Program Information Document (PID)

Concept Stage | Date Prepared/Updated: 17-Apr-2018 | Report No:

BASIC INFORMATION

A. Basic Program Data

Country	Project ID	Parent Project ID (if any)	Program Name
Samoa	P164382		Samoa Health System Strengthening Program
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Does this operation have an IPF component?**
EAST ASIA AND PACIFIC	01-Oct-2018	18-Apr-2019	No
Financing Instrument	**Borrower(s)**	**Implementing Agency**	**Practice Area (Lead)**
Program-for-Results Financing	Ministry of Finance	Ministry of Health	Health, Nutrition & Population

Proposed Program Development Objective(s)

The Program Development Objective (PDO) is to improve the quality and capacity of the service delivery in Samoa for tackling the rising NCDs.

COST & FINANCING

SUMMARY (USD Millions)

Government program Cost	0.00
Total Operation Cost	10.00
Total Program Cost	10.00
Total Financing	10.00
Financing Gap	0.00

FINANCING (USD Millions)

Total World Bank Group Financing	10.00
World Bank Lending	10.00
Total Non-World Bank Group and Non-Client Government Financing	10.00
Private Capital and Commercial Financing	10.00

of which Private Capital	10.00

B. Introduction and Context

Country Context

1. **Samoa, classified as an upper middle-income country with a GNI per capita of US$4,100 in 2016**[1]**, is a small Polynesian island state located in South Pacific.** The estimated population of Samoa was 193, 483 people in 2017 distributed among the two main islands (Upolu and Savaii) and two smaller islands (Apolima and Manono). Samoa's economic development opportunities are constrained by specific challenges including excessive distance from the center of economic activities and foreign suppliers, a small domestic market with low purchasing power, as well as high frequency and intensity of natural disasters because of climate change. These challenges have translated into comparatively low and volatile GDP growth rates, structural budget deficit, elevated public debt, high vulnerability to external shocks and subsequently a significant reliance on development aid. The major drivers of Samoan economy are fishery, agricultural farming and tourism. The economy expanded by an annual average of 4.3% in 2002–07, before the global financial crisis, but growth subsequently slowed to an average rate of 1.3% per year between 2010 - 2015.

2. The Strategy for the Development of Samoa (SDS) which covers fiscal years 2016/17 - 2019/20 and focused on "Improved Quality of Life for All" outlines the government's vision for the country's economic and social development. The SDS is implemented through development strategies across 14 key national outcomes within four broad sectors, namely Economic, Social, Infrastructure and the Environment. **Samoans value health as a critical component of well-being and assigns to it a priority in the country's development strategies and plans** as the second priority area of 'Social Policies' with the sixth key Outcome as 'A Healthy Samoa and Well Being Promoted'. This is also reflected in Samoa's commitment to international and regional agreements that prominently feature health outcomes as critical indicators of well-being and development, including the Agenda 2030 for Sustainable Development, the Sustainable Development Goals, the Samoa Pathway, and the Pacific Framework for Regionalism. A key objective under the Social priority is "an inclusive, people-centered health service with emphasis on health prevention, protection and compliance through; a national immunization program; a screening program for rheumatic fever; and non-communicable disease control and management programs."[2]

Sectoral (or multi-sectoral) and Institutional Context of the Program

3. **Health outcome indicators have been steadily improving over the past three decades in Samoa.** Samoa achieved the highest life expectancy in the Pacific and has among the lowest infant mortality rates (IMRs). Samoa's life expectancy increased from 65 years in 1990 to 75 years in 2015. Women have higher life expectancies at 78 years compared to men at 71.8 years. The under-five mortality rate declined from 37 per 1000 live birth in 1985 to 18 per 1000 in 2015, and IMRs have halved since 1985, down to 15 per 1,000 live births in 2015. These indicators are better than might be expected for the country's income level and compare favorably to East Asia Pacific region and Pacific Island Countries (PICs) averages. Even though only recently graduated to upper middle-income group status and with an income level at the lower

[1] Source: World Development Indicators, 2017.
[2] Strategy for the Development of Samoa 2016/17-2019/20: Accelerating Sustainable Development and Broadening Opportunities for all, December 2016.

boundary of the income group (with a GNI per capita of $4,100 in a group from $3,956 to $12,235), life expectancy and IMR in Samoa are almost at par with the upper middle-income country average.

4. **Samoa has seen overall increasing health financing over the past decade, driven by increases in public spending on health.** Over the past decade, public health spending has increased relative to GDP and as a proportion of total government spending, as well as per capita. Government spending on health care constitutes a large proportion of total health expenditure (THE) in Samoa, with public health spending per capita increasing by 30% between FY2006-08 and FY2014-16. Private and out of pocket expenditure(OOP) in Samoa is low in absolute and relative terms. In 2014, OOP in Samoa represented only 5.9% of THE, the majority of the 9.4% total private spending on health in that year. In comparison, the OOP share of THE in LMICs and PICs was respectively 56% and 13%3 in 2014. Like many other Pacific countries, Samoa depends on a substantially higher share of external financing than would be expected for a country with its income level, with an external share of total health expenditure of around 20%.

5. **The low growth rates and strained fiscal situation suggest a limited scope for additional health financing in the future.** The Bank's recent studies focusing on Samoa's health expenditures identified a significant scope for efficiency gains and better value for money. Samoa health PERs in both 2014 and 2017 highlighted i) the substantial increase in non-direct service related spending since the creation of the National Health Service[4] (NHS) and a considerable expansion of the Ministry of Health's governance and support functions; ii) Substantial payroll expansions observed in both MOH and NHS which implies a risk of crowding out of other input factors such as medicines; iii) Government heavily invests on curative services, leaving more cost-effective preventive and primary health services under funded; iv) Out of the total 79.3 million Western Samoa Tala (WST) health budget allocation in 2015/2016, WST6.1 million was earmarked for the National Kidney Foundation and WST63.8 million was provided for the NHS for the hospital's operations, accounting for 88% altogether; and v) overseas treatment accounted for 10-15% of the total health expenditure in 2009/2010 benefiting only 0.1% of the population. The National Non-Communicable Disease (NCDs) Cost Analysis Study found that utilization of essential NCD medicines is very low in Samoa compared to other developing countries and that NHS paid on average 3–6 times the WHO benchmark price for the NCD medicines. .

