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Current Issues in Healthcare in Samoa "Making-Do With What Is Available"

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Current Issues in Healthcare in Samoa

"Making-Do with what is Available"

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S.I.T Samoa Spring 2006

Abstract

The objective of this research was to look at the current issues in healthcare in present day Samoa. The research was conducted over a four week period, two of which were spent observing and interviewing in the public hospital, Tupua Tamasese Meaole, and in the private hospital, MedCen. This research was conducted to look at issues such as cleanliness of facilities, the shortage of supplies and technology in the hospitals, the demand for higher salaries made by the doctors, and the reasons for the trend towards the privatization of medicine. Also researched, was the role of the government in terms of healthcare and what the future plans are to help resolve some of these issues. While finding that the recent doctors' strike played a large role in making these issues known to the public, the government has done little to remedy any of them. The long hours and low wages the doctors have to endure have caused a severe shortage of doctors at TTM. Although, the working and patient conditions at the public hospital were found to be undesirable, the majority of the Samoan population cannot afford private care leaving them with no other option but the public hospital. Unless the Samoan government realizes that hiring overseas doctors rather then paying local doctors what they deserve is not the answer, the public healthcare system will be unable to meet the needs of the growing population.

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Dedication

I would like to dedicate my work to the late Eric Neilsen. If it were not for you, I may have never chosen to continue with a medical career and I am now doing great things because of you. I would also like to dedicate this work to my family. Without your support I would never be here. I love you all.

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Background: The Doctors' Strike in Samoa

An important background issue to look at in terms of healthcare is the recent doctors' strike by Samoan Medical Association doctors. Although health care issues existed prior to the strike, the strike brought these issues to the forefront and made the public more aware of them. The strike began on September 9, 2005 at noon when 33 doctors unanimously decided to walk out and not return until the government had addressed these issues and implemented the salary scale presented to them the previous year.

The Samoan Medical Association never completely received the salary increase made by the government on July 1st, 2005, but the government claims money was given to the Ministry of Health. Part of the doctors' salary request was an increase of approximately 9,000 Samoan Tala (ST) for the entry point salary i.e.: from 21,000ST to 30,000ST. Doctors also voiced concerns and frustrations that they were being over worked, putting in up to 50 hours of over time per week and dealing with a doctor to patient ratio of approximately 1:4,000. This was mainly due to the severe shortage of doctors prior to the strike. This shortage of doctors resulted from an increase in the number of doctors moving into private practices and going overseas, where both the hours and the pay are much better, but also because more and more doctors training in New Zealand and Australia are not returning due to the low salaries in Samoa[1].

The doctors also requested more funding for overseas training. Due to the lack of technology and specialized education opportunities in Samoa, the doctors believe that the government should fund their post-graduate training. As of right now, the government will grant leave with pay for post-graduate training within a 12 month period; however, most medical post-graduate programs are more than 12 months. This makes it impossible

[1] Samoan Observer 9/14/2005

for most doctors to undertake specialized post-graduate training for they cannot afford to support their families at home and meet their financial commitments on a leave without pay study period (Enosa, J. 3/14/2005). The Samoan Medical Association also requested that the doctors have the opportunity to regularly upgrade their skills and knowledge by taking various recertification courses every year or two[2].

Even though the doctors' intentions to strike by the 9th of September were known, the government refused negotiations saying that the government did not have the money to fund the requested salary increase and that the doctors should be treated the same as all other public servants. Although the doctors' strike put the country's health care at great risk, a large majority of the population supported the doctors and their reasons to strike, especially because the doctors agreed to work in certain "life and death emergencies". The Cabinet set up a Commission of Inquiry composed of people in public service positions including the president of the Samoan Medical Association, Dr. Mauinu'uese Imo, to look into the doctors' concerns and issues and examine the hospital facility. They were to submit their findings and recommendations to the Cabinet by October 7th. Unfortunately, the Commission of Inquiry needed more time and pushed their deadline back to October 21st, leaving the Samoan public without doctors for over 6 weeks.

