

AIDE MEMOIRE

SAMOA HEALTH SWAP PROGRAM Joint Review Mission April 15-26, 2013

INTRODUCTION

1. The Joint Review Mission took place from April 15-19, 2013. It comprised of representatives from the Government of Samoa (GoS), the New Zealand Ministry of Foreign Affairs and Trade (NZ MFAT), Australian Agency for International Development (AusAID), the World Bank (WB), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA).
2. The Mission members thank the staff of the Ministry of Health (MoH), and the National Health Services (NHS) for their time and cooperation with the Mission. In particular Ms. Peseta Noumea Simi (ACEO, Aid Coordination/ Chairperson Health Advisory Committee, Ministry of Finance – MoF) and Ms. Palanitina Tupuimatagi Toelupe (Director General of Health/CEO, MoH) for chairing meetings and for their kind cooperation during the Mission.
3. During the Mission, it was also agreed to shift the coordinating Development Partner (DP) role from NZ MFAT, with the departure of the First Secretary Development – Peter Zwart, to AusAID represented by Dr Megan Counahan.
4. The Health SWAp is in its final year, and scheduled to close on December 31, 2013. The program of work (PoW), which had been approved in October 2012, was revisited prior to the mission by the MoH and DP representatives and again during this mission in light of the over programming and subsequent shortfall in funds presented to DPs on 7 November 2012. The revised and final PoW is attached to this aide-memoire. This is further discussed in paragraph 12.
5. The GoS has expressed interest in extending the closing date of the SWAp, at no additional cost, until June 30 2015. This would allow the ongoing infrastructure portion of the Health SWAp to be completed. The construction timeframe is in Annex 4 (Action 1).
6. The objectives of the Mission were:
 - a) To finalize and agree on a detailed roadmap, consider progress on the first phase of review of the Health Sector Plan and SWAp, discuss the need to change the coordinating DP, and plan the next phase.
 - b) To review the status of implementation and procurement, and agree on the priorities and scheduling of activities for the remaining period of the SWAp.
 - c) To review the financial status of the SWAp, including current expenditure and commitments, the approved programme, and available funds, and agree on an approach that will allow the delivery of a sound SWAp programme within budget.
 - d) To engage on key policy issues related to:
 - a. Monitoring of results against the Project Appraisal Document (PAD) and M&E manual indicators
 - b. Strategic approaches to prevention and treatment of Non-Communicable Diseases (NCDs);
 - c. Primary Health Care service delivery issues;
 - d. Health financing; and
 - e. Health Information Systems (HIS) design

- e) To assess the MoH's health management information system through the definition of data source for each SWAp indicator, including data flow and a routine audit of data sample of health facilities, for a rapid-results improvement plan for each of the data sources.

KEY ACTION AND AGREEMENTS REACHED DURING THE MISSION

7. Table 1 contains activities which require further action following this Mission. Table 2 contains actions and their status identified in the November 2012 mission.

Table 1 Follow up actions from 15-19 April 2013 Mission

No.	Action	By Whom	By When	Completion Status
1	The GoS to submit to the DPs an official request for an extension of the closing date.	MoH/MoF	June 30, 2013	Not yet due
2	Comments required on the independent evaluation report of the SWAp (Philip Davies Report).	MoH/DPs	April 30, 2013	√ Completed
3	Comments required on the SWAp Mid-Term review report (Macfarlane Report)	MoH/DP	April 30, 2013	√ Completed
4	Rheumatic Heart Disease (RHD) vehicle via UNOPS: Given the delays in finalizing contract, it was agreed MoH will go via shopping procedures. UNOPS to be informed of decision by the WB.	MoH	April 26, 2013	√ Completed
5	Share draft procurement post review report with MoH, and finalize after receiving feedback.	WB	April 30, 2013	Due
6	MoH/MoF to clear the health financing report commissioned by the DPs.	MoH/MoF	May 10, 2013	√ Completed
7	Forward updated procurement plan to DPs, based on revised thresholds and final POW.	SCU	May 31, 2013	Not yet due
8	Financial Management <ul style="list-style-type: none"> - Withdrawal application to be submitted to close out the IDA credit 4432. - Revise IFR for October-December 2012 ref. trip on HCW. - Repayment of the sitting fees for the civil servants and parliamentarians shown in the March IFR as a separate line and include a list of the amounts repaid. - Use of reconciliation sheet included in section 11 of this report to ensure accuracy of IFRs to MOF records. - Submit the March 2013 IFR - Include a copy of the Financial Package Matrix as an attachment to future IFRs 	MoH	May 31, 2013 To be included in the March 2013 IFR which was due May 15, 2013 To be implemented for the March 31, 2013 IFR, previously requested to be included in the December 2012 IFR. May 15, 2013 March 2013 IFR and then	Not yet due Due Due Due Due