6. **Despite the positive health outcomes, Samoa faces the dual challenge of unfinished MDG goals and rising NCDs.** While the immunization rates are still below full coverage at 68%, morbidity and mortality patterns show that rising NCDs have become the top cause of mortality in the county. NCDs account for 75% of the total disease burdens in 2016 and more than half of all premature deaths in the country. NCDs are also the major driver of overseas medical treatment with overseas treatment accounting for 10-15% of the THE in 2009/2010. The major NCDs affecting Samoa are diabetes, ischaemic heart disease (IHD), cardiovascular disease (CVD), asthma, chronic obstructive pulmonary disease (COPD) and cancers. The 2013 STEPS survey found that 28.9% of the Samoa population are hypertensive and 24.8% have diabetes. Alarmingly, these rates are still going up, rather than going down.

7. **Life-style related risk factors drive the most death and disability related with NCDs, underscoring the importance of changing behavior.** Overall, the top risk factors that account for the most disease burden in Samoa in 2016 were closely linked to NCDs and included: high body-mass index, high fasting plasma glucose, dietary risks and high blood pressure.. Since 2005, these four risk factors, plus impaired kidney function and high total cholesterol, have seen double

[3] Source: WDI database

4 Naturally, the splitting of an institution results in duplication and cost increases through the need for two separate governance and administrative arrangements. The rationale for such the split is that this increase will be overcompensated through efficiency gains in other areas, e.g., through more flexible human resource policies or the introduction of competition among providers that lead to cost savings when contracting particular services. The increase in non-service related spending has also been the case with the split of MOH and NHS, for example with the creation of the Board of Directors and the purchase and subscription of separate financial management information and payroll systems, but it is unclear to what extent efficiencies have materialized.

digit increases of around 20%. Samoa is among the countries with highest obesity rates in the Pacific. Obesity rates have grown from 25.5% in 1978 to 67.5% in 2001, with higher obesity prevalence among women. In addition, tobacco smoking as a risk factor remains high, with smoking rates of 35.8% for men and 15.5% for women over the age of 15[5].

8. While the country is facing significant challenges of rising NCDs, the current health service delivery system is not well poised to tackle the challenges.

- The current service delivery system in Samoa is heavily hospital-centric characterized with bypassing of primary health care and overcrowding in the main hospital. The allocation of resources (Personnel, equipment, supplies, infrastructure and vehicles) is skewed towards the main hospital Tupua Tamasese Meaole (TTM) National Hospital in Upolu with the primary health care under-resources and under staffed. Doctors are concentrated in the main referral hospital in Apia with the other 11 primary health care facilities almost exclusively staffed by nurses with a physician visiting only one day a week. Basic infrastructure, diagnosis equipment and competencies are lacking in the district hospitals; and therefore, the facilities lack the capacity to diagnose and manage chronic NCDs.
- Human resource constraints: There is a lack of long term workforce planning; a clear shortage of physicians while at the same time continued emigration of medical professionals to the neighboring countries. There is also a lack of career path for primary health care doctors/general practitioners, nurses and nutritionists working at primary care setting. The MoH/NHS institutional split has further exacerbated the human resource constraints by separating medical and public health services, nurses and doctors, resulting in lack of coordinated care by a team.
- Lack of effective care model for NCDs: Gaps including low screening rate, weak follow-up and referral, as well as lack of a patient tracking system, have been identified (See Figure 5). These gaps indicate the lack of a systematic NCD disease management in the country. As a result, most of the patients in Samoa have not been detected, diagnosed and put under regular disease treatments. Without effective disease management, the disease will further progress to comorbidity such as stroke, cardiovascular diseases and kidney failure. The country faces a high burden of pre-mature death and considerable increase of kidney dialysis cases.

9. **The Government's Health Sector Strategy recognizes NCDs as an increasing problem and has taken important actions to address the challenge.** Key government actions towards achieving its NCD control objectives include increased taxation on alcohol and tobacco use; increased excise taxes from 8% to 20% on imported food with high fat, sugar and salt content%; revitalizing primary care including an institutional reform focused on the reorganization and merger of the Ministry of Health and the National Health Service and strengthening community engagement in the control of NCDs through the PEN Fa'a Samoa[6] program.

10. **The Samoa government is in the process of finalizing its National Non-Communicable Disease Policy (2018-2023)** which is focused on reducing the burden of morbidity, mortality and disability due to NCDs. The policy is the new rendition of the first national NCD policy formulated in year 2010 covering 2010-2015. The Policy encloses a National

[5] Source: Samoa HIES 2013/14

[6] **The Samoa Government in collaboration with WHO has initiated the PEN Fa'a Samoa program based on the WHO Package of Essential Tools for Non-Communicable Disease control (PEN).** The purpose of this community engagement strategy is to highlight the country's return to the family-oriented, community engagement and Fa'a Samoa ways of delivering primary health care to its communities. The village based intervention empowers Village Women Committees(VWCs) and trains village women committees to measure key NCD metrics and provide referrals to individuals with identified risk to the district hospitals for further care. Roll-out of PEN Fa'a Samoa to all villages is a government priority for early detection, diagnosis and prevention of NCDs at the community level. After two years of implementation, PEN Fa'a Samoa has been rolled out to 17 villages out of 265 villages in Samoa.

Strategic Action Plan 2018-2023 which details eight key strategic areas, objectives and actions for all stakeholders. The proposed World Bank operation will support the Samoan government's National Non-Communicable Disease Policy (2018-2023) with the aim of establishing a people-centered integrated service delivery system to address NCDs in Samoa.

