers tripled those for male students.

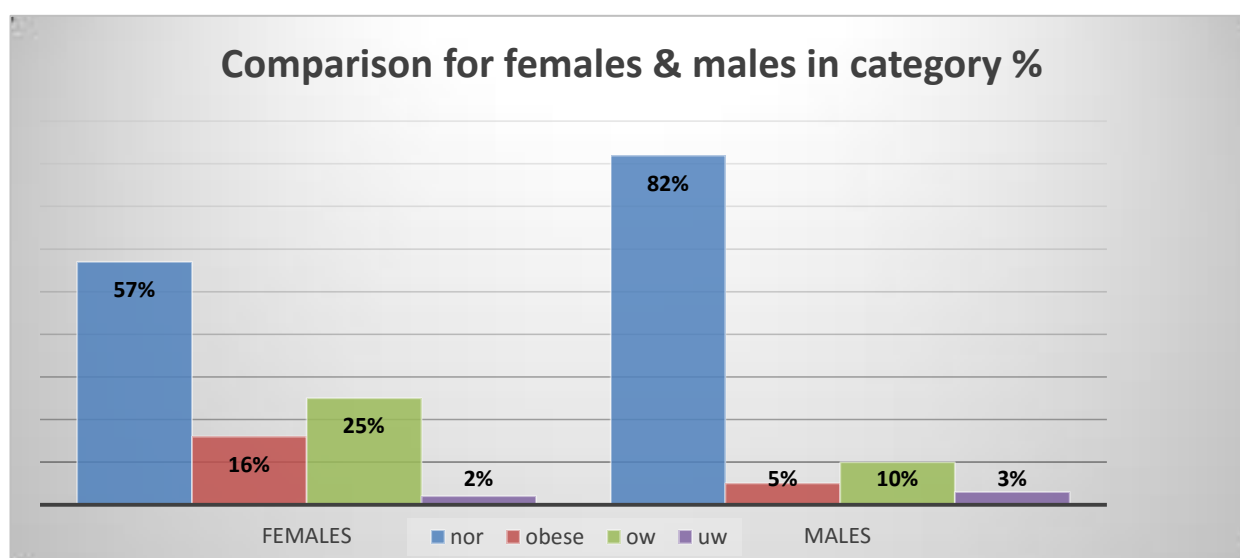
Figure 14: Total Students Screened by Category



Source: Project Monitoring Report 2018.

Figure 15 shows that more males were within the normal weight range at 82% compared to 57% of females. There are more obese and overweight female students compared to males. This raises a concern on the need to improve young females' healthy eating habits.

Figure 15: BMI by Gender



Source: Project Monitoring Report 2018.

Health Care Waste

Health Care Waste generates roughly 38,000 kg (both Upolu and Savaii Health Facilities) within a year. It is very important to manage and segregated properly in accordance to the Health Care Waste Management Strategic Plan and all Health Care Waste generated and collected from the different facilities. This report specifies the current standards of Health Care Waste generation at source, segregation, containment, collection, transportation and final disposal in Upolu.

The aims of a healthcare waste management program are to:

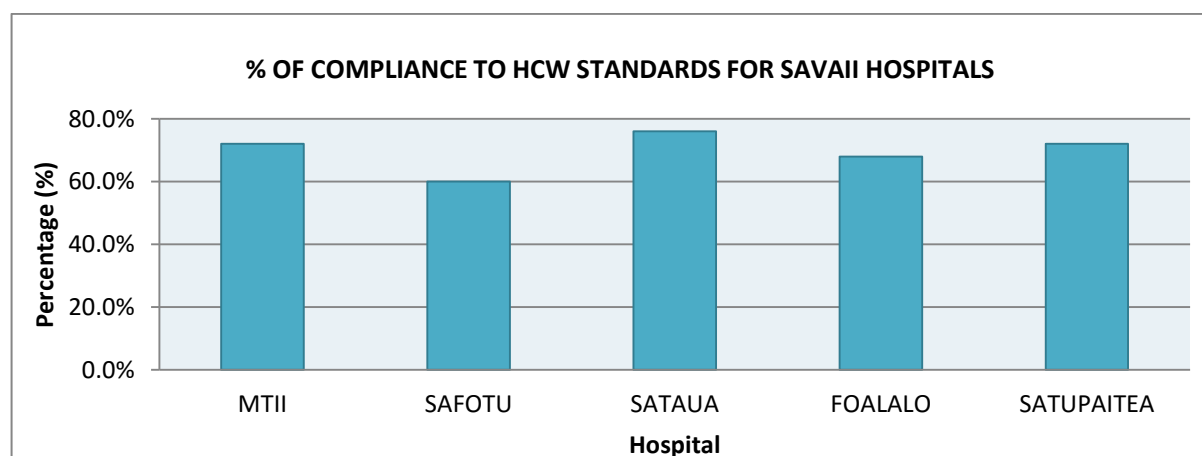
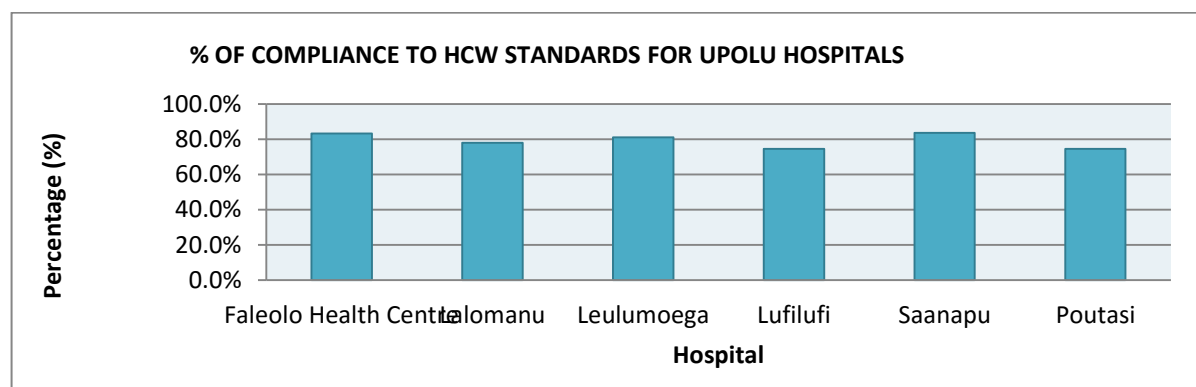
- Protect public health and safety;
- Provide a safe working environment for staff, patients, and visitors
- Minimise environmental impacts of wastes generated.
- To protect the environment whilst maintaining a safe work environment for our patients, workers and the community;

- To minimise the environmental impact of waste generation, treatment & disposal;
- Reduce waste handling & disposal volumes/costs through application of the waste hierarchy.

The health care waste management strategic plan was prepared by the MoH with technical assistance provided through Mr. Stewart Henry of Williams Consulting (Australia), and in consultation with relevant stakeholders. The project was sponsored by the World Bank as part of the Samoa Health Program for Results (PforR)

There are some issues that needs to be addressed properly especially how health care waste are handled, managed and disposed. Through our monitoring, we have noticed the **poor segregation of waste**. This is because only a few health care workers are aware of the importance of wastes segregation into different classifications. Some nursing staffs have already known but due to inattentiveness and idleness in doing so. In saying this, color coded bins are used for segregation of hazardous and non-hazardous wastes or general waste. Recently with our observation, the color coded bins system is nearly effective given the facts of waste almost properly managed and segregated. **Bins without lids** were also seen in inspected health care facility; such problems need proper awareness of the effects of waste if exposed especially to the general public specifically health care waste collectors. There were **bins with appropriate labels** but some nurses have overlooked the importance of having labels on every bin and this is one reason why there is a mixture of hazardous and non-hazardous waste disposed. However, compliance level is slightly increasing in percentage in accordance with Health Care Waste Standards compared to the last data collected however there are some further improvements needed for areas such as proper lids for bins and waste segregation.

The level of compliance with National Health Care Waste standards is good as can be seen in the Tables below.



Training of staff in the requirements of the health care waste management strategy is essential for its successful implementation. Training programs will be widely available from the Ministry of Health's and the Ministry of Natural Resources & Environment's endorsed trainers where required, and contact should be made with the MOH *Principal Health Care Waste Officer*.

Occupational Health and Safety

National Health Care Waste and OHS procedures and guidelines have in place for the inspected Hospitals in Upolu District. These are the guidelines executed across the work place to ensure the safety while disposing or handling health care waste. In fact, there has not been any complaint given with regards to OHS which means they have taken into considerations the procedures of safety in workplaces. However, with safety drinking water, there is always a supply of portable cooler for every health care waste facility inspected.

Smoke free Pacific Games 2019 Campaign

The 2019 Pacific Games will be "SMOKEFREE", a first for the Pacific Games. All sporting venues athletes' village will be smoke free and tobacco products will not be allowed near or in the venue. The initiative will promote awareness on the harmfulness of tobacco and its risk factors. This will also assist to further boost compliance with local legislation, which dictates that indoor and outdoor public places are some free. An off-shore funding has been secured to assist MoH facilitate health promotion activities throughout the games.

Competition venues and athlete accommodation sites will be smoke free. Signages will be installed at venues and athletes villages with Health booths located at the main dining halls to encourage and promote the smoke free message the harmfulness of tobacco and tobacco products. Games communications channels will be encouraged to promote the smoke free message to the athletes, spectators and the local public.



World Health Events Commemoration

1. World Breastfeeding Week (August 1st – 7th 2018)

The World Breastfeeding Week (WBFW) is celebrated every year from 1st to 7th August in more than 170 countries, including Samoa. The aim of WBFW is to create awareness about infant and young child feeding. There is a different theme every year.

"Breastfeeding: Foundation of Life" translated as "O le faasusuina o Pepe i suasusu o Tina O le faavae mautu lea o le ola", was the theme for this year's Breastfeeding Week.

2. World HIV/Aids Day (December 1st 2018)

The World AIDS Day (WAD) is an annual event that is commemorated on the 1st of December every year to acknowledge the on-going efforts and initiatives of health workers, institutions, communities and individuals fighting against the spread of HIV/AIDS. The theme for this year was "Know your HIV Status" emphasising on the efforts to end HIV/AIDS epidemic by 2030 as part of the Sustainable Development Goals

The World AIDS Day 2018 was utilised to advocate testing for HIV and other STIs targeting key populations. The Samoa Faafafine Association led the health promotions of HIV testing amongst their

groups and mobilising key faafafine clubs in the communities to participate and support the campaign.

3. **World Salt Reduction Awareness Week March 18-23rd 2019**

Salt Week is commemorated each year in March throughout the world to raise the awareness of the public on harmful effects of salt. The year's theme for World Salt Awareness week was; *"It's time for Action on Salt"*. The official launch of salt week was to raise awareness and open up consultations with food processors on the significant impact of a high salt diet in Samoa

The 3 day consultation with different levels of food processors which includes *Food manufactures, Food vendors, School canteen Operators, Caterers and restaurants owners* with a focus on the current salt standards in place. The Ministry also used the opportunity to raise awareness with caterers for the upcoming Pacific Games.



4. **World Health Day (April 5th, 2019)**

This year was the fourth year since Samoa celebrated the World Health Day. The commemoration of the World Health Day this year was held at the CCCS Hall at A'ufaga, Aleipata District on the 05th April 2019 as part of the Integrated Community Health Approach Program (ICHAP) on the theme 'Universal Health Coverage'.

The focus for this year emphasized public awareness programs to be accessible to all. Presentations were on prevention of: TB, Typhoid Fever, Vector Borne Diseases, STIs, awareness on Empowerment of Women, Youth mobilization and Economic Development Opportunities.

5. **World Cancer Day 2019**

The World Cancer Day is celebrated each year on the 4th February. World Cancer Day celebration gives a platform to empower, show support, raise a collective voice and influence government to conduct more awareness programs and prevention measures. This year's theme *"I AM I WILL"* giving enlightenment and provide hope to cancer patients.

Celebration included consolidating a Fun Run campaign to mark World Cancer Day in Samoa. The Fun Run Activity was coordinated by the Samoa Cancer Society and the Ministry of Health. The Fun Run aimed to highlight the key objective of raising public awareness on symptoms, effects and preventative measures of cancer through physical activity programs, awareness and encourage patients and health professionals on early detections.

6. **National Health Week (November 2018)**



The National Health Week is an Annual Health event coordinated by the Ministry of Health and its sector partners to promote and raise public awareness on the importance of becoming healthy individuals, families and societies through various activities. This year's theme was *"Health Prevention is key to sustaining quality of life"*

The Opening of the NHW was conducted on Sunday 4th of November 2018 at the Leauva'a Catholic Cathedral. The Mass was led by Father Taisali Leulua'i. The ceremony also showcased the theme song and dance on health prevention; compiled specifically for the NHW, and performed by the Leauva'a parish choir and youth group. The Director General of Health thanked the Leauva'a

Parish for their contribution to the National Health Week programmes and for hosting the Mass and theme to begin the programme for the National Health Week.

Community seminars aimed at enhancing awareness and understanding on the importance of health protection from Communicable and Non-Communicable Diseases, promoting healthy diet and making the right choice to a healthy Samoa and its citizen were delivered in collaboration with sector partners in Upolu. The Seminars was held at Poutasi, Falealili and Leulumoega District. Presentations on Basic Hygiene and Protection from Typhoid Fever; the causes of Vector Born Diseases; Water Quality; Common issues on Food and Tobacco in relations to the Food Act and Tobacco Act; Effects of diabetes to the eyes; Nutrition and Healthy Diet; and Service offered for the good health of the minds were delivered by:

- Goshen Trust Samoa,
- Sanitation Section and Water Quality Section of the Water and Sanitation Division
- Nutrition, Food Safety and Health Promotion Units of the Health Protection and Enforcement Division

7. Commemoration of the 100th Anniversary of the Pandemic Influenza 1918:

The National Commemoration of the 100th Anniversary of the Influenza Pandemic in Samoa was timely with the celebration of the National Health Week. The event was held at Vaimoso cemetery where some of the victims are buried. The event was a whole of government initiative and coordinated by the Ministry of Health and the Ministry of Foreign Affairs and Trade.

The commemoration highlighted the tragic historical background of the Influenza Pandemic in Samoa killing an estimated 7,543 people, an equivalent of 22-25% of Samoas total population at the time. The pandemic was traced back to the sea-vessel the SS Talune arriving on the 17th November 1918, and allowed to enter port while having sick passengers on board

To commemorate the event, a public holiday declared to pay special tribute to all those have died due to the pandemic influenza.

