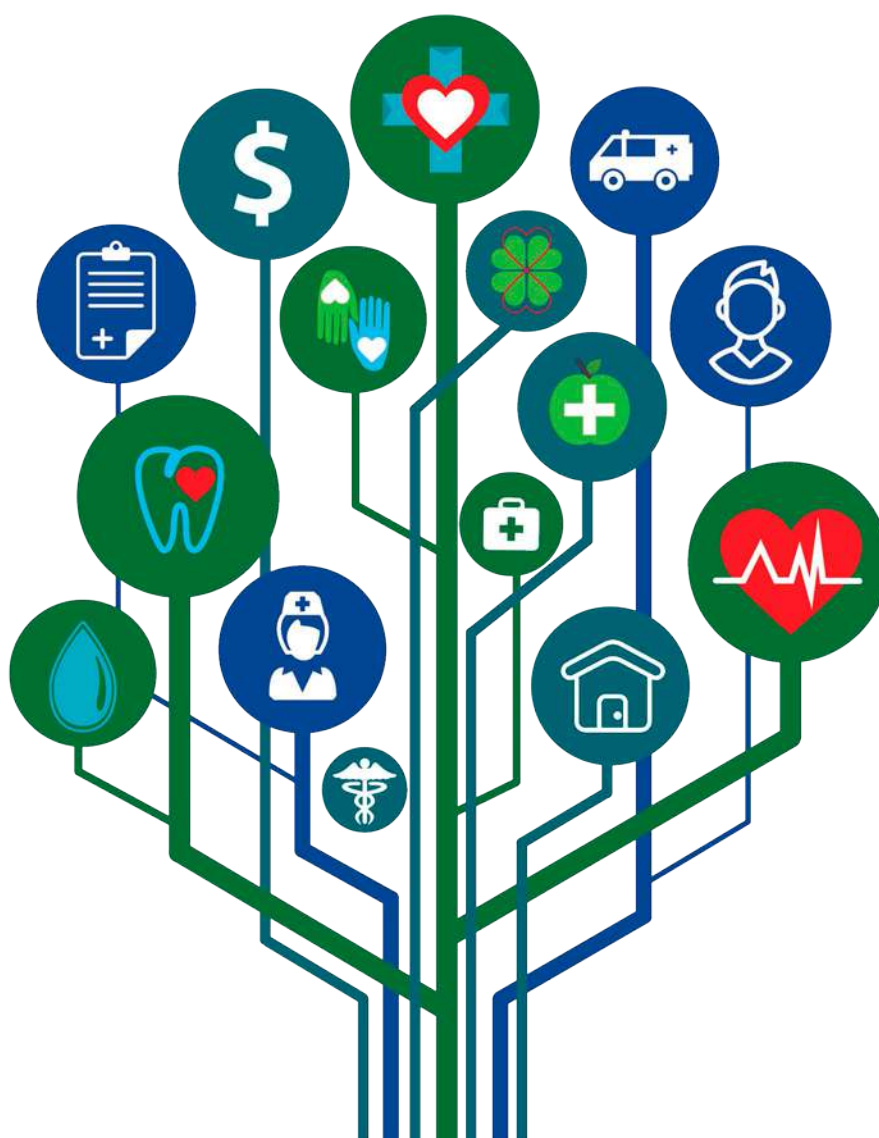# TE MARAE ORA
COOK ISLANDS   Ministry of Health

Te Papa Tutara A Te Marae Ora

Cook Islands National Health Road Map | **2017-2036**

Statement from the Hon. Minister for Health

I am glad to present to all the first twenty year road map for the health service in the Cook Islands. The road map is a plan that sets out the agenda for Te Marae Ora in its role as the custodian of health care and health service in the country.

The road map is a demonstration of forward planning and management of the health department as it attempts to relay some clarity about the long-term strategic direction of the health service. It also provides assurance and flexibility of the health system to respond decisively and appropriately to changes and challenges, as they occur.