			ongoing.	
9	Maintenance & Operating Plan finalized and costed and included in budget for 2013/14 (draft submitted November 7, 2012).	MoH/NHS	May 31, 2013	Budget line item pending
10	Submit signed off Environmental Management Plan to the WB.	MoH	June 15, 2013	Not yet due
11	MoH officials to inform the WB alignment of the report with the GoS's existing strategies for health promotion and reduction of NCDs.	MoH	December 15, 2012	Due
12	Forward to the WB the updated list of awarded contracts, for the next post review.	HSCRM	September 30, 2013	Not yet due
13	Forward list of contract award notices to the DPs.	HSCRM	December 31, 2013	Not yet due
14	Develop and maintain contracts register.	HSCRM	December 31, 2013	Not yet due

Table 2 Actions from November 2012 Mission

No.	Action	By Whom	By When	Completion Status
1	GoS to finalise shortfall analysis and submit any request to DPs.	MoF	To be determined	√ Completed
2	The financial and procurement supervision mission would work through the PoW and procurement plan to confirm estimates of the final outputs and any savings from removed or deferred work.	MoH/DP	December 5, 2012	√ Completed
3	Completion of the evaluation for the Health Care Waste Management (HCWM) truck (due to non-responsiveness of bids).	MoH/NHS	November 15 2012	√ Completed
4	Extension of the Biomedical Engineer for NHS. a. NHS/MoH to revise the TORs and the contract and send a request to the WB for no objection (copying DPs). WB to provide the no objection.	NHS/MoH WB	November 7, 2012 November 8, 2012	√ Completed
5	No Objection on the revised HIS TORs.	DPs/WB	November 5, 2012	√ Completed
6	Transition plan for transfer of equipment to new hospital.	MoH/NHS	November 2012	√ Completed
7	Maintenance & Operating Plan and budget line item.	MoH/NHS	March 2013	√ Completed Budget Line Item pending
8	Discussion of new infrastructure and links to PHC program.	MoH/DP	Ongoing	√ Completed
9	Revision to TORs on the HSP and SWAp evaluation would be conducted by the Sector and sent for NOL.	MoH/DP	November 2012	√ Completed
10	AusAID will provide a TA to assist in the situational analysis and other key activities as directed.	MoH/AusAID	November 15, 2012	√ Completed
11	Submit to WB for comments the revised design of the PHC/Warehouse/Orthotic package (review of design and functionality).	MoH/NHS	December 6, 2012	√ Completed

STATUS OF IMPLEMENTATION AND PROCUREMENT

Overall Implementation Progress

8. Overall implementation progress continues to proceed as planned. As at February 28, 2013 the SWAp has disbursed US\$16.8 million out of a total of US\$30.4 million (55% disbursed). This figure does not incorporate the additional USD3.0 million (from AusAID) for medical equipment or the additional NZ\$4.3 million (from NZ MFAT) which will be used for the infrastructure component (Annex A) and will bring the total envelope of funds to US\$37.06 million.

9. Since the previous mission, key design work and specifications have been developed and bidding documents have been prepared. Table 3 outlines their status.

Table 3 Status of bidding documents

Bidding documents prepared	Date	Status
Phase A medical equipment	April 17, 2013 (reviewed by WB)	No Objection provided with comments.
Design for PHC/Warehouse/Orthotics buildings	May 3, 2013	Comments provide on bidding documents on May 13, 2013; await revised bidding documents.
Phase B medical equipment	April 26, 2013	Bid documents approved with comments.
MTII Hospital	TBD	Pending

10. The DPs noted the active analytical and planning work underway within the NHS and the importance placed on this by the NHS Board. The DPs received the draft maintenance plan (which has yet to be costed) for both infrastructure and equipment within the health service. The DPs would also need assurances of the budgetary provision within the NHS budget for 2013/14. The NHS informed the mission that a dedicated Primary Healthcare Division has been put in place and they are finalizing the Workforce Plan to meet the needs of the sector.

