



Government of Samoa

MILLENNIUM DEVELOPMENT GOALS



Second progress report 2010

Prepared by the National Task Force with the support of the UN System



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FOREWORD:

It is over a decade since Samoa signed up to the Millennium Declaration. This MDG Report is Samoa's second attempt to capture and report internationally on overall development in Samoa based on the Millennium Development Goals and targets it signed up to in September 2000. Whilst the report is useful for international and regional benchmarking and comparison, its real value is that it is part of Samoa's national planning, monitoring and review process and a useful basis for national discussion and actions to address key development challenges and priorities identified.

It is a given that adequate sustained economic growth can bring about material gains in real per capita incomes. Finance is a necessary, but not a sufficient, condition for accelerated progress towards the achievement of the MDGs and higher standards of human development. The real responsibility is within government to put a high policy priority on the MDGs in national plans and strategies, and in the allocation of the national budget and development resources.

The report for Samoa recognizes that progress towards the achievement of the MDGs is an incremental process and that measurement of progress is not always continuous as data sets for indicators often come from periodic surveys, sometimes five or ten years apart. Data may also be inconsistent over time in both coverage and methodology, and as a consequence interpreting trends can be difficult. Furthermore it is unrealistic to expect the impact of policies in areas of demography, social structures, and the environment to be reflected in the indicators within a short time frame. For Samoa, while it remains on track to achieve most if not all of the MDGs by 2015, in aggregate there has been little substantive change in the status of achievement in progress towards the Goals since the 2004 report.

It has been difficult to capture significant gains or improvements required; the challenge now is not to regress in the progress already achieved and to enhance progress towards specific targets under Goals 1 and 3 which progress appear to be slowing down. Targeted, near-term, acceleration interventions, such as relief measures to meet household costs to achieve universal primary education, promoting an expanded immunization program, encouraging partnerships to achieve health outcomes, and promoting financial inclusion are of paramount importance to sustain progress as well as to speed up progress where current trends suggest otherwise. New technology-based solutions, including mobile banking, community telecentres and the one-lap-top-per-child programs as now implemented in Samoa should be leveraged to allow for rapid scaling up. All interventions need to be framed in the context of national development strategies that define actions to ensure sustainability of the results in the long term.

This is the way forward for Samoa as it approaches the target year for the MDGs.

We acknowledge with appreciation the support of our development partners in focusing their assistance on meeting the MDGs, in particular the coordinated support of the United Nations for continuous advocacy and ensuring that we make the MDGs a key and integral part of our development framework. In this connection also, we can confirm that there is no better measure of enhanced aid effectiveness than achieving the Millennium Development Goals.



Tuilaepa Sailele Malielegaoi
Prime Minister

UN Resident Coordinator's Remarks

On behalf of the UN system serving Samoa, I would like to commend the Government and people of Samoa for the overall good progress made towards the achievement of most of the MDG targets particularly the Education, Gender, Maternal Health and Environment targets since their first National MDG progress Report in 2005.

Whilst there has been good overall progress, it is becoming increasingly clear that progress has slowed over the past 5 years and that despite the overall good national achievements in development outcomes, there is increasing evidence (through the results of the past three Household Income Expenditure surveys) of a pattern of emerging disparities and inequality of development outcomes across the population. There are also certain MDG areas/targets where there appears to have been a slowing down in progress with possible underachievement by 2015. There is an urgent need therefore for a deeper and more disaggregated and systematic analysis of the national aggregate results to determine where the gaps are and what needs to be done to address them.

A detailed analysis of the HIES 2008 results points to increasing proportion of the Samoan population living below the Basic Needs Poverty Line. Furthermore, in some MDG target areas where Samoa has shown early national achievement in the areas of health, education and gender, there are concerns of sustaining good progress due to key issues such as declines in immunization completion levels, high incidence of ill health and mortality from NCDs and low student school retention. Although there has been good progress of gender equality and empowerment of girls and women in Samoa evident in high women academic achievement rates, high number of women in senior levels of management in the public and private sectors, there still remain key challenges for the empowerment of women. The relatively high prevalence of violence against women¹ and the continuing low representation of women in parliament (4 out of 49 or 8%) can dis-empower women and hinder the fulfillment of their full development potential. The government and development partners including the UN system should strengthen efforts built on the good work done so far to address these critically important development and human rights issues.

Effective and sustainable poverty reduction measures must therefore include a strategic and inclusive focus on the issues of the vulnerable groups including the disabled populations as well as protecting and sustaining our environment/resources for future generations. Furthermore, in light of the above as well as to make use of the availability of updated national development planning information such as the HIES 2008, DHS 2009, Agriculture Census 2009, the Government and the UN system could also review and take forward the implementation of the Samoa National Population Policy in the context of MDGs achievement and addressing the needs of the most vulnerable in a sustainable manner.

I conclude by commending the Government for its strong commitment to the achievement of the MDGs evident in the significant reflection of the MDGs in its National Strategy for the Development of Samoa (SDS 2008- 2012), the Prime Minister's, Government's, private, NGO and public officials strong advocacy for the MDGs as well as its commitment to regular global reporting on progress. I am especially impressed with the Government's determination to work collaboratively with its development partners including the UN system to address the obstacles and gaps in MDGs achievement and we look forward to working closely with the Government and development partners to fulfill the promises of the MDGs by 2015.

Soifua.

Nileema Noble
UN Resident Coordinator
Samoa, the Cook Islands, Niue and
Tokelau

¹ The Samoa Family Health and Safety Study 2007 identified that 37.6% (625) out of a 1,647 sample of 15-49 year old women reported being subject to physical abuse.

MDGs at a GLANCE

Goal 1: ERADICATE EXTREME POVERTY & HUNGER Halve the number of people living in poverty and those suffering from hunger by 2015	On Track with Low level of food poverty BUT Off Track to reduce basic needs poverty
Goal 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION Ensure that all boys and girls complete a full course of primary schooling	Generally on Track But with concerns on literacy
Goal 3: PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015	On track with education targets for girls BUT Off Track with education targets for boys and global MDG empowerment of women target
Goal 4: REDUCE CHILD MORTALITY – IMPROVE CHILD HEALTH Reduce by two thirds the mortality rate among children under five	On Track with Infant and Under 5 Mortality rate targets BUT Off Track with immunization targets
Goal 5: IMPROVE MATERNAL HEALTH Reduce by three quarters the maternal mortality ratio Achieve, by 2015, universal access to reproductive health	On Track with Maternal Mortality rate BUT Off Track with reproductive health targets
Goal 6: COMBAT HIV/AIDS, TB, NCDS AND OTHER DISEASES Halt and begin to reverse the spread of HIV/AIDS Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it Halt and begin to reverse the incidence of malaria and other major diseases	On Track with universal access to treatment But off track in HIV prevention and reducing NCDs
Goal 7: ENSURE ENVIRONMENTAL SUSTAINABILITY Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	Some data gaps but mostly on track
Goal 8: DEVELOP PARTNERSHIPS FOR DEVELOPMENT Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Address the special needs of the least developed countries Address the special needs of landlocked developing countries and small island developing State	Some data gaps but mostly on track

SAMOA'S MDG TARGETS - CONTEXTUALIZED

MDG	MDG Targets	MDG Indicators	1990	1995	2002	Latest year
MDG1: Eradicate Extreme Poverty & Hunger	Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below Food Poverty Line	-	-	10.6	4.9 (2008)
		1.2 Poverty gap ratio	-	-	6.6	8.2 (2008)
		1.3 Share of poorest quintile in national consumption	-	-	5.2	4.3 (2008)
	Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed	-	3.18 (1999)	2.85	4.71 (2009)
		1.5 Employment-to-population ratio	-	-	25.3 (2001)	30 (2009)
		1.6 Proportion of employed people living below \$1 (PPP) per day	NA	-	-	NA
	Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age	6.6	-	1.9 (1999)	-
		1.9 Proportion of population below minimum level of dietary energy consumption	-	-	10.6 (2002)	4.9 (2008)
MDG 2: Achieve universal primary education	Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a fullcourse of primary schooling	2.1 Net enrolment ratio in primary education	93 (1991)		85 (2004)	96 (2009)
		2.2 Proportion of pupils starting grade 1 who reach last grade of primary			82.9 (2004)	83.3 (2010)
		2.3 Literacy rate of 15-24 year-olds, women & men	96 (1991)		99.5 (2003)	75.1 (2006)
MDG 3: Promote gender equality and empower women	Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education	0.98 1.06 1.66		0.93 1.04 1.43	0.97 1.13 1.56
		3.2 Share of women in wage employment in the non-agricultural sector	31		37.6 (2005)	53.9 (2009)
		3.3 Proportion of seats held by women in national parliament	4%		6.1%	8.1 % (2009)
		3.4 Proportion of Cabinet Posts held by Women	7.69%	7.69%	7.69	23.01% (2009)

MDG	MDG Targets	MDG Indicators	1990	1995	2002	Latest year
		3.5 Proportion of Senior Management Position (CEOs/A/CEO) held by women in Public Sector			20.3% (2001)	53.9% (2009)
		3.6 Proportion of Matai Titles held by Women			12% (2001)	20% (2006)
MDG 4: Reduce child mortality	Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate/1000	42		25	15.0 (2009)
		4.2 Infant mortality rate/1000	33		19.2(2001)	9.0 (2009)
		4.3 Proportion of 1 year-old children immunized against measles			31 (2001)	53.6 (2009)
MDG 5: Improve maternal health	Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio (per 100000)	74		46	
		5.2 Proportion of births attended by skilled health personnel	76 (1991)		90 (2001)	97 (2009)
	Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate	18 (1991)	24.5 (1998)		17.8 (2009)
		5.4 Adolescent birth rate/1000	26 (1992)	38 (1999)	34 (2000)	44 (2009)
		5.5 Antenatal care coverage (at least one visit and at least four visits)	55 (1991)		89 (2006)	93 (2009)
		5.6 Unmet need for family planning	NA	-	-	46 (2009)
MDG 6: Combat HIV/AIDS, malaria and other diseases	Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years			0.2/1000 (2004)	
		6.2 Condom use at last high-risk sex	NA	-	-	14.7 (2009)
		6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	0	-	-	56.7 (2009)
	Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it					91.6 (2009)
	Target 6.C: Have halted by 2015 and begun to reverse the incidence of NCDs – malaria is not found in	6.5 Prevalence of Diabetes and Obesity	5.5% (1978)	-	23.3%(2001)	-
		6.6 Prevalence of Hypertension	27% (1978)		26% (2001)	

MDG	MDG Targets	MDG Indicators	1990	1995	2002	Latest year
	Samoa	6.7 Number of Suicide Death	21 (2000)		26 (2005)	
		6.9 Incidence, and death rates associated with tuberculosis	-	18.29 1.1 (2002)	0.0 0.0 (2007)	-
		6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course	-	54 80 (2002)	0 0 (2007)	-
Goal 7: Ensure environmental sustainability	Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest	46 (1991)		60 (1999)	60 (2005)
		7.2 CO2 emissions, total, per capita and per \$1 GDP (PPP)			1.5 (2000)	1.96 (2007)
		7.3 Consumption of ozone-depleting substances	4.5 (1991)			2.2 (2008)
		7.4 Proportion of fish stocks within safe biological limits	-	-	-	-
		7.5 Proportion of total water resources used	-	-	-	72% Surface water
	Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6 Proportion of terrestrial and marine areas protected	0.8 (1991)		1.8 (2005)	8 (2010)
		7.7 Proportion of species threatened with extinction	14 (1990)		30 (2006)	
	Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source	-	-	88.6 (2001)	97.3 (2006)
		7.9 Proportion of population using an improved sanitation facility	88 (1991)	-	-	93.5 (2006)
	Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums	NA-	-	-	NA

MDG	MDG Targets	MDG Indicators	1990	1995	2002	Latest year
Goal 8: Develop a global partnership for development	Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (<i>Includes a commitment to good governance, development and poverty reduction – both nationally and internationally</i>)	<i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.</i> Official development assistance (ODA)				
	Target 8.B: Address the special needs of the least developed countries (<i>Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</i>)	8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income				
	Target 8.C: Address the special needs of landlocked developing countries and small island developing States <i>(through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the GA)</i>	8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (<i>basic education, primary health care, nutrition, safe water and sanitation</i>)			35.6 (2000)	41.2 (2010)
		8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied			24.3 (2000)	69.5 (2010)
		8.5 ODA received in small island developing States as a proportion of their gross national incomes	28.94			7.78 (2008)
	Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty	NA	NA	NA	NA
		8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries				
		8.8 Agricultural support estimate for OECD countries as a percentage of their GDP				

MDG	MDG Targets	MDG Indicators	1990	1995	2002	Latest year
		8.9 Proportion of ODA provided to help build trade capacity			11.4 (2005)	31.49 (2010)
		Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)				
		8.11 Debt relief committed under HIPC and MDRI Initiatives	0			15% (2009)
		8.12 Debt service as a percentage of exports of goods and services	10.6			7.7 (2008)
	Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis	NA			NA
	Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population	2.54			16.1 (2008)
		8.15 Cellular subscribers per 100 population	0			67.32 (2008)
		8.16 Internet users per 100 population	0			5.03 (2008)

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INTRODUCTION

The first MDG Report for Samoa in 2004 assisted to generate and enhance awareness among all development stakeholders of the importance of reaching these goals; this 2010 MDG progress Report contextualizes the MDGs to reflect Samoan realities and provides a more diagnostic approach to the country situation including the identification of major challenges in the pursuit of the MDGs.

As well, the first National MDG Report (2004) highlighted some good overall national progress and early achievements in education and health targets. Then, initial concerns were raised with regards to women empowerment and environmental sustainability targets; in particular, the number of women in parliament, native forest covers and access to 'safe' water. Significantly the 2004 report noted early concerns about regional disparities in development outcomes and made key recommendations on further analysis and identification of targeted initiatives to address these issues.

By 2005, the full integration of the MDGs and its specific targets into the Strategy for the Development of Samoa (SDS 2005-2007) and SDS (2008-2012), the sector plans and corporate plan levels was achieved.

It is the intention that analysis into the characterization of households that were covered under the recent Household Income Expenditure Survey will pave the way for the identification of what could constitute 'vulnerable' groups for targeted programs of support

Against this backdrop, a National MDG Taskforce chaired by the Ministry of Finance/Planning was established to oversee the implementation of the 2004 MDG Report as well as updating this second MDG Report. The MDG Taskforce is made up of key stakeholders in Government and Non Government Organizations with technical support of the UN system.

Following the first MDG Report for Samoa in 2004, this 2010 National MDG Report is the latest stock-take of national progress towards the achievement of key MDGs for Samoa. The 2010 report also reflects the impacts of the global food, fuel and financial crises as well as the September 2009 tsunami on the various pathways towards achievement of the Millennium Development Goals.

Whereas advocacy for the promotion of the MDGs for the 2004 Report was led by the non governmental organizations, advocacy arrangements for the 2010 Report will be led by the Task Force and will initially work through the Parliamentarians Advocacy Group and sports organizations.

Since the Millennium Declaration, public awareness of the Millennium Development Goals continues to grow.

DEVELOPMENT CONTEXT

2.1 Background:

Samoa is an island nation with a total area of 2,820 km² and a population of 180,741. Its size, remoteness from major global markets and vulnerability to natural disasters and the impacts of climate change are major constraints to its development. Its small economy is dependent on tourism, agriculture, fisheries, remittances and external development assistance. Economic growth is driven by commerce, transport and communications and construction sectors which are both supported by tourism; with the major exports being fresh fish, coconut oil, coconut cream and nonu juice. The main imports are food items, petroleum and manufactured goods.

One of the world's 49 least developed countries, Samoa is expected to graduate in December 2010 although a decision on the request for deferral following the 2009 tsunami is yet to be made. With an income per capita of US \$3,121 in 2009, it is a medium human development country with a global Human Development Index (HDI) ranking of 94 out of 182. ²Samoa's HDI of 0.771 places it third in the Pacific region behind Australia and New Zealand.

Samoa's strong performance of more than 10 years previously was undermined by the food, fuel and global economic crises resulting in the economy contracting in 2008 and 2009. The September 2009 earthquake and tsunami further diminished prospects of a quick recovery. In addition to the human suffering, the cost of recovery and infrastructure rehabilitation, resettlement and maintaining access to essential services are substantial at over 20 percent of GDP. The tsunami also destroyed 20 percent of hotel tourist room capacity and affected around 2.6 percent of the population.

The geographical distribution of the population continued to increase for North West Upolu (NWU), Rest of Upolu (ROU) and Savaii. The Apia Urban Area (AUA) for the first time registered a decline of 0.6 percent. Population growth for the whole country from 2001-2006 was 0.5 percent with AUA and NWU constituting 52 percent of the total population in an area of 311 km² (11% of total land area). This continues to have development implications for social and economic infrastructure, as well as social concerns with an increasing number of people residing outside traditional village settings and the associated social governance of different village groups. It is to be noted that the models for village governance are replicated in the urban suburbs. Female average life expectancy improved from 73.8 in 2001 to 74.2 for 2006. Male life expectancy on the other hand experienced a slight decrease in the same period from 71.8 to 71.5. Total average life expectancy increased from 72.8 in 2001 to 73.2 in 2006. The population is 97 percent Samoan, with about 40 percent of the population under the age of 15.

Government continues on its goal of providing good infrastructure and services for people regardless of where they reside as evident by increased access to basic and essential services throughout the country. Customary and traditional rights, particularly regarding land tenure persists as a major constraint to economic development; however work is in progress to determine ways by which customary owned land, much of which lie idle, could be accessed for development purposes while at the same time ensuring that ownership is not compromised.

The economic, financial and public sector reforms introduced and implemented as a result of severe external shocks in the early 1990s continue to be consolidated. Initiatives such as financial sector liberalization, the tax and tariff reforms, and the overall reform of the public sector aimed at improving public sector governance, efficiency and effectiveness, are contributing to opening up the economy and strengthening private sector development. Sustained economic growth and structural changes – the latter manifested in the decline of agriculture and growth in the service sectors' contribution to national income – are both outcomes of such initiatives.

