



Government of Samoa

# COUNTRY REPORT

## HUMAN RESOURCES FOR HEALTH

Developments to Date

*“Delivering a sustainable  
workforce for Samoa”*



**2007 - 2008**

## COUNTRY PROFILES

### **Geography:**

Samoa is an independent Pacific Island Nation and it comprises two main Islands, Upolu and Savaii and eight smaller islands – Manono, Apolima, Nuutele, Nuusafee, Nuulopa, Namua, Vini and Tapanā. Only four of these islands namely Upolu, Savaii, Manono and Apolima are inhabited. The urban population has grown to around 32% of the total population. The rest live in the rural and outer areas of Upolu and including Savaii, the largest island of the Samoa group.<sup>1</sup>

Samoa's total land area is 1,100 square miles and over 98% of the population live in small villages located along the narrow coastal plains that fringe the mountain ranges. The physical compactness of the Samoa islands makes communication between and within the inhabited islands relatively easy. Most of the villages are closely knit communities and it may be argued that this geographical setting and village set up makes the implementation and delivery of community development initiatives and programmes easy. Over 80% of the land is held under customary ownership. Land is one of the main sources of individual and family identity and security and as such, any adaptations to the customary ownership system will inevitably impact on the family system.

### **Political Environment:**

Samoa has been an independent nation since 1962. Prior to independence Samoa had been under the administration of Germany in the early 1900s, followed by the New Zealand until it gained independence in 1962. The Samoa rule of government is that of a Westminster system. Parliament consists of 49 elected members of the Legislative Assembly through universal suffrage. Forty seven of the members of parliament are matais (chiefs) elected from 41 constituencies, and two of whom are elected by individual voters who are defined as Samoans of mixed descent and are not chief title holders. The Prime Minister is elected by the members of parliament and 13 cabinet members are selected by the Prime Minister. The Head of State is supported by the Council of Deputies comprising two deputies.

At the village level, government has appointed liaison officers from each of the villages and their role is to see to all developments that take place at the village level. The government liaison officers are the Pulenuus (Village Mayors) and Government Women Representatives. They are responsible to the Ministry of Women, Community and Social Development and they are selected by the village communities for a term of 3 years.

### **Socio-cultural Context:**

Samoa is a Polynesian Island country that prides a unique culture and language that distinguishes it from other Pacific countries. Despite the many social and economic changes, the Samoan culture and language has to date remained relatively strong. The Samoan family unit is central to the social structure of Samoan society and it is a fundamental part of one's identity and is a key aspect of the Samoan culture.

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<sup>1</sup> Census Report 2001; Samoa Bureau of Statistics

Within the village social structure, there is the council of chiefs which is the ruling forum within the village, then there are other traditional groups which are attached to this forum; these include, the wives of the chiefs, group of daughters of the village, and group of untitled men. These groups are the basic units of any village community and they have clearly defined roles and responsibilities which all contribute to the village developments.

Religion also forms a crucial part of the Samoan culture and it therefore plays a very influential role in the developmental initiatives by village communities.

### **Population:**

Samoa's population is divided into 4 geographical regions namely Apia Urban Area, North West Upolu, Rest of Upolu and Savaii. The 2006 Census showed an increase in population from 176,710 in 2001 to 180,741 in 2006.<sup>2</sup> With a total land area of 2820 square kilometers, the overall population density is 63 persons per square kilometer. Apia Urban Area however has a population of 37,237 and a population density of 591 persons per square kilometer. The high population density in the Apia Urban Area makes it a high risk region due to overcrowding, presumably limited access to safe and clean water, issues of sanitation and so forth. This puts pressure on the health promotion services to ensure that Apia Urban Area as a heavily populated region should also be heavily targeted in the health promotion programmes conducted compared to the other regions for obvious reasons.<sup>3</sup>

The annual population growth rate of Samoa is 1.1 – net emigration is about 3,500 each year, which plays a major role in reducing the rate of population growth. The population age structure is very young with just over half of the population under 20 years of age and as such a large proportion of Samoa's population is made up of vulnerable groups such as children, and young people who should therefore be the target of health promotion programmes as they become exposed to the realities of STI infections and NCDs in Samoa.