The Keynote Address was delivered by the Hon. Prime Minister of Samoa, noting that Samoa has come a long way with developments in public health, and the resiliency of the Samoa people during disasters. He acknowledged the harmonised diplomatic relations in the protection of our borders, at the assistance with national disaster response to address disease outbreaks that affect Samoa.

8. Wellness is Beauty

The Wellness is Beauty program is known as one of the main activities of the Teuila Festival every year. The main purpose behind this activity was to encourage and promote to the public the importance of a healthy lifestyle, exercising and eating healthy food on a daily basis. Hence, “Siva Fa’amalositino’ for health has become an important factor in the prevention, treatment and management in several health circumstances. It is not only significant for your physical health but it also contributes to our mental health.

The Ministry of Health in collaboration with the Fana-Lee Fitness Team as well as the Kingdom Fitness Team from Savaii together with the assistance of the Ministry of Health Physical activity team conducted ‘Siva Fa’amalositino’ sessions in two different venues, the Malaefatu Reserve Park in Sogi and the MWCSO compound in Savaii, from the 3rd – 7th September, 2018.

A total number of 500+ participants took part in this event throughout the week. Number of participants varied from day 1 to day 5 of the ‘Wellness is Beauty’ program. Participants include youngsters from ages 1 year old – 10 years old and the teenagers as well as adults.

Key Outcome 2: Improved prevention, control and management of Non Communicable Diseases

PEN Fa'a-Samoa – NCD Screening

The implementation of the PEN Fa'a- Samoa program is currently operated in the Apia Urban Area, in collaboration with the Nurses currently under Orientation Program 2019 and the Senior Nurses from Nursing & Midwifery Division

The health sector continues to provide hands-on support to these villages to coordinate and implement NCD screenings. The Ministry has also initiated negotiations with the World Bank for partnership with WHO in order to ensure that the roll out of the program nationally is realized in years to come.

Development of the National Communicable Disease Policy

The development of the National Non Communicable Disease Policy 2018-2023 is one of the health sector's performance outcomes for the reporting financial year. This policy was developed through multi-sectoral approach to assist the health sector alleviate the burden of Non Communicable Diseases and their risk factors, and protect the people of Samoa from pre-mature morbidity and mortality related to Non Communicable Diseases.

Hypertension Cascade Control Study (October 2018 to January 2019)

A World Bank (WB) health project of USD\$10million grant aims to support government's efforts in tackling the NCD crisis. The national NCD action plan plays a big part through enhanced health promotion and disease prevention as well as establishing people-centered disease management guidelines to strengthen primary health care. The current Hypertension (HTN) Cascade Study in Samoa is an integral part of the WB project design and is expected to directly contribute to the government decision making for tackling NCDs.

The Hypertension (HTN) Cascade Study aims to identify the breakpoints of the care continuum for NCDs control and treatment. It was intended to provide evidence indicating specific links across the whole spectrum of care (prevention, awareness, screening, referral, diagnosis, treatment, or control) the system needs to be strengthened so it can deliver effective and good quality disease control.

Key Outcome 3: Improved prevention, control and management of Communicable Diseases

Mass Drug Administration (MDA) for Lymphatic Filariasis Implementation

Lymphatic Filariasis is one of the Neglected Tropical Diseases/Communicable Diseases that Samoa's health system has been trying for so many years to eliminate. Samoa was one of the first two countries in the Pacific and the World to carry out the strategy of conducting MDA. Unfortunately, this disease still exists in Samoa causing permanent disability to Samoa's population.

From the 14th – 26th of August 2018, the Ministry of Health in collaboration with the World Health Organization and other sector partners implemented the MDA as recommended by the Lymphatic Filariasis Transmission Assessment Survey for Samoa 2013 Results. This initiative aimed at achieving a Directly Observed Treatment Coverage (DOT) well over 65% of the total population in order to progress towards interruption of transmission of Lymphatic in all parts of Samoa.

Samoa became the first country in the world and in the Pacific to use the WHO's new strategy for using triple drug therapy countrywide for the elimination of Lymphatic Filariasis.

The key approaches to reach the target population include house to house visits; school drug distribution, fixed centres and visiting churches on Sundays. The mobile MDA teams also offered IDA treatment were mobilized around the Apia Urban Area that focused on government ministries and state owned

enterprises and other businesses around Apia. The Teams also visited theological institutions, old people's home as well as regional NGO institutions and the diplomatic community.

Tables 7 & 8 below present the Lymphatic Filariasis MDA coverage by region and schools.

Table 7: Lymphatic Filariasis MDA 2018 Results – Community

NAME OR REGION/AREA	CENSUS ESTIMATED POPULATION	NO. OF PEOPLE TREATED	COVERAGE
Savai'i	43,560	36,752	84.37%
Rest of Upolu (RoU)	46,402	40,232	86.70%
Apia Urban Area (AUA)	37,931	37,818	99.70%
North West of Upolu (NWU)	68,626	42,896	62.51%
All Regions	196,519	157,698	83.32%

Table 8: Lymphatic Filariasis MDA 2018 Results – Schools

ISLANDS	NAME OR REGION/AREA WHERE SCHOOLS LOCATE	TARGET POPULATION FOR MDA FROM MESC	POPULATION REACHED	COVERAGE
SAVAII	Savai'i	14,707	11,738	80%
	Total	14,707	11,738	80%
UPOLU	Rest of Upolu (RoU)	14,325	10,208	71%
	Apia Urban Area (AUA)	17,899	13,582	76%
	North West of Upolu (NWU)	15,290	10,736	70%
	Total	47,514	34,526	73%
	All Regions	62,221	46,264	74%

When implementing programs and initiatives such as mass campaigns there are always challenges and lessons learnt for improvement. For this round of MDA, some of challenges the Ministry of Health and the health sector faced included:

- ✓ Insufficient funding
- ✓ Lack of coordination and planning
- ✓ Criteria for selection and training of volunteers
- ✓ Accessibility in terms of implementing house to house visits and transport
- ✓ Double dosing
- ✓ Data entry
- ✓ Reporting and recording of adverse events and finger marking for tracking system.

These challenges and lessons learnt will be considered in the next round of MDA preparations to ensure the effectiveness of the program implementation and eliminating lymphatic Filariasis in Samoa.

HIV Aids, Sexually Transmitted Infections (STIs) and Tuberculosis

Samoa continues to face high rates of STI's, but good progress has been made to continuously improve its testing rates for HIV & STI testing, which is crucial to early detection, treatment, and preventing further transmission.

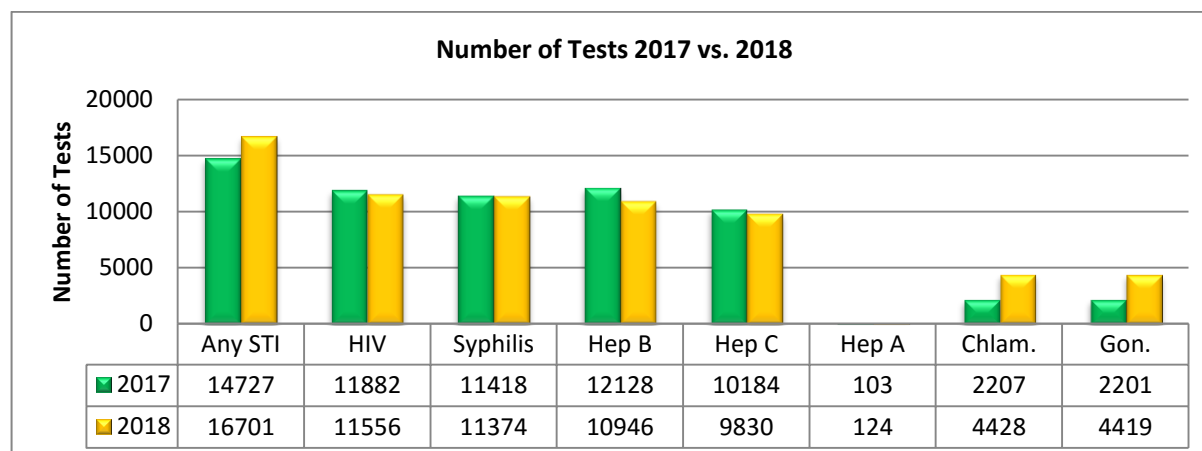
The placement of diagnostic technologies in MT2 Hospital in Savaii during 2017 and additional equipment for TTM Hospital Apia (supported by Ministry of Health and UNDP/Global Fund) increased the access of testing services. Between 2016-2018, the Ministry of Health HIV, STI and TB programme scaled-up public awareness efforts via the T3 campaign in order to increase voluntary testing, promote dialogue on sexual health to reduce stigma, and encourage people to access treatment services

HIV and STI Testing

Testing continues to increase for HIV and STI's. People tested for at least 1 STI increased from 14,727 in 2017 to 16,701 in 2018 (13.4% increase). This increase was mainly in Chlamydia and Gonorrhoea testing.

This indicates great progress, as increasing voluntary testing is the best way to control STI rates. Testing links people to care and treatment. Chlamydia and Gonorrhoea testing has greatly increased compared to previous years. However, many more people still do not know their HIV or STI status. While this is good progress, the need for improving public awareness and access for testing services is on-going.

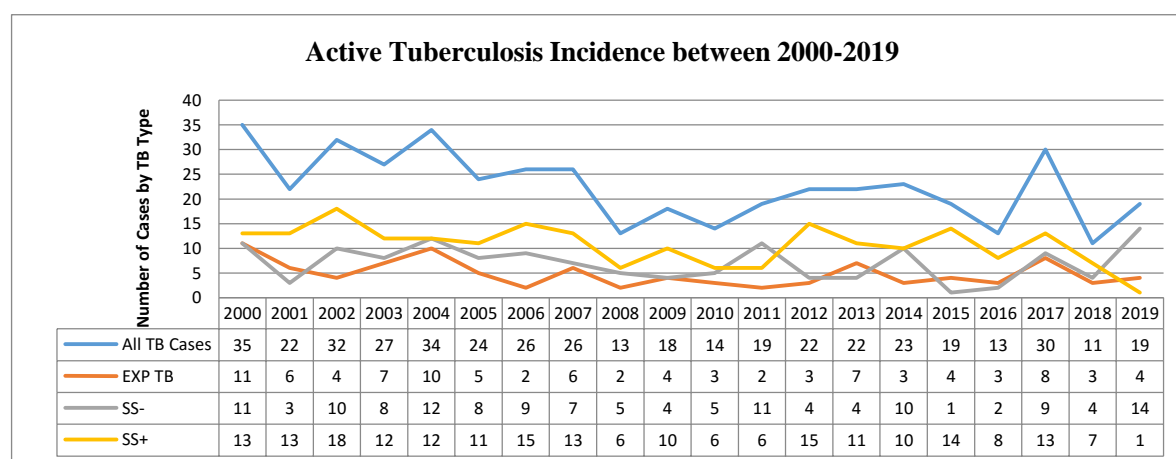
Table 9: Number of Communicable Disease Tests



2018 was a challenging and an eventful year for the HIV, STI, and TB National Programme at the MoH. With improved surveillance, enhanced public awareness campaigns, and voluntary testing have resulted in better detection, monitoring, and strategic information for these diseases. However, delays in disbursement from UNDP/Global Fund greatly inhibited implementation of planned activities. Tuberculosis (TB)

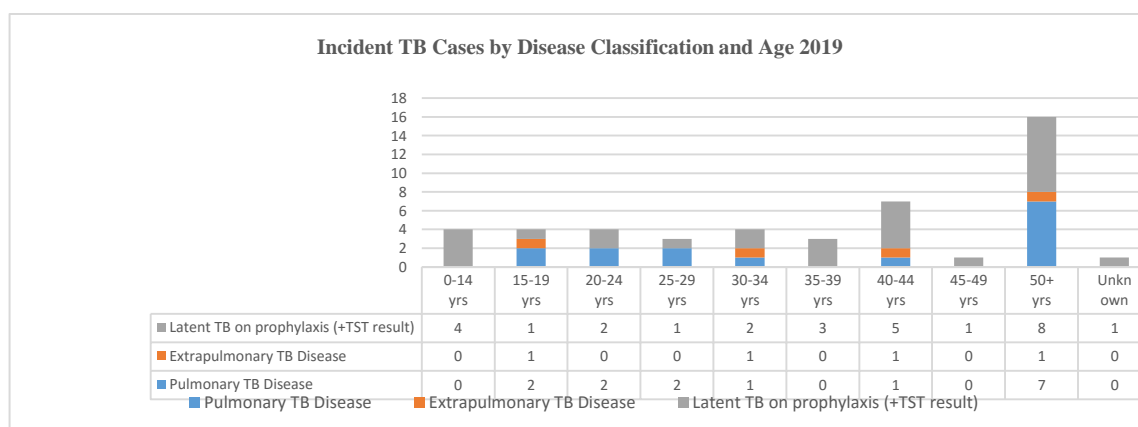
Tuberculosis in Samoa has declined over the past two decades, with pulmonary infections confirmed by sputum smear tests being the most common. The introduction of GeneXpert testing in 2018 and Tuberculin Skin Testing (TST) in early 2019 allowed for improved detection of more TB cases in earlier stages of infection with negative sputum smear results, increasing the total number of registered cases from the previous year.

Table 10 Active Tuberculosis Incidence 2000-2019



After exposure, Tuberculosis incubates within the body allowing it to be detectable, but not causing outward signs and symptoms. This is called latent TB infection (LTBI). Active TB disease is when signs and symptoms occur, and can be classified as pulmonary (affecting the lungs) or extra-pulmonary (affecting areas outside the lungs). TB (active and latent) primarily affects individuals over the age of 50 years with younger family members being the primary contacts of these cases registered for TB prophylaxis or latent TB infection.

Table 11: Incident TB Cases by Disease Classification and Age 2019



Deaths from active TB disease have declined over the years. Additionally the number of patients enrolled in treatment has increased. This is due to improved detection and case management of the TB Control Programme in the past 10 years. In 2019, 3 adult cases of active pulmonary TB died (1 died before diagnosis, and 1 was a registered cancer patient). All cases had late detection and enrolment in treatment

Strengthening Typhoid Surveillance and Microbiological Lab Capacity in Samoa

Implementation of the Samoan Typhoid Fever Surveillance Initiative (STFSI) began in August 2018 with funding from the Bill and Melinda Gates Foundation. **The key objective of STFSI is to strengthen the microbiologic and epidemiologic frameworks to conduct household investigations of all lab confirmed typhoid cases and inform interventions to stop the transmission of *S.Typhi* in Samoa.** Key outputs are summarized in the following table.

