



UNITED  
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SAMOA



PARTNERSHIP  
ACCELERATOR  
2030 AGENDA  
FOR SUSTAINABLE DEVELOPMENT



**SAMOA  
PARTNERSHIP  
LANDSCAPE  
ASSESSMENT**

WORKING VERSION

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# 2030 Agenda Partnership Accelerator

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**PARTNERSHIP  
ACCELERATOR**  
**2030 AGENDA**  
FOR SUSTAINABLE DEVELOPMENT

The 2030 Agenda Partnership Accelerator is an initiative by United Nations Department of Economic and Social Affairs and The Partnering Initiative, in collaboration with United Nations Office for Partnerships, UN Global Compact, and the UN Development Coordination Office. The initiative aims to accelerate effective partnerships in support of the Sustainable Development Goals.

Direct partnership training support and advisory services are offered to member States and UN Resident Coordinators wishing to foster stronger collaboration between stakeholders and sectors and enhance their capacities in forging new multi-stakeholder partnerships and partnership platforms.

The 2030 Partnership Accelerator is working with the United Nations Resident Coordinator in Samoa to enhance collaboration between sectors and stakeholders for advancing the implementation of the SDGs and to build back better from COVID-19. The present assessment is part of these efforts, which will guide the support.

## More information

[sustainabledevelopment.un.org/PartnershipAccelerator](https://sustainabledevelopment.un.org/PartnershipAccelerator)

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# Acronyms

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<b>AAAA</b>	Addis Ababa Agenda for Action	<b>NDC</b>	National Disaster Council
<b>ACC</b>	Aid Coordination Committee	<b>NDMO</b>	National Disaster Management Office
<b>ADB</b>	Asia Development Bank	<b>NDMP</b>	National Disaster Management Plan
<b>ADMD</b>	Aid and Debt Management Division	<b>NEOC</b>	National Emergency Operating Centre (NEOC)
<b>ADRA</b>	Adventist Development and Relief Agency	<b>NGO</b>	Non Governmental Organisation
<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>NHRI</b>	National Human Rights Institution
<b>APTC</b>	Australia Pacific Training Coalition	<b>NHS</b>	National Health Services
<b>AUD</b>	Australian Dollar	<b>NIP</b>	National Indicative Program
<b>BNPL</b>	Basic Needs Poverty Line	<b>NOLA</b>	Nuanua O le Alofa
<b>CAC</b>	Central Agencies Committee	<b>NKFS</b>	National Kidney Foundation of Samoa
<b>CBO</b>	Community Based Organisation	<b>NUS</b>	National University of Samoa
<b>CBS</b>	Central Bank of Samoa	<b>NYC</b>	National Youth Council
<b>CDC</b>	Cabinet Development Committee	<b>NZ</b>	New Zealand
<b>cdcrM</b>	Community Disaster and Climate Risk Management	<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>CEDAW</b>	Convention on Ending Discrimination Against Women	<b>ODA</b>	Official Development Assistance
<b>CEO</b>	Chief Executive Officer	<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>CERF</b>	Central Emergency Response Fund	<b>OVT</b>	Overseas Treatment Scheme
<b>CIM</b>	Community Integrated Management Plan	<b>P4I</b>	Partnership Platform for Immunisation
<b>COVID-19</b>	Coronavirus	<b>PACC</b>	Pacific Adaptation for Climate Change Project
<b>CRC</b>	Convention on the Rights of the Child	<b>PALM</b>	Pacific Islands Leaders Meeting
<b>CROP</b>	Council of Regional Organisations in the Pacific	<b>PCREEE</b>	Pacific Centre for Renewable Energy and Energy Efficiency
<b>CSO</b>	Civil Society Organisation	<b>PDNA</b>	Post disaster Needs Assessment
<b>CSSP</b>	Civil Society Support Program	<b>PDRP</b>	Pacific Disaster Resilience Program
<b>DAC</b>	Disaster Advisory Committee	<b>PEC</b>	Pacific Environment Community Fund
<b>DCP</b>	Development Cooperation Policy	<b>PEN Faa-Samoa</b>	Package of Essential NCDs programmes
<b>DDP</b>	District Development Plans	<b>PFIP</b>	Pacific Financial Inclusion Program
<b>DFAT</b>	Department of Foreign Affairs and Trade	<b>PIFS</b>	Pacific Islands Forum Secretariat
<b>DHS</b>	Demographic Health Survey	<b>PLWHA</b>	People Living With HIV/AIDS
<b>DWCP</b>	Decent Work Country Program	<b>PNG</b>	Papua New Guinea
<b>EMT</b>	Emergency Medical Team	<b>PPCR</b>	Pilot Program for Climate Resilience
<b>EPI</b>	Expanded Program on Immunisation	<b>PPE</b>	Personal Protective Equipment
<b>EU</b>	European Union	<b>PSC</b>	Public Service Commission
<b>EWACC</b>	Economy Wide Integration of Climate Change	<b>PSSF</b>	Private Sector Support Facility
<b>FAO</b>	Food and Agriculture Organisation	<b>SAME</b>	Samoa Association of Manufacturers and Exporters
<b>FFA</b>	Forum Fisheries Agency	<b>S.A.M.O.A Pathway</b>	SIDS Accelerated Modalities of Action Pathway
<b>GAVI</b>	Global Alliance for Vaccines and Immunisation	<b>SBS</b>	Samoa Bureau of Statistics
<b>GBV</b>	Gender Based Violence	<b>SDGs</b>	Sustainable Development Goals

<b>GCF</b>	Green Climate Fund	<b>SDS</b>	Strategy for the Development of Samoa
<b>GDP</b>	Gross Domestic Product	<b>SFHA</b>	Samoa Family Health Association
<b>EPPD</b>	Economic Policy and Planning Division	<b>SHA</b>	Samoa Hotel Association
<b>GEF</b>	Global Environment Facility	<b>SIDS</b>	Small Islands Developing States
<b>GPs</b>	General Practitioners	<b>SITA</b>	Samoa Information Technology Association
<b>GPEDC</b>	Global Partnerships for Effective Development Cooperation	<b>SNTF</b>	Samoa National Tripartite Forum
<b>HLPF</b>	High Level Political Forum on SDGs	<b>SOE</b>	State of Emergency
<b>HIES</b>	Household Income and Expenditure Survey	<b>SPC</b>	Secretariat of the Pacific Community
<b>HEOC</b>	Health Emergency Operating Centre	<b>SPREP</b>	Pacific Environment Programme
<b>HPAC</b>	Health Policy Advisory Committee	<b>SRCS</b>	Samoa Red Cross Society
<b>ICT</b>	Information and Communications Technology	<b>SRDP</b>	Strategy for Climate and Disaster Resilient Development
<b>IFRC</b>	International Federation of the Red Cross	<b>SUNGO</b>	Samoa Umbrella for Non-Government Organisations in Samoa
<b>ILO</b>	International Labour Organisation	<b>SVSG</b>	Samoa Victim Support Group
<b>IMF</b>	International Monetary Fund	<b>SWA</b>	Samoa Water Authority
<b>INFF</b>	Integrated National Financing Framework	<b>SWC</b>	Samoa Workers Congress
<b>IPPF</b>	International Planned Parenthood Federation	<b>TAG</b>	Technical Advisory Group
<b>IWSA</b>	Independent Water Scheme Association	<b>TC</b>	Tropical Cyclone
<b>IWRM</b>	Integrated Water Resource Management	<b>TCM</b>	Trade, Commerce and Manufacturing
<b>JCAP</b>	Joint Country Action Plan	<b>TIMS</b>	Tax Invoice Monitoring System
<b>JICA</b>	Japan International Cooperation Agency	<b>TVET</b>	Technical and Vocational Education Training
<b>JPAM</b>	Joint Policy Action Matrix	<b>UAE</b>	United Arab Emirates
<b>LDCs</b>	Least Developing Country	<b>UK</b>	United Kingdom
<b>LERA</b>	Labour Employment Relations Act	<b>UNCDF</b>	United National Capital Development Fund
<b>LMIC</b>	Lower Middle-Income Country	<b>UNCT</b>	United Nations Country Team
<b>MAF</b>	Ministry of Agriculture and Fisheries	<b>UNDESA</b>	United Nations Department of Economic and Social Affairs
<b>MDGs</b>	Millennium Development Goals	<b>UNDP</b>	United Nations Development Programme
<b>MCIT</b>	Ministry of Communications and Information Technology	<b>UNEP</b>	United Nations Environment Programme
<b>MESC</b>	Ministry of Education, Sports and Culture	<b>UNESCO</b>	United Nations Scientific and Cultural Organisation
<b>MFAT</b>	Ministry of Foreign Affairs and Trade	<b>UNFCCC</b>	United Nations Framework Convention on Climate Change
<b>MMR1</b>	Mumps, Measles, Rubella 1	<b>UNFPA</b>	United Nations Population Fund
<b>MNRE</b>	Ministry of Natural Resources and Environment	<b>UNICEF</b>	United Nations Children's Fund
<b>MOF</b>	Ministry of Finance	<b>UNPS</b>	United Nations Pacific Strategy
<b>MOH</b>	Ministry of Health	<b>VAW</b>	Violence Against Women
<b>MPA</b>	Marine Protected Area	<b>VNR</b>	Voluntary National Review
<b>MPMC</b>	Ministry of the Prime Minister and Cabinet	<b>WASH</b>	Pacific Water, Sanitation and Hygiene Coalition
<b>MTEF</b>	Medium Term Expenditure Framework	<b>WB</b>	World Bank
<b>MWCSD</b>	Ministry of Women, Community and Social Development	<b>WHO</b>	World Health Organisation
<b>MWTI</b>	Ministry of Works, Transport and Infrastructure	<b>WIBDI</b>	Women in Business Incorporated
<b>NCDs</b>	Non-Communicable Diseases	<b>WMO</b>	World Meteorological Organisation



# Executive summary

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As a Small Island Developing State (SIDS), Samoa faces inherent challenges of limited resources and capacities, and acknowledges the importance of multi-stakeholder partnerships to help achieve its national development outcomes.

The majority of Samoa's development partners have more than 30 years of development relationships with Samoa. In addition, there are an estimated 500 private sector entities and 200 civil society organizations and community-based organizations in Samoa. The Government's engagement with the civil society and private sector is facilitated through their respective umbrella organizations, the Samoa Umbrella for Non-Governmental Organisation Inc (SUNGO) and the Chamber of Commerce.

The national development priorities, as outlined by the current Strategy for the Development of Samoa (SDS 2016-2020), covers the key aspects of governance, economic, social and environmental development. Samoa's 2nd VNR report note that Samoa has extensive national and sectorial plans in place and while there has been good progress, there are challenges in implementation and in maintaining significant results.