2.2 Economic performance

Latest analysis of GDP showed strong economic aggregate growth in the Samoan economy since 2002 with real growth rates in total GDP of 3.2 per cent in 2002, 5.6 percent in 2003, 4.6 percent in

² 2009 UNDP Global Report, based on 2007 figures

2004, 5.2 percent in 2005 and 6.6 percent in 2007 with the exception of 2006 that registered a moderate growth of 0.5 percent. These positive growth rates were translated into real per capita income in excess of the LDC status of US\$900 during the same periods.

However, recent overall economic performance has been unfavourable, with real GDP contracting by 3.2 percent and 1.8 percent in 2008 and 2009 respectively. Underpinning the declines were external factors like marked increases in fuel and food prices, inclement climatic conditions and the completion of major infrastructural developments particularly those related to the South Pacific Games in 2007, which stimulated economic activities in the preceding years. Consequently, the continuous effects of the global economic recession, resulted in the downsizing of the biggest manufacturing company Yazaki Samoa, closure of a fish cannery in American Samoa which employed mostly staff from Samoa and the direct effects of the September 29 tsunami, have all contributed to a contracting economy in the past two years.

Samoa's external position has been stable and remains comfortable. Export revenues went up by 13.8 percent in 2009 while imports decreased by 17.8 percent over 2008. Remittances more than doubled in the 8 years from 2002 to 2009, increasing by more than \$180 million. Net foreign reserves, at year end amounted to \$339.7 million, a notable increase of 55.9 percent over 2008 and equivalent to 7.5 months worth of import cover was well above the Central Bank's target of 4 months.

On public finance, overall fiscal balance has been well maintained below the fiscal target of 3.5 percent of GDP throughout the years 2002/03 to 2007/08. Financial year 2008/09 (provisional) was exceptional to record an overall deficit of \$59.0 million (4.1% of GDP), however this was lower compared to the budgeted deficit of \$84 million. The fiscal year 2009/10 budget again was expansionary to provide stimuli for the economy in light of the effects of the global economic recession. The annual average rate of inflation stood at 6.4 percentage points at end December 2009, which was 5.0 percentage points below end December 2008. The trend is expected to decline further in 2010 with the declining food and commodity prices coupled with increases in local food supply.

In view of the recent economic performance, and Samoa's vulnerability to external factors and natural disasters as recently experienced, the outlook for the medium term remains a challenge. Hence, Samoa is committed to put in place prudent and responsible measures that would provide stimulus for sustained economic performance. The impacts of climate change will continue to threaten environmental sustainability efforts in the medium term hence building national resilience will be accorded high priority.

2.3 Socio-context

Samoa's status in the Pacific Human Development Index (4th out of 15) and the Human Poverty Index (1st up from 4th in 1998) has been generally high and it is relatively in a good level of progress towards the achievement of the Millennium Development Goals (MDGs). However, there are remaining notable characteristics of households facing hardship that are emerging as important considerations that can no longer be ignored. The results of the Participatory Assessment on Poverty carried out in 2002 suggested that hardship as measured by the Basic Needs Poverty Line (**BNPL**) (*not being able to meet the basic costs of an acceptable minimum standard of living*) is becoming an integral part of daily life at the household level⁴. There is also tendency of more households and individuals to be experiencing growing degrees of hardship and difficulty in meeting their basic needs expenditure. This is in light of the low level of income generating opportunities, downsizing of one of the biggest employers in Samoa relative to the rapid increase in prices of goods and services that are needed by households in Samoa.

Whilst there have been many achievements in education since the implementation of the Education Strategic Plan in 1995 and the current 2006 – 2015 Education Sector Plan, deficiencies have been identified in the areas of educational quality and efficiency. These shortcomings include high drop-out and repeater rates, high teacher turn over and low functional literacy rates, with greater need of a comprehensive teacher development and quality improvement program. The 2006 Population

³ 45% loss between 2005 and 2009 (52% female job loss), Samoa National Provident Fund, 2009

⁴ Proportion of population living below the basic needs poverty line increased from 22.9% in 2002 to 26.9% in 2008, Samoa Household Income and Expenditure Survey (2001 and 2008)

Census showed that 5.1 percent of children aged 5 – 9 years did not attend school while attendance for the 10-14 years group increased by 2 percent; and while enrolments have continued to rise with more children continuing past primary school, it is still the case that only 40 percent of all primary school students proceed beyond Year 11. Furthermore, transition rates from Year 13 to tertiary level education have been averaging 52 percent between 2005 and 2007. Analysis of the Participatory Assessment on Poverty confirmed that education is one of the most critical factors influencing whether a household is likely to be in poverty, and whether it will be able to rise out of such a condition; thus, the higher the level of educational attainment the less likely of that person or household being below the poverty line. Therefore there is a real need for more opportunities for technical and vocational training for those who are unable to follow an academic path and particularly for those in the informal sector. This situation has also given rise to the piloting of Community learning centres such as Fagaloa as well as the active promotion of second chance education programs.

Similarly in health, whilst many key health indicators have improved in recent years there is concern that the quality of services being delivered, especially in some rural areas, is inadequate. The morbidity profile of the population is tending towards non-communicable, lifestyle diseases where strong primary health care, health education and nutrition programs have an important preventative role to play. The low immunization levels (56% males and 69.7% for females) is a major concern with regards to preventive health measures for children. Child mortality is a leading indicator of the level of child health and overall development in countries. It is also a MDG indicator

Thus whilst many appear to have become better off, there are a growing number of others, particularly amongst the youth the elderly, and those residing in rural areas particularly in the Rest of Upolu and Savaii who do not appear to be sharing equally in this process. Many youth are finding it difficult to get the sort of jobs to which they now aspire; a traditional village and subsistence agriculture lifestyle often unpaid, no longer has much appeal. The role of women and girls in Samoan society remain largely unchanged at the village levels despite the relatively high educational attainment of girls compared to boys. Girls who do not achieve tertiary education and without formal employment remain with their families assume a place and in the village auluma (social institutions for young women) . Female headed households are more likely to be in hardship when compared to male headed households. Domestic violence and violence against women affect around 25 percent of all women according to recent studies. Without active support from relevant authorities and NGOs this issue will have major implications on youth development in the future.

Conditions of financial hardship whilst not widespread do nevertheless have the potential of leading to increased social and domestic tensions, rising crime and a deteriorating quality of life for those most affected.

3.0 **Framework for Sustainable Development**

Sustained growth and social progress are outcomes of Samoa's political stability, government's commitment to economic and public sector reform, remittances, and the magnitude of public spending on health and education. In addition, the consultative approach to the development of its national strategic plans ensures that all stakeholders are partners in development. It is recognized that achieving the national vision of "Improved Quality of Life for All" will result in the accomplishment of Samoa's millennium development goals (MDGs) and targets. As such, the MDGs are also used as indicators for measuring the achievement of national development goals and are also a measure of the degree of aid effectiveness achieved to date.

The Strategy for the Development of Samoa 2008-2012, as with previous national development plans sets the framework for Samoa's development and aims at improved quality of life for all through ensuring sustainable economic and social progress. The seven goals are: i) Sustained macroeconomic stability; ii) Private sector led economic growth and employment creation, iii) Improved education outcomes, iv) Improved health outcomes, v) Community development (improved economic and social well being and improved village governance, vi) Improved governance (public sector management, law and justice), and vii) Environmental sustainability and disaster risk reduction.

Samoa persists in strengthening and building on existing policies, recognizing the need for targeted programs to reduce hardship at the community level. The key issues the country continues to address are:

- Strengthening institutional and regulatory standards for macroeconomic growth and stability;
- Ensuring continued fiscal discipline and sound financial management;
- Generating private sector led investment and employment opportunities;
- Increasing agriculture contribution to development, in particular opportunities in niche markets;
- Improving access to technical and vocational training opportunities;
- Improving quality of education, and strengthening health promotion and primordial prevention;
- Integrating environmental sustainability, climatic resilience and disaster risk reduction at all levels of development.



Food security is a priority – Savaia Talomua Day



MDGOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Trends and Status

				At Risk	Stalled	On track	Achieved
Overall MDG1 Assessment						★	
		Baseline (1990)	Target (2015)	Progress			
				2005	2010		
Target 1A	1.1	10.6 (2002)	5.3		4.9 (2008)		★
	1.2	6.6 (2002)	3.3		8.2 (2008)	★	
	1.3	5.2 (2002)	10.4		4.3 (2008)	★	
Target 1B	1.4	3.18 (1999)		6.96	4.71 (2009)	★	
	1.5	25.3 (2001)	80		30 (2009)	★	
Target 1C	1.8	6.6	3.3	1.9 (1999)			★
	1.9	10.6 (2002)	5.3		4.9 (2008)		★

Target 1A: Halve the Proportion of People Living In Extreme Poverty By 2015

Indicator 1.1 Proportion of Population below \$1 (PPP) per day

The level of serious or extreme poverty, as measured by the proportion of households and population falling below the **food poverty line** is very low in Samoa; the latest analysis based on the Household Income and Expenditure Survey 2008 indicates that only about 3.0 percent of households and 5.0 percent of the population fall under this category, down from 8.5 percent of Households and 10.6 percent of the population recorded in 2002. This was expected in the case of Samoa as in most Pacific Islands where subsistence production plays a significant role in food security.

Table 1				
Incidence of Poverty				
Proportion of HH and Population with Weekly Per Capita Expenditure less the Food Poverty Line				
%	Households		Population	
	2002	2008	2002	2008
National average	8.5	3.3	10.6	4.9
Apia Urban Area	5.3	2.3	7.6	3.5
North-West Upolu	12.1	2.0	16.2	3.3
Rest of Upolu	5.6	5.6	6.1	8.1
Savai'i	9.8	3.6	10.3	5.1

Indicator 1.2 Poverty Gap Ratio

Hardship and poverty line measure in this review is based on the **Basic Need Poverty Line (BNPL)** (*food poverty line plus the basic needs of households such as education, water and electricity bills, transportation etc*). Hence, in the case of Samoa, experiencing basic needs poverty means, households are struggling to meet their essential basic living expenses on a daily or weekly basis, particularly those expenses that require cash payments. The **Poverty Gap Index for Samoa based on the BNPL has increased from 6.6 in 2002 to 8.2 in 2008.**

Despite the many changes that have taken place and continuing to take place evident in the relatively strong GDP growth for the years 2002 to 2007, and despite the slowdown in 2008 and 2009, the level of hardship and poverty being experienced by the least well off in Samoan society has not improved. Results of the second Participatory Assessment on Hardship carried out in 2009 suggest that hardship is now an integral part of daily living for 20.1 percent of Samoan households.

Indicator 1.3 Share of poorest quintile in national consumption

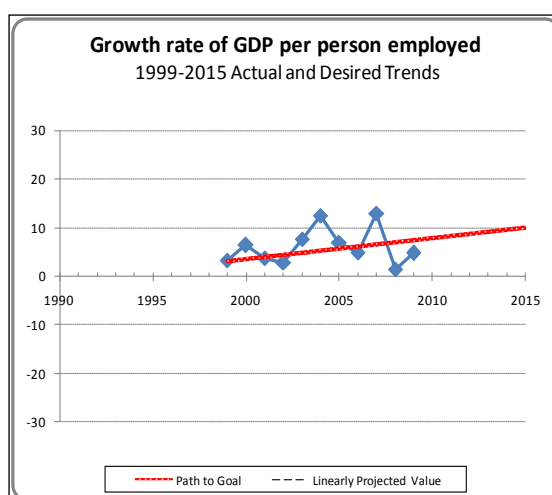
The share of national expenditure incurred by the lowest quintile was 4.3 percent in 2008 a reduction from 5.2 percent of total expenditure in 2002. At the regional levels, the Apia Urban Area poorest quintile in 2008 accounted for a highest of 5.0 percent whilst the lowest was 3.7 percent registered for the Rest of Upolu (Rural).

The Gini coefficient of Inequality has also increased from 0.43 in 2002 to 0.47 in 2008 and has also increased by region but is more marked in the Apia urban area. The higher estimates for the Gini are consistent with the slightly higher Poverty Gap Index which indicates that Samoa is probably bordering on an unreasonable level of inequality.

Table 2		
Gini Coefficients of Inequality		
	HH Gini Coefficients	
	2002	2008
National average	0.43	0.47
Apia Urban Area	0.40	0.48
North-West Upolu	0.40	0.46
Rest of Upolu	0.39	0.44
Savai'i	0.41	0.46

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

Indicator 1.4 Growth rate of GDP per person employed

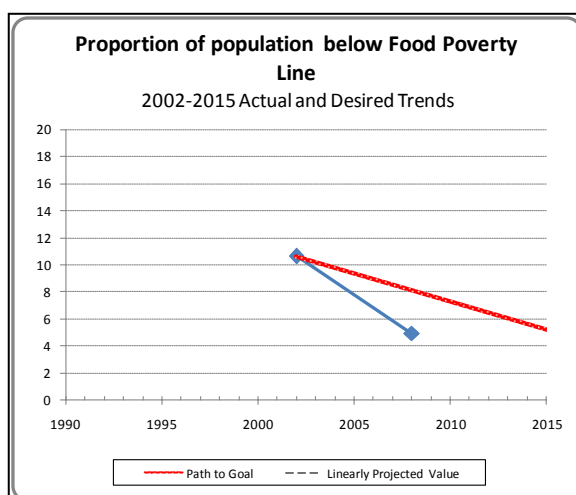


GDP per person employed has increased steadily in Samoa over the last decade. In 1998 it was estimated at 39.98 and this has increased to 48.8 in 2005 and further improved to 51.63 for 2009. Growth rates for GDP per person employed has also continued to increase with 3.18% in 1999, 6.96% for 2005 and 4.71 percent for 2009.

Indicator 1.5 Employment-to-population ratio

Employment to population ratio has increased from 25.3 percent in 2001 to 30.0 percent in 2009. However this will be well short of the MDG target of 80 percent. Samoa is a highly subsistence economy which absorbs a large proportion of the population into the informal

sector. Real GDP per formally employed person has increased from \$39.98 tala in 1998 to \$51.63 tala in 2009.



The shortage of data is a real barrier to being able to assess the proportion of employed people living below the Food poverty line as well as determining the proportion of own-account and contributing family workers in total employment

No data available for indicator 1.6 Proportion of employed people living \$1 (PPP) per day and Indicator 1.7 Proportion of Own- Account and contributing family workers in total employment.

Target 1.C: Halve, between 1990 and 2015 the proportion of people who suffer from hunger
Indicator 1.8 Prevalence of Underweight children under five years of age

In the baseline year (1990), 6.6 percent of Under 5 children were recorded as suffering from malnutrition. In 1999 following the National Nutrition survey, a 1.9 percent drop in children Under 5 suffering from malnutrition was recorded. It was evident that the problem anticipated at the time requiring greater attention was child obesity.

Indicator 1.9 Proportion of population below minimum level of dietary energy consumption Proportion of population below Food Poverty Line

The proportion of the population below the National Food Poverty Line has decreased from 10.6 percent in 2002 to 4.9 percent in 2008.

1.2 Prevalence of undernourishment in the total population

Data based on National Food Balance Sheets for Samoa, confirms progress made in regards to the estimated prevalence of undernourishment, and for the latest available reporting period measured by this indicator, appears to have reduced the prevalence of undernourishment to less than 5 percent.

Prevalence of undernourishment in total population (%)				
Reporting Period	1990-1992	1995-1997	2000-2002	2004-2006
Samoa	9	10	-	-

Note: A dash (-) represents data less than 5%

Source: <http://www.fao.org/economic/ess/food-security-statistics/en/>

Food balance sheet data also shows that Samoa has steadily increased the dietary energy supply well and above minimum requirements. However, a concern may be that the dietary energy consumption has reached levels where it can be seen as contributing to the high prevalence of overweight/obesity and related non communicable diseases (NCDs).

Challenges:

Whilst there is a small proportion of the Samoa population falling below the food poverty line (5%), there are real concerns of the poorest households receiving inadequate nutrition despite the increasing trend in dietary energy supply. Population falling below the Basic Need Poverty Line rose from 22.9 percent in 2002 to 26.9 percent in 2008 with the likelihood of more households and individuals experiencing increasing levels of hardship and difficulty in meeting their basic needs expenditures. The low level of income generating opportunities and downsizing of one of the biggest private sector employers in Samoa coupled with relative-to-rapid increase in prices of goods and services that are essential to households in Samoa is a major challenge. Furthermore, the increase in basic needs poverty is seen to be concentrated in the rural areas. Therefore, there is a greater need to accelerate growth in the village economy. Specific challenges to achieving rural economic growth are:

- Lack of income generating/employment opportunities in the rural areas,
- Limited access to some basic services and infrastructure,
- Limited land cultivation due to the loss of able-bodied youth who used to work on the plantations due to overseas or urban migration,
- Continued land disputes,
- Limited market for agriculture production,
- High fertility rate in rural areas,
- Unemployment,
- Rapid increase in prices of goods and services.

Supporting environment:

Reducing hardship is a key national priority. There is a need to address hardship both at the macro and micro levels. At the macro level, national policy must continue to focus on the broad issues of macroeconomic stability, education and health service outcomes and creating an environment conducive to encouraging private sector investment. At the micro level, the specific needs of individual villages and communities must be addressed. This means promoting rural enterprise activities like tourism beach fale to create income generating opportunities as well as development assistance in agriculture and fisheries thus ensuring food security and meeting other social obligations. There must be improvements in access to water supply, health services, transport and similar community based activities as well as the quality of basic service delivery. This would be achieved through better training of teachers, staffing of schools and clinics, maintenance of health and education facilities and infrastructure and improving the availability of essential teaching materials and medical supplies. These are the essences of the ongoing Education Sector Program

Priorities for development assistance:

The Strategy for the Development of Samoa 2008-2012 articulates Samoa's priorities for development. Emphasis and support remain in the education and health sectors, strengthening the enabling environment for private sector led growth, community development and increasing access to quality and affordable economic infrastructure. In addition, environmental sustainability including addressing the impacts of climate change and disaster risk reduction are now being integrated into all aspects of developments in light of Samoa's vulnerability to natural disasters and other external shocks.