Relationship to CAS/CPF

11. The proposed operation is consistent with one of the four focus areas set out in the Pacific Regional Partnership Framework, FY2017-2021. Objective 3.2 of focus Area 3 is to strengthen country's health systems and address NCDs with the aim of helping countries implement the Regional NCD Roadmap adopted by a joint meeting of Pacific Finance and Health Ministers in Honiara in June 2014. Health systems in the Pacific including Samoa need to reorient themselves from focusing on acute communicable disease responses towards more effective long term chronic health care service.. This objective also explicitly includes the intention to strengthen primary care as well as to adopt multi-sectoral approach for risk factor controls. The proposed operation addressing the NCD crisis in Samoa is therefore fully aligned and will directly contribute to the achievement of this development priority outlined in the regional partnership framework.

Rationale for Bank Engagement and Choice of Financing Instrument

12. There is a strong rationale for the World Bank's engagement in this operation. First, the Bank has had a long-term engagement with Samoa and has built a track record of development experience in Samoa. Since Samoa became a member in 1974, the International Development Assistance (IDA) has provided notable assistance to support agriculture, finance, telecommunications, power, transport and for the health sector. The proposed program would represent the Bank's third phase of assistance to Samoa's health sector following the Health SWAP Program (2008-2016) which ended in 2016. Secondly, the Bank's IDA supports to the Pacific Island Countries (PICs) is rising to unprecedented levels which will have a potentially transformative impact on the ongoing development agendas in the region including tackling NCD crisis. The proposed program represents a sustained and deepened engagement in the health sector in Samoa by continuing to build institutional capacity and government ownership. Finally, the Bank has extended its support through its Development Policy Operations (DPOs) to enhance Samoan government's efforts in promoting healthy lifestyle and reducing unhealthy diets through introducing excise duties for alcohol, tobacco, sugary and salty products. The proposed health operation will complement the macro level policy interventions through implementation of interventions at the sector level. Bank's engagement in Samoa' health sector at both macro as well as sector levels provides a unique opportunity for linking health sector development efforts within a whole-of-government context as well to address the NCD crisis in a systematic manner.

13. To better leverage this unique opportunity the Bank's engagement can provide, the proposed operation intends to support the government's NCD control program through the Program-for-Results (PforR) financing instrument. The PforR instrument is appropriate for the proposed operation because it incentivizes a focus on results, promotes a systematic approach and supports institutional strengthening of country system for sustainability. More specifically:

- By linking disbursements to achievement of results that are tangible, transparent, and verifiable, PforR can be an effective instrument to shift focus towards policy and sector results, and away from the financing of inputs in Investment Project Financing.
- The Governments' management and implementation capacity will be enhanced by use of the PforR instrument, as it is designed to support the use of the governments' own technical, management and fiduciary systems and build the implementation capacities at all levels.
- The PforR is an effective instrument for system strengthening and reform which provides a great opportunity for the country to build its service delivery system to tackle the NCD challenges in a systematic manner.

14. As noted earlier, a systematic approach and a focus on results are essential for Samoa at this stage to step up and deepen its efforts on NCDs management. Both the Ministry of Finance and Ministry of Health have acknowledged the need for the country to move away from focusing on inputs to focusing on results, and both noted their enthusiasm for a result- based financing modality for this new health operation. The proposed operation is going to the first World Bank PforR in Pacific, all sectors considered. While the PforR instrument is new to Samoa as well as to the Pacific region, it is not the first result- based financing for Samoa. Two result-based financing programs are currently being implemented in the country:1) Water Sector Results - Based Financing program, which is financed by the European Union (EU) and has been under successful implementation for nearly a decade; and 2) Education Program financed by DFAT and MFAT. The government of Samoa is keen to learn more about the new instruments and the Bank team has providing training on the PforR approach during the last two missions as well as - present to the Minister the PforR instrument during his participation in World Bank's Annual meeting in DC. The Bank team will continue to provide the trainings throughout the preparation.

C. Program Development Objective(s) (PDO) and PDO Level Results Indicators

Program Development Objective(s)

15. The Program Development Objective (PDO) is to improve the quality and capacity of the service delivery in Samoa for tackling the rising NCDs. This will be undertaken through enhanced early detection and disease management.

PDO Level Results Indicators

16. Key program results indicators are given below. The first one reflects the expected output of enhanced health promotion program focusing on young generation (result area 1) which is anticipated to increase awareness and knowledge of school students regarding healthy living, in particular healthy nutrition, to prevent NCDs. The second is a gender specific indictor with focus on reducing the overweight of women in Samoa, who has a much higher obesity rate than man. The third indicator reflects the expected outcomes of expanding community-based risk screening and referral. The fourth refers to the adequacy of the skill mix and enhanced service capacity at the district hospital level. The fifth indicator reflects the expected outcome of result area 3 which is aimed to strengthen the quality service provision of NCDs disease management at the primary care setting, i.e. the rural district hospitals and health centers in the context of Samoa.

17. The proposed key results indicators to be achieved in the PforR are:

- Percentage of schools complying with school nutrition standards (result area 1);
- Number of villages, implementing PEN Fa'a Samoa, with reduced average weight of community women aged 25-50 (result area 1, 2);
- Number of villages with PEN Fa'a Samoa rolled out according to updated protocol (result area 2);
- Number of rural district hospitals/ health centers with a multi-disciplinary team in place according to the defined Term of Reference (ToR) (result area 3);
- Number of patients in the Hypertension and Diabetes registries tracked and managed by rural district hospitals; following standardized disease management protocols (result area 3).

18. A set of disbursement-linked indicators (DLIs) for the program will form the basis of disbursement; the following DLIs were proposed during the initial discussion with the government:

- Percentage of schools complying with school nutrition standards (result area 1);
- Number of villages with PEN Fa'a Samoa rolled out according to updated protocol (result area 2);
- Number of rural district hospitals/ health centers with a multi-disciplinary team in place according to the defined ToR (result area 3);
- Number of patients in the Hypertension and Diabetes registries tracked and managed by rural district hospitals following standardized disease management protocols (result area 3);
- Annual Capacity Building Plan formulated and approved by the HPAC in line with Health Sector Plan 2019-2029 (result area 4).

