



GOVERNMENT OF SAMOA

NATIONAL HEALTH PROMOTION POLICY



Key message



The vision of *'all individuals, families and communities in Samoa are empowered to promote their health and well-being to live healthier, happy and productive'* guided all national efforts in promoting the health and well-being of all citizens. Our mission *'to promote health and well-being for a healthy Samoa'*, further articulates our collective commitment and action to improve population health, and for making progress towards *'A Healthy Samoa'*.

We face challenging times with major economic, social and environmental issues now and ahead, which continue to impact on the health and well-being of everyone. We are facing an unhealthy population and a costly health

system; increasingly becoming a social and economic liability. We are confronting the biggest challenge of the rising burden of non-communicable and communicable diseases, and other emerging health risks and threats. The problem lies not only in our lifestyles, but also in the environmental factors shaping the choices people make. Economic progress is not enough. We want a healthy, happy and productive population where everyone participates and contributes to Samoa's social-political and economic development.

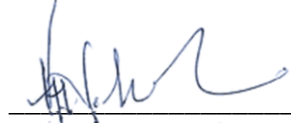
Health promotion plays a significant role in making positive progress towards the achievement of *A Healthy Samoa*. It is intended to prevent the onset of many of the sources of health risks, trends and issues, easing the financial and human resource burden on the public health system and the national economy. Health promotion provides opportunities for early and immediate actions - through health education, awareness, and prevention; delivered through joint action.

This National Health Promotion Policy (HNPP), for 2022-2027, articulates the Government's commitments for developing and improving health promotion in Samoa. It provides a framework of measures that the Government, stakeholders and partners wishes to adopt, develop and implement to enhance health promotion. The national policy guides all organisations, groups, institutions, and individuals across all sectors (government, private, civil society and community) who are engaged in health promotion policy making, programming and activity implementation.

The philosophy behind health promotion is enabling and empowering 'people to increase control over and improve their health', by influencing and shaping the 'social, environmental and economic conditions which impact on health and well-being'. Therefore, the collective commitment and collaborative effort of all key stakeholders, partners and communities is inevitable for the effective adoption and implementation of this national policy and strategy.

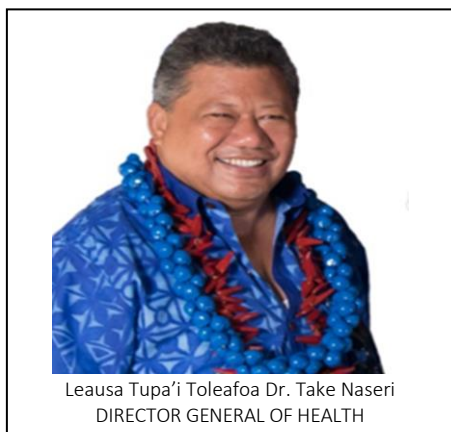
We are calling on all leaders, champions, promoters and advocates from all sectors of society to work with us, to collectively contribute towards improving the health and well-being of everyone, now and into the future, for the realisation of *A Healthy Samoa*.

Faafetai.



Hon. Valasi Luapitofanua To'ogamaga Tafito Selesele
MINISTER OF HEALTH

Foreword



This National Health Promotion Policy (NHPP) and its Plan of Action for 2022-2027 sets out what we as a society and community as a whole will undertake to improve the promotion of health and well-being. Health is a pre-condition for a prosperous and stable society; the resource for social, economic and personal development. 'Health is not merely the absence of disease, but rather a state complete physical, spiritual and mental well-being, which is influenced by social, environmental and economic factors. Good health is the foundation of life.

The on-going and emerging challenges with health will remain with us for life. But we must do our part in promoting good health for our citizens and our population well-being, for the current and future generations. We must promote health in order to prevent various health risks and threats. Health, and promoting health for the well-being of all Samoans, is the responsibility of everyone.

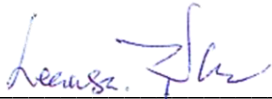
We build on the efforts made; learning from the experiences with past and present initiatives; looking at adopting new measures; and improving as we are progressing. We know that to make positive change, it requires the involvement of everyone and the whole community to promote their health and well-being, and to shape the environments in which they live and socialise to support and enable the making of appropriate and healthier choices.

We aim to work with you, to achieve these development intentions and aspirations for health promotion as outlined in this NHPP 2022-2027. We wish to make a positive impact through the effective adoption and implementation of the following strategic objectives of this National Policy for Health Promotion:

- Build and strengthen transformative and integrative 'health-in-all' public policies;
- Improve whole-of-society and community action; and
- Develop and strengthen capacities in health promotion.

We trust that with your support and collaboration, we can make positive progress towards the achievement of the vision: *all individuals, families and communities in Samoa are empowered to promote their health and well-being to live healthier, happy and productive, through working together to promote health and well-being for a healthy Samoa.*

Faafetai.



Leausa Toleafoa Dr. Take Naseri
DIRECTOR GENERAL OF HEALTH

Summary

<u>Vision:</u>	<i>"All individuals, families and communities in Samoa are empowered to promote their health and well-being to live healthier, happy and productive"</i>
<u>Mission:</u>	<i>"To promote health and well-being for a healthy Samoa"</i>
<u>Targets:</u>	<i>30% of the eligible populationⁱ have health literacy.</i> <i>30% of health promoting settings are implementing health promotion approaches.</i> <i>40% of the eligible population are participating in health screening and other primary health care services.</i> <i>30% of the eligible population experienced some behavioural changes due to health promotion.</i> <i>60% of the eligible population are aware of available health services.</i> <i>50% of the eligible population are able to access health promotion services/programs.</i> <i>40% of the eligible population are able to adopt healthier lifestyles.</i>
<u>Strategic objectives:</u>	<i>1. Build and strengthen transformative and integrative 'health-in-all' public policies;</i> <i>2. Improve whole-of-society and community action.</i> <i>3. Develop and strengthen capacities in health promotion.</i>
<u>Resourcing:</u>	<i>Government of Samoa, Development Partners.</i>
<u>Governance Structure:</u>	<i>Health Program Advisory Committee.</i>
<u>Implementing Partners:</u>	<i>Government agencies, non-governmental organisations, civil society & community-based organisations, groups and networks.</i>

ⁱ Defined as the population aged 5 years old and over.

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Acronyms

CBO	Community-based organisation
DFAT	Department of Foreign Affairs and Trade (Australia)
GoS	Government of Samoa
HiAPP	Health-in-All Public Policy
HPFP	Health Promotion Focal Point
HSP	Health Sector Plan
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NCD	Non-Communicable Diseases
NCDC	NCD (Non-Communicable Diseases) Committee
NGO	Non-governmental organisation
NHPP	National Health Promotion Policy
NHPPFP	National Health Promotion Policy Focal Point
NHPWHEHPD	National Health Programs, Wellness, Health Education and Health Promotion Division
PDS	Pathway for the Development of Samoa
SDG	Sustainable Development Goal
WHO	World Health Organisation

1. STRATEGIC FRAMEWORK FOR THE POLICY

1.1. Introduction

This 'National Health Promotion Policy (NHPP) 2022-2027' sets out the strategic public policy direction for the development of health promotion in Samoa. It reaffirms the commitment of the Government of Samoa (GoS) to promote the health and well-being of all Samoans - through effective public policy and programming interventions - and working collaboratively with the community, stakeholders and partners. The NHPP continues to emphasise the importance of health promotion in increasing individual and collective participation in health action and health seeking behaviours, enhancing population health, preventing and reducing morbidity and mortality, and thereby contributing to improved environmental, social and economic outcomes for individuals, communities and Samoa as a society.

This National Policy for health promotion builds on the progress made with the implementation of the previous policy; the NHPP 2010-2015, as well as all ongoing efforts to improve the promotion of health and well-being in Samoa (see the NHPP 2010-2015 Review Report, 2022). The formulation of the NHPP 2022-2027 involved a desktop and literature review and stakeholder consultations, which were conducted together for the Review of the NHPP 2010-2015 (Roberts-Aiafi, 2022). This Review includes a situational analysis of key health issues and challenges, health promotion initiatives/actions undertaken, gaps identified with health promotion actions, as well as lessons learnt and areas for improvement.

1.2. Health strategic development issues and challenges

Health is 'a resource for everyday life, not the objective of living'. It is a pre-condition for a prosperous and stable society; the 'resource for social, economic and personal development' (WHO, 1986). Good health is the aspiration of everyone and is the foundation of life. 'Health is not merely the absence of disease, but rather a state complete physical, spiritual and mental well-being' (WHO, Constitution, 1946), which is influenced by a number of social, environmental and economic factors (i.e. the 'determinants of health') (WHO, 1986). This worldview of health signifies the importance of having holistic approaches addressing the complex and multi-faceted (social, political, environmental and economic) conditions shaping and determining health and well-being of all Samoans as individuals and as a society – that addressing the fundamental issues and challenges affecting population health goes beyond the role of health authorities. It requires deliberate interventions of everyone, especially the government taking an active and effective leadership role in working together with its people to address health priority needs. This worldview was adopted by the Pacific Health Ministers in 1995 at the declaration of their 'healthy islands' concept and vision which emphasised the Pacific's uniqueness and a Pacific whereby children are nurtured in body and mind; their living environments invite learning and leisure; people work and age with dignity; their ecological balance is a source of pride; and the protection of the ocean which sustain their health.

Being a small island developing country presents Samoa with many issues and challenges due to its narrow economic base; restricted economic growth; and limited (financial, capital and human) resources. The growing young population and vulnerability to climate and environmental changes and external shocks, coupled with the ongoing impacts of increased urbanisation, globalisation (e.g. trade and migration), and changing lifestyles and social norms, are ongoing dynamics that

continued to put increased demands and pressures on population health and well-being as well as the capacity of the health system to respond in the effective and efficient delivery of quality health services. The ongoing unfolding impacts of the Covid-19 pandemic have added to the complexities of the health situation, further stretching limited existing capacities, and comprising the performance of essential services, including health promotion services and programs.