In particular, assistance to agriculture and tourism will greatly benefit the rural population. This will be achieved through continued market research conducted by the Scientific Research Organisation of Samoa into agro processing and commodity storage life. Closer cooperation between the Trade Division of the Ministry of Foreign Affairs and the Ministry for Agriculture will secure market access as well as the provision of adequate quality planting materials for rural farmers. The enforcement of the 2007 Lands and Title Registration Bill including adequate awareness campaigns for customary land owners should be accelerated to facilitate the establishment of Tourism infrastructure as well as commercial agriculture. These strategies will add value to agriculture and would benefit those facing hardship in the rural areas.

Addressing the needs of marginalized communities living around the urban areas will require creating employment opportunities to offset job losses associated with the downsizing of the manufacturing sector which is slowly rehiring workers. This will include securing employment opportunities in overseas seasonal workers as well as continued efforts in facilitating access to credit and training that would enable the establishment of small to medium scale enterprises.

In the long term, continued emphasis on education, health development and empowerment of women coupled with sustainable environmental management would reduce hardship in Samoa

Monitoring and evaluation:

The monitoring of poverty and hunger has so far almost entirely been based on household income/expenditure surveys (HIES) and participatory poverty assessments supported by the UNDP in 2002 and 2008 respectively. Regular monitoring will be carried out every five years in line with conducting of Household Income and Expenditure Surveys. There is however a need to expand the monitoring process to include targeted assessment of the characteristics and causality of households facing hardships in Samoa. This is being done in association with the development of appropriate social protection measures.

Conclusion:

Following the results of the Household Income Expenditure Survey, it is crucial that there is a matching of consistent positive growth rates and the trending of poverty indicators. There is a need to recast policy framework so that the macroeconomic growth also reflects pro-poor growth.



MDGOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Trends and Status

						At Risk	Stalled	On track	Achieved
Overall MDG2 Assessment								★	
		Baseline (1990)	Target (2015)	Progress					
				2005	2010				
Target 2A	2.1	93 (1999)	100	85 (2004)	96 (2009)			★	
	2.2	82.9 (2004)	100		83.3 (2010)			★	
	2.3	96 (1991)	100	99.5 (2003)	⁵ 75.1 (2006)			★	

The Government of Samoa reaffirmed its commitment to universal primary education in Samoa through the passing of the compulsory Primary Education Act 1992 and Ratification on 29 November 1994 of the Convention on the Rights of the Child (CRC) including the right of the child to education.

Target 2A: Attain 100% Primary School enrolment by 2015

Primary education is an eight-year cycle that starts from Year 1 to Year 8. The Education Amendment Act 1991/1992, states education as compulsory for children aged 5-14 or until completion of Year 8 and strengthens the attainment of this cycle. As of 2009, the total number of primary schools was 162 with 140 government schools, 15 mission schools and 7 private schools. In addition, there are 5 schools that cover both primary and secondary levels, and they are categorized as primary-secondary schools. The total number of children attending primary schooling in 2009 was 39,379⁶ matched against 1,305 teachers. This was close to the approved teacher-student ratio for primary schools of 1:30 as reflected in Table 2.1

Table 2.1: Summary of Primary Education Enrolment 2009

	Government	Mission	Private	Total
Schools	140	15	7	162
Students	32,784	4,889	1,706	39,379
- Males	17,296	2,380	882	20,558
- Females	15,488	2,509	824	18,821
Teachers	1,061	165	88	1,305
Student/Teacher Ratio	31	29	19	30

Source: MESC, *Education Statistical Digest 2009*

Government primary schools are village owned and managed by their selected school committees which in turn are responsible for the maintenance of school buildings as well as the provision of equipment and furniture. Up until the end of 2009, they had charged a minimal school fees per student for maintenance and daily upkeep of the school premises. The Ministry of Education recruits and pays for teachers' salaries; in addition they also provide school stationery, curriculum materials, assessment and examinations and provides for professional development for teachers. However, Mission and Private schools have their own separate administrative systems.

⁵ This drop was largely due to a change in methodology

⁶ Ibid., part 1 p 3

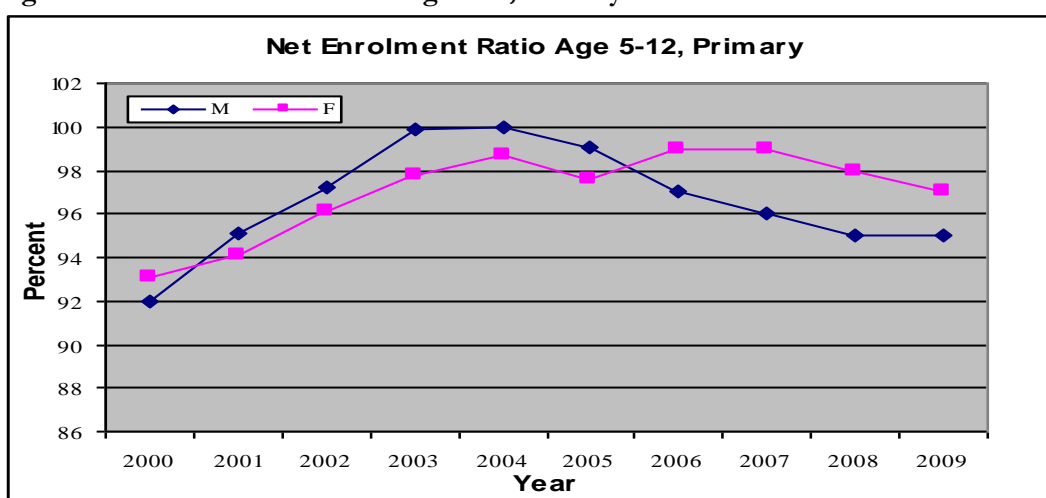
The Samoa School Fee Grant Scheme (SSFGS) which involves the full payment of primary level school fees was launched at the start of 2010 with assistance from both Government and its Development Partners. This caters for all students enrolled in government and mission primary schools (99.96%) but excludes private schools.

Indicator 2.1: Net Enrolment Ratio in Primary Education

The Net Enrolment Ratio for boys and girls age 5-12 gradually increased from the year 2000 before reaching its peak in 2004. There was a slight drop in enrollment for girls in 2005 before trending back up again the following two years. However enrollment for girls has been falling slightly in 2008 and 2009. The enrollment for boys has been decreasing slightly from 99 percent in 2005 to approximately 95 percent for 2008 and 2009 as is shown in Figure 2.1.

The Samoa School Fee Grant scheme is intended to provide an incentive not only for parents to be able to send their children to school free of charge but also for children to remain in school at least for the full 8 years of primary education.

Figure 2.1: Net Enrolment Ratio Age 5-12, Primary

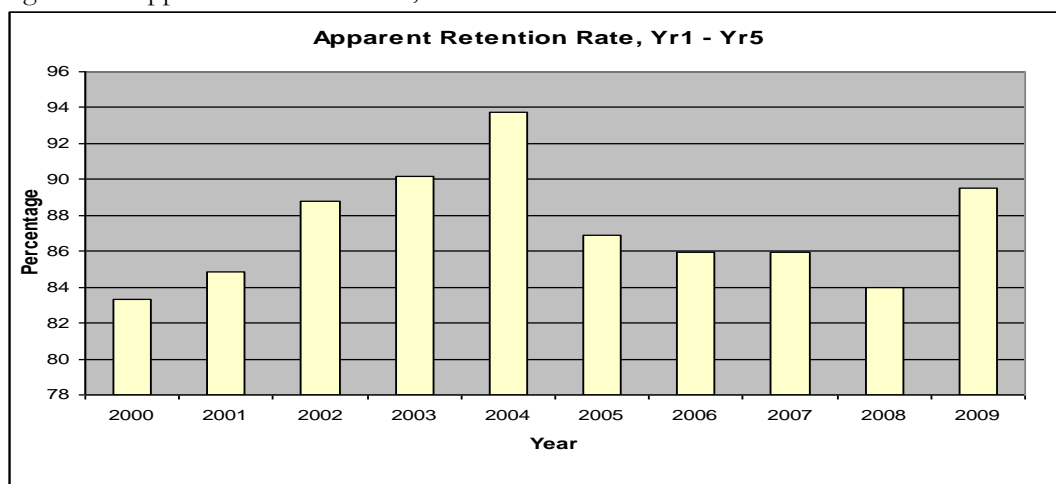


Source: MESC and MoF

The figures above do not reflect a group of 13-14 year olds still attending primary school nor some 12 year olds who may already be in a Secondary School. Those with special needs attending specialized schools are not accounted for in the school census, as well as primary level children who have joined the labour force as child vendors.

Indicator 2.2: Proportion of pupils that start grade 1 and reach grade 5

Figure 2.2: Apparent Retention Rate, Year 1-5



Source: MESC

In 2004, 5,045 children reached Year 5 out of the 5,383 enrolled in 2000 giving a retention rate of 93 percent. However this has dropped considerably to just below 84 percent in 2008. In light of the full primary cycle from Year 1-8, the lowest retention rate for the previous decade was in 2009 as shown in Table 2.2. This has again risen in 2010.

Table 2.2: Apparent Retention Rate, Yr 1-8

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
<i>Year 8 enrolment</i>	4310	4249	4190	4378	4519	4461	4601	4704	4820	4911
<i>Year 1 enrolment 7 years previously</i>	5054	5055	4961	5281	5359	5290	5383	5802	5987	5893
<i>Apparent retention rate (%)</i>	85.28	84.06	84.46	82.90	84.33	84.33	85.47	81.1	80.51	83.3

Source: MESC

Indicator 2.3: Literacy rate of 15-24 year olds, women and men

According to the Population and Housing Census 2006, the total number of 15-24 year olds recorded was 31,920⁷. The overall proportion of this age group whom are able to read, write and understand instructions in Samoan were 90.1 percent and 75.1 percent could read, write and understand English. Caution should be taken when interpreting these new figures as there has been a methodological change in the definition of literacy rate for the 2006 Population and Housing Census. Previous Samoa MDG Report and other Samoa Global reports cited much higher literacy levels of around 94-98 percent.

Challenges:

- Maintaining or reversing the decline in retention rate is a major challenge to the education system. This is a situation that requires the consolidated effort of all stakeholders including government, communities, churches, parents as well as development partners.
Taking into account the many factors that contribute to the retention rate, the Ministry is optimistic that the percentage will continue to rise due to ongoing activities, the implementation of the School fee scheme and the enforcement of compulsory education.
- With the gradual increase in enrolment on the one hand and the high attrition rates of teachers, the Ministry continues to face teacher shortages every year
- The last five years has seen a greater involvement of the Ministry with Early Childhood and Inclusive Education both areas requiring specialized teacher training thus adding to the persistent problem of teacher shortages. The establishment in 2001 of Inclusive Education Units within 6 schools to cater for Special Needs students has also suffered from teacher shortage. More support is required, especially in training for teachers to cater for special needs students, and awareness programs for parents who have children with special needs and are required to be integrated into the regular schooling system.
- The Ministry must be able to clearly define what its role would be in terms of the newly defined policy areas versus that of the non government organizations that are the service providers.
- The Ministry needs to consider ways by which it can effectively monitor the enforcement of the compulsory education legislation in close collaboration with the communities.

Supporting environment

As 2010 is the first year of implementing the Samoa School Fee Grant Scheme (SSFGS), positive impact on enrolment is anticipated in the next few years. Furthermore, a special task force was selected in February 2010 to effectively look into implementing and monitoring the compulsory education legislation.

⁷ MoF (Department of Statistics), Tabulation Report Population and Housing 2006. p 13.

The Education sector program is already addressing the issues of teacher shortage with the implementation of fast track programs under the National Teacher Development Framework. A pilot program for Inclusive education which has received generous financial support from the development partners is progressing well and will define the parameters for the engagement of the government in this area as well as the non government organizations.

The Sector Plan with a well defined Medium term Expenditure framework will set the priorities for the sector in the medium term including an assessment of capacities needed to effectively deliver on the sector program.

The sector continues to receive the highest level of budgetary resource allocation as well as development cooperation resources.

Priorities for development assistance

- Roll out of inclusive education program with the Government leading
- Implementation of the National teacher development Framework
- Start of a comprehensive program on early childhood education
- Continue a sustainable school fee scheme
- Funded research studies redress the challenges in the following areas:
 - Improving teacher retention, motivation and performance; and,
 - Access to participation in and transition from Primary schooling.

Monitoring and evaluation:

This will be carried out under the sector Monitoring and Evaluation framework which focuses not only on implementation of key activities involved in the implementation of the sector plan but also on key learning outcomes

Conclusion

Although there has been some reverse trending against some of the indicators since the start of this decade, there is strong commitment to achieve MDG 2 and overcome the associated challenges. The focus in the near future would be on the indicators that reflect an at risk situation.



MDGs Legacy March for children's access to education



MDGOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Trends and Status

						At Risk	Stalled	On track	Achieved
Overall MDG3 Assessment								★	
Target	Indicator	Baseline (1990)	Target (2015)	Progress					
				2005	2010				
3A	3.1 Ratio of Girls to Boys in Primary, Secondary and Tertiary Education	< 50%	=50%	>50%				★	
	3.2 Share of women in wage employment in the non-agriculture sector	31	50	37.6	40.1 (2009)			★	
	3.3 Proportion of seats held by women in national parliament	4%	50%	6.1%	8.1%	★			
NEW	3.4 Proportion of cabinet posts held by women	7.69% (2001)	50%		23.01% (2009)			★	
	3.5 Proportion of senior management positions (CEOs/ACEOs) held by women in the public sector	20.3% (2001)	50%		53.9% (2009)				★
	3.6 Proportion of Matai titles held by women	11.5% (2001)	50%	20% (2006)				★	
	3.7 Number of reported cases of violence against women								

Females make up forty eight percent (48%) of Samoa's total population. The last ten years have seen positive developments both at the national and sector levels towards the advancement of women and girls status. The ratification of the Convention on the Elimination of Discrimination against Women as well as the Convention on the Rights of the Child provided the impetus to achieve the commitments. While significant improvements have come about since the 2004 report, the remaining issue is that of increased participation in parliament; realistically this is a long term issue that would need that could be appropriately addressed through consolidated commitment from women. This in no way, takes away the fact that women feel any less empowered without a greater representation in parliament.

Empowerment of Women - Education

Target 3A: Eliminate Gender Disparity in Primary and Secondary Education by 2005 and to all levels by 2015.

Samoa has achieved gender parity for girls in Primary, Secondary and Tertiary education. In fact girls are outperforming their male counterparts in all levels of education. The declining percentage of males completing secondary and tertiary education when compared to females could pose a risk to social stability in the future. Key notable areas at risk are increasing male unemployment rate, crime and violence rates including violence against women and children.

Indicator 3.1 Ratio of Girls to Boys in Primary, Secondary and Tertiary Education

Samoa girls have equal access to education at all levels, primary, secondary and tertiary. The ratio of females per 100 males enrolled in primary level is 0.97:1 and 1.13:1 for secondary education. There are also more females in tertiary education accounting for 61% compared to 39% for males. A

noticeable gender gap exists between the education levels/results for boys as opposed to girls at secondary level and this is beginning to feed into tertiary education.

Gender stereotyping in education has diminished as a result of the curriculum review, gender sensitization workshops, affirmative action and the development of gender equity policies in academic institutions.

Efforts to advance gender equality and MDGs in the education sector are addressed under the Ministry of Education, Sports and Culture Strategic Policy and Plan for 2006 – 2015 as well as a National Education for All (EFA) Action Plan. These plans enable Samoa to comply with international requirements under the CRC and EFA goals as it recognizes the right to education for all children including those with disabilities.

Current enrolment rates and the discrepancies by gender is a prompt for action to close the gap at the earliest opportunity. A research study conducted by the Ministry of Education in 2005 noted a gender difference in access to education, participation and achievement in years 4 & 6 which tends to favour girls over boys. Hence there is a need to refocus policies and strategies to target boys given the strong correlation between low levels of education and crime *vis à vis* the rise in youth offending in that crimes against women and children are committed mainly by the male sex.

The number of tertiary scholarship awards which are merit based, for both females and males has increased over time however more scholarships are awarded to females (51%). A growing number of females are pursuing science and technical courses which has increased from 6 percent in 2000 to 25 percent in 2008.

Empowerment of Women - Employment:

The 2006 Population and Housing census noted that out of a total of 38,297 people in paid employment, 42 percent were employed in the Private Sector. Of this total 54.8 percent were females and 45.2 percent⁸ males. Twenty percent were employed in the public service with 26.7 percent being females and 17.3 percent males⁹. In terms of salary levels, the percentage of females in the salary range of \$15,000 Samoan Tala and over had increased from 12 percent in 2001 to 21 percent in 2006 as opposed to only a six percent increase for males over the same period. One can infer that there is a shifting away of women from the lower paid jobs. This trend could also be a direct result of a major salary raise adjustment of 42 percent implemented over 3 years across the public sector. This had a positive impact on female dominated professions such as nursing and teaching.

The highest proportion of persons employed was in the agriculture sector (32 percent) with women accounting for 7 percent of agricultural work. There is the contention that women's role in agriculture is under reported and warrants the conducting of a gender analysis of the division of labour for all levels of agricultural work. The negative impact of the global financial crisis which resulted in a 52 percent reduction in women employed in the manufacturing sector between 2005 and 2009 is a major challenge. The Government in partnership with the private sector and its Development partners is currently supporting programs to expand the livelihood options and other income generating opportunities for women. These include micro finance supporting schemes through South Pacific Business Development, Small Business Enterprise Centre, Development Bank of Samoa and Organic Farming and fine mat weaving through Women in Business Foundation.

