

COOK ISLANDS



National Health Strategy

2012 - 2016

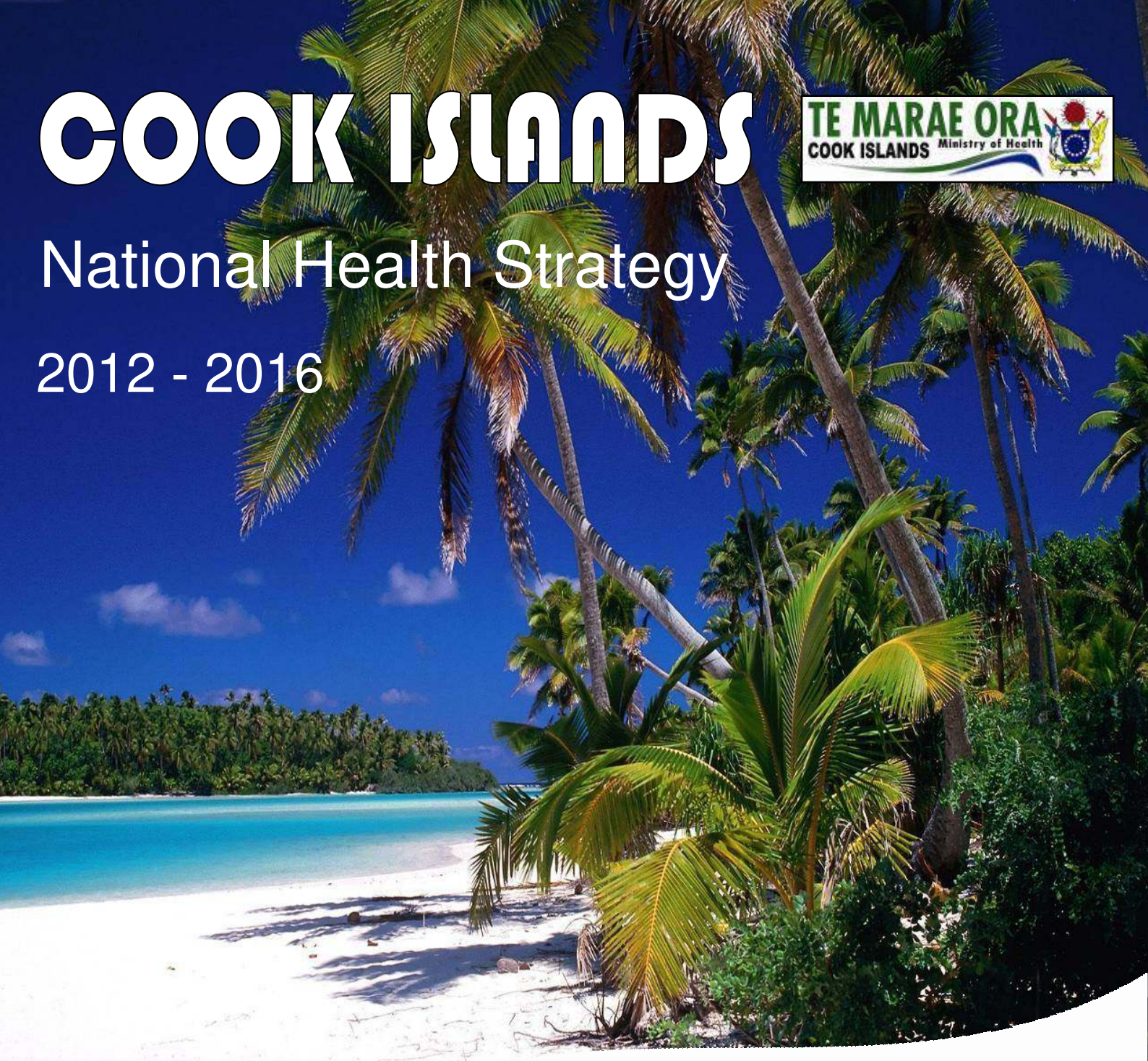


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Acronyms & Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CD	Communicable Diseases
CIFWA	Cook Islands Family Welfare Association
CIRC	Cook Islands Red Cross
CME	Continuing Medical Education
CPD	Continuous Professional Development
DMFT	Decay, Missing and Filled Teeth
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
MDG	Millennium Development Goals
MOH	Ministry of Health
NCD	Non Communicable Diseases
NGO	Non-government Organizations
NSDP	National Sustainable Development Plan
OIA	Official Information Act
OPD/A&E	Outpatients Department/ Accident & Emergency
PEN	Package of Essential Non-communicable disease interventions
PPTC	Pacific Paramedical Training Centre
STEPS	STEPwise approach to surveillance
STI	Sexually Transmitted Infections
VCCT	Voluntary Confidential Counseling and Testing



Minister's Message

Kia Orana,

This Cook Islands National Health Strategy 2012-2016 builds on previous Health Strategies and health policies to direct and guide the advancement of health care services in the Cook Islands. It highlights the priorities of Government for our people to fulfil their potential through access to quality and affordable health care. This is recognition that a healthy population is key to a productive workforce and key to economic growth.



Everyone has the right to health and protection. This embraces not only the right of access to health care services but also demonstrates the importance of the wider determinants of health, the socioeconomic, cultural and environmental factors which involve the fulfilment of other human rights that influence the health status of the population.

Health is everyone's business! The aim is to raise the priority of health issues and ensure health is integrated into policies across all private and public sectors and to empower people to take ownership and responsibility for their health and the environment they live in.

Te Marae Ora the Cook Islands Ministry of Health has established partnerships with other government, non-government organisations and civil society to address the health issues of vulnerable groups of people and most at risk populations through targeted interventions, for example Red Cross Society, Te Vaerua, Te Kainga, Cook Islands Family Welfare Association, Creative Centre. I am pleased to acknowledge other government, non-government organisations and civil society who have incorporated health components into their policy for example the Ministry of Education Master Plan, the environment, tobacco taxation, animal health, research, road safety, food security, safety at work, social security schemes, climate change, disaster management and ICT.

In view of the NCD crisis in the Pacific, the burden of NCD on our health services and the increasing number of premature deaths from NCD (75%) I am delighted that targeted interventions proven to reduce NCDs such as controlling tobacco; improving diets (reduction in salt, fat and sugar intake and increasing the consumption of fruits and vegetables); promoting physical activity; reducing alcohol intake; and providing access to essential drugs and technologies are to be implemented in this Health Strategy.

I acknowledge the various organisations and individuals who have supported Te Marae Ora in delivering health services in our communities. This strategy offers opportunities to strengthen existing and to forge new partnerships. Through team work, leadership, and commitment to delivering quality healthcare services I am confident that we will achieve our goals and objectives and ultimately our vision of "All people living in the Cook Islands living healthier lives and achieving their aspirations"

Kia Rangatira,

A handwritten signature in black ink, appearing to read 'N. Glassie', on a light blue background.

Honourable Nandi Glassie
Minister of Health
Cook Islands



Secretary's Message

Kia Orana,

The Cook Islands Health Strategy has been developed through a participative and consultative process involving substantial contribution and support from various individuals. I therefore wish to extend my appreciation to all those who contributed to the process of developing this plan with a special mention to the editorial team of Ana Silatolu-Mataitini, Temarama Anguna, Karen Tairea, Tofinga Aisake and Howard Tangimetua for their significant input and commitment to the process.

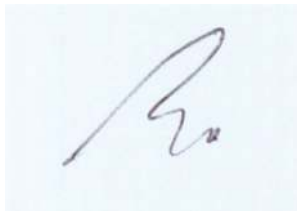


This strategic plan is needed to reduce the number of Cook Islanders dying prematurely or falling ill and suffering. It is needed to minimize the impending overload of the health and hospital systems and to increase the productivity of the Cook Islands workforce.

I believe with the appropriate level of commitment and support from government and cooperating partners, health workers, key stakeholders and the people we serve the success of this Health Strategy will be guaranteed.

I encourage all those involved in the implementation of this plan to fully commit themselves to this important national task.

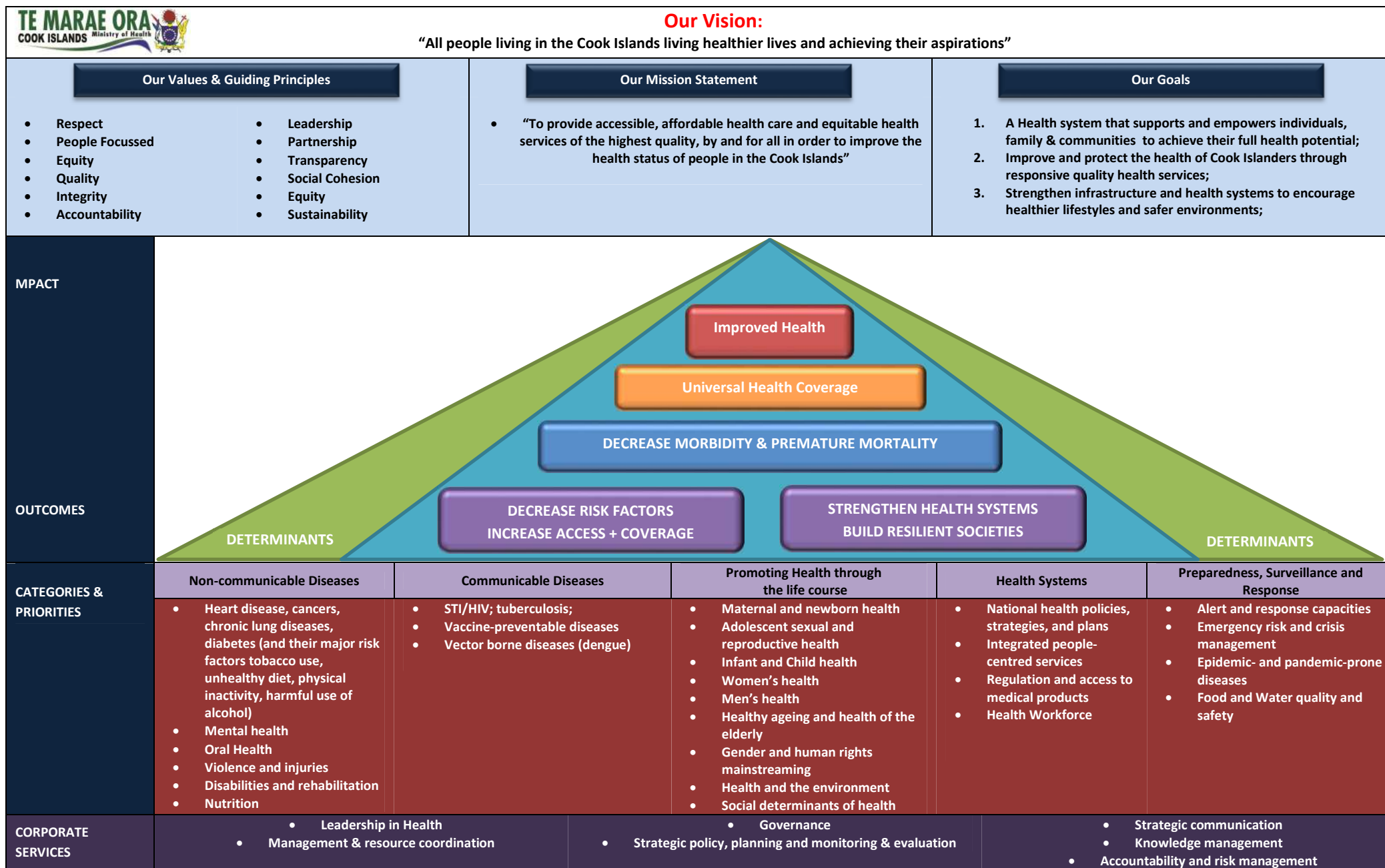
Kia Manuia



Mrs. Elizabeth Iro
Secretary of Health



Strategic Chart



Executive Summary

Te Marae Ora Cook Islands Ministry of Health has developed an integrated strategic planning framework that sets out its vision, mission, goals, objectives, values, strategies and targets aligned to national, regional and international commitments.

