



Te Marae Ora
Ministry of Health Cook Islands

ARA-TANGO ANGA'ANGA

COOK ISLANDS NATIONAL HEALTH
STRATEGIC PLAN 2023 - 2027



Te Marae Ora
Ministry of Health Cook Islands

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A. CURRENCY EQUIVALENTS

(as of 29 Aug 2023)

Currency Unit – New Zealand Dollar (NZD)

NZD\$1.00 = USD\$0.59

B. ABBREVIATIONS

A&E	-	Accident & Emergency
ADB	-	Asian Development Bank
AoC	-	Agreement of Co-operation
AN	-	Ante-Natal
BFHI	-	Baby Friendly Hospital Initiative
CBA	-	Child-Bearing Age
CBO	-	Community-Based Organization
CI	-	Cook Islands
CICWA	-	Cook Islands Child Welfare Association
CIFWA	-	Cook Islands Family Welfare Association
CIIC	-	Cook Islands Investment Corporation
CINDC	-	Cook Islands National Disability Council
CINSF	-	Cook Islands National Superannuation Fund
CRA	-	Competition and Regulatory Authority
CVA	-	Cerebrovascular Accident
DA	-	Delivery Area
DDM	-	Data for Decision Making
DMFT	-	Decayed Missing and Filled permanent Teeth (dmft connotes deciduous teeth)
DOTS	-	Directly Observed Therapy Short course
EMCI	-	Emergency Management Cook Islands
EML	-	Essential Medicine List
ENT	-	Ear, Nose and Throat
EOC	-	Emergency Operations Centre
ESR	-	Event Surveillance and Response
FCTC	-	Framework Convention on Tobacco Control
FP	-	Family Planning
GDP	-	Gross Domestic Product
GGHE	-	General Government Expenditure on Health
GIS	-	Geographic Information System
GOPD	-	General Out-Patient Department
HAP	-	Cook Islands Health Action Plan 2023-2026
HIU	-	Health Intelligence Unit
HIV	-	Human Immunodeficiency Virus
HON	-	Honourable
HR	-	Human Resources
HRH	-	Human Resources for Health
HSV	-	Health Specialist Visit
IBRD	-	International Bank for Reconstruction and Development
ICD	-	International Classification of Diseases
ICT	-	Information and Communication Technology
IDA	-	International Development Association
IHP+	-	International Health Partnership + Related Initiatives
IMCI	-	Integrated Management of Childhood Illnesses
IntAff	-	Ministry of Internal Affairs

ITC	-	International Tobacco Control
JANS	-	Joint Assessment of a National Health Strategy
KRA	-	Key Result Area
LIS	-	Laboratory Information System
M&E	-	Monitoring & Evaluation
MCH	-	Maternal and Child Health
MFAI	-	Ministry of Foreign Affairs and Immigration
MFEM	-	Ministry of Finance and Economic Management
MI	-	Myocardial Infarction
MOE	-	Ministry of Education
MP	-	Member of Parliament
NCD	-	Non-communicable disease
NCDs	-	Non-communicable diseases
NGO	-	nongovernment organisation
NHS	-	National Health Strategy
NHSP	-	Takai'anga Angaanga Tutara a Te Marae Ora: Cook Islands National Health Strategic Plan 2017-2021
NP	-	Nurse Practitioner
NSDA	-	National Sustainable Development Agenda 2020+
NVPs	-	Nicotine Vaping Products
NZ	-	New Zealand
O&G	-	Obstetrics and Gynaecology
OPM	-	Office of the Prime Minister
PA	-	Partnership Area
PHA	-	Public Health Act
PMR	-	Pre-Mobilization Report
PnF	-	Planning & Funding
POIR	-	Post-Operative Infection Rate
POLHN	-	Pacific Open Learning Health Network
POM	-	Punanga Ora'anga Matutu
POMR	-	Peri-Operative Mortality Rate
PP	-	Policy & Planning
PSC	-	Public Service Commission
RHD	-	Rheumatic Heart Disease
SAMOA Pathway	-	Small Island Developing States Accelerated Modalities of Action Pathway
SDGs	-	Sustainable Development Goals
SIDS	-	Small Island Developing States
SMART	-	Specific, Measurable, Achievable, Realistic, and Timely / Time-bound
SOH	-	Secretary of Health
SRS	-	Strategic Reform Statement
STEPS	-	STEPwise approach to NCD risk factor Surveillance
TA	-	Technical Assistance
TB	-	Tuberculosis
TIMF	-	Target Indicators Monitoring Framework
TMO	-	Te Marae Ora Ministry of Health Cook Islands
TORs	-	Terms of Reference
UHC	-	Universal Health Coverage
WB	-	World Bank

NOTE (i) In this report, "\$" refers to US dollars unless otherwise stated.



**HEALTHY ISLANDS INITIATIVE
PRESENTATION** by the Secretary of
Health, Mr Bob Williams, In Mauke.

	A. CURRENCY EQUIVALENTS	4
	B. ABBREVIATIONS	4
I	ACKNOWLEDGMENTS	11
	1. Message from the Minister of Health: Honourable Vainetutai Rose Toki Brown	14
	2. Message from the Secretary of Health: Mr Bob Williams	17
II	EXECUTIVE SUMMARY	18
	A. Situation Analysis	22
	1. Country and Demographic Characteristics	22
	2. Population Census and Structure	22
	B. Political and Socioeconomic Characteristics	24
	1. Health System	26
	2. Health Legislation	27
	C. Organisational Structure	27
	D. Health Services	30
	1. Hospital Services	34
	2. Primary Health Care Services	34
	3. Other Health Services	34
	4. Pa Enua Health Clinics	35
	5. Referral Services, Secondary and Tertiary Care	35
	6. Private Health Providers	35
	E. Health Situation: Access, Morbidity, Mortality and Health Needs of the Population	35
	1. Health Workforce	42
	2. Health Financing	43
	3. Funding Support from Development Partners	45
	4. Gap Analysis of the Health System	46
III	MY HEALTH, MY FUTURE:	49
	TMO essay competition winner year 9-11 category	
IV	TE MARAE ORA ARA TANGO ANGA'ANGA:	50
	National health strategic plan 2023 - 2027	
	1. Methodology	50
	2. Policy, Legal, and Strategic Plan Linkages	50
	B. NSDA 2020+	51
	C. Alignment of NSDA 2020+ to NHSP 2023+	52
V	NHSP 2023+ GUIDING PRINCIPLES	56
	1. Vision	56
	2. Mission	56
	3. Values - EQUIPPER	56
	4. Policy Goals	56

VI	KEY RESULT AREAS (KRAS)	58
	A. Key Result Area 1: Health Administration and Management	58
	1. KRA 1 Objectives	60
	B. Key Result Area 2: Public Health	65
	1. KRA 2 Objectives	67
	C. Key Result Area 3: Hospital Health	72
	1. KRA 3 Objectives	73
	D. Key Result Area 4: Primary Care	75
	1. KRA 4 Objectives	78
	E. Key Result Area 5: Allied Health and Clinical Support Services	79
	1. KRA 5 Objectives	80
	F. Key Result Area 6: Oral Health	83
	1. KRA 6 Objectives	86
	G. Key Result Area 7: Pa Enua	87
	1. KRA 7 Objectives	90
	H. Key Result Area 8: Partnerships	96
VII	IMPLEMENTATION STRUCTURE AND SCHEDULE	98
	A. Costing the Health Strategy	98
VIII	MONITORING AND EVALUATION	102
	1. Introduction	102
	2. NHSP Indicators	102
	3. Disease / Programme-Specific Indicators and Targets	102
	4. Measurement and Reporting Frequency	102
	5. Health Information System / HIU Integration	102
IX	TARGET INDICATORS MONITORING FRAMEWORK	103
	1. KRA 1 Targets	103
	2. KRA 2 Targets	106
	3. KRA 3 Targets	113
	4. KRA 4 Targets	115
	5. KRA 5 Targets	120
	6. KRA 6 Targets	123
	7. KRA 7 Targets	127
X	COUNTRY COORDINATING MECHANISM	130
	1. HAP Supervisory Committee	130
	A. Country Progress and Performance Review Mechanism	130
	1. Schedule of Reviews	130
	2. Data Sources	131
	3. Dissemination and Communication	131
XI	MY HEALTH, MY FUTURE:	134
	TMO essay competition winner year 12-13 category	
XII	APPENDIX 1: NHSP CONSULTATION PROCESS	136
	1. Initial Programme – NHSP 2017-21	
	Evaluation and NHSP 2023+ Consultations	136
	2. Consultations	137
XIII	APPENDIX 2: TMO ORGANIZATIONAL STRUCTURE DIAGRAMS	148



I. ACKNOWLEDGEMENTS

Te Marae Ora (TMO) Ministry of Health Cook Islands would like to acknowledge the utmost support by ADB for the technical assistance of Dr. David Angelson, the author of this document for his immense evaluation and thorough review of the National Health Strategic Plan 2017-2021.

The outcomes of that review provided the avenue to develop the new national health strategy through a number of face-to-face, zoom meetings, and workshops implemented since February 2023 to June 2023 with TMO staff both on Rarotonga and Pa Enua; Allied Partners and Non-government organisations; Members of Parliament and Ministers of the Crown; and members of the community.

TMO further acknowledges the continuous support of ADB and the Government of the Cook Islands for their financial contributions and pivotal support during the implementation of this project, which completed within six months.

Further appreciation to Roana Mataitini, Director of Planning and Funding and Helen Maunga, Policy Advisor of Te Marae Ora Ministry of Health, Cook Islands. Their concerted efforts from the beginning to the timely completion of this project is appreciated.

Last, but not least to all the National Tereora College students from Year 9 to Year 13 who participated in the Essay Competition in English or Cook Island Maori. It was a tough essay competition written by 52 brilliant students based on the Theme: “My health, my future”. Thank you all for participating.

You have inspired and made an impression on Te Marae Ora of your insights and passion for a healthy Cook Islands. Congratulations to all winners and meitaki ma’ata to Principal Mrs Teremoana Ngaau and your teachers for your support. The first place winners for Year 9 – 11 and Year 12 – 13 categories is published in this document.

The content was prepared by the Planning and Funding Office, Ministry of Health, Government of the Cook Islands. Design and layout for this document is created by Maxine Kokaua.





MESSAGE FROM THE MINISTER OF HEALTH:
Honourable VAINETUTAI ROSE TOKI BROWN

Kia Orana tatou katoatoa,

On behalf of the Government of the Cook Islands and Minister of the Crown for the Ministry of Health, I am pleased to present to the People of the Cook Islands, international communities and donor partners, the **Te Marae Ora Ara-Tango Anga’nga 2023 - 2027: Cook Islands National Health Strategic Plan 2023-2027 (TMO Ara-Tango Anga’nga)**.

I am delighted and proud to have been part of this journey contributing to the shaping and developing of this new national health strategy. More so, this is the first strategic document developed during my term as Minister of the Crown for Te Marae Ora, Ministry of Health Cook Islands. Of course, this strategy is designed and planned to ensure a much dynamic and collaborative health services in the Cook Islands and Pa Enua be improved better than before, in that, all people living in the Cook Islands are living healthier lives and achieving their aspirations.

When you read this national health strategy, it provides all the tools how each TMO staff should perform within their respective Directorates by working smarter to ascertain that equitable health services are accessible to everyone with much focus in advocating for a healthy nation in this era for a healthy population. It is my utmost goal for all TMO staff to work strongly together as a Team and perform better with a positive attitude visible to everyone.

I have much confidence in the current TMO administration that the Secretary of Health and his team can do their best while they guide and motivate each other to continue moving forward while providing the best health services to all Cook Islanders, residents and visitors to our shores. I would like to express my sincerest appreciation and gratitude to all TMO staff for their commitment and dedication uplifting with pride their own individual responsibilities to provide the best healthcare for our people. This 5-year strategy challenges you all to think positive, be more productive and accountable in the health services that we deliver.

“Let’s embrace Te Marae Ora Ara-Tango
Anga’ nga 2023 – 2027 and Walk the Talk.”

Kia orana, e kia manuia



Kia Orana,

I am delighted to present the Te Marae Ora Ara-Tango Anga'nga 2023 – 2027: Cook Islands National Health Strategic Plan 2023-2027 (TMO Ara-Tango Anga'nga).

The TMO Ara-Tango Anga'nga provides the founding pathway (ara-tango) of our collective journey for the next five forward years. This is guided by the 8 Key Results Areas (KRAs) and the 200 target indicators aimed to ensure that “all people living in the Cook Islands are living healthier lives and achieving their aspirations” on Rarotonga and the Pa Enuu.

The KRAs have increased by one and the target indicators have doubled from that of the Takai'nga Angaanga Tutara A Te Marae Ora 2017-2021: the Cook Islands National Health Strategic Plan 2017-2021: Takai'nga Angaanga Tutara A Te Marae Ora. PART 1 of this document outlines the Evaluation Report of the National Health Strategic Plan 2017-2021 while PART 2 provides the Final Report of the Health Action Plan Framework 2023-2027.

As you read the evaluation report, you will note the comprehensive methodology approach conducted and the challenges and limitations in the consultation findings to financing the implementation of the NHSP 2017-2021. TMO endeavoured to fulfil its service delivery sculptured in the NHSP 2017+ across the Cook Islands amid COVID-19 to achieve over 60% of its 121 target indicators. The evaluation report provided some interesting facts worth reading and the pathway to establish the monitoring tool and evaluations for the new NHSP 2023+.

In essence, COVID-19 Pandemic, made us stronger, much wiser and better prepared than before. I must compliment my predecessor; Dr Josephine Aumea Herman for the strong leadership and professionalism together with experienced TMO staff, health specialists' locum and stakeholders navigating our small nation through the beginning of COVID-19 in 2020 complemented with the support from the Government of the Cook Islands.

The extra KRA is specific to the Pa Enuu while the extra indicators are to address the increasing health needs of the people of the Cook Islands and taking into considerations the lessons learnt from COVID-19, the national health priorities as set out in Te Ara Akapapa'anga Nui 2020+: National Sustainable Development Agenda 2020+, Te Kaveinga Tupu'anga iti Tangata: Cook Islands Population Policy 2022-2023, the World Health Organisation Regional Frameworks and the health strategic priorities as set out in Te Papa Tutara A Te Marae Ora 2017-2036: The Cook Islands National Health Road Map 2017-2036.

The TMO Ara-Tango Anga'nga sets the new strategic pathway for TMO as it aspires to escalate and address the key risk factors and social determinants to the increasing rate of Non-communicable diseases (NCDs) which accounts for 72% of deaths in the Cook Islands. Reorienting the delivery of healthcare services with stronger refocus on prevention, early intervention and diagnosis, increased self-empowerment to manage own health, and transforming the Cook Islands health service from a “sick system” to a “people-centred system” contributes to the increase of the key deliverables in this TMO Ara-Tango Anga'nga. The reorientation also called for urgent consideration for increased measures and response to oral health conditions for children, the increasing rate of mental health post COVID-19 and building a resilient health system to effectively respond to the risk and threats of climate change including potential future health emergencies.

“Investment in a safe and healthy future Cook Islands can only be achieved through a whole of society response – we as a nation did it once and we can do it again!”

Meitaki Ranuinui

II. EXECUTIVE SUMMARY

This report comprises the draft National Health Strategic Plan (NHSP) 2023+; the formal, final NHSP 2023+ will be endorsed by the Cook Islands Cabinet prior to adoption. The NHSP 2023+ will be aligned with the Cook Islands constitution, Te Kavaeinga Tupu'anga iti Tangata: Cook Islands Population Policy 2022-2032, Te Ara Akapapa'anga Nui – National Sustainable Development Agenda (NSDA) 2020+, and other key Cook Islands Government and health documents.

This Strategic Plan discusses historical and anticipated challenges in the health sector, including workforce shortages, especially in specialized and allied health domains, and builds on the evaluation of the NHSP 2017-21 to identify required adjustments and optimal future directions. Following consultation with TMO staff, administration and stakeholders, major themes identified include the need for specialized training of the local workforce, as well as non-communicable diseases (NCDs), which are identified as major contributors to morbidity and mortality, necessitating maximized funding allocations for prevention and treatment. This Strategic Plan also highlights the importance of community-based follow-up care for chronic cases and the need for improved diagnostic capabilities, particularly in radiology and screening.

This Strategic Plan outlines a quantitative rubric of target indicators, built into a Target Indicators Monitoring Framework (TIMF), including improvements at clinics, attendance of continuing professional development programming for staff, and the use of Health Information System (HIS) data to drive data-driven, evidence-based best practice.

National Health Strategic Plan (NHSP) 2023+ implementation will be overseen by the NHSP Supervisory Committee, which includes multiple stakeholders across the Cook Islands health sector, governmental bodies, and civil society. The report proposes a schedule for reviews, including annual reviews, a mid-term review at the end of 2025, and a final situation analysis and evaluation in June 2027 or at the expiry of the NHSP.

MAY 2023 LAUNCH
OF THE HEALTHY ATIU
INITIATIVE by the Minister
of Health, Hon. Vainetutai
Rose Toki Brown and the
Secretary of Health, Mr
Bob Williams.



Parish of St Anthony de Padua
Baptized
And sent
To proclaim Christ
The Year of Mission - 2019



ATIU & MANEA

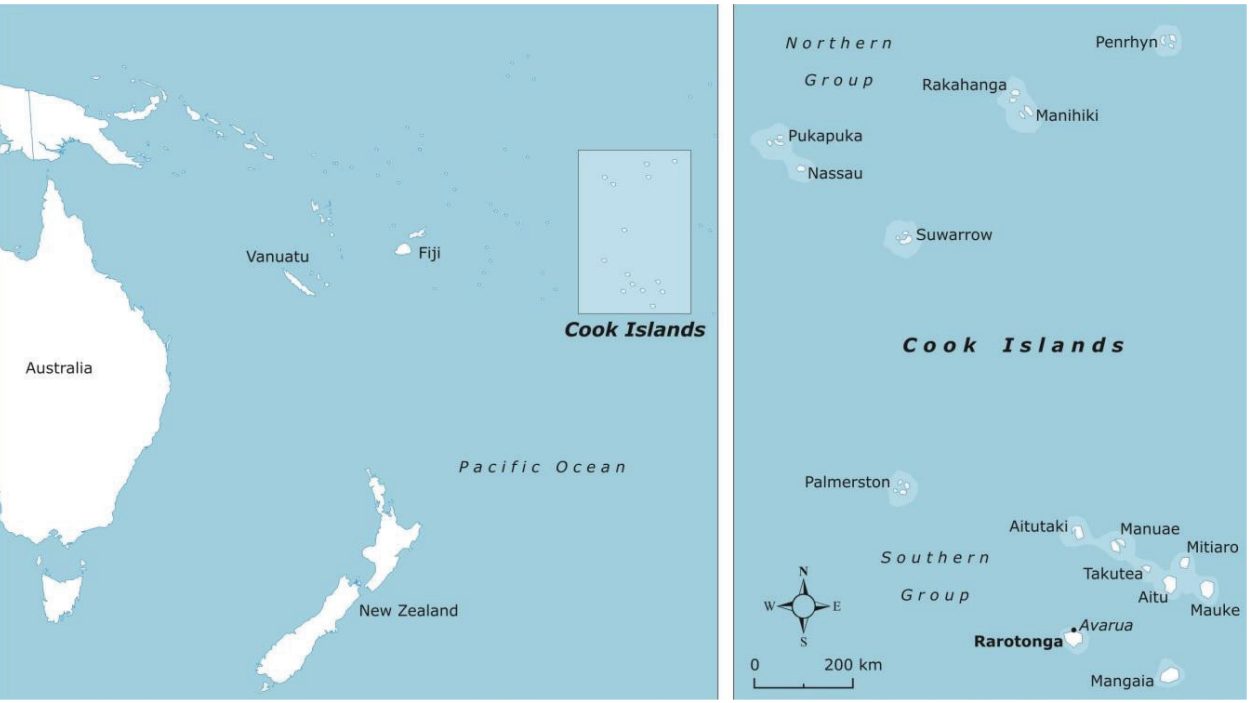
A. Situation Analysis

1. Country and Demographic Characteristics

The Cook Islands (CI) is located in the Southern Pacific Ocean. It lies west of French Polynesia, east of Tonga/Samoa/Niue/Fiji/Tokelau, and south of the Phoenix and Line Islands portion of Kiribati. The Cook Islands consists of 15 islands and atolls spread over 2 million km2 of the Pacific Ocean, of which 13 are regularly inhabited. The islands are geographically divided into two groups, commonly referred to as the Northern and Southern Group islands.

There are marked differences in climate, culture, language, and economic activities between the two groups, with the Northern Group generally consisting of drier atolls, and the Southern Group more frequently comprised of wetter volcanic islands (though there are exceptions). Owing to the current lack of regularly scheduled flights, the Northern Group islands are more isolated than the Southern Group islands collectively called the Pa Enua.

The northern Cook Islands include Manihiki, Rakahanga, Pukapuka, Nassau, Penrhyn and Suvarrow, while Aitutaki, Atiu, Mangaia, Mauke, Mitiaro, Palmerston, Takutea, Manuae and the main island of Rarotonga comprise the southern Cook Islands. Avarua, located on Rarotonga, is the nation’s capital.

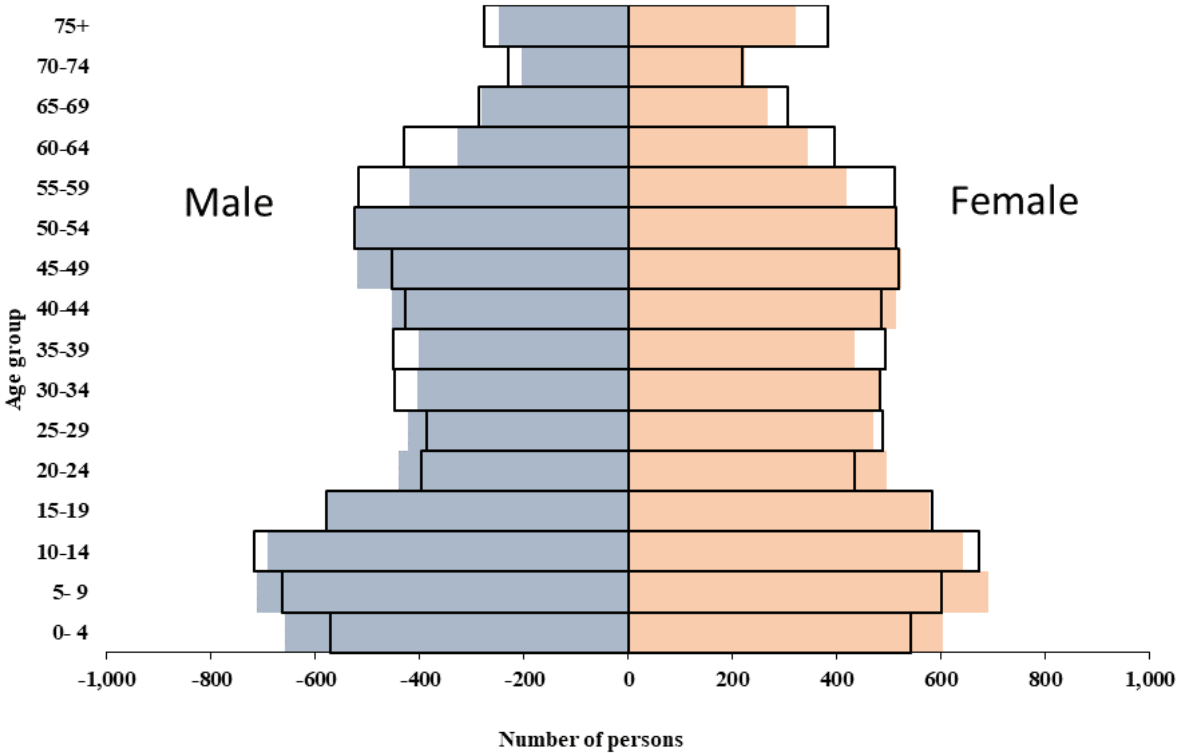


2. Population Census and Structure

The most recent census was conducted in 2021, recording a total population of 15,040 (both resident and non-resident). Of the total resident population (14,920), 77.1 per cent are Cook Islands Maori, 8.3 per cent are ‘Part Cook Islands Maori’, and 14.2 per cent are of ‘Other Ethnic Origin’ (numbers do not sum exactly to 100% due to rounding). The distribution of the total population varies considerably by region; nearly 73 per cent live on Rarotonga, 20 per cent live in the Southern Group islands, and 7.3 per cent in the Northern Group islands. The population density also varies widely by island. While there were about 350 people per km² in Pukapuka (the most densely populated island in the Northern Group), only 7 people per km² inhabited Mitiaro Island (the least densely populated island in the Southern Group). The population density of Rarotonga was 162 people per km².

The 2021 census recorded ‘a massive decrease’ of population since the 2016 census, with a nearly 13.7% reduction in only five years, attributable to outward migration by Cook Islanders, the return of migrant workers to their countries of origin owing to COVID-related tourism downturns, and mortalities among an aging population.^{2,3}

Comparing the CI population pyramid from the 2016 and 2021 censuses, the ‘indent in the 20-29 age groups’ represented one of the most ‘distinct feature(s)’, presumably due to young Cook Islanders migrating overseas ‘for employment opportunities (and/) or tertiary education’.⁴



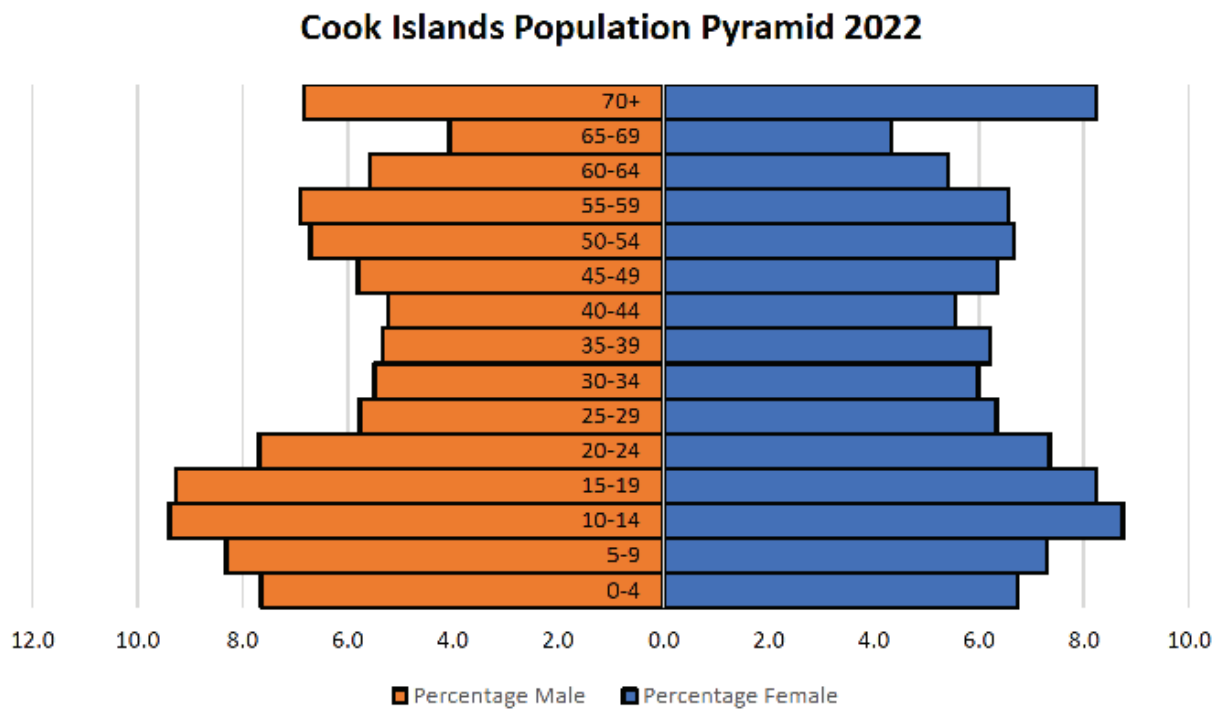
Outward migration of lower age groups, coupled with longer life spans and returns of retirees and other aged people leads to a dependency ratio of 72 in the Cook Islands (i.e. 72 dependent children and aged persons per 100 persons of working age), compared to an average of 47 among Upper middle income countries, an Organization for Economic Co-operation and Development (OECD) average of 54, a global average of 55, and a Pacific island small states average of 65,⁶

1 Blacka, M. J., et al. 2013. “Coastal Adaptation Needs for Extreme Events and Climate Change, Avarua, Rarotonga, Cook Islands - Project Stage 1: Scoping and Collation of Existing Data.” Water Research Laboratory (WRL) Technical Report 2013/11. Sydney: University of New South Wales School of Civil and Environmental Engineering.

2 Cook Islands Government. 2022. “Census of Population and Dwellings 2021.” Cook Islands Statistics Office. Rarotonga: GCI. p. 16. 3 Circular migration and permanent returns of Cook Islanders (along with in-migration by not-yet-resident immigrants) following the cessation of COVID-era lockdowns are expected to impact these population figures and trends, but exact figures are not available at the time of publication. 4 Op. cit. p. 18. 5 Ibidem. 6 World Bank Group. 2022. “Age Dependency Ratio (% of Working-Age Population) (SP.POP.DPND).” DataBank. Washington, D.C.: WB/IBRD/IDA.

which means that the Cook Islands population structure will require attention and planning by TMO and the broader Cook Islands government. Population projections for 2022 were for more 70+ year-old women than any working age tranche, and nearly the same situation for men. The continually growing older population will require additional and special planning processes to address their welfare needs - particularly those having to do with health.

The projected 2022 population pyramid is below.



