NATIONAL HEALTH PREVENTION POLICY

2013 - 2018

National Health Prevention Policy 2013-2018

Ministry of Health
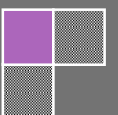
Faaiuga a le Kapeneta mo le Faiga Faavae o Puipuiga Faasoifua Maloloina

GOVERNMENT OF SAMOA

CABINET SECRETARIAT

APIA • • • • SAMOA

27 Novema 2013

Mo le Faatinoina
Minisita o le Soifua Maloloina
Ofisa Sili o Pulega Matagaluega o le Soifua Maloloina

Mo le silafia (ma nisi fuafuaga talafeagai)
Palemia
Minisita o Tupe
Ofisa Sili o Pulega Matagaluega o Tupe

Pepa o Faamatalaga mo le Taliaina e le Kapeneta o le
National Health Prevention Policy 2013-2018

F.K.(13)Faapitoa 27

I lana Fonotaga FK(13)Faapitoa 27 o le Aso Lua 26 Novema, na talanoaina ai e le Kapeneta le Pepa PK(13)1806 ma faamaonia ai i lona tulaga aoao tetele, ae ua faatonuina le Matagaluega o le Soifua Maloloina ina ia faataoto loa fuafuaga ma polokalame talafeagai mo le faatinoina auaua'i o lenei faiga faavae e fuafua i vaegatupe e mafai ona faamatuuina mai i le tala faatatau o le tupe i tausaga taitasi

(Vaosa Epa)
FAILAUTUSI O LE KAPENETA

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FOREWORD

In recent years the Ministry of Health has been actively introducing policies, initiatives and activities in alignment with the implementation of the Health Sector Plan 2008-2018. This National Health Prevention Policy is a critical policy that sits alongside a suite of policies to effectively respond to the overarching national goal of Improved Health Outcomes and related Sector vision of A HEALTHY SAMOA.

We know that preventing disease before it starts is critical to helping people live longer, healthier lives and keeping health costs more manageable. Prevention of illness is a positive health behaviour that includes but not limited to immunisations, adequate exercise, and nutrition. We know too well that some of the strongest predictors of health and well being in fact fall outside of the direct health care setting, such as housing, education, transport, workplace and the environment which represent significant elements that impact health outcomes of our people. It is the intention of this policy to help us understand and weave the concept of health prevention into our everyday lives. Far too often the predominant approach to health and wellbeing focuses on medical treatment services, after the fact, for many Samoans who are sick and injured. We need to reemphasise the focus on quality community prevention efforts, those that prevent our people from getting sick and injured in the first place.

At the same time we need to be mindful that health is more than about absence of disease, but extends to physical, mental and social wellbeing. Therefore, this policy envisages a comprehensive community focus emphasising prevention first and where all sectors recognise the value of good health outcomes towards achieving good health for all Samoans.

This policy seeks to prioritise prevention against targeted areas and across multiple settings by integrating evidence based recommendations and actions that are most likely to reduce the burden of leading causes of preventable death and major illness. It will look to introduce a fundamental paradigm shift that generates equity for the most vulnerable members of our society and maximises limited resources.

As this policy is operationalised, the message should be clear that everyone is responsible, everyone is accountable, and everyone is individually and collectively a critical partner in this effort to improve health and well being. This policy urges us to all act together in implementing the strategic directions and priorities so as to realise the vision and aim of this policy.

It is my pleasure to present this Policy to all our sector stakeholders, development partners and communities and to commend all those involved in ensuring we deliver on Improved Health Outcomes for the People of Samoa.

Palanitina Tupuimatagi Toelupe
Director General/Chief Executive Officer
Ministry of Health

INTRODUCTION

Weaving the concept of health prevention into our everyday lives means integrating a community health approach into our thinking and the way we do things, how we work together and how we make decisions. It's about *creating a new level of consciousness that recognises and advocates the value of good health for all* and sees health as not limited to focusing on a medical care system and recognises the impact of poor health to our individual development and the sustainable development of Samoa.

This *policy provides the opportunity to re-emphasise the connections among health, healthy living and social determinants by broadening the "health language" to include the concept of wellbeing.* Wellbeing enables us to better understand the implications for productive workforces and society and the value of working in partnership. This concept of wellbeing also categorically implies a strengthened focus and investment at the community level.

The Health Sector Plan 2008-2018 provides the solid platform for interventions that have specific strategies that have been prioritised for tackling the crucial health challenges. One of the critical strategies is in the area of Health Promotion and Primordial Prevention[1]. Community action is a central objective with complementary objectives in the areas of policies, environmental health, and individual choices. Injury does not go unidentified either and is reported as a crucial area in terms of health challenges as a significant cause of death and disability[2]. Below is a simplified diagram of the key six Health sector strategies as documented in the Health Sector Plan.

It is against this background that this comprehensive policy is significant in that it acknowledges and reinforces that health prevention cannot be achieved by one organisation alone but rather demands participation from a wide range of disciplines, sectors and organisations working in partnership with communities. Layers of initiatives are required to address health prevention priorities so the processes of developing synergistic strategies lie across multinational sector stakeholders.

Like health promotion, health prevention is a process. It is a process that involves focusing on the concept of health prevention as an investment in wellness and wellbeing. It is related to measures that not only prevent the occurrence of disease but also arrests its progress and reduces the adverse consequences of disease if established. There are a number of health prevention models but in keeping in alignment with the Health Sector Plan 2008-2018, the National Health Promotion policy and the emphasis away from a medical model to a health model, the Levels of Prevention Model advocated by Leavell and Clarke in 1975 is an ideal model for informing the rationale of this policy. *It has as its primary goal, the maintaining of a healthy state and to prevent disease and injury, and this can be levered across four levels, namely; Primordial prevention, Primary prevention, Secondary prevention and Tertiary prevention.* Like the process of Health promotion, prevention looks to individual behaviours and community mobilisation. There remains however a critical role for the health professions, as in general it is the health professionals

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[1] Samoa Ministry of Health (2008). Health Sector Plan, 2008-2018, Apia, Samoa.
[2] Ibid

that conduct and interpret screening, administer immunizations or prescribe medication and provide the services for people with existing medical conditions.

Primordial prevention often related to primary intervention can be referred to as creating an environment where certain challenges to health are eliminated and thus no other preventative interventions are necessary[3]. It is related to addressing head on risk factors or underlying conditions themselves, beginning with change in social and environmental conditions.

Primary prevention is more related to the prevention of disease before its biological onset[4]. It looks at more specific actions to protect the health of individuals. Behavioural interventions such as smoking cessation, dental care and maintaining physical exercise are all examples of primary prevention, as is the provision of uncontaminated food and water.

Secondary prevention refers to the prevention of illness through early detection and remediation of diseases that if left undetected or untreated would likely become clinically apparent and harmful[5]. It involves measures that also minimise disability. It is often referred to as Screening. There are many examples, such as screening for STI's, high blood pressure and breast cancer.

At the other end of the spectrum is *Tertiary prevention* whose intention is to halt the disease progression or injury process and additional disease complications and to assist the individual in obtaining minimal suffering and obtaining optimum health status[6]. This is generally the domain of health professionals and health providers who manage acute and chronic conditions.

This spectrum of prevention which covers total populations and selected population groups at one end and then moves towards more targeted populations at the other end means the intervention measures have to be carefully considered given that disease prevention may not be equally applied to all persons in our communities. For example routine childhood immunizations and public health sanitary measures are appropriately intended for all persons but many individuals do differ in their risk for various diseases for genetic, behavioural, or environmental reasons.

The reality is that different interventions or measures in terms of prevention are applicable at different phases and contexts, resulting from the fact that lifelong health starts at birth and continues through all stages of life so therefore we need to be alert to critical cross cutting settings.