With more than 30 doctors on strike, the Prime Minister, Tuilaepa Sailele Malielegaoi, through the Ministry of Health turned to private doctors as well as overseas doctors to work in the public medical facility, Tupua Tamasese Meaole Hospital, costing the government hundreds of thousands of Samoan tala[3]. This was questioned by the Samoan Medical Association doctors who were told that the government did not have the

[2] Samoan Observer 9/13/2005
[3] Samoan Observer 9/10/2005

money to fund their salary increase. They believe the government feared a general uproar from people in other public service professions if doctors' salaries were increased.

During the strike the Prime Minister spoke out publicly saying, who needs doctors when we have nurses[4]. Given the shortage of staff and communication barriers with the existing overseas doctors who did not speak any Samoan, the hospital nurses performed tasks that were normally done by doctors, such as writing prescriptions and seeing patients which was in fact illegal but not challenged by striking doctors who had no funds for the court case.

The Commission of Inquiry's 61 page statement was not received until the 24th of October. The statement agreed that the doctors were underpaid, overworked, and were not properly compensated by the Ministry of Health. The Commission recommended that the entry salary be raised to 25,660ST per year and that overtime wages be paid according to ones basic salary. It also proposed to raise the cost of healthcare at TTM to facilitate these budget issues[5]. The Prime Minister's reaction to this was basically complete refusal. He did not agree to the key recommendation of the starting salary increase. He claimed that Samoa has to send many patients overseas for medical/surgical treatments due to the incompetence of the doctors. In fact, due to the lack of technology and proper training, doctors in Samoa cannot perform sophisticated operations such as, heart surgery, valve replacement, cancer therapy, and CAT scans. Even if Samoa did have the technology to accommodate these types of surgical procedures, the on-going and current training is not available[6].

[4] Samoan Observer 9/14/2005
[5] Samoan Observer 10/25/2005
[6] Samoan Observer 9/14/2005

As the time passed and the situation became dire; rather than negotiating, the Prime Minister demanded the doctors go back to work or face serious repercussions (Enosa, J. 3/14/2005). The Samoan Medical Association lacked funds to pursue their issues in court so the 28 doctors remaining on strike felt the Prime Minister's order left them with no other choice but mass resignation to avoid not only being terminated by the Ministry of Health and the Public Service Commission, but also to avoid having the black mark of being fired on their resume (Enosa, J. 3/14/2006). Some doctors opened their own private practices during or after the strike, some went overseas, others are working at MedCen or other private practices in the area, and some are still out of work. The doctors never formally ended their strike and TTM is still about 40 doctors understaffed (Dean 4/11/2006). The strike brought many health care issues on the table for the government to deal with and Samoa's healthcare is still tenuous.

Introduction: Common Health Ailments

Currently, many of the leading causes of death and illness in Samoa are due to diseases that are preventable. Although many of these causes of death are completely preventable, Samoans are not provided the awareness or are taking an active approach to maintain a healthy life-style and while some efforts are being made, there are not enough. Recently, there has been a large increase in mid-adult mortality, especially in males. In Samoa the likelihood of dying before age 40 is up to 10 percent (WHO 2003-2004: 37). This increase is due to what is referred to as "life-style diseases" which include stress, poor diet leading to diabetes and heart disease, smoking, and lack of exercise (UNDP

1999: 56). The mid-adult mortality rate increase is also due to such things as accidents related to alcohol and abuse, and the emergence of vector borne and infectious disease.

Another major health issue in Samoa is poor nutrition. Not only is malnutrition the number one cause of child hospitalization, diabetes cases occupy 15 to 20 percent of all hospital beds and are rapidly increasing (UNDP 1999: 61). Poor nutrition in Samoa is due to the high cost of living making it nearly impossible for the average and below average Samoan to afford good quality meat as well as other healthy food items. While Samoans traditionally provided food for their families through subsistence farming and fishing, cash crops have become an important source of income for a majority of the population. Due to the cash crop industry, the Samoan government is having food imported in that will be cheap to buy neglecting the fact that it is unhealthy. Items such as white flour, white rice, sugar, mutton flaps, and tinned meat and fish are found in nearly every Samoan household. The Samoan diet is very high in fat, starch, and sugar causing an enormous increase in Type 2 Diabetes. Diabetes not only has immediate effects on a person, but has very detrimental long term effects if nothing is done. While Type 1 Diabetes is caused by genetics, Type 2 is primarily caused by life style choices, so Type 2 Diabetes can also be quite preventable. Unfortunately, campaigns promoting proper diet, exercise, and stress management to the urban and especially to the rural populations have not been very successful. Lack of proper medications for diabetes results in some serious long term effects such as: hypertension, atherosclerosis, diabetic foot sepsis, abscesses, blindness, deafness, and renal failure. While some of the hypertensive and atherosclerotic cases have to be sent to New Zealand for surgery due to the lack of the proper heart surgery equipment and technology, amputations for foot