D. Program Description

PforR Program Boundary

19. **Program Description**. The proposed operation aims to support the Samoan government's National Non-Communicable Disease Policy (2017-2022) program which is focused on reducing the burden of morbidity, mortality and disability due to NCDs. The policy is the new rendition of the first national NCD policy formulated in year 2010 covering 2010-2015. It is noted however that the policy is currently being developed with the second draft being circulated for consultation (attached as Annex 3). This policy is aligned with Samoa's Health Sector Plan 2008-2018, which highlights 4 priorities of health sector development in Samoa, with the fourth area focused on addressing the increasing levels of noncommunicable diseases.

20. The draft policy document outlines updated and improved strategies that will enable coordinated efforts among the health sector partners towards achieving the vision of a healthy Samoa and an improved quality of life for all through control of rising NCDs. It maps out a set of key strategic areas to be implemented and a set of indicators to be achieved in the five-year period ending in 2022. The policy is aligned with the WHO Global Action Plan for Noncommunicable Diseases 2013-2020 as well as the Western Pacific Regional Action Plan for the Prevention and control of Noncommunicable Diseases 2014-2020, which provides a roadmap and cost-effective interventions to attain global targets. The Policy encloses a National Strategic Action Plan 2018-2022 which details the eight key strategic areas, objectives and actions for all stakeholders.

21. The table below provides a summary of the eight key strategic areas of focus for the NCD Action Plan. The critical weaknesses in the current system around low detection rate as the result of slow progress of the PEN Fa'a Samoa rollout, lack of a patient registry and patient disease management tracking system, the need to enhance health promotion programs targeting key population sub-groups are well covered in the proposal. However, another critical area, which is strengthening primary health care through improved infrastructure and human resources in district hospitals and introduction of integrated disease management for NCDs, is not elaborated clearly in the list of actions. In line with the consultation process, focused discussions have been held with the government during the Bank team's missions to improve the Policy and corresponding action plan. The fact that the National Policy is still under development poses a challenge for the Bank team, but on the other hand, it also provides a great opportunity in a way that the Health PforR operation makes direct impact through enhancing the national policy formulation during the preparation of this PforR.

Key Strategic Area	Actions
Key Strategic Area 1: Improve Health	1.1 Establish cancer registry with assistance from Samoa Cancer Society.
	1.2 Establish a diabetes registry and update existing records.

Information recording, reporting and tracking	1.3 Health Registration Number (HRN) clean up — explore identification incentives for using the same HRN.
	1.4 Require that all hospitals and admissions group commit to using electronic information.
Key Strategic Area 2: Strengthen health promotion and prevention	2.1 Strengthen NCD awareness programs for young children, involving teachers, church leaders, parents and families to promote the importance of a healthy lifestyle.
	2.2 Assess the current access and awareness of health services through a survey; with parents as the target population.
	2.3 Re-introduce school nurse and dentist school visits to maintain general health of children through improved immunization coverage and oral health.
	2.4 Strengthen breastfeeding counseling education to community nurses – need to convey the benefits of breast milk to women in the villages.
	2.5. Strengthen community based programs on NCD prevention and engage communities to be proactive in leading a healthy lifestyle.
Key Strategic Area 3: Government Legislations and Regulations	3.1 Implement the provisions stipulated in the Food Act 2015 and Food Regulations.
	3.2 Implement the provisions listed in the Tobacco Control Act 2008 and Tobacco Control Regulations 2013.
	3.3 Remove tariffs on healthy foods and local food products.
Key Strategic Area 4: Infrastructure Improvements	4.1 Shift to eHealth system to improve information management and efficient patient follow-ups on NCDs.
	4.2 Establish a Diabetic Foot Clinic in Upolu and Savaii.
	4.3 Build on current partnerships with the private sector in regard to NCD health screenings and counseling.
	4.4 Install protective measures for disability care, mental disorders and maternal health.
Key Strategic Area 5: Disaster preparedness and NCDs	5.1 Integrate disaster preparedness into the NCD policy by linking related activities identified in the National Disaster Management Plan.
	5.2 Prepare for increased risks associated with cardiovascular diseases, malnutrition and respiratory disease.
	5.3 Install protective measures for disability care, mental disorders and maternal health.
Key Strategic Area 6: Screening & Counseling	6.1 PEN Fa'a Samoa to reach all villages to achieve universal health coverage.
	6.2 PEN Fa'a Samoa to be sustained in the long run through sufficient funding.
	6.3 Ensure the patients that are referred are followed up in terms of treatment and management.
Key Strategic Area 7: Other Chronic Conditions/Illnesses	7.1 Raise the awareness of the importance of psychosocial and mental health services for public knowledge.
	7.2 Mainstream disability in other sector plans and policies.
	7.3 Integrate auditory services, oral health, disability care, arthritis care, skin diseases, chronic care support and injury prevention.
	7.4 Integrate mental health in PEN Fa'a Samoa.
	7.5 Integrate sexual reproductive health and maternalhealth complications into NCD programs.
	7.6 Continue to strengthen current interventions on the prevention of infectious diseases such as HPV-cervical cancer, Hepatitis, Rheumatic Fever and Rheumatic Heart Disease.
Key Strategic Area 8: Human Resources and Capacity Building	8.1 Enhanced capability of service providers particularly involved with NCDs such as tobacco control enforcement officers, health educators in hospitals, biomedical technicians etc.

	8.2 Consider certification for village women representatives who've been trained to conduct the PEN Fa'a Samoa NCD screening.
	8.3 Build the capacity of allied health professionals in their technical areas of expertise.

22. The **proposed health PforR operation** will focus on supporting the government's National NCD Control Program as outlined above. The support will focus on a selected set of government key strategic areas (particularly the areas highlighted in blue). The details of the sub-programs and the boundary of the Health PforR will be further elaborated and finalized during the technical assessment.

