



COOK ISLANDS–WHO

Country Cooperation Strategy 2018–2022

OVERVIEW

Cook Islands comprises 15 islands spread over 2 million square kilometres in the Polynesian Triangle. The islands are geographically divided into two groups, commonly referred to as the Northern and Southern Group islands. The two groups differ in their social, cultural and economic activities. The population of Cook Islands was 14 977 in 2011. The majority of the population lives in Rarotonga (73.6%), the centre of governance and commerce, in the Southern Group. Cook Islands is a self-governing entity in free association with New Zealand. New Zealand retains responsibility for external affairs and defence in consultation with Cook Islands. The Government is an independent parliamentary democracy consisting of 24 elected members, with a separate House of Ariki (high chiefs) made up of 15 members that advise the Government on matters such as traditional questions of landownership and custom. The main sources of income are tourism, offshore banking, marine resources and agriculture.

HEALTH AND DEVELOPMENT

The Ministry of Health is the main provider of health care in Cook Islands and is directly responsible for seven legislative acts relevant to health. Health-care services are mostly free to citizens and range from public health (inclusive of primary care) to secondary care. Secondary care includes surgery, medicine, anaesthesia, obstetrics, gynaecology, ophthalmology and paediatrics. These services are supplemented by visiting specialists, and access to tertiary services is through referral to overseas providers. There is a small number of local private general practitioners and dentists. Administratively, health facilities and services are classified into four levels, based on community populations, facility services and available staff.

Noncommunicable diseases (NCDs) and their risk factors are major public health problems in Cook Islands. As indicated in the *Cook Islands National Health Strategic Plan 2017–2021*, cardiovascular disease is the most prevalent NCD, with an average of over 200 cases each year from 2009 to 2015, followed by diabetes with an average of 100 new cases a year. In 2015, 3725 patients were recorded in the Ministry of Health's registry for NCDs. An incidence of 1.9% and prevalence of 28.1% was noted for all NCDs in 2013. In terms of risk factors, the *STEPwise Approach to Chronic Disease Risk Factor Surveillance* (STEPS) survey revealed that in 2004, in the adult population aged 25–64 years, the prevalence of obesity was 61.4%, hypertension was 33.2%, diabetes was 23.6% and elevated blood cholesterol was 75.2%.

The Cook Islands workforce strategy highlights the need for continuing professional development and strengthening all cadres of the health workforce, with a focus on increasing the number of specialists in most disciplines, including paediatrics; building the nurse practitioner workforce on all islands; and increasing the nursing, dental and allied health workforce.

NATIONAL STRATEGIC PRIORITIES WHO AND THE GOVERNMENT 2018–2022

The World Health Organization (WHO), working with partners, will support the Government in pursuing its national strategic priorities. Each strategic activity is linked to at least one of the subregional focus areas that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

1. To set the strategic public health agenda

- 1.1 Conduct annual, midterm review and evaluation of *Takai'anga Angaanga Tutara A Te Marae Ora: Cook Islands National Health Strategic Plan 2017–2021*.
- 1.2 Develop the next national health strategic plan in line with the Healthy Islands vision, the Pacific NCD Roadmap, *Te Papa Tutara A Te Marae Ora: Cook Islands National Health Roadmap 2017–2036*, the Sustainable Development Goals (SDGs) and universal health coverage (UHC).
- 1.3 Review the Public Health Act 2004 and regulations, with strategies to enhance compliance and enforcement.
- 1.4 Facilitate a feasibility study on financing options, including health insurance, for health services.

2. To plan and operationalize health policies and strategies

- 2.1 Review and evaluate the *Cook Islands National Strategy and Action Plan for NCDs 2015–2019* and *Cook Islands National Oral Health Strategy 2014–2018*, including surveillance of risk factors and interventions.
- 2.2 Improve prevention and management of NCDs in Pa Enea by adaptation of protocols, service delivery planning, and monitoring and referral mechanisms.
- 2.3 Adopt evidence-based policy interventions on unhealthy diets, including the restriction of marketing of unhealthy foods to children.
- 2.4 Develop and implement plans for drinking-water safety and quality.
- 2.5 Review the essential medicines list and essential consumables list to align them with evolving health needs and system requirements.
- 2.6 Use health technology/information assessment to inform planning of services at the primary health care level.
- 2.7 Implement the *National Action Plan for Antimicrobial Resistance* including carrying out the annual Antibiotic Awareness Week, and advancing antimicrobial stewardship and infection prevention and control.
- 2.8 Validate HIV and STI testing algorithms through introduction of test kits, including training of service providers in primary health care settings.
- 2.9 Adopt the Baby-friendly Hospital Initiative across Cook Islands.
- 2.10 Implement and evaluate the *Cook Islands Mental Health and Well-Being Strategy 2016–2021* and *Cook Islands National Suicide Prevention Strategy 2016–2021*.

3. To develop capacity in public health and service delivery to achieve policy objectives

- 3.1 Use the *Cook Islands Health Workforce Plan 2016–2025* to guide the fellowship programme and Pacific Open Learning Health Network (POLHN) expansion.
- 3.2 Use stewardship programmes to strengthen capacity for health leadership, management and governance.
- 3.3 Strengthen a team approach to manage chronic patients through partnership of doctors, nurses, allied health and community health workers with patients and their families.
- 3.4 Enhance capacity for planning and sustaining routine immunization and the introduction of new vaccines.
- 3.5 Enhance capacity for planning and delivering community-based mental health programmes, including counselling and substance abuse services.
- 3.6 Enhance capacity for evidence-based interventions for prevention and control of violence and injuries (especially motor vehicle accidents).
- 3.7 Use the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) as a framework for building national capacity to detect, prepare for and respond to public health emergencies under the International Health Regulations, or IHR (2005).
- 3.8 Strengthen and support compliance and enforcement of health laws and regulations.

NATIONAL HEALTH POLICY

The *National Sustainable Development Plan 2016–2020* (NSDP) is the development strategy of the Government covering a period of five years. The NSDP vision is “to enjoy the highest quality of life consistent with the aspirations of our people, and in harmony with our culture and environment”. The NSDP has 16 development goals that outline individual, community, business and government partnerships for a sustainable quality of life for all Cook Islanders. Goal 7 relates to health care and translates to six objectives in the Ministry of Health: reduce NCDs; increase investment in health care; promote sexual health; promote healthier lifestyles through exercise and sports; achieve healthier, longer lives; and improve mental health care.

Linked to the NSDP, the Ministry of Health has a new health strategy, *Takai’anga Angaanga Tutara A Te Marae Ora: Cook Islands National Health Strategic Plan 2017–2021*, with the following five policy goals under key result areas:

1. To strengthen administrative and management capacity and capability to meet the health systems and health service needs, demands and expectations for the Ministry of Health;
2. To strengthen and improve public health and community health-care services under the principles of primary health care and the Healthy Islands vision;
3. To provide high-quality clinical care and services to meet the needs and expectations of patients, in line with the policies and resources of the Ministry of Health;
4. To provide high-quality pharmaceutical services, diagnostics and support services to meet clinical care patients and the communities, in line with the policies and resources of the Ministry; and
5. To work collaboratively to complement and support health partners in the implementation of agreed health-related interventions and activities.

PARTNERS

预览已结束，完整报告链接和二维码如下：

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