



# ANNUAL REPORT FY2022/2023



MINISTRY OF HEALTH



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**Ofisa o le Minisita o le Soifua Maloloina, Iunivesite Faafoma'i o le Oceania, Falema'i  
Faaaitumalo ma Komiti Tumama a Tina  
MINISITA LAGOLAGO O TAUFI O FAALAVELAVE FA'AFUASE'I**

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The Honourable Speaker  
Legislative Assembly of Samoa  
**MULINU'U**

11<sup>th</sup> July 2024

Dear Honourable Speaker,

On behalf of the Ministry of Health, I have the honor of submitting the Annual Report of the Ministry of Health for tabling at the next meeting of the Legislative Assembly of Samoa.

In accordance with the Ministry of Health Act 2006 (amended in 2019), this report covers the activities of the Ministry for the Financial Year ending June 2023. The Ministry of Health is responsible for this report and provides assurance that the information contained within is accurate and reliable.

Yours sincerely,

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

# FOREWORD

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I am pleased to introduce the Annual Report for the Ministry of Health for Financial Year 2022/2023.

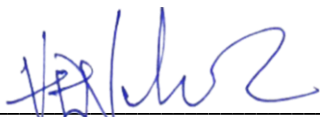
This annual report summarizes Ministry of Health's activities and programs implementation progress during the reporting financial year. All activities are based on the Ministry of Health's commitments identified in Performance Measures for the reporting financial year that have significant linkages to obligations of the Samoan Government as outlined in the Pathway for the Development of Samoa (PDS) FY2021/22 – FY2025/26, and the Health Sector Plan FY2019/20-FY2029/30.

The Ministry of Health is continually committed to ensuring increased accountability, honoring commitments and responsibly managing health expenditure. Currently, the Ministry and the management have strived at their very best to improve health services provision within all pillars of the health services including Public Health and Hospital and Clinical Services Departments as well as its Governance and Corporate Governance, and most importantly, its regulatory function to monitor the performance of all health services providers in both public and private health sectors to further strengthen Samoa's health system.

Despite all the challenges that encountered during this financial year, the Ministry of Health maintained its focus in strengthening its mandated role to ensure quality healthcare is available for the Samoan population.

Overall the Ministry of Health has made remarkable performance progress in implementing hospital and clinical services, public health services as well as its governance and regulation roles in maintaining high quality of health service delivery for a Healthy Samoa.

Ma le fa'aaloalo lava.



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Hon. Valasi Luapitofanua Toogamaga Selesele  
**MINISTER OF HEALTH**

## KEY MESSAGE

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This Annual Report presents the achievements and the overall performance of the Ministry of Health for the Financial Year 2022-2023. The Annual Report focuses on the Ministry's mandated functions as is in the Ministry of Health Act 2006 (amended in 2019), as well as reporting on key actions and performance measures that were endorsed for this reporting financial year.

The Ministry of Health has engaged in multi-sectoral approach in performing its important role in leading health processes and implementing mandated functions of monitoring and regulating the health sector. With this link, the three main pillars (Corporate Governance; Public Health; and Hospital and Clinical Services) are able to support the health initiatives and made significant contributions to the entrusted health systems management.

To consider the needs of our population and high demand to increase the access to health services, the Ministry of Health encapsulates in its Health Sector Plan FY2019/20 – FY2029/30, the establishment of Multi-Disciplinary Teams (MDTs) to strengthening public health services in the community and strengthened the implementation of the PEN Fa'aSamoa for NCDs screening in villages and districts through whole of country multi-sectoral approach.

In fact, the immense and boundless help we received from partnership with government ministries, non-governmental organizations, development partners and private and public service providers have optimized our vision to reach out.

The Ministry acknowledges the importance of its mandated functions and responsibilities under its three pillars, and I would like to acknowledge the staff's effort and commitment to ensuring the Ministry's compliance with legislations, policies, strategies and standards that regulate its works.

Ma le fa'aaloalo lava.

A handwritten signature in blue ink, which appears to read 'Aiono Dr. Alec Ekeroma'. The signature is fluid and cursive.

Aiono Dr. Alec Ekeroma  
**DIRECTOR GENERAL OF HEALTH**

## ACRONYMS AND ABBREVIATIONS

ACRONYMS	DESCRIPTIONS
<b>ACEO</b>	Assistant Chief Executive Officer
<b>AMR</b>	Antimicrobial Resistance
<b>BFHI</b>	Baby Friendly Hospital Initiative
<b>BWC</b>	Bottled Water Companies
<b>CEO</b>	Chief Executive Officer
<b>CSU</b>	Corporate Services Unit
<b>DGoH</b>	Director General of Health
<b>EML</b>	Essential Medicines List
<b>EN</b>	Enrolled Nurses
<b>ENT</b>	Ear, Nose, Throat
<b>EPI</b>	Expanded Program for Immunization
<b>FBDG</b>	Food Based Dietary Guideline
<b>F&amp;P</b>	Finance and Procurement
<b>FY</b>	Financial Year
<b>GoS</b>	Government of Samoa
<b>HAC</b>	Health Advisory Committees (Komiti Faufautua)
<b>HCWM</b>	Healthcare Waste Management
<b>HEOC</b>	Health Emergency Operation Centre
<b>HICT</b>	Health Information and Communication Technology
<b>HISM&amp;E</b>	Health Information Services, Monitoring and Evaluation
<b>HPAC</b>	Health Programs Advisory Committee
<b>HPED</b>	Health Protection and Enforcement Division
<b>HPV</b>	Human Papilloma Virus
<b>HSCRMD</b>	Health Sector Coordination, Resourcing and Monitoring
<b>HSP</b>	Health Sector Plan
<b>IA</b>	Internal Audit
<b>ICHAP</b>	Integrated Community Health Advocacy Program
<b>IHR</b>	International Health Regulations
<b>IWS</b>	Independent Water Scheme
<b>MESC</b>	Ministry of Education, Sports and Culture
<b>MNRE</b>	Ministry of Natural Resources and Environment
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MTII</b>	Malietao Tanumafili II Hospital
<b>MWCSD</b>	Ministry of Women, Community and Social Development
<b>NCDs</b>	Non Communicable Diseases
<b>NDWS</b>	National Drinking Water Standards
<b>NEOC</b>	National Emergency Operation Centre
<b>NHS</b>	National Health Service
<b>NZMT</b>	New Zealand Medical Treatment Scheme
<b>OVT</b>	Overseas Treatment
<b>PEN</b>	Package of Essential Tool for NCD Control
<b>PLIMS</b>	Pharmaceutical Logistics Inventory Management System

<b>ACRONYMS</b>	<b>DESCRIPTIONS</b>
<b>PPE</b>	Personal Protective Equipment
<b>QAIPC</b>	Quality Assurance and Infection Control
<b>RCCE</b>	Risk Communication and Community Engagement
<b>RN</b>	Registered Nurses
<b>SAM</b>	Severe Acute Malnutrition
<b>SHPP</b>	Samoa Health Partnership Program
<b>SMTS</b>	Samoa Medical Treatment Scheme
<b>SPPRD</b>	Strategic Planning, Policy and Research
<b>STI</b>	Sexually Transmitted Infections
<b>SWA</b>	Samoa Water Authority
<b>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendants
<b>TTM</b>	Tupua Tamasese Meaole Hospital
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>WB</b>	World Bank
<b>WBFW</b>	World Breastfeeding Week
<b>WHO</b>	World Health Organization

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# INTRODUCTION

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This Annual Report documents the performance of the Ministry of Health against its set Key Performance Indicators approved for this financial year (FY2022/2023) under the government local budget, as well as its commitment to the implementation of the Pathway for the Development of Samoa FY2021/22-FY2025/26, Health Sector Plan FY2019/20-FY2029/30 and its MOH Corporate Plan FY2020/21 – FY2022/23.

The Ministry continued its annual intake of qualified health professions through Orientation Programs, House Surgeon and Recruitment and Selection of highly qualified staff to ensure providing of quality services to the people of Samoa. In this reporting financial year, the Ministry has noted the significant increase in numbers of employees leaving the Ministry for different purposes. Despite the high numbers of service leavers, there is hope that the Public Service Commission review and organizational structural review will create more opportunities to recruit more qualified personnel to serve the health of our population.

Digitization of patient records through the utilization of Tamanu and Tupaia Apps in both urban and rural health facilities is one of the milestones that the Ministry of Health through its Health Information and Communication Technology Division had achieved within this financial year. The Ministry continues to work tirelessly to ensure strengthening and sustainability of these new systems for effective health information management.

# HEALTH STATUS OVERVIEW

## Population Growth

The 2021 Population and Housing Census reported that the total population of Samoa is 205,557. 104,854 are male and 100,703 are female. The population of Samoa has been increased by 4.9% between 5 years (2016-2021). As projected by SBS in its Statistical Abstract 2022, the total population of Samoa in 2022 will be at 207,473 with the 0.9% annual growth. The 38.5% of the 205,557 population were aged under 15 and about 5.5% were aged 65 and over.

**Table 1: Total population by year and percentage of annual growth, 2006 - 2022**

Year	Total Population	% Annual Growth
2006	180,741	0.8
2007	182,157	0.8
2008	183,573	0.8
2009	184,988	0.8
2010	186,404	0.8
2011	187,820	0.9
2012	189,452	0.9
2013	191,084	0.9
2014	192,715	0.8
2015	194,347	0.8
2016	195,979	0.8
2017	197,611	0.8
2018	199,243	0.8
2019	200,874	0.8
2020	202,506	0.8
2021	205,557	1.5
2022 <sup>3</sup>	207,473	0.9

Source: Samoa Bureau of Statistics, Population and Housing Census 2006 – 2021 & 2022 Projected Population

The reporting chart of the SBS indicates the increase in the number of population since 2006 until 2022. The census in 2021 reflects the high increase in percentage of annual growth when compared to the previous census.

## Mortality and Morbidity

### *The Top 10 Leading Causes of Morbidity*

During this financial year (2022/2023), the top 10 leading causes of morbidity are as follow:

**Table 2: Top 10 Leading Causes of Morbidity**

Underlying Causes	FY2022/2023
1. Acute upper respiratory Infection	22,096
2. Unspecified acute lower respiratory infection	14,298
3. Influenza with other respiratory manifestations	3,637
4. Pneumonia	3,075
5. Gastroenteritis	2,826
6. Chicken Pox/ Varicella	314
7. Food Poisoning	214
8. Conjunctivitis	128
9. Diarrhoea	50
10. Whooping cough	37

***The top 10 Leading Causes of Mortality***

The top ten leading causes of mortality in hospitals are summarized in Table 3 below:

**Table 3: Top 10 Leading Causes of Mortality**

<b>Underlying Causes</b>	<b>FY2022/2023</b>
1. Acute Myocardial infraction	141
2. Sepsis	110
3. Cardiac Respiratory Arrest	71
4. Cardiac Arrhythmia	70
5. Multi Organ Dysfunction	37
6. Septic Shock	31
7. Stroke	26
8. Hypovolemic Shock	16
9. Pneumonia	15
10. Asphyxia	13

***The top 10 Leading Causes of Overseas Referrals for Medical Treatment***

The top ten leading causes of Overseas Referrals in hospital are identified in the table below:

**Table 4: Top 10 Leading Causes of Overseas Referrals**

<b>Underlying Causes</b>	<b>FY2022/2023</b>
1. Ischemic Heart Disease	23
2. Rheumatic Heart Disease	20
3. Congenital Heart Disease	4
4. Proliferative Diabetic Retinopathy	3
5. Retinal Detachment	7
6. Endometroid Carcinoma	5
7. Cervical cancer	5
8. Breast cancer	10
9. Colorectal cancer	8
10. Brain Tumor	6

## Snapshot of Ten Leading Causes of Overseas Referrals, TTM Hospital Morbidity and Mortality

Figure 1 below summarizes ten leading causes for Overseas Referrals, TTM Hospital Morbidity and Mortality and National Health Status in the reporting Financial Year (2022/23).

Figure 1: Snapshot of Ten Leading Causes of Overseas Treatment, Mortality and Morbidity



## Basic Health Situation

### 1. Water Quality

The Water Quality Section under the Ministry of Health National Health Surveillance and International Health Regulations Division is mandated to effectively monitor the quality and safety of drinking water sources. These include Samoa Water Authority Boreholes, Independent Water Schemes and Bottled Water Companies. The National Drinking Water Standards (NDWS) 2016 is used to monitor and evaluate the compliance of these water sources on different timelines. The frequency of testing of SWA endpoints and Independent Water Scheme against the NDWS 2016 is monitoring on monthly and quarterly basis.

#### Samoa Water Authority Treatment Plants and SWA Boreholes

The monitoring of the treatment plants are conducted on weekly basis, whereas boreholes scheduled on monthly basis. The treatment plants remained 100% compliance and as recorded for boreholes, there is a decreased in percentage of compliance from 86% in 2022 to 78% in 2023.

#### Samoa Independent Water Schemes

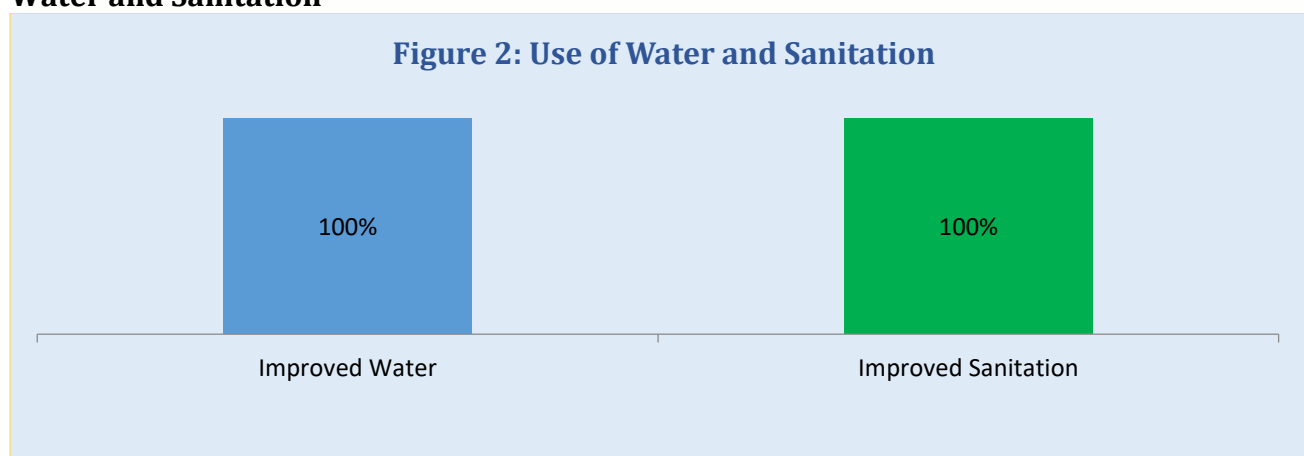
In essence, the increased in level of compliance from the 51% in 2022, is currently 62% for IWS during this financial year. The effective methods are a result of the new installed kiosk and household filters to some of the schemes.

#### Bottled Water Companies

As noted within this financial year, the rises with the compliance of Bottled Water Companies (BWC) were 87% compliance, whereas in the last financial year, only 85% were fully complied with the National Drinking Water Standards 2016. The new Independent Water Safety Plans were approved to guide the utilization of Samoa Independent Water Schemes.

The accessibility of population to water and sanitation has been improved as confirmed in the Snapshot of Key Findings Samoa MICs Plus 2022 – 2023. The guaranteed 100% of improved water and improved sanitation have confirmed the effective monitoring conducted by Water and Sanitation sections of the ministry, which reveals almost 100% compliance of each water standards and schemes.

### Water and Sanitation



*Samoa MICs Plus 2022 – 2023, Household Phone Survey, Snapshot of Key Findings (August – October 2022)*

### 2. Food Safety

One of the Ministry of Health's mandated functions under the Food Act 2015, Food Safety and Quality Regulations 2017, Health Ordinance 1959 and the National Food Safety Standards is to monitor and regulate food safety in all food businesses in Samoa and assess

their level of compliance to the aforementioned food safety legislations and standards. This core function of the Ministry is implemented by the Food Safety and Tobacco Control Unit under the Health Protection and Enforcement Division.

### Food Premises Inspection

The monitoring and regulatory visits of the Food Safety and Tobacco Control Unit conducted on quarterly basis. They have able to monitor and regulate 676 food premises/handlers. The highest compliance rate reached by food premises was 90%.

### Tobacco Control

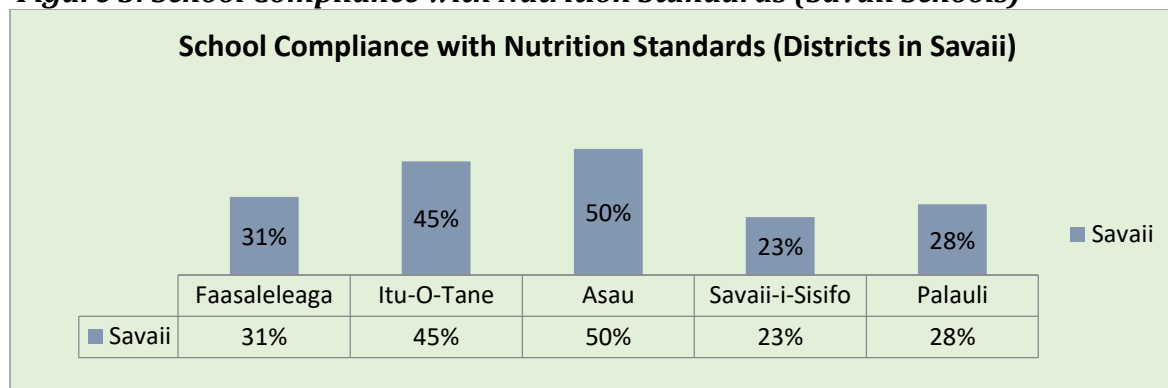
Under the Tobacco Control Act 2008, the Ministry of Health is mandated to monitor and regulate tobacco consumption in Samoa and ensure the tobacco sellers are fully complied with this legislation. Implementation of this mandated function of the Ministry is also the core responsibility of the Food Safety and Tobacco Control Unit of the Health Protection and Enforcement Division. The issuance of licensing for tobacco outlets distributors and manufacturer is well managed and about 46 distributors license issued within this Financial Year and was able to make income estimated \$23,000 Samoan Tala. The compliance of tobacco control for this financial year is 96.7% and 3.3% were not comply. The Ministry of Health issued warning letters to all non-compliance and continue to monitor their performance to ensure they are fully complied.

### 3. Nutrition

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

As noted from the health visitations and programs implemented in the last financial year, there is no improvement in percentage of compliance in schools. The Community Support (Parents Teacher Association & School Committee) at 71.8% (181 schools out of 252 inspected schools compliance), Safe Learning Environment for Private Schools is at 60% compliance, Mission Schools at 57% compliance and Government Schools at 54% compliance. The graph below will able to identify percentage reached by each district school inspected according to the compliance with the Nutrition Indicators.

