NATIONAL ACTION PLAN TO ELIMINATE LYMPHATIC FILARIASIS IN SAMOA 2018 - 2024

MINISTRY OF HEALTH
Version 22DEC17

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INTRODUCTION

COUNTRY PROFILE

Samoa is comprised of 2 main islands, Upolu and Savaii and 2 smaller islands, Manono and Apolima. Statistically, the island of Samoa is divided into 4 regions, Apia Urban Area (AUA), Rest of Upolu (ROU), North West Upolu (NWU) and Savaii. The total population according to the 2016 national census is 192,126; 35,454 for AUA; 45,957 for ROU; 65,773 for NWU and 43,819 for Savaii.

HEALTH SYSTEM

Samoa's health system consists of the public and private health sector. It includes medical practitioners, dentists, pharmacists, physiotherapists, and so forth. Non-governmental organizations (NGOs), academic institutions, Faith based and community organizations as well as development partners contribute to the provision of healthcare services. The present health system was developed and strengthened as part of the health reforms with the objective to improve the quality of life for all Samoan people. At present, publicly funded health services constitute the bulk of Samoa's health system.

In late 1990s, the Ministry of Health undertook a number of health reforms. The focus was towards the development of national policies and strategic plans, health financing, resource allocation, refurbishment of health facilities and institutional strengthening. One of the major reforms involved the separation of the former Ministry of Health into two entities on the 1st July 2006. The National Health Service predominantly focused on service delivery while the new Ministry of Health focused on the health sector regulation and monitoring.

Ten years later, it is noted that the primary care services at the community level has been undermined. To this effect, the Government of Samoa has decided to re-merge the 2 entities back to how it was, with particular emphasis on strengthening and the revival of public health and primary health care.

NATIONAL LF PROGRAMME

Samoa joined the PacELF in 1999. That year, a baseline survey revealed an antigenaemia prevalence of 4.52% (convenience sampling in 27 villages). Samoa conducted its first MDA in 1999 and completed its 5th round of MDA in 2003. MDA population coverage ranged between 57-91% (The WHO recommended coverage rate is 65%). Between 1999 and 2005, Samoa has conduced several blood surveys, including a "C survey" in 2004. Infection prevalence in all areas had not decreased below elimination thresholds and 2 additional rounds of MDA were conducted in 2006 and again in 2008.

In 2008, the WPR Program Review Group recommended to the national LF elimination program in Samoa implementation of another round of MDA with a special attention to specific groups of the population not covered in the previous campaigns. Accordingly, the 8th round of MDA was conducted in 2011 with coverage of 90%. The WHO recommended TAS was conducted in 2013. The NWU Region, which historically reports pockets of residual endemnicity, was still unable to reach the <1% antigenaemia prevalence threshold and thus additional 2 rounds of MDA was recommended. AUA and ROU and Savaii continued post-MDA surveillance. The 9th round of MDA was conducted in NWU Region in 2015 and the 10th round in 2017 with coverage rates of 72% and 71% respectively. In July 2017, TAS2 was conducted in AUA and ROU and Savaii with unsuccessful results indicating that transmission has resurged (1.43% and 5.25% respectively). Similarly for NWU, the prevalence was

also very high; 6.79%. It is clear that an enhanced intervention is now warranted across the whole country.

RATIONALE

By this document, it will facilitate the achievement of the commitment by the Government of Samoa's Minister's of Health at the Pacific Health Ministers' Meeting in Cook Island 2017 for Samoa to eliminate LF by 2024 and to address persistent transmission of LF in Samoa. This in the background that a number of Pacific Island Countries (Tonga, Vanuatu, Cook Islands, Niue) have managed to reach LF elimination excluding Samoa and American Samoa; Samoa being the first country to implement MDA, but for some reason, we need one more step to reach elimination; American Samoa is willing to eliminate LF together with Samoa; Japanese Government has committed to support LF and maybe ready to organize an elimination ceremony with Samoa in 2025. Furthermore, with the merge of the NHS and the MOH to revitalize public health and primary health care, this is an opportunity to assist the realization of this goal through activities of LF elimination.