Within this context, health promotion must respond to health development priority needs - to address the fundamental challenges and issues that Samoa faces as a society, now and in the future. Health promotion has an important role in achieving strategic health goals, objectives and outcomes set out in national policies, plans and strategies. For Samoa, the key on-going challenges, issues and trends are reiterated as follows:

- Non-communicable diseases (NCD) account for over burden 80% of all deaths and more than half of premature deaths in Samoa. Medical spending on NCD accounts for about 55% of total medical spending and 40% of total health sector spending (World Bank, 2017). Reducing the burden of NCD remains another on-going priority for Samoa.
- Reducing maternal mortality rates, diabetes, hypertension, tuberculosis (TB), and overweight/obesity prevalence, including sexual and reproductive health, are being highlighted as areas needing priority improvement in health trends for Samoa (Health Sector Plan (HSP) 2019-2030).
- Future generations will suffer the full brunt of an unhealthy population and costly future – current and future governments and taxpayers will have to deal with the financial burdens from increasing large proportions of the national budget allocated towards the health bill, most of which goes towards addressing curative treatments if preventive measures are not immediately put into action by the public.ⁱⁱ
- The health environment has undergone transformational (and will contribute to undergo significant) changes (e.g., lifestyles and dietary patterns) impacting on the health and well-being of everyone - leading to a trend of an unhealthy population, now and the future. An increase in diseases, illnesses and other health risks and concerns is expected, which is adding further demands and burdens on the health sector and economy.
- Consolidated response to the Covid-19 and addressing the ongoing unfolding impacts of the pandemic remains urgent and emergent priorities. Existing health workers are tasked with primary responsibilities for Covid-19 emergency response operations since the emergence of the pandemic in 2019. Normal operation and service delivery for health promotion including efforts for improving health promotion programming across various areas of health are being compromised.
- The emergence and re-emergence of different threats and risks to health and well-being, including different prior and new forms of communicable and tropical diseases, is an on-going challenge to consider for appropriate action, especially with the ongoing changes in the

ⁱⁱ Ministry of Health has the highest allocation of the national budget (SAT\$134,380,838 for 2021/2022) and the allocation is increasing every year (Ministry of Finance, 2021). Allocation towards health promotion and preventive services (from 2008 to 2017) remained at around 2.5% (on average) of the total MOH budget. The majority of health expenditure is on curative care.

social, economic and environmental determinants of healthⁱⁱⁱ and increased vulnerability of people and communities to these changes.

- The 2019 measles epidemic confirmed declining immunisation rates; partly contributed to a lack of public trust in the health system, and a weakening focus on primary health care over the past recent years. A reorientation of the health services toward primary health is an on-going development need.
- Many health behaviours are of individual lifestyle choices, such as diets, are preventable - but other behavioural aspects and associated health risks and consequences are influenced, shaped, or dictated by health determinants (i.e., the environment) - the way society and economy is structured and operated as a whole system.

The complexity of operating in the health system of a small developing economy involves being able to effectively respond to health issues and challenges – particularly the triple burden of rising NCD, emergence/re-emergence of different communicable diseases and health risks/threats, and increased demands for better and quality services - within limited resources and capacities. Limited capacity due to a small pool of people with the technical expertise and experiences across various areas and specialities of health is a reality that a small developing state continues to face.

Improved health promotion will prevent the onset of many of the sources of the health risks, trends and issues, which will ease and reduce the financial and human resource burden on the public health system and national economy. Health promotion provides opportunities for early and immediate actions - through health education, awareness, and prevention. It embraces joint actions to strengthen individual skills and capacities including health literacy, and to change social, environmental and economic conditions to alleviate their impact on individual and community health. Health promotion encourage healthy lifestyles and well-being, and for the public to get the right messages and information about different aspects of health, illnesses and health risks, including services to access. It supports personal and social development through enhancing life skills, strengthening community action, and re-orienting health care and well-being. Investments in health promotion also impact positively on poverty reduction, gender equality, economic growth and resilience, and foster more empowered, inclusive and peaceful communities (WHO, 2017). Health promotion is a public good and governments have a responsibility to provide this public good for the good health of its people and population.

1.3. Strategic development direction of health and health promotion

The development of the health sector, including health promotion in Samoa, is guided by the GoS strategic public policy frameworks; particularly the Samoa 2040 (development) plan/vision, Pathway for the Development of Samoa (PDS), and Health Sector Plan (HSP).

Launched in 2020, the **Samoa 2040** provides the roadmap to navigate Samoa's development over the next 20 years, through opportunities – in tourism, agriculture and fishing, digital economy, and labour mobility – that have the potential to boost economic growth, create employment, generate revenues, and raise standards of living. It lays out a platform to ensure the needs of the present and future generations are met, and that 'no one is left behind'. The Samoa 2040 identifies the following specific development priorities for health, including health promotion:

ⁱⁱⁱ For example, climate and environmental changes, international trade and politics, globalisation/internationalisation of the food supply system, food culture, movement to a more sedentary lifestyle, and deteriorated economic status due to Covid-19.

- Actions must be taken to strengthen the enabling environment, including via continued investment in the health and education of Samoa's people in order to realize the full potential of the Samoa 2040 opportunities in the identified growth sectors.
- Investments need to focus on building resilience to external shocks, including natural disaster, public health emergencies, and the effects of climate change.
- Digital technologies can enable more efficient delivery of health.
- Investing in the first thousand days of a child's life through access to early childhood education is one of the highest-return investments available to governments.
- Continued efforts are needed to control NCD, including through incentivising improved nutrition, promoting healthy lifestyles, and returning to the family-oriented community engagement and *fa'aSamoa* ways of delivering primary health care.
- Promoting the consumption of locally produced food will result in a healthier diet for more Samoans, including strengthening resilience against NCD.
- The measles outbreak and Covid-19 have thrown into stark relief the necessity of maintaining high immunisation rates and strengthening preparedness, surveillance, and response protocols to deal with epidemics of communicable diseases.

The **Pathway for the Development of Samoa's** (PDS) (2021-2026) vision of *'fostering social harmony, safety, and freedom for all'* further denotes the GoS commitment for *'improved social development'* (Key Outcome 1) which further included **Key Priority Area 2: Improved Public Health**. Under this key priority area 2, three expected outcomes are highlighted:

- Health care services and facilities improved;
- Prevalence of non-communicable diseases and infectious diseases reduced; and
- Life expectancy increased.

The **Health Sector Plan** (HSP) (2019-2030) adopts the vision of *a healthy Samoa* – denoting development intentions for a healthy population for a productive society able to contribute to everyone's welfare and well-being. The vision underscores the importance of all health stakeholders and partners working effectively and cohesively to contribute towards strengthening the health system's response to population health demands. The HSP's (2019-2030) mission of *'enhancing public health and primary health care to provide people-centered health services'* directed the main focus towards strengthening public health and primary health care, as the priority direction for the ongoing development of the health sector and the health system. The vision and mission are to be achieved through the achievement of seven strategic outcomes:

1. Improved health systems, governance and administration.
2. Improved prevention, control and management of communicable and neglected tropical diseases.
3. Improved prevention, control and management of non-communicable diseases.
4. Improved sexual and reproductive health.
5. Improved maternal and child health.
6. Improved healthy living through health promotion and primordial prevention.
7. Improved risk management and response to disasters, public health emergencies, and climate change.

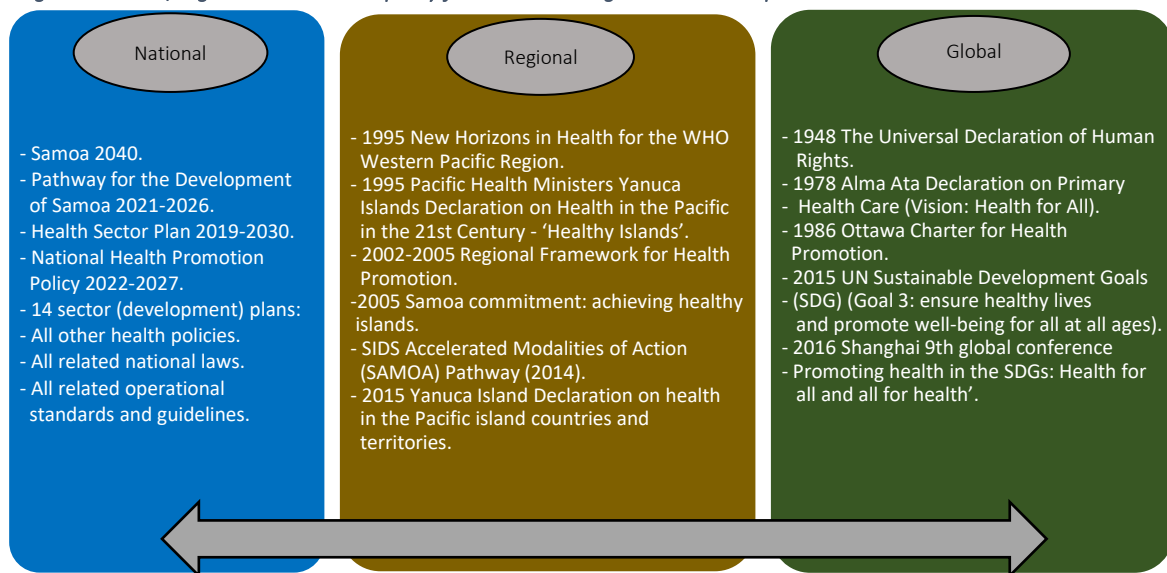
All the 14 (development) sectors^{iv} of the Samoa's economy should contribute to the achievement of the national vision and overall outcome of *a healthy Samoa*.

The commitment for improved health outcomes through health promotion is further articulated and supported through global and regional policy measures directing and guiding the adoption and development of health promotion measures. The key policy instruments are as follows:

- 1948 The Universal Declaration of Human Rights.
- 1978 Alma Ata Declaration on Primary Health Care (Vision: *Health for All*).
- 1986 Ottawa Charter for Health Promotion – international movement which sought 'health' as the goal, and as a fundamental human right, rather than the prevention of diseases.
- 1995 New Horizons in Health for the WHO Western Pacific Region, presenting the Ottawa Charter's concepts an appropriate framework for the region.
- 1995 Pacific Health Ministers Yanuca Islands Declaration on Health in the Pacific in the 21st Century, which adopted the vision and concept of '*Healthy Islands*'.
- 2002-2005 Regional Framework for Health Promotion.
- 2005 Samoa commitment: achieving healthy islands.
- 2015 Sustainable Development Goals (SDGs) (Goal 3: ensure healthy lives and promote well-being for all at all ages) (previously called the Millennium Development Goals (MDGs) 2002-2005).
- 2016 Shanghai 9th global conference 'Promoting health in the Sustainable Development Goals: Health for all and all for health'.

The NHPP 2022-2027 is developed taking into account all national, regional, and international commitments for health promotion. Figure 1 outlines the linkages of existing policy responses aimed at strengthening health promotion at the global, regional and national (Samoa) levels.

Figure 1: Global, regional and national policy frameworks and guides on health promotion



^{iv} Include health; education; agriculture; environment; water and sanitation; transport and infrastructure; energy; communication; tourism; trade, commerce, and manufacturing; law and justice; community development; finance; and public administration.

1.4. Key policy issues

Key policy issues identified from the review findings of the previous policy; the NHPP 2010-2015, desktop review, and stakeholder consultations are reiterated as follows:

1.4.1. Shared awareness, understanding and ownership of the policy and its implementation

The Review of the NHPP 2010-2015 shows that 85% of staff who were consulted did not know that this national policy existed. When asked about their understanding of what was intended to be implemented, what was implemented, and what are the outcomes and results achieved, it was difficult for staff (especially those working in health promotion areas) to respond to these questions and to assess the NHPP 2010-2015 and its overall effectiveness and impact. A perusal of existing documentary evidence further shows limited reference made to the NHPP as a strategic policy document guiding health promotion development initiatives. This lack of having a shared awareness and understanding of the NHPP was identified as one of the key issues impacting on effective and efficient implementation, monitoring and evaluation (M&E). This impacts of ownership of the Policy, as ownership of the Policy is very important as it has all different implementers.

