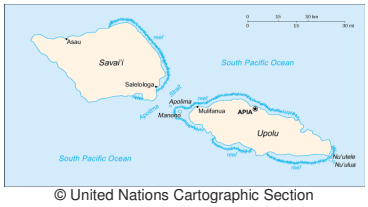
World Health Organization

Country Cooperation Strategy *at a glance*

SAMOA



© United Nations Cartographic Section

Total population (PHC 2006)	180 741
% Under 15 (DHS 2010)	**13.3**
Life expectancy at birth	71.2 (m) 74.2 (f)
Under-5 mortality rate per 1000 (DHS 2010)	15
Total expenditure on health as % of GDP (NHA 2006-07)	6.09
General government expenditure on health as % of general government expenditure (NHA 2006-07)	13.8
Human Development Index Rank, out of 177 countries (HDI 2011)	74
Literacy rate 15-24 (DHS 2010)	97 (m) 99 (f)
% population using improved drinking water sources (DHS 2010)	97.7
% population using improved sanitation facilities (DHS 2010)	94.1

Sources:
Population and Housing Census, 2006
Demographic Health Survey, 2010
Human Development Index, 2011

Samoa consists of two main islands, Savaii and Upolu, plus several smaller islands, which lies about half way between Hawaii and New Zealand with the land area of around 2,831 square kilometres. The Exclusive Economic Zone of Samoa is about 98,500 square kilometres which is the smallest in the Pacific. The total population of Samoa in 2006 was 180,741 of which 93,677 (51.8%) were male and 87,064 (48.2%) were female. The population structure reveals that 39% are under the age of 15 years, 56% are between 15 and 64 years of age, and 5% are above 65 years. Although Samoa shows a high fertility rate with the total fertility rate of 4.6 in 2008, the net population growth rate decreased from 3.0% in early 1966 to 0.5 in 2006 because of emigration. Samoans have migrated to New Zealand, Australia and USA. Life expectancy at birth in Samoa is among the highest in the Pacific Island Countries which increased from 68.4 in 1996 to 73.2 in 2006 (71.9 years to 74.2 years for women and 65.4 years to 71.5 years for men). However, based on indirect estimates (70 years for women and 66 years for men in 2008) it can be slightly biased towards a higher life expectancy rate because of emigration.

HEALTH & DEVELOPMENT

Burden of Communicable Diseases

There are occasional outbreaks of infectious disease recently including typhoid, Rubella and unspecified viral infections; and child immunization rates are still below the targeted 90% necessary for effective protection.

There is concern from newly emerging diseases and country's capacity to protect itself from epidemics and public health emergencies such as the H1N1 influenza pandemic.

While known epidemic-proven diseases continue, the country will also face the health security arising from newly emerging diseases and public health emergencies like pandemic influenza.

Burden of Noncommunicable Diseases

Non-communicable diseases (NCDs) are increasing causes of ill health and leading causes of death, with injuries and wounds. Over the past two decades there have been almost epidemic rises in coronary heart disease, stroke, high blood pressure and maturity onset diabetes, along with gallstones, digestive disorders, and joint problems. This is linked to changing diets, increased use of tobacco and alcohol, and limited public understanding of associated health risks.

The prevalence of diabetes increased from 9.8% in 1987 to 23% in 2001. Obesity rates have grown dramatically from 25.5% in 1978 to 50.3% in 1991 and 67.5% in 2001, among the highest rates in the world. Among adolescents, there is a high suicide rate, a low but rising number of teenage pregnancies, and growing use of marijuana, tobacco and alcohol.

Maternal and child health

Samoa has met the MDG goals for decreased infant, child and maternal mortality rates. However, the neonatal mortality rate (13/1000) is quite high; 50% of deaths of children under the age of 5 years occur in the first four weeks of life.

The MDG for maternal mortality is a reduction of maternal mortality of 75% by 2015: During the period 1990-1994, the Maternal Mortality Ratio was reported as 74 maternal deaths per 100,000 live births. A little over a decade later, over the period 2002-2006, a total of seven maternal deaths were recorded by Samoa's Ministry of Health resulting in a maternal mortality rate of 46 per 100,000 live births.

