



ANNUAL REPORT

2023-2024

MINISTRY OF HEALTH





GOVERNMENT OF SAMOA

P.O. Box 2268

Government Building

Apia, Samoa.

Email: healthminister@health.gov.ws

Private Contact: (0685) 25352

Office: (0685) 68100 Ext. 101

(0685) 23786 / 23621

Fax No: (0685) 25057.

OFFICE OF THE MINISTER OF HEALTH

**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 TAUUI O FAALAVELAVE FA'AFUASE'I

The Honourable Speaker
Legislative Assembly of Samoa

MULINU'U

19th August 2025

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 2024. The Ministry of Health is responsible for this report and provides assurance that the information contained within is accurate and reliable.

Yours sincerely,

Hon. Valasi Luapitofanua To'ogamaga Selesele
MINISTER OF HEALTH

FOREWORD



I am pleased to present the fifth Annual Report of the Ministry of Health since its official merger on 1st February 2019. This report outlines the Ministry's key activities and accomplishments over the past fiscal year. All achievements detailed herein are linked with the Ministry's commitments under the Local Budget Performance Measures, which are closely linked to national priorities 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 under its three main pillars; Governance and Regulations, Public Health and Clinical Services is dedicated to greater accountability, fulfilling commitments, and managing health expenditures responsibly will continue advancing governance and leadership within Samoa's health systems through their mandated monitoring and regulatory functions.

Efforts will focus on strengthening public health services, revitalizing primary health care, and improving the delivery of safe, high-quality health services. The aim is to ensure that the Ministry and the health sector provide exceptional care to the people of Samoa.

Samoa's Ministry of Health has been actively working to expand healthcare access across the country. Their efforts include strengthening infrastructure, improving service delivery, and ensuring that even remote communities (Apolima and Manono Islands) receive adequate medical care.

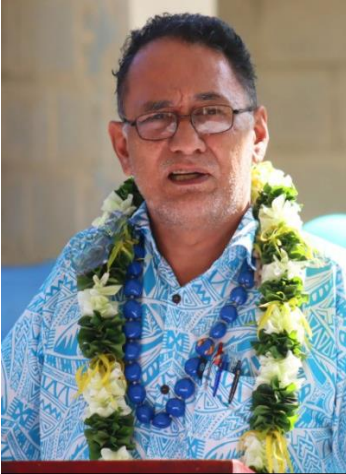
The support from the various development partners has significantly benefited the health sector. They have contributed financial aid, technical expertise and infrastructure development. Their assistance has helped strengthen healthcare services, improve medical facilities and enhance workforce development.

Ma le fa'aaloalo lava.



Hon. Valasi Luapitofanua Toogamaga Selesele
MINISTER OF HEALTH

KEY MESSAGE



The Ministry of Health remains steadfast in its commitment to strengthening Samoa's healthcare system. This Annual Report provides a comprehensive overview of the Ministry's performance and key achievements during the 2023/2024 financial year.

The three core pillars of the Ministry, Corporate Governance, Public Health, and Hospital & Clinical Services, continues to uphold its mandate in delivering essential health services, advancing public health initiatives, and ensuring regulatory compliance.

In response to increasing healthcare demands, the Ministry has expanded its community-based services through the establishment of Multi-Disciplinary Teams (MDTs) and the enhanced implementation of the PEN Fa'aSamoa program for NCD screenings across villages and districts. These initiatives have been instrumental in improving early detection and prevention measures, reinforcing the Ministry's commitment to accessible and equitable healthcare.

The Ministry recognizes the invaluable contributions of government ministries, non-governmental organizations, development partners, and service providers in supporting the national health agenda. Their collaboration has played a pivotal role in the successful implementation of key health strategies and programs.

Furthermore, the dedication and professionalism of the Ministry's staff remain fundamental to its operations. Their unwavering commitment ensures compliance with legislative frameworks, policies, and standards, thereby reinforcing the Ministry's role in safeguarding public health and maintaining the integrity of Samoa's healthcare system.

Despite the many prolonged issues enduring from the previous years, the ministry has a strong led focus that steered the wheel for the survival of the health sector and the health of the people. We remained certain that through the support from the people and the Government of Samoa as well as the guidance of the Lord accomplished our work successfully.

Ma le fa'aaloalo lava.

A handwritten signature in blue ink, appearing to read 'A. Tagaloa', written over a horizontal line.

Auliimalae Tagaloa Dr. Robert Thomsen
ACTING DIRECTOR GENERAL OF HEALTH

ACRONYMS AND ABBREVIATIONS

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

SHPP	Samoa Health Partnership Program
SMTS	Samoa Medical Treatment Scheme
SPPRD	Strategic Planning, Policy and Research
STI	Sexually Transmitted Infections
SWA	Samoa Water Authority
TB	Tuberculosis
TBA	Traditional Birth Attendants
TTM	Tupua Tamasese Meaole Hospital
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WB	World Bank
WBFW	World Breastfeeding Week
WHO	World Health Organization

TABLE OF CONTENT

Contents	Page
FOREWORD.....	2
KEY MESSAGE.....	3
ACRONYMS AND ABBREVIATIONS	4
TABLE OF CONTENT	6
INTRODUCTION.....	7
HEALTH STATUS OVERVIEW.....	7
MINISTRY OF HEALTH ORGANIZATIONAL STRUCTURE	14
MINISTRY OF HEALTH WORKFORCE.....	15
MINISTRY OF HEALTH BUDGET FOR FY2022/23	17
MINISTRY OF HEALTH ACHIEVEMENTS FOR FINANCIAL YEAR 2022/23 BY PILLARS OF HEALTH SERVICES	21
PILLAR 1: POLICY, REGULATION, COORDINATION AND SUPPORT SERVICES.....	22
Output 1: Office of the Director General.....	22
Output 2: Office of the Minister of Health.....	24
Output 3: Strategic Planning, Policy and Research.....	25
Output 4: Quality Assurance and Infection Control.....	27
Output 5: Registrar & Healthcare Professional Development.....	29
Output 6: National Health Surveillance and International Health Regulations	31
Output 7: Pharmaceutical Warehouse	34
Output 8: Health Information System and Monitoring and Evaluation	36
Output 9: Health Information Technology and Communication Services.....	37
Output 10: Health Sector Coordination, Resourcing and Monitoring.....	38
PILLAR 2: HOSPITAL AND CLINICAL SERVICES.....	39
Output 11: Tupua Tamasese Meaole (TTM) Hospital	39
Output 12: Laboratory and Pathology Services	40
Output 13: Medical Imaging and Radiology.....	41
Output 14: Dental and Oral Health Services.....	43
Output 15: Pharmaceutical Services	44
Output 16: Malietoa Tanumafili II Hospital Services	45
Output 17: Integrated Nursing Care Services	45
PILLAR 3: PUBLIC HEALTH SERVICES	48
Output 18: Health Protection and Enforcement	48
Output 19: National Health Programs, Wellness, Health Promotion and Health Education	49
Output 20: Rural District Hospitals & Community Health	52
CHALLENGES	57
CONCLUSION.....	57

INTRODUCTION

This Annual Report represents the achievement made by the ministry in the last financial year. Enlightened in this report are the overview of the health status, progress of each mandated functions executed by each divisions and the project that support the ministry of health's agenda.

The indications of positive changes were observed in healthcare settings, primarily driven by entities (hospitals, healthcare professionals and supporting services) increasing their adherence to health regulations and standards. These improvements are likely reflected in better patient outcomes, safer practices and a more robust healthcare system overall.

There are significant measurement practices outline throughout this report that indicate a strengthened healthcare systems.

HEALTH STATUS OVERVIEW

Population Growth

The latest census took place in 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. The next Samoa census will take place in 2026.

Mortality, Morbidity and Overseas Referrals for Medical Treatment

Table 1: The Top 10 Leading Causes of Morbidity for FY2022-2023 and FY2023-2024

FY2022-2023		FY2023-2024	
1. Acute upper respiratory Infection	22,096	1. Attention to surgical dressings and sutures	12,656
2. Unspecified acute lower respiratory infection	14,298	2. Acute upper respiratory infection, unspecified	11,927
3. Influenza with other respiratory manifestations	3,637	3. Unspecified acute lower respiratory infection	7729
4. Pneumonia	3,075	4. Myalgia	5998
5. Gastroenteritis	2,826	5. Issue of repeat prescription	4640
6. Chicken Pox/ Varicella	314	6. Gastroenteritis	2934
7. Food Poisoning	214	7. Essential (primary) hypertension	2662
8. Conjunctivitis	128	8. Influenza with other respiratory manifestations	2228
9. Diarrhoea	50	9. Cough	2018
10. Whooping cough	37	10. Gout	1777

Source: MOH Medical Records 2023

Table 2: The top 10 Leading Causes of Mortality for FY2022-2023 and FY2023-2024

FY2022/2023		FY2023-2024	
1. Acute Myocardial infraction	141	1. Sepsis	121
2. Sepsis	110	2. Fatal cardiac arrhythmia	90
3. Cardiac Respiratory Arrest	71	3. Acute Myocardial Infarction	89
4. Cardiac Arrhythmia	70	4. Cardiac Arrest	86
5. Multi Organ Dysfunction	37	5. Hypovolemic shock	65
6. Septic Shock	31	6. Cancer	48
7. Stroke	26	7. Stroke	47
8. Hypovolemic Shock	16	8. Respiratory Failure	34
9. Pneumonia	15	9. Pneumonia	27
10. Asphyxia	13	10. Asphyxiation	11

Table 3: The top 10 Leading Causes of Overseas Referrals for Medical Treatment

FY2022/2023		FY2023-2024	
1. Ischemic Heart Disease	23	1. Medical patients	63
2. Rheumatic Heart Disease	20	2. Surgical	52
3. Congenital Heart Disease	4	3. Ophthalmology cases	15
4. Proliferative Diabetic Retinopathy	3	4. EAR Nose & Throat Cases	14
5. Retinal Detachment	7	5. Deceased patients	8
6. Endometroid Carcinoma	5	6. Orthopaedics	7
7. Cervical cancer	5	7. Gyna cases	7
8. Breast cancer	10	8. NZMTS	6
9. Colorectal cancer	8	9. ACC cases	3
10. Brain Tumor	6	10. Dental cases	2

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 (2023/24).