In particular, the report notes increasing levels of hardship and inequality, and the importance of focus on delivering targeted support to those being left behind. In this regard, for the benefit of the people of Samoa, development of new partnerships could focus on:

- **Leaving no one behind.** A potential partnership to address the challenges highlighted by the VNR report focusing on addressing poverty, inequality and gender equality.
- **Measles and COVID-19 Recovery.** Mobilizing the necessary funds and operations with the involvement of all relevant UN entities and stakeholders
- **Strengthen the relationship and engagement between the government and the Non-state actors.** The government has made good progress in engaging the non-state actors but there is room for improvement. There is a need to enhance the level of understanding between the public and private sector of each other's roles and added value in national development to help improve effectiveness of delivery and reduce mistrust and oftentimes tense relationships.
- **Improve the availability of and use of data/information for national planning, programming, implementation and monitoring.** Much has improved in the existence of quality and timely data and information for national policymaking. However, there is inadequate sharing of important information on public service and national outcomes. A partnership under the oversight of the National SDGs Taskforce (NSDGTF), could consider developing a National Information Management Policy to ensure government entities agree on information to be shared and have these readily available to other government entities and the public potentially through a National Information Portal.

## Partnership Platform for Immunization

Since 2017, a global resurgence of measles cases has been affecting all regions of the world. In global immunization surveys, coverage for the second dose of measles-containing vaccine (MCV2) was 69%, with significant variability between regions.

The impact of this national health emergency is far-reaching and tear at the very social fabric of society as every aspect of life is affected by this measles outbreak. In response to this crisis, a **Samoa Measles Appeal** were launched on 6 December 2019 by the Government of Samoa to receive financial assistance from partners to support national efforts to contain the outbreak. Another key aspect is preventing regional migration.

In response to the Appeal, the **Partnership Platform for Immunization (P4I)** is being proposed to assist mobilizing the necessary funds and operations with the involvement of all relevant UN entities and stakeholders in the region. As such, a key focus of the assessment is to look at partnerships in the health sector, and how the proposed platform could most effectively converge interest and resources to make advancements around immunization, and health in general.

The consultative process conducted as part of the assessment clearly indicates that partners and stakeholders agree there is a need to strengthen collaboration to address the gaps in the health system highlighted by the Measles Outbreak and in response to COVID-19. The consultations further stress that the platform should build synergies with existing efforts and programmes to the fullest extent possible.

# Methodology

This assessment looks at seven types of multi-stakeholder partnerships and is based on a detailed desk review of national and regional planning documents and interviews of a broad range of stakeholders engaged in multi-sectoral partnerships in Samoa. The interviews used a mix of structured and open-ended questions about partnerships in general, and more specifically about their views on the Measles response and the proposed P4I. Information from Samoa's 2<sup>nd</sup> Voluntary National Review<sup>1</sup> and SDGs Data Validation consultation in April to July 2020 was also used.

Due to time limitation, partnerships under review were limited to 11 key partnerships, which were identified by the Ministry of Finance Economic Planning and Policy Division and Aid Management and Debt Management Division. These partnerships are also featured in Samoa's 2nd VNR on the implementation of the SDGs.

For the purpose of this assessment, multi-stakeholder partnerships are defined as: *"An ongoing collaborative relationship between or among organizations from different stakeholder types aligning their interests around a common vision, combining their complementary resources and competencies and sharing risk, to maximize value creation towards the Sustainable Development Goals and deliver benefit to each of the partners."*<sup>2</sup>

1 <https://sustainabledevelopment.un.org/memberstates/samoa>

2 UN DESA & The Partnering Initiative, SDG Partnership Guidebook



The assessment is structured on elements from the **SDG Partnership Guidebook - a practical guide to developing high impact multi-stakeholder partnerships.**



The present assessment also contributed to the publication - **Partnership Platforms learning from practice**, which presents good practices from in-country 'partnership platforms' that are evolving around the world.



# Introduction

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Since 2017, a global resurgence of measles cases has been affecting all regions of the world. In global immunization surveys, coverage for the second dose of measles-containing vaccine (MCV2) was 69%, with significant variability between regions. In the Asia Pacific region, outbreaks and clusters of measles cases are being reported from countries where measles has been eliminated, including Australia, Japan, New Zealand, Republic of Korea, as well as higher incidence in endemic countries such as Lao PDR, Malaysia, the Philippines, Thailand and Vietnam. The country most affected in the region, however, is Samoa.

In response to this crisis, a *Samoa Measles Appeal*<sup>1</sup> were launched on 6 December 2019 by the Government of Samoa to receive financial assistance from partners to support national efforts to contain the outbreak, to effectively treat people who contracted measles, and to achieve herd immunity for long term protection of the population. Another important aspect is preventing regional migration, meaning that if the outbreak spreads, the disease has the potential to impact surrounding countries.

In response to the Appeal, the **Partnership Platform for Immunization (P4I)** is currently being developed to assist mobilizing the necessary funds and operations with the involvement of all relevant UN entities and stakeholders in the region.

The 2030 Partnership Accelerator is supporting the United Nations Resident Coordinator in Samoa to enhance collaboration between sectors and stakeholders for the advance the implementation of the SDGs and to build back better from COVID-19. The present assessment is part of this support.

The assessment sets out to identify:

- Existing major multi-stakeholder partnerships in Samoa, with specific focus on health
- Landscape of development actors who are engaged in partnerships
- Mapping of coordination mechanisms of stakeholder groups
- Assessment of the development priorities in Samoa against the potential for multi-stakeholder partnerships
- Assessment of the level of interest of non-traditional health actors in engagement with the Partnership Platform for Immunization (P4I)
- Thematic areas with strong potential for developing new partnerships in Samoa

<sup>1</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/Samoa-National%20Measles%20Response%20and%20Recovery%20Appeal%2006\\_12\\_2019%20w%20BA.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Samoa-National%20Measles%20Response%20and%20Recovery%20Appeal%2006_12_2019%20w%20BA.pdf)



# Priorities of Samoa

Samoa’s national development vision and development priorities are outlined in the Strategy for Development of Samoa 2016-2020<sup>2</sup>, covering key aspects of economic, social and environmental development.

Operationalizing these priority outcomes is through a network of 14 nationwide sectors that are guided by medium term sector strategies, Medium-Term Expenditure Frameworks (MTEFs) and governed by inclusive Multi-stakeholder Steering or Advisory Committees. The Steering Committees are in of themselves ‘multi-stakeholder partnerships’ that implement government priorities.

The 2<sup>nd</sup> Samoa VNR Report highlights that despite some good development results, there is room for improvement, in particular around growing poverty and inequality, rising burden of NCDs on morbidity, mortality impacting quality of life and national budgets, declining educational outcomes in literacy and numeracy, rising unemployment levels, high levels of violence against women and limited resources and capacities to address the challenges.

The report further highlights that the health crisis of Measles and COVID-19, and the consequent economic crisis, are already undoing decades of development efforts and outcomes in the health, social and economic sectors. According to ILO and SNTF COVID-19 Rapid assessment of the COVID-19 Impact on businesses, employment and

households in Samoa report, employment dropped by 893 (26%) between December 2019 and June 2020, with the majority in the hospitality/accommodation sector.

The report also stressed the limitations of quality and timely data and the lack of access to important information across government agencies.

The Government of Samoa is not short of plans, strategies and policies. Nor is it short of well-meaning development partners willing to provide assistance. The challenge is rather that there are too many projects and partnerships competing for attention of limited government and non-state actors. The focus should therefore be on improving the implementation of and the results of the existing plans, policies and partnerships. **Minimize overlap and maximize impact** should be the mantra for building partnerships in Samoa.



**Samoa’s Second Voluntary National Review on the implementation of the Sustainable Development Goals, presented at the High-level Political Forum on Sustainable Development in 2020**

<sup>2</sup> Government of Samoa, 2016. Strategy for the Development of Samoa 2016-2020.



# Partnership Platform for Immunization (P4I)

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The Samoa Government Measles Appeal was launched on 6<sup>th</sup> December 2019. In response to the Appeal, the **Partnership Platform for Immunization (P4I)** is currently being developed to assist mobilizing the necessary funds and operations with the involvement of all relevant UN entities and stakeholders in the region.

The goals of the platform include:

- Inform the public on health and immunization
- Provide accessible health services
- Ensure medical records and health statistics are up to date
- Develop research-based solutions to health threats
- Foster an improved preventive healthcare system.

## Existing partners and programs around health

The **formal** private health sector is expanding rapidly and is made up of 16 private medical clinics, 2 private nurse clinics<sup>3</sup>,

5 private pharmacies<sup>4</sup>, 4 dentistry<sup>5</sup> and a private radiologist.<sup>6</sup> Private medical doctors make up 30% of the total Samoan medical workforce many with up to 30 years of experience in the health service with some pediatricians, heart, ENT and medical specialists. Other health providers include not-for profit organizations including the SFHA, the Goshen Trust Mental health Services, the SRCS, the Samoa Cancer Society (SCS), the METI Sleep and Healthy Living Clinic, and the Samoa AIDS Foundation.

The **informal** health sector includes an estimated 1,000 traditional healers<sup>7</sup> across Samoa and Komiti Tumama (Women's Committees), estimated at 24,000 members.<sup>8</sup> The traditional healers provide traditional medicine as herbalists, bonesetters, masseurs, midwives and acupuncturists. Their constitution was approved by the MOH and are working with the MOH to improve referral of patients to the hospital and vice versa. Established 80 years ago primarily to support primary health care and environmental health efforts in the villages, it would be important for the P4I to enlist the Komiti Tumama's support for the P4I noting extensive network across Samoa.

There are five existing **development partners health programs** in Samoa: the WHO Country Cooperation Strategy 2018-2022 (\$ST6.6M<sup>9</sup>), the Australia Samoa Health Program 2013-2022 (\$AUD 9.2M), the ADB Systems Strengthening for

4 Alpha Café and Chemist, Apia Pharmacy, Marias Health Care Pharmacy, Niu Pharmacy, Multi-pharm

5 LDS Dental Clinic, Island Smiles Dental Clinic, Leavai Dental Surgery, Soonalole Dental Surgery,

6 Jesse Peteru Radiology Services

7 MOH, Samoa Health Sector Plan 2008-2018

8 SUNGO website, membership list accessed in October 2020

9 Estimated based on Samoa Budgets 2018/19, 2019/20, 2020/21

3 Agape JALs Nurses Clinic and Tavana Nurses on Wheels

Effective Coverage of New Vaccines in the Pacific Project 2019-2024 (US\$7.5M) and the World Bank Health Systems Strengthening Program for Results 2019-2023 (\$US 9M). In addition, many of the same partners and others like Japan, China and the USA provided assistance for the 2019 Measles Outbreak and for Samoa's response to COVID-19. The WB and the ADB, quickly developed and approved additional health sector programs in March 2020 in response to the COVID-19 situation in Samoa; the WB funded Samoa COVID-19 Emergency Response Project 2020-2023 (\$US8.5M); and the ADB provided \$US 2.9M grant from the ADB Pacific Disaster Resilience Program for Samoa's COVID-19 response. In July 2020, ADB released a further \$US20M grant to support national COVID 19 response.