Table 12: Typhoid Key Outputs

Typhoid Program Performance	Prior to Typhoid Program (Jan-Oct '18)	Nov-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total of initial phase of Typhoid Program
# confirmed TF cases	98	21	33	28	82
# field case investigations	19 (19%)	19	33	28	80 (97%)
# stool samples collected from adult contacts	58	14	111	281	406
# <i>S.Typhi</i> excretors detected	1	1	6	4	11
# blood samples collected for Vi Ab screening	0	0	75	103	178
# field ultrasound evaluations (>40y)	0	0	3	12	15
# gallstones detected	0	0	2	0	2

Notable milestones include:

- Nov 2018: use of standardized protocol for home case investigations (GPS mapping, environmental/ risk assessment, collection of rectal swabs from adult household contacts)
- Jan 2019: collection of serum samples from adult household contact for Vi Ab
- Feb 2019: introduction of automated blood culture capacity in Savaii MT2 hospital
- June 2019: expansion of blood culture surveillance to sentinel district health centers

Key Outcome 4: Improved Sexual and Reproductive Health

Strengthen Sexual and Reproductive Health Services

By 30th June 2019, the Sexual Reproductive Health Section of the Ministry of Health was able to conduct four (4) Sexual Reproductive Health monitoring visits for all health facilities both in urban and rural areas in Upolu and Savai'i. All facilities were checked for sufficiency, expiry dates, and secure storage of Sexual Reproductive Health Commodities.

The total number of family planning users reported in the first 7 months of 2019 was 3,736 in which the current users and re-users are included. For mothers who had contraceptive methods for the first time (New Acceptors) had 8.4% and majority of them are from Apia Urban and MT2 hospital. In fact, there was 10% of New Acceptors in 12 months of 2018 compared to 7 months in 2019 with only 1.6% decreased.

For birth spacing, implant utilization, only 2.5% of Family Planning Users preferred the Jadelle Implant. The records stated only 8 Jadelle preferable Users reported from MT2 hospital, Faleolo CHC, Poutasi DH and Lufilufi DH.

HIV and STI cases

No new cases of HIV were detected in 2019. Syphilis and Hepatitis A reported significant decrease in cases. However, Hepatitis B reported significant increase in cases. Chlamydia remains the most common STI and rates remain at relatively the same prevalence. Testing for HIV and STI's also decreased significantly compared to 2018. This is due to 1) no reported data from Savai'i and 2) the 2019 Measles Epidemic and Mass Vaccination Campaign were very costly to the health system and disrupted routine testing and patient attendance. The Programme remains cautious of these findings due to these limitations. Full results are pending.

Table 13: HIV and other STI's Positivity and Testing Rates 2018-2019

Positivity Rates	2018	2019	Status
HIV	0.00%	0.00%	No change
Syphilis	1.11%	0.81%	Decrease
Hepatitis A	18.50%	3.45%	Decrease
Hepatitis B	1.92%	2.25%	Increase
Hepatitis C	0.08%	0.09%	No change
Chlamydia	23.71%	23.21%	No change
Gonorrhoea	5.45%	6.65%	Increase
Number of Tests	2018	2019	Status
HIV	11556	8819	Decrease
Syphilis	11374	8940	Decrease
Hepatitis A	124	203	Increase
Hepatitis B	10946	10062	No change
Hepatitis C	9830	9021	Decrease
Chlamydia	4428	3357	Decrease
Gonorrhoea	4419	3307	Decrease

*data for Savai'i not reported

*Data reported by NHS Laboratory Services, represents all specimens tested nationally

** Figures represent diagnostic testing only, not rapid screening test kits

Additionally 15.4% of people living with HIV were infected with Measles during the outbreak. Thanks to urgent care response, all have recovered and are in good health. ARV treatments were not interrupted due to aggressive patient management by the Communicable Disease Clinic Staff. Assessments are being made of the impact of measles infection on PLWHIV treatment and health.

Youth Friendly Services

For Youth Friendly Service in all Health Facilities, it has slowly improved in terms of documenting of young people attending the service. In most health facilities, they are verbally reported those youths /school students seeking help for their assignments and internal assessments, however staff forgot to document their efforts and time consuming. Hence, the data we collected to measure the utilization of the youth friendly service in health facilities has inaccurate.

Key Outcome 5: Improved Maternal and Child Health

Maternal and Child Health Services

Health services provided for maternal and child health has since improved. The antenatal clinics are continually conducted in all health facilities. There is an increase in the number of midwives graduating from the National University of Samoa, and posted to health facilities including district hospitals.

The coverage of the Expanded Programme for Immunization (EPI) has been increased since the nursing workforce has increased.

On 6 July 2018 in Safotu Savai'i, two 12-month-old children died within hours after receiving MMR vaccinations. This was followed by a period of uncertainty for the EPI program as a result of the two recorded cases of Adverse Effects Following Immunisation (AEFI). These two deaths generated fear towards vaccinations on the social media, and other media forms causing the government to suspend its measles vaccination programme. The government recalled and stopped the MMR vaccination programme for 10 months, until it was declared safe to resume when the adverse effects were clarified.. The incident may have generated a sense of mistrust in the healthcare system.

After the outbreak started, anti-vaxxers credited the deaths to poverty and poor nutrition or even to the vaccine itself, but this has been discounted by the international emergency medical support that arrived in November and December. There has been no evidence of acute malnutrition, clinical vitamin A deficiency or immune deficiency as claimed by various anti-vaxxers.

Regardless of improvements in health services provide for mothers and children, there are other areas that need to be strengthened like breastfeeding and the implementation of the Baby Friendly Initiative in the hospital.

National School Nurse Policy 2018-2023

The National School Nurse Policy 2018-2023 was the outcome of the collaborative effort with key stakeholders and partners such as the Ministry of Education, Sports and Culture and health service providers aiming at providing healthcare and support to students and teachers within the school environment.

This policy helps young children understand and weave the concept of health prevention and wellness into their daily lives. Moreover, this document guides the monitoring and evaluation of global, regional and national child health indicators. These are implemented in collaboration with the Ministry of Education Sports and Culture.

National Immunization Policy 2019 – 2024

The out-dated Draft Immunization Policy 2004 was reviewed with the aim of developing a more updated Policy to encourage vaccination so it provides active immunity against infectious diseases. The principal objectives of the immunization policy are:

- a) To protect all new born babies, children, pregnant women and those considered at risk from vaccine preventable disease with the use of appropriate and potent vaccines

- b) To immunize and protect all pregnant women against tetanus, and rubella
- c) To protect infants and children from birth to 5 years old against tuberculosis, hepatitis B, poliomyelitis, diphtheria, tetanus, pertussis, pneumonia meningitis, measles, mumps and rubella
- d) To provide effective and safe immunization for pregnant women and children from birth to 5 years old
- e) To provide effective and safe immunisation-using vaccines that have been stored and transported at the recommended temperature and are correctly prepared and administered
- f) To introduce new vaccines as appropriate based on assessment of disease burden, cost effectiveness and affordability

Key Outcome 6: Improved Health Systems, Governance and Administration

Exercising Ministry of Health's Governance and Leadership Mandated Functions

The office of the Director General of Health continues to take the lead in ensuring that the Ministry's partnership with its stakeholders both local and international are strengthened and sustained. This partnership is strengthened through ongoing:

- ✓ Annual Health Forums
- ✓ Bilateral health summit between Samoa and American Samoa Stakeholder and/or public consultations on health on health policies, strategies and legislations
- ✓ Implementation of Community Health Programs and Services through multi-sectoral approach
- ✓ Health Development partner's mission and
- ✓ Health Programs Advisory Committee (HPAC)

Development of New Health Documents and Review of Existing Health Documents

By 30th June 2019, the Ministry of Health was able to complete the development of the following health documents:

- ✓ Draft Health Sector Plan FY2019/20 – 2029/30.
- ✓ National NCD Control Policy and Action Plan 2018 – 2023
- ✓ National HIV & AIDS Policy 2018 – 2023
- ✓ National Sexual Reproductive Health Policy 2019-2024 and
- ✓ National OVT Policy 2019-2024

The health documents that were reviewed within this financial year include:

- ✓ Health Sector Plan 2008-2018 full review
- ✓ MOH Interim Corporate Plan full review
- ✓ National Human Resources for Health Policy 2007
- ✓ National Medicines Policy 2008
- ✓ National Tobacco Control Policy 2008 and
- ✓ Non Communicable Disease Policy 2010-2015
- ✓ Communicable Disease Guideline and Notifiable Disease List 2011-2017.
- ✓ Immunization Policy 2004

Other health documents that are under development include:

- ✓ MOH Corporate Plan 2019/20 – 2021/22
- ✓ National HRH Strategy 2019
- ✓ Samoa Health Workforce Plan 2019

Health Research

During the Financial Year 2018-2019, seven research reports received, these include:

- I. Risk factors profile, prevalence, treatment and outcome of cancer in Samoa: A10 year retrospective
- II. A review of the treatment and outcome of Samoan women with locally advanced breast cancer in Samoa
- III. Ola Tuputupu a'e Study- OLAGA Project

- IV. Evaluation of Alvarado score and ultrasound such in diagnosis of acute appendicitis in Samoa for 2015 and 2016
- V. Diabetes- related lower extremities amputations at TTM Hospital in Samoa
- VI. Hypertension control cascade in Samoa: Visualizing the breakpoints and closing the implementation gaps and
- VII. Surveillance and monitoring to eliminate Lymphatic Filariasis and scabies from Samoa

The recommendations from these research reports were considered during the development of the new health sector plan for the sector (HSP FY2019/20-2029/30) in terms of identifying priorities for the sector for the next ten years. In addition, NCDs related research findings were also taken into account in the development of the new National NCD policy and plan of Action 2018-2023, and the National Sexual Reproductive Health Policy 2019-2024.

Health Program Advisory Committee (HPAC) Meetings

The HPAC consisting of representatives from health development partners, Government Ministries, Health Non-government Organizations, and the public health sector (National Kidney Foundation of Samoa and Ministry of Health) was able to hold 2 meetings for this financial year to dialogue issues related to health developments and policy issues for future planning for health.

This forum is a great avenue for the health sector to come together with development partners to synergize and harmonize health funds and developments to strengthen Samoa's health system and continuously improve partnership amongst sector partners. This HPAC is chaired by the CEO of the Ministry of Foreign Affairs and Trade.

11th Annual Health Sector Forum 2018

The Ministry of Health as the leading government agency for Samoa's health sector continues to host Annual Health Forums every year since 2008 as part of its monitoring and regulatory mandated functions. The main purpose of hosting annual health forums is for all sector partners and stakeholders to come together and discuss emerging and re-emerging health issues, challenges and opportunities. It is also a window of opportunity to showcase and share progress on implementation of programs and activities undertaken by the different health sector entities as identified in the Health Sector Plan 2008-2018 and mandated functions in the respective health legislations.

Moreover, it is a mechanism to monitor and evaluate health sector performance indicators in the agreed Health Sector Monitoring and Evaluation Operational Manual of which covers also the Sustainable Development Goals indicators and targets.

The eleventh Samoa Annual Health Sector Forum was held on November 6th, 2018 at the Tanoa Tusitala Hotel to evaluate implemented activities and programs that are contributing to sustaining health in Samoa over the year(s). The theme of the 2018 Annual Health Sector Forum was *"Samoa's Health System Strengthening: Accelerating Universal Health Coverage through Health Prevention"*.

The theme reflected the efforts by the health sector to strengthen its health systems to meet priority health needs through people-centred integrated care by informing and encouraging people to stay healthy and prevent illness; detect health conditions early; and have the capacity to early detect, diagnose and patients.

American Samoa and Samoa Bilateral Health Summit 6th -7th December 2018

The Bilateral Health Summit between Samoa and American Samoa was for the first time hosted in Savaii on the 6th and 7th December 2018. The summit's theme, "Pandemics/ Epidemics and Challenges of our Small Populations" focused on Health Security and Community Mobilization for Resilience – Population Health Challenges and Threats, International Health Regulations and the the commemorating 100 years, since the Influenza Pandemic of 1918. The summit, allowed our two small island countries to share best practice, expertise and knowledge to improve healthcare and quality of life of our people –assessing past population health challenges and threats, contextualizing our developments, and mapping the way

forward. In addition, for the first time also since the beginning of these summits participants were given the opportunity to visit Safotu, Sataua and Foailalo District Hospitals in Savaii to see first-hand Primary Health Care services at the National level and Primary Healthcare Prevention in Samoa's rural settings.

The 8th Bilateral Health Summit ensured the Health Sector, Stakeholders and Development Partners, from both Island countries meet and collaboratively discuss in exchanging ideas and seeking ways to move forward and improve Health Care Services, by building Vigilance for Communicable Diseases - Emerging/ Re-emerging Epidemics, Co-infections & Co-morbidities and neglected Tropical Diseases.

Preparation for 2019 Pacific Games

Preparation for the Pacific Games started in August 2018 when the first meeting was called by the Pacific Games Committee. The lead Ministry for all health preparations under the leadership of the Chief Executive Officer Leausa Dr Take Naseri, who was also the Chair of the Pacific Games Health Committee responsible for Emergency and Medical Services at games venues and athletes' village, hospital services and first aid services. A total budget of SAT\$2.1 million was proposed for planning and response activities for the Samoa 2019 XVI Pacific Games.

Between August 2018 to June 2019 coordination, planning procurement and training activities were carried out in two main areas;

- I. Public Health which includes national disease surveillance, boarder control, sanitation, nutrition, food safety, health promotion, vector control and water quality.
- II. Clinical Response which include the former National Health Service, Fire and Emergency Services, Red Cross and Samoa Association of Sports and National Olympic Committee in putting together response teams and first aid teams.

Two main documents were also developed in preparation for the games specific to health and in line with the Medical Olympic Movement:

- Samoa 2019 Medical Manual
- Health Advisory (brochure)

The Ministry of Health was responsible for leading and chairing the Health Sub-Committee for the Pacific Games (PG) and represents all medical services to the main Pacific Games Committee. The Health Sub-Committee members include Ministry of Health (Chair), Samoa Red Cross Society, and Fire Emergency Samoa Authority. The committee held Monthly meetings since December 2018 up to February 2019. Health as part of its regulatory role and public health function was also represented in other games sub committee's such as the catering, Sports venues and equipment, accommodation and travel, and Athletics Village sub-committees. Health was also a member of the National Boarder Control Committee.