This policy developed by the Ministry of Health, through consultation and support of key stakeholders is and provides the foundation for all the nations' preventative health collaborative efforts. This critical policy in helping shape the direction of our health sector objectives is not the first and will not be the last.

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[3] Encyclopedia of Public Health ©2002 Gale Cengage
[4] Ibid
[5] Ibid
[6] Ibid

It's time to weave the health prevention consciousness into our everyday lives in the efforts to amplify improvements in health for all Samoans.

Our VISION

A Healthy Samoa

What it means

A place where the environment we live invite learning and leisure, and where our young and future generations are protected and nurtured in body, mind and spirit

Guiding PRINCIPLES

Accountable governance in health

Sharing – notion of multi-sectoral reciprocity

Accessibility

Affordability and ensuring we meet needs of the most vulnerable members of our societies

Culturally appropriate and responsive

Strategic PRIORITIES

Health Promotion & Primordial

Quality Health Care Service

Governance, Human resources

Partnership Commitment

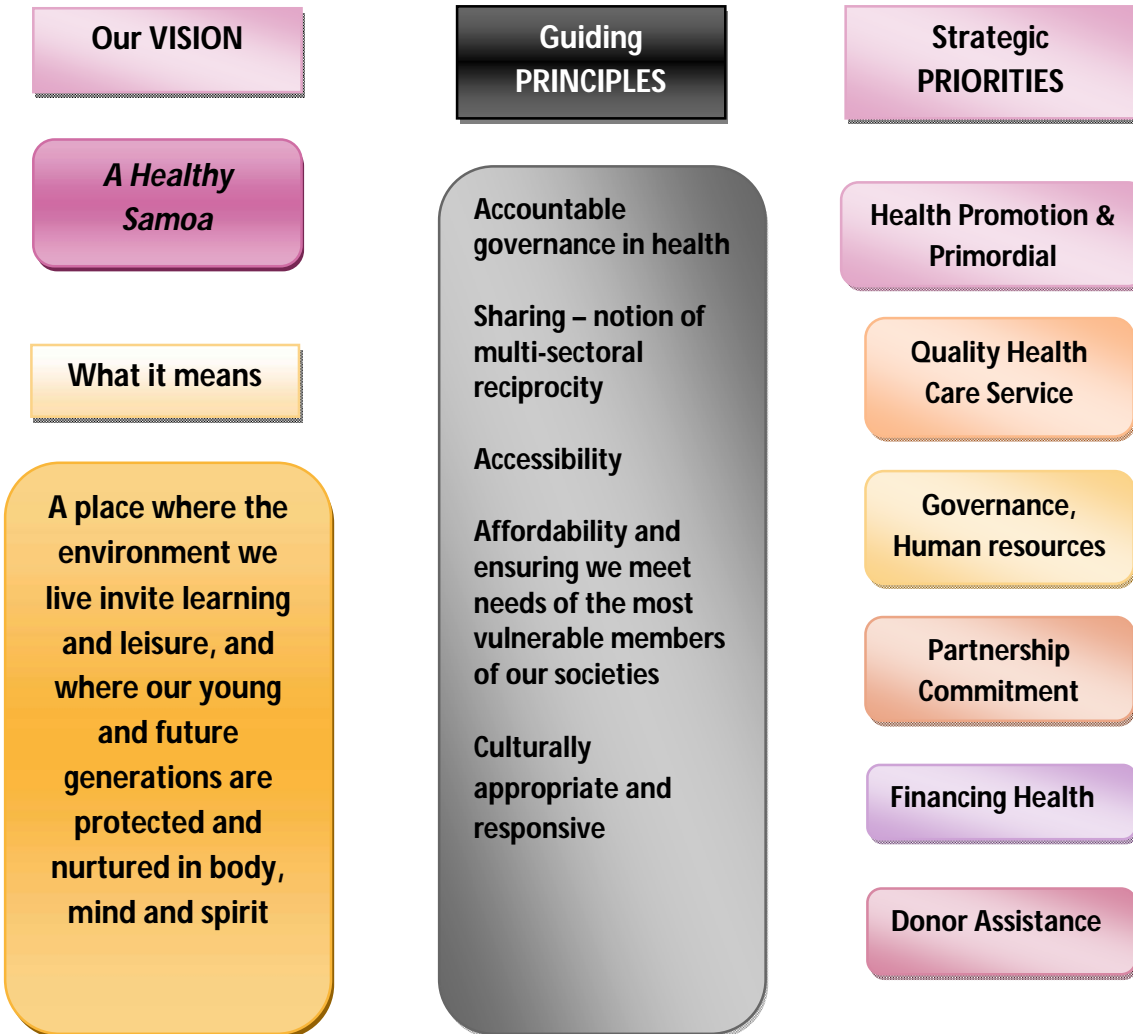Financing Health

Donor Assistance

Figure 1: Health Sector Plan 2008-2018 Strategic Framework Summary

VISION

A healthy Samoa that embraces collective and multifaceted approaches to promote wellness and quality of life for all Samoans, especially the most vulnerable, by emphasizing prevention interventions that are effective, efficient and culturally appropriate in the prevention of disease and injury.

This Vision for the National Health Prevention policy is a carefully considered strategy to add value to existing sector efforts and mobilize new actions to realise the Health sectors vision of "A Healthy Samoa". It provides for sector and nationwide ownership and a coordinated collaborative approach that looks at the context of illness, disease and disability. It also appreciates societal determinants that affect health and wellbeing, and looks to create expertise, information and tools that people and communities need to protect their health.

AIM

To assist and invest in a sector wide approach that values and promotes disease and injury prevention while reemphasising the importance of the provision of core elements of public health care and the reality of the interface of major determinants of health, the environment, heredity, lifestyle and health care services.

This aim recognises that health is not relative, that basically the health of our communities or nation is only as healthy as the least healthy member. It recognises therefore the need to invest in principles of comprehensiveness, coordination, equity, quality, transparency, participation and accountability to ensure the poorest and most vulnerable members of society have effective access to services and programs the health sector has to offer. For preventative measures to be successful it would be unreasonable to expect individuals alone to look at lifestyle or behaviour especially when we are conscious that respective forces in social, cultural and physical environments can conspire against individuals or communities. This aim therefore also recognises that it is essential to address environmental features as well as individual features that influence health and wellbeing in our communities.

SITUATIONAL ANALYSIS

Before we can take a closer look at the situation around targeted strategic priority areas for Health prevention measures such as *Tobacco Free Living, Prevention of Alcohol abuse, Healthy eating, Active Living, Injury and Disease Free Living, Mental and Emotional wellbeing, and Sexual and Reproductive health*, we need to be mindful of the bigger picture and critical cross cutting settings. These can easily be referenced back to the eight core elements of Primary Health Care, namely:
- Adequate food supply and nutrition;
- Safe water and basic sanitation;

- Prevention and control of endemic diseases;
- Treatment of common diseases and injury;
- Immunization against major disease;
- Maternal and child health; and
- Provision of essential drugs.

Understanding the cause is the first step to recognising the solution. It is often commented that if you keep doing what you are doing, you will just keep getting what you have always got. We have rising preventable deaths, injuries and illnesses, rising rates of chronic disease, and approaches to health that do not necessarily support equity health and safety.

Our communities are addressing increasingly complex social and health problems from STIs to violence to diabetes. Health practitioners and service providers face ongoing challenges to devising new services and programs in response to these issues, yet often enough the commitment to preventing them in the first place lags behind.

This policy provides for new thinking and approaches to problems, both old and new and returning to core elements of public health care. A focus limited to personal behaviour change will ultimately fail because it narrows the possible solutions; as we know too well, personal choices are always made in the context of a larger environment.