Indicator 3.2 Share of women in wage employment in the non-agriculture sector Non Agriculture Sectors

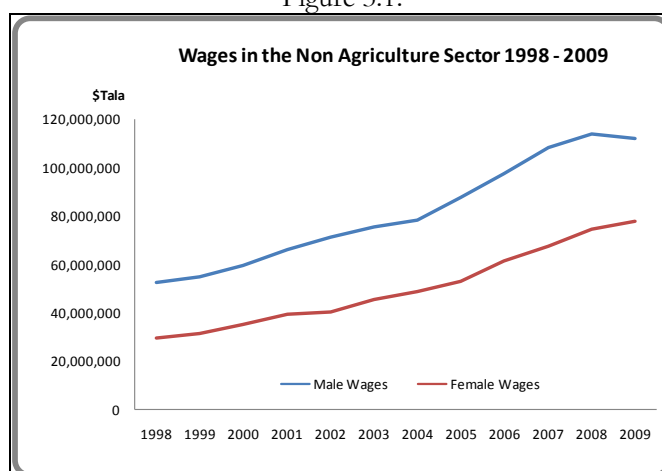
Female Wages paid in the Non agriculture sector has increased from 52.8 million tala in 2005 to 77.8 million tala in 2009 compared to an increase from 87.7 million to 112.3 million tala for males. Whilst there has been a greater percentage increase for female wages (47.3%) when compared to males

⁸ Population & housing Census 2006

⁹ Population and Housing Census 2006

(28.1%) for this same period, the proportion of female wages to total wages in non agriculture sectors only improved slightly from 37.6 percent to 40.9 percent. In 2009, wages for males declined by 1.5 percent over 2008 whilst female wages increased by 4.3 percent. This is the result of more females moving into managerial and executive positions thus earning higher salaries.

Figure 3.1:



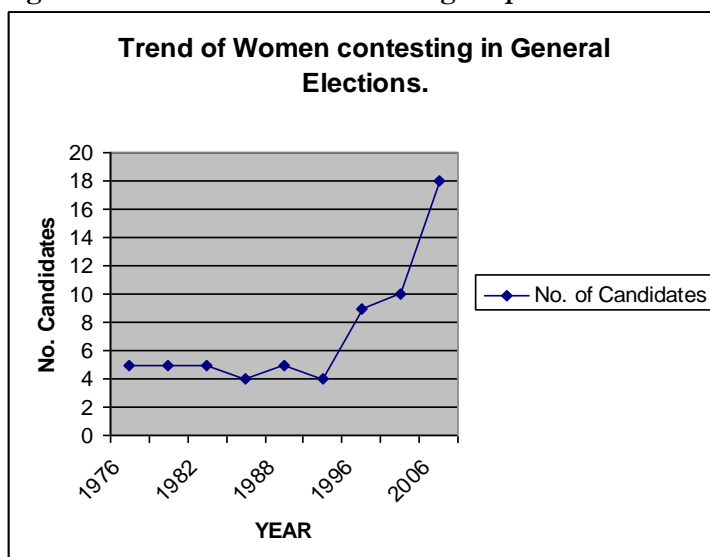
Source: National Provident Fund

Empowerment of Women - Women in Parliament:

Indicator 3.3 Proportion of seats held by women in national parliament

The difference in gender roles and expectations continues to define the status of men and women in the Samoan context. Access to information and education including exposure to the rapid changes in the global environment has led to some attitudinal changes in the accepted and perceived gender roles of men and women. This is further reflected in the gradual acceptance of women taking on leadership and decision making roles as titular chiefs for their families and communities and are recognized in the majority of village council structures. Under Samoa's Land and Titles Act, women and men have equal rights and opportunities either through heritage or services rendered to hold a chiefly title. Over the last decade, there has been a noticeable 10% increase from 2001 to 2006 in the number of women bestowed with chiefly titles. There are however, a few villages who maintain a ban on female matai. This is a direct result of the cultural practices delineating the relationship between the brother and sister and the privileges accorded to either within a specified context. However, these beliefs and attitudes are now gradually changing and this is evident in the increasing numbers of women bestowed with chiefly titles.

Figure 3.2: Trend of females running for parliament in the past 5 elections,



The voting age in Samoa is 21 years for both females and males. However, in order for one to run for a seat in parliament, one has to be a holder of a chiefly title. Samoa has 49 members of parliament elected through a democratic process and representing 47 geographical constituencies plus 2 representing minority ethnic groups. Only title holders (Matai) are eligible to compete for the 49 seats

In 2006, the largest contingent of women ran for parliament. This

trend was seen as a direct result of intensive advocacy, lobbying and awareness raising efforts of Non government Organizations. A total of eighteen (18) women from different constituencies competed in the 2006 election however only four made it into the 49 member parliament, with three (3) currently serving as Cabinet Ministers.

During a public consultation of all village female representatives, around 50 percent agreed to encourage more women contesting seats in parliament. The key issues raised by the conservatives include cultural perceptions in terms of male and female roles, substantial financial support required and the need for women to continue to manage a dual role in the home and in public life. It was accepted that greater efforts were needed to ensure the empowerment of women financially. Education was seen as playing a pivotal role in overcoming traditional mindsets.

There is also evidence of more women obtaining higher educational qualifications at different levels as part of their continuing professional development, a situation well reflected in the increase in leadership and management positions to which women are appointed in government ministries and corporations. This is further supported by a number of gender balanced, executive development and leadership programs targeting public servants.

Violence against Women

Violence against women is a significant challenge for Samoa. According to a 2005 WHO multi-Country study, Samoa reports one of the highest levels of physical and sexual violence by non partners on women after the age of 15 with a prevalence rate of 65 percent. A domestic violence



Unit has been established within the Ministry of Police and Prisons as part of a regional initiative to tackle domestic violence. In 2009, a Family Safety Bill was drafted to give greater legislative impetus in addressing violence. The establishment of the Samoan Victims Support a NGO has also assisted women facing domestic violence. There were 331 cases filed with the Domestic Violence Unit within the first 9 months of 2009.

Challenges

- Lack of segregated data that would allow for comprehensive gender analysis
- Major action is necessary to move beyond advocacy and policy towards concrete implementation and practical application of CEDAW provisions
- Not recognizing the opportunities to enhance the empowerment of women including strengthened responses to the threats and vulnerabilities associated with poor access to reproductive health services
- Reducing the level of gender based violence

Supporting environment

- **Legislative reforms** to eliminate all forms of violence against women and children. Examples include; Family Safety Bill which aims to eliminate and address issues of domestic violence perpetuated against women and children. A Legislation Review and amendment of existing acts of Parliament is in progress which includes updating the: Labor & Employment Act 1972 and mechanisms for maternity benefits similar to those of the public sector; Crimes Ordinance 1961, Divorce and Matrimonial Causes Ordinance 1961, Maintenance and Affiliation Act 1967,

- Between 2000 and 2009, female wages increased by 121.1 percent compared to an increase of 86.2 percent for males,
- Female life expectancy has improved over the past ten years (74.2 years) so has the rate of literacy for women and girls (92 % for Samoan and 81% for English).
- Efforts to strengthen the Policy Framework for the advancement of women through the Draft National Policies and National Action Plans are now in place for Women and Children for the next 10 years. This addresses priority areas in line with Samoa's obligations under CEDAW and CRC. These are streamlined in the current national development strategy which places the importance of increasing opportunities for the advancement of women and children's protection at the centre of Government's plans across all sectors.
- National Policy for Persons with Disabilities and Action Plan operational since September 2008 and centers on the advancement and full protection of women and children with disabilities.
- An increase in capacity building support for implementation and monitoring of community based programs for women and children by Women Representatives (Sui Tamaitai o le Nuu) managed under the Ministry of Women Community and Social Development.
- Significant increase in females holding top management positions in government with an increase from 20.2 percent in 2001 to 53.93 percent in 2009. Similarly, in 2001, 17 percent of Chief Executive Officers and General Managers for Government Ministries and Corporations were females. This has now increased to 29.4 percent in 2009. This situation reflects a shift in leadership that must be noted for it is evidence of the maturity in the professional development of women in Samoa across the whole of government.

Priorities for Development assistance:

The challenges as posed form the basis of development partner intervention across the relevant sectors. The Institutional Strengthening of the Samoa Bureau of Statistics provides the ideal opportunity for strengthening the collection of segregated data enabling in-depth analysis of gender issues. The Ministry of Women Affairs and Social Development should be strengthened in terms of capacity building as well as the provision of financial resources that would enable gender issues to be adequately addressed. This will include taking the lead role in facilitating cross sectoral dialogue and fostering partnerships with the relevant ministries and non government organizations.

Advocacy campaigns at the village, church and community levels will increase awareness of key challenges facing women in Samoa and the review of the Village Fono Act should mirror these priorities.

Crucial pillars in the empowerment of women are access to credit, technical advice and capacity building. The following programs should be vigorously pursued such as assistance provided by Women in Business Foundation (WIBF), South Pacific Business Development Foundation (SPBD), Small Business Enterprise Centre (SBEC), and Matuaileoo Environmental Trust Incorporated (METI) under the ADB Small Business Development Program.

Financial resources for the implementation of the National Policy for Women of Samoa 2007-2017 must be secured.

Without properly addressing violence against women, this problem could undermine all the advances towards the empowerment of women in Samoa. This is an issue that cuts across all sectors such as education, law enforcement and community based structures. The churches should be heavily involved in addressing violence against women. **It is proposed that a special taskforce be established with all the relevant authorities to adequately analyse and determine strategic interventions** at all levels that would address violence against women effectively. The involvement of key NGOs such as Samoa Victim Support as well as the National Council of Churches would play a key role in consolidating appropriate interventions that would reduce violence against women.

Monitoring and Evaluation;

Monitoring of the MDG targets to be an integral part of the Monitoring and Evaluation framework for the implementation of CEDAW and CRC and that there be consolidated efforts to promote a policy on desegregated data across all sectors including all surveys carried out at national level.

Conclusion:

Significant progress has been achieved since the 2004 Report. The Ministry of Women Community and Social development should focus its attention on the key issues such as the generation of desegregated data that would serve as useful baseline information, as well as implementation of its policy framework. Furthermore there is urgency to pursue the finalization of its sector plan and institutional strengthening program so that it is in a position to provide guidance for the way forward in terms of its resource requirements and capacities.



GOAL 4: REDUCE CHILD MORTALITY AND IMPROVE CHILD HEALTH

Trends and Status

						At Risk	Stalled	On track	Achieved
Overall MDG4 Assessment								★	
		Baseline (1990)	Target (2015)	Progress					
				2005	2010				
Target 4A	4.1	42/1000	14/1000	25/1000 (2002)	20.4/1000 (2009)			★	
	4.2	33/1000	11/1000	19.25/1000 (2001)	9/1000 (2010)				★
	4.3	31% (2001)	100%		52% (2009)			★	

In 2004 the Government of Samoa renamed this goal **"Improve child health"** as it better reflected Samoa's development and national policy context in that mortality rates have been declining steadily and the focus is on addressing factors causing ill health and deaths amongst Samoan children. Samoa could achieve this target in reducing infant and Under 5 mortality rates but only when appropriate remedial actions that are articulated in the Health Sector Plan are implemented effectively.

Child Survival

Target 4A: Reduce By Two Thirds the Child Mortality Rate

Child Mortality rates for Samoa are relatively low by international standards. Children under 5 years mortality rates have declined but infant mortality rates have increased slightly. However, this should be carefully viewed in light of the small numbers involved which nullify any meaningful trends analysis.

Indicator 4.1 Under 5 Mortality Rate

Under 5 mortality rate continues to decline from 42/1000 in 1990, 25 per 1,000 in 2002 to 20.4 in 2009. This indicates a gradual improvement in the quality of services provided both in terms of improved infrastructure and facilities as well as increased staff capacity in terms of skills and knowledge through the development of set competencies and standards for effective service provision.

Indicator 4.2 Infant Mortality Rate

Infant Mortality rate in the five years, from 2001 to 2009 has continued to decline according to the 2001 population census registering 19.25 per 1,000 live births and the 2009 Samoa Demographic Health Survey recording 9 per 1000 respectively. Whilst there may be statistical discrepancies associated with different data sources used to estimate infant mortality rates, there remains a risk that gains already achieved in reducing infant mortality rates could erode unless a thorough review of services delivery, practices and prevention programs are carried out. The aim is to increase the level of access to the necessary services as well as effectively educating the population in taking ownership of children's health. This could be achieved through strengthening partnerships with relevant organizations and stakeholders. In particular, preventive measures including a comprehensive immunization program.

Child Protection

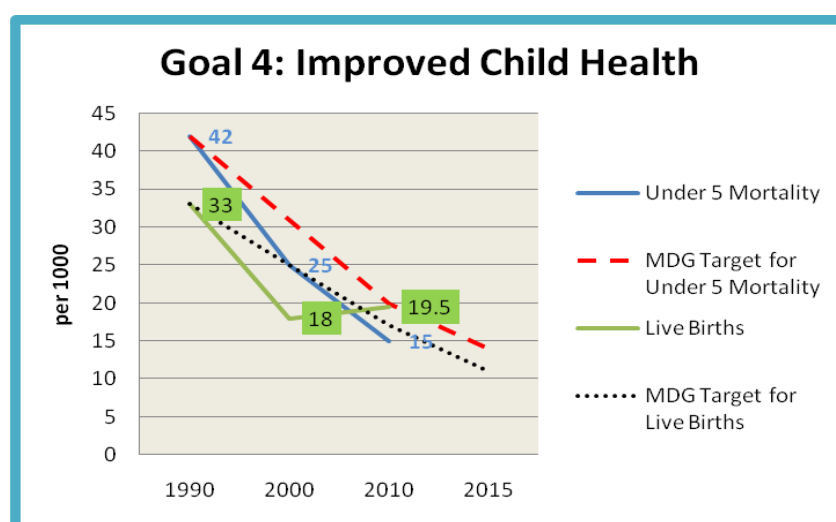
Indicator 4.3 Proportion of 1 year old children immunized against measles

The Immunization of children from birth until they reach the age of 1 year old is administered by the National Health Services through an integrated approach working in partnership with Women's Committees in rural communities. According to figures from the Expanded Program for Immunization (EPI), in 2001, 31 % of 1 year olds were immunized against measles. This increased by 23 percent in 2006 which coincided with the Rubella outbreak in 2003 that affected predominantly young children. The Rubella outbreak resulted in an active campaign for strengthened preventative actions and commitment by the National Health Services as well as parents in ensuring that all children were immunized accordingly.

Latest figures from the 2009 Demographic Health Survey show that 46.8% of males and 58.5% of females have been immunized against measles. Furthermore, 56.7% were immunized against measles in the Rural Areas compared to only 31.4 % for the urban areas. The results reflect improved rural services as well as an improved integrated network approach with the Ministry of Women Community and Social Development (MWCSD), village women's committees and village councils. These social institutions play a key advocacy role for improved children's health particularly in the rural communities. The low immunization rates for urban areas showed that the traditional networks for the delivery of primary health care services were no longer active. Under such circumstances, parents are to be held accountable as these services are readily available through the private sector in urban areas. Moreover, the high coverage rates of immunization in the past are no longer valid; in fact among a group of 5 selected Pacific countries, Samoa has the lowest vaccination coverage at 25% for children age 18-29 months fully immunized against the 6 preventable diseases in Samoa

Protein energy malnutrition among children under 1 year declined from 19 percent in 1992 to 17.8 percent in 1994. The prevalence rate of iron deficiency anemia in preschool aged children has risen from 55 percent in 1995 to 61 percent in 1999. A health promotion approach to address the problem would be a valuable component of an anemia prevention program.

Figure 4.1.



Challenges

- Sustainability of a regular supply of quality vaccines and better planning to ensure that vaccine initiatives including maintenance of the cold chain are included in health budgets.
- Ensuring total coverage of the population by public health programs and preventive health services.
- The decline in Infant Mortality Rate has not been a continuous downward trend but had fluctuated between 1992, and 1998.
- There is still a large number of children suffering from preventable illnesses as well as those associated with changing lifestyles.
- There is also the need to improve general child care especially injury prevention and accident related deaths associated with motor vehicles, drowning, firearms and other accidents around the home

Supportive environment:

- The integration of immunization services with the daily nursing activities has ensured that there is contact and familiarity with health care systems.
- There is a legacy of successful breast feeding campaigns and baby friendly initiatives.
- Implementation of a child health project that looked at child health policies, injury prevention, rheumatic fever program and the start of a well child course within the Faculty of Nursing.
- Development of a sports and health curriculum in schools
- High participation of community groups in public health initiatives particularly those to do with the health of the child and women.
- Institutional strengthening of the Ministry of Health for effective and improved management of health services
- Improved rural outreach program and upgrading of rural health facilities
- Development of healthy eating standards in Schools which are currently being piloted in 6 highly populated schools of Upolu.
- Absorption for the National Child Health Educator post within the Organizational Structure of the Ministry of Health to ensure sustainability of development assistance project funded initiatives as well as pursue other promotional and prevention regulatory and monitoring outcomes for children's health.

Development priorities for assistance

- Continued focus on the area of child health and infant nutrition with greater involvement of other relevant ministries, Churches and Non Government Organizations,
- Greater awareness at the family and communities levels on child health and protection related programs through targeted advocacy campaigns,
- With the emergence of vulnerable groups that are prone to hardship, there is a need to look at “at risk” children and improve their access to health and protection services,
- Development of an integrated National Child Policy and Plan of Action that incorporates existing child sector related policies and strategies as well as identify additional policies and strategies related to children based on the Convention on the Rights of the Child.
- Expansion and strengthening of the child policy and coordinating role of the MWCSO
- Review of existing data and information on child health indicators to determine trends and the need for review of existing child health related programs.
- Concrete steps are to be taken such as the reduction of tariffs to ensure that healthy foods are available and affordable for the whole population.
- The Ministry of Education to enforce healthy food policies on food and beverage providers in schools.
- There is a need to strengthen existing partnerships and foster new relationships with sectors that influence child health such as education, social sectors and community groups.
- Encourage multi-sector approach in soliciting development partners support and funding for the wellbeing of Samoan children

Specific Policy intervention to address low Immunization rates

Increasing immunization rates requires closer cooperation between the Ministry of Health, Ministry of Women, Community and Social Development, NGOs and Development partners. Village Councils, communities and parents should also take a leading role in ensuring all children are immunized. Efforts in the rural areas should continue to further improve coverage and there is a need to increase advocacy work in educating the general public; parents in particular of the importance of immunization. The Ministry of Health should ensure that vaccines are readily available and that a proper monitoring mechanism is established to track each child's immunization stages to ensure they receive the full complement of dosages.

