Government of Samoa

NATIONAL NONCOMMUNICABLE DISEASE POLICY 2010-2015

PREVENTING CHRONIC CONDITIONS

WORKING TOWARDS A HEALTHY LIFE FOR ALL SAMOANS

Ministry of Health

FOREWORD

I am pleased to introduce this policy on the prevention of chronic diseases in Samoa.

The vision for A HEALTHY SAMOA dates back to Samoa's response to the "Health for All" goal of the Alma Ata Declaration on Primary Health Care (1978); followed by the Ottawa Charter on Health Promotion (1986); the New Horizons in Health (1995) for the WHO Western Pacific Region; and the Pacific Health Ministers Yanuca Islands Declaration on Health in the Pacific in the 21st Century, (1995), which adopted the vision of Healthy Islands.

As in other countries, non communicable diseases such as diabetes and cardio-vascular disease are on the rise. Adverse trends in diet, exercise, obesity and other risk factors, means that the level of chronic conditions will continue to increase. These conditions affect general wellbeing and quality of life; account for most of the healthcare resources used, and present a significant economic burden for Samoa.

These conditions are increasingly common among the poor. Sufferers die younger, incur catastrophic costs in health care and expose their families of the danger of impoverishment through health care costs and lost income. They are able to contribute less to the economic development of Samoa.

This is everybody's business, from the level of Government policy to individual choices that are made regarding lifestyle habits. Hence Samoa's "Whole of Country, One Health Integrated Approach" that is aligned strongly to the Health Promotion Policy as driven by the Samoa Parliamentary Advocacy Group for Healthy Living (SPAGHL).

While much has been done in Samoa to prevent chronic disease more needs to be done. There are proven strategies to prevent and reduce the burden of chronic disease. Effective strategies for prevention exist, addressed the shared risk factors at a population level. Much of this care can and should take place within the primary care setting. With the appropriate level of support, unnecessary hospital admissions can be avoided and quality of life improved for patients with chronic conditions.

This policy will help the health system address the challenges posed by chronic disease with emphasis on the best approach to reduce the social determinants responsible for unhealthy lifestyle. Implementation of the policy will significantly compliment the Health Promotion Policy which in turn put prevention and disease management programmes in a central position to treat and delay the onset of complications for those with a chronic condition.

I welcome the measures set out in the policy and I would like to thank all those who contributed to this policy.

Palanitina Tupuimatagi Toelupe
Director General & CEO – MOH

ABBREVIATIONS

GPs	General Practitioners
NCDs	Non Communicable Diseases
NHS	National Health Service
WHO	World Health Organization

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INTRODUCTION

The development of the National Non Communicable Disease Policy is an expression of Samoa's commitment to healthy lifestyles and supportive environments. The ultimate goal of this document is to improve the overall quality of life of the Samoan people and contribute to national human and economic development.

The Samoan Health Sector Plan 2008 – 2018 identifies the rapidly increasing levels of noncommunicable diseases, which will have major impacts on the health system, community mortality and morbidity and the economy of Samoa, as a major challenge.

Noncommunicable diseases and conditions, including obesity, diabetes, heart diseases, high blood pressure, strokes and cancer, are a top health priority in Samoa. The prevalence of these diseases is high and increasing; obesity is currently 52.7%, diabetes 23.3% and high blood pressure 21.4%. Noncommunicable diseases are now appearing in younger age groups and complications from these diseases are more common.

The determinants of Noncommunicable diseases are multi-factorial and often outside the control and influence of the health sector. The four main risk factors are Smoking (tobacco), poor Nutrition, excess Alcohol consumption and Physical inactivity (SNAP). To reduce these risk factors change in lifestyle and behaviour of individuals and families is necessary. In addition, because of the communal nature of the Samoan society, there is a need for communities, be it churches, villages, schools or workplaces, to promote and encourage healthy behaviours, which prevent the onset of Non-communicable diseases. A co-ordinated multi-sector national response to preventing, controlling and managing Non-communicable diseases in Samoa is essential to facilitate the necessary changes in lifestyle and behaviour.

This document has been developed to define a philosophy in Samoa, which will guide the many public and private sector individuals and organizations involved in the prevention, treatment, management and control of illness process.

