

AMERICAN SAMOA

1. DEMOGRAPHICS, GENDER AND POVERTY

In 2005, American Samoa had an estimated population of 65 500, with 50% residing in urban areas. Based on 2004 population estimates, around 40% of the population is below 15 years of age, while almost 4% is above 65 years. The average age is estimated at 21.3 years. Life expectancy at birth for men is estimated to be 72 years, while for women it is 80 years. Based on 2004 estimates, there are 104 males for every 100 females.

Population	[Total]	65 500 est	Life expectancy at birth (years)	[Both]	75.84
	[0-14 years]	38.95% (2004 est)		[Male]	72.27
	[65+ years]	3.58% (2004 est)		[Female]	79.62
Crude birth rate (per 1000 population)		26.70	Total fertility rate		3.25
Crude death rate (per 1000 population)		4.50	% of population served with safe water	[Total]	99.00 (2004)
				[Urban]	99.00 (2004)
				[Rural]	99.00 (2004)
Infant mortality rate (per 1000 live births)		15.20	% of population with adequate sanitary facilities	[Total]	99.00 (2004)
				[Urban]	99.00 (2004)
				[Rural]	99.00 (2004)
Maternal mortality ratio (per 100 000 live births)		123.00 (2002)			

est - Estimate

2. POLITICAL AND SOCIOECONOMIC SITUATION

2.1 Political situation

American Samoa was defined by a treaty in 1899 between the United States of America, the United Kingdom of Great Britain and Northern Ireland, and Germany, which gave the United States of America control of all Samoan islands east of 171°W. In 1978, the first popularly elected Samoan governor was inaugurated. There is a bicameral legislature (*Fono*), consisting of a senate (18 members chosen by county councils) and a house of representatives (20 members elected by popular vote, plus one non-voting member from Swains Island, which is privately owned). There is also an independent judiciary.

2.2 Economic situation

American Samoa is a small developing economy that depends on two main sources of income: the United States Government and tuna canning. Federal expenditures and the canning business together account for 93% of the economy. The remaining 7% results from a small tourism industry and a service sector. Transfers from the United States Government add substantially to American Samoa's economy. Annual budget revenues of US\$ 121 million comprise grants from the United States of America (63%) and local revenue (37%). The United States is the main trading partner. Gross domestic product (GDP) per capita (purchasing power parity) was estimated at US\$ 8000 in 2000.

3. HEALTH SITUATION

3.1 Health trends

In 2005, the crude birth rate was 26.7 per 1000 population and the crude death rate 4.5 per 1000 population. The infant mortality rate was estimated at 15.2 per 1000 live births in the same year, and the under-five mortality rate at 4.90 per 1000 live births in 2002. The total fertility rate for women aged 15-49 years is 3.25, and the maternal mortality ratio was 123 per 100 000 live births in 2002. In 2000, 33% of women in the reproductive age group were using modern contraceptive methods.

There has been considerable progress in primary health care in recent years. Water supplies and sanitation systems are well organized and maintained, and 99% of the population have access to safe water. Water is increasingly supplied from deep bores, with a smaller portion from reservoirs, and is chlorinated. However, although 99% of the population have adequate excreta disposal facilities, solid waste disposal is still a problem. Waste collection systems have improved significantly, but adequate space for solid waste landfill operations is very limited.

The morbidity pattern has shifted significantly over the past three decades from infectious diseases to a predominance of noncommunicable diseases related to modernization and lifestyle changes. Enumerated data on the leading causes of morbidity are currently unavailable. However, based on the observations and the personal experiences of senior health officers, the following are assessed as the leading communicable diseases presently affecting the population: respiratory infectious diseases, filariasis, dengue, hepatitis, tuberculosis, leprosy and intestinal worm infestations. For noncommunicable diseases, obesity, diabetes and its complications (including hypertension, heart disease and stroke), chronic disabling conditions (including asthma, gout, osteoarthritis and osteoporosis), tobacco-related obstructive pulmonary disease, cancer and oral disease are the leading causes of morbidity.