A number of factors contributed to this issue; staff turnover (e.g., those who there during the initiation of the policy had left); lack of policy orientation (i.e., limited attention to the importance of policy work); limited priority given to proper M&E; and lack of human resources capacity, including M&E capacity. Having a shared understanding is about having collective ownership of the strategies and actions, and implementers knowing about what is needed to be implemented - to contribute to the progressive achievement of the national vision and objectives outlined in the Policy. Having a shared understanding of the policy requirements directing, facilitating, and operationalising health promotion measures requires the identification, development, and continuous reviews of policy requirements, and ensuring all programming and implementing staff, stakeholders and partners have a common understanding of those requirements.

1.4.2. Strengthen multi-sectoral leadership and stakeholder engagement

Determinants of health which affect individuals and communities are beyond their control. As such, addressing the complex health challenges and issues that Samoa faces as a society requires multi-sectoral leadership and stakeholder engagement in health promotion policy and programming processes. Multi-sectoral leadership is needed to facilitate collaborative efforts amongst the different stakeholders - to work together to influence the environments in which people and communities live, and to make the necessary changes that will enable people to make appropriate and healthier choices. These changes in the enabling environment go beyond the authority and role of the Ministry of Health (MOH) and require collaborative interventions from the leadership of other public authorities, and civil society and private sector organisations.

Further, the essence of health promotion is enabling communities and people to have control over, and to improve their health and well-being. As such, it is within the nature of health promotion services and for the effectiveness of health promotion programs that stakeholders and communities are engaged and involved as much as possible in health promotion services and programs. This includes soliciting stakeholder inputs and feedback on the effectiveness of programs and to provide feedback for improvements. As such, it is critical that continuous efforts are directed towards strengthening stakeholder participation through national dialogues on issues, consensus building on appropriate policy and programming responses, clarification of implementing roles and expectations, and mapping progressive efforts and achievements made, and facilitating genuine partnerships amongst organisations and institutions on implementing

programs and projects. These areas should also be considered and discussed widely through the multi-sectoral approach to ongoing health promotion and should be supported for effective continuation.

1.4.3. Improve policy design and implementation mechanisms

Gaps identified with policy formulation/design and implementation arrangements of the NHPP 2010-2015 must be considered in future policy development and implementation. These include having specific activities and a costed plan of action with timelines for implementation, including an M&E framework comprising of SMART (Specific, Measurable, Attainment, Relevant and Time-Bound) indicators and targets. The alignment of those activities and targets with the whole planning and budgetary processes of the MOH and other key implementing partners is needed. The NHPP document should be a living document where ongoing revisions are made and ongoing thinking about 'what will work' and 'what will not work', 'what need to change', or 'reconsider' and 'amended', are clarified through detailed operational work plans and other supporting documents such as concept notes, briefs, terms of references, and others.

Further, implementation arrangements for the operationalisation of the Policy should be well articulated and continuously communicated to all key implementers of the Policy. This includes the clear identification of a NHPP focal point (whose primary role is to facilitate progressive implementation of the NHPP) and the lead implementing agency for each strategy/action. This is the same with the identification of relevant specific stakeholders with a direct role in the implementation of activities. These implementation arrangements of the Policy and its Plan of Action should be well articulated and communicated to all implementing partners - so that there is a consistent shared understanding about what is needed to progress the implementation process. Those arrangements address the 'how' question of implementation - what needs to be in place (governance and leadership, collaboration, financial and physical resources, capacities, etc.) to enable implementation.

1.4.4. Enhance monitoring and evaluation

Continuous improvements in policy and implementation efforts require a robust M&E process to provide evidence-based learnings, gaps identification, and areas for improvement. There were no M&E reports made available during the time of the NHPP 2010-2015 Review which highlighted the absence of having a well-developed and well-understood M&E process for the NHPP since its inception and during its five-year lifespan. There were no overall outcome indicators and guidelines for M&E in the NHPP 2010-2015 document, which is being identified as a weakness in the design of the policy. Lack of Policy ownership, competing priorities, and limited M&E capacity were identified as contributing factors to these gaps.

The effective and efficient implementation of the next NHPP will depend on the leadership of the MOH and its implementing partners ensuring that an M&E framework is developed and implemented as an integral and integrated component of the NHPP and its Plan of Action. The development and implementation of the next NHPP must address the above factors which has contributed to the lack of having a robust M&E process for the Policy. The performance of the M&E role at the operational and reporting levels is the responsibility of the MOH, with regular M&E inputs/feedback to be solicited from other implementing partners and stakeholders.

1.4.5. Strengthening capacity building and resourcing commitments for implementation

The development, implementation, M&E of health promotion initiatives require adequate capacity building and resourcing commitments. There is a need to build the capacity of the MOH

and its key implementing stakeholders and partners in health promotion and preventive services and programs. Capacity building of the Health Promotion team is also crucial as they coordinate the implementation as the key implementer of health policies. Existing trainings are limited in scope and coverage. There is a need to properly identify skill requirements/needs and the types of trainings that are needed across different areas and approaches of health promotion.

Enhancing knowledge in health promotion involved strengthening evidence-based understanding to inform health promotion policy and programs. Research strengthen evidence-based policy and programmatic approaches on health promotion. Strengthening evidenced-based research, analysis and M&E will inform better understanding about the right health promotion approaches, effectiveness of existing approaches, and areas requiring further improvements. As such, there is a need for the proper identification of needed research priorities including a targeted number and types of research to be implemented and completed on an annual basis.

1.4.6. Areas to consider in the next NHPP

The Review findings of the NHPP 2010-2015 identified the following areas for priority consideration in the NHPP 2022-2027:

- Proper documentation of all policies, guidelines and procedures directing and guiding the implementation of health promotion.
- Health promotion needs to continue for improved health awareness, advocacy, and communication - but there is also a need to look at complementary supportive policy measures (e.g. improving food policies) to reinforce health promotion and to create the enabling and supporting environment to make healthier choices. The identification of needed public policies to support the creation of enabling environments is to be considered.
- Establishing a robust M&E framework and mechanisms including criteria and processes for reviewing and assessing policy impact.
- A proper impact evaluation of all major key health promotion programs that were undertaken to assess impact and learnings. This includes measuring the extent of stakeholder sensitisation to the health promotion approach – to assess and determine effectiveness of the approach, and including areas where stakeholders need more health promotion focus and targeting.
- An independent school-wide evaluation of the health promoting model and health promoting workplaces including institutional practices to assess effectiveness; to determine impact and sustainability; and to identify needed improvements. Areas to target in further health promotion services and programs are to be identified from that evaluation.
- Incorporate all key health promotion needs and requirements (across all different areas of health) in the NHPP.
- Health promotion of NCD and key communicable diseases remains key priorities.
- Identification of needed priority research is needed and a targeted number and types of research to be implemented and completed on an annual basis.

- Proper identification of human resource development or capacity development and training needs of health promotion personnel in the MOH and other ministries and stakeholders.

1.5. Guiding principles

The following principles guide the National Health Promotion Policy (NHPP) 2022-2027 in its development and implementation processes:

Figure 2: NHPP 2022-2027 guiding principles



1.6. Overarching policy statements

Guided by the guiding principles outlined under Section 1.5 above, the policy statements outlined below signify the collective commitments required for health promotion in Samoa. They provide broad policy guidelines on the development and implementation of health promotion policies, services, programs - all initiatives and actions on health promotion:

- a) The Government of Samoa has a duty of care to initiate, develop and implement measures through health promotion to help ensure the optimal state of health and well-being for the people of Samoa, now, and into the future. It will work with partners, community, private sector and civil society in the fulfilment of this duty.
- b) Health promotion is the responsibility of everyone, with the Government providing leadership and governance directions through public policy measures that aim to promote health and well-being of everyone.
- c) The health system (which is a part and a subsystem of the whole social, environmental and economic system in Samoa) must be protected from the commercial and vested interests of the different industries.
- d) Economic, financial or political interests must not undermine all efforts aimed at promoting population health and well-being of everyone.
- e) All relevant sectors of government, civil society and private sector must engage in health promotion development initiatives and take action within their social, cultural, occupational and political networks and spheres of influence.
- f) As part of the regional and international community, the government and its partners and people are committed to the implementation of all measures to promote and improve health and well-being for the Samoa population.
- g) The government, stakeholders and partners are committed to allocate sufficient resources towards the development and implementation of health promotion measures.
- h) Health promotion is a process of enabling people to increase control over, and to improve their health by focusing on the social, environmental and economic conditions which impact on health and well-being. As such, people are entitled to know about health and well-being issues, problems, challenges and including services and support that are available.
- i) This Policy adopts the 'healthy setting' as an approach for health promotion actions. 'A healthy setting is a context and complex set of relationships and structures within which people live, work, trade and socialised. Settings provide an entry point and access to specific population as well as channels for delivering health promotion programs' (1986 Ottawa Charter for Health Promotion). In the context of health promotion, the healthy setting are referred to as a health promoting setting, and includes (but not limited to) the following:
 - *Healthy Islands* – referring to all islands of Samoa – such as Savaii, Upolu, Manono and Apolima islands.
 - *Healthy Villages, Healthy Homes (Nuu ma Aiga Manuia)* – referring to all villages and homes (nuclear and extended) in Samoa.

- *Health Promoting Schools* – referring to all schools in Samoa – including the school environments/settings, at the primary, secondary and tertiary levels.
 - *Healthy Churches* – referring to all churches in Samoa.
 - *Healthy Workplaces* – referring to all workplaces in Samoa – in the government, private, and civil society sectors, both in the formal and informal domains.
 - *Healthy markets* – referring to all marketplaces (both formal and informal) in Samoa.
 - *Healthy prisons, hospitals, etc.* – referring to all prisons, hospitals and other places including clubs, groups, and networks (other than the workplaces), in Samoa.
- j) Health promotion interventions must address and target priority areas, including adapting to emerging priorities – these include (but not limited) to:
- non-communicable diseases (NCD);
 - communicable diseases (including vector and food borne diseases);
 - tropical diseases;
 - mental health;
 - eye health;
 - oral health;
 - child health;
 - maternal health;
 - men health;
 - women health;
 - sexual and reproductive health;
 - HIV/AIDS;
 - STIs;
 - TB;
 - Leprosy;
 - Immunization;
 - nutrition, food safety and security;
 - water safety;
 - sanitation and hygiene;
 - substance abuse (smoking, alcohol, drugs, etc.)
 - occupational safety and health;
 - public safety and accident prevention;
 - social welfare;
 - rehabilitation;
 - injury prevention;
 - climate health;
 - abuse/violence (physical, mental, and sexual); and
 - others.
- k) Health promotion initiatives must include programs to build the capacity of key stakeholders in the various health promoting settings so that they are enabled, empowered and have the required capacities to develop, implement, monitor and evaluate health promotion programs and activities. This includes providing the necessary health promotion methods, tools and information as well as the required resources to enable stakeholders and partners to implement health promotion programs and activities.
- l) People must play their part in ensuring their own health development and well-being through the exercise of their individual human rights in making healthy choices. They can promote those healthy choices and behaviours in their families, communities and organisations.