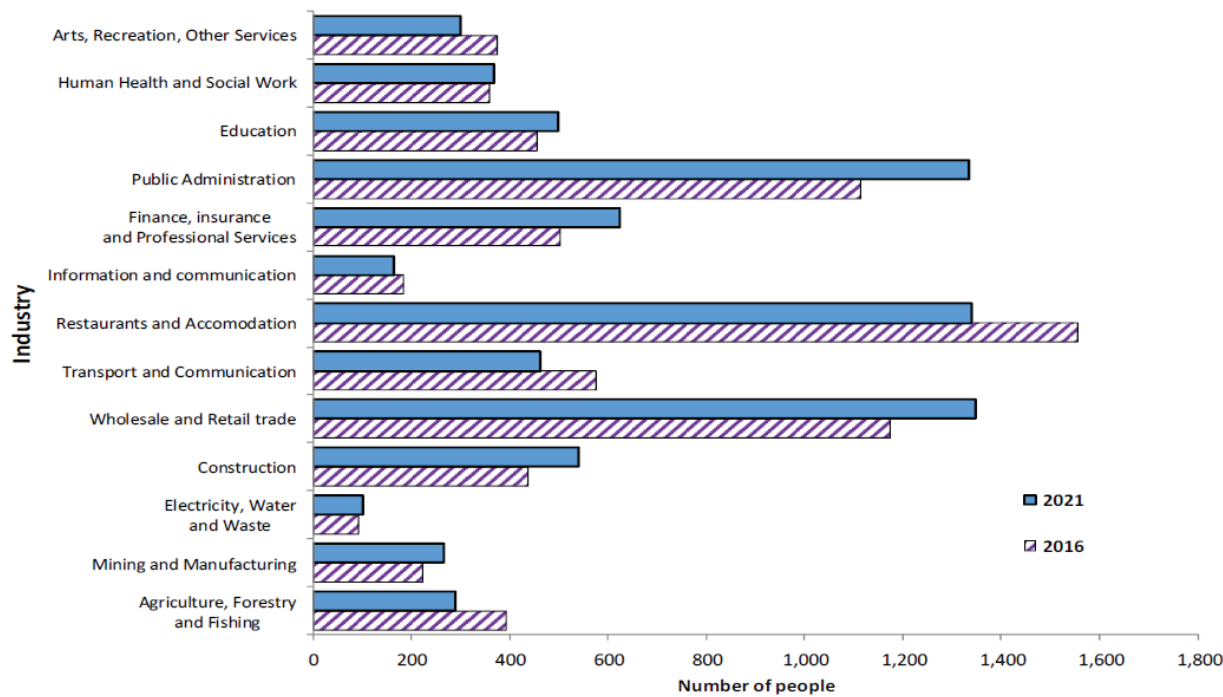
B. Political and Socioeconomic Characteristics

The Cook Islands is a self-governing entity in free association with New Zealand since 1965. The government is an independent Westminster parliamentary democracy consisting of 24 elected members, with a separate House of Ariki made up of 24 high chiefs that advise the government in a fashion similar to the House of Lords and the Canadian Senate, although the Cook Islands government is formally unicameral.

Though there has not been an estimate of a Human Development Index score or ranking for the Cook Islands since 2008, the Cook Islands is in the World Bank ‘High-income’ group, and is assumed to have high human development on axes of lifespan / health span, mean years of schooling and expected years of schooling, and Gross National Income (GNI) per capita. Cook Islands citizens have good access to essential services and benefit from New Zealand job markets and welfare systems.

The average annual income of all Cook Islands residents is calculated by the 2021 census at NZ\$19,249, with incomes for males 15 years and older at NZ\$20,209, and females in the same age group averaging NZ\$18,348. Average annual income varied dramatically between island groups, with Northern Group average annual income NZ\$10,953, Southern Group average annual income NZ\$11,956, and average annual income in Rarotonga NZ\$21,863. Average national private household annual income was NZ\$46,135.

Likely due to COVID-related economic consequences, whereby tourism-related sectors suffered a dramatic downturn, the largest employing industry sector in 2021 was public administration, at 17.8%, followed by wholesale and retail trade at 17.5%. In 2016 (pre-pandemic), the restaurant and accommodation sector had been the largest single employment sector, but as of 2021 it was the third largest, just behind public administration and wholesale and retail trade.



The 2021 National Health Information Bulletin (NHIB) provides a suite of regionally-common health indicators that serve as a baseline compendium of health status measures.

NUMBER OF SKILLED HEALTH WORKERS PER 10,000 POPULATION (physicians, nurses, and allied health workers)	148.8
Per capita total expenditure on health at average exchange rate (USD)	903.84
Total expenditure on health as a percentage of gross domestic product (%)	5.38
Tuberculosis incidence (per 100,000 population)	13
Life expectancy at birth (both sexes)	80
Under-five mortality rate (per 1,000 live births)	9.7
Absolute number of maternal deaths	0
Maternal mortality ratio (per 100,000 live births)	0
Adult mortality rate from NCDs at ages 15-64 years (%)	23
Number of suicides	2
Immunization coverage rate for diphtheria-tetanus-pertussis (4 doses by age 4) (DTP4) (%)	86

7 Secretariat of the Pacific Regional Environment Programme (SPREP). 2023. "Population Projections for Pacific Island Countries and Territories from 1950 to 2050, by Sex and by 5-Years Age Groups." Pacific Environment Data Portal. Apia.

8 Cook Islands Government. 2022. "Census of Population and Dwellings 2021." Cook Islands Statistics Office. Rarotonga: GCI. p.27.

Immunization coverage rate for measles-mumps-rubella (MMR1 at 12 months) (%)	88
Current tobacco smoking among persons 15 years of age and over (%)	30
Population using improved drinking-water sources (%)	>99
Population using improved sanitation facilities (%)	85
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD roadmap to 2030 (%) - target 100%	Not Available

1. Health System

Through TMO, the Cook Islands government is the main provider of health care services in the country. Te Marae Ora services are complemented by a range of Community-Based Organizations (CBOs) and NGOs, including CICWA, CIFWA, Punanga Tauturu, Red Cross Society, Creative Centre, Te Vaerua, Te Kainga, and Te Punanga Ora’anga Matutu, et al.

Apart from the direct and allied provision of health care services, the Ministry has statutory functions for at least 8 key pieces of legislations under its administration, and this landscape will be affected by the nascent Public Health Bill, which has been under consultation in parliament since March 2021 (interrupted by the COVID-19 pandemic) and for which passage is expected imminently.. The current Ministry of Health Act 2013 is a principal act that provides for key areas and functions of the Ministry, and was bolstered by numerous regulations, SOPs, acts, and other pieces of legislation or executive orders during the COVID pandemic.^{14,15,16} Te Marae Ora employs enforcement officers that are tasked with administering health laws and regulations, including those that pertain to tobacco, food, water, sanitation etc.

Aligning TMO policies, plans and strategies with global health agendas and goals is also a key role of the Ministry. Requisite maintenance and construction of physical infrastructure for the delivery of healthcare services will continue to be a core responsibility of the Ministry, in partnership with key stakeholders, including CIIC, ICI, the private sector and development partners. TMO is also a core agency in the training of health personnel to address the staffing requirements of health institutions, along with the provision of pharmaceuticals and biomedical equipment. TMO is also involved in cross-cutting agendas such as disability, gender, the aged/elderly, chronic illnesses, disaster management, pandemic and other emergent condition response, climate change, and other national interests as mandated by the Cook Islands government.

2. Health Legislation

Though this is not intended as an exhaustive list of legislation affecting TMO, the following acts, regulations and pieces of legislation are the primary sources of TMO legal authorities and responsibilities:

- 1

COVID-19 Act 2020
- 2

Ministry of Health Act 2013

a)

Ministry of Health (Mental Health) Regulations 2013

b)

Ministry of Health (Pharmacy and Therapeutic Products) Regulations 2013

c)

Ministry of Health (International Health Regulations Compliance) Regulations 2014
- 3

Tobacco Products Control Act 2007

a)

Tobacco Products Control Regulations 2008
- 4

Public Health Act 2004 ¹⁷

a)

Public Health (Sewage and Wastewater Treatment and Disposal) Regulations 2014

i)

Approved Standards applicable to the Design and Construction of Sewage Systems; Design and Construction Standards

ii)

Approved Standards and Codes of Practice applicable to the Registration of Designs and Personnel; Standards for Registration

iii)

Approved Standards and Operating Procedures applicable to the Operation of Sewage systems; Operation, Testing and Reporting Standards

iv)

Approved Sewage and Sanitation Forms
- 5

Food Act 1992-93

a)

Food Amendment Act 2005

b)

Food (Fish Export Processing) Regulations 2006

c)

Food Regulations 2014
- 6

Nurses Act 1986
- 7

Medical and Dental Practices Act

a)

Medical and Dental Practices Amendment Act 1977

b)

Medical and Dental Practices Amendment Act 1981
- 8

Dental Act 1970-71
- 9

Narcotics and Misuse of Drugs Act 2004
- 10

Narcotics Regulations 1966

C. Organisational Structure

The management and organizational structures of the Ministry of Health have been modified extensively since the previous NHSP was drafted, with the former three directorates expanded to five: Public Health, Oral Health, Primary Care, Hospital Health, and Planning and Funding. Though organizational structures are perpetually subject to change in accordance with shifting health, administrative and operational needs, it is proposed that the NHSP Key Result Areas (KRAs) and Target Indicators Monitoring Framework (TIMF) be structured to reflect these directorates for the 2023+ period. A TMO-wide functional structure chart, along with organisational structure diagrams for each of the five directorates, and an additional chart for the TMO executive and managerial cadre, are included as an annex under the Appendix 2: TMO Organisational Structure heading.

⁹ Te Marae Ora Ministry of Health Cook Islands (TMO). (2023). National Health Information Bulletin 2021. Rarotonga: TMO. ¹⁰ United Nations Conference on Trade and Development Statistics Office (UNCTADstat). (2022). General Profile: Cook Islands. Geneva: UNCTADstat Retrieved from <https://unctadstat.unctad.org/countryprofile/generalprofile/en-gb/184/index.html>. ¹¹ World Health Organization (WHO). (2023). Global Tuberculosis Report. Geneva: WHO. Retrieved from <https://www.who.int/teams/global-tuberculosis-programme/data>. ¹² Te Marae Ora Ministry of Health Cook Islands (TMO). (2023). Health Promotion. Rarotonga: GCI Retrieved from <https://www.health.gov.ck/public-health/health-promotion/>. ¹³ World Health Organization (WHO), & United Nations Children’s Fund (UNICEF). (2023). Progress on Household Drinking Water, Sanitation and Hygiene 2000-2022: Special Focus on Gender (Launch Version). New York: United Nations Retrieved from https://cdn.who.int/media/docs/default-source/wash-documents/jmp-2023_layout_v3launch_5july_low-reswhowebbsite.pdf?sfvrsn=c52136f5_3&download=true. ¹⁴ Government of the Cook Islands. 2020. “COVID-19 Act.” 2. Parliament of the Cook Islands. Rarotonga: GCI. ¹⁵ Government of the Cook Islands. 2021. “Cook Islands Emergency Response Plan to Coronavirus Disease 2019 (COVID-19): April 2021, Version 2.” Rarotonga: GCI. ¹⁶ Williams, B. 2022. “Regulation 7 of the Ministry of aged/elderly, chronic illnesses, disaster management, pandemic and other emergent condition response, climate change, and other national interests as mandated by the Cook Islands government.

¹⁷ Likely to be modified by the Public Health Bill/Act, expected to be passed during the current legislative session; cf. <https://www.health.gov.ck/public-health/law-reform/>



D. Health Services

TMO is the main healthcare provider in the Cook Islands, and is responsible for setting national health policy and managing the day-to-day delivery of health services. Health services range from public and population health, to primary care, with limited secondary care primarily provided via HSVs in the major population centres on Aitutaki and Rarotonga. Compared to regional peers, the Cook Islands are well equipped to provide basic primary services, some secondary care (though this does require recourse to both overseas specialist visits and medical evacuations), and reasonably comprehensive tertiary care via its hospitals. The Cook Islands delivers a range of general clinical services in the core areas of surgery, medicine, anaesthesia, obstetrics, gynaecology, ophthalmology and paediatrics¹⁸. There are a small number of private providers, all located in the two main population centres.

A table of current health facilities and health services is as follows:

SITE	SERVICES OFFERED
Pa Enua Clinics (Atiu, Mangaia, Manihiki, Mauke, Mitiaro, Nassau, Palmerston, Penrhyn, Pukapuka, Rakahanga)	<ul style="list-style-type: none">NP or RN on-site during normal working hours, and on call at all other timesProvide basic health services including nursing care, ante natal care, baby checks, child immunization, family planning, wound dressings, medicine refills, home visits, post-natal check-up for mother and baby, counselling, cervical cancer screeningGeneral inpatient bed(s) on-site (except Palmerston)No laboratory services except for rapid antigen test for COVIDTelemedicine facilities for consultations with physicians in RarotongaLimited general Oral Health services (tooth extraction, pain relief and consultation)Public health (health protection, health promotion, and community health services)
Aitutaki Hospital	<ul style="list-style-type: none">On-site physician(s) and nursing staff during normal working hours, and on call at all other timesLimited radiology servicesLimited secondary care (generally delivered via transfer to Rarotonga)Limited laboratory servicesPharmacy services (providing by one Pharmacy Technician and two Pharmacy Assistants: dispensing and stock management services)General inpatient bedsMinor surgical proceduresObstetrics & GyanaecologyLimited general oral health services (tooth extraction, pain relief and consultation)Public Health (health protection and community health services)

SITE	SERVICES OFFERED
Rarotonga Hospital	<ul style="list-style-type: none">Accidents & Emergency doctor and nursing staff on-site 24/7 including outpatient services (after hours)On-site specialists (anaesthesia, O&G, internal medicine, paediatrics, accidents & emergency, surgery and ophthalmology) at scheduled times, and on call at all timesRadiology (Ultrasound, X-ray, CT Scan)Laboratory services including blood bank excluding histology services and cytology servicesPharmacy (responsibility for both consumables and medicines provided by two Pharmacists, one Pharmacy Technician, and one Pharmacy Assistant: clinical, dispensing, impresting, limited compounding, and stock management services)Ambulance servicesPhysiotherapy servicesDietary servicesGeneral and specialist inpatient services
Tupapa Primary Health Care Centre (Rarotonga)	<ul style="list-style-type: none">On-site GP(s) and nursing staff during normal working hoursMinor surgical proceduresMedical screenings and reportsNCD consultationsPharmacy services (providing by two Pharmacy Technicians: dispensing, limited clinical, and stock management services)DressingsCommunity health screeningsInternational medical exit screeningFollow up of discharged patientsReferrals to appropriate health services
Rarotonga Community Health Clinics	<ul style="list-style-type: none">Provide basic health services including nursing care, baby checks, child immunization, wound dressings, home visits, palliative care visits, post-natal check-up for mother and baby, counselling and physician consultations (NCDs) on allocated days10 clinics around Rarotonga (Ruaau, Pue, Ruatonga*, Takuvaine*, Akaoa*, Titikaveka, Murienua*, Nikao, Ngatangia*, Matavera), although the five asterisked community health clinics are closed at the time of writing Oral Health Centre (Tupapa)Provide basic oral
Oral Health Centre (Tupapa)	<ul style="list-style-type: none">Provide basic oral health services for children and adults (consultation, fillings, relief of pain)EndodonticsProsthodonticsOrthodonticsPeriodontologyOral and maxillofacial surgery
Public Health (Tupapa)	<ul style="list-style-type: none">Health Protection – communicable disease (CD) control, border, vector, food and liquor licensing, water and sanitation, environmental healthCommunity Health – child health, maternal & reproductive health, homes visits, rehabilitation and supportHealth Promotion – CD & NCD risk factor interventions, family planning, injury & violence preventionMental Health – assessment, counselling, community and inpatient admissions and treatment and referrals, training and promotionHealth Intelligence – enforcements, epidemiology, surveillance and responseInternational Workers medical entry screeningWound care (dressings)

18 Te Marae Ora Ministry of Health Cook Islands (TMO). (2019). Takai’anga Angaanga Tutara a Te Marae Ora: Cook Islands National Health Strategic Plan | 2017-2021. Rarotonga: TMO.



1. Hospital Services

a. Rarotonga Hospital

The 80-bed Rarotonga Hospital is the country's principal curative health facility, and also offers outpatient, general practice and emergency services. Since the COVID pandemic, the hospital has one negative pressure rooms covering 4 beds in total for infectious diseases since COVID was normalised in July 2022. Clinical departments and services include: surgical, general medicine, accidents and emergency, paediatrics, ophthalmology, obstetrics and gynaecology, anaesthesia, and a high dependency unit (three beds). Clinical support services include: radiology, laboratory, pharmacy, physiotherapy, and ambulance/paramedics. For a hospital of this size in the Pacific, the hospital is well equipped. It additionally hosts training centres for the nursing school and the POHLN facility.

b. Aitutaki Hospital

The Aitutaki Hospital is a 26-bed facility that provides primary and limited secondary health care. Clinical departments and services include GOPD, and ward areas for adults, paediatric and maternity patients. There are limited diagnostic (x-ray and laboratories), dental and ambulance/paramedic capabilities, and a full pharmacy.

2. Primary Health Care Services

a. Tupapa Primary Health Care Centre

The Tupapa Primary Health Care Centre is a primary healthcare facility located in the main town area of Rarotonga, adjacent to TMO Headquarters. Planned renovations to TMO headquarters are intended to incorporate Tupapa facilities into a single campus, with both administrative and service delivery functions. Current primary healthcare services at Tupapa include outpatient services, RMNCAH (reproductive, maternal, neonatal, child and adolescent health), Rheumatic Heart Disease screenings and treatment, mental health, an NCD clinic and pharmacy.

b. Oral Health Services

Oral health services in Rarotonga are currently located within the Tupapa Primary Health Care Centre. Oral health clinical services include the diagnosis of oral disease entities and the delivery of a broad range of restorative care (e.g. fillings), minor oral surgery procedures such as simple tooth extractions, impacted third molar extractions, simple periodontal treatments and provision of removable prostheses. Though KRA indicators for the Oral Health Division were not met during the NHSP 2017-21 period, prosthetic care, orthodontic, endodontic and less-complicated oral maxillofacial surgery services were expanded. The public health arm of the service deals with preventative aspects of dental care in schools and the wider community, including primary school toothbrush programmes.

3. Other Health Services

Other TMO-provided key services include school health programmes, health promotion, community health services, food safety, water safety and quality, sewage and sanitation, pandemic response / surveillance / protection, border control, and vector-borne diseases. As the country's health system moves towards a more preventative focus, the Community Health Services are intended to provide a greater share of preventive and primary care. Because of the high prevalence of (and heavy consequences from) NCDs, they remain a key area of concern and priority.

4. Pa Enua Health Clinics

Pa Enua health clinics provide basic services in primary healthcare. Patients with serious or complicated medical conditions that cannot be treated via telemedicine consultations are generally transferred to Rarotonga.

5. Referral Services, Secondary and Tertiary Care

Rarotonga Hospital is the primary referral centre in the Cook Islands for further secondary care. Non-urgent cases requiring tertiary care or specialist consultations may be placed on a waiting list to be seen by an overseas visiting medical, surgical or other specialist. Patients with more serious conditions or requiring urgent treatment not available in-country may be eligible for international referrals to New Zealand. TMO relies on its Patient Referral Policy 2015¹⁹ to guide decisions on eligibility for government-funded international referrals. Domestic transfers from the Pa Enua are catered for in Rarotonga Hospital, and if needed referred onward to New Zealand following the updated Patient Referral Policy 2023.

6. Private Health Providers

Private health providers in the Cook Islands are primarily located on Rarotonga. There are several such medical practices, as well as a small number of pharmaceutical outlets and a single privately-run dental clinic in operation at present. A limited range of medicines (General Sale medicine) are available in supermarkets and smaller convenience stores, including in the Pa Enua. The Ministry of Health (Pharmacy & Therapeutic Products) Regulation 2013 sets the requirements for premises, personnel and products with regard to medicines.

E. Health Situation: Access, Morbidity, Mortality and Health Needs of the Population

The Cook Islands enjoys a country health profile – and corresponding health indicators – analogous to comparable countries in the region and/or with similar human development statuses. Among ADB's 'SIDS' category, the Cook Islands is better than average on measures such as HIV incidence and prevalence, communicable diseases and maternal, prenatal and nutrition conditions mortality as a percent of total mortalities, immunizations, life expectancy at birth, and water, sanitation and hygiene measures. In categories such as mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease, tobacco use prevalence, and prevalence of overweight – both children and adults – and hypertension, the Cook Islands is at or slightly worse than Pacific Small State averages²⁰. As with other countries that have undergone demographic transitions and development improvements in the 20th century, the triple burden of disease (communicable, non-communicable, and globalization-related health issues) has largely given way to concerns around NCDs, pandemic and environmental-health issues, and health issues inherent to aging populations. Though communicable diseases cause a lower burden of morbidity and mortality in the Cook Islands today than they did in the 20th century, STIs, TB, RHD, water-borne and vector-borne diseases can potentially resurge and therefore require constant vigilance, surveillance, and prophylaxis.

For 2021 – the last year for which a National Health Bulletin was issued as of the time of writing – a total of 35,274 outpatient consultations were reported, for an average of 2,940 such consultations per month. This figure represents an overall annual per capita health service utilization of 2.3 (compared to the 2015 total of 2.1). By way of comparison, studies assessing GP utilization in New Zealand have arrived at a range from 2.6 to 6.6 visits per person per year; in the OECD, most countries reported between 4 and 10 such visits per person per year, with an overall average of 6.8.²²

¹⁹ Te Mārae Ora Ministry of Health Cook Islands (TMO). 2015. "Patient Referral Policy." Rarotonga: TMO. ²⁰ World Bank Group. 2020. "Health Nutrition and Population Statistics - Pacific Island Small States (PSS)." DataBank. Washington, D.C.: WB/IBRD/IDA. <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#advancedDownloadOptions> ²¹ Baldwin, J. N., et al. 2019. "Primary care doctor and nurse utilisation rates for billed consultations across the Comprehensive Care Primary Health Organisation." New Zealand Medical Journal 132(1498): 79-89. ²² Organization for Economic Cooperation and Development. 2021. Health at a Glance 2021: OECD Indicators. Paris: OECD.

For Hospital Health Services, patient admissions are accommodated in Rarotonga and Aitutaki Hospitals. Pa Enua health clinics have a small number of beds mainly for maternity, day care observation and for patients awaiting emergency referrals. In 2021, Rarotonga Hospital admissions totalled 1,387 with 1,258 discharges. Bed days used equalled 6,332, while bed days available were 50,735 resulting in a 12.5% bed occupancy rate. In 2018-2021, the main causes of admissions were diseases of the circulatory system, pregnancy/childbirth, diseases of the respiratory system (spiking during the COVID pandemic and returning to average subsequently), diseases of the digestive system, and injuries.

Non-communicable diseases, e.g. hypertension, diabetes, cancer, cardiovascular diseases and their risk factors, are major community health problems in the Cook Islands. Cardiovascular diseases (CVDs) are reported as the highest NCD condition in the Cook Islands with an average of over 460 cases a year (2018-2021). The majority of these cases also have co-morbidities, including other non-communicable diseases. The next highest prevalence NCDs were diabetes, COPD, and cancer. An NCD incidence rate of 21 per 1,000 persons was reported; over the four years preceding the 2021 National Health Bulletin, 72% of deaths that occurred in the Cook Islands were attributable to NCDs, with 25% of cases judged to have occurred prematurely.

Among NCD risk factors, the 2022 STEPS survey preliminary results reported that in the adult population aged 18-69 years, the prevalence rate of obesity was 75.0%; raised blood pressure 50.3%; raised blood sugar 34.0%; and elevated blood cholesterol 53.2%, all of which have increased since the previous iterations of the NHSP and NCD STEPS Survey.²³

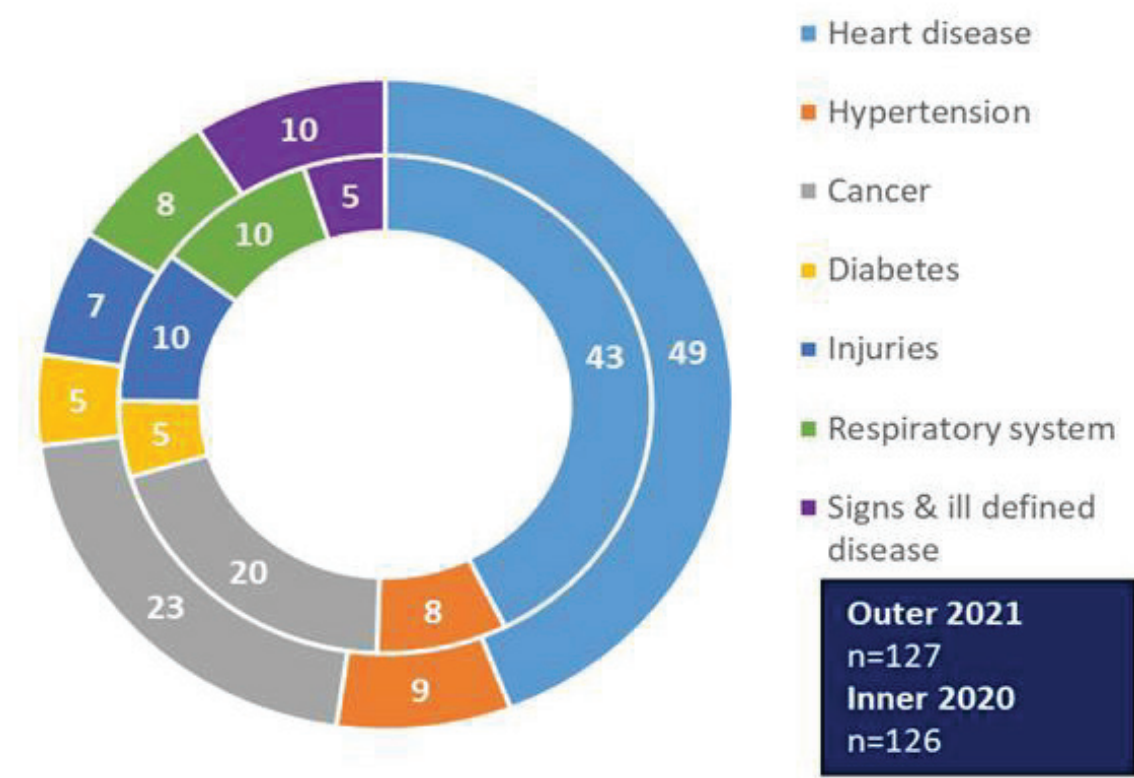
As of the 2021 National Health Bulletin, there had been 25 people diagnosed with cancer per annum over the previous five-year period, with an increase in cancer prevalence of 30% since 2018. For males, prostate and skin cancers were the most common types of cancer reported; for females, breast, neoplasms of the genital organs, and skin cancers were the most common types of cancer reported. As of the 2022 NCD STEPS survey, only 67% of women aged 30-49 years had ever had a screening test for cervical cancer.

Sexually transmitted infections (STIs) experienced a ‘startlingly’ high increase in diagnosed cases between 2018 and 2021, with chlamydia up 90%, gonorrhoea up 67%, and high numbers of candida and syphilis.²⁴ There have been no recorded cases of HIV incidence in Cook Islands, although two historical positive tests were recorded in inbound migrants. In general, condom use rates are quite low for people engaging in high-risk sexual activity despite government and NGO efforts to raise awareness about their use. This creates a potentially high-risk situation in the Cook Islands for the spread of HIV/AIDS and other STIs.

There have been a relatively high number of motor vehicle accidents (MVAs) occurring in the Cook Islands, mainly from driving on motor bikes and as a result of speeding, reckless/careless driving, and driving under the influence of alcohol. In 2019, 2020 and 2021, the death rate to MVAs was 40.5, 47.3, and 33.4 per 100,000 (respectively); this latter figure is essentially unchanged from the previous NHSP. The percentages of MVAs linked to alcohol were 67%, 71% and 40% respectively over the most recently reported three-year period.

Mortality classification by cause of death is reported using the WHO International classification of diseases (ICD-10). For the years 2016-2021, the maternal mortality ratio remained at zero, as there were no recorded maternal deaths during these years. The infant mortality rate was 2.0 in 2021, and U5MR was 9.7. The persistently low infant and maternal mortality rate is a major achievement for TMO.

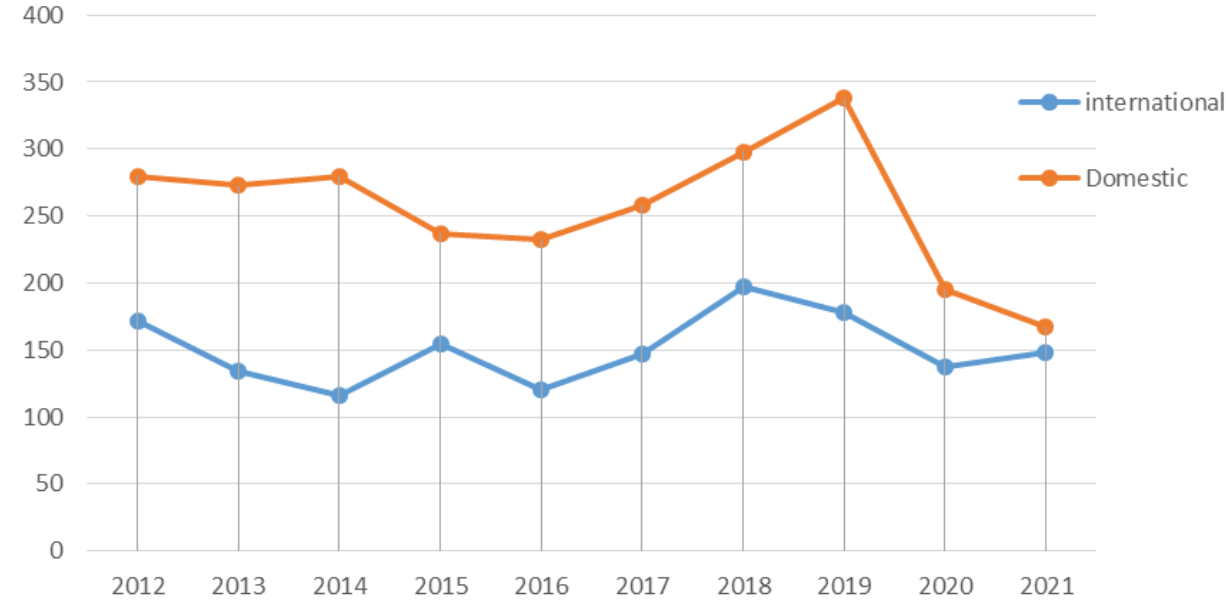
Underlying causes of death for 2020-2021 are as follows:



The overall crude death rate of 5.8 is recorded by TMO for 2021, and reflects a sharp decrease from the previous five-year period average of 8.34.

A functional and well-organized patient referral system is in use by Te Marae Ora. Domestic transfers from the Pa Enua to Rarotonga and international referrals from Rarotonga to New Zealand are governed by the Patient Referral policy 2015 and is managed by the Chief Medical Officer and the Referral Committee.

In 2021, domestic patient transfers from the Pa Enua numbered ≈160, with just under 150 international referrals. The number of domestic transfers has decreased over the previous decade (starting at just below 300 in 2012, and reaching a high of nearly 350 in 2019), whilst international referrals have been roughly static over the previous decade (see figure, below).



²³ Te Marae Ora Ministry of Health Cook Islands (TMO). 2023. "Cook Islands STEPS Survey: Preliminary Results." Rarotonga: TMO. ²⁴ Te Marae Ora Ministry of Health Cook Islands (TMO). 2023. "National Health Information Bulletin 2021." Rarotonga: TMO.

²⁵ Op. cit. p.39. ²⁶ Op. cit. p.33.