sepsis as well as abscess drainage are performed every week in Samoa. Poor diets are also causing a rise in anemia and vitamin A deficiency. The lack of iron and leafy greens in the Samoan diet, have left it with some of the highest vitamin A deficiencies in the world (UNDP 1999: 62).

Common health issues affecting children in Samoa include rheumatic fever, pneumonia, and infections. Although rheumatic fever seems like nothing but a little sore throat and other cold symptoms, it is crucial that parents take their children in to see a doctor because rheumatic fever can lead to serious valvular heart disease (Wing 4/10/2006). Parents do not want to take their children to TTM outpatient because they will have to wait for hours and they cannot take them to MedCen because they cannot afford it. In Samoa's moist, tropical climate, wounds are already more susceptible to infection and not washing them or keeping them clean only makes matters worse.

While Diabetes is the number one non-communicable disease in Samoa, problems such as heart disease, cancer, asthma and other respiratory disease, and HIV/AIDS are becoming leading health issues as well. While some types of cancer prevalent in Samoa are preventable, such as lung cancer due to the increase of smoking, there is not enough reinforcement to have regular check-ups so by the time a person reaches a doctor the cancer has metastasized and it is too late. Unfortunately for Samoa, there is a possibility of the resurgence of infectious disease. The number of cases of HIV/AIDS as well as other sexually transmitted infections in Samoa increases every year due to the fact that condoms are rarely used, even though they are available and there is education about the risks of unprotected sex. Although Samoa and other Pacific Islands have been spared the worst effects of these emerging diseases, many of the risk factors are present, including

rapid urbanization without adequate health infrastructures, frequent and rapid international trade and travel, and ecological changes that increase exposure to disease (UNDP 1999: 65). There is concern that the quality of healthcare services are declining due to poor management and government cutbacks. As more people move to urban areas, sustainability of services becomes even more difficult. Problems in water supply, sanitation and waste disposal, lack of staff, funds, medicine, and equipment are very prevalent. Due to the shortage of staff and materials, the government is not delivering enough health services and education to the rural areas (WHO 2003-2004: 45). In recent years, only 10 percent of the government budget is being spent on healthcare and the per capita health expenditure is only approximately 49 US dollars (UNDP 1999: 65).

Methodology:

The initial objective of this project was to examine the recent trend toward private medical practices in Samoa, the motivation for it, and thus compare public and private medicine in terms of standards, costs, staff, and quality of treatment. The recent doctors' strike and the role it played in the trend toward privatization of medicine was also pertinent; however, as soon as research began, it became obvious how much more complicated the issue really is and what a large role the government plays, or should be playing in healthcare. Healthcare issues are more complex than just comparing public versus private medicine. *What* the differences are in terms of private and public medicine are important as well as the resources available, but one must also examine the *why*. *Why* is the government health budget not larger? *Why* is more money not allocated to health care to accommodate the increasing urban population? If the budget cannot be increased

at the private hospital, then *why* is the government not recognizing private practice in order to make better facilities more affordable to the masses?

In order to assess current health care practices, both hospitals were studied. One week was spent at Tupua Tamasese Meaole Public Hospital and another week spent at MedCen Private Hospital. At each hospital, observations focused on the "Four Blocks" of medicine (surgery, internal medicine, gynecology, and pediatrics) as well as lab technology, x-rays, and the outpatient or clinical department. In addition to standards, costs, staff, and quality of treatment, common health issues and diseases were discussed and evaluated. Staff members at each hospital were interviewed, but the interview process seemed difficult because some people were hesitant to discuss certain issues.