In relation to linkages to global, regional and national health targets, the road map incorporates relevant targets of the Sustainable Development Goals, the Healthy Islands Initiative and the Cook Islands National Sustainable Development Plan. Indeed, our country achievements for the health targets in the past Millennium Development Goals (MDGs) have largely been favorable particularly in relation to maternal and child mortality.

Over the next 20 years, the health service will ensure that efficiency with resources utilization, will be one of the most significant determinants of the cost of delivering quality health care. In addition, Te Marae Ora will consider some areas such as better use of the skilled workforce, better use of ICT and more self-care by patients as potential for productivity gains. Indeed, redirection of existing resources towards cost effective treatment will also improve productivity.

Success of any strategy will depend on adequate resource allocation along with the manpower and the determination to implement actions for durable changes. It is important also that with the wide range of health partners and stakeholders that there be a unifying vision for the health service and its supportive health system.

I am confident that the health road map will provide a unifying vision for health in the next two decades and I have no hesitation in recommending it to all stakeholders.

Hon. Nandi Glassie
Minister for Health

Statement from the Secretary for Health

Each country should and are expected to define its own health system priorities and path to better health for all its citizens. In the Cook Islands, primary health care (PHC) has been an organizing principle for its health system as it encompasses a public health approach as well as individual care at primary, secondary and tertiary levels.

Cook Islands health system is currently challenged to respond to the NCD epidemic, health workforce issues, disasters (natural and human induced), emerging infectious diseases and outbreaks, ageing population and rising communities' expectation on health care services. In addition, the Cook Islands Government and Te Marae Ora are committed to tackling health inequalities through targeted health promotion and better access to health care for those in need.

Whist public health policies do play a role in mitigating for health inequalities, wider social and economic policies are also very important for socio-economic inequality. The 20 year health road map is a path that will translate to an ongoing process of policy dialogue, robust national health strategy and planning process, and annual operation plan implementations. Furthermore, the road map will be operationalized through the 5 year health strategy which in turn will be embedded within the overall national development planning framework and processes of a country.

During the period of this road map, I anticipate that there will be a solid progress towards improved health in the Cook Islands. Our people will become more engaged in relation to their health as they develop more confidence in the primary care system and that the health service becomes more responsive, with high rates of technology uptake, extensive use of ICT and more efficient use of resources.

I recommend the health road map and its action domains to key stakeholders for their adoption and collective actions.

Elizabeth Iro
Secretary of Health

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Introduction

Te Marae Ora asserts that people and their participation remain at the centre of primary health care. In addition the *whole system* approach that includes prevention, diagnosis and treatment, rehabilitation and long-term care continues to be seen from the perspective of the individual patient, with the appropriate structures set in place to produce sensible incentives and to direct limited resources more efficiently.

The 20 year Health Road Map presents a strategic direction for health care and health services for the Te Marae Ora over the next two decades. Making a long-term projection such as the health road map is, of course, fraught with uncertainty but with good reasons. Many decisions about resources such as human resources, health financing, health infrastructure, new clinical service introduction and new technologies need to be made for the long term.

The current Vision of the 5 year National Health Strategic Plan (2017-2021) for Ministry of Health states; '*All people living in the Cook Islands living healthier lives and achieving their aspiration*'. For the 20 year health road map, the vision for the health service is formulated to be encompassing with the pledge; 'A Healthy and Peaceful Cook Islands that values *human rights and dignity* through the provision of *quality equitable health care and services* based on the principles of *Primary Health Care* and *Universal Health Coverage'.*

In this health road map, the health system attributes of Universal Health Coverage and the Healthy Islands Initiative have been taken into consideration alongside the CI National Sustainable Development Plan (NSDP). There are three key focus areas of the road map and from where action domains and implementation strategies will be drawn. The focus areas include Strengthening Health Systems, Health Care Service Excellence and Public and Private Partnership. It is anticipated that 5 yearly strategic plans will be formulated to both strategize and implement the focus areas and action domains of the road map.