**Figure 3: School Compliance with Nutrition Standards (Savaii Schools)**



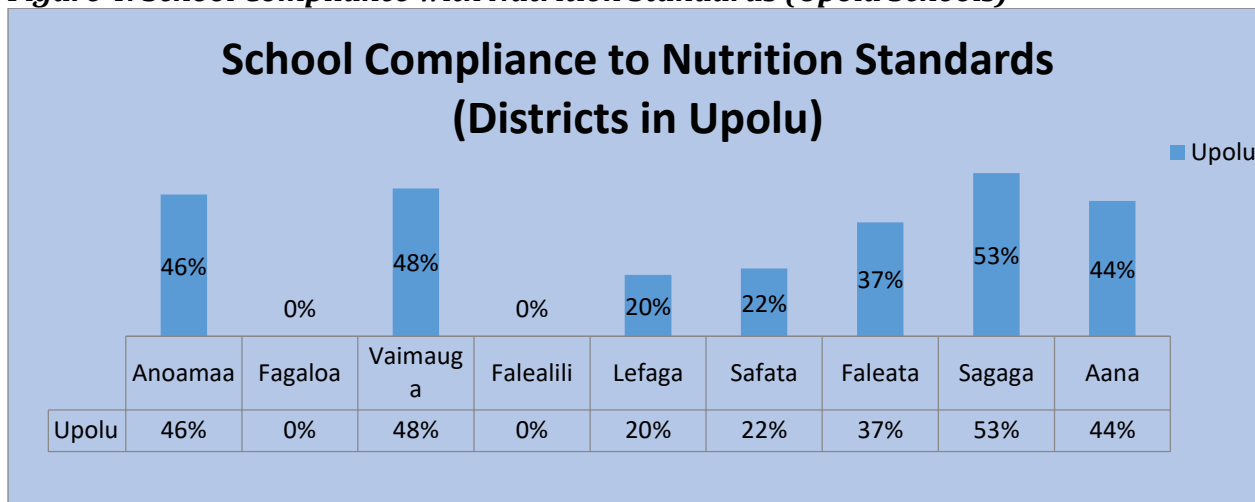
Source: Nutrition Units Database (School Inspection)

The percentage of compliance representing above are from every schools inspected in each districts in Savaii. The presentation of percentages formulates from the number of schools within each districts. The schools were assessed in criteria of nutrition which are Raising Awareness and Knowledge, School Policy, Canteen/Vendor requirements, Foods in School and

Creative Supportive Environment in Schools. According to the above data, not all of schools were assessed and inspected in this year. Therefore, almost every district has low provision of nutrition as per data below.

In Savaii, Fa’asaleleaga were 11 out of 35 schools, Itu-O-Tane 9 out of 20 schools, Asau 6 out of 12 schools, Savaii-i-Sisifo 3 out of 13 schools and Palauli 4 out of 14 schools.

**Figure 4: School Compliance with Nutrition Standards (Upolu Schools)**



Source: Nutrition Units Database (School Inspection)

In Upolu, inspection carried out for 7 out of 15 schools of Anoamaa district, Fagaloa 0 out of 4 schools, Vaimauga 12 out of 25 schools, Falealili 0 out of 13 schools, Lefaga 1 out of 5 schools, Safata 2 out of 9 schools, Faleata 14 out of 38 schools, Sagaga 9 out of 17 and Aana 18 out of 41 schools.

#### 4. Sanitation

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

The Sanitation Section was able to conduct the quarterly monitoring in schools, from the February to March 2023. All recommendations made from the monitoring were noted for improvement and shared with schools for implementation.

Further to the implementation of sanitation, the Samoa Typhoid Programs was successfully traced and investigated 98% (17 Upolu cases & 5 Savaii cases) of lab confirmed cases within 48 hours of notifications from July 2022 to June 2023.

As mandated under Health Ordinance 1959, the Vector Control Unit of National Health Surveillance and International Health Regulation Division was directive to implement and provide monitoring, investigations and actioned nuisances’ complaints, and implement vector control programs in the community. During this financial year, there were 12 complaints lodged and assessment carried to ensure no possibility of any outbreak in country. There were 2

leptospirosis cases and 2 dengue cases, 7 cases related to insanitary hospitals and general sanitation and 1 case was on school environment.

### **5. Healthcare Waste Management**

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

The Healthcare Waste management unit has specifically conducted monitoring in the major highlighted fields where it needs to be improved. These were management of healthcare waste in all health facilities in Samoa, Maintenance of the HCW Incineration facility at Tafaigata, Demolition, Design and Construction of a new Incineration facility at Vai'aata and procurement of a new incinerator, burial cases reported and verified and Repatriation flights and HCW collection from quarantine sites.

As noted from the assessment of health care waste in health facilities, about 80.8% compliance against the National Healthcare Waste Strategy. The related cases such as burial matters, expatriation, disinterment and repatriations were performed and reached 100% complying with health requirements.

During this period, the Government of Samoa has been able to receive the new incinerator to further improve the needs to well manage the healthcare waste in our country.

### **National Health Indicators**

The Ministry of Health as the leading agency for Samoa's health sector is responsible and accountable in achieving 3 Expected Outcomes under the Key Priority Area 2 of the Pathway for the Development of Samoa: **Improved Public Health**. These expected outcomes include:

1. Healthcare Services and Facilities improved
2. Prevalence of Non-Communicable Diseases and Infectious Diseases reduced and
3. Life Expectancy increased

Figure 5 below is the snapshots of national health indicators that contribute to the achievements of the above expected outcomes for health.

**Figure 5: Snapshot of National Health Status**

This snapshot summarizes the Ministry’s performance against the national health indicators articulated in the Pathway for the Development of Samoa FY2021/22-FY2025/26.

### Expected Outcome 1: Health Care Services and Facilities Improved

#### NUMBER OF HEALTHCARE PROFESSIONALS INCREASED

****	20/21	21/22	22/23
Drs.	113	126	143
Enrolled Nurses	97	101	101
Reg. Nurses	436	448	475
Midwives	81	79	94
Pharm.	16	18	17
Dentists	16	18	19
Allied Health	96	69	74



#### WAITING TIME \*\*\*

**Average Waiting Time**  
35 mins – 47 mins

**Average Consultation Waiting time from Triage to Doctors**  
28 mins. – 37 mins.

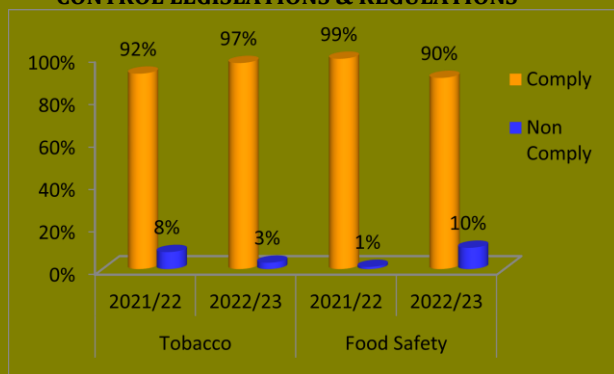
(TTM Hospital)

### Expected Outcome 2: Prevalence Of NCDs & Infectious Diseases Reduced

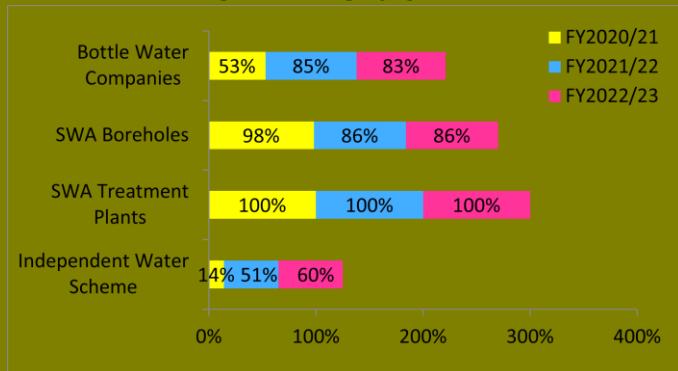
#### PEN FA'A-SAMOA SCREENING \*\*



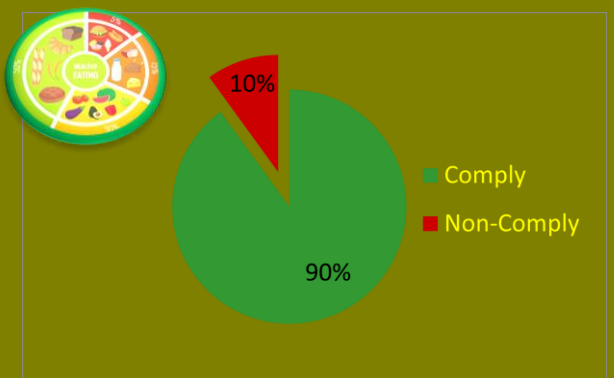
#### COMPLIANCES WITH FOOD SAFETY & TOBACCO CONTROL LEGISLATIONS & REGULATIONS \*\*\*\*\*



#### COMPLIANCE WITH NATIONAL DRINKING WATER STANDARDS 2015 \*\*\*\*\*

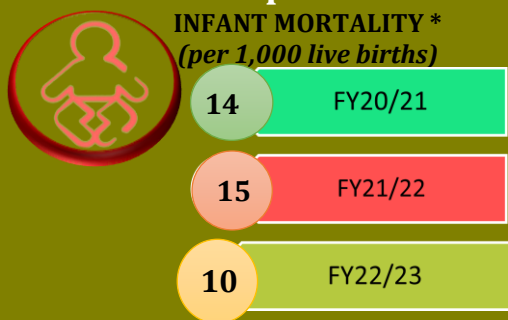


#### COMPLIANCE WITH SCHOOL NUTRITION STANDARDS \*\*\*\*\*



### Expected Outcome 3: Life Expectancy Increased

#### INFANT MORTALITY \* (per 1,000 live births)



#### MATERNAL DEATHS \*

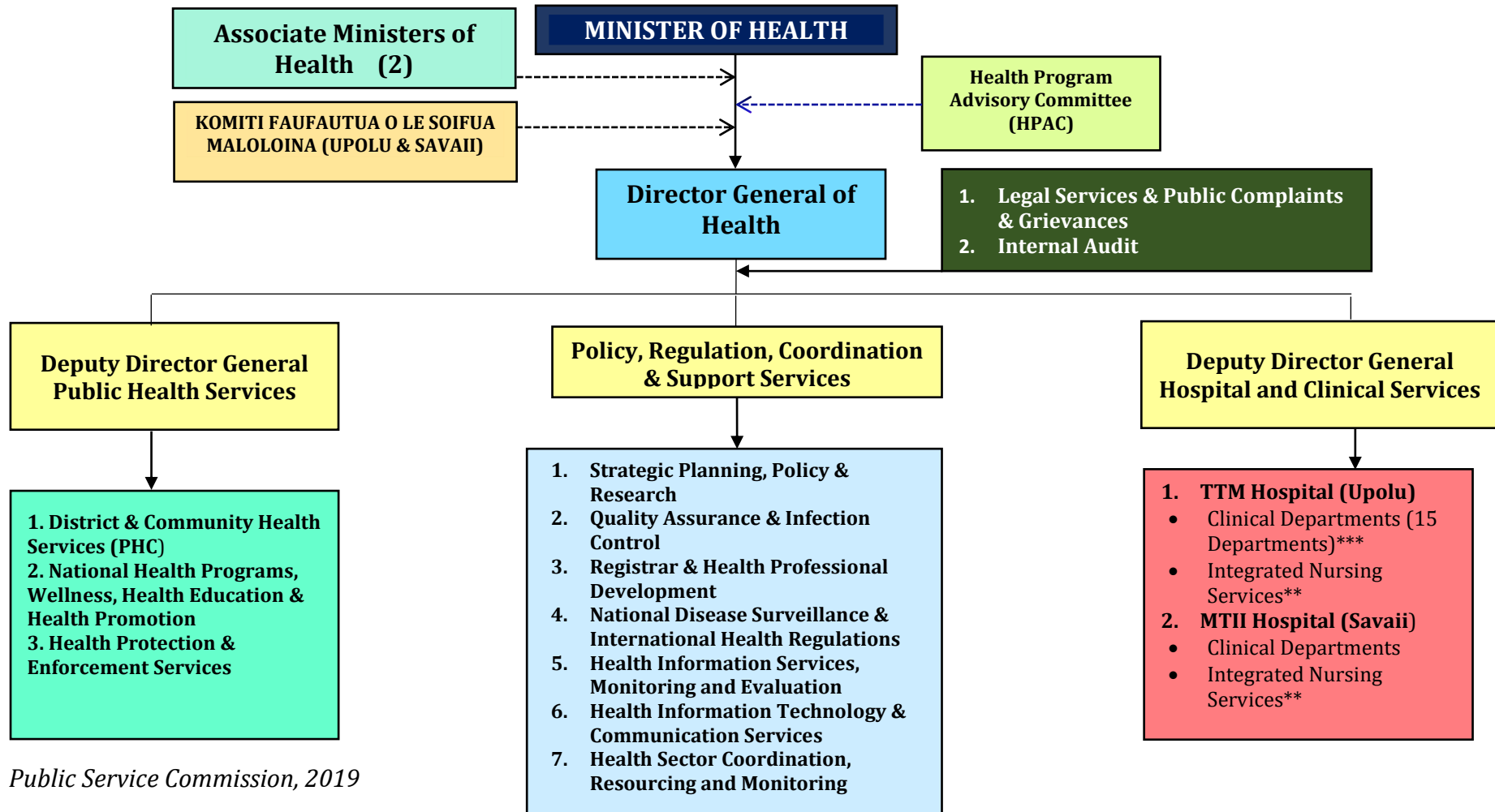
Financial Year	Total
FY2022/23	0
FY2021/22	0
FY2020/21	1

Source: \*TTM PATIS/MTII PATIS/EPI, \*\*TTM PATIS/MTII PATIS, \*\*\*PEN FAASAMOA, \*\*\*\*QUALITY ASSURANCE & INFECTION CONTROL \*\*\*\*\*REGISTER, \*\*\*\*\*HPED

# MINISTRY OF HEALTH ORGANIZATIONAL STRUCTURE

The Ministry of Health Organizational Structure in Figure 10 is still reflected as Functional Structure while the Ministry of Health and the Public Service Commission currently work on refining the proposed MOH detailed divisional structure.

Figure 6: MOH Organizational Structure (Functional Structure)



Public Service Commission, 2019

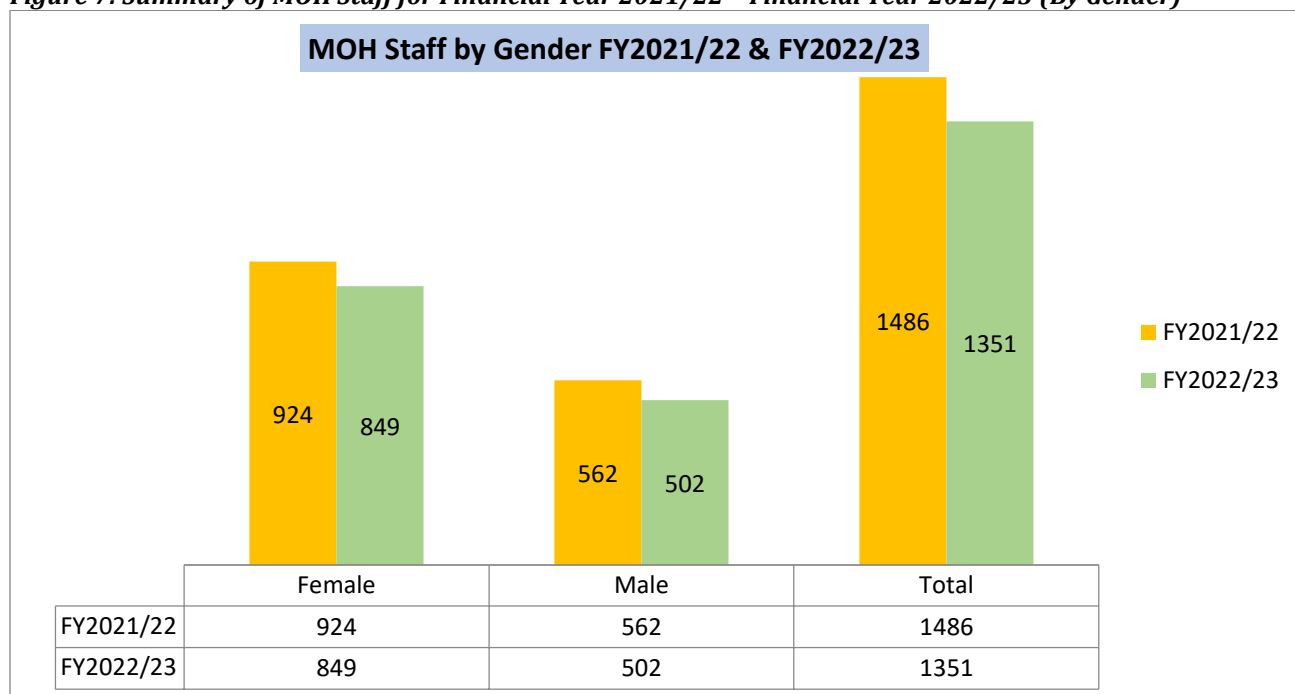
# MINISTRY OF HEALTH WORKFORCE

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

## OVERALL MOH WORKFORCE

From July 2022 to June 2023, the Ministry of Health employed 1,351 staff. 63% of the Ministry’s workforce are female (849) and 37% are males (502). As noticed from the last financial year 2021/22, there were 1486 staffs employed by the Ministry. In every financial year, it has been noted that the Ministry’s workforce is dominated by female staff.

**Figure 7: Summary of MOH Staff for Financial Year 2021/22 – Financial Year 2022/23 (By Gender)**



Source of Information: MOH Human Resources Database FY2021/22 – FY2022/23

There is a significant drop in the numbers of the workforce. During this financial year, there were 135 staffs that either resigned or leave the ministry. The major reasons behind it were migration of staffs for Seasonal Employment Scheme, promotion to other ministries, termination of services, retirees and delay of recruitment and selection process due to pending of functional and organization review that undertaking by the Office of the Commission.