TE PUNA TIAKI
WELLNESS UNIT

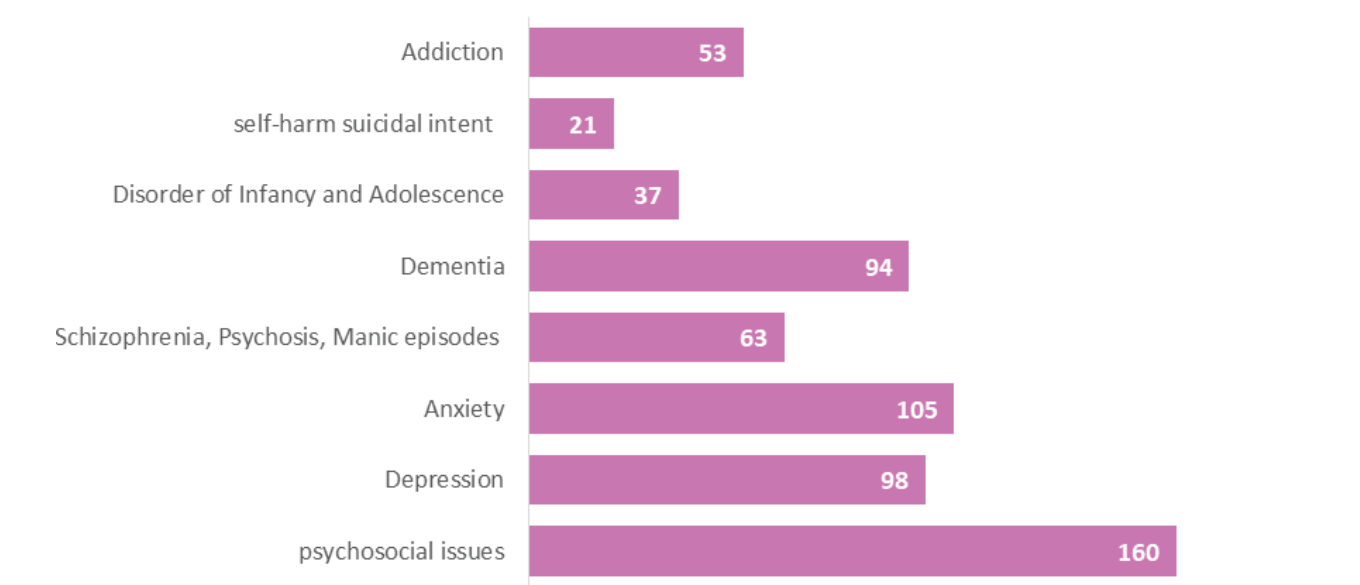
MAY 2023 UNVEILING OF
TE PUNA TIAKI WELLNESS
UNIT SIGN BOARD. Crown
Ministers, CIIC Board Members,
Landowners, Secretary of Health
with Mental Health Team.

The Mental Health (MH) service in the Cook Islands has grown considerably over the past four years. It now employs 2 medical officers, one clinical psychologist, three nurses and a counsellor. This service is supplemented by a NGOs and annual visits of Mental Health specialists.

The number of newly diagnosed mental health cases in the Cook Islands over the last two years indicated a slight increase over previous years, with an the incidence rate of 5.7 per 1,000 population. In 2021, a total of 7,615 appointments were conducted with total of 966 patients.

Which is significantly higher than the 424 patients on the mental health register from 2015, although this increase is likely due at least in part to the strategic focus on improving data collection. The most common disorders were psychosocial issues and related disorders, anxiety and depression. There is a dedicated specialized facility for the treatment and care of persons, Te Puna Tiaki Wellness Unit. The 4 bed facility (2 high risk & 2 low risk rooms) was officially opened in May 2023.

The number and proportion of mental and behavioural health diagnoses in 2021 was as follows:

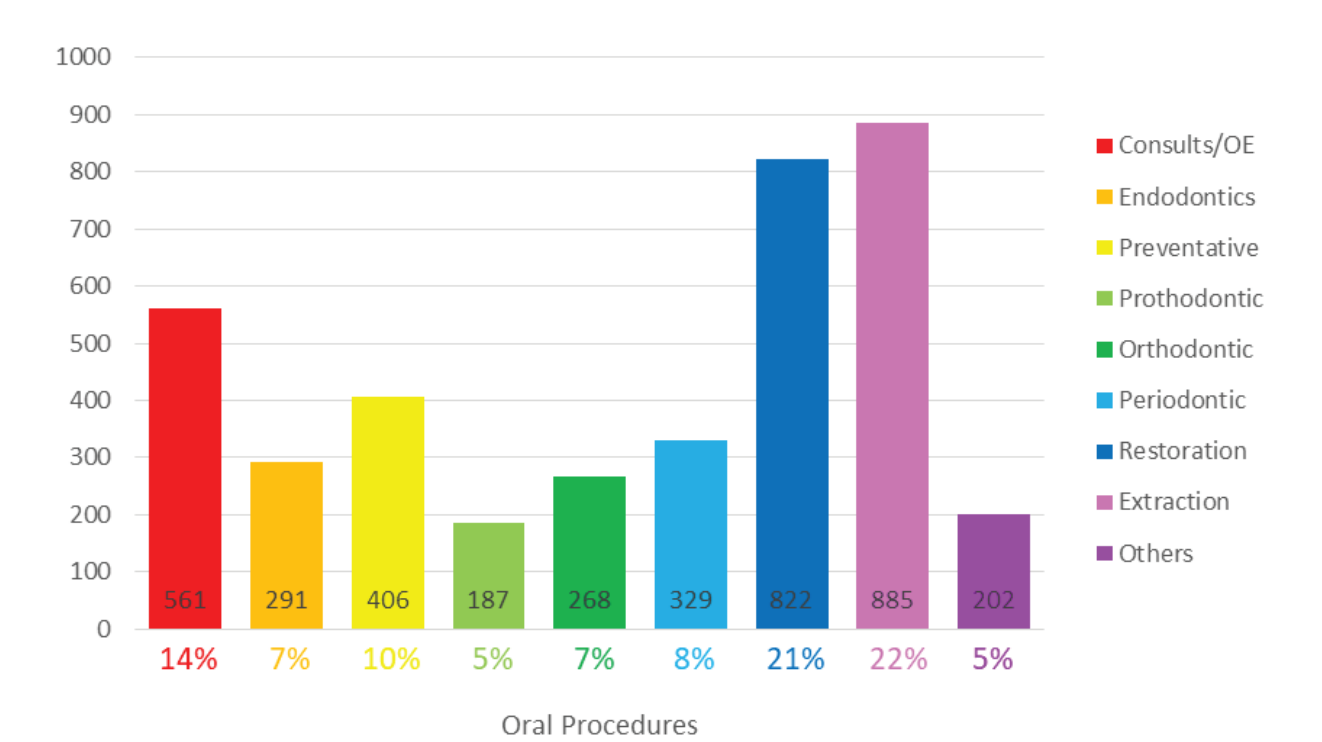


There is continuing concern over levels of dependency and abuse of alcohol and other substances in the Cook Islands, as ‘addiction’ was the fifth-most common mental/behavioural diagnosis in 2021. Though the Mental Health and Wellbeing Action Plan is currently being revised, the most recently released version noted that a significant portion of mental health illnesses are due to problems associated with alcohol dependency and abuse, including the use of ‘homebrew’, tumunu or ‘bush beer’.^{28,29}

Rheumatic Heart Disease (RHD) remains a neglected disease, correlated with poverty and overcrowding. A screening programme for RHD was initiated in 2016 and directed at children 5- 15 years of age. Using echocardiography, the programme completed screenings in Rarotonga in 2016 and 2018, and the Northern Group Pa Enua in 2017, but was subsequently suspended for lack of trained staff, a circumstance which was compounded by COVID-related constraints. Plans to complete a new round of RHD screening in May of 2023 for 5- 10 year-olds will hopefully serve to reinvigorate this important undertaking.

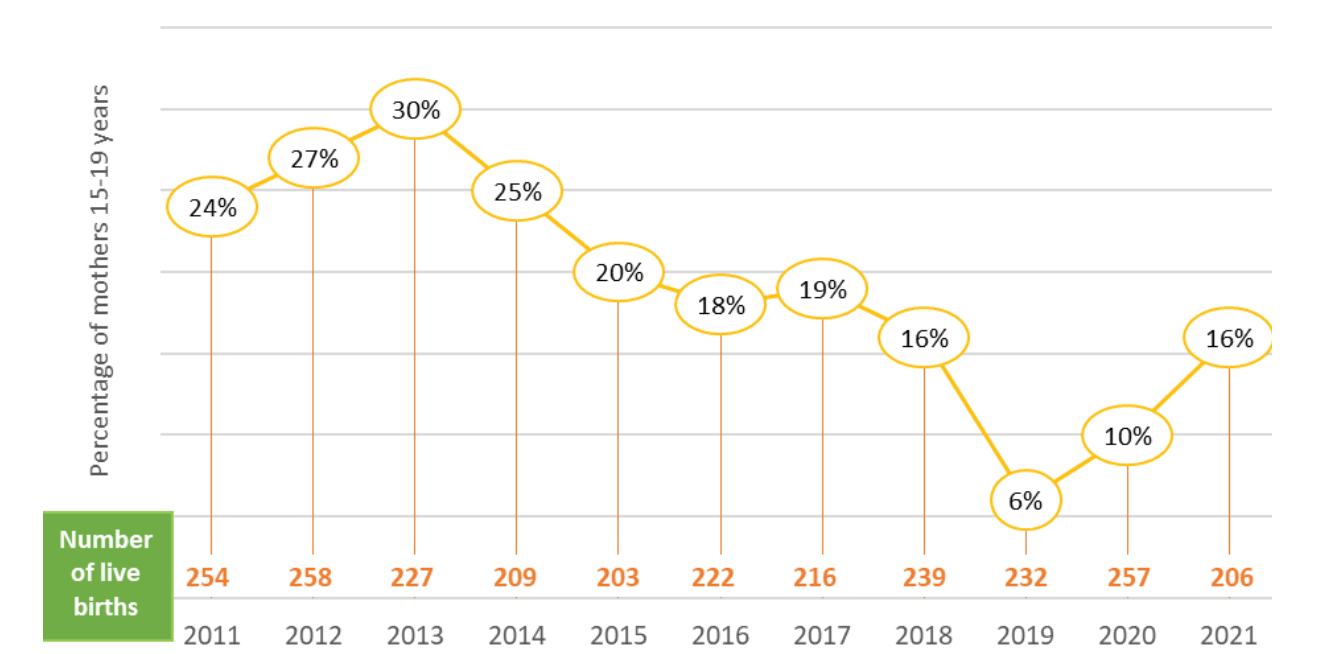
In the Cook Islands, dental caries, periodontal disease and tooth loss is prevalent. Oral Health services over the three years preceding the 2021 National Health Bulletin had an average of 4,410 consults for patients aged two years and over. Some programming around the provision of toothbrushes in schools had been suspended during COVID owing to hygienic requirements and the need for dedicated washbasins in schools. Because oral health has been designated a directorate since the previous NHSP, it is that hoped there will be further impetus for preventive and therapeutic oral health programming, especially among the youth.

Numbers and percentages of oral health procedures in 2021 are as follows:



The 2021 health bulletin reported that 100% of pregnancies were in antenatal care through to delivery, and that 100% of deliveries were attended by trained personnel. Approximately 5% of live births were categorized as low birth weight (i.e. below 2,500 grams) in 2021, and over 90% of children born were exclusively breastfed for the first three months, although this figure declines steadily afterwards. Though the percentage of births attributable to adolescent mothers (defined as 14- 19 years of age) has fluctuated over the previous decade, the most recent year had 206 such births, or 16%, which is unchanged from 2018, and only a modest decrease from the 2016 figure of 18%.

A chart of adolescent births over the previous decade is as follows:



27 Op. cit. p.20 28 Nosa, V., et al. 2018. “The Use of Home Brew in Pacific Islands Countries and Territories.” Journal of Ethnicity in Substance Abuse 17(1): 7-15.
29 Deal, R. 2020. “Tumunu, the Bush Beer Bar Tradition of Atiu, Cook Islands.” The Geography of Beer: Culture and Economics: 35-45.

30 Op. cit, 31 Op. cit.

The total fertility rate (TFR) has seen a consistent decline over the years. For 2021, the TFR is reported at 2.1 births per woman. This places the Cook Islands under the classification of having moderate fertility levels, defined as a TFR less than 3 but greater than 2.1.

Adolescent health, particularly concerning births, is another area of focus. The data indicates that the highest number of births in 2021 occurred between the ages of 20-24. Furthermore, the Cook Islands have maintained a low adolescent and under-five mortality rate. Over a five-year period, there was a peak in 2018, followed by a decline in 2020. On average, two infant deaths occur annually, with the highest number of infant deaths being four in 2018. Additionally, three adolescent deaths were reported in the past two years, with motor vehicle accidents being a significant cause.

Over the last five years, there has been a slight increase in the number and proportion of women in the childbearing ages of 15-49 years in the Cook Islands reporting the utilization of a contraceptive method.

Ophthalmological health is primarily provided via health specialist visits, although upskilling for existing staff in the diagnosis and treatment of diabetic retinopathy is planned, and TMO has included eye care visits/treatment for diabetes patients among their 129 national health indicators in the ‘Service Coverage’ category as a near term (<12 months) indicator. In the most recent year for which data are available (2019, prior to COVID-related border closures), health specialist visits completed 696 consultations and/or screenings for ophthalmology or optometry, and a further 163 such encounters in the Pa Enua. A total of 60 cases received surgical intervention, primarily in the form of cataract operations.

The top five infectious diseases reported in the Cook Islands in 2021 were skin sepsis, dengue, gastroenteritis, pneumonia and scabies. Generally speaking, water-borne diseases are declining, largely due to improved water and sanitation facilities. With respect to COVID- 19, TMO (with the support of the New Zealand government), procured sufficient vaccines to provide full coverage for the entire resident population. Vaccination rollout for all people 16 years of age and older began in May of 2021, and in October of 2021 for 12-15 year-olds. Third dose (booster) shots began in December of 2021 for people ≥18 years of age. As of the close of 2021, a total of 95% of Cook Islanders were fully vaccinated (defined as having received both doses of the Pfizer–BioNTech (Comirnaty) COVID-19 vaccine)³².

1. Health Workforce

The Cook Islands currently has 1.46 physicians and 8.58 nurses per 1,000 population, or a total of ≈10 medical/nursing staff per 1,000 people. The OECD average for practising physicians is 2.7 per 1,000 population (from an overall range of ≈2.5 to >5).³³ Though the number of physicians is lower than high income comparator countries (e.g. New Zealand, with 3.4), it does compare favourably to WHO recommendations estimating at least 2.5 medical staff (physicians, nurses and midwives) per 1,000 people are necessary to provide adequate primary care coverage.³⁴

It should be noted, however, that the distribution of physicians is heavily weighted towards Rarotonga (and to a lesser extent, Aitutaki), and the medical cadre is disproportionately dependent on registered nurses, nurse practitioners, and general practitioners rather than employees at higher levels of practice. The Cook Islands Health Workforce Plan (2016–2025) is in operation and highlighted the need for Continuing Medical Education strengthening for all levels of practice within the health workforce. The Plan states that the focus of staff development should be on the expansion of the number of specialists in most disciplines including paediatrics, building nurse practitioner workforce on all islands, and increasing the number of nursing, dental and clinical support workforce.

At present, the majority of Cook Islands practitioners are trained in New Zealand, Australia or Fiji, along with smaller proportions who received training in the Philippines and Myanmar. With the launch of the Bachelor of Nursing Pacific Programme (delivered in the Cook Islands in cooperation with Whitireia Polytechnic in New Zealand and the University of the South Pacific in Fiji), and further remote trainings such as SPC’s Data for Decision-Making course becoming more feasible, an increasing share of service providers will receive their training in country. This need was reinforced during TMO staff and stakeholder consultations.

If CME funding is taken up at the level proposed, this would cost approximately NZ\$1.6m in 2025. Funding for human resource development is included in the current health strategy as a major cost component, but recruiting and retaining staff is a perennial challenge given relatively low pay, high caseloads, and challenging practice environments.

2. Health Financing

Budget figures/estimates and projections for the 2022-2026 period, from MFEM’s 2022 Appropriation Estimates and Commentary are as follows:

TMO BUDGET CATEGORY	2022/23	2023/24	2024/25	2025/26
Personnel	12,833,011	13,133,011	13,172,011	13,172,011
Operating	3,648,951	3,598,951	3,598,951	3,598,951
Administered Payments	2,536,870	2,536,870	2,536,870	2,536,870
Depreciation	1,570,000	1,731,000	1,781,000	1,781,000
Gross Appropriation	20,588,832	20,999,832	21,088,832	21,088,832
Trading Revenue	350,000	350,000	350,000	350,000
Net Appropriation	20,238,832	20,649,832	20,738,832	20,738,832
POBOC	0	0	0	0
Medium-Term Expenditure Ceiling	20,588,832	20,649,832	20,738,832	20,738,832

TMO’s overall budget represents approximately 4.9% of the country’s GDP adjusted for purchasing power parity. Historical health spend as a percentage of GDP, and as a percentage of overall government spending is as follow:

FINANCIAL YEAR	HEALTH SPEND (% of GDP)	HEALTH SPEND (% of Govt Spending)
2013/14	3.3%	6.4%
2014/15	3.7%	6.0%
2015/16	3.9%	6.4%
2016/17	3.4%	6.1%
2017/18	3.7%	7.1%
2018/19	3.1%	6.5%
2019/20	3.4%	5.4%
2020/21	6.3%	6.4%
2021/22	5.5%	7.3%
2022/23	4.50%	7.0%

³² Op. cit. p.36. ³³ Organization for Economic Cooperation and Development. 2021. Op cit. ³⁴ World Bank Group. 2022. "Physicians (Per 1,000 People) (SH.MED.PHYS.ZS)." DataBank. Washington, D.C.: WB/IBRD/IDA.

Total Resourcing: Government and ODA, Health (NZ\$)

TMO Budget Category	2022/23 Budget Estimate	2023/24 Projection	2024/25 Projection	2025/26 Projection
Net Appropriation	20,238,832	20,649,832	20,738,832	20,738,832
Trading Revenue	350,000	3,598,951	3,598,951	3,598,951
Official Development Assistance	200,000	2,536,870	2,536,870	2,536,870
Total Resourcing	20,788,832	1,731,000	1,781,000	1,781,000

Output Funding for 2022/23, Health (NZ\$)

OUTPUT	OUTPUT 1	OUTPUT 2	OUTPUT 3	OUTPUT 4	OUTPUT 5	TOTAL
Personnel	2, 569,173	906,411	2,001,281	6,258,357	1,062,089	12,797,311
Operating	265,000	210,000	623,600	1,673,000	877,351	3,648,951
Administered Funding	285,000	0	0	2,017,800	234,070	2,536,870
Depreciation	90,000	35,000	135,000	1,120,000	190,000	1,570,000
Gross Operating Appropriation	3,209,173	1,151,411	2,759,881	11,069,157	2,363,510	20,588,832
Trading Revenue	10,000	70,000	50,000	220,000	0	350,000
Net Operating Appropriation	20,238,832	20,649,832	1,081,411	10,909,157	2,363,510	20,238,832

In terms of Out-of-Pocket (OOP) expenditures, the most recent Cook Islands Household Income and Expenditure Survey notes that the national average annual household expenditure on the ‘health’ category was NZ\$90 per annum, with urban/Rarotonga households spending an average of NZ\$110/annum, and rural/Pa Enua households spending an average of NZ\$60/annum. The default payment mechanism for clinical health services is governmental expenditure.

For eligible patients (Cook Islands citizens, permanent residents, and the children/partners of same), most consultations do not incur part-charges, or only nominal fees (e.g. NZ\$5 for a consultation for 16-59 year-olds at Rarotonga hospital). For visitors and other ineligible populations, fees are generally pegged to TMO costs³⁵. With the 2021 census reporting a national average household size of 3.2 persons, and the 2021 National Health Information Bulletin reporting an average of 4.5 outpatient consultations per person per annum, this suggests an average of 14.4 outpatient consultations per household per annum. The average annual household ‘health’ category totals from the Household Income and Expenditure Survey includes all health expenditures, including inpatient encounters, outpatient consultations, pharmaceuticals and consumables, oral and mental health visits, over-the-counter medicines, and ancillary supplies (e.g. plasters, first-aid materials), accounting for the total average household OOP spending tallies above.

N.B. The TMO budgetary figures identified do not correspond exactly with the NHSP 2023+ KRAs; rather, they are delineated as follows:

- Output 1: Public Health
- Output 2: Oral Health Services
- Output 3: Primary Care
- Output 4: Hospital Health
- Output 5: Planning and Funding

Administered Payments, Health (NZ\$)

Output	Administered Payment	2022/23 Budget Estimate	2023/24 Projection	2024/25 Projection	2025/26 Projection
1	NCD Fund	90,000	90,000	90,000	90,000
1	Law and Order Clinical Psychologist	195,000	195,000	195,000	195,000
	Output 1 Administered Funding	285,000	285,000	285,000	285,000
4	Patient Referrals	850,000	850,000	850,000	850,000
4	Pharmaceuticals & consumables	1,167,800	1,167,800	1,167,800	1,167,800
	Output 4 Administered Funding	2,017,800	2,017,800	2,017,800	2,017,800
5	Workforce Development	234,070	234,070	234,070	234,070
	Output 5 Administered Funding	234,070	234,070	234,070	234,070
	Total Health Administered Funding	2,536,870	2,536,870	2,536,870	2,536,870

It should be noted that, though ODA is zeroed out in the above budget tables from MFEM, funding support from development partners is extant, and is generally apportioned on a programmatic rather than overall budgetary level.

3. Funding Support from Development Partners

New Zealand

Since 1994, the New Zealand Government has funded and initially managed medical specialist visits to the Cook Islands. Patient referral and case management through contracted agencies in New Zealand is also an important component of assistance. Between 2004 and 2008, these visits took place under the Medical Specialists Visits (MSV) scheme and from 2008 to current, under the Health Specialist Visits (HSV) programme. The programme aims to improve the health status of Cook Islanders through equitable access to specialists’ health services.

World Health Organization

The Cook Islands TMO also has a long-standing partnership with the World Health Organization, which provides technical assistance, support for human resource development and supplementary funding for in-country implementation of priority TMO activities through a biennial budget process that allows TMO considerable latitude in addressing national priorities. Special emphasis has been given to accelerating “For the Future: Towards the Healthiest and Safest Region” vision in the thematic priority areas such as health security including AMR, NCDs & aging, climate change and universal health coverage and health systems strengthening,

35 Te Marae Ora Ministry of Health Cook Islands (TMO). (2015). National Health Services Fee Schedule. Rarotonga: TMO.

36 Brown, H. M. 2022. “Cook Islands Government Budget Estimates 2022/23: Book 1 - Appropriation Estimates and Commentary.” Rarotonga: Ministry of Finance.

UNFPA

The United Nations Population Fund (UNFPA) is committed to ensuring that reproductive health and women’s empowerment are central to development plans, health sector reforms and programming efforts to reduce inequities and to achieving universal access to quality reproductive health services, commodities and information.

UNICEF

UNICEF Programme of Cooperation 2023-27 of **UNITED NATIONS CHILDREN’ S FUND** (UNICEF) provides the framework for its ongoing programme and technical assistance to TMO in relation to newborn, child and maternal health, infant nutrition, emergency preparedness & response. The Expanded Program on Immunisation (EPI) and the cold chain are major areas of technical assistance along with breastfeeding promotion, the Baby Friendly Hospital Initiative and strengthening primary health care services. UNICEF also provides assistance to other government ministries particularly Education.

Secretariat of Pacific Community (SPC)

SPC technical support to the Cook Islands is identified in the joint country strategy.

UNDP (Global Funds)

The Global Fund is a 21st-century partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics.

Separately, SPC previously administered the Global Fund projects on HIV and TB, the HIV/STI Response Fund and small grants schemes under the regional NCD Framework. Current financial management arrangements for Global Funds have shifted to UNDP.

Asian Development Bank (ADB)

The Pacific Approach, 2021–2025, is ADB’s 5-year country partnership strategy for the 12 smallest Pacific members of ADB, including the Cook Islands. Focused technical assistance, aimed at building capacity and strengthening governance and public sector management, remains an integral part of ADB’s support to the Cook Islands.

The ADB is a recent development partner of TMO in strengthening resilience against climate and economic shocks and in its recovery from the COVID- 19 pandemic.

4. Gap Analysis of the Health System

a. Governance

i. Health Systems / Strategic Planning

Capacity for strategic planning remains a challenge within the current workforce, especially given the recent flux induced by the COVID- 19 pandemic. Bolstering capacity in this area will ensure that strategic objectives outlined in the various health programmes and plans are operationalized.

ii. Human Resources for Health

The Cook Islands health services will continue to depend on expatriate specialized doctors for the foreseeable future. Recruitment and retention of this specialized workforce, both in the clinical and allied health domains, is a perpetual challenge. Specialized training of the local workforce can help ameliorate shortages, and is planned for in the NHSP.

b. Community Health Services

i. NCD Prevention and Treatment

Given the primacy of NCDs as the main contributor to morbidity and mortality in the country, funding allocations from the Cook Islands government – to TMO and other government ministries - should be maximized. Strengthened infrastructure, staffing, and supplies and equipment will be required for improved outcomes.

ii. Community-Based Follow-Up and Care

Community-based follow-up of chronic cases (including palliative care) will require strengthening, as poor patient adherence to treatment and follow-up is a major cause of disease complications. The use of community health clinics should help ameliorate this situation somewhat.

c. Clinical Care

i. Specialized Clinical Services

Diagnostic and therapeutic capabilities, including keeping up with advances in medicines and consumables technology are a continuing challenge and will need to be continually upgraded to meet requirements for appropriate patient management.

ii. Specialized Diagnostic Services

Diagnostic capabilities for radiology and screening purposes - particularly echocardiography – will need strengthening, especially in the form of investments in equipment and staff training to improve services. The nascent agreement for radiology support from overseas should help somewhat, but local echocardiography capability will be vital to achieve RHD screening goals.



JULY 2024 HEALTH EXPO AT THE NATIONAL AUDITORIUM. Biomedical Manager, Earnswell Tuazon demonstrates how to check the battery voltage of medical equipment.



BAN VAPES in the Cook Islands

By Anne Browne, Year 11, Level 1 student, Tereora College

Think about the amount of nicotine inhaled into addicted lungs every hour of the day. Scented flavoured air as you walk past a group of 12 year olds. Let alone, adults having an effect on younger children into using vapes. But would that be the same if vapes were not here in the first place? The saying goes “It’s never too late” but it is too late to educate addicted students about the disadvantages of vapes. They will not care. Take it from a minor’s perspective. Vapes are becoming mandatory to young adults, and minors are already influence and peer pressured. I go into public bathrooms and run into young girls sharing a bathroom stall, for “vape breaks” as it has become an addiction. What if that was your child? Imagine every single person risking their lives, taking puffs one after another as a daily pill. Whether they are 10 years old or whether they are 50, is that what you want? Vapes should be banned in the Cook Islands.

YOUNG PEOPLE ACCESS TO VAPES

Vapes should not be sold in the Cook Islands, let alone to minors. Convenience stores and online sellers think they are not causing problem with investing in vapes to ages 18+ but what does “18+” actually restrict? I can say that the majority of these vapes being sold to/for ages 18+ and all handed down to minors. How do I know? Because I am a minor myself. People who surround me often engage in conversations like “Damn, I just need \$5 to afford a vape” or “yeah my sisters going to buy me one, I can give your money to her to get yours since she’s 19” All I do is sit there and reminisce when vapes weren’t prioritised back then and there were less “addicted lungs” in minors everywhere. Do vapes being on our island benefit us? Many teenagers say “It relieves stress” but it would not have been a “Go-to stress reliever” if it was never originally here. A friend of mine said to me “If you give me a good reason to stop vaping, then the wish is yours”, my response was not convincing enough. So what would have been?

VAPES ARE UNHEALTHY

Would “because it’s bad for you” be good enough? I claim that it is too late to persuade people to stop but what would have been convincing? Yes, vaping is extremely unhealthy for us. But why? “This is it!” Vapes contain dangerous substances that are prone to damage the health of your body. In addition to nicotine, vapes also contain other harmful substances such as acrolein which is a chemical used to control plants and fungi, formaldehyde which is a fluid that is used to embalm dead bodies and acetaldehyde. These substances are dangerous because they are known to induce cancer, shortness of breath, unconsciousness, and reduction in lifespan. Is this convincing enough? Some might disagree and believe that we are spreading incorrect information to discourage vaping. So why convince when we should put a stop to this permanently?

So why not ban vapes from our island? You know it is bad for us. You know it does not benefit us. Vapes are irrelevant here. Why maintain a dangerous matter? Kids are out, smoking vapes every day and everywhere inhaling harmful substances that is extremely risky. These kids that we are talking about, kids— and prioritising vapes invented to help adults cut down on cigarettes. If you care about our people, our young and future generations, I know you will make the right decision.

BAN VAPE NOW!

IV. Te Marae Ora Ara Tango Anga'anga:

National Health Strategic Plan 2023 - 2027

1. Methodology

The drafting of Te Marae Ora Ara Tango Anga'anga: National Health Strategic Plan 2023 – 2027 followed the methodologies outlined in WHO's 'Strategizing National Health in the 21st Century: A Handbook',³⁷ which outlines eight key national health planning processes (one of which overlaps with the JANS methodology utilized as part of the NHSP 2017-21 evaluation).

These eight processes are:

- Population consultation on needs and expectations
- Situation analysis of the health sector (also covered by JANS)
- Priority-setting for national health policies, strategies and plans
- Strategic planning: transforming priorities into plans
- Operational planning: transforming plans into action
- Estimating cost implications of a national health policy, strategy or plan
- Budgeting for health
- Monitoring, evaluation and review of national health policies, strategies and plans

These processes were addressed via desk reviews of documents, numerous workshops and fora, extensive interviews with relevant TMO staff and administrators, and other key stakeholders throughout the Cook Islands.

2. Policy, Legal, and Strategic Plan Linkages

The Cook Islands constitution provides the legal basis and mandate for the establishment and provision of health services in the country. The mandate of the constitution is interpreted and operationalized by elected governments through legislation and the NSDA 2020+. Sector plans are formulated by government ministries for medium term periods of 5- 10 years to prioritize and align with the NSDP.

2021, Cook islands Prime Minister, Hon. Mark Brown awaiting his COVID-19 Vaccination.



³⁷ World Health Organization (WHO). (2017). Strategizing National Health in the 21st Century: A Handbook. Geneva: WHO.

The broader government Annual Business Plan is a budget-linked document that endeavours to operationalize sectoral strategic plans. TMO key planning documents and linkages are presented below.