It recognises that a healthy population is essential for sustainable economic development. Te Marae Ora realises that improving the health and well-being of people leads to increased life expectancy, lower absenteeism, increased productivity and direct economic benefits. It therefore strives for a health system that puts greater effort and investment into promoting healthier living and improving health outcomes while addressing the socioeconomic, cultural and environmental determinants of health.

This strategy is in harmony with the Cook Islands National Sustainable Development Plan (NSDP) 2011-2015 and other regional and international development goals. It identifies the Government's future directions, priority areas and actions for the next five years and beyond that will contribute to sustainable development, better health outcomes and provide equitable, accessible, safe, quality, affordable and appropriate health services, which are gender sensitive and sustainable with a focus on vulnerable groups.

The health strategy provides a foundation to build greater support and services for persons with disabilities, mental health issues, the aged and violence against women, men and children. It will strive to improve coordination and collaboration between development partners, government agencies, civil societies and non-government organisations nationally and regionally to achieve an integrated strategic approach in delivering better healthcare services, improved health outcomes, quality of life and healthy lifestyles for all people in the Cook Islands.

The priority focus of this strategy includes:

- enhancing the infrastructure of the health system and supporting on-going health governance and organisational reforms;
- promoting partnerships for institutional capacity development;
- strengthening health sector policy, planning and regulations, improve data collection, monitoring and evaluation;
- promoting gender sensitive research and analysis;
- strengthening community capacity and capability on social determinants of health;
- improving information, communication and technology systems and strategies, to provide accessible and accurate health information.

This is to ensure that people are empowered to take ownership and responsibility for their health and the environment that we live in to reduce future health risks.

There have been improvements in our health indicators particularly those relating to maternal, infant and under 5 years mortality rates. Yet there are serious concerns over the increased prevalence of lifestyle related Non-Communicable Diseases (NCD's).

We have developed a challenging 5 year National Health Strategy to provide a consistent approach to the delivery of quality health care services across all health sectors. It aims to address priority concerns such as prevention and management of NCD's, maintaining zero maternal mortality, reduction of injuries from motor vehicle crashes and the prevention of youth suicide. Overcoming these concerns will ensure a health system we can be proud of and quality health care services we have confidence in.



1. PART I – Introduction

The health strategy and action plan for 2012-2016 emphasises a multi-sectoral approach across all sectors for the delivery of health care services that is quality driven and people focussed.

Te Marae Ora recognizes health is pivotal to achieving all the NSDP 2011 - 2015 goals, specifically Goal 4.

Priority 4: Social Development

Goal: Opportunity for all people who reside in the Cook Islands

Key Objective: Our people fulfil their potential through access to quality and affordable health care.

The strategy also recognises the role of the Cook Islands as a member of the international community to contribute to achieving the Millennium Development Goals (MDGs). While all MDGs are indirectly linked to improved health outcomes, three MDGs relate specifically to the health sector:

1. MDG 4. Reduce Child Mortality
2. MDG 5. Improve Maternal Health
3. MDG 6. Combat HIV/AIDS and other diseases.

Sustainable funding of health services is a priority for Government. This requires prudent and responsible management of resources to ensure that service planning, funding and prioritisation processes are evidence based.

There are still many challenges we face; the relatively small populations, geographically dispersed islands, the isolation and distance between islands making travel and transportation of goods and supplies very costly, existence of some out-dated legislation and the shortage of qualified and competent health professionals. These all provide a challenging environment in which to plan, develop and ensure access to equitable healthcare services.

Natural disasters and emerging diseases such as the influenza pandemic demonstrates the need for a clear understanding of the community's health status, needs, risks, resources and capacities and to ensure hospitals and health care facilities are prepared for all types of emergencies, disasters and health pandemics.

In addition, an estimated 52,000 Cook Islanders residing in New Zealand and an estimated 30,000 in Australia who regularly visits the Cook Islands together with the increasing numbers of tourists and contract workers significantly impacts on the delivery of health services in the Cook Islands.

1.1 Country Profile

The Cook Islands is a nation comprised of 15 islands spread over 2 million square kilometres in the Polynesian Triangle. The population is dispersed across the islands but concentrated on Rarotonga (73.6%), the centre of governance and commerce. The Cook Islands has been a self-governing nation in free association with New Zealand since 1965. The Cook Islands is governed by a Prime Minister who is the leader of the majority party in the legislature; the legislature is elected by popular vote.

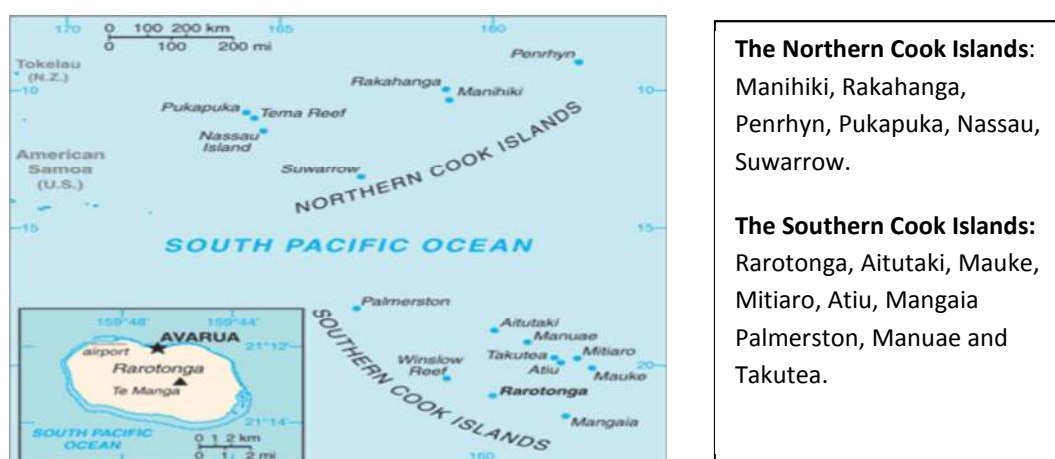
The major economic activities in the Cook Islands are tourism, fishing, agriculture and financial services. There were economic troubles in 1996–1997 but were resolved through a programme of



reforms including public service, public asset devolvement and economic strengthening and stimulation, supported largely by New Zealand and the Asian Development Bank.

The Cook Islands is an economically stable democracy with strong support from New Zealand and other partners. New Zealand retains responsibility for external affairs and defence in consultation with Cook Islands. New Zealand and Australia harmonize aid to support the National Sustainable Development Plan (NSDP) 2011-2015 through direct budget support.

Figure 1: Map of the Cook Islands



1.2 Demographic and Health Indicators

The total resident population from the 2011 census was 14,974. Approximately 72% of the population live on Rarotonga, 21% in the southern group islands and 7% in the northern group islands. The remote *Pa Enua* (outer islands) are experiencing a steady decline: about 65% of the population now lives on Rarotonga. Population loss remains a concern to the Cook Islands and is an economic risk.

Table 1: Demographic and Health Indicators

Indicator	Measure	Year
Total population (in '000s)	17.8	2011
Population proportion under 15 (%)	27.9	2010 est.
Life expectancy at birth (male/female)	70/73	2009 est.
Infant mortality (per 1000 live births)	7	2012
Under-5 mortality rate per 1000 live births	18.4	2006
Antenatal care coverage at least one visit (%)	98	
Birth attended by skilled health personnel (%)	100	2009
Measles (MCV) immunization coverage among 1-year-olds (%)	100	2010
Prevalence of raised blood glucose (%)	23.6%	2004
Estimated smoking prevalence among adults (male/female) (%)	46.6/41.1	2004
Per capita GDP (in US\$)	10,298	2009 p
Total expenditure on health as % of GDP	2.9	2012
General government expenditure on health as % of general government expenditure	10.6	2009 p
% of population with access to improved sanitation facility	100	2008
% of population with access to improved drinking water source	100	



1.3 Health Providers

Te Marae Ora Cook Islands Ministry of Health is the main provider of health care in the Cook Islands and has a regulatory function in protecting public health and is engaged in environment, water and sanitation issues. Health services range from public health (inclusive of primary care) to secondary and tertiary care. Overall, the Cook Islands are relatively well equipped to provide basic primary and secondary level care. The Cook Islands delivers an adequate range of general clinical services in the core areas of anaesthetics, general outpatients and emergency, medicine, obstetrics and gynaecology, ophthalmology, paediatrics and surgery. These services are supplemented by visiting specialist teams and access to tertiary services through our referral process to overseas providers. There are a small number of private health providers.

1.4 Health Status

Cook Islanders have a reasonable standard of health, comparative to the health status of other populations in the Pacific region with adequate health coverage in each island, high immunization rates throughout the country, nil maternal and low infant mortality rates, and basic resources to meet the needs of the population.

However, there are growing problems facing Cook Islands with regards to NCDs such as diabetes, cardiovascular diseases, hypertension, obesity and their risk factors (e.g., tobacco smoking, excessive alcohol consumption, physical inactivity and poor diet). NCDs are the main cause of mortality. Morbidity is also dominated by NCDs, including circulatory system diseases, respiratory system and endocrine ailments, and nutritional and metabolic diseases. The Cook Islands' STEPS survey report showed that in 2003–2004, in the adult population aged 25–64 years, the prevalence of obesity was 61.4%, prevalence of hypertension was 33.2%, prevalence of diabetes was 23.6%, and prevalence of elevated blood cholesterol was 75.2%.