Public Health Preparations and Response

Food Safety;

Inspection of all food premises (Game Village at Faleula, Tuanaimato and Samoa College) and caterers for the games started in April to assess sanitary condition of food venues for the games for all food outlets in and around Apia as well as Salelologa Savaii. Trainings for all food handlers for the games were done on 15th and 16th of May for Upolu and Savaii. The training covered areas around food safety, sanitary conditions and infection control; there was also emphasis on all food handlers to undergo health clearance checks in line with Food regulations 2019. Teams also conduct health clearance checks for 300 food handlers of companies that won bids to cater the PG athletes and officials in May. This was done with assistance from the National Typhoid program.

Drinking water testing of all private bottled water companies was carried out and assessed against the Samoa National Drinking Water Standards. All companies including main water supply by Samoa Water Authority complied with the National Drinking water Standards.

Vector Control and Sanitation

Inspection and assessments of sports venues were carried out by the health inspectors and reported to the PG office accordingly through participation in the different PG Committees health was a member. Vector control program started two weeks before the actual games began and continued until the PG ends. This involves spraying of all game venues and game village with insecticide in the early hours of the morning or late afternoon to prevent vector borne diseases as well as preventing possible introduction of new vectors or disease.

Disease Surveillance

The goal of surveillance were to provide disease surveillance reports; to detect, investigate and confirm any possible disease outbreaks; outbreak, prevention and control and timely and effective risk communication and coordinated response. Three workshops scheduled to discuss and inform all health personal on the importance of Mass Gathering Surveillance: update the National Notifiable Disease List as well as our National Communicable Disease Guideline; Mass Gathering Surveillance; EWARS and Disease outbreak and Response; and improving Laboratory Capacity and Response.

Human Resources for Health Development

Implementation of the National Human Resources for Health Policy 2008

The Ministry has in place a Human Resource for Health Policy and Plan of Action 2008 which guides the development of human resource in the Sector. The new Human Resource for Health Policy 2020 – 2025 is in the pipeline and will be realized in the next financial year providing an update on the Ministry of Health and the health sector's human resources situational analysis and the current human resource trends and HRH priorities of the sector which are crucial to delivering safe and quality health services.

Health Targeted Scholarship Scheme

In addressing the workforce concerns within the health Sector, the Ministry of Health continued to work closely with the Ministry of Foreign Affairs and Trade, as well as with NZ MFAT and Australia DFAT in institutionalizing the Targeted Scholarship Scheme for the health sector. This multilateral arrangement has secured scholarship opportunities for health personnel currently working in the Health Sector, and for students enrolled in the NUS Foundation Program to undertake university sponsored professional development fellowships.

In conjunction with the targeted scholarship scheme, the Ministry of Health had been undertaking career talks with selected colleges around the country so as to advocate and engage interests from students who wish to pursue further studies in areas in health. This had been a new initiative in partnership with MESC and the Samoa Qualification Authority.

WHO Fellowship including Pacific Open Learning Health Network (POLHN)

The World Health Organisation had supported the Ministry of Health and the health sector for many years through provision of sponsorship for health staff both clinical and non-clinical to further their studies and build their capacity of the areas of their work in overseas academic institutions.

In this financial year, the World Health Organization had sponsored 2 continuing students enrolled with in distance and flexible learning through the Fiji National University and 6 laboratory students studying for the 2 year program in PPTC New Zealand for Diploma.

The Pacific Open Learning Health Network (POLHN) is a program sponsored by the World Health Organisation in response to Pacific island Countries Human Resources for Health. POLHN has contributed to improving skills and knowledge of health professionals to deliver better health services in Samoa.

However, the POLHN scheme has yet to realize its full potential as the challenge remains with coordination, awareness and on-going support for the program.

Short-Term Trainings and Meetings

The Ministry of Health had been fortunate to receive numerous sponsored opportunities to attend workshops, meetings and trainings internationally. These training, workshops and meetings enabled the Ministry's staff to develop their skills and gain knowledge required to perform their work.

During the reporting period, the Ministry of Health had continued to send staff to attend both local and overseas trainings, meetings and conferences to build their capacity on mandated regulatory and monitoring functions of the Ministry. These trainings and meetings covered: drinking water quality surveillance and monitoring; strengthening climate change resilience through reproduction, maternal and new-born; NCDs; HIV/AIDS; Universal Health Coverage; health promotion, Nutrition, Infection Control and Disease Surveillance; HIS; Health Policy; health research, FCTC; and National Health Accounts.

Registration of Health Professionals

During this period, the registration work continued to ensure the Health care professionals namely; medical practitioners, dental practitioners, nurses and midwives, pharmacists, and allied health are registered and issued with practicing certificates to practice in Samoa. This process is facilitated by the Ministry through the Registrar's Office in collaboration with the respective councils to ensure high level of competency and standards are upheld by all respective health professionals in delivering health care for our people. This process extends to all visiting medical teams from overseas who wish to travel and work in Samoa.

There had been noticeably an increasing number of graduates (128) from NUS and the trend is expected to continue considering the significant investment government has committed to sponsoring the Nursing Program at the National University of Samoa. Moreover, medical students graduating and entering the House Surgeon Program we are hopeful it will provide steady increase in numbers, especially with the establishment of the Faculty of Medicine at NUS in addition to the OUMS.

At the end of the financial year 2018/2019, 4 complaints were received the Registrar's Office noting breach of the Healthcare Professionals Registrations and Standards Act. The complaints were investigated and processed and it is now with the Ministry of Justice and Court Administration for courts decisions.

On approval by the relevant council(s), Annual Practicing Certificates (APCs) and Temporary Practicing Certificates (TPCs) are issued to allow for practise in delivery of health service..

Table 14 shows the number of APCs and TPCs issued.

Table 14: Health Professionals issued with APCs & TPCs

HEALTH PROFESSIONALS	ANNUAL PRACTICING CERTIFICATES	TEMPORARY PRACTICING CERTIFICATES
Medical Officers/Doctors	121	45
Nurses	445	24
Dentists	17	1
Pharmacists	13	2
Pharmacy Technician	16	-
Pharmacy Assistants	10	-
Allied Health Professionals	74	1
TOTAL	696	73

Source: Office of the Healthcare Professional Registrar (2018)

Health Information

E-Health Project

The approval by Cabinet of Samoa's e-Health Policy and Strategy 2017-2022 is another milestone achieved by the Health Sector after many years of trying to build an electronic information system for the sector. The Policy and Strategy provides guidance for Samoa's eHealth Strategy in realizing its vision of improving and sustain the quality of life for all by using eHealth to provide effective, accessible, safe affordable and efficient health care services.

The Government of Samoa (GoS) had received a grant from the Asian Development Bank (ADB) to the amount of USD\$6.5 million through the Ministry of Health for the health sector to develop its digital health platform under the Samoa Submarine Cable Project. This project will improve health information and governance through the establishment of a digital health information system (HIS) incorporated into the government's broader information, communication and technology (ICT) platform. For this purpose a Terms of Reference had been developed to acquire technical assistance (Firm) to assist the Health Sector in Managing and Operating the eHealth Project to implement eHealth Policy area and strategies.

The challenge however continues with the difficulty in collecting data from the fragmented HIS systems that exist currently in a timely manner. Moreover, the accuracy and integrity of data is questionable and thus immensely affects the reporting of indicators which the Ministry is responsible for at national and international levels.

Health Statistical Bulleting and Newsletter

The Ministry of Health through its Health Information System and ICT Division produced monthly health statistical bulletins and newsletter to inform the health sector of activities and programs implemented by Ministry of Health to achieve its mandated monitoring and regulatory roles and functions as well providing health statistical data to inform health prevention and promotion interventions by sector partners to target the right population group.

Finance

Compliance with Government Budgetary System

The Ministry of Health continues to comply with relevant legislations and financial and procurement policies being administered by the Ministry of Finance, for the preparation of forward estimates, implementation of budgets throughout the financial year as well as monitoring and reporting of budget utilization to all relevant stakeholders. Key aspects of compliance included:

1. Budget Performance measures being prepared in accordance with the MoH Corporate Plan 2018-2019, Health Sector Plan 2008-2018 as well as the national Strategy for the Development of Samoa 2016-2020;
2. Budget preparations undertaken in accordance with government financial policies and directives as guides including relevant documentation for support such as Cabinet Directives;
3. Budget implementation actioned in accordance with Treasury Instructions and National Procurement Guidelines;
4. Budget Reviews were conducted in mid-year and end of year in accordance with relevant policies for the purpose of informing Public Accounts Committee and all relevant stakeholders; with their annual management plans.

Particularly for the financial year 2018/2019, it has been both unique and challenging because the Ministry of Health (MoH) and the former National Health Service (NHS) operated as separate legal entities with their own budgets at the beginning of the financial year. It wasn't until February 1st 2019 when the merge between National Health Service (NHS) and the Ministry of Health (MoH) became legally effective. Prior to February 1st 2019, the finances for NHS and MoH were being managed separately by two different Finance Divisions. The new changes that were introduced nevertheless, during the financial year comprised of:

- a. NHS budget being incorporated into the Finance One system and being monitored by the Ministry of Finance from July 1st 2018 – June 30th 2019;

- b. Post February 1st 2019, the finances for NHS were now managed by the MoH Corporate Services Division;

The Appendices 1 and 2 show a clear overview of the financial performance of the Ministry of Health and National Health Services for the respective financial year 2018/2019.

Chinese Medical Team (CMT)

The first group of Chinese Medical Team which comprised of a Neurosurgeon, an Ophthalmology, a Urologist, an Orthopedic, a Cardiovascular, and an Endocrinology arrived in country in July 2018. The group of six (6) specialized doctors arrived as a result of the agreement between the Government of the People's Republic of China and the Independent State of Samoa with a view to strengthen friendly cooperative relations between the two countries in the field of medical and health services. The agreement indicates that the CMT are rotated every six (6) months in the period of validity of the agreement which is two (2) years.

The second Chinese Medical Team arrived in Samoa on 18 January 2019, and comprised of: a Cardiologist, an ENT Specialist (ear, nose, and throat), a Nephrologists a Dermatologist; and a Urologist. Each doctor plays an important role in the various departments they are working at, and has successfully carried out high-difficult medical and technical services such as Cardiac critical illness treatment, giant tumor removal, and Skin disease, etc. In the last 6 months of the financial year, the medical team completed 3,000 outpatients' services, more than 100 surgeries, more than 1,000 pathological report including undiagnosed cases in 2018, and more than 150 cases of echocardiography, some central venous catheterization and peri-cardiocentesis for critical patient, 10 lectures for interns and students and etc.

The second batch of the CMT will consist of medical professional from the Department of Dermatology, Otolaryngology, Pathology, Cardiology, Nephrology, Internal Medicine and Acute Care. The batches were chosen according to the needs existing within Samoa.

The main objective of the CMT is to build capacity, exchange, share and transfer knowledge and skills to Samoan medical professionals at major departments in the hospital, in terms of clinical exchange and training, provision of short-term medical specialist team and teaching of medical students as may be requested by the Government of Samoa.

Key Outcome 7: Improved Risk Management and response to disasters, emergencies and climate change

Integrated Community Health Advocacy Program (ICHAP)

A collaborative effort between the Ministry of Health and its Sector Partners towards a Community Integrated Awareness Approach focused on the vital issues that link Sexual reproductive Health (including STIs and HIV/AIDs prevention) and Climate Change. This topic has become an issue as good reproductive health is vital to the resilience of populations facing climate change impacts and disasters.

Over the past 5 years of the program, many developments in sexual health services and have been able to implement new interventions to incorporate key populations into its programmes. One of the successes is the integration of mainline NGOs and recent established NGOs who have an agenda to improve on the lives of our people in the different areas. The STIs/HIV/AIDS and TB National Programme saw the need to gauge them in and utilize their mandated platforms to further promote preventions of STIs/HIV/AIDS and TB nationwide.

These awareness programs were conducted throughout the year in selected rural villages through the vital contribution and involvement of our multi-sectoral teams including; the Samoa Faafafine Association (SFA) Incorporated; Samoa Family Health Association & MSM Thrive Initiative; Samoa Red Cross (SRCS) and the Samoa AIDS Foundation (SAF).

These activities are aligned with the Global Strategy and also depicted in the reviewed National Sexual Reproductive Health Policy and the National HIV/AIDS Policy implementation plans. On the other hand,

they are directly linked with the Key Strategic Area 3: Capacity Development and 5: Vulnerability and Adaptation Assessment of the Climate Adaptation Strategy for Health (CASH). These key strategic areas aim to improve community participation and commitment to addressing climate health issues as well as improved mitigation measures within the community.

The Ministry of Health has considered this as an approach that could be used for future related integrated community awareness programs. And a lot of feedback has been received from the community that this Community Integrated Approach should be strengthened and sustained.

National Disease Surveillance

Surveillance is actively involved in the production of communicable and non-communicable diseases surveillance reports on a quarterly basis. These reports continue to update relevant stakeholders and the Minister of Health through the Office of the Director General/CEO on surveillance matters. These reports also strengthen the system through access to information and informed decision making.

For the FY 2018/2019, the Ministry in collaboration with key stakeholders had been instrumental in providing Public Health services and Disease Surveillance services through continuous monitoring of emerging and re-emerging diseases, coordinating and implementation of the Lymphatic Filariasis Mass Drug Administration.

Despite the challenges of shortage of personnel, the Ministry had been vigorous and persistent in its border control responsibilities ensuring that all standards and procedures are conducted to control and contain disease outbreaks from our neighbouring countries such as ZIKA, Dengue Fever, Chikungunya, Cholera, Typhoid, and Malaria.

Health and Climate Change Country Profile

A Health and Climate Change Country Profile for Samoa was coordinated by the Climate Change and Health Unit in late 2018 and is yet to be finalized. The Health and Climate Change Country Profile is part of the WHO Special Initiative on climate change impacts Samoa's WHO/United National Framework to Climate Change Convention (UNFCCC) to present evidence and monitor progress on health and climate change.