Monitoring and evaluation

Samoa has contextualized and integrated the MDG targets and indicators into national health sector priorities, and the national development strategy. A more holistic view of child health will be pursued through the inclusion of other child health indicators to complement the internationally agreed MDG indicators for Goal 4.

The Ministry of Health and Samoa Bureau of Statistics with support from Development partners will review the validity and timeliness of available health data and information as this will impact on the monitoring of progress of national health goals and indicators including tracking this Goal 4. The 2009 Demographic Health Survey has provided the baseline data for a number of key health indicators as it has been difficult to verify data recorded in past annual reports of the Ministry.

Conclusion:

Infant and child mortality are basic indicators of a country's socioeconomic situation and quality of life as well as specific measures of health status. The characteristics of childhood mortality such as age patterns, socioeconomic and demographic differentials are used to highlight factors that have positive or negative impacts on child survival. In this connection it is important that there be further analyses of the Household Income Expenditure Surveys data to determine the characterization of households that constitute 'vulnerable' groups.

The Government with work closely with Non Government Organizations in identifying at risk children and complement each other in addressing their respective needs.

Child health should be placed a priority and adequate resources should be allocated to immunization programs. Specific incentives should be given to immunization as well as fines on parents and guardians that neglect this basic health responsibility.



Children's rights to health – Well Child programs



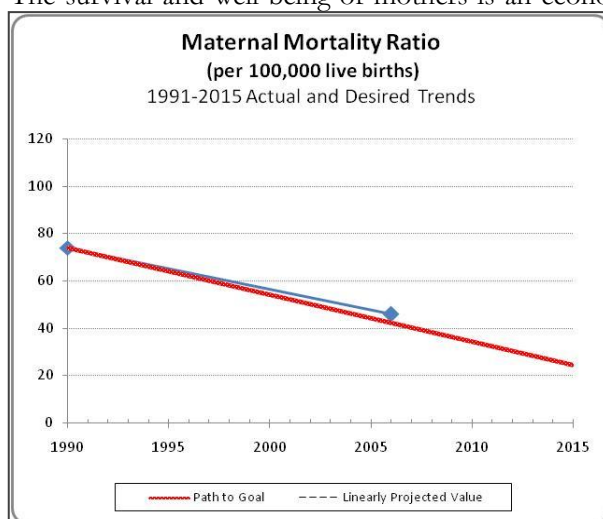
MDGOAL 5: IMPROVE MATERNAL HEALTH

Status and Trends

						At Risk	Stalled	On track	Achieved
Overall MDG5 Assessment							★		
		Baseline (1990)	Target (2015)	Progress					
				2005	2010				
Target 5A	5.1	74 /100000	24. /100000		46/ 100000			★	
	5.2	76% (1991)	100%	90% (2001)	93% (2006)			★	
Target 5B	5.3	18% (1991)	100%	24.5% (1999)	17.8% (2009)	★			
	5.4	26 /1000 (1992)	0	34/1000 (2000)	44/1000 (2009)	★			
	5.5	55% (1991)	100%	89% (2006)	93% (2009)			★	
	5.6		0		46%	★			

Maternal Health in Samoa has gradually improved since 1990. The Maternal mortality rates are low and have been declining steadily. However, access to reproductive health is at risk with a low contraceptive prevalence rate leading to an increasing adolescent birth rate.

The survival and well-being of mothers is an economic as well as a moral, social and human rights imperative. There are two Millennium Development Goal targets for Maternal Health: a 75 per cent reduction in maternal mortality between 1990 and 2015 and achieving universal access to reproductive health by 2015. The key strategies for achieving this goal include all women having access to contraception to avoid unintended pregnancies, all women having access to skilled care at the time of birth and timely access to quality emergency obstetric care when there are complications.



Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

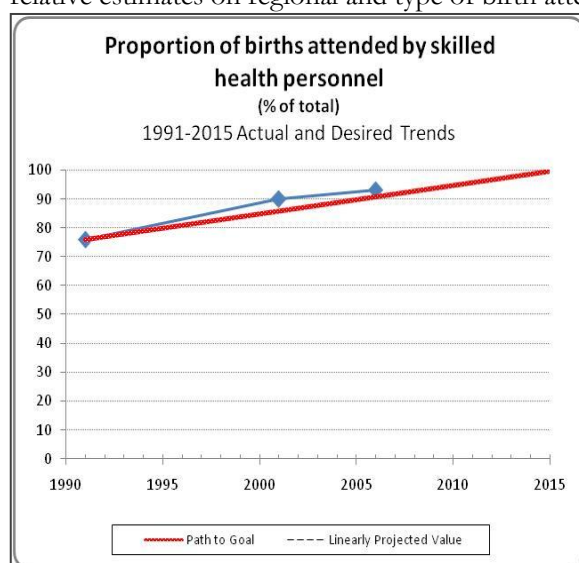
Indicator 5.1 Maternal Mortality Rate

Samoa's maternal mortality ratio is low. During the period 1990-1994, the Maternal Mortality Ratio was reported as 74 maternal deaths per 100,000 live births. A little over a decade later, over the period 2002-2006, a total of seven maternal deaths were recorded by Samoa's Ministry of Health resulting in a maternal mortality rate of 46 per 100,000 live births during this period. Since nearly all deliveries take place in hospital settings (92% over the reporting years), this number is likely to represent the total number of maternal deaths occurring in Samoa over the reference years. While

discussion of trends for small absolute numbers of maternal deaths is difficult especially in small populations, there appears to have been clear progress towards achieving this target.

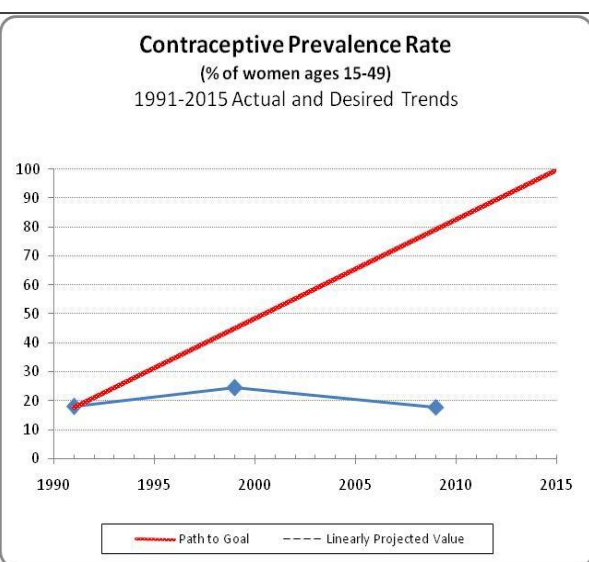
Indicator 5.2 Proportion of births attended by skilled health personnel

The proportion of births attended by skilled health personnel is a good proxy for maternal mortality. A baseline for this indicator can be established on the basis of Ministry of Health annual reports, which provide a value of 76 percent for the year 1991. In the 2006, Samoa Emergency Obstetrics Survey which reviewed all facilities, the proportion of births delivered by skilled birth personnel was reported to be 90 percent. The Ministry of Health Annual report from 2005/2006 reveals the rate of hospital deliveries to be approximately 90-93 percent for the period 2002 to 2005. The 2009 Samoa DHS shows the total deliveries attended by a health professional (defined as doctor, nurse, or midwife) was 81 percent. However, due to the smallness of this sample it may be ambiguous to extrapolate an estimate for the entire population births attended by skilled health personnel but relative estimates on regional and type of birth attendants could still be meaningful.



The SDHS found that 16 percent of deliveries were attended by traditional birth attendants (TBAs). At the regional level, the SDHS data reveals a considerable gap between urban and rural delivery care. In 2009, 93 percent of women in urban areas were delivered under the care of a skilled birth attendant, while in rural areas this proportion was only 78 percent.

It may also be noted that there is a lively ongoing discussion of the role of TBAs which persists especially in Samoa's rural areas. Given the overall trend from 1990, there appears to be clear progress towards achieving almost full coverage of deliveries by skilled health personnel especially in urban areas. The need to further prioritize access of pregnant women to comprehensive emergency obstetrics care in rural areas is evident if the national target for this goal is to be fully achieved for all women.



Target 5B: Achieve by 2015, universal access to reproductive health services

Indicator 5:3 Contraceptive Prevalence rate

In 1991, the contraceptive prevalence rate was reported to be only 18 percent. The UNFPA survey on Reproductive Health Knowledge and Service in Samoa (UNFP A, 2002) of 1998 provides an estimate of the contraceptive prevalence rate for modern methods of 23.1 percent and for all methods to be 24.5 percent.

¹⁰ This proportion is relatively low, and it reflects the findings from the 2009 Samoa

DHS, which reports comparable figures of 16.5 percent and 17.8 percent, respectively. Thus, while there appears to have been an increase over the 1990s, recent data clearly shows **evidence of a downward trend in contraceptive use over the past decade, irrespective of the type of contraceptive methods that is being considered.**

¹⁰ The figure is a recalculation based on numbers of women of reproductive age using a modern method of contraception. The value for all contraceptive methods is 24.5%.

Analysis of the Low Contraceptive Usage

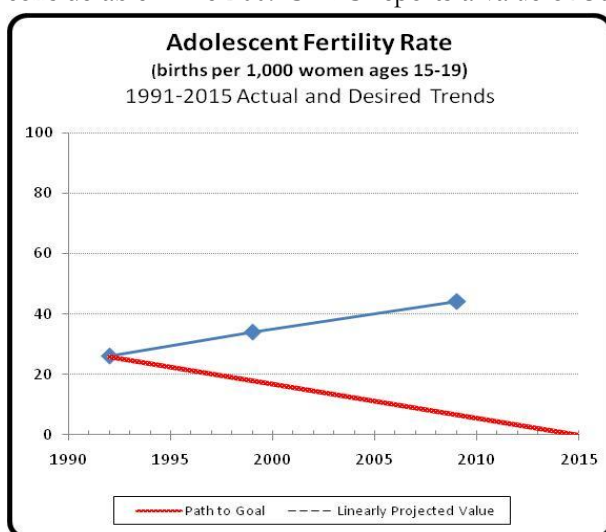
The low percentage of contraceptive usage for both males and females has been identified as a combination of the following constraints; Awareness, Access and Acceptance. There is clearly a need to increase public awareness of the importance of using contraception not only for family planning objectives but also in terms of controlling the risks associated with sexually transmitted diseases. It was apparent during discussions with relevant stakeholders that access to contraception was a major constraint. Due to the smallness of the population it was very difficult to ensure confidentiality and it was revealed that most young females would avoid seeing someone at family planning because of the risk of being identified. The strict cultural norms were also a major challenge as sexual education was considered a taboo and parents found it difficult to discuss such issues with their kids.

In order to address these concerns effectively, it is recommended that an intensive awareness campaign is launched and that church leaders and parent take a leading role in educating kids of the importance of contraception. There was also a misconception that sex education was a signal that engaging in sexual activity before a certain age was acceptable.

Government along with Development partners need to ensure condoms and birth control pills are readily available and at affordable prices. There is an urgent need to revitalize community based organizations such as Komiti Tumama and to modernize their respective administrative systems so that they could effectively work in partnership with government and development partners utilizing their extensive community networks in order to address the low contraceptive usage in Samoa. Ultimately, limited funding remains a major challenge for all key players in educating at risk groups on the use of contraceptives as a preventative action against unplanned pregnancies, STIs and HIV prevention.

Indicator 5.4 Adolescent Birth Rate

A baseline estimate for the adolescent fertility rate (fertility for women age 15-19) is obtained from the Samoa Vital Statistics Sample Survey of 1992. This reports a value of 26 births per 1,000 adolescent women. The 1999 Samoa DHS reports a comparable figure of 38 per 1,000 and the Samoa DHS of 2000 reports a value of 34 per 1,000. Finally, the most recent Samoa DHS of 2009 found a value for this indicator of 44 per 1,000. While there are undoubtedly some issues regarding data quality in the various sources, **the results do indicate that adolescent fertility in Samoa has increased.** It must also be noted that the differences between urban and rural for this indicator are considerable. The 2009 SDHS reports a value of 30 per 1,000 for women in urban areas compared to 48 per 1,000 for women in rural areas of Samoa.



Indicator 5.5 Antenatal care coverage (at least 1 visit and at least 4 visits)

The indicator on antenatal care actually consists of two indicators: one reflecting the proportion of women who had at least one ANC consultation with a health professional and a second one which calculates the proportion of women who had at least four ANC consultations with any health care provider. Due to lack of data, this report considers only the first of these two

indicators. The annual report of the Samoa Ministry of Health of 1991 provides a baseline value of 55 percent for this indicator. By 2006 this had increased to 89 percent, according to the Ministry's Health Information System. The 2009 Samoa DHS reports a further improvement of this indicator

registering 93 percent. Furthermore, it is encouraging to note that the difference between urban and rural in this regard is negligible which reflects the coverage and accessibility to health care in Samoa.

Indicator 5.6 Unmet need for family planning

The last, and arguably the most important, indicator under this target is the Unmet Need for Family Planning. Women with unmet need for family planning for limiting births are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children. This is a subcategory of total unmet need for family planning, which also includes unmet need for spacing births. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour.

Only one data source is available for calculation of this indicator for Samoa, the 2009 Samoa DHS. Considering the low contraceptive prevalence among Samoan men and women and their partners it will not come as a surprise that the unmet need for family planning in Samoa is very high. It amounts to a total of 46 percent of currently married women. The unmet need is somewhat greater for limiting the number of children (25%) as compared to 20 percent unmet need for spacing of births.

Challenges:

A situation analysis, carried out by UNFPA in 2006, observed that some women would choose delivery assistance by a TBA, even after having had their pregnancy regularly monitored in government health facilities. While the government reportedly encourages TBAs to bring their patients to health facilities to deliver, the recent findings from the SDHS suggest that this strategy may not have been effective in ensuring all women are delivered by skilled health professionals.

The support for access to comprehensive emergency obstetric care is to allow administration of medications and medical procedures by health professions during emergencies. While traditional birth attendants bridge the gap between communities and trained health professions, their role in providing safe and optimal obstetrics care needs to be thoroughly reviewed.

The findings for unmet need for family planning are a cause for concern. Samoa's levels of unmet needs are extremely high and highlight the need for renewed focus on strengthening a rights-based



approach for all women to voluntary family planning information, counseling and services. The high levels of unmet need for family planning also give impetus to financial hardships as well as other related social problems such as adequate health and education needs.

Supporting environment

- The Samoa health sector has made long term commitment to improve reproductive, maternal and child health. This commitment is articulated as a priority in the Samoa Health Sector Plan 2008-2018, in Strategy 2: Quality Health Care Service Delivery. The Sector plan includes key targets for maternal health such as increase in the proportion of women using modern contraceptive methods; clinical audits of the implementation of

safe motherhood protocols across health care system and annual increase in the proportion of pregnant women attending antenatal clinics in the first 20 weeks of gestation.

- Antenatal and postnatal care, and family planning and other maternal health services are delivered by the National Health Services and the regulatory and monitoring functions are performed by the Ministry of Health in accordance with the Ministry of Health Act 2006 and the National Health Services Act 2006.
- Several policies have been developed to guide support to maternal health, these include Samoa National Safe Motherhood Policy and the PSC Maternity and Paternity Leave Policy.
- The National Sexual and Reproductive Health Policy are being finalized by the Ministry of Health. The Policy supports six key strategic interventions for improved reproductive and maternal health.
- National assessments including the 2006 Emergency Obstetric Care and Family Planning Assessment and the 2009 Demographic Health Survey have provided important findings relating to family planning, antenatal and postnatal care and women's access to health services.
- While the Malietoa Tanumafili Hospital in Savaii does not have an obstetrician or gynecologist, the availability of the ferry facilitates emergency transfers of antenatal, labouring or postnatal women to the Tupua Tamasese Meaole Hospital in Upolu within a few hours.

Priorities for development assistance

- With high fertility, family planning could be repositioned as a high priority. This could include targeted programs for young people and up-scaled family planning programs at the primary health care level.
- Support for reproductive health and maternal health mobile clinics should facilitate access to these services in remote areas of Upolu and Savaii.
- Strengthening quality of care at the antenatal and postnatal clinics at the primary health care level is considered a priority.
- Engagement of communities to support maternal health to encourage at least four antenatal clinics and review of the role of TBAs as culturally sensitive liaisons between the health system and the community should be encouraged in all communities. Additionally, mapping of community resources and communication systems to support internal referrals should also be encouraged.
- Upgrading key health facilities to provide basic drugs and equipment as well as trained staff ensuring basic and comprehensive emergency obstetric care access is a reality for all women

Monitoring and evaluation

Monitoring to include indicators for quality of care, and how clinical protocols and procedures are implemented are under consideration.

Conclusion

Samoa appears to have made good progress with regard to Target 5A -reduction of maternal mortality - under the current MDG goal. There is, however, reason for concern with regard to its achievements under target 5B - universal access to reproductive health.



MDGOAL 6: COMBAT NON-COMMUNICABLE DISEASES, HIV/AIDS, STIs AND OTHER DISEASES

Trends and Status

						At Risk	Stalled	On track	Achieved
Overall MDG 6 Assessment						★			
		Baseline (1990)	Target (2015)	Progress					
				2005	2010				
Target 6A	6.1			0.2/1000 (2004)				★	
	6.2		100%		14.7% (2009)	★			
	6.3	0	100%		56.7% (2009)			★	
Target 6B									
Target 6C	6.5	5.5% (1978)	0	23.3% (2001)		★			
	6.6	27% (1978)	0	21% (2001)			★		
	6.7								

Target 6A: Have Halted By 2015 and Begun To Reverse the Spread of NCDs, STI, HIV/AIDS and Other Major Diseases

The impact of HIV/AIDS in Samoa has been minimal. In 2004, this goal was 'localized' to include NCDs which were emerging as a national health challenge and replaces malaria given that it was not a disease prevalent in Samoa.

