Samoa comprises a small group of South Pacific islands with a land area of 2850 km². Upolo and Savai'i are the main, most populated, islands. Samoa has a stable political environment with a system of government following the United Kingdom of Great Britain and Northern Ireland model. Affiliations are based on family ties and regional alliances rather than ideologies. The Human Rights Protection Party has been in power for 18 years during which Samoa has experienced economic growth; social, economic and public sector reforms undertaken since 1996 have led to improved governance and living standards. The Government promotes greater public sector transparency, accountability and efficiency; women's rights are promoted and protected. Samoa has one of the highest social development rankings among the Pacific Island Countries with higher overall education and health standards. Despite this, increased job market demands by a very young population results in high rates of emigration (some 3500 per annum).

**Health & Development**

Health sector is dominated by the public sector. The Ministry of Health (MOH) provides primary, secondary, limited tertiary care and public health services through a network of facilities, health care centres in rural areas and a few hospitals; tertiary care is provided mainly in New Zealand. A network of Women’s Committees co-manages publicly-funded rural health services; there are some 900 traditional healers and 200 Traditional Birth Attendants. The private sector has expanded in recent years. Emigration of qualified medical personnel and migration of staff from rural to urban areas strain the health sector and cause inequities.

**Health status is generally good.** All health indicators have improved in recent years. There is high immunization coverage and most communicable diseases are well controlled. Epidemiological transition is taking place with most deaths now due to noncommunicable diseases and accidents.

**Communicable disease surveillance and outbreak response need strengthening.** Although most communicable diseases such as tuberculosis, measles and filariasis are under control, acute respiratory infections and rheumatic fever remain significant causes of morbidity. Outbreaks of dengue and typhoid revealed a limited capacity for outbreak response. A surprisingly high prevalence (31%) of sexually transmitted infections (STIs) was found in a 1999 survey of pregnant women, highlighting the need to strengthen surveillance and diagnosis of STIs including HIV/AIDS.

**Maternal and child mortality have declined.** But due to limited access to specialized staff (obstetricians) and insufficient availability of advanced midwifery skills, childbirth complications still account for 65% of youth hospital admissions. Infant and under-five mortality have declined; 96.3% of infants are fully immunized. The main reported causes of adult mortality are diseases of the circulatory system and cancers. Morbidity due to hypertension and diabetes is also rising: 6% of diabetics are hospitalized at least once a year and 5% of operations are due to sepsis of the lower limb in diabetes; management of diabetes in rural areas is difficult. Injuries and deaths due to traffic accidents, domestic violence, suicide (particularly in youths) and mental disorders are increasing.

**Changing lifestyles bring additional health risks.** Factors include unhealthy diet, tobacco, alcohol and lack of physical activity. Over 57% of the population are overweight or obese (2002 WHO STEPS survey). Smoking prevalence continues to increase despite anti-smoking and stop-smoking campaigns. The high prevalence of smoking is also attributed to the availability and ease of purchasing cheap cigarettes, especially among children.

**Waste management is a Government priority** with responsibility shared by the MOH and Ministry of Environment. Most urban and rural areas are supplied with water and sanitation; quality is variable. Mechanisms to minimize and control the generation of solid, industrial, commercial chemical and hospital waste are needed.

**The economy has a narrow export base** of mainly agricultural products and remains vulnerable to external economic shocks and natural disasters (cyclones). Private transfers/remittances (from some 130 000 Samoans overseas) contribute to 30% of the gross domestic product (GDP) and partly support imports; income from tourism accounts for 15% GDP. Grants from development partners equal approximately 25% of total revenue. Approximately 4000 young adults enter the labour market annually; failure to create sufficient employment will lead to increasing social problems.

**Health sector reform is a Government priority to improve health services and strengthen management capacity.** Social and economic reforms led by Government Annual Statement of Economic Strategy ensures sustained development Review of Tobacco legislation in line with the Framework Convention on Tobacco Control Waste Management Improvement Programme formulated within South Pacific Regional Environmental Programme Framework.