Two major oral diseases (dental caries and periodontal disease) are both chronic and progressive diseases with a considerable “lifestyle” component, and they share the same risk factors with the major NCDs which afflict Cook Islanders.

Communicable diseases (CDs) pose a danger. Sexually transmitted infections (STIs) are common in the Cook Islands. The Secondary Generation Surveillance (SGS) conducted in 2007 showed a 22% prevalence rate of Chlamydia with 46% of these cases between the ages of 15 to 29 years. A repeat survey in 2012 showed a decrease by 50% of Chlamydia prevalence. This can be attributed to the interventions implemented targeting Sexually Transmitted Infections. The challenge is to further reduce the prevalence of Sexually Transmitted Infections in the Cook Islands in view of reduced donor funding targeting HIV/STI.

Te Marae Ora recognises that women and men face distinct health risks in their working and living environment and have different health needs. The promotion of gender sensitive research to inform the development, implementation of health strategies, policies and programs relating to CDs and NCDs and their determinants, violence against women and children and natural disasters and health, are important for understanding how women and men differ in relation to the causes, manifestations and consequences of health issues.

The Cook Islands has recorded a nil maternal mortality rate since 1996, which is a result of 100% birth attendance by a skilled health professional and the Cook Islands continues to maintain a low infant mortality rate of less than 10 per 1000 live births.

The range of reproductive health rights and services in the Cook Islands have evolved to a more comprehensive evidence based approach, inclusive of both men and women and includes;



obstetrics, family planning , STI/HIV prevention and STI treatment including Voluntary Confidential Counselling and Testing (VCCT) services, infertility counselling, breast and cervical screening and treatment of other gynaecological disorders.

Men's health issues have been a challenge to address but through community based clinics and a dedicated team approach more men are being screened for medical conditions such as prostate cancer and NCDs.

The Adolescent and Sexual Reproductive Health issues facing youth are unplanned teenage pregnancies (average 10-15% are born to mothers < 19 years); increasing cases of STIs (occurring among young people 24 years) and sexual violence and abuse among adolescents, substance abuse, attempted suicide and suicide cases. The majority of youth suicides are as a result of a relationship issue, between peers and between youth and parents.

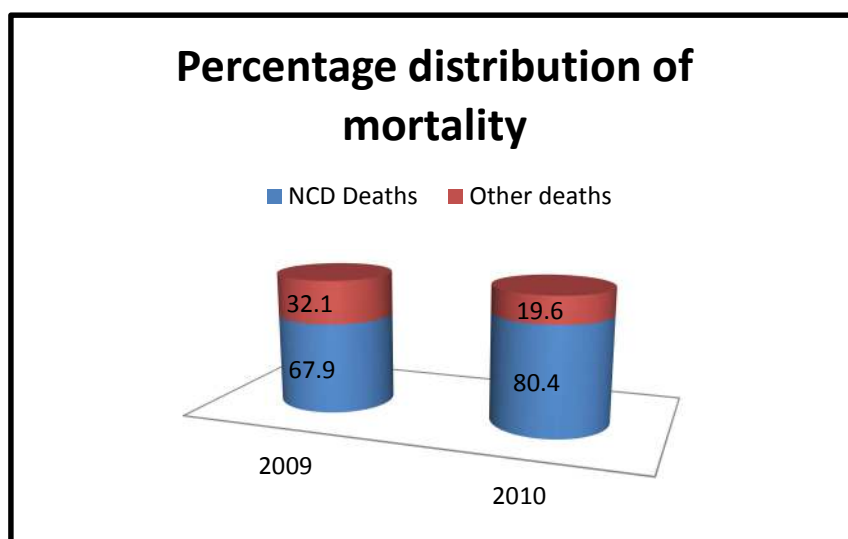
1.5 Non-communicable Diseases

The Pacific Health Ministers, reaffirmed building upon the vision of “*Healthy Islands*” as the unifying theme for health promotion and health protection. The Ministers, recognising the impact and rapid increase and prevalence of NCDs in the region, issued *the Honiara Communiqué on the Pacific Non-Communicable (NCD) Crisis* highlighting the escalating burden of NCDs and its risk factors (poor diet, physical inactivity, smoking and harmful use of alcohol) including ageism, is being experienced globally and in the Pacific region and has reached crisis level

The leading causes of death in the Cook Islands are NCDs: diseases of the circulatory system; cancer and diabetes contributing to 80.4% of all causes of death in 2010.

The figure below shows the percentage distribution of **mortality** rates for 2009 and 2010.

Figure 2: Percentage distribution of mortality



The prevalence of NCDs and risk factors in the Cook Islands is well documented, placing increasing pressure on the health system, including human, pharmaceutical and laboratory resources.

2. PART II – Strategic Agenda

2.1 Our Vision

“All people living in the Cook Islands living healthier lives and achieving their aspirations”

2.2 Our Mission

“To provide accessible, affordable health care and equitable health services of the highest quality, by and for all in order to improve the health status of people living in the Cook Islands”

2.3 Our Priorities

The focus of the strategy is to empower people to take ownership and responsibility for their health and the environment we live in to reduce NCDs and future health risks. This is supported by the following priorities:

- enhancing the infrastructure of the health system and supporting on-going health governance and organisational reforms;
- promoting partnerships for institutional capacity development;
- strengthening health sector policy, planning and regulations, improve data collection, monitoring and evaluation;
- promoting gender sensitive research and analysis;
- strengthening community capacity and capability on social determinants of health;
- improving information, communication and technology systems and strategies, to provide accessible and accurate health information.

2.4 Our Goals

1. A health service that supports and empowers individuals, family & communities to achieve their full health potential;
2. Protect the health of Cook Islanders through responsive quality health services;
3. Strengthen infrastructure and health systems to encourage healthier lifestyles and safer environments;

2.5 Our Objectives

1. The promotion of health and wellbeing and healthy lifestyles is intensified;
2. To support families and communities to live healthier lives;
3. To reduce the overall impact of the burden of disease (Cardiovascular, Diabetes, Hypertension, Respiratory, Cancer, Injuries);
4. To improve access to quality, safe, accessible, affordable and appropriate healthcare services;
5. Strengthen healthcare systems and services through improved coordination, collaboration and partnerships with community groups, national, regional and global institutions;
6. To strengthen institutional arrangements, procedures, processes and financial resources to purchase and distribute medical products and technologies;
7. Promote a healthier environment and influence public policies in all sectors to address the socio-economic and environmental determinants of health;



2.6 Values

Te Marae Ora Ministry of Health values statement applies to its staff, contractors and partnerships, and provides the foundation for the development and delivery of health services now and into the future:

Respect	Acknowledging a person's dignity, integrity and rights with compassion, trust, privacy and confidentiality;
People focused	Ensuring that the welfare of men and women, boys and girls remain our priority, guided by the human rights principles of empowerment, gender equality, non-discrimination, participation and accountability;
Equity	Promoting human rights principles and providing timely and equitable access to quality, affordable healthcare services for all people in the Cook Islands;
Quality	Striving for best practice and excellence in all aspects of our work. Client focused, delivering safe, responsive, sensitive, sustainable, well resourced, evidence based healthcare services provided by qualified and competent workforce including carers and advocates;
Integrity	Maintaining professionalism, honesty, respect and confidentiality;
Accountability	Our systems are transparent and reflect responsible governance and management, ensure gender equality, non-discrimination and the participation of men and women in decision making at all levels.

2.7 Guiding Principles

The National Sustainable Development Plan 2011 – 2015 (NSDP) guiding principles which place people at the centre of Cook Islands development have been incorporated into the Cook Islands National Health Strategy. It gives priority attention to elements that are essential to providing the quality of life for people living in the Cook Islands, and reflect the key pillars needed to realise the national vision:

“To enjoy the highest quality of life consistent with the aspirations of our people and in harmony with our culture and environment.”¹

Leadership	leading the country to achieve its national vision requires strong and decisive leadership at all levels of society;
Partnership	the opportunities envisaged under our national vision require the promotion of our countries common good over vested interests and significant technical and financial resources, both of which are beyond the scope of our government alone;
Transparency and Accountability	are essential for the efficient functioning of our economy and for fostering social well being;
Social Cohesion	will engender a sense of belonging and pride in our people and generate the trust required to take us through both the good and challenging times as we journey towards a sustainable future;

¹ The Cook Islands National Sustainable Plan 2011-2015
The Cook Islands Health Strategy 2012 – 2016



Equity	will facilitate and ensure equality of opportunity and equal rights for all our people including access to public goods and services such as education and health care; promote the human rights of our people, including the most vulnerable and marginalised groups. It will identify and address gender and other biases in our society;
Sustainability	a sustainable future for our nation requires us to effectively integrate economic, social and environmental issues in order to make the wisest use of our capital stocks to meet the needs of current and future generations;

2.8 Te Marae Ora's Responsibilities

Te Marae Ora Ministry of Health has the responsibility to:

- a) develop, maintain, administer, operate and manage health facilities, and all related services and operations;
- b) regulate health facilities which the Ministry does not manage or operate;
- c) promote and ensure the proper and effective education, training and regulation of the health professions and allied health professions, and to provide oversight and assistance to professional bodies lawfully exercising such roles and functions;
- d) establish, regulate, implement and enforce standards concerning the training, qualifications and performance required for health professionals, allied health professionals and other health service providers in accordance with the provisions of Health Acts and any applicable laws;
- e) monitor the performance of health service providers, and to take action to enforce standards of health care, and professional and ethical conduct in the provision of health services;
- f) establish and implement systems of quality control and complaints related to the provision of health services;
- g) ensure that the rights of patients and persons using the services of health service providers in the Cook Islands are protected, and to take all such action as is necessary to protect elderly, infirm and vulnerable people under the permanent or temporary care of the Ministry;
- h) develop health management systems and to promote capacity building in relation to health planning, health resourcing, health information and health research;
- i) arrange for and provide any health service by or through any health service provider (whether in Cook Islands or overseas), if the Ministry determines that such provider can provide the health service most effectively and efficiently;
- j) cooperate with, assist and support government agencies, non-government agencies and Island Governments in relation to the provision of health services and the implementation of health related programs and activities;
- k) implement laws, requirements, programs and initiatives related to public health issues affecting the health of the community and the environment (including vector control, port health and border control, water resources, food safety and nutrition, waste management, hazardous and harmful substances and practices, immunisation and disease prevention and community health services);
- l) ensure that drugs and therapeutic products used in the Cook Islands are genuine, effective and beneficial, and to regulate their provision, distribution and use;
- m) provide the Government and the Minister with advice as to strategies, policies and planning concerning the development, resourcing, provision and management of health services;
- n) otherwise administer, implement and enforce all laws related to health matters and to the provision of health services, and any other subject or matter as may be determined by Cabinet from time to time.