This report will document climate hazard projections for Samoa. Currently in review with Meteorology colleagues, under a high emissions scenario, mean annual temperature is projected to rise by about 2.7°C on average by the end-of-century (i.e. 2071–2100 compared with 1981–2010). Such information is crucial for the health sector to inform public health policy and appropriate public health interventions relating to disease outbreaks. Furthermore the report outlines key recommendations as follows:

1. Strengthen Implementation of Samoa's Climate Adaptation for Health (CASH) Strategy
2. Strengthen Public Health Surveillance System
3. Conduct health and Climate assessments
4. Establish a Health- Climate Early Warning System (H-CLEWS)
5. Develop a Comprehensive Disaster management and response plan for the health sector.

Green Climate Fund Vaisigano Catchment Area (GCF-VCA) MoH

Health –Climate Early Warning System developments.

There is increasing evidence of climbing trends of infectious diseases within affected populations and communities during and after extreme weather events. However, there is limited evidence to provide causality of such events, owing to the complexity of identifying and linking climatic causes with health effects. The on-going collaboration between Meteorology Division and the National Health Surveillance and IHR Division has been instrumental in driving research studies. Climate Change and Health Unit is primarily focusing on the research to provide causality of infectious diseases and extreme weather events. Green Climate Fund has financially contributed to the on-going collaboration between the Meteorology Division and the Climate Change and Health Unit through workshops and consultations. H-CLEWS developments are anticipated to be completed by the end of 2021.

Climate health awareness programs.

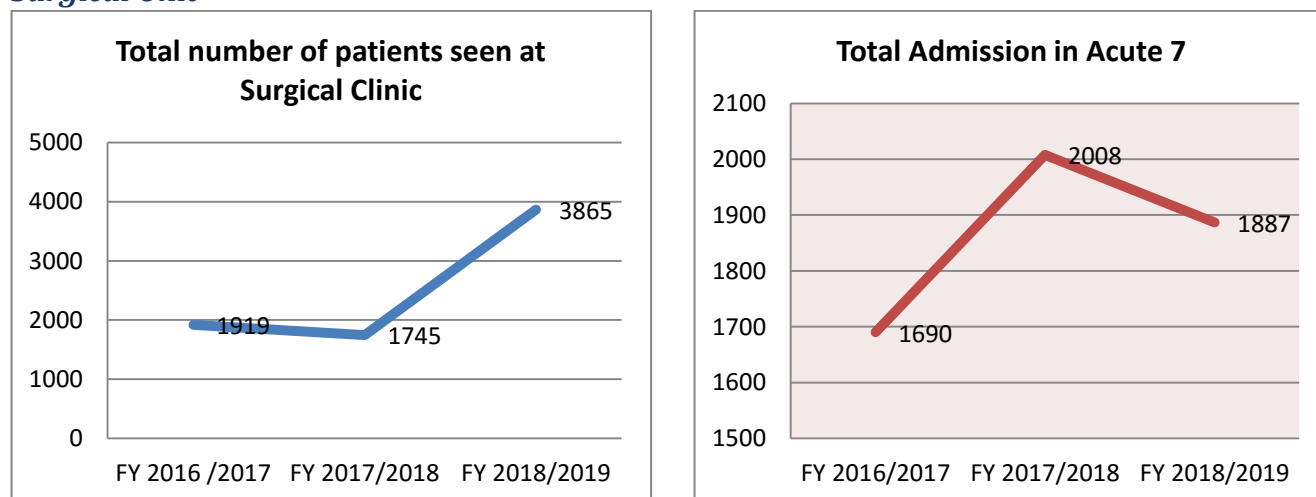
The prevention of communicable and non-communicable diseases through multi-media awareness programs is one priority of CASH as part of public health awareness. Raising awareness on simple prevention measures especially during disasters was part of health priorities in the GCF-VCA Ministry of Health Multi-year work plan for FY2018-19. This involved the health promotion, health protection, health surveillance, monitoring and the investigation of infectious disease outbreaks and hazards in the environment.

National Health Service's Performance against its Key Performance Indicators for Financial Year 2018/2019

Divisions and units of the former NHS were able to keep track of their performance measures and compare achievements as a result of data collected for throughout the financial year.

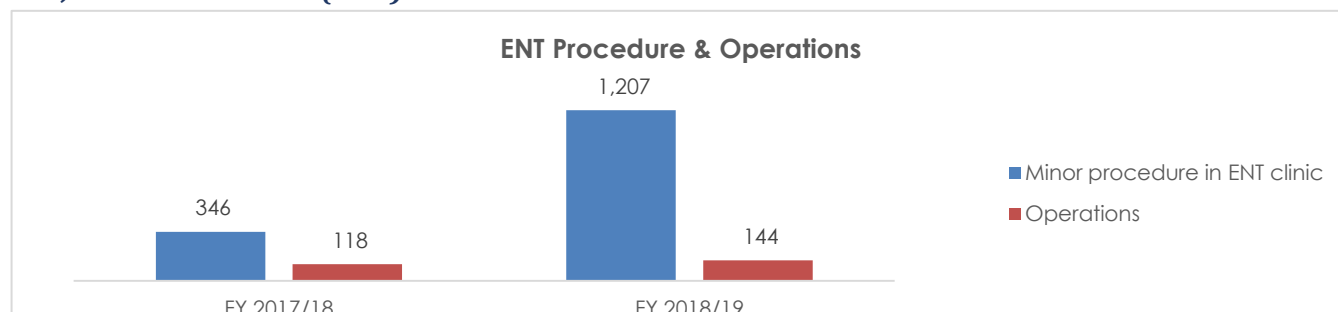
CLINICAL SERVICES TRENDS – TTM HOSPITAL

Surgical Unit

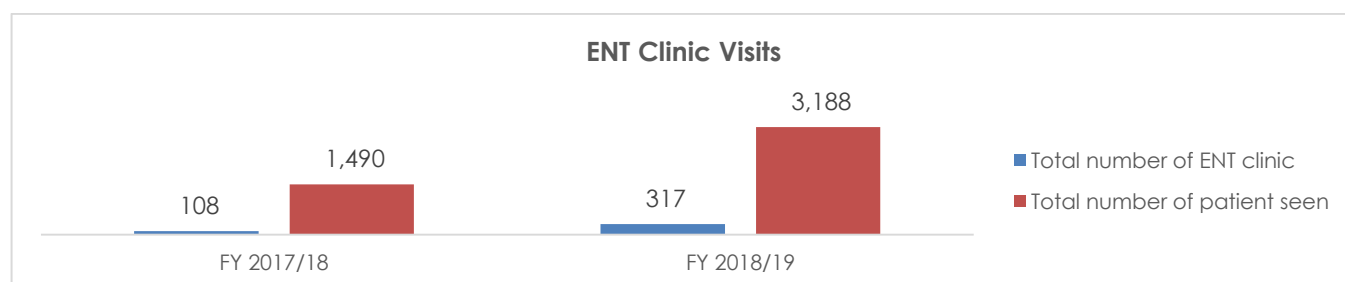


There were 3,865 patient consultations in the Surgical Unit for the FY2018/2019, an increase of 2,120 patients. Total Admission in Acute 7 was 1,887, a decrease of 121 patients compared to FY 2017/2018.

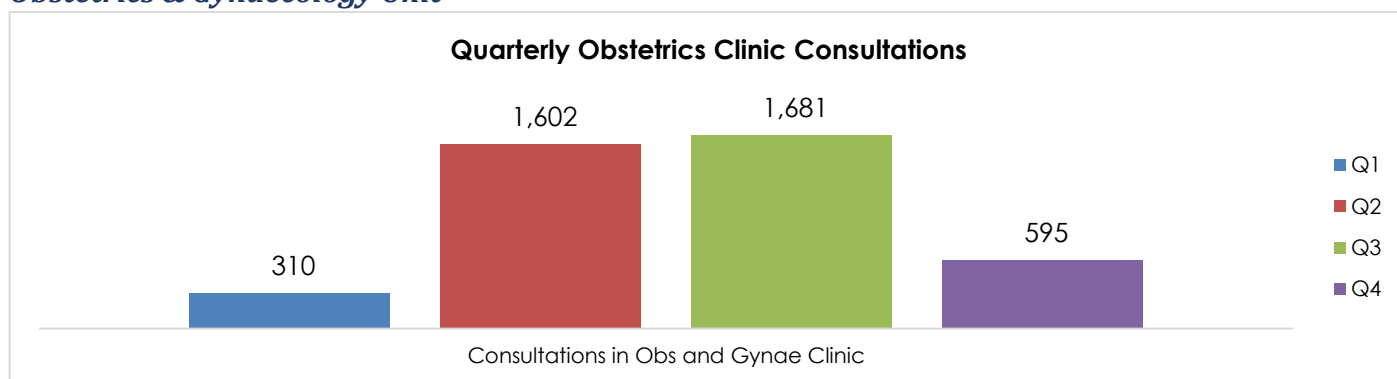
Ear, Nose and Throat (ENT)



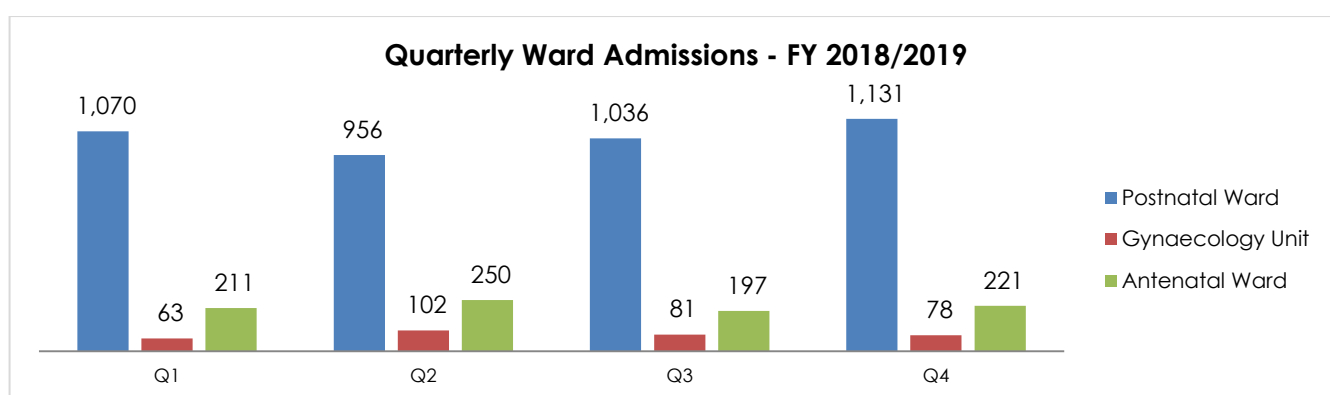
The total number of Clinics conducted for this FY 2018/2019 was 317 compared to 108 in FY 2017/2018. There was an increase of 1,698 patients seen in the FY 2018/2019 compared to 1,490 in the previous financial year.



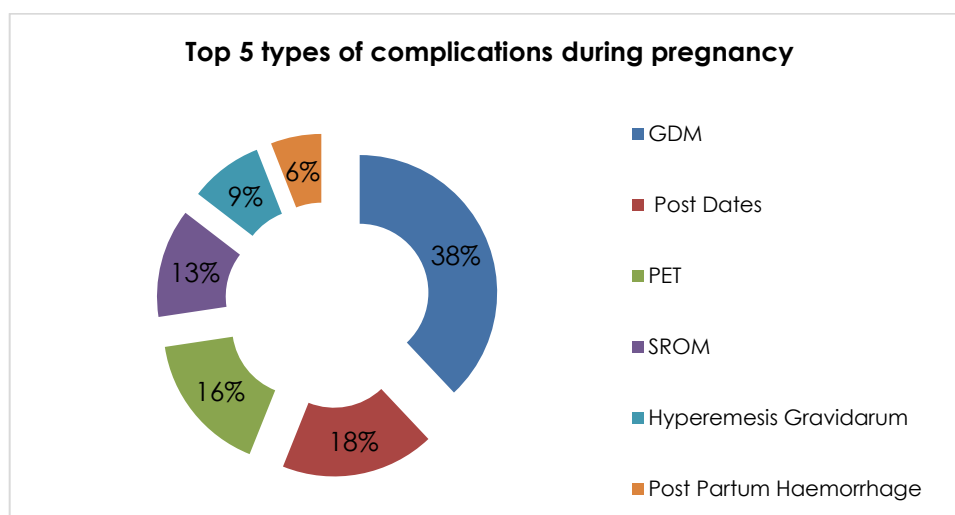
Obstetrics & Gynaecology Unit



The total Ward admissions for the FY 2018/2019 were: Post Natal 4,193; Gynaecology Unit 324; and Antenatal Ward 879 patients. Consultations were conducted throughout the financial year with Quarters 2 & 4 having the highest patients consulted at 1,602 and 1,681 respectively.



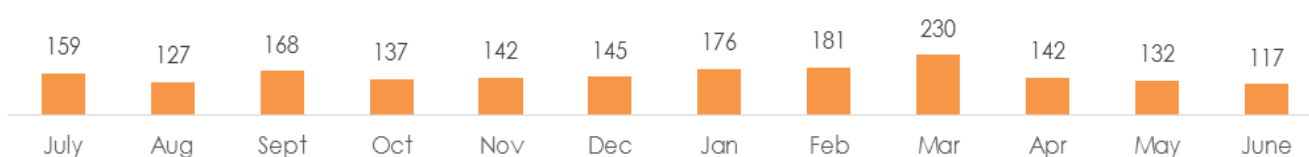
Gestational Diabetes Mellitus (GDM), a condition most pregnant mothers have is the highest factor for complications in pregnancy.



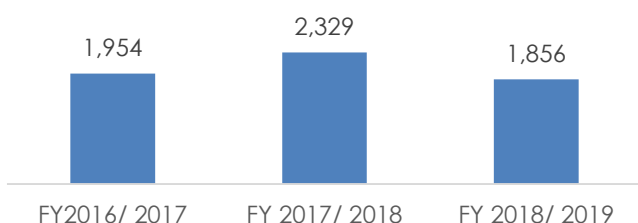
Pediatrics Unit

A total of 1,856 admissions was recorded on the Pediatric Unit for the FY 2018/2019. This is a decrease of 473 children from the previous financial years. From the total number of admissions for the financial year, 339 children required surgery. This is an increase of 131 children compared to the previous financial year.