11. A number of activities have been completed since the November 2012 mission. It is to be noted that outside of the remaining infrastructure activities, all activities in the agreed programme of work will be completed by December 31, 2013.

12. Annex B contains the agreed upon final PoW (dated April 24, 2013). It was agreed that any proposed extension period will be a no cost extension. While most of the activities will be completed by December 31, 2013, any extension will cover the infrastructure activities ¹ to June 30, 2015; no additional funds will be forthcoming, and any overruns incurred will be at the charge of the GoS.

¹ Infrastructure Activities include:

- Design and Supervision of NHS PHC, Warehouse and Orthotic buildings;
- Construction of NHS PHC, Warehouse and Orthotic buildings;
- Design and Supervision of MTII hospital facilities; and
- Construction of MTII hospital facilities.

Project Objective

13. The objective of the Project is to *improve access to, and utilization of effective, efficient and quality health services to improve the health status of the Samoan population*. Progress continues to be made to achieve the Project Objective, in improving access through the deployment of General Practitioners to rural areas, the training and deployment of auxiliary nurses to rural health facilities and to the new hospital, strengthening service delivery, increased communication of health risks for the Samoan population, and improved outreach. However, the project was downgraded by the WB in December 2012 to *Moderately Unsatisfactory* for the Project Development Objectives (PDO). This was due to delays encountered under Component 2, delays in disbursement and progress under project indicators. Two draft reports highlight the need for data management, and moves are being undertaken to strengthen M&E, and the initial development of an HIS. In addition, the 2013 STEPS survey was launched, and data will be published by July 2013.

14. As mentioned above, two key draft reports were provided to the mission: *The Mid-Term Review of the Health Sector Plan 2008-2018* (April 2013), and the independent review funded by AusAID, *Monitoring and Evaluation Framework: Samoa Primary Health Care Pilot: Revitalisation of Primary Health Care* (September 2012). A final draft of the Primary Health Care Policy and Strategy was also provided to the mission, as well as the six-month progress report from July to December 2012. Progress and achievements to date are outlined in Annex C. These three reports are a good reference for progress made and activities that require strengthening.

15. **Component 1: Health Promotion and Prevention.** The component continues to progress; however, stronger ties to outcome indicators would provide more depth to the progress. Legislation on the establishment of the Health Promotion Foundation was approved by Cabinet in March 2013. Funding for this new agency is being identified. Health messages continue to be a big part of this component, through advocacy activities and dissemination. Strategic plans are being prepared in how to promote the use of a series of methodologies for healthy living through taxation of tobacco, alcohol, and sugary drinks, improvements to sanitation and water in communities as part of ongoing programs, and in light of the impact of Cyclone Evan which hit Samoa in December 2012. Site visits have been undertaken by MoH to ensure good school compliance with School Sanitation Guidelines, of which 79% of schools in Savaii and 88% of schools in Upolu had complied with. Training on HCWM took place in July 2012, however, the report from this activity raised serious concerns about segregation and containment of medical waste (see para 17). In addition much work continues on legislation of breast milk substitute, and draft regulations are now ready and awaiting the approval of the Food Bill. Ongoing dialogue is taking place between MoH and Ministry of Agriculture on aligning the Food Bill with the efforts being made under the Agricultural sector on improving food sources. In addition, enactment of safe zones for public sector working mothers to breastfeed their children are now in place. Improvements are being made to the nutrition program and increased physical activity, and the nutrition guide could benefit from more in-depth work to include other guides which relate to emergency or crisis situations given the last major crises of 2009 (Tsunami) and 2012 (Cyclone). The private sector has been engaged in the healthy Workplace Program (59% have sustained their programs at least 3 times a week). Smoking bans have been enacted in schools, and legislation was passed in February 2013 for the enforcement of the Tobacco Act 2008 including bans on smoking in public places. This legislation framework could be complemented by emergency QUIT phone numbers, counseling, alternatives to smoking, and more robust evaluation of the programs to ensure compliance. Much advocacy has been put in place for prevention and control of NCDs, however, evidenced-base programs at the primary level have not been commented on in the progress report to date.

