



**Government of
Samoa**



**SAMOA
AUSTRALIA**
TASI LE AIGA, E TUTU MALOSI FA'ATASI

NATIONAL CANCER POLICY AND ACTION PLAN

**2024/25-
2028/29**

MINISTRY OF HEALTH



PINKTOBE

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FOREWORD



We recognise the impact caused by cancer on one's health and wellbeing as well the long-term effect on families and community. The incidence of cancer is increasing globally, and Samoa is no exception. Fortunately, many cancers can be prevented altogether or treated successfully, if diagnosed early. Therefore, a comprehensive approach to strengthening the health system in Samoa is required to harmonize health sector's collaborative efforts to respond to non-communicable disease as we had in development of Samoa's first ever national cancer policy and action plan.

The Ministry of Health in collaboration with Australian Government- DFAT through the Tautua Partnership Program spearheaded the development of this National Cancer Policy and Action Plan FY2024/25-FY2028/29 to assist Samoa's health sector with strengthening and enhancing of strategic and operational planning of Samoa's health system to address the burden of cancer. The policy and action plan focus on key priorities and set us on a path of concrete actions to reduce the increasing mortality and morbidity due to cancer in our country. Equity is in the core of this document, and we strive to provide better cancer services for everyone in Samoa.

This policy and action plan covers all stages of cancer control from health literacy and disease prevention to palliative care. Each stage is represented by measurable actions, which all contribute to better outcomes for our population. The policy spans the whole range of health services from communities to hospitals, and the wide variety of health professionals within these services. It articulates shared commitment between the government and all health sector partners in collaboration of all effort and contributes to its vision ***"Equitable and affordable access to safe and high-quality cancer services for Samoa"***.

It is the responsibility of the Ministry of Health as the leading agency for Samoa's health sector to provide leadership through regulation, policy and collaboration as well as direct service provision to assure that within resource constraints the most appropriate mix of cancer services – prevention, diagnostic, treatment and support services is developed to achieve the best outcomes in health for all in order to achieve the health priority of the Pathway for the Development of Samoa (PDS) FY2021/22-FY2025/26) to **promote health and wellbeing**.

We must act together to implement this policy and to achieve the desired outcomes. We ask for your commitment and to join us in this fight against cancer, so we can do our best to improve the lives of our families and friends. Together we can make a difference.

Ma le fa'aaloalo lava.

A handwritten signature in blue ink, appearing to read 'Valasi Luapitofanua', written over a horizontal line.

Hon. Valasi Luapitofanua To'ogamaga T Selesele
MINISTER OF HEALTH

DIRECTOR GENERAL OF HEALTH MESSAGE



It is a great pleasure to present the first ever Samoa's Cancer Policy and Action Plan FY2024/25-FY2028/29, a milestone in our commitment to provide universal health coverage in Samoa. This policy has been developed to align with Samoa national health priorities and marking a significant step forward in our efforts to enhance the quality and accessibility of cancer related services for the people of Samoa. Samoa's healthcare system is ever evolving, and the aim of this policy and action plan is ensuring the highest standards of prevention, diagnosis, treatment, and support services for all cancer patients and their families.

In this era of ongoing healthcare challenges, it is crucial that our health systems are robust, efficient, and well-coordinated. The Samoa National Cancer Policy and Action Plan FY2024/25-FY2028/29 is a significant step towards realising the objectives outlined in the Health Sector Plan 2019/20 -2029/30. It underpins our commitment to enhancing the quality of healthcare service, and most importantly, ensuring the health and well-being of our people.

The Samoa National Cancer Policy is a result of extensive collaboration between, healthcare professionals, stakeholders, and international experts, with the primary focus on strengthening Samoa's cancer coordination more toward effective education, prevention, early diagnosis, and treatment that can be delivered in Samoa. It reflects the hopes of our people for a healthcare system that is responsive, efficient, and resilient. It sets clear objectives and strategies to strengthen cancer support services, diagnostics, treatment, and research, in years to come.

The overarching objective of this policy is to reduce the overall cancer morbidity and mortality in Samoa by providing effective interventions in the areas of:

- (i) Education and health promotion
- (ii) Cancer prevention
- (iii) Diagnosis
- (iv) Treatment
- (v) Survival and family support and
- (vi) Palliative care

The key priority areas include:

1. Health Promotion and Elevation of Health Literacy
2. Cancer Specific Information Campaigns
3. Early Detection Programmes
4. Screening Programmes
5. Local Diagnostic Services
6. Local Treatment Services
7. Equitable and Cost-Effective OVT Programme and International Clinical Partnerships
8. Coordinated Palliative Care Services
9. Cancer Registry
10. Cancer Centre

This policy is not just a document; it represents our unwavering commitment to improving the health and well-being of Samoa's citizens. It aligns with the overarching goals of Samoa's Health Sector Plan 2019/20 - 2029/30 and the MOH Interim Corporate Plan FY2023/24 - FY2024/25, emphasising the importance of evidence-based decision making, accessible health services, for all.

In conclusion, I would like to express my gratitude to all those who have contributed to the development of this policy, from the dedicated Ministry of Health personnel, healthcare professionals and our valued partners, who have provided technical support. Special thanks to the Tautua Partnership Program for providing technical support, financial commitment and guidance on global best practices and insights. This collaboration reflects the commitment and dedication of many which has enabled and enriched the development of the National Cancer Policy FY2024/25-FY2028/29 for Samoa.

We trust that with your continuous support and collaboration we can make a change in this fight through implementation of measures outlined in this policy and action plan and thereby contribute to a positive impact on healthcare in Samoa and realising our health sector vision of a **"Healthy Samoa"**.

Fa'afetai lava.



Aiono Dr. Alec Ekeroma
DIRECTOR GENERAL OF HEALTH

EXECUTIVE SUMMARY

Cancer is currently the second most common cause of death in Samoa after cardiovascular disease. Many cancers are undiagnosed, or patients present at a late stage of cancer, which leaves few options for treatment. Interactions between cancer patients and the health system often occur on an ad hoc basis, which leads to poor coordination of resources and suboptimal outcomes for patients.

It is estimated that around one third of cancers can be prevented by healthy lifestyle measures and another third can be cured with early diagnosis and effective treatment. The most common cancers in Samoa are breast, gynaecological (endometrial and cervical), prostate and bowel cancers. Most of these cancers have strong links to known lifestyle-related risk factors.

The Samoa Ministry of Health is committed to improving the current state of cancer by developing this comprehensive cancer policy and action plan, first of its kind in the nation. This policy covers all aspects of cancer care from general health education and cancer prevention and promotion to treatment and palliative care.

The strategic actions presented in the action plan correspond with each policy priority area and focus on the most common cancers as well as elevating overall health literacy. There is a strong focus on sustainable capacity building in Samoa, so that more treatments can be delivered locally, with the help of earlier diagnoses and interventions. Strengthening the whole health system not only helps with the fight against cancer, but also with the overall public health status of Samoans.

Coordinating cancer related services through a dedicated Cancer Centre, upskilling the local workforce and upgrading existing diagnostic and treatment technologies will result in a stronger cancer network across the country and beyond

INTRODUCTION

Background Information

Cancer is a leading cause of death, and the incidence of cancer is rising rapidly around the world. According to the World Health Organization there were 20 million new cancer cases and 9.7 million deaths globally in 2022. By 2050 a 77% increase is estimated in new cancer cases, bringing the number to over 35 million new cases. It is estimated that over 70% of cancer-related deaths occur in low and middle-income countries¹.

Around one-third of cancers result from lifestyle factors such as tobacco use, alcohol consumption, obesity, poor diet, and lack of physical activity. Another third could be cured if diagnosed early and treated effectively.

The global growth in cancer burden affects disproportionately the small and fragile economies of low and middle-income countries. Many countries in the Pacific region have significant challenges with diagnosing and treating the increasing number of cancer patients as well as providing palliative care for their citizens. Late presentations lead to deaths that could be prevented by earlier diagnoses and treatment, and this is the case in Samoa as well.

The global increase in cancer cases and the disproportionate burden on low- and middle-income countries have created a pressing need for comprehensive cancer control policies and effective action plans. It is important that these efforts are closely aligned with a country's overall strategic and health plans, unique cultural and socio-economic settings while addressing sustainability. Important work has been undertaken in this area by many international organisations such as the World Health Organization (WHO) and various cancer networks around the globe.

Cancer in the Pacific region, including in Samoa, has become more “westernised”. This means that infection related cancers have been surpassed by cancers related to changed lifestyles. Alcohol, tobacco, and obesity are major risk factors behind this trend. The move away from traditional Samoan food towards western imported foods has accelerated this trend.

Breast, stomach, endometrial and several other cancers can be directly attributed to unhealthy lifestyles and unhealthy environment we live in. These malignancies are common in Samoa and increasing at a rapid rate. A worrying trend is that the age of patients diagnosed with many of these types of cancers is becoming lower.

A successful national cancer policy includes the continuum of cancer related activities from prevention/education, diagnostics, treatment, palliative care to survivor support. In low- to middle-income countries, the level of general health literacy is often low, which means that special emphasis needs to be placed on elevating health literacy and educating the population about the risks, signs, and symptoms of cancer. This education needs to then be translated into help-seeking behaviour. The resources

¹ WHO, www.who.int/news/Global cancer burden growing, amidst mounting need for services

spent on effective educational campaigns have multi-faceted benefits for the population and the whole health system.

A significant issue affecting poor patient outcomes in countries with low health literacy and weak health systems is late diagnosis. Patients often present with stage III or stage IV (late stage) cancers, which leaves few options for treatment. Earlier diagnoses will downstage cancers, present more treatment options and improve survivorship.

WHO has developed guidelines for cancer early diagnosis (WHO, Guide to Cancer Early Diagnosis 2017) which clearly spell out the advantages of identifying symptomatic cancer cases at the earliest possible stage. This helps reduce the stage of disease at diagnosis, offers more local treatment options at a lesser cost, and importantly increases equity by empowering the local communities and strengthening the local health system. These guidelines are recommended particularly for cancers with clear and identifiable symptoms such as breast, bowel, gynaecological and oral cancers.

While early diagnosis methods can be implemented in low resource settings, national screening programmes are more costly and resource intensive to establish and run. For instance, mammography-based screening for breast cancer is not recommended for countries with weak health systems²

There are some screening programmes which have been successful in low- and middle-income countries, an example being Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC), which is funded by the Australian Government and currently runs in several Pacific Island countries. The EPICC programme can be operated using nurses and midwives, which helps with clinical manpower and reaches local communities better.