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



Ministry of Health
ANNUAL REPORT – SNAPSHOT (2) FY 2023 – F2024

TEN (10) LEADING CAUSES OF OVERSEAS TREATMENT

Medical patients	63
Surgical	52
Ophthalmology cases	15
Ear, Nose & Throat Cases	14
Deceased patients	8
Orthopaedics	7
Gyna cases	7
NZMTS	6
ACC cases	3
Dental Cases	2

TEN (10) LEADING CAUSES OF MORTALITY

Sepsis	121
Fatal cardiac arrhythmia	90
Acute Myocardial Infarction	89
Cardiac Arrest	86
Hypovolemic shock	65
Cancer	48
Stroke	47
Respiratory Failure	34
Pneumonia	27
Asphyxiation	11

TEN (10) LEADING CAUSES OF MORBIDITY

Attention to surgical dressings and sutures	12656
Acute upper respiratory infection, unspecified	11927
Unspecified acute lower respiratory infection	7729
Myalgia	5998
Issue of repeat prescription	4640
Gastroenteritis	2934
Essential (primary) hypertension	2662
Influenza with other respiratory manifestations	2228
Cough	2018
Gout	1777

Source: * Overseas Treatment Unit, ** TTM PATIs, *** TTM PATIs

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 and boreholes are conducted on monthly basis. The treatment plants remained 100% compliance. We noticed the high increase for boreholes from 78% in 2023 to 93% in 2024.

Samoa Independent Water Schemes

The ministry has noticed a significant improvement in the achievement for percentage of IWS. The installation of the KIOSK systems and household filters reflects the improvement in the compliance from 67% in 2023 and 75% in 2024.

Bottled Water Companies

The compliance of Bottled Water Companies with the National Drinking Water Standards 2016 is recorded at 88% whereas last year was on 87% compliance.

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 556 food premises/handlers. The highest compliance rate reached by food premises was 92%.

Tobacco Control

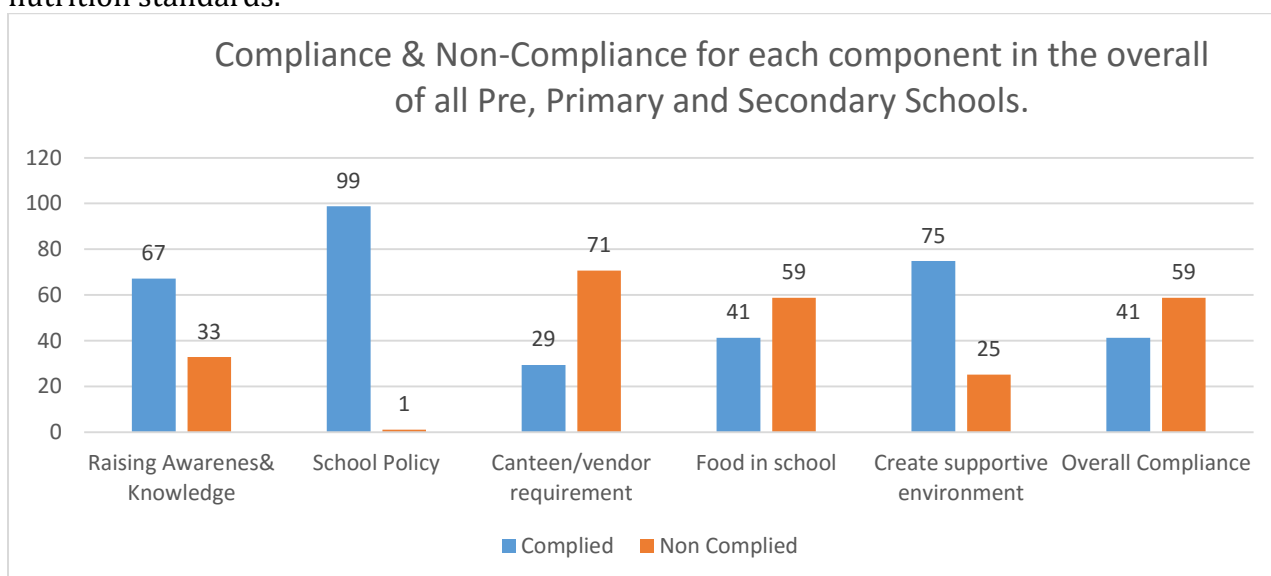
Under the Tobacco Control Act 2008, the Ministry of Health is mandated to monitor and regulate tobacco consumption in Samoa and ensure the tobacco sellers are fully complied with this legislation. Implementation of this mandated function of the Ministry is also the core responsibility of the Food Safety and Tobacco Control Unit of the Health Protection and Enforcement Division.

The annual testing was conducted for one local tobacco manufacture. A total of 573 tobacco outlets were inspected with the average compliance rate at 97%. There were 39 tobacco licenses issued and income earned was at \$19,500SAT. Tobacco control, under the scope of Health Promotion, was monitored through the Health Promoting School Program, led by the Health Promotion team. Out of the 262 schools assessed, 87% of primary schools complied with tobacco control indicators which include awareness activities, school policy support, and efforts to reduce passive smoking. Among secondary schools, 80.36% demonstrated compliance

overall, when including pre-schools, 76% of all schools complied with the tobacco control indicators.

3. Nutrition

The monitoring and regulatory of nutrition and food safety is implemented by the Food Safety Section and the Nutrition Centre of the Ministry of Health’s Health Protection and Enforcement and National Health Programs, Wellness and Health Education and Promotion Divisions through the implementation and enforcement of the Food Safety Act 2015 and National School Nutrition Standards. There are multiple health programs and visitations conducted to persuade compliance of schools with guidelines and standards. The inspections were completed for 262 schools including all levels. The compliance for school nutrition standards was assessed under five key components, 1, Raising knowledge and Awareness of Nutrition, 2, Having Policy that prohibits children from going outside during school hours, 3, Vendor and Canteen requirements, 4, Food in schools and 4, create supportive environment . Out of the 262 schools monitored, 37% of preschools complied with the nutrition standards, 42 % of primary and 41% for colleges. The overall compliance was 41% and noted as a low level of compliance with the nutrition standards.



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 first quarterly monitoring for Upolu schools, and the compliance rates were noted at 51% for College, 56% for Primary and 61% for Preschools. The non-compliance was noted at 49% for College, 44% for Primary Schools and 39% for Preschools.

Further to the implementation of sanitation, the Samoa Typhoid Programs was successfully traced and investigated 100% (20 Upolu cases & 6 Savaii cases) of lab confirmed cases within 48 hours of notifications from July 2023 to June 2024.

The immunization coverage for the typhoid vaccine was administered around villages that found the collection of stool samples.

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 2 complaints lodged and assessment carried to ensure no possibility of any outbreak in country. There were 5 Environmental health assessments conducted and 5 Drainage Inspection and Sanitation subsectors.

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. All district hospitals and health centers in Upolu and Savaii were assessed and monitored during the HealthCare Waste Inspections throughout the year. The hospitals were awarded according to the level of their compliance to the National Healthcare Waste Management Strategy FY2020 – 2025. The most outstanding district hospitals were Poutasi District Hospital in Upolu and Safotu District Hospital for Savaii Island.

Percentage of Compliance with the National Healthcare Waste Management Strategy FY2020 – 2025

Upolu District Hospital	Overall Compliance level in Percentage
Poutasi District Hospital	90% compliance
Lalomanu District Hospital	86% compliance
Lufilufi District Hospital	83% compliance
Saanapu District Hospital	80% compliance
Leulumoega District Hospital	78.5% compliance
Faleolo Health Centre	No patients admitted
Savaii District Hospitals	Overall Compliance level in Percentage
Safotu District Hospital	91.5% compliance
Sataua District Hospital	90% compliance
Foailalo District Hospital	86.5% compliance
Satupaitea District Hospital	85% compliance