In 1991, the contraceptive prevalence rate was reported to be 18%. The UNFPA survey on Reproductive Health Knowledge and Service in Samoa (UNFPA, 2002) of 1998 provides an estimate of the contraceptive prevalence rate for modern methods of 23.1% and for all methods of 24.5%. While this proportion is relatively low, it compares favourably with the findings from the 2009 Samoa DHS, which reports comparable figures of 16.5% and 17.8%, respectively.

Many children still suffer from preventable diseases—respiratory conditions, diarrhoea and other infectious diseases—as well as those associated with changing lifestyles, such as dental caries and obesity. Protein-energy malnutrition in infants and young children, and iron deficiency anaemia in women and children are significant problems.

Health service delivery

The health system in Samoa is a combination of public and private financing and provision of health services. The major providers include the public which is government funded, private health practitioners, non-governmental organizations, traditional healers and traditional birth attendants.

In 1996, the government of Samoa introduced public sector reforms aimed at strengthening public-private partnerships and the economy to enhance privatisation. The government however retains the core responsibility of mandating public policy formulation, setting standards and resource mobilization. In 2006 health reforms saw the Ministry of Health separating to form another legal entity giving birth to the National Health Service whose focus is primarily on health services provision while the Ministry of Health focuses on its new role in Monitoring and Regulating the health sector as whole.

Annually, MOH holds a health forum that with all health sector partners and entities to jointly review the progress over the previous year and anticipate health sector requirements for subsequent years.

(*Sources are numerous MOH documents, reports., polices , strategies and plans)*

PARTNERS

The aid environment is dominated my, Australia, China and New Zealand. Aid coordination is a function of the Ministry of Finance, Aid Coordination Division. The Ministry of Finance chairs the Health Programme Steering Committee for the SWAp which is comprised of AusAID, MOF, MOH, New Zealand Aid Programme, , UNICEF, WHO and World Bank (IDA). The SWAp Health Programme Steering Committee meets every three months and is well attended by the health partners, government and other partners with an investment in health. There are few other aid coordination forums in the health sector. Most development partners promote an environment conducive to collaboration and coordination.

The Development Cooperation policy; Partners in Development: Promoting Aid Effectiveness document states: "To ensure effective leadership we have to develop coherent sector strategies, strengthen sectoral institutions, and ensure clarity in the relations between sectoral plans, the responsible implementing agencies, and the role of central Ministries. We also have to strengthen our financial management, accountability mechanisms, and performance measurement systems. On our partners' side, we need to receive resources in forms, which are flexible enough to allow us to use them for our priorities. We recognise that these forms will vary across donors."

OPPORTUNITIES	CHALLENGES
• Functioning Health System and clear governance roles • Strong political will in improving health and the health systems • Improved health sector coordination and funding mechanism in place • Robust funding and coordination mechanism (SWAp) • Collaborative and open relationships • Operationalizing the Medium Term Expenditure Framework (using the National Health Account Reports as basis) and the Monitoring & Evaluation Operational Manual	• Policy & Legislation Compliance and Implementation • Realization and Compliance with the Human Resources for Health Policy and Plan of Action • Availability of reports and information from service providers • Monitoring and evaluation of health sector and system performance

Strategic Agenda

- Strengthening health systems to improve equity, universal access, close to client care and prevention
- Prevention and control of noncommunicable diseases and conditions (NCDs) – including mental health and injuries, physical disabilities and their risk factors
- Accelerating achievement of health-related Millennium Development Goals (MDGs) including control of TB and HIV/AIDS
- Building capacities to responding and mitigating public health threats

ADDITIONAL INFORMATION

WHO country page http://www.who.int/countries/wsm/en/
Western Pacific Country Health Information Profile http://www.wpro.who.int/countries/sma/2010/SMA.htm

WHO/CCO/11.05/Samoa

Updated: May 2011