Despite the significant drop of the workforce, this financial year recruited 161 new staffs:

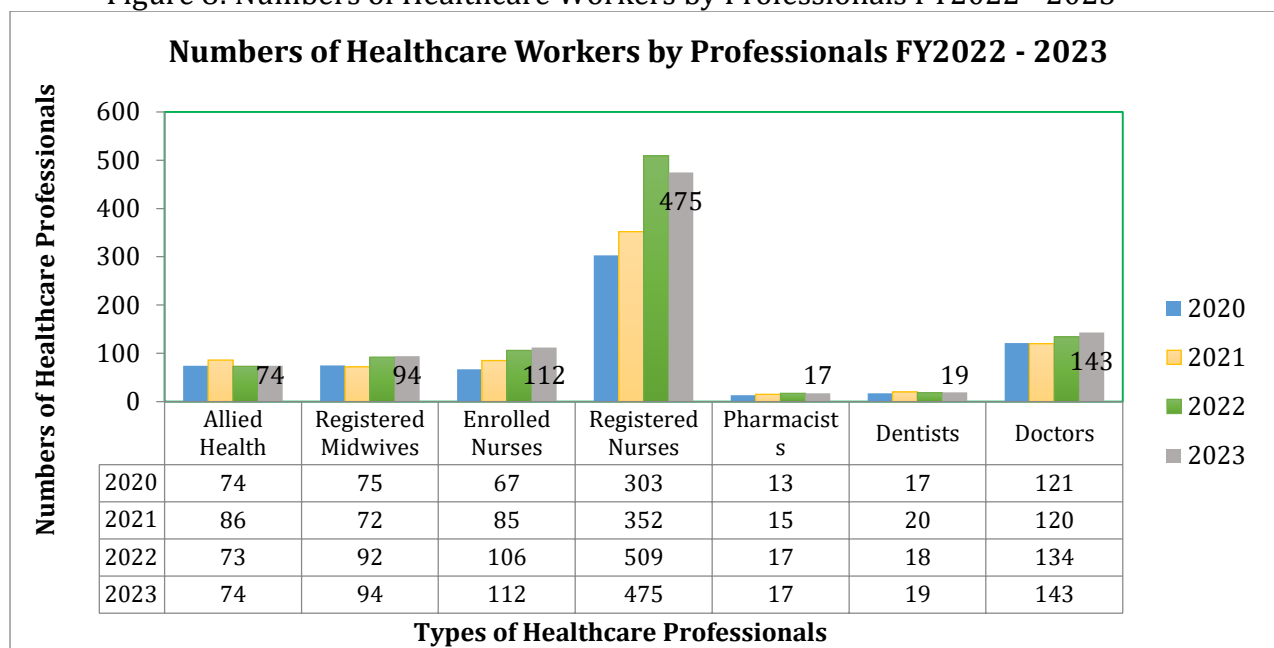
Recruited of MOH Staff	
Recruitment and Selection	84
Orientation Program (Nurses)	73
House Surgeon	4

## HEALTHCARE WORKERS BY PROFESSIONALS FY2022 - 2023

The Ministry of Health consists of seven health professionals that should be reported in every financial year. This year marks high increase in the level of each professional except

for the minor drop in the number of Registered Nurses. The graph below will give more details of the professionals.

Figure 8: Numbers of Healthcare Workers by Professionals FY2022 - 2023



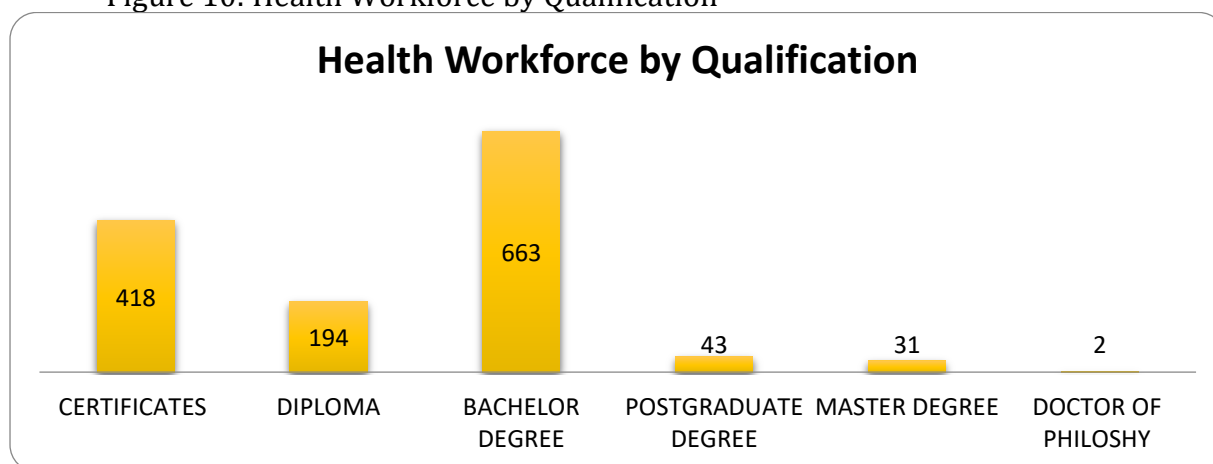
Source: MOH Registrar and Professional Development Database, FY2022 - 2023

In this financial year, the ministry has noticed the decreased in the numbers of Registered Nurses as illustrated in the figure above. All other health professionals have high records. The reasons are the same with the ones that mentioned under overall workforce.

### QUALIFICATION

The Health workforce employees a vast of health professionals with various qualification background ranges from certificate level with the highest of doctor of philosophy. The majority of staffs are Bachelor holders following Certificate and Diplomas.

Figure 10: Health Workforce by Qualification



Source of Information: Human Resource and Administration Database FY2022 - 2023

One of significant achievement is the number of staff pursuing higher level of qualification as illustrated in the figure above. There were 31 staffs with Master degrees, 43 with Postgrads and 2 with Doctor of Philosophy.

## **HUMAN RESOURCE DEVELOPMENT & TRAINING DISTRIBUTION**

In this reporting financial year, the Ministry has successfully achieved one of the mandated through capacity building to ensure enhance and strengthen of health service delivery.

Over this reporting financial year, the Ministry recorded eighty nine (89) overseas training programs and hundred thirteen (113) trainings offered locally.

**MINISTRY OF HEALTH BUDGET FOR FY2022/23**

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## Local Budget:

**SCHEDULE 2.11**

**STATEMENT OF MINISTRY RECEIPTS BY REPORTING CATEGORY  
AND EXPENDITURE BY OUTPUT**

**APPROPRIATION ACCOUNT**

*for the financial year ended 30 June 2023*

			Note	2023	Original Estimate	Final Estimate	(Over)/Under	2022
<b>HEALTH</b>								
				\$	\$	\$	\$	\$
<b>RECEIPTS</b>								
<b>Ordinary Receipts</b>								
Other Revenues								
		Fees & Other Charges		5,067,542	5,510,839	5,510,839	443,297	5,001,029
<b>TOTAL RECEIPTS</b>				5,067,542	5,510,839	5,510,839	443,297	5,001,029
<b>PAYMENTS</b>								
<b>Outputs</b>								
1.0		Policy Advice to the Responsible Minister	1	1,231,527	1,462,215	1,394,315	162,788	1,177,963
2.0		Ministerial Support		671,131	670,229	738,129	66,998	459,323
3.0		Strategic Planning, Policy and Research Division		859,007	913,377	913,377	54,371	733,153
4.0		Quality Assurance & Infection Control		1,119,535	1,450,807	1,450,807	331,273	1,071,725
5.0		Registrar and Health Professional Development		1,317,573	1,429,455	1,429,456	111,882	1,280,071
6.0		National Disease Surveillance & International Health Registration		1,914,113	2,104,728	2,104,728	190,615	1,945,508
7.0		Pharmaceutical Warehouse		7,256,766	7,279,102	7,279,102	22,336	1,194,489
8.0		Health Information System, Monitoring & Evaluation		822,049	898,539	898,539	76,490	755,462
9.0		Health Information Technology & Communication Services		1,297,668	1,347,037	1,347,037	49,370	1,228,188
10.0		Health Sector Coordination, Resourcing & Monitoring		830,151	920,904	920,904	90,754	722,165
11.0		Clinical - TTM Hospital Clinical Health Services		17,481,481	20,226,769	20,209,395	2,727,914	17,078,119
12.0		Clinical - Laboratory Services		7,458,792	8,457,207	8,436,082	977,289	3,289,898
13.0		Clinical - Medical Imaging & Radiology Services		2,768,112	3,662,770	3,662,769	894,658	2,586,768
14.0		Clinical - Dental Health Services		3,504,417	4,407,841	4,407,841	903,423	2,885,666
15.0		Clinical - Pharmaceutical Services		4,124,481	5,464,618	5,464,617	1,340,137	1,942,469
16.0		Clinical - MTH Hospital		9,466,058	9,523,762	9,562,261	96,203	10,041,271
17.0		Clinical - Integrated Nursing Care Services		19,907,268	20,869,150	20,879,731	972,463	18,994,630
18.0		Public Health - Health Protection & Enforcement		1,860,811	2,424,241	2,424,240	563,430	1,879,965
19.0		Public Health - National Health Programs, Wellness, Health Promotion and Education		2,457,267	2,709,881	2,709,881	252,613	2,157,896
20.0		Public Health - Rural District Hospitals & Community Health Services		9,670,074	12,191,728	12,191,728	2,521,654	8,808,929

21.0	Allied Health Services		0	0	0	0	2,304,243
<b>Total Outputs</b>			<b>96,018,281</b>	<b>108,414,360</b>	<b>108,424,940</b>	<b>12,406,659</b>	<b>80,233,659</b>

	Note	2023	Original Estimate	Final Estimate	(Over)/ Under	2021
<b>Third Party Outputs</b>						
Grants and Subsidies						
		9,329,934	9,329,934	9,329,934	0	8,664,994
		247,945	250,000	250,000	2,055	249,834
		5,000,000	5,000,000	5,000,000	0	7,999,471
		100,000	100,000	100,000	(0)	50,000
		100,000	100,000	100,000	(0)	75,000
		100,000	50,000	50,000	0	50,000
		50,000	50,000	50,000	0	0
		100,000	100,000	100,000	(0)	0
		100,000	100,000	100,000	(0)	100,000
<b>Total Third Party Outputs</b>		<b>15,127,879</b>	<b>15,129,934</b>	<b>15,129,934</b>	<b>2,054</b>	<b>17,189,298</b>

<b>Transactions on Behalf of State</b>						
Membership Fees						
		0	35,000	35,000	35,000	0
		5,800	5,800	5,800	(0)	5,800
			40,800	40,800	35,000	5,800

	Notes	2023	Original Estimate	Final Estimate	(Over)/ Under	2022
<b>HEALTH</b>						
Counterpart Costs to Development Projects						
		111,250	500,000	500,000	388,750	0
		76,894	200,000	200,000	123,106	0
		31,700	100,000	100,000	68,299	0
		219,845	800,000	800,000	580,155	0
		88,770	93,000	93,000	4,230	88,380
		0	0	0	0	17,387
		181,117	200,000	200,000	18,883	0
		0	1,000,000	1,000,000	1,000,000	0
		609	1,000,000	1,000,000	999,391	924,347
		0	0	0	0	23,331
		0	0	0	0	0
		3,657,282	3,949,144	3,949,144	291,862	1,948,011
		110,315	116,000	116,000	5,685	0
		0	0	0	0	448,557
		0	0	0	0	966,081
		0	0	0	0	261,071
		0	0	0	0	1,657,417
		0	0	0	0	3,237,817
		588,142	590,000	590,000	1,858	471,442

Consumables & Pathology Reagents (Output 12: Lab Services)	0	0	0	0	2,241,763
Lawn Mowing Services	0	0	0	0	269,178
NEOC Operations	497,411	500,000	500,000	2,589	0
Returning Graduates (Health Care Professionals)	1,983,396	1,500,000	1,500,000	(483,396)	2,365,186
Bulk Food Supplies	0	0	0	0	1,102,241
	<b>7,107,043</b>	<b>8,948,144</b>	<b>8,948,144</b>	<b>1,841,102</b>	<b>16,022,209</b>
Rents & Leases					
Land Payment – Hospital at Faleolo	69,583	73,750	73,750	4,167	55,455
Rents & Leases	33,768	34,200	34,200	432	0
	103,351	107,950	107,950	4,599	53,433
VAGST Output Tax	4,501,910	6,732,109	6,732,109	2,704,826	4,309,206
<b>Total Transactions on Behalf of State</b>	<b>11,718,104</b>	<b>16,899,304</b>	<b>16,099,304</b>	<b>2,540,530</b>	<b>4,086,515</b>
<b>TOTAL PAYMENTS - HEALTH</b>	<b>122,864,264</b>	<b>140,443,598</b>	<b>139,654,178</b>	<b>16,789,913</b>	<b>101,509,472</b>
<b>RECEIPTS OVER PAYMENTS</b>	<b>(117,796,722)</b>	<b>(134,932,759)</b>	<b>(134,143,339)</b>	<b>(16,346,617)</b>	<b>(96,508,443)</b>

### Health Projects Budget Utilization:

GOVERNMENT DEVELOPMENT PROJECTS						
	Notes	2023	Original Estimate	Receipts	Payments	Opening Balance
		\$	\$	\$	\$	\$
<b>Grants - GDP</b>						
UNDP Global Fund to fight Aid, TB & Malaria (UNDP)		1,001	0	0	5	996
Strengthening Typhoid Surveillance & Microbiological Lab Capacity in Samoa (Other)	2	136,231	325,860	492,568	218,901	(136,769)
Digital Radiography System General X-Ray Machine (AusAid)		(42,674)	0	31	0	(42,705)
Samoa Nursing Community Training Centre (NZ)		3,551,283	0	144,243	68,913	3,475,953
Capacity Building of Procurement & Supply Chain Management for MoH Staff (AusAid)		272,649	0	7,043	0	265,606
WHO Biennium 2020 – 2021 (WHO)		1,113,410	150,000	1,271,080	322,017	164,347
Providing Medical Equipment Against Measles & Infection Diseases (JapAid)		471,066	0	12,859	0	458,206
Samoa Covid-19 Emergency Response Project (World Bank)		1,141,971	1,564,129	43,765	38,100	1,136,306
<b>GOVERNMENT DEVELOPMENT PROJECTS</b>						
	Notes	2023	Original Estimate	Receipts	Payments	Opening Balance
		\$	\$	\$	\$	\$
Systems Strengthening for Effective Coverage of New Vaccines in the Pacific (Vaccine Project) (ADB)		(100,778)	1,042,753	7,564	383,653	275,311
Samoa Health Systems Strengthening Program for Results PForR- IDA D527WS (World Bank)		6,276,125	4,024,400	170,881	0	6,105,244
Multi-Country Western Pacific (MCWP) Integrated HIV/TB Program (UNDP)		(9,221)	257,434	346,453	203,975	(151,700)
UNFPA- Sexual Reproductive Health 2021-2022 (MoH) (UNFPA)		(324,964)	244,266	55,701	369,169	(11,496)
Systems Strengthening for Effective Coverage of New Vaccines in the Pacific Project – Additional Financing (ADB)		(3,217,037)	1,303,441	21,886	497,151	(2,741,773)
Strengthening of Disability Specific Services by ENT & MDS (AusAid)		57,399	0	0	38,623	96,022
Public Health Laboratory (NZ)		617,682	0	25,342	0	592,339

Bachelor of Health Science (NZ)		1,794,674		0		1,794,674		0		0
System Strengthening for Effective Coverage of New Vaccines in Pacific (COVAX)- UNICEF	<i>a+e</i>	239		100,000		0		0		239
WHO Grants (World Health Organisation)	<i>a</i>	50,582		0		0		0		50,582
Australian Support for Measles Outbreak (AusAid)	<i>a</i>	9,474		0		0		0		9,474
Immunization Multimedia Awareness Campaign (UNICEF)	<i>a</i>	2,729		0		0		0		2,729
Reproductive Health Programme/Project (United Nations Population Fund)	<i>b</i>	(96,888)		0		0		0		(96,888)
An Inventory Logistics Management System for Pharmaceutical Supplies (Samoa) (Australian Aid)	<i>b</i>	(14,350)		0		0		0		626,179
Motivation Australia Sub-Grant Mobility Unit (Mobility Device) (AusAid)	<i>b</i>	(24)		0		0		0		(24)
Eye Care Services (Other)	<i>b</i>	318		0		0		0		318
German Medical Funds (Medical Equipments for NHS) (Other)	<i>d</i>	35,281		0		0		0		35,281
Landing Costs- Medical Equipment Republic of South Korea (Other)	<i>d</i>	148,668		0		0		0		148,668
<b>TOTAL GOVERNMENT DEVELOPMENT PROJECTS</b>		<b>11,874,845</b>		<b>9,012,283</b>		<b>4,394,091</b>		<b>2,140,496</b>		<b>10,262,447</b>

**MINISTRY OF HEALTH ACHIEVEMENTS FOR FINANCIAL  
YEAR 2022/23 BY PILLARS OF HEALTH SERVICES**

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# PILLAR 1: POLICY, REGULATION, COORDINATION AND SUPPORT SERVICES

As shown in the Ministry of Health Functional Organizational Structure, there are ten (10) Outputs that fall under Pillar 1 of the Ministry of Health. These include:

**Table 5: Outputs under Pillar 1 of MOH Services**

OUTPUT NO.	DESCRIPTION
Output 1	Office of the Director General of Health
Output 2	Office of the Minister of Health
Output 3	Strategic Planning, Policy and Research
Output 4	Quality Assurance and Infection Prevention and Control
Output 5	Registrar and Health Professional Development
Output 6	National Health Surveillance and International Health Regulations
Output 7	Pharmaceutical Warehouse
Output 8	Health Information Services, Monitoring and Evaluation
Output 9	Health Information Technology and Communication Services
Output 10	Health Sector Coordination, Resourcing and Monitoring
Central Services Unit 1	Human Resource and Administration
Central Services Unit 2	Finance and Procurement
Central Services Unit 3	Asset Management and Support Services

These divisions provide policy advices, and support the provision of health services through coordination and monitoring of health resources and regulating health services performance.

## **Output 1: Office of the Director General**

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

The Office of the Director General's mandated functions with the ministry of health focusing on:

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

## **Human Resources**

There are nine (16) staff employed under the Office of the Director General. Fourteen positions had been filled while 3 positions are vacant as shown in Table 6 below.

**Table 6: MOH Staff employed in the Office of the Director General of Health**

Office of the Director General	Internal Audit Unit	Legal Unit
1. Director General of Health	1. ACEO Internal Audit	1. ACEO Legal
2. DDG Hospital & Clinical	2. Principal Audit Officer = 2	2. <b>Principal Legal (Vacant)</b>
3. DDG Public Health	3. Senior Internal Audit Officer	
4. <b>Principal Public Relation (Vacant)</b>	4. Audit Examiner = 1	
5. Executive Officer Director General	5. <b>Audit examiner (VACANT)- 1</b>	
6. Executive Officer Hospital & Clinical		
7. Executive Officer Public Health		
8. Office Assistant		

**Budget Allocation and Utilization:**

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,394,315	SAT1,231,527	SAT162,788	88.32%

The approved budget for the Office of the Director General for this financial year was SAT1, 394,315.00. At the end of the financial year, this Output was able to utilize 88.32% of its budget i.e. SAT1, 1,231,527.00. The remaining budget of SAT162, 788.00 was for the 3 vacant positions that were not filled in the financial year.

