Commentary

Achieving UHC in Samoa through Revitalizing PHC and Reinvigorating the Role of Village Women Groups

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Abstract—The increasing prevalence of NCDs such as cardiovascular diseases, diabetes and kidney failure represents a threat to sustainable development in Samoa. The aim of this commentary is to describe the important role played by women in the community in relation to public health and to detail the lessons learnt and results of a community-based NCD prevention and management package that utilizes the strengths of community engagement at primary care level to accelerate progress towards UHC.

The impetus of reforms in Samoa is to strengthen community-based care and rebuild its foundation—Primary Health Care (PHC). In doing so, the government is reinvigorating the role of women’s village committees in identifying and referring people with high risks factors for non-communicable diseases.

In 2015, an attempt to reinvigorate the role of Komiti Tumama in health was undertaken to address the high burden of non-communicable diseases. The government together with WHO launched a demonstration project, “NCD early detection and self-management through community participation (PEN Fa’a Samoa)”, which aimed to address key issues on NCDs through an approach of contextualizing universal health coverage.

Preliminary results of the program implementation are positive. PEN Fa’a Samoa achieved a high level of population screening coverage in the demonstration villages, in which the women’s committee representatives played a key role. Samoa has shown in this example how such action can strengthen its health system, by utilizing critical human resources at a community level, which have proven to be essential to support the functioning of health services.

INTRODUCTION

The challenges that Samoa faces are similar to those of many islandic nations—remoteness, scarcity of human resources...
and effects of climate change. Samoa is an independent state in the middle of the Pacific Ocean with its unique language and cultural identity. Populated by around 200,000 people on the two main islands—Upolu and Savai’i—it shares Polynesian heritage with other neighboring island countries in the region. Health status overall has improved for Samoans over the past decades. Despite positive health indicators, morbidity and mortality patterns show a population undergoing the epidemiological transition of rising non-communicable diseases (NCDs) whilst still dealing with high rates of ill health and death caused by infectious and parasitic diseases.¹

The main bottleneck in the provision of universal health coverage (UHC) in Samoa is a limited health workforce and its uneven distribution, with doctors’ concentration in the two main hospitals. This hospital-centric model of care does not address the growing problem of chronic NCDs. With regards to health system architecture, Samoa has a total of 12 health facilities. There are two main hospitals, the Tupua Tamasese Meaole (TTM) National Hospital in Upolu and the Malietoa Tanumafili II (MT2) Referral hospital in Savai’i, and there are six district hospitals and four health centres. Nurses at the district hospitals and health centres are trained to provide basic health checks and primary care. The nursing numbers per patient are considerably lower than exist in both New Zealand and Australia. In 2013, there were 4 doctors and 16 nurses for every 10,000 of the population. With the exception of the two main hospitals, the public sector health facilities are almost exclusively staffed by nurses with regular clinics conducted by visiting medical officers. In contrast, the number of senior nurse positions within Samoa is much more similar to hospitals in other countries.

NCD risk factors, such as tobacco use, harmful use of alcohol, unhealthy diets high in sugar, fat and salt, and a sedentary way of living, contribute to an increasing NCD burden in Samoa. These lifestyle habits lead to high blood pressure, diabetes and eventually heart disease, stroke and kidney failure. When one person is suffering from an NCD, the entire family suffers too. When one family is suffering, the entire village is affected. The approach taken by the government of Samoa is to strengthen promotive, preventive and curative services at the district and village level. The impetus of reforms in Samoa is to strengthen community-based care and rebuild its foundation—Primary Health Care (PHC). In doing so, the government is reinvigorating the role of women’s village committees in identifying and referring people with high risks factors for NCDs. To address the burden of NCDs, the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) for primary care in low-resource settings was set up as an innovative and action-oriented response to address the NCD challenges. The WHO PEN protocol consists of a prioritized set of cost-effective interventions and aims to integrate NCDs into primary health care; it can help to strengthen national capacity and forms a key component to support implementation of a country’s national policy or action plan on NCD prevention and control.