To respond to these challenges, the key result areas for this Noncommunicable Diseases Policy are based on the key strategic goals of the Health Sector Plan 2008-2018:

1. Strengthen health promotion and primordial prevention
2. Quality health care service delivery
3. Governance, Human Resources for Health and Health System Strengthening
4. Health Financing
5. Partnership Commitment
6. Donor Participation and Harmonization

The Noncommunicable Disease Policy document has been developed collaboratively within the Ministry of Health, through various consultations with all the relevant Health Sector Stakeholders. This is to ensure that there is common understanding and feedback from those who are involved in administering the operational aspects of this policy. This

policy is also a review of the existing NCD Strategy 2004-2008 so that it is line with existing government reforms and changes in the health sector.

Having a National Noncommunicable Disease Policy and Key Strategic focus areas supported by Action Plans, is essential for ensuring that strategies and guidelines are in place for prevention of noncommunicable diseases in Samoa.

VISION, GOAL AND AIMS

The **VISION** of the National Noncommunicable Diseases Policy 2010 is that:

> *The overall quality of life of the Samoan people will be enhanced by prevention of noncommunicable diseases and their complications.*

The **GOAL** is to

> *To improve health and well-being, length of life and productivity together with a reduction in long term health care costs of noncommunicable diseases.*

The **AIM** of the *National Noncommunicable Diseases Policy 2010 is to:*

> *To promote a commitment to and a guide for action to achieve the Government of Samoa's Goals to improve the health of the population through the prevention of non-communicable diseases.*

Guiding Principles

The guiding principles spring from the objectives of the Global NCD Action Plan and the Regional NCD Action Plan:

- Raise the priority given to noncommunicable conditions in the national development agenda
- Address their social and environmental determinants through advocacy and action for a whole of society response.
- Set up sustainable, coordinated infrastructure to address the NCC epidemic in Samoa based on national resources
- Develop the assets and skills of Samoan communities in preventing, caring for and coping with the NCC epidemic.
- Promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol
- Promote partnerships for the prevention and control of Noncommunicable diseases

- Orient the health service response based on chronic care model adapted to Samoa
- Monitor noncommunicable conditions and their determinants and evaluate progress at community and national level.

OBJECTIVES

- To promote the health and well-being of the Samoan community
- To achieve sustainable improvements in the health status of Samoans by decreasing the incidence of noncommunicable diseases;
- To improve the health-related quality of life of Samoans and reduce complications and premature mortality in people living with noncommunicable diseases;
- To improve the capacity of the health system and related sectors to respond to the challenge of preventing noncommunicable diseases and related complications; and
- To assure the rights of all people with noncommunicable diseases to access to quality and affordable health care
- To foster community inclusive evidence based innovation and service sustainability

SITUATIONAL ANALYSIS

The following noncommunicable diseases have been identified as priority diseases in Samoa

- cardio-vascular disease
- cancer diseases
- diabetes & obesity
- chronic respiratory diseases: asthma and chronic obstructive pulmonary disorder

Results from the STEPS Survey 2002 show the magnitude of the noncommunicable diseases problem. In the STEPS survey, a sample of 2,817 people, between the ages of 25 and 64 years, was surveyed from 6 villages in the Apia Urban area, 5 in Rural Upolu and 5 in Savaii. There were more females (54%) than males (46%).

The **key findings of the NCD STEPS Survey** identified that 33.8% of the study population are at high risk of noncommunicable diseases and 63.2% at moderate risk of Noncommunicable diseases.

The results of **a risk factor analysis** as part of the study are as follows:

- Smoking: 40% of the total population are current smokers. Of the males 56.3% are current smokers and 21.8% are females.
- Poor nutrition: 35.6% of the population eat virtually no fruit.
- Alcohol: Current levels of alcohol consumption place 37.6 % of males and 19.6 % of females at moderate to high risk of developing a noncommunicable disease.
- Physical activity: 21% of the population do very little or no physical activity. People in Apia are more likely to be inactive (28%) than people in rural areas (15%) and women (27.3%) are more likely to be inactive than men (14.8%).

- Lack of regular health checks: In the last 12 months only 35% of the population had a blood sugar check and only 44.9% had a blood pressure check. Males and younger people were less likely to have checks.

The NCD Step Survey report recommends that prevention and health promotion needs to be more community focused and emphasis should be on the young and high risk populations especially men. The report recommended that to implement a Noncommunicable Diseases Policy Samoa needs a structured, evidence based approach to decision-making.