Te Marae Ora recognises the importance of maintaining and enhancing strategic partnerships and relationships both internal and external. Decision-making is participatory and inclusive in all areas of the health system in both clinical and non-clinical areas and is based on the principle of evidence-based practice; based on research findings, statistical qualitative/quantitative data and other documented trends and behaviours.

It takes a multi-sector, sector wide approach to increase protective factors for healthy lifestyles such as good nutrition, physical activity, healthy environments and supportive relationships. This includes effective measures such as disease surveillance systems to protect the Cook Islands population from national and international public health threats and emergencies including CDs such as dengue fever, STIs, HIV/AIDS, and Avian influenza. Reducing NCD risk factors such as smoking, physical inactivity, poor diet and alcohol abuse remains a challenge and will require sustained action by individuals, families, communities and government.

Health Services delivered in the Cook Islands cover primary, secondary and tertiary care through a range of providers - private, public and visiting specialists/specialists teams. Referral to overseas providers is arranged under the “Patient referral programme”.



3. PART III - Health Structure

Health services in the Cook Islands are provided through a system of child welfare clinics, dental clinics, health centres, and one general hospital on the main island of Rarotonga. Four private outpatient clinics, three private pharmaceutical outlets and one private dental clinic also operate in Rarotonga. While emergency departments in the hospitals are open 24/7, most community health services are open Monday to Friday, from 8am until 4pm.

There are three directorates within Te Marae Ora.

3.1 Directorate 1: Community Health Services

The Community Health Services Directorate is responsible for providing accessible and equitable health care services in the community setting. A key focus is on primary care services, preventing and protecting against diseases and injury, and promoting healthier living for improved population health outcomes. The objective is to achieve results through the provision of safe, quality, evidence based, accessible and affordable preventative health services for all population groups including children, adolescents, adults and older people in their community settings. These include schools, churches, workplaces and other settings.

The directorate's key service areas include: Mental Health, Health Protection, Health Promotion, Child, Adolescent, Reproductive and Maternal Health, Oral Health and Research.

3.2 Directorate 2: Hospital Health Services

The Hospital Health Services Directorate is responsible for providing accessible and equitable health care services in the hospital setting. A key focus is on primary, secondary, tertiary, rehabilitative and palliative care within our capabilities to improve population health outcomes.

The objective is to achieve results through the provision of safe, quality, evidence based, accessible and affordable treatment and interventional health care services with a focus on early diagnosis, management & treatment, recovery, and rehabilitation for all population groups. These include children, adolescents, adults and older people.

Clinical and Nursing services include: Surgical, Theatre Anaesthetics, Medical, Obstetrics and Gynaecology, Out Patients/Accident and Emergency, Medical, and Paediatrics.

Clinical support services include: Ambulance/Orderlies/Security, Biomedical, Radiology, Laboratory, Pharmacy, Physiotherapy and Quality Management.

General support services include: Infection Control Cleaning, Kitchen/ Nutrition, Liaison, Patient Referral and Health Specialist Visit Coordination, Maintenance, Reception and Medical Records.

3.3 Directorate 3: Funding and Planning

The Funding and Planning Directorate is responsible for supporting the effective and efficient delivery of Community and Hospital health services throughout the Cook Islands with a key focus on providing funding and planning services. The objective is to achieve results through strong leadership, vision, strategic direction, evidence based policy, and the development of a performance based culture and excellence.

Funding & Planning services include Human Resources, Finance, Policy, Monitoring & Evaluation, and Information Communication and Technology.



3.4 Pa Enua Health Services

The core functions of the *Pa Enua* are mainly the basic primary health care services. Objective, outcome and key deliverables are outlined in the Community and Hospital Health Services.

In addition to the above functions, the officers in charge of the *Pa Enua* hospitals and health centres are required to perform administrative duties which are outlined in the Funding & Planning section.

3.5 Health Facilities

Table 2: Summary of health services by facility type, Cook Islands, 2012

Facility Type	Essential (core) services		Expanded Services
	Public health and preventive services	Clinical services	
Child welfare clinics (52)	<ul style="list-style-type: none"> • Family planning, and promotion of breastfeeding and appropriate infant & family nutrition • Monitoring of child growth and development • Sanitation and hygiene • Health promotion and education • Immunization, deworming 	<ul style="list-style-type: none"> • Child health • Primary health care • Maternal and child health and family planning • Patient referral 	
Dental clinics (14)	<ul style="list-style-type: none"> • School Dental Services, Health promotion and education (limited) 	<ul style="list-style-type: none"> • Dental care (minor surgery, extraction, broad range of restorative care and removable prosthesis (dentures)) 	Orthodontics, fixed prosthesis (crown & bridges and veneers (recent), endodontics, dental visit programs to the <i>Pa Enua</i> , maxillo-facial trauma management (limited)
Health centers (6)	<ul style="list-style-type: none"> • Community and mental health • Reproductive health including access to contraceptive methods, family planning and nutrition, and promotion of breastfeeding • HIV/AIDS and STI prevention • Patient counseling • Environmental Health surveillance • Health Promotion Programs for the reduction of tobacco, alcohol consumption and substance abuse, diabetes etc. • Management and treatment of NCDs • Violence and injury prevention programs 	<ul style="list-style-type: none"> • <i>As for child welfare clinics</i> • Family planning services • Management of antenatal care, birthing and postnatal care • Management, treatment and care of STIs including HIV/AIDS • Medical and minor surgical emergencies • Tupapa Community Clinic <ul style="list-style-type: none"> ○ Medical ○ Antenatal ○ Family planning ○ Mental health clinic ○ Youth clinic ○ Eye clinic ○ Patient referrals 	
Pa Enua hospitals (1) (Aitutaki Hospital) 44 beds	<ul style="list-style-type: none"> • <i>Refer Child Welfare and Dental clinics and health centers</i> 	<ul style="list-style-type: none"> • <i>As for health centers</i> • Outpatient care • Consultations • Minor operations • Home visits • Management of antenatal care, low risk birthing and postnatal care 	



		<ul style="list-style-type: none"> • Dental care • Pharmacy (only in Aitutaki) • Laboratory (only in Aitutaki) • Radiology (only in Aitutaki) 	
General hospital (1) (Rarotonga Hospital) 100 beds	<i>As for child welfare clinics and health centers</i> <ul style="list-style-type: none"> • Cancer register • Hypertension and diabetes clinic 	<ul style="list-style-type: none"> • Accident and emergency • Medical services • Obstetrics and Gynecology • Pediatrics • General surgical services • Ultrasound/Radiology • Mental health services (limited) • Treatment for chronic diseases including follow-up care • Patient referrals • Physiotherapy and rehabilitation • Eye clinic • Laboratory services • Dental care • Pharmacy 	<ul style="list-style-type: none"> • Health Specialists Visits <ul style="list-style-type: none"> ○ Mental health ○ O & G ○ Pediatrics ○ Orthodontics ○ Neurology ○ Cardiology ○ Diabetes Management ○ Orthopaedics, ○ Ophthalmology ○ Ear, nose and throat ○ Gastroenterology (Urology, Endoscopy) ○ Mammography • Overseas referrals

3.6 Health Workforce

As of September 2012, Cook Islands have approximately 294 medical staff distributed throughout the population. Nurses, much like many other Pacific nations, are the largest workforce within the Cook Islands.

The development of the allied health workforce has been steady over the past five years, and continuous professional development have been key to address the gaps that impacts on the ability of the health sector to meet the needs of its population.

In 2010, the Te Marae Ora published a *Workforce Development Plan for 2010-2020*. The plan recognizes that in order to meet the health needs of the population a well-trained, highly skilled and competent health workforce is required. The mission statement is, '*to have a workforce with the capacity and capability to provide excellent health care services to achieve better health outcomes for the people of the Cook Islands*'.



Table 3: Workforce Data 2011/12

Registered Healthcare professionals	Rarotonga	Pa Enua	Total
Health Protection	10	12	22
Health Promotion	10		10
Public Health Nurses	10	3	13
Mental Health Nurses	2		2
Dentists	7		7
Dental Technician	1		1
School Dental Therapists	5		5
Primary Oral Health Care providers		6	6
Dental Assistants	4		4
Medical Officers	18	7	25
Nurse Practitioners	3	4	7
Midwives	17	2	19
Registered Nurses	36	12	48
Enrolled Nurses	2	10	12
Health Assistants	8	2	10
Pharmacists	3		3
Pharmaceutical Assistants	4	1	5
Laboratory technicians	8	1	9
Radiographers	3		3
Physiotherapists	1		1
Dieticians	1		1
Paramedics	9	3	12
Kitchen	6	2	8
Infection control cleaners	12	5	17
Reception	8		8
Maintenance/Security	7	5	12
Anaesthetic Technician	1		1
Administration	6	3	9
Medical Records	2		2
Finance	4		4
HR	1		1
ICT	2		2
Health Executives	4	1	5
	217	77	294



4. PART IV - Strategies and Action Plans

As part of the continuing reform process Te Marae Ora has developed an integrated Strategic Planning Framework to provide a consistent approach to strategic planning and service delivery priorities across all health sectors.

The framework establishes an aligned set of divisional planning documents and action plans, with defined and coherent links between services, strategic planning, business, budgets and work plans, other resource accountabilities, and implementation at all levels.

It outlines the range of plans and supporting documents that comprise the strategic and service priorities, to ensure core Government policy and regional and international commitments are implemented and progress in meeting targets. The Cook Islands is required to report on the achievement of development goals and Te Marae Ora is working to ensuring all information and data, including targets and indicators is consolidated, consistent and monitoring and reporting processes streamlined.

Te Marae Ora recognises health is pivotal to achieving the NSDP (2011 – 2015) Goals 1, 2, 4, 5, 6, 7 and 8. It has attempted to ensure the Cook Islands National Health Strategy (2012-2016) is in harmony with all the MOH program strategies and action plans and other regional and global development goals.

The strategic interventions used to achieving long-term health outcomes emphasises a multi-sectoral population health approach to health services through health protection, prevention, promotion, awareness and education programmes with a focus on promoting healthier living while addressing the socio-economic, cultural and environmental determinants of health.