In Samoa, women’s groups (Komiti Tumama) have historically played a vital role in the delivery of public health and improving access to health services.² Created under the New Zealand administration (1921–1962), Komiti remain in operation until the present day, though their role and influence as agents of public health have diminished.

The aim of this commentary is to describe the important role played by women in the community in relation to public health, historically and culturally, and to detail the lessons learnt and results of a community-based NCD prevention and management package that utilizes the strengths of community engagement at primary care level to accelerate progress towards UHC.

### Addressing NCDs through Community Action to Achieve UHC

Samoa has been one of the first countries to contextualize PEN at country level, hereafter referred to as PEN Fa’a Samoa. The PEN Fa’a Samoa builds on existing village structures and expanded the WHO PEN Package to fit the local context. Under the New Zealand administration, a new form of village women’s association was introduced. With the aim of promoting hygienic means to eliminate mainly infectious diseases, leadership authority was given to the wives of village matai. The new associations were called Komiti Tumama (women’s health and hygiene committees). Komiti also had authority in local governance matters related to community health. Any health promotion measure in Samoa must take account of traditional beliefs. ‘Hierarchy of resort’ is a relevant concept used in medical anthropology to analyze choices people make when they need treatment, especially in situations where alternative approaches health care coexist and complement to each other, as often is the case in Samoa. In 2015, an attempt to reinvigorate the role of Komiti Tumama in health was undertaken to address the high burden of NCDs. The government together with WHO launched a demonstration project, “PEN Fa’a Samoa,” which aimed to address key issues on NCDs through an approach of contextualizing universal health coverage, especially with regards to strengthening health system delivery at the primary care level.
At the policy level, the government had initiated policy developments to emphasize the need for primordial prevention, primary and secondary care and strengthening health systems through the Samoa Health Sector Plan (2008–2018). The National Health Service Corporate Plan 2017–2020 highlighted overarching policy directions for the National Health Service and detailed primary health care as one of the key strategic areas for its delivery.

To meet this policy commitment to strengthen primary health care, the Ministry of Health capitalized on PEN Fa’a Samoa as one of the main areas of focus. The policy commitment specifically referred to the use of women’s committees for delivery of health care and promoting self-reliance.

PEN Fa’a Samoa has been an example of how to engage the whole of the health sector and focus on the most vulnerable groups in society by using a community-based participatory bottom-up approach. The PEN Fa’a Samoa integrated village outreach service for NCDs ensures early detection and increased awareness of NCD risk factors, together with an established process for referral to the district health facility for treatment and follow up. It is organized within the governance structure of traditional villages and is implemented through the Komiti and so overcomes the tendency to set up new community-based organizations, which may divide communities and undermine the positive aspects of traditional governance.

This has been viewed as a particularly important and timely undertaking, as Samoa’s burden of disease has shifted from infectious diseases towards NCDs, which require long-term and close-to-home care. The social burden associated with NCDs includes prolonged disability, diminished resources within families and reduced productivity, in addition to tremendous demands on health systems. The renewed focus is on delivery of public health, and individual and collective health services at the village and district level.

The increasing prevalence of NCDs such as cardiovascular diseases, diabetes and kidney failure represents a threat to sustainable development in Samoa. The STEPS (STEPwise approach to surveillance) data from 2013 indicated that 50% of the Samoan adult population are at high risk of developing an NCD, having at least three of the five identified risk factors for NCDs; and this statistic worsens with age. Approximately 49% of the population have at least one or two identified risk factors for NCDs and only 0.4% of the population were classified as having low risk for NCDs (none of the five risk factors present). There is also evidence of a considerable amount of undiagnosed and untreated NCDs in Samoa. The STEPS 2013 survey identified that an estimated 72% of the population have never had their blood pressure checked. Among those found to have high blood pressure during the survey, only 30% were using medication to control their blood pressure. The same trend was evident for diabetes; almost 75% of the population had never had their blood sugar checked. Among people diagnosed with high blood sugar during the survey, only about 40% were prescribed medication, with 26% oral drugs and around 11% insulin injections.