A multi-sector approach that takes into account the social and ecological factors that together impact on noncommunicable disease prevention across the disease development continuum is essential. Failure to take these factors into account is a major reason noncommunicable disease strategies in the past have not been as effective as hoped for.

Most importantly the report recommended that there is a need to take a whole system approach, to build 'bridges' between key actors involved in non-communicable disease policy, prevention and control across various disciplines and institutions.

It is essential that mechanisms for sustainable health financing in order to reduce inequities in accessing health care are developed.

Scope

The National Non-Communicable Disease Policy 2010 provides a strategic framework to support improved health outcomes for people at risk of, or experiencing, non-communicable diseases and related complications.

It recognizes that certain groups in the community, including homeless and disadvantaged people, and those with serious or chronic health problems are at heightened risk of long term debilitating disease.

This Policy provides a framework within which the activities of the health sector can be coordinated to address health promotion, primordial, primary, secondary and tertiary prevention. It covers both the public and private sectors and involves all the main actors in prevention of non-communicable diseases.

This NCD Policy also reinforces the Government of Samoa and the Ministry of Health's commitment to regional and international initiatives such as:

- Global Strategy for prevention and control of NCD 2000
- WHO NCD Action Plan
- UN NCD Resolution May 2010
- Tonga Commitment 2003
- Samoa Commitment 2005
- Alma Ata and Primary Health Care Declaration 1978

- Ottawa Charter on Health Promotion 1986

Health Promotion is defined here as a "social enterprise" to improve health and equity. That is, through strengthening of communities; social, political and economic capital can be mobilized; enabling a "social enterprise" which can take action to address the negative social, political, environmental and economic determinants of health. This can be through partnerships, networks, coalitions, alliances, public-private collaboration and multi-sector alliances.

Disease Prevention for the purposes of this policy refers to actions that are aimed at eliminating or minimizing the impact of disease or disability:

- Primordial Prevention: actions that inhibit the emergence and establishment of social-economic factors, cultural patterns of living that are known to increase the risk of disease and disability;
- Primary Prevention: actions that aim to protect the health of individuals through personal and communal efforts;
- Secondary Prevention: measures available to individuals and communities for the early detection and prompt intervention to control disease and minimize disability; and
- Tertiary Prevention: measures aimed at softening the impact of chronic disease and disability thereby minimizing suffering and maximizing years of useful life.

POLICY LEGISLATIVE FRAMEWORK

Legislation is an important mechanism for helping to reduce noncommunicable disease rates caused by tobacco use, excessive alcohol consumption and by diets high in fat, sugar and salt.

The mandates that guides the implementation of this policy includes but not limited to the following:

- Ministry of Health Act 2006 is the overarching Act for the Health Sector and System in Samoa, which also oversees through its monitoring & regulatory functions service provision in Samoa
- National Health Services Act 2006
- Samoa has successfully passed the Tobacco Act 2008 and a Tobacco Control Policy is in its final version for endorsement by Cabinet
- Work could also be undertaken to look at controlling alcohol abuse through controls in alcohol legislation.
- The Food and Drugs Act 1967 is under review as of July 2009. Food Bill is in its final draft form and can also be used to reduce NCD rates through controlling food quality through standards, labeling (to allow consumers to make good food choices) and to limit levels of fat, sugar and salt in food.
- The Pharmacy Act 2007 and the National Medicines Policy are also important to facilitate Samoa accessing medicines needed to treat people with chronic disease.
- National Kidney Foundation of Samoa Act, 2005, provides a solid foundation for prevention of renal failure.

- The Mental Health Act 2007 and Mental Health Policy is an important element of the legislative framework.

The Healthy Islands concept envisions a whole of society response, which is needed to address the social and environmental determinants of Non-Communicable Conditions (NCCs). Making progress to Health Islands requires every Minister to recognize that they are also a Health Minister.