This will involve a quick assessment or snapshot of core elements of the health landscape *that will guide strategic directions to demonstrably make a difference to Health Prevention and to fully support all Samoans in leading longer and healthier lives.*

Understanding these cross cutting settings or pillars which help build the foundation for prioritising strategic areas for health prevention, which are aligned to leading causes of death, and will help provide the responsive mechanisms or interventions to drive collaborative and determined efforts to improve health for all Samoans.

Healthy Environments

It recognises that our communities are not defined by geography alone and that many elements of our environments impact health directly and more importantly, shape peoples choices and behaviour. It appreciates *a healthy community environment enables pro health choices easier and more affordable*. Communities that support prevention and wellness across a person's lifespan will create stronger, resilient and healthier environments for all. Communities including homes, schools, public spaces and work spaces are part of the diverse environments that need to be considered against conditions of quality water, air, sanitation and waste management practices. Routine monitoring of health and environmental regulations including pollution levels and drinking water standards are fundamental to achieving measurable improvements in the areas of primordial, primary, secondary and tertiary prevention interventions. Fortunately policies and plans already exist with a focus on Sector collaboration such as National Infection Control Policy 2011 -2016, Sanitation and Water Sector Policy, Waste Care Management Plan, Avian and Influenza Plan, Disaster Management Plan to tackle some of the health

protection considerations that also contribute to developing and maintaining healthy environments.

Clinical Services

This key pillar recognises that *medical treatment and services are critical but not enough to keep people healthy in the first place.* It recognises that individuals need to receive appropriate preventative care in clinical settings across all health professional providers. It looks to areas across a broad spectrum such as infection control, surveillance and ante-natal care, all of which needs to be reinforced in the wider community settings through targeted services like awareness, screening and health communication. It relies on health information systems working at the most optimum levels and readily available to assist in making informed decisions, and ultimately impact positively on health care delivery and management across the different settings. At the same time it is also about ensuring processes and policies are in place to keep health information secure and patient records private.

Integrated Community Services

This pillar *recognises that health and wellness are determined well beyond the confines of hospitals and doctors' clinics.* Fostering collaborative and integrated approaches brings together all the participants that are necessary and identifies types of coalitions and services that can have the greatest impact on the community by increasing the critical mass driving community services. Integration can take place at several levels while still sharing the same goal through facilitating and organising efforts that work towards achieving that vital shared goal. *It recognises that community, organisation and government levels may organise, collaborate and coordinate efforts at different levels of prevention but ultimately all have critical links and partnerships that advance the work of National Health Prevention across the sector.* For example the focus on Sports for Development and safe footpaths are organised at different levels but arguably their biggest impact is for our communities' health, safety and wellbeing. The recently published Village Health Fair report reported on The Whole of Country One Health Integrated Programme, through Village Health Fairs which was officially launched in September 2010 and closed in August 2011. The aim of the program was to improve the health consciousness and ascertain the health status of the people of Samoa through an integrated, collaborative and participatory health promotion approach. The Village Health Fair report is evidence that integration works and provides a framework that can be further developed so as to further build a critical mass of community participants with raised levels of health consciousness.

Empowered Individuals and community education

This pillar ultimately acknowledges that while policies and programs can be developed and made available, it is *people that make the choices*. It emphasizes enhancing individual skills that are essential in healthy behaviours. It is about *making available the right tools* and easy to understand information and targeted efforts to educate and motivate people to make healthy choices across their life span. It entails reaching people with information and resources in order to promote their health and safety. Many health education initiatives focus on developing brochures, holding health fairs and conducting community forums and

events. There have also been creative and innovative efforts to use media to improve health outcomes especially in the area of tobacco and alcohol use. Yet we have the dilemma of industry mass media with large budgets overshadowing public health efforts in mass media. Young people are of particular importance and vulnerable to industry mass media especially around alcohol and tobacco so it is vital this target group are receiving the right information and knowledge and opportunities to grow and make long term healthy choices. Providing the different community settings with accurate information which is both culturally and language appropriate and presented in a way that invites the individual to use the related health information is powerful if it can motivate prevention orientated options and behaviour.

This pillar recognises that *creating positive 'word of mouth' health messages are often the most empowering,* and long after any mass health media campaign it *relies on community members to take ownership of the health message and initiate activities to support it.*

Elimination of Health Disparities

The burden of illness and lack of access to health care and services is as we know not borne equally across the population of Samoa. It is about addressing issues of accessibility, affordability and equity and realising that health prevention is a good investment and that *prevention investment results in improved health disparities and broad based social and economic sustainability.* This pillar recognises that some population groups are disproportionally affected by health risks and therefore it could be justified to say that not all Samoans have the equal opportunity to live longer, healthier and productive lives. Progress is needed to make healthcare provision more equitable.

Obstacles remain to accessing quality healthcare, particularly in rural areas and disadvantaged communities and it often comes down to transport issues, which can then make access particularly challenging for the elderly. Frequency of illness and quality of care is often a reflection of socioeconomic status.

The current health and demographic trends suggests focusing on health disparities may require increased efforts especially as we look more towards health prevention initiatives. It realises that disparity often occurs under conditions of social, economic and/or environmental disadvantage, that is, determinants of health have a significant impact on health disparities. *It is about addressing any underserved populations disproportionately affected by elevated health risks by focusing on eliminating that disparity.* It also acknowledges that prevention programs are more likely to achieve social equality. For example, improving access to healthy foods to prevent the onset of diabetes for at risk individuals in a community would also result in positive health benefits for other community members too. It also recognises that inequalities affect many aspects of societies, not just those who may disproportionately share the burden of disease.

Tobacco use is a leading cause of premature and preventative death in Samoa. *Living tobacco free lowers a person's risk of developing lung cancer, heart disease, diabetes, and other tobacco related causes of death.* As documented in the Tobacco Control Policy, tobacco related disease also places a large financial burden on the public health system[7].

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[7] Government of Samoa, Ministry of Health, Tobacco Control Policy 2010-2015

In addition to the health care costs in country, much of the medical treatment funded under the Overseas Treatment Scheme is for smoking related illnesses and the burden is expected to increase as the population ages[8].

In general in comparison to the findings of the 2011 Village Health Fair report and the results of the 2002 STEPS NCD Risk Factors Survey, smoking prevalence would appear to have improved overall. The overall smoking prevalence is 27% (compared to 40% in 2002). All regions reflect a lower prevalence of smoking than the national prevalence rate in 2002. However we still need to be mindful that the 2002 STEPS survey applied sampling methodology and age-groups included were limited to 25-64 year olds rather than all persons over 15 years old as included in these screening results. Also in the 2002 STEPS definition of smoker it was whether a person had smoked in the previous 12 months. Current screening asked whether the person smoked.

Healthy islands and settings approaches are spearheaded by the Ministry of Health and the likes of the 'Samoa Parliamentary Advocacy Group for Healthy Living' (SPAGHL) in the area of tobacco control in the workplace, communities and school settings.

It is about recognising the vulnerable groups in targeted settings, for example, women and children in bingo areas and youth and increased prevalence of smoking while also acknowledging more recent research and evidence about the impacts of second hand smoking in both the public and private settings.

Alcohol Abuse is not well researched though the evidence to date does suggest it remains a significant health challenge requiring strengthened and relevant prevention and enforcement responses. It recognises that responses are also required in terms of those populations that are at an increased risk of being victimised as a result of alcohol abuse, especially in terms of domestic or family violence. The recent 2011 Village health Fair report documented that in comparison to 2002, *it would appear alcohol drinking prevalence rates have experienced a marked reduction.* The overall prevalence of alcohol drinkers being17% (compared to 29% in 2002) with marked reductions of prevalence in both sexes, but like tobacco use we need to be mindful that in the 2002 STEPS survey it defined alcohol drinking as ANY consumption of alcohol within the last 12 months, yet the 2011 screening results were subject to respondents' own admission or understanding of whether they were an alcohol drinker or not.