**Achievements:**

**1. Regional and International Technical Obligations**

The Director General of Health as the head of Samoa’s health sector and the Ministry of Health always represent Samoa to international and regional health meetings on annual basis.

In this financial year, the DG has managed to attend both virtually and face to face meetings. The following meetings were:

International and Regional Meetings	Date
1. 73 <sup>rd</sup> Western Pacific Regional Committee Meeting	24-28 October 2022
2. Polynesia Health Corridors – Covid19 response in the Western Pacific	August 2022
3. Two Samoa Talks – ATOA Samoa	27 – 28 July 2022
4. Two Samoa Talks – ATOA Samoa	13 – 14 October 2022
5. Heads of Health Virtual Meeting	20 – 21 Sept 2022
6. Catheter Lab Visit in Suva Fiji	December 2022
7. Early Childhood Development Conference Suva Fiji	20-25 February 2023
8. Samoa Atoa Talks with Hon. Minister of Health, Pago Pago, American Samoa	12-14 April 2023
9. Commonwealth Advisory Committee for Health (Heads of Health), London	15-23 April 2023
10. 76 <sup>th</sup> World Health Assembly Geneva, Switzerland	21 – 30 May 2023
11. WHO SIDS Health Ministers Meeting, Barbados	14-20 June 2023

## **2. MOH Governance and Executive Management Meetings**

The Ministry's Governance Meetings were held on weekly basis in 2023 and the Executive Management continued their management meetings on a monthly basis to report and discuss implementation of plans and programs and to make certain that the Ministry's work and activities are in line with health priorities and policies.

## **3. Completion of merger between the former National Health Service and the Ministry of Health with assistance from the Public Service Commission**

The process started in early 2023, and it was initiated with the payroll pre-audit which had not been done for the preceding four years. Immediate savings from overtime over claims were realised. More medical specialist positions were created and promotions and appointments were realigned with the PSC. Phase 1 of the PSC Review was completed by June 2023.

## **4. Provision of Technical Advices to the Health Sector and Development Partners**

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

## **5. Provision of Legal Support Services**

The Legal Unit under the Office of the Director General is responsible for provision of legal support services when needed by all areas of health services. In this financial year, the Legal Consultant was able to:

- (i) Provide legal advices and opinions on all matters relating to health laws
- (ii) Prepare legal documents such as Memorandum of Understandings, Service Agreements, Contracts, Grants and Lease Agreements required to support the implementation of Ministry of Health projects and
- (iii) Assist with civil litigation, health legislations review and amendments.

## **6. Internal Auditing Services**

The role played by the Internal Audit Unit is to provide assurance that the Ministry of Health's risk management, governance and internal control processes are operating effectively. Moreover, they also prove to be a defense mechanism in detecting violation of laws, regulations and provisions of contracts and agreements.

Within this financial year, the Internal Audit Unit was able to implement the following:

- (i) Developed and implement Annual Internal Audit Workplan for Financial Year 2022/23
- (ii) provide audit advices to the Office of the Director General to assist with decision making
- (iii) Conducted risk based audit for MOH payroll, PforR, ADB Vaccines Project, Internal Audit Charter FY20/21 & FY21/22.
- (iv) Conducted Annual Stock Take FY21/22, stock take of expiry medical supplies and MOH consumables
- (v) conducted spot checks and site visits to all health facilities for assets and cash counts and
- (vi) Conduct pre-audit and investigations upon request from the Director General of Health.

## Output 2: Office of the Minister of Health

This Output provides secretariat and support services for the Office of the Hon. Minister of Health and the Associate Ministers of Health.

### Human Resources

Apart from the Hon. Minister of Health and his 2 Associate Ministers, there are four (4) staff employed under the Office of the Hon. Minister of Health. All positions had been filled as shown in Table 7 below.

**Table 7: MOH Staff employed in the Office of the Hon. Minister of Health**

Office of the Hon. Minister of Health
1. Hon. Minister of Health
2. Associate Minister of Health
3. Secretary
4. Assistant Secretary
5. Office Assistant
6. Driver

### Budget Allocation and Utilization

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT738,129.00	SAT671,131.00	SAT66,998.00	90.92%

The approved budget for this Output for this Financial Year was SAT738, 129. At the end of the financial year, the Output was able to utilize 90.92% of its approved budget i.e. SAT671, 131. The remaining balance is SAT66, 998.

### Achievements

During this financial year, this Output was able to implement the following to support the health services provision at the national level.

#### 1. Global and Regional Health Meetings

Although international borders were shut down in this financial year due to COVID-19 global pandemic, this does not stop the Hon. Minister of Health from attending global and regional health meetings virtually in order for Samoa to have a say in global and regional health issues.

In this financial year, the Hon. Minister of Health was able to attend the following meetings and intervened on behalf of Samoa's government:

International and Regional Meetings	Date	Venue
1. 76 <sup>th</sup> World Health Assembly	22-28 May 2023	Geneva, SWITZERLAND
2. 15 <sup>th</sup> Pacific Health Ministers' Meeting	22-23 March 2023	Funafuti, TUVALU
3. 73 <sup>rd</sup> Meeting of the WHO Regional Office for the Western Pacific	25-29 October 2023	Himeji, JAPAN
4. 13 <sup>th</sup> Pacific Heads of Health Meeting	6-7 October 2023	Suva, FIJI

## Output 3: Strategic Planning, Policy and Research

This Output provides strategic policy and planning advices to the Office of the Director General of Health to inform decision making and policy advices to the Office of the Minister of Health on strategic health issues in accordance with the Ministry of Health Act 2006 (amended in 2019), and other relevant health legislations.

The mandated functions of this Output include:

- (i) Strategic Planning
- (ii) Health policy formulation and analysis and
- (iii) Health research.

### **Human Resources**

This Output consists of the following workforce:

1. Assistant Chief Executive Officer

**Table 8: MOH Staff employed in the Strategic Planning, Policy and Research Division**

Strategic Section	Planning	Strategic Policy Section	Strategic Research Section
1. Principal Planning Officer	Health	1. Principal Policy Analyst Officer	1. Principal Research Officer
2. Senior Health Planning Officer (Vacant)		2. Senior Policy Analyst Officer	
3. Health Planning Officer		3. Policy Analyst Officer	

There were nine (9) staff employed under the Strategic Planning, Policy and Research Division. All positions had been filled as shown in Table 5 above.

### **Budget Allocation and Utilization**

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT913,377.00	SAT859,007.00	SAT54,371.00	94%

The approved budget for this Output to be utilized in this financial year was SAT913, 377. At the end of the financial year, they were able to utilize 94% of their budget i.e. SAT859, 007. The remaining SAT54, 371 (6%) that had not been utilized was for the Health Planning & Policy Analyst Officers that just started in the quarter of the financial year.

### **Achievements**

In this financial year, this Output was able to implement and complete the following activities that support the implementation of their mandated functions:

#### **1. Development of Health Documents**

One of the mandated functions of this Output is to develop plans, strategies, policies, guidelines and protocols requested by different areas of health services both in private and public health sectors (public health, hospital and clinical & governance) to guide the implementation of their works as well.

In this financial year, this division in collaboration with other divisions of the Ministry and the health sector was able to develop the following health documents:

Strategies/Plans	Policies	Guidelines
1. National Cervical Cancer Strategy 2023	1. National Health Promotion Policy 2022-2027	1. Food & Nutrition Guidelines for Samoa, Healthy Eating Guideline for Samoa
	2. National Food and Nutrition Policy 2021-	2. National Protocols and guidelines for standard

Strategies/Plans	Policies	Guidelines
	2026	management in pregnancy and childbirth 3 <sup>rd</sup> Edition
2. MOH Interim Corporate Plan FY2023/24-FY2024/25	3. NHS Incident and Near-Miss Management Policy 2022/2023-2027/2028	3. HPV Operational Guideline
	4. National Alcohol Control Policy 2023-2028	
	4. Samoa Overseas Medical Treatment Revised Policy 2023	4. PCV Operational Guideline
		5. Rotavirus operational Guideline
		6. Routine Immunization Guideline for Healthcare worker

## 2. Review of Health Documents

During the reporting financial year, the Strategic Planning, Policy and Research Division of the Ministry of Health in collaboration with other divisions and health sector conducted reviews for the following health documents:

Strategies/Plans	Policies	Guidelines
1. MOH Corporate Plan FY2020/21-2022/23	1. National Health Promotion Policy 2010-2015	1. Routine Immunization Schedule
	2. National HIV/AIDS & STI Policy 2017-2022	
	3. OVT Policy 2019	
	4. NHS Transport Policy 2014	
	5. Incident and Near-Miss Management Policy 2014	
	6. National Alcohol Policy 2016 - 2021	
	7. Overseas Treatment 2019	

## 3. Health Research

The coordination of health research proposals for the Health Research Committee to screen and approve is one of the core responsibilities of the Strategic Policy and Research Division.

There were seven (7) health research proposals received and registered under the Health Research Register within this financial year. 10 out of 15 proposals and been approved and Memorandum of Understanding (MoUs) had already been signed between the Ministry and respective researchers while the remaining 5 approved

proposals pended MOU signature as negotiations were ongoing for mutual agreement between two parties.

There were 15 health research reports submitted to the Ministry of Health through the Health Research Committee to seek approval for publication. These were all approved by the Committee to be published, and some research reports were utilized with the development of the new National Health Promotion Policy 2022-2027, National Vector Control Strategy and also assisted with the review of the National NCD Policy 2018-2023 indicators.

#### **4. Provision of Secretariat Role to Health Advisory Committees (HAC) both Upolu & Savai'i (Komiti Faufautua o le Soifua Maloloina)**

On top of the Strategic Planning, Policy and Research division's mandated responsibilities, this division is responsible to provide secretariat role to the Health Advisory Committees (Komiti Faufautua o le Soifua Maloloina) for both Upolu and Savaii. These committees are chaired by the Minister of Health, Hon. Valasi Luapitofanua To'ogamaga Selesele and co-chaired by the Associate Minister of Health, Afioga Fo'isala Lilo Tu'u Ioane.

The committees for both Upolu and Savaii regularly meet on monthly basis to for members to provide update/report on health issues they had observed in the committee to the Hon. Minister of Health and the Ministry of Health to discuss and provide necessary actions.

#### **Output 4: Quality Assurance and Infection Control**

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

The mandated core functions of the division include:

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

#### **Human Resources**

This Output consists of the following workforce:

- 1. Assistant Chief Executive Officer

**Table 9: MOH Staff employed in the Quality Assurance and Infection Prevention & Control Division**

Quality Assurance	Infection Prevention and Control
1. Principal Quality Assurance Officer for Medical	1. Principal Infection Prevention & Control Officer
2. Principal Quality Assurance Officer for Dental	2. Senior Infection Control Officer
	3. Senior Infection Control Officer (TTM)

3. Principal Quality Assurance Officer for Nursing & Midwifery	4. Senior Infection Control Officer (MTII & Savaii District Hospitals)
4. Principal Regulatory and Monitoring Officer for Medical	5. Senior Infection Control Officer (Public Health and Upolu District Hospitals)
5. Senior Quality Assurance Officer for Dental & Allied Health	
6. Senior Regulatory & Monitoring Officer for Allie Health	
7. <b>Senior Regulatory &amp; Monitoring Officer for Public Health &amp; District Hospitals</b>	

There are thirteen (13) staff employed under the Quality Assurance and Infection Prevention and Control Division including their Assistant Chief Executive Officer. Ten (10) positions had been filled while two positions were still vacant as shown in Table 6 above.

### ***Budget Allocation and Utilization***

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
<b>SAT1,450,807</b>	<b>SAT1,119,535</b>	<b>SAT331,273</b>	<b>77%</b>

The approved budget for this Output to be utilized in this financial year was SAT1, 450,807. At the end of the financial year, they were able to utilize 77% of their budget i.e. SAT1, 119,535. The remaining SAT331, 273 (23%) that had not been utilized was for the vacant position as highlighted above that was not being able to fill within the financial year.

### ***Achievements***

#### **1. Monitoring of Health Professionals Compliance with their Set Clinical Protocols, Professional Services Standards and Guidelines**

One of the mandated functions of the Quality Assurance and Infection Control Division, is to effectively monitor the compliance of all health professionals with their professional services standards, protocols and guidelines.

Within this financial year, the division was able to conduct monitoring and regulatory visits in all health facilities both in Upolu and Savaii, to ensure they are complied with the Infection Prevention and Control Manual.

#### **2. Completed review code of Health Professional Services Standards**

The Quality Assurance and Infection Prevention and Control division was able to develop Principles and Guidelines for Infection Control Handbook within this financial year as the guiding tool for health staff capacity building on Infection Prevention and Control.

In addition, this division was able to conduct the review and endorsement of the National Health Service Near-Miss Management Policy 2014 in collaboration with other divisions of the Ministry of Health and relevant partners and stakeholders. The revised policy was launched and disseminated.

### 3. Training for Staff Capacity building

Training conducted pertaining on Infection Prevention and Control Protocols and Antimicrobial Resistance for newly recruited staff and clinical staff.

### 4. Clinical Spot-checks and Audit

Conducting of clinical spot checks and audit for rural and urban health facilities is also the core function of this division. In this financial year, this division conducted clinical audit for:

- (i) all health facilities on infection prevention and control compliance;
- (ii) dental and oral health services in School Dental Static Clinics located in Savalalo
- (iii) maternal mortality in 2022

### Output 5: Registrar & Healthcare Professional Development

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

The mandated core functions of the division are to:

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

#### Human Resources

This Output consists of the following workforce:

2. Assistant Chief Executive Officer

**Table 10: MOH Staff employed in the Quality Assurance and Infection Prevention & Control Division**

Registrar and Healthcare Professional Development
1. Principal Allied Health Officer
2. Principal Nursing Health Officer (Vacant)
3. Senior Registrar Officer
4. Assistant Officer

There were four (4) staff employed under the Registrar and Healthcare Professional Development Division excluding their Assistant Chief Executive Officer. Three (3) positions had been filled while one position was still vacant as shown in Table 7 above.

#### Budget Allocation and Utilization

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,429,456	SAT1,317, 573	SAT111,882	92%

The approved budget for this Output to be utilized in this financial year was SAT1, 429,456. At the end of the financial year, they were able to utilize 92% of their budget i.e. SAT1, 317, 573. The remaining SAT111, 882 (18%) that had not been utilized was for the vacant position as highlighted above that was not being able to fill within the financial year.

## Achievements

### 1. Monitoring of Healthcare Professionals Compliance with Legal Requirements of their Registrations

As stated above, one of the mandated functions of the Registrar and Health Professional Development division is to effectively monitor the compliance of all healthcare professionals including allied health professionals with legal requirements of their registration as articulated in the Healthcare Professionals Standards and Registration Act 2007.

In this financial year, it had been reported that 82% of healthcare and allied health professionals were fully complied with legal requirements for registration. The remaining 18% were not complied.

### 2. Issuance of Healthcare and Allied Health Professionals Annual Practicing Certificates (APC)

The following table (Table 8) presents the number of Annual Practicing Certificates that were issued within this financial year for different professions.

**Table 11: Annual Practicing Certificates Issued in Financial Year 2022/23**

Health Profession	Total Number of APCs Issued
Enrolled Nurses	127
Registered Nurses	498
Medical Practitioners	84
General Practitioners	42
Dentists (both private and public)	18
Technicians and Assistants	17
Allied Health	37
Temporary Practicing Certificates for visiting specialists	43

### 3. Health Staff training by different Professions

The following table (Table 9) presents the number of training by profession that were conducted within this financial year for different professions.

**Table 12: Training list implemented in Financial Year 2022/23**

Training	Training Date
1. Environmental Safe Guards & Environment	10/06/2022
2. Combined Induction for Medical, Dental, Pharmacy & Allied Health Professionals	31/06/2022
3. Consultation of Standards for Allied Health Professional – 1 <sup>st</sup> Group	20/10/2022
4. Consultation of Standards for Allied Health Professional – 2 <sup>nd</sup> Group	21/10/2022
5. 3 <sup>rd</sup> Primary Ear & Hearing Care Training for District Hospitals – 1 <sup>st</sup> Group	27/10/2022
6. 3 <sup>rd</sup> Primary Ear & Hearing Care Training for District Hospitals – 2 <sup>nd</sup> Group	28/10/2022
7. CPR Training for Dental staff – 1 <sup>st</sup> & 2 <sup>nd</sup> Group	3 – 4 October 2022

<b>Training</b>	<b>Training Date</b>
8. CPR Training for Radiology staff – 1 <sup>st</sup> & 2 <sup>nd</sup> Group	30/11/22 – 1/12/22
9. Clinical Protocols & KPIs Data Review for Radiology – 1 <sup>st</sup> & 2 <sup>nd</sup> Group	8-9 December 2022
10. Biomedical Staff Training	19-20 December 2022
11. Health workers Refresher Training for Tupaia Monitoring & data (Savaii staff)	21-25 August 2022
12. Health workers Refresher Training for Tupaia Monitoring & data (Upolu staff)	26/08/2022
13. RDH staff Training for Supply data collection & Monitoring using M supply system & M supply application	
14. Visualization using Tupaia Dash Board	9-23 September 2022

#### **4. Handling of Patients' Complaints and Grievances against Health Professions**

One of the core functions of this division is to handle patients' complaints and grievances against health professions' performance and attitude.

Within this financial year, there was only one formal complaint lodged to the Office of the Registrar and was tabled to the relevant Health Professional Council for their investigation and decision.

#### **5. Management and Coordination of Health Professionals Credentialing Programs**

The importance of conducting credentialing programs for health professionals is to not only further enhance their knowledge in their respective areas of expertise, but also is a requirement for them to get Annual Practicing Certificates.

Every health profession is required to have compulsory capacity and capability building trainings through continuous professional development. This was done for all health professionals within this financial year.

#### **6. Induction and Orientation Programs for new health professionals recruit**

It is very important to conduct induction and orientation programs for all new health professionals to inform them of their mandated functions and responsibilities and the linkages to other areas of health services not only within the Ministry of Health, but also the health sector.

The Induction Program for all health professionals both clinical and allied was held at the Ministry of Health Conference room 1. Some of the Ministry's executive management were invited to present their respective division's mandated functions and the linkage to each health professional's areas of expertise. In addition, the Legal Adviser of the Ministry briefly inform the new recruits of their obligations to PSC legislations, regulations and working conditions as well as health legislations that govern each health service.

## 7. Provision of Secretariat Role to Health Professional Councils

The Office of the Registrar and Health Professional Development provides secretarial supports to all health professional councils' meetings.

