

Samoa



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2009)	51.3
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	62
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	70.9 (Male) 74.0 (Both sexes) 77.5 (Female)
Population (in thousands) total (2015)	193.2
% Population under 15 (2015)	37.3
% Population over 60 (2015)	7.9
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (I)	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	99
Gender Inequality Index rank (2014)	97
Human Development Index rank (2014)	105
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	7.22
Private expenditure on health as a percentage of total expenditure on health (2014)	9.40
General government expenditure on health as a percentage of total government expenditure (2014)	15.08
Physicians density (per 1000 population) (2010)	0.344
Nursing and midwifery personnel density (per 1000 population) (2010)	1.537
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	9.2 [5.2-14.6]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	17.3 [11.8-24.1]
Maternal mortality ratio (per 100 000 live births) (2015)	51 [24 - 115]
Births attended by skilled health personnel (%) (2014)	82.5
Public health and environment	
Population using safely managed sanitation services (%) (I)	
Population using safely managed drinking water services (%) (I)	

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.coc>

HEALTH SITUATION

Samoa has a relatively young population. Of the estimated 192 126 citizens in 2016, approximately 46% are 19 years or younger. However, noncommunicable diseases (NCDs) are still a major public health concern and remain the leading cause of premature illness and death. In 2013, half of the adult population between 18 and 64 years were at high risk of developing NCDs. Dietary risk factors are a major contributor, as almost 85% of adults are overweight or obese and around 62% of adults regularly consume processed foods high in salt. The escalating costs associated with treating NCDs is an additional burden on the health system and broader society.

The dangers of emerging and re-emerging communicable diseases, including dengue, chikungunya and Zika, are also a concern. Lymphatic filariasis remains endemic and the prevention of sexually transmitted infections (STIs) remain a challenge due to poor commodity distribution and low uptake of voluntary counselling and testing. While HIV prevalence is low, behaviours that put people at risk of transmitting STIs and HIV are still common, confirmed by high rates of chlamydia, at 26% in 2015 and 40% among young women.

HEALTH POLICIES AND SYSTEMS

In 2017, the Cabinet decided to merge the National Health Services and the Ministry of Health to improve health sector coordination and to bolster the provision of public health and primary care in rural areas.

The *Strategy for the Development of Samoa 2016–2020* sets the targets for “an improved quality of life for all: promoting sustainable development and broadening opportunities”. The plan emphasizes prevention, health protection and inclusive people-centred health by focusing on primary health care; the revitalization of traditional roles in village health-care; and quality health service delivery.

The *Samoa Health Sector Plan 2008–2018* guides the vision of “a healthy Samoa” by addressing key priorities such as the rapidly increasing levels of NCDs and its impact on mortality and morbidity, the health system and the economy; improving reproductive and maternal and child health for the long-term health of the community; reducing risks from emerging and re-emerging infectious diseases; and reducing injury as a significant cause of death and disability.

This plan has led to some important legislation including the National Health Service Act 2014, the Health Promotion Foundation Act 2015, the Allied Health Professions Act 2014, the Food Act 2015, the Healthcare Professions Registration and Standards Act 2007, and the Tobacco Control Act 2008. A new health sector plan is in development.

COOPERATION FOR HEALTH

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: To strengthen health systems towards UHC	1.1. Participate in high-level policy dialogue on achieving the Healthy Islands vision, SDGs and UHC. 1.2. Support development of a framework for the institutionalization of health information and national health accounts for planning and resource allocation. 1.3. Amend legislation to facilitate implementation of Samoa's <i>eHealth Policy & Strategy (2016–2021)</i> . 1.4. Support improvements to the health information system through eHealth development, the Demographic and Health Survey and STEPS surveys. 1.5. Analysis of policy options to revitalize primary health care and support institutional development. 1.6. Design a standard service delivery package at village level, for district hospitals & health centres. 1.7. Implement participatory conciliation & resolution mechanisms for medical errors and grievances. 1.8. Assist in establishing a pharmacovigilance system to improve the quality and safety of medicines. 1.9. Use health workforce projections to determine fellowship and training opportunities, including expanding Pacific Open Learning Health Network. 1.10. Support national health education and training institutions to achieve accreditation. 1.11. Promote a team approach to manage chronic patients through a partnership of doctors, nurses, allied health and community health workers, and patients and their families.
STRATEGIC PRIORITY 2: To reduce avoidable disease burden and premature deaths, particularly NCDs	2.1. Support evidenced-based best practice and surveillance to prevent, control and manage NCDs. 2.2. Establish high-level multisectoral NCD strategy, with focus on tobacco, alcohol & unhealthy diets. 2.3. Develop and implement legislative reforms including ratification of the WHO FCTC, restrictions on marketing of alcohol and unhealthy food to children, and increased excise taxes. 2.4. Scale up PEN Fa'a Samoa geographically and horizontally, with improved links between community education, case detection and NCD case management, and development of communications protocols used to address health literacy and self-management. 2.5. Update treatment guidelines and protocols across the continuum of care for management of cardiovascular diseases and diabetes, and integration of rehabilitation and palliative care. 2.6. Involve traditional healers in the prevention and management of NCDs. 2.7. Use the WHO Mental Health Gap Action Programme (mhGAP) to identify, assess and manage patients with mental, neurological and substance use disorders through the system of referrals.
STRATEGIC PRIORITY 3: To control communicable diseases and protect the health of women and children	3.1. Amend legislation to provide greater protection of children from exposure to unhealthy substances and behaviours, particularly in the education and home environments. 3.2. Update treatment guidelines/protocols for management of STIs, HIV, TB and emerging diseases. 3.3. Conduct mass drug administration and transmission assessment surveys for the Lymphatic Filariasis Elimination Programme. 3.4. Improve capacity for planning and sustaining routine immunization and introducing new vaccines.
STRATEGIC PRIORITY 4: To protect Samoan people from public health events including disease outbreaks	4.1. Utilize the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies III as a framework for building national capacity to detect, prepare for and respond to public health emergencies under International Health Regulations (2005). 4.2. Review and test disaster risk management plans through simulation exercises. 4.3. Continue efforts in the <i>National Action Plan for Antimicrobial Resistance</i> including hosting the annual Antibiotic Awareness Week, Hand Hygiene Day and antimicrobial consumption surveys.

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