## **What are stakeholders saying?**

All the stakeholders consulted for this assessment including the MOH recognize the need to address the challenges in the immunization program and the national health system that were exposed during the 2019 measles outbreak and respond to the COVID 19 pandemic. In his remarks at the launch of the Measles Response Appeal in December 2019, the Samoa Prime Minister noted shortages in institutional capacities to respond to the outbreak in almost all areas of the health sector, emphasizing the need to build depth in clinical technical and allied health capacities and equally important psychosocial services.

P4I should take into consideration existing programmes by the government of Samoa and other partners Samoa. Furthermore, the P4I should leverage existing health sector governance mechanism of the HPAC to ensure all the partners with related initiatives in the health sector are engaged and enable sharing of resources and reducing duplication.

The formal private health sector suggested that during health crisis, such as in the Measles and the current COVID-19 situation, the government could consider directing all the 'regular primary health outpatients' cases' to the private medical clinics to reduce the risk of infection at the hospitals, and to ensure they required health care. This allows the national hospital and the public health sector to focus on delivering secondary and tertiary care. In particular, SFHA and the SRCS are willing to partner with the P4I wherever appropriate. Such collaborations would assist the government to reach rural communities, especially remote families who live away from the villages.

A key challenge during the Measles Outbreak was the late data of cases due to often preference to usage of traditional healers. Given that there are an estimated 1,000 traditional

healers across Samoa, it is crucial to ensure their involvement in these efforts moving forward.

The lack of up to date, timely health data and information including immunization records was also one challenges highlighted during the Measles Outbreak. As one of the goals of the platform is to build the capacity of the health system to report and integrate within the HIS, ITA and Skyeeye Pacific could be a partner in this area, to develop a simple and sustainable system for digital immunization records that can be maintained locally. Ongoing challenges of the HIS and other information systems in Samoa is the inability to customize to local realities, flexibility to modify and availability of local ICT expertise.

The P4I will need to review the existing and newest health and immunization systems strengthening assistance by partners to ensure it builds on the current and planned assistance. This can help ensure there is coherence, synergies and reduce duplication of efforts.

## Alignment of existing programmes to Partnership Platform for Immunization

Partner	Informed population	Accessible medical services	Improved medical records, health statistics	Research based solutions to health threats	Improved preventive health care system
<b>What external development partners are offering</b>					
<b>Asia Development Bank</b>	Strengthen community awareness, knowledge and practices improving vaccine acceptance	The provision of vaccines (including HPV, pneumococcal conjugate and rotavirus) and provision of WHO and UNICEF certified cold chain equipment and supplies; train frontline workers; Update the cold chain policies, guidelines, training materials; train health workers in vaccine administration, preventive maintenance and supply chain management	Build the capacity of the health system to report and integrate within the HIS, sex disaggregated immunization	Build the capacity of the health system to: Provide evidence-based planning; generate evidence through surveys to assess the quality and equity of vaccine management	Upgrading of isolation rooms in hospitals; strengthening quarantine areas; procuring medical supplies
<b>Australia</b>	Working with local organisations to raise awareness of hygiene and prevention measures	Emergency health and support for personal protective equipment (PPE) improving sexual and reproductive health outcomes	Improve Samoa's Health Information System	improving primary health care, strengthening leadership and governance	Diagnostic testing assistance and support for infection prevention, concentrating on disease surveillance and control; rapid financial support to maintain essential services. Supporting Samoa to more effectively detect and prevent the spread of disease, including through ; new rapid diagnostic tests

**World Bank**

Support community engagement and outreach efforts

Provide training for health workers in case detection, outbreak investigation, contact tracing and monitoring over the coming weeks and months; provide essential Personal Protective Equipment (PPE) for Samoan health workers, amongst other supplies

Strengthening surveillance system and training of public health surveillance personnel for case detection, outbreak investigation, contact tracing and monitoring

Critical laboratory equipment, testing kits, cartridges, x-ray machines for early detection; critical infrastructure such as the establishment of a public health laboratory and addressing health care waste management; Establish a Pharmaceutical Logistics Information Management System, to procure the NCD drugs; Develop/ update and implement the health care waste management treatment infrastructure

**WHO**

Work with the SRCS and the ADRA to intensify public education on COVID-19 and understand the possible barriers facing the public, communities and households to adopt prevention and care measures.

Supply of PPE and medical equipment

Improve the capacity on immunization data recording, reporting and analysis including digitization.

Provision of COVID-19 test kits and a machine to test for the virus were handed over to the Scientific Research Organization of Samoa (SROS)

## What the national private, and private health, nonprofit and informal health sectors can offer

### Private General Practitioners and Nurses

Provision of COVID-19 and other diseases awareness health promotion advise to patients and clients

Provision of primary health care including immunization services.

Sharing of medical records information (either hard copies or digital) with the MOH especially for epidemics

The Private GPs and Medical Association hold weekly health seminars to improve medical practice and share medical research findings.

Provision of primary health care services including monitoring and management of NCDs cases

### Samoa Red Cross Society

Engaged with the MOH, WHO, ADRA in awareness raising programs with the villages

Provision of relevant village and household environmental health information including households that have received water tanks through SRCS support.

Engaged in household vulnerability assessments in the communities to identify vulnerable households.

### Samoa Family Health Association

Engaged with the MOH, WHO, ADRA in awareness raising programs with the villages

Providing mobile reproductive health services in the rural areas.

Provision of relevant village and household reproductive health information through SFHA database of SFHA clients.

### Komiti Tumama/ Women's Committees

Support the P4I, MOH and other partners efforts in village health promotion and awareness efforts.

Support the P4I MOH in particular the district nurses in facilitating the provision of Maternal Child Health including immunization services

Provide support to the district health care system as was in the past practice

**Traditional healers**

Support the P4I, MOH and other partners with village health promotion awareness efforts

Refer cases to the medical professionals when needed

Ensure they are registered in the Traditional healers register

Attend necessary primary health care training as required

**METI**

Support the P4I, MOH and other partners efforts in public health promotion and awareness efforts through their clients.

Provide sleep apnea and healthy living clinics.

Provision of data and statistics that can contribute to the NCDs registry

**SITA**

Digicel and Vodafone can support the dissemination of COVID-19 and measles awareness and alert information through mobile phone text messages.

Provision of digital immunization records from the 2day mass measles immunization campaign. Technical support to develop a simple national online platform for immunization records including maintenance and trouble shooting.

Provide a map of accurate location of vulnerable families especially the previous measles cases, NCDs cases and the most remote and isolated households



# Landscape of partners in Samoa

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International development partners have, and continue, to contribute significantly to Samoa's overall development efforts, providing critical funding, technical assistance and in-kind support for national priority sectors.

*Civil society* play a vital role in supporting implementation of national programs and in addressing the gaps in government service provision in particular for the vulnerable groups.

The *private sector* plays a pivotal role in supporting domestic production and employment, supporting public service delivery, providing tax revenue and facilitation of trade and donations to voluntary/charitable organizations.

## National development partners

The Government of Samoa is clear that leadership and ownership of national development rests with an inclusive, effective, accountable and transparent government and its institutions.<sup>10</sup> The DCP highlights the importance of delivery

of development assistance through strong national planning, financial management and accountability systems based on coherent national and sector strategies linked to credible financing and performance management frameworks.

Samoa has some of the most robust and comprehensive planning, budgeting, public financial and aid management systems and processes in the Pacific.<sup>11</sup>

Samoa's leadership of its partnerships is embedded in its national policy making systems and processes. The **Ministry of Foreign Affairs and Trade (MFAT)** is the external focal point for all development partners providing advice and, promoting Samoa's interests and development priorities internationally. The national decision-making body for external development partner programming is the **Aid Coordination Committee (ACC)**. The operational arm of aid and debt management is vested in the **Aid and Debt Management Division of the Ministry of Finance (ADMD)**. The ADMD works with sector ministries to facilitate donor harmonization and alignment with Samoa's development priorities and systems.

The identification and proposal of national sector priorities including for donor funded programs, and loans, is undertaken at the ministry and sector level through the Sector Steering and Advisory Committees. Development project proposals based on sector priorities and approved by Sector Steering or Advisory Committees are submitted to the **Cabinet**

11 2013 Samoa Peer Review Report, Pacific Islands Forum Secretariat; the 2015 Tracking the Effectiveness of Development Efforts in the Pacific Report, Pacific Islands Forum Secretariat; and 2018 Samoa Global Partnerships for Effective Development Cooperation Report.

10 Strategy for the Development of Samoa 2002-2004, 2016-2020, Samoa Development Cooperation Policy 2010

**Development Committee (CDC)** who make decisions on national priorities, programs and projects. The CDC consists of the Cabinet, Associate Ministers, Chief Executive Officers and Assistant CEOs and a representative of civil society. Should development partner funding be required, the **Aid Coordination Committee (ACC)** reviews and make recommendations for Cabinet consideration and approval. Both the CDC and ACC are chaired by the Prime Minister with secretariat support provided by the MOF's EPPD(CDC) and the ADMD (ACC). The Minister of Finance is the signatory to all government and development partners (bilateral and multilateral) program and loans.

During times of national disasters and emergencies, coordination of humanitarian response, recovery and rehabilitation assistance discussions shifts to the **Disaster Advisory Committee (DAC)** which includes 50 members from government, development partners, private and civil societies that advises the Cabinet/**National Disaster Council (NDC)**. During a national State of Emergency, the DAC is supported by the **National Emergency Operating Centre (NEOC)**, which coordinates nationwide response directing day to day operations. The NEOC, DAC and NDC are supported by the National Disaster Management Office (NDMO) located in the MNRE, which provide secretariat services.

**Civil society** in Samoa comprise Non-Government Organizations (NGOs) and Community Based Organizations (CBOs). They are mostly established to serve the needs of vulnerable people, mainly in areas where government services are either missing or underprovided. This includes providing education services, respite care for persons with disabilities, the elderly and mental health issues and shelter for victims of violence and abuse.<sup>12</sup> CSO engagement in national development is coordinated by the Samoa Umbrella for Non-Governmental Organizations (SUNGO). Established in 1997, SUNGO is a network of 201 organizations (54 NGOs, 137 CBOs and 10 trusts)<sup>13</sup>. It is managed by a CEO and a staff of 8 that report to a ten-member Executive Council. It is funded through membership fees, international development partners such as the EU, Australia, New Zealand, Canada and from the CSSP.