23. The proposed health PforR aims to address the identified gaps in the existing system through establishing a people-centered integrated service delivery system to provide effective, coordinated and continuous NCD management in Samoa. The new system is expected to support the macro policy intervention framework, empower community engagement, facilitate behavior change through enhanced health promotion and increased early detection, referral and integrated NCD management with strengthened district hospitals and essential information system for patient tracking. The proposed PforR program will have the following four sub-programs (corresponding to the four Results Areas identified above) based on the discussions with government and the development partners:

24. Result Area 1: Minimize risk factors and change behavior through enhanced policy intervention and selected community based health promotion programs. This will have two major components:

- Support GoS' efforts to control NCD risk factors through legislation and regulation. One specific activity will be to implement ongoing monitoring and impact assessment of alcohol, tobacco and unhealthy foods taxes with the aim of enhancing policy intervention.
- Community-based health promotion programs through supporting and deepening the ongoing programs including Healthy School program; Healthy mother; Healthy Faith Based Organizations (FBOs) program with the aim to promote healthy lifestyle and reduce overweight and obesity. Given the much higher obesity rate of women in Samoa compared to men, the health promotion will have a special focus targeting on women.
    a. Promoting healthy lifestyle toward young people through Healthy School Program, focused on promoting healthy diets, physical activity and monitoring BMI in schools as well as the inclusion of healthy lifestyles and aspects of disease prevention in the school curriculum.
    b. Healthy mother program based on empowering women in villages to make better nutrition choices for their families and better feeding for children.
    c. Faith Based Organization (FBO) program – including development of "a healthy church" guidelines to support health promotion activities via the church.

25. As noted earlier, the most prominent risk factors for NCDs in Samoa are overweight and obesity, which are largely life-style related. Since 2005, these risk factors have seen double-digit increase over the past decade, which raises questions on how to enhance the effectiveness of health promotion programs in the country. It is always difficult and challenging to change behavior, and the continuous growth of NCD prevalence in Samoa underscores the importance and urgency of doing things differently through innovative approaches. It was agreed that community empowerment and citizen engagement must be the way forward. The Bank team will work with the government to explore innovative approaches in engaging communities to influence behavioral changes.

26. Result Area 2: Increase early detection of NCD patients through the expansion of PEN Fa'a Samoa and health facility visit screening. There are two major approaches for screening of NCD patients in the country, community-based NCD

screening PEN Fa'a Samoa program[7] and screening through health facility visits. The focus of this result area is to enhance the country's screening and referral capacity in these two fronts, through the following activities:

- Accelerated expansion of PEN Fa'a Samoa to all villages. As noted earlier, in Samoa, far too few people with NCDs are receiving early screening and detection services. Early detection, treatment and management of NCD patients are vital and have a direct impact on the reduction of preventable disability and death. The introduction of the PEN at the community level is aimed at addressing this gap and improving early screening and detection of NCDs as well as support the care and management of NCDs at the community level through increased referral of eligible people screened for diagnosis.
- Refining and updating of PEN protocols for Samoa to support the expansion of screening services at the community level.
- Institutionalization of routine screening at the health facility level: in addition to community-level screening, this operation will invest in providing training to health service providers to integrate NCD screening and diagnosis in routine health facility visits. NCD screening protocols will also be updated and enhanced.
- Improved referral of eligible people screened for diagnosis.
- Registration and tracking of persons identified as high risk and NCD patients diagnosed.
- Strengthening the country's diagnostic and referral capacity.

27. Result Area 3: Provide integrated NCD disease management with strengthened primary health care and patient tracking system. This component is aimed at strengthening and reorienting the health system to address secondary prevention of non-communicable diseases through integrated service provision with the district hospitals at the center. The Program will focus on two tracer conditions: hypertension and diabetes, as cardiovascular diseases and diabetes are the top two NCD conditions in the country. The key activities under this component include:

- Establishment of a multi-disciplinary team stationed at district hospitals including a primary care physician, nurse, nutritionist (where available), allied health workers, village women's committee; with functions clearly defined to provide a continuum of care in a coordinated manner.
- Need-based infrastructure and equipment investments to enhance diagnostic and treatment capacity at the district hospitals; the district hospitals to be prioritized and the investments made at each facility will be defined during project preparation but will reflect the needs at each health facility level. An assessment of district facility capacity will be conducted to determine health facility readiness to support chronic disease management. This will include assessments of equipment inventory and health personnel at each district hospital.
- Development of evidence-based NCD management pathway for all levels of the health system to guide health workers through the clinical decision-making process.
- Ensure reliable, uninterrupted, and affordable essential drug supply.
- Train health care workers in the management of NCDs using the Chronic Care Model with emphasis on a people-centered approach.

28. Result Area 4: Strengthen program stewardship, M&E and build institutional capacity. This key result area will focus on strengthening the policy formulation and program implementation capacity of government, in particular, the multi-sector National NCD Committee, to ensure the achievement of intended program results. The following elements of this key area will be further developed:

[7] Up to date, PEN Fa'a Samoa has been rolled out to 17 out of 265 total villages in Samoa after two years of implementation.