In this financial year, the Office of the Registrar and Health Professional Development, this division was able to provide secretariat support to the following meetings by respective health professional councils.

### Output 6: National Health Surveillance and International Health Regulations

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

The mandated core functions of the division include:

- (i) Disease surveillance
- (ii) Vector Control
- (iii) Public Health Laboratory services
- (iv) Monitoring and regulating water quality
- (v) Climate Change and Health management and control services
- (vi) Port health services and
- (vii) Typhoid management and control services

### Human Resources

This Output consists of the following workforce:

1. Assistant Chief Executive Officer

**Table 13: MOH Staff employed in the National Health Surveillance and International Health Regulations Division**

Disease Surveillance Unit	Vector Control & Sanitation Unit	Lab Unit	Water Quality Unit	Climate Change Unit	Port Health Unit	Typhoid Unit
1. Principal Disease Surveillance 2. Senior Disease Surveillance 3. Disease Surveillance Officer = 2	1. Principal Vector & Sanitation 2. Senior Vector & Sanitation 3. Vector Surveillance Officer 4. Sanitation Officer (Vacant) 5. Vector & Sanitation Officer	1. Principal Public Health Lab Technician 2. Senior PH Lab tech. = 2	1. Principal Water Quality Officer 2. Senior Water Quality Officer 3. Senior Water Technician 4. Environmental Health Ass. Officer	1. Principal Climate & Health 2. Climate Change & Health Officer	1. Principal Port Health 2. Senior Port Health = 2 3. Port Health Officer = 2	1. Principal Typhoid Survey Officer 2. Prin. Nurse 3. Senior Nurse 4. Lab Tech. 5. Enrol Nurse (Vacant) 6. Environmental Health Officer

This division consists of 29 staff including the Assistant Chief Executive Officer. There were 27 positions had already been filled and two (2) positions were vacant as highlighted in red in Table 10 above.

***Budget Allocation and Utilization:***

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
<b>SAT2,104,728</b>	<b>SAT1,914,113</b>	<b>SAT190,615</b>	<b>91%</b>

The division was able to utilize the 91% of their approved budget allocation for this financial year. The 9% that had not been utilized was for the vacant positions that were not being able to occupy within the reporting period.

***Achievements:***

***1. Production of Health Surveillance Reports***

***(i) Weekly Health Surveillance Syndromic Reports***

The production of weekly syndromic surveillance reports is one of the main responsibilities of this division. Within this financial year, the number of weekly syndromic surveillance reports was exceeding the threshold due to weekly reporting of Acute Fever and Rash syndrome, Influenza Like illness as well as Dengue Like Illness.

***(ii) Health Surveillance Monitoring Reports***

There are five (5) units under the National Health Surveillance and International and Health Regulations Divisions. Each unit conducts monitoring visits on timely basis to monitor the compliance of the public with set standards and procedures, as well as guidelines that guide the effective implementation of their mandated functions.

Within this financial year, each unit of the division provide reports on their monitoring visits as summarized in Table below.

***Monitoring Visits by the National Health Surveillance Division FY2022/23***

<b>Divisional Unit</b>	<b>Monitoring Reports</b>	<b>Frequency</b>
National Disease Surveillance Unit	COVID-19 Situational Report	Daily
	Syndromic Surveillance Report	Weekly
	CO bulletin	Yet to be finalized
	Notifiable Diseases	
Climate Change and Health Unit	Surveillance refresher training	
	monitoring visit report	
	Establish health surveillance systems (H-CLEW) to track and manage flood related events progress reports	
Water Quality Unit	Water Quality Monitoring for Samoa Water Authority	Monthly
	Treatment Plans, Boreholes and Independent Water Schemes	Quarterly
	Monitoring of Bottled Water Companies	Monthly
	Monitoring of all Water Service Providers in Savaii	Quarterly
Port Health Unit	Port Health progress report were generated and submitted for preparation of weekly Situational Reports.	Weekly

These reports contributed in provision of technical advices to the Office of the Director General and the Minister of Health for evidence-based decision making.

### **3. Provision of Health Surveillance Technical Advices**

The Hon. Minister of Health, the Director General of Health and the Executive Management of the Ministry of Health depends heavily on the technical reports provided by the National Health Surveillance and International Health Regulations for decision making on enhancing health services delivery, improving Samoa's health system and informing the government leaders for national commitment when required.

In the reporting financial year, Samoa's health and socio-economic situations were highly affected by COVID-19 global pandemic. Hence, the government looked at ways that would assist the public with protecting themselves from the severe impacts of COVID-19 both in health and economy wise.

The National Health Surveillance and International Health Regulations Division was able to provide the following technical advices within this financial year:

- Special Travel Health Advisories pertaining COVID-19 prevention and control measures
- Terms of Reference for Health Climate Early Warning Systems
- Green Climate Fund health activities and
- Typhoid Program implementation such as typhoid vaccination rolled out.

### **4. Port Health Services**

During COVID-19 global pandemic national response within in the reporting financial year, the National Health Surveillance and International Health Regulations in collaboration with other divisions of the Ministry worked restlessly to ensure the health and safety of Samoa are well protected through routine operation of port health service, as this is the main window of pandemics in Samoa.

The mandated functions of the Port Health Unit are to:

- (i) Conduct health clearance checks on vessels anchored at Matautu Wharf
- (ii) Inform repatriation flights and fishing vessels with travel restrictions because of COVID-19 pandemic
- (iii) Ensure the health clearance documents of each flight and vessel are in place
- (iv) Ensure all crew members are not allowed to disembark once the vessel proceeds with the get alongside procedure
- (v) Ensure the crew members and stevedores are wearing appropriate Personal Protective Equipment (PPEs) through the entire operation and
- (vi) Ensure proper disposal of PPEs by all workers involved in flight and vessel operations at the allocated are for disposal near the Matautu Wharf or Faleolo International Airport.

### **5. Joint External Evaluation (JEE)**

In 2015, the WHO IHR Monitoring, and Evaluation Framework (IHR M&E) was developed to move countries from not only exclusive self-evaluation, but to approaches that combine self-evaluation, peer review and voluntary external evaluation involving a

combination of domestic and independent experts. The framework consists of four components:

- ✓ Annual Reporting comprising of the State Parties Annual Reporting (SPAR)
- ✓ Simulation exercises
- ✓ After-action reviews (AAR)
- ✓ Joint External Evaluation (JEE)

JEE multi-stakeholder orientation was held by the the National Health Surveillance and International Health Regulation division in collaboration with external stakeholder and other division of the Ministry. The JEE process is meant to support countries in identifying the most critical gaps within their human and animal health systems, to prioritize opportunities for enhanced preparedness and response, and to engage with current and prospective partners and donors to effectively targets resources. JEE's should be regarded as an integral part of a continuous process of strengthening capacities for implementation of IHR.

#### **6. *Lymphatic Filariasis Mass Drug Administration (MDA)***

In September 16<sup>th</sup> – 24<sup>th</sup> 2023, the Ministry conducted a mass drug administration roll out for treatment of Lymphatic Filarisis. In addition to our door-to-door operation the following were implemented in villages, government ministry's, business and private companies:

- ✓ Fixed Sites
- ✓ Allocated team to reach families door-to-door

#### **7. *Capacity building training – MOH staff and other Stakeholders***

In the recent development of National strategic plan for the control Mosquitos Bourne Diseases 2023 – 2033. Training and consultation were conducted in this financial year 2022 to establish and implement the development of the above strategy, in additional the Public Health Laboratory also conducted a Genomic sequencing training to build and share more knowledge as laboaratory staff are moving towards Genome sequencing.

### **Output 7: Pharmaceutical Warehouse**

The Pharmaceutical Warehouse provides the overarching management of health medications in terms of stocktaking, dispatching, and ensure availability of all essentials medications for treatment. Its mandated core function correlate with the Pharmaceutical Services by providing safe storage of health medications, distribution of each supplies to main hospital and all health facilities.

#### ***Human Resources***

This Output consists of the following workforce:

1. Assistant Chief Executive Officer

**Table 14: MOH Staff employed in Pharmaceutical Warehouse**

<b>Pharmaceutical Warehouse</b>
1. Principal Warehousing & Stores
2. Senior Pharmacy Warehouse Officer = 2
3. Warehouse Officer Medicines

4. Warehouse Officer Consumables
5. Warehouse Officer Distributor
6. Warehouse Officer Receipt
7. Warehouse Officer Storage = 2

This output/division consists of the 9 staffs overall, all positions were occupied in this financial year.

***Budget Allocation and Utilization:***

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT7,279,102	SAT7,256,766	SAT22,336	100%

The budget utilization for this Output was 100% for this financial year.

***Achievements:***

***1. Monitoring of procurement, distribution and storage of pharmaceutical supplies***

The MOH Pharmaceutical Warehouse is responsible for procurement, receiving, storing and releasing of pharmaceutical supplies that are distributed to all health facilities under the management of the Ministry. These include main referral hospitals in Upolu and Savai'i (TTM and MTII Hospitals), district hospitals and health centres.

***2. Monitoring of the Pharmaceutical Logistics Inventory Management System (PLIMS)***

The Pharmaceutical Logistics Inventory Management System (PLIMS) is the tool that is currently used by the Pharmaceutical Warehouse to control the storage and distribution of pharmaceuticals from source of supply to the pharmaceutical warehouse, and from the warehouse to the point of sales at the reasonable cost.

Within this financial year, the Pharmaceutical Warehouse conducted hands on training on weekly basis for the four new warehouse assistants. Pharmaceutical Warehouse staffs are also doing refresher trainings by registering for the online mSupply accreditation course.

***3. Updating of Essential Medicines List***

The Essential Medicines List (EML) contains a selection of medications based on disease prevalence and public health relevance that are considered to be most effective, safe and cost effective.

In March 2022, the Pharmaceutical Warehouse in collaboration with relevant stakeholders conducted the review of Samoa's Essential Medicines List for generics required to treat NCDs to be incorporated. The finalization and publication of this document will be fully realized in the next financial year.

Monitoring and updating of Essential Medicines List contributed to achieving 95% of essential medicines being distributed to district hospitals for easy access of the public. The Warehouse prepared weekly orders for each rural health facilities through the use of the mSupply system.

***4. Pharmaceutical Warehouse Stocktaking***

Stocktaking conducted by the Pharmaceutical Warehouse is the counting of on-hand pharmaceutical inventories. This means identifying every pharmaceutical item on hand,

counting it and summarizing these quantities by item. The importance of stocktaking for pharmaceutical warehouse is to ensure records of pharmaceutical supplies are accurate and correct; and necessary items are not out of stock.

In this financial year, the Pharmaceutical Warehouse conducted more than 1,000 partial stock-taking since the deployment of mSupply in May 2021, to ensure that quantities on the system are accurate. The correct quantity on the system will reflect good inventory management processes in place.

#### **5. Management and Control of Expired drugs**

One of the core responsibilities of the Pharmaceutical Warehouse is to ensure that drugs supplies are well managed and there is minimal amount of expired drugs.

In the end of Financial Year 2021/22, there is only 3.8% of drugs was expired. This reflects the effectiveness of the mSupply system installed to effectively monitor drugs supplies in the Pharmaceutical Warehouse.

#### **6. Monitoring of mSupply System in Rural Health Facilities**

The Pharmaceutical Warehouse is responsible with conducting monitoring visits to all health facilities both in Upolu and Savai'i to ensure they are updating the mSupply system with the disbursement of drugs.

Within this Financial Year, the Warehouse conducted nine (9) site visits to health facilities both in Upolu and Savaii for the deployment of the mSupply system.

### **Output 8: Health Information System and Monitoring and Evaluation**

This division provides Strategic Health Information and data for policy and decision making in priority areas of health, library services to support professional and credentialing centre as well as conducting Monitoring and Evaluation for all health projects, Health Sector Plan, other health plans and policies.

The mandated core functions of the division include:

- (i) Health information services
- (ii) Monitoring and Evaluation and
- (iii) Management of the Health library

#### **Human Resources**

This Output consists of the following workforce:

- 1. Assistant Chief Executive Officer

**Table 15: MOH Staff employed in Health Information System, Monitoring and Evaluation Division**

Health Information Services Unit	Monitoring and Evaluation Unit
1. Principal Health Information System	1. Principal M&E Officer
2. Senior HIS Officer	2. Senior M&E Officer
3. Health Information System Officer	
4. Data Entry Officers = 3	

This Output consists of nine (9) staff overall, and all positions were occupied in the reporting financial year.

***Budget Allocation and Utilization:***

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT898,539	SAT822,049	SAT76,490	91%

The approved budget allocation for this Output in this Financial Year is SAT898, 539. By the end of financial year, they were only able to utilize 91% of their budget allocation. The remaining budget for this Output is SAT76, 490.

***Achievements:***

**1. Management of MOH Library**

The Ministry of Health has an additional program in place to support the service delivery and enhance the health knowledge and skills of the workforce. The trainings pertaining to ICT were conducted using the MOH library. All information needed for studies were obtained in the library.

**2. Coordination of Civil Registration and Vital Statistics Systems (CRVS)**

One of the mandated core functions of the Health Information is working cooperatively with the Samoa Bureau of Statistics and other relevant government ministries in recording of accurate and precise information of every person under CRVS. During this financial year, the team was able to compile 2 progress reports and submit to the SBS for overarching reporting through MICS and even informing of the Cabinet and Parliament.

**Output 9: Health Information Technology and Communication Services**

The Health Information Technology and Communication division provides the overarching management of the ministry’s health information systems through digitalization and computerized of data/information collected. This division works cooperatively with the HISME division to consolidate health information and secure confidentiality of ministry’s records.

The mandated core functions of the division include:

- (i) Management of health information systems
- (ii) Management of Information communication technologies and assets and
- (iii) Coordination and management of health media

***Human Resources***

This Output consists of the following workforce:

- 1. Assistant Chief Executive Officer

**Table 16: MOH Staff employed in Health Information Technology and Communication Division**

Health Information Services Unit	Audio Visual Unit
1. Principal Information Technology Officer = 2	5. Senior Audio Visual Artist
2. Geographic Information Services Specialist	6. Graphic Artist

3. Senior Information Technology Officer = 2	
4. Information Technology Officer = 3	

### ***Budget Allocation and Utilization:***

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
<b>SAT1,347,073</b>	<b>SAT1,297,668</b>	<b>SAT49,370</b>	<b>96%</b>

The division was able to utilized 96% of its approved budget allocated for their performance indicators in this financial year. The remaining 4% (49,370) that had not been utilized was for positions that remained vacant.

### ***Achievements:***

#### ***1. Monitoring of MOH ICT System***

One of the mandated functions of this division is to effectively monitor the Ministry of Health's Information and Technology System in all health facilities including two main hospitals, health centres and district hospitals in Upolu and Savai'i.

#### ***2. Implementation of Electronic and Mobile Health Information System***

Within this financial year, this division continued the implementation of the e-Health Project through the rollout of electronic and mobile Health Information System such as Tamanu and Tupaia apps, and m-Supply system in all health facilities under the management of the Ministry of Health, to assist with enhancement of patients record systems and effective procurement of medical supplies.

#### ***3. Quality Preventative Maintenance and Support of Information System***

The division was able to complete four quarterly preventative maintenance visits to all health facilities within this financial year. The purpose of these visits is to check all IT equipment in all facilities to ensure they functioned well and identify equipment that needed to be written off and request replacements.

### **Output 10: Health Sector Coordination, Resourcing and Monitoring**

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

The mandated core functions of the division include:

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

### ***Human Resources:***

This output/division consists of 9 staffs overall, there were 6 positions occupied including ACEO and 3 vacant position that noted within this financial year.

### ***Budget Allocation and Utilization:***

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
<b>SAT920,904</b>	<b>SAT830,157</b>	<b>SAT90,754</b>	<b>90.1%</b>

The fund allocated for this output has under-utilized, due to vacant positions that has yet to fill in this financial year.

### ***Achievements:***

#### **1. Biannual Reporting of Health Sector Programs**

One of this division's core functions is the provision of progress reports on health sector programs implementation. In this financial year, they were able to produce the Progress Management Reports for health sector programs implementation of World Bank, ADB and UNDP/Global Funds for Financial Year 2022 - 2023.

These reports informed the government of Samoa and health development partners on the development and implementation of health sector programs that they are invested in.

#### **2. Management and coordination of development partners' Implementation Support Missions, Health Program Advisory Committee Meetings and Samoa National Coordination Committee**

In this financial year, the team was able to coordinate and facilitate Health Programs Advisory Committee (HPAC) meetings as well as meetings of the Samoa National Coordinators Committee meetings (SNCC).

#### **3. Effective Management of the Samoa Health Systems Strengthening Program (PfR)**

The Health Sector Coordination, Resourcing and Monitoring Division is responsible for managing and coordination of the Samoa Health Systems Strengthening Program (PfR) which is funded by the World Bank.

This program supports the government of Samoa with the implementation of a subset of the National NCD Policy and Action Plan 2018-2023 with the focus on scaling up the essential interventions of NCD control at the primary healthcare and community setting.

## PILLAR 2: HOSPITAL AND CLINICAL SERVICES

As shown in the Ministry of Health Functional Organizational Structure, there are six (6) Outputs that fall under Pillar 2 (Hospital and Clinical Services) of the Ministry of Health. These include:

**Table 17: Outputs under Pillar 2 of MOH Services**

OUTPUT NO.	DESCRIPTION
Output 11	Tupua Tamasese Meaole (TTMH) Hospital
Output 12	Laboratory and Pathology
Output 13	Medical Imaging and Radiology
Output 14	Dental and Oral Health
Output 15	TTM Pharmaceutical Services
Output 16	Malietao Tanumafili II Hospital
Output 17	Integrated Nursing Care Services

These divisions provide hospital clinical and support services in Tupua Tamasese Meaole and Malietao Tanumafili II hospitals.

### Output 11: Tupua Tamasese Meaole (TTM) Hospital

The Tupua Tamasese Hospital is the national referral base providing overarching clinical leadership for all health facilities in Samoa. It provides outpatient and inpatient clinical services at secondary and limited tertiary level.

Their mandated core functions include:

- (i) Surgical services
- (ii) Medical services
- (iii) Paediatric services
- (iv) Intensive Care services
- (v) Obstetrics and gynaecology services
- (vi) Maternal health services
- (vii) Mental health services and
- (viii) Coordination of visiting specialist teams and overseas referrals for treatment.