The **private sector** in Samoa comprises of small, medium, and large-scale businesses and associations of private sector organizations such as the Samoa Hotel Association (SHA), the Women in Business Development Inc (WIBDI) and the Samoa Association of Manufacturers and Exporters (SAME). The private sector's engagement in national policy development is coordinated by the Samoa Chamber of

Commerce functioning as Samoa's National Private Sector Organization. The Chamber promotes the interests and growth of Samoa's private sector including in multiple national sector advisory committees.<sup>14</sup> An annual Private Sector and Minister of Finance National Budget Dialogue and occasional engagement with the MCIL reflects the maturing of the private sector and government relationship over recent years.

Acknowledging the value of strong and engaged civil society and private sector actors and the need for coherent support to strengthening their capacities, the Government of Samoa and key development partners established in 2006 the **PSSF** and in 2010 the **Civil Society Support Program (CSSP)** as joint Government and development partners funding facilities for the private sector and civil society. The PSSF is funded by NZ and UNDP supports grant applications from businesses operating in the agriculture, fisheries, tourism, manufacturing and exporting and technology sectors.<sup>15</sup>

## External development partners

As a Small Island Developing State, with limited resources, remoteness from markets and vulnerability to global and natural disasters and shocks, ODA and external financing have and continue to play an important role in Samoa's development, response to and recovery from national disasters and support resilience building.

ODA to Samoa increased 163% from an average of \$US38M in the 1970s to an average of \$US100M in the 2010s<sup>16</sup>. ODA to Samoa has been rising over the past five years, receiving on average USD 104 annually between 2015 and 2017. This is equivalent to 7% of total ODA to Oceania making Samoa the 5th highest recipient of ODA in Oceania in 2018<sup>17</sup>. Cash grants as a percentage of government revenue and GDP ranged between 18% and 14% in 2015/2016 and 15% and 11% in 2018/19 respectively<sup>18</sup>. During times of national crises like natural disasters and the current global COVID-19 pandemic, ODA becomes even more critical to national response and recovery. ODA increased by 9% for FY2020/2021 reflecting additional partner support for Samoa's COVID-19 response. Significantly, ODA made up 30% of Samoa's national budget

<sup>14</sup> In particular the Trade, Commerce and Manufacturing Sector Steering Committee, the National Revenues Board, the National Investment Committee and the National Liquor Board.

<sup>15</sup> UNDP Project Factsheet, Private Sector Support Facility (PSSF) in Samoa Multi-Country Office for Cook Islands, Niue, Samoa and Tokelau

<sup>16</sup> OECD, 2018

<sup>17</sup> Development Aid at a Glance, Statistics by Region, 6. Oceania, 2018 edition, OECD.

<sup>18</sup> Samoa Second Voluntary National Review on the implementation of the Sustainable Development Goals, Samoa SDGs Taskforce, July 2020.

<sup>12</sup> Civil Society Support Program Phase II 2016-2020, Samoa. Design Document, 20 July 2016.

<sup>13</sup> Samoa Second Voluntary National Review on the implementation of the Sustainable Development Goals, Samoa SDGs Taskforce, July 2020.

for FY 2020/21 of which \$SST123M was in budget support.<sup>19</sup>

Samoa has long recognized the importance of diplomatic, bilateral and multilateral relationships and partnerships in its overall development. Since independence in 1962, forging strong mutually beneficial international partnerships has underpinned Samoa's foreign relations approach. Currently Samoa has eleven main development partners made up of six key bilateral donors and five key multilateral partners.

The six key bilateral donors to Samoa are Australia, New Zealand, Japan, China, the USA and the UK, all with resident embassies. Other countries that have also provided support are; Canada, Cuba, France, Germany, India, Israel, Norway, Republic of Korea, Republic of Turkey, Singapore and UAE. There are 10 countries with Consulates in Samoa: Chile, Finland, France, German, Korea, Mexico, Netherlands, Spain, Sweden, and Switzerland. Complementing the bilateral partners are the key multilateral agencies that provide grants, loans and technical assistance such as the World Bank (WB), the Asian Development Bank (ADB), the European Union (EU), and the UN System in Samoa.

Samoa also receives funding and technical support from several global funds and international NGOs such as the Global Environment Facility (GEF), the Green Climate Fund (GCF), the Global Fund for HIV/AIDS, the GAVI funds, the Conservation International (CI), the International Federation of the Red Cross, (IFRC), the Adventist Disaster Relief Agency (ADRA) and the International Planned Parenthood Federation (IPPF). ADRA, the IFRC and IPPF have local offices; the Samoa Red Cross Society (SRCS), ADRA Samoa and the Samoa Family Health Association (SFHA).

Samoa is a member of regional inter-governmental organizations (CROP)<sup>20</sup> often playing leadership roles in regional policy making especially through the Pacific Islands Forum Secretariat (PIFS), the Secretariat for the Pacific Regional Environment Program (SPREP) and the Secretariat of the Pacific Community (SPC). Samoa also plays a leadership role in the Polynesian Leaders Group.<sup>21</sup> Samoa receives primarily technical, policy advisory and capacity building assistance from the PIFS, SPREP, the SPC, the University of the South Pacific (USP) and the Forum Fisheries Agency (FFA). SPREP is the only CROP located in Samoa.

## Bilateral partners

**Australia** is Samoa's largest bilateral partner. Between 2015 and 2019 Australia contributed on average AUD 24M bilateral funding which makes up around 20% of total ODA to Samoa and on average around 8% to the total Samoa government budget<sup>22</sup>. Its assistance to Samoa is guided by the Australia 2017 Foreign Policy White Paper governed through four yearly Australia-Samoa Aid Partnership Arrangements.

Australia's current and future support is being shaped by the 2020 Partnerships for Recovery: Australia's COVID-19 Development Response which focuses on health security, stability and economic recovery underpinned by emphasis on protecting the most vulnerable in particular women and girls, persons living with disabilities and in poverty.<sup>23</sup> The Partnerships for Recovery places Australia in the center of the Pacific's response to COVID-19 prioritizing an Australia-Pacific humanitarian corridor focused on emergency health and immediate support for personal protective equipment, diagnostic testing assistance and support for infection prevention, disease surveillance and control, critical to stopping the spread of COVID-19.

Currently, Australia supports three key areas in Samoa, i) enhanced economic growth; ii) improved health and education outcomes; and iii) strengthened governance. Australia also funds the Samoa Health Program (SHP) for up to \$9.2 million for 2013-2022 and the Education Sector Support Program for up to \$15.4 million between 2011 and 2019<sup>24</sup>. The SHP supports improving productive capacity and reducing the burden of non-communicable diseases through improving primary health care, strengthening governance including Samoa's Health Information System and improving sexual and reproductive health outcomes.

**New Zealand** was the first country to establish an embassy in Samoa and is Samoa's longest serving partner celebrating 100 years of political relationship in 2014. Overall, New Zealand's aid program to Samoa focuses on governance, education, health (helping implement the Measles Recovery Plan), building Samoa's resilience to climate change, investing in the private sector, enhancing tourism initiatives, renewable energy and agriculture<sup>25</sup>. New Zealand is working with Samoa to achieve its policy reform agenda alongside Australia, the WB, and the ADB; support the MOH to deliver its Health Sector Plan, improve health outcomes and implement the Measles Recovery Plan; support the MESC to deliver

<sup>19</sup> Budget Address 2020/21, Hon Minister Sili Epa Tu'itoti, 26 May 2020

<sup>20</sup> Council of Regional Organisations

<sup>21</sup> an international governmental cooperation group consisting of eight independent, self-governing countries or territories in Polynesia

<sup>22</sup> DFAT Aid Program Performance Reports 2015-2016, 2016-2017, 2017-201, 2018-2019 and DFAT Development Cooperation Fact Sheet: February 2020

<sup>23</sup> Partnerships for Recovery: Australia's COVID-19 Development Response

<sup>24</sup> ibid

<sup>25</sup> New Zealand Development Cooperation with Samoa, 2020

its Education Sector Plan and improve learning pathways; increase Samoa's destination marketing capability and develop sites and attractions to enhance Samoa's tourism offering; and support the Samoa Business Hub to expand its services to medium-sized enterprises, and support reforms in the business enabling environment<sup>26</sup>.

Recently, NZ spent \$NZ5M and provided 195 personnel in 5 different teams in support of Samoa's response to the 2019 Measles epidemic in Samoa. NZ also mobilized the NZ Red Cross, the Pacific Medical Association and Counties Manukau providing 44 nurses over four rotations. The New Zealand Government have procured enough COVID -19 vaccines to cover Samoa should it wish to take up the offer.

**Japan** established bilateral relations with Samoa in 1973. Support was primarily the provision of technical assistance, infrastructure development and recently concessional loans through the Japanese International Cooperation Agency (JICA). On 1 January 2017, Japan's Embassy was established in Samoa. Japan's current assistance to Samoa is guided by the SDS 2016-2020, the Japan White Paper on Development Cooperation and the priorities identified at the Pacific Islands Leaders (PALM) meeting every three years. These priorities include conservation, climate change, health and education, disaster prevention and mitigation and strengthening sustainable economic and social infrastructure development.<sup>27</sup> Implementation is through 5 year rolling plans. Over the past three years, Japan has been the 3rd largest development partner in Samoa primarily due to various infrastructure projects.<sup>28</sup>

Samoa was the first country in the Pacific to establish diplomatic ties with **China** on 6 November 1975. Soon after, China became the second bilateral partner to establish a mission in Samoa. Since then, China has been a significant bilateral partner to Samoa over the past forty years. Samoa has consistently been a close ally and maintained its One China Policy. Support has mainly been through funding and constructing major infrastructure works through grants and concessional loans starting with the Apia Park Sports Facilities for the 1983 South Pacific Games. Since then, China has financed and built more infrastructure including important national buildings such as: the Fiame Mulinu'u II Government building, the Ministry of Women, Community and Social Development Building, the Ministry of Justice and Courts Complex, the Tuanaimato Sports Complex, the Tofilau Eti Alesana Parliamentary Complex, the Tui Atua Tamasese Efi Government Office Complex, the National Hospital at

Motoootua, and others. Scholarships for Samoans to study in Chinese universities have benefited many since the program began in 2001.

The **USA** established diplomatic relations with Samoa on 14 July 1971 and the US Embassy in Apia on 15 November 1988. The U.S Ambassador to Samoa is based in New Zealand with a Charge d'Affaires in Samoa. The USA's main contribution to Samoa's development has been their 50 years Peace Corps program which provided over 1,700 Peace Corps Volunteers providing teachers and other professionals. There is a small USAID program on climate change, food security, disaster preparedness and capacity building for the Maritime Police, for CSOs and the media and small grants to CSO and private sector organizations to address economic development, women's empowerment, health and disaster risk mitigation and education. In 2013, the US constructed the Faleolo Hospital opposite the international airport.