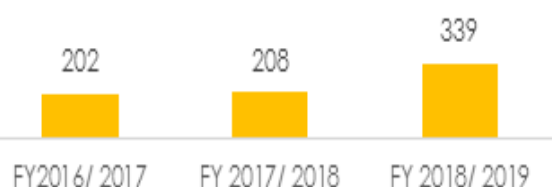
Paediatric Admission FY 2018/2019



Total Admission Trends in Paediatric



Admissions requiring surgery



Biomedical Operations

Biomedical Unit continues to manage the health facility equipment through continuous and constant Preventative and Corrective maintenance. All equipment in both Upolu and Savai'i are about 96% operational while a few are awaiting ordered parts and supplies.

Overseas Treatment Referrals

	Overseas Treatment for Financial Year 2018-2019												TOTAL
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Approved	17	7	33	21	19	6	11	19	20	15	28	5	201
Declined	2	1		2	3	0	0	2	2	2	3	2	19
Cancelled	3	2	3	0	3	1	3	3	3	2	3	4	30
Died	1	1	0	0	0	0	0	2	1	0	2	1	8
TOTAL	23	11	36	23	25	7	14	26	26	19	36	12	258

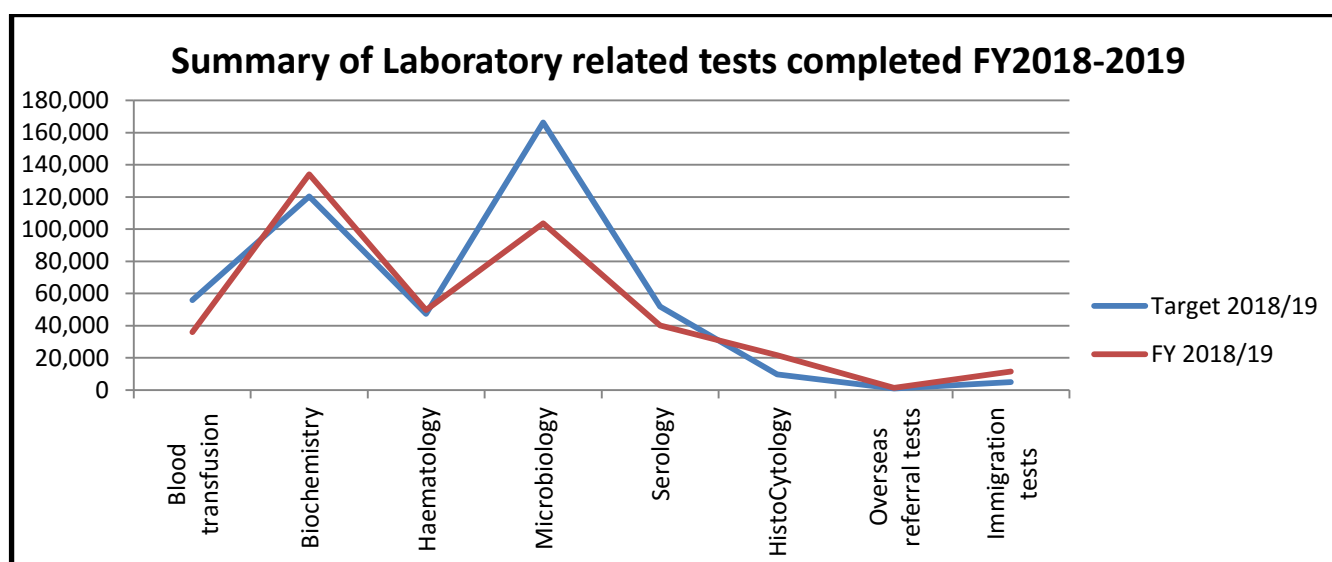
Overseas treatment for the Financial Year 2018/2019 received 258 applications. Of this total, 201 applications were approved, 19 applications were declined and 30 applications were cancelled due to patients refusing to go; or patients taking their time to process their required paper work and hence miss appointment dates; or patients basically not showing up to their appointments. 8 patients died either during treatment or before they were able to travel.

	Treatment Procedures by categories												TOTAL
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Medical	12	2	16	8	8	2	4	8	4	7	15	2	88
Surgical	2	4	13	9	5	1	5	6	9	3	3	2	62
Eye	2		2	1	4	1	0	1	3	1	0	1	16
Gynae	1	0	0	0	2	0	0	0	1	1	2	0	7
NZ Citizen	0	1	0	0	0	0	1	1	0	1	2	0	6
NZMTS	0	0	2	3	0	0	0	0	1	2	6	0	14
Full Check-up	0	0	0	0	0	1	0	0	0	0	0	0	1
ENT	0	0	0	0	0	1	0	3	2	0	0	0	6
Insurance	0	0	0	0	0	0	1	0	0	0	0	0	1
TOTAL	17	7	33	21	19	6	11	19	20	15	28	5	201

The types of medical conditions of patients approved for overseas treatment is shown in Table 2 above. The majority of the cases are medical in nature with surgical coming in second. 6 cases were of New Zealand Citizenship, and OVT Team only processes the paper work but payment is through the patients citizenship status, meaning there is no cost to the Samoan Government. 14 patients were referred for overseas treatment under the New Zealand Medical Treatment Scheme.

Laboratory & Pathology Services

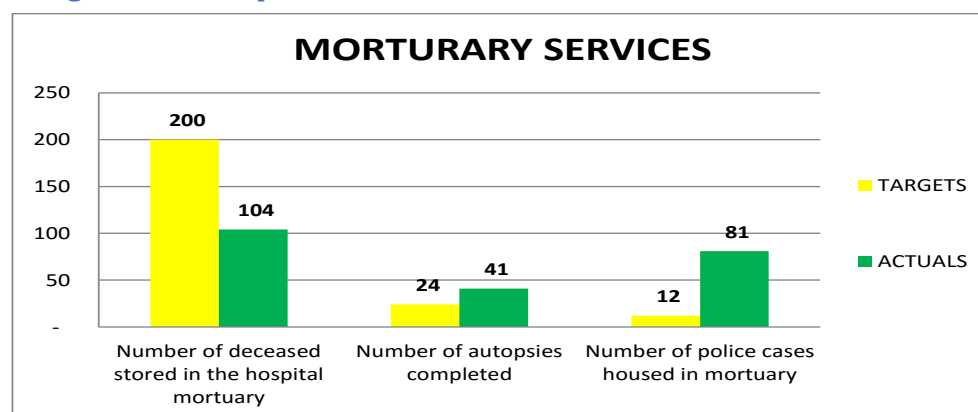
		Target 2018/19	FY 2016/2017	FY 2017/2018	FY 2018/19
	Key Performance Indicators				
1	Total number of blood transfusion related tests completed	55,948	52,657	33,724	35,914
2	Total number of biochemistry related tests completed	120,433	121,475	135,771	133,982
3	Total number of haematology related tests completed	47,303	49,295	57,916	49,629
4	Total number of Microbiology related tests completed	166,317	24,776	130,999	103,627
5	Total number of Serology related tests completed	51,972	33,209	42,388	40,199
6	Total number of Histology and Cytology related tests completed	9,800	1,383	18,535	21,560
7	Number of deceased stored in the hospital mortuary	200	294	139	107
8	Number of autopsies completed	24	18	34	41
9	Number of police cases housed in mortuary	12	47	47	81
10	Number of incidents related to processes and procedures reported and investigated (stock-outs, Equipment's, OHS, etc, personnel)	120	0	105	44
11	Number of quality controls performed (Haematology, Serology, Microbiology, Blood Bank)	12,392	12,076	11,202	10,368
12	Number of External Quality Assurance Programs completed	0	45	45	272
13	Total number of overseas referral tests	950	839	1,882	1,354
14	Total number of tests processed for immigration	5,000	0	0	11,481



Three sections of the Laboratory namely Blood Transfusion, Microbiology and Serology did not reach targets for FY2018/2019. This could account for less patients needing transfusion, microbiological and serological testing. On another hand, the continuous out of stock of reagents and supplies may contribute to tests not being carried out. For Blood Transfusion, the major setback is the constant availability of blood units. Samoa Red Cross continues to assist in blood donor recruitment; however, it is as effective as we would want it to be.

The notable difference and increase in completed tasks was the HistoCytology tests due to the return of pathologist Dr Filipina Amosa. We were able to process and report all cases locally. Tests for medical clearance, insurance and immigration continue to increase every year, and this is the first time it is recorded separately.

Morgue and Autopsies

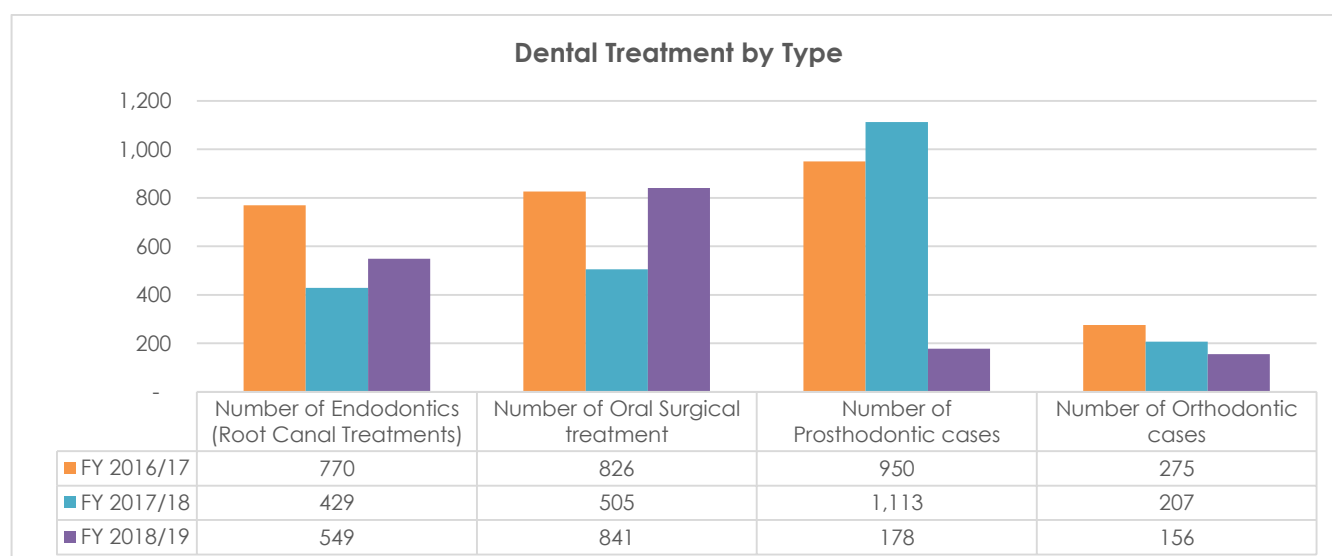


The mortuary housed 104 deceased persons within the financial year with 81 police cases and 41 autopsies recorded.

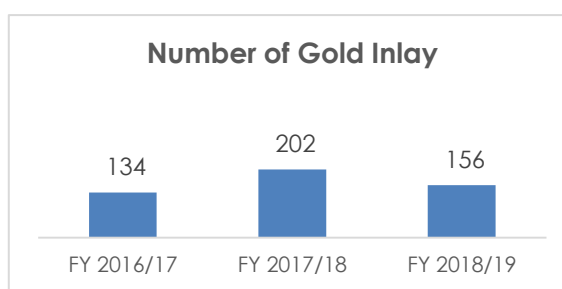
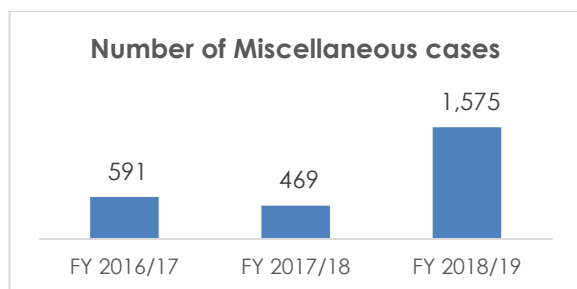
Oral and Dental Services

KEY PERFORMANCE INDICATORS	FY 2016/17	FY 2017/18	FY 2018/19
<i>Number of patients seen</i>	26,439	21,865	8,567
<i>Number of Tooth extractions</i>	12,450	9,149	490
<i>Number of Endodontics (Root Canal Treatments)</i>	770	429	549
<i>Number of Oral Surgical treatment</i>	826	505	841
<i>Number of Prosthodontic cases</i>	950	1,113	178
<i>Number of Orthodontic cases</i>	275	207	156
<i>Number of Gold Inlay</i>	134	202	-
<i>Number of Fissure Sealants</i>	575	231	1,543
<i>Number of Temporary fillings</i>	2,365	1,598	340
<i>Number of Scaling and polishing</i>	633	405	2,447
<i>Number of Permanent restorations and fillings</i>	5,126	2,853	1,336
<i>Number of Pericoronitis/cellulitis cases</i>	591	1,111	490
<i>Number of Miscellaneous cases e.g. Ring removals etc.</i>	591	469	1,575
<i>Total number of Prescriptions</i>	1,236	1,355	76

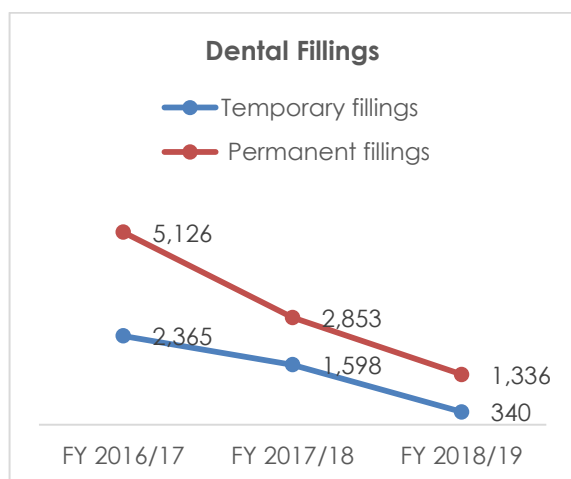
Table above shows a total of 8,567 patients seen at the Dental Clinic for different reasons for the FY 2018/2019. The most wanted service was for scaling and polishing at 2,447 patients. Over the years tooth extraction was the most wanted services until this financial year.



The number of oral surgical treatment and root canal treatment increased while prosthodontics and orthodontic cases for the FY in review.