The project evolved quite well overall. Adequate time was spent looking at each sector of both hospitals providing an equal evaluation at each facility. After visiting both hospitals, research continued at the Ministry of Health where the most recent copies of The Samoa National Health Services Plan and The Samoa National Health Accounts for the years 2002 and 2003 were obtained and studied. For information about the recent doctors' strike, old issues of the Samoan Observer were used as well as interviews with members of the Samoan Medical Association.

Current Issues in Healthcare:

1. Quality of Care:

- Staff:

A key element in quality of healthcare in any facility is the staff and their ability to perform. In Samoa, a major issue is lack of staff. The staff at both hospitals is over-worked and underpaid. Doctors work unbelievably long hours and days receiving maybe one day off if they are lucky, in which they may still be called back. The staff at TTM is particularly over-worked. They see so many patients in a day that it is exhausting to watch; the hospital is always full. Overwork can lead to stress which can effect interaction with patients. The staff at MedCen seems less stressed and better able to relate to. The shortage of materials, especially at TTM, also limits the staff in terms of what they can do. The doctors and nurses at TTM often have to make-do with the limited materials available. Not using gloves for example, is probably not an act of malpractice or ignorance as some people in America would think, but the result of often working without basic materials. In general, the staff recognizes the health and supply issues in the facilities, but seem powerless when presenting these issues to the Samoan government. Communication issues exist between the expatriate doctors and the Samoan patients and even though these doctors have made efforts to learn key phrases in Samoan to describe pain and other disease related vocabulary, this is a potential risk due to the possibility of an inaccurate diagnosis and therefore incorrect treatment.

The staff is what gives Samoa hope in terms of healthcare. With the proper government funding, the hospitals would be able to have better materials and therefore the doctors and nurses would be able to work to their full potential. For

Samoa's sake, the government needs to give the doctors the salaries they deserve so that more doctors will return back to Samoa and back to the public system so healthcare can begin to improve.

- Facility[7]:

Tupua Tamasese Meaole public hospital is composed of cinder block, chain link fences, lines of people sitting against the walls waiting to be seen by a doctor, and vendors walking around selling bags of taro or banana chips to the families waiting. The halls are all open-air and air conditioning is available only in the doctor's offices, nurse manager offices, all administration offices, intensive care, and the surgical theatres. Security personnel wait at the door of each ward, only unlocking it for doctors, nurses, and family members of residents. Smells are not always pleasant. The floors are stained and cracked and the walls and ceilings have leaks and water stains running down the sides. In general, "refurbishing- beds, paint, floors, curtains, etc- … [is]…widely needed" (National Health Services Plan 2003: 10). The windows are kept open with no screens to keep out insects, birds, rats, and even stray cats and dogs. The beds are in poor condition without hospital linens, so families usually bring their own bedding, plates, cups, and dividers. The dividers are almost never drawn so there is little privacy. Even the doctors and nurses do not utilize the curtains; hence patients and their families can watch others being examined. Beds are in close proximity and the night stands are not kept clean.

[7] Information in this section is based on my own personal observations

People with a multitude of diseases are all next to each other which is not ideal, especially in the Internal Medicine ward. Internal medicine encompasses a wide variety of ailments, so patients with Tuberculosis, Pneumonia, renal failure, and arthritis are all right next to one another. This may put some patients at risk. Sanitation is difficult with very few sinks and almost never soap or paper towels. Doctors and nurses do not wash their hands consistently and almost never wear gloves, even when dealing with body fluids. The surgical theatres, however, are much more sterile. In order to enter the surgery area, the proper surgical scrubs must be worn and they are very strict about that policy. Unfortunately, many of the surgical scrubs are in poor condition. The caps for hair covering are reused for shoe covers. Though the doctors, assistants, and equipment were kept quite clean between surgeries, the entire theatres themselves were not cleaned between operations. They were cleaned only once at the end of the day.

TTM has an average of 187-192 beds, including 10 short stay surgery beds and four rehab beds (National Health Services Plan 2003: 9). Most wards consist of cubicles with approximately 40 beds, two private rooms, and two semi-private rooms. The intensive care rooms have about four beds. Although space and location of the outpatient clinic is adequate, the current organization is problematic (National Health Services Plan 2003: 10) People sit outside waiting for hours at a time. Both emergencies and general complaints such as colds and fevers are seen in outpatient which often causes a backup.