The **U.K** established diplomatic relations with Samoa in September 1970 and opened their High Commission in Samoa on 9<sup>th</sup> March 2020. Most of the UK's support to Samoa is through multilateral programs such as the United Nations agencies including to the WHO and UNICEF for health initiatives. Key bilateral priorities include tackling climate change and addressing plastic including marine pollution. Recently the UK also provided 2 Emergency Medical Teams of 14 medical personnel each to support Samoa's response to the Measles outbreak in 2019. Globally, the UK provided £1.8 million to the WHO Pacific COVID-response appeal.

## Multilateral partners

The **UN System** is Samoa's first multilateral partner dating back to Samoa's self-determination efforts. Samoa became a member of the United Nations in 1976. The UN Resident Coordinator's Office and 15 UN Agencies<sup>29</sup> and entities make up the Samoa UN Country Team (UNCT). The UN Resident Coordinator is the head of the UNCT and the UN Humanitarian Coordinator in times of natural disasters. Samoa's UNCT works on joint development programs for the Cook Islands, Niue, Samoa, and Tokelau guided by the United Nations Pacific Strategy 2018 – 2022 and the SDS 2016-2020. The UNPS focuses on: Climate Change; Disaster Resilience and Environment Protection; Gender Equality; Sustainable and Inclusive Economic Empowerment; Equitable Basic Services; Governance and Community Engagement; and Human Rights. Over US\$300 million has been invested by the UN to deliver on the expectations of the UNPS.

The UNCT supports the coordination and deployment of

<sup>29</sup> FAO, ILO, OCHA, UNCDF, UNICEF, UNDP, UNEP, UNESCO, UNFPA, UN Women, WHO, and the WMO

<sup>26</sup> <https://www.mfat.govt.nz/en/aid-and-development/our-approach-to-aid/>

<sup>27</sup> Partner Country led evaluation of Japan's ODA in the economic and social infrastructure sector in the Independent State of Samoa, March 2018

<sup>28</sup> *ibid*

humanitarian support to natural disasters. Funded by the UN Central Emergency Response Fund (\$US 1.4 M), the UNCT provided immediate assistance to the 2019 Measles Outbreak with WHO mobilizing Emergency Medical Teams, medical supplies, psychosocial and communication specialists, UNICEF providing vaccines and awareness raising programs, UNFPA providing reproductive health medical supplies and UNDP providing laptops improve immunization information collection and management. The UNRC and OCHA were requested by the Samoa Government to support the preparation of the National Measles Response and Recovery Appeal<sup>30</sup> prepared jointly with the MOH, MWCSO, MESC, MCIT, and SBS. On 6 December 2019, the Measles Appeal was launched by the Prime Minister and the UNRC.

The Samoa UNCT is assisting the national response to the COVID-19 Pandemic. This includes support to develop the National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines in Samoa; assistance in making applications to the COVAX Facility, Gavi; review and update of the cold chain system; and capacity building in surveillance and community engagement for vaccine introduction.<sup>31</sup>

Samoa became a member of the **World Bank (WB)** in 1974. The WB co-finances many of the infrastructure development projects that is building resilience in key roads, ports and other transport infrastructure.<sup>32</sup> These include construction of and climate proofing roads helping to build the critical road link between the airport and the capital, reconstruction works for the Faleolo Airport and runway 2014-2019 (US\$D25M) and co-financing fiber-optic cables (\$US16M) to improve internet connectivity. The WB also finances significant programs in the Agriculture Sector through livestock farming initiatives.

The WB funded **Health Systems Strengthening Program for Results 2019-2023 (9M)** supports the government's National NCD policy and action plan 2019–2023 focusing on; addressing behavioral risk factors; increasing screening and referral, strengthening primary care and quality of NCD management; supporting the establishment of a Pharmaceutical Logistics Information Management System and installing health care waste management treatment infrastructure.<sup>33</sup> The WB funded **COVID-19 Emergency Response Project 2020-2023 (\$US8.5M)** is supporting Samoa's efforts to prevent, detect and respond to COVID-19 and to strengthen national systems for public health preparedness. The project will provide critical laboratory equipment, testing kits, cartridges, x-ray machines for early

detection and essential PPE, amongst other supplies; support community engagement and outreach efforts, and provide training for health workers in case detection, outbreak investigation, contact tracing and monitoring.

Samoa has been a member of the **Asian Development Bank (ADB)** since 1966. Over the past two decades ADB has provided a total of \$US686.4 (\$190.9 million in loans, \$204.4 million in grants, \$33 million in technical assistance and \$US 258.1M other special funds) through more than 153 projects<sup>34</sup>. Current assistance to Samoa is guided by the ADB Country Operations Business Plan 2020-2022 and the Pacific Approach 2016-2020. This supports efforts to provide reliable and sustainable energy, improvements in the delivery of basic social services, and provision of safer and more efficient road and maritime transportation, better internet connectivity, and effective disaster relief.

The **ADB funded Systems Strengthening for Effective Coverage of New Vaccines in the Pacific Project 2019-2024(US7.5M)** aim to increase immunization coverage of vaccines in the Pacific Region including Samoa. Key components include: i) the provision of vaccines<sup>35</sup> and cold chain equipment and supplies, improved capacities to manage vaccine procurement and supplies; ii) Update the cold chain policies, guidelines, training materials and train health workers in vaccine administration, preventive maintenance and supply chain management; and iii) strengthen community awareness, knowledge and practices improving vaccine acceptance. In March 2020, **ADB provided \$US 2.9M grant from the ADB Pacific Disaster Resilience Program** to support the Government of Samoa's response to COVID-19. In July 2020, a further **\$US20M grant was provided to assist Samoa's economic Stimulus program** and strengthen the health sector's ability to respond. The **ADB funded Health Expenditure and Livelihoods Support Program** supports upgrading of isolation rooms in hospitals, strengthening quarantine areas, procuring medical supplies and for training frontline workers. The program also provides assistance to the most vulnerable and affected groups through unemployment benefits, cash transfers and higher pensions for the elderly.

The **European Union (EU)** and Samoa have a history of 45 years of partnership. The EU's support is guided by the ACP-EU Partnership Agreement, signed in Cotonou in 2000 and updated in Ouagadougou in June 2010 focusing on reducing poverty. Since 1975, Samoa has received € 115million in development assistance<sup>36</sup>. Current support is through the EDF 2014-2020 € 20 million plus € 4.5million for renewable

30 Samoa Government and UN System, 20 Jan 2020. Samoa's Partnership Platform for Immunization

31 UN Resident Coordinator, Samoa, Dec 2020. COVID-19 Vaccine Coordination for Samoa, December 2020 (presentation)

32 World Bank, 2019. Samoa Health Systems Strengthening Program

33 World Bank, 2019. Health Systems Strengthening Program for Results 2019-2023.

34 ADB and Samoa: Fact Sheet, ADB.

35 including HPV, pneumococcal conjugate and rotavirus

36 Government of Samoa and the European Union, 2014, National Indicative Programme for the period 2014-2020

energy. Key sectors include the Water Sector (€ 17.2million), support for the (€ 2 million) CSSP, Human Rights through the Media for Democracy and Human Rights Program, and Climate Change through the Global Climate Change Alliance. Since 2016, Samoa and EU hold annual Enhanced Political Dialogues to discuss EU's program.

# Partnerships in Samoa

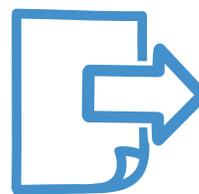
Samoans have always recognized the value of working together. This is reflected in a popular Samoan proverb “E leai seisi e tu faamauaga” or ‘no one can stand alone like a mountain’ meaning, no one can achieve anything alone. Importantly, Samoa is a communal society with a strong sense of ‘aiga’ or family and community where the collective good is promoted and championed. In such an environment, especially with limited resources and capacities, working together is the norm.

A collaborative and partnership approach therefore permeates how Samoans live their lives and address common challenges or purpose. This natural propensity to form alliances and partnerships for the greater good has translated into some successful partnerships and results, especially for initiatives that require a whole of country approach.

Furthermore, engaging in genuine and mutually beneficial partnerships is a key principle of the Samoa government’s

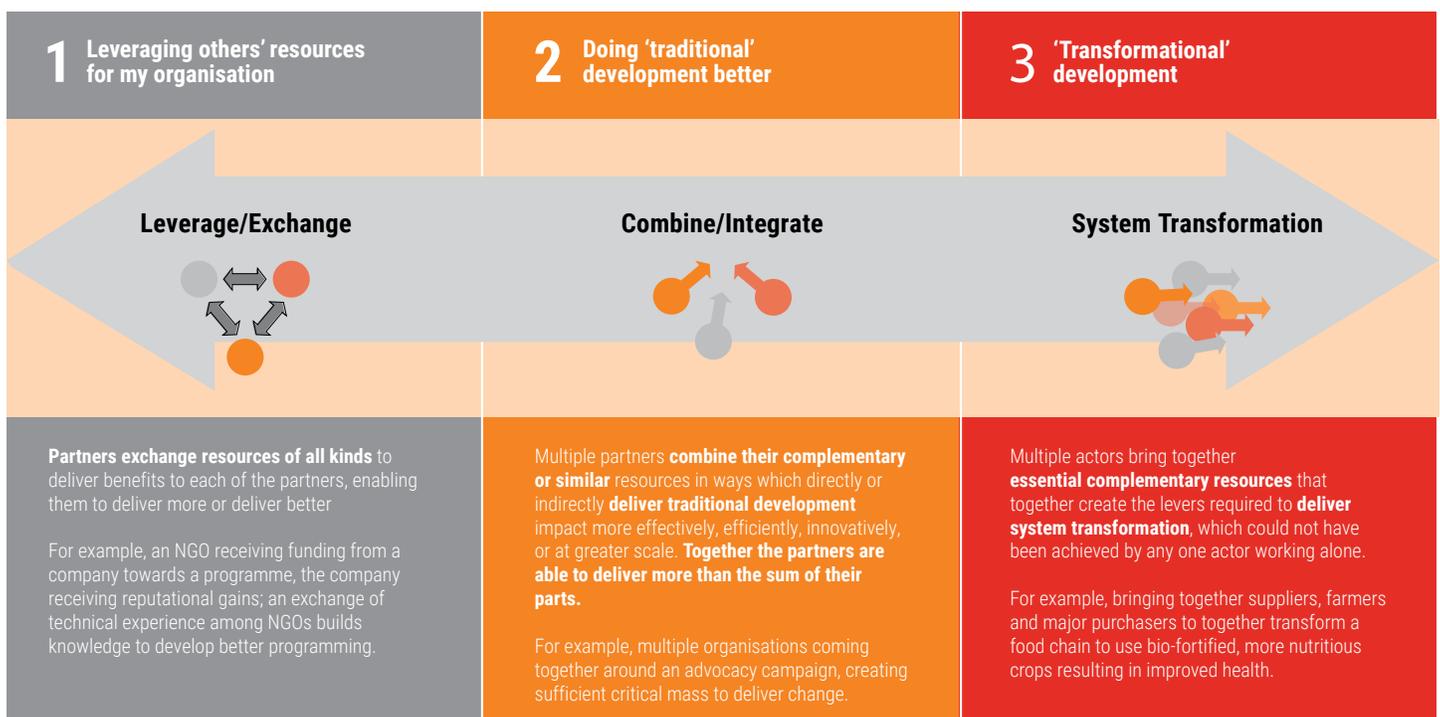
The current chapter provides an overview of **11 partnerships in Samoa**, their objectives, structures, governance mechanisms, and potential relevance to other SIDS. Partnerships cover the spectrum defined by the **SDG Partnership Guidebok**.

national development agenda. This belief in the critical nature of partnerships resulted in the theme of the Third International Conference of SIDS hosted by Samoa in 2014: **The Sustainable Development of SIDS through genuine and durable partnerships**. At the suggestion of the Samoa government, the Conference included six **multi-stakeholder partnership dialogues** where stakeholders and partners pledged their commitments and partnerships to implement the S.A.M.O.A Pathway in all SIDS.



