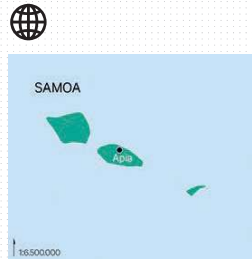


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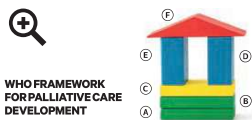
General data

POPULATION, 2023  
**216,663**  
SURFACE, KM², 2022  
**2,840**  
PHYSICIANS / 1,000 INH, 2022  
**0,548**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower-middle**  
HUMAN DEVELOPMENT INDEX RANKING, 2021  
**111**  
GDP PER CAPITA (US\$), 2023  
**4330,18**  
HEALTH EXPENDITURE (% GDP), 2021  
**6,8**  
UNIVERSAL HEALTH COVERAGE, 2021  
**55**

Note: For the purposes of this study, we have included hospice care, end-of-life care, and palliative care concepts under the umbrella of palliative care as a whole.



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓛ PROVISION OF PC



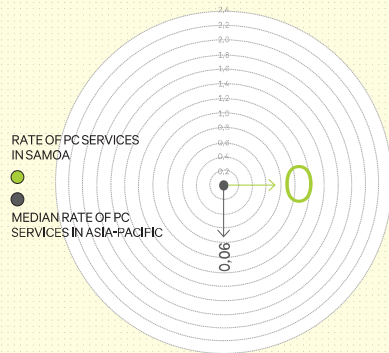
# Samoa

**F Provision of PC (Specialized Services)**

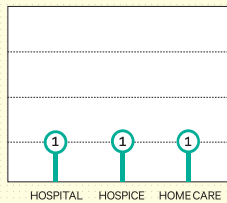
Total number of Specialized PC services **0**

Rate of PC services per 100,000 inhabitants **0**

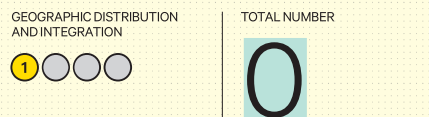
Samoa in the context of Asia-Pacific regions



Level of development of different types of PC services



Pediatric PC Services



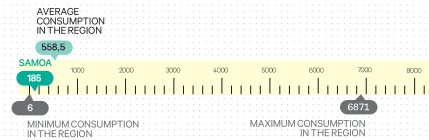
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# Samoa

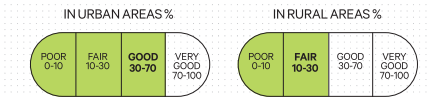
**D Use of essential medicines**

Opioids consumption (excluding methadone) **185**  
S-DDD/MILL INHABITANTS/DAY

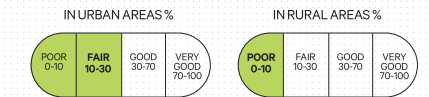
Samoa in the context of Asia-Pacific regions



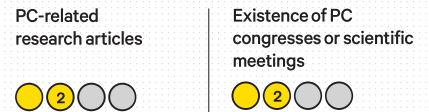
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



**C Research**



National Association: -  
Consultants: Malama Tafuna'i; Vaimaila Salele.  
Data collected: June-September 2024.  
Report validated by consultants: October - November 2024  
Report sponsored by National Association: N/A  
Edited by Atlantes Research Team University of Navarra (Spain)

**E Education & Training**

Medical schools with mandatory PC teaching **0/2**

Nursing schools with mandatory PC teaching **0/1**

Recognition of PC specialty **1**

**B Policies**

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **2**


**A Empowerment of people and communities**

Groups promoting the rights of PC patients **2**  
Advanced care planning-related policies **1**



AP Samoa

People & Communities

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>The Samoa Cancer Society (SCS), a nonprofit organization established in 1998, is dedicated to supporting individuals affected by cancer in Samoa. With a mission to advocate for enhanced end-of-life care and improve the quality of life for cancer patients, SCS plays a critical role in the community by focusing on cancer prevention and supportive care. Its services are designed to address the immediate needs of patients and their families, including training caregivers to provide effective home care, facilitating home visits by nurses for symptom management, and helping patients connect with healthcare providers for further treatment. Through these efforts, SCS has become an essential part of the Samoan healthcare landscape.</p>
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<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is no national policy or guideline on advance care planning.</p>	<p>In Samoa, there are no dedicated policies, strategies, or plans focused exclusively on palliative care. Although palliative care is briefly mentioned in several policy documents, the absence of a dedicated framework leaves healthcare professionals and patients without a structured approach to guide palliative care and advance care planning, including decisions related to life-sustaining treatments and end-of-life care.</p>
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Policies