### Human Resources

This output/division consists of the 133 staffs overall. There was no vacant position recorded in this financial year.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT20,209,395	SAT17,481,792	SAT2,727,914	87%

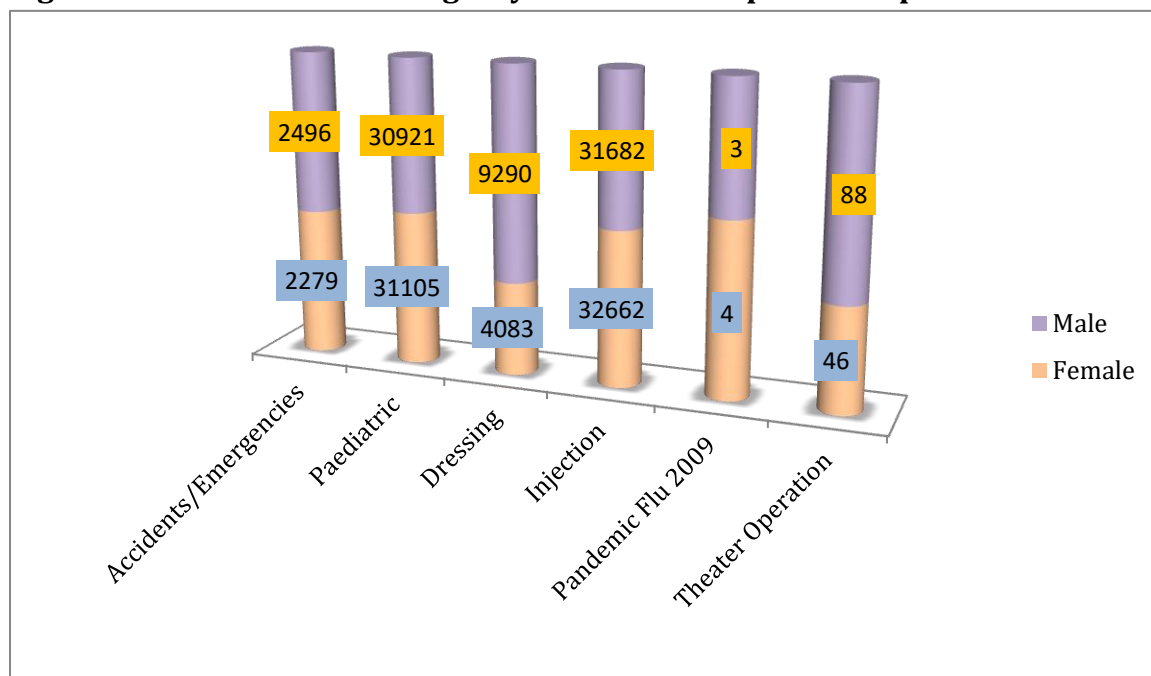
The overall utilization of this Output's approved budget for this financial year was 87% (SAT20,209,395) within this financial year. The remaining 13% of the budget that had been utilized was for procurement that had not been able to be done within the financial year.

### Achievements:

#### 1. Management of Accident and Emergency at General Outpatient Department (GOPD)

The effective management of patients and recognizing their sickness, illness and be responsible in giving out the most suitable treatment plans are the common purposes that determine the quality health service delivery. In Tupua Tamasese Meaole Hospital there were patients walked in immediately for assistance utilizes different treatment such as Accident/Emergency, Paediatric, and Theater Operations, Pandemic Flu 2009 and dressings and injection. The summaries of the patients catered in the mentioned areas are clearly outlined in the diagram below identified numbers of female and male.

**Figure 11: Accident and Emergency at General Outpatient Department**



Source: Medical Records Unit FY2022/23

## 2. Development of the Revised Policy for Samoa Overseas Medical Treatment 2023

The previous Samoa Overseas Medical Treatment Scheme Policy and Action Plan 2019 had recently reviewed to reflect the vital focus on the following areas:

- (i) Eligibility and Selection Criteria of patients referred overseas under two schemes: Samoa and New Zealand Overseas Medical Treatment Schemes
- (ii) Medical Screening Committee Responsibilities
- (iii) Overseas Medical Treatment Scheme Information System
- (iv) Management and coordination of the OVT Scheme and
- (v) Financing

This revised policy for Samoa Overseas Medical Treatment Scheme 2023 will help the Ministry of Health and the Ministry of Finance to provide policy advice to the cabinet on how to improve effectiveness and efficiency of the Overseas Medical Treatment Scheme for Samoa in the future years



The Overseas Treatment Scheme is the government initiative that was established in 1990s in response to increase in numbers of Samoa’s population that required overseas referral for medical treatment that are not available in-country.

This scheme has two components which are:

- (i) Samoa Medical Treatment Scheme funded by the government of Samoa for Samoa citizens and
- (ii) New Zealand Medical Treatment Scheme funded by the government of New Zealand for New Zealand citizens residing in Samoa.

### **Overseas Treatment Referrals**

In this reporting period, the numbers of applicants for overseas referrals were 279. Unfortunately, only 187 of patients applied were approved and sent to New Zealand for overseas medical treatment. We have 44 patients declined due to poor prognosis & Non OVT referrals, 12 cancellations due to financial constraint and other commitments, 8 did not go, 1 sought for government assistance to Australia and 12 deceased.

The top 10 leading causes of referral cases for Overseas Treatment in the last financial year are not the causes for this reporting year. These include:

<b><u>FY2021/22</u></b>	<b><u>FY2022/23</u></b>
1. Medical cases	1. Ischemic Heart Disease
2. Ophthalmology cases	2. Rheumatic Heart Disease
3. Oncology cases	3. Congenital Heart Disease
4. Cardiac cases	4. Proliferative Diabetic Retinopathy
5. Surgical cases	5. Retinal Detachment
6. ENT cases	6. Endometroid Carcinoma
7. Obstetric & Gynae cases	7. Cervical Cancer
8. Urology cases	8. Breast Cancer
9. Orthopaedic cases	9. Colorectal Cancer
10. Oromaxillofacial cases	10. Brain Tumor

### **Output 12: Laboratory and Pathology Services**

The Laboratory and Pathology division provides a national pathology and laboratory services for clinical diagnostic tests, public health disease surveillance testing and coroner's autopsies. It caters for both public and private health sector demands for laboratory testing on 24 hours 7 days a week.

Their mandated functions include provision of services on the listed sections:

- (i) Blood transfusion/blood bank
- (ii) Biochemistry
- (iii) Haematology
- (iv) Histopathology and cytopathology (Anatomic Pathology)
- (v) Microbiology
- (vi) Serology and
- (vii) Hospital mortuary management.

### **Human Resources:**

This output/division consists of the 46 budgeted positions overall. However, only 36 positions being filled within this financial year including the Manager's position. 3 of the 10 vacant positions are hard to recruit as it has been vacant for more than 10 years. Therefore, submissions have been made to the Public Service Commission to review the vacant positions according to the proposed new Laboratory divisional structure which is also according to the Human Resources for Health Strategy and Workforce Plan.

### ***Budget Allocation and Utilization:***

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
SAT8,436,082	SAT7,458,792	SAT977,289	88%

This Output was able to utilize the 88% of its approved budget allocated for this financial year. The remaining 12% (SAT977, 289) that had been utilized was for the nine vacant positions that were not being able to be filled.

### ***Achievements:***

#### **1. Conducting of Laboratory Tests for Patients**

The Laboratory and Pathology Division's core responsibility is the provision of laboratory clinical diagnostic tests requested by doctors from both the public and private health care service providers. These include tests for:

- (i) Biochemistry
- (ii) Haematology
- (iii) Microbiology
- (iv) Serology
- (v) Histology and cytology
- (vi) Blood Bank

The total number of Patient Laboratory Diagnostic Tests performed and completed in FY2022/23 was 794,226, and the total for urgent tests completed was 211,675.

### **Output 13: Medical Imaging and Radiology**

The Medical Imaging and Radiology services engage with the important role in monitoring treatment and predicting outcome of health services with the Ministry of Health. Their mandated core functions include provision of:

- (i) General radiography
- (ii) Ultrasound services
- (iii) Mammography services
- (iv) Computer tomography
- (v) Special x-ray procedures
- (vi) 24 emergency services for accidents and emergencies after hours, weekends and holidays and
- (vii) Management and coordinating of overall medical imaging and radiology administrative services.

### ***Human Resources:***

This output/division consists of 31 staffs overall. There were 28 positions occupied including ACEO and 3 remained vacant within this financial year.

### ***Budget Utilization:***

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
SAT3,662,769	SAT2,768,112	SAT894,658	76%

This division was able to utilize 76% of its approved budget allocation for this financial year. The remaining 24% of the budget that had not been utilized was for the 3 vacant positions that were not being filled.

## **Achievements:**

### **1. Facilitation and Coordination of X-Rays (Medical, Non-Medical, Bones)**

#### **(i) Medical X-Rays**

One of the Medical Imaging and Radiology department's core functions is conducting of medical x-rays requested for patients seen by both private and public health service providers.

Within this reporting period, the department was able to conduct a total of 14,578 medical x-ray cases. These medical x-ray results were submitted to responsible medical officers both in the public and private health sectors

#### **(ii) Non-Medical X-Rays**

Non-medical x-rays refers to x-ray requests submitted to the division not for medical purposes but for other personal purposes such as for New Zealand Immigration Quota Scheme and Seasonal Workers scheme (RSE).

In this financial year, the department received 4,185 requests for non-medical x-rays, and the results were submitted to the assigned medical officers. The drop in numbers of non-medical x-ray requests in this financial year was due to COVID-19 lockdown which restricted Samoa from going abroad, and also the New Zealand Quota Scheme was put hold on.

#### **(iii) Bones X-Rays**

The bone x-rays are done when doctors request to do so to detect fractures, tumours or conditions that cause wearing away or degeneration of bones.

In this financial year, there were 13,635 requests received and conducted for bones x-rays.

### **2. Administration of CT scans**

This division was able to conduct 2,288 CT Scans for patients that requested for this service. The significant drop in numbers of patients receiving this service was on hold since the beginning of last year due to the machine breakdown.

### **3. Administration of Ultrasounds**

There was also an increase in numbers of patients requesting for ultrasounds in this financial year. There were 5,249 requests received by the department due to high demand from the Doctors on duties and when the State of Emergency for COVID-19 pandemic has lifted.

### **4. Administration of Mammograms & Special examination request**

This department received only 82 mammograms request and 6 cases of special examination request due to not so many patients come for regular check-ups unless they are seriously ill for mammogram request.

### **5. Emergency Request for X-Ray & CSO Category**

Most of x-ray requests within this financial year were for emergency cases. This was due to significant admission in this period. As for CSO category there were 6,645 radiological test request received and action.

## Output 14: Dental and Oral Health Services

The Dental and Oral Health Services division provides general and specialized clinical dental services for TTM Hospital and provide clinical oversight for community health services.

Their mandated core functions include provision of:

- (i) general oral and dental treatment services
- (ii) oral health promotion and education in the community and
- (iii) school dental health services

### *Human Resources:*

This output/division consists of the 52 staffs overall, there were 40 positions occupied including ACEO and about 12 vacant positions that noted within this financial year.

### *Budget Allocation and Utilization:*

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT4,407,841	SAT3,504,417	SAT903,423	80%

This division was able to utilize 80% of its approved budget for this financial year. The remaining 20% (SAT903,423) that had not been utilized was the saving from twelve (12) positions that had been vacant within the reporting period.

### *Achievements:*

#### **1. Implementation of oral and dental treatment services**

The Dental and Oral Health Department of TTM Hospital's mandated function is to provide oral and dental treatment services to the public.

Within this financial year, the department was able to provide the following services to cater for the demand of the public for dental and oral health services. These include:

- (i) Tooth extractions
- (ii) Endodontic
- (iii) Oral surgical
- (iv) Prosthodontics and
- (v) Orthodontic.

#### **(i) *Tooth Extractions***

Tooth extraction is the removal of the tooth/teeth from dental alveolus in the alveolar bone. Extractions are performed for a wide variety of reasons, but most commonly for patients visiting the dental and oral health clinic, extractions requested were for removing teeth which became un-restorable through tooth decay, periodontal disease or dental trauma especially when they are associated with toothache.

#### **(ii) *Endodontic Success Rate***

Endodontic is the branch of dentistry concerning dental pulp and tissues surrounding the roots of a tooth. This special treatment is for treating the affected area inside the tooth or pulp such as root canals.

100% of patients who seek dental treatment for endodontic were successfully served. Most of them were through the school referrals during the Oral and Dental Community visits in schools.

**(iii) Oral Surgery**

Oral surgery refers to any type of surgery performed in or around the jaw, mouth and facial muscles. This kind of surgery is commonly called as maxillofacial surgery.

Oral surgery often performs to:

- (i) Extract wisdom teeth
- (ii) Remove infected teeth
- (iii) Fix jaw alignment issues
- (iv) Reconstruct surgery to address an injury
- (v) Remove tumour in the neck, jaw or face
- (vi) Conduct surgery for palate and lip to solve problems like cleft lip and
- (vii) Obstruct soft tissues of a patient’s airways.

**(iv) Prosthodontics**

Prosthodontics refers to the making of dental prosthetics or artificial teeth for damaged or missing teeth.

100% of patients walk in were seen and treated during this financial year.

**(v) Orthodontic**

Orthodontic is the dental specialty that focuses on aligning bites and straightening teeth. This is can be done for teeth that have crooked, overlapped, twisted or gapped. Common treatments for orthodontic include traditional braces, clear aligners and removal retainers.

**2. Dental School Visits**

The visitations conducted for schools and communities were successfully delivered even though it was not reached the 100% target for performance. About 26% of visits were implemented, as this year (2022) was still on restrictions of covid-19 pandemic and official request from MESC to cease all health programs in August 2022.

**Output 15: Pharmaceutical Services**

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

**Human Resources**

This output/division consists of 27 staffs overall. There were 20 positions occupied including ACEO and 7 positions remained vacant within this financial year.

**Budget Allocation and Utilization:**

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT5,464,617	SAT3,504,417	SAT903,423	75%

The approved budget allocation for this division in this financial year was SAT5, 464,617. At the end of financial year, they were able to utilize 75% of their budget. The remaining 25%

of the budget that had been utilized was for the 7 vacant positions that had not been filled within the reporting period.

### ***Achievements:***

#### **1. Management and Documentation of scripts dispensed at the TTM Hospital Dispensary**

The TTM Hospital Pharmacy is responsible for dispensing of medical supplies in all medical wards of the hospital and also for outpatients.

In this financial year, there were 134,570 scripts that had been dispensed by the TTM Hospital Pharmacy for the sick population not only for those being admitted in TTM Hospital, but also for walk-in patients seen at the APCC and by private clinics.

#### **2. Pharmacy Community Outreach Visits and Programs in health facilities**

The TTM Hospital also dispensed scripts during Pharmacy Community Outreach Program.

The significant reduction in the workload of the team conducted for visits in the communities was due to the recruitment of Medical doctors in the district hospital. There were 36 visits conducted in the period of July 2022 to June 2023.

#### **3. Management of Imprest visits and Imprest orders to Wards to check on supplies (expiry dates)**

The special visit in wards of the main hospital was on purpose for checking of expiry dates of the drugs. These visits scheduled to implement on fortnight. In this financial year, the team was able to conduct the 90 visits.

The daily supply of imprest order during this reporting period was 101 orders completed.

### **Output 16: Malietoa Tanumafili II Hospital Services**

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

### ***Human Resources***

This output/division consists of the 208 staffs overall. There were 130 positions being occupied including the ACEO position, while 78 positions remained vacant in this financial year.

### ***Budget Allocation and Utilization:***

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
SAT9,562,261	SAT9,466,058	SAT96,203	99%

The approved budget allocation for Malietoa Tanumafili II Hospital for this financial year was SAT9, 562, 261. At the end of the financial year, they were able to utilize 99% of their approved budget.

## Achievements:

### 1. Management of Patients Visiting Malietoa Tanumafili II Hospital

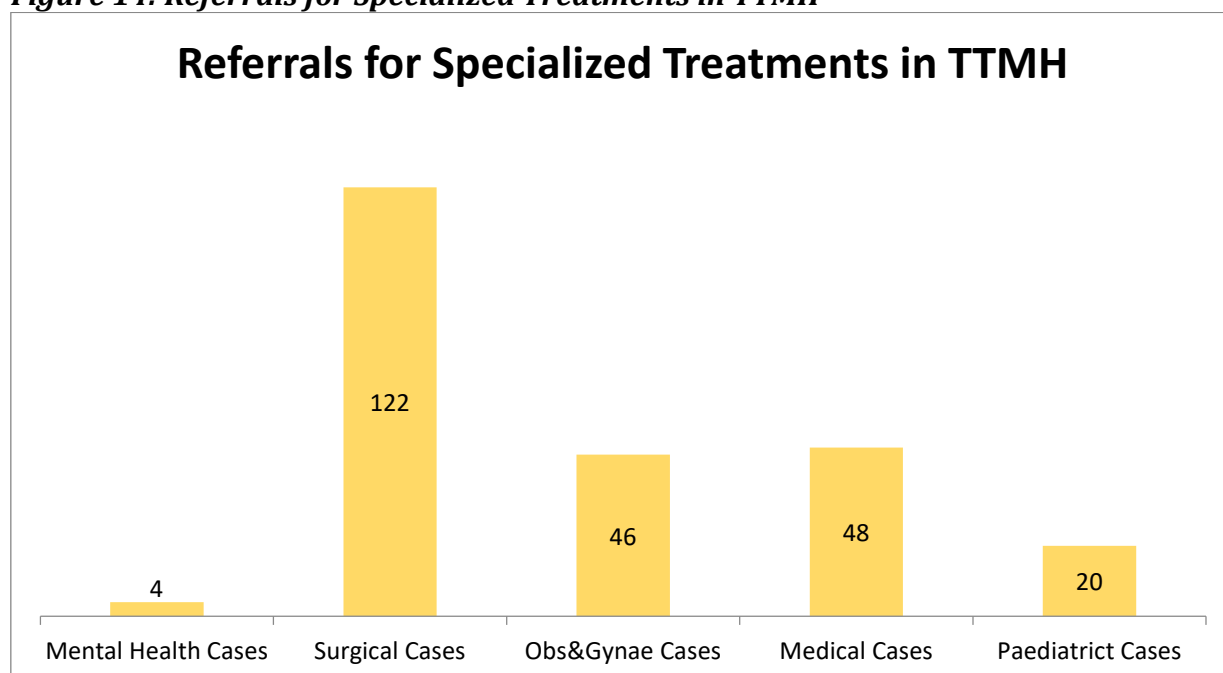
The recruitment of 3 doctors working full time in the hospital has helped out with the patients walk in for 24 hours and 7 days. The improvement as well in diagnostic equipment and effectiveness in clinicians' education programs were also part of the great management in the service provide.

### 2. Savaii Referrals for Specialized Treatments in Tupua Tamasese Meaole Hospital

There are some healthcare services that are not able to be done in MTII Hospital in Savaii due to shortage of staff and unavailability of resources required. These include major surgeries due to complications and comorbidities.

Out of potential 24 emergency operations implemented at MTII for the year, only one operation (4.1%) was successfully done. A total of 240 patients were transferred across by ambulance during the year including 1 chartered ferry and 1 chartered plane.