Next page for an **overview of partnerships**

## Spectrum of partnerships



## Table - Multi-stakeholder partnerships in Samoa

Type	Partnership	Spectrum	Stakeholders
<b>Whole of country multi-stakeholder partnerships</b>	Samoa National Measles Response	Combine/Integrate	Head of State, Parliament, NDC, DAC, NEOC, HEOC, HPAC, MOH, MNRE, MFAT, MOF, MWCSO, MWTI, MCIT, SBS, MOPJ, SITA, Villages, SUNGO, Chamber of Commerce, WHO, UNICEF, UNFPA, UNRCO, UNDP, Australia, NZ, Japan, USA, Israel, Fiji, Norway, Tahiti, Hawaii, PNG, Solomon Islands, UK, SPC, Pasifika Medical Association, Counties Manukau, SRC, SFHA, SVSG, YMCA, ADRA, Save the Children, Digicel, Vodafone, Skyeeye Pacific
<b>National sector wide structured and sector led multi-stakeholder partnerships</b>	Water and Sanitation Multi-stakeholder Partnership	Combine/Integrate	MNRE, SWA, IWSA, MWCSO, MOH, SROS, LTA, MWTI, Plumbers Association, EU, JICA, WB, ADB, MNRE
	The Environment Sector Multi-stakeholder partnership	Leverage/Exchange	MNRE, MWCSO, MOH, MESC, MWTI,
<b>National financing coordination multi-stakeholder partnerships</b>	The Civil Society Support Program (CSPP)	Leverage/Exchange	MOF, MWCSO, Australia DFAT, EU, WB, UNDP, GCF, SUNGO
	UNDP/GEF Small Grants Program (SGP)	Leverage/Exchange	UNDP, MNRE, SPREP, MWCSO, MAF, villages, CI, SCS, WyCAN, villages
<b>Ministry led national multi-stakeholder partnerships</b>	Community Disaster and Climate Risk Management (CDCRM)	Combine/Integrate	MNRE, MWCSO, MESC, MOH, FESA, MWTI, SFHA, SRC, ADRA, NOLA, NHRI, villages
	PEN – Faa Samoa for NCDs prevention	Combine/Integrate	MOH, MWCSO, WHO, WB, Women's Committees
<b>National legislated tripartite multi-stakeholder partnerships</b>	Samoa National Tripartite Forum	Leverage/Exchange	MCIL, PSC, NPF, ACC, SWC, Seafarers Union, ILO, Chamber of Commerce, PSA, NA
<b>Development partner multi-stakeholder partnerships</b>	Joint Samoa UN Steering Committee multi-stakeholder partnership	Combine/Integrate	MFAT, UNRCO, UNDP, UN Women, UNICEF, UNFPA, UNESCO, FAO, UNEP, WMO, UNESCAP, UNCDF, MOH, MESC, MCIT, MAF, NUS, MCIL, NPF, MoJ, WB, IMF, Chamber of Commerce
<b>NGO and private sector driven national multi-stakeholder partnerships</b>	Nofotane Women Economic Empowerment Program	Leverage/Exchange	SVSG, UN Women, EU, CSPP, MWCSO, Canada
	WIBDI/Maua App monthly Virtual Market partnership	System Transformation	WIBDI, Skyeeye Pacific, villages, UNCDF, UNDP

## Whole of country multi-stakeholder partnerships

Whole-of-country multi-stakeholder partnerships are time-bound partnerships that engage multiple stakeholders in response to a national pressing issue. There are various examples of these types of partnerships where the majority of the Samoan population were mobilized and engaged. This includes the hosting of the 3<sup>rd</sup> SIDS Conference in 2014 and the Pacific Games 2019 and most recently the national response to the Samoa Measles outbreak in 2019. Samoa has often been referred to as ‘punching above its weight’ in terms of delivering results that exceeded expectations, despite limited resources and strict deadlines.



### IN FOCUS

Despite this painful loss of lives, Samoa’s swift response, together with international and national partners, was hailed for its strong leadership and ultimately resulted in mass vaccinations and herd immunity. The experience also lend itself to swift action when faced with the threat of COVID-19; Samoa was one of the first countries globally to restrict its borders and declare a state of emergency.

The Measles outbreak response has highlighted the power of collaboration and coming together as a country, engaging all sectors of society, including Head of State and Parliament, the Prime Minister and Cabinet, government ministries, private sector, civil society, women’s committees and villages and countless international and national development partners.

The Measles response was through the national emergency response mechanism, the National Disaster Council (NDC), led by the Prime Minister on the advice of the Disaster Advisory Committee (DAC).<sup>38</sup>

The Head of State and the Parliament provided bi-partisan support to the process by passing 3

## Samoa National Measles Response

The Measles outbreak between September and December 2019 resulted in the first declared Health Emergency in Samoa since the 1918 Influenza epidemic. A total of 5,7000 people were infected during this short time, 3% of the total population. 1,800 were hospitalized and 83 lost their lives, tragically predominantly young children<sup>37</sup>.



legislations quickly including legislation requiring provision of record of immunization to enroll in preschool and primary education in Samoa. The day-to-day coordination and management of operations was undertaken by the National Emergency Operating Center (NEOC), the Health Policy Advisory Committee (HPAC) and Health Emergency Operation Centre (HEOC) supported by the NDMO. These committees had donor and national partner representatives who were engaged throughout the discussions, so this helped to improve sharing of accurate and timely information, reduce duplication and mobilize the required resources quickly.

A key success of the measles response partnership was the immediate mobilization of required funding, medical personnel, equipment and supplies through Samoa's development partners. The **UN system, WHO and the Samoa Government jointly mobilized and coordinated** 18 international Emergency Medical Teams (EMTs) consisting of 557 personnel of which 223 were nurses, 162 medical doctors, 59 support staff, 22 midwives and 21 allied health professionals<sup>39</sup>. The EMTs were deployed from 15 countries (Australia, Fiji, Hawaii, Israel, Japan, Kiribati, New Zealand, Norway, Papua New Guinea, Solomon Islands, Tahiti, United Kingdom, United States of America), UN agencies (WHO, UNICEF, UNFPA, CERF), international NGOs (IFRC, ADRA, Save the Children, SPC, Counties Manukau Health, Pasifika Medical Association<sup>40</sup>). The teams provided Measles case management, vaccination, epidemiology and surveillance, provision and maintenance of medical equipment and supplies, mental health and psychosocial support to staff, patients and affected families especially those with fatalities. In addition, local volunteers were also mobilized from the Samoa Red Cross (90), the Samoa Family Health Association (50), the Samoa ICT Association SITA (100) primarily during the 5<sup>th</sup> and 6<sup>th</sup> December 2019. The 90 Red Cross and Samoa Victim Support Group volunteers supported the MWCSO to survey 25,000 households to review environmental health and hygiene conditions particularly for measles affected families<sup>41</sup>.

There were various challenges in the measles response.

- There was a lack of clarity on the roles and responsibilities of key stakeholders in a national health emergency. This was the first national SOE declared for health reasons, so it took some time in the first weeks to clarify roles and responsibilities of the MOH and NEOC. There was also lack of clarity on the roles of the health stakeholders in

national health emergencies in particular for the private medical physicians. Despite the lack of clarity, this did not stop the health NGOs from helping by setting up immunization booths in their premises (SFHA) and mobilizing their network of village representatives to help identify unvaccinated people and bring them to the vaccination points (SVSG).

- There were underlying health management and health systems issues that triggered the national outbreak. These include the already low Immunization rates before the deaths of the two infants from wrongly administered vaccines in 2018 resulting in a loss of trust in the public health system. Also, despite early warnings by the WHO at the March 2020 Pacific Health Ministers and Director Generals' meeting, and first confirmed Samoa measles case in August 2019, the national response was slow. There was infrastructure, supplies and information system and management issues. For instance, there was no regular training for vaccinators offered in Samoa and the Health Information System (HIS) was not able to provide information required for immunization planning, recording and monitoring. Rural centers were not up to date with record keeping which was still manually done.
- Communication and sharing of information were significant challenges. Because of confidentiality issues, the MOH was understandably reluctant to share information on measles including names of affected families. However, this made it difficult for the rest of the partners to provide targeted assistance. There needs to be future agreement to share appropriate information necessary for planning and implementation across all the partners.
- There are broader underlying social economic issues at play. Some of the fatalities were from poor families with many young children and young teenage mothers with limited education. Poor housing, hygiene, lack of basics such as water and electricity supply were common for some of the families with multiple fatalities. There were also broader governance and ownership issues. There was lack of ownership and leadership in the villages of the immunization programs. Some of the measles cases were not covered by district health services and village programs because their families have been banished from the village, their families do not participate in village programs; or they live in remote locations.

## National sector wide structured and sector led multi-stakeholder partnerships

The government of Samoa has a network of sector plans and coordination mechanisms in place for the 2016-2020 SDS. For this report, two partnerships are highlighted, one on water and sanitation, and one focusing on the environment.

### The Water and Sanitation Multi-stakeholder Partnership

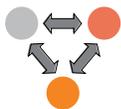
The **Water and Sanitation Sector Program (Water for Life)** is a nationally driven multi-sectoral partnership among a wide range of government ministries, private entities, development partners and a national association of plumbers (LTA, STA, SWA, RC, Plumbers Association, IWS, EU, JICA, WB, ADB, MNRE, MOH, MWTI, MWCS<sup>42</sup>) The Sector is one of the oldest and most developed partnership with EU being the main partner.