LEGAL FRAMEWORK

GOVERNMENT PLAN

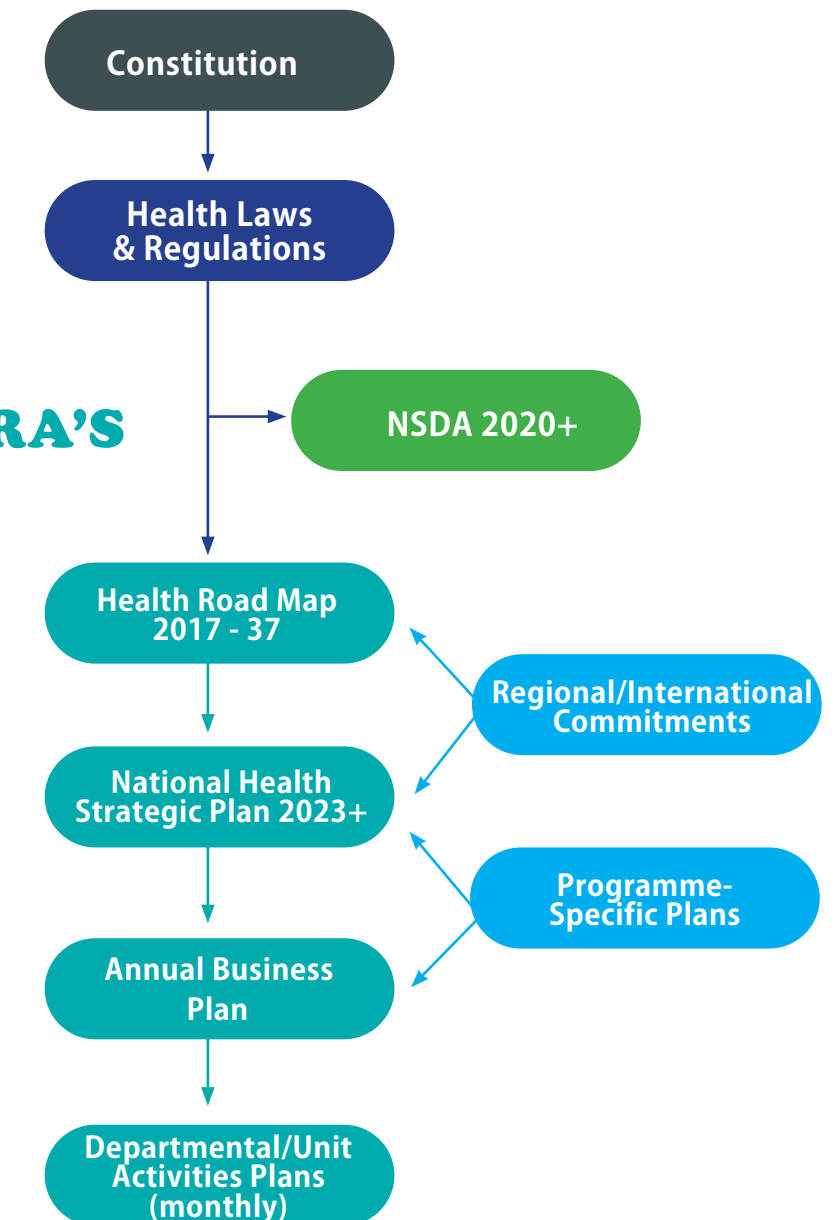
TE MARAE ORA'S PLANS

Goals

Strategies

Targets

Activities



B. NSDA 2020+

Te Ara Akapapa'anga Nui – NSDA 2020+ is structured with an extended outlook, including overlapping medium- and long-term plans on a generational scale. The chosen planning periods align with the philosophy and practice of 'Akapapa'anga: the use and importance of genealogical legacies to and for the Cook Islands and its people. Central to Te Ara Akapapa'anga Nui – NSDA 2020+ is the concept of 'Turanga Memeitaki – Wellbeing for all'. Under this vision, each person in the Cook Islands attains a state of being comfortable, healthy, and happy.

There is general agreement within the Cook Islands government that, at minimum, wellbeing includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), and satisfaction with life, fulfilment and positive functioning.³⁸ Under the NSDA 2020+, the first five-year period is marked by short-term targets on wellbeing, with indicators linked to many of TMOs core competencies.

³⁸ Government of the Cook Islands. 2021. "Te Ara Akapapa'anga Nui NSDA 2020+: Te Kaveinga Iti 5 Year Score Card." Rarotonga: GCI.

C. Alignment of NSDA 2020+ to NHSP 2023+

Broader goals around wellbeing for all (Goal 1), waste management (Goal 4), water and sanitation (Goal 5), ICT (Goal 6), education and innovation (Goal 8), inclusivity and care for the vulnerable (Goal 9), food security (Goal 10), environmental/ecological health (Goal 11), climate resilience (Goal 12), sustainability (Goal 14), and safety and security (Goal 15) all have relevance for the NHSP 2023+, either via general goals/objectives, or through specific indicators.

However, Goal 7 (Health and Healthy Lifestyles) remains the single most significant linkage between the NSDA 2020+ and the NHSP, and is reproduced in graphic form, below:

GOAL 7. HEALTH AND HEALTHY LIFESTYLES

Reduce non-communicable diseases—Note that health impacts require longer periods to see change
Indicator 7.1 Rate of premature deaths from non-communicable diseases.

This indicator measures the rate of premature deaths from non-communicable diseases, with the intent to reduce this rate over time. Non-communicable diseases or NCD's are our largest health challenge with high rates of heart disease, diabetes and other lifestyle diseases affecting the lives of many Cook Islanders every year and putting a strain on our health system.

Increase investment in health care—Indicator 7.2 Health spending as a percentage of government expenditure.

This indicator looks at how much Government spends on health. As our health system is almost exclusively publicly funded, the amount of the Government spend is crucial for improving the health of our people.

Promote sexual health—Indicator 7.3 Prevalence of sexually transmitted infections (STI's)
Sexually transmitted infections have become a significant health issue in the Cook Islands. A reduction in STI's is a key priority for the Ministry of Health and serves as a key indicator of safer sexual practices and better sexual health and increased fertility rates.

Promote healthier lifestyles through exercise and sports—Indicator 7.4 Youth engagement in physical activity and sports

Exercise, sports and other physical activities are crucial for a healthy lifestyle. Lifestyle habits are usually engrained at an early age which is why it is crucial that we measure the extent to which children, young people, and adults engage in physical activities on a daily and weekly basis (the Ministry of Health recommends at least half an hour per day for adults and an hour per day for young people).

Achieve healthier longer lives—Indicator 7.5 Average life expectancy.
Life expectancy is the most widely used measure of the general health of a society. Health care spending, standards of living, environmental improvements, lifestyle changes, public health, disease prevention, and education all contribute to improved life expectancy and quality of life.

Improve mental health care—Indicator 7.6 Mental health index
This indicator looks at diagnosis, access to services and suspected suicide as a measure towards improving mental health care.

- Number of people with mental health diagnosis in the past 12 months (moderate-severe mental illness)
- Percentage of people accessing mental health services
- Suspected suicide or completed suicide per year

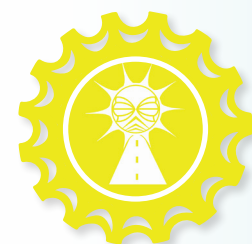
The NSDA 2020+ is also noteworthy for its alignments with the SDGs, as well as the regional agenda SIDS Accelerated Modalities of Action (SAMOA) pathway.

These linkages are elucidated in the NSDA 2020+ and are reproduced below:





Water and Sanitation



Sustainable Energy



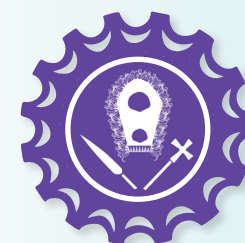
Sustainable, Inclusive and Equitable Economic Growth



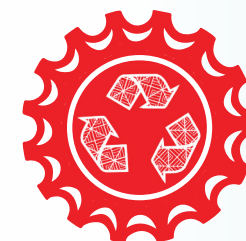
Sustainable, Inclusive and Equitable Economic Growth/Sustainable Transport



Social Development



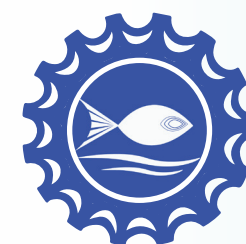
Social Development Culture and Sport/Disaster Risk Reduction



Sustainable consumption and Production management of chemicals and waste, including hazardous waste



Climate Change



Oceans and Seas



Biodiversity (Desertification, land degradation and drought; Forests) / Invasive Alien Species



Social Development: Promoting peaceful societies and safe communities



Means of Implementation / Partnerships, Financing, Trade, Capacity Building, Data—Statistics, Technology

Most notably, Goal 7 of the NSDA 2020+ is linked to SDG 3 (Good Health and Well-Being), as well as the 'Health and NCDs' SAMOA Pathway priority area.

V. NHSP 2023+ GUIDING PRINCIPLES

1. Vision

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

2. 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

3. Values - EQUIPPER

E—Equity - Promoting human rights principles and providing timely and equitable access to quality, affordable healthcare services for all people in the Cook Islands;

Q—Quality & Innovation - Embracing leading-edge, evidence-based best practice and excellence in all aspects of our work. Client-focused, delivering safe, responsive, sensitive, sustainable, well resourced, data-driven healthcare services provided by a qualified and competent workforce, including carers and advocates;

U—Unity - Creating a spirit of cooperation and a sense of belonging; increasing enthusiasm for requisite tasks and fostering an empowering work environment;

I—Integrity & Accountability - Maintaining professionalism, honesty, respect and confidentiality; ensuring that 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

P—People centred - Ensuring that the welfare of men and women, boys and girls remains our priority, guided by the human rights principles of empowerment, gender equality, non-discrimination, participation and accountability;

P—Passionate - Maintaining a persistent, determined and caring attitude in pursuit of goals

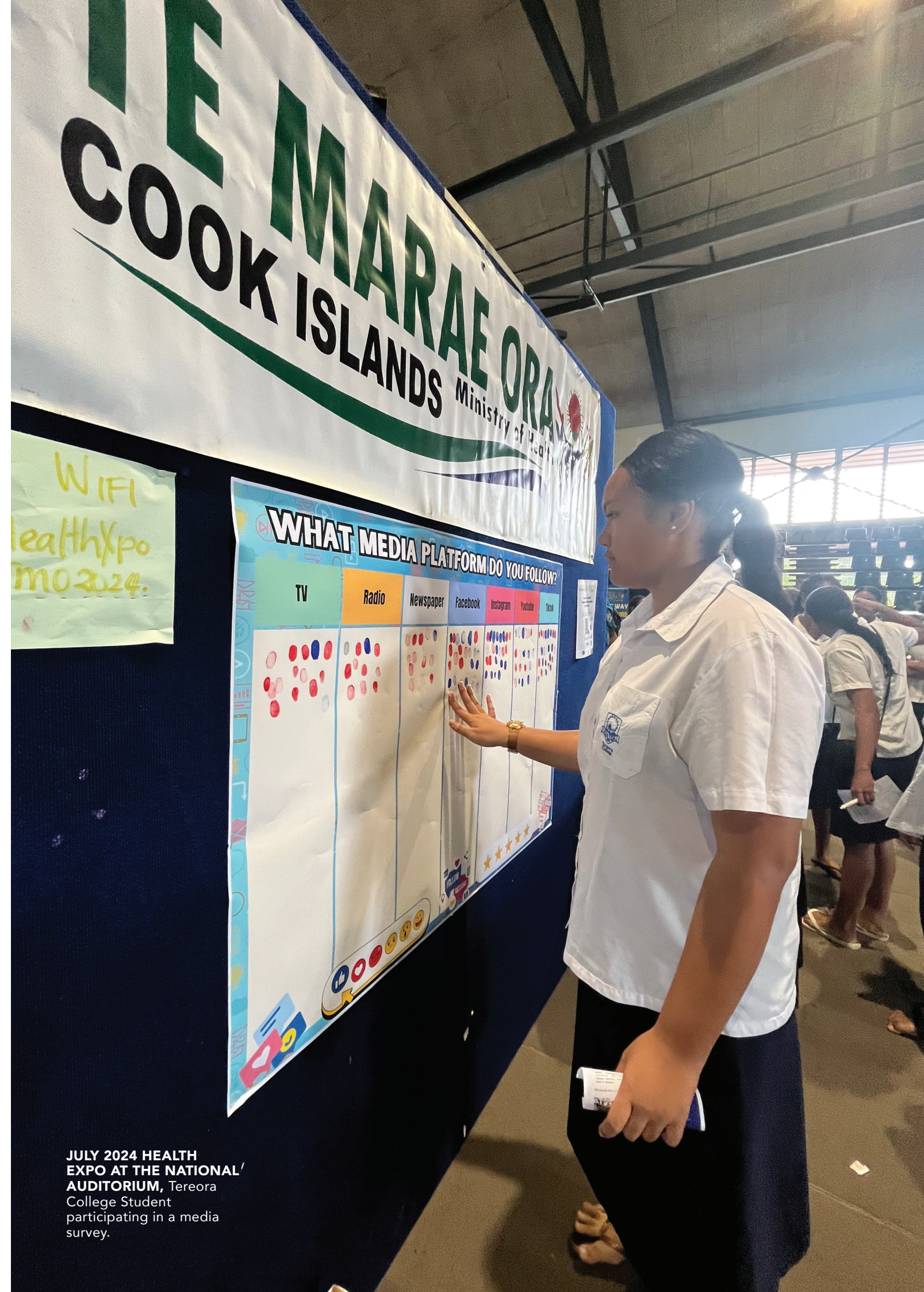
E—Empower - Creating a spirit of appreciation, supporting, motivating and encouraging colleagues and clients

R—Respect - Acknowledging a person's inherent dignity, integrity and rights with compassion, trust, privacy and confidentiality

4. Policy Goals

The following policy goals are reflected under the KRAs in the NHSP 2023+

1. Support and develop our workforce to provide quality service delivery, good governance, information and financial systems for a sustainable future.
2. To strengthen and improve community health services under the principles of Primary Health Care and Healthy Islands context.
3. To ensure universal access to quality healthcare services, strengthen health system and address key health determinants.
4. To provide quality pharmacy, diagnostics, and clinical support services to meet client clinical needs in line with evidence-based best practice and TMO policies, and within the limitations of the resources of the Ministry.
5. To work collaboratively, complement and support health partners in the implementation of agreed health related interventions and activities.



JULY 2024 HEALTH EXPO AT THE NATIONAL AUDITORIUM, Tereora
College Student participating in a media survey.

VI. KEY RESULT AREAS (KRAS)

For the sake of continuity and coherence, the KRAs from the previous permutations of the NHSP serve as the starting point for the NHSP 2023+. Necessary revisions – to reflect new and/or changed divisions/departments/directorates, as well as evolving health system functions and national/regional/international expectations and guidelines – have been undertaken. Following extensive consultation with TMO staff, governmental and NGO/CBO stakeholders, and the wider Cook Islands community, and reflecting the expressed preferences and hopes of participants, the NHSP 2023+ is intended as an evolutionary (rather than revolutionary) document, serving as an update to the NHSP 2017-21. Lastly, it should be noted that only those targets that are codified in the TIMF serve as a basis for formal monitoring and evaluation.

A. KEY RESULT AREA 1: HEALTH ADMINISTRATION AND MANAGEMENT

a. Policy Goal

Support and develop our workforce to provide quality service delivery, good governance, information and financial systems for a sustainable future.

b. Delivery Areas

DA 1: Leadership, Governance and Policy

DA 2: Health Finance

DA 3: Human Resources for Health

DA 4: Health Information Systems

DA 5: Health Research

DA 6: Health Infrastructure

DA 7: Public Relations

DA 8: Information and Technologies (IT)

DA 9: Monitoring and Evaluation

c. Policies and Planning Strategies Linked to KRA

The following specific, extant plans have been considered in the planning process of the KRA:

i. Programme-Specific Strategies and Plans related to KRA

- Cook Islands Health Workforce Plan 2016-2025
- Te Rito O Te Papa'anga Ora: National Health Information Strategy 2015-2019
- The Ministry of Health and Health Research in the Cook Islands: Policy and Procedures (2019)
- Information & Communications Technology (ICT) Policy & Procedures (revised May 2017)
- National Service Fee Schedule 2015 (revised March 2022)
- Finance Policy and Procedures (revised May 2017)
- Cook Islands Government Financial Policies & Procedures Manual
- Personnel Policies and Procedures Manual (revised July 2017)
- Ministry of Health and Health Research in the Cook Islands: Policy and Procedures (2019)

ii. Sectoral Policies and Planning Strategies Linked to KRA

- Te Papa Tutara A Te Marae Ora: Cook Islands National Health Road Map | 2017-2036
- Cook Islands Road Safety Strategy 2016-2020: Keep Me Safe
- Sanitation (Wastewater Management) Policy 2016
- National Water Policy 2016
- Cook Islands Government Financial Policies and Procedures Manual: April, 2020
- Te Ara Akapapa'anga Nui: National Sustainable Development Agenda (NSDA) 2020+: 2021–2121
- Climate Change and Health Adaptation Plan for the Cook Islands
- Cook Islands Government Public Financial Management Roadmap
- Ngaki'anga Kapiti Ora'anga Meitaki: The Cook Islands Strategic Action plan to prevent and control Non-communicable diseases 2021-2025
- Cook Islands National Infrastructure Investment Plan
- Te Kavaeinga Tupu- 'anga iti Tangata: Cook Islands Population Policy 2022-2032

iii. Regional / Global Strategies

- Framework of Action for Revitalization of Healthy Islands in the Pacific
- Western Pacific Regional Action Plan for Noncommunicable Diseases: A Region Free of Avoidable NCD Deaths and Disability
- International Health Regulations 2005: Guidance for National Policy-Makers and Partners
- SIDS Accelerated Modalities Of Action (S.A.M.O.A.) Pathway
- Transforming Our World: The 2030 Agenda for Sustainable Development
- Pacific Health Information Network Vision and Strategy
- Western Pacific Regional Framework for Action for Disaster Risk Management for Health
- WHO Strategic Communications Framework for Effective Communications
- 2050 Blue Ocean Pacific Island Forum
- Regional Innovation Strategy in the Western Pacific
- WHO Western Pacific Framework to shape the health workforce of the western pacific region for future
- WHO Western Pacific Regional Action Framework on Communications for Health
- The Pacific Approach, 2021–2025, ADB

1. KRA 1 Objectives

DA 1. Leadership, Governance and Policy

- Enforce, support and strengthen TMO's health mandate, including core roles and functions.
- Provide support to strengthen general administrative and management responsibilities of hospital and community health services.
- Provide support to strengthen general administration and management responsibilities for support services areas, particularly kitchen, laundry, and maintenance to ensure ease and efficiency of operations.
- Strengthening capabilities for health strategy development, policy reviews and formulation.
- Formulate and review legislation to address and anticipate health service needs, demand and responsibilities.
- Strengthen and support enforcement of and adherence to health laws and regulations.

DA 2. Health Finance

- Strengthen financial control, coordination and monitoring of all health funding sources according to TMO and GCI standards.
- Advocate for improved funding and budget allocations for TMO.
- Support and facilitate annual budget planning and auditing processes.
- Obtain and maintain unqualified audit opinions on TMO annual financial reports.
- Support and facilitate ongoing studies on feasible financing options for health services.

DA 3. Human Resources for Health

- Support and facilitate staff development as outlined in the Cook Islands Health Workforce Plan 2016-2025, and update policy prior to expiry.
- Facilitate specialist training of staff, especially paediatrics, general medicine and Pharmacy Technicians.
- Support training in echocardiogram diagnostic capability and ultrasound training for general medicine and radiology service staff.
- Support in-service training for Pa Enea nurses in Primary Care, oral health, leadership and management.
- Provide and support training for nursing and Allied Health professionals
- Ensure Human Resources for Health policies are relevant, producing and maintaining quality and equitable distribution and productive workforce.

DA 4. Health Information Systems

- Strengthen resources, including legislative, regulatory and planning frameworks required for an efficient health information system, including requisite inputs for Health Information Unit forecasting and modelling.
- Strengthen and support enhanced institutional capacity and workforce development for sustainable infrastructure.
- Provide accurate and comprehensive health information to support evidence-based decision making at all levels of the healthcare system.

DA 5. Health Research

- Strengthen TMO health research capabilities through appropriate institutional capacity-building (both HRH and financial).

- Formulation and maintenance of a research plan that identifies and prioritizes necessary health research for TMO and partners.

DA 6. Health Infrastructure

- Bolster climate resilience of health facilities, particularly on the Pa Enea.
- Increase the use of Renewable Energy Technologies (RETs) in TMO facilities.
- Improved and safer working conditions, healthier and sustainable work environments.

DA 7. Public Relations

- Promote public health initiatives and raise awareness about various health issues within the population.
- Develop and implement communication strategies to educate the public about preventive measures of health.
- Effectively disseminate accurate and timely information to encourage positive health behaviours and empower individuals to make informed decisions regarding their well-being.
- DA 8. Information Technologies (IT)
- Improve data collection, analysis and dissemination through capacity building activities and supervision mechanisms.
- Enhance data management through written procedures and utilization of a metadata dictionary and/or MedTech Evolution templates.
- Improve quality of health information products through accessible and improved dissemination of information on various electronic platforms (including public-facing websites where feasible/appropriate).
- Strengthen the application of information and communication technologies (ICT) including the use of telehealth/telemedicine in all Pa Enea health clinics.

DA 9. Monitoring and Evaluation

- Assess and improve the effectiveness of all TMO's health programmes and interventions.
- Conduct rigorous evaluations of all action plans, programmes and initiatives to determine their impact, efficiency, and alignment with relevant strategic plans, business plans, policies and procedures.
- Collect and analyse relevant data, assess the outcomes and outputs of programmes, identify areas for improvement, and provide evidence-based recommendations to enhance the effectiveness and efficiency of TMO administrative operations.

a. KRA 1 Targets

DA1: Leadership and Governance

- Review of Legislation, particularly Tobacco Products & Control Act.
- Review and develop new Regulations as necessary under the new Public Health Act.
- Performance excellence recognized and rewarded by PSC.
- New Public Health Act Implementation Plan approved and operationalized.
- Develop TMO Occupational Safety & Health (OSH) Policy.
- National Health Service Fee Scheduled policy reviewed.
- Rebranding of the Mental Health Unit
- Maintain existing cooperation of health arrangements with core partners.

DA2: Health Finance

PROMOTING WATER— Promoting water intake over the preference of fizzy drinks—TMO in partnership with APII AVARUA



- Maintain performance indicators specified under Public Expenditure and Financial Accountability (PEFA) framework.
- Maintain unqualified audit opinion.
- 80%-100% implementation of the GCF Funding programme (contingent on approval/disbursement).
- Health expenditure increase as a proportion of GDP/capita.
- Scoping of prioritized areas of health for privatization.

DA3: Human Resources for Health

- Continue NP training programme.
- Continue Nursing Bachelor Nursing Pacific Program.
- Upskilling Health Protection Officers/ Assistants.
- Upskilling Pharmacy Technicians/ Assistants.
- Restructure Primary Health Care Directorate.
- Annual Mid-Level Management Training program carried out.
- Mid Term Review of the National Health Workforce Plan 2020-2025.
- Develop National Health Workforce Plan 2025+.
- Human Resources Information Management System (HRIMS) developed.
- Annual general health check-up for all TMO staff mandatory.
- Incentive scheme to attract and retain medical personnel explored.
- Dental Officers, Dental Therapists, Dental Technician, Dental Assistants, Health Care and/or Caregiver training continued in collaboration with service providers.

DA4: Health Information Systems

- Development of the Digital Health Information and Transformation Action Plan.
- Biennial training on death certification for all Medical Officers and Nurse Practitioners.
- Biennial ICD coding for relevant HIS staff.
- Annual Health Bulletin published.
- Quarterly update on NCD published.
- Comparative analysis of cause-specific death rates among males and females every 5 years.
- Implement recommendations made in Vital Statistics Report of 2015 and CVRS report (2021).
- Maintain prioritized Health Registers.

DA5: Health Research

- Annual health conference.
- Develop data bank for all health-related research.
- Research food choices and preferences and reasons for sedentary behaviour (CI population policy 6.5).
- Prepare TOR for research on social determinants of health.

DA6: Health Infrastructure

- Vulnerability assessments (i.e. mapping) for TMO buildings completed.
- Disability Access for entries into all TMO buildings.
- Scoping works to the activities identified in the National Health Infrastructure Programme
- Hospital redevelopment scoping plan completed

DA7: Public Relations

- Development of Health Communications / PR 5-year Action Plan (CI population policy 7.6).
- All registered complaints acknowledged within 24 hours.
- All registered complaints responded to within 14 days.
- Official Information Requests responded within 20 days.

DA8: Information Technologies (IT)

- ManageMyHealth or similar Patient Management Portal fully implemented.
- Arrangement of Health Co-operation (AoC) development for all private practitioners' access to MedTech Evolution.
- Wireless internet access rolled out in all TMO buildings in Rarotonga.
- Public Health Information System (PHIS) Developed (contingent on GCF project approval/disbursement).
- 80%-100% implementation of Digital Health and Information Action Plan.
- Annual MedTech Evolution training for relevant TMO staff and/or private practitioners.
- DA9: Monitoring & Evaluation
- M&E framework developed.
- NHSP 2023+ midterm evaluation completed.

B. KEY RESULT AREA 2: PUBLIC HEALTH

a. Policy Goal

To strengthen and improve public/population health, under the principles of UHC, within the context of the Healthy Islands Vision

b. Delivery Areas

DA 1: Health Protection

DA 2: Health Promotion

DA 3: Mental Health

DA 4: Health Intelligence Unit (HIU)

C. POLICIES AND PLANNING STRATEGIES LINKED TO KRA

The following specific, extant plans have been considered in the planning process of the KRA:

i. Programme-Specific Strategies and Plans related to KRA

- Public Health Act
- Integrated National Strategic Plan for Sexual and Reproductive Health 2014 - 2018
- Ngaki'anga Kapiti Ora'anga Meitaki: The Cook Islands Strategic Action Plan to Prevent and Control Non-Communicable Diseases 2021-2025
- Cook Islands Tobacco Control Action Plan 2023-2031
- National Immunisation Policy
- Mental Health and Wellbeing Policy
- Cook Islands National Suicide Prevention Strategy
- IMS – Health Operations Water and Sanitation Standard Operating Procedure
- Public Health Sanitation Unit – European Union (EU) Project Report: Ensure that the treatment and disposal of sewage and wastewater is in compliance with the Public Health (Sewage & Wastewater Treatment and Disposal) Regulations 2014
- Sanitation (Wastewater Management) Policy 2016
- Cook Islands Emergency Response Plan to Coronavirus Disease 2019 (COVID-19): April 2021,
- COVID-19 (Public Health Measures) Regulations
- Cook Islands Health Workforce Plan 2016-2025
- Cook Islands National Disaster Risk Management Arrangements
- Cook Islands Pandemic Preparedness Plan (2023)
- Cook Islands National Cancer Control Plan 2022-2027

ii. Sectoral Policies and Planning Strategies Linked to KRA

- Cook Islands Road Safety Strategy 2016-2020: Keep Me Safe (revised June 2020)
- Sanitation (Wastewater Management) Policy 2016
- National Water Policy 2016
- Cook Islands Disability Inclusive Development Policy: Rights / Responsibilities / Action - 2020-2025 (Tikaanga / Taau Tuanga / Rave'anga), 4th Edition

iii. Regional / Global Strategies

- Framework of Action for Revitalization of Healthy Islands in the Pacific
- Western Pacific Regional Action Plan for Noncommunicable Diseases: A Region Free of Avoidable NCD Deaths and Disability
- International Health Regulations 2005: Guidance for National Policy-Makers and Partners
- Convention on the Rights of Persons with Disabilities (CRPD) and Optional Protocol
- Convention on the Rights of the Child
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Community-Based Rehabilitation: CBR Guidelines
- WHO Framework Convention on Tobacco Control
- WHO Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030

- Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific
- SIDS Commitment Portal for NCDs and Mental Health

1. KRA 2 Objectives

DA 1: Health Protection

- Implement regulations in relation to the enforcement of health legislation.
- Enforce food safety and tobacco control regulations.
- Improve and strengthen vector control.
- Enforce sewage and sanitation regulations.
- Strengthen food safety and food standards.
- Maintain and strengthen pollution control measures especially sewage and medical waste management.
- Maintain and strengthen water standards through monitoring, analysis and treatment of water storage.
- Maintain and strengthen quarantine and border control support services at ports of entry.
- Sanitation (Wastewater Management) Policy 2016
- Cook Islands Emergency Response Plan to Coronavirus Disease 2019 (COVID-19): April 2021,
- COVID-19 (Public Health Measures) Regulations
- Cook Islands Health Workforce Plan 2016-2025
- Cook Islands National Disaster Risk Management Arrangements
- Cook Islands Pandemic Preparedness Plan (2023)
- Cook Islands National Cancer Control Plan 2022-2027
- WHO Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030
- Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific
- SIDS Commitment Portal for NCDs and Mental Health
- Maintain and strengthen the International Health Regulations framework, ESR, Public Health Surveillance Network, climate change impacts, and DRM.
- Facilitate and support WASH initiative activities in the Cook Islands.
- Support the implementation of the new Public Health Act.
- Review and update HPO work manual.
- Develop a National Food Safety guideline.
- Support the implementation of the Cook Islands Healthy Island Initiative

DA 2: Health Promotion

- NCD premature mortality reduction in line with regional standards and/or appropriate comparator country/ies (per CI Population Policy).
- Support and strengthen prevention and management services for overweight/obesity, diabetes, hypertension and cardiovascular diseases.
- Support and strengthen ongoing prophylaxis against NCDs and their risk factors.



JULY 2023 HEALTHY ISLANDS INITIATIVE.
Health promotion officer, Oropai Mataora
delivering education program and raising
awareness to Mauke School students

DA 2: Health Promotion cont...

- Strengthen and support health communication strategies covering key risk factors.
- Support research activities into NCDs and their risk factors.
- Support prevention of childhood obesity through nutrition programmes utilizing school-based approaches.
- Promote healthier lifestyles through exercise and sports
- Support the Baby Friendly Hospital initiative.
- Advocate for household food security and good nutrition through home/school gardening and healthy food preparation.
- Develop a nutrient intake profile for Cook Islanders using import data and household expenditure survey data.
- Reduce the prevalence of STIs.
- Support national and regional efforts to prevent the spread and minimize the impact of HIV/STIs on individuals, families and communities.
- Strengthen the early detection of HIV and other STIs to reduce further infections and facilitate timely management and treatment.
- Support local TB control programme via Global Fund strategies.
- Strengthen and support TB awareness activities and management of TB in the community.
- Implement and strengthen Tobacco Control measures as outlined in the Cook Islands Tobacco Control Action Plan 2023-2031 and Ngaki'anga Kapiti Ora'anga Meitaki: The Cook Islands Strategic Action Plan to Prevent and Control Non-Communicable Diseases 2021-2025.

DA 3: Mental Health

- Improve mental healthcare services
- Creation of mental health service infrastructure and governance.
- Provision of quality evidence-based equitable mental health services.
- Prevention of mental illness through collaborative health promotion and education.
- Effective data collection and quality improvement processes implemented.
- Reviewing local social determinants of mental health.

DA 4: Health Intelligence Unit (HIU)

- Improve public health surveillance systems by developing and implementing advanced data collection and analysis methods to monitor and detect health trends, disease outbreaks, and public health emergencies in real-time.
- Establish robust information-sharing mechanisms with EMCI, and other relevant stakeholders to ensure timely reporting and response to health threats.
- Enhance data collection/collation within Public Health Management System.
- Maintain and strengthen Events Surveillance and Response focusing on International Health Regulations, NCDs, climate change, and emerging Health Risks.
- Develop a 'One Health' model that unifies and strengthens a multi sectorial approach towards populations, animals and environment health.
- Operationalise New Public Health Act.
- Redefine functions and responsibilities post-COVID 19 incorporating aspects of regulatory compliance and enforcement to the Public Health Act.
- Redefined functions and responsibilities completed and operationalized.