**Opportunities**

- Improve health services and strengthen management capacity
- Social and economic reforms led by Government
- Annual Statement of Economic Strategy ensures sustained development
- Review of Tobacco legislation in line with the Framework Convention on Tobacco Control
- Waste Management Improvement Programme formulated within South Pacific Regional Environmental Programme Framework

**Challenges**

- Inadequate health management information system, including information collection, reporting and feedback
- Need to strengthen surveillance and outbreak response
- Maintaining efficiency of clinical prevention services capacity; shortage of specialized staff at all levels; brain drain; retention of staff in rural areas
- Need to strengthen laboratory capacity including blood safety
- Reliance on aid might affect the sustainability of projects especially in the case of health promotion and education for prevention and control of noncommunicable diseases
- Insufficient understanding of mental health disorders
- Need to create employment opportunities for new entrants to workforce
- National Disaster Preparedness Plan needed.

**Country Cooperation Strategy at a glance**

**Sources:**
- ¹ United Nations Population Division
- ² World Health Report 2006
- ³ WHO data on National Health Accounts
- ⁴ Human Development Report 2005
- ⁵ World Development Indicators 2005 (World Bank)
## PARTNERS

Multilateral support from the Asian Development Bank and the World Bank fund health sector reform and infrastructure-strengthening. Bilateral partners include Australia, the European Union (EU), Japan and New Zealand. The Australian Agency for International Development (AusAID) supports health sector reform, the Japan International Cooperation Agency (JICA) collaborates for improvement of health/medical services and constructing/upgrading several hospitals; New Zealand's International Aid and Development Agency (NZAID) targets tertiary care through the Visiting Medical Specialist programme and Child Health. The EU supports a programme of extended water supply and sewerage management. United Nations agencies including FAO, UNDP, UNESCO, UNFPA, UNICEF, WHO and WMO assist with implementation of programmes/projects.

<table>
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<tr>
<th>OPPORTUNITIES</th>
<th>CHALLENGES</th>
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<tr>
<td>• The Government developed strategy for effective coordination of international assistance</td>
<td>• The Samoan Government has not developed a Poverty Reduction Strategy Paper, nor has it taken a Sector-Wide Approach (SWAp) in its strategic planning</td>
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<tr>
<td>• External assistance coordinated by the Ministry of Foreign Affairs and Economic Policy and Planning Division of the Department of Treasury, through the Project Coordinating Committee (PCC)</td>
<td>• Information on and coordination of activities of nongovernmental organizations.</td>
</tr>
<tr>
<td>• The MOH created its PCC and Health Aid Coordinating Committee to coordinate implementation of major reform projects.</td>
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## WHO STRATEGIC AGENDA (2003-2007)

WHO aims to contribute to the improvement of the health status of Samoans by building on past achievements while developing a strategic approach to ensure sustainability and equitable access to quality health services. The strategic agenda focuses on:-

- **Building healthy communities and populations.** Supporting the MOH in reviewing existing legislation and drafting new policies to improve health of communities and populations through integrated approaches linking development, the environment and health. Supporting development of guidelines to address risk factors for noncommunicable diseases, advocating health promotion policies, and providing advice on strengthening integrated community-based services.

- **Developing a strong health sector.** Providing technical assistance to the MOH for health legislation, health financing systems, supplies management, human resource development, health information and evidence for policy, emergency and humanitarian action. Collaborate to improve the Health Management Information System with attention to monitoring, evaluation and surveillance; developing a social health insurance framework and capacity building for costing health services and health; strengthening the public-private mix and the MOH stewardship and regulator role to ensure quality and safety of care.

- **Combating communicable diseases.** Providing technical advice and materials to the disease control programmes (tuberculosis, filariasis), assistance in setting up surveillance systems to control and adequately respond to outbreaks of diseases such as dengue and typhoid, strengthening the laboratory capacity and support development and implementation of an action plan to address STIs and HIV/AIDS.

## ADDITIONAL INFORMATION

Western Pacific Country Health Information Profile [http://www.wpro.who.int/countries/05sma/](http://www.wpro.who.int/countries/05sma/)

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