The most serious health issues are related to the increase in chronic diseases associated with lifestyle, with their roots in improper nutrition and physical inactivity. Significant increases in the prevalence of obesity, in both sexes and at increasingly younger ages, are associated with a number of these conditions. Hypertension, cardiovascular diseases, cerebrovascular diseases, type II diabetes mellitus and its complications, arthritis, gout and some forms of cancer are among these important chronic diseases.

American Samoa reported one positive case of HIV in 2001. The Government is taking the issue of HIV/AIDS seriously and has developed a national policy and prevention programme.

Filariasis is a major endemic problem. The mass drug administration (MDA) campaign in 2001 reported coverage of 52% for the target population. The reported coverage represents a 50% improvement compared with the 1999 MDA, which only had 19% coverage. In 2003, MDA coverage among the total population was 70%. Blood survey results for filariasis were 2.6% (microfilaria) and 11.5% (immunochromatographic test) in 2001.

3.2 Health systems

The Department of Health and the National Hospital continue to co-exist as two separate systems. The Department of Health is responsible for public health issues, communicable disease control (including tuberculosis and HIV/AIDS) and health dispensaries at district and community levels. The National Hospital in Pago Pago is under the management of the Hospital Board, designated by the Governor, and is subject to the federal rules and regulation of the United States of America (i.e. the hospital does not have to report to the Department of Health). Nevertheless, coordination between the Department of Health and the National Hospital is generally well conducted at the technical level. Most public health programmes continue to be funded by federal grants.

The health infrastructure consists of one hospital (LBJ Tropical Medical Center) and five primary health centres. The LBJ Tropical Medical Center, a 128-bed general acute care hospital, is the only hospital in the territory. It provides a reasonable scope of general inpatient and outpatient services covering: medicine; surgery; obstetrics and gynaecology; ear, nose and throat (ENT); eye; paediatrics; mental health; and renal dialysis.

The 2003 health workforce included 49 physicians (American doctors, Fiji School of Medicine graduates and foreign doctors), 15 dentists, 2 pharmacists, 127 nurses, 1 midwife, 98 other nursing/auxiliary staff, 146 paramedical personnel, and 13 other health personnel. However, the absence of an available health workforce pool in a small island population, and severe government financial difficulties, make long-range health workforce planning uncertain and recruitment and retention problematic. Both the hospital and the Department of Health have inadequate resources for continuing education for their staff members. This leaves the Department of Health with a rapidly growing gap between evolving professional responsibilities and existing workforce competencies. The long-standing problem of health workforce deficiencies is one of the greatest challenges for health development. Therefore, human resource development for health has been identified as a priority area for national health development, particularly for WHO collaboration.

Training of nurses takes place locally and through overseas education in the American system and, as recognition of qualifications requires certification and/or registration by American professional associations, much undergraduate and post-graduate training is undertaken in that system. Adequate numbers of licensed practical nurses are produced this way, but the supply of registered nurses is insufficient to meet the quality standards required for United States federal health care financing programmes.

Specialized training courses and workshops sponsored by WHO and American sources are welcomed and add to the quality of services, particularly those related to public health. The newly acquired telecommunications capability at the LBJ Tropical Medical Center provides additional opportunities for distance learning through the telemedicine/telehealth system housed in that facility.

Medical and dental officers are trained at the Fiji Schools of Medicine and Dentistry, and post-graduate training through short-term courses and attachments is arranged in Australia and New Zealand. A number of medical students are also in medical schools in the United States of America, although this practice does not provide any assurance that these individuals will return to the island as doctors after their training.

Financial management of public health programmes is mainly grant-driven rather than programme-driven. The hospital generates financial resources from user fees, local government appropriations, and federal health care financing through the Medicaid and Medicare programmes. The total government health budget amounts to 14% of the territory's total budget and the bulk goes towards curative care, with only about 10% going to public health. Total health expenditures are around US\$ 32.3 million, which corresponds to per capita health expenditure of US\$ 500.