Nevertheless it is recognised that the trend for greater alcohol consumption amongst men than women continues and in terms of women, the prevalence in Upolu is three times that of Savaii.

The Samoa NCD Risks Factor Survey in 2002 showed that 1 in 3 adults (25-64 yrs) were alcohol consumers and men were nine times more likely to be drinkers than women. Frequent and binge drinking was problematic for many.

The Ministry of Health in collaboration with the Health Sector are determined in their efforts in collaboration with Sector partners and stakeholders to strengthen responses to this key priority health area and have already embarked on awareness raising and behavioural

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[8] Ibid, pg 20-21

change strategies evident in the One-Health –Village –Fair. However, this policy envisages, more mobilisation and responsive prevention and intervention strategies are required and this includes *addressing the monetary might of the alcohol industry and its use of mass media.* It also envisages a repeat of the STEPS survey to establish some more informed benchmarks or evidence so as to re-think prevention targets.

Healthy Eating as addressed in light of the growing rates of NCDs takes on a heightened sense of urgency. Combine this with the challenges of shifting mind sets around the area of nutrition which is not a new phenomenon to Samoa means that collective ownership and individual ownership of improving health outcomes through Healthy Eating is a key health priority. Meanwhile, we also have at the other end of the spectrum concerns of under nutrition and malnutrition with recent data recorded suggesting a growth of malnourished infants in the 0-2 age group admitted to the National Hospital[9].

The Ministry of Health and key stakeholders have been proactive and innovative in their community and workplace based settings and in their leadership in this area and in their strategies, activities and public awareness measures. However, through the preventative health context and prevention intervention model, leadership and ownership does not lie solely with the health sector setting but extends beyond that to the critical pillars and corresponding settings. *Food accessibility and choices remain critical determinants and this is even more significant for vulnerable populations such as school aged children,* where poor choices sets them up for further risks of nutrition related diseases. *A 2006 school survey first highlighted the extent of this issue revealing that 8 out of the 10 most commonly sold foods in schools are not recommended for regular consumption in a healthy diet* because they are high in fat, sugar and salt and low in fibre, nutrients, vitamins and minerals[10].

Salt reduction strategies are being explored and social profiling around cultural activities that have negative health impacts is also on the agenda. We have on one hand the use of 'ula lole' or lolly necklaces, which have taken on a new dimension, of including a number of high salt and fat products; and at the other end, the cultural exchanges of high fat products such as canned corned beef or often referred to as 'pisupo'. These can no longer be wiped under the 'fala' or mat.

Active living through physical exercise we know is one of the most important things people of all ages can do to improve their health. *NCD's and conditions including heart disease, diabetes, obesity and cancers are top priorities for Samoa and the growing prevalence is a challenge for all sectors.* The National NCD Policy identifies obesity as currently at 52.7%, diabetes at 23.3% and high blood pressure at 21.4%. The National Kidney Foundation of Samoa through its Annual reports since 2005 to date reported dramatic increases in the number of patients receiving dialysis so this is a significant consideration for preventative health interventions and how these should be translated across the different pillars or settings to address this burden of disease on the nation as a whole.

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[9] Ministry of Health, Fifth Annual Health Forum Dec 2011
[10] *Samoa Primary School Children's Nutrition Survey: Children's Food Habits and Food in Canteens, 2006.* Nutrition Section, Ministry of Health. Samoa

The Current Action Plan and related costed activities for the National NCD Policy is evidence of the Ministry of Health and the Sector taking leadership of programs and strategies that have a strong focus on both physical activity and health eating across a number of settings, with a focus also on addressing risk factors. Through current programs such as Youth and Community Livelihood Programs, including both *Agriculture and Sports focused programs;* there is opportunity to engage wider participation. Through these existing mechanisms and strategies, an elevated consciousness of prevention can also be further developed based on what has worked well to date.

Injury and Disease free living is becoming an increasingly worrisome statistic. This is reflected by the Health Sector Plan 2008-2018 identifying it as a top four priority. MOH records report injuries previously in 2007/2008 as being the 7th underlying cause of death with a dramatic rise to fourth in 2008/2009[11].11 This also highlighted Samoa's vulnerability in natural disasters in terms of mitigation of death and serious injury from injuries. *Nevertheless for 2009/2010 injuries remained the top 3 leading causes of hospitalisation in Samoa.*

The high coverage rates of immunization of the past that Samoa enjoyed are no longer valid[12]. The low rates for urban areas suggests a number of policy considerations and perhaps we need to hold parents more accountable given the range of health service providers readily available for immunisation programs. *Samoa was reported against a selected group of five Pacific Island Countries as having the lowest vaccination coverage of 25% for children aged 18-29 months as fully immunized against the six preventable diseases in Samoa[13].*

Samoa through it Environmental health objectives continues to Plan and implement disease *vector control programs* and coordinate *filariasis elimination* program nationally. The challenge is to continue to develop vector control strategies where efficacy has been demonstrated, while remaining mindful that increasing the number of campaigns may not necessarily reach those individuals whose social and occupational behaviour may place them at an increased risk of infection, or they just fail to participate in treatment prevention programs. Understanding community perceptions and priorities will assist the sector to further build, sustain and tailor subsequent elimination messages and interventions so they remain appropriate, effective and acceptable.

Profiling of injuries and identifying the most vulnerable is something Samoa already does through a number of measures and across a number of sector stakeholders**.** *Children and youth have been identified as most at risk, with males accounting for the most injuries.* This policy should help build on existing efforts and what is working and provide some innovation to target the more vulnerable populations from a health prevention context.

Mental and Emotional Wellbeing we know too well is essential to overall health. *Positive mental health enables individuals to realise their potential more readily and provides them with coping tools to be more resilient to stress and to be more productive, and to engage more fully in their communities and the different environmental settings.* Samoa is no

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[11] Ministry of Health, Fifth Annual Health Forum reports, Dec 2011
[12] Government of Samoa, MDG, Second Progress Report 2010, Prepared by the National Task Force with the Support of the UN System
[13] Ibid, pg 33.

different from many other regional and international countries that have to grapple with this increasingly key priority health area. Challenges remain around misconceptions of mental health and related stereotyping. This policy will provide the intervention that acknowledges mental health is associated with building up general wellbeing, inclusive of emotional and spiritual health and wellbeing. It also looks to tackle some of the more recent challenges of technological bullying including 'sex texting' and the like, which place key specific population groups such as youth as particularly vulnerable. There has been work to date with the existing Samoa Mental Health Policy 2006 and the Samoa Mental Health Act 2007 to address mental and emotional wellbeing with a specific focus on developing Mental Health Care Service interventions by way of a Community Based arm, adopting the AIGA model[14]. This is positive but it is timely now with this policy to introduce, complement and add value through the preventative health lens and build on some of the existing recommendations in place, and to more responsive to this core element of healthcare.

Sexual and Reproductive Health issues present at alarming levels if the transmission of Sexually Transmitted Infections is the preferred indicator for this key health priority area. Demands on a shift of thinking to address this concerning health status could not be more important than in this area. There continue to be areas of unmet needs, especially around family planning. *There are statistics around STIs that place Samoa in a poor light against other Pacific nations with much larger populations.* The Health Sector is not oblivious to this and has placed significant priority on this, including awareness and prevention of HIV, and attributed to it a sense of urgency it deserves. It aims to reduce the prevalence of Chlamydia significantly from the current prevalence rate of 30% by 2013 and It also has selected targets for the neo natal population[15]. The Sector is acutely aware of the challenges and issues and the recommendations are very much in line with the deliverables of a results based National Health Prevention approach that looks at total populations and targeted populations across a spectrum of prevention intervention measures and strategies. Adolescent development and the significance of making informed choices is a relevant consideration in this core health area.