Conditions at MedCen private hospital are much different. The reception desk is right out front by a small parking lot making it easier for patients to be able to find

their way around the facility. Although the main lobby is open-air, the waiting room for the outpatient clinic, the surgical theatres, and the in-patient ward, or "hotel area" as MedCen calls it, is indoors and air conditioned. Full glass windows in all the rooms keep out insects and other pests and bacteria, as well as providing a pleasant view. The smell is very clean and the appearance is clean and hygienic as well, no stains, cracks, or leaks. Someone from housekeeping is constantly cleaning somewhere or something. MenCen cannot accommodate very many patients. Only 18 beds are available, with the largest room having four beds and the smallest having one bed. More privacy is available at MedCen, and the doctors take advantage of that. Patients get what they pay for at MedCen. If a patient desired, they could have their own room with a separate bathroom and a TV, a luxury definitely not available at TTM.

Sanitation is much better at MedCen. Sinks stocked with soap and paper towels are numerous. Above every sink is a poster promoting good hand washing noting the benefits of keeping clean to avoid the spread of germs. TTM does have some general awareness posters, but none in the restrooms. Although there was a lot more hand washing at MedCen, gloves were still lacking. The surgical ward was very clean and the attitude more serious. The surgical scrubs were in good condition and they did not reuse any caps. The outpatient clinic was busy, but run very smoothly. Part of this is due to the fact that there are much fewer patients on a daily basis than at TTM.

- Supplies and Technology[8]:

[8] Information in this section is based on my own personal observations

At TTM, even the most basic necessities such as, gloves, gauze, needles, stitches, catheters and soap are often in short supply. Some surgeries had to be cancelled due to the lack of sterile gauze, oxygen, and stitches; 18 gauge needles were used for inserting IV's and are thicker than the standard 20 gauge needles needed. Another supply issue is blood. Increasing instances of renal failure due to diabetes means more people need blood transfusions (Limbo 4/10/2006); however, even though there is a voluntary blood bank in Samoa run by Red Cross, it is not very efficient leaving patients to depend on their family to find a blood type match. Unfortunately many people are being sent home because there are not enough resources to provide people with the blood they need if their family does not show up. If a family member does donate blood and the family member does not need it at all, the hospital keeps it. These leftovers become TTM's make-shift blood bank. In an emergency transfusion, this is the blood that will be used, but there still may only be enough for one unit if they even have a match for the needed type. Screening the blood is also an issue. While TTM does screen blood, there is a potential risk of transmitting Hepatitis B in cases of emergency transfusions due to the shortage of the screen test for Hepatitis B (So'oalo 4/18/2006). This shortage of blood also means that whole blood (contains red blood cells, white blood cells, and plasma) is all they can give at TTM. If someone had a low white blood cell count, all TTM can do is just give them whole blood which may not help enough (Wing 4/10/2006). Pharmaceuticals are also in short supply. While Samoa has good access to antibiotics, other medications are often short. TTM posts lists of medications not available at the pharmacy and among these are many of the diabetes medications that Samoans depend on.

A shortage in terms of technological supplies also exists. Some technology at TTM is out of date. Technology to perform heart surgeries that the Samoan population so desperately need right now due to diabetes and Rheumatic fever is not available; the ultrasound machine is no longer works, and the lab has to send many tests overseas due to lack of technology. Many blood tests are conducted manually, but this is time consuming. Although TTM has a large lab facility, it is not being used to its full advantage. The problem is the opposite at MedCen. Where the technology to do hematology and other blood tests does exist, but the lab is not large enough to accommodate any microbiology. Space is too limited for the incubators to do any kind of cultures for bacteria such as *streptococci*. In addition, neither lab can perform hormone function tests for issues such as thyroid dysfunction or the tests for Hepatitis A or C (So'oalo 4/18/2006). Neither lab has any stand-by equipment. If a machine breaks down, it stops all tests until it can be fixed which can cause a real backup in important and sometimes urgent test results. In the majority of cases, technology is lacking due to high costs of the machines and low hospital budget.