16. **Component 2: Enhancement of Quality Health Care Service Delivery.** The component activities are lagging, primarily for RHD screening and control activities. The contract with UNOPS, is not yet signed. Though the recommendation had been made in the past by the WB to contract with

UNOPS, the delays in procurement has led to now authorizing shopping for this activity so as to not further delay the delivery of this important activity. Similarly the echo-cardiogram is now being launched under shopping rather than with UNOPS, given the remaining time under the SWAp. The HCWM program is underway, however, as noted above in Component 1 and in para 17 below, there is a need to ensure the maintenance of activities continues as well as the purchase of a third HCWM truck (two vehicles were purchased in 2004). Family health programs require further work. This was managed virtually as a vertical program, with commodities being funded and provided by UNFPA, until June 2012 when it was integrated as part of the Health Sector Program under the MoH Health Sector Coordination, Resourcing and Monitoring Division. Increased integration of the program into overall health service delivery would be beneficial. Activities in neo-natal and cervical screening, detection of breast cancer, capacity building for healthcare professionals and emergency and relief management is yet to be completed. The report from the consultant to better inform the policy and management of such activities is well overdue and a firmed up decision from the NHS Board needs to be made on the way forward given the critical need for the report. The Diabetes Clinic focusses on secondary prevention of complications from diabetes, and had up to 400 patients from June to December 2012. However, this clinic also served as an outpatient clinic after Cyclone Evan, which was critical in ensuring that disease outbreak was prevented, also due to intensive surveillance efforts carried out by the health sector. In addition, patients lost medications during the cyclone and remedial action have been included in the emergency preparedness response plan to ensure patients can continue to have access to medication during times of crisis. The Phase A medical equipment has received the WB's no objection, and contract(s) will be signed in the coming month. Phase B bidding documents for medical equipment have also received the WB's no objection. As discussed previously, the infrastructure envelope has now been provided with additional funding in the amount of NZ\$4.3 million. The process of preparation of bidding documents, launching of bids and selection of bidders, plus construction period, will go well beyond the current SWAp closing date. The mission awaits an official request from the MoH and MoF on next steps.

17. Component 3: Strengthening Policy, Monitoring and Regulatory Oversight of the Health System. It is expected that a Project and Planning Unit will be established in NHS, responsible for program, project evaluation and performance measurement, with the NHS SWAp Coordinator position to be absorbed into the NHS organization. In addition, a Primary Health Care Division has been established within the NHS to increase the focus on preventive care, and a workforce plan is under development to ensure that the health system can function at full capacity. The workforce plan should be ready by June 2013. The sector's leadership management training approved in the 4th quarter last year has been launched (with a total of 52 attendees) and will be completed in October 2013, for which a model on results-based management and M&E will be part of the curricula. The MoH initiated training for nursing auxiliaries, now completed, and auxiliary nurses have now been dispatched throughout the sector. A total number of seventy-eight (78) Auxiliary Nurses are assigned to rural facilities and the TTM Hospital. The National Kidney Foundation has also benefited from training in New Zealand on patient information system, which would be part of the overall MoH's strategy on an HIS. However, as noted below (para. 18), an HIS will only be as good as the information that goes into it, and there is an urgent need to strengthen and further develop the M&E system of the MoH. The MoH Nurses Hostel and MoH Credentialing Centre for Nurses and Allied Health professionals were completed in January 2013, and will have a mandate of professional development, credentialing nursing, midwifery and allied health professionals. The Credentialing Centre is acknowledged as an example of utilizing the "building back better" concept and together with the hostel stand as appropriate models for tropical buildings and built to meet disaster building codes. The new hospital, to replace the old TTM Hospital, is almost completed and due to open on July 1, 2013. The hospital will become the main point for referral of secondary health care, while the new PHC building (estimated to be completed by December 2014) and district hospitals will perform primary care prevention services. It is expected that the new hospital will benefit from specialized visiting teams from the NZ MFAT funded institutional linkage program, and thereby reduce costs spent on overseas treatment. The amount allocated for medical equipment within the SWAp envelope is SAT\$3.0 million and is augmented by the tagged USD3.0 million from AusAID. The bidding for

medical equipment is being conducted in two phases. Phase A is under bid evaluation, and the bidding documents for Phase B are under review.

RESULTS MONITORING AND REPORTING

18. The mission included an M&E expert, whose key task was to assess the MoH's health management information system through the definition of data source for each SWAp indicator, including data flow and a routine audit of data samples from health facilities, and development of a rapid-results improvement plan for each of the data sources.

19. Prior to this mission, the MoH had commissioned a consultant for the HIS, for which a newly created division within MoH was recently established. The position of ACEO, HIS Division was filled just before the mission. The HIS consultant's deliverables include a draft HIS policy, and a five year information strategic plan. This covers the data needs, modes of capture, storage, transmission and formatting of data according to service areas.