COOK ISLANDS NATIONAL HEALTH STRATEGY AND ACTION PLANS

2012-2016

Vision: “ All people living in the Cook Islands living healthier lives and achieving their aspirations”

Goal 1: A health service that supports and empowers individuals, family and communities to achieve their full health potential

Objective 1: The promotion of health and wellbeing and healthy lifestyles is intensified

Outcomes	Actions/Interventions	Indicators
1.1.1. Healthcare systems and services strengthened and effective mechanisms and programmes established to ensure communities and individuals, have the right information at the right time to participate in informed decision-making and to support their ability to manage their own health care issues	<p>1.1.1.1. Strengthen coordination and engagement with government ministries, civil societies, NGOs, and development partners to support work, develop strategies and action plans, monitor progress</p> <p>1.1.1.2. Reduce the effects of NCDs through a variety of interventions such as Package of Essential NCD (PEN) interventions to ensure the population makes informed choices.</p>	<p>1.1.1.1. Number of committees with Health representation</p> <p>1.1.1.2. Number of NCD related deaths</p>
1.1.1. Healthy lifestyles and reduction in risk factors, e.g. physical inactivity, tobacco use, alcohol consumption, fruit and vegetable intake) or risk taking behaviour	1.1.2.1. Develop and implement coordinated education and awareness campaigns, programmes, intervention and communication strategies to inform and educate school students on healthy living and healthy lifestyles and its risk factors targeting alcohol, tobacco and drugs, diet and exercise; oral health, CDs, sexual and reproductive health rights, age related and mental health	<p>1.1.2.1. Number of Schools with active healthy food policies</p> <p>1.1.2.2. Reduction in teenage pregnancies</p> <p>1.1.2.3. Reduction in tobacco, alcohol consumption</p> <p>1.1.2.4. Reduction in STIs by 30%</p>



	<p>problems</p> <p>1.1.2.2. The early identification of infants & children who are overweight or obese and referred to an appropriate healthy lifestyle or family health program</p>	<p>1.1.2.5. Reduction in obesity of school children by 10%</p>
<p>1.1.2. Development of an integrated approach of primary and secondary health care services at all levels to further strengthen health promotion, prevention and early detection of risk factors and treatment of CDs and NCDs, injury prevention, and oral health</p>	<p>1.1.3.1. Strengthen and implement strategies and action plans to decrease the incidence of preventable illness and diseases and spread of NCDs, emerging diseases and NCDs</p> <p>1.1.3.2. Enhanced health promotion aimed at addressing health determinants, lifestyle and risk factors in cases of alcohol, smoking, diet/nutrition and physical activity; and diabetes, cancer, hypertension and cardiovascular health</p> <p>1.1.3.3. To strengthen the monitoring of NCD and risk factors and evaluate the progress</p> <p>1.1.3.4. Develop mechanisms for integrated service delivery involving private and community service providers in health interventions in the prevention and control of such diseases</p>	<p>1.1.3.1. Reduction in tobacco, alcohol consumption</p> <p>1.1.3.2. Reduction in premature deaths due to NCDs by 10% by 2016</p> <p>1.1.3.3. Reduction in traffic related injuries, morbidity/mortality</p> <p>1.1.3.4. 10% reduction in overall morbidity from cardiovascular disease, cancer, diabetes, chronic respiratory disease associated with NCDs</p> <p>1.1.3.5. Reduced incidence of diabetes, cardiovascular disease and respiratory illness</p> <p>1.1.3.6. Reduce the prevalence of obesity in men and women by 50%</p> <p>1.1.3.7. Increase in the number of men and women, pursuing physically active lifestyles</p> <p>1.1.3.8. Reduction in mortality, morbidity and injury rate from road traffic accidents and suicide</p>



Objective 2: To support families and communities to live healthier lives

Outcomes	Actions/Interventions	Indicators
1.2.1. Community engagement, education and responsiveness to reproductive healthcare services, rehabilitation services, the elderly persons centre and mental health services	<p>1.2.1.1. Promote user friendly services that provide an approachable, responsive environment and offer all people the information, skills and means to make informed and safe decisions</p> <p>1.2.1.2. Engage NGOs and stakeholders in rationalizing health expenditures to strengthen primary health care - home based care, palliative, rehabilitative</p>	<p>1.2.1.1. Number of services in the community available and utilised for health referrals of persons with disabilities, the elderly and those with mental health problems</p> <p>1.2.1.2. Number of caregivers trained for home based care</p> <p>1.2.1.3. Number of patients in home based care</p>
1.2.2. Families and communities have access to information and healthcare services and are empowered to participate and take responsibility for making informed decisions and choices relating to their own health	<p>1.2.2.1. Provide information on options of health care</p> <p>1.2.2.2. Advocate appropriate health choices</p> <p>1.2.2.3. Provide support to groups and individuals on the decision made</p>	<p>1.2.2.1. Number of information packages available on health care</p> <p>1.2.2.2. Number of consultations had related to decisions made</p>
1.2.3. Wider community consultation on health related agendas (vulnerable groups; people with disabilities, the elderly, mental health, youth)	<p>1.2.3.1. Develop initiatives to assess the health information needs of the community, NGOs, people with disabilities, elderly persons and persons with mental issues.</p> <p>1.2.3.2. Develop information, education and preventative programmes that can be sustained with community support</p> <p>1.2.3.3. Provide support and basic training and technical assistance to community health providers.</p>	<p>1.2.3.1. Number of information packages available on health care</p> <p>1.2.3.2. Number of representatives from NGO included on committees and in decision-making processes</p> <p>1.2.3.3. Information circulated to communities on support services available</p> <p>1.2.3.4. The number of people using caregiver services</p>
1.2.4. Counselling services to youth and adolescents to prevent risky behaviour and self-harm.	<p>1.2.4.1. Develop education programmes on mental health, self-harm and suicide prevention to address the problem of youth suicide.</p>	<p>1.2.4.1. A suicide prevention programme developed</p> <p>1.2.4.2. Reduction in the youth suicide rates</p>



Goal 2: Improve and protect the health of Cook Islanders through responsive quality health services

Objective 1: To reduce the overall impact of the burden of disease (Cardiovascular, Diabetes, Hypertension, Respiratory, Cancer, Injuries)

Outcomes	Actions/Interventions	Indicators
2.1.1.Improved health for all through evidence based data and Information to address health disparities, health determinants and the needs of different groups of people in a coordinated and systematic manner to prevent and reduce the burden of chronic diseases and risk factors experienced by different groups	<p>2.1.1.1. Monitor, analyse and assess the burden of NCDs and CDs and their social, economic, environmental and behavioural determinants to provide guidance, information and data to advance strategic planning, policy, legislative and financial measures</p> <p>2.1.1.2. Reduce morbidity and mortality from road accidents.</p>	<p>2.1.1.1. Report on the burden of NCD's</p> <p>2.1.1.2. Report on the burden of injuries as a result of Motor Vehicle Crashes (MVC)</p> <p>2.1.1.3. Reduction in vector borne diseases –(dengue, Filariasis)</p> <p>2.1.1.4. Maintain zero HIV/AIDs</p> <p>2.1.1.5. Reduction in the incidence of STIs by 30%</p> <p>2.1.1.6. Number of positive Hepatitis B cases detected and treated</p> <p>2.1.1.7. Number of positive TB cases detected and treated</p>
2.1.2.Reduce the prevalence of tooth decay, periodontal disease in children and adults	<p>2.1.2.1. Conduct an oral health survey to allow monitoring of changes in oral health among Cook Islanders</p> <p>2.1.2.2. Raise awareness on two major chronic oral diseases (dental caries and periodontal disease) Implement oral health strategies including new models of care and oral health promotion</p>	<p>2.1.2.1. Report on oral health survey conducted</p> <p>2.1.2.2. A reduction in Decayed, Missing and Filled Teeth (DMFT)</p>



Objective 2: To improve access to quality, safe, accessible, affordable and appropriate healthcare services.

Outcomes	Actions/Interventions	Indicators
2.2.1. Increased access to and uptake of healthcare services provided by HSV and referrals for men, women, adolescents and children from the <i>Pa Enua</i> to Rarotonga and Rarotonga to New Zealand	2.2.1.1. Strengthen and maintain collaborative partnerships with New Zealand health service providers through the HSV scheme to support accessible and appropriate health services 2.2.1.2. Biennial HSV visit to the northern group islands	2.2.1.1. Number of patients referred to Rarotonga for treatment 2.2.1.2. Number of patient referrals to NZ hospitals for specialised treatment 2.2.1.3. Reduced number of patient referrals from the <i>Pa Enua</i> to Rarotonga and Rarotonga to New Zealand
2.2.2. Minimise litigation against Ministry of Health through high level patient satisfaction with the care and treatment provided	2.2.2.1. Develop evidence based best practices guidelines in all clinical areas	2.2.2.1. Result of quarterly patient satisfaction survey 2.2.2.2. The proportion of wrong patient/site procedures incidents is reduced. 2.2.2.3. Number of litigations brought against the Ministry of Health 2.2.2.4. Number of clinical protocols/guidelines developed and updated
2.2.3. Health professionals capacity strengthened to provide emergency healthcare before, during and after emergencies and natural disasters	2.2.3.1. Increase capacity of clinicians to provide appropriate healthcare services during emergencies and natural disasters 2.2.3.2. Reduce the ambulance response time to prevent the loss of lives & severity of condition during and following an emergency	2.2.3.1. Number of health professionals up-skilled in speciality areas 2.2.3.2. Number of health professionals with a valid Advanced Life Support Certification and Basic Life Support Certification 2.2.3.3. Improved emergency response time to ambulance call outs
2.2.4. Enhanced quality of reproductive health services.	2.2.4.1. Increased scope of women's health services to include uro-gynaecology, cervical and breast screening. 2.2.4.2. Health professionals have advanced skills in	2.2.4.1. Number of cervical tests done 2.2.4.2. Number of mammograms done 2.2.4.3. Reduce the incidences of cervical and breast cancer



	family planning, counselling, child, adolescent, women and men's health	2.2.4.4. Number of health professionals with advanced in family planning, counselling, child, adolescent, women and men's health
2.2.5.Ensure access to and the utilisation of reproductive health services.	2.2.5.1. Increase population knowledge and awareness of reproductive health services. 2.2.5.2. Ensure counselling, distribution of information and commodities to encourage informed decision-making and eliminate, stigmatization and discrimination 2.2.5.3. Treatment as required are provided in a timely, appropriate and safe manner 2.2.5.4. Empower Women to make informed decisions regarding their reproductive health rights 2.2.5.5. Promote research and use the evidence gathered to inform practice and improve behaviour change strategies	2.2.5.1. Policies and legislation in place that incorporate gender and human rights provisions 2.2.5.2. Reduce the number of teenage pregnancies 2.2.5.3. Reduce the incidence of STIs 2.2.5.4. Maintain zero maternal mortality rate

Goal 3: Strengthen infrastructure and healthcare systems to encourage healthier lifestyles and safer environments;

Objective 1 : Strengthen healthcare systems and services through improved coordination, collaboration and partnerships with community groups, national, regional and global institutions