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	<p></p> <p>Developed over 5 years ago.</p>	<p>Samoa does not currently have a dedicated national plan, program, or policy for palliative care. While the Samoa National Health Sector Plan 2019-2020/2029-2030 highlights the importance of palliative care due to an aging population and increased chronic care needs, it lacks a specific framework. However, palliative care is identified as a key focus in the forthcoming National Cancer Control policy and implementation plan. In line with this, the Samoa Cancer Society is revising its 2018 palliative care guideline for submission to the Ministry of Health. The Ministry does not yet monitor measurable indicators for palliative care but acknowledges in its annual report the need to develop these indicators to enhance palliative care services.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	<p></p> <p>A national palliative care plan is in preparation.</p>	

AP Samoa

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>Not known or does not exist.</p>	
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<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care is part of Samoa's health sector plan, but implementation has not begun. In partnership with the World Health Organization (WHO), the Samoan government launched the PEN Fa'a Samoa initiative, a localized adaptation of WHO's Package of Essential Tools for Non-Communicable Disease Interventions (PEN). This strategy emphasizes community engagement and a return to 'Fa'a Samoa'—the traditional Samoan approach—to deliver primary healthcare in rural areas, aiming to reduce reliance on central hospitals. However, palliative care integration into primary healthcare was not included in this PEN initiative.</p>
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<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	<p></p> <p>There is no authority defined.</p>	<p>Samoa currently lacks a designated authority, specific budget, and dedicated staff for palliative care. The National Health Sector Plan 2019-2030 and the Ministry of Health's 2020-2021 Annual Report outline strategic health priorities but do not assign oversight for palliative care to any centralized body or allocate separate funding for it. Additionally, the Ministry's organizational structure does not include a team or unit focused on palliative care, resulting in a fragmented approach to managing and delivering these services. The absence of a national coordinating body makes it challenging for the Ministry to develop and implement a cohesive strategy, plan, or policy for palliative care.</p>
<p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	

AP Samoa

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

While there have been sporadic efforts to address palliative care, such as the Samoa Cancer Society's first palliative care conference in 2018 and the National Kidney Foundation of Samoa's focus on renal palliative care at their 2018 and upcoming 2024 conferences, there is no formal, dedicated committee or task force to advance palliative care initiatives. These efforts have not resulted in a sustained, coordinated approach, with progress hindered by a lack of focus and accountability.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



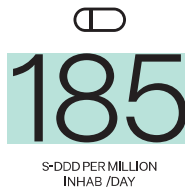
Reflects a limited number of articles published.

Medicines

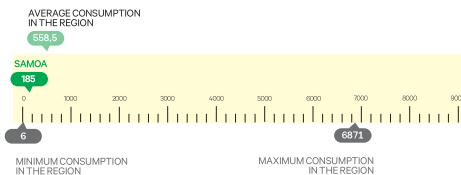
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 185 S-DDD



COUNTRY VS REGION



AP Samoa

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

In Samoa, most physicians working in primary healthcare (PHC) are based in urban areas, while rural settings rely on junior doctors posted by the Ministry of Health. Access to pain and palliative medications in PHC is challenging, as many facilities lack the infrastructure to administer these medications. The main hospital's 'Acute Primary Care Clinic' (APCC), which serves as the primary care contact for many due to its lower costs compared to private doctors, can access palliative care medications through the hospital. Essential palliative medications are generally available in private pharmacies, but opioids and injectables are restricted and only available at the hospital.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Between 10% to 30%.

Although essential palliative medications are generally available in private pharmacies, opioids and injectables are restricted and only available at the hospital. Opioids, such as fentanyl, oxycodone, and liquid morphine, are often in short supply, and primary care doctors can prescribe them, but access is limited outside the hospital setting.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

AP Samoa

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

0/2



Samoa has two medical schools, Oceania University of Medicine and the National University of Samoa School of Medicine, as well as one nursing school at the National University of Samoa, but none provide formal training in palliative care.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

0/2

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/1

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

0/1

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians.

AP Samoa

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams exist in the country.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Not at all.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

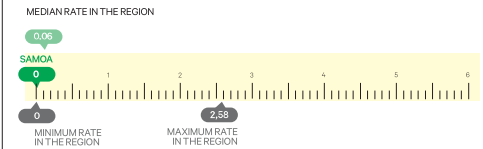


Not at all.

13.5. Please enter the total number of specialized PC services or teams in the country.

Samoa currently lacks a system of specialized palliative care services or teams. While the culture traditionally supports family caregiving for the unwell and elderly, this has become increasingly difficult as Samoa transitions into a cash economy, with limited local work opportunities and many individuals who could work as caregivers are now working overseas. The Samoa Cancer Society provides support to cancer patients and their families, especially those requiring palliative care, by helping them navigate the health system and access services.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.



PPC TEAMS