20. However, as the now non-functioning electronic CHNIS has demonstrated, planning and implementing HIS without the wider enabling environment and operations of a functional M&E system is chronologically unwise especially given the underlying issues assessed. What is needed, programmed in conjunction with the rollout of an HIS, is the planning and implementation of a sector-wide M&E system according to international best practice. The WB consultant will produce an M&E assessment report by end May 2013. This report would include the following:

- a review of the status quo of M&E in the health sector;
- an assessment of the current M&E operations manual against the 12-component M&E best practice methodology;
- a mapping and recommendations on missing elements such as:
 - a results-based logical framework of national strategies, objectives, indicators, baselines and targets;
 - M&E organisational capacity for M&E in MoH and other agencies;
 - capacity and capacity development in MoH and other key players;
 - management of M&E partnerships;
 - planning and budgeting for M&E;
 - routine monitoring including data flow and management, data quality auditing and supportive supervision;
 - advocacy and communication planning to foster a positive M&E culture;
 - HIS role in M&E system creation; and
 - data distribution and use, as the final and most important outcome of a national sector M&E system.

21. It is internationally recognized that the contributing factors to project and program failures is not the technical system themselves put in place, but rather due to poor planning, weak capacity and inadequate co-operation. Data are being entered at each health facility level and across many service areas (although these are not audited) - the challenge remains getting the data to flow to monitor progress against current indicators. International best practice has repeatedly demonstrated that when only some of the M&E elements are implemented (and not the full complement), the M&E system fails.

22. The mission recommends that the Ministry develop a clear roadmap for planning, implementing and sustaining both a culture and system of M&E for the health sector, as a matter of priority. Only with this approach will good quality data flow according to indicators established, from ground-level implementation to national programs, in a way that is valid, reliable, accurate, regular, and meaningful to all health stakeholders, including the donor partners.

FIDUCIARY STATUS AND PROGRAM OF WORK

Safeguards

23. The mission received the Health Care Waste Training Report of July 2012. The report highlights a number of issues which require MoH and NHS action:

- a. Functionality of incinerator still unknown at Savaii;
- b. TTMH and URDH staff to undertake training as they were not available during the previous training;
- c. Cleaning crew at TTMH in danger of sharps and infections from non-segregated waste, waste on floor, bloody linen, etc.
- d. Infectious Control Manual and Policy not being fully applied;
- e. Additional colour coded bins required and labelled (to be taken into account in the maintenance budget);
- f. Additional biohazard bags required (to be taken into account in the maintenance budget);
- g. HCW Truck maintenance required;
- h. Non segregation leading to other items being burned in the incinerator which shortens the lifespan of the incinerator;
- i. Enforcement of segregation and containment required;
- j. Recommendation for increase in hazard allowance due to heightened risks; and
- k. Finalization of the Environmental Management Plan and submission of the report to the WB and DPs.

24. A follow-up on the recommendations proposed and actions initiated and completed would be appreciated in order to comply with the PAD (page 18).

Procurement

25. Procurement Plan Update. Revised method and prior review thresholds, as approved by the Bank for application in the Pacific Region (Annex D), were shared with the HSCRM Division. The next procurement plan update will include these revisions, per the activities approved and agreed upon in the April 24, 2013 PoW. The awarded contracts list will also be updated to include commitments, expenditures to date, and contract awardee information.

26. **Ongoing Procurement Activities:**

- (i) Truck for HCWM: The activity has gone through three rounds of unsuccessful bidding. The mission was informed that NHS has revised the specifications to match vehicles available in the market rather than require a customized vehicle to fit the bins already procured. Shopping procedures are now being followed. The process will be subject to post review.
- (ii) Vehicle for RHD program procured through UNOPS: This procurement will be cancelled with UNOPS and will proceed with shopping method.
- (iii) Echo machines for RHD program: In order to accelerate the process and given the delays encountered with purchases with UNOPS, the WB has agreed that this item will be procured under shopping procedures. The process will be subject to post review.
- (iv) Laundry equipment for new hospital: This has been removed from the PoW.
- (v) Medical equipment, Phase A: The mission reviewed the bid evaluation report which was provided in hard copy to the team, and discussed the conclusions. The report will be

revised, based on feedback provided by the mission, and re-submitted to the Wb for final review (by April 26, 2013).