The United States health care financing administration provides about US\$ 3 million a year to the LBJ Tropical Medical Center (16% of its funding), most of which is used to purchase medicine and medical supplies used at the centre. Pharmaceuticals and vaccines are purchased from the United States of America. United States Federal Drug Administration regulations prevent the territory from purchasing pharmaceuticals from foreign sources. There are frequent shortages due to problems with ordering logistics and financial shortfalls.

A planned project to build a new acute care hospital to replace the LBJ Tropical Medical Center has been deferred due to cost. An alternative plan to renovate and expand the existing facility is being implemented.

4. NATIONAL HEALTH PLAN AND PRIORITIES

The territorial health priorities are as follows:

- (1) Increase the capacity of the health system to meet the health challenges of the 21st century through:
 - improving health policy development mechanisms,
 - developing the health workforce,
 - improving management processes at all levels, and
 - strengthening long-range health planning and programme planning.
- (2) Identify emerging and re-emerging diseases and implement effective interventions.
- (3) Implement effective interventions to decrease the burden of chronic diseases related to unhealthy lifestyles, especially cardiovascular disease, cancer and diabetes mellitus.
- (4) Actively implement the Healthy Islands concepts of health promotion, health protection and primary health care in priority settings, particularly through community health centres and school-linked programmes.
- (5) Increase the effectiveness of public investment in health through development of decision-oriented information systems, applied research, effective deployment of the health workforce, application of appropriate technology, and increased allocation of funding for health promotion, health protection and primary health care.

5. MAJOR INFORMATION SOURCES

Department of Health

Department of Commerce, Statistics Division (<http://www.asdoc.info/statistics/statshp.htm>)

Pacific Island Populations 2005. Noumea, Secretariat of the Pacific Community (<http://www.spc.int>)

Demographic Tables for the Western Pacific Region 2000-2005. Manila, WHO Regional Office for the Western Pacific, 2005.

World Population 2002. New York, United Nations Population Division, Department of Economic and Social Affairs, 2002.