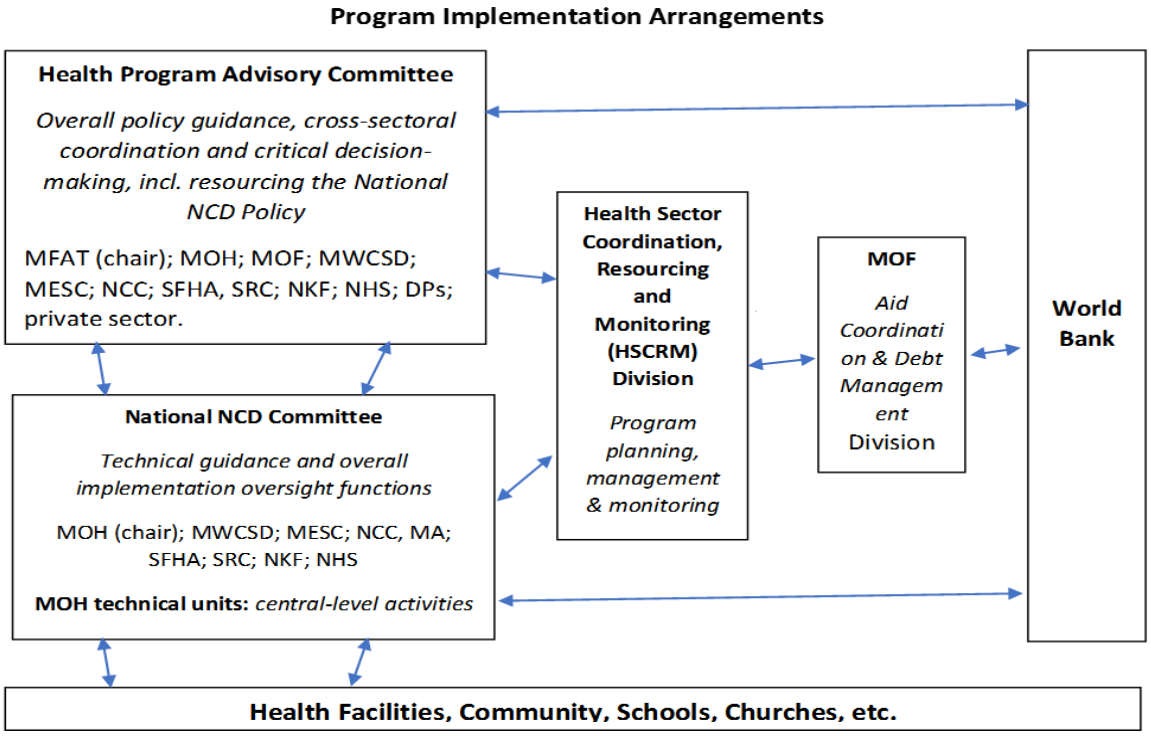
- Build up program monitoring and evaluation capacity is to monitor progress and evaluate where and how improved outcomes can be achieved. This will also include managing the contracting of verification of results;
- Health workforce development - to support the development of the terms of reference (TORs) for the multi-disciplinary team to be stationed at the district hospitals as well as formulation of health workforce planning to inform the development of a health workforce that is more responsive to the needs of the health sector;
- Development of an annual capacity building plan;
- Establishment of an essential patient tracking system (to track patients from screening to treatment) is critical for an integrated NCD disease management. Recognizing the weakness of the current patient management system, the operation will support the development of a patient management system at the district hospitals for effective monitoring and tracking of patients to ensure effective management of NCD patients under care. The extent to which this component will be included in the WB operation will be further discussed based on the progress of the ADB e-Health project.

Institutional Arrangement for Implementation

29. The PforR Program supports Samoa's national NCD control policy and action-plan, therefore the existing institutional framework in the country will be followed under the PforR Program. At the national level, the Health Program Advisory Committee (HPAC), currently chaired by the Ministry of Foreign Affairs and Trade (MFAT) and comprising representatives of relevant line ministries and key stakeholders, is in place to provide overall policy guidance, strategic direction, cross-sectoral coordination and critical decision making[8]. The National NCD Committee provides technical guidance and implementation oversight functions for NCD control programs in the country. Chaired by the MOH, the National NCD Committee includes representatives of Ministry of Women, Community, and Social Development (MWCSD); Ministry of Education, Sports, and Culture (MESC); National Council of Churches (NCC); Ministry of Agriculture (MA); Samoa Family Health Association (SFHA); Samoa Red Cross (SRC); National Kidney Foundation (NKF); and National Health Service (NHS). The Health Protection and Enforcement Division (HPED) is the secretariat for the National NCD Committee and would perform day-to-day program management and coordination.

30. At the MOH level, Health Sector Coordination, Resourcing and Monitoring (HSCRM) Division is "responsible for coordinating and managing development assistances that are channeled through the MOH for health sector development. This division works to pool the resources of the whole health sector, focusing on the coordination, distribution, and monitoring of resources and finances as well as the progress of the Health Sector Program". It also has the NCD coordination function through its Non-Communicable Disease Coordination, Programming and Implementation Unit headed by the Principal NCD Officer. The primary functions of the HSCRM Division regarding the program will be to coordinate, plan, ensure budget availability, address cross-divisional issues, hiring of the independent verification agency (IVA), and overall monitoring of and reporting on the program progress. The latter function will be performed in collaboration with the Strategic Planning Policy and Research Division, one of the core functions of which is to monitor the progress of the Health Sector Plan and the implementation of Cabinet-endorsed policies, including the National NCD Policy. This program governance structure (presented on the diagram below) is aimed at ensuring government ownership and alignment of proposed operation with the National NCD Policy and Action Plan. The structure is expected to be updated following the MOH/NHS merger, scheduled to be rolled out in July 2018.

[8] More specifically, the HPAC's existing advisory tasks include the following: provide overall policy and strategic guidance on health sector program implementation and propose corrective action, if needed; approve health sector program progress reports; endorse plan of works; ensure that priority programs, including the National NCD Policy, are sufficiently resourced; ensure that externally supported health sector programs are in accordance with Samoan Government's policies, priorities and plans; provide advice on way forward with regards to problematic concerns in the health system; and provide advice on technical assistance reports and recommendations.



Preliminary Assessments

Technical aspects

31. ***Strategic relevance***. Pacific island countries including Samoa are facing rapidly increasing NCDs, and their related impact on acquired disability and reduced productivity. Health systems in the Pacific need to reorient themselves from focusing on acute communicable disease responses towards more effective long term chronic health care services that NCDs require. Addressing NCDs and improving health outcomes requires multi-sectoral collaboration and a systematic approach covering macro policy intervention, community empowerment, enhanced health promotion, early detection, referral and diagnosis of NCD patients as well as integrated disease management. The proposed operation is aimed at supporting the implementation of the Regional NCD Roadmap adopted by a joint meeting of Pacific Finance and Health Ministers in Honiara in June 2014. The vision and specific policy interventions listed above are aligned with the government's draft national policy directives. The proposed Program is therefore strategically relevant, and well aligned well with the GoS's national NCD policy and priorities.

32. ***Technical soundness***. The proposed health PforR operation builds on the Bank's previous analytical work on NCD control and NCD costing study in Samoa. Its design draws on the findings and recommendations of international best practice and global knowledge for NCD control. The overall vision and the policy interventions listed are well aligned with government policy directives and, importantly, they build on lessons learned from past Bank operations in Samoa as well as operations of other development partners in Samoa.