Climate change and Disaster Preparedness

Ultimately it is the most vulnerable populations that are impacted in terms of capacity to cope with challenges of climate change and disaster preparedness. Over the medium to long term, sea level rising poses significant risks as both the population and related income generating activities are concentrated along low-lying coastal areas. The challenges presented by the year 2009 which saw the aftermath of the tsunami and the H1N1 pandemic tested Samoa's health sector and systems to a great extent and reconfirmed that while the challenges maybe different, the most vulnerable populations of those populations at most risk were similar. The focus on Primary Healthcare and increasing the awareness of the immediate environment we live in, including priorities around safety, sanitation and health prevention all feature more prominently now in core public health and environmental planning that looks to responses that mitigate the risks in the area of climate change and disaster preparedness.

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[14] Ministry of Health, Fifth Annual Health Forum reports, Dec 2011
[15] Ibid

CURRENT OPERATIONAL & POLICY FRAMEWORK

Samoa's overarching national planning document is the *recently published Strategy for the Development of Samoa 2012 – 2016 (SDS 2012–16).* The SDS was formulated on the basis of an extensive consultative process involving government agencies, the private sector, civil society organisations, church leaders and community groups. This new policy is timely in that it has evolved concurrently with the of new SDS and covers the same time frame of this policy, so reporting will be more integrated and monitored against national priorities for the overall health sector.

The current national vision of the SDS 2012 – 2016 is "Boosting Productivity for Sustainable Development" and so it therefore already envisages people living healthier lives to enable them to participate and be productive and recognises the value of a healthy nation to sustainable development. In realising the vision, collaboration and collective action across multiple stakeholders is at the forefront and needs to continue to be supported if we are to achieve measurable improvements in the general wellbeing of all Samoan citizens.

The Public Sector Improvement Program continues as does the *Public Finance Management Reform Strategy* that is now in the 2011-2013 reform phase. It continues to recognise the challenges and at the same time make significant progress. It is envisaged that 2012 will continue to be a challenging year with priorities in the reform agenda continuing to focus on finalising all Sector Plans which will drive the next SDS[16]. Of particular focus is the monitoring of plans to assess effectiveness and progress which the Health Sector Plan is no exception. This policy is timely in that it helps define the priorities for health prevention in way that is participatory and consultative so as to reach a consensus on accepted performance measures.

At a more regional level we have the reinforcement by Forum Leaders in August 2010 in respect to their commitment to the achievement of MDG's through the adoption of the *Port Villa Declaration on Accelerating Progress on the Achievement of the MDG's.* Samoa already uses MDG targets as a measure of aid effectiveness and the Health Sector Plan 2008-2018 is reflective of that. The 2010 Progress Report on Samoa's progress highlighted some gaps in MDG achievement and this policy is supplementary to other policy and strategy efforts to address some of those gaps, especially in the areas of immunizations coverage rates and unmet reproductive health needs.

The 2010 Government of Samoa published its *Development Cooperation Policy* that reaffirms the central role of government in setting its national development priorities[17]. Underpinning this is Samoa's commitment to development and reform and ongoing affiliation and responsiveness to the Paris Declaration and Cairns Compact Principles[18]. There is a strong focus on *Managing for Results* and the Government is confident that while various sectors are at different points of progress in the development of related

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[16] Government of Samoa, Public Finance Management Reform Plan: Phase II, Progress Report Dec 2010-Nov 2011; November 2011

[17] Government of Samoa, Ministry of Finance; Aid Coordination and Debt Management Division; December 2010.

[18] Government of Samoa, Evaluation of the Paris Declaration on Aid Effectiveness and the Accra Agenda, Samoa Country Report December 2010.

performance frameworks, work still remains to ensure that a national results framework is in place and implemented[19]. The continual embedding of the application of the principles of the Paris declaration at the Sector level such as in the Health Sector will provide for the important link between policies such as this that have identified the key priority areas and connecting it to corresponding financing modalities.

The *Samoa-Australia Partnership for Development* is now in its third year with a number of targeted partnership priorities. Partnership Priority Outcome 2–Improved Health aims to provide continuing assistance for Health Promotion, improving quality of health care services and health policy combined with an increased focus on specifics of non-communicable diseases, workforce development and improved governance. Key achievements have been made especially through the nationwide program of village health fairs. Valuable baseline health data is now available and in terms of this policy, total population and targeted population prevention interventions can be further progressed to address some of the more concerning gaps that are impacting achievements of key health priority areas.

The Ministry of Health is the lead agency for the sector and is mandated primarily by the Ministry of Health Act 2006 to provide policy, regulation and technical support to the sector. Other mandates extend to:

- Liquor Control Act 2011
- Tobacco Control Act, 2008
- Mental Health Act, 2007
- Nursing and Midwifery Act 2007
- Health Care Professions Registrations and Standards Act 2007
- Pharmacy Act 2007
- Dental Practitioners Act 2007
- Medical Practitioners Act 2007
- National Health Services Act 2006
- National University of Samoa Act 2006
- Biosecurity Act 2005
- National Kidney Foundation of Samoa Act 2005
- Planning and Urban Management Act 2004
- Oceania University of Medicine 2002
- Occupational Safety and Health Act, 2002
- Samoa Red Cross Act 1993
- Liquor Act 1971
- Poisons Act 1968
- Food and Drugs Act, 1967
- Burials Ordinance 1961
- Coroners Ordinance 1959
- Health Ordinance 1959

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[19] Ibid, pg 17

Plans and Policies extend to:

- National HIV/AIDS Policy 2011
- Infection Control Policy 2011
- National Tobacco Control Policy 2010
- National Non Communicable Disease Policy 2010
- National Health Promotion Policy 2010
- National Medicines & Drugs Policy 2008
- National Avian and Influenza Action Plan 2008
- National Human Resources for Health Policy & Plan of Action 2006
- National Mental Health Policy 2006
- National Healthcare Waste Management Policy 2006
- Rheumatic Fever Primary Prevention Policy 2003
- Injury Prevention for the Children of Samoa Policy 2002
- National Sexual and Reproductive Health Policy 2011-2016
- Overseas Treatment Policy
- TTM Healthy Hospital Policy
- Safe Motherhood Policy
- National Primary Health Care Policy
- Water Sector Policy
- National Sanitation Policy

We have to be mindful also with the *maturing of the SWAp*, changes of patterns of expenditure have been evident. This also represented significant development expenditure on the new Ministry of Health headquarters, now completed and the ongoing new hospital project. The *change in focus of Programs of Work* as these new developments take effect mean budget output responsibilities will also shift[20]. Notably the Budget Units that reflect both the highest value and highest number of projects include Ministry of Health Promotion and Prevention, which is reflective of the rebalanced expenditure priorities towards investments in infrastructure and equipment for both MOH and NHS. While MOH Promotion and Prevention was the lead disbursing unit for actual expenditure in previous financial years, it is expected to drop behind MOH Nursing and NHS CSU[21]. However, this should not impact on the implementation of this policy given the increased focus, outputs and activities assigned to screening and community centred mobilisation that already exist as key considerations of these Output Units. It should also realise a strengthened focus on non-communicable diseases whose prevalence shows no notable decrease to date.

We only need to refer to the Samoa National Health Promotion Policy, the all important Samoa first 2009 Demographic and Health Survey, the recent Census, and other existing polices and strategies to see that we are building a solid foundation of policy levers, options and baseline data. The challenge now, is how to translate this rich source of knowledge into tangible strategies and activities that can deliver on priority health prevention areas. This is premised against the medium to long term landscape of health sector expenditure where the Health Care Services area of the Health Sector Plan takes a

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[20] Government of Samoa, Ministry of Health, Update of the Medium Term Expenditure Framework (MTEF) for the Health Sector, Prepared by CSU; 4th April 2011.
[21] Ibid, pg 14

clear lead over the Promotion and Prevention area[22]. It is the intention that this policy and Plan of Action will help identify those activities that transverse all six key strategic areas of the Health Sector Plan 2008-2018.