6. ADDRESSES

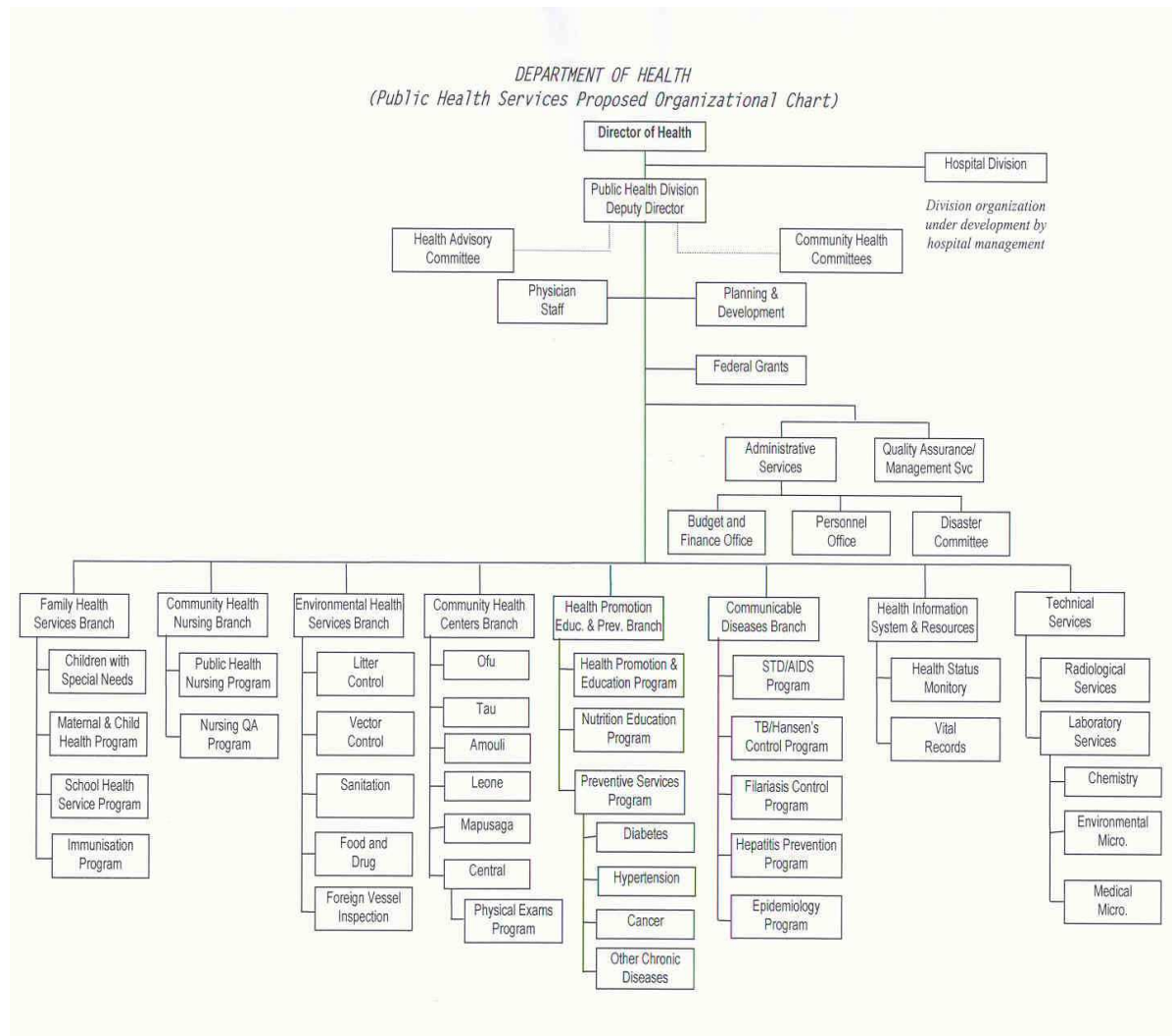
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ORGANIZATIONAL CHART: DEPARTMENT OF HEALTH



	INDICATORS	DATA			Year	Source
		Total	Male	Female		
1	Area (1 000 km ²)	0.20			2004	1
2	Estimated population ('000s)	65.50	...	...	2005 est	7
3	Annual population growth rate (%)	2.30	...	...	2005	7
4	Percentage of population					
	- 0–14 years	38.95	39.27	38.62	2004 est	3
	- 65+ years	3.58	3.31	3.87	2004 est	3
5	Urban population (%)	54.00	...	...	2003	4
6	Crude birth rate (per 1 000 population)	26.70	...	...	2005	7
7	Crude death rate (per 1 000 population)	4.50	...	...	2005	7
8	Rate of natural increase of population (% per annum)	1.98	...	...	2005	8
9	Life expectancy (years)					
	- at birth	75.84	72.27	79.62	2005	8
	- Health-adjusted Life Expectancy (HALE) at age 60	...	...	...
10	Adult literacy rate (%)	...	...	...
11	Neonatal mortality rate (per 1 000 live births)	9.90	...	...	2005	7
12	Infant mortality rate (per 1 000 live births)	15.20	...	...	2005	7
13	Under-five mortality rate (per 1 000 live births)	4.90	...	...	2002	5
14	Total fertility rate (women aged 15–49 years)			3.25	2005	8
15	Maternal mortality ratio (per 100 000 live births)			123.00	2002	5
16	Percentage of newborn infants weighing at least 2500 g at birth	96.67 ¹	...	...	2004	2
17	Prevalence of underweight children under five years of age	...	...	...
18	Percentage of pregnant women with anaemia			32.00	2002	5
19	Immunization coverage for infants (%)					
	- BCG	NR	NR	NR	2003	6
	- DTP3	94.00	...	...	2003	6
	- OPV3	93.00	...	...	2003	6
	- Measles	89.00	...	...	2003	6
	- Hepatitis B III	89.00	...	...	2003	6
20	MCH coverage (pregnancies, deliveries, infant care)					
	- Percentage of pregnant women cared for by skilled health personnel			70.00	2002	5
	- Percentage of pregnant women immunized with tetanus toxoid (TT2)			...		
	- Percentage of deliveries at home by skilled health personnel (as % of total deliveries)			1.00	2002	5
	- Percentage of deliveries in health facilities (as % of total deliveries)			99.00	2002	5
21	Percentage of women in the reproductive age group using modern contraceptive methods			33.00	2000	5
22	Condom use rate of the contraceptive prevalence rate	...	...	...
23	HIV prevalence among 15–24 year-old pregnant women			...		
24	Number of children orphaned by HIV/AIDS ^{ab}	...	...	...