The road map acknowledges the significant progress and achievements made by the Cook Islands in relation to the Millennium Development Goals (MDG) health targets. Further progress in health achievements is now strategised for Te Marae Ora and aligned to the new Sustainable Development Goals (SDG).

In addition, the road map proposes 12 achievable visions of health care and health services by 2036. The vision also leads and is linked to the outcomes and impacts of the Focus Areas in the long term. These outcomes include; reduced health risks, increased health protection, improved health care services and improved population health status.

In the process of formulation of the road map, wide consultation through health strategy forums and organizational consultations were undertaken. In addition, a set questionnaire was sent to key departments, organizations and individuals to solicit information and views on the health care and service in the long term. The expressed views on future health priorities obtained from the questionnaire is summarized and included in the road map for information.

Health Situation in 2017

What is functioning well?

| Primary and secondary care that meets core essential services | Maternal and child health service – preventive and clinical | Tertiary care referral services – internal and overseas | Diagnostic and support services for essential functions | Pharmaceutical and medical supplies processes |

Current population health challenges

1. Rise in non – communicable diseases and associated complications.
2. Meeting improved secondary health care needs in the Pa Enua.
3. Addressing tertiary health care demands.
4. Ensuring health care of the elderly.
5. Addressing environmental health challenges.

Current health system priorities

1. Meeting improved human resources for health.
2. Ensuring accessible and improved secondary and cost effective tertiary care services.
3. Strengthening disease risk reduction through improved health promotion actions.
4. Securing improved health funding and revenue generation options.
5. Strengthening partnership for health care services.

Projected Health Systems and Management Outcomes by 2036

Projected health systems and management outcomes by 2036 are shown in the diagram below.

Assumptions on Socio Economic Environment of Health

The social determinants of health (SDH), which are the conditions in which people are born in, grow, work, live, age and the socio economic environment, are factors that could determine the access and utilization of health care services by the population. The following assumptions are made on the socio economic environment in the Cook Islands during the implementing phase of the road map.

1.1 Stable Cook Islands population
   - Noting that there was a negative population growth in the 2011 census, any population changes will not eventuate from any major inward and outward migration of Cook Islanders.

1.2 Dependent / Elderly Population
   - While ageing is an important factor, demographic change is not anticipated to impact greatly on increase in health care costs as partnership arrangements will be established for at least, home and long term care options.
   - Population at 60 years and above, currently at 13%, will increase steadily as accessible and quality health care services become readily available.
   - Dependency ratio in the 15-59 years will remain stable initially at 72% with some improvement as unemployment rate falls.

1.3 Steady improvement in funding to health service
   - Government funding for the health service will increase to 5% of GDP.
   - Social health insurance or user pay mechanisms will supplement health funding.
   - Out of pocket payment will be minimal.

1.4 Stable donor / development partners' funding support
   - Donor and development partners' funding to support health services will be maintained to at least, the 2017 level.
   - Development partners funding support to private organizations providing complementary tertiary health services will be enabled and maintained.
   - Donor support for organizations providing emergency and rehabilitation works especially after natural disasters will be maintained.

1.5 Increased employment opportunities
   - Employment: population ratio of 0.64 and unemployment rate of 8.2% will improve as more job opportunities and engagements will eventuate.

1.6 Improved education enrollment
   - Citizens completing secondary school education will improve from 66% as recorded in the 2011 Census.
   - Students completing Form 7 will improve from 11%.
   - Percentage of high school students entering undergraduate education in the health field will increase.

Road Map Guiding Principles and Linkages

Vision

> *A Healthy and Peaceful Cook Islands that values human rights and dignity through the provision of quality and equitable health care and services based on the principles of Primary Health Care and Universal Health Coverage.*

The Mission and Values of the current National Health Strategy 2017 – 2021 are valid and relevant to the health road map.

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"*

Linkages to Development Strategies

The health road map is linked to the following strategies and plans.