KEY STRATEGIC AREAS

In considering *population health against a more holistic approach to achieving health and wellbeing,* which places accountability and positive health outcomes across the four different levels of prevention and intervention; there is a *stronger emphasis on the importance of addressing the clinical preventative needs of each individual while recognising the functions of integrated community health and the roles of individuals, communities and wider environment settings as critical components of population based health.*

Key measuring concepts for assessing health and wellbeing goals which looks also at healthy behaviour adoption at the individual, community and national levels capture all the seven key strategic areas. We look to concepts such:

- **Obesity** – to monitor the prevalence of a major risk factor for more serious health conditions, including diabetes, cardiovascular disease and the like;
- **Binge drinking** – to monitor the prevalence of a risk factor for adverse health outcomes and alcohol attributed injuries and deaths as an important area for upstream prevention;
- **Healthy Behaviour Index** – to monitor a combination of individual health behaviours such as healthy eating, weekly consumption of fruit and vegetables, daily and weekly exercise and not smoking which all have established relationships with adverse health outcomes;
- **Hospital admissions for Injuries** – to help monitor the leading causes of death for younger populations that have significant impacts on well being, disability, medical costs and productivity;
- **Dental cavities and untreated dental decay** – to monitor the prevalence of a relatively common chronic condition that is largely preventable and with significant implications on health and wellbeing if left untreated; and
- **Mental Health** – to monitor the prevalence of different mental health conditions which have comparable degrees of suffering such as depression, which is more readily addressed with proper treatments against the more chronic conditions which can have complex negative impacts if go undiagnosed and untreated.

With the *increased focus and urgency surrounding the prevention and treatment of cardiovascular disease,* given its growing prominence as a leading cause of preventable deaths in Samoa, the specific focus on the key strategic areas covered by this policy provides valuable opportunity to look further into *applicable measuring concepts such as:*

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[22]Government of Samoa, Ministry of Health, Update of the Medium Term Expenditure Framework (MTEF) for the Health Sector, Prepared by CSU; 4th April 2011, pg 18-19.

- **Access to healthy foods** – to monitor and encourage the availability of healthy food selections in supermarkets and smaller community food outlets;
- **Cigarette smoking by adults** – to monitor a leading cause of preventable death and key cause of cardiovascular and respiratory disease and other adverse health outcomes;
- **Use of tobacco products by youth** – to monitor smoking and tobacco use, which can cause serious and immediate health problems inclusive of cancer and addiction;
- **Access to recreational areas and facilities** – to monitor the availability and accessibility of relevant and safe recreational areas to promote physical activity among adults and children;
- **Control of high blood pressure** – to better monitor patients so as to ensure high blood pressure is under control as better control significantly reduces mortality;
- **Control of high cholesterol** – like above, to improve monitoring so as to have more patients whose cholesterol is under control so as to reduce associated mortalities; and
- **Consumption of calories from fats and sugars** – to monitor the consumption of fats and sugars which is associated with growing trends of obesity, overweight and diabetes.

At a different strategic level, in *addressing the scope of key measuring concepts for ensuring person and family centred care settings and effective communication and coordination of care, we can look to concepts, such as those listed below,* for indication of progress:

- **Confidence in managing chronic conditions –** to monitor whether patients feel they have the necessary knowledge and skills to confidently self-manage their health;
- **Easy to understand instructions to manage conditions –** to monitor whether healthcare service providers are communicating in a way that is clear and considerate of cultural and linguistic needs;
- **Joint development of treatment goals and plans of care –** to monitor the extent patients are directly engaged in planning their care;
- **Patient involvement in decisions about healthcare –** to monitor the extent which patients feel engaged and included in making decisions about their care;
- **Patient and family experience of quality, safety and access –** to monitor patient and family experience across the different health settings;
- **Care transitions and Communications –** Improve the quality of care transitions and communications across different care settings;
- **Shared accountability between communities and healthcare delivery system –** establish shared accountability and integration to improve quality of care and reduce health disparities;
- **Care for vulnerable populations –** to monitor quality of life for vulnerable populations who are compromised in their ability to adequately advocate or care for themselves;

🔸 **Shared information and accountability for effective care coordination –** to monitor the extent which there is shared information and accountability between healthcare providers and between the delivery system and communities to effectively coordinate care.

Many enablers including this policy are driving the needs for new approaches that incorporate prevention measures as key priorities and spurs action and innovation in areas where we are able to forge ahead in the right direction and make a significant difference.

The successful implementation of this policy relies on the following key strategic focus areas to guide activities, initiatives and programs and to gain the biggest impact in health prevention interventions and overall improved health and well being for all Samoans.

KSA 1: Tobacco Free living

A comprehensive approach for effective tobacco control is in place through The Tobacco Control Act 2008 with specific intentions across a wide area of prevention of premature deaths and protection from exposure. The Tobacco Control Policy reinforces key strategic areas and provides for a more activity orientated set of initiatives to better realise a vision of *"A healthy Samoa with people, communities and environments that are tobacco free".*

The focus on national health prevention provides the opportunity to revisit some of the key goals and indicators covered by the Tobacco Control Policy and capture how as a sector we can use a multiple range of settings to introduce and in some settings reinforce some of the prevention intervention strategies that aim at preventing smoking related disease amongst both smokers and non smokers and targeted populations groups.

The STEPS Survey 2002 reported that 40% of the total population are smokers. For males the figure is more distressing as it records 56.3% as smokers and females at 21.8%[23].

This policy invites mind set and behavioural change that recognises that our future generations, if trends of tobacco use and second hand exposure continues, are at further risk of premature deaths and this needs to be viewed in the public consciousness as a priority; and to encourage healthy settings that seek to educate on the harmful effects of smoking, physically, mentally, socially and culturally.

Key strategic directions include:
🔸 **Promoting** positive social interactions and enhanced networks that discourage tobacco use;
🔸 **Providing** individuals and communities with the correct tools and information to make the right choices; and
🔸 **Engaging** in multimedia as alternative communication tools to reach target groups.

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[23] Ministry of Health, Government of Samoa, STEPS Survey 2002

KSA 2: Prevention of Alcohol Abuse

This policy looks to advocate for a strengthened sector wide response across multiple settings that encourages a greater sense of accountability and responsibility for the associated and very real negative impacts of alcohol abuse. *Harmful alcohol use including underage drinking, drinking while pregnant, binge drinking and driving while under the influence is not behaviour that can be addressed with a one fix solution.* This key area looks at an outcome focused approach that sees preventing alcohol abuse as critical to improving quality of life, improving academic performance, improving workforce productivity, reducing crime and criminal justice expenses, reducing motor vehicle accidents and fatalities and lowering the health cost burden for related acute and chronic conditions.

It is about redefining the unacceptable and reinforcing the impact of the problem of alcohol to the public's attention. It looks at prevention interventions such as empowering young people not to drink, strategic media messages, identifying drinking disorders early, reducing inappropriate access and strengthened support and enforcement of legislation, regulations and alcohol control policies.

Key strategic directions include:

- **Empowering** people and communities to recognise the profound effects of alcohol abuse;
- **Supporting** individuals, especially in the area of ante natal care, to make informed decisions about alcohol consumption;
- **Identifying** at risk environments to reduce false or misleading communication around alcohol consumption; and
- **Referring** individuals or target populations to programs that will support positive choices.