COUNTRY HEALTH INFORMATION PROFILE

INDICATORS		DATA			Year	Source			
		Total	Urban	Rural					
25	Proportion of population with sustainable access to an improved water source	99.00	99.00	99.00	2004	5			
26	Proportion of population with access to improved sanitation	99.00	99.00	99.00	2004	5			
27	Proportion of the population using solid fuels for cooking or heating (%)	...	...	...		
28	Proportion of households with access to secure tenure	...	...	...		
29	Proportion of vehicles using unleaded gasoline (%)	...	...	...		
30	Health care waste generation (metric tons per year)	...	...	...		
31	Human development index	...	...	...		
32	Per capita GDP at current market prices (US\$)	8000.00 ^g	...	...	2000 est	5	
33	Rate of growth of per capita GDP (%)	...	...	...		
34	Health expenditure								
	Total health expenditure								
	- amount (in million US\$)			32.30	2003	7			
	- total health expenditure on health as % of GDP			...					
	- per capita total expenditure on health (in US\$)			500.00	2003	7			
	Government expenditure on health								
	- amount (in million US\$)			31.80	2003	7			
	- general government expenditure on health as % of total expenditure on health			98.00	2003	7			
	- general government expenditure on health as % of total general government expenditure			14.00	2003	7			
	External source of government health expenditure								
	- external resources for health as % of general government expenditure on health			70.00	2003	7			
	Private health expenditure								
	- private expenditure on health as % of total expenditure on health			2.00	2003	7			
	Exchange rate in US\$ of local currency is: 1 US\$ =			...					
35	Health insurance coverage as % of total population			...					
INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
36	Health workforce	Number			Rate per 10 000 population ^{a,e}				
	- physicians	49	36	13	7.83	2003	5
	- dentists	15	8	7	2.40	2003	5
	- pharmacists	2	2	0	0.32	0.32	0.00	2003	5
	- nurses	127	4	123	20.29	2003	5
	- midwives	1	0	1	0.16	0.00	0.16	2003	5
	- other nursing / auxiliary staff	98	8	90	15.65	2003	5
	- other paramedical staff (e.g. medical assistants, laboratory technicians, X-ray technicians)	146	63	83	23.32	2003	5
	- other health personnel (health inspectors, assistant sanitarians, traditional workers, etc.)	13	13	0	2.08	2.08	0.00	2003	5
37	Yearly new graduates – physicians					
38	Yearly new graduates – nurses					