A. KRA 2 TARGETS

DA1: Health Protection

- Annual training in compliance and enforcement for HPOs.
- Less than 10 non-compliance complaints / food and drinking water incidents per annum.
- Twice-yearly Tutaka programme.
- 100% monitoring of mosquito breeding sites.
- 100% of new private and commercial buildings meeting approved standards for Rarotonga and Aitutaki.
- At least 80% of food premises inspected and registered annually.
- Maintain 80% compliance with international border regulations (IHR).
- At least 2 HPOs attain formal qualifications from an accredited institute (in alignment with Workforce Plan).
- Establishment of Public Health Mini Lab (contingent on GCF project approval/disbursement).
- Development of Rarotonga minimum water standards.
- Development of prioritised Pa Enua minimum water standards.
- 100% outstanding non-compliant notices referred for prosecution
- SOPs reviewed and completed, aligned to new Public Health Act.

DA2: Health Promotion

- NCD premature mortality reduction in line with regional standards and/or appropriate comparator country/ies (per CI Population Policy).
- Increase of consumption of ≥ 5 serves of fruit and vegetables per day in line with regional standards and/or appropriate comparator country/ies.
- Aggregate total of 5,000 followers across TMO health promotion social media platforms.
- Implementation of 30 awareness activities, events, campaigns, initiatives or programmes by 2025 (per CI Population Policy Goal 7).
- Increase of physical activity by islands through strategic partnership development with fitness programmes.
- Review and revise NCD strategy 2021-2025.
- Launch of 'Healthy and Smoke Free Islands' programme.
- Operationalize Healthy Meal Policy for Rarotonga primary and secondary schools, in conjunction with the development partners.
- School Health literacy programme established.
- Conduct ≥ 500 individual HIV tests per annum.
- Revise Integrated National Strategic Sexual and Reproductive Health (SRH) Plan (per CI Population Policy).
- Achieve 100% DOTS coverage for TB.
- Smoking rate reduction of 10% by 2025 in line with regional standards and/or appropriate comparator country/ies (per CI Population Policy).
- Dietary guidelines developed.
- Enrolment of 50 participants per annum in smoking cessation programmes.
- Biannual 'Making Sense of Data' workshops.

DA3: Mental Health

- Number of people with mental health diagnosis reported annually (moderate –severe mental illness).
- Drafting of systematic review and/or position paper on locally specific social determinants of mental health completed.
- 20% continued increased in number of objectives delivered and/or activities implemented each year, per the CI Mental Health Work plan.
- Workforce is maintained above 80% of the work plan.
- Increase percentage of population accessing mental health services.
- Reduction of suicide mortality rate (aggregated over 4-year period) in line with regional standards and/or appropriate comparator country/ies.
- Patient satisfaction baseline established.
- 80% patient satisfaction rate met biennially.

DA4: Health Intelligence

- 6-monthly risk modelling reporting on notifiable diseases and emerging health risks.
- 100% of non-compliance to the Public Health Act are addressed within 14 working days of receipt.
- ‘One Health’ framework developed and implemented.
- Case investigations of non-compliance under Public Health Act registered and reported annually.
- ≥5 staff undertake and complete Pacific Data for Decision Making (DDM) training programme.
- Completion of 3 Inter-Agency mock exercises focused around International Health Regulations.
- Redefined functions and responsibilities completed.

C. KEY RESULT AREA 3: HOSPITAL HEALTH

a. Policy Goal

To provide quality clinical hospital care and services to meet the needs and expectations of patients, in line with the policies and resources of TMO.

b. Delivery Areas

DA 1: Clinical Patient Care Services

DA 2: Referral Services (both Domestic and International)

DA 3: Specialist Care

c. Policies and Planning Strategies Linked to KRA

The following specific, extant plans have been considered in the planning process of the KRA:

i. Programme-Specific Strategies and Plans related to KRA

- Ngaki’anga Kapiti Ora’anga Meitaki: The Cook Islands Strategic Action Plan to Prevent and Control Non-Communicable Diseases 2021-2025
- Patient Referral Policy 2019
- Te Rito O Te Papa’anga Ora: National Health Information Strategy 2015-2019 (revised June 2020)
- The Ministry of Health and Health Research in the Cook Islands: Policy and Procedures (2019)
- Information & Communications Technology (ICT) Policy & Procedures (revised May 2017)

- National Service Fee Schedule 2015 (revised March 2022)
- Antibiotic Guidelines - Cook Islands 2018: Guidelines for Empiric and Targeted Antibiotic Treatment, Prophylaxis, Dosing and Allergies
- Cook Islands Antimicrobial Resistance National Action Plan: Akono Meitaki
- Cook Islands Population Policy 2022-2032

ii. Sectoral Policies and Planning Strategies Linked to KRA

- National Policy on Gender Equality and Women’s Empowerment and Action Plan 2019-2024

iii. Regional / Global Strategies

- Framework of Action for Revitalization of Healthy Islands in the Pacific
- Western Pacific Regional Action Plan for Noncommunicable Diseases: A Region Free of Avoidable NCD Deaths and Disability
- Convention on the Rights of the Child
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Pacific Regional Blindness Prevention Programme

1. KRA 3 Objectives

DA1: Clinical Patient Care Services

- Strengthen triaging of patients for early and urgent care of very sick patients.
- Strengthen and embed Package of Essential Noncommunicable (PEN) disease management for NCD control into patient consultation process.
- Support and strengthen existing surgical and anaesthetic services.
- Strengthening laparoscopy procedures.
- Strengthening orthopaedic procedures relating to fracture management.
- Continue to support critical care nursing for High Dependency Unit staff.
- Maintain and strengthen current services in obstetrics care and Safe Motherhood.
- Strengthen ante-natal screening services.
- Support and promote family planning services and counselling to all eligible women especially to women who have NCDs such as diabetes and hypertension.
- Support and strengthen current multidisciplinary clinical services.
- Strengthen cardiac assessment and diagnostic capabilities such as echocardiogram services.
- Strengthen diagnostic capability through modern medical technology (e.g. CT scanning), including securing requisite radiology services.
- Strengthen paediatrics inpatient and outpatient services, including neonatal care and services.
- Initiate and support Baby Friendly Hospital Initiative programme and secure status recognition.
- Strengthen current services provided in eye care, including refraction.
- Support awareness and interventions on preventable causes of blindness.
- Provide treatment services for diabetic eye complications.
- Support retinal mapping training for relevant staff.
- Strengthen and expand cancer screening services.
- Improve average life expectancy

DA 2: Referral Services (both Domestic and International)

- Support and facilitate cost-effective evacuation and referral of patients for overseas medical treatment, commensurate with Patient Referral policy.
- Support treatment and management of Pa Enea-referred patients through timely interventions.
- Support ongoing treatment and review of overseas treated patients.

DA 3: Specialist Care

- Support the development of local staff as specialists, as outlined in the Cook Islands Health Workforce Plan (2016-2025).
- Coordinate and facilitate the scheduled visits of relevant specialists.
- Advocate for clinical and technical service support in relevant disciplines, including diagnostic and biomedical services.
- Coordinate with partner agencies and island governments on specialist visits and services for the Pa Enea.
- Continue funding support for high-risk surgical referral cases in New Zealand in circumstances of long waiting times.
- Support clinical services for visiting specialists.

A. KRA 3 TARGETS

DA1: Clinical Patient Care Services

- Two ED protocols updated every year for best practice.
- 50% of emergency ambulance call outs in Rarotonga leave the hospital within three minutes in Rarotonga.
- 50% of adult patients presenting with chest pain have ECG started within 10 minutes from 2023, increasing by 5% by each year.
- Increase cervical cancer screening rate by 5% each year from 2022 baseline of 55%.
- 100% coverage of antenatal and obstetrics care.
- 100% of neonates from hepatitis-positive mothers are given a hepatitis B immunization and immunoglobulin within 72 hours, and followed up at nine months.
- A reduction in the absolute number of post-operative infections by one annually.
- Develop Cook Islands National Infection Prevention Control Action Plan.
- Develop CI MOH Palliative Care guidelines and SOPs completed and updated.
- Primary and secondary school student obesity rate reduced in line with regional standards.
- Increase mammogram screening follow up of all eligible women (40 to 75 years of age) by 1% biennially (every 2 years) from the current 2022 level.
- Produce prostate cancer screening protocol to strengthen prostate cancer screening.
- Scope bowel cancer screening services.
- NCD premature mortality reduction in line with regional standards and/or appropriate comparator country/ies (per CI Population Policy).
- Maintain or increase average life expectancy
- Maintain nil maternal and low neonatal and child mortality rate.

DA2: Referral Services

- Patient satisfaction baseline established.
- 80% patient satisfaction rate met biennially.
- Review and update patient referral policy.

DA3: Specialist Care

- ≥ 12 health specialist visits per annum
- ≥ 2 community and/or Pa Enea outreach programmes implemented per annum.

D. KEY RESULT AREA 4: PRIMARY CARE

- a. Policy Goal
- To foster and accelerate integrated primary healthcare as the main vehicle for achieving universal health coverage and national health goals.

b. Delivery Areas

DA 1: Primary Care

c. Policies and Planning Strategies Linked to KRA

The following specific, extant plans have been considered in the planning process of the KRA:

i. Programme-Specific Strategies and Plans related to KRA

- Primary Healthcare Development Strategy 2021
- Antibiotic Guidelines - Cook Islands 2018: Guidelines for Empiric and Targeted Antibiotic Treatment, Prophylaxis, Dosing and Allergies

ii. Sectoral Policies and Planning Strategies Linked to KRA

- Cook Islands Disability Inclusive Development Policy: Rights / Responsibilities / Action - 2020-2025 (Tikaanga / Taau Tuanga / Rave'anga), 4th Edition
- Cook Islands Road Safety Strategy 2016-2020: Keep Me Safe (revised June 2020)
- Ngaki'anga Kapiti Ora'anga Meitaki: The Cook Islands Strategic Action Plan to Prevent and Control Non-Communicable Diseases 2021-2025
- Cook Islands Antimicrobial Resistance National Action Plan: Akono Meitaki
- Cook Islands Health Workforce Plan 2016-2025
- Cook Islands National Policy on Positive Ageing 2024-2028.

iii. Regional / Global Strategies

- Framework of Action for Revitalization of Healthy Islands in the Pacific
- Western Pacific Regional Action Plan for Non-communicable Diseases: A Region Free of Avoidable NCD Deaths and Disability
- International Health Regulations 2005: Guidance for National Policy-Makers and Partners
- Convention on the Rights of the Child
- Regional Framework on the Future of Primary Health Care in the Western Pacific



1. KRA 4 Objectives

DA 1: Primary Care

- Support and strengthen primary healthcare services through integrated, multi-sectoral policy and action, and empowered people including the elderlies and communities to meet basic primary care needs and UHC goals.
- Sustain and provide continuing medical education for staff upskilling to bolster primary care service delivery.
- Ensure digital technologies are operational on the Pa Enea to support telemedicine / telehealth care and clinical support.
- Reorienting primary healthcare for improved accessibility, availability, and quality care.
- Integrate other clinical support services appropriate at PHC.
- Strengthening of Primary Care specialist capability and capacity across the Cook Islands.
- Support and strengthen safe motherhood initiatives and programmes.
- Raise awareness of family planning resources and initiatives.
- Support and strengthen cancer screening and prevention programmes, especially Pap smear and breast examination / screening.
- Support the maintenance of a strong Expanded Programme on Immunization (EPI), including cold chain management best practices to ensure high vaccine antigen coverage.
- Support EPI disease surveillance and research.
- Promote exclusive breastfeeding up to 6 months of age.
- Maintain and strengthen maternal & child health clinics for care and follow-ups of children.
- Maintain and strengthen school health programmes and services.
- Early Identification of developmental problems in children under 5, including appropriate referrals.
- Support RHD screening programmes, treatment, referral and follow-up treatment for RHD cases.
- Strengthen home visits to provide support for ongoing care of patients discharged from hospital to prevent readmissions.
- Strengthen palliative care services.
- Support the achievement of Baby Friendly Hospital Initiative certification.
- Enable via training and supportive supervision of staff to undertake mobile utilization of digital screening templates to strengthen data collection for quality improvement.
- Support community clinic practitioners.
- Increased contraceptive prevalence rate in line with regional standards.

A. KRA 4 TARGETS

DA1: Primary Care

- Minimum 2 trainings in mobile utilization of digital screening templates to strengthen data collection for quality improvement.
- Biennial school health check reports published.
- Maintain $\geq 95\%$ immunisation coverage.
- Maintain 100% post-natal checks.
- 100% home visits after hospital discharge.

DA1: Primary Care cont...

- Palliative care database reviewed and maintained, and reported annually to HIS.
- Nil stock-outs of oral, injectable and barrier contraceptives at community clinics.
- Scoping review of implementation of UN Health Aging Action Plan (per CI Population Policy Objective 5.3 and 5.4).
- Compile and collate data on service provision to disabled and elderly patients.
- Monthly treatment for identified adolescent RHD cases reported.
- Maintain percentage of elderlies accessing health services.
- One NCD targeted training/upskilling conducted biennially.
- Implementation of a structured patient appointment system.
- Maintain or reduce patient waiting time to < 99 minutes.
- At least 90% of PHC to ED transfers deemed 'Appropriate' as measured by patient disposition at ED (admission or discharge), investigations (e.g. labs, radiology), or specialist review.
- Establish PHC to ED transfer baseline by end of 2024.
- Establish SOPS for transfer of patients to appropriate specialised clinical area.
- Minimum health practitioners allocated for each health centre / clinic.
- Establishment of a paediatric clinic in PHC centre.
- Establishment of ENT/eye clinic in PHC centre.
- RHD screening of children completed for $> 90\%$ of persons in eligible age groups.
- RHD repeat screening for $\geq 90\%$ of designated high-risk children.
- RHD database updated and maintained.
- RHD prophylaxis adherence $\geq 90\%$ for all diagnosed patients.
- Primary and secondary school student obesity rate reduced in line with regional standards.
- Formal Agreements established with private practitioners and stakeholders.
- 6 monthly Professional Development calendar developed and distributed to Pa Enea Health Clinics.
- Reduce incidence of NCD in line with Regional standards.
- Reduce inappropriate urgent referrals from PHC to ED.
- Reduce transfer time of emergency cases from PHC clinics to Hospital.
- Training of staff to carry out thorough health screenings within community clinics using a multidisciplinary approach.
- Establishment of PHC Nursing service.
- Assessment of adequacy of health services available to older people per the Cook Islands Population Policy completed.
- Routine mobile doctors' programme established for all islands.
- Establish minimum Rapid Test Kit for all Pa Enea health clinics.

E. KEY RESULT AREA 5: ALLIED HEALTH AND CLINICAL SUPPORT SERVICES

a. Policy Goal

To strengthen service availability and readiness of allied health and clinical support services (e.g. pharmaceutical services and diagnostics) to improve quality of life of patients and communities.

b. Delivery Areas

DA 1: Pharmacy

DA 2: Laboratory

DA 3: Radiology

DA 4: Physiotherapy and Occupational Therapy

DA 5: Biomedical

DA 6: General Support (Food and nutrition, maintenance and Infection Prevention & Control [IPC])

c. Policies and Planning Strategies Linked to KRA

The following specific, extant plans have been considered in the planning process of the KRA:

i. Programme-Specific Strategies and Plans related to KRA

- Primary Healthcare Development Strategy 2021
- National Health Laboratory Policy
- Antibiotic Guidelines - Cook Islands 2018: Guidelines for Empiric and Targeted Antibiotic Treatment, Prophylaxis, Dosing and Allergies

ii. Sectoral Policies and Planning Strategies Linked to KRA

- Cook Islands Disability Inclusive Development Policy: Rights / Responsibilities / Action - 2020-2025 (Tikaanga / Taau Tuanga / Rave'anga), 4th Edition
- Cook Islands Road Safety Strategy 2016-2020: Keep Me Safe (revised June 2020)
- Ministry of Health (Pharmacy and Therapeutic Products) Regulations
- Ngaki'anga Kapiti Ora'anga Meitaki: The Cook Islands Strategic Action Plan to Prevent and Control Non-Communicable Diseases 2021-2025
- Cook Islands Antimicrobial Resistance National Action Plan: Akono Meitaki
- Cook Islands Health Workforce Plan 2016-2025
- Mental Health and Wellbeing Policy

iii. Regional / Global Strategies

- Framework of Action for Revitalization of Healthy Islands in the Pacific
- Western Pacific Regional Action Plan for Noncommunicable Diseases: A Region Free of Avoidable NCD Deaths and Disability
- International Health Regulations 2005: Guidance for National Policy-Makers and Partners
- Convention on the Rights of the Child
- APEC Guideline to Tackle Antimicrobial Resistance in the Asia-Pacific Region

1. KRA 5 Objectives

DA 1: Pharmacy

- Operate Pharmacy Information Management System (PIMS) to optimize service delivery.
- Maintain availability of NCD (Diabetes, Hypertension) medications.

DA 1: Pharmacy cont...

- Support and strengthen pharmaceutical services through the provision of resources (human, financial and equipment) to meet basic pharmaceutical needs and store management.
- Ensure availability of medicines supply at favorable prices and that meets recognized standards of quality.
- Review and update existing treatment guidelines, essential medicine list and national medicine policy.
- Strengthen optimal use of medicines through improved clinical support.

DA 2: Laboratory

- Support and strengthen laboratory quality management systems.
- Maintain and strengthen current services in haematology, biochemistry, microbiology, blood bank, overseas lab tests referrals and related services in the laboratory.
- Capacity building and institutional strengthening to full ISO standard.
- Strengthen electronic laboratory information system through scoping of relevant system and training of staff for improved surveillance and reporting

DA 3: Radiology

- Maintain and strengthen current radiology diagnostic services.
- Support human resource development for upgraded services.
- Strengthen radiology and scanning services to also cater for outreach services to Aitutaki

DA 4: Physiotherapy and Occupational Therapy

- Maintain and strengthen use of therapeutic ultrasound.
- Provide and strengthen physiotherapy services to cater for expanding patient health care needs.
- Strengthen rehabilitation Program including training and networking.

DA 5: Biomedical

- Update baseline minimum medical equipment requirement in all health facilities.
- Strengthen management of medical equipment especially the identification, verification, procurement, servicing and disposal.
- Undertake standards and policy formulation to address biomedical equipment management (including the oxygen plant)

DA 6: General Support (Food and nutrition, maintenance and Infection Prevention & Control [IPC])

- Ensure access to nutritious food for hospitalized patients.
- Promote food safety and hygiene within hospital facilities.
- Ensure safe and functional healthcare facilities.
- Promote hand hygiene and vaccination practices.
- Strengthening provision of special diets with a focus on diabetes.

A. KRA 5 TARGETS

DA1: Pharmacy

- Completion of National Medicines Policy review.
- Review of Antimicrobial Action Plan.
- Revision of TMO Pharmacy Warehouse SOPs.
- Revision of TMO Pharmacy Services Standards.
- Cold chain systems and processes meet best practise and acceptable standards on Rarotonga and Aitutaki by end of 2025, and other Pa Enua sites by end of 2027.
- Registration/licencing of medicines importers and distributors/suppliers (including requisite auditing processes).
- Establish database for medicines importers and distributors/suppliers.
- Development of in-house Pharmacy Assistant training curriculum, and course delivery.
- mSupply rollout to Pa Enua by end of 2025.
- Nil stock-outs of NCD (diabetes & hypertension) medications.
- Drug and therapeutic committee quarterly meetings maintained and reported.
- Essential Medicine list reviewed every two years and align to Anti-Microbial Resistance Action Plan and Antibiotic guidelines.

DA2: Laboratory

- 90% of all non-urgent laboratory results processed and reported within 24 hours from the time specimen received in laboratory (except microbiology results).
- 100% of urgent laboratory results processed and reported within three hours from the time specimen received in laboratory.
- Annual external audit report is generated on the progress of ISO 15189 certification.
- Laboratory SOP and policies reviewed annually.
- Monthly stock report submitted to Planning & Funding department to ensure nil stock outs.
- Operationalize Laboratory Information Management System (LIMS).
- Maintain unmodified audit report for laboratory inventory yearly.

DA3: Radiology

- Development of radiology service plan with focus on local mammography service delivery.
- One female staff member trained to conduct mammography screening.
- Full-time mammography screening available.
- Review and update Radiology Equipment and Management policy annually.
- Radiology Service Plan formulated and agreements executed.
- Radiology scoping study for Aitutaki Hospital completed.

DA4: Physiotherapy and Occupational Therapy

- 100% of patients with musculoskeletal injuries are provided with therapeutic ultrasound.
- All disabled ward patients reviewed by physiotherapy department during admission.
- Develop and review two guidelines and protocols annually for best practice.

DA5: Biomedical

- 100% adherence to preventive maintenance schedule for biomedical equipment.
- Review and update Medical Equipment Donation Policy.
- Review Asset Management Policy.
- Review Oxygen Management Plan.
- Minimum medical equipment requirements for all health facilities maintained.

DA 6: General Support (Food and nutrition, maintenance and Infection Prevention & Control [IPC])

- TMO-approved national IPC guidelines translated to SOPs at the facility level and reviewed at least every five years.
- Audit of hand hygiene compliance to establish baseline.
- 100% of Maintenance request forms attended to within a week.
- Biohazard waste collected and incinerated daily.
- Rarotonga hospital kitchen inspected annually by HPOs.
- Develop infection control policies and guidelines.
- Conduct surveillance and outbreak response.

F. KEY RESULT AREA 6: ORAL HEALTH

a. Policy Goal

To promote oral health, reduce oral diseases and other conditions for all individuals and communities.

b. Delivery Areas

DA 1: Child Oral Health

DA 2: Adult Oral Health

DA 3: Community Oral Health

c. Policies and Planning Strategies Linked to KRA

The following specific, extant plans have been considered in the planning process of the KRA:

i. Programme-Specific Strategies and Plans related to KRA

- Situational Analysis: Cook Islands Maternal and Child Oral Health National Policy and Guideline
- The Cook Islands National Oral Health Strategy 2014-2018
- WFPHA Maternal and Child Oral Health Initiative Endorsement Statement
- Oral Health Services Plan 2019-23
- School Dental Program: Guidance Document

ii. Sectoral Policies and Planning Strategies Linked to KRA

- Dental Act 1970-71
- Medical and Dental Practices Act
- Medical and Dental Practices Amendment Act

iii. Regional / Global Strategies

- Suva Declaration on Improving Oral Health in the Pacific Islands Region
- Rethinking and Establishing a Dental Collaboration in the Pacific Region
- Regional Oral Health Strategy 2016-2025: Addressing Oral Diseases As Part of Noncommunicable Diseases



1. KRA 6 Objectives

DA 1: Child Oral Health

- Strengthen current child oral health services in schools.
- Collaborate with other stakeholders in the delivery of effective maternal/child oral healthcare services.
- Establish integrated maternal/child oral health services.
- Re-introducing of fluoride varnish and rinse in schools.

DA 2: Adult Oral Health

- Enhance surveillance and health information systems to provide timely and relevant feedback on oral health to decision-makers for evidence-based policy-making.
- Strengthen preventive oral health programs, clinical health services (including Health Specialist Visit program) and patients receive quality care in timely manner.
- Integrate essential oral health care and essential equipment and supplies in primary oral health care.

DA 3: Community Oral Health

- Develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs.
- Create and continuously update context and needs-specific research that is focused on the public health aspects of oral health.
- Strengthen collaboration with other stakeholders (internal/external) to support the delivery of oral health services in the Cook Islands.
- Strengthen oral health promotion and oral disease prevention programs.

A. KRA 6 TARGETS

DA1: Child Oral Health

- Develop maternal and child oral health integrated policy.
- Implement school screening and delivery of oral health services for schoolchildren biennially for the next 5 years.
- Conduct child oral health survey – including <5 year-olds - in the Cook Islands by the end of 2025.
- Mobile Dental programme established and operationalized for all islands.
- Implementation of ‘Baby Teeth Matters Programme’.
- Establish baseline attendance rate of pregnant mothers for oral health check-up.
- Establish baseline attendance rate for oral health check-up of babies by their first birthday (early visits to the dentist).
- Establish database for special needs children.
- Number of primary schools with toothbrush programme.
- Achieve WFPHA Maternal and Child Oral Health Initiative Endorsement.
- Number of schools with fluoride varnish and rinse program implemented.
- Number of schools with fissure sealant programmes implemented.
- Consultation on water fluoridation in schools undertaken.
- Reduce dental caries by 15% amongst schoolchildren.

DA2: Adult Oral Health

- Acquire new digital imaging technologies (OPG, Intra-Oral).
- Acquire digital prosthesis technologies (CAD-CAM).
- Acquire dental laboratory equipment (furnaces and laboratory accessory equipment).
- Renovate and upgrade Tupapa Clinic facility.
- Establish a dedicated oral surgery unit.
- Acquire and install dedicated oral health information system.
- Facilitate equipment and infrastructure procurement and development.
- Develop specialist oral healthcare services.
- Implement oral health-specific health information system.
- Implementation of a structured patient appointment system by end of 2024.
- Establish oral health disease profile.
- Improve natural teeth retention (baseline 2022 STEPS survey result: 78.3%)
- Establish baseline for unmet denture treatment needs (18 to 69 years old)

DA3: Community Oral Health

- Review and update existing clinical guidelines by 2024.
- Implement Cook Islands National Oral Health Survey by 2025 and/or ensure oral health-relevant questions are on future NCD STEPS, DHS, and/or census.
- Develop 5-year oral health action plan.
- Routine mobile dental programme for all islands established.
- Number of new arrangement of cooperation established with oral health partners.

G. KEY RESULT AREA 7: PA ENUA

a. Policy Goal

To strengthen Pa Enea Health Services and improve participation in national health care service agenda especially on primary health care and healthy islands initiatives.

b. Delivery Areas

DA 1: Aitutaki

DA 2: Atiu

DA 3: Mangaia

DA 4: Manihiki

DA 5: Mauke

DA 6: Mitiaro

DA 7: Palmerston

DA 8: Penrhyn

DA 9: Pukupuka and Nassau

DA 10: Rakahanga

JULY 2024 HEALTH EXPO, Senior Laboratory Scientist, Theresa Tatuava demonstrating use of Laboratory Equipment.



c. Policies and Planning Strategies Linked to KRA

The following specific, extant plans have been considered in the planning process of the KRA:

i. Programme-Specific Strategies and Plans related to KRA

- Island-specific Strategic Plans
- Integrated National Strategic Plan for Sexual and Reproductive Health 2014 - 2018
- Ngaki'anga Kapiti Ora'anga Meitaki: The Cook Islands Strategic Action plan to prevent and control Non-communicable diseases 2021-2025
- Cook Islands Tobacco Control Action Plan 2023-2031
- National Immunization Policy
- Oral Health Services Plan 2019-23
- Mental Health and Wellbeing Policy
- Cook Islands National Suicide Prevention Strategy 2016-2020

ii. Sectoral Policies and Planning Strategies Linked to KRA

- Island-specific DRM Plans
- Cook Islands Road Safety Strategy 2016-2020: Keep Me Safe (revised June 2020)
- Strategic Roadmap for Emergency Management in Cook Islands 2018-2023: Cook Islands Emergency Management Sector's Contribution to Support the Cook Islands Joint Implementation Plan (JNAP)
- Sanitation (Wastewater Management) Policy 2016
- National Water Policy 2016
- Cook Islands Antimicrobial Resistance National Action Plan: Akono Meitaki.
- Cook Islands Disability Inclusive Development Policy: Rights / Responsibilities / Action - 2020-2025 (Tikaanga / Taau Tuanga / Rave'anga), 4th Edition

iii. Regional / Global Strategies

- Framework of Action for Revitalization of Healthy Islands in the Pacific
- Western Pacific Regional Action Plan for Noncommunicable Diseases: A Region Free of Avoidable NCD Deaths and Disability
- International Health Regulations 2005: Guidance for National Policy-Makers and Partners
- Community-Based Rehabilitation: CBR Guidelines
- Suva Declaration on Improving Oral Health in the Pacific Islands Region
- SIDS Summit for Health: Outcome Statement - For a Healthy Resilient Future in Small Island Developing States.
- Convention on the Rights of the Child
- Regional Framework on the Future of Primary Health Care in the Western Pacific

1. KRA 7 Objectives

- Strengthen and support implementation of primary health care activities especially relating to disease prevention and control.
- Strengthen and support maternal and reproductive health services.
- Strengthen child health services, especially relating to immunization and nutrition programmes.

- Support health promotion and health protection activities at the Pa Enua level.
- Strengthen disease surveillance and health service monitoring and reporting.
- Strengthen domiciliary and chronic disease screening, as well as case follow up and management.
- Strengthen environmental health monitoring, especially relating to vector control, water safety, sanitation and waste management.
- Strengthen and support implementation of oral health preventative and specialist services.
- Strengthen PEN management for NCD control.
- Support and strengthen current medical and referral services.
- Maintain and strengthen current services in obstetrics care and Safe Motherhood.
- Strengthen antenatal screening services, especially for STIs, and Pap smears.
- Support awareness and intervention activities on preventable causes of blindness.
- Support and strengthen ongoing clinical services in Pa Enua hospitals and health clinics.
- Introduce the Baby Friendly Hospital Initiative for Aitutaki.
- Support continuing medical/professional education for all clinical staff.
- Coordinate and facilitate health specialist visits.

A. KRA 7 TARGETS

DA 1: AITUTAKI

- Achievement of BFHI accreditation.
- Inauguration of blood bank services.
- Implementation of ultrasound services.
- Upskilling of nurses with NCD training.
- Water/Sanitation improvements at hospital (2027, contingent on GCF project approval/disbursement).
- Support healthy island and smoke-free island initiatives via delivery of at least an annual community classes.
- Attendance of continuing professional development programming for staff.
- Biennial school health check completed.

DA 2: ATIU

- Completion of health specialist visits.
- Water/Sanitation improvements at clinic (2025, contingent on GCF project approval/disbursement).
- Support healthy island and smoke-free island initiatives via delivery of classes.
- Attendance of continuing professional development programming for staff.
- Biennial school health check reports completed.

DA 3: MANGAIA

- Attendance of continuing professional development programming for staff.
- School oral health screening follow-ups completed.
- Water/Sanitation improvements at clinic (2028, contingent on GCF project approval/disbursement).

DA 3: MANGAIA cont...

- Support healthy island and smoke free island initiatives via delivery of at least an annual community classes.
- Biennial school health check reports completed.

DA 4: MANIHIKI

- Achieve/maintain 9255
- disbursement).
- Water/Sanitation improvements at Tukao clinic (2025, contingent on GCF project approval/disbursement).
- Support healthy island and smoke free island initiatives via delivery at least an annual community classes.
- Attendance of continuing professional development programming for staff.
- Biennial school health check reports completed.