KSA 3: Healthy Eating

This policy looks at this key area from the perspective of what makes the unhealthy choices the easy choices and *how can we introduce behavioural change and societal change to make healthy choices the easier choices.*

It encourages everyone to be working collectively and ask the hard questions of what is working well and what isn't, and with a focus on what the intended prevention outcomes are. It requires us be sure interventions are grounded in an evidence based approach, so as to *ensure that the investment is in the right interventions and that they are being made at the right time for the right individual or community.*

This is not a new challenge in any setting and Samoa is not much different from many other Pacific Island nations dealing with this key health priority area. Samoa has introduced many innovative community based initiatives and continue to get buy in form the different stakeholders and individuals in terms of taking some responsibility for healthy eating and making the right choices, especially for our children.

It is concerning as reported in the STEPS Survey 2002 that 35.6% of the population eat virtually no fruit[24]. More recently in the MDG Samoa Progress report 2010, it reported that one in three people eat less than the recommended servings of fruit and vegetables per day.

Prevention efforts will continue to focus on what has worked and at the same look to extend the net and help all Samoans recognise the value of accessing nutritional food supplies, help in the recognition of how to make healthy choices, with a continued focus on limiting intake of saturated fats, added sugars, and sodium, and to continue to support existing programs that promote breast feeding and enhance food safety.

Key strategic directions include:
- **Improving** health education opportunities through a variety of settings and programs;
- **Addressing** any barriers to dissemination and use of reliable health information;
- **Continuing** with target population health initiatives that have been proven to work; and
- **Strengthening** nutrition information and food product labelling that will increase demand for healthy options, which will in turn influence supply side of healthy products by companies.

KSA 4: Active Living

The National Non-communicable Disease Policy 2010-2015 provides a solid framework that recognises that there are certain vulnerable groups in the communities that have heightened risks of experiencing poorer health related outcomes as a result of non-communicable diseases and related complications. There is a strong recognition of the need for a sector wide approach involving all key actors across both public and private sphere if we are to make a measurable difference. Social and environmental adaptations are levers in which we can gain further momentum. *Focusing on creating supportive environments that make positive health choices as a preferred or default behaviour is critical to making inroads on the mission and aim of this policy.*

The key findings of the NCD Steps Survey[25] sample of nearly 3000 people between the ages of 25-64yrs, which involved a risk factor analysis reported that 21% of the population do very little or no physical activity. Interestingly people in Apia were less likely to be active than people in rural areas and women increasingly inactive than men.

These findings prompted the Ministry of Health to develop a Physical Activity Campaign implemented in 2006. It looked to address a number of health related areas including helping to control non-communicable diseases, mainly diabetes and hypertension, improve maternal and child health, lower prenatal mortality rate, and better control communicable diseases and injury prevention. In 2009 it was reported that almost all village communities from Upolu (83villages) and Savaii (80 villages) participated. The 2009 SDHS attempted to report on the level of engagement by way of background characteristics. It was documented that there was not a clear correlation with participation in the Physical Activity

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[24] Ministry of Health, Government of Samoa, STEPS Survey 2002
[25] Ibid

Campaign and Household wealth[26]. However, caution is required when making comparisons as with the SDHS prevalence rates of participation were based on involvement in Ministry of Health of Ministry of Women, Community and Social Development activities. As we know, individuals including children below the age of 15 participate in other organised or individual physical activity programs that are not captured in the monitoring reports.

The challenge is to build on the initiatives identified that have clear targets and look to stepping up the focus and having some *champion advocates* in the area of Public and population health that promotes particular community action activities, advocates the value of creating supportive environments and reinforces the underlying *objective of changing behaviour to benefit long term health outcomes.*

Key strategic directions include:
- **Coordinating** cross sector efforts that promote physical activity;
- **Working** to create community led change towards active living;
- **Adopting** active living practices that recognise positive implications for the environment; and
- **Supporting** the delivery of preventative health and wellness services in community health care settings

KSA 5: Injury and Disease Free Living

Targeting the reduction of injury, including violence and disease free living improves physical and emotional health, makes for safer communities and more enjoyable living environments. The concerning prevalence of violence against women undermines many of the advances that have been made for women across the various sectors, especially in terms of empowerment and women in leadership. *Advocating and implementing more supportive environments that encourage and invite change in mind sets across the whole spectrum of Injury, Violence and Disease free living is a critical prevention intervention mechanism.* Credible campaign efforts and community awareness programs have been progressed and there appears to be a greater tendency towards intolerance but perhaps it needs a greater level of consciousness of individual and collective responsibility and mutual accountability. The implications for lifelong negative physical, emotional and social consequences if this key strategic health area is not promoted and strengthened needs to be captured into the consciousness of all Samoans and not left to a select few agencies or sectors to deal with.

Key strategic directions include:
- **Improving** the monitoring of environmental and occupational hazards and the impact of these exposures on health and how to reduce exposures, especially on our most vulnerable populations;
- **Assuring** safe drinking water through routine monitoring, detection and notification of water related risks to prevent contamination;

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[26] Samoa Demographic and Health Survey 2009 Apia, Samoa, Ministry of Health[Samoa], Bureau of Statistics [Samoa] and ICF Macro 2010

- **Promoting** living and home environments that provide for positive physical and mental wellbeing, free of hazards such as second hand smoking, toxic chemicals, pests and violence; and
- **Including** persons with disabilities and older adults in health and safety strategies.

KSA 6: Mental and Emotional Wellbeing

Mental disorders and Mental illness are associated with higher probability of chronic conditions such as obesity, diabetes and cardiovascular disease and therefore related to premature death in some instances. This policy identifies this as a key strategic health area for the various prevention interventions depending on the complexities involved. Again, *it is not a one – organisation lead and fix but requires a collective sense of ownership* given that it is a relatively new policy priority area and which previously looked primarily to the clinical health setting as the lead setting to respond to this health area. It invites us to move away from looking just at the clinical setting that is responsive to the more severe mental illness cases and take a more holistic health approach that recognises other contributing and supportive environments. *We need to consider a youth-focused and youth -driven mental health program that is relevant to young people, using schools, media and social networks.* Also there is the possibility of looking to introduce mental health first aid, alongside other first aid which promotes a common basic understanding in the population of how to deal at a basic level with mental health issues.

This key strategic area looks to promote positive early childhood development, including positive parenting and violence free homes. It reinforces through the different pillars social connectedness and community engagement across the life span of individuals. It aims to provide individuals and families with the right support when necessary in order to maintain positive mental wellbeing, while at the same time ensure early identification of mental health needs and access to quality services.

Key strategic directions include:

- **Facilitating** community health needs assessments to improve on service delivery;
- **Enhancing** the capacity of the sector to collaborate and fully integrate across the sectors to help identify and support the most at risk populations, such as youth;
- **Increasing** the availability and use of preventative research that helps identify effective interventions that can respond to mental and emotional wellbeing needs; and
- **Supporting** the implementation of both clinical and community services that facilitate and encourage access.

KSA 7: Sexual and Reproductive Health

Healthy sexual and reproductive knowledge, practices and health care play a critical role in people reaching their potential and sustainable safe and stable communities. Safe, responsible sexual practices reduce sexual violence and reduce the spread of damaging health effects of HIV/AIDS, viral hepatitis and other STIs. Furthermore, planning and having a healthy pregnancy is vital to the health of both a newborn baby and mother, which is especially important in the cases of teen pregnancy and childbearing, which can

have significant cross sector implications, like education attainment, employment opportunities and income instability. The MDG Samoa Progress Report 2010 has two related targets for maternal health, 75% reduction in maternal mortality between 1990 and 2015 and achieving universal access to contraception to avoid unintended pregnancies, and all women having access to skilled care at time of birth and timely access to quality emergency obstetric care when there are complications[27].