Chronic conditions and diseases are the leading cause of mortality and morbidity globally, and research suggests that they will impose an even greater health burden in the future for Samoa. The Health Sector Situational Analysis conducted in May 2006 by the Samoa Ministry of Health identified non-communicable diseases as one of the most important health challenges in the country. Non-communicable diseases such as diabetes, hypertension, obesity and cardiovascular illnesses in Samoa are increasing rapidly and they continue to place a major burden on the country's health sector and economy, as well as have a significant impact on the adult morbidity and mortality.

Latest research and survey findings reveal that the leading non communicable diseases affecting Samoan people are diabetes, hypertension and obesity and are likely to have quadruple effects if there are no immediate proactive preventative and promotional counter actions.

Indicator 6.1 HIV Prevalence among population aged 15-24 years

The AIDS epidemic poses a serious threat to the country's social and economic development. It has serious and direct implications on the social services and welfare of the country. Samoa is classified as a low

prevalence country based on the number of those that have tested positive for Human Immunodeficiency Virus. The first known AIDS case in Samoa was recorded in 1990. From 1990 up to February 2001, 12 HIV cases comprising 10 adults and 2 infants have been recorded 8 of who had AIDS and subsequently died. Only four (4) new cases with HIV have been identified between 2001 and 2008. Although the absolute numbers are small there is still a concern when placed in an environment of high Sexually Transmitted Infections (STIs) among low risk groups.

An HIV surveillance survey of groups considered as being high risk of HIV infection included Samoa among 651 samples across five sentinel countries in the South Pacific (not including PNG); none of the samples were confirmed to be HIV positive! However, in six Pacific Island countries including Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Vanuatu, chlamydia prevalence in women under 25 years ranged from 7.3 percent in Solomon Islands to 40.7 percent in Samoa, the highest STI prevalence. Sexual transmission is the prevailing means of HIV infection in Samoa. HIV prevalence in Samoa is less than 0.2/1,000 population compared to PNG with a prevalence rate of 3.5/1,000 in 2004. Three cases among the 20 known infections were vertically transmitted from Mother to child; two Mothers and children have died. One case of HIV blood was identified positive as a result of HIV testing of all blood and blood products. There was no known infection from the Samoa blood supply. Transmission by needles due to drug use is unknown in Samoa; there are no known cases.

As of early June 2009, the status of HIV and AIDS in Samoa is as follows:

- 20 Cumulative cases in 2009 comprising 13 Males and 7 Females
- 8 people have died, 2 were children (Mother to Child Transmission) and passed away before diagnosis (which is why antenatal is routinely testing for HIV status)
- 12 living with HIV status

Various factors may have worked in favour of containing HIV prevalence in Samoa. A relatively high level of health promotion and protection programs and services offered by the Government and non government organizations may have contributed to the containment.

Target 6B: Achieve by 2010 universal access to treatment for HIV/AIDS for all those who need it

Of those living with HIV there are 8 Males and 4 Females

- 6 people are accessing ARV treatment from government
- 2 persons are accessing ARV treatment privately
- 3 people do not need Treatment (adequate CD4 Counts)
- 1 person refuses treatment because of denial still

In May 2010, Samoa sponsored a resolution at the annual ESCAP Conference calling for universal access to treatment for HIV/AIDS and was supported by Pacific countries. Anti-retroviral treatment therapy and other treatments for opportunistic infections are offered for free. Voluntary and confidential counseling and testing sites are available to encourage people to be tested and to learn about their HIV status thus improving their chances of living longer healthier lives and prevent the infection of others.

The high prevalence of sexually transmitted infections (STIs) and its implications on the spread of HIV highlights the need to improve STI diagnosis and treatment and strengthen surveillance of sexual behavior of the Samoan population. In particular, the high prevalence of Chlamydia which is endemic in the population is of major concern as it is sexually transmitted in the same way HIV is. Other findings summarized hereunder further exacerbate this condition increasing the likelihood of new HIV infections, summarized below:

Condom use is very low (< 15%) and Low literacy about HIV transmission among youth (59%) is a contributing factor for high vulnerability among the general population for HIV transmission¹¹.

Indicator 6.2 Condom use at last high risk sex

The percentage of condom use and knowledge about HIV transmission reported among youth (15-24) was very discouraging. Only 14.7 percent of most at-risk populations were reported to both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, while only 7.1 percent of youth (*among n=300 surveyed*) used a condom during last high-risk sex (*commercial*) and only 14.3 percent of youth used a condom during last high-risk sex (*non-commercial*). The prevalence use rate among young pregnant women (*among n=299 surveyed at 15-24 years old*) was zero (0%) as was the percent of most at risk populations. There were no HIV infected STI clinic attendees (*n= 101*).

Indicator 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

Results from an informal qualitative survey of youth performed at a youth camp in 1998¹² demonstrated some youths did have accurate knowledge about HIV and HIV transmission. There was a varied understanding about the role of religion among youth that may indicate an important opportunity for the role of the church among high risk populations. The literacy rate at over 80 percent in Samoa is a positive opportunity for educating the general population through mass media and people vulnerable through targeted interventions on sex education.

This information provides the evidence for formulating advocacy and prevention strategies for one of Samoa's high risk populations. The low knowledge on HIV risks reported in the 2009 Samoa Demographic Health Survey is a major concern. In summary, the proportion of youth who use condoms (24.3%), of young men reporting sex with men from last year (14.7%), and who report acceptable attitudes towards those living with HIV (21.7%), are all opportunities and targets for developing prevention and education interventions. Only 56.7 percent of the youth surveyed reported correct knowledge of HIV prevention methods.

- Chlamydia, a sexually transmitted infection, is endemic among the population
- Most patients presenting for STIs go to private practitioners *which if not recorded nationally* could greatly affect the known number of People Living with HIV (PL HIV) in Samoa if positive cases are not centrally recorded¹³
- High prevalence of specific STI's among antenatal mothers
- Increasing incidence of teenage pregnancy
- Highly mobile population include seafarers, police engaged in UN operations, residents returning from Overseas and tourists
- Unprecedented number of night clubs
- Low access to condoms, prevention materials & IEC materials

There is no malaria in Samoa so indicators 6.5 , 6.6 and 6.7 have been redefined to reflect domestic priorities

Target 6C: Reduce the prevalence of NCDs and suicide in Samoa

Indicator 6.5 Prevalence of Diabetes and Obesity

Obesity more than doubled between 1978 and 1991 and has remained steady with a small decline by 2001. The vast majority of the population is either overweight or obese. The obesity problem is more advanced in women, though men are not far behind. Two in every three women between 25- 64 years of age are obese,

¹¹ Samoa Vital Statistics Sample Survey of 1992

¹² The Questions and Views of Youth in Samoa about HIV and AIDS (1998) Details part of the reference materials and in the SAF office

¹³ 2004 WHO report by John Godwin

and 9 in 10 are either overweight or obese. By comparison, almost half (44.9%) of men in the same age range are obese, and 81.1 percent are either overweight or obese.

Generally, the prevalence of diabetes in females has more than quadrupled between 5.5 percent in 1978 and 23.3 percent in 2001. One in 5 adults aged 25 -64 years (21.5%) suffer from diabetes. Of those found with diabetes, the vast majority (84.5%) had not been diagnosed before. Figures clearly show that diabetes prevalence tends to increase with age. Around 43.6 percent of the 55-64 year olds suffer from diabetes, which is four times the prevalence rate in the 25- 34 year age group of 10.8 percent.

Given the magnitude and implication of NCDs on the population, there is an urgent need for regular statistical updates as well as participatory assessments on NCDs if Samoa is to properly address this issue.

Indicator 6.6 Prevalence of Hypertension

Hypertension (high blood pressure) on the other hand has been declining slowly from 27 percent in 1978 to 26 percent in 1991 and then more rapidly from 26 percent to 21 percent in 2001. A STEPS survey (2002) showed that 1 in 5 adults aged 25- 64 years (21.2%) suffered from high blood pressure. The overall prevalence rates in men and women are not significantly different. However of those found to have high blood pressure, a significant 85.3 percent had not previously been diagnosed. This is an indication that there is a need to put in place facilities and human resources to ensure early detection and strengthening of integrated care models. In the age group 25- 34 years, the prevalence rate in men was 15.3 percent which was more than double the rate in women of 6.3 percent thus indicating that hypertension levels increase with age.

In summary, 1 in 3 adults aged 25 -64 years is at high risk of developing an NCD with a higher proportion of men in higher risk category compared to women. Behavioural attitudes such as tobacco and alcohol consumption, unhealthy diet and lack of physical activity are key contributing factors causing and increasing NCDs throughout Samoa. Cigarette smoking (manufactured cigarettes) is the most common type of tobacco use in Samoa and it is significantly higher among men than women (35 and 15 percent, respectively). Additionally, Samoan men smoke more cigarettes per day than Samoan women. Sixty percent of men say they smoke 10 or more cigarettes per day compared with 37 percent of women.

The distribution of women smoking cigarettes does not vary much according to age or education. On the other hand, women residing in Apia and the urban environs (20% each), women who are neither breastfeeding nor pregnant (16 percent), and those from the second wealth quintile (19%) are more likely to smoke cigarettes than other women. This indicates that women are starting to smoke at a younger age. The proportion of men smoking cigarettes increases dramatically with age, from 1 percent among men 15-19 to nearly half of men in their 30s. Cigarette smoking among men decreases with an increase in education and wealth.

A higher percentage of men (6%) than women (less than 1%) smoke Tapaa Samoa, a locally grown tobacco product. The use of Tapaa Samoa is almost all concentrated among rural men (being used by 7% of men in rural areas versus less than 1% of men in urban areas) and in Savaii (15%) and the Rest of Upolu (6%). The use of Tapaa Samoa among men decreases from 10 percent among men with primary or less education to 2 percent of men with complete secondary education and 5 percent of men with vocational or higher than secondary education.

Men in lowest wealth quintile have the highest percentage of use of Tapaa Samoa (12%), while men in the highest wealth quintile have the lowest use (2%).

Alcohol consumption is also very high for Samoa. Around 50.8 percent of men were current drinkers compared to 5.8 percent of women and they were also more likely to drink more frequently and heavily. Younger men are more likely to drink than older men, whilst women in the 35 -44 year age group are more likely to drink than women in the other age groups.

Together with tobacco and alcohol, unhealthy dietary intake and lack of physical activity there are other underlying factors which make Samoa vulnerable to NCDs. One in three people eat less than the recommended 5 servings of fruits and vegetables (starchy vegetables included) per day; 33.3 percent of men and 31.9 percent of women. Consumption of tinned fish was highest (an average of 3.3 times a week) compared to fresh fish (2.3 times a week) and mutton flaps (1.1 times a week) consumption.

These behavioural changes and findings have been the driving force behind the health sector's focus on health promotion activities and programs, which include campaigns against smoking. The percentage of population that smoke in Samoa is expected to decline in the near future due to the recent passing and coming into effect of the Tobacco Control Act 2008 which prohibits smoking in public areas, including but not limited to restaurants, nightclubs or bars, and public transport. Ongoing awareness campaigns and health promotion activities against smoking are continuously being implemented by the Health Promotion and Prevention Division, including the School Tobacco Control Program in all primary schools.

The Ministry of Health developed a Physical Activity Campaign to help control non-communicable diseases (mainly diabetes and hypertension), improve maternal and child health, lower perinatal mortality rate, and control communicable diseases and injury prevention. This campaign was greatly supported by the Government of Samoa and it motivated the participation of young children and adults from all communities in the rural and urban areas. This campaign was also introduced within work places in both private and public sectors, with the main goal of “*promoting healthy eating and better lifestyle in the workplace*”.

The Ministry of Health in partnership with the Ministry of Women Community and Social Development (MWCSO) launched the Prime Minister of Samoa's challenge of *promotion of health and well being in Samoa*. This campaign was implemented in 2006 and it encouraged aerobic activities and walking among all communities. In 2009, almost all village communities from Upolu (83 villages) and Savaii (80 villages) participated in the Physical Activity Campaign (PAC). The Ministry of Health Sector Wide Approach program (SWAp) was able to provide funding to further strengthen the Physical Activity campaign within villages. Additionally, the MOH introduced the Vegetable Gardens Project, as another village-based initiative aimed at promoting healthy eating in order to reduce the prevalence of non-communicable diseases.

In an effort to assess the prevalence of participation in physical activities, women and men in the 2009 SDHS¹⁴ survey were asked whether they were involved in the MOH and MWCSO Physical Activity Campaign. The results by background characteristics showed that about one in three women (32 percent) and three in ten men (28 percent) were engaged in the Physical Activity Campaign (PAC) promoted by the MOH and MWCSO.

There are some differences in the level of engagement in the Physical Activity Campaign by background characteristics. Women aged 45-49 (45 percent) are more likely to be engaged in physical activity than younger women. A substantially higher percentage of rural women reported being involved in the PAC than urban women (36 and 20 percent, respectively). Looking at regional variations, women in the Savaii region (57 percent) are most likely to be engaged in the Physical Activity Campaign, while women in the Apia urban area are the least likely (20 percent). Level of education is positively associated with participation in physical activity. For example, only 27 percent of women with primary or no education are engaged in the PAC compared with 35 percent of women with higher than secondary level education. Household wealth, however, does not show any clear relationship with participation in the Physical Activity Campaign. Nevertheless, women in the second and middle wealth quintiles (35-36 percent) are slightly more likely than women in the other three wealth quintiles (28-31 percent) to engage in the Physical Activity Campaign.

¹⁴ Data on physical activity in the 2002 STEPS survey are based on population age 25-64 and the physical activity prevalence is estimated based on any type of physical activity (for leisure and for work). In the 2009 SDHS, data are based on population age 15-49 and the physical activity prevalence is estimated based on respondents' participation in the MOH and MWCSO physical activity campaigns. Therefore, comparison of the data between the two surveys is not possible.

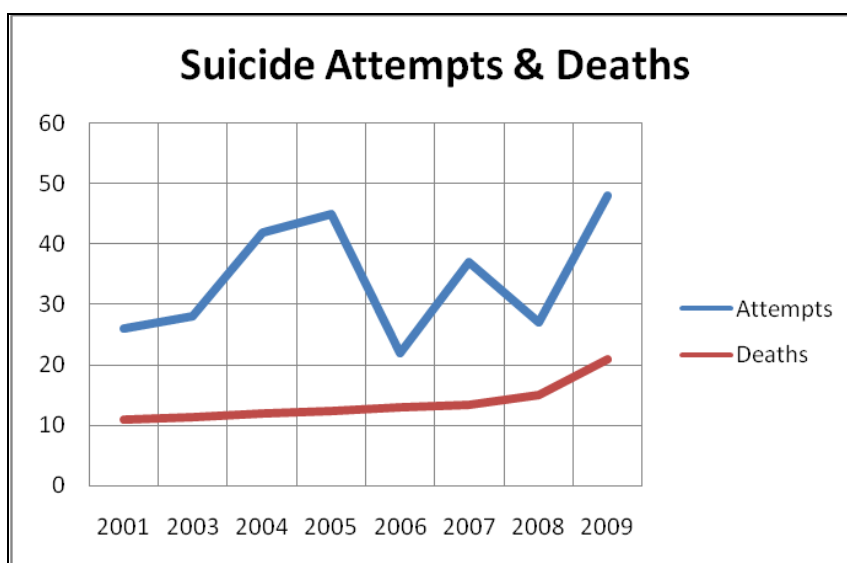
Differentials in the PAC participation among men by background characteristics, indicate that men aged 30-34 (21 percent), men in urban areas (20 percent), those in the North West Upolu and Apia urban area regions (20 percent each), and men in the poorest households (21 percent) are least likely to report participation than other men. As with women, men in the Savaii region are most likely to engage in physical activity (44 percent). Men with complete secondary education (35 percent) are more likely to participate in the MOH Physical Activity Campaign than men with other levels of education (25-31 percent).

Indicator 6.7: Number of attempts and deaths associated with suicide

Suicide has been a longstanding health and social issue in Samoa since the late 1970s to early 1980s with a peak of 90 suicide attempts in 1981. Although the numbers annually are not as high in the 1980s, the 1990-2001 trends show that suicide is still very much a problem in Samoa with the recent increases in the mid 1990s and early 2000s seen as a cause for concern. Since 1990, no less than 16 persons each year had died of successful suicide attempts and no less than 20 persons each year have attempted to end their lives. Between 1990 and 2001, there has been an average of 36 attempted cases and 20 deaths from suicide per year with a high of 45 in 1994 and the highest reached in the period recorded in 2001 (47). More than 56% (241 deaths) of the total number of suicide attempts between 1990 and 2001 have resulted in deaths. Those who attempt suicide are mostly young and males. In 2001, more than 64% of the total 47 attempted suicide cases in 2001 were below 29 years and more than 75% were males. Most of the female suicide attempters in 2001 were below 29 years of age with those below 21 years of age most at risk. For males, those most likely to attempt suicide are between 15 and 21 and again between 30 and 40 years.

Since 2001, reported suicide attempts and associated deaths continue to increase steadily notably in 2008 and 2009 as illustrated below.