- <u>Costs and Salaries:</u>

Another large issue in healthcare is costs. Unlike TTM, the medical costs in MedCen and other private facilities are not subsidized by the government making it nearly impossible for the majority of Samoans to afford private care. At TTM the costs are much lower illustrating why more patients choose to go to TTM for care; however, low salaries are also an existing issue at TTM, especially with doctors. Due to the events of the strike and the governments refusal to raise doctors' salaries, more doctors are working in private facilities or opening their own private practices for the better salaries.

TTM Medical Costs (all prices listed in Samoan Tala)[9]

Outpatient and Emergency check-up	$0.50, $2.00 after hours Non- resident: $20.00
Per Day Stay in Wards[10]	$4.00 per day Non-resident: $60.00 per day
Surgery	$0.00 all surgery subsidized by the Samoan government
X-Ray	$0.00 for routine x-ray $20.00 for immigration physical x-rays
Delivery	$0.00 all delivery subsidized by Samoan government

MedCen Medical Costs (all prices listed in Samoan Tala)[11]

[9] Information in this table provided by Dr. Stanley Dean, ACEO of TTM Hospital 4/11/2006
[10] Prices include meals
[11] Information in this table from MedCen price list- last revised 3/06/2006.

Outpatient and Emergency check-up	Adult:$34.00, $45.00 5pm-10pm, $56.30 10pm-9am and after 1pm on Saturday Child: $22.50, $34.00 5pm-10pm, $45.00 10pm-9am and after 1pm on Saturday Non-Resident Adult: $60.00, $70.00 5pm-10pm, $95.00 10pm-9am and after 1pm on Saturday Non-Resident Child: $40.00, $50.00 5pm-10pm, $60.00 10pm-9am and after 1pm on Saturday
Per Day Stay in Wards[12]	Single Room: $337.50, $400.00 for non-residents 2 Bed Room: $169.00, $300.00 for non-residents 3 Bed Room: $112.50, $225.00 for non-residents Delivery Suite: $337.50, $400.00 for non-residents
Surgery[13]	Cesarean Section: $2,600.00 2 bed room, $2,999.00 single room Cystectomy: $2,600.00 2 bed room, $2,999.00 single room Appendectomy: $2,300.00 2 bed room, $2,850.00 single room Hernia repair: $2,600.00 2 bed room, $3,200 single room Tubal Ligation: $1,200.00 2 bed room, $1,400.00 single room Vasectomy: $1,200.00 2 bed room, $1,400.00 single room Hysterectomy: $3,850.00 2 bed room, $4,400.00 single room Circumcision: $100.00, $225.00 for non-resident Fracture Reduction and Manipulation: $950.00 2 bed room, $1,460 single room
X-Ray	$50.00, $70.00 for non-residents
Delivery	$899.00 for 2 bed room, 1,125.00 for single room

Staff Annual Salary at TTM and MedCen (in Samoan Tala)

[12] Prices Include meals but not treatments
[13] Package prices only available to residents, prices include room, anesthetist fees, and surgeons fees

	TTM Hospital[14]	MedCen Hospital[15]
Doctors	$26,000.00- $57,000.00 salaries based on experience and rank	$60,000.00
Nurses	$14,000.00- $35,000.00 salaries based on experience and rank	Staff: $17,000.00- $21,000.00 Ward Managers: $23,800.00 Chief Nurse: $27,000.00
Lab Technicians	Staff: $6,800.00 Supervisors: $18,000.00	$25,884.00
Secretarial Staff	$4,00.00- $15,000.00 based on experience and position held	$9,000.00
House Keeping	$4,000.00 and less	$5,700.00

2. Role of the Government

Obviously, the role of the government in healthcare is currently a controversial issue. While the government says health is a priority, the way they are putting that in practice is controversial. The government's ministries play a large role in the delivery of health care to the masses. Even though the Ministry of Health has direct involvement in health care delivery, they do not have control of staff or budgeting. The hiring and firing of staff is controlled by the Public Service Commission and all the budgeting is controlled by the Ministry of Finance. Rather than having to go through multiple ministries when dealing with an issue concerning hospital staff or budget, some believe that the Ministry of Health should be able to implement directly.