### **Economic Environment:**

The Samoan economy is traditionally dependent on agriculture but poor returns have over the years reduced the significance of the agricultural products as Samoa's major exports. Today, Samoa's main foreign exchange earnings are from remittances from Samoans living overseas, tourism's foreign aid money, fish exports and a mixture of textiles, food and beverages. A large part of the economy is still a mixture of cash and subsistence, where the majority of the people in the rural areas depend on the land and the surrounding seas for many of their food and cash needs for 80% of land in Samoa is customary or communal ownership.

At the macro level, the economy of Samoa faces many daunting constraints due to issues of smallness in physical size and population, its remote geographic location, small economy of scale, limited arable land, vulnerability to natural disasters and a narrow resource base and small domestic market, to name a few. Other constraints include high costs of technology impeding communication, a costly business environment that discourages robust activity and, a customary land tenure system that restricts the productive use of land. In the past 15 years particularly the early nineties, Samoa had been severely affected by the devastation wreaked

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<sup>2</sup> Census Report 2006; Samoa Bureau of Statistics

<sup>3</sup> Ibid

by successive cyclones and natural crop diseases. Exports have suffered in the light of needed imports in a wide range of food and manufactured products.<sup>4</sup>

In the last four years therefore, average GDP growth has been consistently above 4% annually, whilst inflation and government spending have been kept under close scrutiny providing stable macro economic conditions for sustained economic growth. With strong economic performance therefore in the last several years, Samoa's per capita income in 2003 stood at ST\$5038 placing Samoa outside the UN's "Least Developed Country" category.<sup>5</sup>

## HEALTH CONTEXT

### **National Health Care System:**

The Samoa National Health Care System is dominated by the public health sector. As part of an overall major public sector governance reform program and the Health Reform Program, the Government of Samoa (through the Ministry of Health) has begun implementation of a purchaser-provider split within the health sector with the passing of the MOH Act 2006 and the National Health Services (NHS) Act 2006. Under these arrangements: (i) the reformed MOH is responsible for regulatory oversight of the health sector, including operational budgets of state health entities and human resources, monitoring of health system performance as well as primordial health promotion and prevention services, and (ii) the new NHS is the major Government agency responsible for the provision of public health care services – including secondary prevention, primary health care (PHC) and hospital services (NHS accounts for over 80% of the public sector health budget); through a nation-wide network of health facilities managed by the NHS and funded through general public taxes (about 75%), limited user fees (<5%), and external donor funds (about 20%)<sup>6</sup>.

The major referral and only teaching hospital Tupua Tamesese Meaole II (TTM) Hospital in Apia provides primary, secondary and limited tertiary care to the urban population and nationally. Tertiary care unavailable in Samoa is provided overseas for eligible patients through overseas treatment programs funded by the Samoa and New Zealand governments. The TTM Hospital is supported by a network of health facilities comprising a regional referral hospital for Savaii at Tausivi, six district hospitals, 13 community health centers. Levels of medical and nurse staffing are relatively low and most medical staff are concentrated at the National Hospital (TTM). All primary health care facilities are staffed by nurses, with limited scheduled visits by physicians.

Other Government providers include the National Kidney Foundation of Samoa, the Oceania University of Medicine Samoa, the National Heart Foundation of Samoa and the National University of Samoa – Faculty of Nursing and Health Science.

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<sup>4</sup> Strategy for the Development of Samoa; 2005-2007

<sup>5</sup> Ibid

<sup>6</sup> National Health Accounts; 2004-05, MOH

Health is a cross cutting service and it is important to note that the Ministry of Health and the National Health Services are not the only Government bodies that play a role in health. A range of Government Ministries through their work programs also have roles to play in health.