The health sector has made significant improvements with long term commitments to these two target areas. Regardless, an analysis of low contraceptive usage and high levels of unmet need for family planning, which amounts to a total of 46% of currently married women (Samoa DHS 2009) reinforces the gap between women's reproductive intentions and their actual contraceptive behaviour. Addressing these concerns is not easy against a back drop of culture that sees sexual education as something difficult to discuss, as it is rationalised by some as implying the endorsing of sexual activity at young ages. These are not new challenges, but in light of the statistics around prevalence of Chlamydia and low uptake of contraception by both males and females, it is time to breed some innovation into public awareness policies and various communication settings and push the boundaries to get a collective voice on these issues, with some strong champions across the different community settings and targeted populations such as youth.

Key strategic directions include:

- **Engaging** in promoting change across the different settings that support an individual's ability to make healthy sexual and reproductive choices;
- **Involving** consumer participation in planning, developing, implementing, disseminating, and evaluating sexual and reproductive information and knowledge;
- **Adopting** alternative communication methods and tools, including media to support more traditional written and oral communication; and
- **Promoting** and providing accurate, accessible and actionable sexual and reproductive health information across diverse settings and programs, including health education in school curriculum.

IMPLEMENTING THE NATIONAL HEALTH PREVENTION POLICY

Improving performance in the area of health prevention requires a stronger recognition of lessons learnt from previous prevention intervention arrangements and to establish mechanisms and measures that assist in making the transition to a program and performance outcomes approach that supports the key strategic areas of this policy.

Key considerations in terms of implementing the National Health Prevention Policy are:

- The existence of a clear sector plan and operating framework;

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[27] Government of Samoa, Millennium Development Goals, Second progress Report 2010, Prepared by the National Task Force with the support of the UN System

- A comprehensive Medium Term Expenditure Framework, capturing all budget support and expected allocations and forecasted expenditure across key Programmes of Work that contribute to the successful implementation of this policy and related activities captured in the Action Plan;
- A comprehensive performance monitoring system;
- A formalised process for donor coordination through the SWAp; and
- An agreed process for moving towards harmonised systems for reporting, budgeting, financial management and procurement.

Government Role

The development of an effective implementation approach to deliver on the critical national health prevention strategic focus areas requires well coordinated and targeted inputs from several Government ministries. The key role of the Government is to ensure that key sector Ministries and agencies work collaboratively with the private sector, NGO's and the donor community to produce an enabling framework to guide the implementation of the Policy and ensure that the prioritised activities in the Action Plan are implemented and managed in a way that meets the key performance indicators.

The Ministry of Finance (MOF) is the core executing agency for all public sector investment programmes and provides key policy guidance and support for implementing agencies, like the Ministry of Health, in ensuring that the national development objectives are met and in line with the allocated resources over a given timeframe. The MOF, through its Aid Coordination and Debt Management Division (ACDM) and Finance Division, is tasked with assisting the Health sector in ensuring that resources are available for the implementation of the KSA's during the life span of the Health Sector Plan.

The Samoa Bureau of Statistics (SBS) is responsible for the collection and compilation of key statistical data that assists in the analysis of the performances of various sectors of the economy. The recent census should be especially valuable to understanding the changing demographics of our population and identifying the many cross sector issues that could impact the health prevention landscape and gaining a greater insight into vulnerable populations that require more targeted prevention interventions.

Private Sector Participation

The private sector has been targeted with the key platform for generating economic growth in Samoa's National development goals. The willingness and capacity of the private sector to increase participation and investment in the development of health service provision, health research and innovation, health screening and primary care, media and communication is critical to driving the range of intervention responses. This will also enable the private sector to capitalise on comparative advantages at the different levels of intervention across total populations and targeted populations and develop a growing health workforce that meets key priority targets. This will necessitate effective ongoing dialogue at an appropriately high level between with the public and private sector representatives.

The Samoa Chamber of Commerce, as the National Private Sector Organisation, also has a key role, as the core representative agency of all private sector groups within the economy including most importers and some local processors of food products. The Chamber is encouraged to continue to act as the voice for the private sector in public-private partnerships and dialogue to ensure especially in the area of local processing, importing and value added processing that all key health issues are considered.

Development Partner Community

The strong support of development partners during this policy and action plan period will be critical to sustaining existing programs and providing for new initiatives that can be operational at the community level and also deliver on the national health prevention priorities, in accordance to relevant performance indicators and medium term expenditure frameworks. Much of the anticipated resourcing required will be for strengthening the activities aligned to different activities that transcend the different intervention settings across primordial, primary, secondary and tertiary intervention responses.

Community and NGO partnerships

The success and sustainability of targeted community programmes in the National Health Prevention Policy will depend to a large extent on engaging the communities in the design of these initiatives and obtaining ownership throughout the plan period. It is critical also that existing partnerships with NGO's continue to be strengthened, supported by best evidence and well informed to assist the various NGO's establish where they are best placed to add value and how best to target their programs and services in the different community, workplace and environmental settings.

Perhaps there remains room for a greater role by some of the churches and Samoa Women's Committees in terms of advocating positive health choices, promoting safe and stable communities, parenting and life skills classes and monitoring of ECE's.

The key stakeholders for the health sector who will contribute to the implementation and subsequent monitoring of the National Health Prevention Policy and Action Plan are listed below. Some of them and their key roles have been discussed in more detail above.

Government Ministries, Departments and Corporations	
MOH	Ministry of Health
MAF	Ministry of Agriculture and Fisheries
MOF	Ministry of Finance
MNRE	Ministry of Natural Resources and Environment
MCIL	Ministry of Commerce, Industry and Labour
MJCA	Ministry of Justice, Courts and Administration
MWCSD	Ministry of Women, Community and Social Development
MWTI	Ministry of Works, Transport and Infrastructure
MFAT	Ministry of Foreign Affairs and Trade
MPP	Ministry of Police and Prisons
MESC	Ministry of Education, Sports and Culture

MOR	Ministry for Revenue
SBS	Samoa Bureau of Statistics
PSC	Public Service Commission
SWA	Samoa Water Authority
STA	Samoa Tourism Authority
SLC	Samoa Land Corporation
NHS	National Health Services
NKFS	National Kidney Foundation of Samoa
SROS	Scientific Research Organisation of Samoa
DBS	Development Bank of Samoa
SQA	Samoa Qualifications Authority
OAG	Office of the Attorney General
Non Government Organisations	
SUNGO	Samoa Umbrella for Non Government Organisations
NCC	National Council of Churches
SRNA	Samoa Registered Nurses Association
PSA	Public Service Association
SWCO	Samoa Women's Committee Organisations
SAWG	Samoa Association of Women Graduates
SASNOC	
NOLA	Nuanua o le Alofa
NCW	National Council of Women
SVSG	Samoa Victim Support Group
NCECE	National Council of Early Childhood Education
LTS	Loto Taumafai Society
	Aoga Fiamalamalama
Academic /Tertiary Organisations	
USP	University of South Pacific
NUS	National University of Samoa
APTEC	Australian-Pacific Technical College
IRETA	Institute for Research Extension and Training in Agriculture
Private Sector	
SAME	Samoa Association of Manufacturers and Exporters
CoC	Samoa Chamber of Commerce & Industry Inc
WIBD	Women in Business Development Inc.
SBEC	Small Business Enterprises Centre
SPBD	South Pacific Business Development
SFA	Samoa Farmers' Association
CDMAC	Crops Development Advisory Committee
LMAC	Livestock Advisory Committee
CFMAC	Fisheries Advisory Committee
	Financial Institutions

Donor Community	
AusAID	Australian AID
NZAID	New Zealand AID
EU	European Union
UNFPA	United Nation Population Fund
WB	World Bank
WHO	World Health Organisation
JICA	Japan International Cooperation Agency
RF	Response Fund
GF	Global Fund
SPC	Secretariat of the Pacific Community

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