The partnership is guided by a sector plan for 2021-2024, with the overall aim to improve access to quality water and better manage Samoa's water resources.

### The Environment Sector Multi-stakeholder partnership

#### For the environment sector multi-stakeholder partnership



- The environment sector is flush with funding from multiple partners and is very projectized with 30 projects at one time with 30 committees with up to USD 50M;
- There is limited incentive to work together jointly so it is often very difficult to break down silos as they all have their own timelines, performance indicators to deliver for their various projects and development partners; and

<sup>42</sup>Government of Samoa, Water for Life Sector Strategy

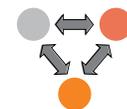
- The main value in the environment sector collaboration is to share information to reduce duplication and assist with sector planning, reporting, resource allocation and joint reporting on results. It required a lot of mapping of donor support and government funding to ensure all resources and initiatives are captured to reduce overlaps and ensure alignment with existing national and sector priorities.

## National financing coordination partnerships

There are two national financing coordination multi-stakeholder partnerships featured in this report; i) the Civil Society Support Program (CSSP); and the Global Environment Fund Small Grants Program (SGP).

### The Civil Society Support Program (CSSP)

Commencing in December 2010, the CSSP is part of the Government of Samoa's donor harmonization efforts intended to help streamline, coordinate and ensure a coherent approach to supporting civil society organizations in Samoa. The program focused on identifying and approving grants and strengthen capacities of NGOs and CBOs to deliver development initiatives focused on vulnerable groups, improving gender equality, youth development and community resilience. Funded by the EU and Australia, Phase 1 of the CSSP (2010-2015) received 1,095 applications and funded a total of 327 projects mainly for CBOs supporting initiatives in education, water waste management, agriculture businesses and income generating activities<sup>43</sup>. Since then, two additional development partners joined in Phase II of the CSSP (2016-2020); 1) the World Bank

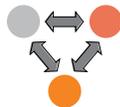


<sup>43</sup> Civil Society Support Program, Samoa, Mid-Term Review Report, AusAID, March 2013.

Pilot Program for Climate Resilience (PPCR); and ii) the Green Climate Fund/UNDP 'Enhancing the Climate Resilience of Coastal Resources and Communities program (US\$14.6M). The GCF support is specific to 31 villages in the Vaisigano area. It supports ecosystem-based development with over 400 individual projects (200 businesses, 100 CBOs, 50 households) the majority are farmers, beehive keepers, hydroponics and waste-paper management.

### UNDP/GEF Small Grants Program (SGP)

The GEF Small Grants Program (SGP) is a global program of the Global Environment Facility (GEF) that is implemented by the UNDP at country level. The SGP supports innovative, inclusive, and impactful projects that address global environmental and sustainable development issues and contribute to the GEF-7 Programming Directions, UNDP's Strategic Plan 2018-2021, and national priorities to achieve the SDGs. The SGP has since 2003 provided a total of \$US 3.9M in financial and technical support to assist the CSOs in Samoa to conserve and protect the environment while enhancing people's livelihoods. Approximately 215 projects have been supported with a total in-cash co-financing of USD 633,278 and in-kind co-financing of USD 1,895,545.<sup>44</sup> Key partners include the UN system, MAF, MNRE, MWCSO, SPREP and the communities.



44 UNDP Samoa Multi-Country Office, Sub-Regional Programme Strategy Operational Phase 7 (2019-2023) Niue, Samoa and Tokelau.

## Ministry led national multi-stakeholder partnerships

There are two Ministry led national programs being featured in this report, i) the Community Disaster and Climate Risk Management multi-stakeholder program (CDCRM) and the PEN-Faa Samoa multi-stakeholder program.

### Community Disaster and Climate Risk Management Multi-stakeholder partnership (CDCRM)

The CDCRM is a national multi-stakeholder flagship program for community disaster and climate risk management led by the MNRE. The CDCRM was initiated in 2011 by the MNRE to help strengthen the capacity of communities to better prepare to address and respond to adverse impacts of climate change and disasters. The program encourages the development of Village Development Plans to improve village ownership of their development agenda and provide a framework to coordinate the planning and delivery of development initiatives for the villages. The partners include the MNRE, NDMO, MESC, MWCSO, MWTI, National Human Rights Institution, MOH, FESA, SFHA, Samoa Red Cross, Samoa ADRA, NOLA.



### PEN – Faa Samoa for NCDs prevention

Non communicable diseases (NCDs) are causing 7 out of 10 premature deaths in Samoa<sup>45</sup>. The 2013 STEPS Survey identified 28.9% and 24.8% of the Samoan population are hypertensive and diabetic and that 9 out of 10 Samoans are overweight and 6 out of 10 Samoans are obese<sup>46</sup>. Despite this, a significant proportion of Samoans have not undergone routine screening for blood pressure or blood glucose. The Package of Essential NCDs Interventions for Primary Health Care (PEN) is a WHO prioritized set of cost-



45 World Bank and Government of Samoa, 2018. Care for Hypertension and other Chronic Conditions in Samoa: Understanding the Bottlenecks and Closing the Implementation Gaps

46 ibid

effective interventions for NCDs (heart disease, stroke, cardiovascular risk, diabetes, cancer, asthma and chronic obstructive pulmonary disease) in low resource settings. In 2013, Samoa adopted it to the PEN Faa Samoa, a MOH driven flagship program which applies a village-based model to NCDs prevention and control emphasizing community participation and ownership. It focuses on; i) early detection of NCDs in those at risk, ii) establishing mechanisms for referring high risk population to rural health facilities for treatment and follow up; and iii) increasing awareness of NCDs risk factors.

With WHO and MWCSO support, PEN Faa Samoa, was rolled-out in November 2014 in pilot sites. Capitalizing on community structures, it engaged the community to ensure ownership and sustainability by enabling them to look after themselves. It establishes an early warning system for people to be more alert of red flags encouraging them to seek help early rather than coming in later with complications. In communities where the pilot project had been implemented, 45% were found to have risk factors for NCDs and nearly one fifth reported experiencing possible symptoms of cardiovascular disease and diabetes.

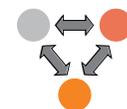
Despite its positive start, PEN Faa Samoa had in 2018 only been rolled out to 17 out of 431 villages.<sup>47</sup> Some of the challenges include: the lack of integration into existing health system program implementation, limited resources including shortage of staff, medical equipment and supplies and medication; limited investment and dependency on 'unpaid' voluntary work at community level (women's committees), and the need for a health information management system that adequately records referrals, tracks and monitor treatment and progress of the patients.

47 World Bank and Government of Samoa, 2018. Care for Hypertension and other Chronic Conditions in Samoa: Understanding the Bottlenecks and Closing the Implementation Gaps and Cascade Study 2018 Survey.

## National legislated tripartite multi-stakeholder partnerships

### Samoa National Tripartite Forum (SNTF)

The Government of Samoa established the Samoa National Tripartite Forum (SNTF) in 2009 as a legislated multi-stakeholder partnership to discuss, consider and make recommendations to the Cabinet on national labor and employment policies and legislation. The SNTF is chaired by the CEO of the MCIL and comprise equal members of Workers constituents (PSA, SWC, Seafarers Union and Nursing Association), Employer's constituents (Chamber of Commerce, SAME, SHA), and the Government (MCIL, PSC, National Provident Fund (NPF) and Accident Compensation Corporation (ACC). Appointment on the SNTF is three yearly based on nominations from the membership to the MCIL who then recommends appointment of members to the Head of State through the Cabinet.



## Development partner multi-stakeholder partnerships

### Joint Samoa UN Steering Committee

A high-level Joint Samoa UN Steering Committee (JSC) was established in 2020 to provide policy and governance oversight for all UN Joint programs in Samoa, including the Samoa Joint Country Action Plans (JCAPs). The aim is to harmonize UN system support to Samoa as part of UN reforms and the Samoa government's donor harmonization efforts. More specifically, the JSC will ensure the UN deliver at scale, reduce administration burden on government and donors, reduce duplication while demonstrating UN technical capabilities, and increase efficiencies<sup>48</sup>.



The JSC is co-chaired by the MFAT CEO and the UN Resident Coordinator, and includes representatives of the Samoa National SDGs Taskforce, relevant UN agencies. One fifth of the membership are CSO and private sector representatives. The JSC meet every six months.

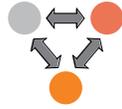
48 Government of Samoa and United Nations Joint Steering Committee, Terms of Reference.

## NGO and private sector driven national multi-stakeholder partnerships

### Nofotane Women Economic Empowerment Program

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The Nofotane Program of the Samoa Victim Support Group (SVSG) is an NGO driven partnership. It was initiated to target the empowerment of a particular group of Samoan women most affected by violence and abuse, the Nofotane or 'married women' living with their husband's families. Data from police and SVSG case work database and reports highlight that 80% of victims of abuse and violence were Nofotane women.



To address this challenge, the SVSG has since 2015 partnered with three separate development partners over three separate consecutive funding opportunities; i) UN Women in 2016-2018 (\$US200,000); ii) the Canada Fund for Local Initiative from September 2018 to February 2019; iii) and the European Union through the Civil Society Support Program (CSSP) from June 2020-2022 (\$ST 300,000).

### WIBDI/Maua App monthly Virtual Market partnership

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Responding to the national COVID-19 lockdowns from March 2020, WIBDI and Skyeeye Pacific teamed up to use the Maua App to ensure the rural village farmers, fishermen and women and artisans are still able to generate income during national economic slowdown and within national restrictions of movement. WIBDI liaises with and identifies produce and products from their network of producers and Skyeeye uploads the description, images and costs on the Maua app.



The buyers who mostly reside in the urban areas are encouraged and supported by Skyeeye and WIBDI to pre-order and pre-pay on the Maua App using either Vodafone and Digicel digital money wallets, credit cards or through cash payment on delivery. There have been 6 virtual markets generating over \$ST23,000 for the rural villagers.