1. National Sustainable Development Plan
2. Sustainable Development Goals
3. Healthy Islands targets

Road Map Components and Linkages

Agenda Focus Area

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Action Domains of Focus Area

↓

Focus Operational Plan
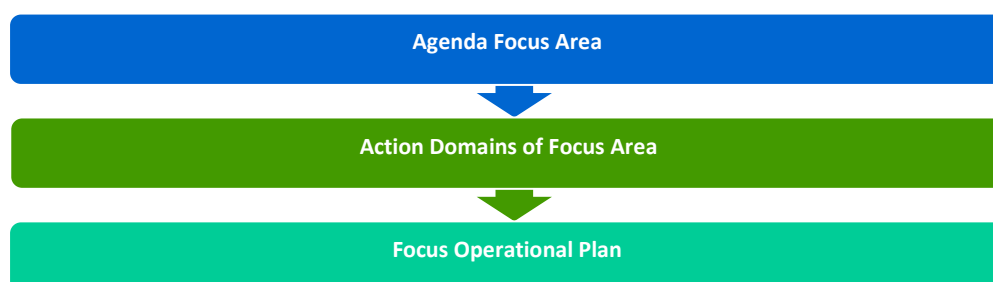
The Agenda Focus Areas are expected to form the main focus of the 5 year strategic plans for the road map. For the current national health strategic plan 2017-2021 a main focus of the strategy is on human resource development. Subsequent health strategies could focus on different combination of agendas in the focus areas.
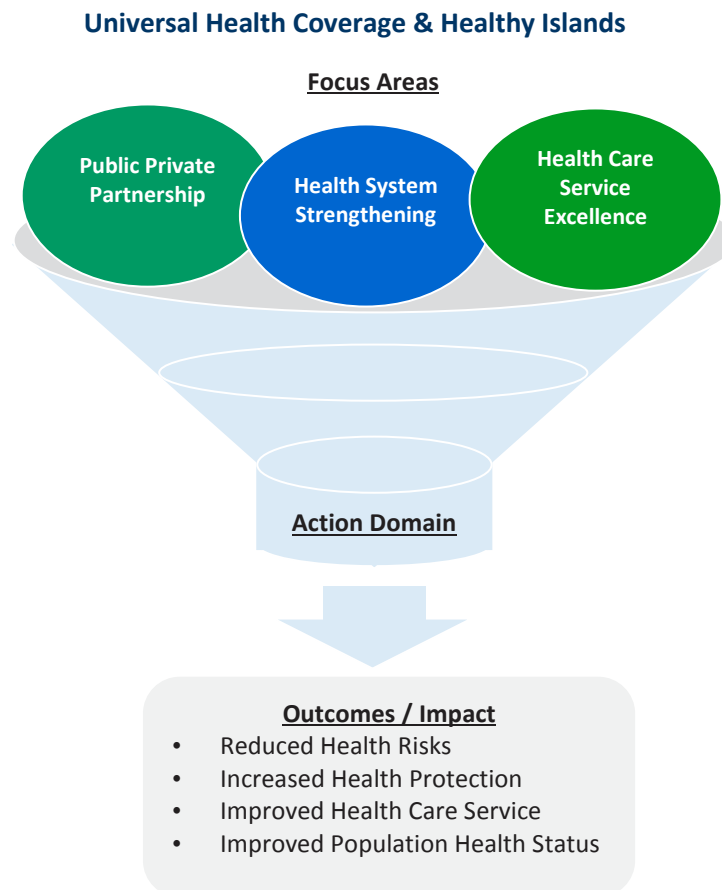
Action Domains and Operation Plan basically will form the activities that will be reflected in the annual operational or business plans of the Ministry. These sections will normally be aligned to a budget for implementation.

Priority Focus Areas and Outcomes

The following diagrammatic layout demonstrates the inter-relationship of the key focus areas of the road map in its relationship to the key concepts of Universal Health Coverage, Healthy Islands, the action domains and the expected outcomes of the plan.