National Health Indicators

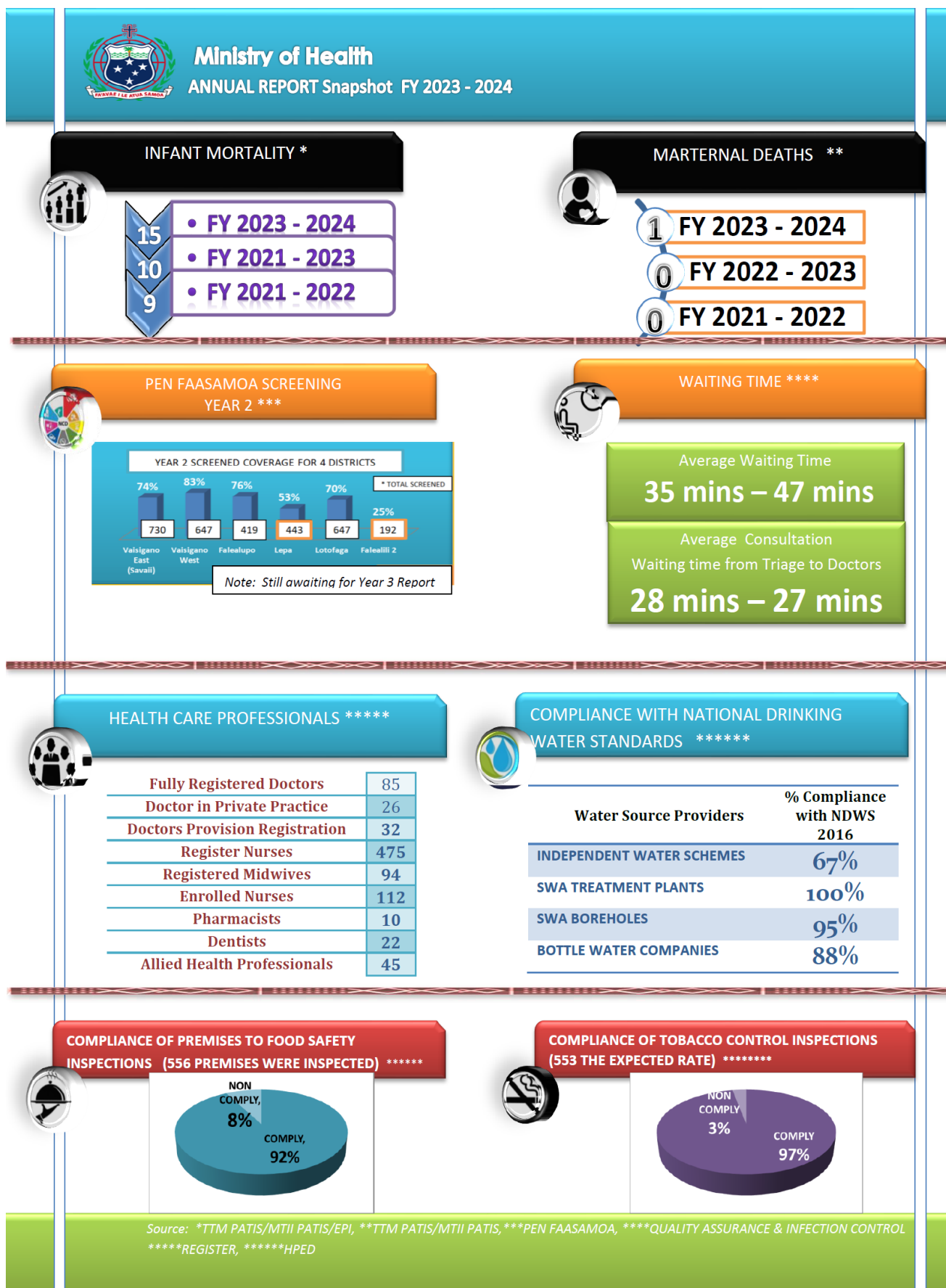
The Ministry of Health as the leading agency for Samoa's health sector is responsible and accountable in achieving 3 Expected Outcomes under the Key Priority Area 2 of the Pathway for the Development of Samoa: **Improved Public Health**. These expected outcomes include:

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

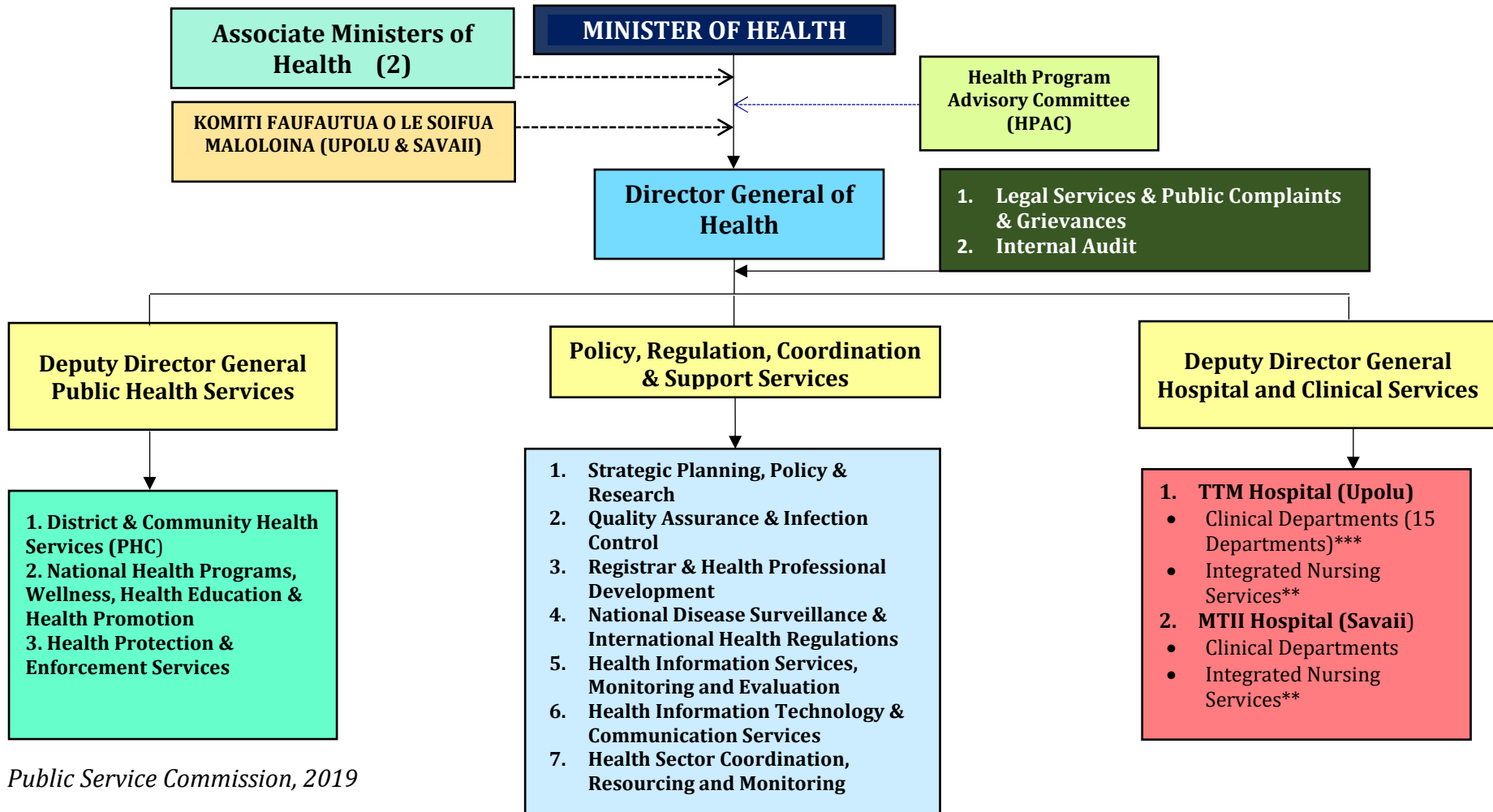
This snapshot summarizes the Ministry’s performance against the national health indicators articulated in the Pathway for the Development of Samoa FY2021/22-FY2025/26.



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

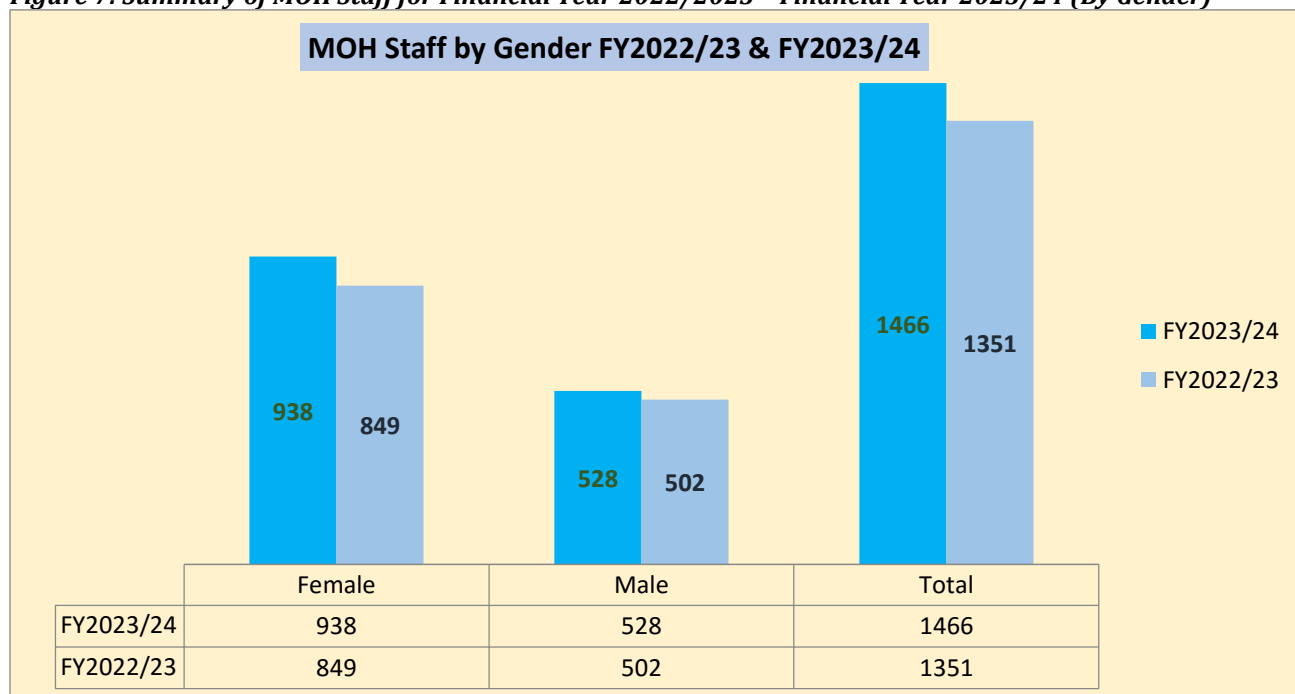
MINISTRY OF HEALTH WORKFORCE

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

OVERALL MOH WORKFORCE

The total number of staff employed by the ministry from June 2023 to July 2024 was 1466. There were 938 females and 528 males. In comparison to the last financial year’s employees, 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). In every financial year, it has been noted that there is high number of female workers than the males in the Ministry’s workforce.