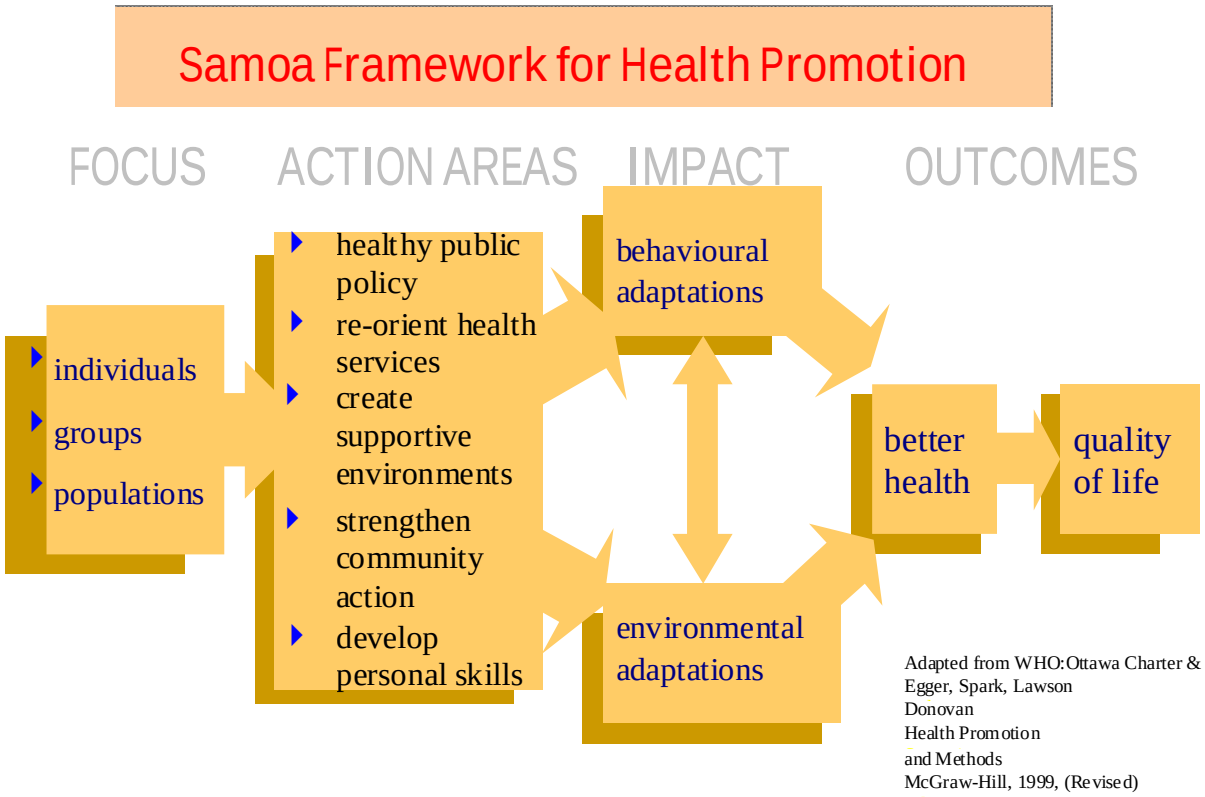
This table below connects the response to NCCs with the priorities of other sectors, making these links explicit and preparing for harmonization of policies across sectors:

Sector	**Policy Links**
Sustainable development	Policies on transport to address climate change, transport (links with physical activity, injury, and pollution), sustainable food production
Finance	Using fiscal instruments to reduce consumption of tobacco and harmful use of alcohol, raising revenue, and paying for health promotion
Social policy	Ensuring equity of access to prevention and care for services related NCCs Reducing disparities in burden of NCC among people of different social class (defined by age, sex, income, occupation, education, urban-rural location)
Education	• Enhancing the academic performance of school children through promotion of healthy behaviours • Strengthening te work on health promoting schools and related activities to improve the health of students, teachers and the surrounding community
Industry, infrastructure, agriculture and trade	• Assessing the health and environmental impact of all policies in these sectors, including NCCs in the formal impact assessment • Creating mechanisms of national reporting and accountability for these policies • Assessing the harmony between internationally agreed instruments and conventions (e.g. balancing public health impacts on adherence to trade agreements) • Seeking new opportunities and co-benefits for work with these sectors (e.g. introduction of new fruits and vegetables for agriculture)
Civil society and Women's Affairs	• Work with civil society and especially with women's groups to enhance the social norms to favour behaviours that reduce risk of NCCs • Empower communities to manage and cope with existing burdens of NCC and disability, to maximize functioning in society and minimize impacts on households, through self help, self care and improved health literacy
Private sector	• Seeking opportunities for work plance health promotion extending the concept of occupational health to cover the prevention of NCCs • Seeking opportunities for consultation and

	cooperation where appropriate (e.g. physical activity promotion, salt reduction, food product reformulation) • Setting standards and enforcing these as and where appropriate
Health	• Developing the capacity for health policy makers and civil society to understand the policy concerns of other sectors and to engage in meaningful and lasting dialogue • Seeking synergies between infectious diseases and NCCs (e.g. addressing the intimate linkages between tuberculosis and smoking, or tuberculosis and diabetes)