Financial Management

27. The mission found that the percentage of costs for each DP and by GoS is not fully aligned with the percentages outlined in the agreements (GoS: 6%; IDA: 25%; NZ: 24%; and AUD: 45%). Currently, the GoS will need to increase its share which is currently at 4%. The mission was notified that the GoS will contribute SAT\$1.5 million to the Designated Account (DA) by June 2013, which will raise the percentage required (the VAGST is coded differently in a separate account, which will be taken into account during reconciliation). In addition, in order to clear the account under Credit 4721 which has little funds left, it is urgent that a Withdrawal Application be submitted for about US\$10,000 to clear the IDA Credit 4721, for which the remainder would be charged to IDA Credit 4432 (additional financing). As per the November mission and aide-memoire report, the December 2012 IFR did not take into account the reimbursement of the sitting fees, and therefore, this needs to be taken into account in the January-March 2013 IFR. These amounts need to be reversed out of the project records.

28. A Financial Management Mission was undertaken from May 13-15, 2013. The FM review concentrated on the following areas:

- (a) Confirmed the amounts committed by the donor partners and GoS which are as follows: IDA USD 6.0 million equivalent; NZ Aid NZD 16.3 million, AusAID USD 12.6 (plus an additional USD 3.0 million specifically for medical equipment which will be 100% financed from these funds) and GoS USD 1.825,755 equivalent which has increased from the original commitment of USD 1.5 million due to GoS agreeing to deposit SAT\$ 1.5 million during the 2012/3 financial year.
- (b) Follow up with Ministry of Finance to submit a final Withdrawal Application for IDA 44320 to fully disburse these funds.
- (c) The December 2012 IFR has now been amended with a change in the narration for two entries in section A13 of the trial balance. It was recommended that an amendment be made to the AusAID six month projections by taking out the purchase of the medical equipment which will be funded exclusively from AusAID.
- (d) Ensure the sitting fees deemed ineligible are deducted from the donor expenditures in the March IFR. This will be shown as separate line on the Summary of Development Partners Receipts and Expenditures Page of the IFR. It was also agreed that a transaction listing showing all the sitting fees will be included.
- (e) A transaction review for the testing period, November 2012 to May 2013. No material issues were identified.
- (f) The FM review will also analyze the available funds based on the March IFR, when it is received and provide an update on the project percentages required to be contributed by each of the donors based on the available funds. If a change is to be made, the Joint Partnership Agreement will require amending.
- (g) The findings from the Audit report were discussed with project staff and MoF staff and a copy of the management letter was provided. An outstanding issue raised in the management letter refers to Issue #5 requiring overseas training reports. These have not been furnished to date for the following personnel and training period: Fili Sinei and Lauasa Fotualii (August 19, 2011); Dr. Petueli Enosa (September 28, 2011); Siufaga Fuifui, Tagi Sautia, Mariana Siaumani (September 28, 2011); and Logo Toleafoa (October 21, 2011). The above personnel will not be eligible for any further financing under the SWAp until the training reports are submitted.

Expenditure Update

Table 4 Total Expenditures and Commitments at end February 2013 and the POW estimates.

Components	Currently Costed Program	Actual Expenditures	Committed (signed contracts)	Balance remaining (budget less (exp + commitment)
Component 1	3,041,085	2,442,480	151,918	446,687
Component 2	22,293,023	7,120,017	1,502,186	13,670,820
Component 3	8,542,953	7,257,471	817,407	468,075
Total USD	33,877,061	16,819,968	2,471,511	14,585,582
Total SAT	76,696,991	38,080,073	5,757,072	32,859,846