Figure 7: Summary of MOH Staff for Financial Year 2022/2023 – Financial Year 2023/24 (By Gender)



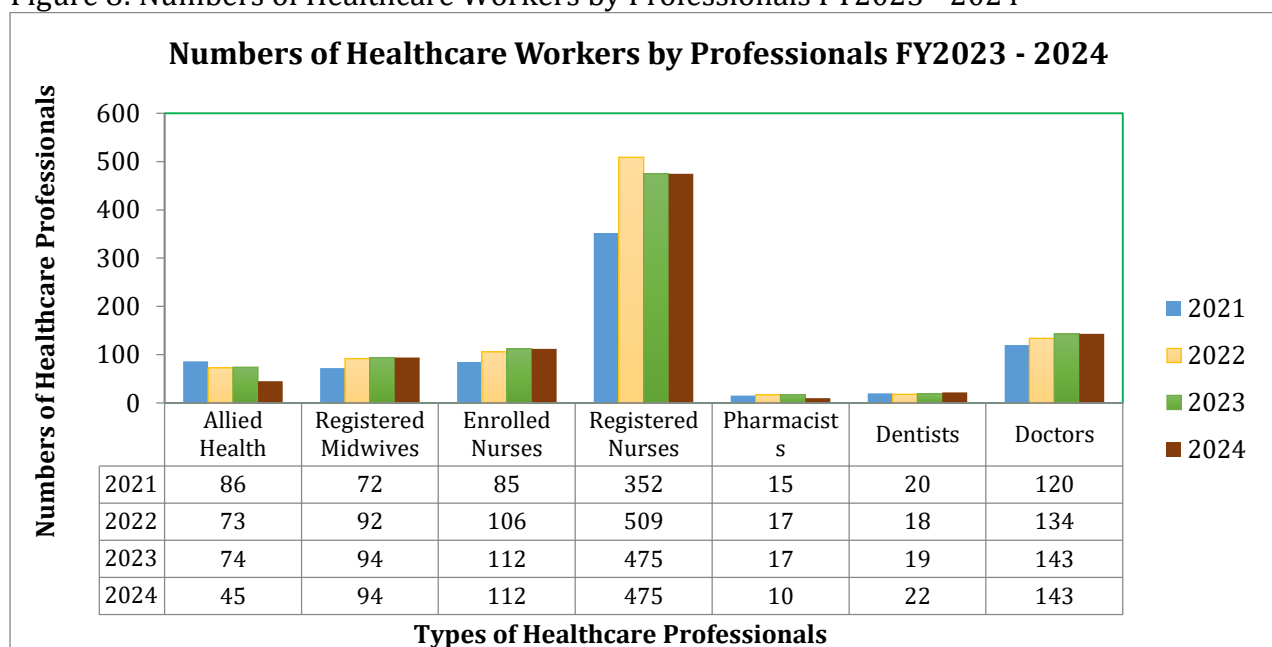
Source of Information: MOH Human Resources Database FY2022/23 – FY2023/24

There is a significant increase in the numbers of the workforce. During this financial year, there were 130 staffs that employed through the recruitment and selection process as well as the annual nursing orientation program.

HEALTHCARE WORKERS BY PROFESSIONALS FY2023 - 2024

The summary of the health professionals are detailed below. Most of the professionals endure its total number from last year.

Figure 8: Numbers of Healthcare Workers by Professionals FY2023 - 2024



Source: MOH Registrar and Professional Development Database, FY2023 - 2024

As shown above, numbers of each professional are still in high when compared to the previous years. The allied health and pharmacist are professionals that dropped in numbers due to annual intake.

NEW RECRUIT AND TERMINATION

The new recruit for this financial year is 130. The recruitment and selection process recruited 60 staffs, 59 staff from the Nursing Orientation Program and 11 new medical doctors under the House Surgeon Program.

The 119 staffs were leaving the ministry. The reasons behind were overseas migration, retirees and promotions in the ministry such as offers to contract under the PfR scheme and in the other ministry.

HUMAN RESOURCE DEVELOPMENT & TRAINING DISTRIBUTION

Throughout this financial year, the ministry has able to invest in the capacity building of the staff. There are 129 overseas training program and attachment that required the participation of the staff. There are training delivered in-country and other government ministries that also include participation of health officers.

We noted that all of these national and international professional development and capacity building has an in-depth contribution to the development of the Ministry of Health.

MINISTRY OF HEALTH BUDGET FOR FY2023/24

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 2024

		Notes	2024	Original Estimate	Final Estimate	(Over)/Under	2023
HEALTH							
RECEIPTS							
Ordinary Receipts							
	Other Revenues						
	Fees & Other Charges						
			5,739,396	5,510,839	5,510,839	(228,557)	5,067,542
TOTAL RECEIPTS			5,739,396	5,510,839	5,510,839	(228,557)	5,067,542
PAYMENTS							
Outputs							
1.0	Policy Advice to the Responsible Minister		1,386,490	1,360,962	1,466,847	80,357	1,231,527
2.0	Ministerial Support		826,532	776,652	866,842	40,310	671,131
3.0	Strategic Planning, Policy and Research Division		974,395	960,092	993,792	19,396	859,006
4.0	Quality Assurance & Infection Control		1,196,239	1,261,115	1,261,115	64,875	1,119,534
5.0	Registrar and Health Professional Development		1,357,786	1,365,822	1,365,822	8,036	1,317,573
6.0	National Disease Surveillance & International Health Regulations		2,057,706	2,184,974	2,175,136	117,430	1,914,112
7.0	Pharmaceutical Warehouse Services		10,648,501	10,705,304	10,705,303	56,802	7,256,766
8.0	Health Information System, Monitoring & Evaluation		810,567	944,772	944,772	134,204	822,049
9.0	Health Information Technology & Communication Services		1,166,039	1,265,751	1,265,750	99,711	1,297,667
10.0	Health Sector Coordination, Resourcing & Monitoring		793,598	909,635	909,634	116,036	810,814
11.0	Clinical - TTM Hospital Clinical Health Services		19,490,643	19,344,182	19,736,624	245,980	17,481,475
12.0	Clinical - Laboratory & Pathology Services		8,155,697	8,416,251	8,416,251	260,554	7,458,791
13.0	Clinical - Medical Imaging & Radiology Services		3,304,874	3,370,097	3,370,097	65,223	2,768,110
14.0	Clinical - Dental Health Services		3,965,822	4,194,595	4,194,596	228,774	3,504,416
15.0	Clinical - Pharmaceutical Services		2,231,685	2,382,988	2,382,989	151,304	4,124,479
16.0	Clinical - MTH Hospital		9,596,862	9,941,583	9,941,583	344,720	9,466,056
17.0	Clinical - Integrated Nursing Care Services		19,818,196	21,354,751	20,113,550	295,354	19,907,265
18.0	Public Health - Health Protection & Enforcement		1,982,122	2,202,475	2,202,475	220,354	1,860,809
19.0	Public Health - National Health Programs, Wellness, Health		2,161,974	2,502,523	2,502,523	340,550	2,457,266

		Promotion and Education						
	20.0	Public Health - Rural District Hospitals & Community Health Services		13,808,060	13,316,223	13,945,045	136,985	9,670,073
Total Outputs				105,733,790	108,760,747	108,760,746	3,026,956	95,998,920
Third Party Outputs								
Grants and Subsidies								
		Samoa National Kidney Foundation		10,425,819	10,425,819	10,425,819	0	9,329,934
		Non Communicable Diseases Clinic		196,840	200,000	200,000	3,160	247,945
		Red Cross		100,000	100,000	100,000	(0)	100,000
		Samoa Cancer Society		100,000	100,000	100,000	(0)	100,000
		GOSHEN Trust		100,000	100,000	100,000	(0)	100,000
		Agape Clinic		0	0	0	0	50,000
		Samoa Family Health		50,000	50,000	50,000	0	100,000
		METI		100,000	100,000	100,000	(0)	100,000
Total Third Party Outputs				11,072,659	11,075,819	11,075,819	3,159	10,127,879
Transactions on Behalf of State								
Membership Fees								
		WHO Contribution		0	35,000	35,000	35,000	0
		Red Cross Contribution		5,800	5,800	5,800	(0)	5,800
				5,800	40,800	40,800	35,000	5,800
			<i>Notes</i>	2024	<i>Original Estimate</i>	<i>Final Estimate</i>	<i>(Over)/Under</i>	2023
HEALTH				\$	\$	\$	\$	\$
Counterpart Costs to Development Projects								
		Phase 1: ADB System Strengthening for Effective Coverage of new Vaccines in the Pacific		572,858	500,000	500,000	(72,858)	111,250
		Phase 2: ADB System Strengthening for Effective Coverage of new Vaccines in the Pacific		195,689	200,000	200,000	4,311	76,894
		COVID19 Emergency Response Project		23,575	100,000	100,000	76,425	31,700
				792,122	800,000	800,000	7,878	219,845
Government Policies / Initiatives								
		Drinking Water Quality and Sanitation Monitoring and Awareness Program		120,033	120,500	120,500	468	88,770
		Operations for Health Experts (Chinese Doctors)		199,500	200,000	200,000	500	181,117
		Doctors' Residence Building	1	0	1,000,000	1,000,000	1,000,000	0
		District Hospitals Refurbishment	1	0	1,000,000	1,000,000	1,000,000	609
		Fire Alarm Maintenance - Health Facilities		2,701	300,000	300,000	297,299	0
		Samoa Health Programs for Results		3,834,162	4,048,304	4,048,304	214,142	3,657,282
		Health Sector Program Counterpart Funds		0	0	0	0	110,315
		Overseas Medical Treatment Scheme		4,999,927	5,000,000	5,000,000	73	5,000,000
		Medical Specialist Clinic		0	3,000,000	3,000,000	3,000,000	0
		MOH Facilities Insurance (TTMH, MTII. MOH Headquarters & Pharmaceutical Warehouses)		0	500,000	500,000	500,000	0
		Vaccine Supplies (Output 17: Nursing)		1,089,680	1,090,000	1,090,000	320	588,142
		NEOC Operations		431,405	500,000	500,000	68,596	497,411
		Returning Graduates (Health Care Professionals)		2,024,725	1,631,052	1,631,052	(393,673)	1,983,396
				12,702,132	18,389,856	18,389,856	5,687,724	12,107,043
Rents & Leases								
		Land Payment - Hospital at Faleolo		61,768	73,750	73,750	11,982	69,583
		Rents & Leases (FMFMII)		34,200	34,200	34,200	0	33,768