There is a rapidly expanding private health sector, consisting of one private hospital, 16 private medical clinics, 5 private pharmacies, two private dental practices, a private ultrasound, an estimated 900 traditional healers<sup>7</sup> (including Traditional Birth Attendants), a number of alternative therapists that includes a private physiotherapist, a body care clinic, an acupuncture clinic, few message parlours and one private nursing practice (Nurse on Wheels).

A number of NGOs and Religious based Organizations provide health services focusing on reproductive health, HIV/AIDS, teenage pregnancies, suicide and an extensive network of Women's Committees co-manages public funded community health services. Private sector services are funded through user fees, limited medical insurance, and barter and government contracts. The private health sector is largely self-regulated through various health professional councils and committees.

### **Health Profile:**

Although improvements have been noted over the decades in health indicators, there are challenges in maintaining the momentum of improving health status. The Samoan population is undergoing an epidemiological transition with non-communicable diseases emerging as major causes of ill health and replacing infectious diseases as the main causes of death. A significant proportion of in-patient deaths are caused by NCDs such as heart diseases, diabetes related illnesses, cancer, injuries and poisonings including suicide.

Poor nutrition is an on-going national issue, with protein malnutrition affecting significant numbers of young children and over half of all adults being overweight or obese. Motor accidents are an increasing cause of death and injury and suicide rates remain high. At the same time, communicable diseases are still prevalent. Infectious diseases such as acute respiratory infections and gastroenteritis remain significant causes of morbidity. There have been several outbreaks of typhoid fever and dengue fever recently.

### **Government's Response & Commitment to Health:**

For the last two triennia, Government identified health as one of its focus priority areas. The Strategy for the Development of Samoa (SDS) 2008-2012 identifies the following main goals for the health sector. These are:

1. Finance health services
2. Strengthen health promotion and primordial prevention
3. Continue to strengthen Governance, *Human Resources for Health*, and improve health systems; and
4. Enhance health physical resources for health

In the fiscal year 2006/07, Samoa had spent the total amount of SAT\$78,680,808 on health with SAT\$435 per capita. GDP share on health 6.0%. This shows that there has been a percentage increase of GDP share for health from 5.4% in FY2004/05 to 6.0% in FY2006/07.

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<sup>7</sup> Ibid

The public remains the major contributor to health expenditures with 66% of the total health spending. Total Health Expenditure as depicted in the graph below shows a gradual increase in real terms over the five NHA periods. A dramatic 40% increase is noted from ST\$56.2m in 2004/05 to ST\$78.72m in 2006/07 compared to a 10% increase between 2002/03 to 2004/05.<sup>8</sup>

### **Health System Response to health challenges:**

The Samoan health system has made several successful efforts to respond to these evolving health challenges. Initially, the Ministry of Health focused on building a framework for improving resource use by drafting and initiating implementation of two successive health plans (the Health Sector Strategic Plan 1998-2003 and the Health Sector Plan 2004-2008), which inter alia aimed to upgrade clinical facilities and equipment; establish a national health information system (HIS); and improve service delivery in rural areas by providing outreach and home-based services through community nurses.

In early 2007, the Government developed a new Health Sector Plan to cover the period 2008-2018. The challenge now for the government is to sustain and build upon past achievements and improve the efficiency, effectiveness and quality of the health services delivered to the population. The health sector plan focuses on dealing with: (i) rising non communicable diseases; (ii) reproductive, maternal and child health; (iii) emerging and re-emerging infectious diseases; and (iv) prevention of injuries. The health sector plan provides the health model perspective focusing on health promotion.