Local treatment options can be strengthened by upskilling existing clinical workforce, for example training general surgeons in oncological principles, nursing staff with ablation techniques and primary health clinicians in diagnostic techniques. This can be achieved by visiting medical teams, overseas training for local clinicians and telehealth sessions organised by established cancer facilities. Inter-specialty collaboration has proved successful in many settings where the resources and economies of scale do not support full oncologic and surgical specialisation.

The Ministry of Health is committed to improving the current state of cancer by developing the first national cancer policy and an action plan to combat the burden of cancer. This process included an extensive consultation period with over 160 individuals from 40 stakeholder organisations in Samoa and abroad, as well as a national and international literature review. The process included collaboration with the New Zealand Ministry of Health's Polynesian Health Corridors -team and the University of Auckland who conducted relevant work. The Daffodil Centre and

² Raghavan N & Jatoi I: Prioritizing Mammography Screening in Developing Countries, Annals of Surgical Oncology, Global Health Services Research 19 Dec 2023.

Universities of Sydney and Melbourne provided valuable input. Subsequently, a situational analysis was conducted to identify gaps in the current infrastructure and services with the objective of identifying the most effective strategies to address those gaps.

Objective

The overarching objective of this policy is to provide a guiding framework in managing cancer in Samoa and also lessen the dependence on expensive overseas treatments which is inclusive of strengthening the focus of clear pathways for cancer treatment more toward effective education, prevention, early diagnosis, and treatment that can be delivered in Samoa.

Scope

This cancer policy is a five-year policy that aligns with the international guidelines to combat cancer and supports the existing health and social policies of Samoa.

Legislative Framework

The development of this policy document is in line with the National Planning Framework of Samoa and linked to the following relevant legislations, policies and strategies.

- Pathway for the Development of Samoa FY2021/22 – FY2025/26
- Government of Samoa Health Sector Plan FY2019/20 – FY2029/30
- Samoa Cervical Cancer Elimination Strategy 2023
- National Non-Communicable Disease Control Policy 2018-2023
- Samoa Overseas Medical Treatment Revised Policy 2023
- National Tobacco Control Policy and Plan of Action for 2019-2024

The action plan describes strategic actions and costed tasks that will be taken over a five-year period to implement the policy direction and to create systems and programmes that will improve the lives of Samoans at risk or affected by cancer.

SITUATIONAL ANALYSIS

Current State of Cancer in Samoa

Samoa, like many other Pacific Island nations, has three different elements of cancer care:

- Domestic cancer services
- Visiting medical teams (VSMT)
- Overseas treatment programme (OVT)

With increasing demand for specialist cancer services all these components of cancer care have a role to play. It is difficult for small island nations to achieve sufficient economies of scale, funding, and workforce to be able to offer a wide range of specialised services domestically. This is why visiting medical teams and overseas treatment options will support the domestic service even when the local health system and cancer care provision strengthen.

Successful cancer policies view all three elements as part of one system with important synergies. Visiting medical teams should actively participate in local capacity building and strengthening of the local clinical expertise. Overseas treatment programmes should be carefully reviewed, monitored, and evaluated to ensure that they represent the best options for patients and good value for money. There are examples where overseas treatment centres upskill local clinical teams by involving them in multidisciplinary team meetings and sharing of their expertise with their local counterparts while caring for patients. Information sharing and appropriate follow-up recommendations are an important part of this process.

Incidence of cancer

The incidence of cancer has increased significantly in Samoa over the last decades. The latest comprehensive published study of cancer prevalence stated that cancer incidence in Samoa increased from 28.5 per 100 000 to 65.2 per 100 000 between 2007 and 2016³ Seen earlier as a “Western disease” cancer now affects a growing number of Samoans and their families. Cancer is the second most common cause of death behind cardiovascular disease, and the risk factors for these health conditions are very similar.

Smoking is still prevalent in Samoa, and high use of alcohol increases risks for cancer for a segment of the population as well. Western foods that have become commonplace are often unhealthy, and obesity has increased dramatically across all age groups. Tobacco, alcohol, unhealthy diets, and lack of physical activity elevate the risks of many different types of cancers.

The most common cancers in Samoa are:

- Breast
- Gynaecological (endometrium, cervix)
- Colon
- Stomach
- Prostate

³ Amosa-Lei Sam F, Akinremi A, Mery L, et al : Cancer Incidence in Samoa: A 10-Year Retrospective Survey (2007-2016)

While accurate information on all cancer cases is not available, a cancer registry is held in the TTM Hospital. This registry is currently maintained in the laboratory in an Excel spreadsheet and provides an estimate of the common cancers in Samoa. It is acknowledged that the actual, unrecorded number of cancer cases is significantly higher. There is also a significant number of cancers whose origins remain unknown. There is no capability for immunohistochemistry testing to help identify the primary tumours.

In the year 2023 cancers in the table were the most diagnosed in Samoa. These cancers were confirmed by histology/cytology testing at the TTM laboratory, and it is understood that these figures represent only a minority of cancer cases in the country. For the cancer type breakdown please see Table 1. below:

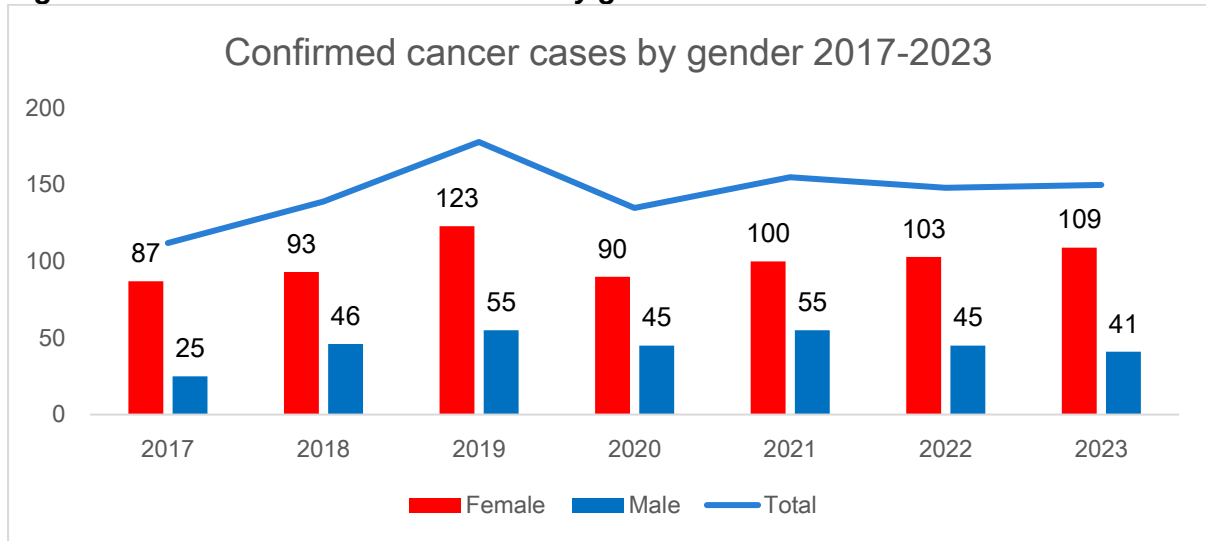
Table 1. Confirmed histology/cytology cancer cases in 2023.

All cancers/genders	Diagnosed cases	% of total (rounded)
Breast	36	24
Endometrium	26	17
Colon	13	9
Stomach	10	7
Skin	10	7
Cervix	8	5
Thyroid	7	4
Prostate	6	4
Throat (pharynx)	4	3
Other	10	7
Unknown	19	13
Total	149	100

Source: TTM Hospital Laboratory, 2024

There are more confirmed cancer cases amongst women than men in Samoa. Over the last seven years, an average of 100 females was diagnosed with cancer, while the respective number for males was 45.

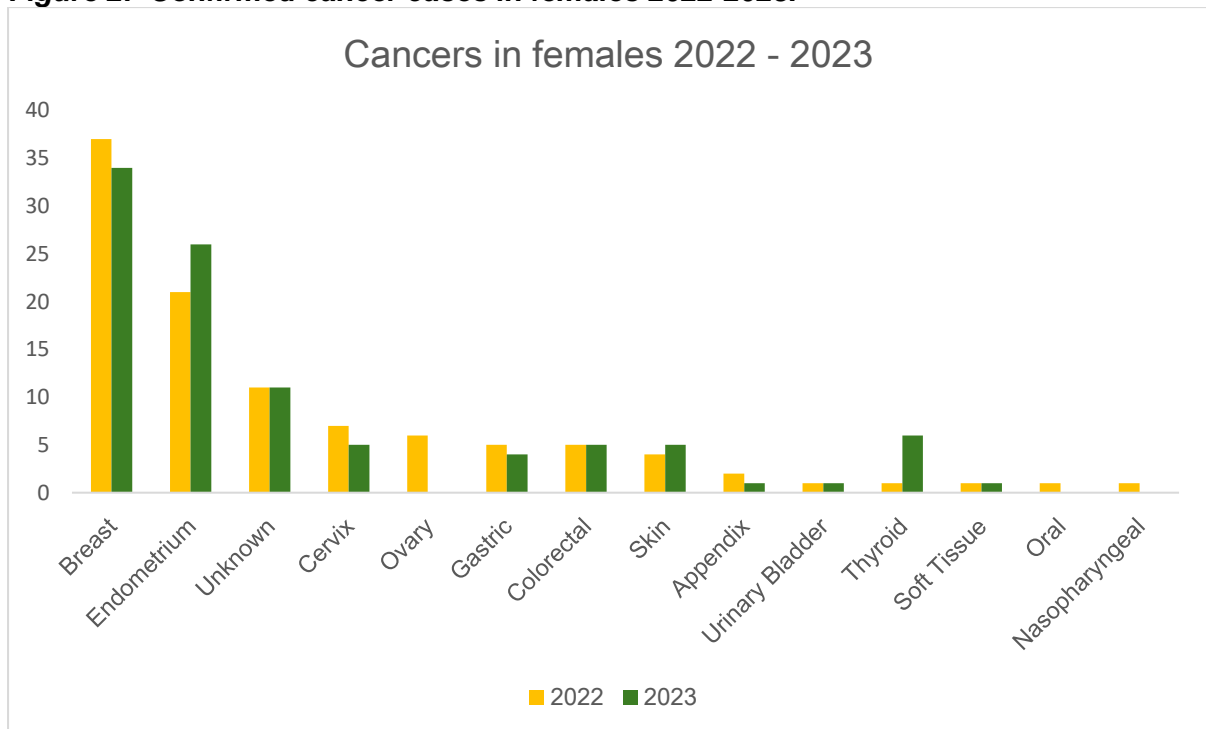
Figure 1: Confirmed cancer cases by gender 2017-2023.



Source: TTM Hospital Laboratory, 2024

The most common cancers in females were breast and gynaecological cancers, which made up a significant majority of cancers diagnosed in 2022-2023. Breast cancers represented 34% of the confirmed cases in 2023, while endometrial cancer is currently the most common confirmed type of gynaecological cancer (26% of total cancers in females in 2023). The percentage of unknown diagnoses was 11%, while thyroid cancer was 6% and cervical cancer 5% of the total confirmed cancer cases in the same year.

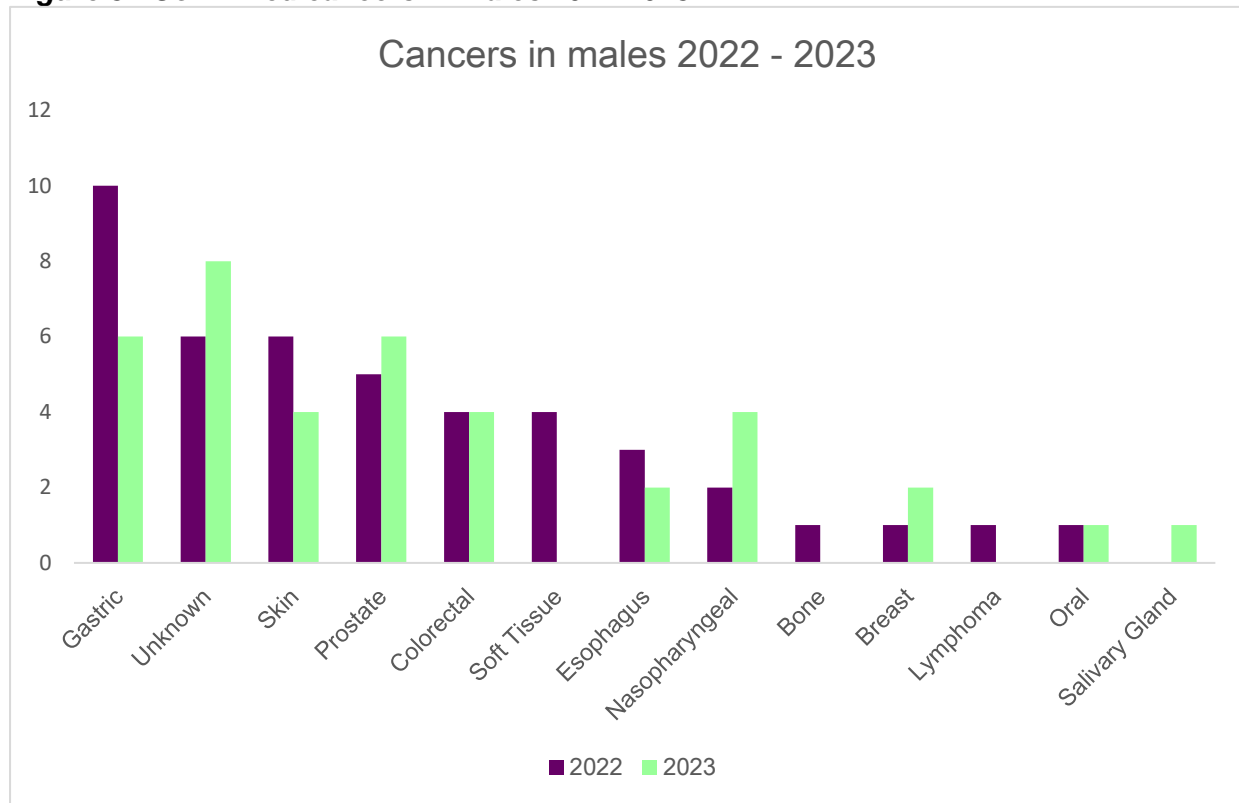
Figure 2: Confirmed cancer cases in females 2022-2023.



Source: TTM Hospital Laboratory, 2024

The most commonly diagnosed cancer type in males in 2023 was “unknown”, where the primary tumour could not be identified. Those cancers represented 19% of the total that year. Of the cancers that could be identified in 2023, gastric and prostate cancers were most common (14% each) followed by colorectal, skin and nasopharyngeal cancers.

Figure 3: Confirmed cancers in males 2022-2023.



Source: TTM Hospital Laboratory, 2024

Cancer diagnostics

One of the main issues with cancer in Samoa is late presentation. It is common that patients present with advanced cancers, which are difficult or impossible to treat. There are cultural, logistical, financial, knowledge and health system related reasons for patients not seeking help earlier. There are no consistent screening programmes in place, and current screening activities can be described as opportunistic.

Laboratory Services

There is currently one pathologist working at the TTM Hospital laboratory and a shortage of technical staff. Short-term pathologists from New Zealand and Australia have travelled to Samoa from time to time, but they are often sub-specialised and unable to cover the whole range of cancers. A local pathology registrar is currently receiving post-graduate training in Fiji. Visiting haematologists have also spent time at TTM, mostly for paediatric patients.

The TTM laboratory conducts diagnoses using basic histology (Haematoxylin and Eosin stain) and a few special stains (Ziehl Neelsen, Periodic Acid Schiff and Giemsa stain) only. There is no immunohistochemistry capability at present.

For cytology the TTM laboratory uses Papanicolaou stain and Giemsa on conventional smear of fluids and pap smear tests. Cell blocks are possible, but the lack of immunohistochemistry testing prevents primary tumours from being identified in metastatic cancer cases.

Availability of reagents is not constant, and tumour markers that are not available in Samoa are couriered to LabPlus laboratory in Auckland, New Zealand.

Imaging & Radiology

The imaging systems currently available at TTM include:

- One analog mammography unit,
- One 256 slice CT scanner (and a standby CT machine)
- Two diagnostic ultrasound machines.
- Three private ultrasound imaging providers.
- No CT-guided biopsies or lung biopsies are available.
- One full-time radiologist currently works at TTM.

Endoscopy

Endoscopy services include gastroscopy and colonoscopy with one endoscopy suite shared between surgeons and internal medicine physicians.

Screening Programmes/ Tests

While no consistent national screening programmes are in place, “Pinktober” is a popular campaign for breast and other cancers, but those activities do not extend for the whole year. There is no evidence that these promotion programmes have resulted in increased screening activity.

There are no clear pathways for diagnosis or treatment of cancer. The interaction between health professionals and patients often happens on an ad hoc basis, and patients are unsure about whom they should contact or where they should go when they are diagnosed with cancer.

There is significant stigma around cancer, which causes fear and confusion. Logistical issues, fear and uncertainty of the health system often lead to further delays with diagnosis and treatment of cancer. There are international examples of using trained laypeople to “demystify” the health system and provide support for people with low health literacy. This has worked particularly well with women’s groups.⁴

Cancer staging and treatment

Two general surgeons, two gynaecologists and one oral surgeon conduct cancer surgeries in Samoa. The types of surgery include thyroidectomy, parotidectomy, mastectomy/lumpectomy, feeding tubes, anterior peritoneal resection, amputation, small bowel resection, oral surgery, total abdominal hysterectomy and bilateral salpingo-oophorectomy.

⁴ Professor Sanchia Aranda AM, former CEO of Cancer Council Australia

The paediatric department at TTM Hospital is part of a Pacific project with Starship Hospital, Auckland, New Zealand, which provides a pathway to access systemic treatment for paediatric patients with curative solid tumour and haematological cancers. This has been a 10-year relationship and allows direct contact between the paediatric clinicians and Starship oncology and haematology departments for advice and referrals.

Paediatric patients travel to Starship for initial treatment and then can be transferred back to Samoa with a portacath in situ for maintenance chemotherapy as required. A team involving a family representative, social worker and chemotherapy nurse usually travel to Samoa with the patient. Local paediatricians have been trained to deliver the maintenance chemotherapy which is usually done in the treatment room on the ward as there is no dedicated chemotherapy room/unit. There have usually been 10 paediatric patients a year sent to receive treatment; however, it was noted that there were no patients referred in 2023. (The Starship Hospital in Auckland has had capacity issues, which has affected referrals from Samoa).

No current systemic intravenous cancer treatment is delivered to adult patients. Patients with hormone positive breast cancer have access to oral hormone therapy, but only tamoxifen is listed as an essential medicine. Aromatase inhibitors can be accessed through private clinics if requested. Abiraterone and steroids are available for the treatment of prostate cancer. Methotrexate is available and listed on the essential medicines list. Despite its availability clinicians have not felt comfortable delivering this treatment safely for cases such as gestational choriocarcinoma due to lack of guidelines and support.

There is no radiation therapy available in Samoa.

Palliative care

There are no formal palliative care services in Samoa. Palliative care is mostly provided by patients' families and relatives at home. The Samoa Cancer Society has a nurse who visits palliative patients and provides support, mostly in the form of delivering basic supplies and dressing wounds. The Cancer Society estimates that they only assist about one third of patients requiring palliative care. In reality this number could be lower.

There are no formal palliative care or pain management guidelines. Delivery of subcutaneous medications does not exist in the community, and only rarely in the hospital or peripheral clinics. There is limited access to supplies such as subcutaneous needles/butterflies. Access to prescription medications is through doctors in the main hospitals, the peripheral/district hospitals, and GPs.

Overseas treatment programme

There are two schemes operating for overseas referrals (OVTs), one funded by the Samoan government, and the other by the New Zealand government. According to the clinical guidelines patients with treatable disease qualify for these schemes. The clinical guidelines are not always followed, and some patients have gained access through their contacts even when their clinical condition didn't qualify for the scheme.

For oncology patients this means that cancers must be diagnosed early enough to benefit from treatment, either significantly adding to the quality of life, or the treatment is curative.

In FY2020/21, 13 oncology patients were referred overseas at the cost of NZD 294,097. That year cancer patients represented the highest cost category within the OVT schemes. 25 oncology patients were referred overseas in FY2021/22 at the cost of NZD 1,315,044. That was the second highest category after cardiac patients. By FY2022/23 the number of cancer patients referred overseas was 50, and the associated costs were NZD 1,058,405.

It is worth noting that the OVT schemes is evolving with patients sent to Apollo Hospitals in India, but it does not cover all costs when patients travel overseas for treatment. Patients and their families must pay for airfares, visas, and accommodation, which not everyone can afford. This introduces an element of inequity to the programme.

POLICY STRATEGIC AGENDA

Vision

Samoa to have the capacity to manage cancer through health advocacy and prevention for its population in the long term and treatment for those with terminal disease to reduce the burden of cancers

Mission

To develop and implement key strategies in health promotion and prevention, detection, diagnosis and treatment of common cancers ensuring sustaining resources, safe environment and practices to fully attain high quality cancer in Samoa

Objectives

The main objective of this policy is to reduce the overall cancer morbidity and mortality in Samoa by providing effective interventions in the areas of:



Values and Principles

In achieving the vision and mission of this policy document, the health sector partners and stakeholders will be guided by the following values and principles as articulated in the Health Sector Plan FY2019/20-FY2029/30



Specific objectives include increased awareness of cancer risks, symptoms, clinical pathways, treatment options and palliative care services across the population. Another key focus of this policy is to build local capacity while developing sustainable relationships with overseas clinical experts and facilities.

KEY PRIORITY AREAS

The identification of the key priority areas of this policy document was based on the situational analysis, international review of cancer policies and consultations with overseas cancer experts. The ten key priority areas listed below reflect the continuum of cancer care from general health literacy of the population to specific clinical measures and overseas relationships.

These policies represent an evidence based, systematic approach in addressing the growing cancer burden in Samoa while strengthening the overall health system.

1. Health Promotion and Elevation of Health Literacy

Comprehensive, easy to understand health campaigns using mass media, social media, printed resources, and community outreach (churches, youth clubs, sports clubs etc). These campaigns relate to healthy environments, food, physical activity, and healthy lifestyles which are proven to lessen the burden of cancer.

Health promotion and elevating health literacy into Samoa's National Cancer Policy and Plan of Action is crucial for several reasons:

- Enables the country to focus on preventing cancer by raising awareness about risk factors and promoting healthy behaviours, ultimately reducing the incidence of the disease.
- Promote NCDs risk factors (tobacco, alcohol, physical inactivity, unhealthy diet) reduction; human papilloma virus (HPV), hepatitis B vaccinations, healthy lifestyles.
- Empowers individuals to recognize early signs of cancer and make informed decisions about their health, leading to earlier detection and better treatment outcomes.
- Integrating these components into the policy framework addresses disparities in cancer incidence and access to care, particularly among underserved populations. By fostering collaboration among stakeholders and empowering communities, Samoa can create a more comprehensive and sustainable approach to cancer prevention, early detection, and treatment, ultimately improving public health outcomes and the well-being of its population.

2. Cancer Specific Information Campaigns

Cancer-specific information is critical to Samoa's National Cancer Policy and Plan of Action, as it provides an opportunity for tailored strategies for addressing the unique challenges posed by various types of cancer. This includes targeted education and awareness campaigns to highlight the prevalence, risk factors, and symptoms of specific cancers prevalent in Samoa, such as cervical, breast, bowel, prostate, endometrium, gynaecological, oral and liver cancer. Additionally, the plan should outline guidelines for cancer screening programs, treatment protocols and resources for different types of cancer. All specific cancer information should be clearly delineated, taking into account the availability of healthcare services and technologies in Samoa.

3. Early Detection Programs

Clear, evidence-based early detection programs for breast, bowel, prostate, gynaecological and oral cancers to diagnose cancers earlier. These programs aim to identify cancer at its earliest stages when treatment is most effective, ultimately reducing mortality rates and improving patient outcomes. Early detection strategies and programs should be accompanied by comprehensive education and outreach efforts to raise awareness about the importance of early detection and encourage participation in screening activities.

By prioritizing early detection programs within the National Cancer Policy and Plan of Action, Samoa can make significant strides in reducing the burden of cancer and improving the overall health outcomes of its population. These programs not only save lives but also contribute to the sustainability of healthcare systems by reducing the financial and social costs associated with late-stage cancer diagnosis and treatment.

Focusing on early detection, accessibility, public education, and integration with primary healthcare, Samoa can effectively reduce its cancer burden and improve the health of its population.

4. Screening Programs

Screenings refers to the use of simple tests across a healthy population to identify those individuals who have a disease, but do not yet have symptoms. Examples include breast cancer screening using mammography or clinical breast exam, and cervical cancer screening using pap smears, human papillomavirus test or visual inspection with acetic acid. Strengthening screening programs contributes to early detection for early diagnosis and treatment, and reducing cancer incidence and mortality.

Screening programs should be undertaken only when their effectiveness has been demonstrated, when resources (personnel, equipment, etc.) are sufficient to cover nearly all of the target group, when facilities exist for confirming diagnoses and for treatment and follow-up of those with abnormal results, and when prevalence of the disease is high enough to justify the effort and costs of screening. It is very essential to have a very supportive IT system in place to support the follow up in screening programs and continuum of care.

In Samoa, these programs are a key priority within the National Policy and Plan of Action through population-based screening initiatives.

Cervical cancer screening program based on point of care HPV screening and treatment for precancerous lesions (where appropriate) and mostly laboratory based cervical cancer screening and early treatment. This screening program should be in line with Samoa Cervical Elimination Strategy 2023 and the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a public health problem with the following 90-70-90 targets that must be met by 20230:

- (i) 90% of girls by age 15 years fully vaccinated with HPV
- (ii) 70% of women by 35 – 45 years of age are screened with a high-performance test and

- (iii) 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated, and 90% of women with invasive cancer managed).

Integrating cancer screening programmes with primary healthcare services enhances their effectiveness and sustainability. As such cervical cancer screening combined with breast examination, blood pressure, measuring BMI, and glucose checks will form a “women’s health assessment” which will be conducted during one visit.

Other screening programs for common cancers, such as mammograms for breast cancer and Pap smears for cervical cancer, to be considered as the health system infrastructure strengthens. As well targeted screening for high-risk populations based on factors such as age, gender, and family history.

Ensuring accessibility through mobile units and community-based initiatives, especially in rural areas, is crucial to making these services available to all.

5. Local Diagnostic Services

Strengthened local cancer diagnostic services through upgraded pathology and radiology capabilities as well as workforce enhancement by training healthcare providers in screening techniques. Involvement of the primary care sector (General Practitioners, community health providers and other relevant professionals) is a vital component of strengthening diagnostic services.

Early diagnosis programs aim at reducing the proportion of patients who are diagnosed at a late stage. They have 2 main components:

- (i) Increased awareness of first signs of cancer, among physicians, nurses and other healthcare service providers as well as among the general public; and
- (ii) Improved accessibility and affordability of diagnosis and treatment services, and improved referral from first to secondary and tertiary levels of care

Early diagnosis is particularly relevant to cancers of breast, cervix, oral, larynx, colon and rectum and skin.

Education programs is very important to encourage women who are obese, over 40years old with abnormal menses or post-menopausal bleeding to come forward for endometrial biopsies.

6. Local Treatment Services

Clinically appropriate local cancer treatments offered where possible through strengthened health system and cancer expertise.

Workforce enhancement is an important component for this policy. Local accessibility to medical care ensures early detection and timely interventions, significantly improving survival rates. By reducing the need for costly international travel, domestic treatment services alleviate the financial burden on families and provide a more sustainable approach to healthcare.

It involves training healthcare professionals, thereby enhancing local expertise and capacity. Furthermore, local treatment services enable better public health campaigns and community support networks. These initiatives raise awareness about cancer prevention and early detection while providing essential emotional and psychological support to patients and their families.

7. Equitable and Cost-Effective Overseas Medical Treatment Program and International Clinical Partnerships

Overseas Medical Treatment program which offers quality patient outcomes, good value for money, consistent information flows and equitable access for Samoans who meet agreed clinical guidelines.

International partnerships which assist with sustainable local capacity building in Samoa. Ideally an overseas-based sister facility with a long-term relationship including exchange of clinical personnel, training opportunities, tele-health medicine and other forms of collaboration. Forming strategic partnerships with renowned international medical institutions enhances the quality of care available to Samoan cancer patients.

These partnerships facilitate the transfer of knowledge, skills, and technology, building local capacity through training and collaboration. Additionally, international clinical partnerships can provide opportunities for Samoan healthcare professionals to participate in cutting-edge research and clinical trials, contributing to global cancer research and improving local treatment protocols. These collaborations ensure that patients benefit from the latest advancements in cancer treatment while strengthening the overall healthcare system in Samoa.

By integrating an equitable OVT Program with international clinical partnerships, Samoa can significantly improve cancer care outcomes. This dual approach not only ensures access to world-class treatments but also builds a sustainable and resilient healthcare infrastructure capable of addressing cancer and other complex health challenges in the long term.

8. Coordinated Palliative Care Services

Formalised palliative care services based on evidence-based clinical guidelines. Access to pain medication according to pain management guidelines. Coordinated palliative care services play a vital role in the holistic management of cancer by addressing the physical, emotional, and psychological needs of patients. These services provide essential support for pain management, symptom relief, and end-of-life care, ensuring that patients can live as comfortably and fully as possible despite their illness.

A coordinated approach is a cornerstone of comprehensive cancer care in Samoa ensures that care is patient-centred and tailored to individual needs, involving a multidisciplinary team of healthcare providers who work together to deliver seamless and continuous care. Effective palliative care extends beyond the patient to include support for families, helping them navigate the complexities of cancer care and providing emotional and psychological assistance. By integrating palliative care into the national healthcare system, Samoa can ensure that patients receive comprehensive support from diagnosis through to end-of-life care. This integration not

only improves the quality of life for patients but also alleviates the emotional and caregiving burden on families, providing them with the resources and support needed to manage their loved one's illness.

To implement coordinated palliative care services successfully, it is essential to build capacity within the local healthcare system. This involves training healthcare professionals in palliative care principles and practices, ensuring that they possess the skills and knowledge needed to deliver high-quality care. Additionally, developing community-based palliative care programs can enhance accessibility and ensure that services are available to patients across Samoa. By investing in these initiatives, Samoa can create a sustainable palliative care infrastructure that meets the needs of its population and aligns with global best practices.

The National Policy and Plan of Action, Samoa demonstrates its commitment to delivering compassionate and effective healthcare to its citizens. Investing in palliative care capacity and integrating these services into the national healthcare system ensures that all patients receive the support they need throughout their cancer journey.

9. Cancer Registry

A dedicated cancer registry containing patient demographic and cancer incidence information including type and stage of cancer, treatment, and outcome. A well-maintained cancer registry is essential for guiding cancer research and shaping public health policies. This evidence-based approach enables the development of targeted strategies to address specific cancer types and high-risk populations. Moreover, the registry supports public health officials in designing and implementing cancer control programs that are tailored to the unique needs of Samoa.

By providing a foundation for continuous monitoring and evaluation, the cancer registry ensures that policies remain responsive to emerging trends and scientific advancements. The establishment of a cancer registry also has direct benefits for patient care and outcomes. By fostering a data-driven approach to healthcare, the cancer registry contributes to better patient management and improved survival rates. Healthcare providers can use registry data to track patient progress, identify best practices, and improve the quality of care.

10. Cancer Centre

An inclusive central point for coordinating all cancer related activities in Samoa from prevention, diagnosis and treatment to palliative care and survivor support.

The centre facilitates the coordination of care across different healthcare settings, ensuring that patients receive timely and appropriate treatments. Supports strengthening of cancer expertise and services across the entire clinical network including regional and rural areas ("hub-and-spoke" model). Additionally, it can help in identifying gaps in service delivery and areas where additional training or resources are needed.

Actively engages in and leads research into all aspects of cancer.

Monitors the implementation of the national cancer policy and action plan.

The establishment of a Cancer Centre in Samoa is a transformative step in the fight against cancer. It provides a comprehensive, integrated approach to cancer care, combining treatment, research, and support services in a single facility. By focusing on high-quality care, advanced research, and community engagement, the Cancer Centre will significantly enhance the capacity of Samoa's healthcare system to manage and reduce the cancer burden. Prioritizing this initiative within the National Policy and Plan of Action underscores Samoa's commitment to improving the health and wellbeing of its citizens.

SUMMARY KEY PRIORITY AREAS & PROPOSED ESTIMATES

The key priority areas summarized in the matrix below will be implemented by strategic actions, which are summarised below and presented in more detail in the “Strategic Actions” table which follows this summary. The costing allocations are premised on estimated costs over the lifespan of this policy and the detailed costed plan reflected in Annex 1 of this policy document.

KEY PRIORITY AREAS	OBJECTIVE	IMPACT	INDICATIVE 5 YEARS COSTINGS –IN SAMOAN TALA (SAT)
KPA 1 - Health Promotion/Health Literacy	Elevated health literacy amongst the population and a better understanding of healthy lifestyle options.	Lower incidence of lifestyle-related cancers, lower morbidity/mortality rates.	SAT2,994,500.00
KPA 2 - Cancer specific information campaigns	Increased awareness of cancer prevention, symptoms, and treatment options. Reduced stigma around cancer.	Reduced number of lifestyle-related cancer cases and late-stage diagnoses.	SAT0.00 (The costing of KPA 2 is reflected in KPA 1 – refer to Annex 1)
KPA 3 - Early detection programmes	Earlier diagnoses of cancer (breast, bowel, prostate, oral).	More treatment options available locally and overseas, improved survival rates.	SAT350,000.00
KPA 4 - Screening programmes	Establish a national cervical cancer screening programme.	Lower incidence of cervical cancer cases, lower mortality.	SAT2,330,000.00
KPA 5 - Local diagnostic services	Improved local diagnostic services (pathology, radiology, workforce development).	Earlier and more accurate cancer diagnoses through early diagnosis methods and improved pathology/radiology services.	SAT2,080,000.00
KPA 6 – Local treatment services	Strengthened local cancer treatment programmes (surgery, chemotherapy, workforce up skilling and development).	More cancer patients treated in Samoa with better local cancer expertise.	SAT80,000.00
KPA 7 – OVT programme and	Review OVT programme to achieve clinical	More transparent OVT programme with better outcomes and	SAT660,000.00

KEY PRIORITY AREAS	OBJECTIVE	IMPACT	INDICATIVE 5 YEARS COSTINGS –IN SAMOAN TALA (SAT)
overseas clinical partnerships	appropriateness and value for money. Quality clinical partnerships with overseas centres including building domestic capacity.	information flows. Overseas partnerships that help build capacity in Samoa and lead to sustainable local improvements.	
KPA 8 - Palliative care services	Holistic palliative care services provided according to clinical guidelines to patients and their families.	Palliative cancer patients can pass away with dignity with sufficient pain management and other appropriate services.	SAT610,000.00
KPA 9 - Cancer registry	A dedicated information system collecting and storing data on persons with cancer.	Information on causes and incidence provides a platform for effective cancer prevention and treatment services.	SAT100,000.00
KPA 10 - Cancer Centre	An integrated, people-centred hub for all cancer related services including education, clinical care, and research. Monitors and evaluates the cancer policy and action plan.	Clear access point and clinical pathways to cancer care. Education and research support clinical activities and governmental decision making. Supports regional cancer care development and provides a hub for a cancer network (“Hub-and-spoke” model).	SAT3,885,000.00
TOTAL			SAT13,089,500.00

SUMMARY OF ACTION PLAN

STRATEGIC ACTION	ACTIVITIES	OUTCOMES	TIMEFRAME	RESPONSIBILITY
1. Health Promotion and Health Literacy				
1.1 Mass media health promotion on Cancer	Creative Production - This includes the creation of advertisements, videos, graphics, and other promotional materials. TV, Radio, printed media campaigns on healthy lifestyles.	Increased public awareness of healthy diets, exercise, and alcohol harm.	Ongoing - annual	MOH in collaboration with relevant sector partners
1.2 Social media and digital messaging	Roll out health promotion messaging (healthy lifestyles) by engaging social media Facebook, TikTok, other online tools.	Increased public awareness of healthy lifestyles (as above).	Ongoing - annual	MOH in collaboration with relevant sector partners
1.3 Community outreach programmes	Churches, schools, youth clubs, sports clubs, community centres/ district councils, women's committees, people with disability groups and elderly care homes. Initiate efforts to collaborate with traditional healers.	Healthy lifestyle messaging within communities. Education sessions by community nurses.	Ongoing - annual	MOH, MEC, MSR, NCC, MWCSO, Village Rep, Samoa Cancer Society and ALL relevant NGOs, CBOs
1.4 Tobacco control	Increase excise tax on tobacco products. Provide smoking cessation tools.	Fewer people taking up tobacco, more stopping or using less of it.	2025	MOH, MOF, MCR, MCIL, WHO and other relevant sector partners

STRATEGIC ACTION	ACTIVITIES	OUTCOMES	TIMEFRAME	RESPONSIBILITY
1.5 Vaccination programmes	Maintain and improve HPV and Hepatitis B vaccination programmes	Reduction in cervical and liver cancer cases.	Annual	MWCSD, MEC, Village Reps (STN, SN)
1.6 Environmental risk factors	Control environmental carcinogens and minimise exposure to hazardous indoor/outdoor environments.	Prevent cancers caused by environmental risk factors.	Ongoing - annual	MWCSD, MNRE, MOH, MAF, SPREP, UNDP-GEF
2. Cancer specific information campaigns				
2.1 Cancer information campaigns	Information campaigns on breast health, oral health, bowel health, prostate health, cancer risks and symptoms	Earlier diagnosis of cancer of breast, oral, bowel, prostate, cancer risks and symptoms	Annual	MOH, MWCSD, Samoa Cancer Society, SFHA, SAGP
3. Early detection programmes				
3.1 Capacity Building specific on early cancer diagnosis	Train relevant clinical workforce to identify early cancer symptoms for bowel, oral health and prostate health	<ul style="list-style-type: none"> • Earlier stage diagnoses of breast cancer • Improved treatment options and survival. • Better coordination between healthcare facilities which results in improved information flows and reduces delays in care. 	Annual	MOH, OUM, School of Medicine NUS, WHO and Other Donor Partners

STRATEGIC ACTION	ACTIVITIES	OUTCOMES	TIMEFRAME	RESPONSIBILITY
3.2 Referral pathways for suspected cancer patients	<ul style="list-style-type: none"> Clarify referral pathways for patients with suspected cancer for bowel, oral and prostate Improve diagnostic capability and coordination between healthcare facilities Establish a dedicated Breast Unit within the Cancer Centre 	<ul style="list-style-type: none"> Earlier stage diagnoses of bowel cancer Improved treatment options and survival. Better coordination between healthcare facilities which results in improved information flows and reduces delays in care. 	By FY2025/26	MOH, WHO, UNFPA
4. Cancer screening				
4.1 HPV/cervical cancer screening programme	<p>Establish HPV screen and treat pilot programme (for scaling up later)</p> <p>Conduct follow up of early detected cases from screening.</p> <p>Strengthen laboratory capability for improved HPV/cervical cancer screening.</p> <p>Combine HPV/ cervical screening into a “women’s health assessment” with breast examination, BMI, BP and glucose tested at one visit.</p>	Earlier diagnosis of cervical cancer, lower morbidity, and mortality.	Annual	MOH, GoS, UNFPA, Other relevant Partners

STRATEGIC ACTION	ACTIVITIES	OUTCOMES	TIMEFRAME	RESPONSIBILITY
5. Local diagnostic services				
5.1 Pathology services	Upgrade pathology capacity to meet early diagnosis and screening requirements.	More accurate and timely cancer diagnoses.	Annually	MOH, DPs
5.2 Radiology services	Upgrade radiology equipment to meet the needs of cancer policy/action plan.	More accurate and timely cancer diagnoses.	Annually	MOH, DPs
5.3 Workforce training	Train clinical staff at all levels to improve cancer detection.	Earlier cancer stages at diagnoses.	Annually	MOH, WHO, Other DPs
5.4 Referral pathways	Clarify referral pathways for cancer diagnoses. Develop clear guideline for the general population and the health service on how to access services.	More effective care through clear pathways.	By FY2025/26	MOH, WHO, UNFPA
5.5 Information systems	Information systems upgrade and coordination between health facilities.	Coordinated systems reduce delays with cancer care.	By FY2026/27	MOH, WHO, Other DPs
5.6 DE stigmatisation	Work at community level to de-stigmatise cancer and health services. Employ laid people to assist with de-mystification of the health system and to support members of the public and patients with their interactions with the health system.	Removal of some barriers to seek medical assistance with cancer symptoms.	Annually	MOH, MWCSD, MEC, CBOs, NCC
6. Local treatment services				
6.1 Upskilling and training of current workforce	Train local clinical workforce to undertake cancer care where clinically appropriate.	More treatments available in Samoa increasing equity and reducing cost of treatment.	Every 2 years	MOH, WHO, UNFPA

STRATEGIC ACTION	ACTIVITIES	OUTCOMES	TIMEFRAME	RESPONSIBILITY
7. Overseas Medical Treatment (OVT) Program and international clinical partnerships				
7.1 OVT Programme	Review current OVT programme for effectiveness, equity, and value for money.	More effective, equitable and transparent OVT programme.	Annually	MOH, MOF, Private Health Service Providers
7.2 International relationships	Review relationships with overseas experts and facilities. Well-planned medical team visits, o/s training programmes.	Productive, sustainable international relationships with a focus on equity, sustainability, and local capacity development.	Ongoing	MOH, DPs
7.3 Overseas sister facility	Locate a suitable overseas facility for a multi-faceted, sustainable relationship.	Long-term learning opportunities and local capacity development through regular exchange of information with a sister facility.	By end of FY2027/28	MOH, DPs, Other Relevant International Organizations
7.4 Telehealth opportunities	Explore telehealth opportunities with overseas experts and facilities.	Increased local capacity for diagnosis, treatment, and overall health system improvements.	By end of 2025/26	MOH, WHO, Other relevant DPs
7.5. Paediatric cancers	Special focus on children with cancer; locate treatment options beyond New Zealand.	Better cancer services for children residing in Samoa.	Annually	MOH, WHO, Other relevant DPs
8. Palliative care services				
8.1 Palliative care organisation	Determine the key responsibilities, stakeholders, and resources for palliative care services.	A comprehensive, equitable palliative care programme allowing terminal cancer patients to die with dignity.	By end of FY2025/26	MOH, WHO, Other relevant DPs

STRATEGIC ACTION	ACTIVITIES	OUTCOMES	TIMEFRAME	RESPONSIBILITY
8.2 Palliative care guidelines	Develop formal palliative care guidelines. Pain management	Coordinated, uniform palliative care services available for terminal cancer patients.	By end of FY2025/26	MOH, WHO, UNFPA, Other relevant partners
8.3 Pain management guidelines	Develop clinically up-to-date pain management guidelines and source medications to meet the guidelines. Establish a pilot study using marijuana as a pain killer for palliative patients.	Access to opioids and adjuvant analgesics for effective pain management for palliative patients.	By end of FY2026/27	MOH, WHO, UNFPA, Other relevant partners
8.4 Workforce development	Train clinical workforce in palliative care methods.	More professional and consistent palliative care.	Annually	MOH, WHO, UNFPA, Other relevant partners
8.5 Psychosocial support	Include psychosocial support for patients and their families in the palliative care service.	Patients and their families are supported during palliative care.	Annually	MOH, WHO, GOSHEN, Other relevant partners
9. Cancer registry				
9.1 Cancer registry	Develop a cancer registry containing patient demographics, tumour type, treatments, and outcomes.	Resource available for investigation of cancer trends, success of prevention and treatment programmes and development of cancer policies.	Annually	MOH, WHO, Other relevant partners
10. Cancer Centre				
10.1 Health Infrastructure for Cancer Care	Improve overall health infrastructure to facilitate more local cancer treatment and care	A coordinated multidisciplinary centre for cancer prevention, research,	By FY2027/28	MOH, DPs

STRATEGIC ACTION	ACTIVITIES	OUTCOMES	TIMEFRAME	RESPONSIBILITY
	<p>(including establishment of Cancer Centre)</p> <p>A dedicated Breast Unit can be a separate unit within the Centre.</p> <p>Establish an inclusive focal point for all cancer related activities.</p> <p>Establish a National Cancer Control Committee with Terms of reference to oversee the Cancer Centre development and activities.</p>	<p>education, diagnostics, treatment, and palliative care.</p>		
10.2 Monitoring function	<p>Cancer Centre monitors and evaluates the implementation of cancer policy & action plan.</p>	<p>Systematic information collection ensures direction and success of policy.</p>	<p>Annually</p>	<p>MOH</p>
10.3 Regional and International support	<p>Cancer Centre provides regional support and ensures cancer related activities are elevated across the health system. Explore the possibility of a cancer toll-free helpline (800-number).</p>	<p>Increased cancer expertise not only in centralised facilities, but across the clinical network (hub and spoke model).</p>	<p>Ongoing</p>	<p>MOH, DPs, Other relevant regional and international partners</p>

MONITORING AND EVALUATION

The monitoring and evaluation process (M & E) will systematically track progress of the proposed actions and assess the effectiveness, efficiency, relevance, and sustainability of these interventions. The M & E information will help determine which policies and actions are successful in combating cancer, and it provides valuable data for policy development in the future.

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
1. Health Promotion and Health Literacy						
1.1 Mass media health promotion	TV, radio, and printed media campaigns specific for Cancer.	Number of mass media campaigns.	4 (2022)	8	Annually	Health Sector Reviews, MOH Annual Reports, Health Statistical Bulletins, RRCE Progress Reports
1.2 Social media messaging	Facebook, TikTok and other social media campaigns.	Number of social media campaigns.	4 (2023)	8	Quarterly	Health Sector Reviews MOH Annual Reports, Health Statistical Bulletins, RRCE Progress Reports, PMR six monthly Reports
1.3 Community outreach programmes	Outreach programmes via churches, schools, sports clubs and social clubs.	Number of outreach programmes developed for the community.	4	10	Annually	Health Sector Reviews MOH Annual Reports, Health Statistical Bulletins, RRCE Progress Reports, PMR six monthly Reports
		Percentage of people that understand cancer and its detrimental effects on health	491 community participants (MOH, 2017)	At least 600 individual participated in cancer community awareness program annually	Annually	Health Sector Reviews MOH Annual Reports, Health Statistical Bulletins, RRCE Progress Reports, PMR six monthly Reports

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
1.4 Tobacco control	Raised excise tax on tobacco products. Smoking cessation tools available.	Change in legislation to reduce affordability of tobacco product by increasing excise tax	5% excise tax increase on tobacco product from SAT221.60 per 1,000 sticks to SAT232.68 per 1,000 sticks (MCR, 2017)	Increase excise duty to at least 70% of the retail price of cigarette by 2029	Bi-annually	MCR Excise Taxation Report
1.5 Vaccination programmes	HPV and Hepatitis B vaccination campaigns.	% of girls vaccinated for HPV.	85% of Year 8 girls vaccinated (MOH, 2023)	85% of all eligible girls vaccinated by 2029	Annually	Immunization Progress Report
		% Hep B vaccinated	Not Available	At least 85% of eligible women annually	Annually	Immunization Progress Report
		% HPV screened	Nil	At least 95% of eligible females by 2029	Annually	Medical Laboratory Results, Health Statistical Bulletins
		% HPV positive screened for cervical cancer.	Nil	100% of HPV positive screened cases referred for diagnosis and treatment	Annually	Medical Laboratory Results, Health Statistical Bulletins
1.6 Environmental risk factors	Environmental risk factors reviewed in schools, hospitals, workplaces, and other public areas.	Environmental risk factors identified, and measures undertaken to control risk.	Health Impact Manual 2014 implemented	Health Impact Manual 2014 reviewed and updated and fully implemented	By mid-term review (FY2026/27)	MOH Annual Reports

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
2. Cancer specific information campaigns						
2.1 Cancer specific information campaigns	Introduce cancer awareness campaign for specific diseases (breast health, oral health, bowel health, prostate health) and cancer risks and symptoms	Percentage of cancers by type (breast, oral, bowel, prostate) early detected or diagnosed at Stage 1 and II one year following information campaigns	New indicator	15% relative increase one year after information campaigns	Annually	Cancer Registry MOH Annual Reports
3. Early detection programmes						
3.1 Capacity building specific on early detection of cancer	Clinical workforce training to identify early symptom of bowel cancer, oral cancer and prostate cancer	Number of general practitioners, nurses, midwives trained.	Not available	At least 95% of clinical workforce are trained on specialized areas for cancer early detection	Annually	MOH Annual Report MOH Training reports
3.2 Referral pathways for suspected cancer patients	Development of referral pathways for different types of cancers	Number of referral pathways developed and implemented	Not available	Referral pathways developed and implemented by types of cancer by 2029	Annually	MOH Annual Reports

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
	Strengthening private-public cancer patients referrals	Percentage of cancer referrals received electronically	New indicator	At least 95% of cancer referrals received electronically internally and externally by 2029	Annually	MOH Annual Reports
				Tamanu app expanded to private health service providers for easy referrals	By mid-term review	Health Sector Review Reports MOH Annual Reports
4. Cancer Screening						
4.1 HPV/cervical cancer screening programme	Establish HPV screen and treat pilot programme. Strengthen laboratory capability.	HPV/cervical screening pilot established. % women aged 30-49 tested/screened.	1,814 women screened for cervical cancer using pap smear (MOH, 2019)	At least 80% of eligible women screened for HPV/Cervical Cancer by 2029	Annually	Health Sector Plan Review Cancer Registry TTM Medical Laboratory Reports MOH Annual Report
				90% of those who are referred for gynaecological review with signs of pre-cancers have pap smears process efficiently	By 2029	Health Sector Plan Review Cancer Registry TTM Medical Laboratory Reports MOH Annual Report
5. Local diagnostic services						
5.1 Pathology services upgrade	Upgrade pathology capability and capacity to meet early diagnosis and	Laboratory capability and capacity increased by	New indicator	Evidence of laboratory capacity in provision of	By mid-term review	Health Sector Plan Review Cancer Registry

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
	screening requirements.	acquiring new technology.		effective pathology service for cancer		TTM Medical Laboratory Reports MOH Annual Report
5.2 Radiology services upgrade	Upgrade radiology equipment to meet early diagnosis and screening requirements.	Radiology equipment upgraded.	New indicator	Evidence of radiology capacity in provision of effective pathology service for cancer	By mid-term review	Health Sector Plan Review Cancer Registry TTM Medical Laboratory Reports MOH Annual Report
5.3 Workforce development	Workforce upskilling and increase in clinical workforce.	Number of clinical staff trained, and additional staff members added for pathology and radiology.	Not available	Samoa to have available health workers for most critical areas (medical in terms of surgical, pathology and radiology)	By mid-term review	Health Sector Plan Review Cancer Registry TTM Medical Health Professional Development Reports Laboratory Reports MOH Annual Report
		Numbers for pathology and radiology.	2 Pathologists (1 private, 1 MOH) and 2 radiologists (all MOH) – (MOH, 2020)	At least 2 pathologists and 4 Radiologists for MOH TTM Hospital	By mid-term review	Health Sector Plan Review Cancer Registry TTM Medical Health Professional Development Reports Laboratory Reports MOH Annual Report
5.4 Information systems improvement	Information systems upgrade and coordination between health facilities.	New systems implemented and data flows coordinated between health facilities.	e-health systems implemented (Tamanu and Tupaia, m-Supply apps	Cancer Registry integrated within the e-health system	By mid-term review	Health Sector Plan Review Cancer Registry TTM Medical Health Professional Development Reports

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
			running) & PATIS (MOH,2024)			Laboratory Reports MOH Annual Report
5.5 De-stigmatisation of cancer/health system	Community based information to demystify cancer and health services.	Number of Community led programmes (by trained lay people and/or community nurses) implemented	New indicator	Evidence of community engagement in community led programs specific for cancer	Annually	MOH Annual Reports Community Sector Review Reports Health Sector Review Reports
6. Local treatment services						
6.1 Upskilling of current workforce	Train local clinical workforce in cancer treatments.	Number of GPs, nurses, surgeons trained.	New indicator	At least 95% of all clinical workforce trained in specialized cancer treatments	By 2029	Health Professional Development Reports Health Sector Review Reports MOH Annual Reports
7. Overseas Medical Treatment (OVT) program and international clinical partnerships						
7.1 OVT programme review	Review of current OVT arrangements and establish KPIs for effectiveness, equity and value for money.	OVT arrangements based on the KPIs and demonstrate good patient outcomes, information flows and value for money.	OVT Policy reviewed and updated in 2023	OVT Reviewed Policy 2023 implementation strengthened	Annually	OVT Progress Report Health Sector Review Report MOH Annual Report
7.2 International clinical relationships	Review current arrangements with O/S experts and facilities. Establish KPIs for local capacity development.	Overseas visits meet KPIs and tangibly build local capacity. Overseas training opportunities established for Samoans.	Partnership with New Zealand hospitals under OVT scheme, and Apollo Hospital in India with	OVT agreement with Fortis Hospital signed by FY2025/2026	Annually	OVT Progress Reports