- m) People have the right, and should have the capacity, to influence the environments in which they live and socialise through participation in the economic and social-political development processes in order to create and improve the enabling environments for a healthy Samoa and to promote the well-being of everyone.
- n) The international development community must play their part in assisting countries with the development and implementation of health promotion measures as part of achieving global, regional and national sustainable development goals for health.

1.7. Roles and responsibilities

Health promotion works to encourage individuals and communities to adopt healthier behaviours and to make healthier choices throughout their lives, through mobilising communities ‘to work together towards healthier lifestyles’, and influencing ‘social conditions to create a suitable environment which enables and supports communities and individuals to make appropriate, healthy choices’. As such, health promotion is the responsibility of everyone, with the Government through the MOH, and other public authorities taking the lead, and working with different stakeholders and partners in the development and implementation of appropriate health promotion measures. Table 1 identifies the roles and responsibilities of the different organisations and authorities in the government and non-government sectors for health promotion in Samoa. These roles and responsibilities provided are indicative and reflect those that directly or in-directly relate to health promotion:

Table 1: Roles and responsibilities for food and nutrition

Actor/Authority/Agency	Mandate	Roles and responsibilities in food and nutrition
Parliament		
Legislative Assembly of Samoa	Law maker	<ul style="list-style-type: none"> • Make the law of Samoa on health promotion in alignment with national public policy directions and international regional obligations. • Provide leadership support for the development and implementation of health promotion policy and legislative measures, including the provisions of sufficient (financial, human, and capital) resources to enable the development and implementation of those measures.
Members of Parliament (MPs)		
Elected constituency members. Elected national leaders.	Act in the public interest.	<ul style="list-style-type: none"> • Voice constituents and community views on health issues and solutions, including providing feedback on health promotion policy and programming measures. • Provide leadership support on health promotion initiatives.
Cabinet		
Policy makers. Ministers.	Act in the public interest.	<ul style="list-style-type: none"> • Provide strategic public policy positions on health promotion measures. • Make policy decisions on health promotion measures. • Provide executive leadership support for the

		<p>development and implementation of health promotion measures.</p> <ul style="list-style-type: none"> • Avoid or manage conflict of interest on health and health promotion measures.
Multi-sector		
NCD Committee (NCDC) and all other committees with roles and influences on national health.	All laws relating to health.	<ul style="list-style-type: none"> • Provide multi-sectoral governance and leadership for health promotion measures. • Ensure the development of multi-sectoral work plans to implement health promotional measures. • Ensure implementation of the NHPP Policy and Plan of Action through the provisions of strategic policy guidance and oversight. • Provide inter-sectional advice to the Director General of Health on matters relating to health promotion. • Support the coordination of inputs from different agencies and stakeholders on health promotion public policy initiatives, programs and activities. • Lead communication and advocacy about the importance of health promotion. • Liaise within different agencies and stakeholders on the effective and efficient implementation of health promotion measures. • Support strategies and programs on health promotion.
Administrative authority		
MOH	MOH Act	<ul style="list-style-type: none"> • Lead agency of health promotion public policy and programming measures. • Facilitate implementation of the NHPP and Plan of Action. • Ensure sufficient resources for the development, implementation, monitoring and evaluation of health promotion measures. • Administration, implementation and enforcement of the different health legislation including those relating to health promotion. • Take a strategic approach on issues of health promotion. • Secretariat of the NCDC and all other national health committees. • Provide monitoring and evaluation of all health promotion measures including assessing impacts at different levels. • Lead the initiation, development and implementation of health promotion policy and programming interventions. • Promote and conduct research including assessments and evaluative studies for knowledge building and evidence-based policy and programs on health promotion.

		<ul style="list-style-type: none"> • Facilitate and development strategic and operational partnerships for health promotion. • Ensure stakeholder engagement and participation in health promotion programs and activities.
All Government ministries and agencies (other than MOH)	All laws relating to health.	<ul style="list-style-type: none"> • Adopt and promote 'a health-in-all public policy' (HiAPP) approach across all government functions, portfolios and services. • Recognise that significant gains in public health will depend on progress from sectors outside the traditional realms of public health. Hence each ministry/agency must act accordingly to promote health in the performance of their roles. • Support health promotion measures through respective mandated roles, services as well as policy and programming measures where relevant. • Undertake a health promotion approach in internal operational and in dealing with the public in the performance of respective roles and services. • Provide incentives for health promotion within workplace and in dealing with the community and public. • Use appropriate platforms for supporting health promotion measures. • Promote the consideration of cross cutting issues (environment, gender, disability, etc.) in health promotion measures. • Support the incorporation of health promotion for healthy workplaces, healthy schools, healthy communities and other healthy settings. • Support advocacy and campaigns on health promotion through the roles of the 14 sectors. • Facilitate and enforce compliance with health promotion laws and procedural guidelines. • Provide inputs to the development and implementation of health promotion.
Private sector		
Business operators, manufacturers, processors, sport bodies, wholesalers, exporters, importers, tourism operators, restaurants, supermarkets, shops, food vendors, etc.	All laws relating to health.	<ul style="list-style-type: none"> • Provide inputs on the formulation, monitoring and evaluation of health promotion measures. • Ensure compliance with legislation including standards and guidelines on health promotion. • Advocate on issues and solutions that will promote and improve health and well-being. • Work in partnership with MOH and other stakeholders on the implementation of health promotion programs. • Seek training and other capacity building on health promotion policy and legislative requirements.
Civil society – Non-governmental organisations (NGOs) and community based organisations (CBOs)		

NGOs - Sports Organisations/Bodies, Samoa Cancer Society, Samoa Nurses Association, Samoa Medical Association, Samoa Family Health Association, Red Cross, Samoa Association of Manufacturers and Exporters, Samoa Chamber of Commerce and Industry, Samoa Umbrella of NGOs, Salvation Army, Matuaileoo Environment Trust Incorporation, Nobesity Samoa, Samoa Journalism Association, Market Vendor Associations, Nobesity Samoa, Zumba associations, etc.,	The Samoa Incorporated Societies Ordinance 1952. Own constitution and legislation.	<ul style="list-style-type: none"> • Through partnerships with government and other stakeholders on the development and implementation of health promotion. • As partners, provide advocacy, awareness and educational programs on health promotion. • Promote healthy choices and behaviours through involvement in health promotion programs and activities. • Act as ambassadors, advocates and facilitators (e.g. <i>Komiti Tumama</i> or village committee representatives, <i>Sui Tamaitai o Nuu</i>, and <i>Sui o Nuu</i>) of health promotion programs and activities in the community through the roles of their organisations. • Provide feedback on the effectiveness of health promotion measures. • Adopt and promote a health promotion approach within their organisations. • Advocate on health issues in the communities including providing support to the MOH and other stakeholders on addressing those issues through health promotion measures.
CBOs - village fono, village committees (e.g. <i>komiti tumama</i> , <i>komiti tina</i> , <i>aumaga</i>), faith-based or church organisations, other village-based and community-based formal and informal organisations and cooperatives.	Village Fono Act 1990. Samoa Incorporated Societies Ordinance 1952. Charitable Trusts Act 1965. Cooperative Societies Ordinance 1962.	<ul style="list-style-type: none"> • Promote health promotion through local village law and order and use of authority to put into place bylaws on health promotion. • Implement in villages and churches advocacy, awareness and educational programs on health promotional. • Promote health and well-being behaviours through advocacy and awareness programs in villages and churches (e.g. spiritual programs and pastors' speeches, talks, counselling, and others). • Act as advocates, messengers, facilitators and enablers of health promotion in the community through their village and church governance roles.
Health Technical Partner		
WHO, UNICEF, UNFPA	Bi-lateral and multi-lateral agreements	<ul style="list-style-type: none"> • Support health promotion in Samoa through donor policies, programs and development assistances – financial, technical, assets, etc.
Development partners		
DFAT, MFAT, World Bank; ADB, UNDP, etc.	Bi-lateral and multi-lateral agreements	<ul style="list-style-type: none"> • Facilitate timely access to assistances for the effective and efficient implementation of health promotion programs and activities that are supported by development partners.

2. POLICY AGENDA AND PLAN OF ACTION, 2022-2027

2.1. Vision and mission

The vision and mission of the National Health Promotion Policy (NHPP) 2022-2027 are as follows:

Vision: *All individuals, families and communities in Samoa are empowered to promote their health and well-being to live healthier, happy and productive.*

Mission: *To promote health and well-being for a healthy Samoa.*

2.2. Strategic objectives

The NHPP 2022-2027 builds on the momentum, progress made, and lessons learnt, from the development and implementation of health promotion measures under the previous Policy (the NHPP 2010-2015) and other initiatives. It is intended to contribute towards pursuing of the HSP's (2019-2030) vision of *a healthy Samoa*. The following strategic objectives aimed to contribute to the achievement of the above-stated vision and mission of this NHPP 2022-2027:

1. Build and strengthen transformative and integrative 'health-in-all' public policies;
2. Improve whole-of-society and community action; and
3. Develop and strengthen capacities in health promotion.

2.1.1. Build and strengthen transformative and integrative 'health-in-all' public policies

This is a national policy guiding all organisations and groups in Samoa, in all sectors of society (government, private, civil society, and community), who are engaged in the development and implementation of policies, plans and strategies - which have the potential to impact upon the health of the population. There are many public policies; plans, strategies, legislation and actions originating from non-health sectors which directly or indirectly impact on health – enabling, expanding, or limiting opportunities to make healthy choices.^v Health promotion is a means of increasing individual and collective participation in public health action and strengthening programs through the integrative use of various methods and approaches. If Samoa is serious about improving the health status of its people and communities, a comprehensive process is needed for ensuring that all public policies (across all sectors) are checked (given conflicts of interests, siloed approaches, and vested commercial interests) for their (direct and indirect) impact on health and its determinants. An inter-sectional and multi-disciplinary approach to health promotion requires all public policies to integrate a health perspective (that is, a 'health-in-all public policies' (HiAPP)).^{vi} It puts an integrative approach to health promotion on every sector's

^v Examples include agricultural policies promoting the local production of tobacco and other unhealthy food products; trade policies bringing in unhealthy food products; food pricing policies influencing consumption behaviors; and climate, environmental and sustainable development policies impacting on vector borne and foodborne diseases, food safety, and nutritional health.

^{vi} HiAPP is 'an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve populations health and health equity'. It is based on the recognition that our greatest health challenges—NCD, health inequities and inequalities, climate change, and spiralling health care costs—are highly complex and often linked through the social determinants of health; the circumstances in which people are born, grow up, live, work and age, and the wider set of forces and systems affecting these circumstances: e.g. economic and development

agenda – to collectively respond to the on-going health concerns, and focusing on targeting the broader root causes of health and well-being.