Figure 6.1



Challenges:

- NCDs, HIV, STI and other diseases are preventable. Strong political and Government commitment and leadership at all levels are necessary for sustained and effective interventions against these epidemics. Protection against these diseases is possible through changes in individual behavior. Education and information on these diseases, behavioural change communication as well as

- prevention strategies are necessary for people and communities to ensure enhanced awareness and courage that will bring about changes in behaviour at the community and individual levels.
- It is important that another Health Sector Situational Analysis is carried out to provide an update on NCDs and its continuing impact on the population. This should form the basis of future interventions in this area
 - Health complications related to diabetes and hypertension in particular will be a major cause of significant ill health and health care costs in next ten years. The social implications of diabetes and its related complications will impact socially and financially on educational levels, lifestyle, and productive levels of affected population in the future. Pregnancy complications arising from diabetic mothers are also likely to increase in the near future with subsequent health consequences.
 - More health promotion and prevention programs will need to be targeted to females to bring about the same level of decline in diabetes and obesity levels as in their male counterparts over the next 10 years.
 - Suicide levels in Samoa whilst having declined from the highs of 80 and 90 in the early eighties, still remains a significant problem in terms of numbers in Samoa especially among the young. Studies should be undertaken and specific interventions implemented to address at risk youth especially young males. This should be done in collaboration with the relevant NGOs such as Faataua le Ola that work in suicide prevention.
 - The incidence of HIV in Samoa is low compared to other developing countries. Given the high prevalence and death rates caused by non-communicable diseases such as diabetes and suicide, resources for HIV/AIDS programs are often limited. Whilst the supportive policy and national structures are in existence for the coordination and management of HIV/AIDS activities nationally, this infrastructure has been, until more recently with the release of the HIV/AIDS and TB Global Funds for Samoa, severely under resourced.
 - There are no qualitative research details regarding at risk youth thus, further research is necessary for the design of appropriate information and education materials in order to increase the knowledge base of youth on the prevention of HIV/AIDS infection.
 - In addition to strategies identified in the Health Sector Plan 2008–2018, the extent and magnitude of Non Communicable Disease calls for Samoa to move beyond awareness campaigns to more direct measures such as tariff reductions on healthy foods, increase in taxes on fatty foods as well as substantial increases in tariffs on tobacco and alcohol.
 - There is a need for a complete overhaul in the basic Samoan diet. This will require coordinated efforts from Government, NGOs and the general community. More of a challenge is the ability to de-link weight from a cultural perception of grandeur that is associated with weight. Education at the village level backed with sound statistical analysis will go a long way in changing these ideas. The church leaders and political leaders are uniquely placed to set the right example of a healthy lifestyle

Supportive environment:

- There is a high level of commitment towards healthy lifestyles supported by adequate resources as well as an integrated cross sectoral approach to promote healthy lifestyles through an extensive network system with a high level of community participation.
- There is an increased use of sports role models and leaders advocacy groups to promote healthy lifestyles
- Development partners are very supportive of efforts to reduce the prevalence of NCDs
- There is also extensive media support of the promotion of HIV/AIDS and NCDs prevention programs.

Priorities for development assistance

- A comprehensive NCD screening program utilizing private public partnerships
- Increased coverage of rheumatic fever screening programs
- Targeted screening programs for STIs including public education program.

Conclusion

The availability and/or lack of quality statistics including baseline data makes it difficult to interpret trends under Goal 6; however public awareness of disease patterns in particular HIV/AIDS has markedly improved with the resultant effect of more open discussions without the stigmatization. While the percentage of youth having comprehensive correct knowledge about HIV/AIDS has only reached the halfway mark to the target, it is certainly a huge step forward compared to when the first case of AIDS in Samoa was detected.



Head of State with HIV/AIDS regional commissioners



MDGOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Trends and Status

						At Risk	Stalled	On track	Achieved
Overall MDG 7 Assessment								★	
		Baseline (1990)	Target (2015)	Progress					
				2005	2010				
Target 7A	7.1	46% (1995)		60%				★	
	7.2	1.5 t/capita (2000)			1.96 T/capita (2007)		★		
	7.3	4.5t (1991)			2.2t (2008)			★	
Target 7B	7.6	0.8% (1991)		1.8%	8% (2010)			★	
	7.7	14			30 (2006)	★			
Target 7C	7.8	88.6% (2001)	100%	97.3% (2006)				★	

Samoa has made some progress towards the achievement of the targets relating to the proportion of protected marine and terrestrial areas, the consumption of ozone depleting substances and access to improved water and sanitation, however there is a need to focus on the slight progress against the targets to increase areas under forest cover and carbon dioxide emissions.

The impacts of Climate Change (CC) and variability pose a serious threat to Environmental Sustainability in the region and Samoa is no exception. The risks associated with climate change coupled with the impacts of natural disasters and unsustainable resource exploitation, are thus recognized as being amongst the most important policy challenges confronting the government.

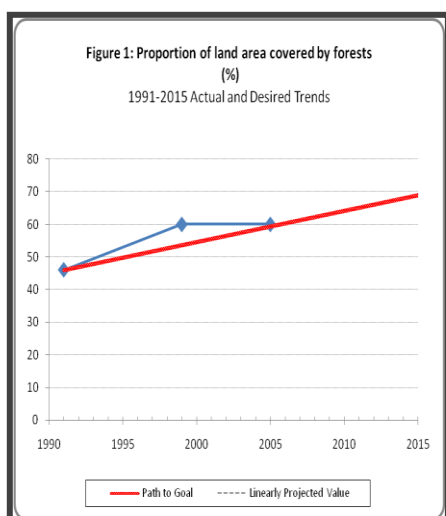
Three indicators are used to measure progress with regard to this target: the proportion of land area covered by forest; Carbon-dioxide emissions, total, per capita and per \$1 GDP; and the Consumption of ozone-depleting substances.

Target 7A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

Indicator 7.1 Proportion of land area covered by forest

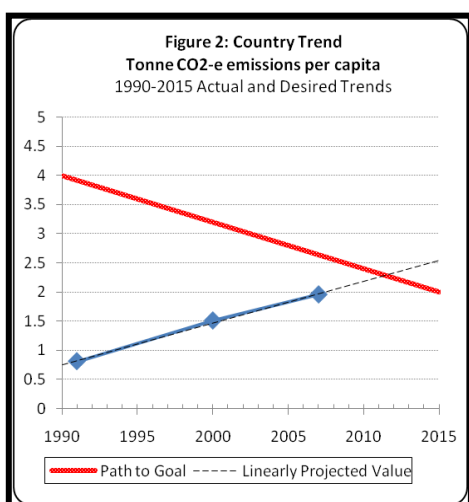
The uncharacteristic increase between 1991 and 1999 from the national average of 46% to 60% is not the result of any remarkable turnaround in forest growth. Rather it is due to a revised definition of forests used in the FAO 1999 analysis. The revised definition resulted in the addition of areas previously not classified as forests.

Overall, figures show a slight but healthy increase from the early 1990s. However, the devastations of cyclone Heta in 2004 severely degraded the remaining forests, and most of the secondary re-growth areas.



The degradation and fragmentation of forests is likely to continue as a result of cyclones, agro-deforestation, and settlements. The rate of agro-deforestation is likely to increase. This is the anticipated result of a Government objective of expanding both subsistence and commercial agriculture as set forth in the Samoa Development Strategy (SDS) 2008-2012. The use of incentives such as the removal of import tariffs on agricultural related imports and the expansive network of access roads already built will facilitate the commercial expansion of agriculture. Expanding agriculture has also led to the destruction of water shed management areas, an issue calling for urgent attention. However the expansion of agriculture has also resulted in increased food security as well as the declining percentage of people living below the food poverty line.

per \$1 GDP (PPP) (Metric tons)



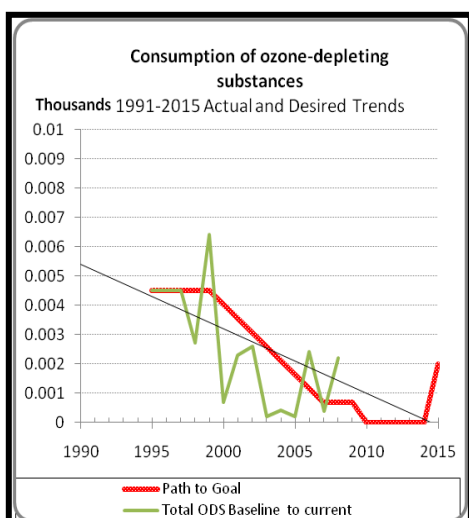
Indicator 7.2 Carbon-dioxide emissions, total, per capita and

Sources of major air pollutants are of human induced activities. These include driving cars, generating electricity and manufacturing products. The most prevalent air pollutants come from carbon monoxide from motor vehicle exhaust and sulphur dioxide from power plants.

Cases in Samoa which have been brought to the attention of the government include a diesel generator for electricity with complaints against the noise and fumes emission as well as an old bitumen plant which pumps out particulate emissions from its chimney.

The relatively low level of manufacturing activities helps the containment of carbon dioxide emissions although the growing number of vehicles should be monitored with care.

Indicator 7.3 The Consumption of ozone-depleting substances (Metric tonnes)



The consumption of Ozone Depleting substances has been greatly reduced with the various importation bans. Between 1991 and 2008 it has fallen from 4.5 to 2.2 tons.

Samoa became CFC-free since 2003; this caused more HCFC to be imported into the country as an alternative refrigerant. Methyl bromide also increased in recent years to cater for the increase in Quarantine treatment requirements and Health applications.

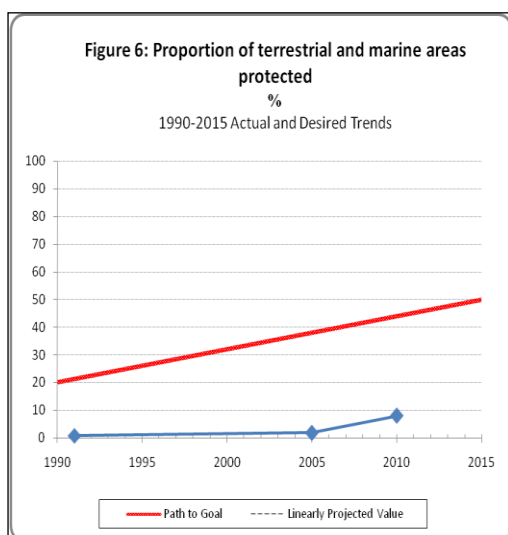
It is apparent that these elevated ODS consumption in 1999 and again in 2006 coincided with the importation bans. This was a result of companies' racing to import last minute stocks and to finish the remaining stockpiles of ODS before the bans came into force in late 2006.

Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

The biodiversity stock of the country continues to be eroded in a wide range of ways, including the introduction of invasive alien species, habitat loss and degradation, overexploitation of natural resources, pollution, natural disasters and changes to climate and sea level. This is a serious problem, as people depend heavily on biological resources to support their traditional way of life. The continued erosion of biodiversity also threatens the ability of countries and communities to adapt to climate change. Indicators used to measure progress with regard to this target include: Proportion of total water resources used; Proportion of terrestrial and marine areas protected; and Proportion of species threatened with extinction.

Indicator 7.6. Proportion of terrestrial and marine areas protected (%)

The proportion of terrestrial and marine areas protected increased from 0.8% to 1.8% between 1991 and 2005 and is attributed to the establishment of two new national parks in 2003 and several reserves. A significant increase of about 8% is recorded for 2010 with more new protected areas being established and added to the network and the recent re-mapping of the existing ones.



The Ministry of Natural Resources and Environment continues to place emphasis on the establishment of protected areas, so that the target of 15% will be achieved by 2015 with the addition of more protected areas and national parks both on Upolu and Savaii islands. In addition, sites for water catchment are being considered for setting aside as protected areas which will also serve for biodiversity conservation as well as ecological corridors for the movement of many bird species.

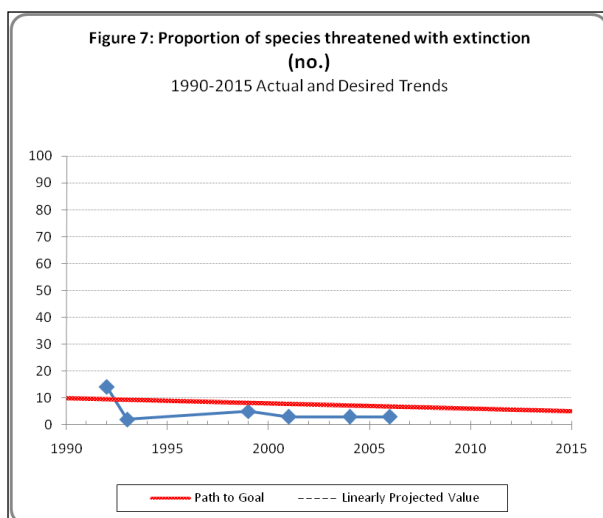
Efforts are also directed towards improving the management of existing national parks and reserves.

There is continuing community interest in funding support for marine and terrestrial conservation projects under GEF-SGP. This will result in a sharp increase in the number of community reserves. This is a welcomed development and one that should be encouraged and supported at all costs. There is anecdotal evidence of increases in fish stocks and species diversity around no-take zones that are already benefiting local communities. The rapid recovery capacity of corals and fish biomass suggests that even the occasional opening up of reserves for community harvesting should be sustainable.

A recent assessment of Samoa's Key Biodiversity Areas (KBAs) has identified several significant biodiversity aspects for future conservation efforts and has thus concluded that Samoa's protected area coverage will increase from 7% to 27% of land area if full and effective conservation of all these KBAs are achieved.

Indicator 7.7 Proportion of species threatened with extinction (%)

A higher number (n=14) of marine invertebrates were recorded threatened following the cyclones of the early 1990s. However, a few were added to the list over the respective years from 1999 up to 2006 which brought the overall total of threatened with extinction species to 30 with more yet to be recorded.



The threatened and/or extinction status of many species are largely attributed to environmental degradation over the years which has been caused mainly by increased forest clearance for agriculture, logging operations, pollution particularly in coastal and marine areas and over-exploitation of the natural resources. In addition, natural disasters like cyclones of the early 1990s have caused extensive damage and hence loss of environmental biodiversity. Climate Change and its impacts will also threaten environmental biodiversity. Current effort for species recovery include the conduct of research, surveys and monitoring

Water and sanitation

7.5 Proportion of total water resources used (%) is not available

Samoa is endowed with freshwater resources, however the existing remaining freshwater resources of the country is at a critical level, and the issue should be a priority concern for the government, and all relevant stakeholders to address.

- Enforcement of legislation for the protection of watershed areas and public access to water resources needs to be carried out, with the MNRE being responsible for its enforcement and regulation of the utilization of existing freshwater resources.
- The community to be supported in the implementation of projects to protect and improve watershed areas and water resources projects such as the planting of trees along river banks and springs for forest rehabilitation and to stop soil erosion caused by flooding.
- Early implementation of the national water resource policy, water services and sanitation policies
- Development of the technical capacity to assess and monitor water resources is essential.
- There is an urgent need to develop maps of national watershed areas that will enable the identification of areas that are in a critical condition and requiring emergency rehabilitation programmes.
- There is a need to develop appropriate mechanisms to regulate the allocation of water resources.

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Indicator 7.8 Proportion of population using an improved drinking water source

Most of the country is catered for by the Samoa Water Authority the major water service provider in the country with a number of villages managing their own supply schemes.

Since 1990, there has been an improvement in the population accessing treated and fresh water for drinking. According to previous census statistics, both rural and urban populations have some positive feedback to the water distributed to them by either the water service provider or their own village independent water schemes.

Access to improved drinking water supply = 97.3%

According to the 2006 Census access to improved water supply continues to increase.

Table 7.1 Households by main source of drinking water: 2006

IMPROVED		%
Tap water	8458	35.6
Metered tap water	11668	49.1
Stored rainwater	1829	7.7
Paid purified water	1160	4.9
Sub total	23115	97.3
NOT IMPROVED		
Well spring water	599	2.5
Not stated	45	0.2
Sub total	644	2.7
TOTAL	23759	100

Note: The calculation for access to improved drinking water assumes that the well/spring sources were not protected as there was no information on this in the survey.

The water sector in Samoa is aware that this analysis does not provide an accurate presentation of the % of population with access to **safe** water. Samoa has recently introduced national drinking water standards (in line with WHO standards) and a water quality monitoring system. The findings from the initial surveys show that most water supply systems in Samoa do not currently meet these standards. The actual % of the population with access to safe drinking water is therefore estimated to be much lower than the 97.3% indicated above and maybe as low as 30-40%. With the introduction of regular monitoring and improved collection of data it should be possible to provide more accurate data in the future.

Indicator 7.9 Proportion of population using an improved sanitation facility

Access to improved sanitation facilities = 93.5%

Proportion of population using an improved sanitation facility has increased from 88% in 1991 to 93.5% in 2006

IMPROVED		
Flush	17342	73%
Pour flush	3336	14%
Subtotal	20678	87%
NOT IMPROVED		
Flush shared	901	3.8%
Pour flush shared	438	1.8%
Pit and pit shared	1746	5%
No toilet	5	0%
Not stated	91	0.4%
Subtotal	3081	13%
Total	23759	100%

The water sector in Samoa has been working to improve sanitation facilities in the country. One of the main concerns is the large number of septic tanks that are constructed without a sealed floor, which are allowed to drain into the environment causing potential health and environmental hazards. The actual number of non-performing septic tanks is not currently known. In addition, the Government is currently introducing sludge beds for septage treatment, as in the past there was no effective means of sludge disposal. Efforts have also been made to improve school and hospital sanitation facilities – with the upgrade of sanitation facilities for 108 schools and hospitals in Samoa the situation has significantly improved.

Target 7D: By 2020 to have achieved a significant improvement in the lives of at least 50% of all slum dwellers¹⁵

Access to secure tenure

Eighty percent of the total land resources are customary owned. In principle, under such tenure, all people through the extended family title holders have access to land.

The proper utilization of land resources according to their appropriate capabilities and vulnerabilities holds the key to future land use management in Samoa. Land assessment activities need to be undertaken:

- Develop and update existing land resource technical maps for the updating of information about land resource utilization in Samoa.
- Identification of areas of land degradation in Samoa, through the development of maps of areas that are in deteriorating conditions, such as fallow and dry lands.
- Develop national land use capability plans to assess the mechanisms required for sustainable land use management in Samoa.
- Develop a national policy on customary lands to enhance the Ministry of Natural Resources and Environment programmes on improving access to land use resources.
- Conduct an inventory assessment of customary land to find out the percentage of lands that are currently utilized and those left unused and determine the impact of customary ownership on such a distribution pattern.
- The Ministry of Natural Resources and Environment to develop technical databases on soil types and geology of the islands landscape, based on existing and updated information on land use maps of Samoa to better find means of addressing issues on land use in terms of fertile land, wet lands and swampy areas and land degradation.
- Reduce the exploitation of land-based resources such as sand, aggregate, gravels and rocks and ensure sustainable allocation of these land based resources.