WHO PEN package (Protocol 1 and 2) has been contextualized for Samoa and introduced through Komiti Tumana, who are supported to provide better detection and management of NCD risk factors for their communities. The demonstration incorporates values from the Healthy Islands initiative to deliver a public health intervention on NCDs comprising of individual, peer, family and community mobilization components. Initiated in two villages in 2015, the PEN program, as of 2018, covers 15 villages in both Samoa’s main islands, Upolu and Savai’i. The program has three particular strengths in the Samoan context: it is organized within the governance structure of traditional villages; it is implemented through the Komiti Tumana with the approval of the fono (village council of matai) and the support of the aumaga (association of youths/untitled men); it enables people to objectively learn their risk of an NCD and empowers them to understand that NCDs are ‘silent’ diseases in their early stages. In addition, it helps people to accept that NCDs are precursors of severe illnesses that can be managed and overcome, if addressed in a timely manner and that they are not special “Samoan illnesses,” which can be exclusively treated by fofofo (traditional healers).

Preliminary results of the program implementation are positive. PEN Fa’a Samoa achieved a high level of population screening coverage in the demonstration villages, in which the women’s committee representatives played a key role. In this regard, PEN Fa’a Samoa utilizes the concept that the women in villages themselves take care of NCD risk factors for their own communities. Following nomination, women’s committee representatives demonstrated considerable enthusiasm in informing and requesting village members to attend fixed sites for screening, which has resulted in remarkable screening coverage. As the role of the women’s committee representatives has been confirmed as the main feature of PEN Fa’a Samoa and revisited through feedback sessions and focus group interviews, a more detailed terms of reference for the women’s committee representatives are being developed for the expansion of PEN Fa’a Samoa throughout the country.

For the expansion, the Samoa Ministry of Health and the National Health Service have aimed to involve all the health
facilities, covering the total four statistical regions based on national census data in Samoa with a total of 330 villages: Region I (Apia Urban Urea, 63 villages) is covered by one health facility which is the main referral hospital for Samoa (TTM). Region II, the North West Upolu with 54 villages has two health facilities: Leulumaga District Health Facility and Faleolo District Health Facility. The Region III (Rest of Upolu) is mainly located on the south of the Island with 111 villages and is covered through four smaller district health facilities (Saapanu, Poutasi, Lalomanu and Lufilufi). The last region, Region IV, covers Savai’i Island with 102 villages and has a total of five health facilities. Tuasivi Health Facility (MTII) was already part of the PEN Fa’a Samoa 2014-2015 and the other four health facilities in Savai’i will be included (Vaipouli, Safotu, Satuau and Foalalo).

While it is not possible, at this early stage, to provide data against all of the PEN Fa’a Samoa objectives, it is apparent that significant progress has been made. More than 90% of the target population has been screened for NCDs. Close to half of the population screened in villages were found to have NCD risk factors and were referred to their local health facility for follow-up and treatment initiation. Those who have been referred urgently, visited the health facility more than once since the implementation of the PEN Fa’a Samoa. The demonstration increased the detection rate for NCD risk factors since the majority of those found to have risk factors were previously unaware of their risk factor status. Once more data are available, more rigorous cost-effectiveness analysis will be done. The PEN Fa’a Samoa Steering Committee developed a list of indicators to evaluate the effectiveness of the interventions.

DISCUSSION

The implementation of PEN Fa’a Samoa, in its own turn, has catalyzed change in health system transformation towards bringing primary health care closer to the heart of the community, with the strong involvement of the women’s committees. This demonstrated the importance of using and as necessary revitalizing the existing human resources, to achieve the goals put forward by the communities. It also underlined the importance of connecting the work of community health workers, represented by Komiti Tumama, with district and village health facilities’ government-employed health workers. In order to further strengthen primary health care in Samoa, to better link the community-based health promotive and preventive services, the government of Samoa has embarked on consolidation of the functions of policy making and service provision by merging the National Health Service (NHS) with the Ministry of CDs, but should not be limited to only those, it could Health. Such a merger aims to strengthen the overall cohesion in the health sector, by better linking policies with services, and giving PHC a fundamental role in the health system delivery mechanism.