Outcomes	Actions/Interventions	Indicators
3.1.1.Dedicated and productive workforce.	3.1.1.1. Attract, recruit personnel with relevant competencies and qualification and retain personnel through favourable working and learning conditions 3.1.1.2. Develop & implement continued professional development point system to ensure CPD 3.1.1.3. Support health workforce development and continuous professional development and up-	3.1.1.1. Maintaining low turnover of the health workforce 3.1.1.2. Number of health professionals up-skilled in specialised areas training attachments and exchange schemes, on the job training for health practitioners. 3.1.1.3. Number of health professionals achieving



	skilling on a regular basis	required CPD points
3.1.2.School of Nursing operating to increase capacity of workforce	3.1.2.1. Open the School of Nursing	3.1.2.1. School of nursing reopened with intake of 12 nurses in first year of opening by 2013
3.1.3.Maintain and strengthen partnerships, with funding agencies and network link with institutions and healthcare services for specialist & technical support, training and exchanges	3.1.3.1. Establish new links and expand and enhance existing networks 3.1.3.2. Explore opportunities for postgraduate training in mental health, GP, ophthalmology	3.1.3.1. Number of established affiliations to regional & international, institutes, specialised societies and organisations 3.1.3.2. Number of health professionals who completed postgraduate studies
3.1.4.The MedTech 32 patient information system in place in all of the <i>Pa Enua</i> .	3.1.4.1. Ensure MedTech32 patient information system is established on all the <i>Pa Enua</i> , maintained and functioning	3.1.4.1. Accurate and updated health statistics and data available from Medtech and data bases for monitoring and evaluation from all <i>Pa Enua</i>
3.1.5.Improved health outcomes through Efficient and appropriate use of ICT	3.1.5.1. Establish videoconferencing facilities in the <i>Pa Enua</i> . 3.1.5.2. Develop a systematic approach and process to regulate and improve access to information 3.1.5.3. Establish a central depository for the collection of health for health information on health determinants; on health system performance and health status 3.1.5.4. Coordinating mechanisms established for data collection, analysis and management, health surveillance , planning, policy formulation and informed decision-making in	3.1.5.1. Videoconferencing between the <i>Pa Enua</i> and Rarotonga and Rarotonga and New Zealand 3.1.5.2. Establish regulation to protect access and use of health information. 3.1.5.3. Number of reports developed using data from central repository 3.1.5.4. Number of patient information requested in compliance with OIA and consent provision 3.1.5.5. Number of templates developed and used for data collection



	<p>compliance with the Official information Act , confidentiality and consent provisions</p> <p>3.1.5.5. ICT systems regularly updated to the highest standards of current technology</p>	<p>3.1.5.6. Number of policies and reports developed</p> <p>3.1.5.7. Number of managed updates for ICT systems</p>
3.1.6. Research Strategy	3.1.6.1. Develop a health research strategy	3.1.6.1. Draft Strategy developed by 2015
3.1.7. Health priorities based on decisions informed by research	<p>3.1.7.1. Develop and implement research/surveys/studies to provide evidence and information on health determinants, health system performance and health status</p> <p>3.1.7.2. Establish partnership with relevant institutions for technical assistance in research</p> <p>3.1.7.3. Promote the transfer of knowledge and sharing and use of research</p>	<p>3.1.7.1. Number of research/studies/surveys completed.</p> <p>3.1.7.2. Number of research/studies/surveys completed with technical assistance</p> <p>3.1.7.3. Number of stakeholders informed of research outcomes</p>
3.1.8. Reduced impact on health as a result of climate change and environmental threats	3.1.8.1. Incorporate gender analysis on the differential impacts of the environmental determinants of health in research projects and studies	3.1.8.1. Number Of research completed on determinants of health and environmental risk measured in key areas (transport, energy, water, and agriculture)
3.1.9. Build capacity of local health professionals to undertake research	3.1.9.1. Establish partnerships with educational and health institutions to undertake training, develop research capacity to provide on-going evidence and information	<p>3.1.9.1. Number of health professional trained to undertake research</p> <p>3.1.9.2. Number of research conducted by local health professionals</p>



Objective 2: To strengthen institutional arrangements, procedures, processes and financial resources to purchase and distribute medical products and technologies		
Outcomes	Actions/Interventions	Indicators
3.2.1.Provision of Pharmaceutical Essential Drugs & Commodities to meet demands	3.2.1.1. Update Essential Medicine Lists according to standard treatment guidelines 3.2.1.2. ensure vaccines, essential drugs supplies and commodities are readily available, affordable and meet health needs 3.2.1.3. Pharmacy warehouse relocated to hospital grounds to improve facilities and, safety of pharmaceutical commodities	3.2.1.1. Essential Medicine List reviewed and updated annually 3.2.1.2. Number of reported incidence of drug shortages. 3.2.1.3. Warehouse relocated by 2014 3.2.1.4. Procurement of drugs, materials, equipment and commodities, including reproductive health commodities
3.2.2.Efficient and safe management of drug supplies	3.2.2.1. Establish SOPs for procurement, storage and dispensing of medication 3.2.2.2. Train clinical staff on implementing SOPs. 3.2.2.3. Ensure safe and evidence based prescribing practices. 3.2.2.4. Database for all medication use in the Cook Islands established and consolidated to ensure the efficient and safe management of medication supply 3.2.2.5. Medical supplies are available and accessible during emergencies and natural disasters	3.2.2.1. Number of Standard Operating Procedures (SOPs) developed for Rarotonga and the Pa Enua 3.2.2.2. Number of workshops conducted on use of SOPs 3.2.2.3. Annual Audit Report on the use of SOPs by clinicians 3.2.2.4. Annual audit on prescribing practices 3.2.2.5. Number of databases developed on key health disease burdens i.e. NCD, CD 3.2.2.6. Number of reported incidence of drug



		<p>shortages or expired drugs</p> <p>3.2.2.7. Pre-identified medical supplies for cyclone centres are maintained.</p>
3.2.3.Strengthen the regulatory systems relating to the procurement, distribution sale and use of drugs and certain medicinal products	3.2.3.1. Review the Pharmacy and Therapeutics Act	<p>3.2.3.1. Pharmacy and Therapeutics Act reviewed by 2015</p> <p>3.2.3.2. Number of meetings held by Drugs and Therapeutic Committee</p>
3.2.4.Effective and efficient Biomedical services	<p>3.2.4.1. Develop policy on standardising medical equipment requirements</p> <p>3.2.4.2. Perform regular maintenance and servicing of all medical equipment and appliances.</p> <p>3.2.4.3. Ensure update of medical equipment asset register</p>	<p>3.2.4.1. Policy developed by 2015</p> <p>3.2.4.2. Number of Biomedical equipment procurement, repairs and maintenance carried out.</p> <p>3.2.4.3. Medical equipment asset register annually updated.</p> <p>3.2.4.4. Annual safety audit reports quality assurance to NZ standards maintained</p>
3.2.5.Provision of quality laboratory services	<p>3.2.5.1. Review implementation of national laboratory policy, and protocols.</p> <p>3.2.5.2. Ensure safety and quality control procedures, processes and equipment meets New Zealand laboratory standards</p> <p>3.2.5.3. Data and health information recording and reporting standardised, consolidated & accessible to evaluate progress</p>	<p>3.2.5.1. National laboratory policy and reviewed by 2015</p> <p>3.2.5.2. Annual safety audit reports and quality assurance standards maintained</p> <p>3.2.5.3. Quality improvement standards are accredited to laboratory QA Standards</p> <p>3.2.5.4. Number of data and reporting tools developed</p>



Objective 3: Promote a healthier environment, intensity primary prevention and influence public policies in all sectors to address the socio-economic and environmental determinants of health

Outcomes	Actions/Interventions	Indicators
3.3.1. Health is mainstreamed and integrated into development plans, sector plans, policies, legislation and budgeting	<p>3.3.1.1. Develop and review comprehensive, appropriate legislation, regulations, policies, strategies integrated and in harmony with other national regional and global instruments and strategies</p> <p>3.3.1.2. Explore and identify development partners for technical, financial support and resources to assist in legislative and policy review and development</p>	<p>3.3.1.1. Number of regulatory and relevant sectoral strategies and policies that integrate a health component</p> <p>3.3.1.2. Number of legislation, regulation, policies, protocols and guidelines that address gender and human rights, provisions for non-discrimination, equality confidentiality, privacy and informed consent</p> <p>3.3.1.3. Number of development partnerships formed.</p> <p>3.3.1.4. Number of legislative and policy reviews completed</p>
3.3.2. Increased total expenditure on health as a percentage of GDP	<p>3.3.2.1. Develop a plan of action to advocate for increase of funding resources for health</p> <p>3.3.2.2. Prioritise goals and interventions to align with health strategies, the NSDP, other sector strategic plans, regional and global strategies.</p> <p>3.3.2.3. Improve efficiency by rationalizing health expenditures and the economic and social costs of NCDs and CDs are reduced</p>	<p>3.3.2.1. 6% by 2016</p> <p>3.3.2.2. National Health Health Strategy aligned to NSDP</p> <p>3.3.2.3. Report on costs of burden of disease related to NCD</p>



3.3.3. Tax on tobacco and fizzy drinks directed to strengthen health systems and healthcare services and interventions.	3.3.3.1. Request for alcohol, tobacco and soft drink tax revenue to be paid into health.	3.3.3.1. Financial report indicating receipt of Tax revenues 3.3.3.2. Revenue generated from licence fees, tobacco and food taxes
3.3.4. Alternative Health financing options	3.3.4.1. Explore feasible options such as oral health and medical tourism, nursing training 3.3.4.2. Identify taxable revenue sources from unhealthy imported food options. 3.3.4.3. Identify a T/A to undertake study	3.3.4.1. Report completed 3.3.4.2. T/A identified
3.3.5. Renovated health facilities that allows for effective and efficient management of patients and ease of access by people with disabilities	3.3.5.1. Renovate the Rarotonga hospital OP/A&E department 3.3.5.2. Renovate targeted health facilities in the <i>Pa Enua</i> . 3.3.5.3. Develop a maintenance plan on all health facilities in consultation with relevant stakeholders	3.3.5.1. Rarotonga hospital renovated by 2014 3.3.5.2. <i>Pa Enua</i> facilities renovated by 2016 3.3.5.3. Maintenance plan completed
3.3.6. Health facilities equipped to respond to climate change	3.3.6.1. Monitor and assess infrastructure to assess health and environmental risks 3.3.6.2. Emergency management plan updated and implemented	3.3.6.1. Vulnerable impact assessment completed 3.3.6.2. Emergency drills conducted annually
3.3.7. Compliance to regulated requirements as stipulated in Public Health 2007	3.3.7.1. Facilitate and enforce the maintenance of a healthy environment by working in partnership with other agencies and	3.3.7.1. Number of partnerships established 3.3.7.2. Number of Tutaka inspections conducted 3.3.7.3. Number of permits issued