**Figure 14: Referrals for Specialized Treatments in TTMH**



Source of Information: MTII Database 2022/23

### 3. Management of Dental Unit at Malietoa Tanumafili II

The implementation of dental service delivery to the public has been well managed in this financial year. A total of 4935 patients were consulted, seen and treated. An average of 375 patients per month or 188 patients seen and treated by Dentist reported in this year. The service is still in progress with 2 dentists recruited in the field.

### 4. Management of Hospital Births

The well management of babies born in the facility is one of the important achievements recorded under this output. In this financial year, there were 735 babies born and about 350 are females and 385 are males. All were notified through the hospital system and certified.

## Output 17: Integrated Nursing Care Services

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

### Human Resources

This output/division consists of 458 staffs overall including the Assistant Chief Executive Officer of the division. There were 324 positions being occupied within this financial year and 134 positions were vacant.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT20,879,731	SAT19,907,268	SAT972,463	95%

The approved budget allocation for this Output in this financial year was SAT20, 879,731. At the end of the financial year, they were able to utilize 95% of their budget. The 5% of the budget that had not been utilized was for 134 vacant positions that had been able to be filled.

### Achievements:

#### 1. Management of Annual Orientation Program

To ensure the quality service provide to cater for the community and public, the ministry has an annual program that recruited the recent nursing graduates from NUS each year. About 100% of nurses completed the orientation program were graduate and received full registration and certificate to practice. The orientation program is the preparatory year for service and all requirements of the program were assessed to align and in compliance with the Nursing professional standards and procedures.

#### 2. Capacity Building Training for Nursing and Midwifery

The Pacific Heads of Nursing and midwifery (PHoNM) meeting was held in acknowledgement of the importance of nursing in the Pacific. It provides a platform to influence and drive nursing priorities and policies in the region. The PHoNM provides executive level oversight for regional nursing functions in the Pacific.

Discussion and updates was specifically focus on 6 areas which includes the *Nursing education, Nursing regulations, Health emergencies, Universal Health Coverage and Primary Health Care, Clinical governance and Nursing workforce.*

### **3. Management of Clinical Nursing Education and Professional Development**

As part of the capacity building, the continuous clinical education was offered for nurses and midwives on different areas of the services. The participants were staffs from each clinical service in the hospital. In this year, there were 6 clinical training conducted and these were on:

- ✓ *Cholecystitis*
- ✓ *Modules of Infants*

The Diabetes Specialist visit was conducted on 19<sup>th</sup> – 23<sup>rd</sup> September 2022, for Healthcare Workers in preventing and management of diabetic foot wound. This training was conducted in partnership with the Ministry of Women, Community and Social Developments, under their initiative of Samoa Disability Partnership Program Annual Work Plan 2020/2021.

## PILLAR 3: PUBLIC HEALTH SERVICES

There are two divisions/outputs under Pillar 3 for Public Health Services. These outputs are presented in the Table 19 below.

**Table 18: MOH Outputs under Pillar 3 on Public Health Services**

OUTPUT NO.	DESCRIPTION
Output 18	Health Protection and Enforcement Division
Output 19	National Health Programs, Wellness, Health Promotion and Health Education
Output 20	Rural District Hospitals and Community Health Services

### Output 18: Health Protection and Enforcement

This division provides regulatory and monitoring health standards and conducting public health risk assessments in order to protect the health of the public, improve healthy living standards and upgrade environmental conditions for better health. It further provides strategic direction and professional leadership to enforce compliance to health standards obligated under key health legislations in order to improve health status of all Samoans. MOH Act 2006 (Amended in 2019), Health Ordinance 1959, Food Act 2015, Burial Ordinance 1961, Occupational and Safety Act 2002, Quarantine Act 2005 and Tobacco Control Act 2008 are key health legislations that guide the work of this division.

Their mandated functions include provision of:

- (i) food safety and tobacco control regulatory services
- (ii) healthcare waste management, Occupational Safety and Health and Burial Regulatory services and health impact assessments

#### *Human Resources*

This output/division consists of the 10 staffs overall including the Assistant Chief Executive Officer of the division. There was 1 Health Care Waste that was vacant and this position was recently recruited nearing the end of the Financial Year.

#### *Budget Allocation and Utilization:*

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,424,240	SAT1,860,811	SAT563,430	77%

The approved budget allocation for this division for this financial year is SAT2, 424, 253.00. By the end of the financial year, the division was able to utilize 77% of their approved budget. The remaining balance of SAT563, 430.00 (23%) that had not been utilized within the reporting period was for vacant positions and un-utilised provision for overtime since the cancellation of the SOE, reshuffling of staff during the merge and change of division has led to the mixed up of staff and the output they are paid from.

#### *Achievements:*

##### **1. Tobacco Control & Food Safety Services**

###### **(i) Monitoring of Food Businesses**

The daily monitoring visits of food premises conducted to assess their compliance to food safety standards and Food Act 2015. The inspections carried

out on quarterly basis for all food premises and food businesses as well as the individual.

There were 676 food premises and food outlets inspected and the highest compliance rate was at 90%.

**(ii) *Monitoring the Implementation of Tobacco Control legislations***

The other important mandated function of Food Safety and Tobacco Control is to regulate and conduct inspections to tobacco outlets to ensure safe and their compliance with the existing Act. In this financial year, there were 511 tobacco outlets investigate and inspected against their compliance with the Tobacco Control Act 2008. The compliance rate is at 96.7%.

**(iii) *Issuance of Tobacco Health License***

Issuance of Health License for Tobacco Outlets is one of the mandated functions of the MOH Tobacco Control Unit in accordance to Tobacco Control Act 2008.

In this financial year, there were 46 distributor health licenses issued to Tobacco Outlets.

Pursuant to **Section 31E of the Tobacco Control Act 2008**, a Distributor license authorizes the licensee to sell in cartons or distribute tobacco products in cartons on conditions set out in license. The fee for Distributor License is \$500.00. Therefore, the total amount of revenue received from tobacco license issued in this FY2022/23 was \$23,000SAT

## **2. Healthcare Waste Management Services**

**(i) *Burial Ordinance Implementation Cases Reported and Verified***

In this FY22/23, cases received for burial matters, expatriation, disinterment and repatriations were 111. All cases reported were assessed and performed when received.

## **Output 19: National Health Programs, Wellness, Health Promotion and Health Education**

The National Health Programs, Wellness, Health Promotion and Health Education Division deals with community awareness and the public notices on health information, health prevention and health programs, is the priority function managed by the above-cited division. They oversee the ways of communication, work 24/7 to alert the country at every situation.

The core mandated functions of this output include:

- (i) Nutrition
- (ii) National Health Programs
- (iii) Child Wellness and Health
- (iv) Risk Communication
- (v) Youth Friendly Services

## **Human Resources**

This output/division consists of the 26 staffs overall, there were 21 positions occupied and 4 vacant positions within this financial year.

### **Budget Allocation and Utilization:**

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
SAT2,709,881	SAT2,457,267	SAT252,613	91%

The approved budget allocation for this division in this financial year was SAT2, 709,881. The output utilization for this financial year was 91%. The remaining 9% that has not been utilized is for the vacant positions that were filled within the reported period.

### **Achievements:**

#### **1. Review of Risk Communication and Community Engagement Strategy**

The Risk Communication and Community Engagement (RCCE) Strategy that was approved in 2020 was used as a guiding tool to guide the works of the RCCE Team that is facilitated and coordinated by the Health Promotion team under this division.

#### **2. Expanded Program for Immunization (EPI)**

As noted from the report submitted from EPI, about 83% of children aged 15 months who have completed primary immunization as noted from January to June 2023.

#### **3. Community Awareness Campaigns Implemented:**

The series of community awareness campaigns implemented during this reporting period were:

- (i) 2 Integrated Community Health Awareness Program (ICHAP)
- (ii) 2 Nutrition Awareness Training during EXPO (Upolu and Savaii)
- (iii) Refresher course for vaccinators
- (iv) 2 Weeks of Typhoid campaigns in Savaii and Upolu
- (v) 18 Health Promotion in Schools Program targeting parents and school committees
- (vi) 18 SNAP Programs through the PEN Faa Samoa screening in the community
- (vii) Health Promotion Refresher training for Recreational Groups/Sporting Bodies (Upolu and Savaii)
- (viii) BFHI Audit Feedback for Savaii Health Facilities
- (ix) Traditional Healers Training for Leprosy/TB/STI for Savaii and New Nursing Recruits
- (x) Management of Rape, Sexual Violence & Gender-Based Violence
- (xi) 14 AYFHS Master Trainers Courses
- (xii) Family Planning Long Acting Reversible Contraceptive Methods (LARCs)
- (xiii) Perinatal Meeting for doctors, midwives and senior nurses (Obs & Gyn)
- (xiv) 2 SRH Stakeholder meeting

#### **4. Commemoration of World Health Events**

The effective coordination and monitoring of World and Health Events are monitored through MOH's annual calendar and commemorated through social media and other platforms of technology. There are several health events that conducted in this financial year including:

- ✓ World Breastfeeding Week
- ✓ World Antimicrobial Week

- ✓ World NO Tobacco Day
- ✓ World Aids Day
- ✓ World Cancer Day
- ✓ World Hearing Day
- ✓ World Immunization Week
- ✓ World Food Safety Day
- ✓ World Health Day
- ✓ World TB Day
- ✓ World Leprosy Day

## **5. National Health Programs Implemented in the Community and Village**

The main goal of the health programs conducted was to encompass everyone and left no one behind when in terms of HEALTH. Hence, the ministry of health through Health Promotion and Health Program division has the potential to reach out to community in promoting health messages and conducting awareness to improve knowledge and for the people to take ownership of their own health. These are national health programs implemented in this financial year.

- ✓ ICHAP for identified villages through PEN Faa Samoa
- ✓ School Health screening referrals
- ✓ PEN Faa Samoa Village Community Awareness Program
- ✓ Immunization campaigns for routine immunizations and HPV and Typhoid vaccinations
- ✓ MMR, PCV catch-up Immunization Campaign
- ✓ School health promotion program for identified obesity and overweight students
- ✓ Refresher trainings for all MDTs and village representatives on Health Promotion & Nutrition
- ✓ Health Promoting School Monitoring
- ✓ School Nutrition Standards Monitoring

## **6. Management of Baby Friendly Hospital Initiative (BFHI)**

The other core function of the main hospital and district hospitals is to implement initiatives that support the health system. In this calendar year, there were about 6 programs conducted including:

- ✓ Initiative trainings for Health Staff in Savaii
- ✓ Upolu and Savaii Severe Acute Malnutrition Training for Health Staff
- ✓ Training for Sporting Bodies on the Health Promotion Program in schools
- ✓ Training for Parents of Children enrolled in the Health Promotion Program
- ✓ 10 trainings conducted for PEN Faa Samoa Village, Communities and Multi-Disciplinary Teams (MDTs) on Health Promotion
- ✓ Communication/Gender Equality Refresher Trainings of Nurses for the HPV Vaccine and other new vaccine

The confirmed cases of Leprosy for this reporting period is 3 during outreach services.

The number of confirmed cases of TB follow up during outreach services was 7 for this reporting period.

## **7. Management of Sexual and Reproductive Health Services**

The Sexual Reproductive Health Unit of the Ministry of Health in partnership with the Non-Governmental Organizations and stakeholders through the UNDP Global Fund were able to

assist and conduct programs and initiative as well as monitoring visits for all health facilities both in Upolu and Savaii to detect, diagnosed and treated the SRH. The communicable disease clinic conducts all case investigation, contact tracing, DOTs and treatment activities for all registered patients and referrals. The data and information regarding all patients of SRH were collected from the following method:

1. Laboratory records of tests from all health facilities, screening reports and disease registers from Communicable Disease clinic are collated, cleaned and analysed on a 6 monthly basis
2. 50.6% of testing comes from routine ANC screening, 28.1% from patients consultations at health facilities and 1.5% from routine immigration screening (2021)

The examining of test was captured from the following:

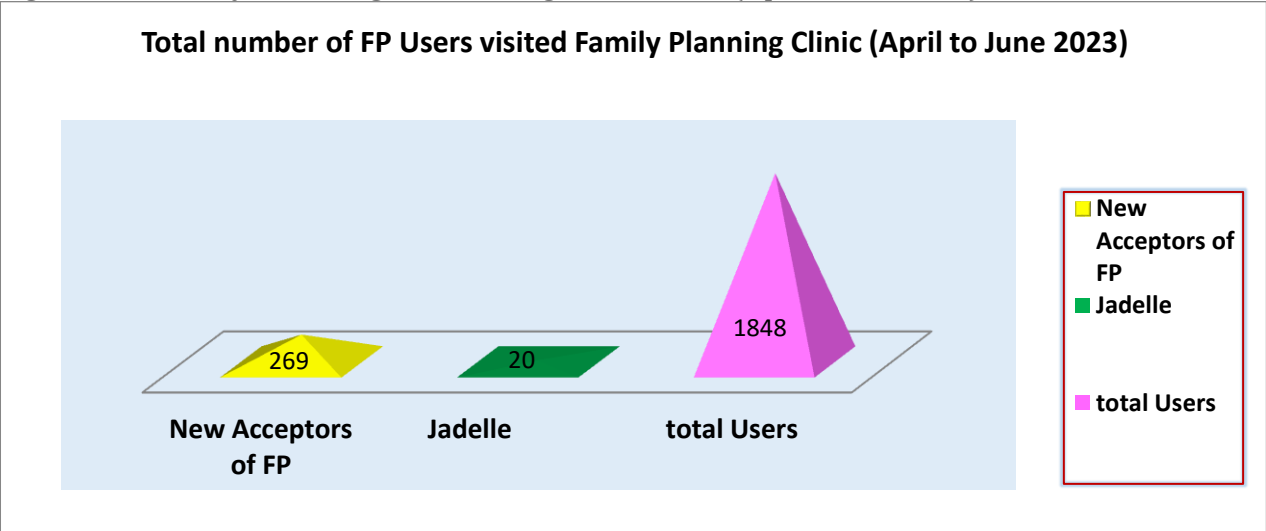
1. HIV – INSTI, HIV Determine, Uni-Gold, HIV/Syph SD Duo rapid tests, Gene Xpert (CD4 and viral load)
2. Syphilis – Anti-TP, RPR (VRDL occasionally)
3. Hepatitis A – HAV igm and igg
4. Hepatitis B – HbAgs, HBsAB
5. Hepatitis C – HCV igm
6. Chlamydia and Gonorrhoea – GeneXpert
7. Tuberculosis – GeneXpert (no cultures for TB)

**Family Planning Services**

Monitoring visit to all Health Services Delivery Point reported the status of family planning utilization, ANC visit, Presumptive treatments as well as Youth Friendly Health Services Family planning users are reported in the following usually with mothers coming in after expiration period of family planning methods listed below:

- Microlut (3 month)
- Microgynon (3 month)
- Depo (3 month)
- Jadelle insertion (5 years)

**Figure 15: Family Planning Users using the Service (April-June 2023)**



The total number of New Acceptors is the actual count to measure the prevalence rate of Family Planning. Those who preferably interesting in Jadelle method is low

**Table 19: Comparison of Family Planning Users**

	Jan-Dec. 2019	Jan-Dec 2020	Jan - Dec 2021	Jan - Dec 2022
<b>New Acceptors</b>	<b>579</b>	<b>711</b>	<b>540</b>	<b>813</b>
<b>Jadelle</b>	<b>144</b>	<b>257</b>	<b>259</b>	<b>214</b>
<b>Total FP Users</b>	<b>5782</b>	<b>6952</b>	<b>4592</b>	<b>4983</b>

The table indicates the increase in number of New Acceptors when compared to 2019 to 2021. However, the total of mothers preferably used Jadelle as birth spacing has declined in 2022.

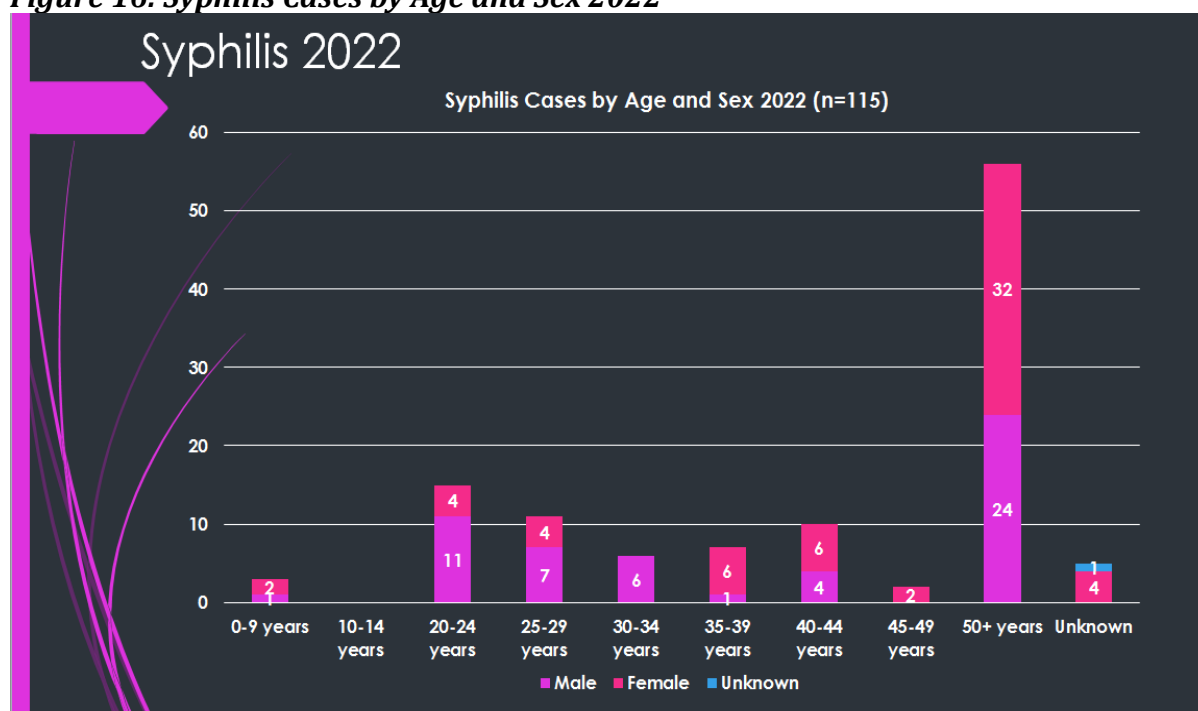
### HIV and STI cases

The first case of HIV in Samoa was detected in 1990. The last locally residing case was detected in 2020. To date, there were 36 cumulative cases including cases residing and cases that have transferred to overseas health systems. There are 3 people living with HIV belonging to key population groups. The positivity rate for 2022 for Syphilis is 1.6%, Chlamydia is 24.5%, Gonorrhoea is 14.8%, Hepatitis A is at 0.9%, Hepatitis B is 1.4% and Hepatitis C is 0.2%. The breakdowns of cases are details below:

### Syphilis

Syphilis cases increased significantly between 2020 and 2021 (56 to 145 respectively) which resulted in a congenital syphilis outbreak in August to October 2022 while international borders were closed to travel.