Although the government is presently subsidizing the majority of healthcare costs in the public hospital as well as keeping up with the National Provident Fund in which

[14] Information provided by Dr. Stanley Dean, ACEO at TTM Hospital 4/11/2006
[15] Information provided by Makerita So'oalo, Laboratory Technologist at MedCen Hospital 4/18/2006

citizens over the age of 65 are provided free healthcare[16], there is a new trend towards the privatization of medicine and the majority of Samoans cannot afford private care. Privatization is causing both a decrease in staff at TTM and an increase in the number of patients where there are not enough doctors. Another issue with the role of the government is that they are not taking responsibility for their debts. Not only has the government not yet paid MedCen for their services provided during the doctors strike, but are currently no longer allowed to send any lab tests to New Zealand because of their refusal to pay overdue bills (So'oalo 4/18/2006). If anything, most medical personnel would agree that the government is not doing enough for healthcare in Samoa and would like to see the doctor's demands from the strike met so that more doctors would work.

Overall, the government is not playing a large enough role in health care due to limited resources and funds. The government should be providing a full range of health care coverage, but are not because there is no private sector (Enosa, L. 4/28/2006). Due to the lack of a private sector the government is leaving people without options; either they go to the public hospital, or the money comes out of their pocket.

3. Future Plans for Healthcare

Although the government has some positive plans for improved health care, few of them have been fully carried out or even started. With the help from the National Health Services Planning Committee and the Samoa Health Sector Management Project, the Ministry of Health produced the National Health Services Plan in December of 2003. It aimed to "provide a guide to the planning of health services within the Samoan health

[16] Samoa National Health Accounts 2002/2003

sector during the reform period in the next three years" (National Health Services Plan 2003: 5). In the three years since the plan was written almost none of the proposed improvements have taken place or are under way. The planning strategy contains both a clinical services plan for TTM Hospital and an urban health services plan assessing issues such as institutional strengthening, primary healthcare and promotion services, quality improvement, and also provides possible solutions. "The earliest stage… [was]… to include refurbishment and/or construction at TTM Hospital and the potential development of the Apia Health Center facility" (National Health Services Plan 2003: 7). The purpose of building the Apia Health Center would be to get the patients with general complaints out of the outpatient ward in TTM so that only emergencies would be directed to the hospital. People who do not have emergencies could go to the Apia Health Center rather than TTM hopefully solving the issue of overcrowding and long waiting periods. This facility's planning and construction is not yet underway and while there are supporters of the plan, the major Japanese donor JICA has pulled out of the project. Also, many people believe that it is pointless to build another facility when there are not enough doctors to staff it. Utilizing the private facilities available and making them more affordable to the masses by subsidizing at least part of private healthcare costs may be a better solution to the overcrowded outpatient department (Puni 4/20/2006).

Another future plan is to decentralize medicine by getting more doctors and technology into the district hospitals. Many people are not hopeful in terms of decentralization because there are not enough people in rural areas to utilize the expensive technology. While it may be beneficial to have more doctors in district hospitals, it would cost too much money to have expensive equipment that very few

people would use (Enosa, L. 4/28/20063). An additional plan is the Medicare scheme to be implemented in the future to give people the option of private care. Although the plan is in legislation now, the details have not been released because the Cabinet has not yet finalized the plan; however, as of now the plan entails deducting two percent of a person's wages and the government will subsidize the remaining cost of treatment.

Analysis:

In order for healthcare in Samoa to improve, there are many issues that need to be placed as a priority and not left on the back burner. There is a very noticeable difference between public and private facilities when assessing the differences between the two hospitals. Private hospitals can charge their own rates for care and therefore create their own budget. By charging for treatment, MedCen is bringing in more money than the budget the government allocates TTM, which is why MedCen can afford nicer accommodations, supplies, and higher salaries for their staff. MedCen orders their own supplies and is in charge of their own staff and budget, thus giving them more control in terms of what the facility's priories are. TTM on the other hand, has to go through the Ministry of Health, the Ministry of Finance, and the Public Service Committee to discuss anything regarding their own hospital. In essence, the Prime Minister, the Ministry of Health, and the Ministry of Finance are deciding TTM's priorities for them. It would be beneficial for TTM if they could decide what their budget should be spent on, seeing as they would know better than anyone else.