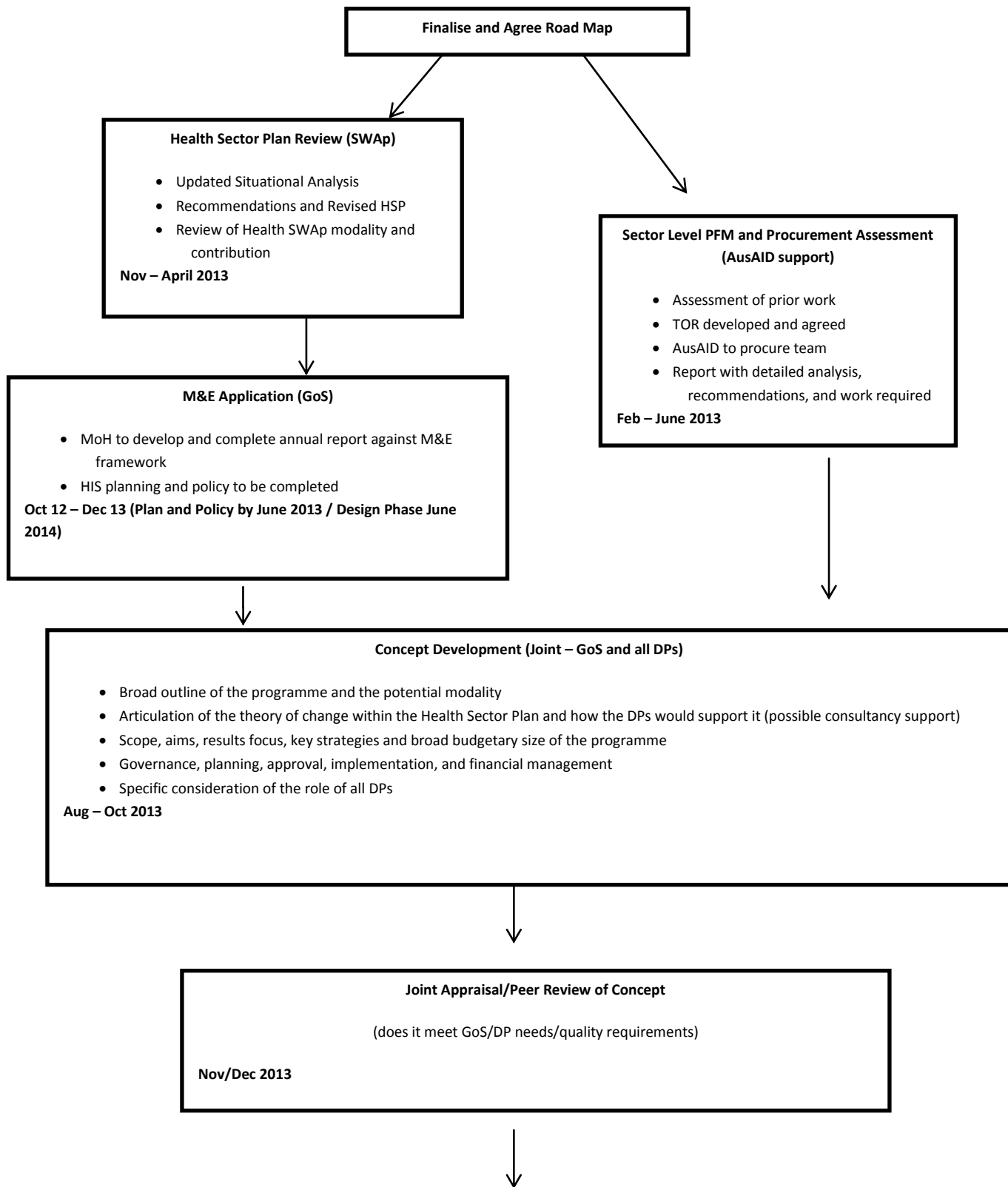
FUTURE PLANNING – POST SWAP

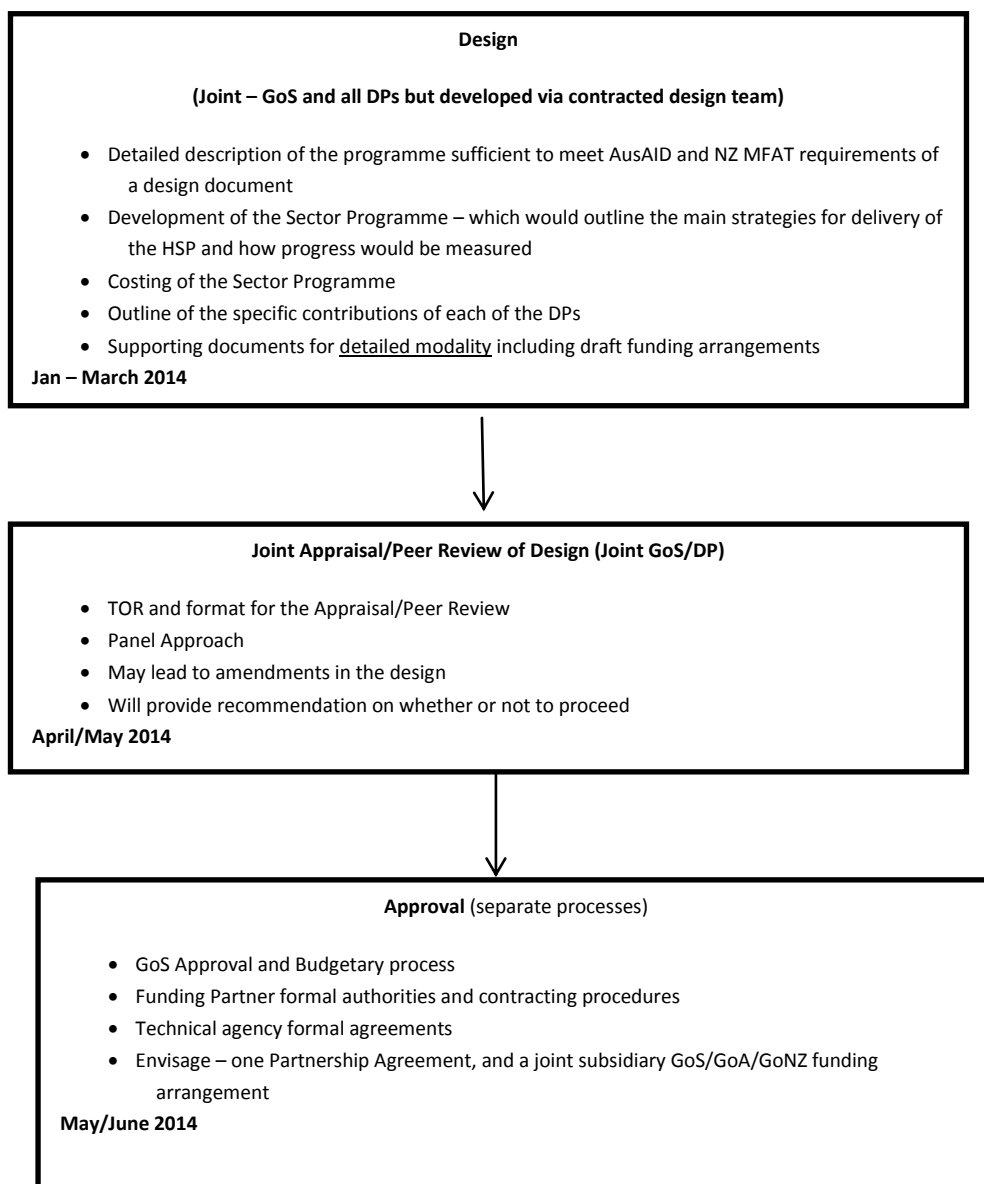
29. The MoH, on behalf of the Health Sector, and DPs discussed and agreed on the activities to be undertaken, as well as timeline, for development of post-SWAp support in the Health sector. After the preparatory work (currently underway) the GoS and DPs will meet to discuss and develop the concept including assessment of scope, aims, key strategies, and potential modality.

30. The detailed design will take place in late 2013 and into 2014 with approval of the new design in June 2014. With the exception of the infrastructure activities (NHS PHC, Warehouse and Orthotic buildings and MTII hospital facilities) there will be no new activities or funding between December 2013 and approximately June 2014 until a new programme is agreed upon.

31. The agreed upon roadmap for development of post-SWAp support in the Health sector is as follows:

Road Map to Post-SWAp support in the Health Sector





ANALYTICAL WORK

32. The WB invited comments on two analytical reports: *The Health Financing Options for Samoa*, dated June 2012, and *The Economic Costs of Non-Communicable Diseases in the Pacific Islands*, dated November 2012. Comments were not received, however, it was agreed that comments were welcome until May 10, 2013, after which the reports would be considered as public documents, per the WB disclosure policy.

LIST OF ANNEXES

Annex A: Letter from NZ MFAT ref. Additional Financing
Annex B: Final and approved PoW
Annex C: Progress Against Health Sector Plan “Work Programme and Strategies”
Annex D: Results Matrix
Annex E: Revised Procurement Threshold and Post Review
Annex F: Planned Program of Completion of Civil Works
Annex G: Financial Management Implementation Review Report
Annex H: Implementation Status and Implementation Report
Annex I: Post-SWAp Roadmap Timeline
Annex J: List of Mission Members and GoS Officials