AIM

The principle aim of this document is to eliminate Lymphatic Filariasis in Samoa

OBJECTIVES

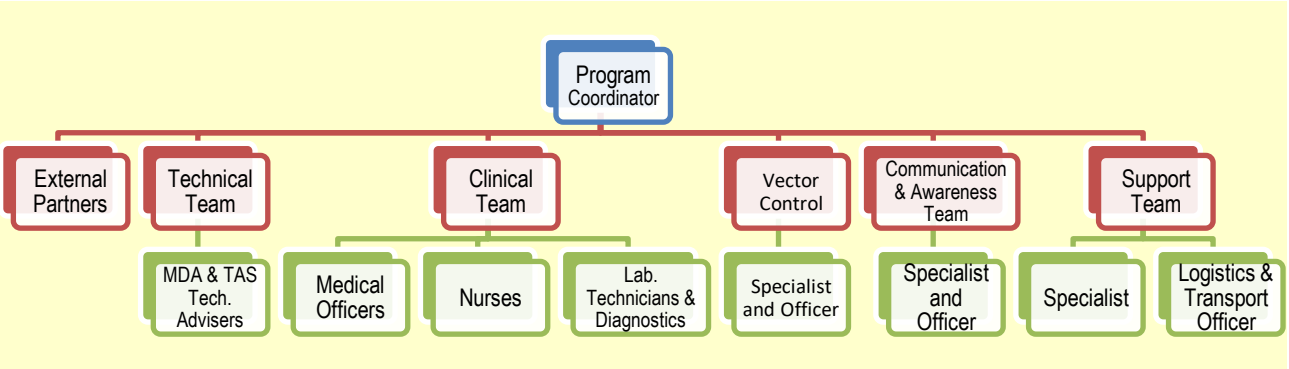
The main objectives are:

(i) To stop transmission of Lymphatic Filariasis and prevent new infections by 2020
(ii) To ensure the provision of basic care for people living with disability due to Lymphatic Filariasis
(iii) To enhance Post-Mass Drug Administration Surveillance towards validation by 2024

ELIMINATION OF LF OPERATION TEAM (ELF-OT)

The diagram below illustrates the organization of the ELF-OT

Figure 1: Elimination of LF Operation Team Structure



OPERATIONAL TEAM TERMS OF REFERENCE

Program Coordinator

The main responsibilities of the Lymphatic Filariasis MDA Program Coordinator include:

(i) To draft the National Action Plan for the Elimination of Lymphatic Filariasis in Samoa (NAP-ELF Samoa) in collaboration with the ELF-OT
(ii) To devise the MDA Strategy (MDA Micro plan) in collaboration with the ELF-OT and oversee the successful implementation of the same
(iii) To oversee the successful implementation of the Integrated Vector Management Strategy
(iv) To oversee the successful implementation of the Awareness and Communication Strategy
(v) To oversee the successful implementation of the Budget Strategy to eliminate LF
(vi) To monitor and evaluate the NAP-ELF Samoa mentioned in part (i)
(vii) To prepare and provide progress reports to the DGOH
(viii) To communicate and collaborate with the American Samoa Program Coordinator within a agreed upon time period
(ix) Chair of the ELF-OT and representative to the CDCC

Technical Team

LF MDA, Pre-TAS, TAS, Coverage Survey Design and Implementation Technical Adviser/s

(i) Provide technical advice to the Program Coordinator and ELF-OT on MDA, Pre-TAS, TAS etc. design and implementation
(ii) From time to time, suggest and advise the recruitment of other technical experts for the MDA activities, TAS etc. e.g. Pathologist or Laboratory scientist experienced with the FTS etc.
(iii) Collaborate with other technical advisers internationally from time to time

Clinical Team

Health Officers

(i) Distribution and sight of consent letters to closed groups
(ii) Distribution and administration of medication under DOTS
(iii) Monitoring, treatment and documentation of side effects to medications
(iv) Keep a tally of drug distribution and administration
(v) Team leader for the various teams

Specialist nurse and doctor at the Communicable Disease Clinic

(i) Assess, diagnose, investigate and treat patients that present or refer to the CD clinic suspected of LF infection
(ii) Manage complications of LF (Lymphoedema) and appropriate referral of patients to respective departments
(iii) Develop the guideline for LF management in collaboration with the technical team