## Potential for new partnerships

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The Samoa 2<sup>nd</sup> VNR Report underscores the need to focus on the 'means of implementation' including improving the effectiveness and efficiency of implementation through strengthening capacities and systems to deliver. The potential partnerships are:

- **Leaving no one behind.** A potential partnership under oversight of the National SDGs Taskforce could be to address the challenges highlighted by the VNR report focused on addressing poverty, inequality and gender equality. This partnership can provide more targeted attention to vulnerable groups and others not benefiting from development efforts.
- **Measles and COVID-19 Recovery.** A potential partnership under the oversight of the DAC could use the existing Measles and COVID-19 surveys and rapid assessments including the 2020 UN in Samoa's COVID-19 Socio-Economic Response Plan and the Samoa National Measles Recovery Plan, COVID-19 Recovery Plan to consider targeted support to 2019 Measles cases and families of Measles fatalities and the private sector for delivery of health follow up services and support.
- **Strengthen the relationship and engagement between the government and the Non-state actors.** The government has made good progress in engaging the non-state actors but there is room for improvement. There is a need to enhance the level of understanding between the public and private sector of each other's roles and added value in national development to help improve effectiveness of delivery and reduce mistrust and oftentimes tense relationships. The CSSP Phase 1 evaluation noted the need to elevate the engagement of the SUNGO and CSOs to more strategic discussions with the government on the role of nonstate actors in national development. Likewise, support to the private sector could be more strategic, and coherent and could benefit from a civil society and Private Sector



## Conclusion

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As a communal people, working together and in partnership is part of Samoa's culture, traditions and way of life. At the national level, Samoa has always acknowledged that the government cannot on its own deliver Samoa's national development agenda. It has since its independence fostered long-term relationships and partnerships with its bilateral and multilateral development partners. Since the mid-1990s, Samoa invested in extensive sector wide approach to planning, coordination, implementation and monitoring of national development efforts. Samoa's engagement with its development partners (external and national) is embedded in these national planning and accountability processes.

Recognizing its limited capacities to manage multiple development partners, Samoa has focused on a few partners who engage in genuine and long-term partnerships encouraging the use of country systems and provision of budget support. Samoa acknowledges the important role of civil society and the private sector in national development efforts. This is reflected in Samoa's Development Cooperation Policy, their inclusion in sector coordinating committees, national boards and the establishment of joint government and development partner funds for civil society organizations (CSSP) and for the private sector (PSSF).

Samoa and its partners engage in different types of multi-stakeholder partnerships across the three spectrums of partnerships; 1. Leverage/Exchange, 2. Combine/Integrate and 3. System Transformation. Partnerships range from informal and flexible to joint workplans and budget to legislated partnership with members appointed by the Head of State. Most of the partnerships are 'traditional' type partnerships which combine and leverage the partners resources and capacities to deliver an output or outcome that could not have been possible without the collaboration of the stakeholders. A smaller number are the basic partnerships that leverage and exchange resources to deliver benefits to each of the partners. Only one partnership, the NGO and private sector WIBDI and Maua App Virtual Market was a 'transformational development' utilizing the Maua App to presell produce and products for rural farmers, fishermen/women and artisans enabling them to transform how they access the urban and overseas markets without having to pay for transport, leave their villages or sell on the roadside. The private and NGO sectors were more likely to engage in more flexible and loosely governed partnerships.

Despite the tragic loss of young lives, the National Measles response demonstrated the power of collective will and strong political leadership in mobilizing an entire nation

and global medical and health resources. The Measles outbreak revealed the isolation, poor condition of shelter, environmental health, access to water, sanitation and energy and high number of children for many of the families with fatalities from Measles. These are underlying factors that needs to be addressed especially with the risk of COVID-19.

Government and sector led partnerships such as the Water and Environment sectors have strong national coordination mechanisms. The Ministry led CDCRM and the PEN Faa Samoa partnerships highlight the importance of ensuring the resources and capacity is sustainable to maintain community driven programs. For the CDCRM, there was strong ownership and accountability by the national partners. The CSSP is recognized in the Pacific as a good practice in harmonizing donor support to civil society organizations.

Samoa has some of the most well developed and comprehensive multi-stakeholder coordination and governance mechanisms underpinned by the high-level oversight of the CDC and operational leadership at the sector level through quarterly sector coordination meetings, quarterly donor roundtables and annual sector review forums. Development partners on the whole respect and support the coordination mechanisms, however, there remain challenges with limited capacities in government and non-state actors to fully deliver on significant development assistance. There are also remaining challenges of donor or supply driven assistance or development assistance sought directly by line agencies outside national processes.

Samoa is not short of plans and policies. However, the Measles outbreak and the Samoa 2<sup>nd</sup> VNR report highlight that implementation and development results could improve. Four potential partnerships that ensure support is targeted to the most vulnerable groups including those infected with Measles in 2019, people living in hardship including those most affected by the COVID-19 lockdowns, strengthening the engagement between government and nonstate actors; and improving the availability and use of data for national planning and monitoring.

Consultations with the health sector stakeholders and review of health sector programs indicate synergies and interest in ensuring the P4I is harmonized with existing assistance to the MOH. Especially important are the plans to strengthen the capacity of the health system to respond to COVID-19 and immunization efforts including the introduction of the 3 new vaccines and COVID-19 vaccines 2021.



## Recommendations

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### **For the National Expanded Program on Immunization and the Partnership Platform for Immunization**

**Governance:** Consider two options: i) Either use the existing Program coordination mechanisms of the UN system and Government of Samoa (UN Joint steering Committee) with a technical or working group committee specifically for the P4I program, or; ii) use the HPAC as the coordination mechanism. The added advantage of option 2 is that it allows sharing of information of the program with other key health sector development partners with similar assistance. This can help avoid duplication and identify areas of collaboration with the partners. The P4I governance needs to be inclusive and include representatives of the General Practitioners Association, Private Nurses Association, MWCSA, MESC, ADB, DFAT, MFAT, SUNGO, SVSG, National Council of Women.

**Program:** Noting the existing or newly approved ADB, WB, WHO health programs to support health systems, vaccination program and COVID-19 response strengthening program, consider introducing a 'sector wide program for the Health Sector' based on the P4I concept and priority goals. This has the added advantage on building on and ensuring more coherent response and support by development partners with existing health systems and vaccination, COVID-19 programs and initiatives.

The P4I need to cover all vaccines not just measles but include the 3 new vaccines funded by ADB (HPV, Rotavirus and PCV) and the COVID-19 vaccine once it is made available in 2021/2022. According to the Samoa National Deployment and Vaccination Plan for COVID-19 Vaccines in Samoa, a total of 270 nurses and doctors received vaccinator training towards the end of 2020. However, there were challenges with the training and there are plans for repeat vaccinator training that is more focused and tailored to Samoan context; the training is jointly supported by the WHO, UNICEF and the World Bank. There is a need to have regular vaccinators certificate training for nurses and where there is interest, doctors.

**Strengthen government and health system and processes to support national health emergencies.** Follow up the measles cases who are at risk also for COVID infection and update the National Pandemic/Epidemic Response Plans. Ensure the necessary facilities and equipment for a national epidemic response including an isolation unit, procure respirators, masks, equipment, and provide negative pressure space. Need a strong new HIS and link the records for Immunization to the National Health Number. During times of health crises, it is important to coordinate support to impacted families to ensure they get the most appropriate support/supplies. Establish a national database of vulnerable people that should be prioritized for COVID-19 response

support services and assistance. This could include 2019 measles cases and those hospitalized, families of measles fatalities, NCDs cases, persons with disabilities and the elderly. Consider using private doctors, nurses, enrolled nurses to help with vaccinations as long as receive the training and certification. Some of these recommendations are already included in Samoa's National Deployment and Vaccination Plan (NDVP for COVID-19 Vaccines in Samoa, December 2020).

Important lessons from the PEN Faa Samoa and the immunization programs are that the success of community programs depends on strong local leadership and participation of the village communities in the programs. In this respect, the P4I should consider using existing entry points to the villages, through the MWCSA Aiga ma Nuu Manuia program working with the Komiti Tumama groups across Samoa. This will also help to re-establish the working relationship between the District Health Centres and the Komiti Tumama.

Whilst national health expenditure is dominated by the public health sector, there is a significant formal and informal private for profit and not for private health sector that could be better utilized. Partnerships with the private health sector is fragmented and could benefit from a more strategic partnership framework. Where the private health sector could be better utilized is in the delivery of certain aspects of primary health care in particular for maternal and child health, immunization and for NCDs case management. This will ensure there is proper screening, primary health care and health promotion discussions about smoking, blood and sugar levels, alcohol consumption etc. Will be more time spent per patient in private sector rather than rushing through at the public hospital due to sheer numbers.

## **For national development and health**

There is a need to focus on the root causes of the lack of immunization and also poor nutrition and health of children that are most vulnerable to infectious diseases including Measles and COVID-19. There is a need to lift the standard of living (provide targeted support) to villages/families that had fatalities and also families living below the National Basic Needs Poverty Line. Focus should be on new settlements in villages that are not officially part of traditional villages and not effectively reached by roads, electricity, water. Strengthen inter-agency coordination to ensure cross-sectoral sharing of information on the most vulnerable and share resources to reach them. There is a need to take a holistic approach to supporting the vulnerable families living in poverty often in shelters, overcrowding and lack of access to utilities and services, including targeted support advice such as family planning/spacing, livelihood opportunities (agriculture, vegetable gardening, handicrafts, food vending, casual work etc.)

# Annexes

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### Government

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- Environment Sector Coordinator, MNRE– Frances Reupena
- Principal, Community Disaster Preparedness NDMO, MNRE Lepale Aussie Simanu
- Principal Disaster Management Officer, NDMO, MNRE Fesolai Molly Nielsen
- Director NHRI- Loukinikini Vili

## UN System

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- WHO Resident Representative – Dr Rasul Baghirov
- WHO Dr Dixon Hansell
- UNICEF Resident Representative – Dr Sheldon Yett
- UNICEF – Dr Arthur Rhaman
- UNICEF Child Protection Officer, Tupepepa Esera
- UNDP Resident Representative – Jorn Soresen
- UNFPA Sexual Reproductive Health Specialist - Ibironke Oyatoye
- FAO Assistant Resident Representative – Filipo Tuivavalagi
- ILO Coordinator - Tomasi Peni
- UNDP GEF/SGP Manager Small Grants Programme – Lilomaiava Filia Iosefa
- UNRCO Partnerships Specialist - Peta Kerslake

## Development partners

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- Australian High Commissioner HE, Sarah Moriarty
- Australian High Commission, Cassandra Ah Him
- NZ High Commissioner, H.E. Dr Trevor Matheson
- SPREP Director General – Leota Kosi Latu
- Head of Samoa Office, ADB – Maria Melei-Tagiilima
- Head of Samoa Office, World Bank – Maeva Betham Vaai

## Private sector

---

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- CEO, Chamber of Commerce – Lemauga Hobert Vaai
- President Samoa General Practitioners Association – Dr Limbo Fiu
- Private General Practitioner, ENT specialist - Dr Beladonna Potoi
- Health Consultant, Dr Palanitina Toelupe, (former CEO MWCSO, MOH, NHS)
- President SITA - James Ah Wai
- CEO, Skyeye Pacific/Maua App – Faasootauloa Sam Saili



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