1 KEY STRATEGIC AREAS:

The National NCD Policy & Strategy is based on the Samoa Framework for Health Promotion adapted from the WHO 1986 Ottawa Charter, using its six action areas: 1) Governance, Health System Strengthening & Health Financing; 2) Healthy Public Policy; 3) Re-orient Health Services; 4) Create Supportive Environments; 5) Strengthen Community Action and 6) Develop Personal Skills.



1. **Governance, Health System Strengthening & Health Financing**
   - Strengthening development and management of comprehensive multisectoral national NCD strategies
   - Strengthening national health system and capacity to prevent & control NCDs
   - Strengthen national level monitoring, evaluation and surveillance systems
   - Raising the capacity of the health sector to engage with other sectors in meaningful dialogue, that understands the policy objectives of the other sectors, identifies co-benefits, develops joint programmes, including joint monitoring and resourcing.
   - Set up sustainably financed infrastructure for health promotion, considering strongly the appropriateness of the Health Promotion Foundation model for Samoa
   - **Sufficient resources** to support implementation of high **quality and equitable** health promotion and prevention activities across the care continuum to ensure the objectives of this policy are met in a timely manner.

- Financial sustainability is achieved when service and infrastructure levels and standards are delivered according to a long term plan without the need to increase rates or reduce services. Long term financial sustainability is important if the Government is to deliver the services and programmes expected by the community.

2. Healthy Public Policy

- Preparing a protocol for the assessment of absolute risk of noncommunicable conditions in primary care, and building the capacity for coordinated risk reduction at community level.
- Setting up of a Health Promotion Foundation will be considered under this policy. This would be a quasi-NGO entity with a remit to provide high-quality evidence-based health promotion programmes for the Samoan community. The autonomy of the foundation model would allow it to interact more flexibility with other sectors and with civil society and to be more innovative in trying innovative approaches, while still remaining accountable (through its broad) to the Government of Samoa. Existing models, based on earmarked levies on tobacco, alcohol, and even sugared drinks and fuel, have the potential to promote healthier behaviours, to generate revenue for the Treasury, and to generate a sustainable income for health promotion.

3. Reorienting Health Services

- co-ordinated multi-sectoral national response to preventing, controlling and managing NCDs that incorporates key strategies to address the key risk factors of NCDs (smoking, nutrition, alcohol & physical inactivity)
- Reorientation and strengthening of health systems towards integrated health promotion and prevention activities with a strong focus on health promotion across the life cycle and a strong focus on primary care.
- Provision of health care for chronic diseases is dealt with in the context of overall health system strengthening and that the infrastructure of the system, in both the public and private sectors, has the elements necessary for the effective management of and care for chronic conditions.
- detection of pre-symptomatic, sub-clinical or early clinical changes that mark the early development of noncommunicable diseases
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4. Create Supportive Environments

- Creating social and physical environments that support those choices in our homes, schools, workplaces, care facilities and communities.
- Creation of social and physical environments that reduce the stress to which people are subjected.

5. Strengthen Community Action

- Strengthening of communities; social, political and economic capital can be mobilized; enabling a “social enterprise” which can take action to address the negative social, political, environmental and economic determinants of health.

- Enabling individuals and communities to exert greater control over the factors that impact on noncommunicable disease has both direct and indirect impact on their health.

6. Developing Personal Skills

- Enhancing the competence and effective functioning of the individual, in the context of supportive social environments to strengthen their ability to make positive choices that will result in lower levels of risk and of chronic disease for themselves and their families.
- Provision of counselling and behavioural change services to help people acquire the self-health-care skills that enable them to change their risk behaviours and slow or even reverse the risk factors they exhibit, at the same time, self-medical-care skills may include self-management of non-communicable diseases.

2 MONITORING AND EVALUATION FRAMEWORK

The policy implementation will be monitored and evaluated through the Monitoring and Evaluation Framework, which will cover all aspects of the policy.