Awareness and Communication Team

Awareness and Communication Specialist

(i) Develop the LF Communication Strategy with the ELF-OT
(ii) Monitor and evaluate the LF communication strategy
(iii) Prepares the budget with the Support Team
(iv) Provides progress report to the LF coordinator
(v) Supervises the HPE Focal Point

Health Promotion and Education Focal Point

(i) Design and produce LF IEC materials in appropriate languages
(ii) Facilitates community engagement and mobilization

Vector Control Team

Vector Control Specialist

(i) Develop the integrated vector management strategy
(ii) Monitor and evaluate the implementation of the IVM strategy
(iii) Prepares the budget with the Support Team
(iv) Provides progress report to the LF coordinator
(v) Supervises the vector staff

Support Team

Budget Specialist

(i) To develop a Budget Strategy for LF activities (MDA, pre-TAS, TAS etc.)
(ii) To lead budget preparations for all activities (MDA, TAS etc.) in collaboration with the Program Coordinator and ELF-OT
(iii) To facilitate payment of vendors on a timely basis
(iv) To provide progress reports to the LF coordinator and ELF-OT from time to time
(v) Collaborates with MOF, Treasury, WHO CD support etc.

Logistics and Transport Personnel

(i) To assist with the procurement of drugs and resources for LF elimination programs
(ii) To assist with transport recruitment and allocation of all activities (MDA, TAS etc.)
(iii) To provide progress reports to the LF coordinator and ELF-OT from time to time

External Partners

1) JICA Project Team (Chief Advisor, Short Term Expert (s))
2) WHO CD Support

These external partners will provide both technical advice and financial support for the implementation of this NAP-ELF for Samoa.

NATIONAL ACTION PLAN TO ELIMINATE LF (NAP-ELF) FOR SAMOA (2018 – 2024)

KEY AREAS	STRATEGY	KEY INDICATORS	TARGET	TIMEFRAME	RESPONSIBLE IMPLEMENTER/S	BUDGET
Coordination of LF Activities	Development of the NAP-ELF for Samoa	NAP-ELF finalized, endorsed and shared with AS and partners	NAP-ELF in place and implemented	22nd December 2017	ELF-OT	-
		Identification of NAP-ELF targets and milestones	Targets and Milestones are achieved	On-going	All relevant stakeholders	-
		Budget Strategy is finalized and endorsed	Budget for NAP-ELF is identified	Jan 17 –Mar 18	Budget Specialist	-
Country Commitment to the LF Program	Establishment of LF Coordinator and ELF-OT with TOR and office space	LF Coordinator is established with TOR	LF Coordinator established (72,191 SAT A19/L19)	December-March 2018	DGOH	577,528 SAT
		ELF-OT is established with TOR	ELF-OT is established	Dec-January 2018	DGOH	1,456,944 SAT
		Identification of Office space and equipment procurement	Office space identified and equipment procured	December-March 2018	DGOH	30,000 USD
MDA-IDA	To implement the IVM strategy	Milestones are achieved	Milestones achieved	On-going	Vector specialist	728,624 USD
	To implement the Awareness and Communication Strategy	Milestones are achieved	Milestones achieved	On-going	Awareness and communication specialist	200,000 USD
	To conduct 2 rounds of countrywide MDA in September 2018 and 2019	Coverage rate for MDA 2018 and 2019	100% Coverage rate for MDA 2018 and 2019	September 2018 September 2019	ELF-OT	578,000 USD
Monitoring and Evaluation	To conduct coverage surveys after the 2 rounds of MDAs			Oct-Nov 2018 and 2019	LF Coordinator	60,000 USD
	To conduct Pre-TAS and TAS surveys	% Prevalence of antigenaemia for Pre-TAS and TAS	<2% antigenaemia in Pre-TAS and <0.5% in TAS	TAS 1 in 2020 TAS 2 in 2022 TAS 3 in 2024	LF Coordinator	270,000 USD
	Verification				LF Coordinator	50,000

	Survey					USD
Morbidity Management	To establish a morbidity management guideline and training of clinicians	Morbidity Management guideline for LF in place	Training and implementation of the MM guideline for LF	Jan-Jun 2018	Clinical Team/Technical Advisers	10,000 USD