Students of ST Marys School – Mangrove rehabilitation

¹⁵ Need to have national definition of slum dwellers

Challenges:

- The challenge for 2010 and beyond is to ensure that the political and public profile of small island developing states like Samoa created in Copenhagen can be translated into a binding and ambitious international agreement on climate change that is supportive of the needs of these most vulnerable countries
- In view of the substantial resources pledged by the developed countries for climate change adaptation and mitigation, Samoa needs to remain engaged in the international process for the design and development of the various financing mechanisms and to ensure appropriate access and maximum utilization of these resources in support of national actions to combat climate change.
- Being able to mainstream climate change and disaster risk reduction in the national as well as sectoral development frameworks
- Consider options to regenerate forest cover such as agro forestry and good watershed management practices.
- Implementing on the ground adaptation measures which can build the adaptive capacity and reduce the vulnerability of communities and the ecosystem which they rely to the effects of climate change.
- The preservation and protection of sites of significant biodiversity potential is to be considered as the most important priority in ecosystem management.
- Information scarcity in the areas of ambient air quality, data on greenhouse gases, indicators of climate change and economic valuation of resources.
- Mainstreaming of environmental concerns remains a challenge

Supportive environment

- The Government has implemented successful conservation programs and continues to participate in regional and international efforts to address environmental and sustainable development issues.
- Samoa has also learnt valuable lessons in incorporating environmental values into decision making and development activities particularly in infrastructure development and resilience building within coastal areas
- A number of key assessments have already been completed of its resource base, biodiversity, impacts of climate change and ozone depletion
- There are already significant achievements in progressing the National Environment and Development Management Strategy
- There is also a growing involvement of other government ministries, non government organizations and the private sector in addressing environment issues.

Priorities for development assistance

- The implementation of a number of plans and strategies that have already been prepared. Associated with that is the need to address the indicator research – identifying the most appropriate sustainability indicators for the country
- The best investment for the sustainable management of the environment lies in human resources. Systems for environmental protection have been improved through institutional reforms and codification of relevant legislation yet there is still a lack of understanding and appreciation of the processes involved.
- Consider ways to stimulate the rural economic sector so that there is discontinuation of the unsustainable environment resource exploitation. There is a need to present a new innovative rural socio economic

paradigm which includes environmental guardianship. Communities need to be engaged and committed to achieving the prime goal of serving the next generation.

- Continuing implementation of all international agreements Samoa has ratified.

Monitoring and evaluation

The absence of information on the current state of the environment in Samoa is exacerbated by the lack of technical equipment for monitoring purposes, inefficient allocation of financial resources as well as insufficient highly trained individuals with the necessary expertise to help define and determine the ongoing status of each identified sustainability indicator. Environmental monitoring should be a collective responsibility of all sectors and not just the Ministry of Natural Resources and Environment.

Conclusion:

The overall trend in the environment of Samoa is one of progressive decline of a once traditional sustainable way of life that could still become sustainable once again but it means finding the right platform to restore the indigenous natural resources back to their original state and more. It means also that the government must continue to build its environmental and development management capacity across all sectors.





MDGOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Trends and Status

						At Risk	Stalled	On track	Achieved
Overall MDG 8 Assessment									
Target	Indicator	Baseline (1990)	Target (2015)	Progress				☆	
				2005	2010				
8A	8.1								
8B	8.2			35.6%	46.2%			★	
8C	8.3	<3%		24.3%	69.5%				★
8D	8.4								
	8.5			28.94%	7.8%				★
	8.6								
	8.7								
	8.8								
	8.9			11.4%	31.49%				★
	8.10								
	8.11			0	15%			★	
	8.12			10.6%	7.7%				
8E	8.13			NA	NA			★	
8F	8.14			2.54	16.1				★
	8.15	0			67.3				★
	8.16	0			5.03				★

Samoa is scheduled to graduate from a least developed Country to a developing country by December 2010 although a decision on its quest for deferral given the impacts of the 2009 tsunami is yet to be made. Samoa continues to receive resource flows through ODA in the form of grants as well as concessional loans and technical cooperation. Loans are available from bilateral partners as well as the multilateral financial institutions at low interest rates and favourable terms. It also receives assistance for its non government organizations from private foundations and NGOs in donor countries usually in the form of grants and technical cooperation. NGOs also receive direct assistance from official bilateral and multilateral donor partners at the endorsement of the Government.

Trends in global partnerships

Samoa has a narrow resource base and is an open economy which is highly vulnerable to global economic shocks and natural disasters. Remittances are very important for Samoa amounting to about 22 percent of GDP. Given that remittances tend to be countercyclical, they are the most significant and reliable form of social protection available to recipient households. Tourism on the other hand provides around 30 percent of foreign exchange earnings in Samoa and contributes to around 14 percent of GDP.

Aid is the equivalent of around 12 percent of GDP. Samoa has been liberalizing its trading regime by progressively dismantling tariff structures with the aim of stimulating international trade. Samoa has also

considered deregulation measures to promote the flow of private capital into the country however there has been no significant shift in the levels of FDI.

Liberalization of the financial sector aimed at establishing a market based financial system was achieved through a comprehensive program of reforms in the early twenties. These included the removal of credit and interest rate controls, the use of auction of central bank securities as the main policy instrument for controlling interest rates and strengthened central bank capacity. The impacts of such reforms on the sector have been modest and in taking a forward looking approach, one of the key challenges would be to deepen the securities market to provide greater flexibility of monetary policy as well as improve the lending environment to enhance financial intermediation.

Public enterprises continue towards progressive corporatization and privatization to improve the efficiency of service provision. Samoa has also adopted a wide ranging program of reforms in pursuit of modern public sector management practices including the introduction of forward estimates in the annual budget process.

Samoa and external trade

Samoa faces several challenges in its strive to minimize its economic vulnerability in the years ahead. Its pursuit of a trade development strategy is part of the government's approach to achieve and maintain sustained economic growth. The key challenges mainly relate to a small domestic market, narrow and fragile resource base; a lack of scale in the economy which restricts local sources of investment capital; poor coordination and weak linkages among government agencies with mandates to promote trade development; the issues related to proprietary rights to customary land even in situations where leases of such land have been obtained; and from an investor's perspective the relatively high cost of doing business in Samoa.

Samoa's trade balance performance has deteriorated over the years and this is due mainly to a combination of domestic supply side and international demand side factors. Samoa however has achieved a track record as a relatively successful economic reforms managers. This is demonstrated by the recent track record of rapid economic growth leading to it being recommended for graduation from least developing country status. It has proven long term access to overseas private remittances and a pool of highly skilled labor force from overseas Samoan communities. The opening up of trade in goods and services in the Pacific region under Pacific Island Countries Trade Agreement (PICTA) provides a number of opportunities for Samoan businesses to target the regional markets in the other Pacific island countries

As such, there is general optimism on the short term economic and financial prospects of the Samoan economy driven mainly by a projected continuing rapid growth in the tourism, commerce and financial services sectors. Tourism, as the fastest growing sector has helped to create opportunities in other key areas of economic activity such as agriculture, fisheries, manufacturing and communications. Faster, lower cost and reliable domestic and international links to major global markets have recently been made possible by major innovations with airline and telecommunications services.

Trade in services – particularly tourism and financial services - have generated a significant amount of foreign exchange, and are the most likely area for expansion in the short to medium term. In light of the global economic and financial crisis, the promotion of off-shore financial services will need to adhere to new regulatory frameworks that are being put in place. Tourism arrivals since 2006 were at 115,882 with expected growth set at 10% per annum. The manufacturing sector is not large but is an important contributor to the country's balance of payments and provides vital employment opportunities. The key exports include fish, coconut oil and cream, taro, automotive parts, garment and beer and are mainly exported to Australia, American Samoa, USA and Taiwan. The major imports consist of machinery and equipment, industrial supplies and foodstuffs and are mainly imported from New Zealand, Fiji, Singapore and Australia. Strong export potential and a pressing need for import substitution industry and food security combine to make Samoa's agriculture and fisheries sectors attractive for incoming investment and technology transfer.

Recognizing these challenges and opportunities, the Government of Samoa has taken steps to develop a whole of government policies and a strategy to promote trade development in its strive to achieve its Strategy for Development of Samoa vision of “Improved Quality of Life for All”. The Trade Policy Statement 2008 and the National Export Strategy for Samoa 2008-2012 are recent initiatives taken to support the implementation of a trade liberalization policy promoted by the Government of Samoa through its SDS 2008-2012.

Financing debt and managing development

External assistance continues to play a major role in the financing of development in Samoa currently at 12 percent of GDP. Samoa’s economic and social progress can be attributed to the combined impact of several factors. First, economic growth has been high by regional standards, with the trend rate of growth in real Gross Domestic Product (GDP) accelerating from under 2 percent in the 1970s and 1980s to 4.2 percent per annum in 1994-2006. Second, remittances from Samoans abroad have been a crucial source of foreign exchange and have allowed families to increase expenditure on consumption, housing, small business formation and education. Private remittances averaged 20 percent of GDP in 1990-2003. A third factor underpinning human development progress has been the maintenance of relatively high levels of public expenditure on education (4.5% of GDP in 2002–2005) and health (4.1% of GDP in 2004), with support from substantial aid inflows. Finally, subsistence economic activity, although diminishing, has continued to make a significant contribution to food security and meeting shelter needs. Samoa’s external and public sector debt remains sustainable even after significant borrowing to finance post-tsunami reconstruction. The present value (PV) of external debt to GDP is projected to peak at 40 percent under the baseline scenario. This leaves a cushion relative to the policy-dependent threshold of 50 percent for Samoa to absorb future shocks.

Samoa pursues a sound public debt management strategy.

Quantitative targets are set to keep nominal net public debt at less than 40 percent of GDP and the government actively seeks to borrow on concessional terms with emphasis on tsunami reconstruction. In addition, a recent World Bank Debt Management Performance Assessment identified a number of strengths particularly in the areas of governance of debt and the overall debt management strategy. Despite the constraints on its revenue base, Samoa is able out of its own resources to contribute towards a stimulus package for increased agricultural production and improved social protection measures through a reprioritization of its reconstruction needs.

Samoa has benefited through debt cancellation from the Government of China for past bilateral loans as well as through debt relief via the Multilateral Debt Relief Initiative with the United Kingdom reimbursing 15 percent of debt servicing of International Development Association (IDA) loans

Foreign aid and development

Development assistance continues to increase and is expected to do so over the next few years. This is in part reflective of agreements to pre-empt the impacts of graduation out of LDC status as well as the timely emergency responses of the bilateral partners and multilateral institutions to requests by Samoa to address the impacts of the food, fuel and financial crises as well as finance its recovery plan following the September 2009 tsunami. In this context Samoa has received direct budgetary support from the World Bank as follows:

- (a) \$20 million development policy credit to assist the government respond to the global economic downturn and to finance post-tsunami reconstruction costs. This is based on a policy matrix developed by the Government in collaboration with the World Bank, the Asian Development Bank, and other key partners. Policy actions are focused on: (i) addressing post-tsunami reconstruction needs, (ii) targeted support to the most vulnerable, (iii) maintaining overall fiscal discipline, (iv) reducing the cost of doing business and State Owned Enterprise reform, and (v) strengthening consultative processes with stakeholders.

- (b) \$10 million investment to strengthen transport and infrastructure services in tsunami affected areas,
- (c) Additional financing of \$3 million to assist in addressing pressures on the health system emerging as a result of the tsunami.
- (d) \$13 million (grant and loan) to undertake reforms to strengthen the competitiveness of the **agricultural sector** and to increase opportunities for the private sector to access agricultural supply chains for export and for the tourist market.

From the Asian Development Bank Samoa has received the first of a two tranche Emergency Response Support Program credit for \$26 million extended through budget support. Recently the Bank in association with JICA and Australia co financed a Power sector expansion program for \$88 million.

Samoa's bilateral partners, Australia, New Zealand, China and Japan have invested heavily in the social sectors, law and justice, tourism and transport. The European Union remains as the major contributor to the water and sanitation sector as well as support to civil society.

Australia and New Zealand as part of their response to mitigating the impacts of the financial crisis, co-funded with the government a targeted school fee relief scheme which provides free primary level education. Such an arrangement is added impetus to the achievements of Goal 2.

Similarly, the Samoa Australia development cooperation partnership has seen additional resources provide complementary support essential for the full achievement of the MDGs; in education for inclusive education, improved technical and vocational education as well as improved teacher quality; health for national NCD screening; climate change adaptation and mitigation; improved governance and capacity development.

Access to new technologies

Advances in technology provide an opportunity to accelerate poverty reduction and reducing the technology gap can accelerate the shift to innovative and low-cost development solutions. Such technology facilitates communication and information exchange. Simple access to mobile phones can translate into a reduction in mortality rates through provision of information about prevention and treatment, long-distance learning and mentoring support to remote clinics and empowerment of community health workers and other health personnel.

Considerable progress had been made in access to information and communications technologies, especially in mobile phone coverage and use of the internet over the last decade. This has been facilitated by the parallel improvements in the regulatory environment which has seen increased competition among the service providers and has resulted in facilitative access to cost effective services. The One-Laptop-Per-Child programme now being rolled-out and the School net program running in alignment with the establishment of community telecentres will give a major boost to internet access in the next few years. Telecommunications development in Samoa has increased rapidly with the corporatization of the Samoa Telecommunication and the introduction of a foreign mobile phone service provider (Digicel) which resulted in a more competitive market. Connectivity has been greatly enhanced via the submarine ASH cable

- Telephone lines per 100 population has increased from 2.5 in 1990 to 4.7 in 2007.
- Cellular subscribers per 100 population has increased from zero in 1990 to 47.4 in 2007
- Internet users (Per 100 population) has also increased from zero in 1990 to 4.4 in 2007
- For the use of personal computers (per 100 population) trend is zero in 1990 to 3 in 2007.

At community level, the Government in line with its ICT Strategy has worked with its development partners to ensure that there is a wide outreach of the use of Information and Technology. Since 2004, 12 telecentres have been set up around the country, which are managed by women's groups. As well school net centers for all secondary schools will not only cover the school population involved but also the communities around the schools.

Closely linked with the expansion in mobile phone coverage is the opportunity for broadening the coverage of financial literacy and financial inclusion. Mobile banking through the cell-phone systems offers a new and innovative approach. Putting financial literacy into schools' curriculum is an effective way of introducing the next generation to life in a monetized society. In the past three years a pilot scheme has been successfully conducted in Samoa.

Greater efforts are needed however, especially through strengthened public-private partnerships, to close the large gaps that remain in access and affordability to these new technologies, income groups and between rural and urban areas.

EMERGING ISSUES AND CHALLENGES

As the discussions of the individual goals have indicated a number of key issues could be identified which are making the achievement of the MDGs more challenging. Some of these issues have emerged in the past few years as a consequence of the global food, fuel, economic and financial crises and the impacts of the September 2009 tsunami. However, the Government took bold steps to ensure that good governance prevailed. In general the following issues have been identified:

- Strengthening institutional and regulatory standards as well as good governance for macroeconomic growth and stability;
- Ensuring continued fiscal discipline and sound financial management;
- Generating private sector led investment and employment opportunities for the growing youth population;
- Increasing agriculture's contribution to development, in particular opportunities in niche markets, Creating value chain production and promoting imports substitution
- Improving access to technical and vocational training opportunities particularly in the informal sector;
- Improving quality of education including inclusive and early childhood education, and strengthening health promotion and primordial prevention through greater community engagement and ensuring that there will be significant improvements in child health measures such as the Expanded Immunization program
- Integrating environmental sustainability, climatic resilience, renewable energy, food security and disaster risk reduction at all levels of national development planning.
- The need to integrate the monitoring of the MDGs into that for the Samoa Development Strategy against clearly defined outcomes. For this to happen, there is a need for enhanced statistical capabilities including the development of regular datasets.
- The need to closely monitor the rising number of people living below the basic needs poverty line and consider pathways by which consistent economic growth can be translated to poverty reduction.
- Ensuring the achievement of the empowerment of women

Conclusion:

Set against the backdrop of the Pacific region, the Polynesian countries of which Samoa is one, are the most likely to achieve their MDGs; this situation is reflected in the 2010 MDGs Tracking report for the Pacific.

On its own, Samoa has already achieved four out of the eight Millennium Development Goals – Extreme Poverty (MDG1), which has been substituted by more challenging targets; Child Mortality (MDG4); Maternal

Health (MDG5). Universal Primary Education (MDG2) and Environmental Sustainability (MDG7) show good progress and are likely to be achieved by 2015. However greater efforts are required in the areas of “immunization and contraceptive usage”. The environment continues to be a challenge. This is in light of the high occurrence of natural disasters leading to deforestation as well as the adverse impacts of climate change. Over the next decade, the impacts of climate change will dictate domestic policies and strategies that would increase Samoa’s resilience in preserving its fragile environment. Gender (MDG3) – especially when it comes to promoting women representation in Parliament and addressing the issue of violence against women definitely requires stronger efforts in order to be achieved. Support from government, church leaders, communities and village councils as well as development partners are much needed in this area.

A major caveat when reading this report is that the MDGs are politically negotiated commitments. They provide a normative framework—the desired outcomes of a development strategy, not the means to reach those ends. Comparing results among countries based on the one-size-fits-all 2015 targets is neither correct neither useful. However, where synergies could be drawn and useful lessons derived then this report will provide the ideal opportunity to draw on successful strategies that could be replicated in Samoa. In addition, the issue of quality, timeliness and regular statistics especially for health and social indicators, unless addressed pose a serious threat to the usefulness of MDGs as planning targets.

Notwithstanding these limitations, MDGs can still serve a normative framework for the definition of policy objectives, as a benchmark for evaluating within-country progress and as the basis to foster vital discussion and constructive dialogue among different stakeholders.

With regard to the UN role, during the United Nations Development Assistance Framework Meeting held in Apia in July 2009, Samoa has called for greater coordination among the UN agencies so that a more coordinated UN could better exploit its rich and diverse expertise to drive Samoa towards the full achievement of the MDGs. UNDP in particular is called to provide concrete examples on pro-poor policies and provide substantial input to the policy making process towards the improvement of the Poverty of Opportunity’ problems that afflicts Samoan society nowadays.



Partnerships in action to support tsunami relief efforts 2009