Universal Health Coverage & Healthy Islands

Focus Areas

Public Private Partnership

Health System Strengthening

Health Care Service Excellence

Action Domain

Outcomes / Impact
- Reduced Health Risks
- Increased Health Protection
- Improved Health Care Service
- Improved Population Health Status

Focus Area 1 – Strengthening Health System

> **Focus Goal:**   *Managing health services and protecting health.*

Agenda of Focus Area
1. Leadership and health governance.
2. Management, organizational and structural reform.
3. Health financing.

Action Domains of Focus Area
1. Health laws and regulations.
2. Regulatory environment and enforcement.
3. Management and leadership.
4. Organization and management reforms.
5. Financial protection and reform.

Focus Operational Plan
1. Management of health sector through law, regulation, accreditation and standard setting, including state and non-state actors, both profit and non-profit.
2. Formulation or revision of health laws and regulations.
   a) Enforcement of health workforce regulations.
   b) Legislate to protect patient rights
3. Strengthen national regulatory authority for medicines and health technologies.
4. Development of health sector policies, strategies and frameworks that fit within broader national development policies.
5. Develop national health plans that are the implementation guide for health policy core responsibility in many settings.
6. Support capacity building for leadership, management and governance that extends to all levels of the health systems.
7. Adopt service standards for health facilities and infrastructure.
8. Support health management and organization structural reform.
9. Set the vision for health sector development and ensure sufficient resources for health.
10. Secure inter-sectoral collaboration across government.
11. Work with non-state partners on shared interests for health.
12. Empower communities to participate in decisions and actions that affect them.
13. Accountability and transparency to the public – governance of the health sector is done in cooperation with key stakeholders.
14. Generation and interpretation of intelligence and information, particularly in the area of policy.
15. Coalitions outside the health sector with a wide variety of stakeholders.
16. Strengthen appropriate connections between health financing and other social protection schemes
17. Strengthening institutional capacity for health policy and systems research and translation of evidence into policy.
18. Increasing investment and public spending on health.
19. Improving the efficiency of the health care system through rationalizing health expenditures to achieve better value for money and particularly addressing inequity, inefficiency and low quality.
20. Improving provider payment methods so there are incentives to contain costs, modify consumer demand, and provide incentives for rational use.
21. Strengthening financial safety-net mechanisms for the poor and vulnerable.
22. Improving evidence and information for policy-making with an emphasis on measuring equitable financing and access.
23. Improving monitoring and evaluation of policy changes.

Focus Area 2 – Health Care Service Excellence

> **_Focus Goal:_**   _Ensuring a robust health service that meets the health care needs of the population._

Focus Agenda
1. Clinical patient care services.
2. Public health service (National & Pa Enua).
3. Health service stewardship role.

Focus Action Domain
1. Primary, secondary and tertiary care.
2. Disease control.
3. Human resource management.
4. Oral health services.
5. Mental health services.
6. Diagnostic capability.
7. Medical products and medicines.
8. Health facilities and infrastructure.
9. Health information and patient information system.
10. Information technology (IT), telemedicine and tele health.
11. Health research.
12. Environmental health.
13. School health.
14. Nutrition – public health and clinical.

Focus Operational Plan
1. Introduce relevant and cost effective secondary and tertiary care services both in Rarotonga and the Pa Enua.
2. Develop and implement non-communicable disease control and interventions.
3. Develop and implement communicable disease control and interventions.
4. Improve staff numbers in key clinical, public health, managerial and research units.
5. Implement staff training (up-skilling, multi-skilling) and specialization in the clinical disciplines.
6. Implement staff retention strategies that may include reward systems.
7. Improve oral health services particularly in the Pa Enua.
8. Strengthened community based care and follow up of psychiatric patients.
9. Strengthened mental health wellbeing programs including suicide prevention awareness.
10. Improve and expand diagnostic capabilities in laboratory and radiology.
11. Ensure that health facilities are resilient to climate change impacts through retrofitting and relocation.
12. Support new hospital construction to improve accessibility and safety during disasters for uninterrupted quality services.
13. Develop efficient health information system and streamline patient indexing system
14. Improve health medical records system for patients' records and that are accessible to all levels of services, locally and abroad.
15. Strengthen health information system for health and service indicators collection and analysis.
16. Strengthen tele-health for non-clinical services, such as provider training, administrative meetings, and continuing medical education.
17. Develop and strengthen tele-medicine for improved consultations on patient care and treatment particularly in the Pa Enua.
18. Strengthen health research facilities and capabilities.