At the same, it is important that the HiAPP approach is transformative.^{vii} Samoa is experiencing transformational changes impacting on its population health over the last 50 years with the increasing unhealthy lifestyles of its people. The trends^{viii} highlighted the need to change the approach to health. The approach must be transformative in order to make a significant impact in addressing the dangerously unhealthy and unaffordable future that Samoa is leading towards. Unless transformative HiAPP interventions are made, Samoa faces an unhealthy and costly future – a worrying trend for the current and future generations. The cause is modern lifestyles as well as actions undertaken across all development areas affecting the environments in which people live – influencing and impacting on having balanced/healthy diets, safer food, clean water and air, better housing, safer roads, vulnerabilities, inequalities and poverty. It is critical that health promotion interventions address both personal/individual behaviours and the environments shaping and determining behavioural aspects; to enable people to make healthier choices.

Further, Samoa needs to continuously assess its public policy capacity, whether all the required HiAPP requirements for the development, implementation, monitoring and evaluation (M&E) of health promotion measures are in place. This includes the proper documentation of all policies, guidelines and procedures directing and guiding the implementation of health promotion measures (see section 1.4 above). Given the on-going need to address the fundamental health concerns (e.g. NCD and communicable diseases), it is important to take stock and assess the effectiveness and impact (at different levels) of health promotion measures that have been adopted and implemented over the years to identify lessons learnt and areas for improvement. The review of the NHPP 2010-2015 highlighted the limitation of monitoring and evaluating previous and existing health promotion programs and activities to inform on-going efforts.

To contribute to the achievement of *Strategic objective 1: Build and strengthen transformative and integrative ‘health-in-all’ public policies*, the following indicative strategies are proposed for adoption and implementation:

- 1.1. Identification of health determinants, and barriers as well as actions for improving health and well-being at different levels.
- 1.2. Strengthen whole-of-government approaches for integrative and transformative ‘health-in-all’ public policies.
- 1.3. Identification and development of all required public policies directing health promotion development and implementation, including conducting policy impact assessments.

2.1.2. *Improve whole-of-society and community action*

Health promotion is the process of enabling and empowering ‘people to increase control over and improve their health’, by influencing the ‘social, environmental and economic conditions which impact on health and well-being’ and through community mobilisation. This signifies that achieving *a healthy Samoa* requires whole-of-society approaches to health promotion through comprehensive and transformative approaches to enhance health impact. Whole-of-society

policies, social norms, social policies, and political systems. Promoting healthy communities requires addressing these determinants, such as public transportation, education access, access to healthy food, economic opportunities, and more (WHO, 2014).

^{vii} Transformative policy is about making public policy decisions on complex issues and problems facing society and which involved policy decisions that can have a major impact on addressing those complex issues and problems.

^{viii} Samoa’s NCD prevalence (obesity and diabetics) are above global averages by over 50%. For a period of 35 years, obesity and type 2 diabetes mellitus in Samoa increased by around 80% and 1000% respectively (MOH, 2013).

approaches emphasise systematic changes that are needed to enable personal lifestyle choices. Health is the responsibility of everyone; the task of maintaining, improving and protecting health can only longer be seen as the responsibility of the health sector alone. It requires everyone to be proactively involved in improving the health and well-being of the population at all levels of society. Consolidated efforts are required to mobilise communities and individuals ‘to work together towards healthier lifestyles’, and influencing ‘social conditions to create suitable environments which enables and supports communities and individuals to make appropriate, healthy choices’.

It is thus within the nature of health promotion services and for the effectiveness of health promotion programs/initiatives (which seek to educate people about health and to sensitive people to healthy behaviours and to change the underlying determinants of health) that stakeholders and communities are engaged and involved as much as possible in health promotion services and programs. Health promotion is an ongoing public service and it is important to assess previous and existing health promotion targeting community and whole-of-society action, to identify learning and needed improvements. This NHPP 2022-2027 aims to contribute towards building and strengthening of ‘whole-of-society’ approaches and collective community action to health promotion.

To contribute to the achievement of *Strategic objective 2: Improve whole-of-society and community action*, the following indicative strategies are proposed for adoption and implementation:

- 2.1. Comprehensive stocktakes and reviews/evaluation of previous and existing health promotion initiatives/programs to assess effectiveness, coverage and impact.
- 2.2. Build and strengthen stakeholder and community collaborative action for health promotion.
- 2.3. Development, implementation and monitoring and evaluation of community plans of action for health promotion.
- 2.4. Integrated development, implementation and monitoring and evaluation of national health promotion programs, using various methods, tools and approaches and targeting pressing health issues.

2.1.3. Develop and strengthen capacities for health promotion.

The effective and sustainable development and implementation of health promotion measures, including those identified in this NHPP 2022-2027 required addressing capacity needs and requirements. Capacity here refers to the resourcing (financial/budget, human and capital) requirements including capacity development needs of those involved in the development and implementation of policy and programming measures. Health promotion provides early and immediate actions for preventive and control measures, and for reducing the growing burden on the health sector, as such, it is inevitable that improved investment is directed towards health promotion.^{ix} This requires a continuous reorientation of health services – which is about the health sector changing from focusing mostly on clinical and curative services to increasingly focus on health promotion and prevention.

Health promotion is a technical field of practice which should be well-understood and practised well for effectiveness. Practitioners working in the field of health promotion (public health, primary health, clinical areas, food policy, nutritional health, food and water safety, etc.) must receive on-going professional development in order to ensure there is a capable workforce to

^{ix} Only around 3% of the MOH budget is allocated for health promotion and preventive services over the last 10 years.

develop health promotion policy and programming initiatives and to facilitate systematic, effective and efficient roll-out of activities across the country. Health promotion is an inter-sectoral disciplinary, and given the need to strengthen a whole-of-society and multi-sectoral approach to health promotion, investments in the development of a professional, technically qualified health promotion workforce across various government and non-government institutions, groups and networks is needed.

Also, capacity refers to the development of personal life skills which empower individuals and communities (to be influenced by health promotion measures) to enact healthier behavioural change and to be able to influence and shape the social determinants of their health and communities. It is about providing suitable learning and personal development that will further enable and empower individuals and communities to identify and address their health and social needs throughout their life-cycle.

Capacity development further involves building evidence-based knowledge and learning. Health promotion measures must be based on robust evidence about the determinants of health and best practice approaches in addressing them. New policies, renewed programs, and further actions should be informed by quality and up-to-date data and meaningful analysis. This includes the need for rigorous M&E to assess progress, results, impacts and needed improvements. Applied and action research will help ensure that health promotion activities are based on what works in the local context; giving sound evidence that investment in health promotion is contributing to initiatives with the greatest chance for success and impact.

To contribute to the achievement of *Strategic objective 3: Develop and strengthen capacities for health promotion*, the following indicative strategies are proposed for adoption and implementation:

- 3.1. Development of the capacity of community, stakeholder and health workforce.
- 3.2. Strengthen reorientation of health services for an improved health promotion focus.
- 3.3. Develop research capacity for evidence-based policy and programming.
- 3.4. Build and strengthen monitoring and evaluation capacity for health promotion.

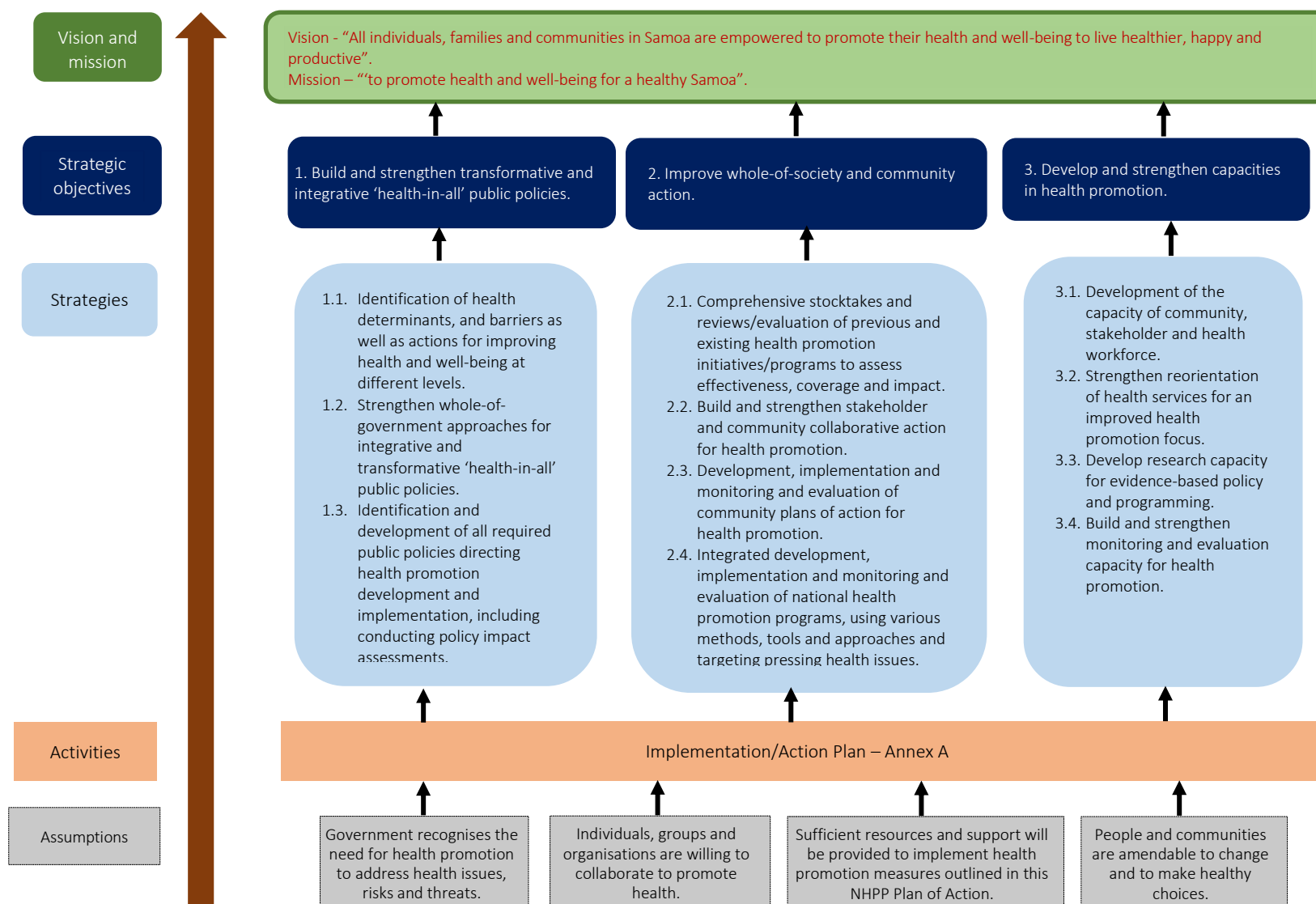
2.3. Activity implementation plan

[Annex A](#) gives the detailed activity Implementation Plan of this NHPP Plan of Action 2022-2027.

