SAMOA
Engaging people for health promotion

COUNTRY CASE STUDIES ON PRIMARY HEALTH CARE
Acknowledgements

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Background

The Independent State of Samoa is a Polynesian archipelago in the south Pacific Ocean. The World Bank currently classifies Samoa as an upper-middle-income country. Over the past three decades, the prevalence of noncommunicable diseases (NCDs) has increased dramatically in the Samoan population. In 2014, in response to this concerning trend, Samoa’s Ministry of Health (MoH), in partnership with the World Health Organization (WHO), initiated PEN Fa’a Samoa (i.e. PEN the Samoan Way). PEN is WHO’s Package of Essential Noncommunicable Disease Interventions – a set of evidence-based, cost-effective NCD interventions implemented at the community and primary care level. PEN Fa’a Samoa adapts these interventions to the Samoan context, and effectively leverages the country’s rich tradition of women-led, village-level health promotion activities to meet the challenge of rising NCDs. Samoa’s health leaders envision this initiative as a first step towards developing a more people-centric health system, which places village-based primary health care (PHC) at its core.
The rise of NCDs

Over the past 30 years, the health of the Samoan population has improved markedly, in part through effective control of infectious diseases, and reductions in child and maternal mortality (1). This is reflected in an increase in life expectancy in the country, from 65 years in 1990 to 75 years in 2016 (2). Samoa also compares favourably with its neighbours in terms of maternal, under-5 and infant mortality, making the country’s health indicators almost on par with the averages for upper-middle-income countries, despite Samoa only having progressed from the United Nations’ Least Developed Country category in 2014 (1,3).

However, like many other small island developing States, Samoa is currently experiencing an accelerated epidemiological transition, characterized by a rapid increase in the prevalence of NCDs and their related risk factors. The most recent survey from WHO’s STEPwise Approach to Surveillance (STEPS) found that half of the population of Samoa aged 18–64 years was at high risk of developing an NCD. Those classified as high risk had at least three of the five most common risk factors associated with NCDs: smoking, raised blood pressure, high body mass index, poor diet and low physical activity (4). Additionally, low levels of detection and a low number of referrals mean that those at risk are likely to remain undiagnosed. This is particularly concerning for Samoa’s long-term management of NCDs, given that 41% of its 195 000 inhabitants are aged below 15 years (2). Unfortunately, not only has the prevalence of NCDs increased, but also complications arising from these conditions. The Samoa Health Sector Plan 2008–2018 reports large increases in diabetes-related amputation and renal impairment cases in the decade before 2008 (5). Prevention and early management of NCDs appear essential to curb this worrying trend.
Ua fufulu ou lima?

O le fufulu mamā o lima e taofia ai le pipisi o siama
The long tradition of Women’s Committees in Samoan villages

Samoa has a long tradition of community-based governance at village level, whose social organization dates back to pre-colonial times (6). Rural–urban migration and the increased participation of women in the workforce are progressively changing the country’s social fabric; however, despite these changes, Samoa’s traditional village-based governance hierarchy and structure remain strong. This strength is due in part to the Village Fono Act of 1990, which empowers local councils to exercise their power and authority, based on “the custom and usage of their villages” (6).

One type of community-based organization in particular – village Women’s Committees – has played an important role in health promotion at a community level since the 1920s. The government nourished this special role from the 1920s until the 1970s by authorizing traditional community-based women’s groups to promote hygiene measures and vector control, in an attempt to curb endemic infectious diseases such as leprosy and yaws (5,6). These women’s groups were initially named Komiti Tumana (i.e. hygiene committees). In addition to health promotion activities, these committees acted as points of liaison with the formal health sector, by referring people to local health clinics and working in collaboration with public health nurses dispatched across the country.

In recent decades, this successful network of community-health workers has not been sustained. From the 1980s onwards, the government started investing more heavily in modernizing clinical services at a national level by establishing district hospitals and two national-based health services (6). By the early 2000s, the government had reorganized the district hospitals and village health centres. In 2006, the health system was divided into two key institutions: the MoH, in charge of policies, surveillance and monitoring; and the National Health Service (NHS), in charge of service delivery (7). In this hospital-centric system, secondary care became increasingly centralized, undermining the delivery of PHC, including health promotion activities. Concurrently, the role of the Women’s Committees slowly declined. Relationships established between the Women’s Committees and nurses waned as people increasingly sought health services directly from the nearest health centre or district hospital (8). Institutional changes further accelerated this decline; for example, after 1991, control of the Women’s Committees was transferred to the Women’s Division of the Ministry of Women Social and Community Development, whose mandate is broader than health alone.
Intervention

Birth of PEN Fa’a Samoa

Today, the hospital-centric health system in Samoa is not adequately equipped to address the NCD crisis properly, which requires long-term chronic disease management, community engagement, and broad detection and screening practices. Thus, in 2014, the Samoan government, in partnership with WHO, decided to revitalize the Women’s Committees in an effort to expand PHC activities in the country, and the PEN Fa’a Samoa initiative was born (9).