The Health Sector Plan 2008-2018 developed by the MOH in consultation with sector partners provides strategic direction for the Samoan health sector. The Plan outlines the need to strengthen health systems to address existing and emerging challenges to the health of the population. The overarching goal (or mission) of the plan is to regulate and provide quality, accountable and sustainable health services through people working in partnership. The plan identifies six priority areas and strategies: (i) health promotion and primordial prevention, (ii) quality health service delivery, (iii) governance, *human resources for health* and health systems, (iv) partnership commitment, (v) health financing, and (vi) donor assistance. It also emphasizes the need to improve the quality dimensions of health programs, including enhancing the quality of health staff and staff numbers to reduce currently evident capacity constraints. Based on the Health Sector Plan, and in accordance with the shift towards a sector-wide approach across the whole of Government, the Government of Samoa requested key development partners NZAID, AusAID and the World Bank to establish a health SWAp Program as a basis for assistance by these key development partners and others to implement the first five year period of the Health Sector Plan.<sup>9</sup>

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<sup>8</sup> Samoa NHA Report 2006-07, MOH

<sup>9</sup> Health Sector Plan 2008-2018

## HUMAN RESOURCES FOR HEALTH

Health workforce challenges are well known and have been clearly documented. What is not so easily understood is how to address these in a comprehensive and integrated manner that will lead to solutions.<sup>10</sup>

The Strategy for the Development of Samoa 2008-2012 has set the agenda to improve Human Resources for Health (HRH). The Health Sector Plan 2008-2018 identifies HRH as one of its six key priority areas and strategies. One of the proposed strategies was the development of a framework for action that aims at highlighting strategic workforce issues that will enable the identification of short/medium and long term actions to address workforce challenges. This framework for action is the “Human Resources for Health Policy and Action Plan for the Health Sector”.

### Key HRH Developments To Date:

#### ✚ Situational Analysis of HRH Issues:

A health situational analysis was carried out in 2006, which outlined that there are a number of critical HR challenges facing MOH and other key stakeholders in the health sector in Samoa.<sup>11</sup> Some relate to institutional/ organizational factors, whilst others are linked to external factors such as labour market issues on a small island state. These challenges require thorough exploration and stakeholder participation to ensure all the relevant issues are included in the HRH Policy and Action Plan.

#### ✚ Sector Wide HRH Policy & Action Plan for Samoa:

The MOH has used the WHO Regional Strategy on HRH 2006-2015 as a basis for the Samoa Health Sector HRH Policy & Action Plan. The Key Result Areas in the WHO Regional Strategy for HRH were refined to meet the needs of the Samoan health workforce. The Regional Strategy (WHO WPRO 2006) sets out a range of policy options on HRH, but also emphasizes that the primary requirement is for country-specific strategies aimed at ensuring a sufficient, balanced, competent, productive, responsive and supportive health workforce. With this in mind the Samoa HRH Action Plan details strategic activities that have been formulated with a MOH HRH Working Group and ongoing consultations with other stakeholders to ensure that they meet the needs of Samoans.



The development of the HRH Policy & Action Plan began in 2006 with technical and financial assistance from the AusAID funded Samoa Health Project; Samoa Sector Wide Approach Program (SWAp – Government of Samoa, AusAID, NZAID, World Bank), and WHO WPRO. A number of sector partners and stakeholder consultations were conducted since 2006, and with funding from AAAH in 2007, we managed to host a final stakeholder consultation to finalize the policy and action plan in February 2008. The Policy and Action Plan was finalized in March 2008; approved by the Cabinet Development

<sup>10</sup> Dal Poz, Quain et al; 2006

<sup>11</sup> Health Situational Analysis Report; 2006

Committee in May 2008; and officially launched in August 2008. We acknowledge the technical assistance of Ms. Michele Rumsey (Director of the WHO WPRO Collaboration Center in UTS, Sydney) in finalizing the policy and action plan.