2.4. Theory of change

The Theory of Change presented in Figure 3 shows the linkages between the vision, mission, strategic objectives, strategies and activities as well as the assumptions about what will be required to achieve the vision, mission and outputs through the implementation of the activities. It presents a logical framework about the change expected to happen if this NHPP and its Plan of Action is implemented within its 5-year period of 2022-2027.

Figure 3: Theory of change



3. IMPLEMENTATION

3.1. Activity implementation plan and costing

The National Health Promotion Policy (NHPP) Plan of Action 2022-2027's Activity Implementation Plan (with costing) is in [Annex A](#).

All organisations identified as implementing partners in the Activity Implementation Plan (see [Annex A](#)) must ensure integration of this Implementation Plan in their organisations' annual work plans and budget preparations, reviews and evaluation processes and mechanisms, as well as developmental initiatives and programs. The work of these organisations is coordinated through the NCD Committee (NCDC) as the proposed governance structure for the NHPP 2022-2027.

It is important to maintain flexibility with the implementation of the NHPP Plan of Action 2022-2027, as a rolling plan that is regularly reviewed, revised and adapted to ensure relevancy and taking into consideration lessons learnt from previous years' implementation progress.

3.2. Governance and implementation arrangements

There is no articulated sector-wide governing body directing health promotion development. There is however a number of national and sector committees that have been established. Some are active and some are inactive. This NHPP proposes that instead of creating a new national governing body, that the NCDC is used as overarching governing body for health promotion development – for providing strategic oversight on health promotion policy and programming development. The NCDC is active in providing strategic oversight on all key health development programs and this is beneficial for the strategic development and monitoring of health promotion development programs as well. The TOR of the NCDC needs to be revised to ensure inclusion of a role for the NCDC to provide strategic leadership, governance, and monitoring oversight on health promotion development, including this NHPP 2022-2027.

The Ministry of Health (MOH) is the National Health Promotion Policy Focal Point (NHPPFP) of the NHPP; the Secretariat to the NCDC and will be the key leading facilitator of the implementation of this NHPP Plan of Action 2022-2027. The MOH's National Health Programs, Wellness, Health Education and Health Promotion Division (NHPWHEHPD) will be the MOH's Secretariat for all health promotion work given its technical expertise and core mandate for health promotion – and it is thus the NHPPFP for the NHPP. The NCDC together with the NHPPFP (i.e., the NHPWHEHPD) will be the leading agents of change and champions of this NHPP Plan of Action 2022-2027.

To ensure adoption of a 'Health-in-all public policy (HiAPP) approach to health promotion, it is recommended that each member organisation represented on the NCDC and other health sector partners and stakeholders needs to identify a Health Promotion Focal Point (HPFP) within their ministry/agency/organisation to work with the other NCD Committee member organisations and NHPPFP in coordinating the implementation of this NHPP Plan of Action 2022-2027, including providing joint monitoring and evaluation of implementation progress.

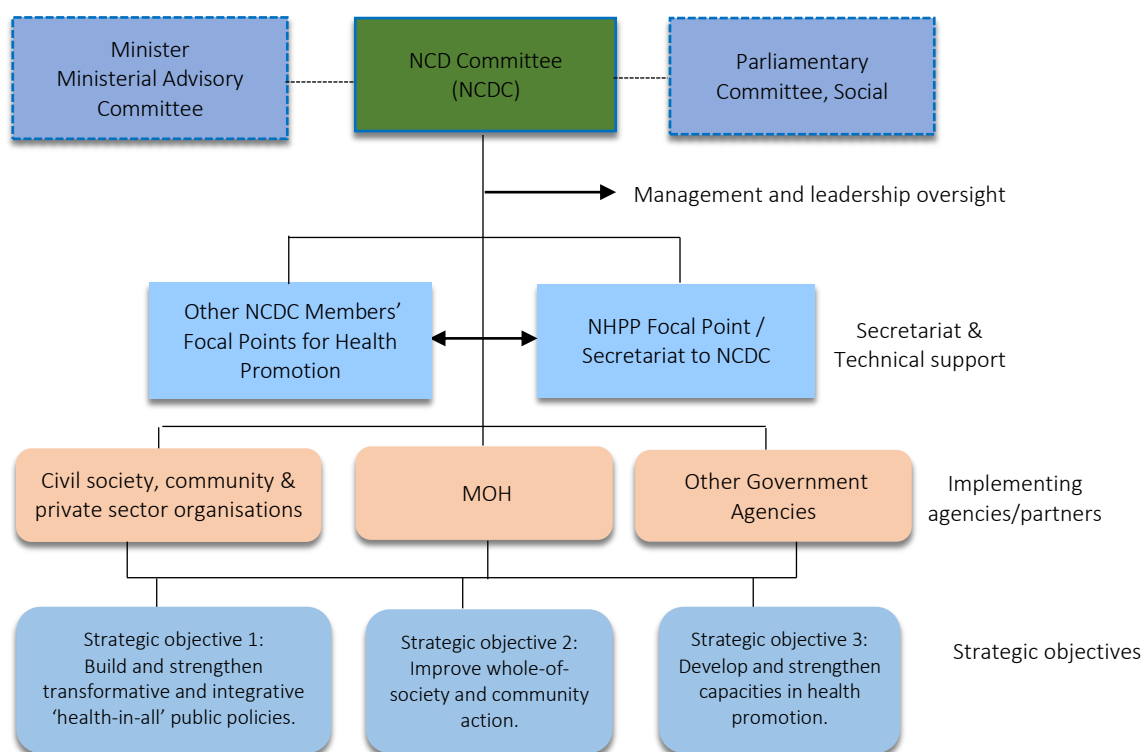
Further outlined in this NHPP Plan of Action 2022-2027 are activities aimed at fostering partnerships between government and non-government partners on the implementation of

health promotion measures outlined in the Implementation Plan (see [Annex A](#)). Section 1.7 identifies the roles and responsibilities of different actors in health promotion.

Technical and financial support are to be made available to all implementing partners/organisations so that they are able to implement health promotion initiatives re strategies and activities identified in this NHPP Plan of Action 2022-2027. Technical and financial support through bilateral and multilateral assistances are to be solicited to enable the implementation of this Plan of Action.

Incorporating all of the above, the implementation governance structure of this NHPP Plan of Action 2022-2027 is in Figure 4:

Figure 4: NHPP Plan of Action 2022-2027 Implementation Governance Structure



3.3. Resourcing and funding

The Government of Samoa's (GoS) leadership support and budget allocation should be sought on the implementation of this NHPP Plan of Action. Financing options available to the government through the NCDC to implement this NHPP Plan of Action include:

- Reallocation of existing ministries' funded outputs and activities;
- Allocation of funding collected from taxation on sin goods into health promotion measures on the basis that it is revenue generated from unhealthy products. This will provide incentives for MOH and its partners to strengthen health promotion policies, services and programs; and
- Financial and technical assistances sought from bilateral and multi-lateral arrangements with development partners – at the national, regional and global levels.

The NCDC and MOH should also seek financial support from Technical Health Partners (e.g., WHO, UNICEF, and UNFPA) and other development partners (World Bank, DFAT, MFAT NZ, etc.) and relevant regional and global organisations (SPC, Pacific Island Forum Secretariat (PIFS), etc.) for the implementation of this NHPP Plan of Action 2022-2027.

3.4. Monitoring and evaluation

The indicative Monitoring and Evaluation (M&E) framework of this NHPP Plan of Action 2022-2027 is provided as [Annex B](#). M&E activities are subject to the Government of Samoa (GoS) and contributing development partners' policies and guidelines on M&E.

Improvement in implementation and in the development of follow-up or subsequent plans of an action (beyond this 2022-2027 Plan of Action) requires the sharing of information on the progress of implementation and lessons learned with relevant partners and stakeholders.

M&E will be led by the MOH as the leading ministry responsible for the administration of health promotion measures. The NCDC and agencies' focal point on promotion (most are key members of the NCDC) will provide the coordination and technical support in the performance of this role. Such support is needed for the production of reliable data and information for M&E, such as for the preparation of required reports documenting implementation progress of the NHPP Plan of Action 2022-2027.

Annual work plan and budget: the annual work plan and budget will serve as the primary reference documents for the purpose of monitoring the achievement of results. The NCDC with support of its member organisations and NHPPFP are tasked with the responsibility of ensuring implementation of the NHPP Plan of Action 2022-2027. As such, it is important to ensure alignment of the annual work plan and budget for this NHPP Plan of Action 2022-2027 to NCDC member organisations and other implementing partners' planning and budgetary processes.

Sixth monthly and annual reporting: Sixth monthly and annual reports need preparation by the NCDC Secretariat or NHPPFP. Reports also need to be submitted to Cabinet on a regular basis to inform leaders about achievements made. Reports should include updated information and narrative summary of results achieved against the NHPP Plan of Action 2022-2027, lessons learnt and way forward.

Annual reviews: Based on the above reports, annual reviews should be conducted in the fourth quarter of the year or shortly after, to assess progress made against the NHPP Plan of Action and to review the annual plan for the following year. In the last year of the Plan of Action, this review will also be a final assessment. This review is driven by the NCDC and should involve all key stakeholders for feedback. The review must focus on the extent to which progress is being made on the NHPP Plan of Action 2022-2027. Any changes to the Implementation Plan based on available resources and lessons learnt should be considered at meetings of the NCDC.

Mid-term and completion reviews/evaluation: Ongoing improvements and maintaining momentum in the implementation of the NHPP Plan of Action 2022-2027 require regular independent evaluation to assess progress and to map the way forward. The implementation of health promotion measures is a complex area because of the required behavioural and attitudinal changes that need to happen. As such, ongoing reflections through reviews and evaluations are critical for feedback and ongoing improvements.

References

- ADB. (2011). Food Security and Climate Change in the Pacific, Rethinking the Options. *Pacific Studies Series*.
- Ministry of Finance. (2019). *Samoa 2040*. Apia: Government of Samoa.
- Ministry of Finance. (2021). *Legislative Assembly of Samoa Approved Estimated of Receipts and Payments of the Government of Samoa for the Financial Yea Ending 30 June 2022*. Apia: Government of Samoa.
- Ministry of Finance. (2021). *Legislative Assembly of Samoa Approved Estimated of Receipts and Payments of the Government of Samoa for the Financial Yea Ending 30 June 2022*. Apia: Government of Samoa.
- Ministry of Finance. (2022). *Pathway for the Development of Samoa 2021-2026*. Apia: Government of Samoa.
- MOH. (2010). *National Health Promotion Policy 2010-2015*. Apia: Government of Samoa.
- MOH. (2018). *NCD Control Policy 2018-2023*. Apia: Government of Samoa.
- MOH. (2019). *Health Sector Plan (HSP) 2019-2030*. Apia: Government of Samoa.
- MOH. (2021). *National Food and Nutrition Policy 2021-2026*. Apia: Government of Samoa.
- Roberts-Aiafi, P. (2022). *National Health Promotion Policy 2010-2015 Review Report*. Apia: Samoa Ministry of Health.
- WHO. (1946). *Constitution*. New York: WHO.
- WHO. (1986). *The Ottawa Charter for Health Promotion, First International Conference on Health Promotion, Milestones in Health Promotion, Statements from Global Conferences*. Ottawa: WHO.
- WHO. (2014). *What you need to know about Health in All Policies*. WHO Office (accessed online).
- WHO. (2017). *Promoting health in the SDGs: Report on the 9th Global Conference for Health Promotion: All for Health, Health for All, 2016*. Switzerland: WHO.
- WHO. (2019). *Samoa Country Overview - Malnutrition Burden*. Online: WHO.
- World Bank. (2017). *Samoa National NCD Cost Analysis Study*. Apia: World Bank.