ITEM	BUDGET	POTENTIAL FUNDING AGENCY
Office Space and Equipment	30,000	JICA
IVM	728,624	Proposal to Climate Fund
ACS	200,000	JICA
MDAs	578,000	WHO/JICA
Coverage survey	60,000	WHO/JICA
Pre-TAS and TAS	270,000	WHO/JICA
Verification	50,000	WHO/JICA
Morbidity	10,000	WHO/JICA
Total USD	**1,926,624**	
GoS (SAT) Salaries	2,034,472	
WHO		
JICA		

OVERVIEW OF PRE, DURING AND POST MDA ACTIVITIES 2018

ACTIVITY	2017	2018												RESPONSIBLE PERSON/S
	D	J	F	M	A	M	J	J	A	S	O	N	D	
Finalize and approve the NAP-ELF for Samoa														DG/ELF-OT
Develop Budget Strategy for the NAP-ELF Activities														LF Coordinator/ELF-OT
Order Medicines for MDA														LF Coordinator/WHO CD Support
Develop MDA Communication Strategy and implementation														Communication Specialist
Develop IVM Strategy and implementation														Vector Specialist
Develop MDA Strategy (Micro-Planning)														LF Coordinator/ELF-OT
Pre-MDA Implementation Activities														LF Coordinator/ELF-OT
MDA Implementation Activities														LF Coordinator/ELF-OT
Post-MDA Implementation Activities														LF Coordinator/ELF-OT
Order Medicines for 2019 MDA														LF Coordinator

MDA 2018 STRATEGY (MICROPLANNING)													
	2017	Q1			Q2			Q3			Q4		
	D	J	F	M	A	M	J	J	A	S	O	N	D
ELF-OT Meetings													
Pre-MDA													
Collation of Relevant Statistics													
Census Data: Total Population													
Census Data: Population by Regions													
Census Data: Total Females/Males													
Census Data: Age Distribution													
List of Primary Schools (Mission, Private, Public)													
List of Secondary Schools (Mission, Private, Public)													
List of Tertiary Schools (Mission, Private, Public)													
List of Institutions													
List of Workplaces (Private, Public)													
List of all villages													
List of all Sports Organizations													
List of visitors by country to Samoa in 2017													
Identification and Recruitment of Potential Drug distributors													
Number of Students (Nursing, Medical etc.)													
SN, STN													
Number of Staff (Public Health, Hospitals)													
NGOs (SRC, Rotary)													
Others													
Confirm drug distributors													
Identification and Recruitment of Potential Transport													
Hire Vehicles													
Prepare PK for Government Ministries Vehicles													
Confirm Vehicles													
Community Mobilization and Engagement													
Mobilize and engage PM and Cabinet													
Mobilize Mainstream Media													
Mobilize SN, STN, Youth													
Mobilize MESC													
Mobilize Private and Mission School Boards													
Mobilize Universities (NUS)													
Mobilize NGOs													
Mobilize CEOs/GMs of workplaces													
Mobilize CEOs of Institutions													
Mobilize CEOs of Sports Organizations													
Mobilize Church Leaders													

Refer Awareness and Communication Strategy													
Awareness													
Public Awareness													
Refer Awareness and Communication Strategy													
Implement the Integrated Vector Management Strategy													
Target hotspots													
Target schools													
Target workplaces													
Target institutions													
Target Church													
Target Communities (Villages)													
Target Ports of Entry													
IVM													
Environmental Sanitation (Source Reduction)													
Mechanical (Mosquito nets, repellants)													
Chemical Spraying													
Monitoring and evaluation (Checklist)													
Competition and Award													
Consider costs (Training, Follow up Visits)													
Mobilize Public health and Communities													
Refer to the IVM Strategy													
Logistics and Procurement													
Allowances (Invoices, EFTs, PO)													
Fixed sites													
Meals and drinks (Drug distributors)													
Transport													
Phone credit													
Incentive Package													
Petrol for Government Vehicles													
Tally Sheets (Booklets)													
Issue consent forms to schools													
Confirm fixed sites													
Confirm drug distribution Schedule													
Trainings													
Training of Team Leaders													
Training of drug distributors													
Training of village reps													
MDA Implementation													
Core team packing/sorting/Distribute													