#### **Human Resources for Health Database:**

A major challenge identified in the health situational analysis 2006 is the lack of accurate HRH information and relevant data. This includes a lack of epidemiological, demographic, economic and social databases. This lack hampers systematic and informed workforce planning. A strategy within the Action Plan is that workforce policies should be derived from an analysis of all such databases, to ensure that the workforce is responsive to the population's priority health needs. It is essential to have reliable, relevant and up to date database to enable this HRH Policy and Action Plan to be implemented. MOH is now coordinating a sector wide database for HRH.<sup>12</sup>

A stakeholder consultation was held on 24<sup>th</sup> September 2008 to start the implementation phase of the HRH policy and action plan; as well as to inform the stakeholders of work currently progressing through the coordination of the MOH that includes a sector wide HRH database for Samoa and also introducing the WHO WPRO Project for a Regional HRH Minimum Data Set. Again Ms. Michele Rumsey assisted us in outlining the user specifications for the design and development of a HRH Database utilizing a separately designed module of the Health Information System; developing a long term strategy of linking HRH data to patient data and provides information for the basis of a proposal for an HRH database.

The HRH Database proposal was submitted for funding under our SWAp Program and work is still in progress with collection and collating workforce data as baseline information for the Database. At the moment we are advertising for a TA to assist us with identifying an appropriate system and/or software and to come on board to do the programming and designing of the system as well as training of local staff to operate and maintain the system.

#### **Other HRH Developments to Date:**

##### **Establishment of the Health Service Performance & Quality Assurance Division for Medical, Dental and Allied Health**

The establishment of this new division within MOH is part of the Realignment Program that split the former MOH into two legal entities – 1) reformed MOH and 2) The new National Health Services. This division was seen as a need to fulfill the regulatory and monitoring role of the MOH for the medical, dental and allied health professionals and services. This division is now working on establishing a register for all allied health professionals in the sector as well as improving registers for medical and dental professionals.

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<sup>12</sup> Human Resources for Health Policy & Action Plan; MOH, Samoa - 2008

### **Development & Review of Health Professionals Legislations**

All health professionals' legislations were reviewed and approved by Parliament in 2007. These include the Medical Health Practitioners Act 2007, Nursing & Midwifery Act 2007, Pharmacy Act 2007 and Dental Practitioners Act 2007. A new piece of legislations was also developed and approved the same year; this is referred to as the Health Professionals Registration and Standards Act 2007.

The Healthcare Professions Registration and Standards Act provides for the professional administration of all branches of healthcare professions in Samoa. *The Act establishes the position of the Registrar of Healthcare Professionals and lists the Registrar's functions and powers.* It allows for the development of professional standards by healthcare professionals. It allows for the adoption of professional standards from other countries in order to be observed in Samoa. It also allows various healthcare professional councils to delegate its functions, powers and responsibilities relating to professional standards.

The Act allows for the taking of disciplinary action against a healthcare professional despite their being charged with a criminal offence for breaches of various matters which are listed in the Act. The Act requires that Councils from the various healthcare professions are to attend to their functions and duties relating to the registration of healthcare professionals. It requires also that the Secretary of each Council must liaise with the Registrar in relation to matters regarding the registration of the healthcare professionals and that they must ensure that the registers of healthcare professionals are kept up to date.

The Act gives the Registrar the power, after consultation with the Councils to determine the number and nature of registers to be established, the information to be included in those registers, any disciplinary action to be taken against a registered person and the right of access to the information contained in the registers. The Registers are required to accurately reflect the decisions of the Councils. The only way that a register may be amended is by written approval from the relevant Council or if the amendment is made pursuant to a court order relating to the registration of a particular healthcare professional. In various circumstances listed in the Act will the Registrar be able to alter the registers.

### **Development & Review of Health Professionals & Service Standards**

Work is still in progress with the review and development of health professional standards in accordance with the above-mentioned Act.

### **Establishment of Bachelor of Health Science under the NUS/FNHS**

A TA was funded under the SWAp Program to establish the above program with the Faculty of Nursing & Health Science – National University of Samoa. This program is most likely to begin in 2009.

### **Credentialing Programs for 1) Nursing, Midwifery & TBAs; 2) Medical, Dental & Allied Health**

The Assistant CEO, Nursing & Midwifery for the Ministry of Health and the Dean of the Faculty of Nursing & Health Science at NUS identified that there was:

- 1) A need to recognise the expert nature of the skills and knowledge of the Clinical Nurse (CNC) and Clinical Midwife Consultants (CMC) and;
- 2) To ensure the competence and skill base of Faculty teaching in Post Graduate Diploma programs.