	<p>community based organisations</p> <p>3.3.7.2. Facilitate, implement and enforce sewage regulations to ensure 100% compliance with sanitation standards</p> <p>3.3.7.3. Surveillance of sites for public health diagnosis, management of diseases and conditions.</p> <p>3.3.7.4. Conduct regular inspections of food establishment, regulate food handling practices and provide awareness raising and education about the causes and prevention of food-borne diseases</p> <p>3.3.7.5. Monitor progress of enforcement and compliance of health regulations and legislation through establishment of a robust database.</p> <p>3.3.7.6. Improve farming practices and approach to animal wastes particularly piggery waste</p>	<p>3.3.7.4. 100% of new buildings comply with sewage and sanitation regulation</p> <p>3.3.7.5. Reduce incidence of vector borne</p> <p>3.3.7.6. Reduce/eliminate mosquitos through regular spraying of breeding sites</p> <p>3.3.7.7. Remove and control pests that can interfere with healthy living</p> <p>3.3.7.8. Reduce the incidence of food borne disease</p> <p>3.3.7.9. Health information data base established and provides current information and resources on infectious disease.</p> <p>3.3.7.10. Record of non-compliance with farming practices</p>
3.3.8.Mitigate potential risks to ground water quality and ecosystem services with relevant partners	3.3.8.1. Monitor sewerage and sanitation systems & assess sanitation infrastructure to address health and environmental risk	3.3.8.1. More than 90% of the population with access to safe drinking water



References

Strategies, Development and Action Plans

1. The Cook Islands Health Strategy 2006 - 2010
2. The Workforce Development Plan (2010-2020)
3. The Cook Islands National Strategy and Action Plan to Prevent & Control Non Communicable Diseases (2009-2014)
4. Monitoring and Evaluation Framework for the Cook Islands National Strategy and Action Plan to Prevent and Control Non-Communicable Diseases (2009-2014)
5. Integrating Mental Health into Primary Health Care
6. Oral Health Strategy and Action Plan for promotion and integrated disease prevention (2007)
7. National Tobacco Action Plan (2012-2016)
8. National Strategy on the Response to HIV,AIDS and STIs (2008-2013)
9. Men's Health Strategic Plan

Key WHO Western Pacific - documents and initiatives include but are not limited to:

1. The WHO Framework Convention on Tobacco Control (2003)
2. UN Resolution, Improving Global Road Safety
3. The WHO International Health Regulations (IHR) (2005)
4. Regional Human Resources for Health (HRH) Strategy (2006-2015)
5. Strategy on integrating gender analysis and actions into the work of WHO
6. The Global Strategy for Infant and Young Child Feeding (2003)
7. The Global Strategy for the prevention and control of chronic NCDs
8. WHO Pacific Framework for the Prevention and Control of Non Communicable Diseases (NCDs) (2008)
9. The Regional Strategy for Mental Health (2002)
10. The Global Strategy on Diet Physical Activity and Health (2004)
11. The Framework to monitor and evaluate implementation of the WHO Global Strategy on Diet, Physical Activity and Health (2008)
12. The Food Safety Strategy –WHO Western Pacific
13. Regional Strategy to Reduce Alcohol-related Harm (2007)
14. Oral health: action plan for promotion and integrated disease prevention (2007)
15. The Dengue Strategic Plan for the Asia Pacific Region (2008-2015)
16. The Regional Framework for Action to Protect Human Health Effects of Climate Change in the Asia Pacific Region
17. The Apia Action Plan on Traditional Medicine in Pacific Island countries

Country Health Reports

1. Cook Islands Ministry of Health – Te Marae Ora – Management Review, January-April 2007
2. Reproductive Health Commodity Security Status Assessment Report (2008)- UNFPA
3. Factors Contributing to Teenage Pregnancies in Rarotonga, Cook Islands 2007 (UNFPA/SPC)
4. Joint Evaluation of the Paris Declaration Phase 2, Cook Islands Country Evaluation
5. The Cook Islands MDG Report 2011
6. The Cook Islands CEDAW Report
7. The Cook Islands CRC Report
8. The Cook Islands CPWD Report



**TE MARAE ORA COOK ISLANDS MINISTRY OF HEALTH
NATIONAL HEALTH STRATEGY 2012-16
5 YEAR BUDGET**

OBJECTIVE	OUTCOMES	ACTIONS/INTERVENTIONS	2012	2013	2014	2015	2016
Goal 1: A health service that supports and empowers individuals, family and communities to achieve their full health potential							
The promotion of health and wellbeing and healthy lifestyles is intensified	1.1.1. Healthcare systems and services strengthened and effective mechanisms and programmes established to ensure communities and individuals, have the right information at the right time to participate in informed decision-making and to support their ability to manage their own health care issues	1.1.1.1. Strengthen coordination and engagement with government ministries, civil societies, NGOs, and development partners to support work, develop strategies and action plans, monitor progress					
			6,000.00	6,000.00	6,000.00	6,000.00	6,000.00
		1.1.1.2. Reduce the effects of NCDs through a variety of interventions such as Package of Essential NCD (PEN) interventions to ensure the population makes informed choices.	180,000.00	180,000.00	180,000.00	180,000.00	180,000.00
	1.1.2.1 Healthy lifestyles and reduction in risk factors, e.g. physical inactivity, tobacco use, alcohol consumption, fruit and vegetable intake) or risk taking behaviour	1.1.2.1. Develop and implement coordinated education and awareness campaigns, programmes, intervention and communication strategies to inform and educate school students on healthy living and healthy lifestyles and its risk factors targeting alcohol, tobacco and drugs, diet and exercise; oral health, CDs, sexual and reproductive health rights, age related and mental health problems	24,000.00	24,000.00	24,000.00	24,000.00	24,000.00
		1.1.2.2. The early identification of infants & children who are overweight or obese and referred to an appropriate healthy lifestyle or family health program	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00
	1.1.2. Development of an integrated approach of primary and secondary health care services at all levels to further strengthen health promotion, prevention and early detection of risk factors and treatment of CDs and NCDs, injury prevention, and oral health	1.1.3.1. Strengthen and implement strategies and action plans to decrease the incidence of preventable illness and diseases and spread of NCDs, emerging diseases and NCDs					
		1.1.3.2. Enhanced health promotion aimed at addressing health determinants, lifestyle and risk factors in cases of alcohol, smoking, diet/nutrition and physical activity; and diabetes, cancer, hypertension and cardiovascular health	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00
							Refer 1.1.2.1

To support families and communities to live healthier lives	1.2.1. Community engagement, education and responsiveness to reproductive healthcare services, rehabilitation services, the elderly persons centre and mental health services	1.1.3.3. To strengthen the monitoring of NCD and risk factors and evaluate the progress	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	Refer 1.2.2.1 Refer 1.2.2.2
		1.1.3.4. Develop mechanisms for integrated service delivery involving private and community service providers in health interventions in the prevention and control of such diseases	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	
		1.2.1.1. Promote user friendly services that provide an approachable, responsive environment and offer all people the information, skills and means to make informed and safe decisions	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	
		1.2.1.2. Engage NGOs and stakeholders in rationalizing health expenditures to strengthen primary health care - home based care, palliative, rehabilitative	5,000.00		-	-	-	
		1.2.2. Families and communities have access to information and healthcare services and are empowered to participate and take responsibility for making informed decisions and choices relating to their own health	5,000.00		5,000.00		5,000.00	
		1.2.2.1. Provide information on options of health care	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	
		1.2.2.2. Advocate appropriate health choices	-	-	-	-	-	
		1.2.2.3. Provide support to groups and individuals on the decision made	-	-	-	-	-	
		1.2.3. Wider community consultation on health related agendas (vulnerable groups; people with disabilities, the elderly, mental health, youth)	-	-	-	-	-	
		1.2.3.1. Develop initiatives to assess the health information needs of the community, NGOs, people with disabilities, elderly persons and persons with mental issues	-	-	-	-	-	
		1.2.3.2. Develop information, education and preventative programmes that can be sustained with community support	-	-	-	-	-	
		1.2.3.3.3 Provide support and basic training and technical assistance to community health providers.	6,000.00		6,000.00		6,000.00	
1.2.4. Counselling services to youth and adolescents to prevent risky behaviour and self-harm.	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00			
SUB TOTAL GOAL 1			294,000.00	278,000.00	289,000.00	278,000.00	289,000.00	
Goal 2: Improve and protect the health of Cook Islanders through responsive quality health services								
Objective 1:To reduce the overall impact of the burden of disease (Cardiovascular, Diabetes, Hypertension, Respiratory, Cancer, Injuries)	2.1.1. Improved health for all through evidence based data and Information to address health disparities, health determinants and the needs of different groups of people in a coordinated and systematic manner to prevent and reduce the burden of chronic diseases and risk factors experienced by different groups	2.1.1.1. Monitor, analyse and assess the burden of NCDs and CDs and their social, economic, environmental and behavioural determinants to provide guidance, information and data to advance strategic planning, policy, legislative and financial measures	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	Refer 1.1.2.1
		2.1.1.2. Reduce morbidity and mortality from road accidents.						