Annexes

A: Implementation Plan

Vision: "All individuals, families and communities in Samoa are empowered to promote their health and well-being to live healthier, happy and productive."																										
Mission: "To promote health and well-being for a healthy Samoa."																										
Strategic Objectives, Strategies and Actions		Year 1				Year 2				Year 3				Year 4				Year 5				Expected outputs	Lead responsible agency	Implementing partners	Budget (SAT\$)	Inputs and Budget Descriptions
		2022/2023				2023/2024				2024/2025				2025/2026				2026/2027								
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2					
Strategic objective 1: Build and strengthen transformative and integrative 'health-in-all' public policies.																										
1.1. Identification of health determinants, and barriers as well as actions for improving health and well-being at different levels.																										
1.1.1. Conduct a study to identify health determinants and barriers to improving health and well-being at different levels across Samoa.		x	x																			Study report and findings completed and endorsed.	MOH	Research institutions, TA (if needed).	50,000	TA if needed
1.1.2. Develop a national action plan to address the findings and recommendations of the study conducted under 1.1.1 above.			x	x																		National action developed and endorsed.	MOH	Sector stakeholders and partners.		covered under 1.1
1.1.3. Hold a stakeholder dialogue on the findings of the study conducted under 1.1.1 and to solicit inputs and endorsement of the responding action plan developed under 1.1.2 above.				x	x	→															Reports on outcomes of national dialogues endorsed.	MOH	Sector stakeholders and partners.	10,000	costs of holding the dialogue	
1.1.4. Implement the national action plan endorsed under 1.1.3 above.						x																Implementation reports	MOH	Sector stakeholders and partners.	300,000	estimated cost
1.2. Strengthen whole-of-government approaches for integrative and transformative 'health-in-all' public policies.																										
1.2.1. Revise the TOR of the NCDC to include a mandated role of providing strategic leadership and oversight of HiAPP across all sectors.		x																				TOR revised and endorsed.	MOH	HPAC members		
1.2.2. Develop a 'health proofing' policy to ensure the integrative and coherent development and implementation of all public policies where all policies are checked and assessed for their (direct and indirect) impact on health and alignment with health promotion and preventive approaches.			x	x																		Health proofing policy completed and endorsed.	MOH	TA if needed, health experts.	70,000	estimated cost

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	2022/2023				2023/2024				2024/2025				2025/2026				2026/2027									
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2						
1.2.3. Implement the 'health proofing' policy and monitor its impact on health and non-health development outcomes.				x																	Implementation reports on policy implementation.	MOH	Sector stakeholders and partners.	100,000	estimated cost	
1.2.4. Use active platforms (e.g., Cabinet Development Committee, Parliamentary Committees, NCDC, sector coordinating committees, and others) for national authorities, stakeholders, and partners to discuss the implications of the HiAPP approach.	x																				Briefs or other documentary evidence on discussions.	MOH	Sector stakeholders and partners.			
1.2.5. Advocate and lobby for transformative policy reforms in non-health sectors/authorities that will enable, facilitate and operationalise the health promotion movement/approach.	x																				Briefs/ documentary evidence on discussions, consideration, and take-up of policy reforms.	MOH	Sector stakeholders and partners.	5,000	Estimated administrative cost.	
1.3. Identification and development of all required public policies directing health promotion development and implementation, including conducting policy impact assessments.																										
1.3.1. Conduct a comprehensive stocktake, mapping and review of all existing public policies directing and guiding health promotion development, implementation, monitoring and evaluation at all levels.	x	x	x	x																	Stocktake/Review/Evaluation report and findings completed and endorsed.	MOH	Sector stakeholders and partners.	70,000	TA if needed	
1.3.2. As part of 1.3.1, identify all required public policy requirements (new, gaps with existing ones, etc.) for the effective and efficient development, implementation, and M&E of all required health promotion measures, across all levels.				x	x	x															Policy requirements identified and endorsed.	MOH	Sector stakeholders and partners, experts if needed.		covered under 1.3.1	
1.3.3. Develop an action plan for the development, review, update of all required policies.						x	x	x													Action plan developed.	MOH	Sector stakeholders and partners.		covered under 1.3.2	
1.3.4. Implement the action plan developed under 1.3.3 above.																					Implementation reports.	MOH	Sector stakeholders and partners.	100,000	estimated cost	
1.3.5. Adopt and implement the policies based on prioritisation needs and current capacities.																					Reports or documentary evidence on adoption and implementation.	MOH	Sector stakeholders and partners.	300,000	estimated cost	
Indicative budget for Strategic Objective 1																								1,005,000		
Strategic objective 2: Improve whole-of-society and community action.																										
2.1. Comprehensive stocktakes and reviews/evaluation of previous and existing health promotion initiatives/programs to assess effectiveness, coverage and impact.																										

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	2022/2023				2023/2024				2024/2025				2025/2026				2026/2027									
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2						
2.1.1. Carry out a comprehensive stocktake and review/evaluation of all previous and existing health promotion initiatives/programs. This includes assessing policy impacts at different levels, including the sensitisation levels of the population to health program approaches.	x	x	x	x																	Stocktake/Review/Evaluation report and findings completed and endorsed.	MOH	Sector stakeholders and partners.	70,000	TA inputs if needed	
2.1.2. Use the findings of the review/evaluation in 2.1.1 to improve ongoing and future health promotion initiatives/programs.					→																Documentary evidence on adoption and incorporation of findings.	MOH	Sector stakeholders and partners.			
2.1.3. Liaise with, and consult different implementing partners and stakeholders (government, private sector and civil society) on ways and approaches to improve their health promotion models, programs and activities.	x		x		x		x		x		x		x		x		x		x		Documentary evidence on consultations and discussions with partners and stakeholders.	MOH	Sector stakeholders and partners.	10,000	Costs of partners & stakeholder engagement.	
2.1.4. Monitor and evaluate the adoption and implementation of the review/evaluation findings in terms of how they have been incorporated and implemented in health promotion measures.					→																M&E reports.	MOH	Sector stakeholders and partners.	10,000	Administrative cost.	
2.2. Build and strengthen stakeholder and community collaborative action for health promotion.																										
2.2.1. Identify required partnerships, alliances and collaborations for health promotion, including gaps and needed improvements with previous and existing partnerships, alliances and collaborations.	x				x				x				x				x				Documentary evidence of partnerships, alliances and collaboration identified and endorsed.	MOH	Sector stakeholders and partners.	20,000	Costs of partners & stakeholder engagement.	
2.2.2. Formalise partnerships for the delivery of health promotion programs/actions across different health settings (see 1.6i in the NHPP 2022-2027 policy document) such as: schools, workplaces, sporting bodies, hospitals and clinics, village communities, etc.		x				x				x				x				x			Documentary evidence of partnerships formed and implemented.	MOH	Sector stakeholders and partners.			
2.2.3. Ensure effective implementation, monitoring and evaluation of partnerships and collaborations for health promotion actions.					→																Implementation and M&E reports.	MOH	Sector stakeholders and partners.	500,000	Costs of roll-out of programs.	
2.2.4. Conduct national stakeholder dialogues (using mechanisms such as Annual Health		x		x		x		x		x		x		x		x		x		x	Reports on outcomes of national dialogues	MOH	Sector stakeholders	10,000	Dialogues costs.	

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	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2						
Forum, Komiti Tumama, NGO and CBO governing bodies, sector plans review/development processes, and others) including national seminars, workshops and other forums - to inform and sensitise stakeholders to health promotion - and for them to dialogue on key health promotion development issues and solutions for Samoa.																					endorsed.		and partners.			
2.3. Development, implementation and monitoring and evaluation of community plans of action for health promotion.																										
2.3.1. Based on the stocktake and review/evaluation conducted under 2.1 above, and ongoing programs (e.g. PEN <i>FaaSamoa</i> , school nurse program, and research) identify key issues impacting on health and well-being of communities and individuals.	x																				Documents identifying issues across different settings.	MOH	Sector stakeholders and partners.			
2.3.2. Based on 2.3.1, develop community plans of action for health promotion across different health settings (see 1.6i in the NHPP 2022-2027 policy document) such as: village communities, schools, workplaces, sporting bodies, etc.		x																			Community plans of action developed and endorsed.	MOH	Sector stakeholders and partners.			
2.3.3. Conduct proper monitoring and evaluation of the implementation of plans of action developed and roll-out under 2.3.2.			x				x				x				x				x		M&E and implementation reports.	MOH	Sector stakeholders and partners.	500,000	Costs of roll-out of action plans.	
2.4. Integrated development, implementation and monitoring and evaluation of national health promotion programs using various methods, tools and approaches and targeting pressing health issues.																										
2.4.1. Develop national health promotion programs using various methods, tools and approaches - e.g. multi-media campaigns, seminars/workshops, national/international events, targeted programs for vulnerable and most affected groups, and others, and focusing on key health issues and risks.	x		x		x		x		x		x		x		x		x		x		Documentary evidence on programs developed and endorsed.	MOH	Sector stakeholders and partners.	70,000	TA if needed.	
2.4.2. Implement the national health promotion programs developed under 2.4.1.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	M&E and implementation reports.	MOH	Sector stakeholders and partners.	500,000	5k annual implementation costs	
2.4.3. Conduct proper monitoring and evaluation of the implementation of health promotion programs developed and roll-out under 2.4.2.																					M&E reports.	MOH	Sector stakeholders and partners.	20,000	M&E costs.	

