

COOK ISLANDS

1. CONTEXT

1.1 Demographics

The population of Cook Islands decreased between 1996 and 2001 due to outmigration, but then began to increase again, with an estimated 23 300 people in 2010. Around 28.6% are below 15 years of age and about 7.9% are 65 years and above.

In 2009, overall life expectancy at birth was estimated at 72 years: 70 years for men and 73 years for women. The crude birth rate was 23.8 per 1000 population, and the crude death rate 8.1 per 1000 resident population in 2010.

1.2 Political situation

Cook Islands has a unicameral, democratic parliament with 24 elected members who serve parliamentary terms of five years. However, there have been four government changes since 1999. The current Prime Minister, Henry Puna, was elected in November 2010. The Government has given priority to education, health, human resources and outer island development.

1.3 Socioeconomic situation

The country went through some economic difficulties during the period from 1996 to 1997. Since then, there have been public sector reforms, the sale of state assets and the stimulation of the private sector, all of which have led to the growth and strengthening of financial and economic management. The four leading generators of income are tourism, fishing, agriculture and financial services. Tourism is the main industry and accounts for around 54% of gross domestic product (GDP).

GDP was estimated at almost 330 million New Zealand dollars (approximately US\$ 237 million) and 14 623 New Zealand dollars (approximately US\$ 10 520) per capita in 2009. The country's focus on development has been affected by various challenges, such as the emigration of skilled workers to New Zealand, an unstable political situation, and the insufficient and inequitable distribution of resources. Of central importance is the delivery of health services to all the islands.

In 2008, about 98% of the urban population had access to a clean, safe water supply and 100% had adequate sanitation facilities in both urban and rural areas.

1.4 Risks, vulnerabilities and hazards

No available information.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Infectious diseases are rarely seen and usually occur as imported cases. A water supply and sanitation improvement programme, with the building of flush toilets in all schools and health centres on the outer islands, has helped to reduce the burden of such diseases and probably also of septic skin disease, rheumatic fever and obstructive airways disease. Parasitic intestinal worm disease has been greatly reduced by improved water and sanitation. There has been no case of leprosy in the last ten years. The incidence of sexually transmitted infections (STI) varies. Syphilis is rare, while gonorrhoea, candidiasis, trichomoniasis and chlamydial infection are relatively common. The prevalence of condom use is low. The mass drug administration (MDA) programme for elimination of filariasis continues as part of the WHO Filariasis Elimination Programme. A small-scale blood survey was conducted before the 2001 MDA, in which 460 people from four different islands were randomly tested using ICT test kits. MDA coverage in 2001 was 91.3%, but dropped to 79.2% in 2008.

Noncommunicable diseases, such as hypertension, diabetes, cancer, coronary heart disease, obesity, and injuries and poisonings, continue to be major public health problems. According to a WHO consultancy report in 2001, the prevalence of diabetes was 11.8% for males and 3.8% for females (not including patients with well controlled pre-existing diabetes). The prevalence of obesity was 48.4% for males and 36.2% for females. According to hospital records, 63% of registered patients in 1980-2009 were reported to have hypertension, 16% both hypertension and diabetes and 21% diabetes only.

2.2 Outbreaks of communicable diseases

The two main infectious disease outbreak since the dengue outbreaks in 1991 were the dengue outbreaks in 1995 (779 cases), 1997 (1652), 2001-02 (2277), 2006 (468), 2007, (1224), 2008 (89) and 2009 with (1335). In addition, a short mumps outbreak occurred in 2007, with 562 cases reported.

2.3 Leading causes of mortality and morbidity

The leading causes of morbidity and mortality are noncommunicable diseases. Disease of the circulatory system continued to be the leading cause of mortality in the last three years, accounting for 36% of deaths in 2009.

2.4 Maternal, child and infant diseases

There has been no case of maternal mortality since 1993. The infant mortality rate was 7.1 per 1000 live births in 2009. During the 2008-2009 financial year, the country's Expanded Programme on Immunization aimed to achieve 100% coverage.

2.5 Burden of disease

No available information.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

To achieve the vision of "accessible quality health for all Cook Islanders", the following health issues are being targeted for priority action.

- (1) Sexually transmitted infections, including HIV/AIDS: The prevalence of trichomoniasis and chlamydial infection is relatively high, while the prevalence of condom use is low. The objective is to develop a strategy on STI control, intensify sexual health education and promotion of condom use, and explore the need for qualified counsellors.
- (2) Communicable disease surveillance and response: This programme focuses on increasing awareness and formulating and developing a protocol on dengue management to avoid future epidemics of dengue fever, as well as improving vector control and surveillance.
- (3) Healthy settings and environment: A healthy environment will be created and promoted through a multisectoral approach and partnerships to encourage healthy lifestyles, minimize the risk of disease and reduce the need for hospital and other health services through:
 - evaluation of the effectiveness of health education and promotion activities and strengthening of the concepts approach; and
 - provision of special training for health personnel and other stakeholder agencies to enable them to deliver services satisfactorily.
- (4) Child and adolescent health and development: Child and adolescent health will be further strengthened through increasing awareness of risky behaviours, reducing teenage pregnancy, and reducing STI, with emphasis on:
 - conducting seminars that target adolescents to enhance their knowledge of safer sexual practices; and
 - increasing knowledge on risky behaviours through awareness programmes on television and radio and in newspaper articles.