			95,968	107,950	107,950	11,982	103,351
VAGST Output Tax			5,171,347	7,369,637	7,369,637	2,198,290	5,033,256
Total Transactions on Behalf of State			18,767,369	26,708,243	26,708,243	7,940,874	17,469,295
TOTAL PAYMENTS - HEALTH			135,573,819	146,544,809	146,544,808	10,970,989	123,596,094
RECEIPTS OVER PAYMENTS			(129,834,423)	(141,033,970)	(141,033,969)	(11,199,546)	(118,528,552)
GOVERNMENT DEVELOPMENT PROJECTS							
		<i>Notes</i>	2024	Original Estimate	Receipts	Payments	Opening Balance
			\$	\$	\$	\$	\$
Grants - GDP							
Strengthening Typhoid Surveillance & Microbiological Lab Capacity in Samoa (Other)	2		(63,355)	0	0	199,584	136,231
Digital Radiography System General X-Ray Machine (AusAid)	3		45	0	45	0	0
Samoa Nursing Community Training Centre (NZ)			3,756,512	0	205,229	0	3,551,283
Capacity Building of Procurement & Supply Chain Management for MoH Staff (AusAid)			273,013	0	10,383	10,020	272,649
WHO Biennium 2020-2021 (WHO)			189,602	0	134,416	1,483,933	1,159,915
Providing Medical Equipment Against Measles & Infection Diseases (JapAid)			446,066	0	17,703	42,702	471,066
Samoa Covid-19 Emergency Response Project (World Bank)	4		592,075	0	2,821,703	3,371,599	1,141,971
GOVERNMENT DEVELOPMENT PROJECTS							
		<i>Notes</i>	2024	Original Estimate	Receipts	Payments	Opening Balance
			\$	\$	\$	\$	\$
Systems Strengthening for Effective Coverage of New Vaccines in the Pacific (Vaccine Project) (ADB)	4		(1,177,721)	1,091,197	1,786,480	2,872,595	(91,606)
Samoa Health Systems Strengthening Program for Results PForR- IDA D527WS (World Bank)			10,678,050	4,860,409	5,433,591	1,031,666	6,276,125
Multi-Country Western Pacific (MCWP) Integrated HIV/TB Program (UNDP)			(151,553)	227,035	263,991	386,987	(28,557)
UNFPA- Sexual Reproductive Health 2021-2022 (MoH) (UNFPA)			(343,073)	0	48,497	66,606	(324,964)
Systems Strengthening for Effective Coverage of New Vaccines in the Pacific Project- Additional Financing (ADB)			(3,232,931)	1,145,757	6,422	22,316	(3,217,037)
Strengthening of Disability Specific Services by ENT & MDS (AusAid)			45,627	0	0	11,772	57,399
Public Health Laboratory (NZ)			653,353	0	35,671	0	617,682
Bachelor of Health Science (NZ)			30,522	0	25,131	1,789,283	1,794,674
The Pacific Mosquito Surveillance Strengthening for Impact (James Cook University)			29,200	35,729	34,085	4,885	0
UNFPA- Sexual Reproductive Health 2023-2027 (MoH) (UNFPA)	e		0	100,000	0	0	0
Biennium Grants programme 2022-2023 (WHO)	e		0	100,000	0	0	0
UNICEF Health and Nutrition, WASH and Child Protection Workplan 2023-2024 (UNICEF)	e		0	2,417,862	0	0	0
German Medical Funds (Medical Equipments for NHS) (Other)	f		35,281	0	0	0	35,281
Landing Costs- Medical Equipment Republic of South Korea (Other)	f		148,668	0	0	0	148,668
TOTAL GOVERNMENT DEVELOPMENT PROJECTS			11,530,177	9,977,989	10,823,348	11,293,949	12,000,779

**MINISTRY OF HEALTH ACHIEVEMENTS FOR FINANCIAL
YEAR 2023/24 BY PILLARS OF HEALTH SERVICES**

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 4: 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 5: 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. Principal Legal (Vacant)
3. DDG Public Health		3. Senior Internal Audit Officer	
4. Principal Public Relation (Vacant)		4. Audit Examiner = 1	
5. Executive Officer Director General		5. Audit examiner (VACANT)- 1	
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
SAT1,466,847	SAT1,386,490	SAT80,357	94.52%

The approved budget for the Office of the Director General for this financial year was SAT1,466,847.00. At the end of the financial year, this Output was able to utilize 94.52% of its budget. The remaining budget of SAT80,357 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. 15 th Pacific Health Ministers Meeting in Tonga	September 2023
2. 74 th WHO Regional Committee Meeting in Manila	October 2023
3. Commonwealth Advisory Committee for Health meeting in London	April 2024
4. Pacific Heads of Health Meeting in Apia	April 2024
5. 35 th Commonwealth Health Minister’s meeting in Geneva	April 2024
6. 77 th World Health Assembly in Geneva	May 2024

2. MOH Governance and Executive Management Meetings

The Ministry’s Governance Meetings were held on weekly basis in 2024 and the Executive Management continued their management meetings on a monthly basis to

report and discusses 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. 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.

4. 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.

5. 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 spot checks for:

- (i) Attendance during the completion of merge and the PSC renew structure to ensure the smooth transition of division who were highly impacted to the new changes.
- (ii) Cash counts when special request by management or DG
- (iii) Site visits at all District Hospitals around Upolu and Savaii to observe Assets management and donation.
- (iv) Auditing of financial
- (v) Capital expenditure
- (vi) Systems and work related issues observe around the hospitals for Upolu and Savaii
- (vii) Risk based audit – RBA Audit for Procurement

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 6: 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
SAT866,842.00	SAT826,532.00	SAT40,310.00	95.35%

The approved budget for this Output for this Financial Year was SAT866, 842. At the end of the financial year, the Output was able to utilize 95.35% of its approved budget. The remaining balance is SAT40.310.

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

The global and regional health meetings are annual events that require the attendance of the Minister of Health.

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. 74th WHO Western Pacific Regional Committee Meeting	October 2023	Manila, Philippines
2. 77th World Health Assembly	May 2024	Geneva, SWITZERLAND

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 7: MOH Staff employed in the Strategic Planning, Policy and Research Division

Strategic Planning Section	Strategic Policy Section	Strategic Research Section
1. Principal Health Planning Officer	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) staffs 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
SAT993,792.00	SAT974,395.00	SAT19,396.00	98%

The approved budget for this Output to be utilized in this financial year was SAT993, 792. At the end of the financial year, they were able to utilize 98% of their budget i.e. SAT859, 007. The remaining SAT19, 396 (2%) that had not been utilized was for the Policy Analyst Officer 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/Standards	Policies	Guidelines
1. National Antimicrobial Resistance Action Plan	1. National Medicine Policy	1. Routine Immunization Guidelines
2. Samoa Cervical Cancer Elimination Strategy	2. National Laboratory Policy and Action Plan 2024	3. Clinical Diabetes Management Guideline
3. Tobacco Social and Behaviour Change Communication Strategy	3. Overseas Treatment Revised Policy 2023	2. Antenatal Care Guideline
4. National Eye Care Plan	4. National Cancer Policy and Plan of Action 2024	
5. Nursing and Midwifery Professional Services Standards 2023		
6. Smoking Cessation Manual 2023		
7. National Strategic Plan for the Control of Mosquitoes and Mosquitoes Borne Disease 2023		

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/Standards	Policies	Guidelines
-----------------------------------	-----------------	-------------------

1. Nursing and Midwifery Professional Services Standards	1. Overseas Treatment Policy 2019	1. Antenatal Care Guideline
2. RCCE Strategy	2. National Medicine Policy 2008	2. Routine Immunization Guidelines
	3. National Alcohol Control Policy 2018-2023	
	4. E-Health Policy and Strategy 2017-2022	

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.

All researchers submitted their researches were compiled accordingly with the criteria of the registration. There were seven (7) health research agreements that have been developed and signed.

There were 16 out of 18 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 to inform the development of other new policies.

4. Coordinating of Annual Health Forum 2023

The coordinating of the Annual Health Forum is the mandated function of the SPPRD. The theme for this 15th Annual Health Forum is “*Health Research Strengthening and Capacity Development*”. Health research has high value to our societies. It can provide important and evidence-based information about disease trends, risk factors, outcomes of treatment or public health interventions, functional abilities, patterns of care and health care costs and use.

This annual event invested in ways to promote health well-being of Samoa and showcase the most remarkable initiatives carried throughout the year.

5. 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. The committee is 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 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 8: MOH Staff employed in the Quality Assurance and Infection Prevention & Control Division

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

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

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,261,115	SAT1,196,239	SAT64,875	95%

The approved budget for this Output to be utilized in this financial year was SAT1, 261,115. At the end of the financial year, they were able to utilize 95% of their budget i.e. SAT1, 261,115. The remaining SAT64,875 (5%) 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 review 4 professional standards. There were three (3) standards that have been finalised and printed. They are dental, pharmacy and Allied health services standards.

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) hand hygiene audits
- (iii) clinical audits through investigations

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 9: 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
SAT1,365,822	SAT1,357,786	SAT8,036	99%

The approved budget for this Output to be utilized in this financial year was SAT1, 365,822. At the end of the financial year, they were able to utilize 99% of their budget i.e. SAT1, 357,786. The remaining SAT8, 036 (1%) 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.

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

The following table (Table 10) presents the number of Annual Practicing Certificates that were issued within this financial year for different professions.