A designated unit of the Samoa Ministry of Health will be taking monitoring and evaluation activities over the course of the policy implementation.

Monitoring and evaluation will capture the various process measures and outputs which will help guide programme implementation. Overall outcome will be evident through demonstration of NCD risk reduction and reduction in morbidity and mortality compared to base year 2009.

2.1 Targets and Indicators

NCD interventions will take time to show population level outcomes in risk reduction.

Targets will be set during the initial stage of implementation of the policy and adjusted on a yearly basis.

Short term indicators are process/output related to:

- Mortality from NCCs: fact of death, cause of death, age and sex, burden of disease calaculations
- health system capacity
- availability of national guidelines
- accessible and affordable drugs and diagnostics
- quality of care
- clinical audits
- proportion of complications
- efficiency of referral systems

Medium term indicators

- Increasing the age at which people start smoking –this will be more achievable in a 3 to 5 year time frame
- Tobacco prevalence among students
- obesity in school children
- obesity in adults
- rate of diabetes amputations
- number of subjects giving up tobacco smoking (availing cessation services)
- increased availability of vegetables and fruits
- price reduction of vegetables and fruits
- use of essential drugs for NCDs

Long term indicators

- Reduction in male and female tobacco prevalence, obesity in children, prevalence of DM, and deaths from heart diseases

All indicators developed under this surveillance system will, as far as possible, allow disaggregation to permit assessment of inequities in distribution of burdens, costs, and benefits by age, sex, income, occupation, education, and urbam-rural.

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ANNEX 1: NON-COMMUNICABLE DISEASE PLAN OF ACTION

KSA 1: Governance, Health System Strengthening & Health Financing

No.	Activities	Indicators	Costing	Source of Funds
1.1	Strengthen Primary Health Care	Sector wide primary, secondary and tertiary evidence-based prevention programs implemented (including NHS, NGOs, GPs and other private practitioners)	$15,000 per year (for 5 year policy lifetime)	MOH, Development & Sector Partners
		Integration mental health and substance abuse prevention and management into primary care		
		Increased resources for primary care		
		Evidence-based cost-effective care protocols		
		Quality competent health care providers		
1.2	Informed Decision-making: Ensure Quality Timely Information	NCD registers established (Cancer, Diabetic, Rheumatic Heart Disease)	Nil	MOH & Donors
		Each person will have only 1 health registration number (HRN) – hospital and non-hospital services		
		Patient care management systems linked to MoH IT Server		
		NCD surveillance, monitoring and reporting system in place		
1.3	Strengthen Governance Mechanisms	NCD Steering Committee established with clear Terms of Reference supported by a Secretariat	$7000 per year (for 5 years of policy lifetime)	MOH & Donor Partners
		Establish Health Promotion Foundation		
		Implement mechanisms to achieve financial sustainability over the life time of the Policy		

1.4	Ensure financing mechanisms are meeting policy objectives	Funding negotiations supported by costed plans of action	NIL	MOH
		Maintain SWAp mechanism		
		Innovate mechanisms for increasing funding for Health Promotion identified		
		Resources are distributed equitably based on need		
		Resource use is efficient		
		Accountable & Transparent Financing System in Place		
1.5	Maximize use of funds	Financial and Economic analysis used to inform decision-making	$3000 per year (for 5 years of policy lifetime)	MOH
		Economic evaluation of key activities undertaken		

KSA 2: Healthy Public Policy

No	Activities	Indicators	Costing	Source of Funds
2.1	Engage and support the wider community	Establishment of a NCD Health Promotion and Prevention Alliance (MoH and NGOs) on each of the main islands	$7000 per year (over 5 years of policy lifetime)	MOH & Sector Partners
2.2	Create Supportive Environments/Infrastructure	Strengthen Healthy Islands Initiative	$20,000 per year (over 5 years of policy lifetime)	MOH, Donor & Sector Partners
		Community Action programs, schools, workplace, church and villages		
		Strategy implemented for addressing two main risk factors: diet and physical activity		
		Improvements to the *Built Environment*		
		Maintian current and create new smoke-free and alcohol-free environments		

2.3	Change Social Norms	Development of Integrated all of society Health Promoting Approach to Addressing Risk Factors: poor coping skills, smoking, nutrition, alcohol and physical activity.	$10,000 per year (over 5 years of policy lifetime)	MOH, Development & Sector Partners
		Continue to work within the framework of the International Tobacco Free Initiative		
		Advocacy to promote healthy foods and physical activity supported by national strategies to bring about change		
		Health nutrition programs implemented on all islands		
		Enhancement of Health Promoting Schools initiatives		