MDA Plan													
Target hotspots													
Target schools													
Target workplaces													
Target institutions													
Target Sports Organizations and Sports													
Target Church													
Target Communities (Villages)													
Target all Ports of Entry													
Using Nail Marker													
Collect Tally Sheets													
Post MDA													
Coverage Survey													
Analysis and Preliminary Report													
Final Report and Endorsement													
Present in the Bilateral Meeting													
Order Medications for MDA 2019													

Schedule of Drug Distribution		
Dates	**Duration**	**Target**
10-14 Sept 18	5 days	Primary Schools
17-21 Sept 18	5 days	Secondary and Tertiary Schools
24-28 Sept 18	5 days	Workplaces and Institutions
1-7 Oct 18	7 days	Villages
20-Aug-18		Mosquito Day
2-8 Sept 18		Teuila Festival

*Need confirmation of Teuila Festival and School Schedule Dates

INTEGRATED VECTOR MANAGEMENT (IVM) STRATEGY TO ASSIST THE ELIMINATION OF LYMPHATIC FILARIASIS (PRE-MDA)

TARGET AREAS

1. Hot Spots
2. Schools (Kindergartens, Primary, Secondary, Tertiary (universities, vocational etc.)
3. Workplaces
4. Institutions (Prisons, Mapuifagalele etc.)
5. Communities (Villages)
6. Ports of Entries

HOW TO IMPLEMENT

Hot Spot Areas

Strategies

1. Continue and strengthen partnership with the Ministry of Women through village representatives, especially those who live in areas where positive children were identified from past surveys e.g. North West Upolu

a) Vector control staff to accompany Village Mayors and Women Representatives during their village inspection to check, advice and destroy immediately any potential mosquito breeding sites

b) Ensure that wastewater from all sources is well disposed of according to the Health legislation requirements and the Waste Management Act 2010.

c) Discourage the planting of plants known to breed mosquitoes (laufala, laupaogo and taamu etc.) close to living houses; such plants have special features that retain water over a long period.

d) Encourage Source Reduction as the main method for Vector Control since this will have a great impact on both the adult mosquitoes and mosquito larvae as well

e) Continue to use the spray of chemicals contingent upon the approval of the Integrated Vector Control Committee

Schools

Strategies

1. Strengthen and encourage the roles of the Integrated Vector Control Committee that the Ministry of Education is a member of by:

a. If there is a high density of adult mosquitoes observed in the school premises, chemical spraying should be adopted whereby the Ministry of Education is responsible to provide labour to carry out the job (as per roles and responsibilities agreed by committee members)

b. Encourage the use of source reduction by keeping the school environment clean and free from all sources of mosquito breeding sites

c. Ensure all plumbing fixtures used for conveyance of waste water are well maintained to avoid indiscriminate dumping of waste water which may become breeding sites for mosquitoes

d. To hold a national competition to rank which schools are deemed mosquito-safe (less breeding sites)

Communities

Strategies

a. To strengthen and continue partnership with the Ministry of Women and Social Development through the work of village mayors and women representatives by the active involvement of the Vector Control Officer during village inspections to check, provide appropriate advise, destroy immediately any mosquitoes breeding sites.
b. Ensure that all waste water in homes is well disposed of in accordance with the Health Legislations and the Waste Management Act 2010
c. Discourage the planting of plant species such as those used in weaving mats and fine mats as well as taamu close to living houses due to their high contribution in providing breeding sites for mosquitoes
d. Stress the importance of source reduction as an important part of IVM due to its impact on mosquito larvae and adult mosquitoes
e. The use of chemicals in spraying when there is a high density of mosquito population observed or during emergencies as per Integrated Vector Control Committee
f. To hold a national competition to rank which villages are deemed mosquito-safe (less breeding sites)

Ports of Entry

Strategies

1. Maintain the perimeter of free mosquito area within the airports as spelled out in the International Health Regulations
2. Ensure that all international planes are treated in accordance with the International Health Regulations
3. Encourage mass treatment such as spraying during emergency or outbreaks
4. All international vessels must be free from all vectors of diseases including mosquito vectors as stated in the International Health Regulations.
5. All seaports must be treated with mass treatment such as spraying with chemicals during emergency or disease outbreak