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	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2						
Indicative Budget for Strategic Objective 2																							1,710,000			
Strategic objective 3.Develop and strengthen capacities in health promotion.																										
3.1. Development of the capacity of community, stakeholder and health workforce.																										
3.1.1. In consultation with the community, stakeholder and MOH staff, identify capacity development needs in health promotion.	x																				Documentary evidence on capacity development needs identified and endorsed.	MOH	Sector stakeholders and partners.	70,000	TA if needed	
3.1.3. Develop a plan of action for the adoption and implementation of identified capacity development needs.		x																			Plan of action developed and endorsed.	MOH	Sector stakeholders and partners.		covered under 3.1.1	
3.1.4. Implement the plan of action developed under 3.1.3 above.			x			x		x		x		x		x		x		x		x	Implementation reports.	MOH	Sector stakeholders and partners.	200,000	implementation costs	
3.1.5. Monitor and evaluate the implementation and impact of capacity development provided to different stakeholders, communities and health workforce.																					M&E reports.	MOH	Sector stakeholders and partners.			
3.2. Strengthen reorientation of health services for an improved health promotion focus.																										
3.2.1. Identify and develop targets for resource allocation to health promotion HiAPP initiatives, programs and activities.	x					x				x				x				x			Targeted identified and developed.	MOH	Sector stakeholders and partners.			
3.2.2. Continue to monitor the extent to which there is a reorientation of health services towards health promotion and preventive.		x		x		x		x		x		x		x		x		x		x	Reorientation monitored and reported upon as per M&E reports.	MOH	Sector stakeholders and partners.			
3.2.3. Foster a reorientation culture through the leadership role of the NCDC, MOH and other strategic governing bodies and committees (e.g., Parliament Social Committee, Cabinet Development Committee, Sector Development Committees, Ministerial Advisory Committees, and others).	x		x			x		x		x		x		x		x		x		x	Management and M&E reports.	MOH	Sector stakeholders and partners.			
3.2.4. Seek development partners’ support and assistances on strengthening reorientation of health services towards the health promotion approach/focus.		x				x				x				x				x			Documentary evidence of support and assistances provided and implemented.	MOH	Sector stakeholders and partners.			
3.3. Develop research capacity for evidence-based policy and programming.																										

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3.3.1. In consultation with key stakeholders, identify needed research in health promotion.		x				x				x				x				x			Needed research identified, documented and endorsed.	MOH	Sector stakeholders and partners.			
3.3.2. Develop a research plan based on the research needed identify under 3.1.1 above.																					Research plan developed and endorsed.	MOH	Sector stakeholders and partners.			
3.1.2. Seek funding support if necessary to implement priority research projects.			x				x				x			x					x		Evidence of funding make available.	MOH	Sector stakeholders and partners.			
3.3.3. Provide targeted support to research institutions and individuals in order to build their capacity in undertaking needed research.			x				x				x			x					x		Evidence of support made available.	MOH	Sector stakeholders and partners.	100,000	research costs	
3.3.4. Monitor and evaluate the implementation of priority research projects.																					M&E report and research reports.	MOH	Sector stakeholders and partners.			
3.3.5. Share/disseminate research for improved knowledge building and to inform ongoing health promotion development and implementation.			x				x				x			x					x		Knowledge products.	MOH	Sector stakeholders and partners.	50,000	knowledge products	
3.3.6. Provide targeted support to identified applications of research that will make significant impacts to Samoa health development, addressing key priority issues.			x				x				x			x					x		Evidence of research that are being implemented.	MOH	Sector stakeholders and partners.	300,000	costs of applications	
3.4. Build and strengthen monitoring and evaluation capacity for health promotion.																										
3.4.1. Develop a comprehensive M&E framework covering all health promotion areas, including the M&E framework of the NHPP 2022-2027 and its Plan of Action.			x																		M&E framework documented and endorsed.	MOH	Sector stakeholders and partners.	50,000	TA if needed	
3.4.2. As part of 3.4.1, develop policy and procedural guidelines for the operationalisation of the M&E Framework of the NHPP 2022-2027 and all other health promotion measures.			x	x																	M&E policy and guidelines developed and endorsed.	MOH	Sector stakeholders and partners.		Covered under 3.4.1 above.	
3.4.3. Ensure implementation of the M&E framework developed under 3.4.1 and 3.4.2 above.																					M&E reports.	MOH	Sector stakeholders and partners.	10,000	M&E costs	
3.4.4. Review and adjust the M&E framework including its policy guidelines based on ongoing learning and M&E activities.			x				x				x			x					x		Revised M&E frameworks, policy and guidelines.	MOH	Sector stakeholders and partners.			

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	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2						
3.4.5. Utilise M&E findings and lessons for improving the development, implementation and enforcement of health promotion measures.					x	x			x				x	x			x					M&E and other management reports.	MOH	Sector stakeholders and partners.		
Indicative Budget for Strategic Objective 3																									780,000	
Grand Total																									3,495,000	

B: Monitoring and Evaluation Framework

Indicators	Baselines	Targets	Means of verification	Risks	Strategies to manage risks
<i>Vision: All individuals, families and communities in Samoa are empowered to promote their health and well-being to live healthier, happy and productive.</i> <i>Mission: To promote health and well-being for a healthy Samoa.</i> <i>Strategic objectives:</i> <i>1. Build and strengthen transformative and integrative ‘health-in-all’ public policies;</i> <i>2. Improve whole-of-society and community action; and</i> <i>3. Develop and strengthen capacities in health promotion.</i>					
1. Health literacy.	NA*	30% of the eligible population ^x	Surveys/Research	Lack of attention and priority given to measure these indicators. Lack of capacity and resources to enable the conduct of the M&E of these indicators.	Solicit leadership support from MOH and stakeholders and partners on conducting M&E to measure progress against these indicators.
2. Number of healthy settings implementing health promotion approaches.	NA	30% of the eligible population	Surveys/Research		
3. Number of people participated in health screening and other primary health care services.	NA	40% of the eligible population	Surveys/Research		
4. Changes in behaviours due to health promotion.	NA	30% of the eligible population	Surveys/Research, M&E reports/data		
5. Number of people aware of available health services.	NA	60% of the eligible population	Surveys/Research, M&E reports/data		
6. Number of people able to access health promotion services/programs.	NA	50% of the eligible population	Surveys/Research, M&E reports/data		
7. Number of people able to adopt healthier lifestyles.	NA	40% of the eligible population	Surveys/Research, M&E reports/data		
Strategic objective 1: Build and strengthen transformative and integrative ‘health-in-all’ public policies.					
1. Determinants of health and barriers to improving health and well-being at different levels identifies	NA	Health determinants and barriers identified and articulated.	Administrative reports and records	Lack of attention and priority given to implement these actions.	Solicit leadership support from MOH and stakeholders and
2. Actions undertaken to consider and address	NA	Evidence of actions undertaken	Administrative reports		

^x Defined as the population aged 5 years old and over.

Indicators	Baselines	Targets	Means of verification	Risks	Strategies to manage risks
health determinants and barriers to improving health and well-being.			and records	Completing priorities – with primary priority given to the delivering of other emerging and urgent responsibilities (e.g. Covid-19 response) leading to non-implementation of these activities. Lack of funding and human resources for implementation.	partners on additional resources to help with the implementation of these activities. Recruitment of additional staff to the health promotion work areas.
3. Evidence of adoption and implementation of the HiAPP approach.	NA	HiAPP approaches adopted and implemented	Administrative reports and records		
4. Evidence of transformative policy reforms in health considered, adopted and implemented.	NA	Transformative policy reforms adopted and implemented.	Administrative reports and records		
5. Number of public policies adopting and including a health promotion approach – i.e. the HiAPP approach.	18	50 public policies with HiAPP approaches.	Policy documents in existence, content reviews.		
6. Identification of policy requirements for health promotion.	NA	Documenting of policy requirements.	Administrative reports and records.		
7. Number of policy requirements for health promotion developed and implemented.	NA	10 policies documented.	Policy documents, content reviews.		
8. Number of policy requirements for health promotion monitored and evaluated.	NA	5 policies monitored and evaluated.	M&E reports and administrative records.		
Strategic objective 2: Improve whole-of-society and community action.					
9. Stocktake and reviews/evaluation of health protection initiatives/programs conducted.	NA	Stocktake and reviews/evaluation completed, documented and disseminated.	Reports and administrative records.	Lack of attention and priority given to implement these actions.	Solicit leadership support from MOH and stakeholders and partners on additional resources to help with the implementation of these activities.
10. Review/evaluation findings used to inform health promotion measures.	NA	Review/Evaluation findings utilised.	Reports and administrative records.		
11. Review/evaluation findings implemented, monitored and evaluated.	NA	Review/Evaluation findings monitored and evaluated.	M&E reports and administrative records.	Completing priorities – with primary priority given to the delivering of other emerging and urgent responsibilities leading to non-implementation of these activities.	Recruitment of additional staff to the health promotion work
12. Number of partnerships formed and implemented on health promotion programs/initiatives.	50	100			
13. Number of stakeholder dialogues conducted.	5	10			
14. Number of settings with health issues identified and with plans of actions developed.	100	300			
15. Number of settings with plans of actions implemented.	100	300			
16. Number of settings with plans of actions	100	300		Lack of funding and	

Indicators	Baselines	Targets	Means of verification	Risks	Strategies to manage risks
monitored and evaluated.				human resources for implementation.	areas.
17.Number of national health promotion programs/initiatives conducted.	10	30			
18.Number of participants in health promotion programs/initiatives.	NA	50% of the eligible population			
19.Number of settings conducting health promotion programs/initiatives.	NA	300			
20.Number of health promotion programs/initiatives monitored and evaluated.	NA	100			
Strategic objective 3.Develop and strengthen capacities in health promotion.					
21.Capacity development needs in health promotion identified and documented.	NA	Capacity development needs identified and documented.	Administrative reports and records.	Lack of attention and priority given to implement these actions.	Solicit leadership support from MOH and stakeholders and partners on additional resources to help with the implementation of these activities.
22.Plan of Action for capacity development developed and implemented.	NA	Plan of Action developed and documented.	Administrative reports and records.		
23.Number of capacity development programs/initiatives implemented.	NA	100	M&E reports and administrative records.		
24.Number of participants receiving capacity development.	NA	300	M&E reports and administrative records.		
25.Number of capacity development programs/initiatives monitored and evaluated.	NA	20	M&E reports and administrative records.		
26.Reorientation of health services towards health promotion.	NA	Improved reorientation of health services towards health promotion.	Administrative reports and records.	Completing priorities – with primary priority given to the delivering of other emerging and urgent responsibilities leading to non-implementation of these activities.	Recruitment of additional staff to the health promotion work areas.
27. Resource allocation for health promotion – budget and expenditure.	3% of MOH budget	10% of MOH budget	National Budgets and Accounts.		
28.Development partners support for health promotion.	NA	10 funding partnerships	Reports and administrative records.		
29.Research needs identified and research plan developed.	NA	Research needs identified, documented and disseminated.	Reports and administrative records.		
30.Research on health promotion areas conducted.	NA	15 research conducted.	Research reports		
31.Research findings disseminated and utilised.	NA	10 research findings disseminated.	Research reports		
32. M&E framework, policy and guidelines for	0	M&E framework, policy and	M&E documents.		

Indicators	Baselines	Targets	Means of verification	Risks	Strategies to manage risks
health promotion developed.		guidelines documented.			
33. M&E framework, policy and guidelines for health promotion implemented.	0	Evidence of M&E framework, policy and guidelines implemented.	M&E documents.		
34. M&E framework, policy and guidelines for health promotion reviewed and updated.	0	Evidence of M&E framework, policy and guidelines reviewed and updated.	M&E documents.		
35. M&E findings utilised in policy and programing measures.	0	Evidence of utilisation in policies and programs.	Reports and administrative records.		

* Note: NA – not available