DA 5: MAUKE

- Renovation of Mauke clinic, including water/sanitation improvements at clinic, solar battery back-up, air conditioning, and vaccine refrigeration facilities (2024, contingent on GCF project approval/disbursement).
- Implementation of NCD prevention initiative.
- Support healthy island and smoke free island initiatives via delivery at least an annual community classes.
- Attendance of continuing professional development programming for staff.
- Biennial school health check reports completed.

DA 6: MITIARO

- Attendance of continuing professional development programming for staff.
- Implementation of NCD programme for children in primary/secondary school.
- Renovation of Mitiaro clinic, including water/sanitation improvements at clinic, air conditioning, and vaccine refrigeration facilities (2026, contingent on GCF project approval/disbursement).
- Support healthy island and smoke free island initiatives via delivery at least an annual community classes.
- Partnerships with community groups for physical activity programme established.
- Biennial school health check reports completed

DA 7: PALMERSTON

- Attendance of continuing professional development programming for staff, especially in public health and oral health skills.
- Hiring of HPA.
- Delivery of mental health services via telemedicine.
- Achieve/maintain 95% vaccine coverage under EPI.
- Water/Sanitation improvements at clinic (2027, contingent on GCF project approval/disbursement).
- Biennial school health check reports completed.
-

DA 8: PENRHYN

- Renovation of Omoka clinic, including water/sanitation improvements at clinic, air conditioning, and vaccine refrigeration facilities (2027, contingent on GCF project approval/disbursement).
- Attendance of continuing professional development programming for staff, especially palliative care training.
- Water/Sanitation improvements at Te Tautua clinic (2028, contingent on GCF project approval/disbursement).
- Support healthy island and smoke free island initiatives via delivery at least an annual community classes.
- Biennial school health check reports completed.
- Upgrade of sea ambulance completed.

DA 9: PUKAPUKA AND NASSAU

- Water/Sanitation improvements at Pukapuka and Nassau clinics (2028, contingent on GCF project approval/disbursement).
- Attendance of continuing professional development programming for staff.
- Support healthy island and smoke free island initiatives via delivery at least an annual community classes.
- Biennial school health check reports completed.

DA 10: RAKAHANGA

- Water/Sanitation improvements at Rakahanga clinic (2024, contingent on GCF project approval/disbursement).
- Attendance of continuing professional development programming for staff, especially in service of achieving NP status.
- Use of MedTech Evolution to capture HIS data.
- Support healthy island and smoke free island initiatives via delivery at least an annual community classes.
- Biennial school health check reports completed.



H. KEY RESULT AREA 8: PARTNERSHIPS

PARTNERSHIP AREA	PROPOSED TARGET
Education: Establishment of tertiary Nursing and Health Training School	Proposed 2023+ target: Collect and report numbers of enrollees and numbers of graduates health-related study programmes
Education: Biennial school health reports, collaboration with disability and mental health	<ul style="list-style-type: none"> Proposed 2023+ target: Data-sharing arrangements between TMO and MoE (e.g. via TMO reporting of aggregate special needs statistics re: new school entrants and other health statistics as specified by MoE) Proposed additional target: Biennial school health screenings completed.
Internal Affairs: Register of certified trained Care Givers	Carry forward target on registration of certified/ trained caregivers
Internal Affairs: Annual report received on the vulnerable groups youth, disabled (mental and physical), elderly	Carry forward target
Agriculture: Register of schools with 'home gardens'	<ul style="list-style-type: none"> Proposed 2023+ target: TMO to provide health advice to teachers/students e.g. via healthy lunch initiative Proposed 2023+ target: advocacy activities based on health food initiatives (e.g. health promoters attend sandwich day or healthy food day in conjunction w/ Agriculture)
Agriculture: Increased number of local farmers	Possible 2023+ target: data collected on home gardens initiated by students on basis of school gardens
PSC: Excellence award recipient	Carry forward target
MFEM: Support funding options for social health insurance for all government employees with possibility of extension to private sector employees	Carry forward target
CI Audit Office: Carry out annual audit	Carry forward target
Police: No drop policy for domestic violence enforced	Carry forward target
Police: Improved enforcement of drink driving testing / restriction	Carry forward target
Police: Enforcement of amendments to the Transport Act 1966	Carry forward target
Justice: Register all births and deaths	Carry forward target
Justice: Support coroner investigations	Proposed 2023+ target: Annual workplan for law & order psychologist

PARTNERSHIP AREA	PROPOSED TARGET
Justice: Support for highly aggressive and violent mental health cases	Proposed 2023+ target: Coordinate with TMO in cases of highly aggressive and violent mental health cases
Crown Law: Providing legal opinion on health issues	Carry forward target
MFAI: Support with medical clearance processes for contract workers	<ul style="list-style-type: none"> Proposed 2023+ target: Integration / digitization / e-forms of documentation under immigration scheme Proposed 2023+ target: Renewal of medical clearances at triennial renewal of residence permit
Punanga Tauturu: Provide counselling and support for victims	Carry forward target
CICWA: Service AoC established between TMO and CWA	Proposed 2023+ target: continue care coordination under AoC
CICWA: Number of functioning maternal and child welfare clinics	Carry forward target
PCIFWA: Contraceptive prevalence increased to 35%	Proposed 2023+ target as continuation, with amended percentage to be proposed by CIFWA (if desired)
CIFWA: Increase Pap smear screening to cover 80% women in the reproductive age group	<ul style="list-style-type: none"> Proposed 2023+ target as continuation, with amended percentage to be proposed by CIFWA Proposed additional 2023+ target/ indicators: sexual/ reproductive health & emergency programme - # of staff trained, emergency plans in place and addressed in strategy, providers identified, minimum initial services quantified
Men' s Health: Support screening for prostate cancer undertaken annually	2023+ indicator to be amended to address changed name / broadened focus
Men' s Health: Advocacy for male methods of FP (vasectomy) and improved coverage overall	2023+ indicator to be amended to address changed name / broadened focus
CI Red Cross: Number of trainings provided for disaster risk management and CBHFA	<ul style="list-style-type: none"> Carry forward existing target Proposed additional 2023+ target: continue blood donor recruitment programme
Te Vaerua: Number of rehabilitative cases by sex and age	<ul style="list-style-type: none"> Carry forward existing target. Proposed additional 2023+ targets: number of caregivers trained; number of home visits performed
Development Partners: Health specific plans implemented	Carry forward existing target

VII. IMPLEMENTATION STRUCTURE AND SCHEDULE

A. Costing the Health Strategy

The following tabulation lists estimated budgetary requirements to support the implementation of Te Marae Ora Ara Tango Anga’anga National Health Strategic Plan 2023-2027, at the KRA/DA level. (All sums in this table are in NZ\$.)

KRA 1: Health Administration and Management	Projected Cost
DA 1: Leadership, Governance	\$756,000
DA 2: Health Finance	\$2,028,500
DA 3: Human Resources for Health	\$1,100,070
DA 4: Health Information Systems	\$435,000
DA 5: Health Research	\$230,000
DA 6: Health Infrastructure	\$465,000
DA 7: Public Relations	\$830,000
DA 8: Information Technologies (IT)	\$978,800
DA 9: Monitoring & Evaluation	\$95,000
KRA 2: Public Health	Projected Cost
DA 1: Health Protection	\$2,416,000
DA 2: Health Promotion	\$1,725,000
DA 3: Mental Health	\$600,000
DA 4: Health Intelligence Unit	\$849,500

KRA 3: Hospital Health	Projected Cost
DA 1: Clinical Patient Care Services	\$1,621,600
DA 2: Referral Services	\$295,000
DA 3: Specialist Care	\$1,916,600
KRA 4: Primary Care	Projected Cost
DA 1: Primary Care	\$4,951,700
KRA 5: Allied Health	Projected Cost
DA 1: Pharmacy	\$7,901,750
DA 4: Physiotherapy and Occupational Therapy	\$45,000
DA 5: Biomedical	\$1,546,000
DA 6: General Support (Reception, Food and nutrition, maintenance and Infection Prevention & Control (IPC))	\$288,500
KRA 6: Oral Health	Projected Cost
DA 1: Child Oral Health	\$308,000
DA 2: Adult Oral Health	\$760,000
DA 3: Community Oral Health	\$205,000
KRA 7: Pa Enea	Projected Cost
DA 1: AITUTAKI	\$416,000
DA 2: ATIU	\$112,000
DA 3: MANGAIA	\$162,000
DA 4: MANIHIKI	\$542,000
DA 5: MAUKE	\$392,000
DA 6: MITIARO	\$542,000
DA 7: PALMERSTON	\$175,300
DA 8: PENRHYN	\$862,000
DA 9: PUKAPUKA AND NASSAU	\$112,000
DA 10: RAKAHANGA	\$112,000



JULY 2024 WHO AND TMO SCHOOL VISIT,
(From L to R): Secretary of Health, Mr Bob Williams,
Associate Health Minister, Hon. Tehani Brown, Minister
of Health, Hon. Rose Brown, WHO Regional Director for
the Western Pacific, Dr Saia Ma'u Piukala and WHO
Representative, Samoa, American Samoa, Cook Islands,
Niue and Tokelau, Dr Kim Eva Dickson

VIII. MONITORING AND EVALUATION

1. Introduction

The NHSP’s monitoring and evaluation component utilizes a logical framework and focuses on a core set of indicators. It identifies data sources for each indicator and facilitates the analysis, communication, and dissemination of results. The monitoring process collects data from relevant sources and employs the core indicators and targets to provide ministries, partners and stakeholders with timely and actionable information to inform operational and policy decisions. Concurrently, the evaluation process endeavours to delve deeper into monitoring data, accounting for contextual changes, addressing attribution/causality questions, and examining counterfactual situations.

The implementation of M&E in the NHSP operates in parallel to TMO’s health information system, though it obtains information from the same sources. Te Marae Ora’s health information system has also established a core set of 129 health indicators, which include processes, outcomes, and impact indicators that are used or aligned with the NHSP’s indicator set, arrayed across short-term (<12 months), medium-term (≥1 to <10 years), and long-term (≥10 years) time frames. The 129 set of health indicators will be reviewed by 2028.

2. NHSP Indicators

The pool of health indicators to choose from is voluminous, and can pose challenges in terms of collection, interpretation, and meeting quality criteria such as relevance, reliability, and validity. In the case of the HAP, selecting a core set of indicators that can objectively and effectively monitor progress towards the identified key objectives is a perpetual challenge.

While there is no optimal number of core indicators, aligning NHSP indicators with what is currently available from TMO’s HIS – keeping in mind that quantitative indicators are meant to be representative of reality, serving as tracer indicators rather than describing the entirety of what is happening – will be the most pragmatic choice.

Target-setting in the NHSP is associated with various programme-specific TMO strategies, in alignment with international targets such as those in the SDGs, as well as regional targets under the **Healthy Islands Vision and SAMOA Pathway**. Thus, this permutation of the NHSP includes national, regional, and international health targets, tailored to the particular requirements and capabilities of the Cook Islands in general and TMO in specific. For all process indicators, the end point of the NHSP (2027) is the expected point of completion/ fulfilment unless otherwise specified.

3. Disease / Programme-Specific Indicators and Targets

In the past, multiple health directorates/departments/divisions and management units generated their own strategic plans, development strategies, business plans, etc. The Mental Health and Wellbeing Strategy, Human Resource Workforce Plan, and HIS Strategies are examples of such plans. The profusion of such plans, along with disease-specific programmes, can lead to confusion, bureaucratic bloat, and administrative challenges, and can dilute the utility of an overarching NHSP.

As such, this NHSP proposes that operations (and the indicators/targets selected to direct these operations) at the directorate level and below, be promulgated solely via business plans rather than separate strategies going forward.

4. Measurement and Reporting Frequency

The periodicity of data collection and reporting is dependent on the interval of the health indicator and should derive from the National Health Indicator Summary Table, below.

5. Health Information System / HIU Integration

As with the previous NHSP, the NHSP M&E framework is aligned with HIS capabilities (especially the implementation of MedTech Evolution), as well as the inauguration of the HIU. The indicators in the National Health Indicator Summary Table, below, will help inform the TIMF.

IX. TARGET INDICATORS MONITORING FRAMEWORK

1. KRA 1 Targets

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 1: Leadership, Governance				
Review of Legislation, particularly Tobacco Products & Control Act	Process	Review report of relevant legislation completed; at minimum including review of Tobacco & Control Act	TMO Report	Governance / Standards
Review and develop new Regulations as necessary under the Public Health Act	Process/ Outcome	Review report of regulations specified under public health act	TMO Report	Governance / Standards
Performance excellence recognized and rewarded by PSC	Outcome	Receipt of ‘excellence award’ by PSC	PSC Award	Governance / Standards
New Public Health Act Implementation Plan approved and operationalized	Process/ Outcome	TMO Public Health Bill Implementation Plan approved and enacted	TMO Report	Governance / Standards
National Health Service Fee Scheduled policy reviewed	Process	National Health Service Fee review report drafted	TMO Report	Governance / Standards
Rebranding of the Mental Health Unit	Process	New name approved	Organisational Structure	Governance
DA 2: Health Finance				
Maintain unqualified audit opinion	Outcome	Receipt of unqualified audit from Cook Islands	Cook Islands Audit Office Report	Governance / Standards
80%- 100% implementation of the GCF Funding programme (contingent on approval/ disbursement)	Process	Implementation and Budget Reports	TMO Reports	Governance / Standards
Health expenditure increase as a proportion of GDP/ capita	Input	Budget Reports	TMO Reports	Finance
Scoping of prioritized areas of Health for privatisation	Process	TMO scoping report on health privatisation drafted	TMO Report	Governance / Standards

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 3: Human Resources for Health				
Continue NP training programme	Process	NP training programme continued	TMO Report	HRH
Continue NP training programme	Process	Bachelor of Nursing programme continued	TMO Report	HRH
Upskilling Health Protection Officers/ Assistants	Process	Training reports	TMO Reports	HRH
Upskilling Pharmacy Technicians/ Assistants	Process	Training reports	TMO Report	HRH
Restructure Primary Health Care Directorate	Outcome	New Primary Care Directorate organisational structure chart issued	TMO Chart	HRH
Annual Mid-Level Management Training program carried out	Outcome	Training reports	TMO Report	HRH
Mid-Term Review of the National Health Workforce Plan 2020-2025	Outcome	Mid-term Review report	TMO Review Report	HRH
Develop National Health Workforce Plan 2025+	Outcome	National Health Workforce Plan 2025+ drafted	TMO Plan	HRH
Human Resources Information Management System (HRIMS) Developed	Outcome	HRIMS implemented	TMO Report	HRH / Health IT
Develop National Health Workforce Plan 2025+	Process	Incentive scheme scoping report	TMO Report	HRH
DA 4: Health Information Systems				
Development of the Digital Health Information and Transformation Action Plan	Outcome	Digital Health Information Workplan drafted	TMO Workplan	HIS

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 4: Health Information Systems cont...				
Biennial training on death certification for all Medical Officers and Nurse Practitioners	Process / Outcome	Attendance report and/or training logs	TMO Report	HIS
Annual Health Bulletin published	Outcome	Health Bulletin published annually	NHIB	HIS
Quarterly update on NCD published				
Comparative analysis of cause-specific death rates among males and females every 5 years	Outcome	Analysis report	TMO Report	HIS
Implement recommendations made in Vital Statistics Report of 2015 and CVRS report (2021).	Outcome	Manager's Report	TMO Report	HIS
DA 5: Health Research				
Develop data bank for all health related research	Outcome	Databank	Database sighted	Health Research
Research food choices and preferences and reasons for sedentary behaviour (CI population policy 6.5)	Process	Research Report	TMO Report	Health Research
Prepare TOR for research on social determinants of health	Outcome	TOR Drafted	TMO TOR	Health Research
DA 6: Health Infrastructure				
Vulnerability assessments (i.e. Mapping) for TMO buildings completed	Outcome	Vulnerability assessment reports	CIIC / TMO Reports	Health Infrastructure
Disability Access for entries into all TMO buildings	Outcome	Mapping	CIIC / TMO Mapping	Health Infrastructure
Hospital redevelopment scoping plan completed	Outcome	Scoping Plan	CIIC / TMO Mapping	Health Infrastructure

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 7: Public Relations				
Development of Health Communications / PR 5-year Action Plan (CI population policy 7.6)	Outcome	Action Plan	TMO Plan	Health Research
All registered complaints responded to within 14 days	Outcome	Complaint response report	TMO Report	Health Research
DA 8: Information Technologies (IT)				
ManageMyHealth or similar Patient Management Portal fully implemented	Outcome	Patient Management Portal	TMO Demonstration	Health IT
Public Health Information System (PHIS) Developed (contingent on GCF project approval/ disbursement)	Outcome	PHIS Developed	TMO Report	Health IT
80%- 100% implementation of Digital Health and Information Action Plan	Process / Outcome	Digital Health Information Action Plan implemented with $\geq 80\%$ indicator achievement	TMO Report	Health IT
Annual MedTech Evolution training for relevant TMO staff and/or private practitioners	Process / Outcome	Relevant staff designated and attend MedTech Evolution Training	Training logs / reports	Health IT
2. KRA 2 Targets				
DA 1: Health Protection				
Less than 10 non-compliance complaints / food and drinking water incidents per annum	Impact	< 10 food / drinking water complaints registered per annum	HPO complaint log	Health Protection
Twice-yearly Tutaka programme	Outcome	Tutaka programme implemented twice annually	TMO Report	Health Protection
100% monitoring of mosquito breeding sites	Process	Identified mosquito breeding sites logged	TMO Report	Health Protection

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 1: Health Protection cont...				
100% of new private and commercial buildings meeting approved standards for Rarotonga and Aitutaki	Process	All new private and commercial buildings in Rarotonga and Aitutaki compliant with building standards	Manager's Report	Health Protection
At least 80% of food premises inspected and registered annually	Process	$\geq 80\%$ of food premises inspected by TMO	Manager's Report	Health Protection
Maintain 80% compliance with international border regulations (IHR)	Process	IHR border requirement indicators achieved $\geq 80\%$	TMO Report	Health Protection
Establishment of Public Health Mini Lab (contingent on GCF project approval/disbursement)	Outcome	Existence of mini lab	TMO Reports	Health Protection
Development of Rarotonga minimum water standards	Outcome	Issuance of minimum water standards for Rarotonga	TMO standard issuance	Health Protection
Development of prioritized Pa Enea minimum water standards	Outcome	Issuance of minimum water standards for prioritised Pa Enea	TMO standard issuance	Health Protection / Health Infrastructure
SOPs reviewed and completed, aligned to new Public Health Act	Process / Outcome	HIU SOP review report completed per terms in PHA	Manager's Report, TMO Report	HIU / Governance
DA 2: Health Promotion				
NCD premature mortality reduction in line with regional standards and/or appropriate comparator country/ies (per CI Population Policy)	Impact	Assessment of CI NCD premature mortality reduction rate and comparison with regional average or comparator country	NHIB, regional statistics	Health Protection
Increase of consumption of ≥ 5 serves of fruit and vegetables per day in line with regional standards and/or appropriate comparator country/ies	Impact	Assessment of CI consumption of serves of fruit and vegetables per day and comparison with regional average or comparator country	STEPS Survey, NHIB (or similar), regional statistics	Health Protection



TE PUNA TIAKI
WELLNESS UNIT

**MAY 2023 OPENING OF
TE PUNA TIAKI WELLNESS
UNIT.** Secretary of Health,
MR Bob Williams, CIIC
CEO, MR Allan Jensen

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 2: Health Promotion cont...				
Aggregate total of 5,000 followers across TMO health promotion social media platforms.	Outcome	Aggregate number of followers across all TMO health promotion social media platforms (e.g. Facebook, Twitter, Instagram, TikTok, LinkedIn)	TMO assessment	Health Protection
Implementation of 30 awareness activities, events, campaigns, initiatives or programmes by 2025 (per CI Population Policy Goal 7)	Process / Outcome	Number of TMO health promotion activities, etc. implemented	TMO Report	Health Protection
Increase of physical activity by islands through strategic partnership development with fitness programmes	Outcome / Process	Number of partnerships with fitness programmes; amount of increase in physical activity	TMO Report	Health Protection
Review and revise NCD strategy 2021-2025	Outcome	Revised NCD strategy released	TMO Strategy	Health Protection
Launch of 'Healthy and Smoke Free Islands' programme	Outcome	Declaration of Healthy / Smoke Free Islands on ≥5 Pa Enua	TMO Declaration	Health Protection
Operationalise Healthy Meal Policy for Rarotonga primary and secondary schools by 2025, in conjunction with the development partners	Outcome	Issuance of minimum water standards for Rarotonga	TMO standard issuance	Health Protection
School Health literacy programme established	Outcome	School health literacy programme established	TMO Report	Health Promotion
Conduct ≥500 individual HIV tests per annum.	Process	≥500 HIV tests (antibody, antibody/antigen, or nucleic acid tests) performed annually	TMO Report	Health Promotion / Community Health / Primary Care
Revise Integrated National Strategic Sexual and Reproductive Health (SRH) Plan (per CI Population Policy)	Outcome	Revised SRH Plan Drafted	TMO Plan	Health Promotion
Strengthen the early detection of HIV and other STIs to reduce further infections and facilitate timely management and treatment	Process	HIV/STI detection strengthened	TMO Report	Primary Care

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 2: Health Promotion cont...				
Achieve 100% DOTS coverage for TB.	Outcome	DOTS coverage for TB maintained	TMO Report	Health Promotion / Community Health / Primary Care
Smoking rate reduction of 10% by 2025 in line with regional standards and/or appropriate comparator country/ies (per CI Population Policy)	Impact	Smoked tobacco products use rate decreased (defined as incinerated tobacco use – excluding electronic nicotine delivery devices / vaping)	STEPS Survey, TMO Report or similar	Health Promotion
Dietary guidelines developed	Outcome	Issuance of dietary guidelines	TMO guidelines	Health Promotion
Enrolment of 50 participants per annum in smoking cessation programmes.	Outcome	Smoking cessation programmes enrol ≥50 participants per annum	Manager's report	Health Promotion
Biannual 'Making Sense of Data' workshops	Outcome	'Making Sense of Data' workshops conducted	Attendance logs	Health Promotion / HIS / HIU
DA 3: Mental Health				
Number of people with mental health diagnosis annually (moderate –severe mental illness)	Process / Outcome	Baseline established	Manager's Report	Mental Health
Drafting of systematic review and/or position paper on locally specific social determinants of mental health completed	Outcome	Review/position paper drafted on CI-specific social determinants of mental health	TMO Review/ position paper drafted	Mental Health
20% continued increase in number of objectives delivered and/or activities implemented each year, per the CI Mental Health Workforce plan	Process / Outcome	Tally of objectives achieved / activities implemented under CI Mental Health Workforce Plan – 20% increase by end of NHSP 2023+	Manager's Report	Mental Health / HRH
Increase percentage of population accessing mental health services is measured	Process	Number of unique mental health patient encounters logged	Manager's Report, NHIB, TMO Report or similar	Mental Health

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 3: Mental Health cont...				
Reduction of suicide mortality rate (aggregated over 4-year period) in line with regional standards and/or appropriate comparator country/ies	Impact	Suicide mortality rate assessed for CI and compared to regional figures and/or comparator country/ies	NHIB, regional health statistics, NHIB or similar	Mental Health
Patient satisfaction baseline established	Process	Mental health patient satisfaction figures measured	Manager's Report, TMO Reports	Mental Health
80% patient satisfaction rate met biennially	Outcome	TMO mental health patient satisfaction tallied at $\geq 80\%$	Manager's Report	Mental Health
DA 4: Health Intelligence Unit				
6-monthly risk modelling reporting on NCDs, notifiable diseases and emerging health risks.	Outcome	Reporting on NCDs, notifiable diseases and emerging health risks completed via risk modelling	HIU Report	HIU
100% of food/water non-compliance issues are addressed within 48hrs of receipt	Process / Outcome	HIU enforcement of food/water non-compliance issues at 100% within 48 hours of complaint receipt	Manager's Report	HIU / Health Protection
'One Health' framework developed and implemented.	Process / Outcome	TMO OH Framework drafted and operationalised	TMO Report, Manager's Report	HIU
Case investigations of non-compliance under Public Health Act	Outcome	HIU to conduct PHA non-compliance	Manager's Report	HIU / Health Protection
≥ 5 staff undertake and complete Pacific Data for Decision Making (DDM) training programme	Process / Outcome	≥ 5 TMO staff complete DDM training	Manager's Report	HRH / HIU
100% of food/water non-compliance issues are addressed within 48hrs of receipt	Process / Outcome	HIU enforcement of food/water non-compliance issues at 100% within 48 hours of complaint receipt	Manager's Report	HIU / Health Protection

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 4: Health Intelligence Unit cont...				
Completion of 3 Inter-Agency mock exercises focused around International Health Regulations.	Process	Inter-agency mock exercises on IHR performed ≥ 3 times before end of NHSP 2023+ period	Manager's Report	HIU / Governance

3. KRA 3 Targets

DA 1: Clinical Patient Care Services				
50% of emergency ambulance call outs in Rarotonga leave the hospital within three minutes in Rarotonga	Process / Outcome	Ambulance callouts leave Rarotonga hospital in ≤ 3 minutes	Hospital / ambulance logs	HHS
50% of adults patients presenting with chest pain have ECG started within 10 minutes from 2023, increasing by 5% by each year	Process / Outcome	From a baseline of 50% in 2023, patients presenting with chest pain will have an ECG started within 10 minutes of admission to the hospital, increasing by 5% per annum	TMO Report, Manager's Report	HHS
Increase cervical cancer screening rate by 5% each year from 2022 baseline of 55%	Process / Outcome	From a baseline of 55% of eligible patients, cervical cancer screening rates will increase by 5% per annum	TMO Reports	HHS
100% coverage of antenatal and obstetrics care	Outcome	100% of pregnant women in CI receive antenatal and obstetrics care from a skilled birth attendant	TMO Reports	HHS
100% of neonates from hepatitis-positive mothers are given a hepatitis B immunisation and immunoglobulin within 72 hours, and followed up at nine months	Process / Outcome	Per indicator	TMO Report	HHS

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 1: Clinical Patient Care Services cont...				
A reduction in the absolute number of post-operative infections by one annually	Impact	Absolute numbers of post-operative infections – defined as infections within 30 days of a surgery – decreasing by 1 every year.	TMO Report, Manger's Report	HHS
Develop Cook Islands National Infection Prevention Control Action Plan	Outcome	Per indicator	Action Plan	HHS
Develop CI MOH Palliative Care guidelines and SOPs completed and updated	Outcome	Per Indicator	Palliative care guidelines and SOPs	HHS
Increase mammogram screening follow up of all eligible women (40 to 75 years of age) by 1% biennially from the current 2022 level.	Impact	Number of mammogram screening follow up of all eligible women (40 to 75 years of age)	HSV Report	HHS
Produce prostate cancer screening protocol to strengthen prostate cancer screening	Outcome	Prostate cancer screening protocol reviewed and developed	Prostate cancer screening protocol	HHS
Scope bowel cancer screening services	Process	Scoping report on feasibility of bowel cancer screening services	Report	HHS
NCD premature mortality reduction in line with regional standards and/or appropriate comparator country/ies (per CI Population Policy)	Outcome	Per indicator	Report	HHS
Maintain or increase average life expectancy	Outcome	Life expectancy statistics	NHIB or other TMO report	HHS
Maintain nil maternal and neonatal and child mortality rate	Outcome	Per indicator	Report	HHS

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 2: Referral Services				
Patient satisfaction baseline established	Outcome	Per indicator	TMO Report	HHS
80% patient satisfaction rate met biennially	Process / Impact	Patient satisfaction measured biennially; ≥ 80% of patients report 'satisfied' or higher on patient surveys	TMO Report	HHS
Review and update patient referral policy	Process / Outcome	Per indicator	TMO Policy	HHS
DA 3: Specialist Care				
≥ 12 health specialist visits per annum	Process / Outcome	Per indicator	TMO Report	HHS
≥ 2 community and/or Pa Enua outreach programmes implemented per annum	Process / Outcome	Per Indicator	TMO Report	HHS

4. KRA 4 Targets

DA 1: Primary Care				
Minimum 2 trainings in mobile utilisation of digital screening templates to strengthen data collection for quality improvement	Process / Outcome / Impact	Trainings in mobile utilisation of digital screening templates conducted	Attendance Logs	Community Health
Biennial school health check reports published	Outcome	School health check reports produced and published	TMO Report	Community Health
Maintain ≥ 95% immunisation coverage	Outcome	≥ 95% coverage for all standard childhood immunisations	TMO Reporting	Community Health
Maintain 100% post-natal checks	Process / Outcome	100% post-natal checks completed	Manager's Report	Community Health



Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 1: Primary Care cont...				
100% home visits after hospital discharge	Process	100% post-hospital discharge home visits completed	Manager's Report	Community Health
Palliative care database reviewed and maintained, and reported annually to HIS	Process / Outcome	Database review, updated, and annually reported to HIS	Manager's Report, TMO Report	Community Health, HIS
Nil stock-outs of oral, injectable and barrier contraceptives at community clinics	Process	Zero stock-outs of carried oral / injectable / barrier contraceptives at community clinics in Rarotonga	TMO Report	Community Health
Scoping review of implementation of UN Healthy Aging Action Plan (per CI Population Policy Objective 5.3 and 5.4)	Outcome	Scoping review of TMO implementation of UN Healthy Aging Action Plan	TMO Review Report	Community Health
Compile and collate data on service provision to disabled and elderly patients	Process / Outcome	Database on service provision to disabled and elderly patients created	TMO database	Community Health, HIS
Maintain or reduce patient waiting time to <99 minutes	Impact	Wait time after patient registers / checks-in	Manager's Report	Primary Care
Establish PHC to ED urgent transfer baseline data by end of 2023	Outcome	Measurement of transfer time and appropriateness baseline for patients transferred from primary care sites in Rarotonga to hospital under urgent transfer conditions	Manager's Report	Primary Care / HHS
At least 90% of PHC to ED transfers deemed 'Appropriate' as measured by patient disposition at ED (admission or discharge), investigations (e.g. labs, radiology), or specialist review.	Impact	Per indicator	Manager's Report	Primary Care / HHS
Establishment of a paediatric clinic in PHC centre	Outcome	Dedicated paediatric clinic in Tupapa PHC centre	Manager's Report	Primary Care / Specialist Care

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 1: Primary Care cont...				
Establishment of ENT/eye clinics in PHC centre	Outcome	Dedicated ENT and eye clinics in Tupapa PHC centre	Manager's Report	Primary Care / Specialist Care
RHD screening of children completed for >90% of persons in eligible age groups	Process / Outcome	Echo screening of children in eligible age groups	RHD Report	Primary Care
RHD repeat screening for ≥ 90% of designated high-risk children	Outcome	Repeat echo screening for designated high-risk children	RHD Report	Primary Care
RHD database updated and maintained	Outcome	Per indicator	RHD Report	Primary Care
RHD prophylaxis adherence ≥ 90% for all diagnosed patients	Outcome	Per indicator	RHD Report	Primary Care
Primary and secondary school student obesity rate reduced in line with regional standards	Impact	CI primary and secondary school obesity rate tallied and compared with regional rates and/ or comparator country/ies; CI achieves reduction in line with regional rates and/ or comparator country/ies rates	TMO Report, regional report	HHS, Primary Care, Public Health
Reduce incidence of NCD in line with Regional standards	Impact	CI NCD incidence tallied and compared with regional rates and/ or comparator country/ies; CI achieves reduction in line with regional rates and/ or comparator country/ies rates	TMO Report, regional report	HHS, Primary Care, Public Health
Assessment of adequacy of health services available to older people per the Cook Islands Population Policy completed	Process	Define 'adequacy' with recourse to CIPP, and perform assessment	TMO Report	HHS, Primary Care, Public Health
Routine mobile doctors' programme established for all islands	Process	Per Indicator	TMO Report	Primary Care
Establish minimum Rapid Test Kit for all Pa Enua health clinics	Process	Per Indicator	TMO Report	HHS, Primary Care, Public Health