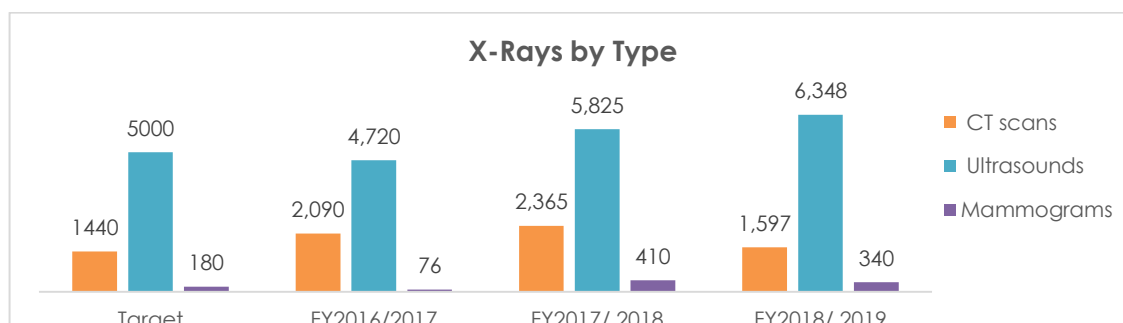
Compared to FY 2017/2018, demand for gold fabrication and dental filling.

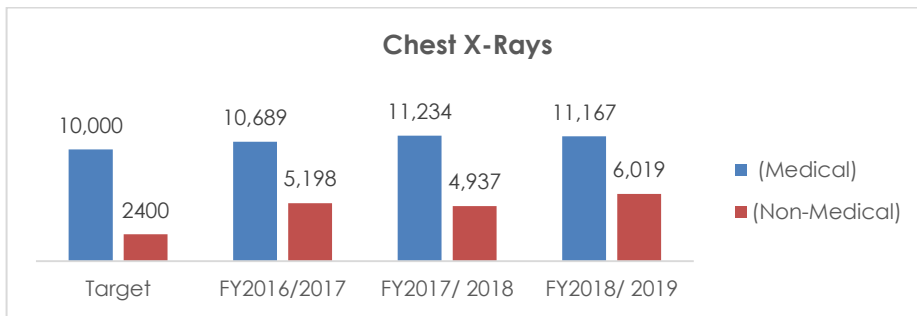


Medical Imaging

KEY PERFORMANCE INDICATORS	Target	FY2016/2017	FY2017/ 2018	FY2018/ 2019
<i>Number of Chest X-Rays (Medical)</i>	10,000	10,689	11,234	11,167
<i>Number of Chest X-Rays (Non-Medical)</i>	2400	5,198	4,937	6,019
<i>Number of Bone X-Rays</i>	14,400	13,272	13,462	13,524
<i>Total number of CT scans</i>	1440	2,090	2,365	1,597
<i>Total number of Ultrasounds</i>	5000	4,720	5,825	6,348
<i>Total number of Mammograms</i>	180	76	410	340
<i>Total number of Specials examinations</i>	240	190	225	200
<i>Emergency services / procedures</i>	10,000	10,934	11,866	15,132

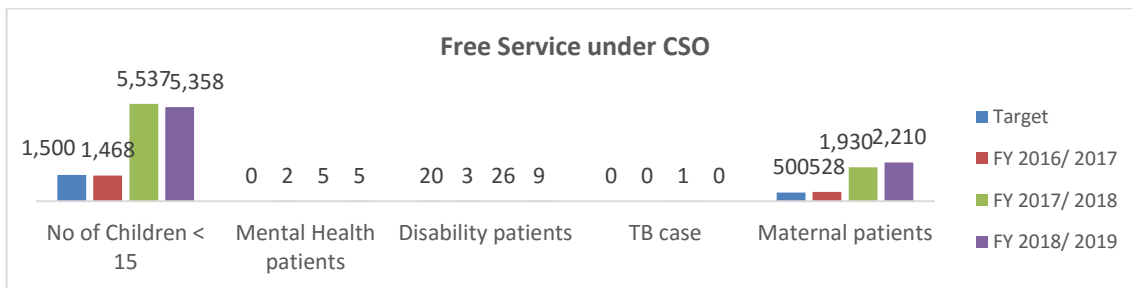
A total of 8,285 x-rays were recorded for the financial year; 1,597 CT Scans, 6,348 ultrasounds and 340 compared to 17,636 general x-rays both medical (11,167) and non-medical (6,019). Its Community Services Obligation programme 5,582 patients were seen. This service is offered free and hence no revenue was collected.





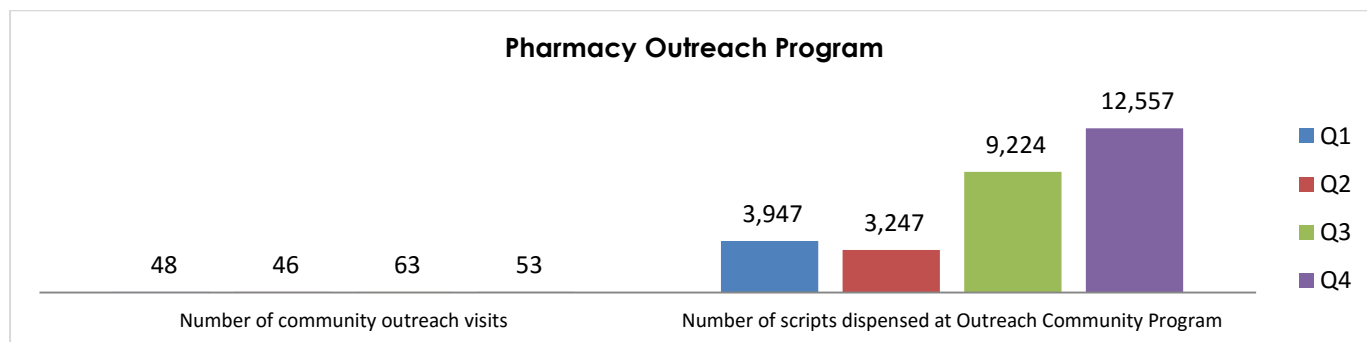
Community Service Obligation

	Target	FY 2016/ 2017	FY 2017/ 2018	FY 2018/ 2019
No of Children < 15	1,500	1,468	5,537	5,358
Mental Health patients	0	2	5	5
Disability patients	20	3	26	9
TB case	0	0	1	0
Maternal patients	500	528	1,930	2,210



Pharmaceutical Services

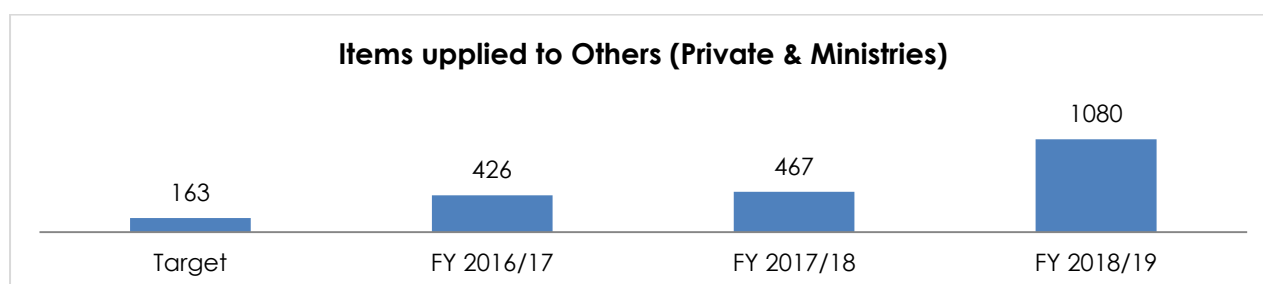
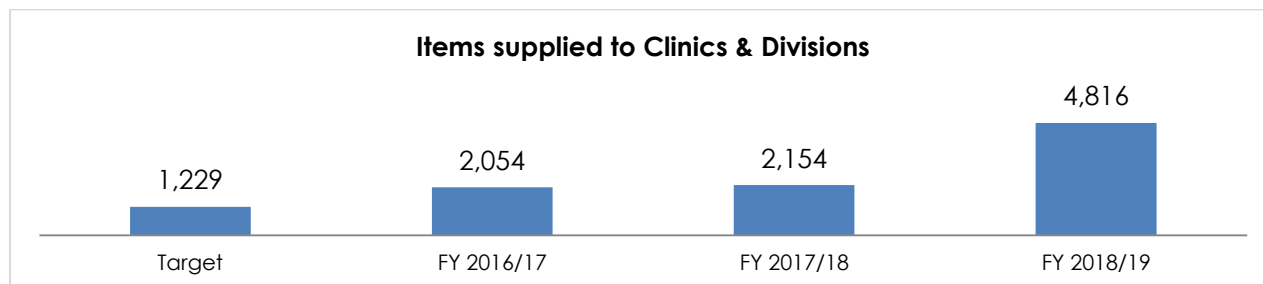
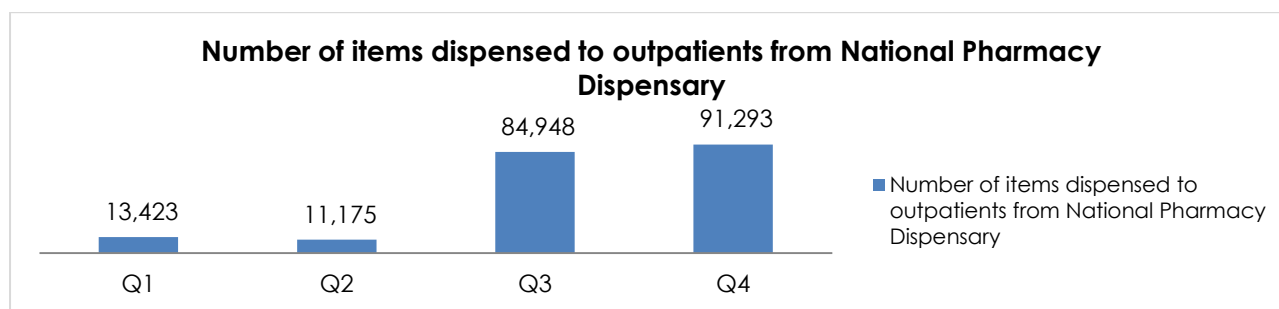
This service is responsible for the importation, warehousing and distribution of pharmaceuticals and consumables within the National Health Service and to various organizations and Government Ministries, as well as provision of expert pharmaceutical information to health professionals and to the public.



From the main Dispensary at TTM Hospital, the number of prescriptions received from Outpatients for the FY is 200,839.

The Pharmacy Warehouse in Apia supplied on requisition to the clinics and divisions of the Ministry 4,816 items, and 1,080 items to Private Partners and Ministries.

There were 210 Community Outreach programs with a dispensed number of 28,975 scripts.



CHALLENGES

1. Staff Retention:

Health workforce in all its aspects continues to be the major challenge for the Ministry of Health. High staff turnover continues to plague the Ministry as people resign due to promotions and better salaries offered elsewhere. The challenge is that staff leave with skills and experiences they have acquired over the years while working under the respective technical areas within the Ministry. The Ministry needs to ensure that there are succession plans in place and that there is sufficient time dedicated to proper handover of duties and responsibilities. This is so, there is minimum disruption to the services required by the Ministry and that existing staff are able to carry out their functions with confidence.

2. Data Integrity:

The challenge remains in collecting data from public hospitals and health providers due to the fragmented nature of systems currently in place. This adversely affects the accuracy, completeness and integrity of data needed for analysis in order to inform policy makers and leaders in making informed decisions for the future of health. Moreover, it makes it even more difficult to be able to provide information needed for international and national indicators which are crucial in assessing a country's health status and performance over time. The Ministry has commenced implementation of the proposed eHealth project aimed to address these issues and more, but it will be some time before this system is fully realized and in operations. Nevertheless, the Ministry with the assistance of World Bank is looking into an effective transitional system to ensure the information needed from all our hospitals is being collected and made available for analysis and reporting on a timely basis.

3. Merger:

When the merge was approved by the Cabinet in early 2019 there were challenges faced by the Ministry. The main challenge was to streamline the responsibilities and roles from the former two institutions to ensure there is no duplication in their responsibilities. From the transition, the buy in from the staff was important and dialogue with staff was initiated so all staff endeavour to work in a collaborative and a collective manner to achieve the objectives and goals of the newly established Ministry.

The highlight of the merger of the Ministry of Health and the National Health Service which saw the shift from hospital-centered to people-centered health systems, and a lot of work was focused on arranging and reorienting the services as well as the staff to ensure the health services provided are targeting the health demand and closely provide the services to the people

4. Commission of Inquiry:

A. Commission of Inquiry for the deaths of two babies following the Mumps, Measles & Rubella (MMR) Vaccinations

In August 2018, Cabinet instructed a Commission of Inquiry to investigate the deaths of the two babies who passed away due to the Mumps, Measles & Rubella (MMR) Vaccinations carried out at the Safotu District Hospital. The Commission members were Judge Tuiloma Neroni Slade as Chair, Leoo Dr John Adams and Lealaiauloto Liai Siitia as Commission members. Public hearings were conducted in September 2018 whilst the Criminal proceedings for the alleged Nurses were being held. The Terms of Reference for the Inquiry consisted of the following:

To investigate the deaths of the two (2) babies following their MMR vaccinations and the circumstances relating thereto in order to enable an assessment of the following:

- i. Standards and procedures within the Ministry of Health and/or the District Hospital (where the babies were vaccinated) for the administration of MMR vaccines;
- ii. the procedures specifically relating to the administration and injection of the MMR vaccination to the second baby notwithstanding the absence of parental consent to the same; and
- iii. whether there were discrepancies in the administration of the MMR vaccinations to the 2 babies in question in line with the current health and medical procedures in place.

The Commission was to report to Cabinet and the Ministry has not received a copy of the final report of the outcome of the Inquiry. However, criminal proceedings in relation to the two alleged nurses involved in the death of the 2 babies saw the conviction of both nurses for manslaughter. This case also had a significant impact on the reluctance of mothers to have their young children immunized and vaccinated to prevent them from diseases.

Despite the tragic incident happened in Safotu 2018, there were challenges and lessons learnt for the Ministry. Firstly, awareness and adherence to strict guidelines in handling medicines and vaccinations by the responsible nurses. Secondly, the Ministry has encouraged continuous training to upgrade skill and enhance knowledge of the responsible staff. Lastly, the ministry is taking a vigorous approach to monitoring of vaccination to ensure 100 % compliance of WHO standards guidelines and national guidelines.