It is however particularly relevant for the CN/MCs who work at health centres and district hospital level. It was felt that it was also important to ensure public confidence in the level of expertise of these nurses. Ongoing discussion identified that credentialing may be one strategy to ensure this recognition and a mechanism established to tie this to regulation and partnership between the MoH and NUS to make sure that advanced practice in clinical areas is appropriately regulated.

A similar proposal is in the pipeline for the Medical, Dental & Allied Health Professionals.

In 2006 the implementation of the first phase of the Credentialing System for Advanced Midwifery Practice took place. This phase was a two weeks program which included the testing of advanced knowledge, skills and competencies in management of all stages of pregnancy by a team of experts as follows:

- Professor of Midwifery, University of Technology ,Sydney, Australia and Member of Australian College of Midwives
- Fellow of the Australian College of Obstetrician & Gynecology
- Professor of Health Systems, Charles Darwin University, and Member of Australian College of Midwives
- Senior Lecturer on Midwifery, Charles Darwin University

The credentialed professionals included:

- 2 Obstetricians from TTM Hospital
- 3 Registered Midwives from TTM Hospital
- 2 Registered Midwives from Rural Upolu
- 2 Registered Midwives from Savaii
- 4 Registered Midwives who are Lecturers at NUS.

The system purports to ultimately ensure safe practice to assure safe pregnancy outcomes.

#### **Creation of the Health Professionals Registrar Position within MOH**

The above-mentioned Health Professionals Registration and Standards Act 2007 allows for the establishment of the Registrar position. This position is at Deputy CEO level and is currently being advertised.

#### **Establishment of a sector wide HRH Coordinator and HRH Reference Group**

The recruitment of a sector wide HRH Coordinator and the establishment of a sector wide HRH Reference Group was agreed to by all sector partners and stakeholders involved in a recent consultation. The HRH Coordinator and the HRH Reference Group will ensure the

smooth, effective and integrated implementation, monitoring & review of the HRH Policy and Action Plan. The HRH Coordinator will be a contracted position for a period of 3 years and prior to contract review, while the Reference Group will be made up of representatives from relevant Government Ministries, NGOs, Private Practitioners, Traditional Practitioners, MOH and NHS.

#### **✚ Capacity Building Programs (SHP - HMDP; SWAp; WHO Fellowship Program)**

There have been a lot of staff ongoing capacity building programs ever since the Health Reform Program started in 2001.

One of the highlights of these staff development programs is the Health Management & Development Program that was funded under the AusAID funded Samoa Health Project in 2007. Forty seven (47) staff from across the health sector graduated in June 2007 with Diplomas in Business Frontline Management. This programme was an initiative between the MOH and the Government of Australia through the Samoa Health Project and Motivate Training & Leadership Alliance in Australia. It is the first ever initiative whereby various health professionals in the Samoa Health System came together to learn and share experiences in management. The Diploma is recognized internationally and can be cross-credited to a Master of Business Administration in the University of New England in Australia.