KSA 3: Reorienting Health Services

No.	Activities	Indicators	Costing	Source of Funds
3.1.	Strengthen Health Promotion	Partnerships for health strengthened (e.g. MESC, MOH, MAF, NGOs, NHS, GPs)	$12000 per year (over 5 years of policy lifetime)	MOH, Development & Sector Partners
		Health promotion activities integrated with services throughout the health sector		
		Sector wide health promotion strategies implemented to address key risk factors: poor coping skills, smoking, nutrition, substance abuse and physical activity.		
		A population approach to Mental Health promotion implemented		
		A demonstrated increase in community awareness of risk factors & prevention of NCDs		

		Increased resources for health promotion		
		Quality competent health care providers		
		Evidenced-based cost-effective Health Promoting strategies		
3.2	Improve lifestyle skills of adolescents and youth	Youth development programs supported	$5000 per year (over 5 years of policy lifetime)	MOH Development & Sector Partners
		Counsellors and youth leaders provide with training on implementing Lifestyle Change programs		
3.3	Improves social and mental health of the entire population	Advocacy and support for programs to develop emotional and social competences in schools and youth groups	$4000 per year (over 5 years of policy lifetime)	MOH, Development & Sector Partners
		Programs to increase knowledge about risk and protective factors for mental health problems and knowledge of where to access assistance implemented		

KSA 4: Create Supportive Environments

No	Activities	Indicators	Costing	Source of Funds
4.1	Establish NCD *at risk* screening programs in urban and rural settings	Incentive based ad hoc NCD screening programs in MoH primary care clinics, private medical and nurse clinics, private pharmacies and relevant NGO services	$15,000 per year (over 5 years lifetime of policy)	MOH, Development & Sector Partners
		Relevant NGOs funded to provide NCD screening programs in urban areas and a outreach program for rural areas		
		Provision of *screening kits* for at risk factors, diabetes, hypertension and priority cancers (e.g. breast, cervical, prostate, bowel) to all agencies undertaking screening programs.		

		Implement rheumatic heart disease prevention program based on evaluation of outcomes of 2009 pilot program		
4.2	Establish formal screening program for persons at risk of NCD related complications that are supported by early intervention programs	Clear guidelines for screening for renal impairment	$5000 per year (over 5 years lifetime of policy)	MOH & Donor & Sector Partners
		Clear guidelines for early referral of patients with renal impairment to the Renal Retardation Clinic (pre dialysis) NKFS		
		Clear guidelines for screening of vision impairment		
		Establish formal screening program for persons at risk of diabetic foot - Diabetic Foot Clinics established on both of the main islands for screening and early intervention.		

KSA 5: Strengthen Community Action

No.	Activities	Indicators	Costing	Source of Funds
5.1	Centre care on patient and their family with a shift from the patient as a passive recipient of care to a model where the patient takes shared responsibility for their care.	ICCM adapted to the Samoan context implemented	$15,000 per year (over 5 years of policy lifetime)	MOH, Development & Sector Partners
		Palliative care services established on both main islands		
		Rehabilitative care for diabetic foot provided by diabetic foot clinics on both of the main islands		
		Healthcare providers provide lifestyle change counselling for persons at risk or with confirmed non-communicable diseases		
		Establishment of evidence-based patient referral pathways		

		Persons at risk and with confirmed NCDs are provided with lifestyle counselling		
		Persons with diabetes provided with free or subsidized glucometers and glucose strips		
5.2	Improve quality of secondary and tertiary prevention services	Implement a Continuous Quality Improvement (CQI) program based on the international *ABCD of* model chronic care	$5000 per year (over 5 years of policy lifetime)	MOH Development & Sector Partners
		Implement the National Medicine Policy 2009		
		Application of relevant medical technologies evidence-based and provide in a cost-effective manner		
		Clinicians and other providers provided with training on Lifestyle Counselling		

KSA 6: Developing Personal Skills

No.	Activities	Indicators	Costing	Source of Funds
3.1	Improve lifestyle skills of adolescents and youth	Youth development programs supported	$8000 per year (over 5 years of policy lifetime)	MOH, Development & Sector Partners
		Counsellors and youth leaders provide with training on implementing Lifestyle Change programs		
3.2	Improves social and mental health of the entire population	Advocacy and support for programs to develop emotional and social competences in schools and youth groups	$5000 per year (over 5 years of policy lifetime)	MOH, Development & Sector Partners
		Programs to increase knowledge about risk and protective factors for mental health problems and knowledge of where to access assistance implemented		

DEFINITIONS

Primary Health Care

There are a number of definitions of primary health care currently in use.