33. ***Program's expenditure framework.*** The National NCD program and action plan are currently under development and the main expenditures of the program are yet to be clearly defined. The fiscal boundaries for the program will be the

expenditure lines related to the national action plan. The estimation of the NCD program expenditures will be based on two major components: 1) regular budget allocated to NCDs, and 2) incremental cost of scaling up NCD interventions. Samoa's government budget for health has two major allocations: one for MoH and another for NHS (accounting for 74% of public health expenditures). From the Governments 2017/18 budget, the budget allocation for health in total is WST 95.79 million (US$ 37.59 million) of which WST 7.23 million (US$ 2.84 million) is directly allocated to NCD programs under the management of MoH. As the budgeting is currently not done by program, it is difficult to ascertain the proportion of the WST 71.27 million (US$ 27.97 million) allocated to the National Health Service for the NCD program. However, based on World Bank's Samoa NCD costing study, NCDs account for more than 55% of total medical spending and are also the major driver of the overseas medical treatment (10% of total health expenditure). It is therefore estimated that the total budgetary allocation to NCDs is around US$18.2 million for 2017/2018. Note that these amounts do not include the new activities under the new NCD action plan and the cost for scaling up of NCD interventions in the next years.

34. ***Program's results framework****:* The proposed operation has identified four results areas, and the following table provides a preliminary results framework based on the discussion with government. This table includes five DLIs covering four results areas and nine regular monitoring indicators to assess the progress of program implementation.

Result areas	Indicators
Area 1: Minimize risk factor and change behavior through enhanced policy intervention and community based health promotion	**DLI 1: Percentage of schools complying with school nutrition standards.** IRI 1. Percentage of schools complying with "smoke-free area" policy and legislation. IRI 2: Percentage of schools implementing school nurse and Body Mass Index (BMI) monitoring program. IRI 3: Percentage of Faith Based Organizations implementing physical activity program.
Area 2: Increase the early detection of NCD patients through expansion of PEN Fa' a Samoa and health facility visit screening	**DLI 2: Increase in the number of villages with PEN Fa'a Samoa rolled out according to updated protocol.** IRI 4: Percentage of persons, identified as high-risk through PEN Fa'a Samoa, diagnosed (as defined in national protocol) within 30 days at designated health facility. IRI 5: Number of health facility patients screened for selected NCD according to the national protocols. IRI 6: Number of villages, implementing PEN Fa'a Samoa, with reduced average weight of community women aged 25-50.
Area 3: Provide integrated NCD disease management with strengthened primary health care and essential patient tracking system	**DLI 3: Number of rural district hospitals/ health centers with a multi-disciplinary team in place according to the defined ToR.** **DLI 4: Increase in the number of patients in the Hypertension and Diabetes registry tracked and managed by district hospitals following standardized disease management protocols**. IRI 7: Reduction in stock-outs of Hypertension and Diabetes drugs.

Area 4: Strengthen program stewardship, M&E and build institutional capacity	**DLI 5: Annual Capacity Building Plan formulated and approved by the HPAC in line with Health Sector Plan 2019-2029.** IRI 8: Functional M&E system. IRI 9: Completion rate of Annual Capacity Building Plan approved by the HPAC.

35. ***Results Verification*.** Several agencies (Samoa Audit Office, South Pacific Community (SPC) headquartered in New Caledonia, WHO and Samoa Bureau of Statistics(SBS)) were proposed as the potential candidates of the verification agency for DLIs. Discussions were held with MoH and MoF over these candidates against the following criteria: (i) Absence of conflict of interest; (ii) Relevant technical expertise and experience; and (iii) Adequate capacity. In addition, GoS emphasized the need to build domestic capacity and to save cost to the extent possible.

36. Samoa Bureau of Statistics (SBS) has been engaged in implementing several health sector surveys[9], and thus has the required technical expertise, experience, and necessary implementation capacity for the proposed verification tasks. Furthermore, the SBS has been performing the results verification role for the EU-funded Water Sector Results-Based Financing program and, hence, is familiar with results-based operations. Furthermore, engaging SBS satisfies the following considerations that are important for both the PforR policy as well as the country's perspectives:(i) Use of already existing country systems and processes; (ii) Building and strengthening local capacity and keeping it in-country to ensure sustainability; and (iii) Costs of SBS verification services being potentially much lower compared to any other international or regional organization, such as, for example, the SPC.

37. ***Program Monitoring and evaluation capacity*.** Samoa's health information system is predominantly paper-based and, where automated, remains fragmented with a lack of connectivity between different information systems across health facilities. The patient information system (PATIS), a patient management system originally developed in 1996 with support from the Government of Australia in response to a request from the Government of Samoa, is currently used in only the main hospital in Upolu: TTMH. According to feedback shared by the GoS, while being a costly system to implement, the PATIS does not have expected functionality. The patient management at the eleven rural district hospitals and health centers are still paper based and with no information flow among each other or with the two main hospitals. In addition, the fragmentation manifests itself in the lack of coordination and information flows between health facilities operating under the NHS and the MOH that in charge PHC and PEN Fa'a Samoa program, thus there is no linkage between community based screening and diagnosis in the health facilities. Data gaps and lack of standardization of data entry are significant challenges. Fundamentally, Samoa does not have a single identifier system for its citizens, and is planning to build the system under a World Bank financed project.

38. Important lessons-learnt from the previous engagements, especially the Health SWAp Program (2008-2016) is the lack of results monitoring and evaluation system in the country. The unsatisfactory rating of the SWAP program was largely due to the fact that the country system failed to provide data to show whether the project objectives have been achieved. Although the MoH has a unit for information collection and reporting for health services, this is largely based on the information only from the two hospitals. One reliable source of information for NCDs is the Stepwise approach to surveillance (STEPS) survey, supported by WHO and being implemented every 5 years.