Workplaces

Strategies

1. To conduct regular National Clean Up Campaigns in workplaces spearheaded by the Vector Control Committee
2. To hold a national competition to rank which workplaces are deemed mosquito-safe (less breeding sites)

Institutions

Strategies

1. To hold a national competition to rank which institutions are deemed mosquito-safe (less breeding sites)

AWARENESS AND COMMUNICATION STRATEGY

Community engagement and mobilization are fundamental to lymphatic filariasis elimination. Success in achieving targets and activities in the NAP-ELF 2018-2024 requires the active participation of communities and country leaders working alongside health officers. To that effect, the goal of this Strategy is to provide a framework to guide stakeholders to achieve an effective, efficient, better co-ordinated and sustained awareness and communication plan to increase community awareness about the LF elimination goal and engage communities to assist in the realization of this.

OBJECTIVES

The objectives of this communication strategy are three-fold:

(i) To guide advocacy efforts aimed at community leaders (decision makers) and sector partners to raise lymphatic filariasis profile and ensure increased allocation of resources to support lymphatic Filariasis control and prevention programs at all levels

(ii) To ensure the delivery of consistent and standardized messages to all stakeholders in lymphatic Filariasis control and prevention interventions

(iii) To further increase community awareness and empower communities to participate in all LF elimination activities

UNDERSTANDING THE TARGET GROUPS

The target groups are classed into 3 levels

The primary group targeted in this Strategy are the game changers –decision makers (Prime Minister, Cabinet Ministers, Government Ministries Leaders, Church Leaders etc.) and the media fraternity. They are key figures to motivate and encourage the public to take their medications, volunteer as drug distributors, clean their environment (source reduction) etc.

The secondary group targeted are the persistent noncompliant people (Males, people with co-morbidities, people living in hotspot areas, travellers etc.).

The remainder are the rest of Samoan people.

The summary table is highlighted below

Class	Who
Primary Group	Decision Makers (PM, Cabinet, Government leaders, Church Leaders etc.) Media Fraternity
Secondary Group	Persistent noncompliant group and those living in hotspot areas
Others	Remainder of Samoa

LYMPHATIC FILARIASIS CONTROL KEY MESSAGES

The 5 key messages to highlight and encourage renewed political commitment and community ownership include the following:

1. That a number of PICs (Tonga, Vanuatu, Cook Island, Niue) have managed to reach elimination but Samoa and American Samoa have not
2. Country commitment to eliminate LF by 2024 to the WHO and in Cook Island 2017 (PIMM)
3. Japanese Government has committed to support LF and maybe ready to organize elimination ceremony in 2025
4. American Samoa is willing to eliminate LF together with Samoa
5. Samoa was the first country to start MDA, but for some reason we need one more step to reach elimination

MDA MESSAGES

1. IDA is safe and free. It not only treats LF, but other intestinal worms and scabies (common condition in children). Scabies lead to rheumatic fever and rheumatic heart disease (common conditions in Samoa), which causes premature death and expensive overseas treatment. IDA therefore indirectly protects from RF and RHD and is cost saving.
2. MDA provides you with treatment (not protection; chemoprophylaxis)
3. Everyone should take IDA, except children under 2 and pregnant mothers
4. LF does not discriminate. Infected people transmit worms freely through the bite of an infected mosquito to all of us who live in Samoa.
5. LF causes elephantiasis and hydrocele over many years, but worms (you can't see them) freely destroy your lymphatic vessels, unless treated

IVM MESSAGES

1. Mosquitoes are plentiful in Samoa due to the many breeding sites and places
2. Mosquitoes transmit many diseases; many have caused outbreaks in Samoa e.g. dengue fever, chikungunya, zika and lymphatic filariasis
3. Many families live in open houses and unscreened homes; therefore, are at risk of infection from mosquito-borne diseases
4. Many schools are unscreened; students are at risk of infection from mosquito-borne diseases
5. Chemical spray is expensive, labour intensive and ineffective. Source reduction (Elimination of natural and manmade containers which hold water over extensive periods) and protection from mosquito bites are important preventive measures from mosquito-borne diseases