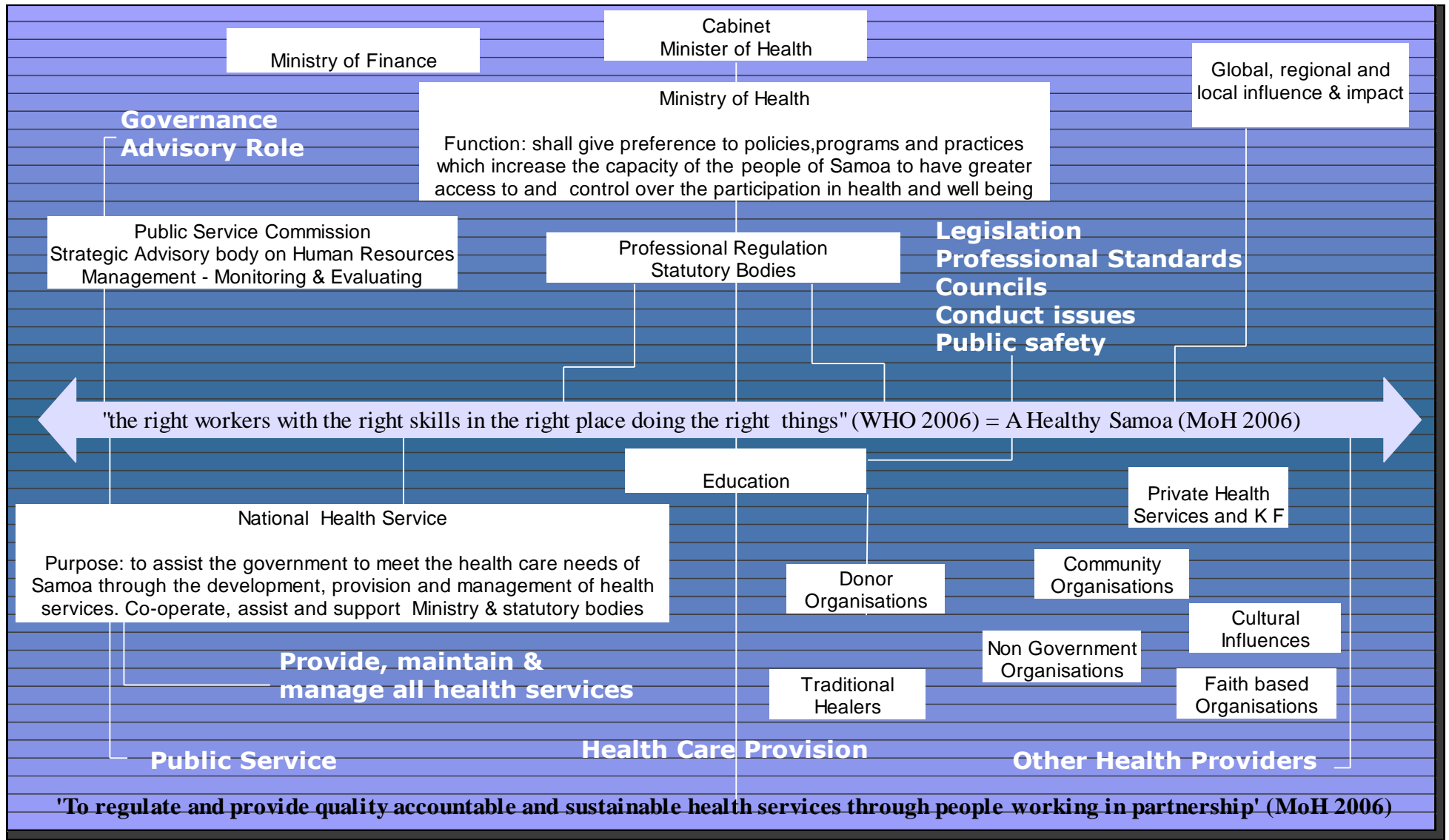
A lot of staff trainings are also funded under the SWAp program that is currently in place. Some staff have returned and some are due to undertake short term trainings, study tours and attachments overseas. Some of these trainings include HRH Policy and Planning, Organizational Management, and undertaking Demographic Health Surveys.

Over many years the World Health Organization has funded a number of programs and activities in Samoa through a biennium budget. The majority of WHO funding is Human Resource Development including undergraduate and postgraduate training for health professionals at local and overseas universities including the Fiji School of Medicine and National University of Samoa.

#### **✚ Establishment of the HR Manager position for the National Health Services**

The establishment of this position within the National Health Services will help to ensure that HR needs and issues of NHS staff are dealt with specifically and effectively.

# Key Stakeholders for Human Resources for Health Ministry of Health Samoa



**Figure 1**

Please note not included in Figure 1 the external commercial and local influences on workforce movement: