

Health Cluster: 2009 Tsunami, Samoa

Pacific Humanitarian Team



Western Pacific Region

Health Cluster - 14

- UNICEF - 2
- WHO - 4
- MOH - 3
- AUSAID
- FAO
- WORLD VISION
- RED CROSS (SAMOA)
- RED CROSS (AUSTRALIA)
- ASIA PACIFIC RED CROSS



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Wash Cluster - 17

- OXFAM
- FAO
- UNICEF - 4
- WHO - 4
- Save the Children (Aust.) - 2
- Ministry of Finance - 2
- ADRA NZ - 2
- World Vision



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Summary of Key Impacts and Vulnerabilities

- loss of access to key public health services for some of the affected population;
- overwhelming capacity of health sector to meet urgent curative care needs;
- loss of access of some of the population to prerequisites for health (food, shelter, water, sanitation);



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Summary of Key Impacts and Vulnerabilities

- stress and anxiety of health staff, and exposure to hazardous environments;
- health staff were also victims and have support needs;
- damage to health infrastructure and loss of utilities;
- lack of capacity to track foreign assistance and to verify the qualifications of those delivering direct assistance.



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Summary of Available Capacities

- Capacities for service delivery planning are available but need additional resources and expertise to support the recovery planning process.
- Capacity for service delivery is available but constrained.



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Situation Matrix: Health

- [health cluster matrix 05 October-final.doc](#)
- Coordination
- Focus on gaps
- Working document – checklist
- Coverage



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Overview of Key Early Recovery Needs

- complete assessment of structural integrity of health infrastructure;
- reconstruction of damaged and destroyed health infrastructure;
- relocation of infrastructure in hazard prone areas and infrastructure with poor access;
- restoration of electricity, water and sanitation services to infrastructure;



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Overview of Key Early Recovery Needs

- management of medical waste;
- mapping of access to health care facilities against current and projected future population distributions;
- supplementing human resource capacity in key areas e.g. outreach teams, transport, laboratory capacity, information management and reporting, health sector planning, health financing;
- campaigns of health promotion and public information to support recovery programmes.



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Guidance

- Samoa Mental Health Policy August 2006
- Ministry of Health Corporate Plan 2007 – 2010
- Samoa National Health Accounts FY 2004 / 2005
- Health Sector Plan 2008 – 2018 Samoa
- Health Sector Plan 2007 – 2015
- Samoa's National Disaster Management Plan 2006 - 2009



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Documentation

- Humanitarian Gap Analysis
- Early Recovery Framework
- Damages and Loss Analysis



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Analysis of Response

- Leadership / Governance
- Health Financing
- Health Information
- Health Workforce
- Medical Products & Technologies; and
- Health Service Delivery
- [Building Block Table.doc](#)



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Thank you.



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Building Block	Health back to Pre-tsunami level	Health Meets the Needs in Post-tsunami	Health rationalized services Post-tsunami
Service Delivery	Physiotherapy needs / inc. with Disability needs	Dental	Relocation Needs: - land/site, - services / utilities, infrastructure, staff quarters, infrastructure and equipment
	Ensure the needs of Manono-tai are included given not covered under Lalomanu / Fusi / Poutasi	Transport for mobile/community outreach to continue	
	Maternal / child health specific needs	Village based community facilities	
	Health related community support.	Psycho-social support continuation	
	Buildings and replacement of equipment	Transport assistance	
		Ongoing support for inter-Sectoral collaboration in areas of hygiene education, first-aid, families	
		Response to exacerbated chronic illnesses	
Information	Reinstate communication links	Communication (appropriate equipment/systems in place)	
		Strengthen and improve record keeping systems at fixed sites (including mobile and community health activities)	
Health Workforce	Accommodation	Need infectious disease specialist	Psychosocial capacity building for early identification
		PHC/GP care required to continue: Lalomanu/Poutasi/Fusi (Official position required from NHS management!!!) Patients following tsunami should not have to come to TTM for medical review – have doctors out there. Opportunity to revisit the FK requiring GPs to be deployed to cover the	

Building Block	Health back to Pre-tsunami level	Health Meets the Needs in Post-tsunami	Health rationalized services Post-tsunami
		need at the districts. Catalyst to get this off the ground?	
		Support personnel in microbiology (microbiologist)	Funding for psychosocial program strengthening support from existing systems in the community (eg: faifeau / teachers / nursing)
		Accommodation for personnel during emergency response (temporary shelters at the outreach clinics or by the fixed sites – hire etc)	
		Staffing : NHS ICH & N still working with the Samoa Health Mission nurses. Doctors have a similar initiative hoping to continue with NZ based Samoan GP doctors.	
		On-site support for personnel	
		Requesting revisiting the FK for contracting out medical services to the GPs in the private sector, as an immediate solution to the current need to have doctors at the impacted areas (Costs of doing this and for how long specific to post-tsunami period should be incorporated as part of the package)	
		Psycho social staffing: ongoing technical support	
Medical Products and Technology	ECG machine (ED machine was not working during disaster)	Special medications (advanced antibiotic regimens – usu more exp and not usu available)	Emergency trolleys
	PPEs	Microbial resistance a problem in Samoa. Need to include in laboratory capacity strengthening	Mortuary / morgue
	Blood gas machine	Psychotropic pharmaceuticals	Medications : emergency/acute and chronic illness medication (Essential List is in place)

Building Block	Health back to Pre-tsunami level	Health Meets the Needs in Post-tsunami	Health rationalized services Post-tsunami
			Need an emergency list of medications ready to be deployed in emergency situations
	Supplies: Dressings etc to be replenished		Equipment: Poutasi needs suction, pulse oximeters etc destroyed (should be part of the infrastructure replacement)
		Measles vaccination campaign	
Leadership / Governance	Systems development and strengthening (according to the National Disaster Plan)		Revisit existing framework/protocols coordination of deployment / financing
	Ensure needs of acute vs delayed/ongoing are catered to		
Health Financing	Cost of rehabilitation	Cost to patient for referral to hospital incl. admission	