6. Collect all manmade containers which hold water (tyres, ice cream containers, plastic containers, cups, plastics, empty tins etc.) from around your home and have the rubbish trucks discard them off properly; or bury them
7. Collect all natural containers (coconut) and burn them or bury them
8. Discourage the planting of plants, which act as natural water containers 100 meters (perimeter) around your home (bromeliads etc.)
9. You and your neighbours should ensure that 100 meters is free of breeding sites

HOW TO ENGAGE THE COMMUNITIES

1. Identify key figures to advocate for LF elimination (Prime Minister, Popular sports person, Popular church Minister etc.)
2. Prepare the checklist for source reduction monitoring and inspection and train villagers to use them during their monthly village inspections
3. Conduct a competition to award the village, school, workplace, institutions, church with the least breeding sites for mosquitoes as part of the Beautification Activity in preparation for the Teuila Festival. Award to be presented during the Teuila Festival
4. Commemorate the World Mosquito Day on August 20th annually; starting 2018 to raise awareness on source reduction and mosquito-borne diseases threat to PICs including Samoa
5. Provide a package of essential medical items to all village, school, workplace, institutions, church with the least breeding sites for mosquitoes and have taken all their IDA
6. Offer awards for drug distributors (certificate and appropriate remuneration)

BUDGET STRATEGY FOR LF ELIMINATION

This document creates a platform for external partners and the health sector to harmonize and coordinate lymphatic Filariasis control and prevention programs and activities implemented at the national level. It is the hope of the Government of Samoa that external partners would be able to utilize this document and indicate financial support accordingly.

MONITORING AND EVALUATION

Monitoring the implementation of the NAP-ELF for Samoa 2018-2024 tracks the progress of national key indicators (Process, Impact and Outcome) to ensure that activities stipulated in the Action Plan are being implemented as intended. The frequency of monitoring is indicated in Figure 2.

Evaluation would be conducted on a periodic basis to determine if milestones are achieved throughout the life of the Action Plan. This ensures that there is progress towards the elimination goal. Guideline is highlighted in Figure 3.

The Ministry of Health in collaboration with the LF coordinator will oversee that M & E is carried out.

Figure 2: Lymphatic Filariasis M&E Indicators

TYPES OF INDICATORS	CORE INDICATORS	FREQUENCY	MEANS OF VERIFICATION
Process Indicators	100% national coverage rate for MDA 2018 and 2019	Annual (2018, 2019)	Lymphatic Filariasis Mass Drug Administration Report
	100% coverage rate for hotspot areas for MDA 2018 and 2019	Annual (2018, 2019)	
	Satisfactory achievement during coverage survey	Annual (2018, 2019)	Coverage Surveys Supervisor's Monitoring Tool
Impact Indicators	<2% antigenaemia prevalence nationally	Pre-TAS 1 in 2020 Pre-TAS 2 in 2022 Pre-TAS 3 in 2024	Pre-TAS Survey Report
Outcome Indicators	Reduction in the prevalence of Lymphatic Filariasis antigenemia by <0.5% nationally	TAS 1 in 2020 TAS 2 in 2022 TAS 3 in 2024	TAS Survey Report