Table 10: Annual Practicing Certificates Issued in Financial Year 2023/24

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. Management of the Professional Development and Capacity Building

The other mandated function of the division is organising of the professional development and capacity building of the ministry. There are multiple training undertaking in this financial year. Some trainings were conducted overseas and some were locally done.

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.

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 12: 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	1. Principal Vector & Sanitation	1. Principal Public Health Lab Technician	1. Principal Water Quality Officer 2. Senior Water Quality Officer	1. Principal Climate & Health	1. Principal Port Health	1. Principal Typhoid Survey Officer
2. Senior Disease Surveillance	2. Senior Vector & Sanitation	2. Senior PH Lab tech. = 2	3. Senior Water Technician 4. Environmental	2. Climate Change & Health Officer	2. Senior Port Health = 2	2. Prin. Nurse 3. Senior Nurse 4. Lab Tech. 5. Enrol Nurse

nce	Surveillance Officer		Health Ass. Officer		3. Port Health Officer = 2	(Vacant)
3. Disease Surveillance Officer = 2	4. Sanitation Officer (Vacant)					6. Environmental Health Officer
	5. Vector & Sanitation Officer					

This division consists of 29 staff including the Assistant Chief Executive Officer. There were 26 positions had already been filled and two (3) positions were vacant as highlighted in red in Table 12 above.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,175,136	SAT2,057,706	SAT117,430	95%

The division was able to utilize the 95% of their approved budget allocation for this financial year. The 5% 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

Divisional Unit	Monitoring Reports	Frequency
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 16th – 24th 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 pharmaceutical supplies in terms of stocktaking, dispatching, and ensure availability of all essential medications and consumables for treatment. Its mandated core function correlate with the Pharmaceutical Services by providing safe storage of health medications and consumables, 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 13: MOH Staff employed in Pharmaceutical Warehouse

Pharmaceutical Warehouse
1. Principal Warehousing & Stores
2. Senior Pharmacy Warehouse Officer = 2
3. Warehouse Officer Medicines (was Warehouse Assistant – Medicines)
4. Warehouse Officer Consumables (was Warehouse Assistant – Consumables)
5. Warehouse Officer Distribution (was Warehouse Assistant – Savaii)
6. Warehouse Officer Receipt (was Warehouse Assistant – Upolu)
7. Warehouse Officer Storage = 2 (these 2 posts were both Pharmacy technician and

trainee)

This output/division consists of the 10 staffs overall, all positions were occupied in this financial year.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT10,705,303	SAT10,648,501	SAT56,802	99%

The budget utilization for this Output was 99% 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 and private clinics.

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.

The routine visitations have been done. One major challenge has been the inconsistency with our internet and sometimes the network connection.

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. A % of procured medications not on the EML by value and quantity were 1.3% and 2.7% respectively.

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 essential items are adequately stocked.

In this financial year, the Pharmaceutical Warehouse 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 pharmaceutical supplies are well managed and there is minimal amount of expired drugs. In the end of Financial Year this output completed 2 already within this financial year. Reports were sent to Internal Audit. Through this, the effectiveness of the mSupply

system installed was active to monitor pharmaceutical 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 pharmaceutical supplies.

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 14: 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
SAT944,772	SAT810,567	SAT134,204	86%

The approved budget allocation for this Output in this Financial Year is SAT944,772. By the end of financial year, they were able to utilize 86% of their budget allocation. The remaining budget for this Output is SAT134,204.

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.

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	7. Senior Audio Visual Artist
2. Geographic Information Services Specialist	8. Graphic Artist
3. Senior Information Technology Officer = 1	
4. Senior Information Technology Officer = 1 (vacant)	
5. Information Technology Officer = 1	
6. Information Technology Officer = 2 (vacant)	

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,265,750	SAT1,166,039	SAT99,711	92%

The division was able to utilized 92% of its approved budget allocated for their performance indicators in this financial year. The remaining 8% (99,711) 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 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. The three vacant positions were Principal Project Resourcing Officer, Principal Project Monitoring and Evaluation Officer and Principal Health Sector Coordination.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT909,635	SAT793,598	SAT116,036	87.2%

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

In this financial year, the division was able to produce the Progress Management Reports for health sector programs implementation of World Bank, ADB and UNDP/Global Funds for Financial Year 2023 – 2024. The Progress Management Report from June -Dec 2023 is in place. 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

The division was able to host the HPAC meetings and missions for project that invested in the development of the health system, missions include:

1. HPAC Meeting 8th August 2023
2. Special HPAC Meeting in 23rd August 2023
3. HPAC Meeting on 27th March 2024
4. PforR and the COVID-19 Response Project in-country implementation support mission conducted in April 2023.
5. Review mission for Systems Strengthening for Effective Coverage of New Vaccines in the Pacific Project in October 16-20 2023
6. Health PforR and the COVID Response implementation support mission in November 7-17th, 2023

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 16: 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	Maliotoa Tanumafili II Hospital
Output 17	Integrated Nursing Care Services

These divisions provide hospital clinical and support services in Tupua Tamasese Meaole and Maliotoa 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
SAT19,736,624	SAT19,490,643	SAT245,980	99%

The overall utilization of this Output's approved budget for this financial year was 99% (SAT19,736,624) within this financial year. The remaining 1% of the budget that had not 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.

We continue to see a steady influx of patients streaming into our front-line departments and maintain large volumes of bed occupancy especially in our Surgical & Medical wards. This is evidenced by the constant request for capital items which undergo wear and tear such as patient beds, trolleys, wheelchairs, air cons for patient rooms etc

2. Overseas Treatment Scheme

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.

3. Management of health equipment for surgical and treatment in different Wards

The other priority of the health ministry is to provide care and safe and improve prevention, control and management of all the medical equipment and resources utilise for treatment and service delivery. Ensuring the safe and clean equipment used by wards during the afternoon and night shift is the CSSD's core function.

Output 12: Laboratory and Pathology Services

The Laboratory and Pathology division provides national pathology and laboratory services for clinical diagnostic tests, public health disease surveillance testing and Coroner's autopsies. MOH Clinical Lab caters to the needs of both government-funded and independently operated health service providers 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:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT8,416,251	SAT8,155,697	SAT260,554	97%

This Output was able to utilize the 97% of its approved budget allocated for this financial year. The remaining 3% (SAT260,554) 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

All urgent tests performed and completed - 212,318. Therefore, it has completed more than the estimated actual.

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:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT3,370,097	SAT3,304,874	SAT65,223	98%

This division was able to utilize 98% of its approved budget allocation for this financial year. The remaining 2% 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 & Other Body Parts)

(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. 100% of medical x-rays request has been recorded.

(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). 92 % has been reached for non-medical request conducted and reporting.

(iii) Bones & Spinal 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. 96 % of bones x-ray has been recorded.

(iv) Other Body parts

Abdomen and Pelvis x-rays requested by doctors to check for blockage in the intestines, look for kidneys or gall-stones to find foreign objects that causes pain. Pelvis to assess chronic pain or joint problems or difficulties in walking, 97% of abdomen and Pelvis x-rays has been conducted and reporting.

2. Administration of CT scans

100 % of CT scans request has been conducted and reporting. 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. 100 % of ultrasound request has been recorded.

4. Administration of Mammograms & Special examination request

35 % has been recorded for mammograms request before the mammography machine breakdown around June 2024

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 100 % of x-ray request for emergencies and APCC patients has been recorded.

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
SAT4,194,596	SAT3,965,822	SAT228,774	95%

This division was able to utilize 95% of its approved budget for this financial year. The remaining 5% (SAT228, 774) 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 and thus exceeded its 100% target for performance. About 204% of visits were implemented.

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
SAT2,382,989	SAT2,231,685	SAT151,304	94%

The approved budget allocation for this division in this financial year was SAT2,382,989. At the end of financial year, they were able to utilize 94% of their budget. The remaining 6% of the budget that had been utilized was for the 7 vacant positions that had not been filled within the reporting period.

Achievements:

1. Effective management and documentation of scripts dispensed at the Outpatient Dispensary.

The total number of prescriptions recorded at the Outpatient Dispensary was 151,959 which is more than the target.

2. Effective management and documentation of inpatient medication charts.

The total number of charts recorded for the FY 2023/2024 is 55,534.

3. Pharmaceutical Community Outreach Visits in health facilities. (Upolu/Savaii)

This output was able to conduct these visits within both Upolu and Savaii. There is 36 visits per Financial Year and this output has successfully completed these 36 visit within the FY 2023/2024.

4. Frequency of Imprest visits to Wards and Imprest Orders for Hospital Supplies.

This output was able to conduct 159 visits to check on supplies for instance, to check expiry dates in the FY 2023/2024. There have been 587 orders supplied to the TTMH wards for the FY 2023/2024.

5. Effective management of Prescription Enquiries.

There were 1,791 prescription enquiries successfully sorted between medical officers and pharmacy staff.

6. Controlled Drugs

There were 23,456 CDs issued by the Dispensary to the TTMH Wards, District Hospitals and MTII Hospital Pharmacy for the FY2023/2024.

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:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT9,941,583	SAT9,596,862	SAT344,720	97%

The approved budget allocation for Malietoa Tanumafili II Hospital for this financial year was SAT9, 941, 583. At the end of the financial year, they were able to utilize 97% of their approved budget.

Achievements:

1. Management of Patients Visiting Malietoa Tanumafili II Hospital

There are 4 doctors (1 Senior, 1 Junior Registrar & 2 interns) that taking turns on 3 month basis in the MTII. Their presence, despite not being at full capacity, along with 4 other doctors from 4 other district hospitals have significantly improved our service delivery.

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

Improved medical and diagnostic equipment, effective clinician education programs, and bi-weekly specialist clinics have led to early diagnosis and treatment. This has significantly reduced the need for referrals to TTMH for specialist care.

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. All patients requesting dental & oral care services with our Dental unit during period were duly consulted & treated.