19. Improve environmental health monitoring and interventions.
20. Strengthen safe water and sanitation initiatives.
21. Support school health programs including school based clinics.
22. Strengthen nutrition programs both at the community level and in health facilities.
23. Support food safety and food standards initiatives including possible testing of imported food from certain countries.

Focus Area 3 – Public and Private Partnership

> **_Focus Goal:_**   _Developing and securing future health through role sharing and partnership._

Focus Agenda:
1. Health management collaboration.
2. Tertiary care participation.
3. Health financing.
4. Social health care services.
5. Community based services.
6. Environment and ecologic balance.

Focus Action Domain:
1. Tertiary clinical services.
2. User fees and cost recovery.
3. Health insurance.
4. Elderly care.
5. Disabilities including mental health.
6. Disaster risk management.
7. Universal access to safe water and sanitation.
8. Health advocacy.

Focus Operational Plans:
1. Secure inter-sectoral collaboration across government and non-state partners.
2. Expanded tertiary health care to cater for services not provided by government.
3. Support health financing mechanism that could cater for tertiary clinical services cost. Such financing mechanisms may include health insurance.
4. Develop user fees options for certain services as part of cost recovery and revenue generation.
5. Develop and support initiatives for community based facilities for the care of the elderly.
6. Support policy and regulation strengthening of health standards for community based facilities for pre-school children's care.
7. Scale up capacity for environmental health risk assessments and address risks to sustain and enhance ecological balance.
8. Support multi-sectoral actions to address national climate change health adaptation plans
9. Develop, update and implement national action plans on disaster risk management for health that include prevention, preparedness, response and recovery.
10. Build comprehensive health surveillance and early warning systems for early response and recovery to reduce disaster-related health impacts.
11. Implement drinking-water security and safety plans in the Pa Enua.
12. Support initiatives against exposure to toxic and hazardous materials, especially asbestos and pesticides.
13. Strengthen stakeholders in different settings – households, schools and health facilities – to implement programs for safe water and sanitation including community management of water, land, forest and coastal resources.
14. Empower communities to participate in decision and actions that affect them.

Questionnaire Results and Proposals

A questionnaire was formulated and circulated to key departments, NGO partners and individuals for their views and input in the formulation of the health road map. Responses to three specific questions listed below are summarized for information.

Questions

#5.   What would you like to see improved or provided for health in the long term plan?

#6.   Do you feel the current health facilities and hospital infrastructure are adequate enough for future needs?

#7.   Are you willing to pay a small fee for improved health services? (Please explain your answer)

Summary of Responses

- People expected to want more choice in future and to demand higher quality services.
- Citizens are willing to pay for basic and improved care.
- Improving the use of information and communication technology (ICT) in the health service is a key issue in improving quality and productivity
- There is scope for major changes in skill mix and the ways in which professionals work in the health service, including an enhanced role for primary care.
- Resilient and modern physical infrastructure that accommodates the requirements for an improved health service.
- NCD control needs strengthening through more preventive work
- Rarotonga hospital needs redevelopment as facilities and services are restrictive
- Improve IT use and services to the Pa Enua.
- Protecting and safe guarding health workers welfare and interest.
- Introduction of user fees for identified services especially at the secondary and tertiary levels if this leads to improved services.
- Improved diagnostic services to cater for rare diseases also.
- Paper less information system to be adopted and used more frequently.
- Safe guarding health workforce welfare and interest through policy and legislations.
- More use of electronic patient record, electronic booking system, patient smart cards and the electronic staff record.
- Investment in telemedicine and telecare for patients with chronic conditions.
- Improved clinical governance support systems.