The PEN package is designed to be easily delivered in resource-constrained settings (9). It focuses on prevention, early detection and management of key NCDs, including diabetes, cancer, chronic respiratory diseases and cardiovascular diseases. The PEN approach has been adapted successfully in many countries throughout Asia and Africa. In Samoa, the implementing partners decided to revive the community-based network of women to carry out this package, both as a way to improve outreach and to incorporate these interventions within Samoa’s traditional culture and customs. As part of a pilot launched in 2015, the Women’s Committees have been tasked with detecting risk factors and raising awareness about NCDs at the village level. In seven of Samoa’s 265 villages, women have been recruited and trained to measure key NCD metrics, identify high-risk individuals and refer them to the health system for further care, and run health awareness and promotion activities.

The PEN Fa’a Samoa 2015 pilot

The PEN Fa’a Samoa pilot was developed through a three-stage process. In the first stage, the MoH, NHS and WHO developed specific national guidelines, adapting the PEN package to the Samoan context. During this stage, they also crafted Samoa-specific referral criteria and tools (for assessment, monitoring and referral) designed for non-health professionals. In parallel, in the seven villages selected for the pilot, village chiefs were asked to designate up to three members of the Women’s Committees to act as local facilitators. In the second stage, local facilitators were partnered with health care workers to create cross-disciplinary outreach teams. PEN Fa’a Samoa trained these groups to conduct screening and assessment. For example, local facilitators were given responsibility for assessing and collecting sociodemographic information and basic health data (e.g. weight, height, known symptoms and risk factors), while health care workers were responsible for performing clinical measurement of blood pressure, blood glucose and cholesterol levels. In February and March of 2015, outreach teams invited the entire adult population of the pilot villages to participate in screening, leading to the screening of 2234 adults in these communities. In the third stage, the cross-functional teams presented the anonymized screening results to their entire communities during public meetings. Additionally, local facilitators followed up directly with individuals identified as being at high risk, with a personalized management plan or a risk factor consultation, or both (10).
Impact

Initial results have been encouraging; by December 2015, 92% of the population of the pilot villages had been screened, and 45% of those identified as being at risk had been referred to health facilities (11). The pilot was also useful to validate previous epidemiological data; results on the health status of individuals screened as part of PEN Fa’a Samoa were found to be consistent with the 2014 STEPS report (10). A national roll-out and scale-up of the programme is currently in preparation (7).
The way forward

The PEN Fa’a Samoa initiative successfully used local stakeholders to promote early detection and referrals of NCD patients to the formal health system. By doing so, it has demonstrated how community representatives could be incorporated into the overall health system structure. As a result, the MoH and its partners see this initiative as an opportunity to develop a people-centric approach to improving health in Samoa, articulated around community-based PHC, including prevention activities. In the long run, the MoH plans to expand the Women’s Committees’ scope of activities, by including activities centred on nutrition and infant monitoring (12). Ultimately, MoH officials hope that this community-based strategy could be a vehicle to achieve universal health coverage. An encouraging sign for the efficacy of the programme is that technical partners such as the World Bank and WHO are backing this approach by providing financial support and technical assistance (1). For example, the World Bank is supporting the Samoan government’s National Non-Communicable Disease Policy 2017–2022 through its upcoming Samoa Health System Strengthening Program (1).

Scaling up this initiative comes with its own set of challenges. The programme currently relies on volunteers; however, if it is to be sustainable in the long term, women will need to be compensated for their work. As such, the programme will need funding, more formal training and supervision, and an evaluation structure. In addition, the Samoan health system is currently undergoing a wider reform, with a re-merger of the NHS and MoH. The formal connection and communication channels between the Women’s Committees and health facilities will need to be strengthened to ensure adequate referrals and follow-up. Considering the current human resources constraints and the inequitable geographical distribution of health professionals across the territory (with most concentrated in and around the capital city of Apia), this will be challenging, but can nevertheless be achieved with the right political and financial investment.

Despite these challenges, PEN Fa’a Samoa is the first step of a wider vision for Samoa. The programme aims to create a health system centred on the Samoan people, with PHC and village-centred health promotion activities as key pillars. The PEN Fa’a Samoa programme is also a successful example of how traditional social structures can be leveraged to improve health.
References


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