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INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
39	Ten leading causes of morbidity ^b	Number			Rate per 100 000 population				
	1.								
	2.								
	3.								
	4.								
	5.								
	6.								
	7.								
	8.								
	9.								
	10.								
40	Ten leading causes of mortality	Number			Rate per 100 000 population ^a				
	1. Heart diseases	38	...	...	60.70	...	...	2003	2
	2. Neoplasm	36	...	...	57.51	...	...	2003	2
	3. Diabetes	30	...	...	47.92	...	...	2003	2
	4. Cerebrovascular	22	...	...	35.14	...	...	2003	2
	5. Pneumonia and influenza	21	...	...	33.55	...	...	2003	2
	6. Certain conditions originating in the perinatal period	15	...	...	23.96	...	...	2003	2
	7. Accidents	13	...	...	20.77	...	...	2003	2
	8. Nephritis and nephrosis	12	...	...	19.17	...	...	2003	2
	9. Chronic obstructive pulmonary diseases	10	...	...	15.97	...	...	2003	2
	10. Suicide	9	...	...	14.38	...	...	2003	2
41	Selected diseases under the WHO-EPI	Number of cases			Number of deaths				
	- Diphtheria	0	0	0	0	0	0	2004	6
	- Pertussis (whooping cough)	0	0	0	0	0	0	2004	6
	- Tetanus	NR	NR	NR	NR	NR	NR	2004	6
	- Neonatal tetanus	NR	NR	NR	NR	NR	NR	2004	6
	- Poliomyelitis	0	0	0	0	0	0	2004	6
	- Hib meningitis	2	...	...	...	...	...	2004	6
	- Measles	0	0	0	0	0	0	2004	6
	- Mumps	0	0	0	0	0	0	2004	6
	- Rubella	0	0	0	0	0	0	2004	6
- Congenital rubella syndrome	0	0	0	0	0	0	2004	6	
42	Selected communicable diseases	Number of cases ^{aa}			Number of deaths				
	Hepatitis viral								
	- Type A	< 5	...	...	0	0	0	2003	5
	- Type B	< 5	...	...	0	0	0	2003	5
	- Type C	< 5	...	...	0	0	0	2003	5
	- Type E	...	...	...	...	...	...
	- Unspecified	0	0	0	0	0	0	2003	5
	Cholera	0	0	0	0	0	0	2003	5
	Typhoid fever	< 5	...	...	0	0	0	2003	5
	Encephalitis	0	0	0	0	0	0	2003	5
	Plague	0	0	0	0	0	0	2003	5
Syphilis	3	1	2	0	0	0	2003	5	

COUNTRY HEALTH INFORMATION PROFILE

	INDICATORS	DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
42	Cases and deaths for selected communicable diseases	Number of cases ^{aa}			Number of deaths				
	Gonorrhoea	41	30	11	0	0	0	2003	5
	Leprosy	3	...	...	...	...	...	2004	6
	Malaria	...	...	...	...	...	...
	Dengue/DHF	1185	...	...	0	0	0	2002	6
43	Malaria	Prevalence rates			Death rates				
	- Rates associated with malaria (per 100 000 population)	...	...	...	...	...	...
	- Proportion of population in malaria-risk areas using effective malaria prevention measures ^c						...		
	- Proportion of population in malaria-risk areas using effective malaria treatment measures ^d						...		
44	Tuberculosis	Number of cases			Number of deaths				
	- All types	5	...	...	...	...	...	2004	6
	- New pulmonary tuberculosis (smear-positive)	2	...	...	...	...	...	2004	6
		Prevalence rates			Death rates				
	- Rates associated with tuberculosis (per 100 000 population)	49.00	...	...	5.00	...	...	2004	6
		Detection rates			Success rates				
- Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS)	25.00	...	...	100.00 (2003)	...	...	2004	6	
		Number of cases			Number of deaths				
45	Acute respiratory infections	...	...	...	11	...	...	2002	5
46	Diarrhoeal diseases	...	...	...	0	0	0	2002	5
47	Cancers								
	All cancers (malignant neoplasms only)	58	...	...	37	...	...	2002	5
	- Trachea, bronchus, and lung	2	...	...	7	...	...	2002	5
	- Stomach	7	...	...	5	...	...	2002	5
	- Colon and rectum	7	...	...	3	...	...	2002	5
	- Lip, oral cavity and pharynx	4	...	...	0	...	...	2002	5
	- Liver	2	...	...	6	...	...	2002	5
	- Cervix			7			4	2002	5
- Leukaemia	2	...	...	2	...	...	2002	5	
48	Circulatory								
	All circulatory system diseases	...	...	...	88	...	...	2002	5
	- Ischaemic heart disease	...	...	...	...	...	...
	- Acute myocardial infarction	...	...	...	...	...	...
	- Rheumatic fever and rheumatic heart diseases	...	...	...	...	...	...
	- Cerebrovascular diseases	...	...	...	17	...	...	2002	5
- Hypertension	...	...	...	9	...	...	2002	5	
49	Maternal causes								
	- Haemorrhage			...			...
	- Abortion			...			...
	- Eclampsia			...			...
	- Sepsis			...			...
	- Obstructed labour			...			...

INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
		Number of cases			Number of deaths				
50	Diabetes mellitus	2417	1119	1298	29	...	...	2002	5
51	Mental disorders	135	...	...	0	0	0	2003	5
52	Injuries								
	- All types	1500	...	...	26	...	...	2002	5
	- Motor and other vehicle accidents	101	...	...	5	...	...	2002	5
	- Suicide	35	...	...	4	...	...	2002	5
	- Homicide and violence	130	...	...	10	...	...	2002	5
	- Occupational injuries	...	...	...	1	...	...	2002	5
53	Proportion of population with access to affordable essential drugs on a sustainable basis						...		
54	Health infrastructure	Number			Number of beds				
	Public health facilities								
	- General hospitals			1			128	2003	5
	- Specialized hospitals			...			...
	- District/first-level referral hospitals			...			...
	- Primary health care centres			5			0	2003	5
	Private hospitals			...			...
Notes:	<p>Red text Millennium Development Goals (MDG) indicators</p> <p>... Data not available</p> <p>p Provisional</p> <p>est Estimate</p> <p>NR Not relevant</p> <p>aa Figures refer to number of new reported cases.</p> <p>ab Proxy indicator for MDG indicator 20: Ratio of school attendance of orphans to school attendance on non-orphans age 10-14 years.</p> <p>a Computed by Health Information and Evidence for Policy Unit of the WHO Regional Office for the Western Pacific.</p> <p>b The leading indicators of morbidity in American Samoa for communicable infectious or parasitic diseases are: respiratory infectious diseases, filariasis, dengue, hepatitis, Hansen's disease, and intestinal worm infestations. For noncommunicable diseases, the morbidity patterns are: obesity, diabetes and complications (hypertension, heart disease and stroke), chronic disabling conditions (asthma, gout, osteoarthritis and osteoporosis), tobacco-related obstructive pulmonary diseases, cancer and oral health. American Samoa Department of Health, 2004.</p> <p>c Prevention is measured by the percentage of children ages 0–59 months sleeping under insecticide-treated bednets.</p> <p>d Treatment is measured by the proportion of children ages 0–59 months who were ill with the fever in the two weeks before the survey and who received appropriate antimalarial drugs.</p> <p>e Revised data.</p> <p>f Figure refers to birth weight equal to 2501 grams and above.</p> <p>g Figure refers to per capita GDP at PPP (US\$).</p>								
Sources:	<p>1 Pacific Island Populations 2004. Secretariat of the Pacific Community http://www.spc.int</p> <p>2 Health Information System, ASG Department of Health, American Samoa http://www.spc.int/prism/country/as/stats/Vital%20&%20Health%20Statistics/vital.htm</p> <p>3 Demographic Tables for the Western Pacific Region 2000-2005. Manila, WHO Regional Office for the Western Pacific.</p> <p>4 World Population 2002. United Nations Population Division, Department of Economic and Social Affairs.</p> <p>5 Department of Health, American Samoa.</p> <p>6 WHO Regional Office for the Western Pacific, data received from technical units.</p> <p>7 ASG Department of Commerce, Statistics Division, American Samoa http://www.asdoc.info/Statistic/statshp.htm</p> <p>8 US Census Bureau http://www.census.gov</p>								