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 699 babies born in the Savaii hospitals during year, 351 females and 348 males. All were notified & certified.

5. Management of Hospital Deaths

There were 203 deaths recorded during the year, 106 males and 97 females. All were notified & issued with Death Certificates.

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
SAT20,113,550	SAT19,907,265	SAT295,354	99%

The approved budget allocation for this Output in this financial year was SAT20, 113,550. At the end of the financial year, they were able to utilize 99% of their budget. The 1% of the budget that had not been utilized was for 134 vacant positions that had been able to be filled.

Achievements:

1. NUS Program for Sponsored Nursing and Midwifery.

The 100% of the nursing and midwifery students that fully sponsored were completed and graduated.

2. Protocols and Standards for Nursing and Midwifery

In this financial year, the nursing has able to complete review of their Nursing Strategic Direction Plan 2024-2028 standard. It has been endorsed and its now in the implementation status.

3. Annual Practicing Certificates for Nurses and Midwives.

The protocol of nursing in place is to ensure that all registered nurses are upgrading skills and knowledge to perform well in their work. All RNs and RMs renewed their Practicing Certificate in the last financial year.

4. 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. 100% of generalist nurses completed the orientation registration program and graduated successfully, and 80% of the midwifery orientation program completed and graduated successfully

5. Clinical Audits/ Spot-checks

100% completion of nursing clinical incident audits/ spot checks and nursing services audit conducted and reported at TTM Hospital, Upolu Rural Hospitals, Savaii Hospitals and Private Nurse Clinics.

6. Specialist Credentialing for Capacity Building for Nurses and Midwives.

There were 3 trainings completed and was based on nursing audit reports, 1 waste disposal training, 2 infection control, 3 patient safety and is an on-going process. There were 3 workshops done on professional nursing standards.

7. 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.

The Diabetes Specialist visit was conducted on 19th – 23rd 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 17: 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
SAT2,202,475	SAT1,982,122	SAT220,354	100%

The approved budget allocation for this division is SAT2, 202,475.00. By the end of the fiscal year, the division was able to utilize 100% of their approved budget.

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. A total of 556 food premises inspected with the compliance rate on average of 92%.

(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, 1 local tobacco manufacture was assessed and issued its licensed for Annual testing per calendar year.

(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, A total of 573 tobacco outlets were inspected with the average compliance rate at 97%. Compliance Rate of Health care waste facilities district hospitals and TTM hospitals inspected at 89% average

2. Healthcare Waste Management Services

(i) Burial Ordinance Implementation Cases Reported and Verified

Compliance Rate of Health care waste facilities district hospitals and TTM hospitals inspected at 89% average. All cases reported were assessed and performed when received. Total of 98% burial matters/expatriation/disinternment (n=181) received complying with health requirements.

(ii) Management of the Hospitals and compliance to the Healthcare Waste Strategy

The Healthcare Waste Unit conducted their capacity building for health workers regarding the details of Healthcare waste. Infection Prevention and Control trainings were implemented as part of the healthcare waste.

All district hospitals and health centers in Upolu and Savaii were assessed and monitored during the HealthCare Waste Inspections throughout the year. The hospitals were awarded according to the level of their compliance to the National Healthcare Waste Management Strategy FY2020 – 2025. The most outstanding district hospitals were Poutasi District Hospital in Upolu and Safotu District Hospital for Savaii Island.

Percentage of Compliance with the National Healthcare Waste Management Strategy FY2020 – 2025

Upolu District Hospital	Overall Compliance level in Percentage
Poutasi District Hospital	90% compliance
Lalomanu District Hospital	86% compliance
Lufilufi District Hospital	83% compliance
Saanapu District Hospital	80% compliance
Leulumoega District Hospital	78.5% compliance
Faleolo Health Centre	No patients admitted
Savaii District Hospitals	Overall Compliance level in Percentage
Safotu District Hospital	91.5% compliance
Sataua District Hospital	90% compliance
Foailalo District Hospital	86.5% compliance
Satupaitea District Hospital	85% compliance

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:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,502,523	SAT2,161,974	SAT340,550	86%

The approved budget allocation for this division in this financial year was SAT2, 502,523. The output utilization for this financial year was 86%. The remaining 14% that has not been utilized is for the vacant positions that were filled within the reported period.

Achievements:

1. Risk Communication and Community Engagement Strategy

The Risk Communication Community Engagement Working Group comprising of MOH staff and stakeholders (UNICEF, WHO, and ADB – New Vaccine Project IPM) ensured updated information was disseminated to the public through radio spots, awareness materials and social media, more specifically, Facebook under the MoH page. Detailed social listening is conducted by IPM and Health Promotion, MOH, as needed when emergency risk communication situations arise. The RCCE working group members are also involved in the Integrated Community Health Approach Program (ICHAP).

The RCCE working group members also oversee the implementation and development of the RCCE strategy. An internal Risk Communication and Community Engagement Review Exercise was accomplished over a two-day period (16-17th August), in partnership with the World Health Organization and funded by the ADB, to support the MOH Divisions, including the Health Promotion Unit, Expanded Program on Immunization Unit, IPM and the Public Health Team. The overarching goal was to reflect upon the progress and gaps in the RCCE key strategic areas, discuss RCCE linkages with communication for health (C4H) principles, and identify future next steps to improve communication performance in Samoa, especially regarding immunization.

One of the key RCCE key highlights was its strong visibility during the Joint External Evaluation (JEE) for the International Regulations (IHR), conducted in November 2023. The evaluation recognized RCCE’s notable achievements, particularly the Community Engagement component, which remains core strength of Samoa’s emergency preparedness and response efforts.

The JEE results also recommended improvements to RCCE, especially in strengthening risk communication systems. These improvements include establishing a coordinated network of key stakeholders and developing an overarching RCCE strategy to guide communication efforts across all hazards, from national leadership down to the community level.

Another key highlight is the strengthening of relationships between the Ministry of Health and other government ministries, as well as international partners, in response to newly emerging health issues and disease. These collaborations have become more coordinated and effective, enhancing the overall health response capacity especially the work of RCCE.

RCCE complements the work of Health Promotion, particularly through multimedia awareness campaigns and community engagement activities. RCCE remains actively involved, responding to immediate situational reports from the Communicable Disease

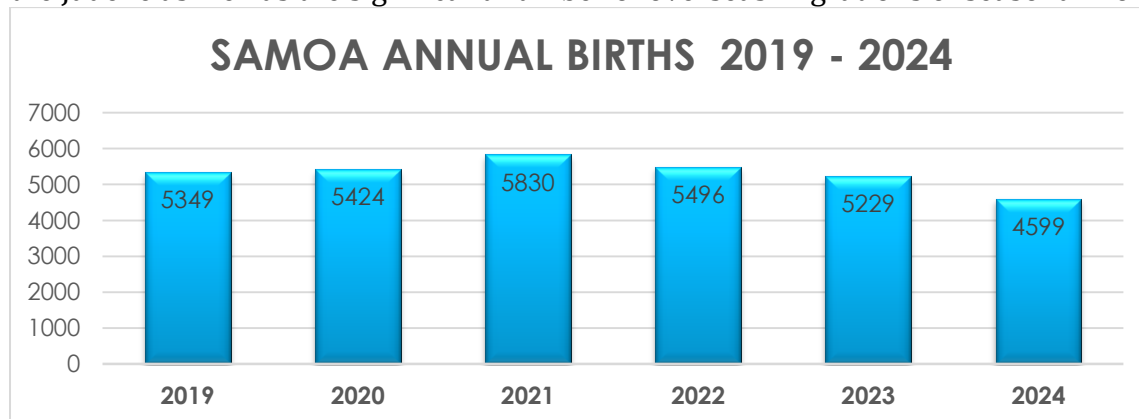
Control Committee (CDCC) and addressing both epidemic and endemic conditions during peacetime, including non-communicable diseases (NCDs).

2. Expanded Program for Immunization (EPI)

As noted from the report submitted from EPI and Community Awareness Campaigns implemented. About 74% for routine immunizations completed.

✓ Annual Birth Cohort for Samoa 2019-2024

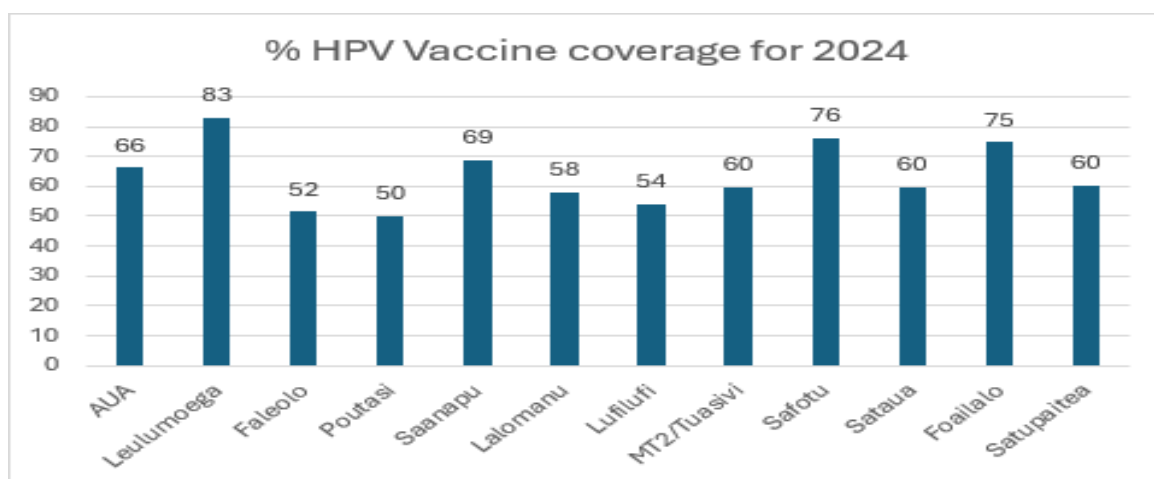
Over the past three years there has been a notable decrease in reported annual births. Samoa's annual births in 2024 failed to reach 5,000 births which is a significant trend. This may be attributed to the increase in Family Planning services including the availability of the Jadelle as well as the significant number of overseas migrations of seasonal workers.