"Primary health care seeks to extend the first level of the health system from sick care to the development of health. It seeks to protect and prevent problems at an early stage. Primary health care services involve continuity of care, health promotion and education, integration of prevention with sick care, a concern for population as well as individual health, community involvement and the use of appropriate technology."

Primary care is often used interchangeably with primary medical care as its focus is on clinical services provided predominantly by GPs, as well as by practice nurses, primary/community health care nurses, early childhood nurses and community pharmacists.

Primary health care incorporates primary care, but has a broader focus through providing a comprehensive range of generalist services by multidisciplinary teams that include not only GPs and nurses but also allied health professionals and other health workers such as Wednesday, December 20, 2006 14:57Wednesday, December 20, 2006 14:57uals and families, PHC services also operated at the level of communities.

Community health services may share a number of characteristics of primary care and primary health care services, as well as provide Friday, September 15, 2006 12:52le post acute care, aged care, mental health, drug and alcohol, sexual assault.

Another approach to defining primary health care is to see it as a philosophy, an approach a level of service delivery. This is cogently summarised in the following extract from *Primary Health Care and General Practice. A scoping report* (2000) National Information Service, South Australia.

Primary Health Care: as a philosophical approach to health and health care

This approach is characterized by a holistic understanding of health as wellbeing, rather than the absence of disease. The presence of good health is dependent upon multiple determinants; health services are important but so too are housing, education, public works, industry, agriculture, communication and other services. The health status of communities is both a function of and a reflection of development in those communities.

The locus of control is important in primary health care: health services should reflect local needs and involve communities and individuals at all levels of planning and provision of services. Services and technology should be affordable and acceptable to communities. Through health promotion and preventive care, primary health care aims to eliminate causes of ill health.

Equity is a crucial part of PHC; health services must strive to address inequity and prioritize services to the most needy. Finally, PHC should be based upon social, biomedical and health services research in order to provide effective health care.

Primary Health Care: a set of strategies

The second element of primary health care is strategic in which primary health care involves a set of strategies aimed at creating health care which is consistent with the underlying philosophy. Education is a key strategy in primary health care; through education communities and individuals gain understanding of and control over health problems. Inter-sector cooperation and coordination is a significant part of primary health care. This requires cooperation at all levels, from government planning through to local implementation, across traditional departmental boundaries. Primary health care services require balance between health promotion, preventive care and illness treatment. This is best achieved through the use of a team drawn from a variety of disciplines, not only including medical, and nursing health professionals but also including community workers, population health professionals, health promotion workers, and educators.

Health Promotion

Health Promotion is a "social enterprise". That is, through strengthening of communities; social, political and economic capital can be mobilized; enabling a "social enterprise" which can take action to address the negative social, political, environmental and economic determinants of health. This can be through partnerships, networks, coalitions, alliances, public-private collaboration and multi-sector alliances.

Prevention

Actions that are aimed at eliminating or minimizing the impact of disease or disability:

- Primordial Prevention: actions that inhibit the emergence and establishment of social-economic factors, cultural patterns of living that are known to increase the risk of disease and disability;
- Primary Prevention: actions that aim to protect the health of individuals through personal and communal efforts;
- Secondary Prevention: measures available to individuals and communities for the early detection and prompt intervention to control disease and minimizes disability; and
- Tertiary Prevention: measures aimed at softening the impact of chronic disease and disability thereby minimizing suffering and maximizing years of useful life.

Primordial prevention which is a cornerstone of the Samoa Health Plan begins in childhood when health risk behaviour begins. Parents, teachers, church groups, sports clubs and peer groups are important in imparting health knowledge and teaching coping skills to children. The role of the Ministry of Health is to advocate for and support activities that fall under the umbrella of primordial prevention.

Best Buys

Using resources, in particular new funds, in a way that offers an optimal combination of service delivery, price, quality and health benefits.