B. Proposed Ministry of Health and National Health Service Merger's Organisational Structure:

In March 2018 Cabinet instructed that a Commission of Inquiry to review the Organisation structure of the Ministry of Health and National Health Service in relation to the Merger. The Commission members were Taulapapa Brenda Heather-Latu as Chair, Professor Fui Leapai Tu'ua Asofou So'o and Faamausili Dr Matagialofi Lu'aiufi as Commission members. This Inquiry also included the Commission looking at the concerns raised by the Nurses. Public hearings were conducted in May 2018 with the final report being submitted to Cabinet in July 2018. The Terms of Reference for the Inquiry consisted of the following:

- i. Review the Organisational Structure proposed for the Merger of the Ministry of Health and National Health Service;
- ii. Review the concerns raised by the Nurses; and
- iii. Recommend options regarding the proposed Organisational Structure to bring the Merger into effect.

The outcome of the Inquiry resulted in the Commission presenting the Commission's Organisational Structure as opposed to the Merger Taskforces Organisational structure. The concerns of the Nurses were also taken on board where the Commission also stated that an Executive position for Nurses be part of the Organisational structure. The final report also commented on the history of the Health Sector through its separation in 2005-2006 and the plans for the re-merger of both entities as directed in 2018.

CONCLUSION

The Ministry of Health continues to ensure that its mandated regulatory and monitoring functions is well embedded within Samoa's health system. This has been reflected by the Ministry's contributions and improvements in achieving national health indicators in the SDS FY2016/2017 and its performance measures and indicators for the reporting financial year.

This report which the Ministry is mandated to provide, accounts for the Ministry's performance measures and other activities funded under the WHO Biennium Budget 2018-2019 and by other Health Development Partners such as the World Bank, Australia DFAT, New Zealand MFAT, UNDP Global Fund, European Union and UNFPA.

Much has been done in this financial year to address various needs and issues that the Ministry of Health is required to improve in the health system. Capacity building for the staff has also continued to be a priority for the Ministry as the role it performs requires ongoing improvement in the skills and knowledge of its workforce.

Challenges have also been duly noted in this report whenever they have hindered our ability to provide services or implement programs. By acknowledging these challenges we are able to ensure that they are accounted for and addressed as we continue to strive for a healthier and better Samoa.

ANNEX 1: MINISTRY OF HEALTH FINANCIAL STATEMENT FY2018/2019

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 2019*

	Notes	2019 \$	Original Estimate \$	Final Estimate \$	(Over)/Under \$	2018 \$
HEALTH						
RECEIPTS						
Ordinary Receipts						
Taxation						
Duties		0	1,000,000	1,000,000	1,000,000	0
Other Revenues						
Fees & Other Charges		204,466	173,515	173,515	(30,951)	179,805
TOTAL RECEIPTS		204,466	1,173,515	1,173,515	969,049	179,805
PAYMENTS						
Outputs						
1.0 Policy Advice to the Responsible Minister		645,811	587,025	644,065	(1,745)	617,042
2.0 Ministerial Support		516,573	515,424	512,703	(3,871)	430,597
3.0 Strategic Planning, Policy and Research Division		560,195	543,499	561,241	1,046	553,710
4.0 Health Protection and Enforcement Division		1,477,595	1,415,745	1,477,771	177	1,587,175
5.0 Health Services, Performance & Quality for Medical, Dental & Allied Health Services		549,991	558,494	548,295	(1,696)	485,195
6.0 Health Services, Performance & Quality Assurance (Nursing/Midwifery)		1,268,878	1,237,687	1,247,596	(21,282)	1,672,645
7.0 Registrar of Healthcare Professional Services		288,252	322,973	325,602	37,350	301,284
8.0 Health Information System and Information, Communication & Technology		561,996	531,775	557,877	(4,119)	561,815
9.0 National Health Surveillance & International Health Regulations		1,028,967	1,042,832	1,006,181	(22,786)	938,561
10.0 Health Sector Coordination, Resourcing & Monitoring		872,754	899,151	862,107	(10,647)	806,858
Total Outputs		7,771,012	7,654,603	7,743,438	(27,574)	7,954,880
Third Party Outputs						
Grants and Subsidies						
Samoa Kidney Foundation		6,688,766	6,652,811	6,688,766	0	6,939,106
Samoa National Health Services		0	0	0	0	29,865,487
Non Communicable Diseases Clinic		249,532	250,000	250,000	468	118,031
Samoa Aids Foundation		30,000	30,000	30,000	0	30,000
Red Cross		50,000	50,000	50,000	0	0
Samoa Cancer Society		40,000	40,000	40,000	(0)	40,000
Total Third Party Outputs		7,058,298	7,022,811	7,058,766	468	36,992,624
Transactions on Behalf of State						
Membership						
WHO Contribution		0	35,000	35,000	35,000	24,820
Red Cross Contribution		5,800	5,800	5,800	(0)	0
Government Policies / Initiatives						
Returning Graduates (Doctors/Nurses)		2,875,510	2,878,204	2,878,204	2,694	3,246,389
Bachelor of Health Science		0	0	0	0	67,261
Drinking Water Quality and Sanitation Monitoring and Awareness Program		132,995	134,000	134,000	1,005	151,296
2 Samoas Biennial Summit		121,359	123,390	123,390	2,031	0
Satupaitea Clinic		139,446	150,000	150,000	10,554	0
		3,269,310	3,285,594	3,285,594	16,284	3,464,946
Rents & Leases		34,200	34,200	34,200	0	34,200
VAGST Output Tax		277,374	367,615	367,615	90,241	259,575
Total Transactions on Behalf of State		3,586,684	3,728,209	3,728,209	141,525	3,783,542
TOTAL PAYMENTS - HEALTH		18,415,994	18,405,623	18,530,412	114,418	48,731,046
RECEIPTS OVER PAYMENTS		(18,211,528)	(17,232,108)	(17,356,897)	854,631	(48,551,242)

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 2019*

GOVERNMENT DEVELOPMENT PROJECTS

	Notes	2019 \$	Original Estimate \$	Receipts \$	Payments \$	Opening Balance \$
Grants - GDP						
WHO Grants (World Health Organisation)	1	1,223,562	1,486,252	1,877,107	1,435,346	781,801
Reproductive Health Programme/Project (United Nations Population Fund)		193,530	0	256,947	114,376	50,960
UNDP Global Fund to fight Aid, TB & Malaria (UNDP)		61,616	232,475	187,349	178,162	52,437
Integrated Landscape Management to Boost Food & Nutrition & Security in SIDS Project (FAO)		6,767	0	60	0	6,707
Integrated Landscape Management to Boost Breastfeeding in Samoa (Other)		5,338	0	25,477	24,079	3,940
Strengthening Typhoid Surveillance & Microbiological Lab Capacity in Samoa (Other)		438,379	0	449,809	11,429	0
Digital Radiography System General X-Ray Machine (AusAid)		1,842,374	0	1,842,374	0	0
Samoa Nursing Community Training Centre (NZ)		3,499,244	0	3,499,244	0	0
Capacity Building of Procurement & Supply Chain Management for MoH Staff (AusAid)		367,719	0	367,719	0	0
Cessation Project (Other)	b	(2,906)	0	0	0	(2,906)
Masima Project (George Institute for Global Health)	c	27,584	0	0	0	27,584
Expanding Universal access to HIV Treatment & targeting extreme STI prevalence [Grant #MWP-708-G06-H] (SPC)	d	9,781	0	0	0	9,781
e-Health System	e	0	2,702,276	0	0	0
Addressing Population & Development, Reproductive Health and Gender based Violence in Samoa (UNFPA)	e	0	304,948	0	0	0
UNFPA Strengthening Reproductive Health (UNFPA)	h	(11,958)	0	0	0	(11,958)
TOTAL GOVERNMENT DEVELOPMENT PROJECTS		7,661,030	4,725,951	8,506,085	1,763,393	918,346

Notes

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.

h No movements in the last 7 financial years

Adjustment was made to Project Opening Balance to record and reflect Aid Funds from WHO of \$91,236.29 under project account that was receipted and held in bank suspense account in last financial year 2018.

ANNEX 2: NATIONAL HEALTH SERVICES – FINANCIAL STATEMENT FY 2018/2019

GOVERNMENT OF SAMOA

SCHEDULE 2.15

STATEMENT OF MINISTRY RECEIPTS BY REPORTING CATEGORY AND EXPENDITURE BY OUTPUT APPROPRIATION ACCOUNT

for the financial year ended 30 June 2019

	Notes	2019 \$	Original Estimate \$	Final Estimate \$	(Over)/Under \$	2018 \$
NATIONAL HEALTH SERVICES						
RECEIPTS						
Ordinary Receipts						
Other Revenues						
Fees & Other Charges		4,944,119	6,352,500	6,352,500	1,408,381	2,773,805
TOTAL RECEIPTS		4,944,119	6,352,500	6,352,500	1,408,381	2,773,805
PAYMENTS						
Outputs						
1.0 Policy Advice to the Responsible Minister and the Board		846,069	1,395,321	1,169,246	323,177	1,314,521
2.0 Clinical TTM Hospital & Allied Services		19,748,703	16,834,137	21,406,627	1,657,924	9,136,688
3.0 Laboratory Services		3,007,967	3,129,063	3,126,824	118,857	1,636,996
4.0 Medical Imaging Services (Radiology)		2,392,232	2,210,308	2,514,976	122,745	1,179,765
5.0 Dental Health Services		2,455,052	2,796,344	2,694,211	239,159	1,317,758
6.0 Pharmaceutical Services		2,474,959	2,509,687	2,588,482	113,523	1,504,737
7.0 Malietoa Tanumafili II Hospital Services (Savaii)		9,389,759	8,042,902	8,808,655	(581,104)	2,892,011
8.0 Nursing Integrated & Community Services		6,613,098	6,133,162	5,816,010	(797,087)	9,973,488
9.0 Other Allied Health & Support Services		4,736,368	3,702,902	4,329,704	(406,664)	0
10.0 Infrastructure, Plant & Non Medical Equipment		2,458,358	2,223,452	2,480,782	22,425	0
11.0 Primary Health Care & Outreach Services		5,705,101	4,841,088	5,475,515	(229,586)	0
12.0 Information Technology		2,446,781	2,230,542	2,373,803	(72,979)	0
Total Outputs		62,274,447	56,048,908	62,784,835	510,388	28,955,963
Third Party Outputs						
Overseas Medical Treatment						
Provision for Medical Fees	1	4,390,823	6,000,000	8,000,000	3,609,177	0
Total Third Party Outputs		4,390,823	6,000,000	8,000,000	3,609,177	0
Transactions on Behalf of State						
Government Policies / Initiatives						
Sleep Apnoea		97,537	100,000	100,000	2,463	0
Bulk Food Supplies (Output 2: TTM and Allied)	2	1,399,777	1,600,000	1,600,000	200,223	390,684
Consumables & Pathology Reagents (Output 3 Lab Services)	2	4,562,153	4,600,000	4,600,000	37,847	992,296
Dental Health Medical Consumables (Output 5: Dental)	2	843,404	852,287	852,287	8,883	217,066
Pharmacy Medical Consumables (Output 6: Pharmacy)	2	2,440,132	2,500,000	2,500,000	59,868	385,825
Supply of Pharmaceutical/Medical Drugs (Output 6: Pharmacy)	2	4,434,838	4,500,000	4,500,000	65,162	1,022,398
Vaccine Supplies (Output 8)	2	573,546	590,000	590,000	16,454	104,782
Imaging X-Ray Films	2	140,340	145,000	145,000	4,660	58,084
X-Ray Consumables	2	52,017	55,000	55,000	2,983	32,957
Arreas		0	0	0	0	1,082,575
		14,543,744	14,942,287	14,942,287	398,543	4,286,667
Rents & Leases						
Land Payment - Hospital at Faleolo	2	57,500	73,750	73,750	16,250	0
VAGST Output Tax		3,439,920	3,069,242	3,069,242	(370,678)	1,318,607
Total Transactions on Behalf of State		18,041,165	18,085,279	18,085,279	44,114	5,605,274
TOTAL PAYMENTS - NATIONAL HEALTH SERVICES		84,706,435	80,134,187	88,870,113	4,163,679	34,561,238
RECEIPTS OVER PAYMENTS		(79,762,316)	(73,781,687)	(82,517,613)	(2,755,297)	(31,787,433)

GOVERNMENT OF SAMOA

SCHEDULE 2.15

STATEMENT OF MINISTRY RECEIPTS BY REPORTING CATEGORY AND EXPENDITURE BY OUTPUT APPROPRIATION ACCOUNT *for the financial year ended 30 June 2019*

GOVERNMENT DEVELOPMENT PROJECTS

	2019 \$	Original Estimate \$	Receipts \$	Payments \$	Opening Balance \$
Grants - GDP					
An Inventory Logistics Management System for Pharmaceutical Supplies (Samoa) (Australian Aid)	1,784,485	952,458	832,026	0	952,459
German Medical Funds (Medical Equipments for NHS) (Other)	35,337	0	0	374	35,711
Motivation Australia Sub-Grant Mobility Unit (Mobility Device) (AusAid)	94,359	0	178,466	84,107	0
Eye Care Services (Other)	2,353	0	55,144	52,791	0
Landing Costs- Medical Equipment Republic of South Korea (Other)	148,668	57,037	91,630	0	57,038
TOTAL GOVERNMENT DEVELOPMENT PROJECTS	2,065,201	1,009,495	1,157,265	137,272	1,045,208

Notes

¹ Non-cash transfer of funds to special account for Overseas Treatment during FY2019 at total of \$3,608,536.76. Transfer of \$1,608,536.76 was to cover for the special account funds used in last FY2018 to charge patients' treatment costs in New Zealand and India, and another transfer of \$2,000,000 to fund for overseas treatments expenses as per Approved Cabinet Directive FK(18) 42.

² Unspent funds at total of \$399,788.70 have been transferred to special purpose account reported under Schedule 12 to be utilised in financial year 2020 for procurement of Medicines.

Sleep Apnoea	2,462.95
Bulk Food Supplies (Output 2: TTM and Allied)	200,223.34
Consumables & Pathology Reagents (Output 3 Lab Services)	37,905.53
Dental Health Medical Consumables (Output 5: Dental)	8,941.20
Pharmacy Medical Consumables (Output 6: Pharmacy)	59,867.89
Supply of Pharmaceutical/Medical Drugs (Output 6: Pharmacy)	50,040.38
Vaccine Supplies (Output 8)	16,454.00
Imaging X-Ray Films	4,660.11
X-Ray Consumables	2,983.30
Land Payment - Hospital at Faleolo	16,250.00
	399,788.70