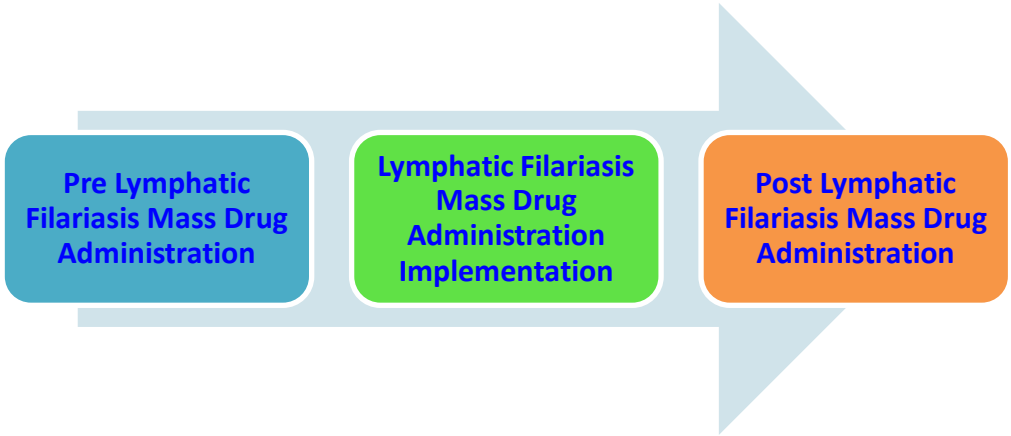
Figure 3: Milestones

Milestones	Timeline	Status *
Development of the NAP-ELF for Samoa	22 Dec 17	
Development of the Budget Strategy and identification of resources	Dec 17 –Mar 18	
Identification of the LF Coordinator	Dec 17 – Jan 18	
Establishment of the ELF-OT	Dec 17 – Jan 18	
Development of the IVM Strategy	Dec 17 – Jan 18	
Development of the Awareness and Communication Strategy	Dec 17 – Jan 18	
Development of the MDA Strategy (Micro planning)	Dec 17 – Jan 18	
IDA Drug Procurement	Jan 18	
IDA Drug Receive	Jul 18	
MDA Implementation	Sept –Oct 18	
Coverage Survey	Sept – Oct 18	
Production of the MDA Report	Oct 18	
Presentation of MDA Findings to Bilateral Summit	Nov 18	

** On target, Completed, Delayed*

The monitoring will follow the process below

Figure 4: Monitoring and Evaluation Process



RISKS IN ACHIEVING LYMPHATIC FILARISIS ELIMINATION ACTION PLAN

The table below summarizes the risks that could potentially delay the achievement of the aim of this Action Plan. Mitigating measures are highlighted below, which are considered in this Action Plan.

RISKS	MITIGATING MEASURES
Access to Medications	
There are people and families whom despite the increase in the number of fixed sites and house-to-house visits, still do not access the medications for some reason. Presumed reasons include the small amount of time to distribute drugs, insufficient number of drug distributors, travel within and out of the country during drug distribution; drug distributors miss houses; Conflicts between drug distributors and villagers; exhaustive data collection method	• Targeting opportunistic communities could improve access e.g. schools, workplaces, institutions, sports organizations and ports of entry. A schedule of drug distribution to conduct this. • Setting booths at the ports of entry within several weeks • Early identification of drug distributors, appropriate remuneration and sufficient training • Early identification of appropriate vehicle type and number • The use of tally sheets • Working and sharing Action Plans with American Samoa • Marking thumbs after DOTs guarantees that someone indeed took the medication and conducting coverage surveys
Compliance Issues	
There is always the chance that drug distributors continue to miss the persistent non-compliant group of people due to some reason. Presumed reasons include religious beliefs, misconceptions and fear of side effects from stories or	• A robust awareness and communication strategy should be implemented • Engagement of 3 classes of targeted groups • Targeting sports and sports bodies would hopefully capture young adult males

experience in the past, belief that they are not infected so therefore should not be treated, fatigue population. Literature reports this group to be: • Males • Severely ill • Those with co-morbidities • Pregnant mothers Young children also have difficulties with swallowing tablets (DEC) from past MDAs	• Ensure that even those with co-morbidities do take medications • Highlight the 5 key messages • Highlight the benefits of IDA
Fragile Environment	
There are too many mosquito-breeding sites in the background of open houses; at home and schools; people are mobile. People may be too lazy and complacent to clean their surroundings	• Stress that IVM stops dengue outbreaks
Costly Media Campaigns	
	• Piggy back with on going media awareness programs and health activities • To develop the Budget Strategy and mobilize and lobby for funds to external partners
Insufficient Budget allocation for LF elimination	
	• Establishment of a budget strategy and lobby for funding from external partners
Inaccurate data recording	
	• The use of tally sheets • Identification of health team leaders to be accountable in record keeping • Training of drug distributors

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3. LF Prevalence Survey report for Samoa, 2007
4. Minutes of Meeting between the detailed planning survey team and the Government of the Independent state of Samoa on the Japanese Technical Cooperation for Project for elimination of LF in the Pacific Region, 15 September 2017
5. PacELF Book
6. Transmission Assessment Survey Report for Samoa 2013, Ministry of Health
7. WHO Resources