5. KRA 5 Targets

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 1: Pharmacy				
Completion of National Medicines Policy review	Outcome	National medicines policy review document created	NMP Review Report	Pharmacy
Review of Antimicrobial Action Plan	Outcome	Antimicrobial Action Plan reviewed	AAP Review Report	Pharmacy
Revision of TMO Pharmacy Services Standards	Outcome	TMO Pharmacy Services Standards Revised	Pharmacy Services Standards Revision Report	Pharmacy
Cold chain systems and processes meet NZ accreditation standards on Rarotonga and Aitutaki by end of 2025, and other Pa Enua sites by end of 2027	Outcome	Per indicator	Manager's Report	Pharmacy
Registration/licencing of medicines importers and distributors/suppliers (including requisite auditing processes)	Process / Outcome	Registration of medicines importers / distributors / suppliers	Manager's Report	Pharmacy
Establish database for medicines importers and distributors/ suppliers	Outcome	Database of medicines importers / distributors / suppliers	Database, Manager's Report	Pharmacy
Nil stock-outs of NCD medications	Impact	Nil stock out	TMO Report	Pharmacy
Drug and therapeutic committee quarterly meetings maintained and reported	Process	Quarterly committee meetings orchestrated and logged	Meeting minutes / TMO Reports	Pharmacy
Essential Medicine list reviewed every two years and align to Anti-Microbial Resistance Action Plan and Antibiotic guidelines	Process	EML review + alignment with AMR Action Plan / Antibiotic Guidelines	TMO Reports	Pharmacy
DA 2: Laboratory				
90% of all non-urgent laboratory results processed and reported within 24 hours from the time specimen received in laboratory (except microbiology results).	Outcome	Per indicator	TMO Report	Laboratory

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 2: Laboratory cont...				
100% of urgent laboratory results processed and reported within three hours from the time specimen received in laboratory.	Outcome	Per indicator	TMO Report	Laboratory
Annual external audit report is generated on the progress of ISO 15189 certification	Outcome	External audit report	External audit report	Laboratory, Health Infrastructure
Operationalize Laboratory Information Management System (LIMS).	Process / Outcome	Per Indicator	TMO Report	Laboratory
DA 3: Radiology				
Development of radiology service plan with focus on local mammography service delivery	Outcome	Radiology service plan, including local mammography service delivery plan	TMO Service Plan	Radiology
One female staff member trained to conduct mammography screening	Outcome	Per indicator	Manager's Report	Radiology / HRH
Full-time mammography screening available	Outcome	Full-time mammography screening available in Rarotonga from 2026	Manager's Report	Radiology
Review and update Radiology Equipment and Management policy annually	Outcome	Annual policy review and update	Manager's Report	Radiology
Radiology Service Plan formulated and agreements executed	Outcome	Technical assistance source identified	Manager's Report	Radiology
Radiology scoping study for Aitutaki Hospital completed	Outcome	Scoping study completed	Study Report	Radiology
DA 4: Physiotherapy and Occupational Therapy				
100% of patients with musculoskeletal injuries are provided with therapeutic ultrasound	Outcome	Rarotonga HHS musculoskeletal injury patients are offered therapeutic ultrasound	Manager's Report	Physiotherapy and Occupational Therapy
Develop and review two guidelines and protocols annually for best practice	Outcome / Impact	Development and review of two Physiotherapy and/ or Occupational Therapy guidelines / protocols per annum	Guidelines and Protocols	Physiotherapy and Occupational Therapy

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 5: Biomedical				
100% adherence to preventive maintenance schedule for biomedical equipment	Process	Per indicator	Manager's Report	Biomedical
Review and update Medical Equipment Donation Policy	Process / Outcome	Medical Equipment Donation Policy reviewed and updated	Medical Equipment Donation Policy	Biomedical / Governance
Review Asset Management Policy	Process / Outcome	Asset Management Policy Reviewed	Asset Management Policy	Biomedical
Review Oxygen Management Plan	Process / Outcome	Oxygen Management Plan Reviewed	Oxygen Management Plan	Biomedical
Minimum medical equipment requirements for all health facilities maintained	Process / Outcome	Per Indicator	Manager's Report	Biomedical
DA 6: General Support (Reception, Food and nutrition, maintenance and Infection Prevention & Control [IPC])				
TMO-approved national IPC guidelines translated to SOPs at the facility level and reviewed at least every five years	Outcome	Per indicator	Manager's Report	IPC
Audit of hand hygiene compliance to establish baseline	Outcome	Hand hygiene audit in Rarotonga hospital	Manager's Report	IPC / HHS
100% of Maintenance request forms attended to within a week	Outcome	Per indicator	Manager's Report	Maintenance / HHS
Rarotonga hospital kitchen inspected annually by HPOs	Outcome	Per indicator	Manager's Report	Food and nutrition / Health Protection / HHS
Develop infection control policies and guidelines	Process / Outcome	Development of IPC Policies/ Guidelines	IPC Policies/ Guidelines	IPC / HHS
6 Conduct surveillance and outbreak response	Process / Outcome	Per Indicator	TMO Report	IPC / HHS

6. KRA 6 Targets

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 1: Child Oral Health				
Develop maternal and child oral health integrated policy	Process	Development of relevant policy	Maternal and child oral health integrated policy	Oral Health
Implement school screening and delivery of oral health services for school children biennially for the next 5 years	Process / Outcome	Per indicator	Manager's Report	Oral Health / Paediatrics
Conduct child oral health survey – including <5-yearolds - in the Cook Islands by the end of 2025	Process / Outcome	Child oral health survey completion by end of 2025	Child Oral Health Survey Report	Oral Health / Paediatrics
Mobile Dental programme established	Process / Outcome	Per Indicator	Manager's Report	Oral Health / Paediatrics
Implementation of 'Baby Teeth Matters Programme'	Outcome	Per Indicator	Manager's Report	Oral Health / Paediatrics
Establish baseline attendance rate of pregnant mothers for oral health check-up	Process / Outcome	Baseline attendance rate established	Manager's Report	Oral Health / Obs & Gynae
Establish baseline attendance rate for oral health checkup of babies by their first birthday (early visits to the dentist)	Process / Outcome	Baseline attendance rate established	Manager's Report	Oral Health / Paediatrics
Establish data base for special needs children	Outcome	Database established	Database, Manager's Report	Oral Health / Paediatrics
Number of primary schools with toothbrush programme	Process / Outcome	Baseline established	Manager's Report	Oral Health
Achieve WFPHA Maternal and Child Oral Health Initiative Endorsement	Process / Outcome	Endorsement achieved	WFPHA Initiative Endorsement	Oral Health / Paediatrics
Number of schools with fluoride varnish and rinse program implemented.	Process / Outcome	Baseline established	Manager's Report	Oral Health
Number of schools with fissure sealant programmes implemented	Process / Outcome	Baseline established	Manager's Report	Oral Health
Consultation on water fluoridation in schools undertaken	Outcome	Per indicator	Manager's Report	Oral Health
Reduce dental caries by 15% amongst school children	Outcome	Establish baseline and generate assessment	NHIB / TMO Report	Oral Health



Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 2: Adult Oral Health				
Acquire new digital imaging technologies (e.g. Orthopantomogram (OPG), Intra-Oral)	Outcome	Acquisition of ≥ 1 new dental laboratory equipment	Manager's Report	Oral Health / Biomedical
Acquire digital prosthesis technologies (e.g. Computer-Aided Design/ Computer-Aided Manufacturing (CAD-CAM))	Outcome	Acquisition of ≥ 1 new dental laboratory equipment	Manager's Report	Oral Health / Biomedical
Acquire dental laboratory equipment (e.g. furnaces and laboratory accessory equipment)	Outcome	Acquisition of ≥ 1 new dental laboratory equipment	Manager's Report	Oral Health / Health Infrastructure
Renovate and upgrade Tupapa Clinic facility	Outcome	Per indicator	Manager's Report, CIIC	Oral Health / Health Infrastructure
Establish a dedicated oral surgery unit	Outcome	Establishment of dedicated oral surgery unit	Manager's Report	Oral Health / Health Infrastructure / HRH
Acquire and install dedicated oral health information system	Outcome	Acquisition and deployment of oral health information system	Manager's Report	Oral Health / Health IT
Develop specialist oral healthcare services	Process / Outcome	Designated profile established	Manager's Report	Oral Health
Implement oral health-specific health information system	Process / Outcome	Designated profile established	Manager's Report	Oral Health
Implementation of a structured patient appointment system by end of 2024	Process / Outcome	Designated profile established	Manager's Report	Oral Health
Establish oral health disease profile	Process / Outcome	Designated profile established	Manager's Report	Oral Health
Improve natural teeth retention (baseline 2022 STEPS survey result: 78.3%)	Outcome	Per Indicator	Assessment report	Oral Health
Establish baseline for unmet denture treatment needs (18 to 69 years old)	Outcome	Baseline established	Manager's Report	Oral Health
DA 3: Community Oral Health				
Review and update existing clinical guidelines by 2024	Outcome	Update and review of oral health clinical guidelines	TMO Guidelines	Oral Health
Implement Cook Islands National Oral Health Survey by 2025 and/or ensure oral health relevant questions are on future NCD STEPS, DHS, and/or census	Process	Per indicator	Manager's Report / Survey Report / Census	Oral Health

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 3: Community Oral Health cont...				
Develop 5-year oral health action plan	Process	5-year oral health action plan developed	Manager's report / TMO report	Oral Health
Routine mobile dental programme for all islands established	Process / Outcome	Per indicator	Manager's report / TMO report	Oral Health
7. KRA 7 Targets				
DA 1: Aitutaki				
Achievement of BFHI accreditation	Outcome	BFHI Declaration for Aitutaki Hospital	Plaque	Pa Enua / HHS
Inauguration of blood bank services	Outcome	Implementation of blood bank at Aitutaki Hospital	Manager's Report	Pa Enua
Implementation of ultrasound services	Outcome	Per Indicator	Manager's Report	Pa Enua
Upskilling of nurses with NCD training	Outcome	At least one nurse completes NCD related CME/CPE	Manager's Report	Pa Enua / HRH
Water/Sanitation improvements at hospital (2027, contingent on GCF project approval/disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
DA 2: Atiu				
Completion of health specialist visits	Process	Per indicator	Manager's Report	Pa Enua / HHS
Water/Sanitation improvements at clinic (2025, contingent on GCF project approval/disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
DA 3: Mangaia				
Attendance of continuing professional development programming for staff	Outcome	At least one staff attends CME/CPE	Manager's Report	Pa Enua / HHS
Water/Sanitation improvements at clinic (2027, contingent on GCF project approval/disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure

Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 4: Manihiki				
Achieve/maintain 95% vaccine coverage under EPI	Impact	≥ 95% of coverage via childhood immunisations under EPI	TMO Report	Pa Enua / Primary Care / Community Health
Renovation of Tauhunu clinic, including water/sanitation improvements at clinic, solar battery back-up, air conditioning, and vaccine refrigeration facilities (2025, contingent on GCF project approval/disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
Water/Sanitation improvements at Tukao clinic (2025, contingent on GCF project approval/disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
DA 5: Mauke				
Renovation of Mauke clinic, including water/sanitation improvements at clinic, solar battery back-up, air conditioning, and vaccine refrigeration facilities (2024, contingent on GCF disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
Implementation of NCD prevention initiative	Process	NCD Prevention Initiative activities completed	Manager's Report	Pa Enua
DA 6: Mitiaro				
Attendance of continuing professional development programming for staff	Outcome	At least one staff attends CME/CPE	Manager's Report	Pa Enua / HRH
Implementation of NCD programme for children in primary/secondary school	Outcome	NCD programme implemented for primary/secondary school children	Manager's Report	Pa Enua
Renovation of Mitiaro clinic, including water/sanitation improvements at clinic, air conditioning, and vaccine refrigeration facilities (2026, contingent on GCF project approval/ disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure

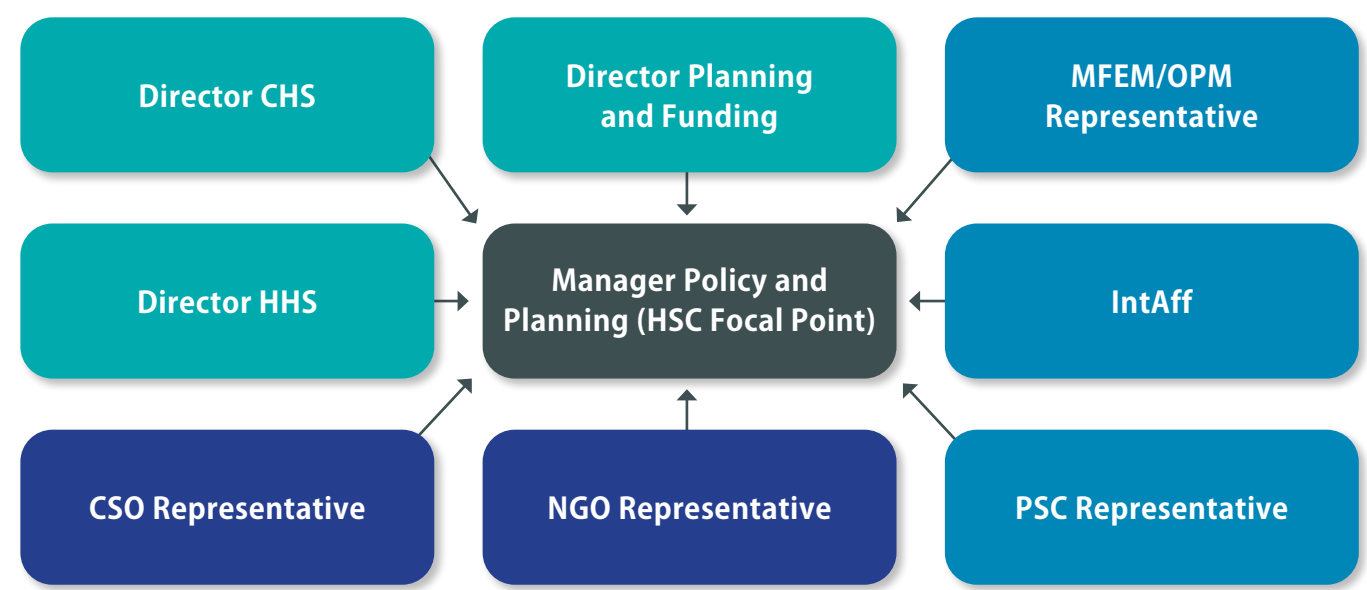
Target	Indicator Type	Definition/ Description	Data Source/ Verification	Focus
DA 7: Palmerston				
Delivery of mental health services via telemedicine	Process	Mental health services and/ or consultations delivered via telemedicine	TMO Report / Manager's Report	Pa Enua / Mental Health
Achieve/maintain 95% vaccine coverage under EPI	Impact	≥ 95% of coverage via childhood immunisations under EPI	TMO Report	Pa Enua / Primary Care / Community Health
Water/Sanitation improvements at clinic (2027, contingent on GCF project approval/ disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
DA 8: Penrhyn				
Renovation of Omoka clinic, including water/sanitation improvements at clinic, air conditioning, and vaccine refrigeration facilities (2027, contingent on GCF project approval/disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
Water/Sanitation improvements at Te Tautua clinic (2027, contingent on GCF project approval/disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
Upgrade of sea ambulance completed	Outcome	Per Indicator	TMO Report	Pa Enua / Health Infrastructure
DA 9: Pukapuka and Nassau				
Water/Sanitation improvements at Pukapuka and Nassau clinics (2027, contingent on GCF project approval/ disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure
DA 10: Rakahanga				
Water/Sanitation improvements at Rakahanga clinic (2024, contingent on GCF project approval/ disbursement)	Outcome	Per indicator	CIIC Report	Pa Enua / Health Infrastructure

X. COUNTRY COORDINATING MECHANISM

NHSP implementation will be overseen and monitored by the NHSP Supervisory Committee (HSC), which will be led by TMO and bolstered via the participation of subnational stakeholders, other ministries, NGOs/ CBOs/CSOs, the private sector, academic institutions, and development partners. The TMO Planning Unit will serve as the focal point and chair for the coordinating committee (CC). Regular meetings will be held at intervals deemed appropriate by TMO, informed by the above indicator periods. Minutes of CC meetings will be disseminated to all senior staff and partners for information and action. These minutes should also be collected to serve as input for M&E functions of the NHSP evaluation during mid-point and endpoint reviews.

1. HAP Supervisory Committee

The following structure and membership of the NHSP supervisory committee is proposed under the overall supervision of the Secretary of Health.



A. Country Progress and Performance Review Mechanism

The basis for progress and performance reviews lies in the target/indicator data collected through M&E processes, and will necessitate institutional mechanisms (i.e. the HSC) that involve multiple stakeholders. The current health-sector review procedures in the Cook Islands is an important M&E baseline, and will optimally be used to inform priority-setting and resource allocation. These reviews should be systematically linked to actions in the Cook Islands and serve as the foundation for mutual accountability and transparency.

1. Schedule of Reviews

- 1. Annual Reviews: at the end of each calendar year
- 2. Mid-term Review: at the end of 2025
- 3. Final situation analysis and evaluation: June of 2027 or at the expiry of the HAP, whichever comes later.

Performance reviews will draw on data information obtained from the HIS/HIU teams, and from individual programmatic reviews and reports. Annual reviews are expected to feed into the Business Plan formulation process for funding and resource allocation.

2. Data Sources

To assess the progress and performance of the NHSP 2023+, it will be necessary to use the full complement of available data, which will require a clear delineation of how data will be generated including a specification of inputs, processes, outputs, outcomes, and impact. The following are envisioned as primary data sources for M&E processes:

- The census of population and housing, which provides information on the size, distribution, and characteristics of the population.
- Civil registration and vital statistics systems, which provide data on births, deaths, and causes of death. The NHSP therefore includes provisions for the use of vital statistics and plans to improve their availability and quality.
- Population-based health surveys, such as the STEPS NCD Survey and the Demographic Health Survey (DHS), which focus on service coverage, equity, and population health outcomes.
- Facility-generated data, including routine facility information systems (e.g. LMIS), health facility assessments, and surveys. HIS/HIU is the natural focal point for such statistics.
- Health programme-generated data, which are specific to individual initiatives, and may be generated by outreach programmes, special campaigns and drives (e.g. immunization campaigns), and/or other intervention activities. These data sources should be included in M&E and planning activities.
- Administrative data sources, such as parliamentary briefs, financial resource flows, and expenditures at all levels, including major programmes.

3. Dissemination and Communication

M&E findings should guide the NHSP Supervisory Committee in designating analytical outputs that will inform decision-making, programme management, financial disbursements, and general reporting. HIS data products will serve as key outputs, and will form an important basis for M&E reporting, as outlined below:

- **Health Sector Progress and Performance Report:** This report is a critical input for NHSP annual reviews, providing a systematic assessment of progress against specific objectives and goals in the national health strategy and disease-specific plans. This report will synthesize data from various sources, such as facility reporting systems, household surveys, administrative data, and research studies, to answer key questions on progress and performance using the country’s core indicators and health goals.
- **Annual Health Statistical Report:** Via TMO’s National Health Information Bulletin, these annual health information reports provide a comprehensive analysis of all health data derived from administrative and health facility reporting, including the most relevant data by island. The NHIB report is cognizant of data quality issues, such as timeliness, completeness, and accuracy of reporting, and will specify data adjustments and methods used, if applicable.
- **Policy Briefs:** These briefs present actionable recommendations for decision-making in a short-form format. The format typically identifies a problem, proposes a solution, presents a compelling and feasible recommendation, and highlights supporting evidence using non-academic language, images, quotes, photographs, and bullets.
- **Colour Coding:** This strategy groups data and suggests action using colours corresponding to a traffic stop light. Each colour and indicator is given predetermined numerical ranges based on progress towards a programmatic target. Decision-makers can quickly determine if action is required around a specific indicator. This technique shares similarities with the grading found in health report cards.





XI. MY HEALTH, MY FUTURE
TMO ESSAY COMPETITION WINNER
YEAR 12-13 CATEGORY

A necessary step towards a BETTER FUTURE

By Matamaru Tekoronga, Year 13, Level 3 student,
Tereora College

The Cook Islands, our island, our home, our beautiful paradise - but behind all that beauty, a troubling truth. The lack of mental health support in the Cook Islands is a crisis that could potentially tear our community apart if not dealt with. The Government's lack of funding for resources and facilities. Without the funding people cannot get the help they need regarding mental illnesses such as anxiety and depression, especially for children and teenagers because they are the future of our country, their health is our future. The Mental Health support in the Cook Islands is quite appalling and we need funding for more mental health resources and facilities, these days young minds are being plagued by this issue, why is there nothing being done to help? Why is this basic human need being ignored?

AWARENESS; COMMUNICATION, GENERATION TO GENERATION

"Mental health? What a joke. Kids these days need to toughen up" said almost every old person on this island. Admit it, you have thought it at least once, "kids these days are getting soft" or "in my day we just had to deal with it". Get with the times. Kids these days go through more damage that is psychological each day. I've heard it myself from the mamas and papas at church to the mamas and papas in public, almost every time a teenagers mental health was brought up, they treated it as if it was a second, third, fourth priority. If no one acknowledges this issue, nothing will be done to fix it. The fact that older people, the people that teach the younger ones, push this issue aside is quite sad, because if the younger people see it, chances are they will do the same. Older people influence the younger ones.

"Not all people do that, I don't do that" congratulations, do you want an award? If you do not project that stuff on to children, then great, but there are still so many people who do. "Children have minds of their own, they should use it". So do you, still think it is okay to treat mental health as a last resort of matter. As the older generation, it should not be acceptable to poison kids' minds with this "get over it" perspective, because the kids have been told this, are most at risk, then the wish is yours", my response was not convincing enough. So what would have been?

OUR KIDS, OUR FUTURE LEADERS

Teenagers are the most at risk when it comes to mental illness diagnostics - and they are the future of our island, if nothing is done now it will only get worse. Around the world one in every seven teens suffer from mental illnesses and of the people I know, three out of five of my friends suffer from the same illnesses, be it depression, anxiety etc. These statistics do not get lower as time goes on. Globally, there are less people but it adds up to 13% of the world - but based on a personal anecdote the number is much higher locally. "But that is globally, nothing in their states anything about the Cook Islands" and you're right, it doesn't, but if that's happening in the whole world how would Cook Islands not be affected. If we can prevent teenagers from feeling as if their feelings do not matter, then maybe we can save some lives.



SUICIDE PREVENTION; DO YOUR PART TO SAVE LIVES.

Imagine losing a loved one to a form of mental illness, bi-polar disorder, alcoholism, suicide. Approximately eight million people worldwide die each year and according to the World Health Organization, "Suicide is the fourth leading cause of death among 15-29-year-olds. People with severe mental health conditions die prematurely as much as two decades early due to preventable physical conditions". Even WHO recognizes that this is an issue that must be dealt with. WHO identifies this issue as "preventable" and how do we prevent this in the Cook Islands? By supplying more funding for mental health facilities, we can help these people with their mental stability so they do not hurt themselves or others. The evidence is plain and clear; the statistics are right there, a simple google search proves it. You cannot deny it. With more help, we can save more lives.

In conclusion, the Cook Islands Government needs more funding for mental health support. Mental instability, it is real, it is here, and it is plaguing the minds of our young ones, our teens, the ones more at risk and they are the future of our island. If we can prevent these people from feeling this way, we can save more lives. So I am asking, pleading, begging, for the future of our beloved islands, please, we need more funding for mental health support.

HELP US HELP THE FUTURE OF OUR ISLAND.

XII. APPENDIX 1: NHSP CONSULTATION PROCESS

1. Initial Programme - NHSP 2017-21 Evaluation and NHSP 2023+ Consultations

Draft Programme - National Health Strategy 2023+ Consultations 13 - 24 MARCH 2023		
Monday, 13 March 2023	TA 1st visit / EOC 9am - 1pm	PP Team to meet with David + M & E (Stocktake of the 2017-21 NHS) Directors and Managers one on one consultations (Hospital Health)
Tuesday, 14 March 2023	TA 1st visit / ESR 9am - 1pm	M & E (Stocktake of the 2017-21 NHS) Acting Director / Managers / Staff one on one consultations (Public Health & Mental Health)
Wednesday, 15 March 2023	TA 1st visit / ESR 9am - 12noon	M & E (Stocktake of the 2017-21 NHS) Directors and Managers one on one consultations (Oral Health)
Thursday, 16 March 2023	TA 1st visit / ESR 9am - 12noon	M & E (Stocktake of the 2017-21 NHS) Directors and Managers one on one consultations (Primary Health)
Friday, 17 March 2023	TA 1st visit	M & E (Stocktake of the 2017-21 NHS) Directors and Managers one on one consultations (PnF & Partners)
Saturday, 18 March 2023	FREE	
Monday, 20 March 2023	ESR TMO Tupapa	Briefing with the Secretary of Health and TMO Executive and ADB; Meet the Policy and Planning Team; Update
Tuesday, 21 March 2023	Workshop at ArePua Community Hall	Workshop with TMO Staff: Consultations on the New NHS 2023+
Wednesday, 22 March 2023		Workshop with Stakeholders Partners (NGOs, Cabinet Ministers, Opposition, MPs) : Consultations on the New NHS 2023+
Thursday, 23 March 2023		Workshop with Stakeholders Partners (NGOs, Cabinet Ministers, Opposition, MPs) : Consultations on the New NHS 2023+
Friday, 24 March 2023	TMO Board Room	TA Final Briefing with SOH and Executives - Preparation for 2nd Visit: 22 May - 02 June 2023

2. Consultations

NATIONAL HEALTH STRATEGIC EVALUATION FACE-TO-FACE MEETINGS MARCH 2023		
MON 13 Hospital Services	TUE 14 Public Health	TUE14 Mental Health
Dr May Dr Koko Frances Akaruru Annaliese Copper Maina Tairi Helen Maunga	Metua Bates Karen Ngamata Rangi Tairi Rufina Tutai Ngatamaine Rongo Roger Nehemia Oirua Tini Tania John Tai Tommy James Auora Moetuma Nicholas Howard Tangimetua Nelson Ngaiorae Paul Maaka Mexico Jack Edwina Tangaroa Edith Tangaroa Maina Tairi Tereapii Tumutoa Oropai Mataroa Helen Maunga Maina Tairi	Dr Evangelene Wong Dr Rangi Fariu Dr Philadelphia Ngarua RN Anna Paniani RN Mamahotu Tararo Tansy Brown RN Mereana Taikoko Maina Tairi Helen Maunga
WED 15 Oral Health	THU 16 Primary Health	FRI 17 Planning & Funding
Dr Danny Areai Dr Seema DTh Upokotea Unuia DTh Ngametua Moekapiti Maina Tairi Helen Maunga	Dr Teariki Faireka RN Vainenooapii Mateariki Rangi Tairi Rufina Tutai Maina Tairi Helen Maunga Howard Tangimetua Primary Health Dr AU NG - RHD Primary Health ICT Manager - Ralema Geno	Jeremy Goodwin Michaela Tangimetua Howard Tangimentua Helen Maunga

**TMO AND STAKEHOLDERS WORKSHOP—
CONSULTATION ON THE NATIONAL HEALTH STRATEGY 2023+**

DAY 1—21 MARCH 2023		
NAME		
1. Francis Akaruru	22. Michaela Tangimetua	43. Ligipati Dowling
2. Andrew Orange	23. Howard Tangimetua	44. Paul Ongoua
3. Helen Sinclair	24. Dr Evangelene Wong	45. Hiawatha Tauia
4. Douglas Tou	25. Dr Rangi Fariu	46. Ella Napara
5. Metua Bates	26. Dr Philadelphia Ngarua	47. Roana Mataitini
6. Karen Ngamata	27. RN Anna Paniani	48. Nadave Tereapii
7. Rangi Tairi	28. RN Mamahotu Tararo	49. Ralema Geno
8. Rufina Tutai	29. Tansy Brown	50. Munukoa Takai
9. Ngatamaine Rongo	30. Tereapii Nimerota	51. Charlie Ave
10. Roger Nehemia	31. Tu-Te Maeva Poaru	52. Kati Blatner
11. Oirua Tini	32. Dr Danny Areai	53. Nga Manea
12. Tania John	33. Dr Seema Kumar	54. Moetuma Nicholas
13. Tangata Vaeau	34. DTh Upokotea Unuia	55. Theresa Tatuava
14. Edwina Tangaroa	35. DTh Ngametua Moekapiti	56. SoH Bob Williams
15. Edith Tangaroa	36. Dr Tuaine Unuia	57. James Auora
16. Tereapii Tumutoa	37. Dr Kiriau Nio	58. Shaun Teaurima
17. Oropai Mataroa	38. RN Vainenooapii Mateariki	59. Mokoroa Pepe (Ri)
18. Vaine Ngatokorua	39. Norma Tairi	60. Paul Maaka
19. Maina Tairi	40. Matavaine Numanga	61. Mexico Jack
20. Helen Maunga	41. Rongo Ingaua	62. Ina Tararo
21. Grace Matenga	42. Jeremy Goodwin	63. Bernadett
		64. David Angelson

DAY 2—22 MARCH 2023	
NAME	MINISTRY
1. SoH Bob Williams	TMO
2. David Angelson	TMO
3. Rangi Tairi	TMO
4. Michaela Tangimetua	TMO
5. Howard Tangimetua	TMO
6. Maina Tairi	TMO
7. Helen Maunga	TMO
8. Grace Matenga	TMO
9. TMO Roana Mataitini	TMO
10. Rufina Tutai	TMO
11. Dr Seema Kumar	TMO
12. Ngametua Moekapiti	TMO
13. Nga Manea	TMO
14. Fraces AkarurU	TMO
15. Douglas Tou	TMO
16. Ralema Geno	TMO
17. Dr Danny Areai	TMO
18. Stephano Rampling Tou	EMCI/OPM
19. Lydia Sijp-	EMCI/OPM/Tupapa Puna
20. Anna Moesau Roumanu	MoE
21. Pauline Rangi	INTAFF
22. Tuiane Jnr Manavaroa	INTAFF
23. Dean Tangata	CIFWA
24. Polly Tongia	CIFWA
25. Dr Maria Peach	Te Kainga
26. Mereana Taikoko	Te Kainga
27. Nganga Hosking	Chamber of Commerce
28. Teau Puna	Health Research-MoE
29. Lavinia Tama	ADB
30. George George	

**TMO Staff Workshop—Consultations on the FINAL Draft
National Health Strategy 2023+**
Wednesday 21 June 2023,
Rarotongan Beach Resort Conference Room

TIME	PRESENTATION	RESPONSIBLE—MC HOWIE
8.30am	Registration of participants	Policy and Planning: Michaela Tangimetua
9am	Opening Prayer	TMO Rep
9.15am	Welcome / Introductory remarks	Secretary of Health
9.40am	Presentation: Health Status	Health Information System
10am	TMO Vision, Mission, & Values: Presentation on New TMO Values	
10.20am	Group Photo MORNING TEA	Secretary of Health
10.30am	Policy, Legal, and Strategic Plan Linkages	Director Planning & Funding
10.40am	Activity on Key Results Area One: Health Administration and Management (Planning & Funding)	Acting Director Public Health
10.50am	Activity on Key Results Area Two: Public Health	Director Hospital Health Services
11am	Activity on Key Results Area Three: Hospital Health	Director Primary Care
11.10am	Activity on Key Results Area Four: Primary Care	Chief Medical Officer
11.20am	Activity on Key Results Area Six: Oral Health	Director Oral Health
11.30am	Activity on Key Results Area Seven: Pa Enuā	Director Primary Care
11.40am	Activity on Key Results Area Eight: Partnerships and Monitoring Framework	Director Planning & Funding
12pm	PRESENTATION / Q & A	All Group Leads
12.30pm	FINAL REMARKS	Secretary of Health
12.40pm	CLOSING PRAYER	
12.50pm	LUNCH	

AITUTAKI School Children in their Physical Actiavty Program.