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
7.3 Overseas sister facility	Locate a suitable overseas facility for a multifaceted, sustainable relationship.	Sister facility located and initial agreement for collaboration in place.	signed MoUs (MOH, 2023)			
7.4 Telehealth opportunities	Explore telehealth opportunities with overseas experts and facilities.	Telehealth consultations established in oncology.	Telehealth system in place	Telehealth implementation strengthened	By mid-term review	MOH Annual Reports
7.5 Paediatric Cancers	Special focus on children with cancer; local treatment options beyond New Zealand	Number of children with cancer with good prognosis being locally treated/referred overseas for treatment	6 children being referred overseas for cancer treatment	Increase in numbers of children with pre-cancer/cancer with good prognosis being referred overseas under OVT scheme for treatment	Annually	OVT Progress Reports MOH Annual Reports
8. Palliative care services						
8.1 Palliative Care Services Organization	Establish a coordinated palliative care service.	A palliative care service in place with clear KPIs, responsibilities, funding streams and workforce.	Palliative care provided by MOH Community nurses for terminal cases and Samoa Cancer Society providing family support	Evidence of effective provision of palliative care for all cancer patients	Annually	MOH Annual Reports Other Partners Annual Reports

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
		Percentage of patients with cancer Stage IV receiving palliative care	Not available	At least 90% receive palliative care by 2029	Annually	Community Health Programs Reports MOH Annual Reports Other Partners Annual Reports
8.2. Palliative care guidelines	Update and formalise palliative care guidelines.	Clear, agreed palliative care guidelines in place for equitable and consistent palliative care service.	Nil	Palliative Care Guideline developed and implemented by FY2025/26	Annually	MOH Annual Report
8.3 Pain management guidelines	Develop clinically up-to-date pain management guidelines and obtain medications to meet the guidelines.	Palliative pain management is performed according to guidelines and access to medications is secured.	Nil	Cancer Pain Management Guideline developed and implemented by FY2025/26	Annually	MOH Annual Report
8.4 Palliative workforce development	Train workforce in palliative care methods.	Number of clinical staff (including community nurses) trained in palliative care.	Not available	At least 90% of clinical staff trained in palliative care services provision	Annually	MOH Annual Report Health Professional Development Progress Reports
8.5 Psychosocial support	Establish psychosocial support guidelines for palliative care patients and their families.	Psychosocial support to patients and their families according to guidelines.	Not available	Psychosocial Support Guidelines developed and implemented by mid-term	Annually	MOH Annual Report

INPUT/ ACTIVITY AREA	OUTPUT	INDICATOR	BASELINE	TARGET	REPORTING FREQUENCY	SOURCE OF DATA
9. Cancer registry						
9.1 Cancer registry	Develop a cancer registry containing patient demographics, tumour type, treatments, and outcomes.	Cancer registry in place and all relevant information collected and entered.	Cancer Registry available in excel format	Cancer Registry integrated in the e-health system by mid-term review	Annually	MOH Annual Report
				Cancer Registry is fully functional with regular population based data produced on incidence, morbidity and mortality relating to cancer	By 2028/2029	MOH Annual Report TTM Medical Laboratory Progress Reports
10. Cancer Centre						
10.1 Health infrastructure improvement including establishment of Cancer Centre	Establishment of a Cancer Centre which is a central hub for all cancer related activities in Samoa.	Cancer Centre established and conducting core functions such as managing cancer registry, coordinating treatments, providing research & education, and supporting regional development in cancer care.	Nil	Cancer established and operated by FY2028/2029	FY2028/2029	MOH Annual Report MOH Projects Management Reports

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ANNEXES

Annex 1: Detailed Costed Implementation Plan

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
Key Priority Area 1: Health Promotion/Health Literacy							\$ 2,994,500.00
Objective: To elevate health literacy amongst the population and a better understanding of healthy lifestyle options							
1.1 Mass Media Health Promotion	Creative Production - This includes the creation of advertisements, videos, graphics, and other promotional materials on healthy lifestyles.	Increased public awareness of healthy diets, exercise, and alcohol harm.	Design: \$2500 to 3000 per brochure design, depending on complexity and the expertise of the designer. (4 brochures to design)	\$12,000.00	One off Cost	GoS, WHO, Other DPs	\$12,000.00
			Printing: \$8 to 10 tala per brochure for basic colour printing on standard paper, depending on quantity and quality. (Printing of 3000 copies	\$30,000.00	\$150,000.00	GoS	\$150,000.00
			Content Creation: \$ 30,000 for writing of materials on cervical, breast, bowel, oral and prostate.	\$30,000.00	One off Cost	GoS, DPs	\$30,000.00
			Distribution: Varies widely based on method and scale of distribution. (Ministries, NGOS, NCC, CBOs. District Hospitals) Overhead Costing for Petrol and Vehicles to deliver)	\$2,000.00	\$10,000.00	GoS	\$10,000.00

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
1.2 Social media and digital messaging	Facebook, TikTok, other online tools.	Increased public awareness of healthy lifestyles (as above).	Internet Costs and Loading onto Website and Facebook Pages	\$3,000.00	\$15,000.00	GoS	\$15,000.00
			Cost per Thousand Impressions (CPM): Generally ranges from \$5 to \$15 per thousand impressions.	\$10,000.00	One off Cost	GoS	\$10,000.00
			Tik Tok In Feed Ads - Cost 26 - 40 per thousand views (100,000 views and more)	\$10,000.00	One off Cost	GoS, WHO, Other DPs	\$10,000.00
1.3 Community outreach programmes	Churches, schools, youth clubs, sports clubs, community centres/ district councils, women's committee, people with disability groups and elderly care homes. Initiate efforts to collaborate with traditional healers.	Healthy lifestyle messaging within communities. Education sessions by community nurses.	Quarterly messaging with Digicel and Vodafone as part of Campaign	\$ 20,000.00	\$100,000.00	GoS, WHO	\$100,000.00
			TV Ads and Campaigns Bilingual. Cost if for airing only	\$10,000.00	\$50,000.00	GoS, WHO, Other DPs	\$50,000.00
			Community Outreach Programs logistical support such as Venues (500 tala, Light Refreshments 500, Transportation as pilot) 1,000 per session as baseline)	\$ 20,000.00	\$ 100,000.00	GoS, DPs	\$ 100,000.00
1.4 Tobacco control	Increase excise tax on tobacco products. Provide smoking cessation tools.	Fewer people taking up tobacco, more stopping or using less of it.	Meetings for the National Tobacco Control Committee Overhead Costing	\$1,000.00	\$ 5,000.00	GoS, WHO	\$ 5,000.00

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
1.5 Vaccination programmes	Maintain and improve HPV and Hepatitis B vaccination programmes	Reduction in cervical and liver cancer cases.	Continuation of HPV vaccination rollout	\$500,000.00	\$2,500,000.00	GoS, WHO, ADB, UNFPA, Other DPs	\$2,500,000.00
1.6 Environmental risk factors	Control environmental carcinogens and minimise exposure to hazardous indoor/outdoor environments	Prevent cancers caused by environmental risk factors.	Integration of environmental risks in campaigns	\$ 500.00	\$2,500.00	GoS	\$2,500.00
Key Priority Area 2: Cancer Specific Information Campaigns							\$0.00
Objective: To increase awareness of cancer prevention, symptoms and treatment options and reduce stigma around cancer							
2.1 Cancer specific information campaigns	Information campaigns on breast health, oral health, bowel health, prostate health, cancer risks and symptoms.	Earlier diagnosis of cancer of breast, oral, bowel, prostate, cancer risks and symptoms	Merging costs with KPA1 Activity 1.1	Costs reflected under KPA1 Activity 1.1	\$ 0.00		\$0.00
Key Priority Area 3: Early Detection							\$350,000.00
Objective: To enhance earlier diagnosis of cancer (breast, bowel, prostate and oral)							
3.1 Capacity Building Specific on Early Detection of Cancer	Train relevant clinical workforce to identify early cancer symptoms for bowel, oral health and prostate health	Earlier stage diagnoses of breast cancer, bowel cancer, oral cancer and prostate cancer Improved treatment options and survival. Better coordination between healthcare facilities which results in improved information flows and	For a training program involving 50 participants over three days, with a mix of in-person and online components, the total cost might range from \$20,000 to \$50,000 or more, depending on the specifics of the training design and delivery.	\$50,000.00	\$250,000.00	GoS, WHO, Other DPs	\$250,000.00
3.2 Referral pathways for suspected cancer patients	Clarify referral pathways for patients with suspected cancer for (bowel, oral health and prostate health)						

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
	Improve diagnostic capability and coordination between healthcare facilities.	reduces delays in care.					
	Establish a dedicated Breast Unit within the cancer centre.		Personnel costs & procurement of required equipment	\$200,000.00	One off Cost		\$100,000.00
Key Priority Area 4: Screening Programs							\$2,330,000.00
Objective: To establish a national cervical cancer screening program							
4.1 HPV/cervical cancer screening programme	Establish HPV screen and treat pilot programme (for scaling up later). Strengthen laboratory capability for improved HPV/cervical cancer screening. Combine HPV/ cervical screening into a “women’s health assessment” with breast examination, BMI, BP and glucose tested at one visit.	Earlier diagnosis of cervical cancer, lower morbidity, and mortality.	Clinical Protocol Development: Creating guidelines and protocols for HPV screening, treatment (if applicable), and the comprehensive women’s health assessment. This could involve consulting with healthcare professionals and experts. Cost: \$5,000 - \$40,000+ depending on complexity.	\$40,000.00	One off Cost	GoS, WHO, Other DPs	\$40,000.00
			HPV Testing Kits: Costs for HPV testing kits can vary based on the type of test (e.g., PCR-based, rapid HPV tests). Estimated cost:	\$250,000.00 (every two years)	\$500,000.00	GoS, UNFPA, Other DPs	\$500,000.00