Objective 2: To improve access to quality, safe, accessible, affordable and appropriate healthcare services.	2.1.2. Reduce the prevalence of tooth decay, periodontal disease in children and adults	2.1.2.1. Conduct an oral health survey to allow monitoring of changes in oral health among Cook Islanders	36,000.00	0	0	0	0	
		2.1.2.2. Raise awareness on two major chronic oral diseases (dental caries and periodontal disease) Implement oral health strategies including new models of care and oral health promotion	24,000.00	24,000.00	24,000.00	24,000.00	24,000.00	
	2.2.1. Increased access to and uptake of healthcare services provided by HSV and referrals for men, women, adolescents and children from the <i>Pa Enua</i> to Rarotonga and Rarotonga to New Zealand	2.2.1.1. Strengthen and maintain collaborative partnerships with New Zealand health service providers through the HSV scheme to support accessible and appropriate health services	500,000.00	500,000.00	550,000.00	550,000.00	550,000.00	
		2.2.1.2. Biennial HSV visit to the northern group islands	180,000.00			180,000.00		
		2.2.2. Minimise litigation against Ministry of Health through high level patient satisfaction with the care and treatment provided	10,000.00		10,000.00		10,000.00	
	2.2.3. Health professionals capacity strengthened to provide emergency healthcare before, during and after emergencies and natural disasters	2.2.3.1. Increase capacity of clinicians to provide appropriate healthcare services during emergencies and natural disasters	55,000.00	55,000.00	55,000.00	55,000.00	55,000.00	
		2.2.3.2. Reduce the ambulance response time to prevent the loss of lives & severity of condition during and following an emergency						
	2.2.4. Enhanced quality of reproductive health services.	2.2.4.1. Increased scope of women’s health services to include uro-gynaecology, cervical and breast screening.	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00	
		2.2.4.2. Health professionals have advanced skills in family planning, counselling, child, adolescent, women and men’s health	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	
	2.2.5. Ensure access to and the utilisation of reproductive health services.	2.2.5.1. Increase population knowledge and awareness of reproductive health services.	32,000.00	32,000.00	32,000.00	32,000.00	32,000.00	
		2.2.5.2. Ensure counselling, distribution of information and commodities to encourage informed decision-making and eliminate, stigmatization and discrimination						
		2.2.5.3. Treatment as required are provided in a timely, appropriate and safe manner						
		2.2.5.4. Empower Women to make informed decisions regarding their reproductive health rights	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	
		2.2.5.5. Promote research and use the evidence gathered to inform practice and improve behaviour change strategies						
	SUB TOTAL GOAL 2			935,000.00	709,000.00	769,000.00	939,000.00	
Goal 3: Strengthen infrastructure and healthcare systems to encourage healthier lifestyles and safer environments;								

Objective 1 : Strengthen healthcare systems and services through improved coordination, collaboration and partnerships with community groups, national, regional and global institutions	3.1.1. Dedicated and productive workforce.	3.1.1.1. Attract, recruit personnel with relevant competencies and qualification and retain personnel through favourable working and learning conditions	125,000.00	125,000.00	125,000.00	125,000.00	125,000.00	Refer 3.1.1.1
		3.1.1.2. Develop & implement continued professional development point system to ensure CPD						
		3.1.1.3. Support health workforce development and continuous professional development and up-skilling on a regular basis						
	3.1.2. School of Nursing operating to increase capacity of workforce	3.1.2.1 Open the School of Nursing	329,140.00	487,070.00	477,070.00	494,990.00	353,270.00	Refer 3.1.1.1
	3.1.3. Maintain and strengthen partnerships, with funding agencies and network link with institutions and healthcare services for specialist & technical support, training and exchanges	3.1.3.1. Establish new links and expand and enhance existing networks	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	
		3.1.3.2. Explore opportunities for postgraduate training in mental health, GP, ophthalmology						
	3.1.4. The MedTech 32 patient information system in place in all of the Pa Enua.	3.1.4.1. Ensure MedTech32 patient information system is established on all the Pa Enua, maintained and functioning						Refer 2.1.1.1
	3.1.5. Improved health outcomes through Efficient and appropriate use of ICT	3.1.5.1. Establish videoconferencing facilities in the <i>Pa Enua</i> .	-	50,000.00	-	-	-	
		3.1.5.2. Develop a systematic approach and process to regulate and improve access to information						
		3.1.5.3. Establish a central depository for the collection of health for health information on health determinants; on health system performance and health status						
		3.1.5.4. Coordinating mechanisms established for data collection, analysis and management, health surveillance , planning, policy formulation and informed decision-making in compliance with the Official information Act , confidentiality and consent provisions						Refer 2.1.1.1
		3.1.5.5. ICT systems regularly updated to the highest standards of current technology	24,000.00	24,000.00	24,000.00	24,000.00	24,000.00	
	3.1.6. Research Strategy	3.1.6.1. Develop a health research strategy	-	15,000.00	5,000.00	5,000.00	5,000.00	Refer 3.1.6.1
	3.1.7. Health priorities based on decisions informed by research	3.1.7.1. Develop and implement research/surveys/studies to provide evidence and information on health determinants, health system performance and health status						
		3.1.7.2. Establish partnership with relevant institutions for technical assistance in research						

Objective 2: To strengthen institutional arrangements, procedures, processes and financial resources to purchase and distribute medical products and technologies	3.1.8. Reduced impact on health as a result of climate change and environmental threats	3.1.7.3. Promote the transfer of knowledge and sharing and use of research 3.1.8.1. Incorporate gender analysis on the differential impacts of the environmental determinants of health in research projects and studies 3.1.9.1. Establish partnerships with educational and health institutions to undertake training, develop research capacity to provide on-going evidence and information	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	Refer 3.1.1.1
	3.1.9. Build capacity of local health professionals to undertake research							
Objective 2: To strengthen institutional arrangements, procedures, processes and financial resources to purchase and distribute medical products and technologies	3.2.1. Provision of Pharmaceutical Essential Drugs & Commodities to meet demands	3.2.1.1. Update Essential Medicine Lists according to standard treatment guidelines	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	
		3.2.1.2. ensure vaccines, essential drugs supplies and commodities are readily available, affordable and meet health needs	642,800.00	642,800.00	667,800.00	667,800.00	667,800.00	
		3.2.1.3. Pharmacy warehouse relocated to hospital grounds to improve facilities and, safety of pharmaceutical commodities	-	-	150,000.00	-	-	
	3.2.2. Efficient and safe management of drug supplies	3.2.2.1. Establish SOPs for procurement, storage and dispensing of medication	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	
		3.2.2.2. Train clinical staff on implementing SOPs.	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	
		3.2.2.3. Ensure safe and evidence based prescribing practices.	32,000.00	32,000.00	32,000.00	32,000.00	32,000.00	
		3.2.2.4. Database for all medication use in the Cook Islands established and consolidated to ensure the efficient and safe management of medication supply						
		3.2.2.5. Medical supplies are available and accessible during emergencies and natural disasters	10,000.00		10,000.00		10,000.00	
	3.2.3 Strengthen the regulatory systems relating to the procurement, distribution sale and use of drugs and certain medicinal products	3.2.3.1. Review the Pharmacy and Therapeutics Act	-	-	40,000.00	-	-	
	3.2.4. Effective and efficient Biomedical services	3.2.4.1. Develop policy on standardising medical equipment requirements	1,000.00	-	-	-	-	
		3.2.4.2. Perform regular maintenance and servicing of all medical equipment and appliances.	105,000.00	105,000.00	105,000.00	105,000.00	105,000.00	
		3.2.4.3. Ensure update of medical equipment asset register	-	-	-	-	-	
	3.2.5. Provision of quality laboratory services	3.2.5.1. Review implementation of national laboratory policy, and protocols.	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	

Objective 3: Promote a healthier environment, intensity primary prevention and influence public policies in all sectors to address the socio-economic and environmental determinants of health	3.3.1. Health is mainstreamed and integrated into development plans, sector plans, policies, legislation and budgeting	3.2.5.2. Ensure safety and quality control procedures, processes and equipment meets New Zealand laboratory standards						Refer 3.2.5.1
		3.2.5.3. Data and health information recording and reporting standardised, consolidated & accessible to evaluate progress						
	3.3.2. Increased total expenditure on health as a percentage of GDP	3.3.1.1. Develop and review comprehensive, appropriate legislation, regulations, policies, strategies integrated and in harmony with other national regional and global instruments and strategies	-	-	42,000.00	-	-	
		3.3.1.2. Explore and identify development partners for technical , financial support and resources to assist in legislative and policy review and development						Refer 3.3.1.1
	3.3.3. Tax on tobacco and fizzy drinks directed to strengthen health systems and healthcare services and interventions.	3.3.2.1. Develop a plan of action to advocate for increase of funding resources for health						Refer 3.3.4.1
		3.3.2.2. Prioritise goals and interventions to align with health strategies, the NSDP, other sector strategic plans, regional and global strategies.	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	
	3.3.4. Alternative Health financing options	3.3.2.3. Improve efficiency by rationalizing health expenditures and the economic and social costs of NCDs and CDs are reduced						
		3.3.3.1. Request for alcohol, tobacco and soft drink tax revenue to be paid into health.		2,000.00		2,000.00		
	3.3.5. Renovated health facilities that allows for effective and efficient management of patients and ease of access by people with disabilities	3.3.4.1. Explore feasible options such as oral health and medical tourism, nursing training						
		3.3.4.2. Identify taxable revenue sources from unhealthy imported food options.						
Objective 3: Promote a healthier environment, intensity primary prevention and influence public policies in all sectors to address the socio-economic and environmental determinants of health	3.3.6. Health facilities equipped to respond to climate change	3.3.4.3. Identify a T/A to undertake study			15,000.00			
		3.3.5.1. Renovate the Rarotonga hospital OP/A&E department			650,000.00			
	3.3.6. Health facilities equipped to respond to climate change	3.3.5.2. Renovate targeted health facilities in the Pa Enua .				154,000.00		
		3.3.5.3. Develop a maintenance plan on all health facilities in consultation with relevant stakeholders	2,000.00		2,000.00			
	3.3.6. Health facilities equipped to respond to climate change	3.3.6.1. Monitor and assess infrastructure to assess health and environmental risks		30,000.00		30,000.00		
		3.3.6.2. Emergency management plan updated and implemented		4,000.00		4,000.00		

3.3.7. Compliance to regulated requirements as stipulated in Public Health 2007	3.3.7.1. Facilitate and enforce the maintenance of a healthy environment by working in partnership with other agencies and community based organisations	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
	3.3.7.2. Facilitate, implement and enforce sewage regulations to ensure 100% compliance with sanitation standards	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00
	3.3.7.3. Surveillance of sites for public health diagnosis, management of diseases and conditions.	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00
	3.3.7.4. Conduct regular inspections of food establishment, regulate food handling practices and provide awareness raising and education about the causes and prevention of food-borne diseases	10,000.00		10,000.00		10,000.00
	3.3.7.5. Monitor progress of enforcement and compliance of health regulations and legislation through establishment of a robust database.	10,000.00		10,000.00		10,000.00
	3.3.7.6. Improve farming practices and approach to animal wastes particularly piggy waste	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
3.3.8. Mitigate potential risks to ground water quality and ecosystem services with relevant partners	3.3.8.1. Monitor sewerage and sanitation systems & assess sanitation infrastructure to address health and environmental risk	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
SUB TOTAL GOAL 3		1,360,940.00	1,586,870.00	2,434,870.00	1,713,790.00	1,412,070.00
TOTAL		2,589,940.00	2,573,870.00	3,492,870.00	2,930,790.00	2,470,070.00

SUMMARY	2012	2013	2014	2015	2016	TOTAL
GOAL 1	294,000.00	278,000.00	289,000.00	278,000.00	289,000.00	1,428,000.00
GOAL 2	935,000.00	709,000.00	769,000.00	939,000.00	769,000.00	4,121,000.00
GOAL 3	1,360,940.00	1,586,870.00	2,434,870.00	1,713,790.00	1,412,070.00	8,508,540.00
\$	2,589,940.00	\$ 2,573,870.00	\$ 3,492,870.00	\$ 2,930,790.00	\$ 2,470,070.00	\$ 14,057,540.00