RAROTONGA MINISTRY OF HEALTH PARTICIPANTS
DAY 1 WEDNESDAY 24 MAY 2023

NAME	MINISTRY/DEPARTMENT
Ngapoko Ananas	Infection Control/Hospital Health
Memory Taputoa	Food and Nutrition/Hospital Health
April Tamatoa	Surgical Charge Nurse/Hospital Health
Patricia Puna	Medical Charge Nurse/Hospital Health
Joyce Sakai	RN Operating Theatre/Hospital Health
Tai Topa	Maintenance/Hospital Health
Felix Leota	Biomedical/Hospital Health
Waisiki Lomalagi	Radiology/Hospital Health
Shane Marcus	Physiotherapy/Hospital Health
Dr Kevin Basili	OBGYN/Hospital Health
Dr Donna Pauu	Paediatric/Hospital Health
Teio Kea	Paediatric/Hospital Health
Lycee Teiotu	Maternity/Hospital Health
Helen Maunga	Policy and Planning
Dr Seema Kumar	Oral Health
Metua Bates	Public Health
Karen Ngamata	Health Intelligence Unit/Public Health
Tangata Vaeau	Health Protection/Public Health
Munokoa Takai	Health Protection/Public Health
Tereapii Nimerota	Health Protection/Public Health
Oirua Tini	Health Protection/Public Health
Nelson Ngaiorae	Health Protection/Public Health
Ngatamaine Rongo	Health Intelligence Unit/Public Health Health
Ella Napara	Protection/Public Health
Dr Phila Ngarua	Mental Health/Public Health
Rufina Tutai	Public Health Nurse
Monika Mafua	Public Health Nurse
Jeremy Goodwin	Health Promotion
Paul Ongoua	Human Resources/Planning and Funding
Ligipati Dowling	Human Resources/Planning and Funding
Dr Danny Areai	Oral Health
Glassie Utia	Warehouse/Hospital Health
Howard Tangimetua	Policy and Planning
Michaela Tangimetua	Policy and Planning
Grace Matenga	Policy and Planning
Dr Koko Lwin	Hospital Health Service
Vainenooapii Mateariki	Primary Health
Erenoa Rakanui	Primary Health
Dr Kati Blatner	Primary Health
Dr TeAriki Faireka	Primary Health
Douglas Tou	Laboratory/Hospital Health
Edwina Tangaroa	Health Promotion/Public Health
Maina Tairi	Policy and Planning
Ricky Boaza	Primary Health
Roana Mataitini	Planning and Funding
Dr Yin Yin May	Hospital Health Services
Dr Kirianu Nio	Oral Health
Tutai Mauke	Pharmacy
MALE—20; FEMALE—28	TOTAL—48
Dr David Angelson	TA NHSP 2023+ / Ministry of Health

AITUTAKI TMO STAFF NHSP2023+ WORKSHOP DAY 1, TUES 29 MAY 2023

NAME	MINISTRY/DEPARTMENT
Celestine Mana-Vaikai	Clinical Technician
Eteta Lockington	Clinical Support Technician
Maiarii Paiti	Administration
Bolton P Tamu	Ambulance
Anthony Jessie	Ambulance
Lee Marie	Charge Nurse Aitutaki
Dr Helen Heimoana Glassie	Medical Doctor
Kura Ioane	Nursing
Tuono Teaukura	Nursing
Manu Robert	Nursing
Maria Williams	Nursing
Metua Tuarae	Nursing
Angeline Magu	Nursing
Mataiti Rave	Health Protection
Benioni Blenkarn	Health Protection
Tima Ngatuakana	Groundsman
Party Rave	Kitchen
Maria Tare	Infection Control
Ngatokorua Vahua	Maintenance
Mareta Mose-Paerau	Aitutaki Hospital Manager
Tepaeru Ngatuakana	Dental Therapist
Samantha Taala	Dental Therapist Assistant
Nooroa Tuakeu	Health Protection
Intern doctor	Intern Doctor
Intern Doctor	Intern Doctor
MALE—8; FEMALE—17	TOTAL—25
Dr TeAriki Faireka	Director of Primary Health Care / Ministry of Health Rarotonga
Helen Maunga	Policy & Planning / Ministry of Health Rarotonga
Dr David Angelson	TA NHSP 2023+ / Ministry of Health

AITUTAKI STAKEHOLDERS NHSP2023+ WORKSHOP DAY 2, WED 30 MAY 2023

NAME	MINISTRY/DEPARTMENT
Paraia Toi	Ministry of Health Aitutaki
Joe Elia	Non-Governmental Organisation
Kura Tutai	Ministry of Health Aitutaki
Lee Marie	Charge Nurse Aitutaki
Dr Helen Heimoana Glassie	Ministry of Health Aitutaki
Kura Ioane	Public Health Nurse
Tekura Bishop	Mayor / Island Council Local Government
Ruautu Ngatokoa	Vaipae Councillor / Local Government
Pepe Tekii Raela	Agriculture
Tou Mose	Non-Governmental Organisation
Tangi Tapora	Kitchen / Ministry of Health Aitutaki
Tukoe Purenga	Cleaner / Ministry of Health Aitutaki
Grace Stusky	Police
Mereana Bishop	Island Government
Twin Ruarangi	Island Government
Alice Hoff	Vodafone
Rosa Henry	Bank of South Pacific
Marama Tini	Carer
Mary Tini	Retired Registered Nurse
Metuakore Strickland	Clinical Nurse
Mareta Mose-Paerau	Aitutaki Hospital Manager
Tepaeru Ngatuakana	Dental Therapist
Samantha Taala	Dental Therapist Assistant
Anthony Jessie	Ministry of Health Aitutaki
Benioni Blenkarn	Ministry of Health Aitutaki
Mataiti Rave	Ministry of Health Aitutaki
Mii Jacob	Bank of Cook Islands
MALE—8; FEMALE—19	TOTAL—27
Dr TeAriki Faireka	Director of Primary Health Care / Ministry of Health Rarotonga
Helen Maunga	Policy & Planning / Ministry of Health Rarotonga
Dr David Angelson	TA NHSP 2023+ / Ministry of Health



NURSE PRACTITIONER PARAIA NGAMATA conducting health physical examinations for APII NIKAO school children from the TMO Mobile Bus.

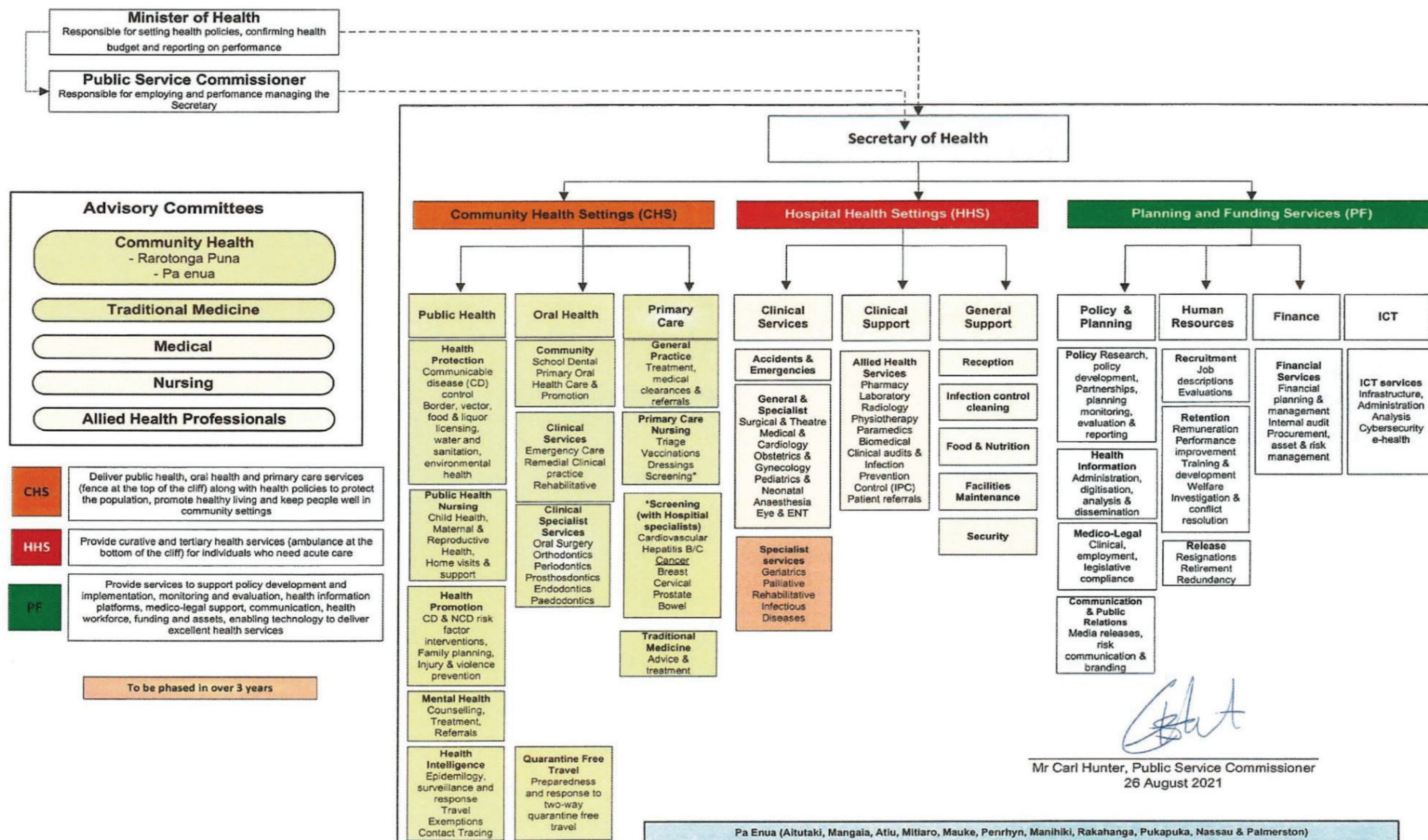
Group photo taken during the 2024
TMO Health Conference.

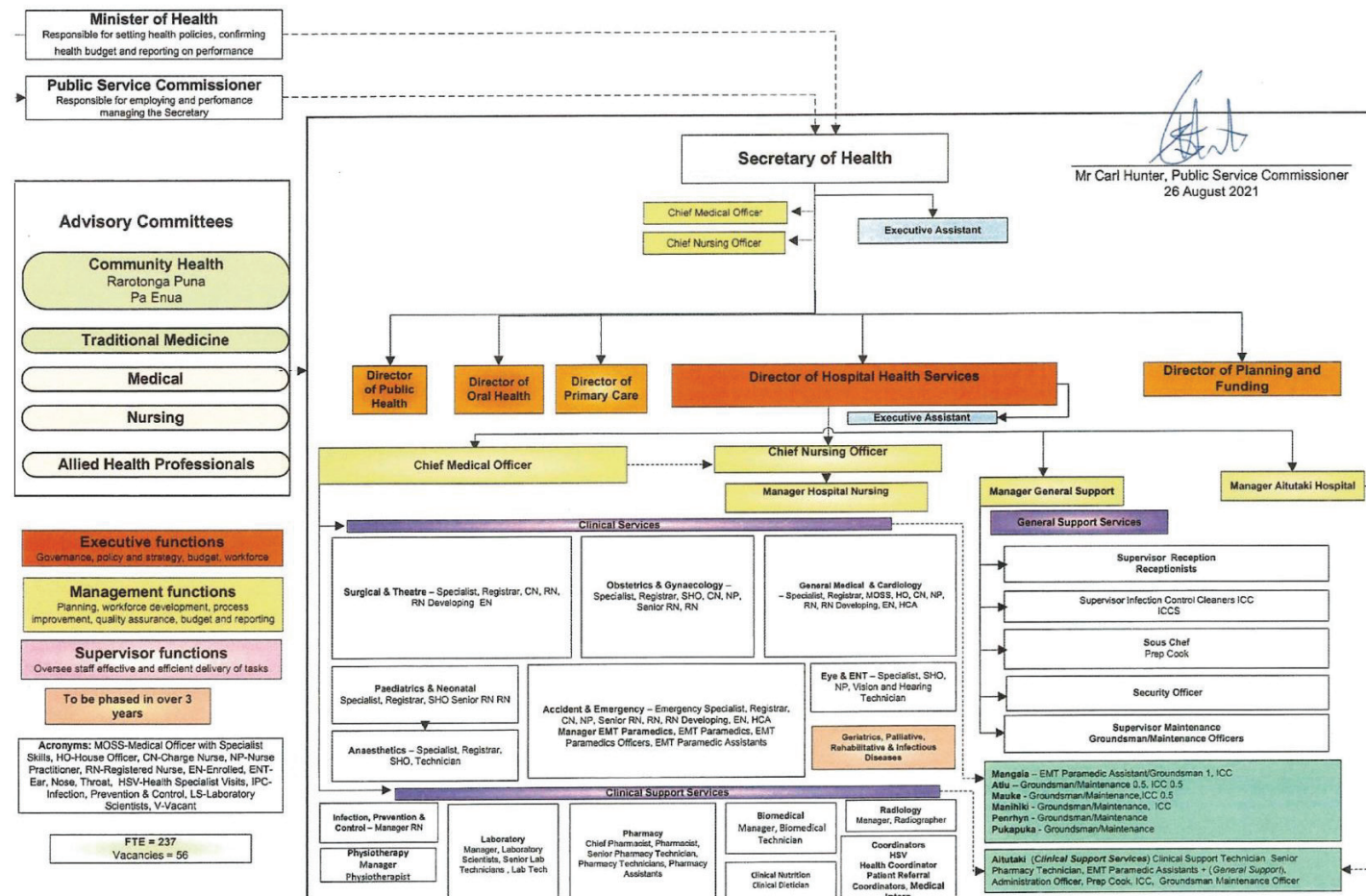
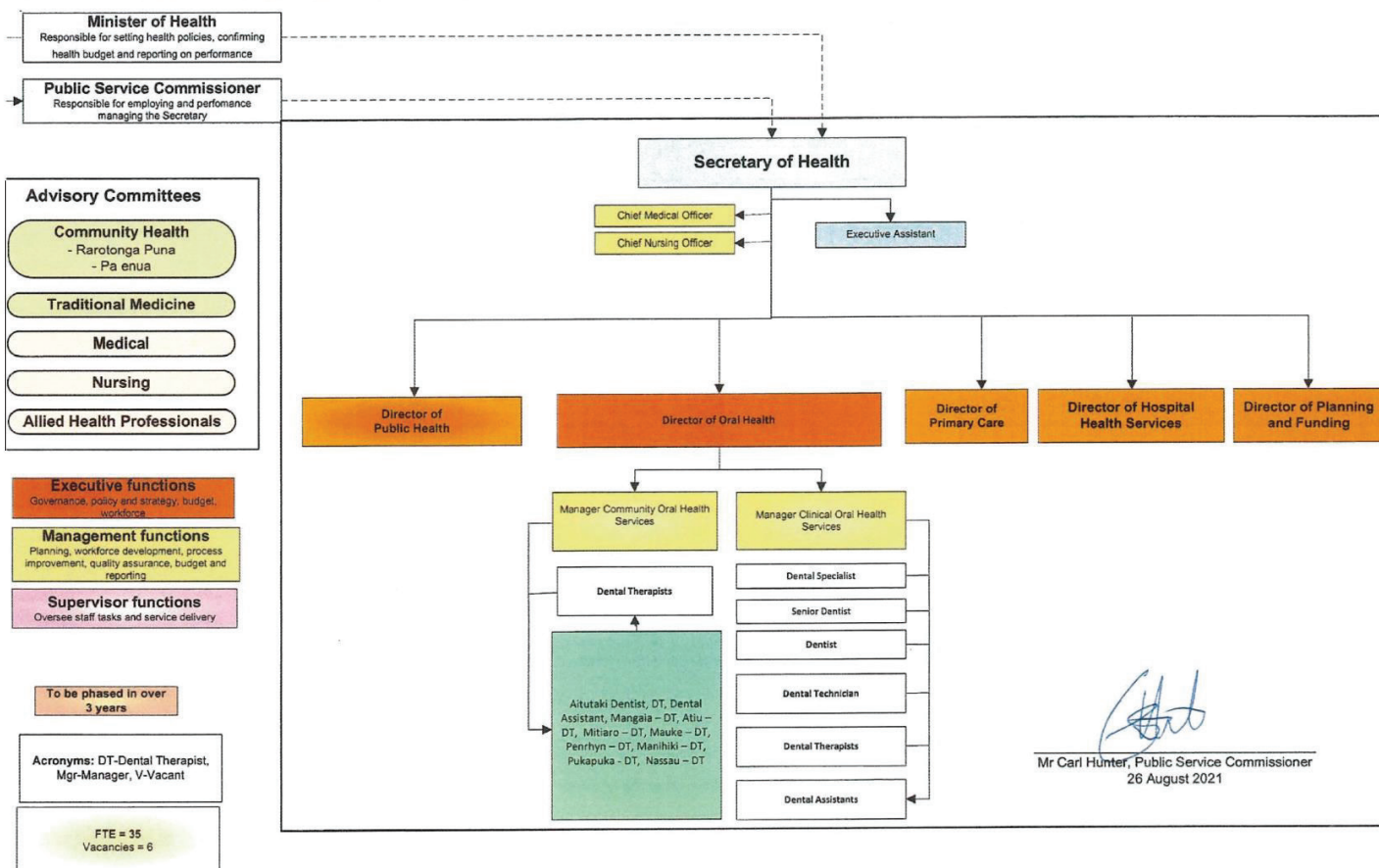
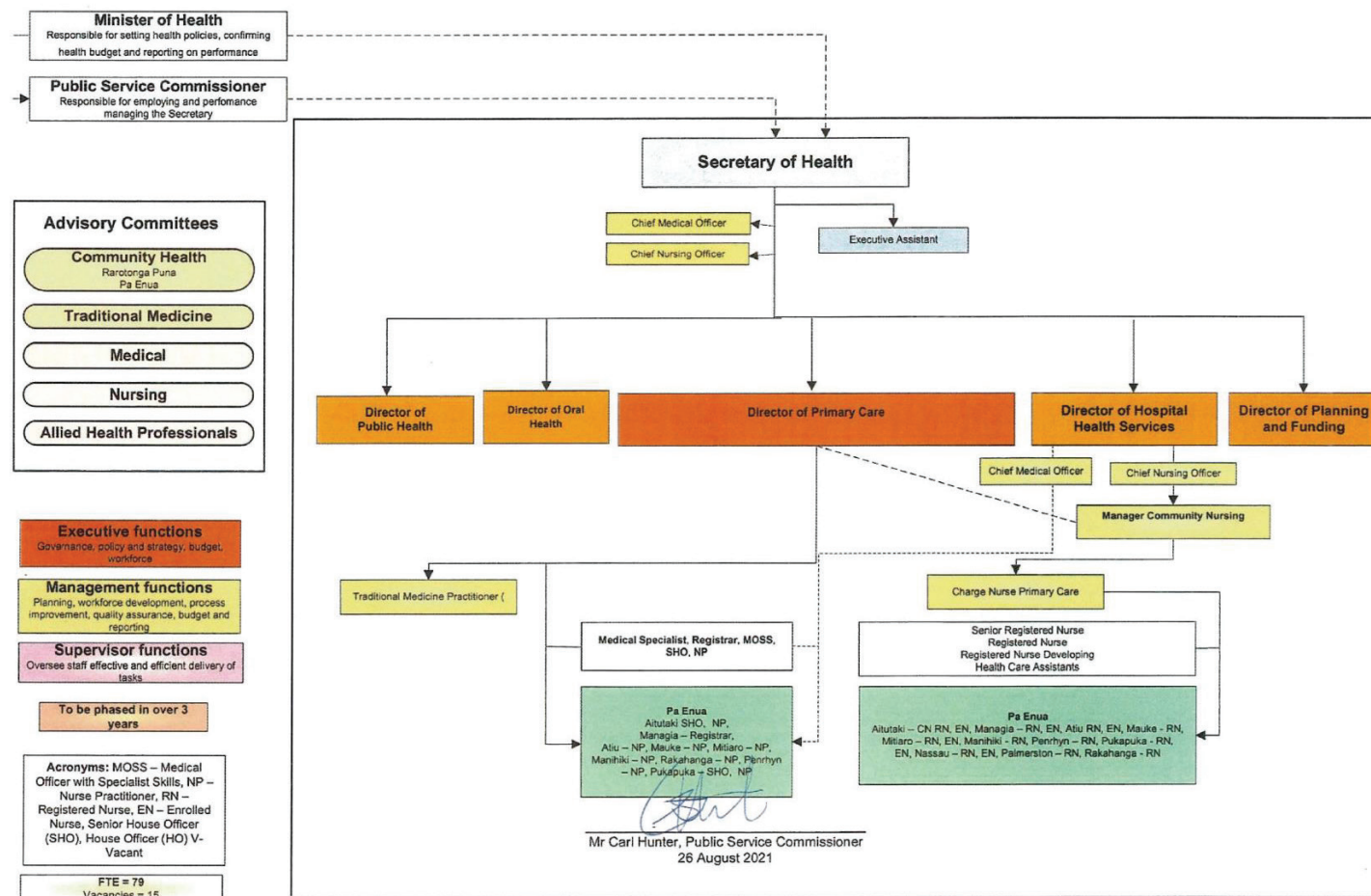
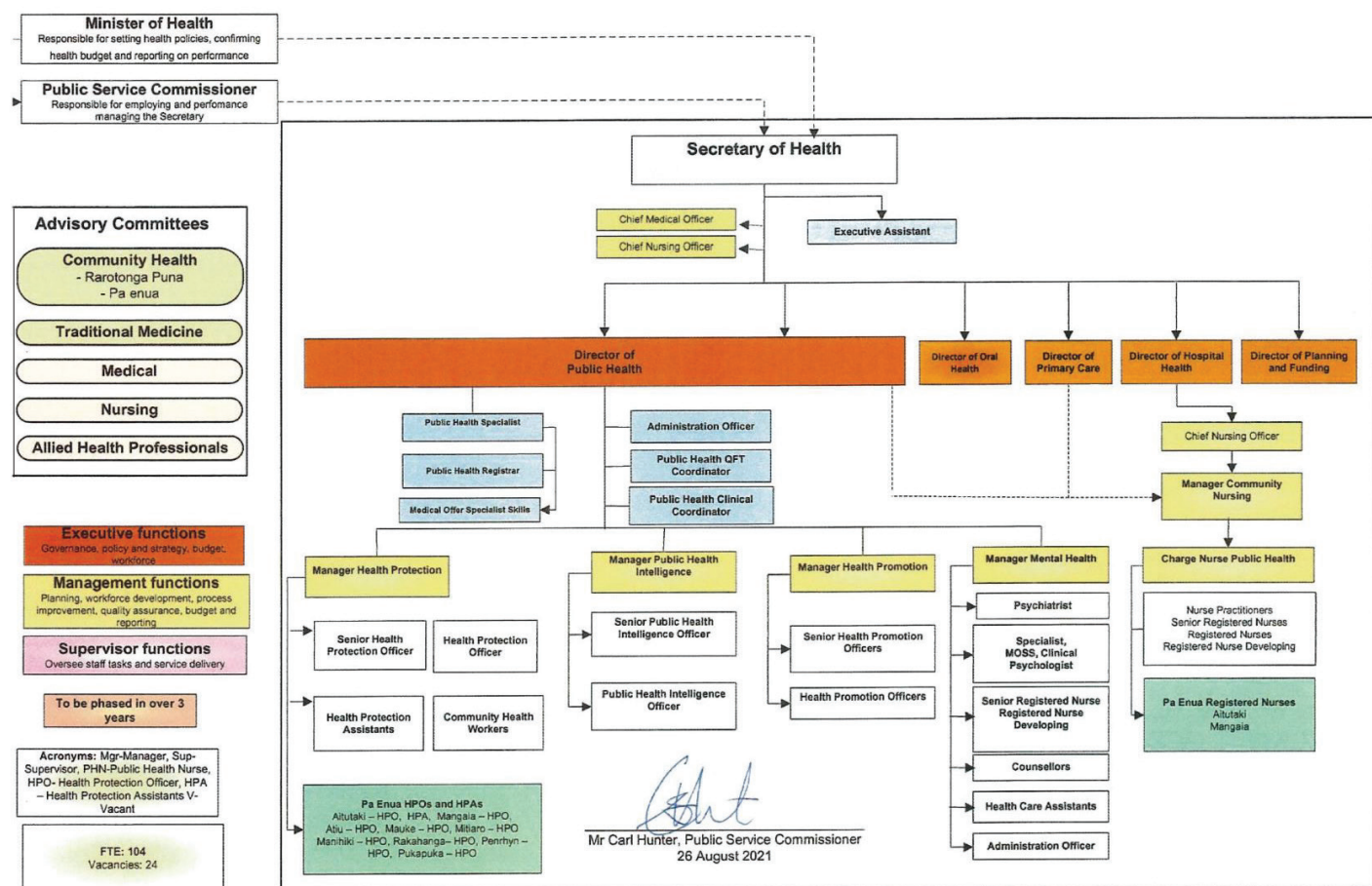


XIII. APPENDIX 2: TMO ORGANIZATIONAL STRUCTURE DIAGRAMS

TE MARAE ORA—COOK ISLANDS MINISTRY OF HEALTH FUNCTIONAL STRUCTURE FEBRUARY 2021

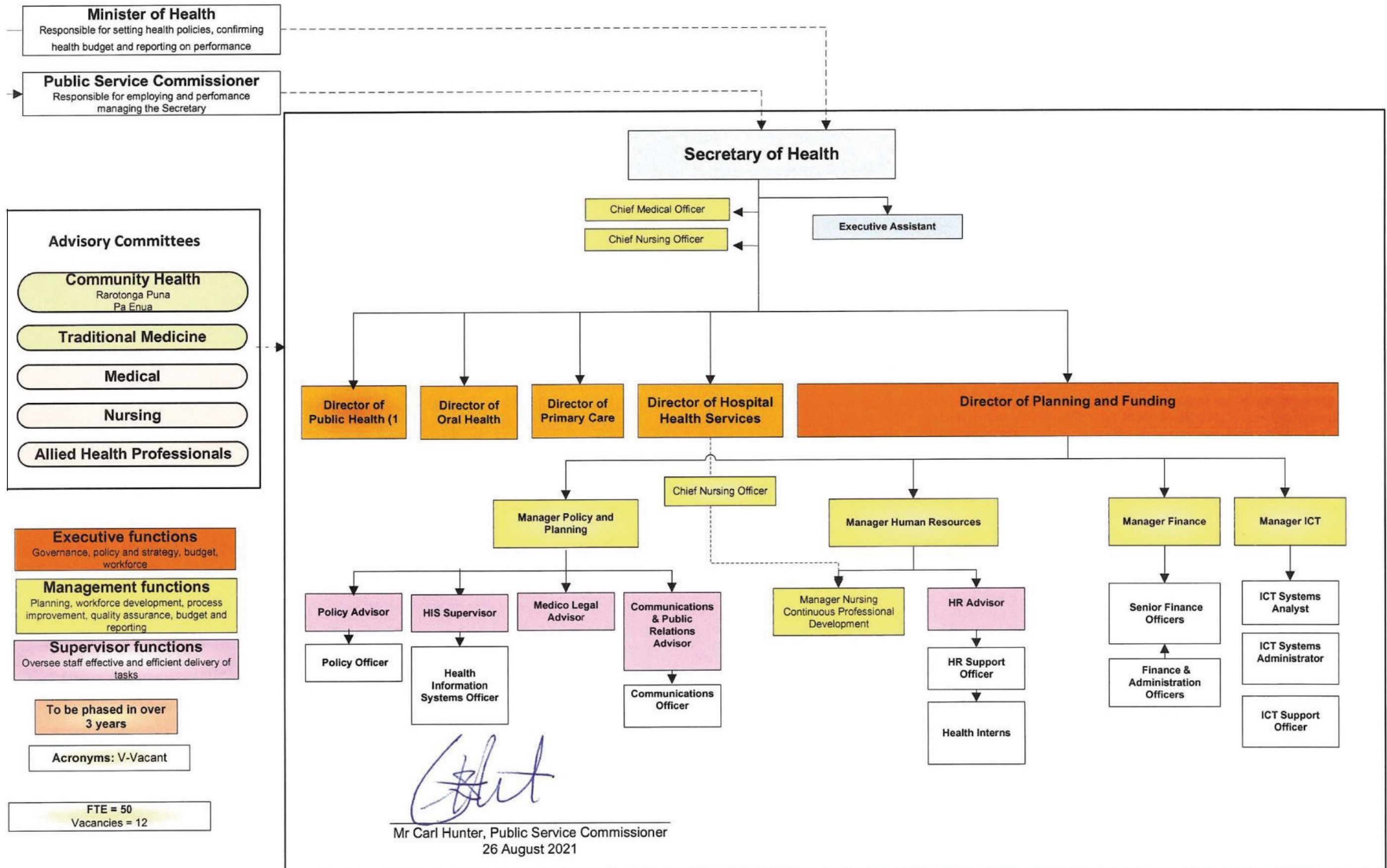
CHART 1—TMO CORE FUNCTIONS





TE MARAE ORA—COOK ISLANDS MINISTRY OF HEALTH
FUNCTIONAL STRUCTURE FEBRUARY 2021

CHART 6—PLANNING AND
FUNDING DIRECTORATE





MAUKE school children on their way home from school: OUR FUTURE IS BRIGHT.