In general, the budget for TTM needs to be larger to accommodate the increasing urban population. Currently, the budget at TTM is approximately 18 million tala per year, but that budget includes all of the treatments subsidized for patients, supplies, overseas tests and treatments, sending patients overseas, as well as staff salaries (Dean 4/11/2006). Once all of those are subtracted from the budget, almost nothing is left to spend on the general upkeep of the facility much less new technology. Although the government will give extra funds half way through the year if needed, TTM consistently has to take advantage of that which should illustrate to the government that their current budget is not enough. TTM has requested a budget increase, but each time the government denies it saying they do not have the funds. While this may be true, it is questionable that the government would not put healthcare as a top priority in terms of funding and perhaps attempt to shift some other budgets around to facilitate health needs. For conditions to improve at TTM, the doctors' salaries need to be raised. Currently, it is very undesirable to work as a doctor in a public hospital in Samoa because of the long hours and low wages. To remedy this, the government is resorting to the quick-fix solution of hiring overseas doctors, some of which earn larger salaries. If the government can contract overseas doctors, then they should be able to raise the salaries of the local doctors or contract private Samoan doctors. However, if the budget at TTM cannot be increased then the government needs to look into having a private sector in healthcare in which at least some of private healthcare is subsidized. If the number of private hospitals and private practices are increasing due to the undesirable public facility conditions, then the government should want them to be affordable to the masses in order to provide a wider spectrum of healthcare options to the public. If there is a way for both public and

private healthcare to be affordable, the government should take action to improve their country's health. There are also ways in which both the government and the facilities can make an effort towards keeping the hospitals clean and stocked with materials.

Overall, there needs to be more awareness of sanitation. Not only does the government need to provide more money for basic supplies such as gloves and soap, hospital staff needs to put good sanitary practices in place and ensure that all staff members stick to them. Supplies need to be ordered far enough in advance that they do not run out before the next order comes in. The amount of time it will take the ministries to process their request as well as the possibility of a delay in shipping needs to be taken into account prior to the placement of the order. Although there may not be as many resources in terms of funding and supplies in Samoa as there are in other countries, the healthcare standards are currently lower than they need to be. There are some great doctors and facilities in Samoa that are not being used to their full potential because of budget issues.

Even though the government has some plans to help resolve these current issues, not all of them would be beneficial. For example, the Apia Health Center proposed by the government seems like a good idea for the future; however, there are not enough doctors to staff it currently. Before the government builds the facility, they need to deal with the issues at hand concerning the doctors' salaries. Another plan proposed by the government is attempting to decentralize medicine. While it would be beneficial to get doctors into the district hospitals, there are not enough to go around. The idea of putting technology in district hospital seems like it could be a plan for maybe the next century. If the government claims that it currently does not have the funds to give the local doctors a

raise, then how is it planning to get the money for incredibly expensive medical technology? Unfortunately, it seems that healthcare will only continue to deteriorate if the government refuses to acknowledge the importance of the doctors as public servants and provide them with enticing salaries and adequate resources to provide the quality of healthcare that all people of Samoa deserve.

Conclusion:

The Human Rights Protection Party has now been in power for over 20 years. Health and education have always been high on their priorities but many issues in health care still need to be addressed, especially with regards to the budget. As the population increases, the national hospital suffers from the shortage of supplies, pharmaceuticals, and technology. Many of the doctors sent on scholarship do not return and others that do return find the salaries and working conditions less than desirable and many eventually leave for greener pastures. It is critical that the government finds a way to remedy the shortage of doctors and supplies, for it is the Samoan people who are suffering the most in both urban and rural settings. If the incidence of diabetes and other disease continue to increase due to the ineffective awareness campaigns, more demand will be placed on the Samoan healthcare system. Now that a three month strike by government doctors has made everyone more aware of these issues, one can only hope that the appropriate actions can be taken to help resolve them and create a better healthcare system for the future.

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