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- (5) Reproductive health: There are insufficient trained and skilled personnel to provide quality reproductive health services at various levels of the health care system. At present, there is only one family planning nurse, assisted by a retired staff nurse. There is an immediate need to train younger nurses in technical and management skills.

The responsibilities of husbands or male partners will be emphasized. Through training, their awareness and understanding of the reproductive health needs of women during pregnancy, childbirth and after delivery, and of family planning, will be enhanced.

- (6) Noncommunicable diseases and dental health: A more vigorous effort will be made to change the attitudes of people through health education and promotion. Technical training of health educators in healthy living (e.g. diet, exercise) is part of this programme. Monitoring and management of noncommunicable diseases will be strengthened.

Properly trained dental personnel are required for each island to strengthen preventive dental care and the treatment of common dental diseases. There is also a need to upgrade facilities, including rooms and dental equipment.

- (7) Tobacco Free Initiative: The Global Youth Tobacco Survey, conducted in 2002, needs to be extended to examine smoking prevalence among adults. The results of the survey will determine and guide the development of the tobacco control programme and strengthen the nationwide promotion of healthy lifestyles, and will reduce the toll of tobacco-related mortality and associated diseases.

- (8) Human resource development: Workforce planning has been identified as the key strategy to meet the need for skilled health workers. An increase in the number of qualified health workers with skills tailored towards specific needs of the population is critical if health objectives are to be met.

Developing leadership and management skills will be essential in the transformation of the quality of care currently being delivered to the people of Cook Islands. Training is needed to help health personnel communicate with, inform and educate their patients.

3.2 Organization of health services and delivery systems

While the population on the main island, Rarotonga, has access to the best health care in the country, those on the outer islands, especially the Northern Islands, do not. There is an urgent need to address and rectify this disparity. It is therefore of vital importance that the delivery of health services to the outer islands be addressed, especially the availability of drugs, the deficiency in equipment and the provision of properly trained health staff to provide services.

In 2001, the Ministry of Health opened a new hospital wing that provides ample room for laboratory services, maternal health care, and statistics. There is also a library and a conference room to assist in continuous medical education. A telehealth venture is also being established, which will provide distance-learning education for doctors, nurses and other health staff in Rarotonga and some of the outer islands to improve human resource development and strengthen health services. At the same time, telehealth will be used to consult specialists overseas in regard to problematic cases. Efforts are also being concentrated on continuing medical education and health staff training, both in-country and overseas.

3.3 Health policy, planning and regulatory framework

No available information.

3.4 Health care financing

In 2009, total health expenditure amounted to 14 million New Zealand dollars (US\$ 10 million), with per capita expenditure on health of US\$ 503.6.

3.5 Human resources for health

During recent years, the Ministry of Health has concentrated on providing sufficient general practitioners to provide health services in the outer islands. To date, there are only two islands, Palmerston and Rakahanga, without a resident doctor. However, there are health officers on the two islands. The Ministry of Health has also

provided extra doctors at the Rarotonga Hospital so that services are provided 24 hours a day without any doctor having to work more than eight hours a day.

In the absence of resident dental personnel, the Ministry of Health recently employed two flying dentists to visit the outer islands. Currently, on most of the islands, there are no dental personnel, a lack of proper dental planning, and a lack of oral health promotion and education, preventive care and constant review. There are also no proper facilities or equipment. The high level of “decayed, missing or filled (DMF)” reports clearly shows the lack of diagnosis of dental caries and the absence of restorative treatment for tooth decay. There is also a need to review and improve oral health safety procedures to maintain the provision of quality health care services.

The health infrastructure is well developed. There is a general hospital with 70 beds in Rarotonga and six primary health care centres. As of 2004, there were 22 physicians, 11 midwives, 52 nurses and 20 dentists.

3.6 Partnerships

New Zealand remains the largest donor, while Australia and the Asian Development Bank provide significant inflows geared towards capacity-building, outer island development and human resource development. WHO is the fourth largest donor and provides support for human development for health, health care delivery and outer island devolution. Other United Nations agencies, agencies based in the Pacific region, and two bilateral donors make up the remaining donor support to the country. Cook Islands has received ad hoc grants and technical support from the governments of China and Japan and has progressed significantly in aid discussions with the European Union.

3.7 Challenges to health system strengthening

No available information.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	<i>2007 and 2009 Annual statistical bulletin.</i>
<i>Operator</i>	:	Ministry of Health Medical Records Unit
<i>Web address</i>	:	http://www.health.gov.ck
<i>Title 2</i>	:	<i>Population Estimates and Vital Statistics</i>
<i>Operator</i>	:	Cook Islands Statistics Office
<i>Web address</i>	:	http://www.stats.gov.ck/
<i>Title 3</i>	:	<i>Cook Islands statistical bulletin, Census of Population and Dwellings 2006: Preliminary result</i>
<i>Operator</i>	:	Cook Islands Statistics Office
<i>Web address</i>	:	http://www.stats.gov.ck
<i>Title 4</i>	:	<i>Cook Islands Millennium Development Goals Report 2009</i>
<i>Operator</i>	:	Office of the Prime Minister, Central Planning and Policy Office
<i>Web address</i>	:	http://www.spc.int/prism/MDG/Countries_natrpts/CK_MDGReport_2009.pdf

5. ADDRESSES

MINISTRY OF HEALTH

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6. ORGANIZATIONAL CHART: Ministry of Health