**Figure 16: Syphilis Cases by Age and Sex 2022**

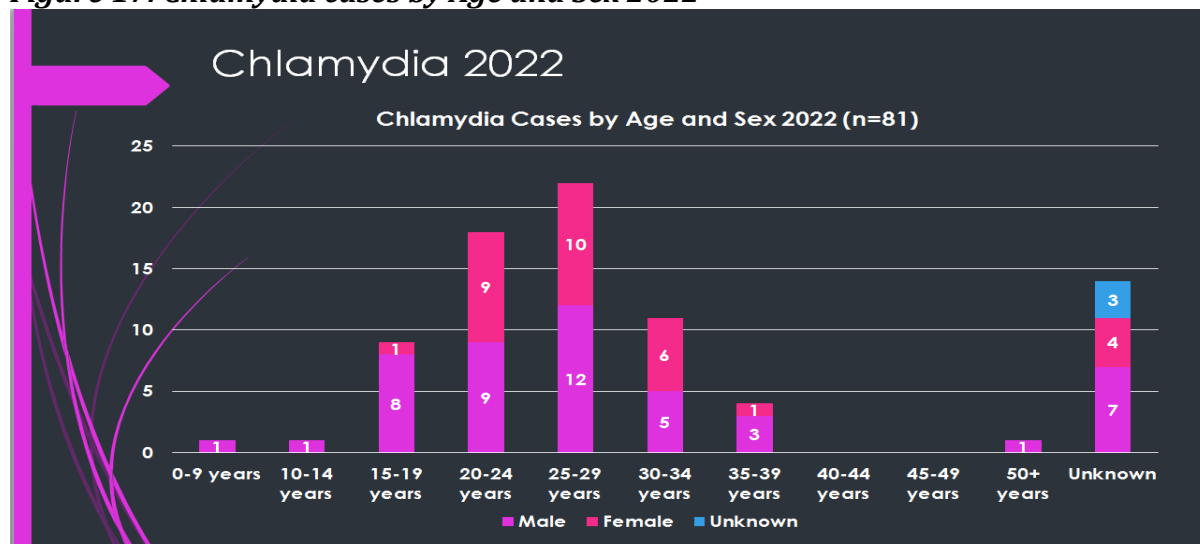


Source of Information: MOH Surveillance Epidemiology Database 2022

### Chlamydia

The testing for chlamydia and Gonorrhoea decreased by 89% between 2019 and 2021 which also led to a major drop in detected cases which persists in 2022. There were 33 cases or 40% of chlamydia cases in 2022 were also positive for Gonorrhoea.

**Figure 17: Chlamydia cases by Age and Sex 2022**

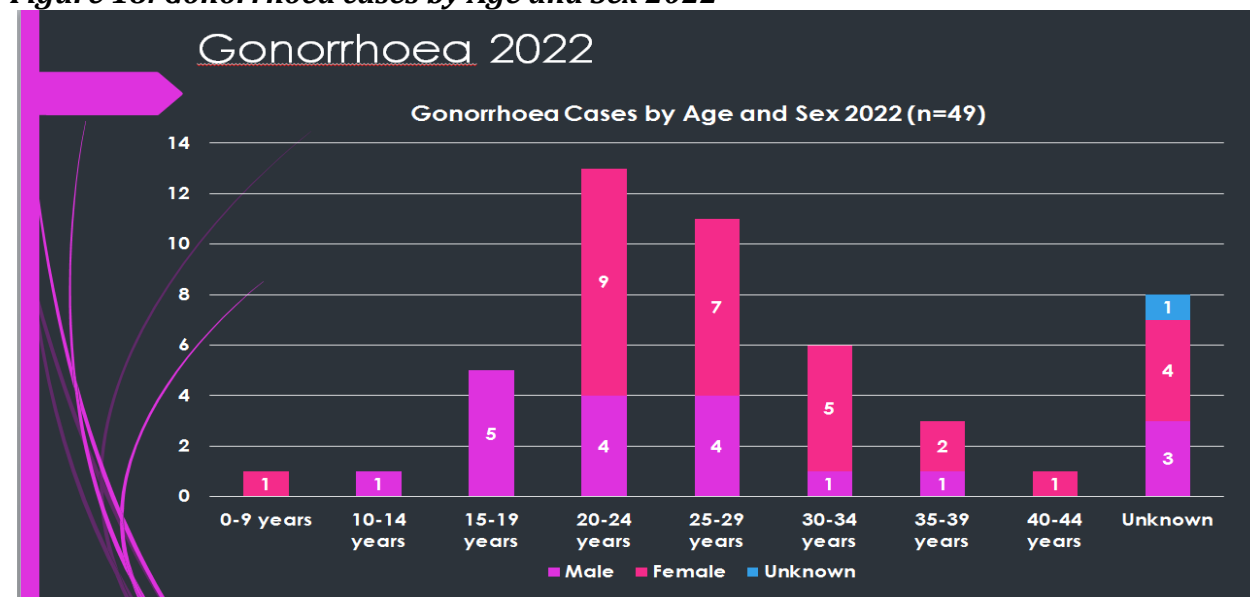


Source of Information: MOH Surveillance Epidemiology Database 2022

### Gonorrhoea

The cases presented for chlamydia are the same cases showcasing in the Gonorrhoea.

**Figure 18: Gonorrhoea cases by Age and Sex 2022**

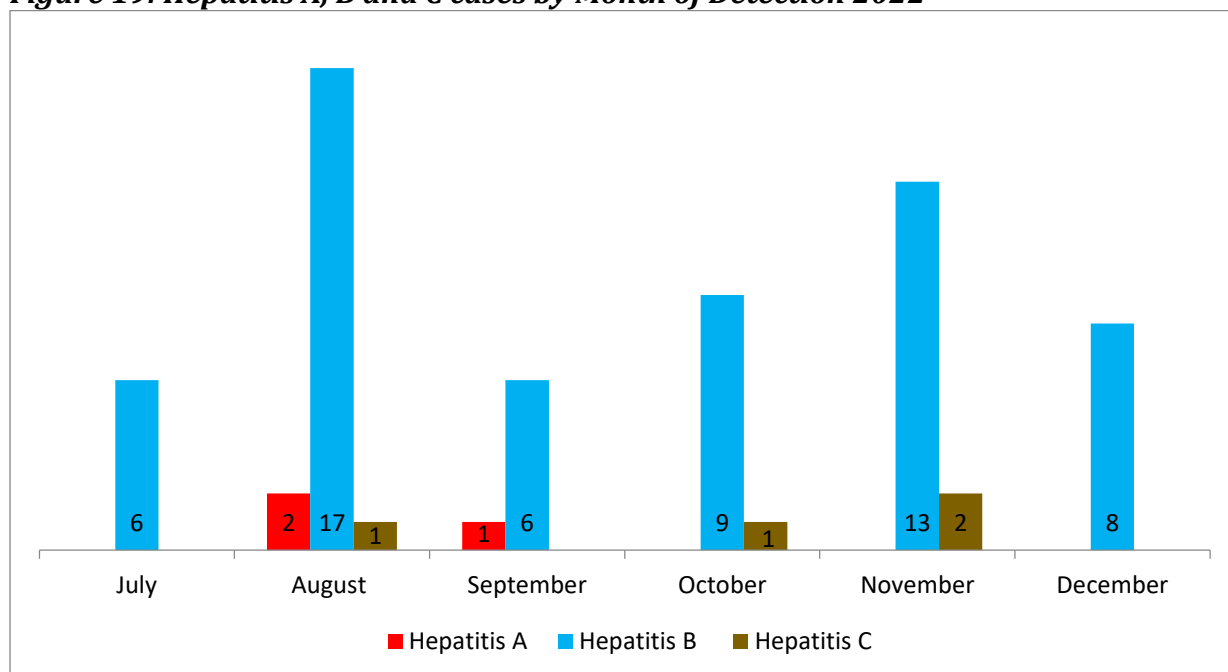


Source of Information: MOH Surveillance Epidemiology Database 2022

### Hepatitis A, B and C

The records of Hepatitis A, B and C from the reporting period of July to December were still high when compared to previous years. The Hepatitis A cases were 3, Hepatitis B cases were 59 and Hepatitis C cases were 4. A total of 66 cases of Hepatitis A, B and C were noted for reporting period of this financial year.

**Figure 19: Hepatitis A, B and C cases by Month of Detection 2022**

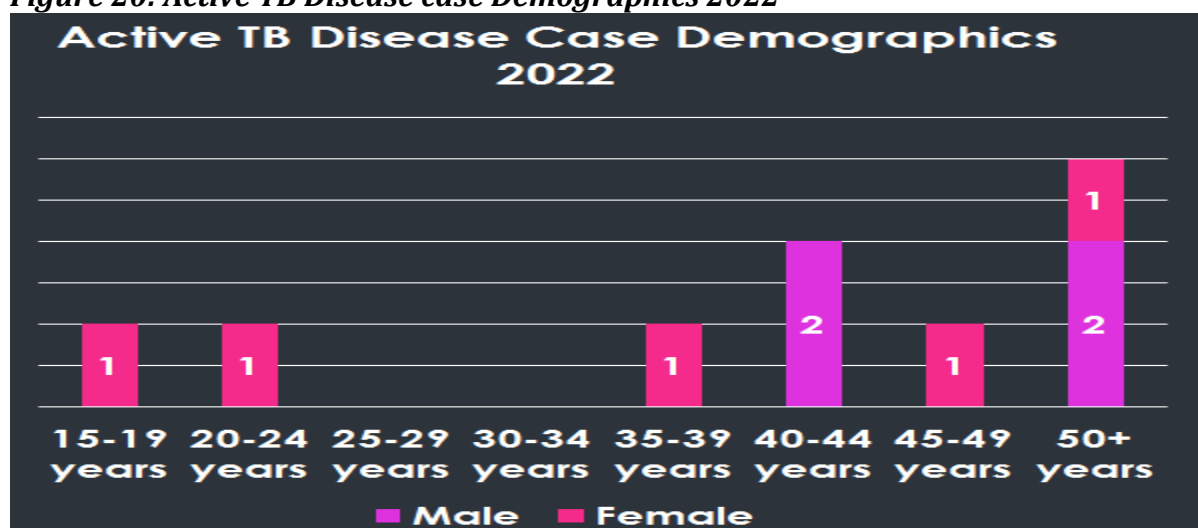


Source of Information: MOH Surveillance Epidemiology Database 2022

### Tuberculosis

The tuberculosis has seen a significant increase in new cases and the nine (9) reported cases in 2022 have cured and protected.

**Figure 20: Active TB Disease case Demographics 2022**



Source of Information: MOH Surveillance Epidemiology Database 2022

### Output 20: Rural District Hospitals & Community Health

The Rural District Hospitals and Community Health division was established to provide and offer the quality of health care service delivered to the community and the villages. They provide quality of health care service through people centered health care programs; strengthen processes for community aligns with the protocols and clinical audits. All services carried out in the main hospital has also performed in the rural districts hospitals, except for the essential services required treatment that need patient to transfer to main hospital.

## **Human Resources**

This output/division consists of the 252 staffs overall including the Assistant Chief Executive Officer position. There were 252 positions that had already been filled.

### **Budget Allocation and Utilization:**

<b>Full Year Budget</b>	<b>Actual</b>	<b>Remaining Budget</b>	<b>% of Utilization</b>
SAT12,191,728	SAT9,670,074	SAT2,521,654	79%

The approved budget allocation for this Output in this financial year was SAT12, 191,728. They were able to utilize 79% i.e. SAT9, 670,074 while the 21% of the budget that had not been utilized was for the vacant positioned mentioned above.

### **Achievements:**

#### **1. Management of District Hospital Consultations**

All District Hospitals are providing 24 hours services within seven days a week. Doctors are working 12 hours a day and call back for any emergency call from hospitals. Nurses are working by 12 hours shift.

The majority of patients were assessed by Nurses during normal working hours and after hours. Few of these patients were referred and transferred to our main referral hospital TTM for intensive care and majority of outpatients were assessed and discharge with medications.

#### **2. Management of Admissions & Discharge**

Upolu consist of 3 District Hospitals and 3 Health Centers and Urban Community Services. The district hospitals are operates for 24 hours and every inpatients are well monitored and received treatments while in health service. The number of patients discharge compare to the number of inpatients shows effectiveness of comprehensive assessment and treatments done by Doctors and Nurses. This means that the holistic caring is successful.

Lufilufi Health Center scope of service is providing services for general outpatients 24 hours and refer patients within 5 hours of monitoring to TTM if necessary. Due to the demand of service and unavailability of beds in our main hospital, these patients remains in Health center for treatments within 24 hours and are recorded as inpatients.

#### **3. Management of Family Planning Methodology**

Family Planning methods are provided as preventative measures for mothers towards unplanned pregnancy. It is provided in all District Hospitals and Health Centers and its main targets was on all child bearing age females and males as well. Child spacing can lower the risk of preterm birth the leading cause of infant death.

The Family Planning Method includes:

- ❖ Microlut Pills ( To be taken orally)
- ❖ Microgynon Pills ( To be taken orally)
- ❖ Emergency Contraceptive Pills (To be taken orally)
- ❖ Depo Provera injection (To be taken orally)
- ❖ Jadelle Implant (To be inserted under the skin upper arm)
- ❖ Intra Uterine Contraceptive Device (To be inserted via cervix)
- ❖ Male Condoms & Female Condom

The Benefits of Childs Spacing:

- ❖ Mother will have more energy and be less stressed out
- ❖ Mother will have more time to bond with the baby
- ❖ Mother has more time to spend with the child and the child receives more attention and assistance with development tasks
- ❖ Future babies will be healthier because mothers body had enough time to replace nutrients stores before getting pregnant again.
- ❖ Family can have less financial stress

#### **4. Antenatal Care & Referrals**

Antenatal Care Booking is an ongoing activity provided in all district hospitals. Including in Antenatal Care Protocol is early booking before 20 weeks gestation. Comprehensive assessment of antenatal mothers during first booking at Antenatal Clinic are provided by Registered Midwives and Doctors. Early booking can detect any health problems and may carry out early referral for treatment and specialise caring at High Risk Clinic. As noted by the ministry, about 80% of 100% antenatal booking visited clinic within 20 weeks gestation.

#### **5. Management of School Health Visitations**

One of the Ministry of Health's initiatives is conducting visits through the whole of country including schools and community. This mandated function of the district hospitals were done to ensure all schools were complied with health standards and children were stay healthy.

#### **6. Management of Home Care and Community Services**

Home care and community services is an ongoing health system that offered to ensure all inpatients discharge were received a comprehensive care. The Intermediate care is the service provided for early discharge patients and Palliative care is provided for patients with poor prognosis and bed ridden elderlies.

The rural hospital outreach program has well managed the community and their needs to provide care for patients at home. Home care and community services are continuous services of the health for people.

# CHALLENGES

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## **Shortages of Human Resources**

The acute shortage of staff in all pillars of the Ministry of Health Services: Corporate Governance; Hospital and Clinical Services and Public Health continues to be the major challenge in Samoa's health system which does not allow the health service delivery to flow well which thus increase the waiting time in both district hospitals and main hospitals.

High staff turnover continues to plague the Ministry as the staff resigned due to promotions and better salaries outside of the Ministry, some were fortunate to be permanently resided in New Zealand through the Quota Scheme and some went overseas for seasonal workers. The challenge is that the staff left the Ministry with skills and experiences that had been gained over the years, while working under respective technical areas within the Ministry, and the Ministry had invested a lot in their capacity building.

## **Roll-Out of M-Supply System**

The shortage of staff was the main challenge for local personnel when trying to roll out the M-Supply system in rural health facilities. This is due to the delay in filling on vacancies for Pharmacy and Warehouse in particular.

The resistance of some of the staff to accept the new system is one major barrier in the roll out. This is mainly due to the majority of the managers in the rural health facilities are seasoned staff that have been with the ministry for more than 20 or so years.

In addition, internet connection within rural health facilities is another contributor to the inaccurate update from the m-Supply system which caused inconsistency in drug and medical supplies from time to time.

## **Health Information Services Management**

The challenge remains in collecting data from public hospitals and health providers due to the fragmented nature of health information systems that had been used by the Ministry such as Patient Information System (PATIS) and delay in rollout of Tamanu and Tupaia within health facilities. This adversely affects accuracy, completeness and integrity of data needed for analysis in order to inform policy makers and health leaders in making informed decisions for the future of health. Moreover, it makes even more difficult to be able to provide information required to measure Samoa's commitment to global, regional and national health indicators which are very crucial in assessing our country's health status and performance over time.

The Ministry is hoped with the continued progress and improvement made since the commencement of the e-Health Project, this will address these issues.

## **Monitoring and Evaluation**

Issues occurred within different areas of health services provision was caused by lack of Monitoring and Evaluation at all levels and the Monitoring and Evaluation Unit under the Health Information Services and Monitoring and Evaluation Division failed to implement their mandated M&E role but narrowly focused on monitoring and evaluation of only one health project i.e. World Bank funded Program for Results Project. It is hoped with the Public Service Commission review to shift this mandated function of the Ministry of Health to its Strategic Planning, Policy and Research Division, it will make a change and enhance implementation progress of health services within the Ministry.

## CONCLUSION

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Based on this financial year's annual report, it is evident that Samoans are gradually taking ownership of their health and that in order for the health sector vision of "A Healthy Samoa" to be realized, the whole-of-country multi-sectoral integrated approach must be continuously strengthened and sustained.

Even though the Ministry of Health had made good progress in achieving most of health related SDGs, global, regional and national health indicators, there is still a lot more work that needs to be done to effectively control and manage Non Communicable Diseases, Communicable Diseases and Neglected Tropical Diseases. After all, behavioral change is a difficult task to overcome.

Furthermore, the Ministry worked very hard in collaboration with the government leaders, development partners for health, government ministries and agencies, NGOs, private health sector and the community as a whole to respond to disease outbreaks in this financial year and their country's holistic approach had been paid off. Hence, the Ministry of Health together with its partners is at a better position to respond to future epidemics and pandemics with the ongoing implementation of the National Epidemics and Pandemics Preparedness and Response Plan FY2020/21-FY2024/25 and natural disasters with the implementation of the Climate Adaptation Strategy for Health (CASH) coupled with the National Disaster Risk Management Strategy for Health 2017 in place.

All in all, the Ministry of Health recognizes that even though much has been achieved, much more remains to be done; and that remains the challenge.