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
			Treatment (if applicable): Cryotherapy Equipment: If offering treatment such as cryotherapy for HPV-positive cases. Estimated cost:	\$450,000.00	One off Cost	GoS, UNFPA, Other DPs	\$450,000.00
			Training for Providers: Training healthcare providers in cryotherapy or other treatment methods. Estimated cost:	\$20,000.00	\$100,000.00	GoS, WHO, Other DPs	\$100,000.00
			BMI, BP, and Glucose Testing: Equipment and supplies for measuring BMI, blood pressure, and glucose levels. Estimated cost: \$1,000 - \$3,000 depending on the number of examination stations and equipment quality.	\$ 6,000.00	\$30,000.00	GoS, WHO, Other DPs	\$30,000.00
			Community Engagement: Costs for organizing and implementing community outreach events and health fairs to promote the program.	\$ 200,000.00	\$1,000,000.00	GoS, DPs	\$1,000,000.00
			Marketing Materials: Design and printing costs for educational materials and outreach campaigns. Estimated cost: \$500 - \$2,000.	\$ 2,000.00	\$10,000.00	GoS, DPs	\$10,000.00

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
			Data Management: Costs for electronic medical records (EMR) systems or data management software. Estimated cost: \$5,000 - \$20,000+ depending on the system.	Refer to Costings under KPA 9 Activity 9.1			
			Evaluation: Costs for evaluating program outcomes and effectiveness, including hiring external evaluators if necessary. TA Costings	\$200,000.00	One off Cost	GoS, DPs	\$ 200,000.00
Key Priority Area 5: Local diagnostic services							\$2,080,000.00
Objective: To improve local diagnostic services (pathology, radiology) and workforce development							
5.1 Pathology services	Upgrade pathology capacity to meet early diagnosis and screening requirements.	More accurate and timely cancer diagnoses.	Infrastructure Renovation, Quality Assurance and Accreditation, Purchase of Equipment	\$500,000.00	One off Cost		\$500,000.00
			Consumables and Reagents, Maintenance and Support, Training and Development	\$100,000.00	\$500,000.00		\$500,000.00
5.2 Radiology services	Upgrade radiology equipment to meet the needs of cancer policy/action plan.	More accurate and timely cancer diagnoses.	Procurement of relevant radiology equipment to enhance cancer diagnostic services at TTM Radiology Department	\$1,000,000.00	One off Cost	GoS, DPs	\$ 1,000,000.00

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
5.3 Workforce training	Train clinical staff at all levels to improve cancer detection.	Earlier cancer stages at diagnoses.	Trainings can be done locally or two weeks away from office. Cost effective to do in-country	Refer to Costing noted under KPA 3 Activity 3.1			
5.4 Referral pathways	Clarify referral pathways for cancer diagnoses. Develop clear guideline for the general population and the health service on how to access services.	More effective care through clear pathways.	TA to develop Referral Pathways	\$80,000.00	One off Cost		\$80,000.00
5.5 Information systems	Information systems specific for cancer upgrade and coordination between health facilities.	Coordinated systems reduce delays with cancer care.		Refer to Costing noted under KPA 9 Activity 9.1			
5.6 DE Stigmatization	Work at community level to de-stigmatise cancer and health services. Employ laid people to assist with de-mystification of the health system and to support members of the public and patients with their interactions with the health system.	Removal of some barriers to seek medical assistance with cancer symptoms.		Refer to Costing noted under KPA 4 Activity 4.1			
Key Priority Area 6: Local Treatment Services							\$80,000.00
Objective: Strengthened local cancer treatment programs (surgery, chemotherapy, workforce up skilling and development)							
6.1 Upskilling and training of current workforce with specialties required for cancer treatment	Train local clinical workforce to undertake cancer care where clinically appropriate.	More treatments available in Samoa increasing equity and reducing cost of treatment.	Hiring a specialized TA to facilitate and undertake the training for the clinical workforce	\$80,000.00	One off cost	GoS, DPs	\$80,000.00

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
Key Priority Area 7: Overseas Medical Treatment (OVT) Program and Overseas Clinical Partnership							\$660,000.00
Objective: To review the Overseas Medical Treatment Program to achieve clinical appropriateness and value for money and to enhance clinical partnerships with overseas centres including building local capacity							
7.1 OVT Programme	Continuous reviews of current OVT programme for effectiveness, equity, and value for money.	More effective, equitable and transparent OVT programme.	TA to Review where needed	\$60,000.00	One off Cost	GoS, DPs	\$60,000.00
7.2 International relationships	Review relationships with overseas experts and facilities. Well-planned medical team visits, o/s training programmes.	Productive, sustainable international relationships with a focus on equity, sustainability, and local capacity development.	Development and implementation of Memorandum of Agreements with existing International Partners for OVT (Apollo Hospital, Fortis Hospital, NZ Hospital	\$100,000.00	\$500,000.00	GoS, DPs	\$500,000.00
7.3 Overseas sister facility	Locate a suitable overseas facility for a multi-faceted, sustainable relationship.	Long-term learning opportunities and local capacity development through regular exchange of information with a sister facility.	TA or the Ministry to assess and make recommendations	\$100,000.00	One off Cost	GoS, DPs	\$100,000.00
7.4 Telehealth opportunities	Explore telehealth opportunities with overseas experts and facilities.	Increased local capacity for diagnosis, treatment, and overall health system improvements.					
7.5. Paediatric cancers	Special focus on children with cancer; locate treatment options beyond New Zealand.	Better cancer services for children residing in Samoa.					

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
Key Priority Area 8: Palliative Care Services							\$610,000.00
Objective: To provide holistic palliative care services according to clinical guidelines to patients and their families							
8.1 Palliative care organisation	Determine the key responsibilities, stakeholders, and resources for palliative care services.	A comprehensive, equitable palliative care programme allowing terminal cancer patients to die with dignity.	TA to Develop Palliative Care Guidelines	\$60,000.00	One off Cost	GoS, WHO, Other DPs	\$60,000.00
8.2 Palliative care guidelines	Develop formal palliative care guidelines.	Coordinated, uniform palliative care services available for terminal cancer patients.					
8.3 Pain management guidelines	Develop clinically up-to-date pain management guidelines and source medications to meet the guidelines. Establish a pilot study using marijuana as a pain killer for palliative patients.	Access to opioids and adjuvant analgesics for effective pain management for palliative patients.					
8.4 Workforce development	Train clinical workforce in palliative care methods.	More professional and consistent palliative care.	TA to Design and Deliver Short Term Training for all relevant Staff	\$ 50,000.00	\$250,000.00	GoS, WHO, UNFPA, Other DPs	\$250,000.00
8.5 Psychosocial support	Include psychosocial support for patients and their families in the palliative care service.	Patients and their families are supported during palliative care.	Collaborate with other NGOs who provide psychosocial support and the Mental Health Unit. Social Worker in house for the Centre Principal Level	\$60,000.00	\$300,000.00	GoS, WHO, Other DPs	\$300,000.00

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
Key Priority Area 9: Cancer Registry							\$100,000.00
Objective: To ensure there is a dedicated information system collecting and storing data on persons with cancer							
9.1 Cancer registry	Develop a cancer registry containing patient demographics, tumour type, treatments, and outcomes.	Resource available for investigation of cancer trends, success of prevention and treatment programmes and development of cancer policies	TA to Develop Cancer Registry	\$100,000.00	One off Cost	GoS, WHO, Other DPs	\$ 100,000.00
Key Priority Area 10: Cancer Centre							\$3,885,000.00
Objective: To establish an integrated, people-centred hub for all cancer related services including education, clinical care, and research; and monitors and evaluates the cancer policy and action plan							
10.1 Health infrastructure for cancer care	Improve overall health infrastructure to facilitate more local cancer treatment and care (including establishment of Cancer Centre)	More treatment options available in Samoa.	Establishment of Samoa Cancer Centre	\$3,000,000.00	One off Cost	GoS, DPs	\$3,000,000.00
	A dedicated Breast Unit can be a separate unit within the Centre.		Personnel costs & procurement of required equipment	\$500,000.00	One off Cost	GoS, DPs	\$100,000.00
	Establish an inclusive focal point for all cancer related activities.	A coordinated multidisciplinary centre for cancer prevention, research, education, diagnostics, treatment, and palliative care.	Salary of Coordinator at Government Rate	\$78,000.00	\$390,000.00	GoS, DPs	\$390,000.00
	Establish a National Cancer Control Committee with Terms of reference to oversee the Cancer Centre development and activities.		Overhead Costs and TOR Development for the Committee	\$5,000.00	\$ 25,000.00	GoS, DPs	\$ 25,000.00

Strategic Action	Key Corresponding Activities	Outcomes	Details for Considerations of Costing	Annual Costing (SAT)	5 Year Cost (SAT)	Sources of Fund	Total
10.2 Monitoring function	Cancer Centre monitors and evaluates the implementation of cancer policy & action plan.	Systematic information collection ensures direction and success of policy.	Period Reviews by the Committee - Quarterly	\$4,000.00	\$20,000.00	GoS, DPs	\$20,000.00
10.3 Community Support	Cancer Centre provides community support and ensures cancer related activities are elevated across the health system.	Increased cancer expertise not only in centralised facilities, but across the clinical network (hub and rural health facilities).	Activities in the community to promote cancer control	\$50,000.00	\$250,000.00	GoS, DPs	\$250,000.00
	Explore the possibility of a cancer toll-free helpline (800-number).		Baseline Cost - 20,000 as part of the Centre	\$20,000.00	\$100,000.00	GoS, DPs	\$100,000.00
Overall Total							\$13,089,500.00

Annex 2: List of Stakeholders Consulted

LIST OF KEY STAKEHOLDERS CONSULTED

1. Attorney General of Samoa
2. Australian High Commission Samoa
3. Dr Ai Ling Tan, Gynaecological Oncologist, Auckland, New Zealand
4. General Practitioner Association
5. Goshen Samoa Trust
6. International Agency for Research on Cancer, Lyon, France
7. Members of Samoa Doctors CME
8. METI Samoa Health Clinic
9. Ministry of Health, Samoa
10. Ministry of Women, Community & Social Development, Samoa
11. National Kidney Foundation
12. National University of Samoa- School of Medicine
13. New Zealand Cancer Control Agency, Wellington, New Zealand
14. New Zealand High Commission Samoa
15. Oceania University of Medicine
16. Polynesian Health Corridors, Ministry of Health, Wellington, New Zealand
17. Samoa Cancer Society
18. Samoa Cancer Survivors- Pink Ladies
19. Samoa Community Members
20. Samoa Dental Association
21. Samoa Diagnostic Lab
22. Samoa Fa'afafine Association
23. Samoa Family Health Association
24. Samoa Fire & Emergency Services Authority
25. Samoa International Cricket Association- Healthy Nanas
26. Samoa Medical Association
27. Scientific Research of Samoa
28. Seven Day Adventist Church – Health Department
29. Soul Talk Samoa Trust
30. The Daffodil Centre, NSW, Australia
31. University of Melbourne, Australia
32. University of Sydney, Australia
33. World Health Organisation (Regional Office)