Vision of Cook Islands Health Service in 2036

1. Patients, at the heart of the health service, have access to better information and are involved fully in decisions – not just about treatment, but also about the prevention and management of illness.
2. The health service is better able to provide quality, equitable and accessible primary, secondary and selected cost effective tertiary health care service to all, especially in the Pa Enua. Diagnostic and patient related support services are improved and fully operational.
3. Health funding is maintained at a GDP level that adequately provides for the full financial requirements of the Ministry of Health. Alternative health funding options are available and operational.
4. Health legislations are formulated and or updated to meet the requirements of the health care services for the protection of population health and environment. The enforcement of health regulations are given credible emphasis with both personnel and resource allocation.
5. Working in partnership with stakeholders;
6. Expanded tertiary care health services that are not financially restrictive become readily available to all citizens.
7. Environmental and climate change health effects mitigation are supported and strengthened.
8. Health care of the elderly are supported through community based facilities and institutions.
9. Community based facilities for pre-school children's care are registered and with health standards prescribed for the appropriate care and safety of children.
10. The health service is self-sufficient in its workforce as it is able to engage more local professional staff and or recruit foreign specialist in needed technical areas. Post graduate training of staff for the right levels of skills are completed and in service.
11. The health workforce (local and expatriates) protected by relevant legislation, are valued and well-motivated as a result of better working conditions and the opportunity to develop their skills for more challenging roles and for which they are appropriately rewarded.
12. Modern and integrated information and communication technology (ICT) including telemedicine are being used to full effect, joining up all levels of health and social care and in doing so delivering significant gains in efficiency.
13. Patient medical records are well kept and accessible to health providers locally and abroad through their electronic health record numbering. Such electronic record also maintains information on drugs and medicine prescription for improved efficiency and safety.
14. Reformed and an improved organizational and program structure for the public health division and where resource allocation to address lifestyle diseases, health promotion, disease prevention and environment health risk protection are given priority.
15. Primary care in the Pa Enua delivers an increasingly wide range of services including diagnosis, treatment, monitoring and surveillance. Support services including appropriate equipment and patient transport capabilities are provided to health facilities.
16. Physical infrastructure especially Rarotonga Hospital are refurbished and or relocated for ease of access and improved service delivery. Patients get the best treatment with minimum variability in outcomes, supported by up-to-date and effective use of technology and with treatment provided in clean and modern facilities that are safe and protected from natural disasters.

Glossary of Terms

Health service	Any service (i.e. not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people (WHO, n.d.g)
Out of pocket payments	Out-of-pocket health payments refer to the payments made by households at the point they receive health services. Typically these include doctor's consultation fees, purchases of medication and hospital bills.
Prepayment	Prepayment is payment made in advance, such as general tax, payroll tax or health insurance contributions, for health services.
Primary care	Primary care refers to the first level of care encountered by the population through a health-care provider or practitioner such as primary care physicians, nurse practitioners or general practitioners.
Primary health care	Primary health care refers to the broader term stretching from the first level of care encountered by the population, the range of activities within the health sector offered by providers, a political movement, and the philosophy based on the principles found in the Alma-Ata Declaration: equity, participation, inter-sectoral action, appropriate technology and a central role played by the health system.
Secondary care	Health care provided by a specialist on an ambulatory or inpatient basis, usually following a referral from primary care (WHO, 2004).
Tele health	Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.
Telemedicine	Also referred to as e-health allows health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications technology. Telemedicine allows patients in remote locations to access medical expertise quickly, efficiently and without travel.
Tertiary care	The provision of highly specialized services in ambulatory and hospital settings (WHO, 2004).
Universal health coverage	Universal health coverage means all people receiving the health services they need, including health initiatives designed to promote better health (e.g. anti-tobacco policies), prevent illness (e.g. vaccinations), and provide treatment, rehabilitation and palliative care (e.g. end-of-life care) of sufficient quality to be effective while at the same time ensuring that the use of these services does not expose the user to financial hardship (WHO, n.d.g).