39. An eHealth Information System is currently being designed under the Asian Development Bank's Samoa Submarine Cable Project (SSCP) approved in November 2015. By design it will be able to provide the infrastructure and platform for patient tracking, health service management as well as to support government administrative needs. This initiative is

[9] These include the Demographic Health Survey (DHS), Stepwise approach to surveillance (STEPS) survey, and SALT survey.

supported under the Samoa eHealth Policy governed under the Samoa National Health Sector Plan (2008 to 2018) and linked to the Samoa eHealth Strategy (2017 to 2022). The project has been severely delayed with little progress made two years after its effectiveness. In addition, the Government of Australia's Department of Foreign Affairs plans to finance the development of an ePharma system compatible with the envisaged ADB-supported eHealth system.

40. The task team is fully aware of the system weaknesses, and will carefully assess the data collection and reporting system in the country as well as the M&E framework as part of the technical assessment. Given the apparent delays in contracting technical assistance to design the eHealth system and the GoS' intention not to trade design quality for speed given the envisaged substantial investment (US$14-15 million), interim solutions compatible with the forthcoming eHealth system, such as mobile applications, will be considered and assessed during preparation to enable patient tracking and M&E under the program. All activities to build up program monitoring and evaluation capacity will be addressed through and elaborated under the Results Area 4.

41. ***Economic Evaluation***: NCDs pose an enormous economic burden on countries and estimates of the current and future burden of disease have stimulated the recognition of the importance of addressing the NCD challenge. In addition to establishing the rationale for public investments for NCD control program in Samoa, the economic analyses will measure program impact by quantifying the benefits from the improved quality of care, of the reform program. The proposed Health PforR will improve the access, delivery and quality of health services for NCD management by strengthening the primary health care system. Benefits of the program include: i) Reduced morbidity, disability and premature mortality as a result of early detection and better disease management; ii) Reduction in the number of hospital admission hence a reduction in the cost of tertiary care; iii) Overall efficiency gains of the health system by shifting service delivery from the main hospital to district level hospitals; and finally, v) Reductions in loss of productivity of households due to NCD morbidity and mortality.

42. Subject to data availability, the economic evaluation will aim to assess (i) the economic burden of NCDs; (ii) the costs of implementing a set of recommended actions to prevent and control NCDs; and (iii) the health and economic benefits of implementing these interventions. An analysis of the economic burden of NCDs will assess both the direct and indirect costs of NCDs using a cost-of-illness (COI) approach to reveal the extent to which NCDs are affecting the country's economic growth. A set of interventions prioritized by the Government of Samoa under its National NCD Control Policy will be costed. These cost estimates reflect the resources needed for Samoa to implement interventions. Finally, an intervention impact analysis will be conducted to project both health and economic impacts. Projected health impacts evaluate the number of NCD-related episodes and deaths avoided due to the scale up of interventions while the projected economic impacts will convert health impacts into economic benefits.

E. Initial Environmental and Social Screening

43. The ultimate beneficiaries of the operation will be the population of Samoa who will benefit from: (i) better primary (through community action) and secondary prevention and management of NCDs (by health providers) at all levels of health system; (ii) more equitable distribution of health expenditures and outcomes resulting from the reorientation of the health system from dealing with expensive late-stage care in inpatient settings and overseas medical treatment towards more effective and efficient disease management provided at appropriate levels through a people-centered approach; and (iii) reduction of patients' direct and indirect costs of accessing NCD treatment and care by shifting patient demand for services to the district hospitals.

44. Physical infrastructure investments requiring civil or construction works will be limited to minor expansions/refurbishments of existing facilities and will be undertaken wholly within existing land holdings of the MoH (i.e. Government-owned land). No land acquisition, construction of new buildings and/or expansion of current buildings

is envisaged; therefore, the Program is not expected to have any major environmental and social risks and impacts. Hence the safeguards risk rating is proposed as moderate.

45. The Bank team will carry out Environment and Social System Assessment (ESSA) as per the World Bank's Operational Policy 9.00. The ESSA will provide a comprehensive review of relevant government systems and procedures that address environmental and social issues associated with the Program. The ESSA will describe the extent to which the applicable government environmental and social policies, legislations, program procedures and institutional systems are consistent with the core principles of OP/BP 9.00. Finally, the ESSA will include recommendations for the Program Action Plan (PAP) to address the gaps and to enhance related systems' performance during Program implementation. For the assessment, the team will review the environment and social systems that are relevant to the Program, including relevant aspects, such as gender disparities regarding prevalence of NCDs and associated awareness and treatment interventions, and access to health care by vulnerable groups within the Samoan community (e.g. women, the elderly and the less mobile population groups). Public consultations with all key stakeholders will be carried out during preparation of the ESSA. This will include discussions with the MoH on how consultation would best be carried out during Program design and how best to build gender issues into the overall design. Consultation activities will be designed into the Program preparation process to ensure it is properly targeting those in need. The ESSA consultation will be undertaken with PforR program stakeholders when the draft ESSA is prepared. The Bank will make the final ESSA incorporating stakeholders' feedback publicly available via the MoH and Bank websites.

46. The Climate and Disaster Risk Screening Tool was used to assess the Program design. The starting point for this rating was Low Potential Impact. Overall, climate change and associated natural disasters can have adverse impact on the burden and management of non-communicable diseases in several ways: (i) in countries with long coastlines, flooding can lead to displacement and poverty among population, activating the causal link between poverty and NCDs; (ii) rising sea levels and extreme weather events also damage agricultural systems and increase instances of malnutrition, which over time can lead to development of NCDs, especially in women since climate-induced food shortages can disproportionately harm women's nutrition status, due to gendered pressures within the household to feed men and children first; (iii) heat exhaustion is one of the main climate change contributors to the burden of NCDs and can lead to increased mortality and hospital admissions due to an "overloading" of the cardiovascular and respiratory systems, especially in obese individuals who are predominantly women (almost 90% of females are overweight and over two thirds of women are also obese in Samoa); (iv) finally, climate and geophysical hazards are likely to adversely affect the access of communities to health care facilities, prevent the transportation and compromise the quality of essential medical supplies and pharmaceuticals, and create hurdles and dangers for village women committee members during their visits to fellow community members to provide NCD education, screening and referral services. The Future rating is Moderate Potential Impact.

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