With the current global debate on universal health coverage, there is a growing recognition of the importance of community health as a key part of primary health care. Community health should be contextualized at country level and, as presented in this commentary, can situate PHC at the core of the community and ensure delivery of UHC. However, the authors of this commentary also recommend that clear goals and targets should be set out by the health sector, to help other sectors coordinate their response, understand their roles and responsibilities, and ensure they feel part of the whole health system in delivering health services as one. The public health issues in Samoa are not only NCDs but also prevalence of communicable diseases and other health related conditions. When introducing the PEN Fa’a Samoa to the known health issues in the community it gains support from the village council and could help to make the whole village healthier. This is really what UHC is about and how such a bottom up, participatory approach can be expanded to address the key public health burden in the society as a whole.

It is also recommended to develop an overarching community health strategy, linked to the national primary health care strategy, embedded in a national health sector plan, and linked to the country’s national development plan, to assure the highest level of political commitment. As explained through this Samoan example, a community health workforce, such as the women’s committee representatives, can be mobilized to work on priority health conditions such as NCDs, but should not be limited to only those. It could also be a stepping stone to other important health issues where a community approach is needed to reach the most vulnerable groups. The most recent example is the aim to eliminate lymphatic filariasis in the Samoan population.

Another lesson learned from PEN Fa’a Samoa is the importance of a coordination mechanism, encompassing both national and local levels, involving key implementers to reinforce responsibility and create ownership which can foster coordination at a country level and create accountability. Issues that might not be seen as relevant, but however are crucial to ensure successful implementation, can be discussed and solved. For example, during the PEN Fa’a Samoa, the women representatives raised the importance of having identification as community health workers, as community members need to understand the role of the PEN Fa’a and share their health concerns with them. Simple tools such as jackets or
badges were utilized as well as support, to create that trust with the community.

As a result of the women’s committee engagement in the NCDs early detection and prevention demonstration in Samoa, screening results have improved and it is assumed NCDs risk factor awareness has increased, however integration of community health with the broader health system is still needed. As stated above, it will be crucial to build on the lessons learned from PEN Fa’a Samoa, in order to make this approach sustainable and effective and to develop and implement a comprehensive costed community health strategy. Stakeholder dialogue with the community should not be overlooked, as well as involvement of a whole-of-government approach to unify health service delivery and ensure the principles of UHC can be achieved. This needs strong collaboration with the Ministry of Women, Community and Development and Ministry of Finance, led by the Ministry of Health. With this in mind, the next round of PEN-Fa’a Samoa should better consult with the Ministry of Women, Community and Development to develop village selection criteria. These criteria could consider the quality of village governance, the amount of unity and good leadership demonstrated by the Komiti. The longer term goal should be to extend the PEN Fa’a Samoa model in an environment where success will be maximized, and establishing a process where more villages can apply for selection into the program. Future community-based interventions could accelerate progress towards the goal of universal health coverage, as detailed in the Tokyo Declaration on Universal Health Coverage.

CONCLUSION

The implementation of PEN Fa’a Samoa is at the heart of the system transformation for UHC. It aims to improve people’s access to essential health services, from promotion to palliation. PEN Fa’a Samoa is the translation of the global UHC movement in the Samoan context. The Komiti Tumama’s role, in the transformation of the health system in Samoa and in addressing the key challenge of the present time, is as vital now in the NCD crisis—as it was in addressing the challenges of infectious diseases in the past.

As part of the Sustainable Development Agenda 2030, SDG3 includes a specific target under 3.8 for countries to achieve universal health coverage. Although the Ministry of Health is the leading actor, multisectoral action is needed and has been recognized as essential to moving forward towards universal health coverage. The Strategy for the Development of Samoa 2017–2020 has already recognized, at the highest political level, the importance of primary health care in achieving the SDG Agenda, and makes specific reference to the PEN Fa’a Samoa as an essential tool for community involvement and ownership.

Samoa has shown in this example how such action can strengthen its health system, by utilizing critical human resources at a community level, which have proven to be essential to support the functioning of health services, as well as to make the necessary alignments to address its health governance mechanism.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

No potential conflict of interest was reported by the authors.

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