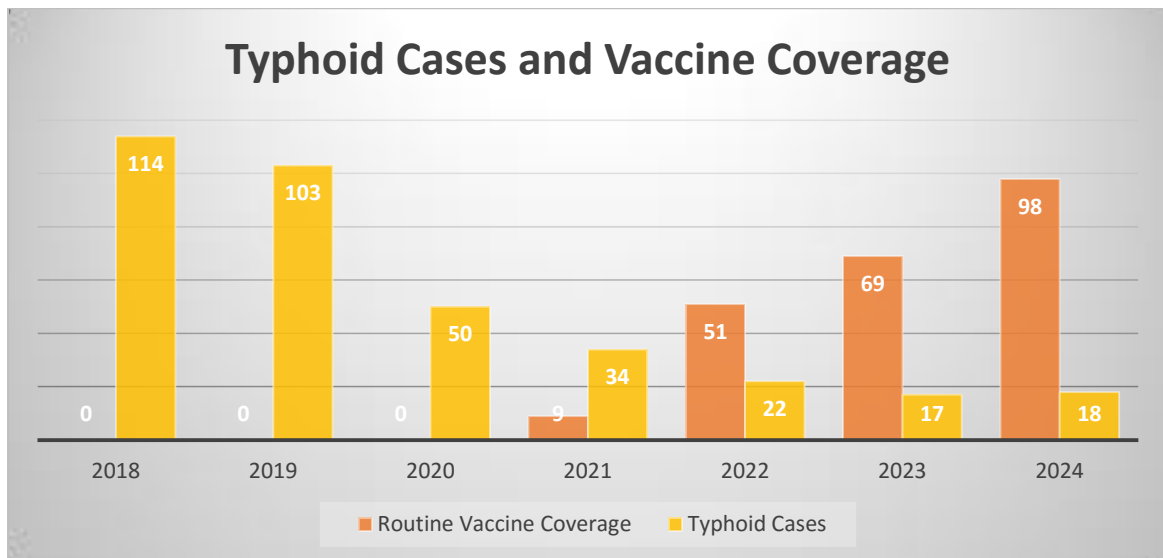
✓ Low Immunisation Coverage Areas.

Due to staffing and resource challenges with Leulumoega District Hospital, alternative plans of action were initiated in 2024 to reach low coverage areas within the North West Upolu region. Four highly populated villages in the Leulumoega District -Malie, Afega, Tuanai and Leauvaa, were reallocated to the Apia Urban jurisdiction. Saturday immunisation outreaches were conducted twice a year to reach other villages such as Faleasiu, Fasitoo Uta, Satapuala, Manono and Apolima Tai.

✓ HPV Vaccine Coverage



✓ Typhoid Vaccine Coverage



3. 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. These health events build on existing health programs, leveraging their platforms to enhance cost-effectiveness and amplify key community awareness messages. In particular, international health events reflect Samoa's commitment to global health solidarity, while also providing opportunities to address emerging and re-emerging health issues. They play a significant role in supporting national efforts towards the prevention and control of certain diseases. 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
- ✓ World Mental Health Week

4. 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

One of the key highlights of these National Health Programs is the rollout of the PEN-Fa’asamoa initiative, which has strengthened workforce capacity by training community representatives to lead NCD (Non-Communicable Disease) screening efforts. This has significantly improved referral uptake to hospitals, particularly for the ‘silent killers’ associated with NCDs, and has helped identify the most at-risk populations within communities.

Additionally, the PEN-Program has been expanded to integrate the School Health Program, introducing screening for obesity and overweight in schools. This has informed the development of targeted health promotion activities to encourage healthy eating and physical activity among students. The program also reflects a strong collaboration between the Ministry of Health, the Ministry of Education and Culture and the Ministry of Women, Community and Social Development.

Another significant highlight is the use of digital platforms to capture and monitor data from the Health Promoting Schools program. This approach allows for real-time tracking of school compliance with key components such as safe learning environment, tobacco control, physical activity, and community support. It also enables the timely identification and resolution of issues within schools. The data presented below is sourced from Tupaia MediTrak, a tool that supports evidence-based decision making and policy revisions aimed at improving school health and wellbeing.

Primary school compliance with 4 monitored components

Number of complied components	Total (N=167)	Mission (N=20)	Private (N=6)	Government (N=141)
4*	38 (22. 8%)	2 (10. 0%)	3 (50. 0%)	33 (23. 4%)
3	56 (33. 5%)	10 (50. 0%)	3 (50. 0%)	43 (30. 5%)
2	30 (18. 0%)	6 (30. 0%)	0	24 (17. 0%)
1	20 (12. 0%)	1 (5. 0%)	0	19 (13. 5%)
0	23 (13. 8%)	1 (5. 0%)	0	1 (15. 6%)

School complied with four components, Tobacco control, safe learning environment, community support, physical activity and nutrition program

As part of the ICHAP activities conducted in urban areas within this FY, a key highlight was the assessment of public awareness through various media channels. This involved identifying the platforms most commonly used by people to receive messages. The findings are presented below.

#	Key Findings: Media Awareness
1	Most people reported watching TV (85%) compared to other sources of media such as Facebook (32%), radio (16%), and newspapers (8%).
2	TV1 was identified as the most popular media outlet, with 86% viewership, followed by MYFM radio station at 21%, while other media outlets had viewership rates below

20%.

**These results are based on a total of 218 youth respondents that participated in the ICHAP.*

5. 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

A total of 11 out of the 13 steps (84%) achieved for MTII Hospital and 10 of 13 (76%) steps achieved for TTM for 2023 as reporting is completed on Calendar year. Average compliance 80%. The monitoring of the 13 steps to BFHI and trainings for Baby Friendly Hospital is coordinated and conducted by the Nutrition section of National health Programs division with support from Midwives and Doctors who are trainers.

6. 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 UNFPA were able to assist and conduct programs and initiative as well as monitoring visits for all health facilities both in Upolu and Savaii. 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)

One of the key highlights in Sexual Reproductive Health (SRH) is the transition to digital information collection using the M-Supply system to forecast commodities used for family planning. Additionally, SRH Supportive Supervision Tool has been launched, enhancing the monitoring and evaluation of key SRH components and improving service delivery. The Adolescent and Youth-Friendly Services National Operational Guidelines (2023) was also launched to guide the work of all service providers delivering youth-friendly services in Samoa, including NG's and organizations supporting persons with disabilities.

Furthermore, the Gender-Based Standard Operating Procedures (SOP) in Emergencies (2023) was launched to strengthen the Ministry's response efforts, including the integration of clinical roles in addressing maternal health issues linked to gender-based violence. This work is coordinated under the Sexual Reproductive Health Unit.

Communicable Disease Clinic

The communicable disease clinic conducts all case investigation, contact tracing, DOTs and treatment activities for all registered patients and referrals. The Communicable Disease Clinic is supported through funding from the UNDP Global Fund, which contributes to strengthening services for the prevention, diagnosis, and treatment of communicable diseases.

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)

The clinic’s services have also been expanded to tertiary institutions, including universities, vocational schools, and workplaces within this FY, to provide screening for sexually transmitted infections (STIs) as well as tuberculosis (T). Leprosy and TB screenings continue to be conducted in prisons as part of ongoing efforts to control communicable diseases in high-risk settings. These screenings are also conducted opportunistically through ICHAP, targeting young people within communities. A key strength of this approach is the collaboration between clinical units under Public Health and Health Promotion, which allows for the simultaneous delivery of health education and advocacy for healthy lifestyles during screening activities.

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 positions that cannot be fulfilled within this fiscal year.

Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT13,945,045	SAT13,808,060	SAT136,985	99%

The approved budget allocation for this output in this financial year was SAT13, 945,045. The division utilization was 99% while the 1% of the budget that had not been utilized was for vacant positions 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, 80% of pregnant mothers have completed 8 and 10 visits within 40 weeks.

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.

CHALLENGES

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

A fragmented Health Information System (HIS) also continues to be another major challenge as it has led to various issues in the management and delivery of healthcare services. Addressing the challenges of a fragmented health information system typically involves efforts to integrate and streamline systems, improve data standardization, and enhance interoperability. This can lead to more effective, efficient, and patient-centered care. 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

The challenges remain in the areas of M&E (monitoring and evaluation), which is critical for assessing the effectiveness and progress of programs, projects, and policies. Consequently, these M&E constraints/challenges are associated with several key underlying issues such as data collection, fragmentation in reporting as well as the absence of a centralized data collection and data analysis system in place (MOH Digital Health Application i.e. Tamanu, Tupaia and MSupply capture some data as provided via certain health programs, however it is yet to be rolled out to all health facilities/MOH division). Despite these challenges, effective M&E is essential for improving the design and implementation of programs and for ensuring accountability and learning. Addressing these challenges often involves building capacity, investing in appropriate tools and technologies, and fostering a culture of learning and adaptation.

CONCLUSION

This year's annual report has mentioned a remarkable performance that executed by each output to all health facilities and to the whole of Samoa. The multi-sectoral and holistic approach is the significant tool that enables the health systems existence. All health initiatives implemented accommodate the need to address the Health Sector Plan's vision of "A Healthy Samoa".

Despite the many challenges that encountered, the ministry is still progressing towards their mandated functions as outlined in the Amendment Act 2019. In addition, the strengthening and implementation of the health's 7 Key Outcomes and its goals has an in-depth contribution in the development of the health systems. The multiple health side events that setting up for promotion and advertisement the programs were all aimed to tackle the burden diseases such as Non-Communicable Diseases and Neglected Tropical Diseases. The Ministry is still work in collaboration with the development partners. the government ministries and the community to better our health system.

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.